ASMBS American Society for Metabolic & Bariatric Surgery

For Immediate Release

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WHEN DOCTOR SAYS YES, BUT INSURER SAYS NO LEADS TO HIGHER DEATH RATE

New Study Finds Mortality Rate Tripled Among Patients

Delayed or Denied Insurance Approval for Bariatric Surgery

ATLANTA, GA – NOV. 14, 2013 – University of North Carolina (UNC) researchers found patients who were denied or delayed insurance approval for bariatric surgery, despite being cleared by their medical team, had a mortality rate three times higher than patients who received insurance approval without delay.

According to the study, about one-in-five (22%) surgically eligible patients were initially denied by their insurance provider, and within a five-year period 6 percent of them died, compared to less than 2 percent of those who received insurance approval. The study followed 463 patients who were cleared for surgery by a multidisciplinary medical team (surgery, psychology and nutrition providers) from the UNC bariatric surgery program between 2003 and 2008.

The research* was presented here at the 30th Annual Meeting for the American Society for Metabolic and Bariatric Surgery (ASMBS) during ObesityWeek 2013, the largest international event focused on the basic science, clinical application and prevention and treatment of obesity. The event is hosted by the ASMBS and The Obesity Society (TOS).

"For people with morbid obesity, bariatric surgery provides a significant survival benefit," said study co-author D. Wayne Overby, MD, a bariatric surgeon and Assistant Professor of Surgery at UNC Department of Surgery. "In this light, there seems to be no justification for employers, insurers or government payers to deny patients who meet evidence-based medical criteria from having access to it."

The study included 391 females and 72 males, whose average age was 45 and whose average body mass index (BMI) was 52.5. Nine of the 100 patients who were initially denied surgery were eventually able to overturn their denial and have surgery. UNC researchers measured patient mortality using the Social Security Death Index.

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"Whether from uncontrolled obesity-related co-morbidities or from downstream treatment complications, reduced survival associated with denial or delay in bariatric coverage must be considered when implementing national and state policies around bariatric surgery," said Eleisha Flanagan, MD, lead study author and Fellow in Minimally Invasive Surgery at UNC Hospitals.

In addition to Dr. Flanagan and Dr. Overby, co-authors include Iman Ghaderi, MD and senior author Timothy M. Farrell, MD, also from UNC.

About Obesity and Metabolic and Bariatric Surgery

According to the Centers of Disease Control and Prevention (CDC), more than 78 million adults were obese in 2011–2012.[1] The ASMBS estimates about 24 million people have severe or morbid obesity. Individuals with a BMI greater than 30 have a 50 to 100 percent increased risk of premature death compared to healthy weight individuals as well as an increased risk of developing more than 40 obesity-related diseases and conditions including type 2 diabetes, heart disease and cancer.[2,3]

Metabolic/bariatric surgery has been shown to be the most effective and long lasting treatment for morbid obesity and many related conditions and results in significant weight loss. The Agency for Healthcare Research and Quality (AHRQ) reported significant improvements in the safety of metabolic/bariatric surgery due in large part to improved laparoscopic techniques.[4] The risk of death is about 0.1 percent[5] and the overall likelihood of major complications is about 4 percent.[6]

About the ASMBS

The ASMBS is the largest organization for bariatric surgeons in the world. It is a non-profit organization that works to advance the art and science of bariatric surgery and is committed to educating medical professionals and the lay public about bariatric surgery as an option for the treatment of morbid obesity, as well as the associated risks and benefits. It encourages its members to investigate and discover new advances in bariatric surgery, while maintaining a steady exchange of experiences and ideas that may lead to improved surgical outcomes for morbidly obese patients. For more information, visit www.asmbs.org.

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*__A-130-AR: Reduced Survival in Bariatric Surgery Candidates Delayed or Denied by Lack of Insurance Approval --__ *Eleisha Flanagan, MD; Iman Ghaderi, MD; D. Wayne Overby, MD; Timothy M. Farrell, MD; Presented November 14, 2013*

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[1]Prevalence of Obesity Among Adults: United States, 2011–2012. (2013). Center for Disease Control and Prevention. Access October 2013 from http://www.cdc.gov/nchs/data/databriefs/db131.htm

[2]Office of the Surgeon General – U.S. Department of Health and Human Services. (2004). Overweight and obesity: health consequences. Accessed October 2013 from http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact_consequences.html

[3]Kaplan, L. M. (2003). Body weight regulation and obesity. *Journal of Gastrointestinal Surgery.* 7(4) pp. 443-51. Doi:10.1016/S1091-255X(03)00047-7. Accessed October 2013.

[4]Encinosa, W. E., et al. (2009). Recent improvements in bariatric surgery outcomes. *Medical Care*. 47(5) pp. 531-535. Accessed October 2013 from http://www.ncbi.nlm.nih.gov/pubmed/19318997

[5]Agency for Healthcare Research and Quality (AHRQ). (2007). Statistical Brief #23. Bariatric Surgery Utilization and Outcomes in 1998 and 2004. Accessed October 2013 from http://www.hcup-us.ahrq.gov/reports/statbriefs/sb23.jsp

[6]Flum, D. R., et al. (2009). Perioperative safety in the longitudinal assessment of bariatric surgery. *New England Journal of Medicine*. 361 pp.445-454. Accessed October 2013 from http://content.nejm.org/cgi/content/full/361/5/445