

Self-Pay Status Predicts Loss To Follow Up After Bariatric Surgery

Paige L Martinez MS, Eric T Volckmann MD, Larissa McGarrity PhD, Rebecca Kohler PAC, Ellen Morrow MD MS, Anna Ibele MD
University of Utah

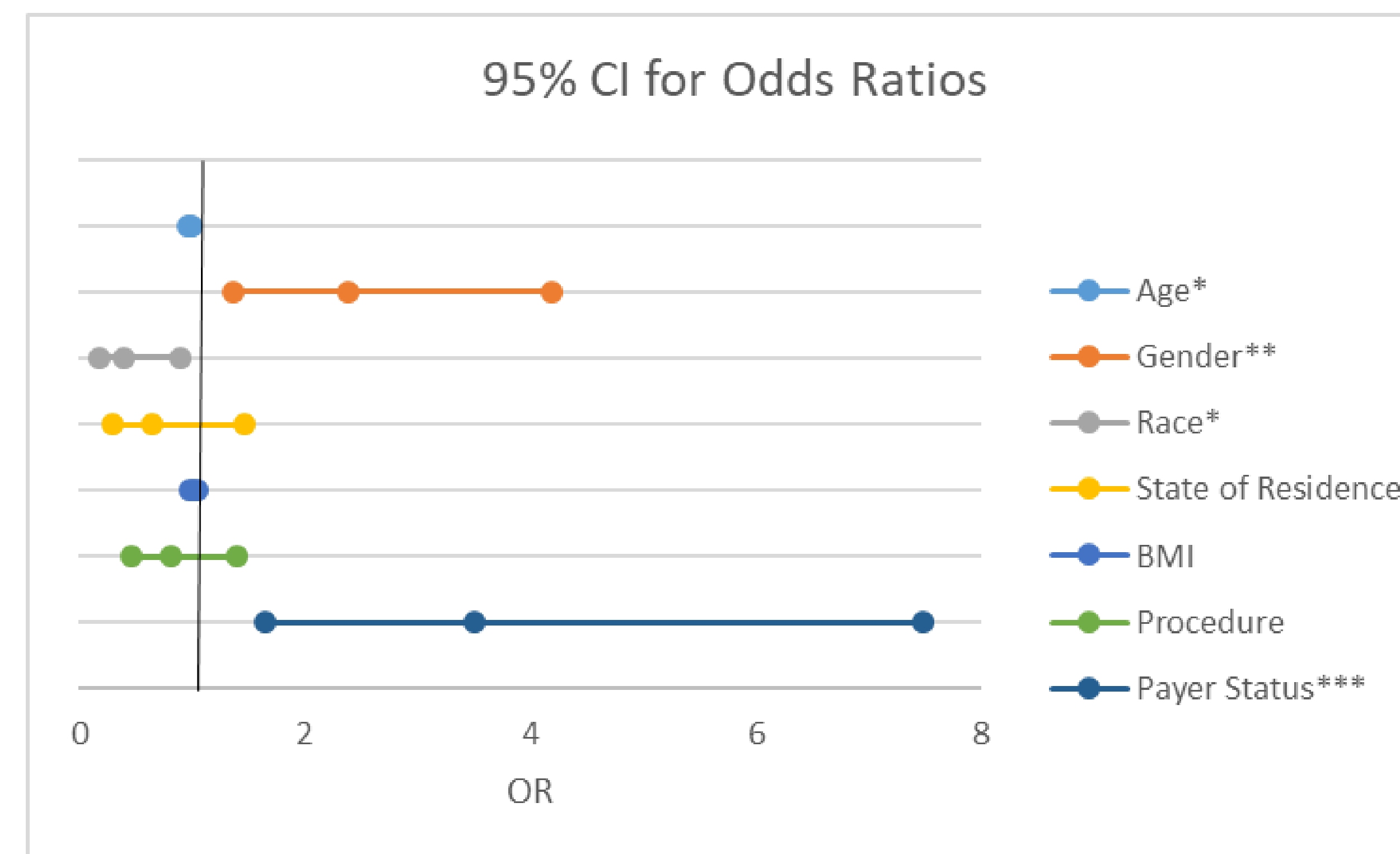
Background

- Multiple professional societies currently advocate for lifelong patient follow up after bariatric surgery to prevent postoperative weight regain, comorbidity recurrence and nutritional complications.
- However, loss to follow up is a problem that plagues bariatric clinical care nationally (Harper et al. 2007).
- Loss to follow up is associated with negative clinical outcomes, including decreased weight loss (Harper et al. 2007, Spaniolas et al., 2016).
- Practical concerns, especially lack of insurance coverage for follow up, are among of the most frequently cited reasons for attrition in obesity treatment programs (Grossi et al. 2006; Moroshko et al. 2012; Goode et al. 2016).
- Recently, many institutions have attempted to navigate the lack of insurance coverage for bariatric procedures with “self-pay” packages, which allow patients to pay out of pocket for surgery, but little is known about patterns of follow up for these patients.
- **Hypothesis: Self-pay patients are more likely to be lost to follow up after bariatric surgery.**

Methods

- MBSAQIP data
- 582 patients
- Self-pay : Out-of-pocket preoperative payment for the entire cost of the procedure and associated care for the first postoperative year.
- Loss to follow up at 1 year
- **A multiple logistic regression controlling for age, gender, race, state of residence (in-state vs out-of-state), preoperative BMI, and surgery type examined the relationship between self-pay status and loss to follow up.**

Results



- For every one year increase in age, odds of being lost decrease by 3% ($p < .05$).
- Males more likely to be lost ($OR = 2.39$, $p < .01$).
- White patients were less likely to be lost compared to all other patients ($OR = .40$, $p < .05$).
- **After controlling for age, gender, race, state of residence, BMI, and surgery type, self-pay status was a significant predictor of loss to follow up ($OR = 3.79$, $p < .001$) at 12 months postoperatively, with self-pay patients more likely to be lost.**

Conclusions

- Patients who self-pay are over three times as likely to be lost to follow-up at one year.
- Moreover, the patients who have demographic characteristics that are normative for our patient population are less likely to be lost.
- As our self-pay package necessitates that patients pre-pay for their follow up care for a year after surgery, the tendency of these patients toward loss is not driven by financial concerns. Further investigation is required to determine barriers to care for more frequently-lost groups.

References

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