



Online Informational Bariatric Seminars: Increasing Access to Surgery or Widening a Divide?

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INTRODUCTION

- All prospective bariatric surgery patients **must** attend an orientation prior to their first visit
- We have always offered an **IN-PERSON** orientation and in 2016, added an **ONLINE** option
- Research suggests there are racial and socioeconomic disparities in the utilization of internet health resources.⁽¹⁻⁵⁾
- To our knowledge this has not yet been studied in regards to the bariatric population.

METHODS

- Retrospective chart review of patients who attended seminars between July 2016-December 2017
- Primary endpoint:** % of patients from each orientation group who underwent surgery
- Secondary outcomes:** differences in demographic and clinical characteristics
- Values compared using t-tests, chi-square analysis and regression modeling

RESULTS

- 1152 patients attended a bariatric orientation and 71.2% scheduled an office visit
- The in-person seminar patients had a higher rate of office visits and shorter time between orientation and first visit

Table 1. Demographics and clinical characteristics of patients who attended a clinic appointment, stratified by orientation type

	Online (N=187)	In-person (N=532)	
Age (median, IQR)	36.2 (30.1-47.7)	44.1 (34.1-53.2)	P < 0.001
BMI (Median, IQR)	45.4 (40.8-51.2)	45.3 (41.6-50.2)	P = NS
Gender			P = 0.02
Female, n(%)	163 (87.2)	422 (79.3)	
Male, n (%)	24 (12.8)	110 (20.7)	
Ethnicity			P < 0.001
Caucasian	143 (82.2)	275 (57.9)	
African American	9 (5.2)	56 (11.8)	
Hispanic	18 (10.3)	129 (27.2)	
Asian/Pacific Islander	1 (0.6)	4 (0.8)	
Native American/Alaskan	1 (0.6)	9 (1.9)	
Mixed	2 (1.1)	2 (0.4)	
Unknown	13	57	
Marital Status			P = 0.04
Married	101 (54.0)	228 (42.9)	
Divorced	17 (9.0)	56 (10.5)	
Single	66 (35.3)	235 (44.2)	
Unknown	3	13	
Employment Status			P = 0.003
Yes	148 (82.7)	337 (71.1)	
Unknown	8	58	
Previous abdominal surgery			P = NS
	112 (59.9)	315 (59.2)	
Diabetes Mellitus	34 (18.8)	156 (29.3)	P = 0.003
Hypertension	67 (35.8)	290 (54.5)	P < 0.001
Sleep apnea	93 (49.7)	328 (61.7)	P = 0.006
Anxiety/Depression	64 (34.2)	171 (32.1)	P = NS

IQR – interquartile range. Values are presented as percentages.

RESULTS cont'd

- There was a higher percentage of Caucasians in the online seminar group, while the in person seminar group had higher rates of Hispanic and African Americans
- Patients from the online seminar group had higher rates of marriage and employment, and lower rates of medical co-morbidities
- When controlling for age, sex, race/ethnicity, marital status, employment status and medical comorbidities, there was no significant impact of type of orientation on progression to surgery.

CONCLUSIONS

- ❖ There was **no difference** in progression to surgery between the two groups
- ❖ Patients in the **online seminar group** were on average:
 - Younger
 - Caucasian > African/American or Hispanic
 - Female > Male
 - Married
 - Employed
 - Fewer comorbidities
- ❖ Conversion to use of the online seminar has the potential to increase disparities in access to bariatric surgery and merits further investigation.

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