Patient Satisfaction in Employer-Direct Bariatric Surgery Destination Program

Caitlin Halbert, Sharon Kung, John Getchell, Mary Pickering, Judy Townsley

Bariatric Surgery Program, Christiana Care Health System, Wilmington, Delaware

The Cerner Certified Bariatric Program at Christiana Care Health System

BACKGROUND

Destination care has been an evolving and ever-expanding model for healthcare. Destination surgical care has been particularly successful as it becomes more popular in specialties such as spinal and orthopedic surgery, cardiac surgery, gynecology and bariatric surgery. This study looks at the early months of a destination bariatric program and its overall patient satisfaction.

Our health system, the largest hospital system in the state of Delaware, has a well-established MBSAQIP-accredited Bariatric Surgery Program. In 2018, the health system's Bariatric program was awarded the opportunity to create a direct-to-employer partnership with a large tech corporation based in Missouri.

The destination bariatric program was designed for patients to receive care before, during, and after their surgeries, providing a continuum of care typical of a well-rounded bariatric program.

Through the utilization of a convenient, mobile messaging app, patients receive vital communication from the program through every step of the program, starting before their initial visit and ending 90 days after surgery. The messaging app facilitates patient-provider relations with direct communication. It is through this messaging app that survey data can be collected in real time and reviewed on a monthly basis. This study aims to review this data to assess for early success of the destination program from a patient satisfaction perspective.

METHODS

The initial visit and surgical visit survey results from the messaging app were reviewed monthly to assess the current state of the destination program and identify any areas of weakness. Patients were prompted to respond to a survey questionnaire after their initial pre-operative visit and then again after their surgical visit in the post-operative period. Where appropriate, data was analyzed over time to determine impact of specific changes made to the program. A Student's t-test was utilized to determine statistical significance (defined as p value less than 0.05) between pre- and post-intervention data.

RESULTS

The surveys were all distributed and collected through the messaging app by the program. Patient returned 125 of the 162 pre-operative surveys (77.2%) and 122 of the 135 post-operative surveys (90.4%) during the study timeframe from April 2019 through June 2021.

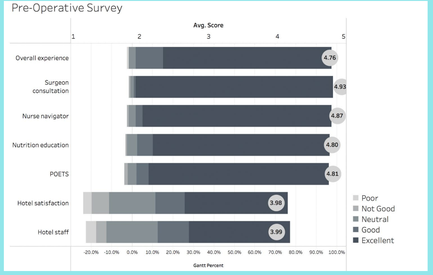


Figure 1: Survey results received via the messaging app after the pre-operative visit with the multidisciplinary team.

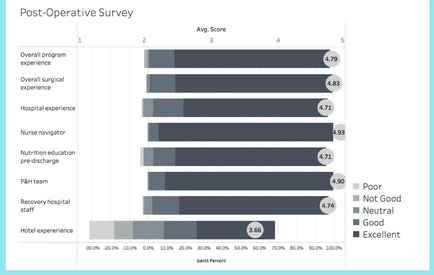


Figure 2: Survey results received via the messaging app after the surgical visit.

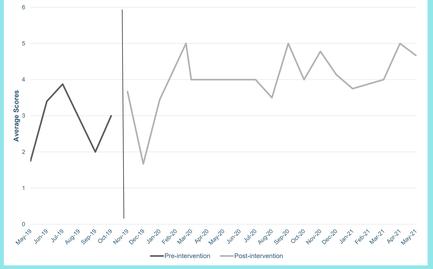


Figure 3: Line graph of average survey scores from the post-operative survey, **question #8, "rate your overall experience with the hotel."** The vertical line indicates the time of intervention to the hotel accommodations.

The lower-than-expected hotel satisfactions scores were identified by the program within the first 6 months of the initiation of the destination program. The program met with hotel staff to address patient concerns and an additional hotel partnership was obtained to give patients choice for their accommodations. These interventions occurred in November of 2019. A graphical representation of the average hotel satisfaction score in response to Question 6 of the pre-operative survey is included in Figure 3. There was a significant difference between the two groups ($p = 0.0004$) with the average patient score of 2.8 prior to intervention and 4.04 post-intervention.

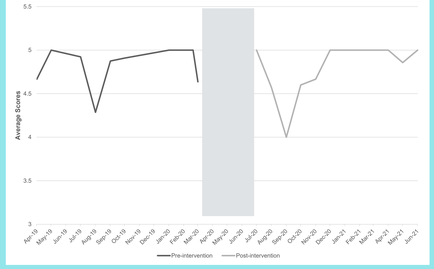


Figure 4: Line graph of average survey scores from the pre-operative survey, question #4, **"how useful was the life skills and nutrition education you received?"** The shade timeframe represents a change of patient education from in-person to virtual.

During the early weeks of the COVID-19 pandemic, our Bariatric surgeries and consultation were halted in response to the early first wave of patients from March to May of 2020. During this time, the pre-operative patient classes (referred to as "life skills") and nutritional education were converted from in-person episodes to a virtual format. The patient satisfaction related to the nutritional education is reflected in a question in the pre-operative survey. The average patient satisfaction score pre-intervention was 4.81 and dropped to just 4.74 post-intervention. There was no statistically significant difference between the two groups ($p = 0.52$).

CONCLUSIONS

This novel program for bariatric surgery proposes a unique model of care driven by employer-direct health insurance benefits. It emphasizes more value-based health care, which juxtaposes the current fee-for-service healthcare system in the United States. The aim of this study was to assess the practicality of concept and initial patient satisfaction.

The messaging app was helpful in identifying any challenges that could impact patient satisfaction early in the implementation of the destination program and continuing to current day. Developing a destination program brought about new, unforeseen challenges, such as satisfaction with hotel accommodations. And with our current COVID pandemics, the program was forced to pivot quickly to accommodate to safety recommendations with utilization of telehealth. Changes were able to be implemented and quickly assessed in a rapid timeframe thanks to the messaging app and surveys. Following any intervention, real-time feedback from surveys allowed the program to determine the level of success immediately.

There were certainly limitations to the study. The program initially launched the messaging app with destination patients only, which did not allow data to be retrieved for comparison from the local bariatric population. It has since been extended to this group and expect to have comparative data in the future. While we have shown acceptable patient satisfaction scores with a destination bariatric program, the real success lies in its outcomes. The program is currently collecting outcomes data on the destination patients and plan to publish comparative data in the future.

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