Insurance Disparities and Increased Comorbid Conditions Result in Care Fragmentation After Weight Loss Surgery

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Background

Although inpatient readmission after weight loss surgery is rare, it is preferred that patients get readmitted to the institution where the index operation was performed to assure continuity of care. While individual risk factors such as ethnicity, baseline functional status, comorbidities, procedural characteristics, and postoperative complications help identify those at risk for early readmission, it remains unclear what factors are associated with fragmentation of care (readmission to a different hospital than where the original surgery occurred) in bariatric surgery patients. We hypothesized that private insurance is associated with better continuity of care in bariatric surgery patients.

Methods

Using the 2017 National Readmissions Database, patients with concurrent codes for obesity and weight loss surgery during elective admission in the first nine months of the year and then subsequently readmitted within 90 days were identified. The outcome of interest was admission to the same hospital as the index admission. Factors assessed included gender, comorbidities, payer, hospital type, and patient zip code income quartile. Payers included private insurance, Medicare, Medicaid, and Other. Survey-weighted logistic regression was performed to identify factors associated with readmission to the same hospital.

Results

N = 71,702 Patients



80.3% Female



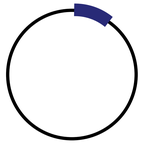
19.7% Male

44
Median Age
(IQR 35-53)

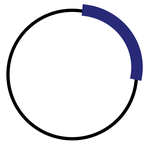
Type of Insurance



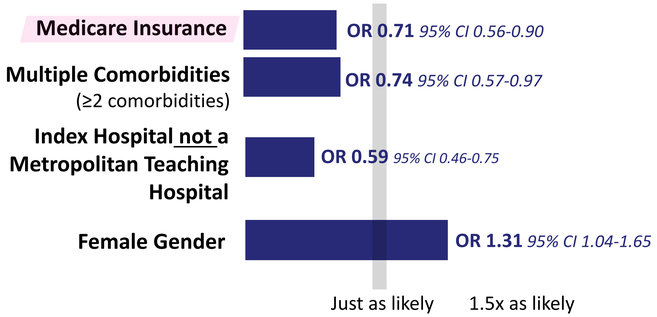
Care Fragmentation



5.1%
Patients who underwent weight loss surgery were **readmitted at a rate of 5.1%**



22.4%
Of the 5.1% of patients who were readmitted, **22.4%** were **readmitted at a different hospital.**

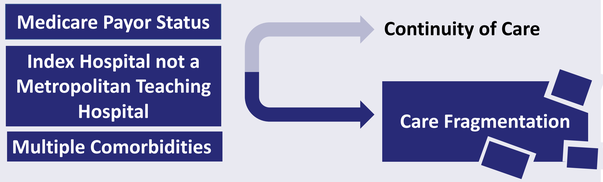


Odds of being readmitted to the same hospital

Zip code income quartile was not associated with care fragmentation.

Conclusions

Medicare payor status, higher comorbidity burden, and the index hospital not being a Metropolitan teaching hospital are associated with increased fragmentation of care in bariatric surgery patients. Meanwhile, female gender is associated with improved continuity of care for readmission. While fragmented care in patients with comorbidity burden may be partly attributable to medical acuity, disparities between hospital type and payor groups suggest systemic inequities. Further study is necessary to better understand and address the root causes of these disparities.



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