Disparities in Bariatric Care: Modernization of Bariatric Surgery Coverage Improves Access to Care

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BACKGROUND

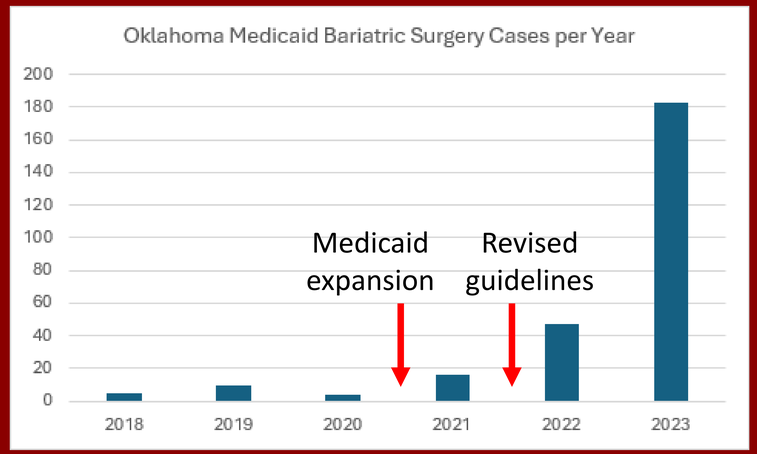
- Bariatric surgery continues to be an underutilized tool
- Less than 1% of candidates for bariatric surgery undergo Metabolic and Bariatric Surgery every year
- Patients of lower socio-economic background may have less access to medical and surgical treatments for Obesity
- Rates of patients with Medicaid who receive these treatments are likely lower than patients who have other Insurance
- In this project, we evaluate the rates of Bariatric Surgery in the Oklahoma Medicaid population
- The impact of revised, modernized evidenced based guidelines on rates of Bariatric Surgery are evaluated

METHODS

- Data regarding Medicaid Bariatric Surgery cases in the state of Oklahoma obtained from the Oklahoma Health Care Authority
- Total number of cases on an annual fiscal year from 2018-2023 along with complexity and Diagnosis-Related Group (DRG) breakdown were obtained.
- Impacts of Medicaid expansion (effective in 2021) was evaluated
- Impact of modernized Bariatric Surgery guidelines was analyzed to evaluate the impact of this on rate of Bariatric Surgery in the immediate period after new guidelines were active.

RESULTS

- In 2018, 2019, and 2020, there were 5, 10, and 4 patients who had bariatric surgery in this and the annual utilization rate approaches 1/100,000 lives covered (0.001%)
- Medicaid expansion was enacted in 2021, and 15 patients with Medicaid had bariatric surgery this year, with rate similar to prior years
- Revised Medicaid Bariatric Surgery evidence based guidelines were enacted in 2022, and 47 patients underwent bariatric surgery (213% increase from the prior year)
- In 2023 183 patients (289% increase from prior year, 1120% increase from 2 years prior) underwent bariatric surgery.



DISCUSSION

- Prior to 2022, bariatric guidelines incorporated time-based requirements and non-evidence based monthly requirements for patients
- Physician advocacy and collaboration with the Health Care authority allowed for adoption of modern, evidence-based guidelines (15-65, BMI 30-35 with metabolic disease, removed time-based requirements, incorporation of Surgical quality program)
- Collaboration with State Health Care Authority and Insurance payors and incorporation of evidence-based guidelines can improve patient access and outcomes.

CONCLUSION

- Patients with Medicaid have very low rates of utilization of bariatric surgery. These rates are much lower than broad population rates.
- Medicaid expansion did not result in increased utilization rates of Bariatric Surgery
- Even with new guidelines, Medicaid patients undergo Bariatric Surgery at low rates (<0.1% eligible patients).
- Adoption of evidence based bariatric guidelines has led to more than 1100% increase in utilization of Bariatric services in the immediate 2 years after policy changes.
- Evidence based guidelines combined with physician advocacy can impact access to Bariatric care and decrease disparities for patients who have limited access to these services.

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