



# Impact of Beneficiary Status on Healthcare Utilization After Bariatric Surgery at a Military Treatment Facility

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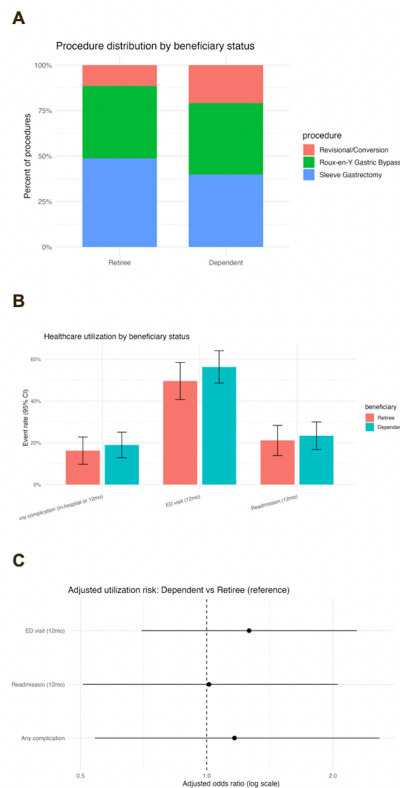
## Introduction

- **Background:** Healthcare utilization following bariatric surgery remains an important metric for quality and cost of care.
- **Knowledge gap:** The impact of beneficiary status on complications, readmissions, and ED utilization after bariatric surgery has not been characterized.
- **Rationale:** Retirees and dependents differ in age, sex distribution, and comorbidity burden, which may translate into differences in postoperative resource utilization
- **Aims:** Evaluate the influence of beneficiary status on healthcare utilization outcomes

## Methods

- **Study design:** Retrospective single-center cohort at a military treatment facility (01/2022–12/2024)
- **Population:** Consecutive adults undergoing primary or conversion/revisional minimally invasive sleeve gastrectomy or Roux-en-Y gastric bypass
- **Outcomes:** Complications, readmissions, and all-cause ED visits at 12 months after surgery
- **Statistical analysis:**
  - Retirees vs dependents compared using Wilcoxon rank-sum and chi-squared tests
  - Multivariable logistic regression modeling dependent status (reference: retiree) on utilization
  - Adjusted for age, sex, BMI, ASA class, procedure type, major comorbidities, smoking history

## Figures



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## Results

- **Cohort:** n=281 patients; 123 retirees (44%) and 158 dependents (56%)
- Retirees older (median 50 vs 46 years;  $p=0.003$ )
- Dependents mostly female (93% vs 48%;  $p<0.001$ )
- Race distribution differed between groups ( $p<0.001$ ) with retirees group having more Black and Hispanic
- Retirees had higher rates of OSA (80% vs 56%) and hypertension (63% vs 38%; both  $p<0.001$ )
- Preoperative BMI, ASA class, GERD, NAFLD, and home distance similar between groups (all  $p\geq 0.2$ )
- Procedure distribution not significantly different ( $p=0.082$ ); however dependents underwent more conversion/revisional procedures (21% vs 11%;  $p=0.05$ ) (**Figure A**)
- **Unadjusted utilization at 12 months (Figure B)**
  - Any complication: 19% dependents vs 16% retirees
  - All-cause ED visit: 56% dependent vs 50% retirees
  - Readmission: 23% dependent vs 21% retiree
- **Adjusted analysis (Figure C)**
  - Dependent status not significantly associated with higher odds of complications or utilization

## Conclusions

- Despite demographic and comorbidity differences, beneficiary status was not independently associated with increased postoperative healthcare utilization after bariatric surgery