Pre-Operative Clinical Variation by Health Insurance Carrier in 12,285 Male Surgical Patients with Moderate Morbid Obesity

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Data on 12,285 moderately obese men from the Medicare (n=1,220), Self-Pay (n=770), and Medicaid (n=193). Data included weight, BMI, demographics, were pre-operative for adjustable gastric band was and the percent incidence of 31 weight-related general linear model with treatment in the model. Categorical variables were examined using a analyzed using an ANOVA with treatment in the model. The objective of this study was to identify clinical variation by insurance type in moderately obese men.

Methods

Data on 12,285 moderately obese men from the Surgical Review Corporation’s BOLD database who were pre-operative for adjustable gastric band was analyzed in four insurance groups: Private (n=10,102), Medicare (n=1,220), Self-Pay (n=770), and Medicaid (n=193). Data included weight, BMI, demographics, and the percent incidence of 31 weight-related medical co-morbidities. Continuous variables were analyzed using an ANOVA with treatment in the model. Categorical variables were examined using a general linear model with treatment in the model and modified for a binomial distribution to account for dichotomous variables.

Background

In the ongoing obesity epidemic, every surgeon now treats patients with weight-related medical problems. In managing these medically fragile surgical patients, every clinical insight helps. While variation according to health insurance has been reported in mixed sex bariatric surgery populations, whether or not clinical characteristics in the subset of moderately obese male surgical patients vary by insurance carrier is unknown.

Objectives

The objective of this study was to identify clinical variation by insurance type in moderately obese men.

Conclusions

✓ Pre-operative clinical characteristics of moderately obese male surgical patients vary by the health insurance coverage type to which they subscribe.

✓ Medicare and Medicaid insured suffer the most from weight-related problems. Medicare patients had the highest incidences of psychological and abdominal/hepatobiliary issues, as well as increased CHF, DVT/PE, and angina. Medicare obese men have increased prevalence of all other cardiopulmonary complications examined in this study. Private and Self-Pay patients are at lower risk of obesity co-morbidities than Medicaid and Medicare.

✓ Whether or not Medicaid high weight and BMI, and Medicare increased age contribute to these findings is not clear from the data.

✓ These results suggest that surgeons should consider moderately obese Medicare and Medicaid men at increased risk for peri-operative medical illnesses.

✓ This advance clinical knowledge may raise pre-operative index of suspicion for serious co-morbidities, and might improve medical care and surgical outcomes of moderately obese men.

• Medicaid/Medicare/Private/Self-Pay age (45+ (28+24/36+16/27+15/18+30+28), BMI (50+46+46+50+46+46+50+46) varied significantly (p<0.005-0.0001).

• Race (%) varied between Medicaid/Medicare/Private-Self-Pay: African-American (18/7/8), Caucasian (59/89/79/86), Hispanic (19/37/6), Asian (10/10/10/7), Other (6/8/0/0) (p<0.0001).

• Obesity co-morbidities by insurance (%) are displayed in the Table.

• The objective of this study was to identify clinical variation by insurance type in moderately obese men.

• These results suggest that surgeons should consider moderately obese Medicare and Medicaid men at increased risk for peri-operative medical illnesses.

• Variation by insurance type in moderately obese men.

• Medically frail surgical patients.

• Substantial variation by health insurance category.

• These results suggest that surgeons should consider moderately obese Medicare and Medicaid men at increased risk for peri-operative medical illnesses.

• This advance clinical knowledge may raise pre-operative index of suspicion for serious co-morbidities, and might improve medical care and surgical outcomes of moderately obese men.

• While variation according to health insurance has been reported in mixed sex bariatric surgery populations, whether or not clinical characteristics in the subset of moderately obese male surgical patients vary by insurance carrier is unknown.