

Current Challenges Facing Surgeons in the Age of the ACA

John D. Scott MD FACS FASMBS
Division Chief
Minimal Access and Bariatric Surgery
Greenville Health System
Greenville, SC

GHS Health Science Center



Presenter Name: John Scott

As previously disclosed, these are the companies with which I have a financial or other relationship(s):

Company Name(s)

Nature of Relationship(s)

Gore

Honoraria



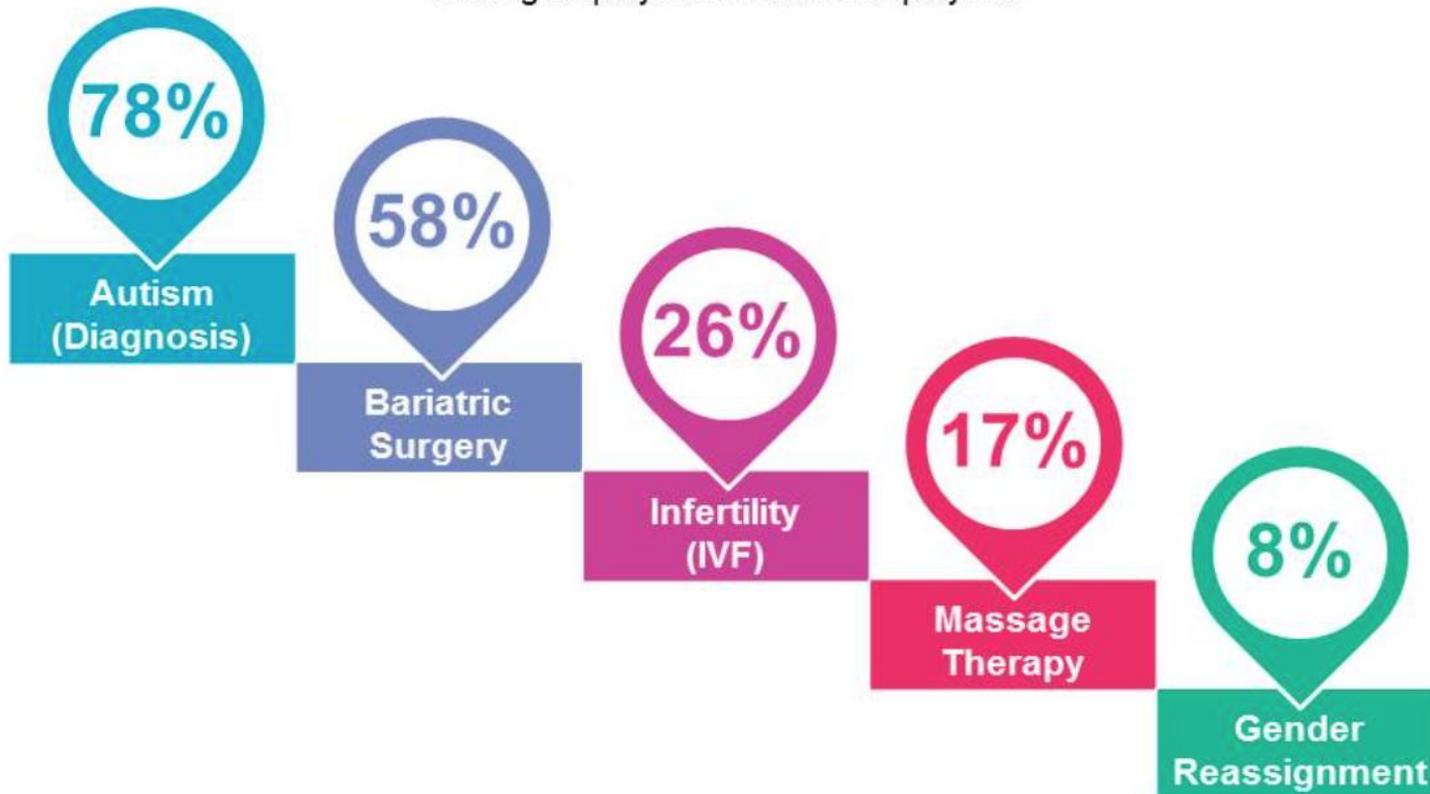
A Laundry List of Grievances

- **Non-coverage of bariatric surgery**
 - **Commercial policies**
 - **Managed Care**
 - **State Medicaid**
 - **State Employees**



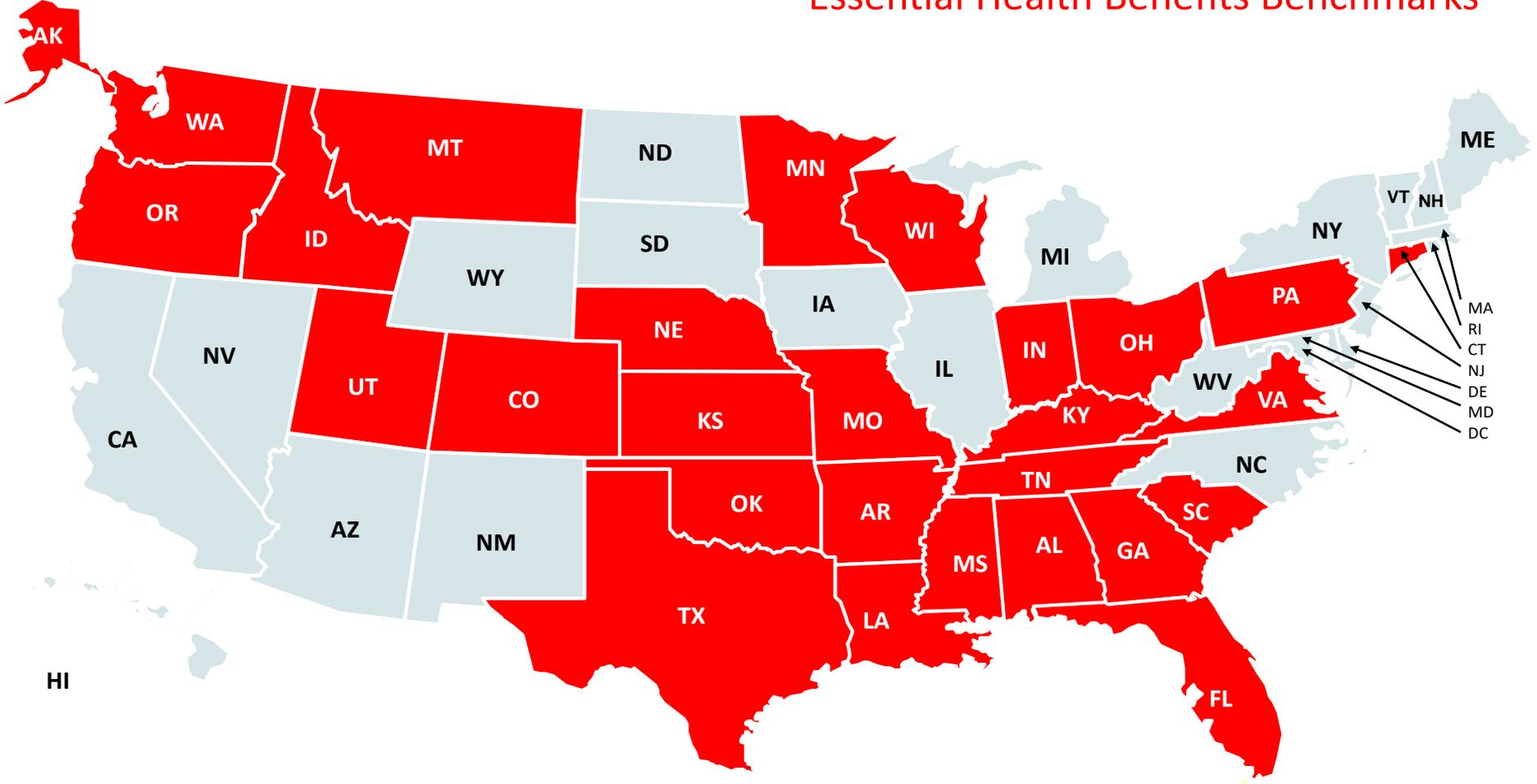
Commercial Payers

Special Coverages Provided Among employers with 500+ employees



National Coverage of Bariatric Surgery

Essential Health Benefits Benchmarks



CO: Coverage begins in 2017

 Coverage Policy in Place

 No Coverage Policy in Place

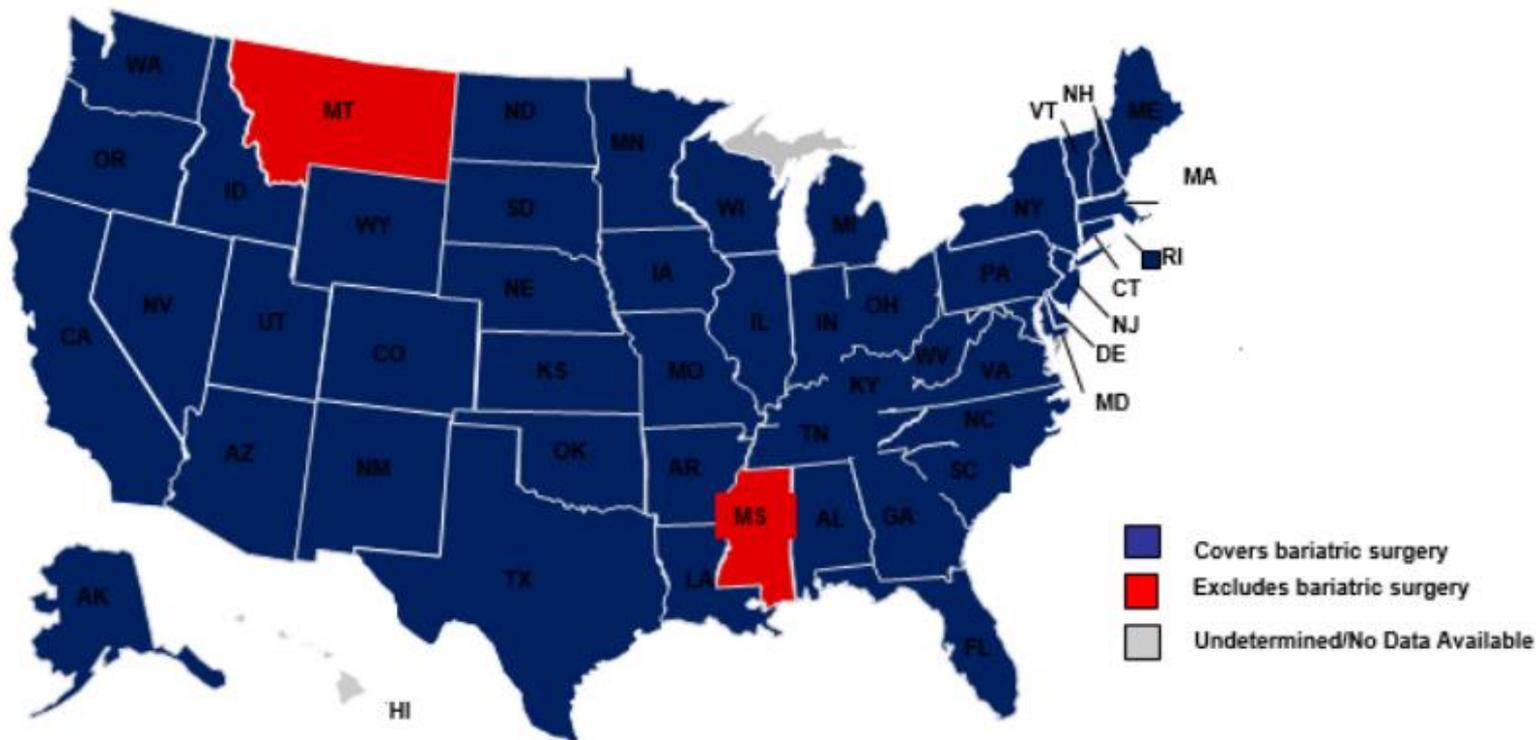
Source: Center for Consumer Information and Insurance, Aug 2014.

Current as of 7-7-2016; Coverage may have changed since this printing. 048980-160310

Medicaid Coverage for Obesity: Bariatric Surgery



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Bariatric Surgery-

48 states and the District of Columbia cover bariatric surgery. Of these states, 36 require prior authorization and 37 require criteria other than BMI alone to determine eligibility. Two states (MT and MS) explicitly exclude bariatric surgery.



Petrin C, Prakash K, Kahan S, et al. Medicaid Fee-for-Service Treatment of Obesity Interventions, 2016.



A Laundry List of Grievances

- **Non-coverage of bariatric surgery**
- **Restrictive co-insurance and co-payment**



In Most Instances, Silver Plan Enrollees Will Face Close to \$5,000 in Out-of-Pocket Costs for Bariatric Surgery

AVERAGE OF COPAYMENTS AND COINSURANCE BY METAL LEVEL AND STATE, 2015

	Oklahoma Average Copayment	Oklahoma Average Coinsurance	Oregon Average Copayment*	Virginia Average Copayment	Virginia Average Coinsurance
Bronze	\$1,500	42%	\$6,600	\$500	24%
Silver	\$950	29%	\$5,000	N/A**	27%
Gold	\$750	24%	\$3,000	\$488	20%
Platinum	N/A**	N/A**	N/A**	\$225	10%
Total Number of Plans:	24	44	38	11	29
Estimated Patient Cost for Bariatric Surgery in a Silver Plan***	\$950	\$4,959 (\$17,100 x 29%)	\$5,000	N/A**; (all metal level average is \$404)	\$4,806 (\$17,800 x 27%)



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- **Non-coverage of bariatric surgery**
- **Restrictive co-insurance and co-payment**
- **Insurance mandated preoperative medical weight management programs (WMP)**



ASMBS Consensus Statement



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SURGERY FOR OBESITY
AND RELATED DISEASES

ASMBS Guidelines/Statements

ASMBS updated position statement on insurance mandated preoperative weight loss requirements

Julie J. Kim, M.D., F.A.C.S., F.A.S.M.B.S.^{a,*}, Ann M. Rogers, M.D.^b, Naveen Ballem, M.D.^c, Bruce Schirmer, M.D.^d, on behalf of the American Society for Metabolic and Bariatric Surgery Clinical Issues Committee

^a*Department of Surgery, Tufts University School of Medicine, Boston, Massachusetts*

^b*Department of Surgery, Penn State University, Hershey, Pennsylvania*

^c*Clara Mass Medical Center, Glen Ridge, New Jersey*

^d*Department of Surgery, University of Virginia Health System, Charlottesville, Virginia*

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Take home points for Insurance



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WMP

- There is no randomized controlled trial, large prospective study, or meta-analysis that supports the use of insurance mandated preoperative weight loss
- This practice is discriminatory, arbitrary, capricious, and unnecessary
- Delays life-saving treatment, contributes to patient attrition, and is unethical
- **This practice should be universally abandoned**

GHS Summary of Findings

- Mandated WMP resulted in significant surgical delay.
- This delay resulted in no significant difference in:
 - Operative duration.
 - Post-op length of stay
 - Re-admission rates
 - Re-operation rates
 - Follow up compliance
 - % excess weight loss

Participation in an insurance-mandated WMP is not associated with improved post-operative outcomes.



A Laundry List of Grievances

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- **Restrictive co-insurance and co-payment**
- **Insurance mandated preoperative medical weight management**
- **Stigma of obesity and inherent bias of policy-makers**

Discrimination

- Concept of **disparate impact**
 - Obesity is more economically detrimental to women than men
 - Lower paying jobs
 - Fewer promotions
 - More physically demanding jobs

Disparate Impact

- Failure to cover obesity treatment is more **detrimental to women**
 - Civil Rights Act of 1964, Title VII
 - Prohibits discrimination on the basis of race, color, religion, sex, or national origin
- No obesity treatment = Discrimination

Obesity as a Disability

- **Americans with Disability Act (ADA)**
 - Amendment in 2008
 - Physical condition that impairs a “major life activity”
 - Sleeping, walking, bending over, breathing
 - Several legal rulings have recognized **obesity as a protected disability**
 - Protected from employer discrimination

Inequality of Healthcare Exists within the ACA

Obesity treatment coverage should be **equitable for all Americans**, including citizens who are beneficiaries covered through State's Health Insurance Exchange



FACTS:

- Coverage for bariatric surgery is a disparate patchwork based on weight bias, clinical shortsightedness, and poor policy
- Bariatric surgery is associated with the best chance for comorbidity remission and quality of life improvement
- The only fair thing to do is advocate for **universal access to bariatric surgical care**



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