



Bariatric Services Program A Case Study

Presentation to the Medical Fitness Association

November 11, 2004



Learning Objectives

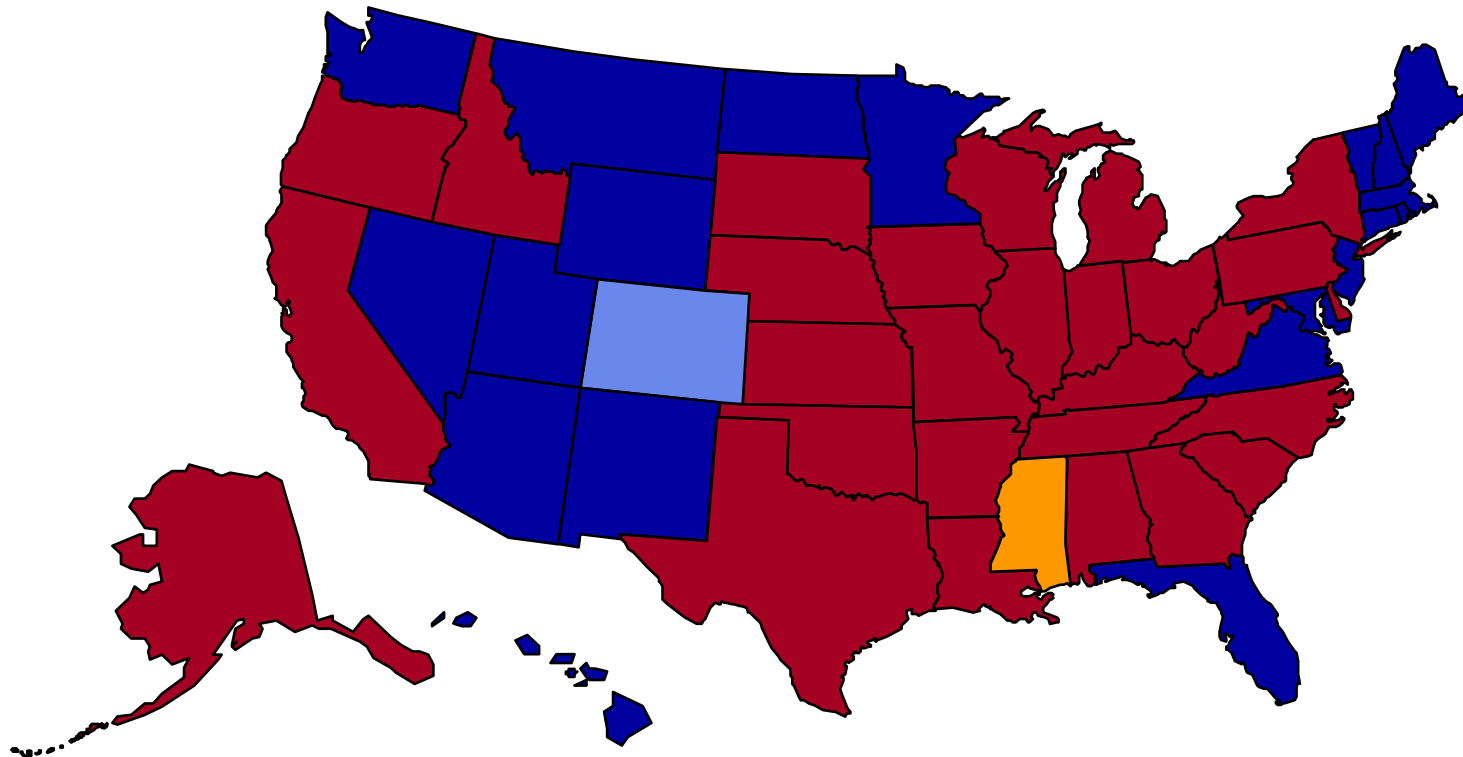
- **Participants will learn:**
 - **Trends driving the development of bariatric medicine programs**
 - **The components of a successful bariatric medicine program**
 - **The barriers to successful entry**
 - **How to integrate with other clinical and fitness programming**



***Obesity Trends and Demand
for Bariatric Surgery***

Obesity Trend Among U.S. Adults 2001

*BMI ≥ 30 , or ~ 30 lbs overweight for 5'4" woman



□ No Data □ <10% □ 10% - 14% □ 15% - 19% □ 20% - 24% □ $\geq 25\%$



Obesity Health Risk Factors Associated with BMI ≥ 40

Risks as Compared to Healthy Weights for Men and Women

- **Diabetes – 7.37 times greater**
- **High Blood Pressure – 6.38 times greater**
- **Uterine Cancer – 6 times greater**
- **Arthritis – 4.41 times greater**
- **Asthma – 2.72 times greater**
- **Breast Cancer – 2+ times greater**
- **High Cholesterol – 1.88 times greater**
- **All Cancers:**
 - **Men – 52% higher**
 - **Women – 62% higher**



Rationale for Bariatric Surgery

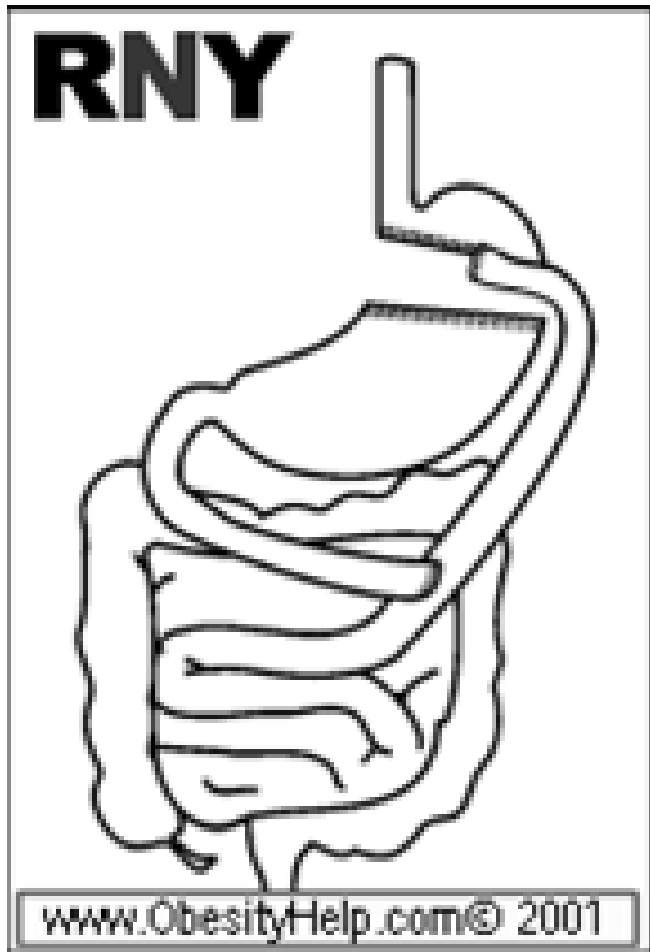
- **Morbidly obese people tend to die sooner than non-obese people**
- **Non-operative methods alone have not been effective in achieving medically significant, long-term weight loss**
- **Surgical treatment goals**
 - **Improvement of health status**
 - **Durable weight loss**
 - **Reduction of life threatening risk factors**
 - **Improvement in activities of daily living**



Patient Selection

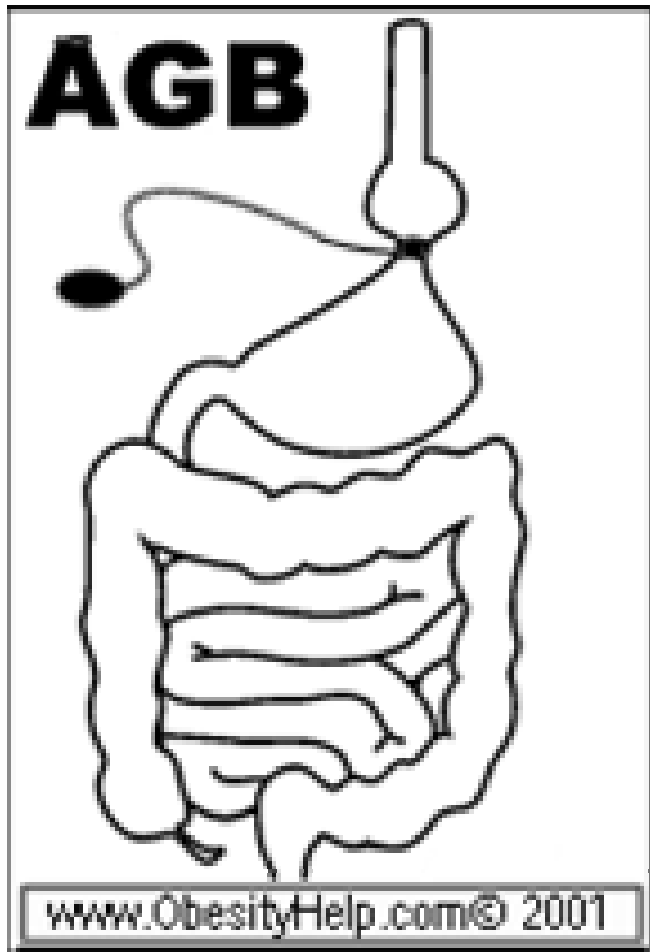
- **Morbidly obese**
 - **Body Mass Index ≥ 40 or ≥ 100 pounds overweight**
 - **Body Mass Index of 35 to 40 with high risk co-morbid conditions**
- **Persons who have not responded to other less invasive therapies such as diet, exercise or medications**
- **Well-informed, motivated individuals**
- **Acceptable operative risks**

Surgical Options: Roux-en-Y (RNY)



- Most common gastric bypass procedure
- A portion of the stomach is sectioned off
- New pouch will hold about 1 ounce of food
- Causes a feeling of fullness after a few bites
- Procedure can be laparoscopic or open

Surgical Options: Adjustable Gastric Banding (AGB)



- Commonly known as “LapBand”
- Silicone band is placed around the upper part of the stomach to create a small pouch
- Food passes through a narrow opening left between the pouch and stomach
- Band is adjustable to vary the size of the opening
- Laparoscopic procedure



JAMA review shows positive results

- **JAMA (Oct. 13) published article that reviewed 136 studies involving more than 22,000 patients**
- **Results of bariatric surgery not only reduced obese patients' weight but...**
 - **Reversed diabetes in 77%**
 - **Eliminated high blood pressure in 62%**
 - **Lowered cholesterol in 70%**
 - **Improved sleep apnea**



Risks Associated with Surgery

- **NIH reports a complication rate of 10-15%**
 - **10-15% need additional surgery**
 - **Complications include gastric leakage, blood clots, respiratory problems, wound infection, gallstones, nutritional deficiencies**
- **Mortality rate of 1 in 1,000 surgeries (within 30 days), although some sources put mortality rate at 1 in 200**
- **Complications in future pregnancies have been reported**

Media Attention Spurs Demand



Carnie Wilson Story



16,000 procedures
early 1990's

Est. 140,000 procedures
2004



Reimbursement Increasingly Favorable

Medicare Advisory Panel Concludes Weight Loss Surgery Safe and Effective for Morbidly Obese Patients
Friday November 5, 3:24 pm ET Business Week Online

Medicare to consider OK'ing weight-loss surgery
USA Today, November 4, 2004

Centers for Medicare and Medicaid Services remove language stating that Obesity is not a disease
July 2004

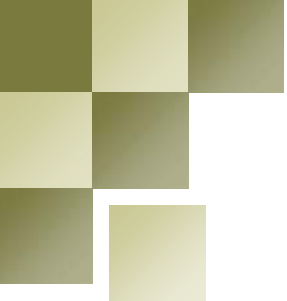


Well-Networked Patient Population

- Patients research treatment options through Internet sites and chat rooms
 - **ObesityHelp.com**
 - Provides resources, such as surgeons in the area
 - Patients “review” doctors and hospitals, providing details about their hospital stays and doctor visits
 - **spotlighthealth.com**
 - Provides articles on treatment options
- Some centers and physicians are capitalizing on this trend as a marketing tool; others are noticeably absent

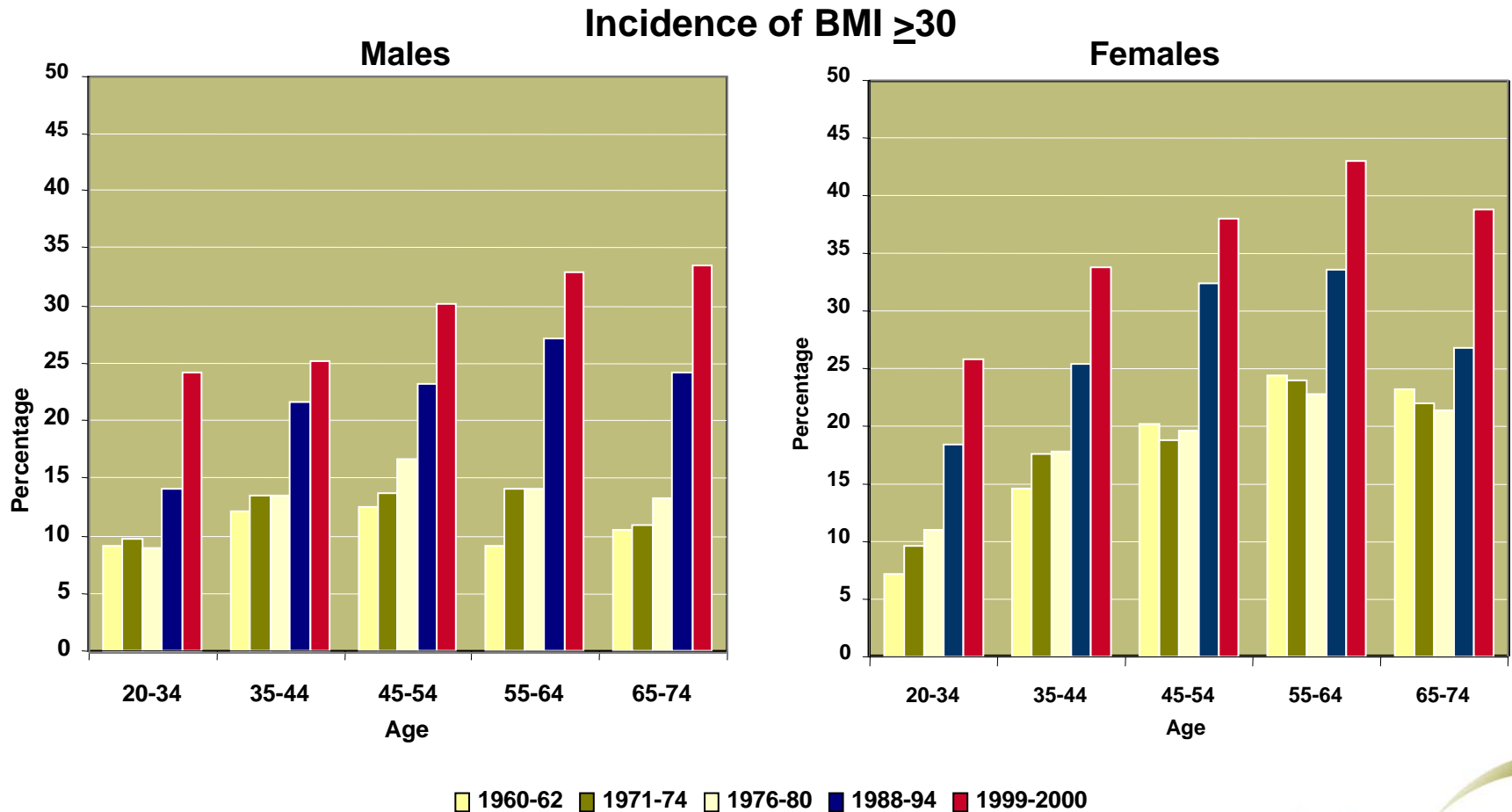
Typical Hospital "Review"

Posted by:	<u>Jackie R.</u>				
	(Posted on 10/20/04)				
Overall Value:	Good	Oversized Equipped:	Excellent	Oversized Sensitive:	Excellent
Multi Security:	Good	Privacy:	Excellent	Pain Medication:	Excellent
Quiet:	Good	Visiting:	Average	Staff Responsive:	Good
Parking:	Average				
How Selected:	My surgeon practices here.				
Other Competition:	Above average				
Comments:	Due to inclement weather, there was a very long delay in finding me a room. I had surgery and 4PM and was not given a room until midnight. My husband wasn't able to see me until close to that time. Also, I was told to arrive at 7AM and wasn't even seen until after 10AM.				



Market Sizing

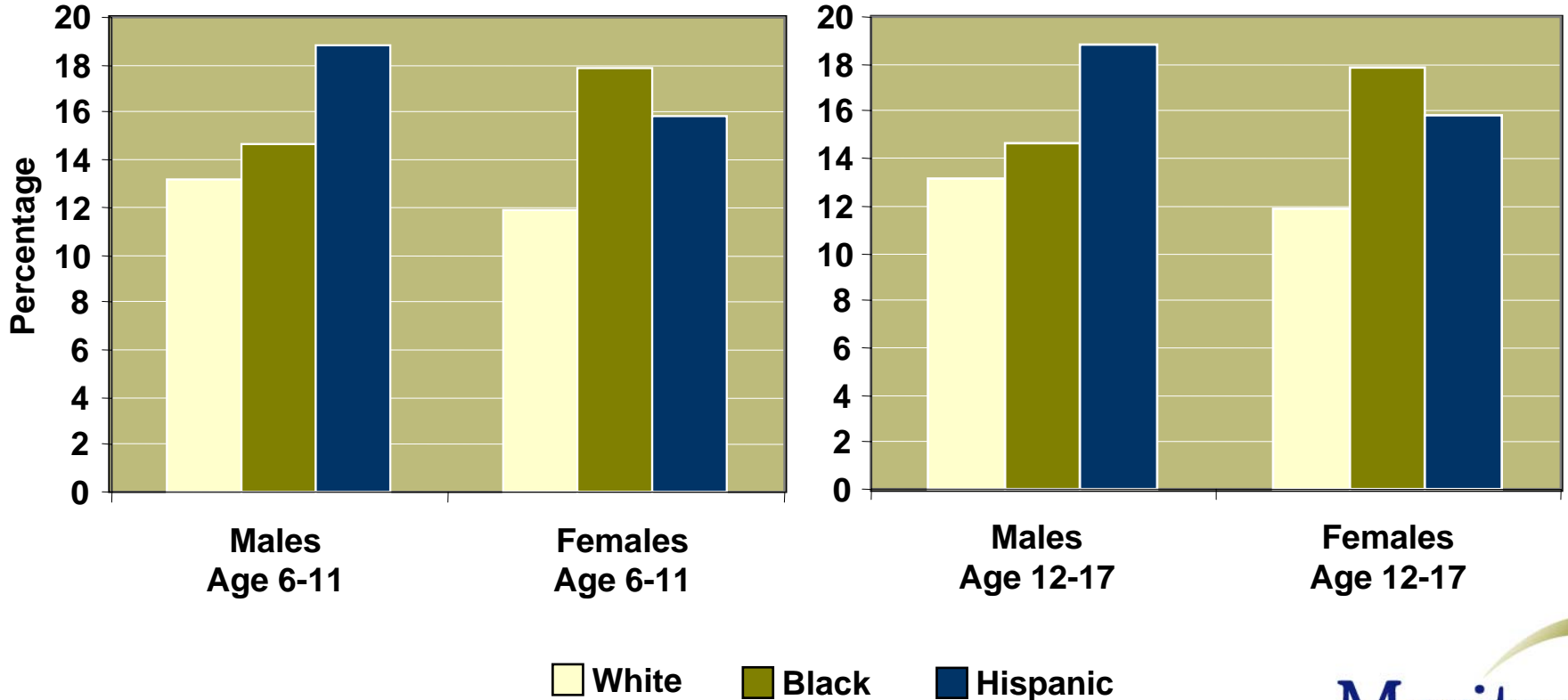
Prevalence of Obesity by Age and Gender



Source: NIH

Distribution of Overweight in Children and Adolescents

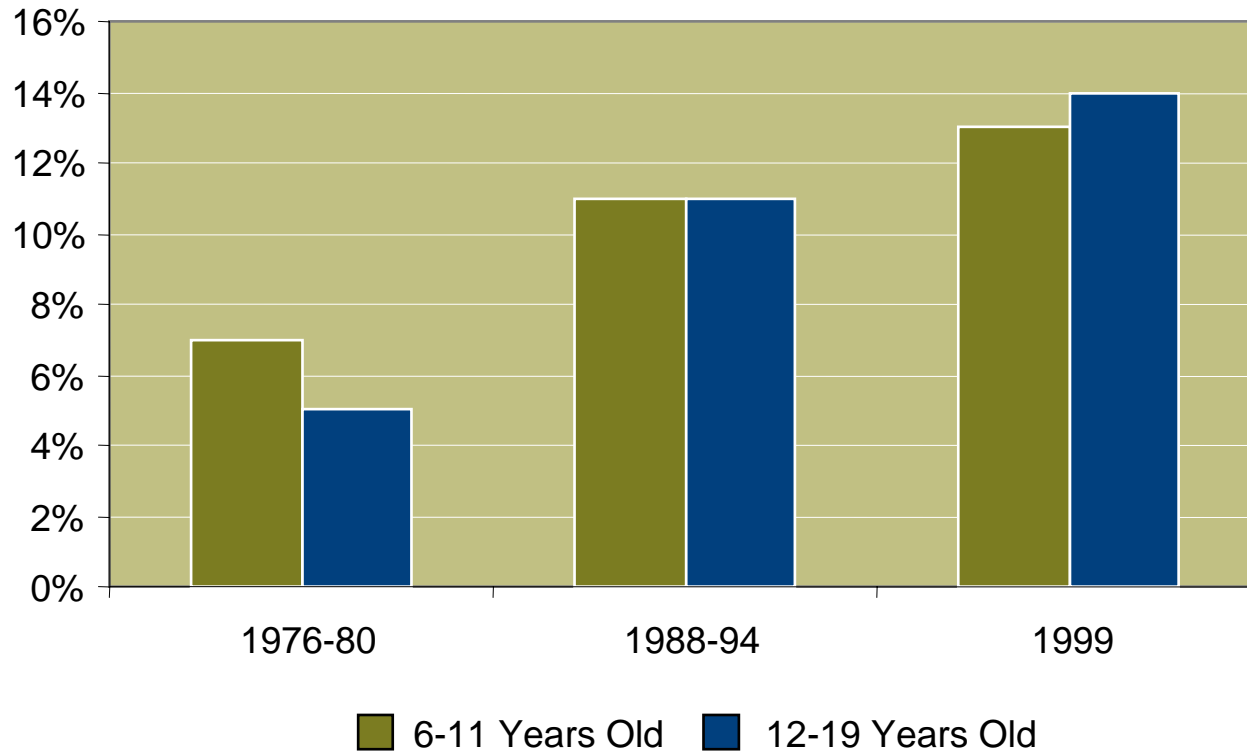
Incidence of BMI \geq 95th Percentile



Source: NIH 1994

Trends in Child/Adolescent Obesity

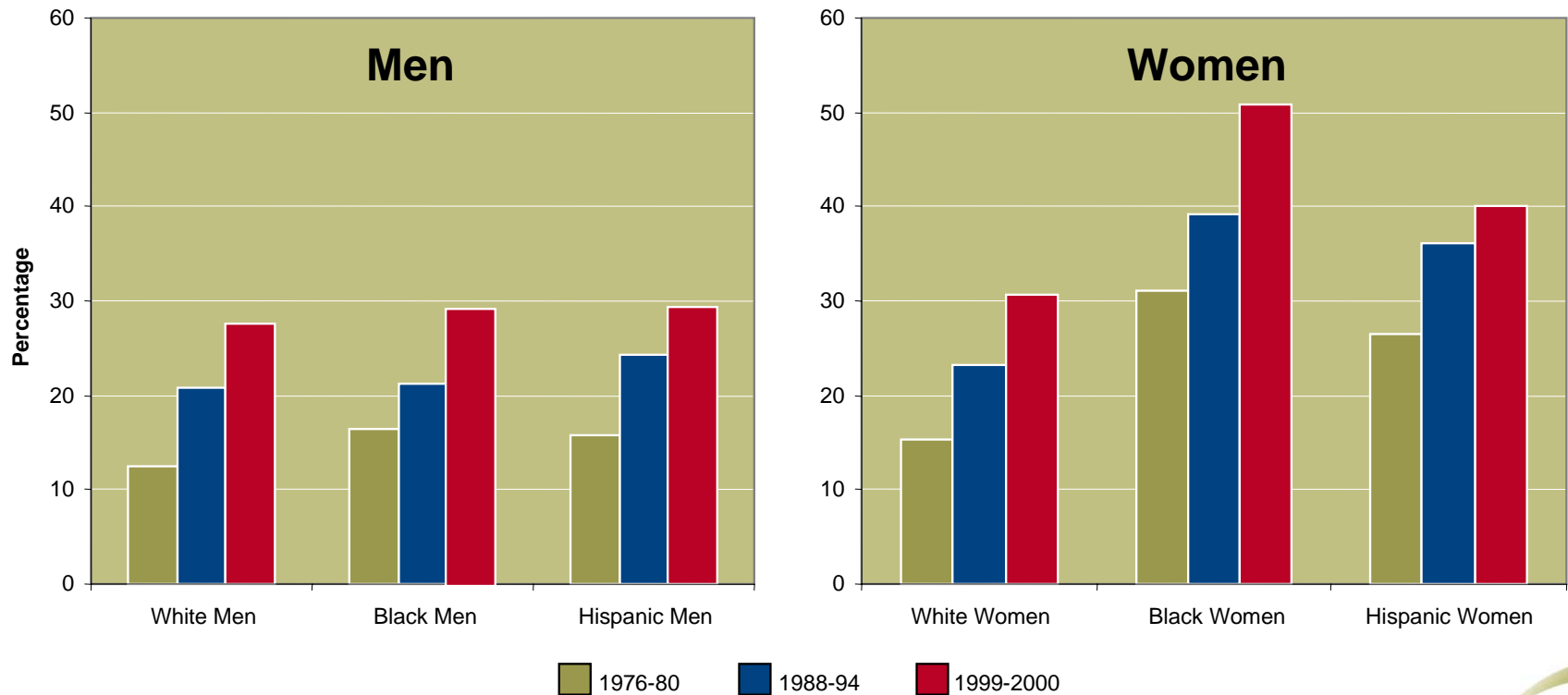
Incidence of BMI \geq 95th Percentile



Source: NIH

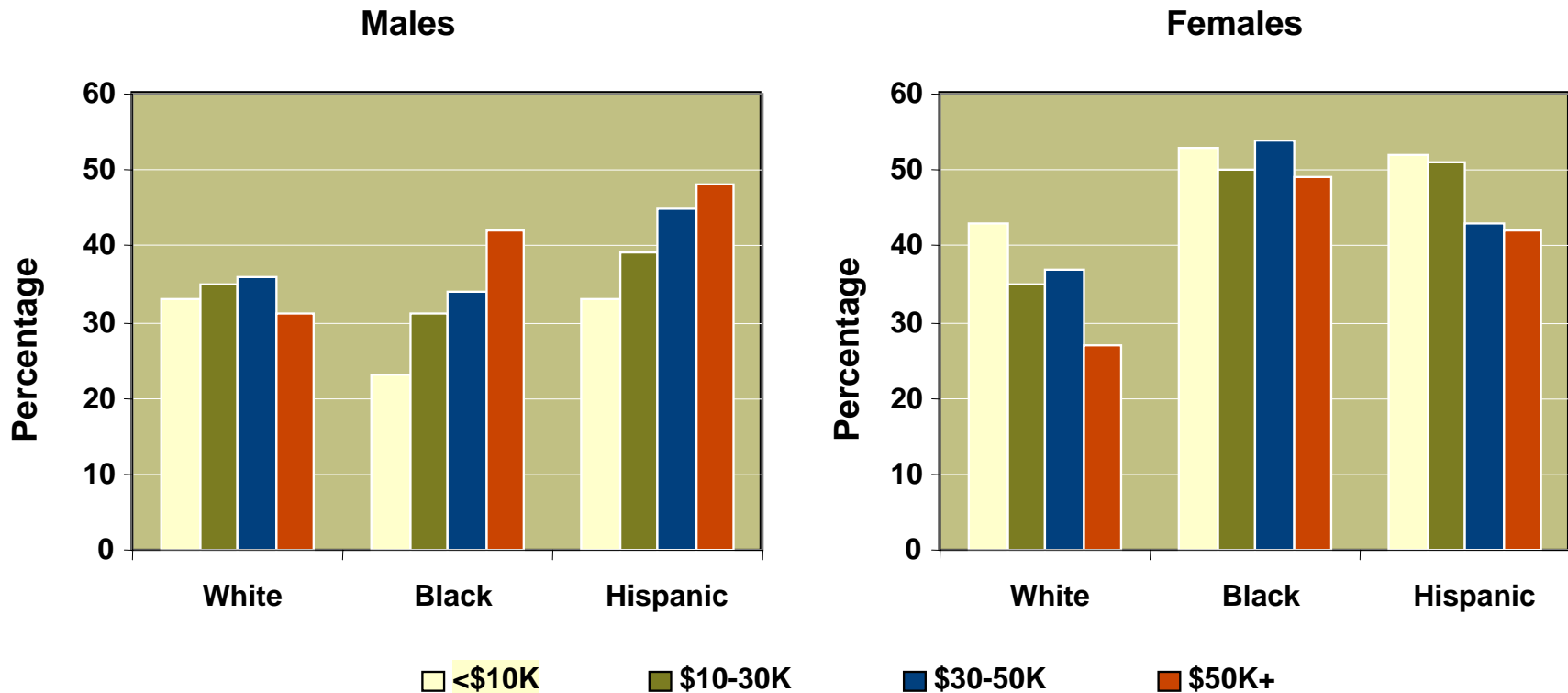
Prevalence of Obesity by Race/Ethnicity

Incidence of BMI ≥ 30



Source: NIH

Prevalence of Overweight by Family Income



Source: NIH

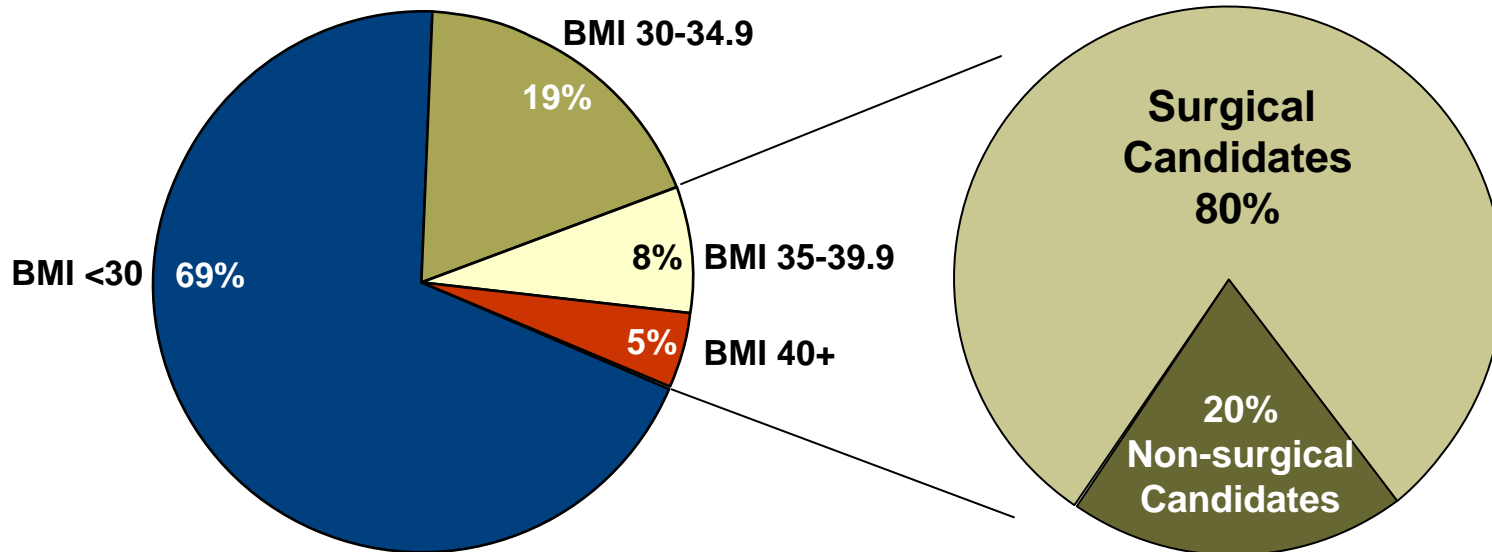


Market Sizing Considerations

- **Overall National Average Incidence**
 - 30.9% of population
- **Age Breakdown**
- **Race/Ethnicity Mix**
- **Income Mix**

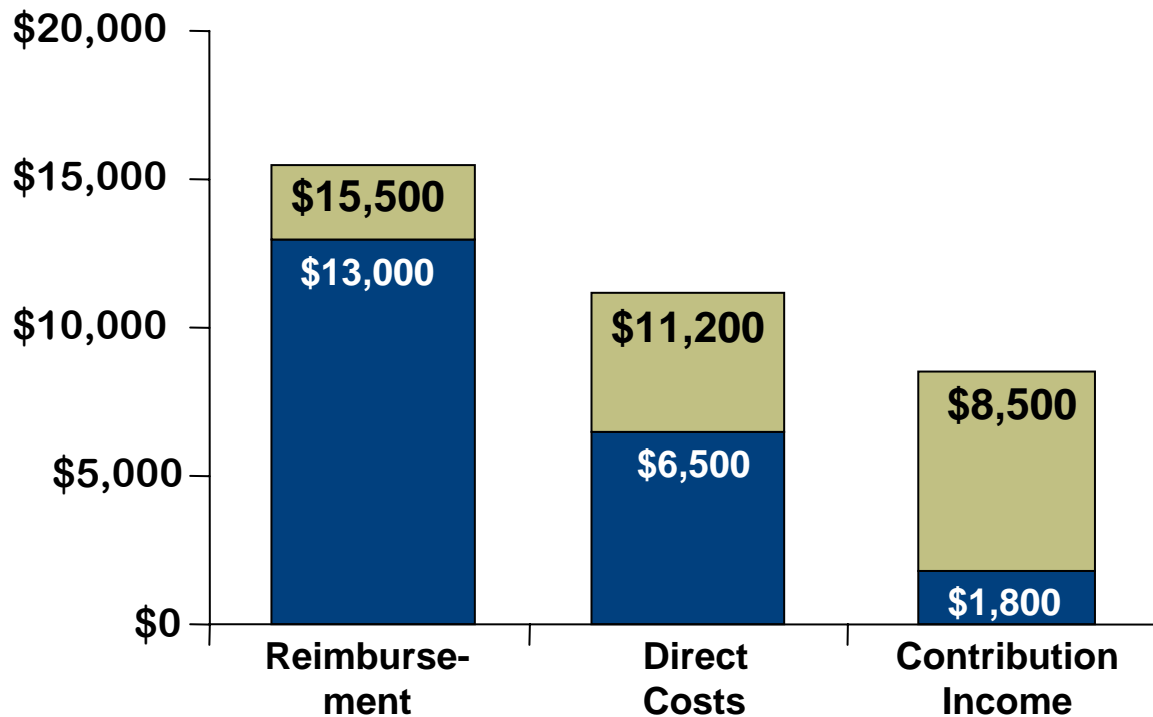
Market Size Determination

Surgical and Non-surgical Candidates



Financial Implications of Bariatric Surgery Cases

Typical Contribution Income Per Case





***Comprehensive Weight
Management Programming***



A Weight Management Institute: Program Components

- ***Non-surgical weight loss options***
 - *Low calorie/ low fat diet programs*
 - *Medically supervised weight loss programs*
 - *Fitness/wellness programs*
- **Weight loss surgery**
 - Pre-op screening and counseling
 - Post-op monitoring and support
- **Medical exams, lab work, EKG, psychological testing, nutritional counseling**
- **Referral for co-morbidities**
- **Education**
 - Patient & family education
 - Medical & professional staff education
- **Research**



Multi-disciplinary Team

- An effective Weight Management Institute will require coordinated communication and a multi-disciplinary team, including
 - Physicians
 - Nurses
 - Dietitians—Nutrition Counseling
 - Pharmacists
 - Psychologists—Surgical Evaluations/On-going support groups
 - Exercise physiologists
 - Educators
 - Administrators



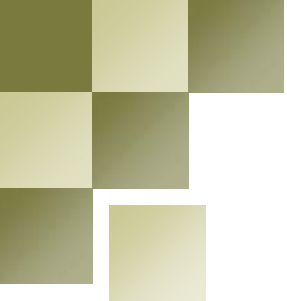
Criteria for Success

- **For people inquiring –**
 - **Inform patients of services through Internet and other advertising**
 - **Provide centralized, easy inquiry process via web site and telephone**
 - **Create an efficient, personable intake/qualification process with educated, caring personnel**
 - **Educate patients about their options – both surgical and non-surgical**
 - **Provide support groups and appropriate screening of eligibility**
 - **Make referrals as appropriate to internal programs**



Criteria for Success

- **For people admitted to program/surgery –**
 - **Provide appropriately sized seating in the reception area, gowns and equipment (wheelchairs, gurneys, etc.)**
 - **Educate staff to sensitivity issues with clinically obese patients**
 - **Inform/involve nursing, anesthesia and other clinical personnel in the special requirements of obese patients**
- **At discharge –**
 - **Provide appropriate follow-up and support**
 - **Make referrals to other programs as appropriate**
 - **Create a seamless hand-off to other providers as needed**



Fitness Center Integration



Fitness Center Integration

■ Pre-surgery

- **Weight loss programs**
- **Nutrition counseling**
- **Exercise programs with medical supervision for co-morbidities**

■ Post surgery

- **Exercise prescription**
- **Medical supervision**



Health First Pro Health Program

■ History

- Pro-Fit program started in 1990
- Fitness Center Director was program champion
- Health First Health Plans used to cover bariatric surgery but discontinued due to perceived high risk
- Tri-Fit developed in 2003 as an alternative to surgery

■ Future plan to market to other health plans



Health First Program Components

■ Pro-Fit

- 4 month non-reimbursed program
- 15 weekly classes instructed by RD, Behaviorist, Health Educator, Exercise Specialists
- Personalized and monitored exercise program
- Low-fat, healthy cooking class & cookbook
- Computerized dietary analysis
- Computerized health risk assessment
- Usually 30-40% lose weight



Health First Program Components

■ **Tri-Fit**

- **6 month fully-reimbursed program**
- **15 weekly classes instructed by RD, Behaviorist, Health Educator, Exercise Specialists**
- ***4 bi-weekly support group classes***
- **Personalized and monitored exercise program**
- **Low-fat, healthy cooking class & cookbook**
- **Computerized dietary analysis**
- **Computerized health risk assessment**
- ***Staff support from RN Case Manager***



Health First Pro-Fit Program

- Marketed via newspaper ads and piggy-back on other hospital/system vehicles
- Fees: \$225 plus monthly membership dues during course of program
- Classes offered 2x per year
 - Two locations: Melbourne & Merritt Island
 - One am and one pm class
- Class size limited to 20 max; usually 15-20 participants
- Collecting outcomes data



Health First Tri-Fit Program

- Health Plan targets and refers
- \$500 reimbursement (includes 6 month membership)
- Can retake for another 4 months
- New classes start monthly
- Class size limited to 20 max; usually 15-20 participants
 - Two locations: Melbourne & Merritt Island
 - One am and one pm class
- Higher risk participants



Health First Tri-Fit Program

■ Program Goals

- Reduce BMI by 10%
- Reduce blood pressure
- Lower cholesterol
- Lose inches in size
- Improve self-esteem and quality of life
- Reduce need for medications (diabetes, blood pressure, weight loss)



Health First Tri-Fit Program

- **Health Plan Criteria for Reimbursement**
 - **BMI over 40 or BMI over 35 plus comorbidity(ies)**
 - **18 years of age or older**
 - **Medically cleared by Primary Care Physician**
 - **Documented compliance with weight loss program**
 - *Similar to criteria for bariatric surgery*



Health First Weight Loss Programs

■ Critical Success Factors

- Comprehensive: three pronged approach
 - Nutrition, Exercise, Lifestyle Modification
- Tracking outcomes
- Staff sensitivity to emotional and physical needs of customer
- Offering size/weight appropriate exercise modalities (pool classes, chair aerobics)
- Health Plan referral and reimbursement
- Marketing (internal and external)



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