

Does Bariatric Surgery Impact Medical Costs Associated With Obesity?

Bariatric surgery is a well-documented treatment for obesity that leads to considerable weight loss and health improvement, but is the surgery successful in the long run in reducing costs associated with medical care for obesity? A team of researchers from the Johns Hopkins Bloomberg School of Public Health and School of Medicine recently undertook a multi-year analysis of health insurance claims data to examine this question and found that although the procedure's success rate is well documented, it does not have a similar impact on health care costs. The findings were released in the February 20 online edition of the journal JAMA-Surgery.

"The results of our study are important because they demonstrate bariatric surgery does not lower overall health care costs in the long term and we found is no evidence that any one type of surgery is more likely to reduce long-term health care costs," said Jonathan Weiner, DrPH, professor of Health Policy and Management at the Bloomberg School and lead author of the study. He added, "Future studies should focus on the potential benefit of improved health and well-being of patients undergoing the procedure rather than on cost savings."

Weiner and colleagues analyzed claims data for over 29,000 Blue Cross/Blue Shield plan members from across the nation who underwent bariatric surgery between January 2002 and December 2008. A one to one matched comparison group who did not undergo surgery, but who had diagnoses closely associated with obesity was also identified. The health care costs of these two groups were closely followed over a 7 year period. This study is the largest and longest duration of its type to date.

The research indicated total costs were greater in the bariatric surgery group vs. the non-surgery group during the second and third years following surgery, but were similar in the later years. However the bariatric group's prescription and office-visit costs were lower and their inpatient costs were higher than those not getting the procedure. Persons undergoing laparoscopic surgery had lower costs in the first few years after the procedure than those getting non-laparoscopic surgery, but the reduction was not sustained.

"An estimated \$168 billion a year or 16.5 percent of all U.S. health care expenditures is spent to treat obesity and obesity associated diseases. As the weight of Americans continue to increase, so too does the strain on our health care system," said Weiner. "Given this trend, and the ever increasing rate that bariatric surgery is being preformed, we felt it was important to measure the impact of health care costs associated with this type of surgery."

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