



# Bariatric Resource Services

Obesity affects more than a third of Americans and is the second-leading cause of preventable death in the United States.<sup>1,2</sup>

**A program has proven successful at reducing the personal, clinical and economic costs of obesity.**



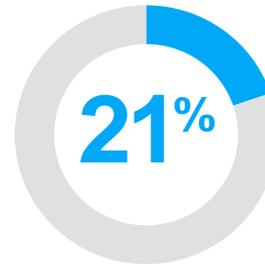
1. Centers for Disease Control and Prevention. Adult Obesity Facts. <http://www.cdc.gov/obesity/data/adult.html>. Accessed December 2015.

2. California HealthLine. Obesity Second Leading Cause of Preventable U.S. Deaths, CDC Study Finds. <http://www.californiahealthline.org/morning-breakout/obesity-second-leading-cause-of-preventable-us-death-cdc-study-finds/>. Accessed December 2015.

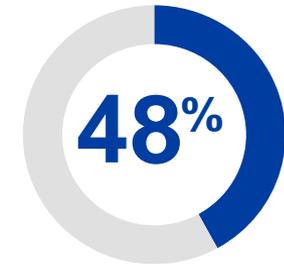
## The high costs of obesity.

**\$ 147  
billion**

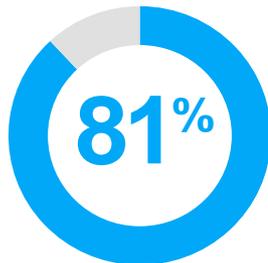
in related health care costs.<sup>1</sup>



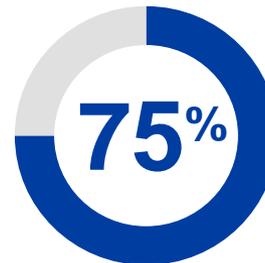
national medical spend.<sup>1</sup>



increased health care costs for obese adults.<sup>1</sup>



higher medical spend for adults who are morbidly obese.<sup>1</sup>



morbidly obese adults with 1+ comorbidity.<sup>3</sup>

**\$ 8  
billion**

in lost productivity for obesity-related absenteeism.<sup>2</sup>

1. Robert Wood Johnson Foundation. The State of Obesity: 2014. <http://www.rwjf.org/en/library/research/2014/09/the-state-of-obesity.html>. Accessed December 2015.  
2. Orciari, Megan. Yale News. Obesity among American workers costs the nations billions in lost productivity. November 2014. <http://news.yale.edu/2014/11/14/obesity-among-american-workers-costs-nations-billions-lost-productivity>. Accessed December 2015.  
3. Must A, Spadano J, Coakley EH, Field AE, Colditz G, Dietz. The disease burden associated with overweight and obesity. 1999.

# Bariatric Resource Services helps reduce obesity, which can improve other conditions like diabetes.

Members receive high-quality specialty care from top providers at leading regional bariatric programs.



**18+**



Designed for those over age 18

**AND**

**40+**



With a body mass index (BMI) of 40+

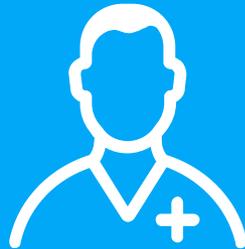
**OR**

Age 35 to 40 with at least one comorbidity.\*

# Drawing on deep bariatric experience to help deliver superior, cost-effective outcomes.



## Clinical and lifestyle change management helps ensure long-term **SUCCESS.**



**Dedicated nurse  
case managers**

- Support and educate members transitioning to a healthier lifestyle.
- Guide members to a COE program.
- Provide one-on-one support throughout the patient's pre- and post-surgery journey.



**National medical  
director**

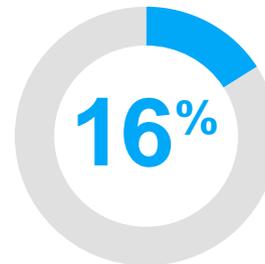
- Contributes in-depth clinical expertise.

## Reasons to believe.

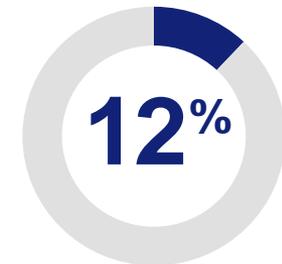
Consider these program results achieved at a bariatric COE:



**15%**  
lower mortality compared to non-COE providers.<sup>1</sup>



**16%**  
lower inpatient hospital readmission.<sup>1</sup>

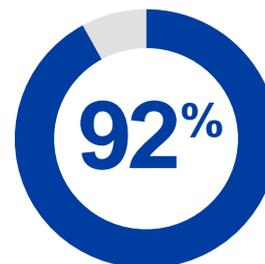


**12%**  
lower reoperation rate for bariatric procedures.<sup>1</sup>

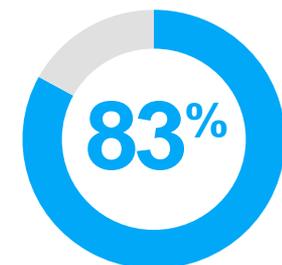


**\$4,239**

lower average cost per surgical episode.<sup>2</sup>



**92%**  
of survey respondents were very satisfied or satisfied with the program's clinical case manager support.<sup>3</sup>



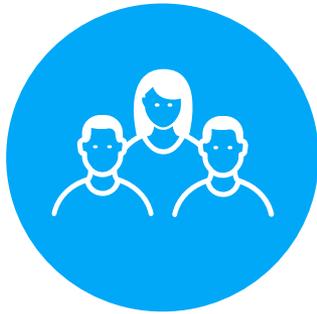
**83%**  
of survey respondents indicated much better or somewhat better health outcomes through the program.<sup>3</sup>

1. 2014 Centers of Excellence qualification analysis results. Compared to non-COE providers. Schrader 2015.

2. 2015 Optum claims book-of-business analysis. Haig 2015.

3. Q3 2016 YTD Optum Consumer Net Promoter Score survey results.

# Why Bariatric Resource Services works.



## Employees

Improved quality of life.



Fewer related conditions.



Support from program nurses.



Access to high-quality care.



## Employers

Reduced overall procedure cost.



Significant savings starting 25 months after surgery\*



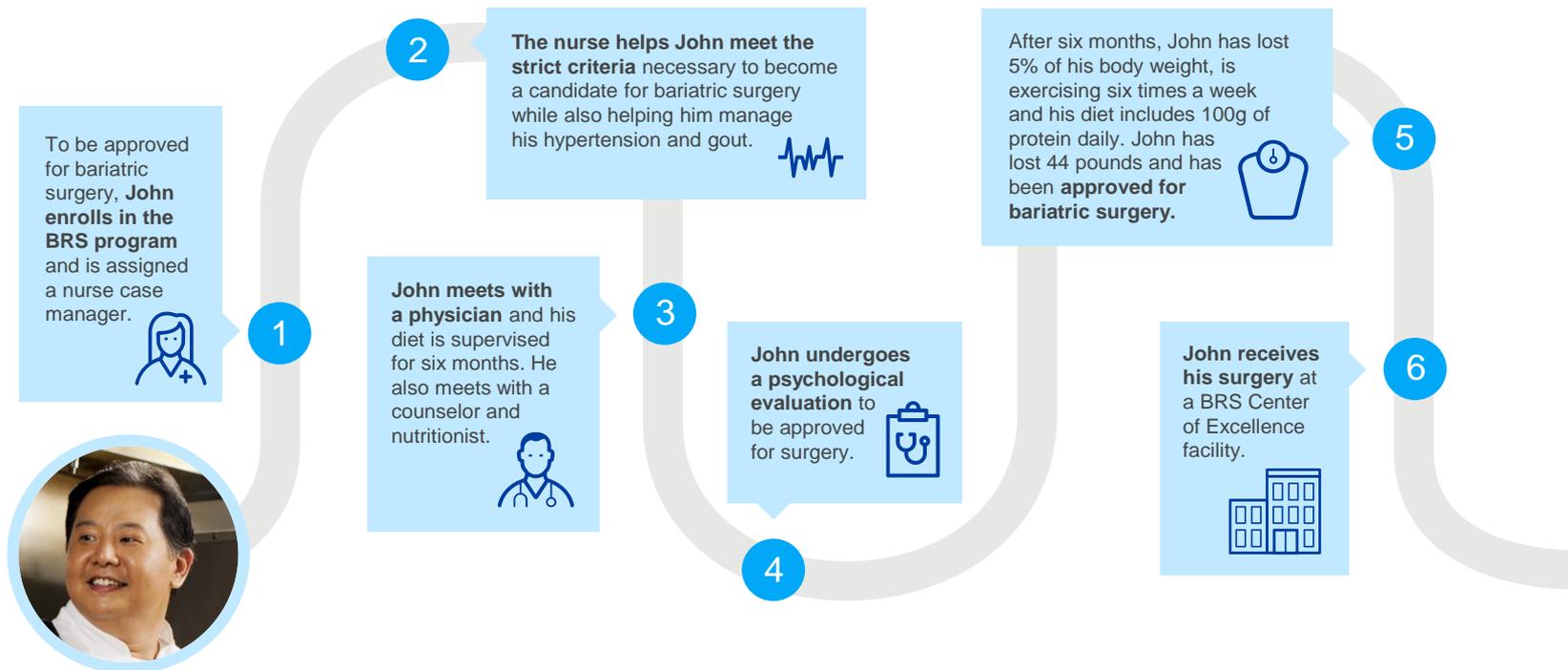
Fewer complications and improved overall health.



Higher employee satisfaction.

# Appendix.

## Formula for success: Our nurse case managers walk the patient through the entire process.



## Suggested plan language.

The plan covers surgical treatment of morbid obesity provided the member meets the following criteria:

### Eligibility criteria.

- ✓ Age 18 or older; adolescents must have achieved greater than 95% of estimated adult height AND a minimum Tanner Stage of 4.
- ✓ Minimum BMI of 40 or 35 with at least one co-morbid condition present.
- ✓ Completed a multi-disciplinary surgical preparatory regimen, including a pre-surgical psychological evaluation.
- ✓ Completed a six-month, physician-supervised weight-loss program.
- ✓ One surgery per lifetime, unless complications arise.
- ✓ Excess skin removal is not covered, unless medically necessary.

### Program utilization criteria.

- ✓ Required to enroll in the Optum® Bariatric Resource Services program.
- ✓ Required to use an Optum Bariatric Center of Excellence.
- ✓ Travel and lodging provided for distances greater than 50 miles.
- ✓ All authorization information and enrollment for bariatric surgery must be initiated and approved through the Optum Bariatric Resource Services Program.

# The four commonly used bariatric surgery procedures.

	Type of procedure	Technique	Diagram	Cost <sup>1</sup>	Excess weight loss	Advantages	Disadvantages
Restrictive and malabsorptive (stomach and intestines)	<b>Roux-en-Y gastric bypass surgery</b>	A small stomach pouch — created to limit food quantity — is attached farther down the intestine to reduce food absorption.		\$28,000 average	63% loss of excess weight at 12 months	Greater and more sustainable weight loss	<ul style="list-style-type: none"> <li>• Nausea and vomiting.</li> <li>• Nutritional deficiencies.</li> <li>• Gallstones.</li> </ul>
	<b>Vertical gastrectomy with duodenal switch</b>	A long, vertical pouch created. The duodenum is connected to the last six feet of the small intestine, separating food and fluid by 12 feet.		\$32,000 average	80% loss of excess weight	<ul style="list-style-type: none"> <li>• More complete elimination of co-morbid illnesses.</li> <li>• More rapid weight loss.</li> </ul>	<ul style="list-style-type: none"> <li>• Nutritional deficiencies.</li> <li>• Difficulty consuming liquids.</li> </ul>
Restrictive (stomach only)	<b>Vertical sleeve gastrectomy</b>	A long, narrow, vertical pouch is created, much like the duodenal switch pouch but smaller. No intestinal bypass is performed.		\$26,000 average	60%–70% excess weight loss at two years	<ul style="list-style-type: none"> <li>• No dumping syndrome.</li> <li>• No mal-absorption.</li> </ul>	<ul style="list-style-type: none"> <li>• Nausea and vomiting.</li> <li>• Weight regain is more likely.</li> </ul>
	<b>Adjustable gastric band procedure</b>	A silicone band is placed around the upper portion of the stomach to reduce the amount of food that the stomach can hold.		\$25,000 average	40% loss of excess weight at 12 months	<ul style="list-style-type: none"> <li>• Short hospital stay.</li> <li>• Least invasive.</li> <li>• Adjustable.</li> </ul>	<ul style="list-style-type: none"> <li>• Risk of band displacement.</li> <li>• Less weight loss.</li> <li>• Additional surgical procedures.</li> </ul>

Source: Bariatric Surgical Procedures — Comparison Chart, Copyright 2002–09 Axcension, Inc. <http://www.lapband.obeseinfo.com/bariatric-surgery-chart.htm>.

1. Anderson, R., Self-funded UnitedHealthcare employer book-of-business surgery study (2013-2015), analyzed in 2016. Cost expressed in episodic derived allowed.