Bariatric Resource Services
Obesity affects more than a third of Americans and is the second-leading cause of preventable death in the United States.\(^1,2\)

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

The high costs of obesity.

$147 billion in related health care costs.¹

21% national medical spend.¹

48% increased health care costs for obese adults.¹

81% higher medical spend for adults who are morbidly obese.¹

75% morbidly obese adults with 1+ comorbidity.³

$8 billion in lost productivity for obesity-related absenteeism.²

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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.*

* If the employer elects, we will provide services for teenagers. Our recommended age is 18, or for adolescents, 95% of adult height and a minimum Tanner stage 4.
Drawing on deep bariatric experience to help deliver superior, cost-effective outcomes.

250 bariatric Centers of Excellence (COE)

Personalized clinical management

Lifestyle change management
Clinical and lifestyle change management helps ensure long-term success.

- 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.

- Contributes in-depth clinical expertise.

Dedicated nurse case managers

National medical director
Reasons to believe.

Consider these program results achieved at a bariatric COE:

- **15%** lower mortality compared to non-COE providers.¹
- **16%** lower inpatient hospital readmission.¹
- **12%** lower reoperation rate for bariatric procedures.¹
- **$4,239** lower average cost per surgical episode.²
- **92%** of survey respondents were very satisfied or satisfied with the program’s clinical case manager support.³
- **83%** of survey respondents indicated much better or somewhat better health outcomes through the program.³

¹ 2014 Centers of Excellence qualification analysis results. Compared to non-COE providers. Schrader 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.
To be approved for bariatric surgery, John enrolls in the BRS program and is assigned a nurse case manager.

John meets with a physician and his diet is supervised for six months. He also meets with a counselor and nutritionist.

The nurse helps John meet the strict criteria necessary to become a candidate for bariatric surgery while also helping him manage his hypertension and gout.

After six months, John has lost 5% of his body weight, is exercising six times a week and his diet includes 100g of protein daily. John has lost 44 pounds and has been approved for bariatric surgery.

John undergoes a psychological evaluation to be approved for surgery.

John receives his surgery at a BRS Center of Excellence facility.
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.

<table>
<thead>
<tr>
<th>Type of procedure</th>
<th>Technique</th>
<th>Diagram</th>
<th>Cost¹</th>
<th>Excess weight loss</th>
<th>Advantages</th>
<th>Disadvantages</th>
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</table>
| Restrictive and malabsorptive (stomach and intestines) | Roux-en-Y gastric bypass surgery                                           |         | $28,000 average | 63% loss of excess weight at 12 months                                        | Greater and more sustainable weight loss | • Nausea and vomiting.  
• Nutritional deficiencies.  
• Gallstones. |
|                                           | Vertical gastrectomy with duodenal switch                                 |         | $32,000 average | 80% loss of excess weight                                                        | More complete elimination of co-morbid illnesses.  
• More rapid weight loss. | • Nutritional deficiencies.  
• Difficulty consuming liquids. |
| Restrictive (stomach only)               | Vertical sleeve gastrectomy                                               |         | $26,000 average | 60%–70% excess weight loss at two years                                          | • No dumping syndrome.  
• No mal-absorption. | • Nausea and vomiting.  
• Weight regain is more likely. |
|                                           | Adjustable gastric band procedure                                         |         | $25,000 average | 40% loss of excess weight at 12 months                                           | • Short hospital stay.  
• Least invasive.  
• Adjustable. | • Risk of band displacement.  
• Less weight loss.  
• Additional surgical procedures. |
