Weighed Down by Paperwork: Identifying Barriers to Metabolic and Bariatric Surgery Evaluation

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INTRODUCTION

- Obesity affects 42% of US population
- Access to metabolic & bariatric surgery (MBS) is impacted by insurance coverage
- Secret shopper studies can elicit the patient experience and expose barriers to care and health inequities

METHODS

- Study design: Secret shopper study via anonymous phone calls to MBS programs in SC and NC
- Primary aim: To determine if access to MBS is affected by insurance type (public vs. private)
- Secondary aim: To identify barriers in the MBS evaluation and appointment process

RESULTS

All 24 centers reached via phone accepted private insurance

94.3% accepted Medicaid

RESULTS

Identified barriers

Median calls to scheduler 1.7 (range 1-3)

Applications and online paperwork

Required seminars prior to evaluation

PCP referral

No difference found in access to programs or appointments between public and private insurance

Overall Bariatric Surgery Requirements

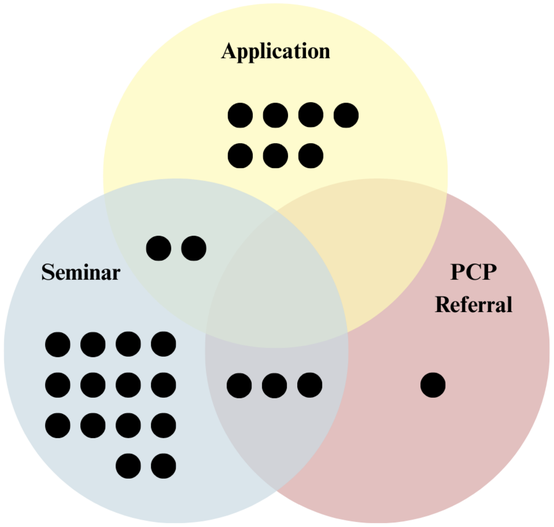

Figure 1: Pre-appointment requirements for bariatric surgery programs in North Carolina and South Carolina

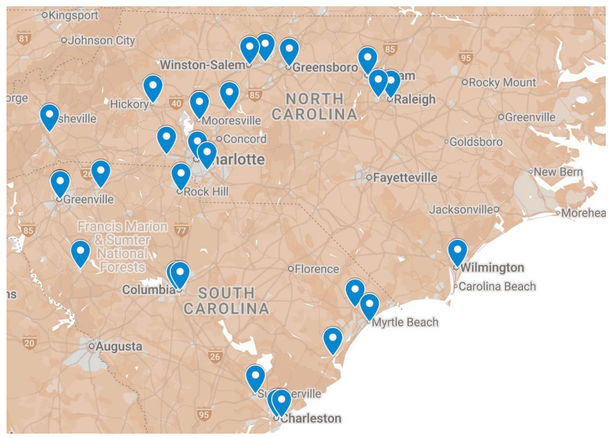

Figure 2: Map of MBS programs in North Carolina and South Carolina

RESULTS

- Public insurance was not a major barrier for care
- Median time to appointment – 20 days [14,30] (range 2-216 days)
- 11 programs could not be reached due to wrong contact information listed
- 80% of contacted programs had discrepancy between requirements specified on bariatric website vs phone call

CONCLUSIONS

- Public insurance was not a factor in accessing NC/SC MBS programs.
- Many administrative barriers identified
- No standardized approach exists for patient intake and program requirements which may cause frustration and limit access for patients
- Recommend streamlining evaluation process to limit barriers