

Insurance vs. out-of-pocket payment not a big factor in weight-loss outcomes

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Individuals whose insurance covered the cost of a comprehensive medical weight-loss program had one-year outcomes very similar to those of patients who paid for the treatment out of pocket, according to an observational study conducted at Wake Forest Baptist Medical Center.

The study, published in the June issue of the journal *Obesity*, reviewed the [electronic medical records](#) of 943 people who enrolled in comprehensive, non-surgical weight-loss programs at Wake Forest Baptist's Weight Management Center between January 2013 and June 2015. Of these, 480 had insurance that covered the cost of the program and 463 paid the cost out of pocket. The demographics of these two groups were comparable in terms of gender and ethnicity, but participants covered by insurance on average were slightly younger, had a lower [body mass index](#), and resided in lower per capita neighborhoods.

The researchers found that there was no real difference in 12-month weight loss between the two payment groups, with those covered by insurance having a mean weight loss of 13.4 percent compared to 13.6 percent for those who self-paid. Also very similar were the percentages of those who lost 5 percent or more of their baseline weight and the average time spent in the program and the number of clinic visits made.

The greatest difference between the two groups was in the dropout rates: 12.7 percent for the covered patients and 17.6 percent for the out-of-pocket payers.

"There's a rather pervasive idea that patients who pay more out of pocket for a weight-loss program, who have more 'skin in the game' so to speak, will be more engaged in the [treatment](#) and consequently have better outcomes than people whose treatment is covered by insurance," said the study's lead author, Jamy Ard, M.D., co-director of the Weight Management Center at Wake Forest Baptist. "Our data suggest that bearing responsibility for the majority of the treatment cost is not required to achieve engagement and clinically meaningful weight loss in a comprehensive medical weight-loss program."

Ard added that further, larger-scale research could help determine how [insurance](#) status affects both initial motivation to seek [weight-loss](#) treatment and engagement in [weight-loss](#) programs.

Provided by Wake Forest University Baptist Medical Center

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