

Cost and weight-loss potential matter most to bariatric surgery patients

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A *JAMA Surgery* study found that patients are likely to base their weight loss surgery choice on expected out-of-pocket costs, and how much weight they can lose—not risk of complications or recovery time.

They appeared less influenced by a procedure's related risks.

Michigan Medicine researchers used a methodology that helps understand consumer preferences before products hit the market to explore how [bariatric](#) surgery recipients make decisions and process complex information.

"Instead of asking [patients](#) about the reasons for or against particular procedures, we asked patients to tell us what procedure characteristics mattered to them the most," says lead author Michael Rozier, Ph.D., who studied [health care management](#) and policy at the University of Michigan.

Rozier partnered with senior author Lisa Prosser, Ph.D., professor of pediatrics at the U-M Medical School and member of U-M Institute for Healthcare Policy and Innovation, on the study of 800 adults who were pursuing bariatric surgery.

The study methodology, called conjoint analysis, has been used to gain insight on how people decide on vaccinations, newborn screenings and other health choices.

In this case, it helped researchers learn what aspects of bariatric surgery patients value.

And the results were surprising: the most commonly performed bariatric surgery, [sleeve gastrectomy](#), doesn't fit the top qualities that surveyed patients want out of their weight loss journey.

Compared to gastric bypass, patients who have sleeve gastrectomy lose less weight, on average during the first year.

During bariatric [surgery](#) the stomach is turned into a tiny pouch and, in another version, [gastric bypass](#), also reroutes the intestines.

"We know there may be slightly better weight loss and increased comorbidity resolution with bypass, so recommending sleeve gastrectomy may be somewhat different than what patients in this study valued," says study co-author Amir Ghaferi, M.D., a bariatric surgeon at Michigan Medicine and director of the Michigan Bariatric Surgery Collaborative.

The unique data is "important in guiding conversations and expectations," says Ghaferi who does health services research as a member of U-M IHPI. Those discussions may include coming to terms with the potential for weight regain in the years after [bariatric surgery](#).

The team is set to embark on an additional study to gain surgeon responses to the same survey.

"The new data may help providers understand where their intuition might be different from what patients want," says Prosser, director of the U-M's Child Health Evaluation and Research Center

Weighing in on money issues

The survey's findings on financial concerns underscore an existing gap: Health care providers are rarely trained how to discuss the out-of-pocket costs of given procedures with their patients.

"In fact, we often discourage providers from entering into that area of conversation because we don't want money to influence the relationship between providers and patients," says Rozier, now an assistant professor of [health](#) management and policy at the Saint Louis University College for Public Health and Social Justice.

But it matters, he says, especially among patients ages 18 to 44.

"Our results show it matters a great deal to patients," Rozier says. "So we probably need to figure out an appropriate way to incorporate cost into conversations providers have with their patients."

More information: *JAMA Surgery* (2018). [DOI: 10.1001/jamasurg.2018.4375](https://doi.org/10.1001/jamasurg.2018.4375)

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