

Overview of Public Bariatric Surgery

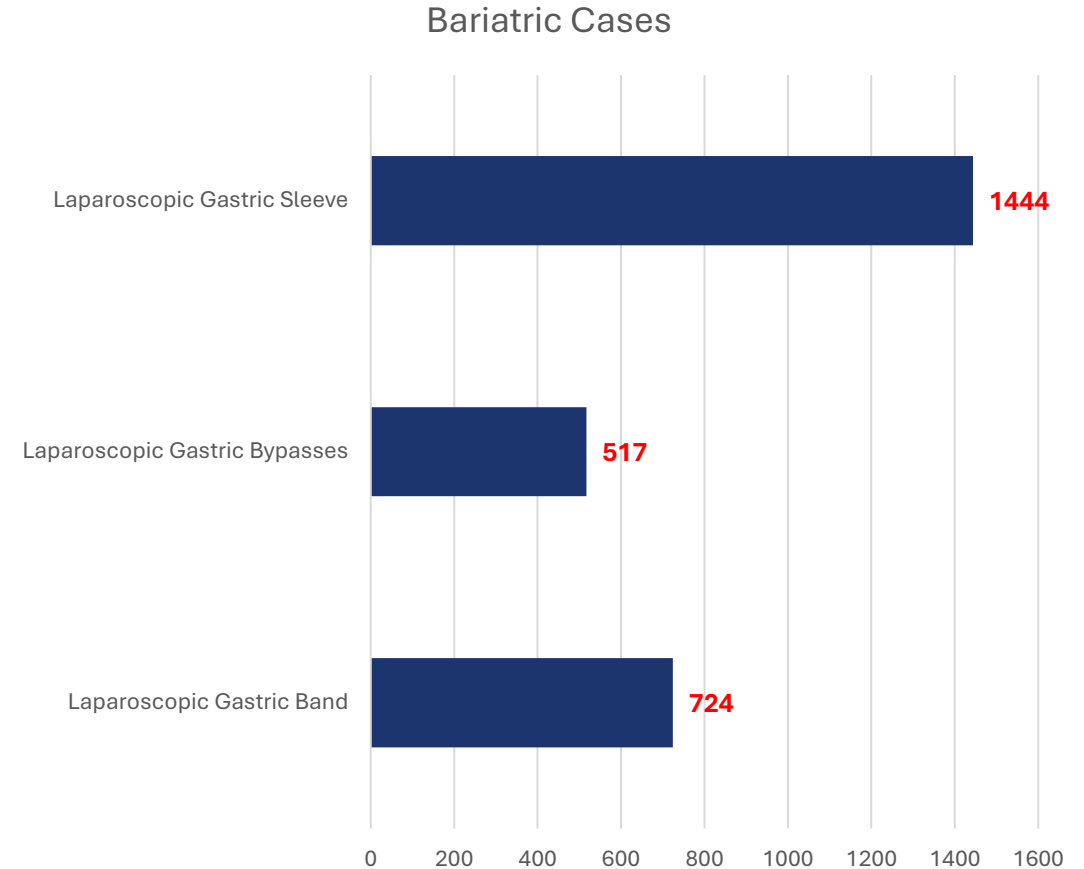
IFSO 2024

Melbourne

Ahmad Aly

Disclosures

- No Conflicts of Interest
- Faculty for Ethicon Surgical
- 3000 Bariatric Cases
- 20% Revisional



Acknowledgement

- Focus on Australia
- NZ Similar Issues
- Welcome discussion during Q&A



Sources of Data

- MBS
- AIHW & Medical Services Advisory Committee (MSAC) Reports
- Journal Publications
- Registry

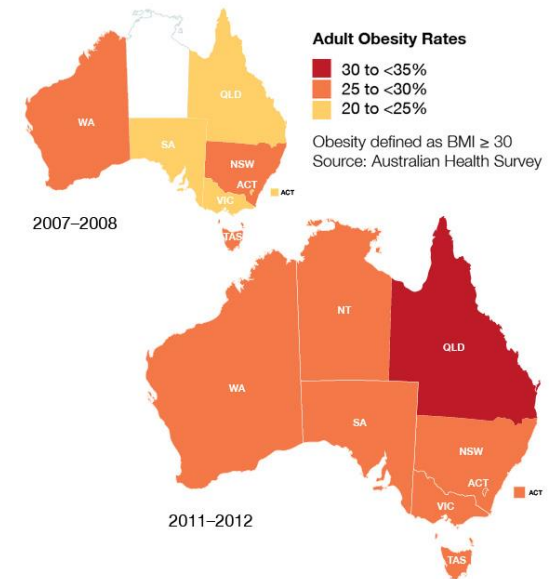


AIHW Report on Obesity 2022

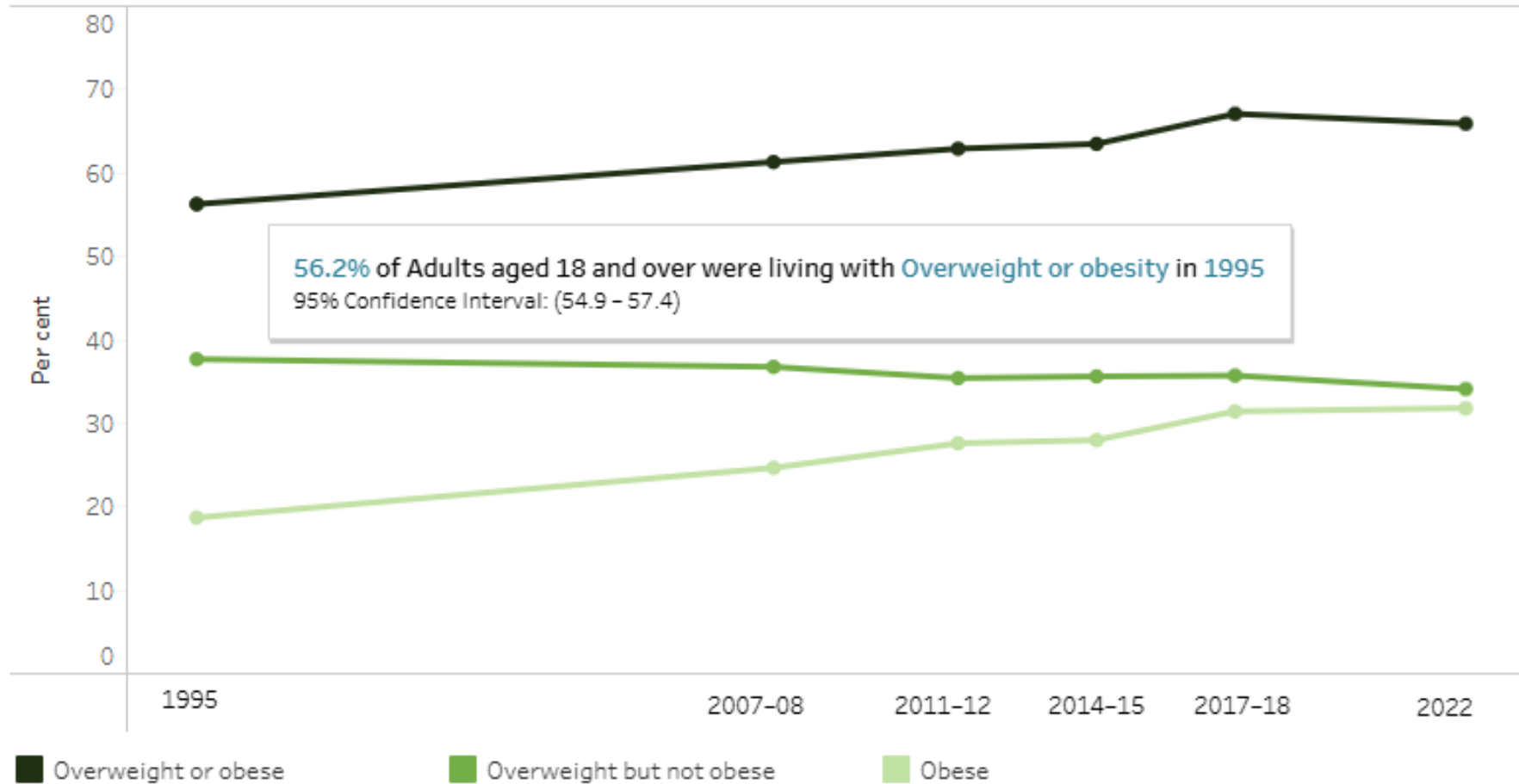
Adults aged 18 and over:

- 66% were living with overweight or obesity
- 32% were living with obesity
- 13% were living with severe obesity

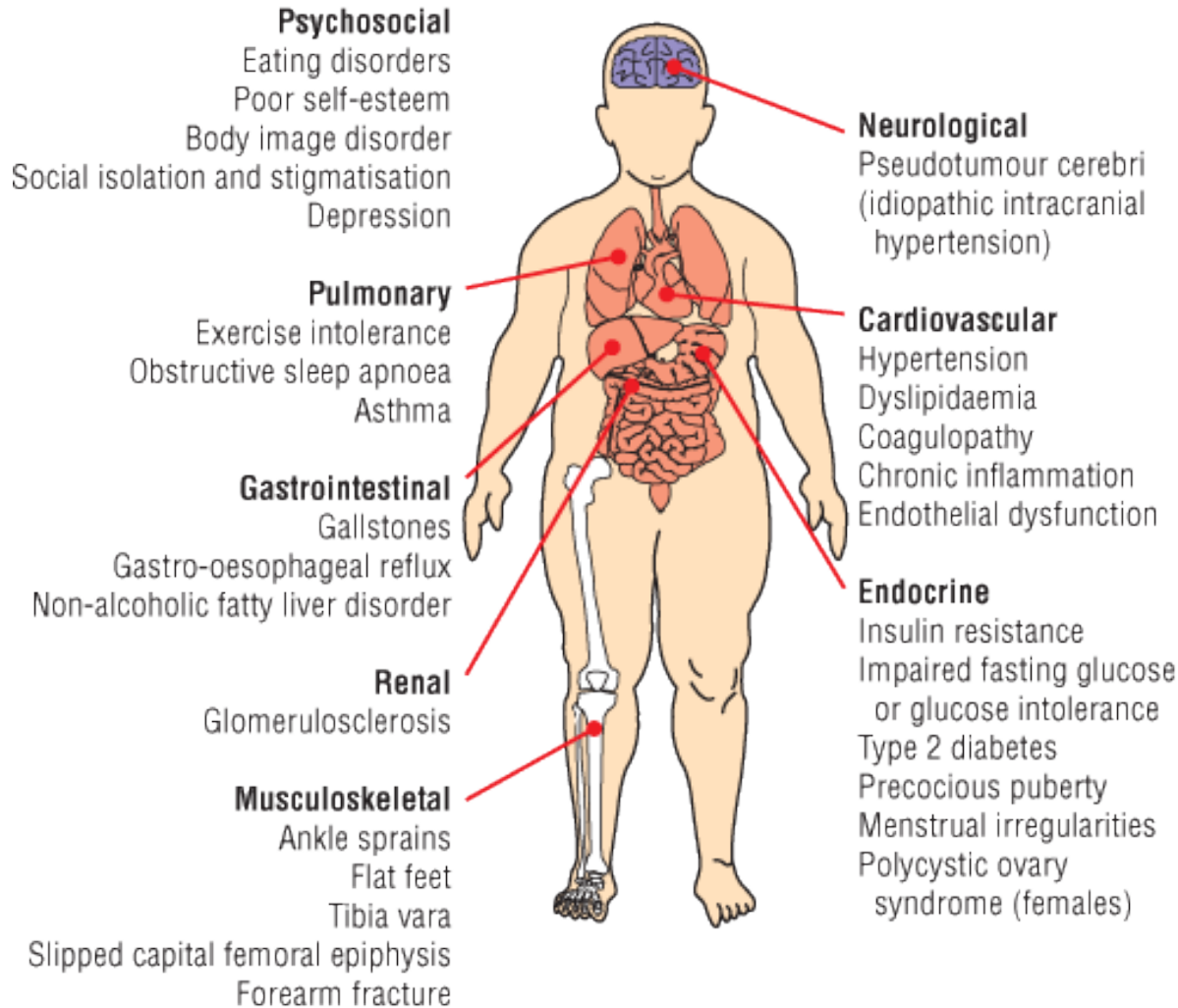
13 Million Adults



Shift To More Severe Disease Over Time



Obesity Contributing Factor For...

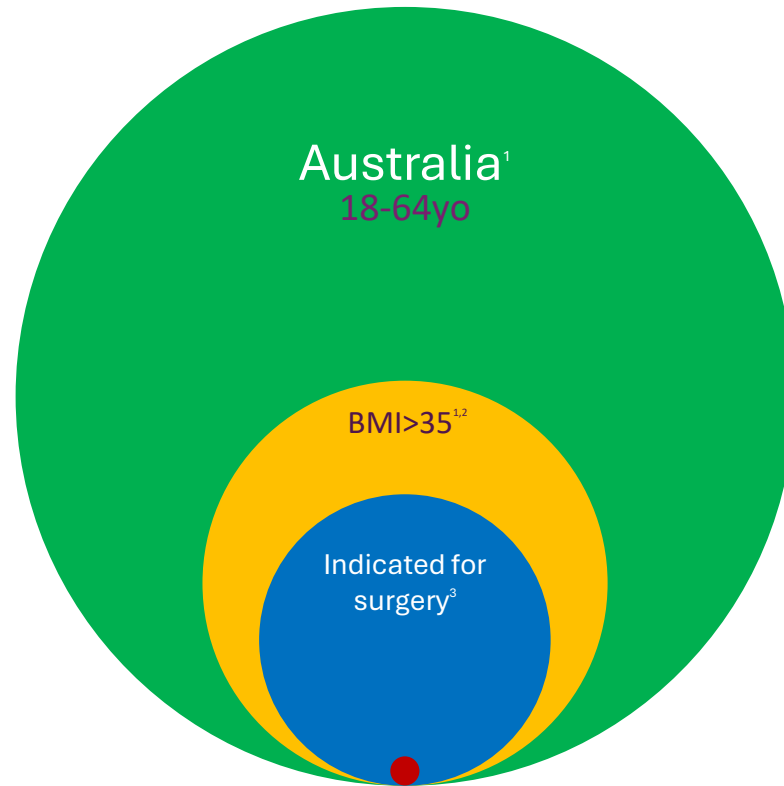


*We Cannot Seriously Provide
Healthcare Without Directly Addressing
Obesity Treatment*

Treatment

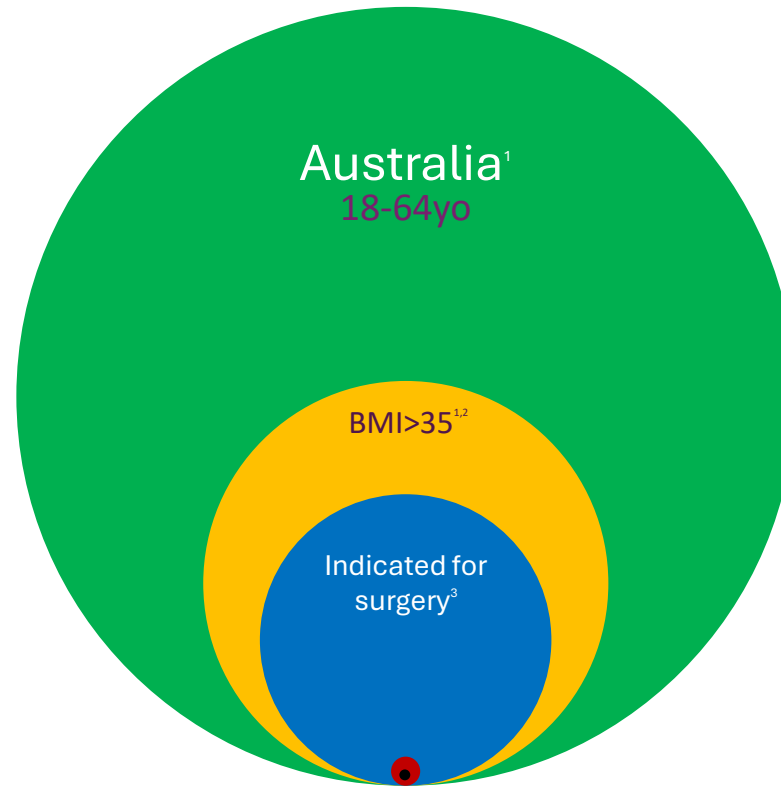
→ *Surgery is still the most effective therapy we have*

- Effective weight loss and health restoration in 80%+
- Definitive saving of lives
- Economic cost benefit (per individual)



1.5% of eligible patients access surgery

We are using the most effective therapy we have in
less than 2% of patients who would benefit

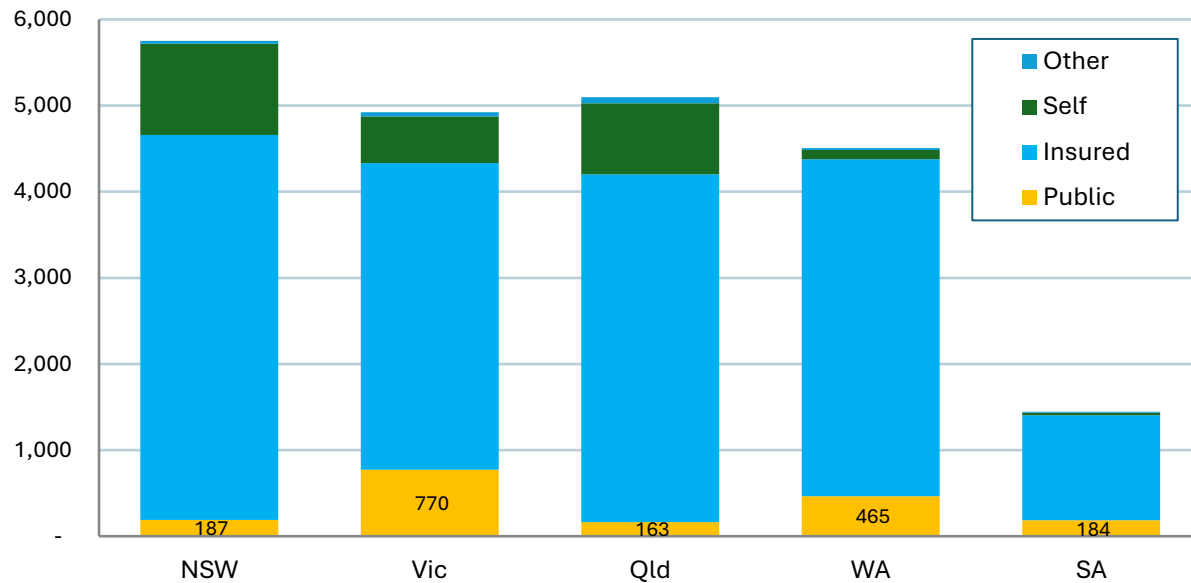


1.5% of eligible patients access surgery

Only 10% in the public sector

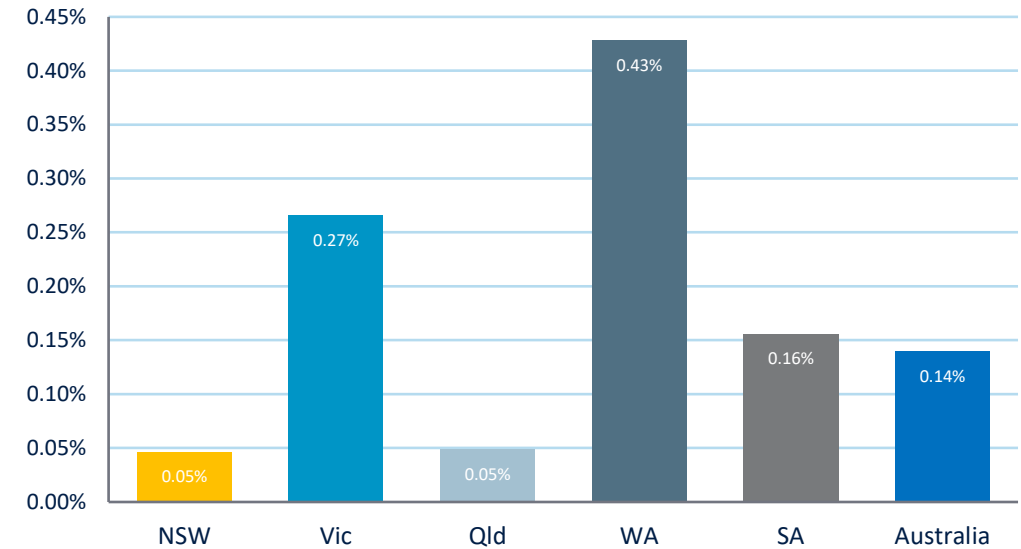
Public Bariatric Surgery 2014/15

Bariatric Surgery by Funding Source in Australia
Number of Procedures 2014-15



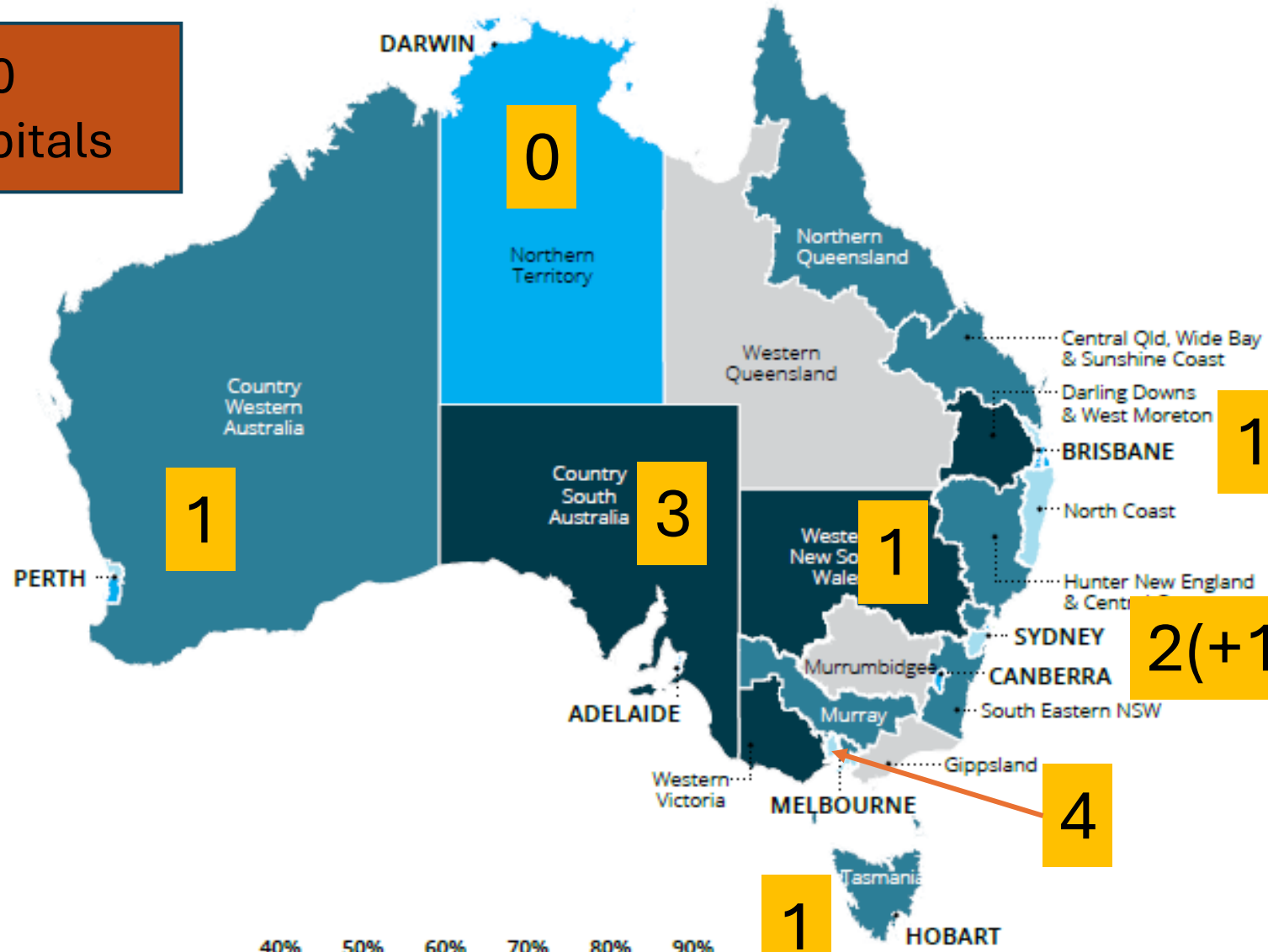
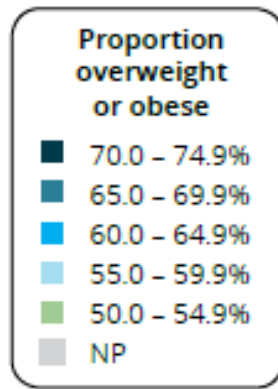
**8% of All Surgery
4% Fully Publicly Funded**

Publicly Funded Bariatric Surgery in Australia
Proportion of indicated patients (BMI>35, 18-64yo)



0.18% Total Eligible Population

15 / 700
Public Hospitals



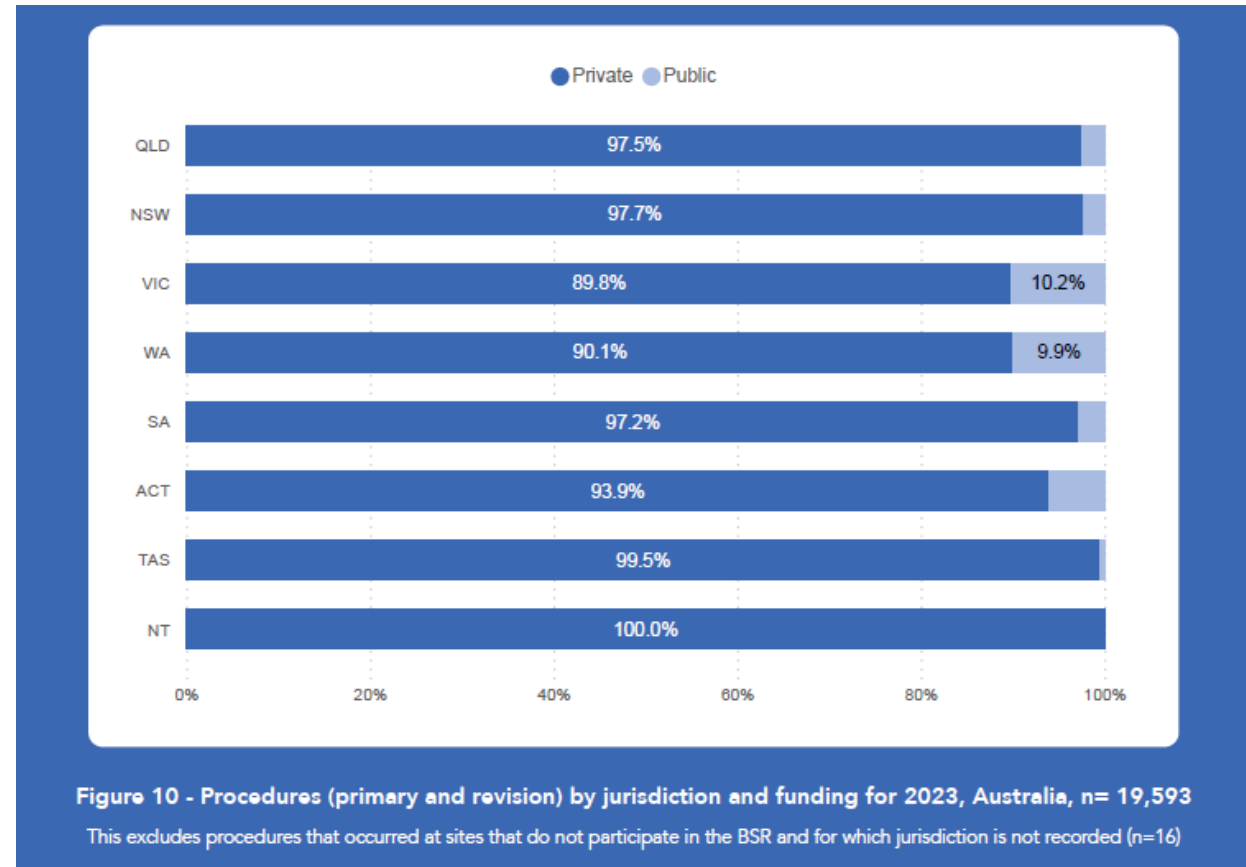
Wide Discrepancy In Resources

- Services varied in
 - Access to MDT
 - Dietetic support
 - Psychology access
 - Medical weight loss expertise

2024.....no better off

Bariatric Registry Data

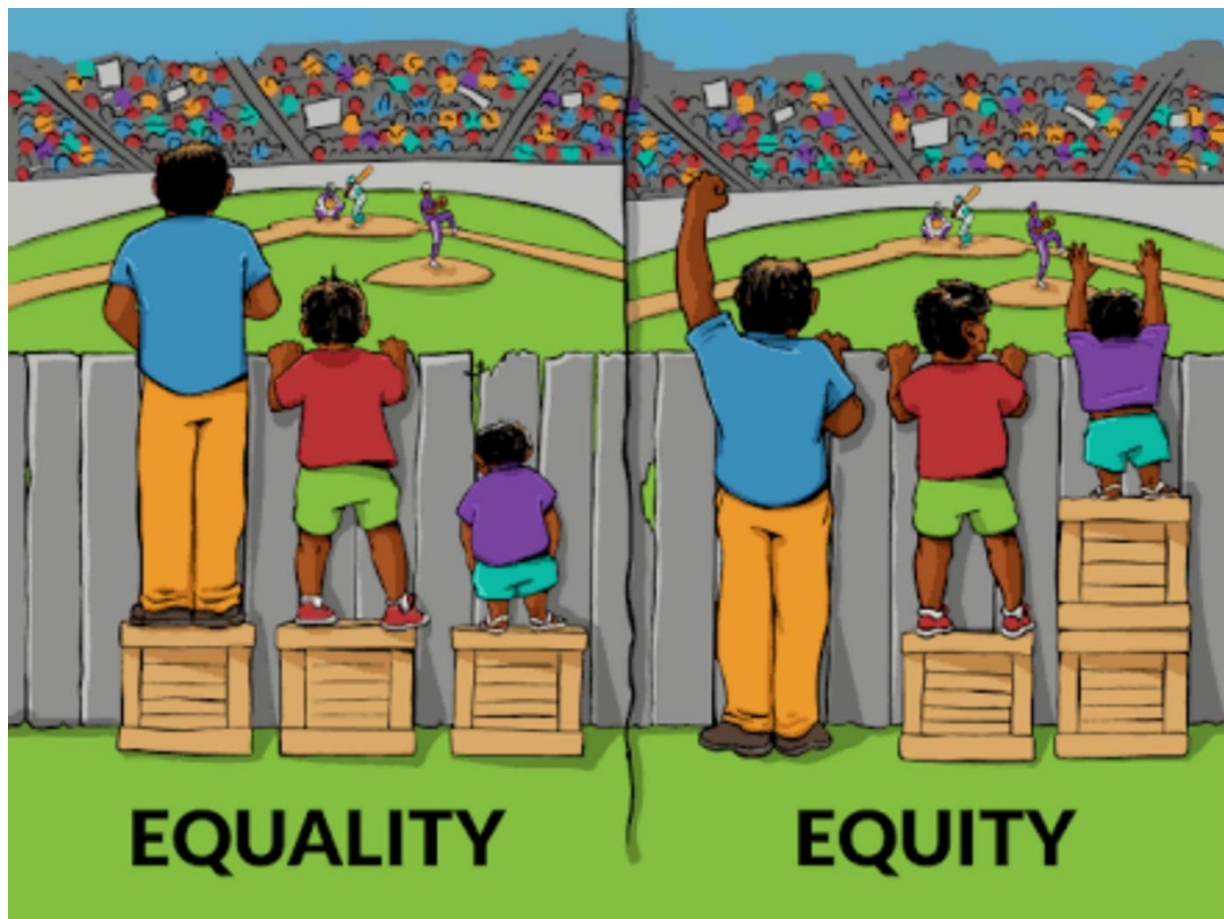
- 80% Total National Data Capture
- 95% Privately Funded
- 988 Public cases (5%)
- State to State Discrepancy



2023/2024 BSR sites

- 22 Sites recorded any form of public surgery
- Only 7 sites > 50 cases
 - 4 In Vic
 - 1 in NSW, QLD
 - None in SA, Tas, ACT

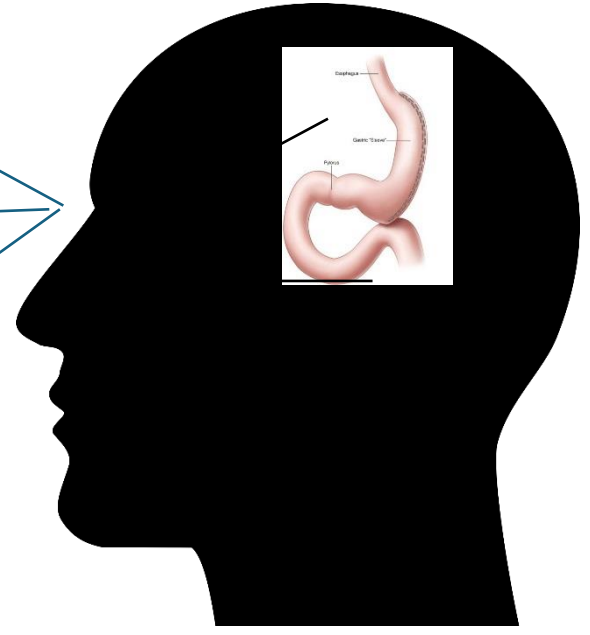
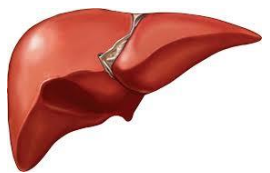
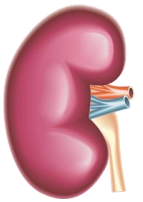
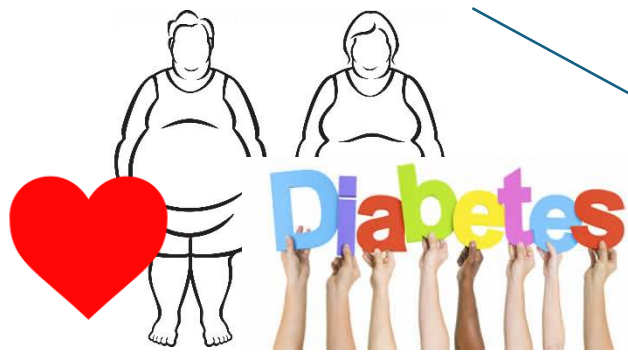
7 NSW
6 Vic
3 SA
2 QLD / 2 ACT
1 WA / 1 Tas

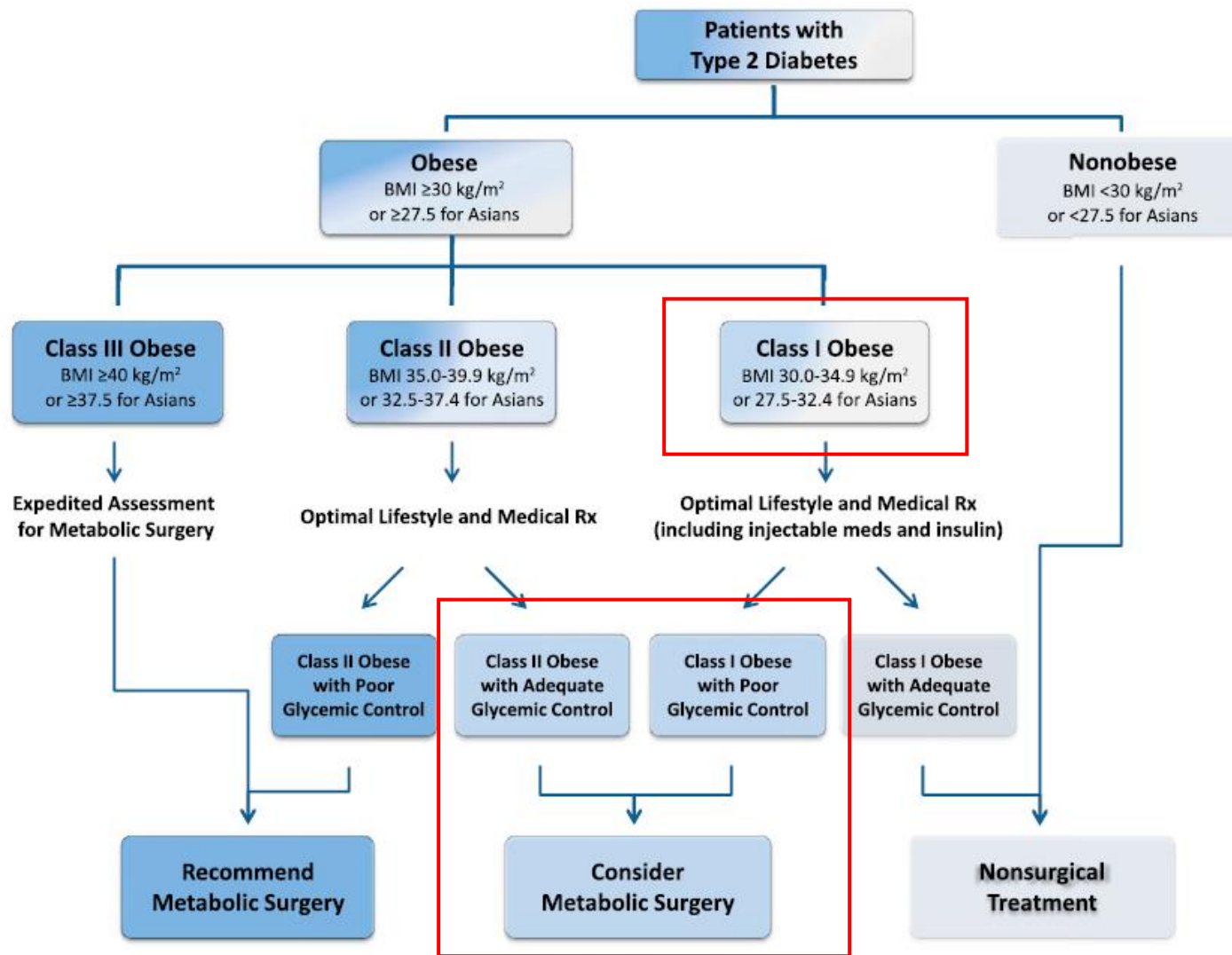


Reasons Beyond Equity....

- Normalisation / Destigmatisation
 - more effective obesity care generally
- Training
- Delivering appropriate treatment beyond simply weight**

Weight Not The (Only) Trigger For Surgery





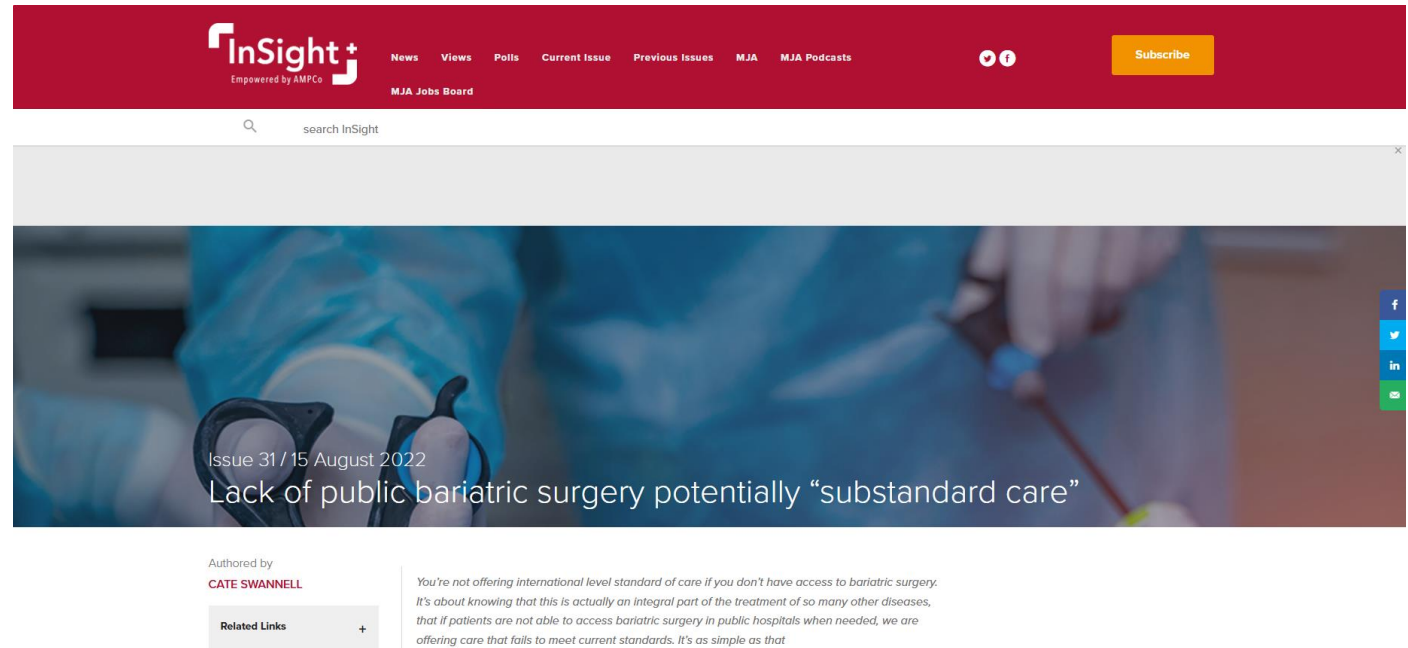
Metabolic Surgery in the Treatment Algorithm for Type 2 Diabetes: A Joint Statement by International Diabetes Organizations

Diabetes Care 2016;39:861–877 | DOI: 10.2337/dc16-0236

Figure 4—Algorithm for the treatment of T2D, as recommended by DSS-II voting delegates. The indications above are intended for patients who are appropriate candidates for elective surgery, meds, medications.

IF NOT Offering Surgery....

- Australian Hospitals increasingly not meeting standard of care in in treating
 - Diabetes
 - Osteoarthritis
 - Liver Disease
 - Sleep Apnoea
 - Cardiovascular Disease



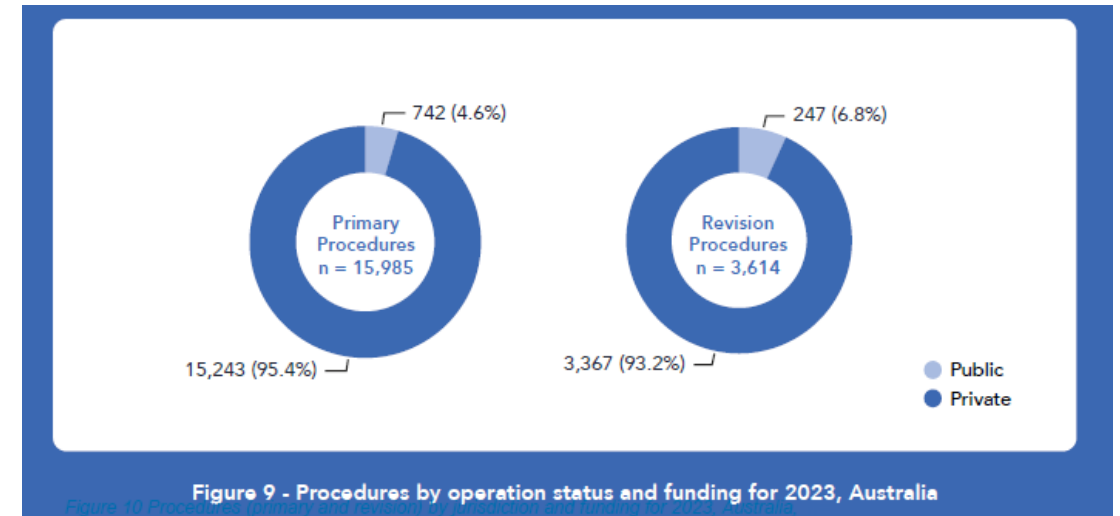
Consequences Of Private Only Care

- Insurance – “the temporary dilemma”
 - Drives insurers to increase cost
 - Limits access further
- Self Paying – financial risk
- Superannuation Access
- Legacy surgery consequence
 - 77% of revisions were legacy patients*
 - Increased pressure on public to manage complications and revisions
 - Further reducing access

*Aly A, et al. ANZ J Surg 92 (2022) 2129–2136

Public Vs Private

- 4.6% of Primary public
- 6.8% of Revisions public
- Revision Proportions
 - Private 18%
 - Public 33%



*Aly A, et al. ANZ J Surg 92 (2022) 2129–2136

In our study 77% of revisions came from legacy patients*

Failure to Advance

-Not a problem of efficacy

Australian Literature

- More than 10 years
- 9 Clinical outcome papers
- 4 Cost / resource utility
- 2 Demographic demand
- Several commentaries

Author	Year	Title
<input type="checkbox"/> Chadwick, Chiara	2023	Bariatric Surgery Efficiency, Safety and Health Outcomes in Government Versus Privately Funded Hospitals Obesity Surgery Added to Library: 27 Aug 2024 Last Updated: 27 Aug 2024
<input type="checkbox"/> Aly, Ahmad	2022	Bariatric surgery in a public hospital: a 10-year experience ANZ Journal of Surgery Added to Library: 27 Aug 2024 Last Updated: 27 Aug 2024
<input type="checkbox"/> Dona, Sithara Wann Arachchige	2022	Obesity and Bariatric Surgery in Australia: Future Projection of Supply and Demand, and Costs Obesity Surgery Added to Library: 27 Aug 2024 Last Updated: 27 Aug 2024
<input type="checkbox"/> Carroll, J.	2018	Revision gastric bypass after laparoscopic adjustable gastric band: a 10-year experience at a public teaching hospital ANZ J Surg Added to Library: 29 Aug 2021 Last Updated: 29 Aug 2021 Online Link → Go to URL
<input type="checkbox"/> Clough, A.	2017	Outcome of three common bariatric procedures in the public sector ANZ J Surg Added to Library: 29 Aug 2021 Last Updated: 29 Aug 2021 Online Link → Go to URL
<input type="checkbox"/> Burton, P.	2016	Outcomes of high-volume bariatric surgery in the public system ANZ J Surg Added to Library: 27 Aug 2024 Last Updated: 27 Aug 2024 Online Link → Go to URL
<input type="checkbox"/> Meyer, Samantha B.	2015	Quantitative analysis of bariatric procedure trends 2001–13 In South Australia: implications for equity in access and public healthcare expenditure Australian Health Review Added to Library: 27 Aug 2024 Last Updated: 27 Aug 2024
<input type="checkbox"/> Lukas, N.	2014	The efficacy of bariatric surgery performed in the public sector for obese patients with comorbid conditions Med J Aust Added to Library: 29 Aug 2021 Last Updated: 29 Aug 2021 Online Link → Go to URL
<input type="checkbox"/> Stringer, K. M.	2007	Gastric banding at the Royal Brisbane and Women's Hospital: trials and tribulations of a public service ANZ J Surg Added to Library: 29 Aug 2021 Last Updated: 29 Aug 2021 Online Link → Go to URL

Public Vs Private

- Public Patients
 - Older, sicker, bigger
 - Lesser health resources
- Outcomes / Health Benefit of Surgery Same
- Safety Similar
- LOS marginally longer

Obesity Surgery (2023) 33:1160–1169
<https://doi.org/10.1007/s11695-023-06489-3>



ORIGINAL CONTRIBUTIONS



Bariatric Surgery Efficiency, Safety and Health Outcomes in Government Versus Privately Funded Hospitals

Chiara Chadwick^{1,2} · Paul R. Burton^{1,2} · Dianne Brown³ · Jennifer F. Holland³ · Angus Campbell³ · Jenifer Cottrell³ · Andrew D. MacCormick^{3,4} · Ian Caterson^{5,6} · Wendy A. Brown^{1,2,3}

UPPER GUT



Bariatric surgery in a public hospital: a 10-year experience

Ahmad Aly,^{††} Calista Spiro,^{*} David S. Liu,^{Ⓞ,††} Krinal Mori,^{Ⓞ,*} Hou K. Lim,^{*} Ruth Blackham[§] and Raymund J. Erese[¶]

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Bariatric Surgery Registry
2023 Annual Report

Failure to Advance

....Not a problem of recognition

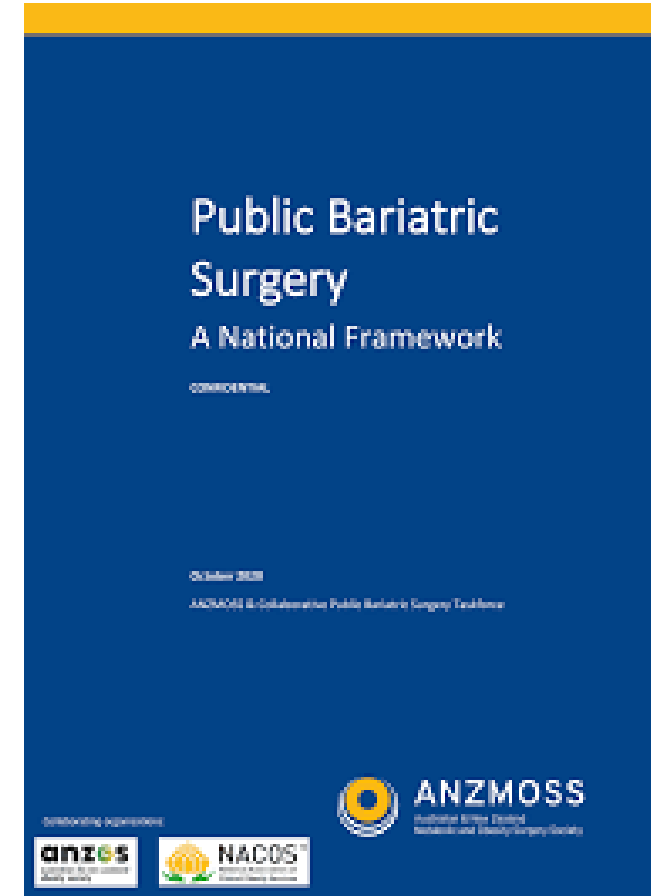
Multiple Recommendations

- *“MSAC recognizes the significant disparity in access to surgery in the public and private health care systems*
- *“MSAC also advised the development and implementation of a nationally recognised pathway to:*
 - *improve patient access to bariatric surgery services; ensure that patients would receive comprehensive care (including adequate follow-up support) and*
 - *ensure bariatric surgery is clinically appropriate for the patient.”*

Public Bariatric Taskforce

Consensus Document 2019

*Toward A National Framework
For Public Bariatric Surgery*



Barriers?



Barriers

- Obesity Stigma
- Political Fear?
 - Cost? → Flood Gates
 - Value? (bang for buck)
- Political Visibility
 - Obesity doesn't affect votes



Challenges

Cost / Value

“Weighing The Cost Of Obesity”

Annual Cost

Source	Direct Cost	Indirect Cost	Total	Lost Well Being
PWC 2015	3.8 Billion	4.8 Billion	8.6 Billion	N/A
Access Economics (APH Report) 2009	3.9 Billion	4.3 Billion	8.2 Billion	52 Billion

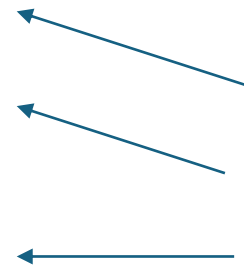
NSW Cost Of Care 2017

Procedure	Cost
Bariatric Surgery	\$11,567
Gall Bladder Surgery	\$22,700
Knee Replacement	\$19,700
Hip Replacement	\$21,200
Colorectal Surgery	\$30,400
CABG	\$38,100

Cost Benefit?

Event	Cost
Stroke	\$10,500
Angiogram	\$9,100
Pacemaker	\$12,300
Diabetes Per Annum	\$14,500
Dialysis Per Annum	\$62,000
Hip Replacement	\$21,200
Renal Transplant	\$43,000
Cardiac Transplant	\$139,900
Liver Transplant	\$153,000

Bariatric Surgery \$11,567	
Disease	HR ¹
Stroke	0.66
AMI	0.71
Diabetes	0.17
Cancer	0.58



30% TKA avoided after bariatric surgery²

3/7 Cardiac Transplants avoided after bariatric surgery³

It's a big problem...

Adults

- 60% Overweight / Obese
11,238,600
- 30% Obese
4,943,900
- Potentially Eligible For Surgery*
1,881,300



*(18-64 Class II/III)

What Policy Makers See...

At Current Rates Of Surgery...



Group Age 18-64	Number	Percentage Population	Years To Treat	Cost
Class I	2,530,200	17.5%		
Class II & III	1,831,300	9.6%	62.8	19.8 billion
All Obesity Population	3,911,500	27.1%	177.8	42.9 billion
	14,451,600			

Viewed in this way, clearly surgery is not a population level
interventional strategy

It helps individuals

... at this stage, relatively few


Minimal Impact Argument

- Penetration of 2%
 - No meaningful impact on economics – the cost benefit argument falls
 - No meaningful impact on global health – the society health argument falls

But Could It?

Could We Target For A Greater Benefit?

Obesity and Bariatric Surgery in Australia: Future Projection of Supply and Demand, and Costs

Sithara Wann Arachchige Dona¹ · Mary Rose Angeles¹ · Dieu Nguyen¹ · Lan Gao¹ · Martin Hensher² 

Received: 29 April 2022 / Revised: 26 June 2022 / Accepted: 27 June 2022 / Published online: 8 July 2022
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- Examined a variety of scenarios incorporating
 - ANZMOSS / EOSS criteria
 - Treating existing, forecast new and revision patients
 - 340,000 cases per year (about x8 current capacity)
 - Calculated (direct) surgical cost

- 5 year program at 20% uptake (68,000 cases per year)
 - Public 2.9 billion
 - Private 2.5 billion
 - Total 5.5 billion

Reality vs Perception

- 68,000 cases per year is a lot but...
 - 20% penetrance is unlikely
 - Cholecystectomy : 50,000 / Hernia 55,000 / Bariatric 35,000
- If sufficient hospitals engaged then flood gates not an issue
- The cost is direct – felt by budget
 - The indirect costs of obesity are not visible
 - Governments work on short term / immediate



Further Scope?

What If We Operated Just On Diabetics?

Group Age 18-65	Just Diabetics	Years To Treat	Cost
Class I (uncontrolled diabetics)	14,640	0.6	
Class II	70,641	3.2	
Class III	63,496	2.8	
All Obesity	148,777	6.7	1.6 billion

Further Scope? – The GLP-1 Era

- Increasingly more effective medical therapies
- Rationalised approaches
 - Indication refinement?
 - “Weight loss need based” approach?
 - 5-10% : Lifestyle / Dietary therapies
 - 10-20% Medical Therapy
 - 20-30% Surgery
- But does demand public specialised treatment services

What Is Clear..

- The indications for surgery for most Value
 - Clinical
 - Economic
- Is an evolving space in this era
- Can “Precision Treatment” be achieved?
- Demands more strategic research

Way forward?

- Advocacy
 - Physicians for standard of care
 - Diabetes
 - NASH
 - Sleep apnoea
 - etc
 - Surgeons for patients
 - Patient voice for stigma

