

Canadian Obesity Weekend – CABPS
May 6, 2022 – Toronto Canada

Global Access to Bariatric Care in Times of COVID

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Chattanooga, TN, USA

Name: **JAIME PONCE MD** - "Canadian Obesity Weekend – May 2022"

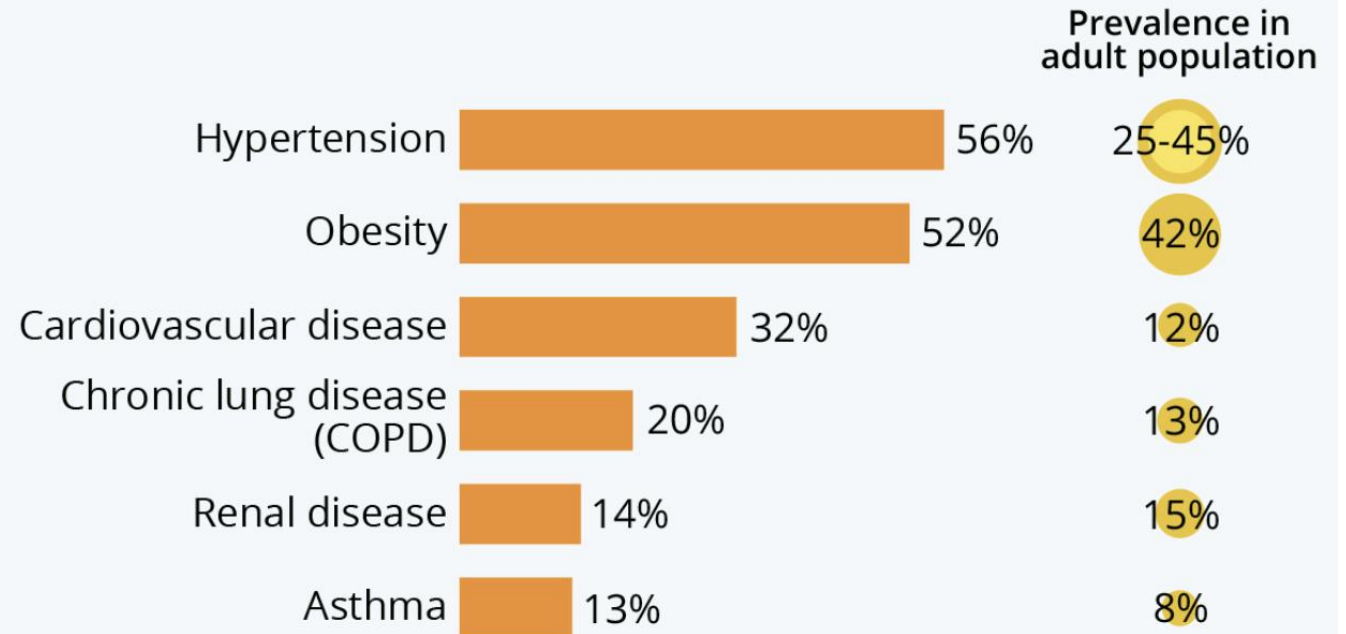
Financial Disclosures
(over past 24 months)

	Speaker	Advisory	Research	Consultant
W.L. Gore	√			√
Reshape Lifesciences				√
Olympus	√			
Allurion		√	√	
Applied Medical				√
Medtronic	√			√
Fengh Medical				√
Ethicon				√

COVID AND OBESITY

Which Underlying Conditions Do COVID-19 Patients Have?

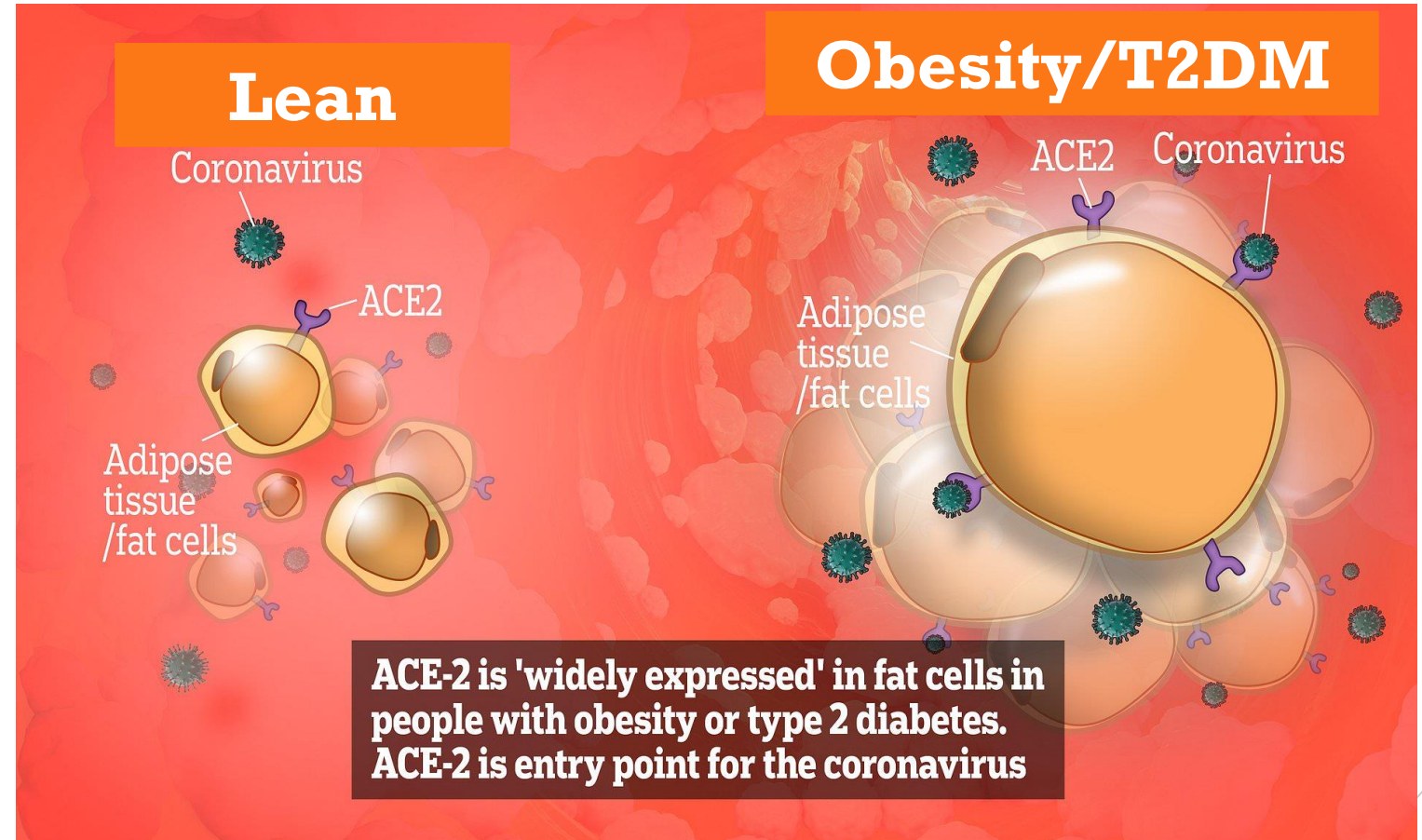
Share of hospitalized adult COVID-19 patients in the U.S. which had the following underlying medical conditions



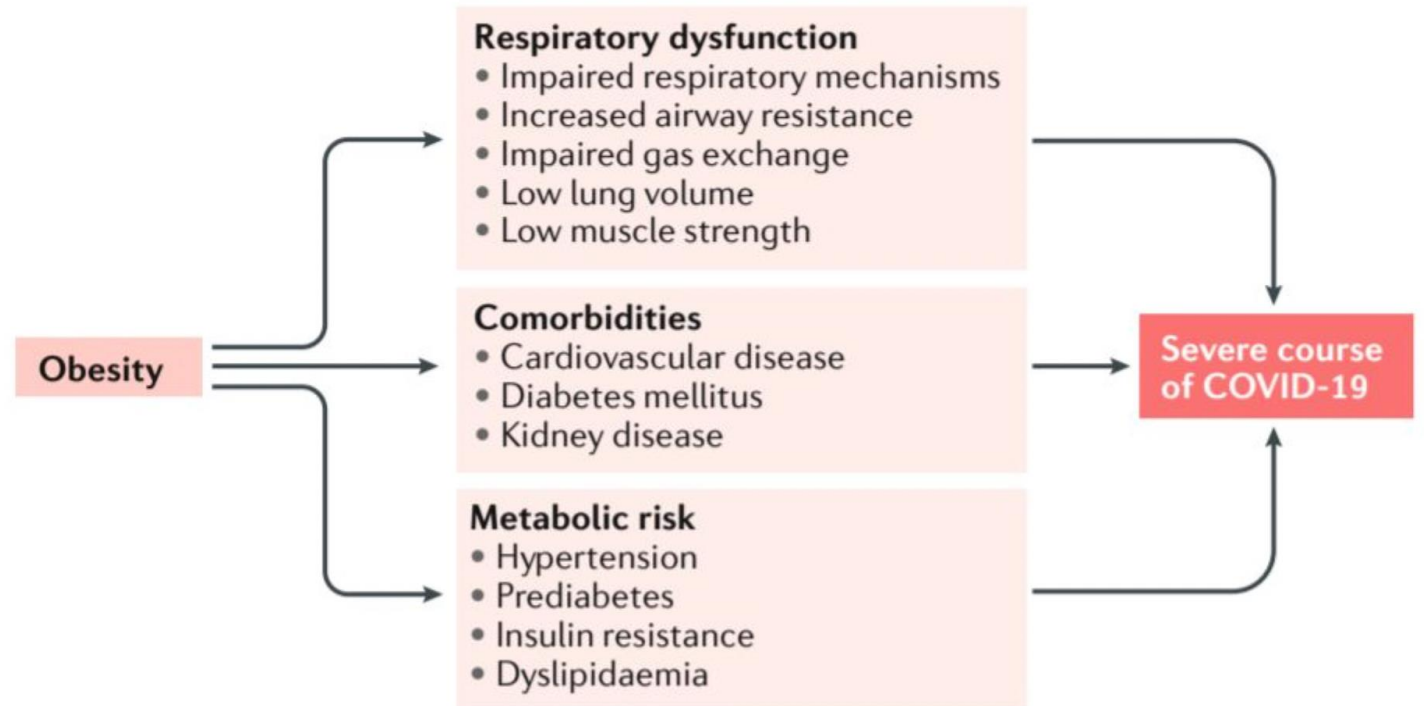
Preliminary hospitalizations as of April 18, 2020. U.S. adult prevalence latest available from CDC NHIS, NHANES or BRFSS (2016-2018)

Source: CDC

COVID AND OBESITY



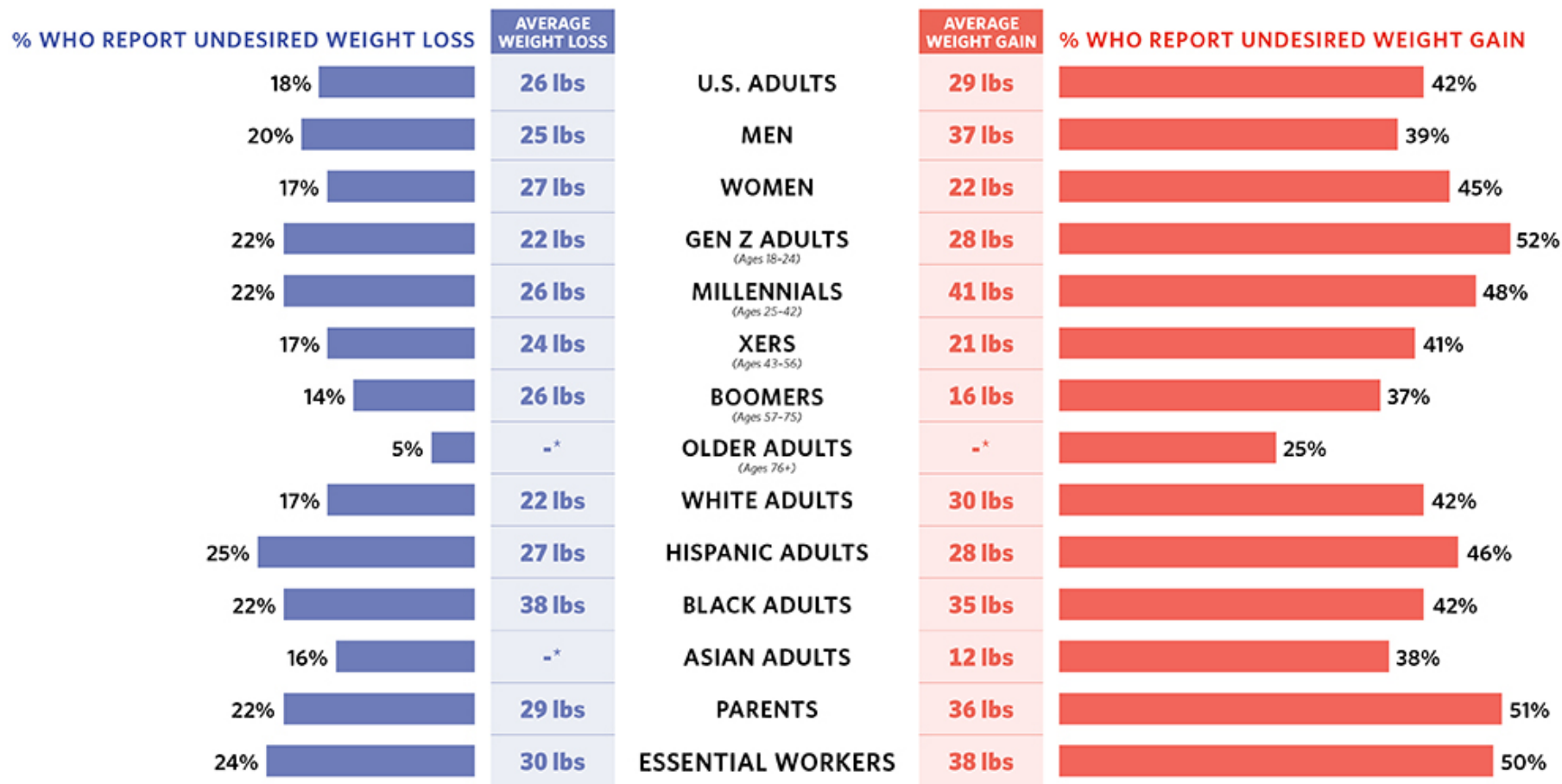
COVID AND OBESITY



Weight Change during Pandemic

PANDEMIC SURVEY

Slightly More Than 6 in 10 U.S. Adults (61%) Report Undesired Weight Change Since Start of Pandemic



STRESS IN AMERICA™

*Insufficient sample size for reporting

© American Psychological Association

OUR PANDEMIC YEAR—A COVID-19 TIMELINE

On March 11, the WHO declared COVID-19 a pandemic. Here is a look back at a year in disruption.

A MYSTERIOUS NEW ILLNESS

Images appear of Wuhan in lockdown, where officials attempt to contain a mysterious virus. Soon after, new cases of and deaths related to (what's later named) COVID-19 surge in Europe.

THE WORLD SHUTS DOWN

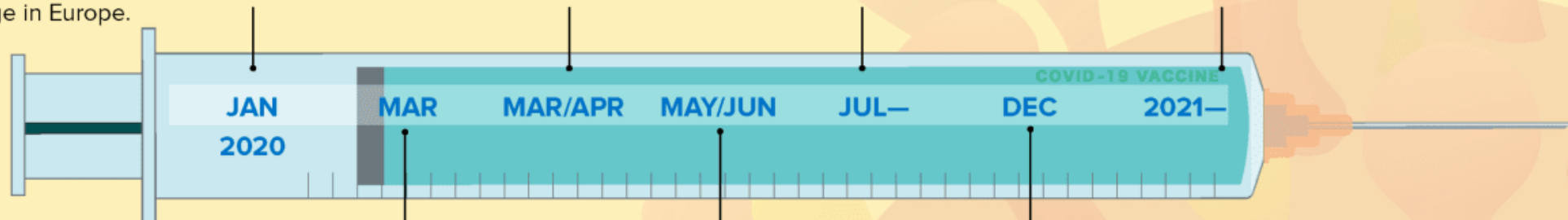
Countries seal borders; sports teams cancel seasons; schools close and employees go home. People start wearing masks and "social distancing."

UPTICK IN MENTAL HEALTH ISSUES

People struggle as continued unemployment and/or working from home without childcare/school takes its toll. U.S. break records for daily cases/deaths.

LIGHT AT THE END OF THE TUNNEL?

2021 begins with a race to vaccinate. Cases and deaths begin to fall. But the variants are still a threat, vaccine rollout is uneven, and we are still wearing masks.



THE VIRUS SPREADS, CASES MULTIPLY

The Grand Princess cruise ship, docked outside of San Fran, has passengers with COVID-19; Bay Area is first in the U.S. to announce shelter-in-place orders; hospitals become overwhelmed as cases grow; there is a nationwide shortage of PPE.

FLATTENING THE CURVE—FOR A WHILE

After "flattening the curve," cases begin to skyrocket again as states "reopen" in different phases. Researchers continue to race to identify treatments and make vaccines.

NEW HOPE, NEW MUTATIONS

The FDA authorizes two vaccines. Major variants begin to circulate, some of which might impact the effectiveness of vaccines.

12:34 p.m. ET, March 18, 2020

White House recommends canceling non-essential elective surgery, including dental procedures

- Hospitals didn't allow bariatric surgery procedures for 6-12 weeks in most places
- Some pushed for outpatient procedures
- Bariatric Surgery was labeled as elective as any cosmetic surgery or orthopedic procedures

IFSO STATEMENT

IFSO Statement: No Bariatric Surgery during Pandemic

In response to the COVID-19 pandemic outbreak, the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) has issued these recommendations to our global healthcare providers aimed at keeping all our patients and practice staff in an as safe an environment as possible.

General Recommendations

All elective surgical and endoscopic cases for metabolic and bariatric surgery should be postponed during the pandemic. This minimises risks to both patient and healthcare team, as well as reducing the utilisation of unnecessary resources, such as beds, ventilators and personal protective equipment (PPE). In addition, postponing these services will minimise potential exposure of the COVID-19 virus to unsuspecting healthcare providers and patients [7].

“ELECTIVE” and COVID-19

- There was a need to balance response to the PANDEMIA with providing ongoing care to non-COVID patients
- “Elective” ≠ “Optional”: Surgeon and Patient elect whether/when surgery is to take place based on medical necessity, effectiveness, and consequences of delay; the need for surgical treatment of disease remains

News from the American College of Surgeons

For Immediate Release

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AMERICAN COLLEGE OF SURGEONS

Inspiring Quality: Highest Standards, Better Outcomes

New scoring system empowers surgery departments to prioritize medically necessary operations that should not be delayed because of concerns about hospital resources or risk associated with COVID-19

Journal of the American College of Surgeons article presents an evaluation tool for surgeons to review necessary hospital resources needed for an operation, the effect of treatment delay on a patient's underlying disease, and risk the procedure poses for the surgical team

CHICAGO (April 14, 2020): A team of investigators at the University of Chicago (Ill.), has devised a new scoring system

April 14, 2020



State of Illinois
Illinois Department of Public Health

COVID-19

Elective Surgeries and Procedures

References:

1. Centers for Medicare & Medicaid Services (CMS), *Opening Up America Again: Recommendations – Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I*, March 19, 2020, <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>.
2. American College of Surgeons, *COVID-19: Elective Case Triage Guidelines for Surgical Care*, March 24, 2020, <https://www.facs.org/covid-19/clinical-guidance/elective-case>.
3. American College of Surgeons, *COVID-19: Guidance for Triage of Non-Emergent Surgical Procedures*, March 17, 2020, <https://www.facs.org/covid-19/clinical-guidance/triage>.
4. Prachand, V. N., Milner, R., Angelos, P., Posner, M. C., Fung, J. J., Agrawal, N., Jeevanandam, V., & Matthews, J. B. (2020). Medically-Necessary, Time-Sensitive Procedures: A Scoring System to Ethically and Efficiently Manage Resource Scarcity and Provider Risk During the COVID-19 Pandemic. *Journal of the American College of Surgeons*, S1072-7515(20)30317-3. Advance online publication. <https://doi.org/10.1016/j.jamcollsurg.2020.04.011>
5. American College of Gastroenterology, American Gastroenterological Association, American Association for the Study of Liver Diseases and the American Society for Gastrointestinal Endoscopy. Gastroenterology professional society guidance on endoscopic procedures during the COVID-19 pandemic. March 31, 2020. https://webfiles.gi.org/links/media/Joint_GI_Society_Guidance_on_Endoscopic_Procedures_During_COVID19_FINAL_3312020.pdf

April 24, 2020



AMERICAN COLLEGE OF SURGEONS

Inspiring Quality: Highest Standards, Better Outcomes



American Society of
Anesthesiologists



American Hospital
Association®

Joint Statement: Roadmap for Resuming Elective Surgery after COVID-19 Pandemic

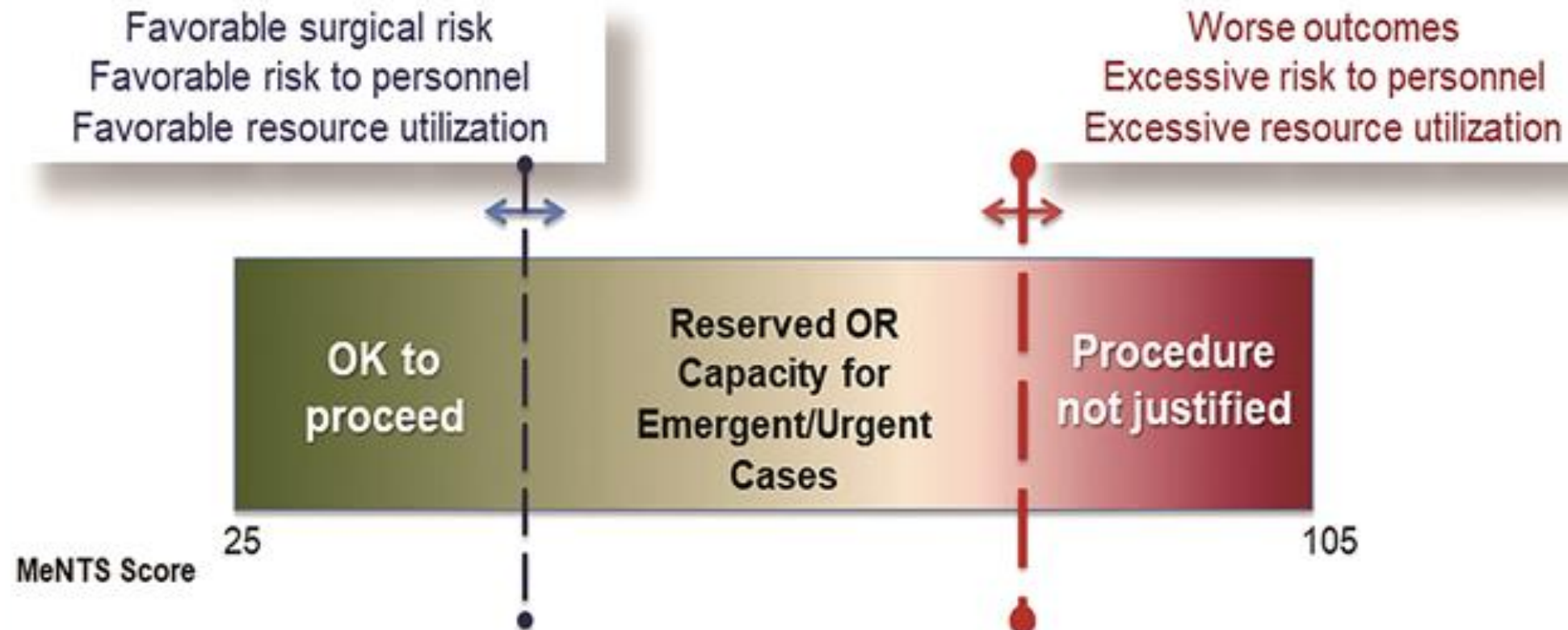
American College of Surgeons
American Society of Anesthesiologists
Association of periOperative Registered Nurses
American Hospital Association

Patient	1	2	3	4	5
Age	<20 yo	21-40yo	41-50yo	51-65yo	>65yo
Lung Disease (asthma, COPD, CF)	None			Minimal (rare inhaler)	> Minimal
OSA	Not present			Mild/Moderate (no CPAP)	On CPAP
CV Disease (HTN, CHF, CAD)	None	Minimal (no meds)	Mild (1 med)	Moderate (2 meds)	Severe (≥ 3 meds)
Diabetes	None		Mild (no meds)	Moderate (PO meds only)	> Moderate (insulin)
Immunocompromised*	No			Moderate	Severe
ILI Sx's (fever, cough, sore throat, body aches, diarrhea)	None (Asymptomatic)				Yes
Exposure to known COVID+ Pt (14d)	No	Probably Not	Possibly	Probably	Yes

•Higher score for each factor is associated with poorer outcome, increased risk to providers, and/or increased resource use during COVID-19 Pandemic

•Total score range is 8-40

Medically Necessary, Time-Sensitive Procedures: Scoring System to Ethically and Efficiently Manage Resource Scarcity and Provider Risk During the COVID-19 Pandemic



ASMBS



ELSEVIER



Surgery for Obesity and Related Diseases 16 (2020) 981–982

SURGERY FOR OBESITY
AND RELATED DISEASES

ASMBS Guidelines/Statements

**Safer through surgery: American Society for Metabolic and
Bariatric Surgery statement regarding metabolic and bariatric
surgery during the COVID-19 pandemic**

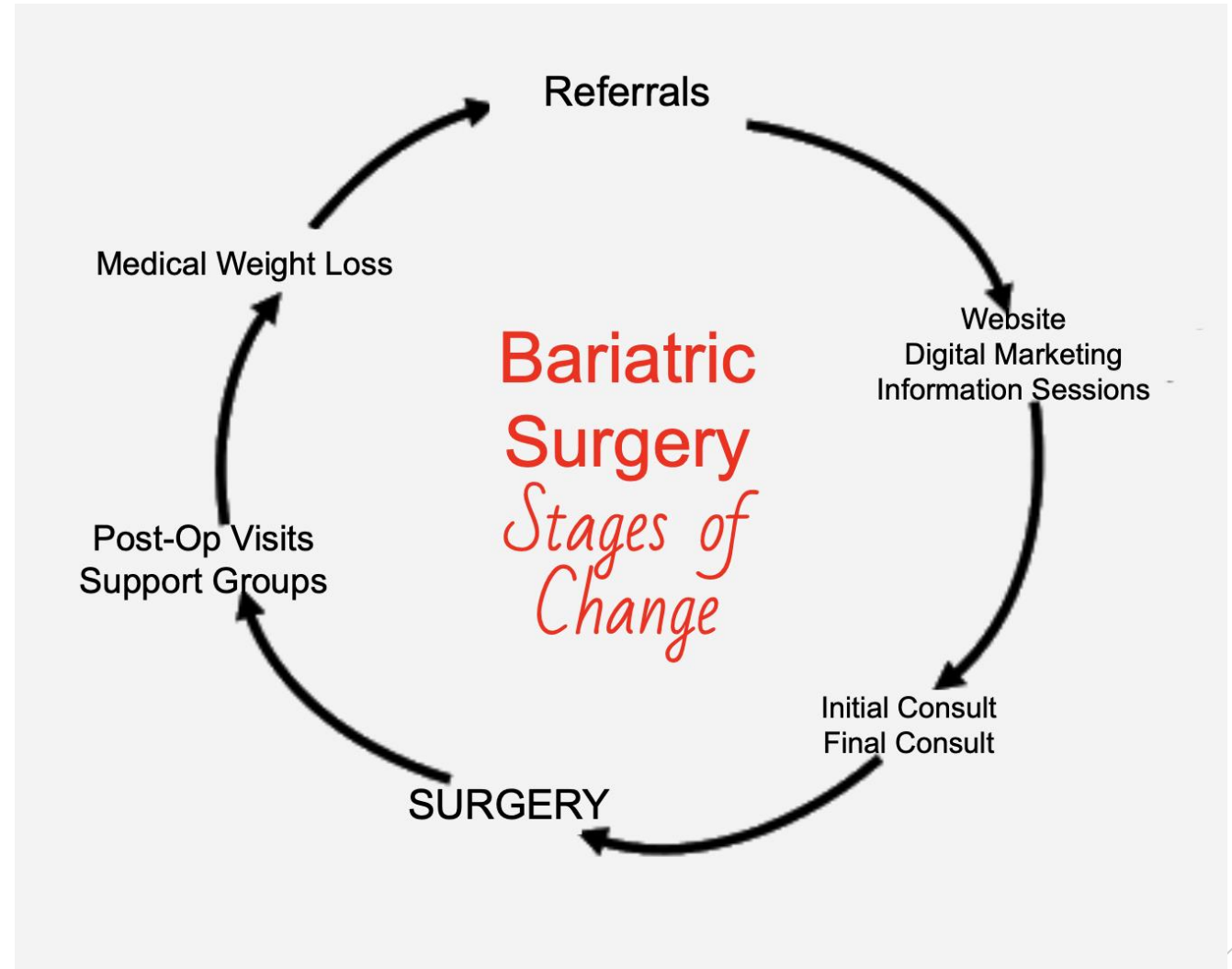
Executive Council of ASMBS

The logo for the American Society of Metabolic and Bariatric Surgeons (ASMBS) is a red speech bubble shape with the acronym "ASMBS" written in white, bold, sans-serif capital letters inside. The background of the slide features faint, curved, concentric lines in a light gray color.

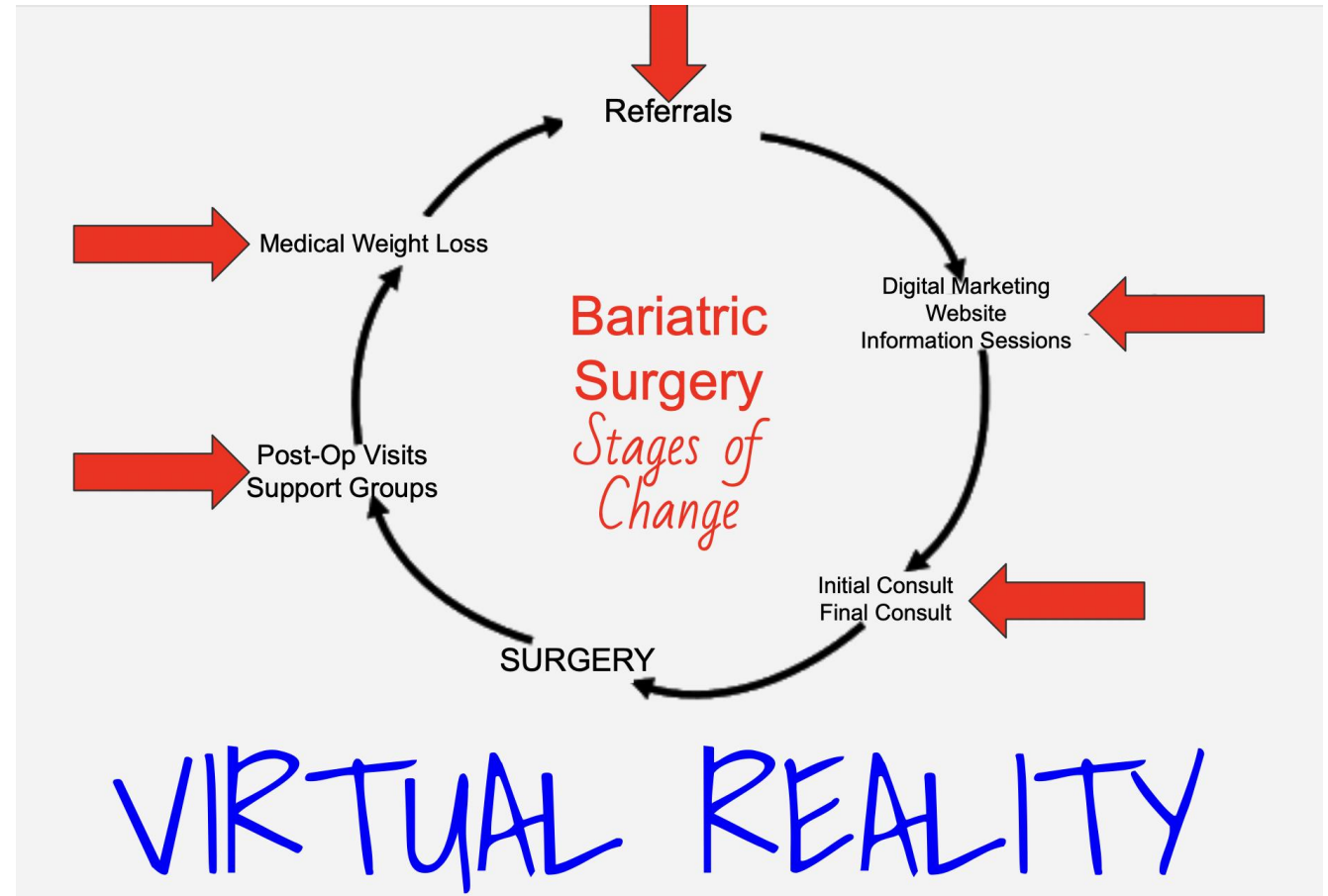
ASMBS

- Metabolic and Bariatric surgery is life-saving surgery, with multiple studies confirming the survival benefit for patients treated by surgery over those treated without surgery
- The ASMBS supports the use of the term “medically necessary time-sensitive surgery,” as proposed by Prachand et al., or “medically necessary nonemergent surgery,” as far superior to the term “elective” surgery
- Metabolic and Bariatric surgery should be restarted when it is safe to do so. The ASMBS disagrees with the concept that bariatric surgery should be postponed until the pandemic is declared over.

Embracing Telemedicine



Embracing Telemedicine



INFO SESSION

~~In-Person
(LIVE)~~

Online
(Video)

~~In-Person at
Initial Consult
(LIVE)~~

Virtual at
Initial Consult
(LIVE)

Pre-recorded
ONLINE
Information Session



JOHNS HOPKINS CENTER FOR BARIATRIC SURGERY



COMPLETE A FREE ONLINE INFORMATION SESSION TODAY

As experienced members of the Johns Hopkins Center for Bariatric Surgery team, we recognize that obesity is a debilitating disease of mind, body and spirit - and we want to help.

VIRTUAL CONSULT

STEP 1

Attend Live Virtual
Group Session



Will send link!

Virtual Support Groups

Attendance in person: 48 people maximum

Attendance virtually: up to 1200 people



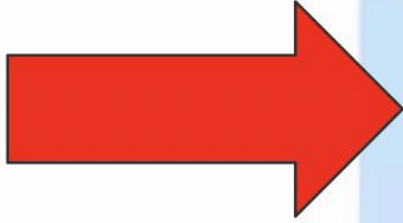
~ VERSUS ~



Telehealth: Medicare Payment

“For the duration of the COVID-19 Public Health Emergency,” Medicare will pay for telehealth services furnished in any healthcare facility and in a beneficiary’s home as if they were regular, in-person visits

- HHS OIG is providing flexibility for providers to reduce or waive usual telehealth cost-sharing requirements
- In a fact sheet issued March 17, CMS provided the following table with codes that may apply for telemedicine:



TYPE OF SERVICE	HCPCS/CPT CODE
MEDICARE TELEHEALTH VISITS	Common telehealth services include: <ul style="list-style-type: none">• 99201-99215 (Office or other outpatient visits)• G0425-G0427 (Telehealth consultations, emergency department or initial inpatient)• G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs)
VIRTUAL CHECK-IN	<ul style="list-style-type: none">• HCPCS code G2012• HCPCS code G2010
E-VISITS	<ul style="list-style-type: none">• 99421-99423• G2061-G2063

- Virtual check-in services can be provided to new and established patients; virtual check-in services were previously limited to only established patients
- A broad range of clinicians, including physicians, can now provide certain services by telephone to their patients (CPT codes 98966 - 98968; 99441-99443)

Outpatient Surgery

- Sleeve gastrectomy
- ERAS implementation
- Increasing Balloons and Band offerings
- Questioning bypass same-day discharge

Association of Substantial Weight Loss Achieved through Metabolic Surgery with Risk of COVID-19

DESIGN



Adult patients with BMI ≥ 35 kg/m² who underwent weight loss surgery (2004-2017) at the Cleveland Clinic in the U.S. were matched 1:3 to nonsurgical controls to assess **4 COVID-19 related outcomes** between March 2020 and March 2021.

EXPOSURE

Weight Loss Surgery

Matched Control



N=5053



Versus



N=15159

Gastric Bypass

Sleeve Gastrectomy

66%

34%

FINDINGS



Positive SARS-CoV-2 test



Hospitalization

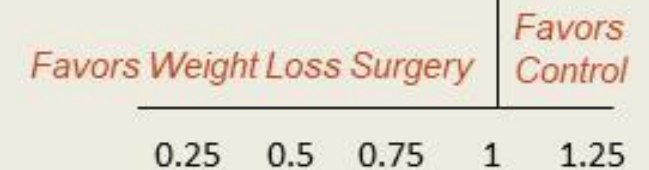


Need for Oxygen



Severe COVID-19

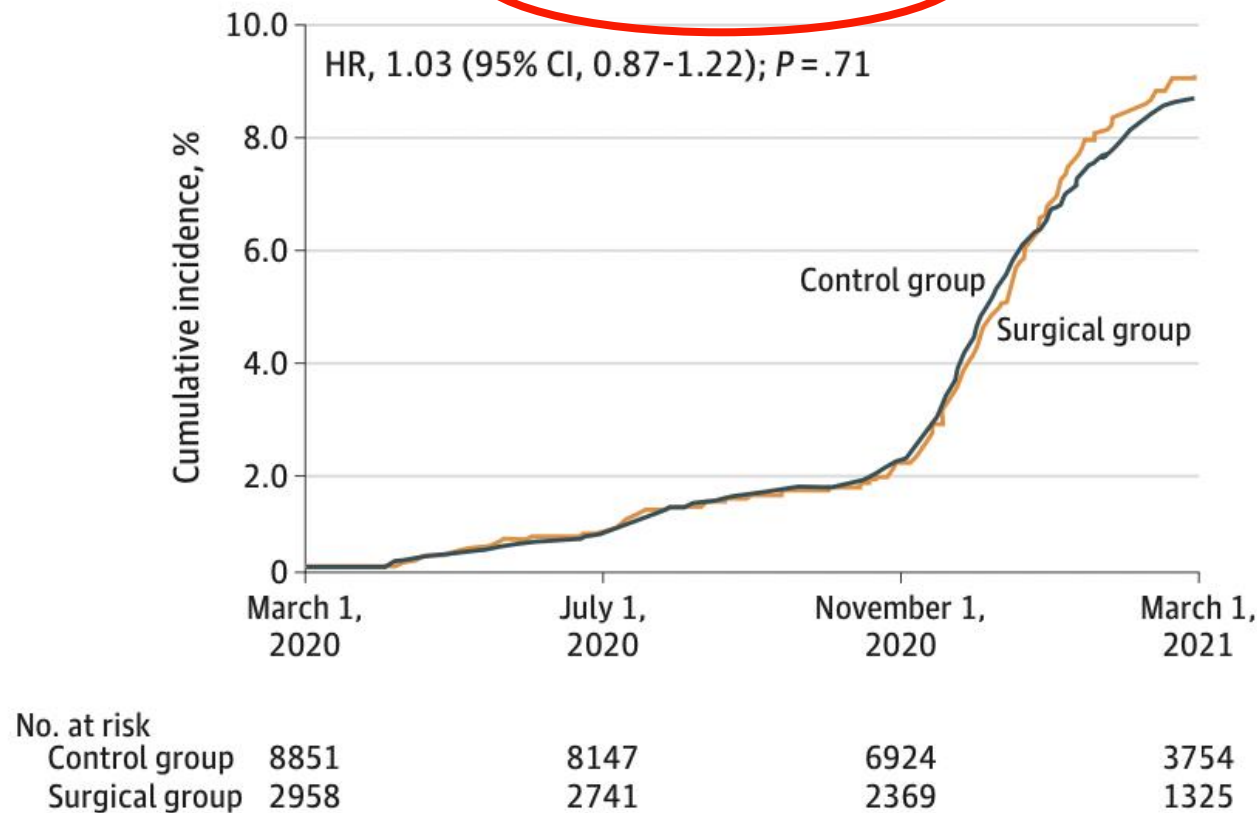
Hazard Ratio (95% CI)



Association of Weight Loss Achieved Through Metabolic Surgery With Risk and Severity of COVID-19 Infection

Ali Aminian, MD; Chao Tu, MS; Alex Milinovich, BA; Kathy E. Wolski, MPH; Michael W. Kattan, PhD; Steven E. Nissen, MD

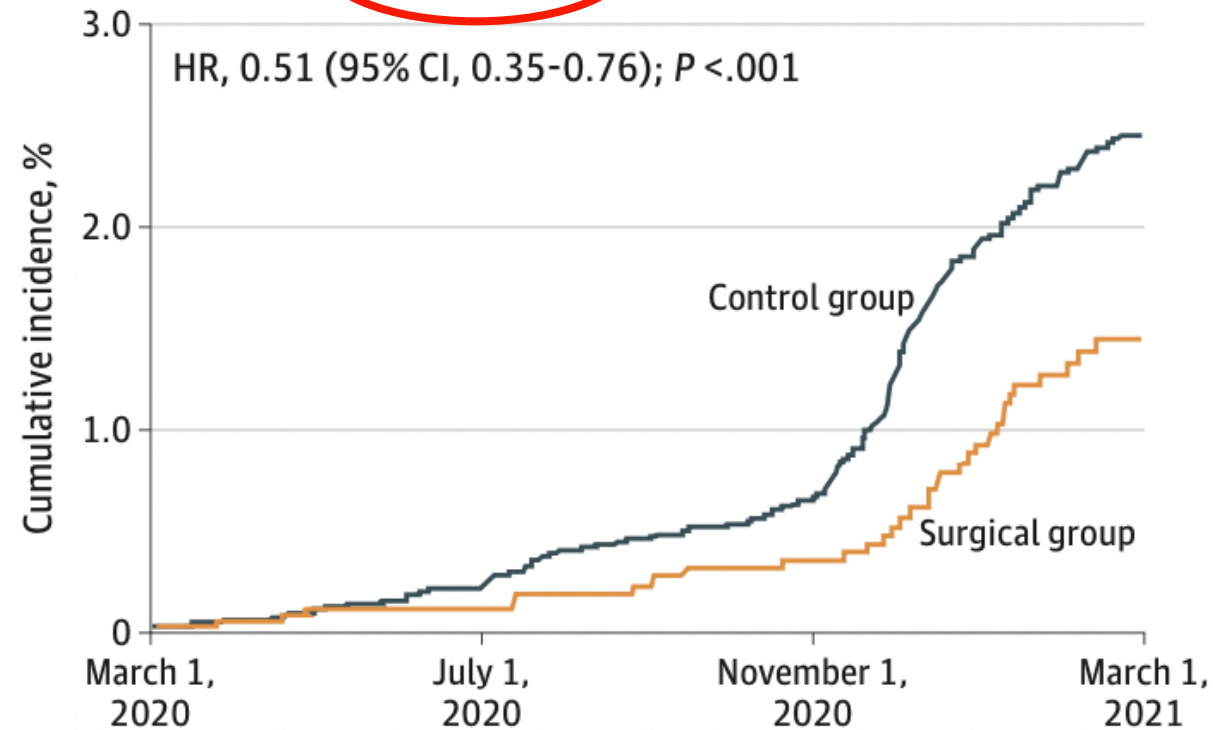
A Kaplan-Meier estimates for positive SARS-CoV-2 test result



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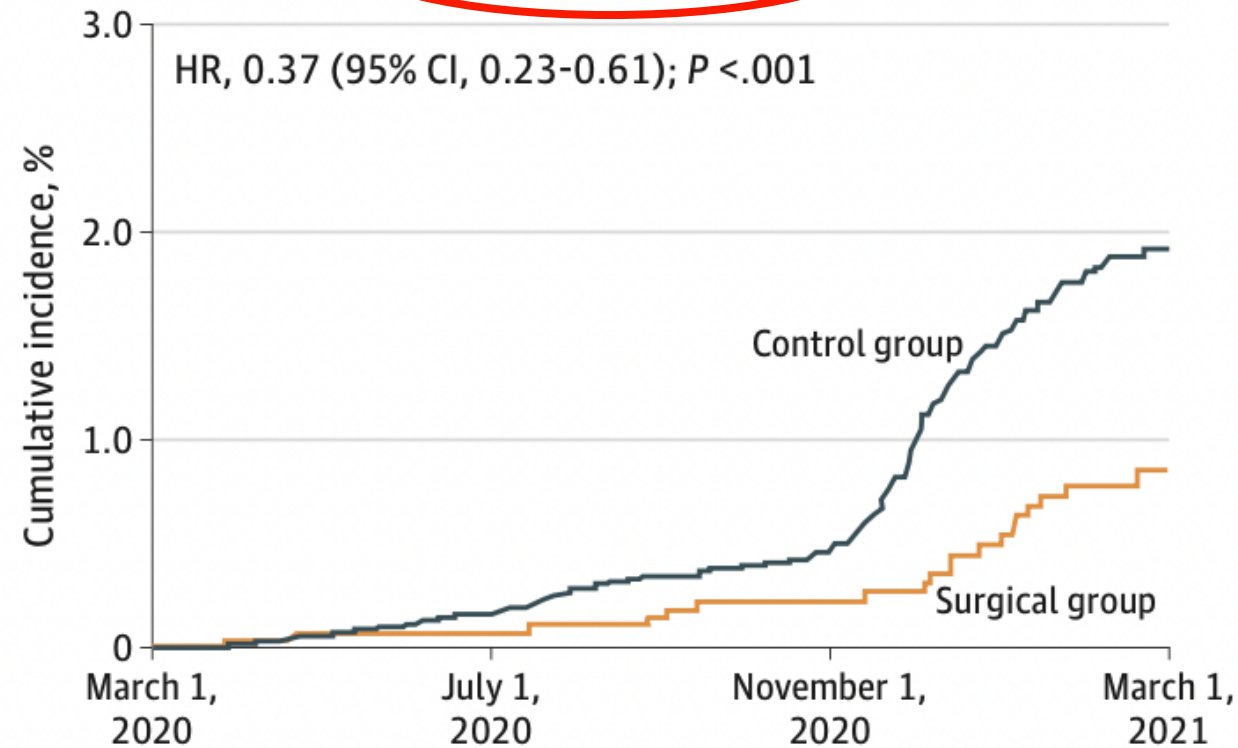
Kaplan-Meier estimates for hospitalization



Association of Weight Loss Achieved Through Metabolic Surgery With Risk and Severity of COVID-19 Infection

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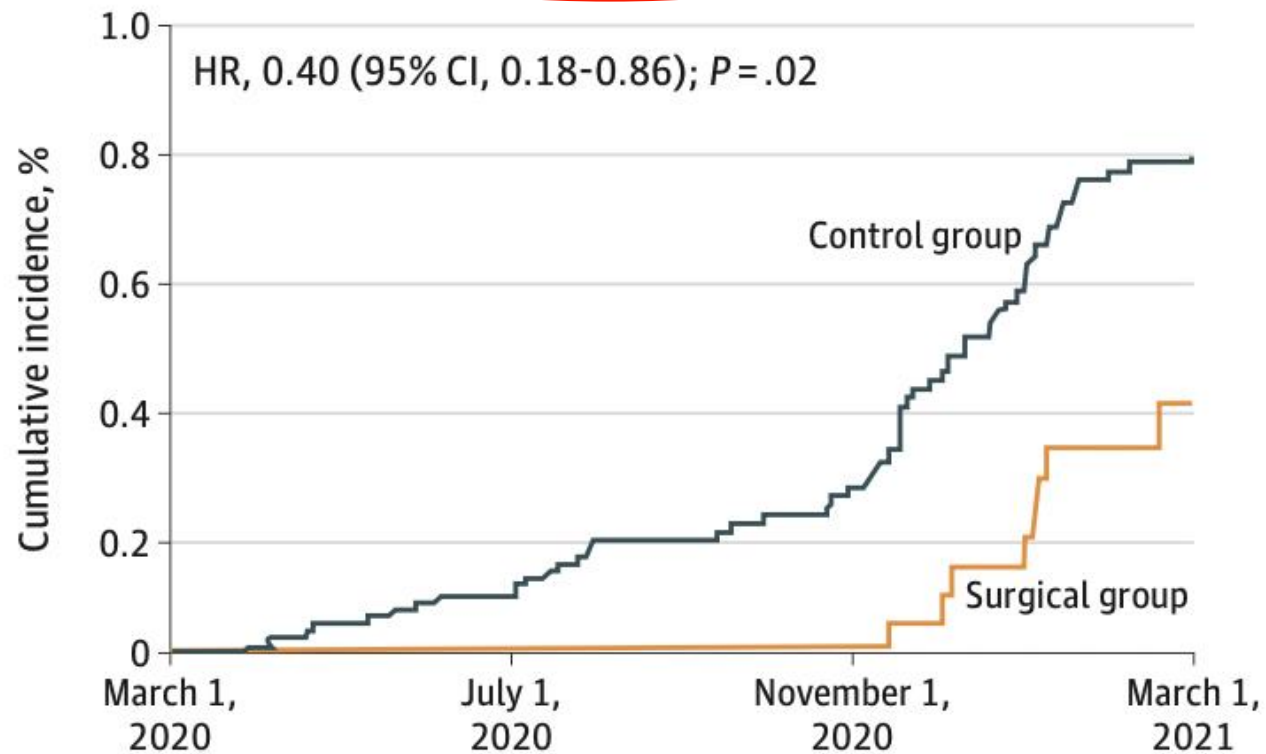
Kaplan-Meier estimates for need for supplemental oxygen



Association of Weight Loss Achieved Through Metabolic Surgery With Risk and Severity of COVID-19 Infection

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Kaplan-Meier estimates for severe COVID-19 infection





The impact of COVID-19 pandemic on bariatric patients' self-management post-surgery

Alaa Youssef^{a,b,c}, Stephanie E. Cassin^{a,b,d}, Susan Wnuk^{a,b}, Samantha Leung^a, Timothy Jackson^{a,e}, Sanjeev Sockalingam^{a,b,c,f,*}

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^b Department of Psychiatry, Temerty Faculty of Medicine, University of Toronto, Toronto, Ontario, Canada

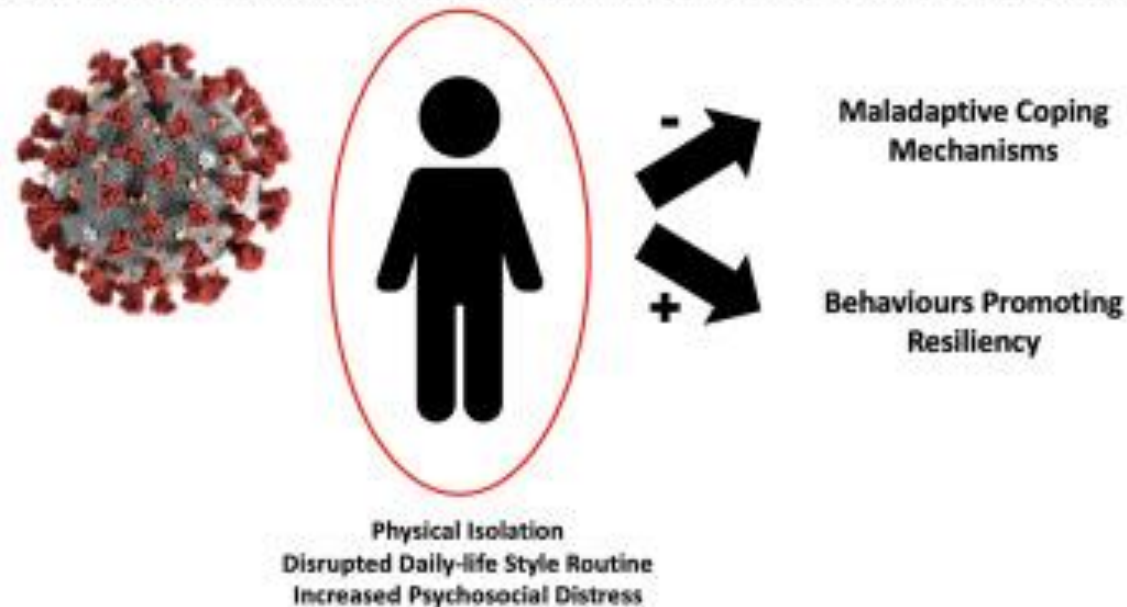
^c Institute of Medical Science, University of Toronto, Toronto, Ontario, Canada

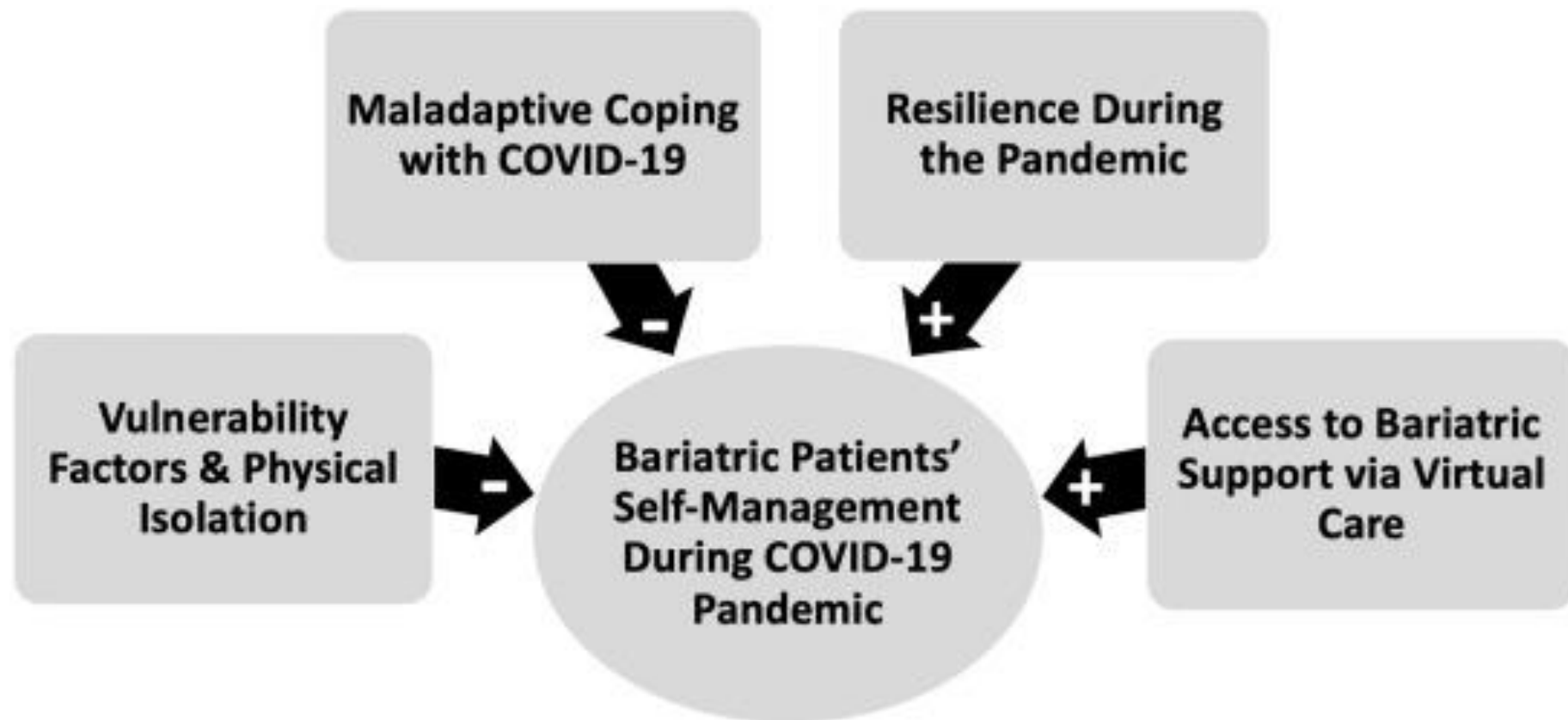
^d Department of Psychology, Ryerson University, Toronto, Ontario, Canada

^e Department of Surgery, University of Toronto, Toronto, Ontario, Canada

^f Centre for Addiction and Mental Health (CAMH), Toronto, Ontario, Canada

How Did COVID-19 Impact Bariatric Patient Post-Operative Self-Management?





The background features a series of concentric circles in light gray, some solid and some dashed, creating a ripple effect. In the center, there is a red speech bubble with a white outline and a small tail pointing downwards.

Bariatric surgery numbers during COVID

% of 2019 volume^{1,2}

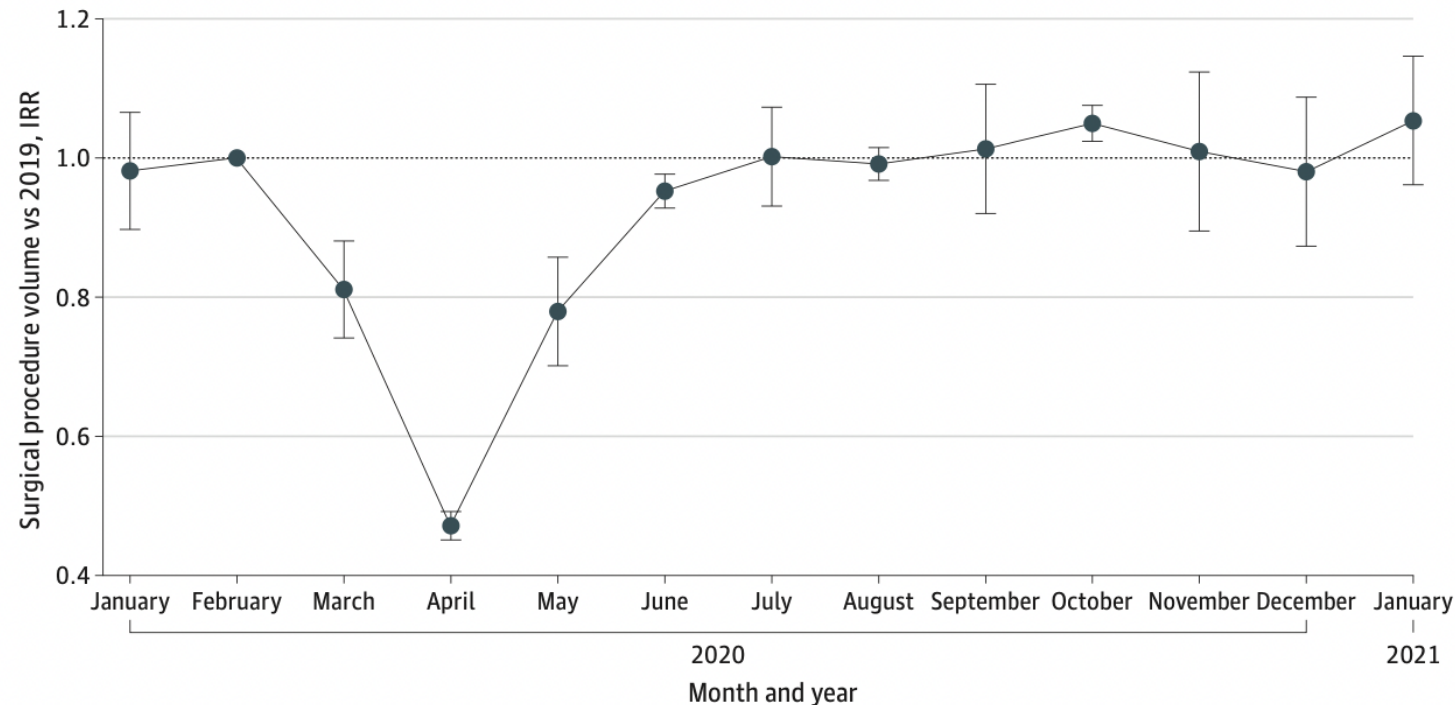


Marketing estimates, 2020

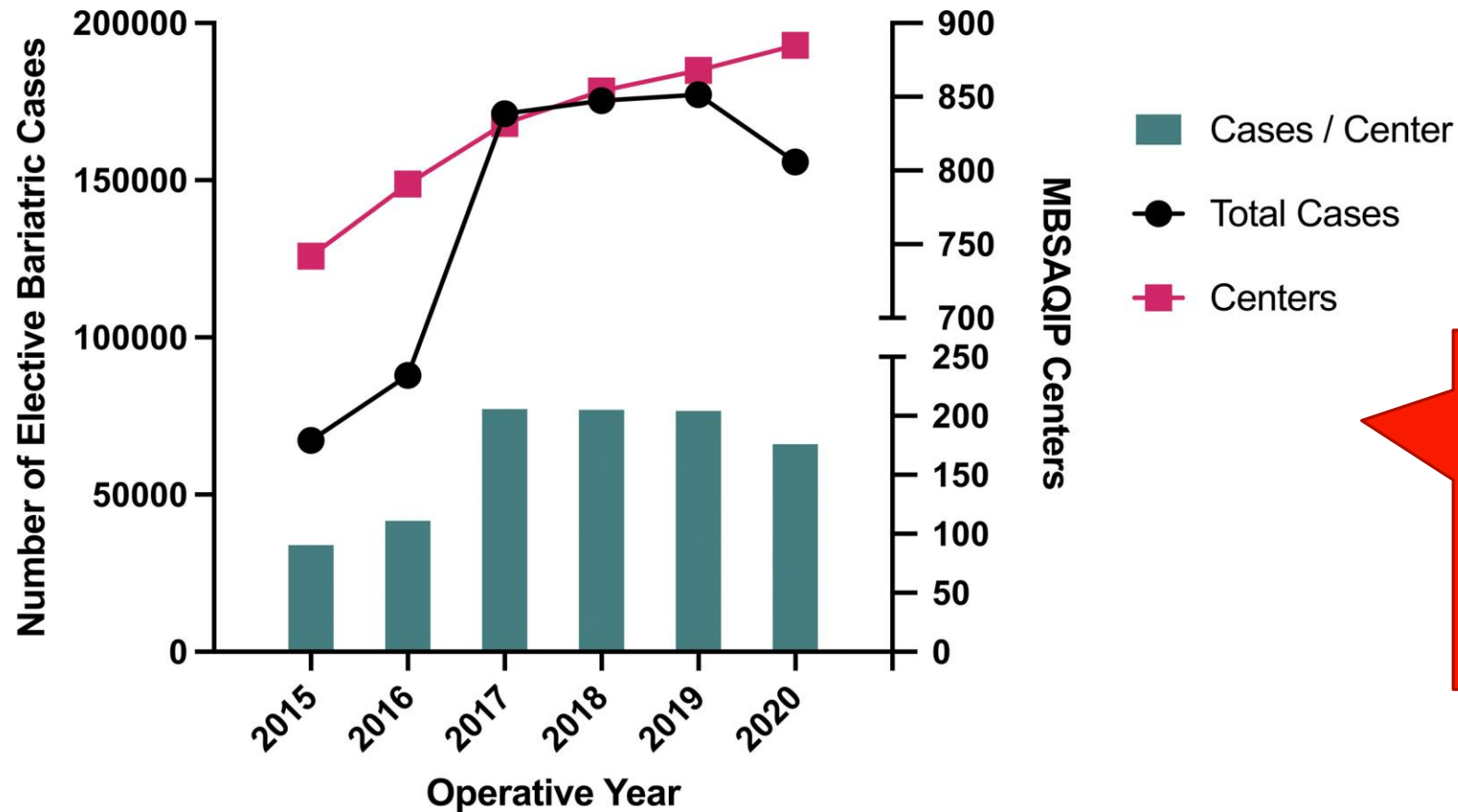
Trends in US Surgical Procedures and Health Care System Response to Policies Curtailing Elective Surgical Operations During the COVID-19 Pandemic

Aviva S. Mattingly, BA; Liam Rose, PhD; Hyrum S. Eddington, BS; Amber W. Trickey, PhD; Mark R. Cullen, MD; Arden M. Morris, MD, MPH; Sherry M. Wren, MD

Figure 1. Surgical Procedure Volume Over Time as a Proportion of 2019 Volume



MBSAQIP 2015-2020



MBSAQIP numbers were down ~12.1% in 2020 (vs 2019) = 21,359 less cases

2020

- More SG, less bypass
- Less severe DM and HTN

CONCLUSIONS

- Bariatric Surgery is “medically necessary nonemergent surgery”
- Is “protective” against severe COVID and complications from the infection
- “Virtual tools” helped to continue access with patients
- Procedure numbers decreased, but then bounced back with a shift to “outpatient” setting

Thank You!

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