



# WEIGHT-LOSS SURGERY ASSESSMENT

POSSIBLE SURGERY CANDIDATE

## GOAL: REFER FOR BARIATRIC SURGERY SEMINARS AND/OR EVALUATION



### RESULT EXPLAINED

People in this category have the following body mass index (BMI):

- 40.0 or greater (obesity class 3)  
-OR-
- 35.0 to 39.9 (obesity class 2) and a weight-related comorbidity\*  
-OR-
- 35.0 to 39.9 (obesity class 2) and a quality of life that's greatly impacted by their current weight

\*see Other Considerations

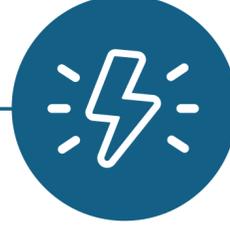


### EXAMPLE PERSONA

Laurel is 35 years old. Her weight jumped significantly with each of her 3 pregnancies. She's 5'5" and today weighs 287 pounds (obesity class 3).

Laurel has type 2 diabetes, obstructive sleep apnea, GERD, and is easily winded with even the slightest physical exertion.

She's been on many different diets throughout the years and has undergone counseling for eating disorders. She is desperate to overcome her weight problem and is seeking a surgical solution.



### CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

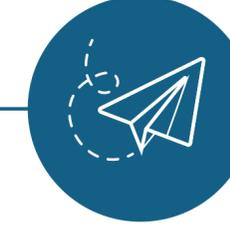
- Attending an in-person bariatric surgery educational seminar
- Scheduling an evaluation appointment with the bariatric service line
- Viewing educational videos or material about bariatric surgery



### PHONE CALL FOLLOW UP

Follow up with users as soon as possible by phone call to:

- Review the results report with them and inquire about past attempts to lose weight
- Explain that weight-loss surgery eligibility depends on many factors which only a doctor can evaluate
- Encourage a either a seminar or an appointment to review their eligibility for bariatric surgery



### FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

- The positive impact even a small weight loss can have on their overall health
- That weight management plans may include a combination of therapies or behaviors including staying active lowering stress, taking medication, or having surgery.
- The availability of individualized treatment plans for obesity based on their needs and lifestyle



### EDUCATIONAL SEMINARS & EVALUATION

Users with this status are typically ideal candidates for in-person bariatric surgery seminars. These seminars can educate potential surgery candidates of the pros and cons of surgery and key eligibility criteria. Upon completion of a seminar, a user should be evaluated to determine whether or not surgery is appropriate.

### OTHER CONSIDERATIONS

For the purposes of this recommendation, weight-related comorbidities include the following health conditions:

- High blood pressure or on medication to control hypertension
- Abnormal cholesterol or on medication to control dyslipidemia
- Pre-diabetes, type 2 diabetes, high blood sugar, or on diabetes medication
- Debilitating arthritis
- Asthma
- Obstructive sleep apnea
- Gastroesophageal reflux disease (GERD)
- Severe urinary incontinence
- Obesity-hypoventilation syndrome (OHS)
- Pseudotumor cerebri
- Nonalcoholic liver disease
- Venous stasis disease

The 2013 clinical practice guidelines are cosponsored by the American Association of Clinical Endocrinologists (AACE), The Obesity Society (TOS), and the American Society for Metabolic & Bariatric Surgery (ASMBS).

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# WEIGHT-LOSS SURGERY ASSESSMENT

SCREENING NEEDED TO DETERMINE ELIGIBILITY

## GOAL: REFER TO PRIMARY CARE FOR PHYSICAL EVALUATION



### RESULT EXPLAINED

People in this category have the following body mass index (BMI):

- 35.0 to 39.9 (obesity class 2) with no known weight-related comorbidities\* and at least one unknown biometric (blood pressure, cholesterol, or blood sugar)
- OR-
- 30.0 to 34.9 (obesity class 1) with uncontrolled type 2 diabetes, defined as blood sugar outside the doctor-recommended range while taking medication to control. This result is based on a 2017 recommendation from the 2nd Diabetes Surgery Summit (DSS-II) that people with uncontrolled type 2 diabetes be offered “metabolic surgery.”

\*see Other Considerations

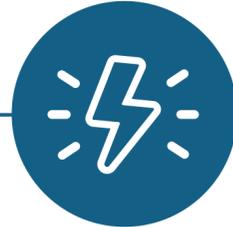


### EXAMPLE PERSONA

David is a 45-year-old man who drives a truck for a living. Other than his growing waistline, he considers himself to be in relatively good health. However, he hasn't been to the doctor in many years, and he doesn't know his blood pressure, cholesterol, or blood sugar levels.

David's weight is pretty evenly distributed over his 5'10" frame, so he was somewhat surprised to learn that—at 250 pounds—he's considered “obese” (obesity class 2). His quality of life is slightly impacted by his weight, as it affects his overall activity level and stamina on long hauls.

David is determined to return to his school-era weight, so he's looking at available weight-management options and is curious about a surgical solution.



### CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

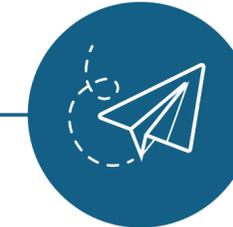
- Scheduling an appointment to determine biometric values (BP, cholesterol, blood sugar)
- Having annual checkups



### PHONE CALL FOLLOW UP

Follow up with users as soon as possible by phone call to:

- Review the results report with them and inquire about their routine health-care schedule
- Explain that weight-loss surgery eligibility depends on many factors which only a doctor can evaluate
- Encourage an appointment to check biometrics and review eligibility for bariatric surgery (or “metabolic” surgery in the case of people with uncontrolled type 2 diabetes)



### FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

- The positive impact even a small weight loss can have on their overall health
- That weight management plans may include a combination of therapies or behaviors, including staying active, lowering stress, taking medication, or having surgery.
- The availability of individualized treatment plans for obesity based on their needs and lifestyles



### PRIMARY CARE FOLLOW UP

Refer people with the following profile to other services lines, as appropriate:

- BMI of 30.0 or higher (weight management services)
- Uncontrolled type 2 diabetes (endocrinology)
- Quality of life greatly impacted by weight (mental health evaluation)
- Smoking or low weekly exercise (behavior-specific programs)

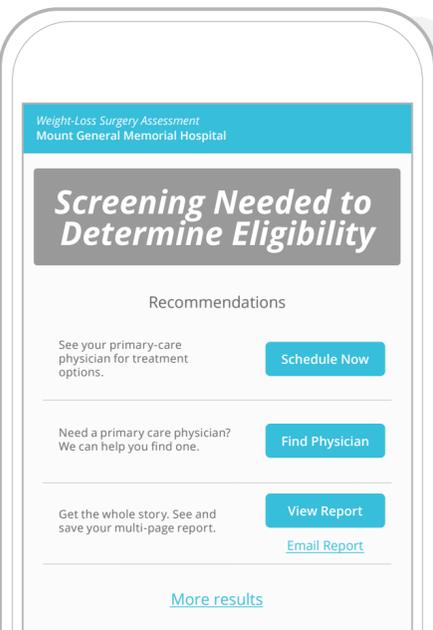
### OTHER CONSIDERATIONS

For the purposes of this recommendation, weight-related comorbidities include the following health conditions:

- High blood pressure or on medication to control hypertension
- Abnormal cholesterol or on medication to control dyslipidemia
- Pre-diabetes, type 2 diabetes, high blood sugar, or on diabetes medication
- Debilitating arthritis
- Asthma
- Obstructive sleep apnea
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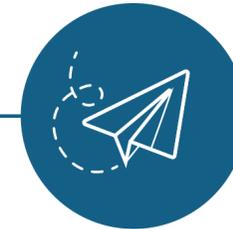
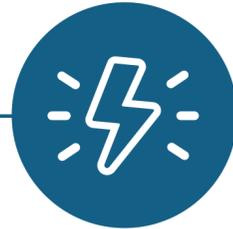




# WEIGHT-LOSS SURGERY ASSESSMENT

NOT A SURGERY CANDIDATE

## GOAL: REVIEW LIFESTYLE RISK FACTORS DURING REGULAR PRIMARY CARE VISIT



### RESULT EXPLAINED

People in this category have the following body mass index (BMI):

- 35.0 to 39.9 (obesity class 2) and a quality of life not greatly impacted by weight and no weight-related comorbidities
- OR-
- 30.0 to 34.9 (obesity class 1) without type 2 diabetes -or- with well-controlled type 2 diabetes, defined as blood sugar within the doctor-recommended range while taking medication to control
- OR-
- 25.0 to 29.9 (overweight)
- OR-
- 18.5 to 24.9 (healthy weight)
- OR-
- 18.4 or lower (underweight)

### EXAMPLE PERSONA

Karen is a 57-year-old Caucasian woman who has steadily gained weight since going through menopause 6 years ago. At 5'6" and 186 lbs. with a waist circumference greater than 35", she's in the obesity weight range.

Karen didn't have weight problems before menopause. All of her attempts at weight loss have failed so far. She's active and healthy by all standard measures. Karen feels as though her weight is out of control. She's hopeful that weight-loss surgery will be a long-term solution.

### CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Having annual checkups
- Scheduling an appointment

### PHONE CALL FOLLOW UP

Follow up with users by phone call to:

- Review the results report with them and discuss their weight-loss recommendation
- Encourage sharing their results with their primary care physician at their next visit

### FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

- The positive impact even a small weight loss can have on overall health
- The availability of individualized weight-loss plans based on needs and lifestyles
- The importance of watching their waistline in addition to their weight

### PRIMARY CARE FOLLOW UP

Refer people with the following profile to other services lines, as appropriate:

- BMI of 30.0 or higher (weight management services)
- BMI of 25.0 to 29.9 and at least one weight-related comorbidity -or- an increased waist circumference (weight management services)
- Quality of life greatly impacted by weight (mental health evaluation)
- Smoking or low weekly exercise (behavior-specific programs)

### OTHER CONSIDERATIONS

In addition to assessing possible eligibility for weight-loss surgery, this assessment determines if weight loss is recommended according to the 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults.

People with obesity who don't meet the criteria for weight-loss surgery are recommended to lose weight.

Individuals with overweight are recommended to lose weight or to avoid additional weight gain based on published guidelines.

Those in the healthy weight and underweight ranges are told that weight loss is not recommended. They are urged to talk to a health care professional about the impact their weight has on their overall quality of life.

