Reduced Time to Surgery: Optimizing the Bariatric Surgery Pathway

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BACKGROUND

The Mayo Clinic Rochester Division of Endocrinology serves as an entry point for bariatric patients to receive surgery. Typical, bariatric patient’s pre-surgery weight management care pathway consists of (a) initial consultation with a multidisciplinary team, (b) pre-operative evaluation, (c) surgical consultation, and (d) post-operative care. Despite its success, the current process is time-consuming and potentially suboptimal. This project aimed to improve the pre-surgery pathway by reducing time to surgery, screening patients appropriately, and ultimately increasing surgery case volumes.

METHODS

The project team was formed composed of scheduling, prior authorization (benefits check), nursing, advanced practice practitioners, physicians, dietitians, surgeons, psychologists, and administrators. The team performed a comprehensive review of the bariatric patient pathway to determine opportunities to improve the patient experience. The team introduced a new care pathway, which involved

- Mapped the current process (Figure 2) and collected baseline data (Table 1)
- Implemented a new care pathway
- Mapped the updated process (Figure 3) and collected data on time to surgery and patient satisfaction

RESULTS

The changes implemented increased surgical volume and improved efficiency. Surgical case volumes are now more effectively identified, educated, and prepared for surgery. No incremental cost was required during the execution of this project.

- Surgical volume has increased by 60% since 2019 compared to 2021 (Figure 4)
- The time to surgery has been reduced by 50%, from 6 to 3 months. These patient pathway improvements are displayed above. In Table 1 below.
- There were initially 300 patients waiting on a bariatric surgery waitlist prior to the intervention. In month 1 post-intervention, the waitlist was reduced to 0. All patients are now triaged through nursing which helps education patients on surgery needs
- 9% of the time, incomplete patient information resulted in patients gaining access to care teams when they were not genuinely interested in pursuing bariatric surgery. Patients time to surgery in average months
- Reduced Time to Surgery: Optimizing the Bariatric Surgery Pathway

CONCLUSIONS

The bariatric pathway per patient can be complicated when there are inefficiencies within the care team workflow. The remedy is to actively coordinate patient care, educate patients, align patient interests and facilitate patient involvement. As obesity continues to gain momentum throughout the United States, it will be critical to systems to create robust and timely care options for patients. These options will include multidisciplinary teams that support lifestyle, nutrition, medical management, and surgical solutions.

Appendix

- The bariatric program continues to grow and expand to meet the three year surgery target.
- Other care options (pharmacology, etc) are part of an essential package of offerings for the patient and provider to consider.
- The new process changes, including this project will allow the bariatric program to grow and meet the three year surgery target.

REFERENCES


FIGURE 1: Current Bariatric Surgery Flowchart

FIGURE 2: Current Bariatric Surgery Flowchart

FIGURE 3: Improved Bariatric Surgery Flowchart

FIGURE 4: Surgical Volume Improvements

TABLE 1: Bariatric Surgery Pathway Reduction

<table>
<thead>
<tr>
<th>Degree</th>
<th>Before Reduction</th>
<th>After Reduction</th>
<th>% Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient's readiness</td>
<td>9 months</td>
<td>3 months</td>
<td>50%</td>
</tr>
<tr>
<td>Patient's insurance</td>
<td>9 months</td>
<td>3 months</td>
<td>50%</td>
</tr>
<tr>
<td>Surgery scheduling</td>
<td>9 months</td>
<td>3 months</td>
<td>50%</td>
</tr>
<tr>
<td>Pre-operative evaluation</td>
<td>9 months</td>
<td>3 months</td>
<td>50%</td>
</tr>
<tr>
<td>Surgery completion</td>
<td>9 months</td>
<td>3 months</td>
<td>50%</td>
</tr>
</tbody>
</table>

Pre-operative evaluation required during the execution of this project.