Ontario Bariatric Services Strategy: Vision, Progress and the Future

CIHR (INMD) – CON National Workshop
Developing a Research Agenda to Support Bariatric Care in Canada

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Overview

Challenge and Background

Vision, Objectives & Features of Strategy

Progress

Current Activities

Registry

What’s Changed

Future
Challenge and Stimulus for Action 2007

Demand for bariatric surgery increased rapidly
Increasing rate of obesity (49% of Ontarians in 2007: StatsCan)
Bariatric surgery increasingly accepted by physicians and patients as appropriate treatment for morbid obesity (including obesity-related diabetes)

Large numbers of patients approved for bariatric surgery out of country (OOC)
The number of patients approved for bariatric surgery OOC due to lack of timely services in Ontario grew from fewer than 10 in 2002/03 to nearly 900 in 2007/08 (see chart next slide)

Follow-up Care Sporadic and Variable
Complications due to above, in some cases very serious
Challenge and Stimulus for Action

![Chart showing In-Provincial Services, OOC Services, and OOC Payments Total from FY2002 to FY2007.](chart.png)

- **In-Provincial Services**
  - FY2002: 350
  - FY2003: 200
  - FY2004: 250
  - FY2005: 300
  - FY2006: 400
  - FY2007: 450

- **OOC Services**
  - FY2002: 0
  - FY2003: 100
  - FY2004: 150
  - FY2005: 200
  - FY2006: 250
  - FY2007: 300

- **OOC Payments Total**
  - FY2002: $5,000,000
  - FY2003: $10,000,000
  - FY2004: $15,000,000
  - FY2005: $20,000,000
  - FY2006: $25,000,000
  - FY2007: $30,000,000
Historical Backdrop: Funding for Bariatric Care

- **Ministry of Health Promotion Public Health Programs**
- **Regulatory Framework that provides “Safety Valve”**
  - **Out-of-Country funding for health services**
- **1 Ministry-funded Medical Management Program (est. 2007)**
- **Physician fee schedule Individual physicians’ offices**
- **Family Health Teams - some funding for Dieticians**

**Announcement of Bariatric Services Strategy as part of Ontario Diabetes Strategy July 2008**
Vision

Provincial Network of Bariatric Centres

- Multi-disciplinary approach
- Medical Management & Behavioural Programs
- Leadership in improving bariatric care in Ontario
- Surgery
  - Comprehensive
  - Pre-surgical Assessment
  - 5 years follow-up
Objectives at Outset

Develop a Comprehensive Bariatric Strategy and Build Capacity in Ontario which will:
- improve patient outcomes;
- increase patient safety; and
- reduce the demand for increasing number of referrals for out-of-country (OOC) bariatric procedures.

| Short-term                  | Reduce the cost/case for OOC bariatric surgeries  
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<thead>
<tr>
<th></th>
<th>Establish surgical capacity at two provincial Centres of Excellence</th>
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| Medium-term                 | Help reduce patient volume sent OOC  
|                            | Implement provincial waiting list  
|                            | Establish assessment capacity throughout Ontario                                               |
| Long-term                   | Increase provincial surgical capacity at 6 - 7 Centres of Excellence.                         |
Key Features of the Bariatric Services Strategy

- Education & Training in primary care sector
- Telemedicine sites in northern and remote sites to CoE and/or RATC
- Regional Assessment and Treatment Centres (RATC)
- Centres of Excellence (CoE)
- Comprehensive Network Central Referral Portal & Registry
# Impact of Investment in Bariatric Surgery

<table>
<thead>
<tr>
<th>Results for Patients</th>
<th>Significant improvement in health and reduction in need to take medications for diabetes, cholesterol, hypertension, joint pain</th>
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<td>Able to access the surgery in Ontario</td>
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<td>More comprehensive follow-up and supports</td>
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<td>Reduced travel associated costs and health risks</td>
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<table>
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<tr>
<th>Results for Ontarians</th>
<th>Savings of approximately $10,000 per case done in Ontario vs. OOC</th>
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<tr>
<td></td>
<td>Building expertise and capacity in Ontario</td>
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<td></td>
<td>Implementing innovative model of highly collaborative network for health care delivery – comprising multiple institutions, disciplines and regions</td>
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<td>Savings to health system</td>
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Bariatric surgery also results in downstream health cost savings due to improvement of obesity-related co-morbidities and avoidance of future health care costs due to deterioration, e.g. medications, dialysis for diabetics.
Progress

March 2009

Two Centres of Excellence

No Network

436 surgeries in-province previous year

200+ OOC approvals/month

March 2010

Four Centres of Excellence

1. Hamilton Bariatric Centre of Excellence
2. University of Toronto Collaborative
   3. Ottawa Bariatric Centre of Excellence
4. Guelph Bariatric Centre of Excellence

Two Regional Assessment & Treatment Centres

Windsor Regional Hospital
Thunder Bay Regional Hospital

Two Pediatric Regional Assessment & Treatment Centres

Hospital for Sick Children
Children’s Hospital of Eastern Ontario

Ontario Bariatric Network

900 surgeries in-province previous year

OOC approvals <30/month
Out-of-Country and In-Province Surgeries

NOTE: 2010 figures based on projection of current trends
Current Activities

Priorities

Continue program implementation
Registry
Ramp up programs (including coordination across Network)
Telemedicine

Education & Outreach
Primary Care
General Internists & Endocrinologists
Diabetes Education Teams

Reassess demand and targets
# surgeries/year
# of Bariatric Centres (CoE & RATC)
Role of medical programs
## Challenges to Success

### Referral rates to Ontario Bariatric Centres >3X anticipated volume
- Wait lists
- Some patients and referring physicians unhappy with changes to OOC funding for bariatric surgery

### Patients referred for surgery require significant pre-surgical medical work-up and preparation
- ~30% can be ready for surgery within a few weeks
- ~35% require 6-12 months of preparation
- Remaining 30-35% not surgical candidates (some by choice)

### Approximately one million morbidly obese Ontarians 18 years of age or older; 327,000 with BMI >40
- 23.1% of Canadians were obese (having a BMI of 30 or greater)
- 5.1% had a BMI greater than 35; 2.7% had a BMI over 40
- (Source: 2004 Statistics Canada Report, “Adult Obesity in Canada: Measured Height and Weight”)
## Strategies to Address Referral Volume

| Standards & Best Practices | Referral Task Force established by the Ontario Bariatric Network to:  
Develop standards for acceptable timelines for patients referred for bariatric surgery, including the period between referral and orientation  
Propose key elements of care path to be implemented by Bariatric Centres in order to support the achievement of the recommended standards |
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<tr>
<td>Registry</td>
<td>Central Referral Portal <em>LIVE</em> as of October 8th - enables management of wait times to balance inequities across the province and provide accurate data for future projections</td>
</tr>
<tr>
<td>Increase Services</td>
<td>Bariatric Centres are stepping up frequency and volume of group sessions for New Patient Orientation</td>
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| Expand Resources | Propose additional resources to further increase in-province capacity  
In-year $ for additional surgeries and assessments  
Future? |
Registry

All sites participating

Phase 1
• Central Referral Portal

Phase 2
• Collection of standardized information on patients undergoing bariatric surgery
## What’s Changed

<table>
<thead>
<tr>
<th>2007</th>
<th>2010</th>
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<tr>
<td>Majority of bariatric surgeries OOC</td>
<td>Majority of bariatric surgeries in-province</td>
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<tr>
<td>Small capacity in-province</td>
<td>Capacity and expertise in-province</td>
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<td>Aggressive provider marketing to patients</td>
<td>All patients assessed at RATCs</td>
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<td>Uneven patient selection and preparation</td>
<td><strong>Ontario Bariatric Network</strong></td>
</tr>
<tr>
<td>Limited follow-up</td>
<td>• Collective Decisions – Collaborative Action</td>
</tr>
<tr>
<td>Difficulties with Complications</td>
<td><a href="http://www.ontariobariatricnetwork.ca">www.ontariobariatricnetwork.ca</a></td>
</tr>
<tr>
<td>Limited research capacity</td>
<td>Registry</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.bariatricregistry.ca">www.bariatricregistry.ca</a></td>
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Future

Surgery
Existing Centres of Excellence
New Centres of Excellence

Outreach & Collaboration
Primary Care
Centres for Complex Diabetes Care

Research
Registry

RATCs
Medical-Behavioural Programs
Kingston
Sudbury

Ongoing Evaluation
Research and Knowledge Translation Gaps

Patient Assessment, Triage, Patient Selection & Surgery Type

Lap-Banding

- Long-term Outcomes
- Long-term Follow-up for Adjustments
  - Workable Model for Canadian Geography

Optimal Model for Effective Medical-Behavioural Treatment

Prevention Prevention Prevention Prevention