THE VA EXPERIENCE WITH THE NEW ASMBS/IFSO GUIDELINES:

WHAT'S GOING ON OVER AT ~~MCGUIRE~~?

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VCU School of Medicine

Disclosures

- None

Disclaimer

- The views and opinions of author expressed herein do not necessarily state or reflect those of the Veterans Health Administration (VHA) or the United States Government and shall not be used for advertising or product endorsement purposes.
- Reference herein to any specific commercial products, process, or service by trade name, trademark, manufacturer, or otherwise, does not necessarily constitute or imply its endorsement, recommendation, or favoring by the United States Government.

Objectives

- Describe the problem of obesity in the VHA system
- Describe the resources available to treat obesity in the VHA
- Describe the state of Metabolic/Bariatric Surgery in the VHA
- Describe the MBS Program at CVHCS
- Describe the strengths and challenges of CVHCS MBS Program

Background

- Obesity is a *chronic disease* associated with many other HTN, HLD, DM, OSA, CAD, GERD, NASH/cirrhosis, and many others
- Bariatric surgery is the only proven method of inducing significant, sustainable weight loss
- Veterans have *higher rates of obesity* than the overall U.S. population.
  - Of the 9 million veterans cared for by VHA, more than 800,000 have a BMI > 35

Obesity in the VHA

The Obesity Epidemic in the Veterans Health Administration: Prevalence Among Key Populations of Women and Men Veterans

Jessica Y. Breland, PhD[1,2], Ciaran S. Phibbs, PhD[1,2], Katherine J. Hoggatt, PhD, Donna L. Washington, MD, MPH[3,5], Jimmy Lee, MS[1], Sally Haskell, MD[6,7,8], Uchenna S. Uchendu, MD[9], Fay S. Saechao, MPH[1], Laurie C. Zephyrin, MD[6,10], MD, MPH[1,2]

DISCUSSION

Among the almost five million VHA primary care patients in FY2014, 41% were obese and 37% were overweight, collectively accounting for most veterans seen in VHA primary care. Obesity prevalence was high compared to that of the general US population or military personnel, among whom obesity prevalence is estimated at 38% and 13%, respectively.[1, 13] However, comparisons must be interpreted with the understanding that VHA data reflect a treatment-seeking population, who may be older and sicker than the general population.[14–18] Furthermore, while findings reflect the universe of veterans using VHA, they may not apply to veterans outside the VHA, who tend to be in better health.[19, 20] Nonetheless, high obesity prevalence, even among the youngest veterans served by the VHA, could partially explain why veterans who may be fit when leaving the military go on to develop more chronic conditions and poorer health than the general US population.[14–18]

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More than 5% higher than the general population

Physical health conditions				
Sleep apnea	540,753	72%	74%	72%
Diabetes	1,325,087	57%	68%	56%
Hypertension	2,826,651	46%	56%	46%
Lipid disorder	2,597,602	45%	52%	45%
Coronary artery disease	862,749	42%	47%	42%
Lumbosacral spine disorder	1,050,310	46%	47%	45%
Lower extremity joint disorder	933,441	50%	51%	50%

Table 1 Prevalence of Obesity Among FY2014 Veteran VHA Primary Care Patients Nationally and by Subpopulations

	Row N	Obesity prevalence		
	Total sample	Total sample	Women*	Men*
		N = 4,914,208	N = 347,112	N = 4,567,096
Total	4,914,208	41%	44%	41%
Age (years)				
18-44	738,416	44%	40%	46%
45-64	1,766,767	48%	49%	48%
65+	2,409,014	36%	37%	36%
Race/ethnicity				
White	3,592,109	41%	41%	41%
Black or African American	777,692	44%	51%	43%
Hispanic	279,647	43%	39%	43%
Asian	40,621	24%	21%	25%
Native Hawaiian/ other Pacific Islander	30,718	46%	47%	46%
American Indian/ Alaska Native	28,533	47%	45%	47%
Multiracial	39,080	43%	43%	43%
Unknown/ declined to state	125,808	46%	43%	47%

Obesity Treatment Available in VHA

- MOVE! Program
- Medications
- Metabolic/Bariatric Surgery

Obesity Treatment Available in VHA

- **MOVE! Program**
- Medications
- Metabolic/Bariatric Surgery

MOVE! Program

- MOVE! is VA's national weight-management program
- Developed for Veterans by the National Center for Health Promotion and Disease Prevention (NCP)
- "…an evidence-based self-management program that focuses on health and wellness through *healthy eating, physical activity, and behavior change*."

MOVE! Program

- Every VA Medical Center has a dedicated MOVE! Coordinator and Program
- Metrics based on total # of visits, ***not clinical outcomes***
- The MOVE! Program has a significant resource pool at the national level

MOVE! Resources

Obesity Treatment Available in VHA

- MOVE! Program
- **Medications**
- Metabolic/Bariatric Surgery

Medications

- Availability varies by facility
  - Pharmacy limitations
  - Prescriber training/availability
- Not necessarily coordinated with MOVE!
- Their use is somewhat more limited than general population by prevalence of co-morbid diseases

Limitations of Medications in VHA

- Metformin
  - GI side effects
- Orlistat
  - Many patients already on low-fat diet
  - **High incidence of gout**
- Naltrexone/Buproprion (Contrave)
  - **Difficulty monitoring LFTs with existing NAFLD**
  - **Risk of worsening PTSD**

Limitations of Medications in VHA

- Topiramate
  - Many already on for other indications (seizures, migraines, anxiety)
  - **Gout**
  - **Nephrolithiasis**
  - **Suicidality**
- Phentermine
  - Pre-existing tachycardia
  - Rapid weight regain after discontinuation
- Phentermine/Topiramate (Q-Symia)

Limitations of Medications in VHA

- Liraglutide (Saxenda)
  - **Hx of suicide attempt/ideations**
  - Shortages
  - GI side-effects- esp GERD
- Semaglutide (Wegovy)
  - GI side-effects- esp GERD

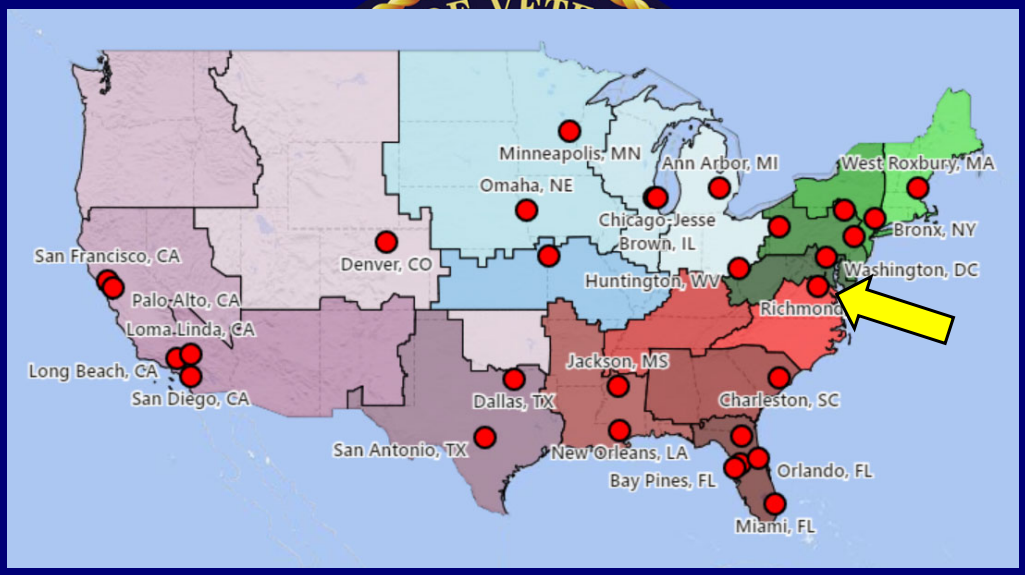
Obesity Treatment Available in VHA

- MOVE! Program
- Medications
- **Metabolic/Bariatric Surgery**

Metabolic/Bariatric Surgery in VHA

- There are currently 30 bariatric surgery programs within the VHA system
  - Many only offer limited services/treat low-risk patients
  - Remember- ~9 million Veterans
- The latest data available shows only ~650 bariatric operations are performed within the VHA system annually

VHA Metabolic/Bariatric Surgery Programs



VHA Bariatric Surgery Program Policy

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA HANDBOOK 1102.6

September 8, 2005

1. REASON F
Veterans Affairs (

2. MAJOR CHANGES:
in VHA.

3. RELATED ISSUES:

4. RESPONSIBI
responsible for
Director of Surge

5. RECISSIONS:

6. RECERTIFICATION: This VHA Handbook is scheduled for recertification on or before the last working day of September 2010.

VHA Bariatric Surgery Program Policy

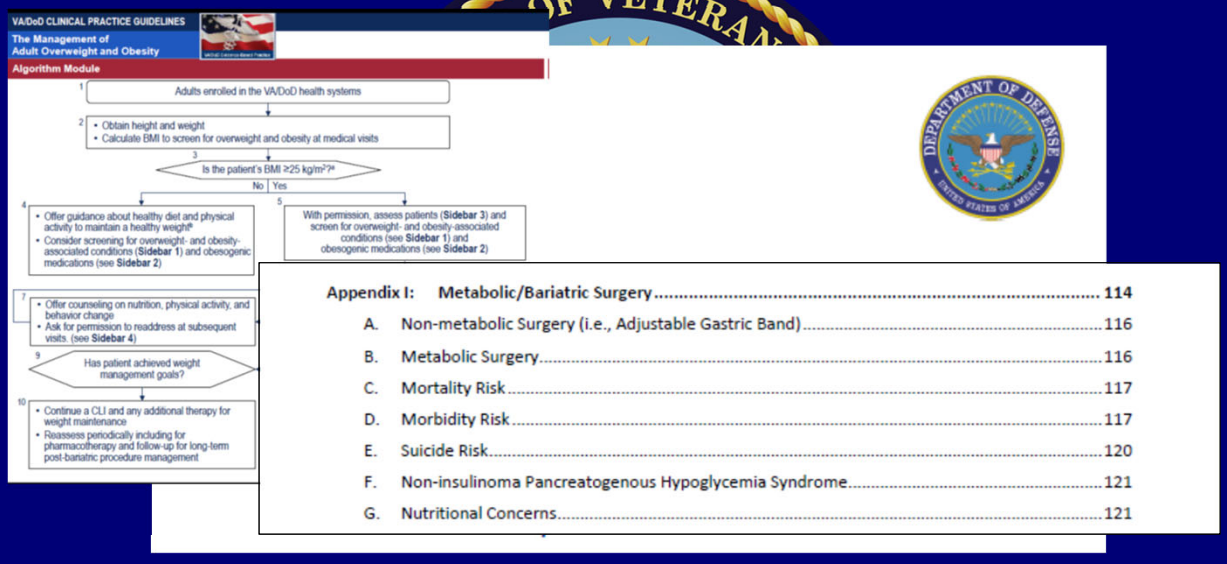
(or lack thereof)

- Good news
  - No national restrictions
  - Policy determined at the local level
- Bad news
  - No guidance or assistance
  - Each program left to fend for itself

Advantages of VHA MBS Programs

- No insurance requirements
  - Locally determine pre-op pathway
  - Our facility bills insurance carriers *if possible*
- Resources
  - Personnel
  - No restrictions on procedures/devices
- Few national restrictions- only "guidelines"

2020 VA/DoD Clinical Practice Guidelines (CPGs)


VA/DoD CLINICAL PRACTICE GUIDELINES

The Management of Adult Overweight and Obesity

Algorithm Module

1 Adults enrolled in the VA/DoD health systems

2 • Obtain height and weight
• Calculate BMI to screen for overweight and obesity at medical visits

3 Is the patient's BMI ≥25 kg/m²?[a]

No | Yes

4 • Offer guidance about healthy diet and physical activity to maintain a healthy weight[b]
• Consider screening for overweight- and obesity-associated conditions (**Sidebar 1**) and obesogenic medications (see **Sidebar 2**)

5 With permission, assess patients (**Sidebar 3**) and screen for overweight- and obesity-associated conditions (see **Sidebar 1**) and obesogenic medications (see **Sidebar 2**)

7 • Offer counseling on nutrition, physical activity, and behavior change
• Ask for permission to readdress at subsequent visits. (see **Sidebar 4**)

9 Has patient achieved weight management goals?

10 • Continue a CLI and any additional therapy for weight maintenance
• Reassess periodically including for pharmacotherapy and follow-up for long-term post-bariatric procedure management

2020 VA/DoD Clinical Practice CPGs

Recommendation

12. We suggest offering the option of metabolic/bariatric surgery, in conjunction with a comprehensive lifestyle intervention, to patients with a body mass index of ≥30 kg/m² and type 2 diabetes mellitus.
(Weak for | Reviewed, New-added)

Recommendation

13. We suggest offering the option of metabolic/bariatric surgery, in conjunction with a comprehensive lifestyle intervention, for long-term weight loss/maintenance and/or to improve obesity-associated condition(s) in adult patients with a body mass index ≥40 kg/m² or those with body mass index ≥35 kg/m² with obesity-associated condition(s).
(Weak for | Reviewed, New-replaced)

2020 VA/DoD Clinical Practice CPGs

Recommendation

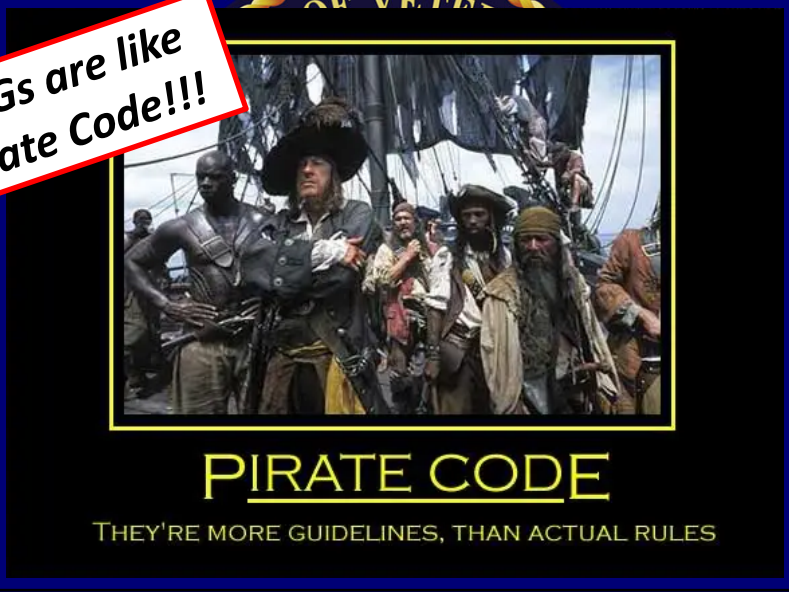
14. There is insufficient evidence to recommend for or against metabolic/bariatric surgery to patients over age 65.
(Neither for nor against | Reviewed, Amended)

Recommendation

16. We suggest offering intragastric balloons in conjunction with a comprehensive lifestyle intervention to patients with obesity (body mass index ≥30 kg/m²) who prioritize short-term (up to six months) weight loss.
(Weak for | Reviewed, New-added)

2020 VA/DoD Clinical Practice CPGs

The CPGs are like the Pirate Code!!!



VHA and the ASMBS/IFSO Recommendations

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- MBS is recommended for individuals with BMI ≥35 kg/m^2 regardless of presence, absence, or severity of co-morbidities.
- MBS is recommended in patients with T2D and BMI ≥30 kg/m^2.
- MBS should be considered in individuals with BMI of 30–34.9 kg/m^2 who do not achieve substantial or durable weight loss or co-morbidity improvement using nonsurgical methods.
- Obesity definitions using BMI thresholds do not apply similarly to all populations. Clinical obesity in the Asian population is recognized in individuals with BMI >25 kg/m^2. Access to MBS should not be denied solely based on traditional BMI risk zones.
- There is no upper patient-age limit to MBS. Older individuals who could benefit from MBS should be considered for surgery after careful assessment of co-morbidities and frailty.

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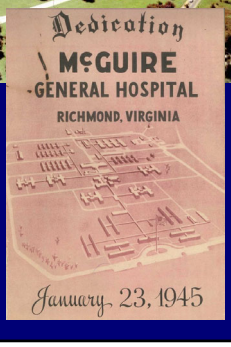
- Carefully selected individuals considered higher risk for general surgery may benefit from MBS.
- Children and adolescents with BMI >120% of the 95th percentile and a major co-morbidity, or a BMI >140% of the 95th percentile, should be considered for MBS after evaluation by a multidisciplinary team in a specialty center.
- MBS is an effective treatment of clinically severe obesity in patients who need other specialty surgery, such as joint arthroplasty, abdominal wall hernia repair, or organ transplantation.
- Consultation with a multidisciplinary team can help manage the patient's modifiable risk factors with a goal of reducing risk of perioperative complications and improving outcomes. The ultimate decision for surgical readiness should be determined by the surgeon.
- Severe obesity is a chronic disease requiring long-term management after primary MBS. This may include revisional surgery or other adjuvant therapy to achieve desired treatment effect.

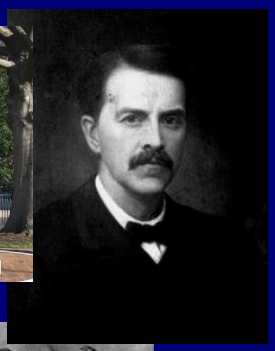
Central Virginia Healthcare System (CVHCS)

- First Hospital (1943)
  - 1,785-bed hospital/69 related structures
  - Amenities included a gymnasium, movie theater, auditorium, barber shop, beauty parlor, fire department, power plant and a soda fountain
  - Five buildings intended for use by the VA
  - Most others intended to be dismantled post-war



Hunter Holmes McGuire (1835-1900)

- From Winchester, VA
- "Stonewall" Jackson's Chief Surgeon
- Pioneered idea of medical personnel as non-combatants
  - Idea was included in the original Geneva Conventions
- Founder of University College of Medicine in Richmond
- Chair of Surgery at the Medical College of Virginia
- President of the American Medical Association
- Pro-slavery advocate



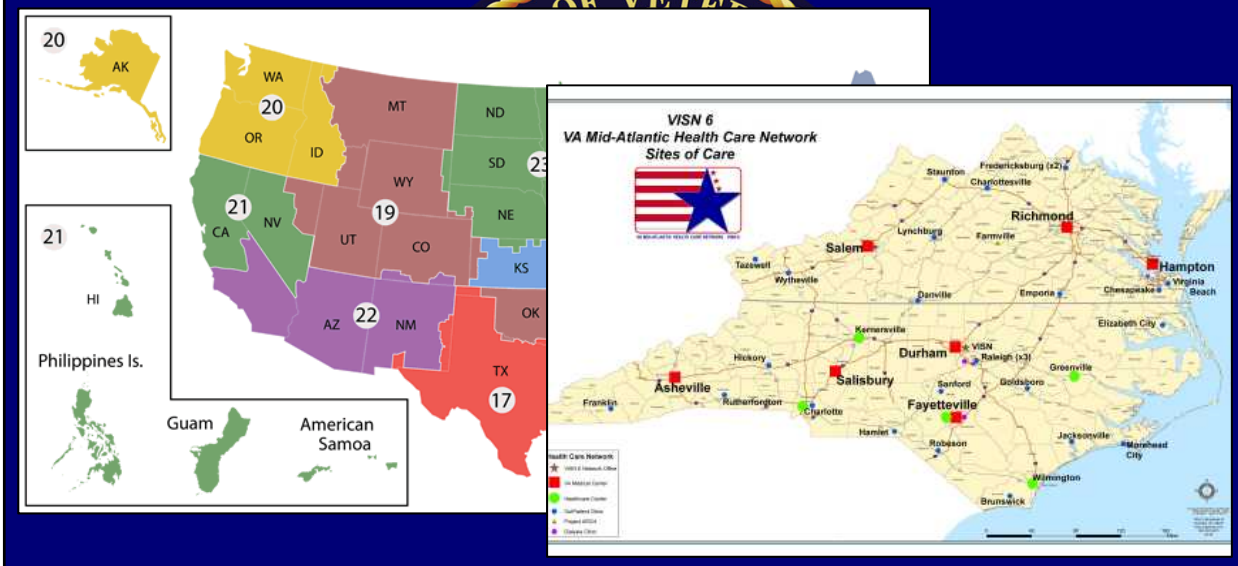
Central Virginia Healthcare System (CVHCS)

- In 1946, the hospital joined the VA system and established a reputation for treating patients with spinal cord and brain injuries
- First cardiac transplant in VHA in 1970s

Central Virginia Healthcare System (CVHCS)

- In 2012, the 2-million-square-foot main building received a $30 million upgrade, doubling the size of its dialysis unit and adding 20,000 square feet to treat traumatic brain injuries.
- Level 1A Facility- one of 39 in VHA
  - Highest level of patient risk
  - Highest level of teaching and/or research
  - Highest level of volume
  - Largest number and breadth of physician specialists

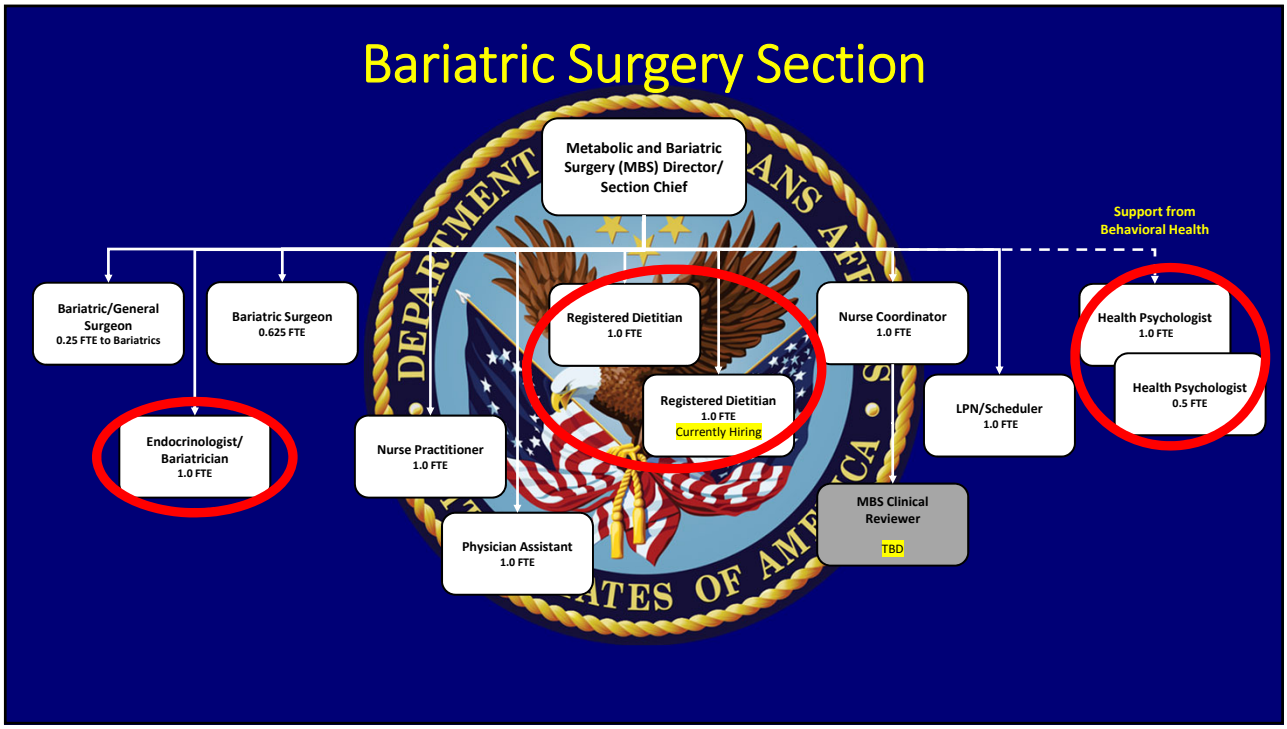
Veterans Integrated Services Network (VISN) 6

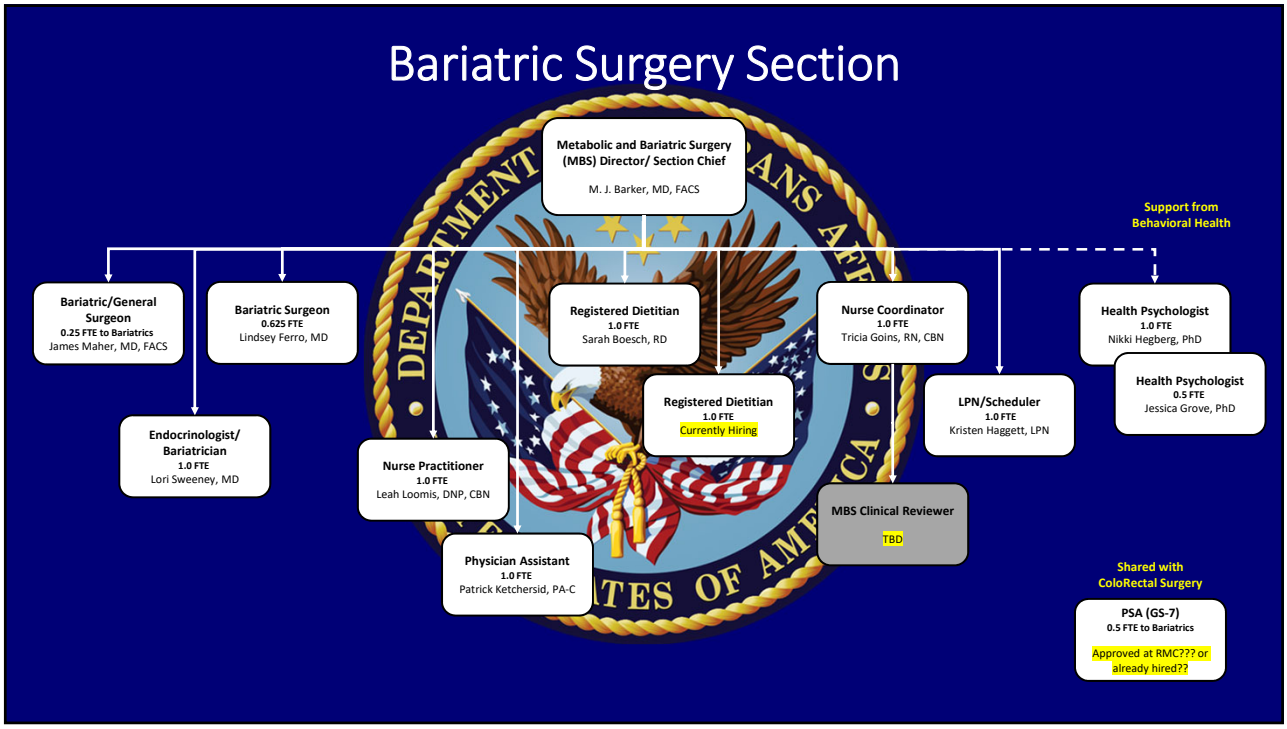


Program History

Our Program Structure

- Comprehensive
  - Procedures- gastric bypass, sleeve gastrectomy, IGB, revisions, conversions
- Experienced
  - Nearly all team members have significant prior experience
  - MDs, APPs, RNs, RDs, PhDs
- Centralized
  - Accept consults from all VISN 6
  - Capitalize on our experience
  - Provide most pre- and post-operative services in Richmond or via Telehealth
  - Other VAMC services are accustomed to what we do (radiology, pharmacy, lab, etc.)


Bariatric Surgery Section
Metabolic and Bariatric Surgery (MBS) Director/ Section Chief
Support from Behavioral Health
Bariatric/General Surgeon
0.25 FTE to Bariatrics
Bariatric Surgeon
0.625 FTE
Registered Dietitian
1.0 FTE
Nurse Coordinator
1.0 FTE
Health Psychologist
1.0 FTE
Health Psychologist
0.5 FTE
Registered Dietitian
1.0 FTE
Currently Hiring
LPN/Scheduler
1.0 FTE
Endocrinologist/ Bariatrician
1.0 FTE
Nurse Practitioner
1.0 FTE
MBS Clinical Reviewer
TBD
Physician Assistant
1.0 FTE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1.0 FTE
Sarah Boesch, RD
Nurse Coordinator
1.0 FTE
Tricia Goins, RN, CBN
Health Psychologist
1.0 FTE
Nikki Hegberg, PhD
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Jessica Grove, PhD
Registered Dietitian
1.0 FTE
Currently Hiring
LPN/Scheduler
1.0 FTE
Kristen Haggett, LPN
Endocrinologist/ Bariatrician
1.0 FTE
Lori Sweeney, MD
Nurse Practitioner
1.0 FTE
Leah Loomis, DNP, CBN
MBS Clinical Reviewer
TBD
Physician Assistant
1.0 FTE
Patrick Ketchersid, PA-C
Shared with ColoRectal Surgery
PSA (GS-7)
0.5 FTE to Bariatrics
Approved at RMC??? or already hired??

Our Basic Criteria

- Age 18-70+
- BMI 30+
- Procedures- RYGBP, LSG, ICB, revisions, conversions
- Few limits on comorbidities

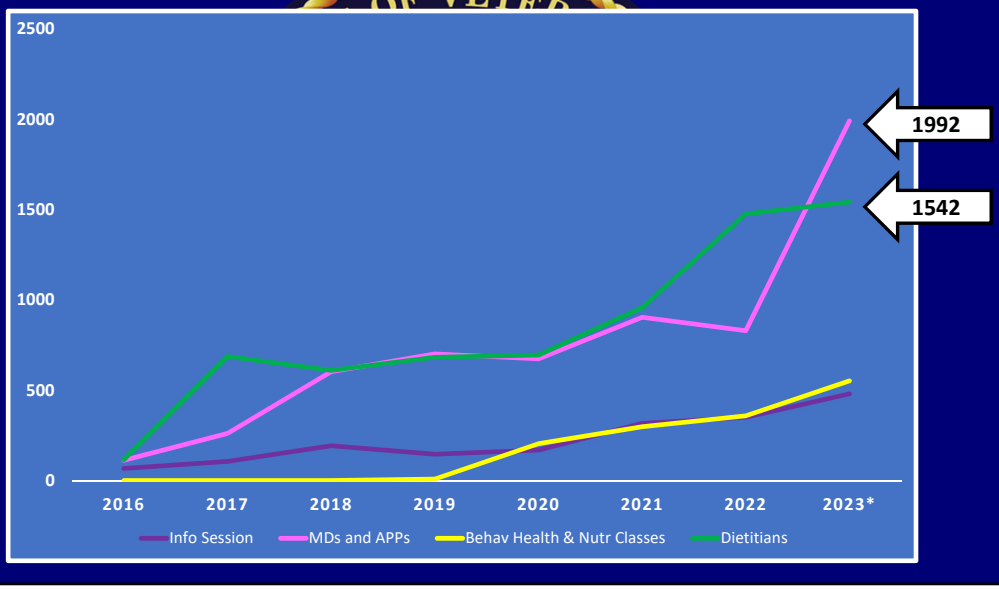
Our Pre-op Process

- Information Session
  - 1.5 hours
  - Virtual or in-person
- Surgeon Consult
- Labs
- Other studies as indicated

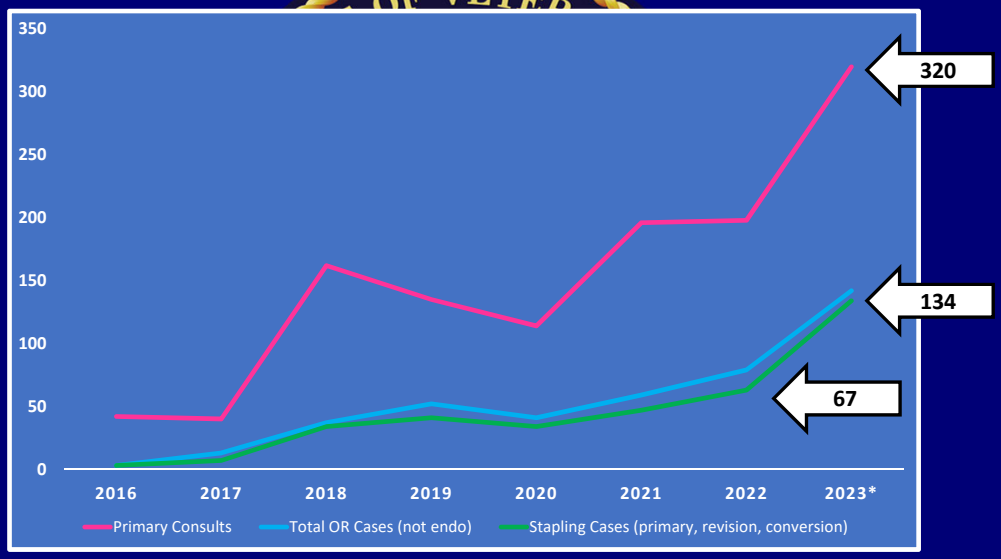
Our Pre-op Process

- Behavioral Health and Nutrition #1 and #2
  - 2-hour classes
  - Taught by RD and psychologist
- RD Eval
- Psychology Eval
- Monthly Inter-Disciplinary Team Meeting
  - High-risk patients
  - Ad-Hoc: Cards, Nephro, PT/OT, Anesthesia, GI, etc.

Clinic Workload



OR Workload



Patient Stats 2022-23

- Primary Procedures
  - Sleeves- 38.7%
  - RYGBP- 61.3%
- Avg BMI- 43.0
- Gender
  - Female- 51%
  - Male- 49%
- LOS- 1.25d

Enabling Other Specialty Surgery

- Orthopedics
  - Joint replacement limited to BMI < 35-40
- Neurosurgery
  - Some spine surgery limited by obesity
- LVAD/ pre-Cardiac transplant
- CRF/ pre-Renal transplant

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[b]Department of Surgery, Center for Metabolic and Bariatric Surgery, Brigham and Women's Hospital, and Harvard Medical School, Boston, Massachusetts

- Carefully selected individuals considered higher risk for general surgery may benefit from MBS.
- Children and adolescents with BMI >120% of the 95th percentile and a major co-morbidity, or a BMI >140% of the 95th percentile, should be considered for MBS after evaluation by a multidisciplinary team in a specialty center.
- MBS is an effective treatment of clinically severe obesity in patients who need other specialty surgery, such as joint arthroplasty, abdominal wall hernia repair, or organ transplantation.
- Consultation with a multidisciplinary team can help manage the patient's modifiable risk factors with a goal of reducing risk of perioperative complications and improving outcomes. The ultimate decision for surgical readiness should be determined by the surgeon.
- Severe obesity is a chronic disease requiring long-term management after primary MBS. This may include revisional surgery or other adjuvant therapy to achieve desired treatment effect.

Challenges at the VA

- Housing Instability
- Food Insecurity
  - Food bank supplements high in carbs
- Obesogenic medications
  - As many as 5 per patient
- Mental Health
  - Accounts for the majority of our IDT reviews and delays to surgery

Sidebar 1: Common Obesity-Associated Conditions

• HTN	• OA/degenerative joint disease
• T2DM and prediabetes	• NAFLD
• Dyslipidemia	• GERD
• Metabolic syndrome[a]	• Cancer[b]
• OSA	

[a] See National Cholesterol Education Program definition of metabolic syndrome, available at: https://www.nhlbi.nih.gov/files/docs/guidelines/atglance.pdf

[b] Source: Bhaskaran et al. JAMA, 2014, 384(9945):775-765. PMID: 29340665

Sidebar 2: Select Medications and their Potential Effects on Weight[a]

Medication Classes	Medications with Potential for Weight Gain	Medications that may be Weight Neutral or have Potential for Weight Loss
Alpha-blockers	Terazosin	For BPH (e.g., doxazosin, alfuzosin, tamsulosin)
Anti depressants	• Mirtazapine • SSRIs (e.g., paroxetine, sertraline, citalopram[b], escitalopram[b], fluoxetine[b]) • MAOIs (e.g., phenelzine) • TCAs (e.g., amitriptyline, clomipramine, doxepin, imipramine, nortriptyline, protriptyline[b])	• Bupropion • Desvenlafaxine • Venlafaxine
Antiepileptic drugs or mood stabilizing agents	• Gabapentin • Pregabalin • Carbamazepine • Divalproex • Lithium • Valproic acid • Vigabatrin	• Topiramate • Lamotrigine • Zonisamide
Anti psychotics	• Quetiapine • Clozapine • Olanzapine • Risperidone • Thioridazine	• Aripiprazole • Haloperidol • Ziprasidone
Gluco corticoids	• Prednisone • Hydrocortisone • Methyl-prednisolone	Alternatives for rheumatologic disorders: • NSAIDs • Biologics/DMARDs • Nontraditional therapies

Sidebar 2: Select Medications and their Potential Effects on Weight[a] (cont.)

Medication Classes	Medications with Potential for Weight Gain	Medications that may be Weight Neutral or have Potential for Weight Loss
Hormonal agents	Progestins (e.g., medroxyprogesterone or megestrol acetate)	For contraception, consider alternative methods (e.g., copper IUD)
Anti hyperglycemic agents	• Insulin • Sulfonylureas (e.g., chlorpropamide, glimepiride, glipizide, glyburide) • Meglitinides (e.g., nateglinide, repaglinide) • TZDs (e.g., pioglitazone, rosiglitazone)	• GLP-1 agonists (e.g., semaglutide, liraglutide, exenatide, dulaglutide, lixisenatide) • SGLT2 inhibitors (e.g., empagliflozin, canagliflozin, dapagliflozin, ertugliflozin) • Metformin • Pramlintide • Alpha-glucosidase inhibitors (e.g., acarbose, miglitol) • DPP-4 inhibitors (e.g., alogliptin, linagliptin, saxagliptin, sitagliptin)
Beta-blockers	• Metoprolol • Atenolol • Propranolol	• Carvedilol • Nebivolol *Note:* Other alternative classes of antihypertensive medications may be an option depending on the indication (e.g., angina, heart failure, HTN, migraine). Consider calcium channel blockers, ACEIs, ARBs, and thiazide or loop diuretics, as indicated.
Anti histamines	• Cetirizine • Cyproheptadine	Depending on symptoms, consider ipratropium nasal spray, decongestants, inhalers, and/or nonpharmacologic measures (e.g., nasal irrigation)

[a] The information provided in the table is not to be considered all-inclusive and is a compilation of information from the medical literature (systematic reviews, meta-analyses, subgroup analysis of clinical trials, cohort studies, reviews), some of which may have included differing comparators with variable results based on length of follow-up, baseline weight, patient comorbidities, etc.; medical and pharmacy resources; and select product information (adverse events, post-marketing and case reports).

[b] Weight gain and weight loss have been reported.

VA Stigma

Comparing Quality of Surgical Care Between the US Department of Veterans Affairs and Non-Veterans Affairs Settings: A Systematic Review

Mariah Blegen, MD, MS, Jamie Ko, MPH, Garrett Salzman, MD, MS, Meron M Begashaw, MPH, Jesus G Ulloa, MD, MS, MBA, FACS, Mark Girgis, MD, Paul Shekelle, MD, PhD, Melinda Maggard-Gibbons, MD, MSHS, FACS

non-VA care. Based on limited data, these findings suggest that expanding eligibility for veterans to get care in the community may not provide benefits in terms of increasing access to surgical procedures, will not result in better quality, and may result in worse quality of care, but may reduce inpatient length of stay and perhaps cost less. (J Am Coll Surg 2023;237:352–361.

Mental Health & Obesity

The Obesity Epidemic in the Veterans Health Administration: Prevalence Among Key Populations of Women and Men Veterans

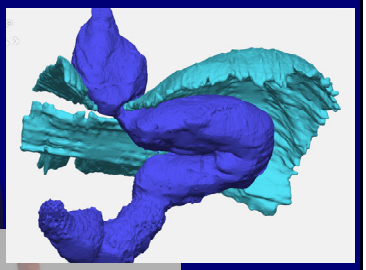
Jessica Y. Breland, PhD[1,2], Ciaran S. Phibbs, PhD[1,2], Katherine J. Hoggatt, PhD[3,4], Donna L. Washington, MD, MPH[3,5], Jimmy Lee, MS[1], Sally Haskell, MD[6,7,8], Uchenna S. Uchendu, MD[9], Fay S. Saechao, MPH[1], Laurie C. Zephyrin, MD[6,10], and Susan M. Frayne, MD, MPH[1,2]

Mental health conditions				
Major depressive disorder	340,976	48%	49%	48%
Bipolar disorder	123,252	47%	49%	46%
PTSD	675,921	47%	46%	47%
Anxiety disorder	528,765	42%	42%	42%
Schizophrenia	77,747	42%	56%	41%
Drug use disorder	232,876	33%	36%	33%
Alcohol use disorder	377,873	34%	35%	34%
3+ Conditions‡	2,348,005	50%	54%	49%

Short Range Plan

Research & PI Projects

- Unique population
  - 50% male (usual 85% female)
  - High metabolic disease load
  - High rates of PTSD and other mental health issues
  - Availability for long-term follow-up
- IRB for Database
- 3D printing
- Endoscopic Sleeve Gastroplasty (ESG)
- ***Post*-operative psychology integration**



Long Range Plan

- Continued Program Expansion
- Comprehensive Metabolic/Weight Loss Center
  - One consult
  - Medical and Surgical
  - Establish pathways/algorithms based on data and local resources
  - Prototype for entire VHA, leveraging our experience

Objectives

- Describe the problem of obesity in the VHA system
- Describe the resources available to treat obesity in the VHA
- Describe the state of Metabolic/Bariatric Surgery in the VHA
- Describe the MBS Program at CVHCS
- Describe the strengths and challenges of CVHCS MBS Program

Thank you!


Medical Department, Detachment A, USS Saipan (LHA-2)
26th Marine Expeditionary Unit (Special Operations Capable)


USS ENTERPRISE
CVN-65

Questions?