

Retrospective Cross-Sectional Qualitative Study on Bariatric Surgery Discussion and Referral Rates

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BACKGROUND

Research Questions

- What proportion of adults with BMI ≥ 40 in outpatient settings receive counseling and referrals for metabolic and bariatric surgery (MBS)?
- What does this information reveal about training gaps in obesity management?

Hypothesis

- Most eligible patients do not receive counseling or referral.

Background

- Severe obesity increases risk for diabetes, cardiovascular disease, sleep apnea, osteoarthritis, and cancers¹
- MBS is underutilized (<2% of eligible patients)
- Counseling and documentation are critical skills for trainees

Significance

- Understanding counseling and referral practices identifies opportunities to enhance health professions education and improve patient outcomes

MATERIALS & METHODS

Study Design & Educational Relevance

- Retrospective (5/1/2015–4/30/2025) observational EMR review to identify counseling and referral practices
- Adult (≥ 18 yr old) patients with BMI ≥ 40 in family or internal medicine outpatient clinics
- Teaching insight EMR data highlight real-world opportunities where trainees can learn to identify eligible patients and appropriately document counseling

Data Collection & Instrumentation

- EMR queries for CPT codes for MBS procedures
- Automated EMR review for notes that mention discussion of MBS
- Teaching insight This process shows importance of documentation, a key skill for both clinical reasoning and quality improvement

Subjects

- 60,574 adult patients with BMI ≥ 40 kg/m²

Data Analysis & Educational Implications

- Descriptive statistics on frequencies and percentages of discussion and surgery rates
- Teaching insight Interpreting these data teaches learners how to identify systemic practice gaps, perform basic quality metrics, and link patient outcomes to educational interventions

RESULTS

Eligible Patients With and Without Documented MBS Discussion

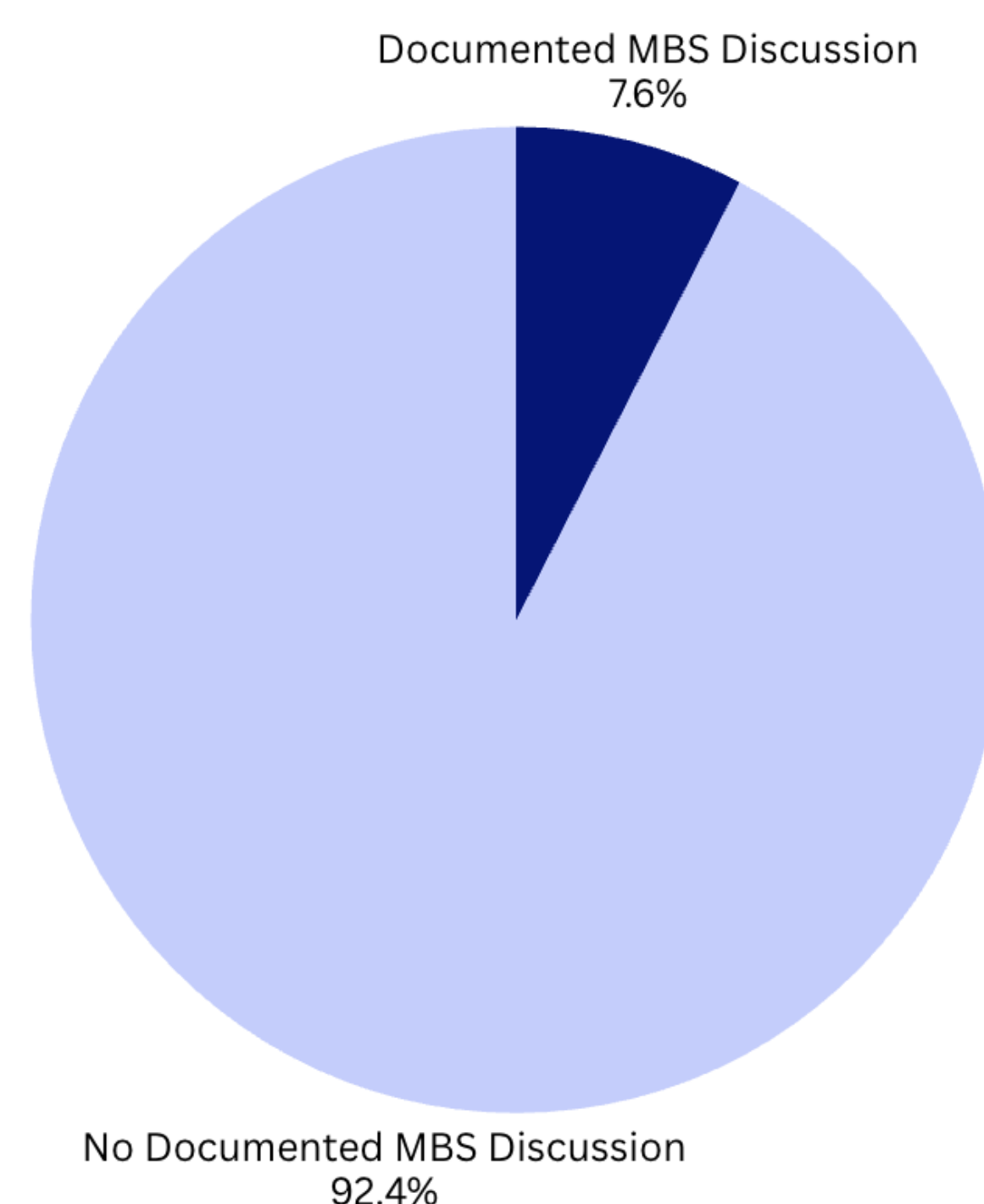
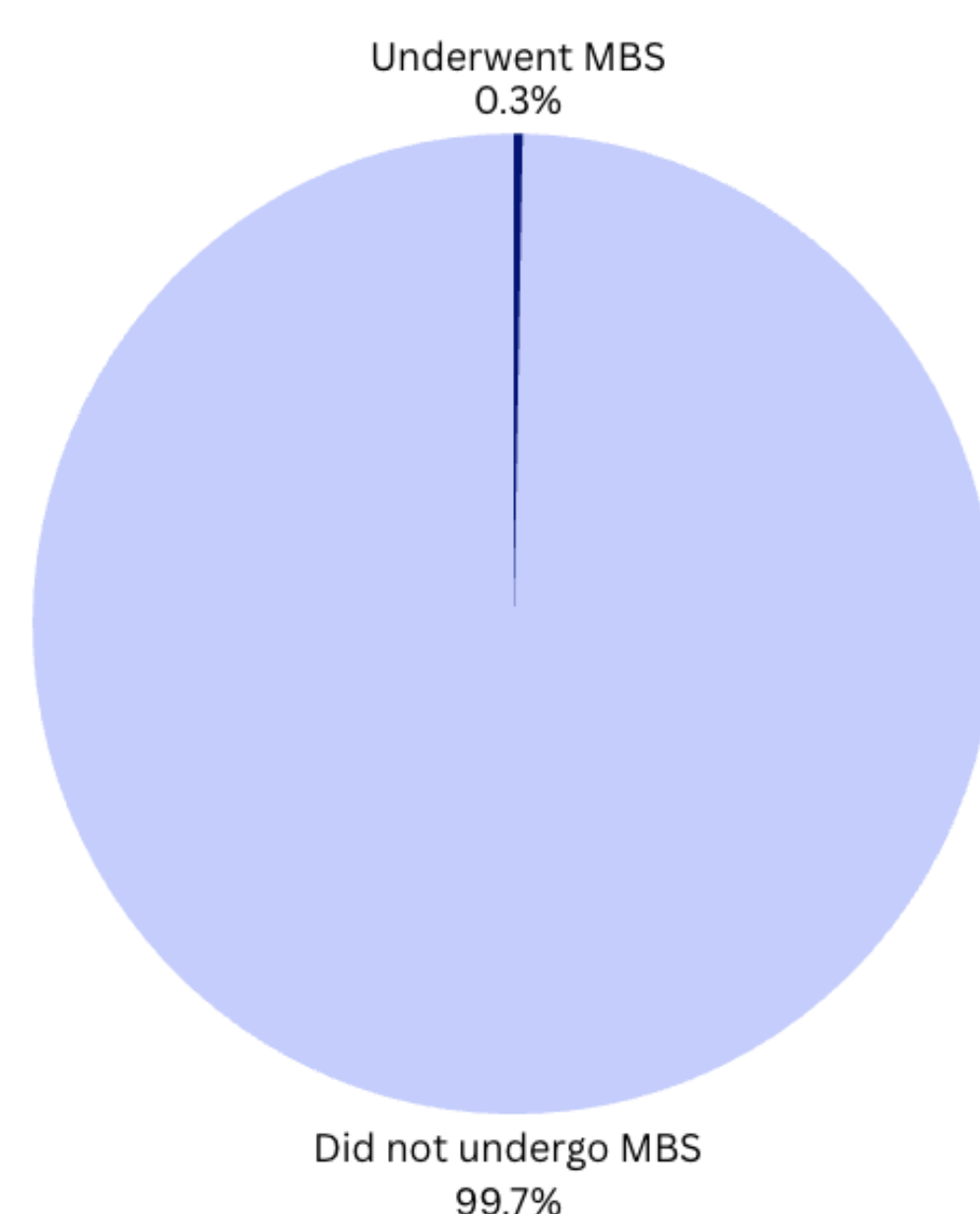


Figure 1. Proportions of eligible patients with and without documented discussion of MBS.

	Total	
Surgery	560	167
No Surgery	4052	55795
	Documented Discussion	No Discussion
Total	4612	55,962
	60,574	

Figure 2. Comparison of documented discussion between surgery and no-surgery groups.

Patients Without Documented MBS discussion



Patients With Documented MBS Discussion

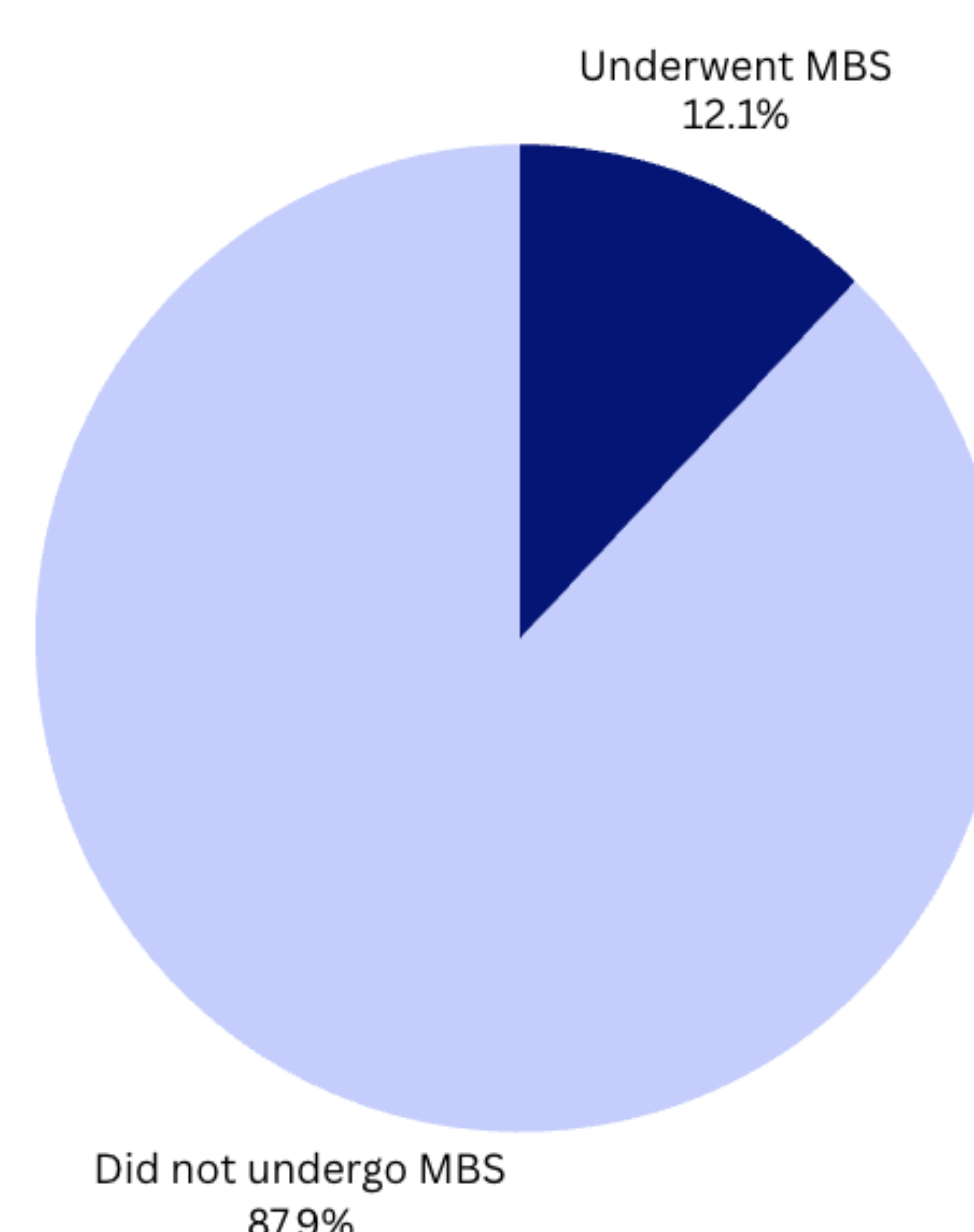


Figure 3. Outcomes (surgery versus no surgery) among patients with and without documented discussion of MBS.

DISCUSSION

Study findings

- **Low discussion rates**
 - Only 7.6% (n=4612) of all eligible patients had EMR notes that mentioned discussion of MBS (Figure 1)
 - 6.8% (n=4052) of the patients who did not undergo MBS had documented discussion of the procedure (Figure 2)
- **Correlation of discussion with surgery uptake** (Figures 2 & 3)
 - 1.2% (n=727) of all eligible patients underwent MBS
 - 12.1% (n=560) of the patients who had documented discussion of MBS received surgery
 - 0.3% (n=167) of the patients who did not have documented discussion of MBS underwent the procedure

Teaching insight These rates highlight missed opportunities for learners and clinicians to provide guideline-based counseling and improve documentation practices.

Teaching insight These findings reveal a strong association between documented discussions of MBS and surgical intervention, suggesting that provider–patient communication plays a key role in facilitating access to bariatric procedures.

CONCLUSIONS

Study findings

- Among >60,000 adults with severe obesity, <8% had documented discussions regarding MBS and ~1% underwent surgery
- These rates are consistent with national rates²
- These data reveal a gap between eligibility, counseling, and MBS, with lack of discussion as an early breakdown in the care pathway.
- These data may highlight gaps in provider education, with low counseling frequency suggesting a key area for curriculum improvement in primary care and specialty training

Teaching insight Educational initiatives should be informed by evidence-based guidelines (e.g., ASMBS 2022)³ to address weight stigma, strengthen communication skills, and integrate EMR-based decision support

Future directions

Next steps may include multicenter validation and targeted educational interventions to improve counseling consistency and equitable access

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