Q&A – BARIATRIC SURGERY

How much?
The Government is investing $5 million over two years to implement a new process for referring and assessing bariatric (weight loss) surgery for patients with type 2 diabetes.

Who is eligible?
Patients may be eligible for a weight loss surgery assessment if they have type 2 diabetes, are not meeting treatment targets, a Body Mass Index greater than 35, are between 18-65 years of age and are already seeing a public hospital specialist for conditions that may be improved through weight loss surgery.

Patients with type 2 diabetes who are already being seen in specialist outpatient clinics for obesity related complications will be targeted for assessment.

Referrals directly from primary care (GPs) are out of scope at this point.

How many people?
Approximately 300 bariatric surgeries will be delivered over two years.

Will there be a waiting list?
Patients who meet eligibility criteria will already be receiving care in a specialist outpatient setting and therefore this trial will not affect waiting lists. To manage the patient’s care pathway, the Department will develop a central register of patients eligible to be assessed for suitability and will work with clinicians and Hospital and Health Services to manage their surgery if appropriate.

How do they access it?
Patients must be currently under the care of a specialist within the public system to be considered for surgery. The treating specialist will determine if a patient is suitable for an assessment for surgery and provide a referral.

If referred, patients will be assessed for suitability according to evidence-based criteria and the patients who will benefit most from surgery will be prioritised.

Assessment will be completed in a fair and equitable manner, regardless of where the patient lives in Queensland.

If a patient is not eligible for surgery, or the risks of surgery are too high, the specialist will provide patients with an alternate option for the treatment of their condition(s).

Why is this a good idea?
Two in three (65 per cent) Queensland adults are overweight or obese. Among Queensland children, one in four (25 per cent) are overweight or obese. Obesity has reached crisis point in this state. The health implications associated with obesity are undeniable. The incidence of chronic disease, diabetes, stroke, heart attack, cancer and bone and joint disorders continues to climb and with it, the threat to the wellbeing of our community.

Despite investment in a variety of obesity prevention strategies over the past two decades, the latest Health of Queenslanders report by the state’s Chief Health Officer confirms an escalating problem. Overweight has become the ‘norm’ across our state. On current trends, it is estimated that over 3 million Queenslanders will be overweight or obese by 2020.

**Why are you focusing on patients with diabetes?**

Whilst it is widely acknowledged that prevention should continue to be a major focus, recent studies show that bariatric (weight loss) surgery is a highly effective treatment for patients with obesity and type 2 diabetes.

Evidence from across the world shows that there are a range of co-morbidities associated with obesity, including diabetes and hypertension. These co-morbidities are adding a significant burden to the healthcare system by way of ongoing clinical management and associated costs to the system.

The prevalence of diabetes among obese Queensland adults was 4 times that of non-obese in 2011–12 (11% compared with 2.6%).

When renal dialysis is included, there are 83,500 hospitalisations due to overweight and obesity in Queensland in 2013–14. More than half (55%) of these hospitalisations were for renal dialysis.

**Why should the taxpayer pay for this?**

Across the country public hospitals are providing limited access to bariatric surgery services. This process will enable Queensland Health to assess the benefits to the broader health system through cost savings and by reducing long term reliance on the system for this cohort of patients.

**What happens after the 2 years?**

A rigorous evaluation will be undertaken to inform future planning for a publicly funded bariatric surgery service.

**Who is the Clinical Senate?**

The Queensland Clinical Senate represents clinicians from across the health system and provides strategic advice and leadership on system-wide issues affecting quality, affordable and efficient patient care within the health system in
Queensland. They provide clinical leadership by developing strategies to safeguard and promote the delivery of high quality, safe and sustainable patient care.

**Who supports this announcement?**

This initiative is in response to a recommendation made by Queensland’s clinical body, the Queensland Clinical Senate, from its Challenges in Healthcare meeting in March 2017.

The Bariatric Surgery Clinical and Operational Reference Group has been convened to provide expert clinical and operational advice on the development and introduction of a clinical guideline for the assessment and treatment of patients who may be eligible for publicly funded bariatric surgery.

The Bariatric Surgery Clinical and Operational Reference Group is made up of expert clinicians including surgeons, endocrinologists, dietitians, intensive care, nursing, anaesthetics, health economics.

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<th>Name</th>
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<td>Torres and Cape HHS</td>
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Why aren’t children included?
At this stage the referral process is focusing on the development of bariatric surgery services for adults.

What is the difference between bariatric surgery and laparoscopic banding?
There are a range of surgical options that are under the umbrella of bariatric surgery. Laparoscopic banding is one of several types of bariatric surgery.

What will be paid for?
During the next 2 years all aspects of the patient care delivered within the public health system including telehealth will be paid for.

Patients who have to travel will be eligible for travel subsidy under the Patient Travel Subsidy Scheme.

Is this currently done in the public hospital system?
On advice from the Clinical Senate we will be providing a state-wide service for people with type 2 diabetes who meet the eligibility criteria of bariatric surgery.

This will be the first time this has happened in Queensland.

Most bariatric surgery is performed in the private health system.

Some bariatric surgery is performed in the public system however the eligibility criteria varies across the state.

Surgery is undertaken at the discretion of each Hospital and Health Service.

If necessary:
Hospital and Health Services will continue to perform bariatric surgery for patients outside of this criteria at a local level.

However, patients who meet the eligibility criteria for this initiative will be able to access bariatric surgery – no matter where you live.

(In 2014-15 there were 491 bariatric surgeries conducted in the Queensland public health system[1].)

**When will the first patients be offered surgery?**

Patients will have to meet strict screening criteria prior to being assessed for suitability to have bariatric surgery. The first patients are expected to have their surgeries before the end of the year.

**Is Bariatric Surgery available in other states?**

Publicly funded bariatric surgery is available interstate (Victoria, Western Australia and New South Wales) to eligible patients utilising an assessment criteria to prioritise patients.

**How much does obesity cost the economy?**

Obesity impacts individuals, families and the economy, with the total costs in Queensland estimated to be $11.5 billion in 2015.

**How much does the government spend on preventative health programs?**

The Preventive Health Branch funding for obesity prevention programs in 2016/17 was $21.25 million.

The expected budget for obesity prevention programs in 2017/18 is $21.03 million.

Total funding for Obesity Election Commitments - $54.58 million

**What is the government doing to prevent obesity?**

Overweight and obesity remain a significant public health issue not only in Queensland, but nationally and globally.

64% of Queensland adults are overweight or obese. In 2016, an estimated 1.1 million adults were obese and 1.2 million were overweight.

The Palaszczuk Government has a strong focus on promoting health lifestyles and weight management.

The Palaszczuk Government’s ten year strategy for health in Queensland, *My Health, Queensland’s Future: Advancing health 2026* has two initiatives that focus on obesity:

- reduce childhood obesity by 10 per cent, and
- increase levels of adult physical activity for health benefit by 20 per cent.
The Palaszczuk Government has number of signature preventative programs including:

- new legislation requiring fast-food chains to display the kilojoule content for food and drinks on their menus;
- $27.2 million over 4 years to deliver the My health for life diabetes and chronic disease prevention program;
- $1.1 million over 4 years for the Heart Foundation Walking program.
- $800 000 over 3 years to enhance the 10,000 Steps program.
- Committing $20 million over 3 years to establish the Healthy Futures Commission.

**How is body mass index (BMI) calculated?**

A classification of weight in adults, body mass index (BMI) is a measure based on weight in kilograms divided by height in metres squared (kg/m²). A BMI of 18.5 to 25 indicates a healthy weight for height. An adult with a BMI over 25 is classified as overweight and with a BMI over 30 is classified as obese.

**Among common types of diabetes, why is this initiative directed at type 2?**

Type 2 diabetes differs from type 1 in that its effect on the body is progressive and often progression can be slowed through weight loss. While type 1 diabetes is an auto-immune condition, type 2 is caused by resistance to insulin, or insufficient amounts of insulin in the body.