

Hilton-Rowe Brief Profile/Biography and Goals for the ASMBS:

Dr. L. Renee Hilton-Rowe is an Associate Professor at the Medical College of Georgia. She is the Chief of Minimally Invasive Surgery and the Director of the Center of Obesity and Metabolism. She is the Access to Care Committee Chair for ASMBS. She serves as a board member for the ASMBS PAC Board of Directors. She maintains an active clinical practice and serves in major quality roles as Surgical Quality Officer for the health system.

I have been a proud member of the ASMBS since fellowship and have served in many roles on different committees over the past decade. I have dedicated a significant amount of time and effort to advocacy and access to care. This will continue to be a major focus of mine if elected to the board. I have made multiple trips to Washington D.C on behalf of our society as well as countless local advocacy trips to advocate for policy change to make obesity access equitable for all patients. We have been successful in getting the new guidelines adopted by many national carriers. We have also made SADI coverage a focus and with the recent adoption by Aetna we now have over SADI currently has coverage for 138 million estimated covered lives and 81 payers that cover it. I have led several large national efforts including resisting the CMS proposal to removal metabolic surgery from the inpatient only list. I have helped organized national hill day visits and created online educational content to help prepare those who have never done advocacy work.

The work around access is not done, and it will never be done. SADI currently has non-coverage for 83 million estimated covered lives and 41 payers that don't cover it. There are 69 payers that don't specify SADI within their plans; with an estimated 80 million covered lives (this could mean silent or negative coverage). While more than 90% of lives are reported as "covered" under major policies for metabolic surgery, we know that there are millions not covered who have small private policies. We also know that having access does not make it equitable. If selected to the board I would continue representing the ASMBS in the fight to ensure all patients have access to all treatment options for obesity. I believe that our future centers around multidisciplinary care with obesity medications playing an important role in patient care. I also believe that surgery remains the gold standard. Ensuring that the ASMBS and surgeons are driving the conversations around obesity treatment is very important to me. We must lead the way and continue to develop evidence based protocols for care. My own practice is proof that this model works. We have tripled our surgical pathway over the past 6 months. If elected to the board these two topics- integrating medications and surgery along with improving access for both- would be my focus.