

## Aetna Institutes of Quality® Bariatric Surgery facility program requirements

We may select a facility to participate in the Aetna Institutes of Quality® (IOQ) - Bariatric Surgery network if it meets certain measures of:

- Clinical quality
- Cost efficiency
- Access for bariatric (weight loss) services

To be considered for the network, a facility must be invited to complete and submit a current year Request for Information (RFI). All facilities must reapply for the designation on a regular basis (typically every 18-36 months). The RFI applies to adult members (age 18 and over) only.

### **Designation process:**

- Aetna's Institutes of Quality Oversight Committee (IOQOC) will review the RFI for clinical eligibility.
- The network will review for cost efficiency and access.
- Aetna will tell the facility if they are eligible.
- We list selected facilities in our DocFind® online provider directory.

Designation of inpatient facilities and ambulatory surgery centers is:

- Valid for three years
- Dependent on ongoing compliance with IOQ Bariatric Surgery program requirements

### **Mandatory program requirements**

To be considered for program designation, a facility must meet all program requirements listed below.

### **All facilities:**

1. The facility must have been performing bariatric surgery continuously for the most recent 12 months.
2. Aetna must credential the facility, and the facility must participate in Aetna's provider network for all products.
3. The facility must have at least one bariatric surgeon who has performed at least 100 weight-loss operations in the previous 24 months. These procedures may have been performed in multiple facilities.
4. In the most recent 12 calendar months, the facility's mortality rate within 30 days of bariatric surgery must be less than or equal to 1.0 percent.
5. In the most recent 12 calendar months, the facility's re-operation rate within 30 days of bariatric surgery is less than or equal to 5.0 percent.
6. In the most recent 12 calendar months, the facility's major complication rate less than or equal to 8 percent within 30 days of initial bariatric surgery.
7. In the most recent 12 calendar months, the facility's revision of gastric restrictive procedure less than or equal to 5 percent within 30 days of initial bariatric surgery.
8. In the most recent 12 calendar months, the facility's all-cause re-admission rate <10 percent within 30 days of initial bariatric surgery.
9. Facility must have full approval from the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) accreditation; **OR**
10. Facility must have full approval from the Surgical Review Corporation (SRC)/Center of Excellence in Metabolic and Bariatric Surgery™ (COEMBS™) program.
11. The facility's bariatric program gives an organized program of aftercare and follow-up for patients for at least 12 months.

12. The facility's patient follow-up, one year post-operatively is at least 75 percent of surgical cases.
13. Facility has a specific bariatric surgery quality improvement program in place. This includes data collection system and/or personnel to collect, analyze and keep program-related data.
14. Surgeons must be Board Certified or Board Eligible by any of the following:
  - American Board of Surgery (ABS)
  - American Osteopathic Board of Surgery (AOBS)
  - Royal College of Physicians and Surgeons of Canada (RCPSC)

Inpatient facility requirements:

1. If reporting to Leapfrog, the facility's Leapfrog calculated hospital safety score must be Grade A, B or C.
2. Facility must have performed at least 125 bariatric surgical cases in the most recent 12 calendar months.

Ambulatory Surgery Center (ASC) requirements:

1. The facility must have performed at least 75 weight-loss procedures in the most recent 12 calendar months.
2. The facility must either:
  - Be licensed as an ASC by the state in which it operates.
  - In the absence of state licensure requirements, give evidence of Medicare eligibility or certification as an ASC under 42 CFR 416.
3. Facility must be accredited by one of the following organizations as an ASC that meets or exceeds Medicare guidelines under 42 CFR 416:
  - Accreditation Association for Ambulatory Healthcare (AAAHC)
  - American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)
  - American Osteopathic Associations' Healthcare Facilities Accreditation Program (HFAP)
  - Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
4. The facility must have a written plan and a transfer agreement for transferring a patient with complications. The transfer must be to an Aetna-participating inpatient facility within a reasonable distance.

-----  
Data from the facility's RFI submission is not displayed or made available to the public. Facilities may have information that is currently displayed in our transparency tools and hospital comparison tools on our secure sites for members. The display of that information is not changed by Institutes of Quality designation.

**References:**

*Birkmeyer, N., et al. Characteristics of hospitals performing bariatric surgery. JAMA. 006;295(3)282-284.*

*Clark, G. Wesley. Regarding Surgical Mortality Statistics. San Diego, CA. 2003.*

*Courcoulas, A. et al. The relationship of surgeon and hospital volume to outcome after gastric bypass surgery in Pennsylvania: A 3-year summary. Surgery. 2003; 134(4):613-623.*

*Encinosa W., et al. Healthcare utilization and outcomes after bariatric surgery. Medical Care. 2006; 44(8):706-712.*

*Flum D, Dellinger E. Impact of gastric bypass operation on survival: A population-based analysis. Journal of the American College of Surgeons. 2004; 199(4):543-551.*

Goldfeder, Lara; Ren, Christine; Gill, James. *Fatal Complications of Bariatric Surgery*. *Obesity Surgery*. Volume 16, Number 8, August 2006, pp. 1050-1056(7).

Liu J, et al. *Characterizing the performance and outcomes of obesity surgery in California*. *The American Surgeon*. 2003; 69(10):823-828.

Nguyen N., et al. *The relationship between hospital volume and outcome in bariatric surgery at academic medical centers*. *Annals of Surgery*. 2004;240(4):586-594.

*Open Roux-en-Y Gastric Bypass for the Morbidly Obese in the Era of Laparoscopy*. *American Journal of Surgery*. December 2002.

*Outcomes after laparoscopic Roux-en-Y gastric bypass for morbid obesity*. *Annals of Surgery*. October 2000.

*Pooled data from published series 1981-2000. Medical and Surgical Options in the Treatment of Severe Obesity*. *American Journal of Surgery*, 2002.

*Pooled data from the International Bariatric Surgery Registry*, 2001.

*Relationship between provider volume and postoperative complications for bariatric procedures in New York State*. *Journal of American College of Surgeons*. May 2006; 202(5):753-61.

*Results of 281 consecutive total laparoscopic Roux-en-Y Gastric Bypasses to treat morbid obesity*. *Annals of Surgery*. May 2002.

Saunders JK, et al. *30-day readmission rates at a high volume bariatric surgery center: laparoscopic adjustable gastric banding, laparoscopic gastric bypass, and vertical banded gastroplasty-Roux-en-Y gastric bypass*. *Obesity Surgery*. 2007 Sep;17(9):1171-7.

Santry HD, Gillen, Lauderdale D. *Trends in bariatric surgical procedures*. *JAMA*. 2005;294(15):1909-1917.

Weller W, Hannan E. *Relationship between provider volume and postoperative complications for bariatric procedures in New York State*. *Journal of the American College of Surgeons*. 2006; 202(5):753-761.

Zingmond D, McGory M, Ko C. *Hospitalization before and after gastric bypass surgery*. *JAMA*. 2005; 294(15): p. 1918-1924.