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Aetna Institutes of Quality® facilities fact book

A comprehensive reference guide for Aetna members, doctors and health care professionals

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Quality care made simple

Over the years, gastric bypass, heart surgery and hip and knee replacement have become fairly common. But all surgery carries some risk. So it's important to choose a hospital known for providing quality care.

To help simplify your choice, we've put together a network of hospitals and other facilities that specialize in certain bariatric, cardiac and orthopedic procedures.

We call these facilities Institutes of Quality.

Becoming part of the Institutes of Quality isn't easy. We measure many factors. Everything from level of care, to how often patients return to the hospital after surgery.

This fact book can give you a better understanding of what makes an Institutes of Quality facility a smart choice for surgery and other procedures.

Aetna Institutes of Quality At a glance

What are the Institutes of Quality facilities?

They are health care facilities that have demonstrated high levels of quality and efficiency performing certain bariatric, cardiac or orthopedic procedures.

Bariatric (for weight loss)

• Surgical procedures for people living with extreme or morbid obesity

Cardiac (for the heart)

• Cardiac medical interventions
• Cardiac rhythm disorders
• Cardiac surgery

Orthopedic (for the joints and spine)

• Spine surgery
• Knee replacement
• Hip replacement

How are the facilities selected?

To be considered, a facility must first complete the prescreening survey as a request for information (RFI). If all program requirements are met, the facility is invited to submit a full survey. We then evaluate the responses. We compare them to our own research and other publicly available data.

How are Institutes of Quality facilities measured?

The facilities are measured by how often patients return to the hospital after surgery.

How do I find one?

Visit www.aetna.com and log in to your secure member website; Click the link to “Find a Doctor, Dentist or Facility;” Then, look for facilities listed as Institutes of Quality facilities and specialists who have privileges at these hospitals.

Bariatric surgery facilities

At a glance

Bariatric surgery, also known as weight-loss surgery, refers to various surgical procedures to treat people living with morbid or extreme obesity.

We may select a facility to participate in the Aetna Institutes of Quality bariatric surgery network if it meets certain measures of:

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

Facilities selected for the network must have significant experience in bariatric surgery. In the most recent calendar year:

- Inpatient facilities must have performed at least 125 procedures
- Ambulatory surgery centers must have performed at least 75 procedures

Facilities also must:

- Meet evidence-based and recognized standards for clinical outcomes, processes of care and patient safety
- Provide ongoing follow-up programs and support for patients
- Demonstrate efficiency in providing care based on the overall cost of care, readmission rates and the comprehensiveness of the program
- Be accredited as an ambulatory surgery center by any of the following:
  - The Accreditation Association of Ambulatory Health Care (AAAHC)
  - The American Association for Accreditation of Ambulatory Surgery Centers (AAAASF)
  - The American Osteopathic Association's Healthcare Facilities Accreditation Program (HFAP)
  - The Joint Commission

* Evaluation of cost per risk-adjusted case based on Aetna data. This data uses the last 12 months of Aetna cost data and is adjusted to take into consideration relevant risks, such as age, sex and other conditions of the patient using a product known as Symmetry Episode Risk Groups.

**Evaluation of Aetna adult members' current utilization, bariatric care needs and geographic access as measured by average travel distance to emergency and non-emergency health care services in Aetna's network.

Complete program requirements

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

All facilities

• The facility must have been performing bariatric surgery continuously for the most recent 12 months;
• Aetna must credential the facility; It must participate in Aetna's provider network for all products;
• 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.
• 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 percent.
• In the most recent 12 calendar months, the facility's reoperation rate within 30 days of bariatric surgery is less than or equal to 5 percent.
• In the most recent 12 calendar months, the facility's major complication rate must be less than or equal to 8 percent within 30 days of initial bariatric surgery.
• In the most recent 12 calendar months, the facility's revision of gastric restrictive procedure is less than or equal to 5 percent within 30 days of initial bariatric surgery.
• In the most recent 12 calendar months, the facility's all-cause readmission rate is less than 10 percent within 30 days of initial bariatric surgery.
• The facility must have full approval from the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program or the Surgical Review Corporation's/Center of Excellence in Metabolic and Bariatric Surgery™ (COEMBS™) program;
• The facility's bariatric program must have an organized program of aftercare and follow-up for patients for at least 12 months.
• The facility's patient follow-up rate, one year after the procedure, is at least 75 percent of surgical cases.
• The facility has a specific bariatric surgery quality improvement program in place. This includes a data collection system and/or personnel to collect, analyze and keep program-related data.
• Surgeons must be board certified or board eligible by any of the following:
  - American Board of Surgery
  - American Osteopathic Board of Surgery
  - Royal College of Physicians and Surgeons of Canada

Inpatient facility requirements

• If reporting to Leapfrog (an independent organization dedicated to improving the safety and quality of our health care system), the facility must meet the Leapfrog calculated hospital safety score requirements.
• The facility must have performed at least 125 bariatric surgical cases in the most recent 12 calendar months.

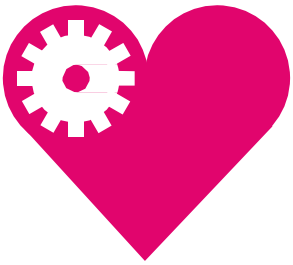
Ambulatory surgery center (ASC) requirements

• The facility must have performed at least 75 weight-loss procedures in the most recent 12 calendar months.
• The facility must either:
  - Be licensed as an ASC by the state in which it operates
  - In the absence of state licensure requirements, must be Medicare eligible or certified as an ASC under 42 CFR 416 of the Code of Federal Regulations (CFR). The CFR includes health and safety standards for ISC's.

The facility must be accredited by one of the following organizations as an ASC that meets or exceeds Medicare guidelines under 42 CFR 416:
  -AAAHC
  - AAAASF
  - American Osteopathic Association's HF!P
  - The Joint Commission
• The facility must have a written plan and an agreement for transferring a patient with complications. The transfer must be to an Aetna-participating inpatient facility within a reasonable distance.

If a facility meets all program requirements and submits a completed RFI, we evaluate the facility's responses on its RFI survey submission. In addition, we may evaluate our internal data, and this data may also affect the decision to designate a facility.

We do not display data from the facility's RFI submission or make it available to the public; Facilities may have information that is currently displayed in our transparency tools and hospital comparison tools on Aetna's secure site for members; The display of that information is not changed by Institutes of Quality designation.



Cardiac care facilities
At a glance

Institutes of Quality cardiac care facilities include comprehensive heart and vascular treatment centers that provide both inpatient and outpatient procedures. They also offer medical care for cardiac conditions that don't involve surgery or procedures;

The cardiac care program designations include:

•Cardiac medical interventions
• Cardiac rhythm disorders
• Cardiac surgery

A facility may earn one or more of the cardiac care designations. Selected facilities meet these criteria:

• Show evidence of significant experience in cardiac care, including a minimum of 200 open heart procedures, 200 angioplasty or stent procedures and 125 cardiac resynchronization therapy implantation procedures (pacemakers and implantable cardioverter defibrillators [ICDs]) in the most recent 12 calendar months
• Use evidence-based and recognized standards for clinical outcomes, processes of care and patient safety
• Provide ongoing follow-up programs and support for patients
• Demonstrate efficiency in providing care, based on overall cost, readmission rates and comprehensiveness of the program

Complete program requirements

The Institutes of Quality cardiac care program includes designations in three areas:

- Cardiac medical interventions
- Cardiac rhythm disorders
- Cardiac surgery

A facility may be designated in one or more of these areas. Each area is evaluated based on components relevant to that service line.

• If a facility performs cardiac medical interventions and no cardiac surgery, the facility is still eligible if they meet the criteria for cardiac medical interventions.

• If a facility performs cardiac medical interventions and cardiac surgery, the facility must meet criteria for both service lines to be selected.

Requirements for consideration

Volume

To be eligible as a cardiac care facility, 12-month procedure volumes must meet or exceed the following:

• Cardiac medical intervention designation — 200 percutaneous coronary interventions (PCIs) (also referred to as angioplasty or stent procedures)

• Cardiac surgery designation — 200 open heart surgery cases (for example, coronary artery bypass graft surgery and heart valve replacement surgery)

• Cardiac rhythm disorder designation — 125 cardiac resynchronization therapy implantation procedures
(for example, pacemaker, defibrillator)

Participating status of facility and physicians delivering cardiac care

A facility must:

• Be credentialed by Aetna, participate in its provider network for all products offered in the market and be accredited by appropriate external entities.

• Provide applicable onsite availability (seven days a week) to cardiologists, cardiovascular surgeons and electrophysiologists. An acceptable percentage, as determined by Aetna's local market, of the facility's cardiovascular surgeries and services provided by the above-referenced specialists must be performed by specialists that meet both of the following criteria:

- They must be credentialed by Aetna
- They must participate in the Aetna provider network for all products.

– Aetna Network Management may deviate from this requirement where business needs or inadequate access exist. In addition, at least 90 percent must be board certified in specialties treating primarily cardiac disease.

• Meet these requirements for certain non-cardiac specialties: We require anesthesiologists, pathologists and radiologists treating patients for cardiac services to participate in Aetna's provider network for all products offered in the market, where feasible. Aetna Network Management may deviate from this requirement where business needs or inadequate access exist.

• Have availability of emergency response teams 24 hours a day, 7 days a week; This includes:

- An advanced cardiac life support (ACLS)-certified physician
- Policies for and specialists available to perform urgent and emergency primary PCIs when applying for cardiac medical intervention designation
- Policies for and specialists available to perform cardiac surgery when applying for cardiac surgery designation

In addition, the emergency department must have on-call response teams available to perform urgent and emergency invasive cardiovascular procedures.

• Provide daily rounds to all cardiac patients in the intensive care unit by:

- Intensivists
- Pulmonologists
- Cardiologists
- Cardiovascular surgeons or internists

Scope of cardiac and related services

• A facility must provide the adult cardiac services required to meet patient care needs to earn an Institutes of Quality designation. These services include:

- Emergency care
- Medical care of cardiac conditions (for example, heart failure, acute myocardial infarction)
- PCI
- Open heart surgery
- Care of heart rhythm disorders and placement of ICD for the most recent 12 consecutive calendar months

• The following clinical services must be available for consultation and daily primary care:

- Anesthesiology
- Pulmonology
- Radiology
- Infectious disease
- Psychology/behavioral health
- Intensive care unit
- Specialized equipment
- Nutrition counseling/education
- Pharmacy

• A facility must make appropriate referrals to structured smoking-cessation programs and cardiac rehabilitation programs at the facility, or an appropriate facility.

Quality and clinical outcomes and reporting

• The facility's mortality and complication rates for selected conditions and procedures must be less than or equal to the minimums established, based on evidence available in the peer-reviewed evidence based literature. The timeframes in which these rates are measured are the most recent 12 calendar months of available data.
• The facility must have a quality improvement program with initiatives focused on continuously measuring and improving cardiac care. The program must have an automated data collection system and/or personnel in place.
• The facility must perform patient satisfaction surveys and responsive improvement activities;
• The facility must report to an external patient safety and quality initiative.
• The facility must report cardiovascular case information to external registries for cardiology procedures. These registries must be established by the American College of Cardiology and the Society of Thoracic Surgeons (STS), or an equivalent state or regional reporting and quality improvement registry.

Evaluation criteria in addition to required elements

If a facility meets all the requirements for consideration, Aetna evaluates and scores remaining RFI responses according to the criteria below.

Category	Description	Criteria
Structure		
Accreditation, certification and recognition	Specialist physicians credentialed for ICD Facility certification for disease-specific care by the Joint Commission	ICD standards set by implantation criteria, Heart Rhythm Society 2013 Appropriate Use Criteria for Implantable Cardioverter Defibrillators and Cardiac Resynchronization Therapy — **www.hrsonline.org**
	Facility accreditation by the Society of Cardiovascular Patient Care **www.scpcp.org**	Certification for myocardial infarction and/or heart failure
	Facility cardiac imaging and nuclear cardiac imaging services accredited	Imaging accreditation by either the American College of Radiology or Intersocietal Accreditation Commission
	Facility rehabilitation program accredited	Certified by the American Association of Cardiovascular and Pulmonary Rehabilitation
	Facility recognized by the Magnet Nursing Services Recognition Program for Excellence in Nursing Service — **www.nursecredentialing.org**	STS 2 or STS 3 will be considered for selection
	STS star rating (quality aggregate rating) score — **www.sts.org**	

Category	Description	Criteria
Patient safety	Submit and publicly report to The Leapfrog Group Hospital Survey on The Leapfrog Group's website (an alternate equivalent, publicly reported measurement and scoring system will be considered) — **www.leapfroggroup.org** Voluntarily report to the Joint Commission on sentinel events — **www.jointcommission.org/sentinel_event.aspx**	Scores level of progress on patient safety measures, CPOE and on treatment safety for cardiovascular services
Improvement programs	External participation in specific national programs to improve cardiac care	Participation in Institutes for Healthcare Improvement (IHI) — **www.ihi.org/IHI/Programs** Centers for Medicare & Medicaid Services (CMS)/Premier Hospital Quality Incentive Demonstration (HQID) project — **www.qualitydemo.com**
Behavioral health	Depression screening	Formal process or tool to screen cardiac patients
Outcomes		
Mortality (death) rates	In hospital and 30 days after procedure or stay for certain cardiac conditions, including acute myocardial infarction, heart failure, cardiac catheterization, angioplasty, coronary artery bypass graft surgery, heart valve surgeries and selected rhythm procedures, including ICD insertion	Rates better than published national averages

Category	Description	Criteria
Complications and readmissions	Overall and specific complication rates following cardiac procedures during stay and up to 30 days after procedures Risk-adjusted readmissions to the hospital after cardiac care	Complications after angioplasty and diagnostic cardiac catheterization include: vascular complication Complications after open heart surgeries include: need to return to the operating room, kidney problems, stroke, wound infection and the need to stay on a ventilator machine for a prolonged time
Success of procedures	Percentage of successful angioplasty procedures where the blood vessels have improved blood flow and there were no complications after the procedure (death, heart attack or emergency surgery) — **www.ncdr.com** Incidence of patients undergoing diagnostic heart catheterizations who are found to have no or less severe disease than expected	Meet benchmarks
Process		
Adherence to evidence-based guidelines: health organizations	Programs developed by the American College of Cardiology and the American Heart Association that encourage adherence to evidence-based guidelines related to cardiac care: • Get With The Guidelines® — Heart Failure program • Get With The Guidelines — Coronary Artery Disease program • Door to Balloon (D2B) Alliance National Quality Forum (NQF)-approved measures around specific medication use during and after hospitalization and advice and counseling on smoking cessation — **www. hospitalcompare.hhs.gov** and **www.qualityforum.org**	Recognition of participation in programs: NQF measures for acute myocardial infarction, coronary artery disease care and heart failure Minimum requirements in place for each measure with enhanced score for higher percent If facility does not report to CMS but can report measures, those are considered

Category	*Description*	Criteria
Adherence to evidence-based guidelines: physician specialty groups	Timely completion of cardiac studies for adult patients who have had heart attacks Percentage of adult patients undergoing angioplasty with stents or coronary artery bypass graft surgery who received appropriate medications during hospitalization and upon discharge Percentage of adult patients having coronary artery bypass graft surgery in which certain techniques are used	Recognition of participation in programs: NQF measures for acute myocardial infarction, coronary artery disease care and heart failure Minimum requirements in place for each measure with enhanced score for higher percent If facility does not report to CMS but can report measures, those are considered
Access and cost-effectiveness		
Overall network access and capacity	Evaluation of Aetna adult members' current utilization, cardiac care needs and geographic access as measured by average travel distance to emergency and non-emergency health care services in Aetna's network	
Cost-effectiveness	Evaluation of cost per risk-adjusted case based on Aetna data. This data uses the last 12 months of Aetna cost data and is adjusted to take into consideration relevant risks, such as age, sex and other conditions of the patient using a product known as Symmetry Episode Risk Groups.	

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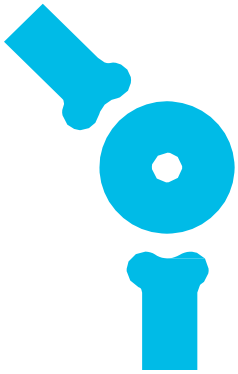

Orthopedic care facilities At a glance

To be selected for the Institutes of Quality orthopedic care network, a facility must meet Aetna's requirements for quality, value and access. We limit the evaluation for total joint replacement to knee and hip replacement surgery. In order to be designated for total joint replacements (knee and/or hip) facilities must meet all requirements for total joint replacement for both. Spinal spine surgery designation is separate.

In order to be designated, a facility will be evaluated on the following bases:

- Clinical quality
- Cost efficiency *
- Network access for specific orthopedic surgery programs in its IOQ network **

* Evaluation of cost per risk-adjusted case based on Aetna data. This data uses the last 12 months of Aetna cost data and is adjusted to take into consideration relevant risks, such as age, sex and other conditions of the patient using a product known as Symmetry Episode Risk Groups.

**Evaluation of Aetna adult members' current utilization, orthopedic care needs and geographic access as measured by average travel distance to emergency and non-emergency health care services in Aetna's network.

Complete program requirements

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

- The facility must be accredited by at least one of the following:
  - The Joint Commission (TJC)
  - Healthcare Facilities Accreditation Program (HFAP)
  - American Osteopathic Association
  - National Integrated Accreditation for Healthcare Organizations (NIAHO)
  - Det Norske Veritas (DNV) Healthcare

- All orthopedic surgeons who practice at the facility must be board certified or board eligible by at least one of the following:
  - American Board of Surgery (ABS)
  - American Osteopathic Board of Surgery (AOBS)
  - Royal College of Physicians and Surgeons of Canada (RCPSC)

- For spine designation, all neurosurgeons who practice at the facility must be board certified or board eligible by at least one of the following:
  - American Board of Surgery (ABS)
  - American Board of Neurological Surgery (ABNS)
  - Royal College of Physicians and Surgeons of Canada (RCPSC)

- Meet evidence-based and recognized standards for clinical outcomes, processes of care and patient safety.

- The facility participates with at least one of the following organizations focused on patient safety and quality improvement:
  - Institute for Healthcare Improvement (IHI), Leapfrog
  - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
  - Centers for Medicare & Medicaid Services (CMS)/Premier Hospital Quality Incentive Demonstration (HQID) Project, Surgical Care Improvement Project (SCIP)

- The facility has a documented continuous quality improvement program, with initiatives focused on continuously measuring and improving orthopedic care. These should include an automated data collection system and personnel.

- The facility has documented physical therapy protocols for post-total joint replacement surgery and post-spine surgery patients. Facility must provide physical therapy services seven days a week. If not, the facility must be affiliated with a facility that provides this service.

- If the facility is an ambulatory surgery center (ASC) or specialty orthopedic center, the center must be licensed by the state in which it operates. Or, in the absence of state licensure requirements, it must provide evidence of Medicare eligibility or certification as an ASC under 42 CFR 416 (includes health and safety standards for !SC's).

- If the facility is an ambulatory center (ASC), the ASC must be accredited by one or more of the organizations:
  - Accreditation Association for Ambulatory Health Care (AAAHC)
  - American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF)
  - American Osteopathic Association's Healthcare Facilities Accreditation Program (HFAP)
  - The Joint Commission (TJC)

- If the facility is an ambulatory surgery center (ASC), it must use a written plan and transfer agreement for transferring a patient with complications to an inpatient participating facility. The facility must be within a reasonable distance.

A facility **must meet all** program requirements for **both** total knee replacement and total hip replacement to be eligible for our Total Joint Replacement IOQ program.

<u>Total knee replacement mandatory program requirements</u>

- Facility must have performed at least 200 knee replacement surgeries (primary and revisions) in the past 12 months.
- Facility must have at least one physician who performed at least 50 knee replacement surgeries (primary and revisions) in the past 12 months.
- The facility must have been performing total knee replacement surgery continuously and uninterrupted for the past 12 months before completing the RFI.
- In the past 12 months, the facility's inpatient total knee replacement mortality rate (risk adjusted) must be less than or equal to 0.3 percent.
- In the past 12 months, the facility's total knee replacement pulmonary embolus/deep vein thrombosis rate (rate not risk adjusted) within 30 days of discharge must be less than 4.2 percent.
- In the past 12 months, the facility's total knee replacement surgical wound infection rate must be less than or equal to 4.0 percent.

- In the past 12 months, the facility's total knee replacement surgical wound infection rate with methicillin resistant staphylococcus aureus (MRSA) must be less than or equal to 0.6 percent.
- In the past 12 months, the facility's revision rate within 6 months of initial surgery for total knee replacement must be less than or equal to 4.0%.
- In the past 12 months, the facility's all-cause readmission rate within 30 days of discharge for total knee replacement must be less than or equal to 3.0%.
- In the past 12 months, the total knee replacement's average inpatient length of stay (LOS) must be less than six days.

Total hip replacement mandatory program requirements

- Facility must have performed at least 100 hip replacement surgeries in the past 12 months.
- Facility must have at least one physician who performed at least 50 hip replacement surgeries (primary and revisions) in the past 12 months.
- The facility must have been performing total hip replacement surgery continuously and uninterrupted for the past 12 months before completing the RFI.
- In the past 12 months, the facility's inpatient total hip replacement mortality rate (risk adjusted) must be less than or equal to 1.0 percent.
- In the past 12 months, the facility's total hip replacement pulmonary embolus/deep vein thrombosis rate (rate not risk adjusted) within 30 days of discharge must be less than 4.2 percent.
- In the past 12 months, the facility's total hip replacement surgical wound infection rate must be less than or equal to 2.0 percent.
- In the past 12 months, the facility's total hip replacement surgical wound infection rate with methicillin resistant staphylococcus aureus (MRSA) must be less than or equal to 0.6 percent.
- In the past 12 months, the facility's total hip replacement revision rate within six months of initial surgery must be less than or equal to 4.0 percent.
- In the past 12 months, the facility's total hip replacement all-cause readmission rate within 30 days of discharge must be less than or equal to 3.5 percent.
- In the past 12 months, the facility's total hip replacement average inpatient length of stay (LOS) must be less than eight days.

Spine surgery mandatory program requirements

- Facility must have performed at least 200 spine surgeries in the past 12 months.
- Facility must have at least one physician who performed at least 50 spine surgeries in the past 12 months.
- The facility must have been performing spine surgeries continuously and uninterrupted for the past 12 months before completing the RFI.
- In the past 12 months, the facility's spine surgery inpatient mortality rate (risk adjusted) must be less than 0.30 percent.
- In the past 12 months, the facility's spine surgery intraoperative dual tear rate must be less than 5;0 percent.
- In the past 12 months, the facility's spine surgery pulmonary embolus/deep vein thrombosis rate (not risk adjusted) within 30 days of discharge must be less than 4.2 percent.
- In the past 12 months, the facility's spine surgery spine surgical wound infection rate with methicillin resistant staphylococcus aureus (MRSA) must be less than 0.6 percent.
- In the past 12 months, the facility's spine surgery all-cause readmission rate within 30 days of discharge must be less than 3.5 percent.
- In the past 12 months, the facility's spine surgery average inpatient length of stay (LOS) in days must be less than seven days.

If a facility meets all program requirements and submits a completed RFI, we evaluate the facility's responses on its RFI survey submission. In addition, we may evaluate our internal data, and this data may also affect the decision to designate a facility.

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Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

This information is available for free in other languages. Please call our customer service number at <the number on your ID card (TTY: 711). Hours of operations: 8 a.m. to 8 p.m>.

Esta información está disponible sin cargo en otros idiomas. Llame al número de nuestro servicio al cliente al <número que figura en su tarjeta de identificación> (TTY: 711). Horario de atención: de 8 a. m. a 8 p. m., los siete días de la semana.

該資訊以其他語言免費提供。請撥打我們的客戶服務電話<號碼在您卡上>（TTY：711）。辦公時間為每週 7 天、當地時間上午 8 時至晚間 8 時。

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