

Aetna Institutes of Quality® Bariatric Surgery
Summary of Criteria
Facility Requirements for Consideration

To be considered for designation in the Aetna Institutes of Quality (IOQ) Bariatric Surgery network (the network), a facility must submit a current year request for information (RFI). We'll review the facility's answers to the RFI. We'll also review other data, including our own. We evaluate continued participation when the network is refreshed every three years — all facilities must reapply.

We may select a facility to participate in the network if it meets certain measures of:

- Clinical quality
- Cost efficiency
- Access for bariatric surgery services

Designation process

1. We invite the facility to complete and submit an RFI. The RFI applies only to adult patients age 18 and over.
2. We review the facility's response to determine clinical eligibility. If the facility does not meet all applicable criteria, the facility is not eligible for designation. We evaluate no further.
3. If the facility meets all applicable criteria, we determine if the facility meets our cost efficiency and network access criteria. If the facility meets all three of these requirements, we'll designate the facility into the network.
4. We'll let the facility know if it's designated into the network.
5. We'll list the designated facility in our DocFind® online provider directory.

Designation is valid for three years and is dependent upon ongoing compliance with program requirements.

Program requirements

To be considered for designation, an inpatient facility and a freestanding ambulatory surgery center (ASC) must meet program requirements listed below.

Business requirements

1. The inpatient facility or ASC must be credentialed by Aetna, and they must participate in Aetna's provider network for all benefit plans and products available in their geographic area.

2. All of the inpatient facility's or ASC's bariatric surgeons must be credentialed by Aetna, and they must participate in Aetna's provider network for all benefit plans and products available in the facility's geographic area.
3. The inpatient facility or ASC must have been performing bariatric surgery continuously for the most recent rolling 12 months.
4. All bariatric surgeons who operate at the inpatient facility or ASC must be Board Certified or Board Eligible by one or more of the following:
 - American Board of Surgery
 - American Osteopathic Board of Surgery
 - Royal College of Physicians and Surgeons of Canada
5. The inpatient facility or ASC must be approved as a Comprehensive Center by the American College of Surgeon's Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program and/or as a Center of Excellence in Metabolic and Bariatric Surgery by the Surgical Review Corporation.
6. The inpatient facility must be accredited by one or more of the following organizations:
 - The Joint Commission
 - Healthcare Facilities Accreditation Program
 - American Osteopathic Association
 - National Integrated Accreditation for Healthcare Organizations
7. The ASC must either:
 - Be licensed as an ASC by the state in which it operates, **or**
 - Give evidence of Medicare eligibility or certification as an ASC under 42 CFR 416
8. The ASC must be accredited by one or more of the following organizations:
 - Accreditation Association for Ambulatory Healthcare
 - American Association for Accreditation of Ambulatory Surgery Facilities
 - American Osteopathic Association's Healthcare Facilities Accreditation Program
 - The Joint Commission

Patient care requirements

9. The inpatient facility's or ASC's bariatric program must provide post-operative patients with an organized program of aftercare and follow-up for at least 12 months following surgery.
10. At least 90 percent of all the inpatient facility's or ASC's bariatric surgery cases must be followed for 30-days post-operatively.
11. At least 75 percent of all inpatient facility's or ASC's bariatric surgery cases must be followed for one year post-operatively.

12. The inpatient facility or ASC must have a specific bariatric surgery quality improvement program in place. This includes data collection systems and/or personnel to collect, analyze, and retain program-related data.
13. The ASC must have a written plan and a transfer agreement for transferring a patient who develops complications. The transfer must be to an Aetna-participating inpatient facility within 50 miles of the ASC.

Volume requirements

14. The inpatient facility or ASC must have at least one bariatric surgeon who has performed at least 100 bariatric surgeries in the most recent rolling 24 months. These procedures may have been performed in multiple facilities.
15. The inpatient facility must have performed at least 125 total bariatric surgeries in the most recent rolling 12 months.
16. The ASC must have performed at least 75 total bariatric surgeries in the most recent rolling 12 months.

Outcomes requirements

17. In the most recently available rolling 12 months, the inpatient facility's or ASC's mortality rate within 30 days of bariatric surgery must be less than or equal to one percent.
18. In the most recently available rolling 12 months, the inpatient facility's or ASC's re-operation rate within 30 days of bariatric surgery must be less than or equal to five percent.
19. In the most recently available rolling 12 months, the inpatient facility's or ASC's major complication rate within 30 days of the initial bariatric surgery must be less than or equal to eight percent.
20. In the most recently available rolling 12 months, the inpatient facility's or ASC's revision of bariatric surgeries within 30 days of the initial bariatric surgery must be less than or equal to five percent.
21. In the most recently available rolling 12 months, the inpatient facility's or ASC's all-cause re-admission rate within 30 days of the initial bariatric surgery must be less than or equal to ten percent.

References:

1: Nguyen NT, Paya M, Stevens CM, Mavandadi S, Zainabadi K, Wilson SE. The relationship between hospital volume and outcome in bariatric surgery at academic medical centers. *Ann Surg.* 2004 Oct;240(4):586-93; discussion 593-4. PubMed PMID: 15383786; PubMed Central PMCID: PMC1356460.

2: Hollenbeak CS, Rogers AM, Barrus B, Wadiwala I, Cooney RN. Surgical volume impacts bariatric surgery mortality: a case for centers of excellence. *Surgery.* 2008 April 19, 2018

Nov;144(5):736-43. doi: 10.1016/j.surg.2008.05.013. Epub 2008 Jul 21. PubMed PMID: 19081015.

3: Balla A, Batista Rodríguez G, Corradetti S, Balagué C, Fernández-Ananín S, Targarona EM. Outcomes after bariatric surgery according to large databases: a systematic review. *Langenbecks Arch Surg.* 2017 Sep;402(6):885-899. doi: 10.1007/s00423-017-1613-6. Epub 2017 Aug 5. PubMed PMID: 28780622.

4: Ibrahim AM, Ghaferi AA, Thumma JR, Dimick JB. Variation in Outcomes at Bariatric Surgery Centers of Excellence. *JAMA Surg.* 2017 Jul 1;152(7):629-636. doi: 10.1001/jamasurg.2017.0542. PubMed PMID: 28445566; PubMed Central PMCID: PMC5831459.

5: Celio AC, Kasten KR, Burruss MB, Pories WJ, Spaniolas K. Surgeon case volume and readmissions after laparoscopic Roux-en-Y gastric bypass: more is less. *Surg Endosc.* 2017 Mar;31(3):1402-1406. doi: 10.1007/s00464-016-5128-y. Epub 2016 Jul 21. PubMed PMID: 27444838.

6: Rickey J, Gersin K, Yang W, Stefanidis D, Kuwada T. Early discharge in the bariatric population does not increase post-discharge resource utilization. *Surg Endosc.* 2017 Feb;31(2):618-624. doi: 10.1007/s00464-016-5006-7. Epub 2016 Jun 23. PubMed PMID: 27338582.

7: Macht R, George J, Ameli O, Hess D, Cabral H, Kazis L. Factors associated with bariatric postoperative emergency department visits. *Surg Obes Relat Dis.* 2016 Dec;12(10):1826-1831. doi: 10.1016/j.soard.2016.02.038. Epub 2016 Mar 2. PubMed PMID: 27317600.

8: Torrente JE, Cooney RN, Rogers AM, Hollenbeak CS. Importance of hospital versus surgeon volume in predicting outcomes for gastric bypass procedures. *Surg Obes Relat Dis.* 2013 Mar-Apr;9(2):247-52. doi: 10.1016/j.soard.2012.03.005. Epub 2012 Mar 21. PubMed PMID: 22542466.

9: Dimick JB, Osborne NH, Nicholas L, Birkmeyer JD. Identifying high-quality bariatric surgery centers: hospital volume or risk-adjusted outcomes? *J Am Coll Surg.* 2009 Dec;209(6):702-6. doi: 10.1016/j.jamcollsurg.2009.09.009. PubMed PMID: 19959037.

10: Kohn GP, Galanko JA, Overby DW, Farrell TM. Recent trends in bariatric surgery case volume in the United States. *Surgery.* 2009 Aug;146(2):375-80. doi: 10.1016/j.surg.2009.06.005. PubMed PMID: 19628098.

11: Inabnet WB 3rd, Bour E, Carlin AM, Clements R, Finks J, Hutter M, Joyce C, Marley K, Moran J, Morton J, Reavis K, Richardson WS, Satgunam S. Joint task force recommendations for credentialing of bariatric surgeons. *Surg Obes Relat Dis*. 2013 Sep-Oct;9(5):595-7. doi: 10.1016/j.soard.2013.06.014. Epub 2013 Jun 19. Review. PubMed PMID: 24079897.

12: Livingston EH. Bariatric surgery outcomes at designated centers of excellence vs nondesignated programs. *Arch Surg*. 2009 Apr;144(4):319-25; discussion 325. doi: 10.1001/archsurg.2009.23. PubMed PMID: 19380644.

13: Nguyen NT, Masoomi H, Magno CP, Nguyen XM, Laugenour K, Lane J. Trends in use of bariatric surgery, 2003-2008. *J Am Coll Surg*. 2011 Aug;213(2):261-6. doi: 10.1016/j.jamcollsurg.2011.04.030. Epub 2011 May 31. PubMed PMID: 21624841.

14: Kuo LE, Simmons KD, Kelz RR. Bariatric Centers of Excellence: Effect of Centralization on Access to Care. *J Am Coll Surg*. 2015 Nov;221(5):914-22. doi: 10.1016/j.jamcollsurg.2015.07.452. Epub 2015 Aug 7. PubMed PMID: 26304183.

15: DeMaria EJ, Pate V, Warthen M, Winegar DA. Baseline data from American Society for Metabolic and Bariatric Surgery-designated Bariatric Surgery Centers of Excellence using the Bariatric Outcomes Longitudinal Database. *Surg Obes Relat Dis*. 2010 Jul-Aug;6(4):347-55. doi: 10.1016/j.soard.2009.11.015. Epub 2010 Jan 4. PubMed PMID: 20176512.

16: Weller WE, Rosati C, Hannan EL. Relationship between surgeon and hospital volume and readmission after bariatric operation. *J Am Coll Surg*. 2007 Mar;204(3):383-91. PubMed PMID: 17324771.

17: Schilling PL, Davis MM, Albanese CT, Dutta S, Morton J. National trends in adolescent bariatric surgical procedures and implications for surgical centers of excellence. *J Am Coll Surg*. 2008 Jan;206(1):1-12. Epub 2007 Oct 18. Erratum in: *J Am Coll Surg*. 2008 Sep;207(3):458. PubMed PMID: 18155562.

18: El-Kadre L, Tinoco AC, Tinoco RC, Aguiar L, Santos T. Overcoming the learning curve of laparoscopic Roux-en-Y gastric bypass: a 12-year experience. *Surg Obes Relat Dis*. 2013 Nov-Dec;9(6):867-72. doi: 10.1016/j.soard.2013.01.020. Epub 2013 Feb 11. PubMed PMID: 23499192.

19: Saunders J, Ballantyne GH, Belsley S, Stephens DJ, Trivedi A, Ewing DR, Iannace VA, Capella RF, Wasilewski A, Moran S, Schmidt HJ. One-year 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. *Obes Surg.* 2008 Oct;18(10):1233-40. doi: 10.1007/s11695-008-9517-8. Epub 2008 May 2. PubMed PMID: 18452051.

20: Stephens DJ, Saunders JK, Belsley S, Trivedi A, Ewing DR, Iannace V, Capella RF, Wasielewski A, Moran S, Schmidt HJ, Ballantyne GH. Short-term outcomes for super-super obese (BMI > or =60 kg/m²) patients undergoing weight loss surgery at a high-volume bariatric surgery center: laparoscopic adjustable gastric banding, laparoscopic gastric bypass, and open tubular gastric bypass. *Surg Obes Relat Dis.* 2008 May-Jun;4(3):408-15. doi: 10.1016/j.soard.2007.10.013. Epub 2008 Feb 1. PubMed PMID: 18243060.

21: Garg T, Rosas U, Rivas H, Azagury D, Morton JM. National prevalence, causes, and risk factors for bariatric surgery readmissions. *Am J Surg.* 2016 Jul;212(1):76-80. doi: 10.1016/j.amjsurg.2016.01.023. Epub 2016 Mar 19. PubMed PMID: 27133197.

22: Ballantyne GH, Belsley S, Stephens D, Saunders JK, Trivedi A, Ewing DR, Iannace V, Davis D, Capella RF, Wasielewski A, Moran S, Schmidt HJ. Bariatric surgery: low mortality at a high-volume center. *Obes Surg.* 2008 Jun;18(6):660-7. doi: 10.1007/s11695-007-9357-y. Epub 2008 Apr 3. PubMed PMID: 18386110.

23: Berger ER, Huffman KM, Fraker T, Petrick AT, Brethauer SA, Hall BL, Ko CY, Morton JM. Prevalence and Risk Factors for Bariatric Surgery Readmissions: Findings From 130,007 Admissions in the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program. *Ann Surg.* 2018 Jan;267(1):122-131. doi: 10.1097/SLA.0000000000002079. PubMed PMID: 27849660.

24: English WJ, DeMaria EJ, Brethauer SA, Mattar SG, Rosenthal RJ, Morton JM. American Society for Metabolic and Bariatric Surgery estimation of metabolic and bariatric procedures performed in the United States in 2016. *Surg Obes Relat Dis.* 2018 Mar;14(3):259-263. doi: 10.1016/j.soard.2017.12.013. Epub 2017 Dec 16. PubMed PMID: 29370995.

25: Kellogg TA, Swan T, Leslie DA, Buchwald H, Ikramuddin S. Patterns of readmission and reoperation within 90 days after Roux-en-Y gastric bypass. *Surg Obes Relat Dis.* 2009 Jul-Aug;5(4):416-23. doi: 10.1016/j.soard.2009.01.008. Epub 2009 Jan 31. PubMed PMID: 19540169.

26: Reyes-Pérez A, Sánchez-Aguilar H, Velázquez-Fernández D, Rodríguez-Ortíz D, Mosti M, Herrera MF. Analysis of Causes and Risk Factors for Hospital Readmission After Roux-en-Y Gastric Bypass. *Obes Surg.* 2016 Feb;26(2):257-60. doi: 10.1007/s11695-015-1755-y. PubMed PMID: 26101048.

27: Hatoum IJ, Blackstone R, Hunter TD, Francis DM, Steinbuch M, Harris JL, Kaplan LM. Clinical Factors Associated With Remission of Obesity-Related Comorbidities After Bariatric Surgery. *JAMA Surg*. 2016 Feb;151(2):130-7. doi: 10.1001/jamasurg.2015.3231. PubMed PMID: 26465084.

28: Hong B, Stanley E, Reinhardt S, Panther K, Garren MJ, Gould JC. Factors associated with readmission after laparoscopic gastric bypass surgery. *Surg Obes Relat Dis*. 2012 Nov-Dec;8(6):691-5. doi: 10.1016/j.soard.2011.05.019. Epub 2011 Jun 15. PubMed PMID: 21978746.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).

©2018 Aetna Inc.