Consensus and Collaboration

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Chief, Bariatric & Minimally Invasive Surgery
Stanford School of Medicine
Past-President, American Society of Metabolic and Bariatric Surgery, 2014-2015
Chair, Committee on Metabolic and Bariatric Surgery, American College of Surgeons
Overview

• Summit Deliverables
• Challenges
  – ACCESS
  – UTILIZATION
  – ACCEPTANCE
• Opportunities
  – HOSPITAL COLLABORATION
  – DIGITAL
Age-adjusted Prevalence of Obesity and Diagnosed Diabetes Among US Adults

Obesity (BMI ≥30 kg/m²)

- 1994
- 2000
- 2015

CDC's Division of Diabetes Translation. United States Surveillance System available at http://www.cdc.gov/diabetes/data
ASMBS Obesity Collaborative Care Summit 5-year Organization Attendance

American Academy of Family Physicians (AAFP)
American Academy of Nutrition and Dietetics (AND)
American Academy of Orthopedic Surgeons (AAOS)
American Academy of Physician Assistants (AAPA)
American Academy of Sleep Medicine (AASM)
American Association for the Study of Liver Disease (AASLD)
American Association of Clinical Endocrinologists (AACE)
American Association of Nurse Practitioners (AANP)
American Board of Obesity Medicine (ABOM)
American College of Gastroenterology (ACG)
American College of Obstetricians and Gynecologists (ACOG)
American College of Occupational and Environmental Medicine (ACOEM)
American College of Physicians (ACP)
American College of Sports Medicine (ACSM)
American College of Surgeons (ACS)
American Dental Association (ADA)
American Diabetes Association (ADA)
American Gastrointestinal Association (AGA)
American Heart Association (AHA)
American Medical Association (AMA)
American Psychological Association (APA)
American Sleep Apnea Association (ASAA)
American Society for Gastrointestinal Endoscopy (ASGE)
American Society for Hypertension (ASH)
American Society for Reproductive Medicine (ASRM)
American Society of Anesthesiologists (ASA)
American Society of Clinical Oncology (ASCO)
American Society of Gastrointestinal Endoscopy (ASGE)
American Society of Plastic Surgeons (ASPS)
Center for Diabetes Education
Department of Health and Human Services (HHS)
Endocrine Society
International Society for the Perioperative Care of the Obese Patient (ISPCOP)
National Lipid Association (NLA)
Obesity Action Coalition (OAC)
Obesity Medicine Association (OMA)
Pacific Business Group on Health
Society of American Gastrointestinal and Endoscopic Surgeons (SAGES)
Society of Behavioral Medicine (SBM)
STOP Obesity Alliance
The Obesity Society (TOS)
Willis Tower and Watson
Aetna
Blue Cross Blue Shield
Optum
Obesity Summit Deliverables 2014-8

• Educational Initiative- ABOM and Obesity Medicine Education Collaborative
• Advocacy- Obesity Care
• Collaborative Position Statements
  – American Hip and Knee Society
  – National Lipid Association
  – American College of Obstetrics and Gynecology
  – American College of Occupational and Environmental Medicine
  – American Hernia Society
  – American Society for Clinical Oncology
Advocacy

- Acceptance of Disease
- Assessment of Intervention
- Access to Care
- Accuracy of Progress
- Advance the Cause (Stewards of Care)
Dr. John Morton and Sen. Bill Cassidy

Dr. Stacy Brethauer and Sen. Bill Cassidy
States with CONFIRMED Sleeve Coverage from their MAC

States with DRAFT Sleeve Coverage from their MAC

States with NO Sleeve Coverage

Note: The Center for Medicare and Medicaid Services decided on June 27, 2012 to defer Medicare’s coverage decision making for Sleeve Gastrectomy to the regional Medicare Administrative Contractors (MACs).
Sleeve Gastrectomy Coverage by Medicare Administrative Contractors (MACs) (as of February 18, 2014)

Coverage current as of 2/18/14; coverage may have changed since this printing

States with CONFIRMED Sleeve Coverage from their MACs
Collaborative Position Statements

– American Hip and Knee Society
– National Lipid Association
– American College of Obstetrics and Gynecology
– American College of Occupational and Environmental Medicine
– American Hernia Society
– American Society for Clinical Oncology
Review article

American Society for Metabolic and Bariatric Surgery position statement on the impact of obesity and obesity treatment on fertility and fertility therapy Endorsed by the American College of Obstetricians and Gynecologists and the Obesity Society

Michelle A. Kominiarek, M.D.\textsuperscript{a,1}, Emily S. Jungheim, M.D.\textsuperscript{b,1}, Kathleen M. Hoeger, M.D., M.P.H.\textsuperscript{c,1}, Ann M. Rogers, M.D.\textsuperscript{d,2}, Scott Kahan, M.D., M.P.H.\textsuperscript{e,f,3}, Julie J. Kim, M.D.\textsuperscript{g,*,2}

American Society of Clinical Oncology Summit on Addressing Obesity Through Multidisciplinary Provider Collaboration: Key Findings and Recommendations for Action

Jennifer A. Ligibel\textsuperscript{1}, Catherine M. Alfano\textsuperscript{2}, Dawn L. Hershman\textsuperscript{3}, Janette K. Merrill\textsuperscript{4}, Karen Basen-Engquist\textsuperscript{5}, Zachary T. Bloomgarden\textsuperscript{6}, Wendy Demark-Wahnefried\textsuperscript{7}, Suzanne Dixon\textsuperscript{8}, Sandra G. Hassink\textsuperscript{9}, John M. Jakicic\textsuperscript{10}, John Magaña Morton\textsuperscript{11}, Tochi M. Okwuosa\textsuperscript{12}, Tiffany M. Powell-Wiley\textsuperscript{13}, Amy E. Rothberg\textsuperscript{14}, Mark Stephens\textsuperscript{15}, Sarah E. Street\textsuperscript{11}, Robert A. Wild\textsuperscript{16}, Eric A. Westman\textsuperscript{17}, Ronald J. Williams\textsuperscript{18}, Dana S. Wollins\textsuperscript{4}, and Clifford A. Hudis\textsuperscript{4}
Lipids and bariatric procedures part 1 of 2: Scientific statement from the National Lipid Association, American Society for Metabolic and Bariatric Surgery, and Obesity Medicine Association: FULL REPORT

Harold E. Bays, MD, FTOS, FACC, FACE, FNLA*, Peter H. Jones, MD, FNLA, Terry A. Jacobson, MD, FACP, FNLA, David E. Cohen, MD, PhD, Carl E. Orringer, MD, FACC, FNLA, Shanu Kothari, MD, FACS, Dan E. Azagury, MD, John Morton, MD, MPH, FACS, FASMBS, Ninh T. Nguyen, MD, FACS, FASMBS, Eric C. Westman, MD, MHS, Diplomate ABOM, Deborah B. Horn, DO, MPH, Diplomate ABOM, Wendy Scinta, MD, MS, Craig Primack, MD, FACP, FAAP Diplomate ABOM

COMPENSATED HEART FAILURE
American Society for Metabolic and Bariatric Surgery and American Hernia Society consensus guideline on bariatric surgery and hernia surgery

Emanuele Lo Menzo, M.D.\textsuperscript{a}, Marcelo Hinojosa, M.D.\textsuperscript{b}, Alfredo Carbonell, M.D.\textsuperscript{c}, David Krpata, M.D.\textsuperscript{d}, Jonathan Carter, M.D.\textsuperscript{e}, Ann M. Rogers, M.D.\textsuperscript{f}, Shanu N. Kothari, MD\textsuperscript{g,*}

ULTIMATE PRE-HAB

Obesity and the role of bariatric surgery in the surgical management of osteoarthritis of the hip and knee: a review of the literature

Bryan D. Springer, M.D.\textsuperscript{a}, Jonathan T. Carter, M.D.\textsuperscript{b}, Alexander S. McLawhorn, M.D.\textsuperscript{c}, Keith Scharf, M.D.\textsuperscript{d}, Mitchell Roslin, M.D.\textsuperscript{e}, Kara J. Kallies, M.S.\textsuperscript{f}, John M. Morton, M.D., M.P.H.\textsuperscript{g}, Shanu N. Kothari, M.D., F.A.C.S.\textsuperscript{f,*}

SWIFT TRIAL- Mutual Meetings
ACOEM GUIDANCE STATEMENT

Obesity in the Workplace: Impact, Outcomes, and Recommendations

Charles M. Yarborough III, MD, MPH, Stacy Brethauer, MD, Wayne N. Burton, MD, Raymond J. Fabius, MD, Pamela Hymel, MD, MPH, Shanu Kothari, MD, Robert F. Kushner, MD, John Magaña Morton, MD, Kathryn Mueller, MD, MPH, Nicolaas P. Pronk, PhD, Mitchell S. Roslin, MD, David B. Sarwer, PhD, Brian S vazas, MD, MPH, Jeffrey S. Harris, MD, MPH, MBA, Garrett I. Ash, MSc, PhD, Jamie T. Stark, PhD, Marianne Dreger, MA, and Julie Ording, MPH

Joint session- New Orleans 2018
Diffusion

Diffusion Curve

Template

Market Share

Innovators 2.5%
Early Adopters 13.5%
Early Majority 34%
Late Majority 34%
Laggards 16%

Household Penetration Rates for Various Technologies

Sources: U.S. Department of Commerce, Census Bureau, Consumer Electronics Association, National Cable and Telecommunications Association, Nielsen/NetRatings.
Challenges
83% of Americans report that obesity is a very serious health problem

• Obesity and cancer tie as the top 2 most often cited serious health problems
• Four in 10 Americans who meet the BMI criteria for obesity have not talked with a doctor or health professional about their weight

Original article

Obesity in America

Raul J. Rosenthal, M.D. a,*, John Morton, M.D., M.P.H. b, Stacy Brethauer, M.D. c, Samer Mattar, M.D. d, Eric De Maria, M.D. e, Jennifer K. Benz, Ph.D. f, Jennifer Titus, M.P.H. f, David Sterrett, Ph.D. f
Long-Term Follow Up

- “Churn Rate”
- National Migration
- Payor Demands
- Increase Confidence for Patients
- Optimize Care for Providers
### August 30, 2017 MEDCAC Voting Scores

**Health Outcomes After Bariatric Surgical Therapies in the Medicare Population**

For the voting questions, use the following scale identifying level of confidence - with 1 being the lowest or no confidence and 5 representing a high level of confidence.

<table>
<thead>
<tr>
<th>Voting Member</th>
<th>Albrit</th>
<th>Campos-Outcalt</th>
<th>Mora</th>
<th>Olendorf</th>
<th>Salive</th>
<th>Williams</th>
<th>Yates</th>
<th>Zuckerman</th>
<th>Hilbert</th>
<th>Bick</th>
<th>Klein</th>
<th>Telem</th>
<th>Wolfe</th>
<th>Voting Member Average</th>
<th>Overall Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short Term</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>3.38</td>
<td>3.69</td>
</tr>
<tr>
<td>Mid-Term</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>2.75</td>
<td>3.15</td>
</tr>
</tbody>
</table>

1-5 with 1 low confidence and 5 high confidence

Benefit Outweighs Harm

Short Term 3.69

Mid-Term 3.15
What’s Next

- EMR
- Patient Reported Outcomes
- Biometric Scale
- Telemedicine
The Risks to Patient Safety From Health System Expansions

System expansions can have substantial effects on clinical care and patient safety, particularly when clinicians encounter changes in practice setting, patient population, or infrastructure.
The Risks to Patient Safety From Health System Expansions

Table. System Expansion Risks to Patient Safety

<table>
<thead>
<tr>
<th>Change</th>
<th>Examples of Risk Mitigation Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Patient Population</td>
<td>Implement dosing protocols based on age, weight, pregnancy status</td>
</tr>
<tr>
<td>Adding a new unit or procedure to an institution, such as a geriatrics unit, bariatric surgery, or a pediatric emergency department</td>
<td>Identify all hospital units that may care for new patient populations but are not in the direct care path (e.g., emergency department, psychiatry, physical therapy), and determine how their knowledge may need to be increased or modified; implement a maximum number of patients a physician can admit or care for per hour, per shift, or in active labor; provide protocols for managing withdrawal from alcohol or opiates</td>
</tr>
<tr>
<td>Significantly increasing the number of patients receiving care at an institution by consolidating a service line such as obstetric services, psychiatry services, or substance use disorder care</td>
<td></td>
</tr>
</tbody>
</table>

OPPORTUNITIES
The State of Obesity: Better Policies for a Healthier America 2018

G. Healthcare Coverage and Programs
   I. Medicare and Medicaid ........................................ 49
   II. Healthcare Systems and Hospital Programs ...................... 50
       Screening Services and Clinical Decision Support ........... 50
       Provider Competencies for the Prevention and Management of Obesity ........................................ 50
       Community Benefit Programs .................................. 50
       Healthy Food Procurement .................................... 51
       Breastfeeding Support ......................................... 51
OBESITY INSTITUTE

- WHITE PAPERS
- TEACH-INS
- SUMMITS
- WEB SITE
- LEARNING ACADEMY
- ADVOCACY
EXTENDING CONFIDENCE
BARIATRIC SURGERY: AMERICAN SURGICAL SUCCESS STORY

Bariatric Surgery In-hospital Mortality by Year 2002-2009
(N = 105,287)

Year
2002 2003 2004 2005 2006 2007 2008 2009
Deaths per 1,000
0.0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5

Nguyen et al. SOARD 2012
Does hospital accreditation impact bariatric surgery safety?

John Morton¹, MD, MPH, FACS, FASMBS
Trit Garg¹, BA
Ninh T. Nguyen², MD, FACS, FASMBS

¹Stanford University
²University of California, Irvine

134th Annual Meeting of the American Surgical Association
# In-Patient Outcomes

Morton, Ann Surg 2014

<table>
<thead>
<tr>
<th></th>
<th>Unaccredited</th>
<th>Accredited</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total charges (mean), $</td>
<td>51,189</td>
<td>42,212</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Any complication, %</td>
<td>12.3</td>
<td>11.3</td>
<td>0.001</td>
</tr>
<tr>
<td>Mortality, %</td>
<td>0.13</td>
<td>0.07</td>
<td>0.019</td>
</tr>
<tr>
<td>FTR, %</td>
<td>0.97</td>
<td>0.55</td>
<td>0.046</td>
</tr>
</tbody>
</table>

Abbreviations: FTR, failure to rescue
For obesity surgery, consider accredited centers

BY CAROLYN CRIST

(Reuters Health) - Patients have better weight loss surgery outcomes in accredited centers, a review of past studies has found.

Bariatric Surgery Outcomes in US Accredited vs Non-Accredited Centers: A Systematic Review

Dan Azagury, MD, John M Morton, MD, MPH, FACS, FASMBS

RESULTS:

Thirteen studies were published in a very short time frame and covered >1.5 million patients. Ten of the 13 studies identified a substantial benefit of Center of Excellence accreditation for risk-adjusted outcomes. Six of the 8 studies reported a considerable reduction in mortality in patients operated on in Centers of Excellence, with odds ratios ranging from 2.26 to 3.57 for non-accredited centers; 2 studies showed no significant difference. Similarly, morbidity was reduced in 8 of 11 studies, although more discreetly, with odds ratios ranging from 1.09 to 1.39.

http://dx.doi.org/10.1016/j.jamcollsurg.2016.06.014
ISSN 1072-7515/16
MBSAQIP Accreditation Required

- Blue Cross Centers of Distinction
- Aetna Institutes of Quality
- United/Optum Centers of Excellence
- Cigna Bariatric Centers of Excellence
# SAR Summary Data for Cases in CY2016

## 30-day Mortality Snapshot – All Cases

<table>
<thead>
<tr>
<th>Number of Sites</th>
<th>Total Cases</th>
<th>Death Cases</th>
<th>Mortality Rate (%)</th>
<th>Mean Site Mortality Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>783</td>
<td>185883</td>
<td>207</td>
<td>0.1114</td>
<td>0.1176</td>
</tr>
</tbody>
</table>

### 2016 30-Day Morbidity

- **LSG:** Leak, 0.22% ; SSI, 0.32%
- **LRNYGB:** Leak, 0.32% ; SSI, 1.35%
Any Readmission By Quarter
DROP 128 HOSPITALS

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Cases</th>
<th>Rate</th>
<th>% Change</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td>18230</td>
<td>4.02</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1</td>
<td>5416</td>
<td>4.39</td>
<td>9.20</td>
<td>0.22</td>
</tr>
<tr>
<td>2</td>
<td>5731</td>
<td>3.49</td>
<td>-13.18</td>
<td>0.07</td>
</tr>
<tr>
<td>3</td>
<td>5953</td>
<td>3.34</td>
<td>-16.92</td>
<td>0.02</td>
</tr>
<tr>
<td>4</td>
<td>5258</td>
<td>2.93</td>
<td>-27.11</td>
<td>0.0003</td>
</tr>
</tbody>
</table>
MBSAQIP STANDARDS

Accreditation Pathways for New Centers

- **Comprehensive Center**
  - Apply for Accreditation once all criteria for a Comprehensive Center are met
  - Must perform > 50 stapling cases annually
  - Can perform all approved procedure types
  - Centers are not permitted to operate on adolescent patients
  - Site visit required

- **Comprehensive Center with Adolescent Qualifications**
  - Apply for Accreditation once all criteria for a Comprehensive Center with Adolescent Qualifications are met
  - Must perform > 50 stapling cases annually
  - Can perform all approved procedure types
  - Site visit required

- **Low Acuity Center**
  - Apply for Accreditation once all criteria for a Low Acuity Center are met
  - Must perform ≥ 25 cases annually
  - Center must limit its performance of stapling cases to low acuity patients
  - Site visit required

- **Adolescent Center**
  - Apply for Accreditation once all criteria for an Adolescent Center are met
  - MBSAQIP Verified co-surgeon is required on all cases for Centers that perform < 25 cases annually
  - Can perform all approved procedure types
  - Site visit required

- **Ambulatory Surgery Center**
  - Apply for Accreditation once all criteria for an Ambulatory Surgery Center are met
  - Must perform ≥ 25 cases annually
  - Center must limit its performance of stapling cases to low acuity patients
  - Site visit required

MEDICAL WEIGHT LOSS
4.4-3 Comprehensive Endoscopy Services

Requirements

Comprehensive endoscopy services requirements:

1. Physician who has met credentialing criteria by the institution to perform diagnostic and therapeutic endoscopy.
2. Trained nursing staff responsible for assisting endoscopist in performing upper gastrointestinal (GI) endoscopy.
3. Comprehensive Centers must have comprehensive endoscopy services on-site. Centers seeking all other designation levels (Low Acuity, Ambulatory, and Adolescent) that do not have endoscopy capability must have a signed written transfer agreement that details the transfer plan of metabolic and bariatric surgery patients to another facility that fully meets all the above requirements.

Documentation

- The center demonstrates access to endoscopy services and meets the above requirements.

Measure of Compliance

Compliance: The center fulfills the following criterion:

- Provides documentation that access to endoscopy services is available and meets the above requirements.
Weight loss balloons now linked to 12 deaths
By Susan Scutti, CNN
Updated 6:22 PM ET, Mon June 4, 2018

Primary Balloon Insertions (Operation Dates in 1/1/2016 - 12/31/2016)
Total Number of Cases: 1003
Total Number of Centers: 108

<table>
<thead>
<tr>
<th>Occurrence</th>
<th>N</th>
</tr>
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<tbody>
<tr>
<td>Mortality</td>
<td>0</td>
</tr>
<tr>
<td>Morbidity</td>
<td>2</td>
</tr>
<tr>
<td>All Occurences Morbidity</td>
<td>43</td>
</tr>
<tr>
<td>Leak</td>
<td>0</td>
</tr>
<tr>
<td>Bleeding</td>
<td>3</td>
</tr>
<tr>
<td>SSI</td>
<td>0</td>
</tr>
<tr>
<td>All Cause Reoperation</td>
<td>9</td>
</tr>
<tr>
<td>Related Reoperation</td>
<td>9</td>
</tr>
<tr>
<td>All Cause Intervention</td>
<td>42</td>
</tr>
<tr>
<td>Related Intervention</td>
<td>36</td>
</tr>
<tr>
<td>All Cause Readmission</td>
<td>22</td>
</tr>
<tr>
<td>Related Readmission</td>
<td>20</td>
</tr>
</tbody>
</table>