Providing a Full Continuum of Care: The Cleveland Clinic Model

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Agenda

1. Bariatric Surgery Program Overview
2. Program Structure & Clinical Core and Ancillary Teams
3. Continuum of Care
4. Bariatric Surgery Pathways
5. Patient Navigation and Optimization
Bariatric Surgery Locations

The Lutheran Bariatric Surgery Program will be a modified version of existing CC programs tailored for lower complexity patients and using MBSAQIP requirements as a guideline.
# Program Overview

## Cleveland Clinic Bariatric Surgery Program

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CONTINUUM OF CARE

Utilization of clinical protocols that facilitate the standardization of perioperative care for the relevant procedure

Protocols used are a sequence of orders and therapies describing the routine care of the metabolic and bariatric patient from the initial evaluation through the long-term follow-up
Continuum of Care Overview

Support Groups
Multi-Disciplinary Care Coordination
Perioperative Care Pathways
Patient Education
Short-term Follow-ups
Long-term Follow-ups
Multi-Disciplinary Care Coordination

- Coordinated Care throughout Care Continuum
  - Surgeons
  - Dietician
  - Psych
  - Obesity Medicine
  - Specialists

*Indicates MBSAQIP Requirement
Patient Education

- Clearly Defined Education Pathway*
- Bariatric Surgery Seminars
- Provide Clear Guidance on Metrics & Alternative Treatments*
- Provide Clear Guidance on Course of Perioperative Care*

*Indicates MBSAQIP Requirement
Perioperative Care Pathways

- Structured Clinical Pathways for Evaluation of Patients Seeking Surgery*
- Clearly Defined Selection Process and Criteria Based on Resource Limitations*
- Standardized Order-Sets*
- Preoperative & Postoperative Nutrition Regimens*

*Indicates MBSAQIP Requirement
Follow-ups

- Documentation of Follow-up Plan for Each Surgeon*
- Provided by a Physician, NP, CNP, PA, or RN with Extensive Experience in Bariatrics*
- Required to send a minimum of 1 call and 1 letter for each period*
- Follow-up Periods:*
  - 30 Days
  - 6 Months
  - 1 Year (annually thereafter)

*Indicates MBSAQIP Requirement
Support Groups

- Provide Regularly Scheduled, Organized, & Supervised Support Groups*
- Occur Quarterly*
- Oversight of Support Groups Provided by Licensed Health Care Provider*

*Indicates MBSAQIP Requirement
Bariatric Surgery – Pathway Overview

Entryway
- Bariatric Seminar
- IPW Submission
- IPW Team Review
- Pathway Selection

Benefits Clearance
- Confirmation of Benefits

Clearance Process
- Core Clearances
  - Surgical Clearance
  - Psychology Clearance
  - Medical Clearance
  - Dietary Clearance

Pre-Approval Letters
- Verification of eligibility
  - Development of Insurance Letter

Surgical Case
Initial Patient Worksheet (IPW) Questionnaire

- 16 page document includes:
  - Demographics and insurance information
  - Weight and dietary history inclusive of any previous behavioral or medical treatment for weight loss
  - Current medications, medical, and surgical history, prior bariatric surgery
  - Psychological or emotional disorders
  - Recent diagnostic exam, review of systems, social history with substance abuse information
  - Sleep apnea screen, ambulatory status, and expectations for weight loss

Questionnaire submitted for review by IPW team for determination of eligibility for weight loss surgery according to the NIH guidelines and current recommendations of the ADA and International Diabetes Federation Task Force
Checklist Prior to Triage to Surgical Pathways

- Online seminar or live seminar completed
- Medical qualification for weight loss surgery established and insurance coverage verified
- Triaged into one of (8) different clinical preoperative surgical pathways based on the presence and complexity of underlying comorbidities
Cleveland Clinic Pathways

- **Green** - BMI 40 and above, no medical/no mental health diagnosis
- **Red** - Medical co-morbidities/no mental health diagnosis
- **Yellow** - Mental health/no medical co-morbidities
- **Orange** - Both mental health and medical co-morbidities
- **Purple** - Revision
- **Blue** - Pediatrics
- **Pink** - BMI 30-34 with poorly controlled diabetes *New!*
- **Gray** - Patients with complications that need to proceed *New!*
High Risk Medical Pathway

**Determination:**

1. Age > 60
2. BMI > 60
3. ASA Class IV
4. > 8 co-morbid conditions (One of 8 = BMI or HTN)
5. Prior CV event (MI, CVA, "mini-stroke,"TIA)
6. Life-threatening co-morbid conditions
   1. Known sleep apnea – non-compliant with CPAP
   2. HgA1C >8% (avg blood sugar over 200)
   3. Diabetic Nephropathy, Retinopathy, Neuropathy
   4. Cirrhosis
   5. Pulmonary HTN
   6. Poorly managed Pseudotumor cerebri (severe headaches or impending vision loss)
   7. Significant coagulopathy including history of PE, bleeding diathesis, hypercoaguable syndrome, excessive bleeding, >1 DVT, on Coumadin or Plavix
   8. Chronic steroid therapy
   9. O2 Dependent (not necessarily constant)
   10. Wheelchair-bound most of the time
   11. Systemic disease and poor functional capacity (including MS, Inflammatory bowel disease, scleroderma, SLE, cancer, etc.)
   12. Severe venous stasis ulcers
   13. Recent complaint of chest pain, undiagnosed
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Surgical Case
Pathway Assignment Criteria

Patient Treatment Pathways

Blue Pathway:
- Starts with Peds Nutrition and psych
- Consult with Scheuer
- Complete insurance requirements and medical clearances
- Submit to insurance
- Surgery

Purple Pathway:
- Nurse Review
- Decides if
  - Dietary
  - Mechanical
- Consult with Scheuer
- Tests Ordered
- Complete insurance requirements and medical clearances
- Submit to insurance
- Surgery

Orange Pathway:
- Starts with Psychology
- Decides if
  - Unsuitable Candidate
  - Cleared to Continue
- Referral to Endo for MSWL
- Starts Nutrition and sees Dietician same day
- Complete insurance requirements and clearances
- Submit to insurance
- Approval received, surgery scheduled

Red Pathway:
- Patient Inquires about the Program
- Decides on In Person vs. Online Seminar
- In Person Seminar
- Completes Individual Personal Worksheet (IPW) and Quiz
- Insurance Coverage Confirmed along with requirements
- IPW reviewed and patient is assigned pathway according to medical history
- Approval received, surgery scheduled

Legend:
- Blue
- Purple
- Orange
- Red
Red Pathway Assignment Criteria

Red Treatment Pathway

Medical:
- Patients sees Bariatrician or Advance Practice Nurse (APN) for H&P
  - Standard Pre-op testing (lab, EKG, ultrasound, chest X-ray)
  - Specialized orders as needed for patient condition (sleep study, consults: sleep, cardiac, endocrine, nephrology, vascular, etc.)
  - Documents compiled, reviewed and dispensed for clearance
  - Yes Patient cleared
  - No

Psychology:
- Initial Consultation
  - Hold cleared Nutrition cleared All
  - Cleared to see Nutrition ONLY during Psych treatment
  - Psych Hold, needs additional work and treatment
  - No Candidate
  - Yes

Nutrition:
- Initial Nutritional Evaluation
  - Group classes provided for SWL requirements of their Insurance Company
  - Individual classes for needed education or special circumstances
  - Yes Cleared
  - No

Surgeons:
- Review H&P
  - Discuss operation best for medical history, weight and risk profile
  - Choose operation of choice and need
  - Await medical and insurance clearance
  - Schedule PAT, surgery

Letter to Insurance Company

Dismissed from program

Psych cleared for surgery

Surgery
Outline

Weight Loss Surgery

Preop

DOS

Labs

Adjusting Meds

DVT PPx

Podop

POD1 POD2 POD3

DC

Post DC Complications

POD10

Cleveland Clinic
Perioperative Evaluation

- Starts with initial visit and extends to preoperative visit
- Evaluation/optimize comorbidities
- Review labs/diagnostic tests
- Adjusting Medications
Initial Medical Evaluation

Metabolic Risks of Male Obesity
1. Have unknown comorbidities of obesity been identified?
Initial Medical Evaluation

1. Have unknown comorbidities of obesity been identified?
2. Have the identified comorbidities been medically optimized?
Initial Medical Evaluation

1. Have **unknown** comorbidities of obesity been identified?

2. Have the identified comorbidities been medically optimized?

3. Is the patient at an acceptable cardiopulmonary risk for bariatric surgery?
Known Comorbidities of Obesity:

1. Migraines
2. Depression/Dementia
3. Pseudotumor Cerebri
4. Obstructive Sleep Apnea
5. Dyslipidemia/Hypercholesterolemia
6. Asthma
7. Non-Alcoholic Fatty Liver Disease
8. Cardiovascular Disease
9. Nephropathy
10. Hypertension
11. Metabolic Syndrome
12. GERD (Reflux Disease)
13. Type II Diabetes Mellitus
14. Sexual Dysfunction
15. Degenerative Joint Disease
16. Venous Stasis Disease
17. Gout
Potential to Improve Postoperative Outcomes

• Bariatric surgery patients in a better position than most surgery candidates because of longer preoperative period

• During this time, multidisciplinary team can work together with the surgeon to optimize:
  - Medical/psychological conditions
  - Functional capacity
  - Nutritional/micronutrient deficiencies
Pathway Navigation/Optimization
Patient Navigation

• Team Focus
  - Facilitating patient’s journey through the care process to bariatric surgery

• Navigation Responsibilities
  - Facilitation of initial patient workup (IPW)
  - Triage of treatment pathway
  - Benefit checks for bariatric surgery
  - Assisting patients in navigating the pre-authorization process
  - Coordinating necessary appointments and testing to obtain clearances
  - Finalizing insurance approval for surgery
Navigator Role – Bariatric Surgery Pathway

Entryway
- Web Inquiries
- Completed IPWs

Benefits Clearance
- Benefit Checks
- Exclusions
- Qualified Candidates

Clearance Process
- Wait Times
- Percent No-Show
- Core Clearances

Pre-Approval Letters
- Letters
- Approvals

Surgical Case
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Surgical Case
Cleveland Clinic Navigation Team Current State

- Qualified patients per Year: 1278
- Current conversion rate: 58%
- Bariatric Surgeries a year: 741
Cleveland Clinic Bariatric Surgery Volume

<table>
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<tr>
<th>Campus</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hillcrest</td>
<td>3</td>
<td>19</td>
<td>39</td>
</tr>
<tr>
<td>Fairview</td>
<td>70</td>
<td>69</td>
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</tr>
<tr>
<td>Main Campus</td>
<td>641</td>
<td>557</td>
<td>614</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>714</td>
<td>651</td>
<td>740</td>
</tr>
</tbody>
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Key Performance Indicators
Increase Patient Ownership

• Involve them in plan
• Have them assist in tracking their progress
• Teach them what is needed for final approval
• Make sure they understand it is a process that takes time
Let the patient take ownership of their treatment and responsible for their own actions and delays.
Involve Your Team

- All team members emphasize use of pre-op patient tracker
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Pathway Selection
Shift in the Bariatric Surgery Procedure Done in the U.S.

55% → 34.2%
35% → 14%
8% → 42.1%
2% → 1%
13th Annual Obesity Summit

Diabetes, Obesity, and Cardiology Summit

October 11-12, 2018
Cleveland, OH | Biloxi, MS

Two locations! Choose the best for you

Register Today!
Thank You