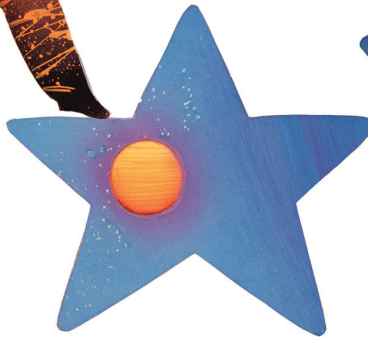


Centers EXCELLENCE...

by Barbara Thompson



Weight loss surgery patients have a seemingly insatiable desire to know absolutely everything about the surgery. And in our quest for knowledge we have been drawn into an alphabet learning curve, as we have had to learn a whole new set of acronyms: RNY, BMI, and now COE's.

COE's or Centers of Excellence are touted to be the savior of weight loss surgery nationwide. If they work the way they should, they will provide us with a safer, more effective surgery and more assurance of coverage by our insurance company. And that is what everyone wants: patients, surgeons, hospitals and insurance companies alike. And all of them are involved in the Centers of Excellence movement. The movement is an inevitable transition because some practices got a little ahead of themselves with some tragic patient results. So let's first put this into historical context to find out what all this means to the new patient and post-operative patient alike.

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Coming to a Practice Near You

A Step Back in History

When bariatric surgery was first performed in the 1950's and 1960's, the results were less than ideal. In some cases, patients lost weight but with sometimes tragic results. Patients experienced significant daily bouts of diarrhea, liver disease, and malnourishment. There was a much higher mortality rate than exists now. Those who performed the surgery were not viewed very favorably by their colleagues who performed surgery in more traditional ways.

It was not until the late 1960's that Dr. Edward Mason was able to perform bariatric surgery with few complications. It took quite a while for those early failures to be forgotten, but bariatric (or weight loss) surgery was eventually considered a specialty in the field of General Surgery. That recognition was an important early step toward legitimatizing weight loss surgery. When the National Institutes of Health recognized the effectiveness of bariatric surgery in its Consensus Statement of 1991 and established criteria for who should have weight loss surgery, the popularity of the surgery started to grow.

With the increase in the number of people who qualify for surgery, and the more general awareness of the surgery brought on by celebrity patients such as Carnie Wilson, Al Roker, and Sharon Osbourne, there was a corresponding rush on the part of the morbidly obese to have the surgery also, and the number of surgeries per year exploded. The numbers went from 4,900 surgeries in 1990 to 86,000 just 12 years later in 2002. From

that trend, Eastern Carolina Researchers estimated that there would be 140,000 surgeries performed in 2003, but it did not happen. The numbers fell short by about 35,000, not for lack of people wanting the surgery, but because insurance companies put on the brakes.

With so many requests for surgery, this put some insurance companies on full alert. Red flags went up everywhere. There was concern that so many people would have the surgery that insurance companies couldn't afford it.

Insurance companies and long established bariatric surgeons became concerned about all of the general surgeons and hospitals that jumped on the weight loss surgery bandwagon. Some saw the surgery as a way of filling operating rooms. Some surgeons who were accustomed to doing laparoscopic surgery wanted to add weight loss surgery to the repertoire of the surgery they were already doing, reasoning that one laparoscopic surgery was like another. Some surgeons started offering the surgery even though they only took a weekend course and had no program in place.

Their patients were at risk due to their surgeon's inexperience, and patients had no idea what to do following surgery because there was no aftercare program in place. The results in some cases were tragic. The mortality rate for these inexperienced doctors was higher, and with no program of aftercare, many patients started to regain their weight or not lose as much as they thought they should have in the first place.



for patients,
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insurance
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Insurance companies started wondering about the efficacy of weight loss surgery. They wondered if it is really as effective as patients and surgeons claim, if patients are regaining weight after a year or two. It is estimated that between 5 and 15 percent of patients fail the surgery or the surgery fails them.

Many insurance companies have also been influenced by the horror stories that are repeated in the press. Each death is tragic to the families and to us as a weight loss surgery community. But it makes a sensational story for the press to report on the death of a WLS patient in a way that the media would never do for the death of a heart bypass patient.

As concerned as insurance companies have been, it pales in comparison to the concern felt by surgeons in long established practices, as well as officers of the American Society of Bariatric Surgery (ASBS). To proactively address these problems, the idea of forming Centers of Excellence (COE's) was born. Although there are hundreds of excellent programs around the country, there are no criteria to identify those programs that are especially good. We all want to think that our surgeon is the best. We are so grateful for the chance to lead a healthier and more normal life and often see the surgeon who provided that chance as our savior.

But some surgeons and some programs are, in fact, better than others. And there is now an answer as to how we identify those that stand out above all others. The designation of a Center of Excellence will be awarded by a non-profit organization called the Surgical Review

Corporation (SRC). The Corporation was formed by the ASBS, but acts autonomously. "It is important that the SRC not be seen as an 'old boys club,'" says Gary Pratt, the Executive Director of the Surgical Review Corporation. "All surgical practices have the ability to become Centers whether they are small practices from community hospitals or large university facilities. We are kept at arm's length from the ASBS, so there will not be that perception."

So what do Centers of Excellence mean to us as patients?



It signifies to us that a practice is committed to providing patients with the best chances of safety during the surgery and success thereafter. It means that we do not have to rely on "word of mouth" recommendations anymore. It means hopefully, that we will be able to get approval for our surgeries more easily through Centers of Excellence because insurance companies will feel confident that they are paying for good care. And it means that weight loss surgery will be around for a long time.

"We need to develop standards for training and for resources," says Dr. Walter Poires, who serves as President of the Board of Governors of the Surgical Review Corporation. "And we especially need to be able to compare successes, so that we can learn from each other. If Dr. A has a 5% complication rate and Dr. B has



Here are the criteria that practices must meet...

- The hospital must have a high level of commitment to the medical care of bariatric patients and have a regular program of in-service training.
- The practice must perform at least 125 cases per year. Studies show that those practices that perform more surgeries have more success.
- There must be a Medical Director of Bariatric Surgery.
- A full team of specialists is available for the care of the patient.
- The hospital must have appropriately sized equipment and furniture.
- The bariatric surgeon must be Board certified.
- Bariatric surgery is to be done following standardized procedures.
- There must be a designated nurse or physician extender who is involved in the continuing care of patients.
- There must be availability of a support group.
- The practice must follow up on 75% of patients after 5 years and show outcomes.

a 2% rate, then we can look at why.”

“By collecting data, we will be able to determine what surgery is the best for which patient. For instance, we have learned that African American women do not do as well with weight loss with the standard RNY operation as Caucasian women. By lengthening the bypassed limb, we are able to achieve better results. By sharing data through the Centers of Excellence, we will be able to discover more things like this,” says Dr. Poires.

Gary Pratt, the SRC Executive Director says, “I see the goals as improved reimbursement, lower professional liability and the ability to collect data from all over the country and to compare outcomes.”

For patients, it means that insurance companies should give insurance approval more easily if the patient is having surgery at a Center of Excellence.

The first round of practices submitting their applications must have them in by Oct 31st. During the first quarter of 2005 there will be site visits by established surgeons in the field. And during the ASBS annual meeting in June there will be the announcement of those practices receiving Center of Excellence awards.

Deb Webster is one of the many bariatric coordinators across the country who is working overtime to gather all of the information for the application process. Deb is the coordinator of the Comprehensive Bariatric Program at Mercy Medical Center in Sioux City, IA. “We developed our own database and receive data from our 2

offices. Each time a patient is seen, a form is completed which is faxed to me and I enter the data,” says Deb. “The criteria is a bit troublesome. Having to collect data from 75% of patients may be difficult. We are a new practice, so collecting data for our past 2 years has been OK for now, but following patients for 5 years will be more difficult.” When asked what she likes most about the Centers of Excellence, Deb does not hesitate. “It is a great marketing tool. It shows that we have skilled surgeons and a facility that will ensure patient safety. You have to be doing top notch work to be a Center of Excellence. Not that we won’t have complications. Because of patient size and complications going into the surgery, you can’t guarantee that there will be no complications. But I am excited to be part of this.”

Each and every patient can be part of the continuing evolution of weight loss surgery as the solution to the horrible disease of morbid obesity. As patients, we need to play our part in this movement. When asked to come in for a follow up visit, you have an obligation to cooperate. If you don’t provide the practice with follow up data, it could put the practice’s Center of Excellence status in jeopardy. We each represent data that will be used to better understand weight loss surgery so that through research, better and safer procedures will be developed for those patients coming after us. If your results are not what you had hoped, your statistics are even more important. There are things to learn from all levels of our success. ■

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