

Part 4: The American Society for Metabolic and Bariatric Surgery Bariatric Surgery Center Of Excellence Bariatric Quality Improvement Program (ASMBS BSCOE/BQIP) – Joint Task Force Recommendations for Credentialing of Bariatric Surgeons

William Inabnet, III, MD; Eric Bour, MD; Christopher Joyce, MD; Kim Marley, MD; Joe Moran, MD; Ronald Clements, MD; John Morton, MD; Kevin Reavis, MD; William S. Richardson, MD; Shean Satgunam, MD; Arthur M. Carlin, MD; Jonathan Finks, MD; Matt Hutter, MD

“The ASMBS has embarked on an evaluation of our current BSCOE program. Throughout the last 10 months, many of our colleagues have been working in ASMBS committees and sub-committees to evaluate different parts of the current program and make proposals for an evolution of the program. Those proposals are now ready for member comment and input. The fourth installment focuses on the work of the Joint Task Force working on recommendations for credentialing. Once all of the information has been presented, we will have a survey/comment period, so that you can give the leadership your feedback.”

Robin Blackstone, MD, ASMBS President

Background

The field of bariatric surgery continues to grow, attracting surgeons with expertise in laparoscopic, gastrointestinal and bariatric surgery. With the implicit goal of assuring that surgeons have met minimum criteria to safely perform bariatric surgery, three national surgery associations (American Society for Metabolic and Bariatric Surgery (ASMBS), American College of Surgeons (ACS) and the Society for American Gastrointestinal and Endoscopic Surgeons (SAGES)) independently created credentialing guidelines to guide hospitals and institutions in the credentialing process for bariatric surgery. The guidelines were thoughtfully written to assist local credentialing committees in the evaluation of an applicant’s qualifications and were not developed to become a standard of care.

Both the ASMBS Bariatric Center of Excellence program (ASMBS BSCOE) and the ACS Bariatric Surgery Center Network (ACS BSCN), were developed to improve the quality of patient care and have been recognized by the Centers for Medicare and Medicaid Services (CMS). By creating a culture of data and outcome tracking, these two novel programs fostered a dramatic improvement in outcomes and a significant reduction in patient mortality. In 2012, under the leadership of the ASMBS, in partnership with the ACS and in collaboration with the Michigan Bariatric Surgery Collaborative (MBSC), a unified Bariatric Surgery Center Of Excellence Bariatric Quality Improvement Program (BSCOE BQIP) is being developed.

With the quest for unification, this joint task force (members listed in table 1 below) was created to develop a set of credentialing guidelines consolidating the three existing credentialing guidelines into one document. The guidelines will seek endorsement from the leadership of the ASMBS, SAGES, ACS and the SSAT.

ASMBS	ACS	SAGES	MBSC	SSAT
William B. Inabnet III, MD (Chair)	Ronald Clements, MD	Kevin Reavis, MD	Arthur M. Carlin, MD	Matt Hutter, MD
Eric Bour, MD	John Morton, MD	William S. Richardson, MD	Jonathan Finks, MD	
Christopher Joyce, MD		Shean Satgunam, MD		
Kim Marley, MD				
Joe Moran, MD				

Table 1: Joint Task Force Members

Purpose

The purpose of this document is to recommend guidelines to local credentialing committees for the credentialing of surgeons to perform bariatric surgery. These guidelines aim to ensure that bariatric surgeons have undergone appropriate training and achieved a certain minimum level of skill to safely perform bariatric surgery and to recognize and treat complications. These guidelines offer recommendations to institutional credentialing bodies regarding

surgeon experience and training for surgeons seeking bariatric surgery privileges. It is acknowledged that special circumstances may apply to an applicant surgeon's training background and thus guidelines must allow for flexibility. Ultimately, the decision to credential a surgeon resides with the local institution credentialing committee or their appointee. Credentialing recommendations should be stringent enough to assure patient safety, but not so stringent as to compromise access to care by limiting the number of surgeons credentialed to perform bariatric surgery. Credentials should also address and reinforce the quality metrics/parameters that have been established within the specialty for safe practice.

Recommendations

General Requirements

1. Completion of an accredited general surgery residency.
2. Certified, or eligible to be certified, by the American Board of Surgery or equivalent (American Osteopathic Board of Surgery, Royal College of Physicians and Surgeons of Canada). Exceptions to the board certification requirement can be made on a case-by-case basis.
3. State medical licensure in good standing.
4. Participation within a structured bariatric program that provides or coordinates comprehensive, interdisciplinary care of the bariatric patient.
5. Commitment to use bariatric surgery clinical pathways.
6. Participation with the ASMBS Bariatric Quality Improvement Program (ASMBS BQIP), or a comparable surgical society-sponsored program, including compliance with program or institution data entry into an outcomes registry.
7. Dedicated support from facility or hospital administration with commitment for clinical excellence in bariatric surgery.
8. Facility maintains necessary ASMBS BSCOE/BQIP, or similar surgical society-sponsored program-approved infrastructure to care for the bariatric surgery patient.

Bariatric Surgeon Requirements

1. Formal didactic training in bariatric surgery which includes either completion of a bariatric surgery fellowship or completion of a general surgery residency with wide exposure to bariatric surgery and accredited participation with an ASMBS BSCOE/BQIP or similar surgical society sponsored program
2. Supporting documentation, including a case log list or bariatric surgery training certificate, should be provided to allow the credentialing committee to assess the applicant surgeon's bariatric surgery experience.
3. Privileges to perform gastrointestinal surgery.
4. Privileges to perform advanced laparoscopic procedures.
5. It is recommended, but not required, that the applicant surgeon participate with a dedicated bariatric-specific call schedule for unassigned patients, 24 hours per day, seven days per week.
6. Maintain a minimum of eight hours/two years of bariatric surgery specific AMA PRA Category 1 Credit(s)[™].
7. The surgeon applicant is required to participate with the ASMBS BQIP, or similar surgical society sponsored outcomes registry and feedback process whereby a program's outcomes are assessed and used to constructively adjust clinical pathways to improve patient safety. If the surgeon applicant is participating with the ASMBS BQIP, he/she is strongly encouraged, but not required, to attend the BQIP's regional, biannual, quality improvement meetings during which high quality, risk adjusted outcomes data will be provided to surgeons and facilities regarding their performance and to ensure, if the surgeon/medical director cannot attend, that the facility program is represented. The composite outcomes measure will determine how an institution compares to its peers and permit development of a targeted improvement strategy at the local level. **This requirement replaces the previous volume requirement. As such, there is no minimum number of required bariatric surgery cases to receive credentials in bariatric surgery; however, credentialing committees may determine a minimum number of cases as local circumstances dictate.**

Covering Bariatric Surgeon Requirements

1. Trained and qualified general surgeons with credentialed privileges to treat upper gastrointestinal disease.
2. It is strongly encouraged, but not required, that covering surgeons maintain eight hours of bariatric-specific AMA PRA Category 1 Credit(s)[™] every two years.
3. It is recommended, but not required, that covering surgeons who are not credentialed to perform bariatric surgery complete a didactic course on treating complications and emergencies in bariatric surgery.

Criteria for Surgeons with No or Limited Experience in Bariatric Surgery or Advanced Laparoscopy

1. Applicant surgeon must complete a structured training curriculum in bariatric surgery.
2. The applicant surgeon's initial cases should be performed as co-surgeon with a fully credentialed bariatric surgeon. The absolute number of co-surgeon cases will be determined by the local credentialing committee.
3. It is advisable that the first laparoscopic cases be of lesser difficulty with careful patient selection.
4. A provisional credentialing approval is strongly encouraged until proficiency has been established.

Types of Procedures

1. The following procedures qualify as bariatric procedures (open or laparoscopic) under these credentialing guidelines:

- Roux-en-Y gastric bypass
- Laparoscopic adjustable gastric banding
- Biliopancreatic diversion with duodenal switch
- Biliopancreatic diversion without duodenal switch
- Sleeve gastrectomy
- Revisional bariatric surgery
- Urgent or emergent surgery due to complications from bariatric operations

2. Investigational procedures should be performed under an IRB-approved protocol.
3. Local credentialing committees may wish to delineate separate but linked requirements for those procedures requiring gastrointestinal stapling versus those that do not.
4. Endoluminal bariatric procedures are not covered by these guidelines and should be credentialed under endoscopic privileges. Practitioners performing endoluminal bariatric procedures should be credentialed to perform bariatric surgery.

Maintenance and Renewal of Privileges

1. Privileges to perform bariatric surgery should be renewed at a minimum of every two years.
2. Maintenance of Certification by the American Board of Surgery or its equivalent.
3. Eight hours of bariatric surgery specific AMA PRA Category 1 Credit(s)[™] every two years.
4. Continued active participation within a structured bariatric surgery program.
5. Ongoing participation with the ASMBS BQIP or surgical society-sponsored program. The surgeon must demonstrate continued critical assessment of his/her outcomes as determined by the composite outcomes measures or periodic review of outcomes from the ASMBS outcomes data registry or similar surgical society-sponsored outcomes registry.

Credentialing will play an important role in the ASMBS BSCOE/BQIP. Before we seek endorsement from the leadership of the ASMBS, SAGES, ACS and the SSAT, we welcome your thoughts and comments. In addition, please remember a survey will be sent out in the coming days.

References

1. Clements R, Saber A, Teixeira J, Provost D, Fanelli R, Richardson W; Society of American Gastrointestinal and Endoscopic Surgeons Guidelines Committee. Guidelines for institutions granting bariatric privileges utilizing laparoscopic techniques. Society of American Gastrointestinal and Endoscopic Surgeons Guidelines Committee. Surg Endosc. 2011 Mar;25(3):671-6
2. American College of Surgeons Bariatric Surgery Center Network Program Manual, V4.03-01-11
3. American Society for Metabolic and Bariatric Surgery, Guidelines for granting privileges in bariatric surgery, October 2005.

Surgeons performing bariatric surgery should possess the necessary skills to perform open bariatric surgery in the event it becomes necessary to convert to an open procedure [32]. Weight loss surgery for individuals with BMI ≥ 30 -35 kg/m² and comorbidities merits consideration given the poor results of nonoperative weight loss regimens [60]. One controlled trial of laparoscopic AGB in this group found superior weight loss, resolution of metabolic syndrome and improvement in quality of life versus medical management at 2-year follow-up [61].

Center of Excellence designation programs have gained traction [95] and are maintained by the American College of Surgeons [104] and the American Society for Metabolic and Bariatric Surgery [105]. Guidelines for bariatric programs. American Society for Metabolic and Bariatric Surgery Bariatric Surgery Center of Excellence Program (ASMBS BSCOE). When the BSCOE program was developed in 2004, the ASMBS established ten standards by which facilities and surgeons would be evaluated as providing excellent quality of care in bariatric surgery (Table 14.1). The BSCOE designation became a commercially valuable designation, with some insurance payers, including the Centers for Medicare and Medicaid Services (CMS) requiring the designation in order to participate in their network of care. Table 14.1. The ten original requirements for The American Society for Metabolic & Bariatric Surgery (ASMBS) is a non-profit medical organization dedicated to metabolic and bariatric surgery, and obesity-related diseases and conditions. It was established in 1983, and its stated vision is "to improve the public health and well being of society by lessening the burden of obesity and obesity-related diseases throughout the world." The ASMBS is the largest non-profit medical organization dedicated to metabolic and bariatric surgery, and obesity-related diseases and conditions.

Introducing a new ASMBS-endorsed program organized to fulfill the didactic requirements for ASMBS certification and standardize the required Fellowship Council Curriculum. [Learn More](#). [Treat Your Obesity Whiteboard Videos](#).