



**Blue Distinction Centers for Bariatric Surgery®**  
 Clinical Program Requirements for 2010 Mid-Point Designations

Evaluation is based primarily on the facilities' responses to the Blue Distinction Centers for Bariatric Surgery® detailed clinical request for information (RFI) survey that examines structure, process and outcome measures for bariatric surgery services. Blue Distinction Centers for Bariatric Surgery are required to provide a comprehensive set of surgical options for all types of bariatric patients. A facility must score a minimum total of 90 points (out of 100) to become eligible, which consists of a combination of all 20 points in the Required criteria plus a minimum of 70 points from the Core criteria. Facilities that have achieved full accreditation by either the American College of Surgeons (BSCN level 1a or 1b) or American Society for Metabolic and Bariatric Surgery (BSCOE - Bariatric Surgery Center of Excellence) will not be required to complete section two of the survey. Additional factors may be considered by BCBS Plans and may affect the decision to invite a facility to participate in the program. For more detail on the BDC Selection Criteria, contact the BDC Administrator at [bcadmins@bcbsa.com](mailto:bcadmins@bcbsa.com)

CATEGORY	RFI#	CRITERIA DESCRIPTION	2010 CORE POINTS
<b>PRELIMINARY SURVEY &amp; SECTION I – To be completed by all facilities</b>			
<b>BUSINESS REQUIREMENTS</b>			
Provider Participation	Prelim 9 13c	All Bariatric and General Surgeons providing care to bariatric patients at the facility have active Preferred Provider Organization (PPO) network participating provider agreements with the local Blue Cross and/or Blue Shield Plan, pending Blue Distinction designation to the extent required by the local Blue Plan	Required
Facility Participation	Prelim 10	Facility is a participating provider with its local Blue Plan PPO network	Required
Subspecialists	14	Proportion of the bariatric surgical care providers and/or provider groups (i.e., anesthesiologists, radiologists, pathologists, gastroenterologists) that have current agreements with the local Blue Cross and/or Blue Shield Plan	Informational
<b>FACILITY STRUCTURE</b>			
Facility Information	Prelim 1; RFI 1, 2	Location where services are rendered and contact person responsible for completing the RFI	Required
Acute Inpatient Facility	Prelim 2	Facility is an acute care inpatient hospital with intensive care and emergency room services	Required
Accreditation	Prelim 3	Full facility accreditation by a CMS-deemed national accreditation organization	Required
Inpatient Emergency Services	Prelim 4	24/7 availability of appropriate in-house emergency physician coverage for immediate responses to clinical events (e.g. intensivist, hospitalist, critical care specialist, pulmonologist)  *If no in-house emergency medical response team, the facility must have an ER physician who is able to respond to inpatient clinical events.	Required

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CATEGORY	RFI#	CRITERIA DESCRIPTION	2010 CORE POINTS
Duration	Prelim 5; RFI 3	Facility must have been actively performing bariatric surgery for the most recent 12-month period	Required
Bariatric Emergency Services	Prelim 8; RFI 15	24/7 availability of a Bariatric Surgeon and/or qualified general surgeon trained in the management of the bariatric surgical patients for emergency evaluation and treatment	Required
Inpatient Surgeon/Physician Coverage	15	24/7 in-house physician availability (intensivist, hospitalist, pulmonologist) for emergency evaluation and interventional procedures such as insertion of central venous line, Arterial line, or initiate an artificial airway	Required
Radiology Services	15	24/7 availability of diagnostic or interventional radiology including CT or MRI	Required
On-call Coverage	16	A written plan that outlines the on-call coverage for inpatients and outpatients	Required
Leapfrog	17	Facility publicly reports on the Leapfrog Web site via the Leapfrog Group Quality and Safety Hospital survey	1 point
	17b	If facility does not report to Leapfrog, facility participates in other initiatives that encourage the sharing of best practices, incorporates data feedback for objective analysis, and promotes collaborative improvement. *Alternate initiatives will be reviewed on a case by case basis.	
Institute for Healthcare Improvement (IHI)	18	Facility participates in IHI with a commitment to patient safety	1 point
Bariatric Accreditations/ Designations	21	Facility that have the following accreditations/ designations: <ul style="list-style-type: none"> <li>ACS BSCN Program Level 1a or 1b- Full Approval</li> <li>ASMBS BSCOE - Full Approval</li> </ul> *If facility has full approval from either ACS BSCN or ASMBS BSCOE, as above, then the facility will not have to complete Section II of the RFI survey. **This criteria will become required during the next full RFI cycle.	70 points (ACS BSCN Level 1a or 1b Full Approval or ASMBS BSCOE Full Approval) <b>OR</b> Points awarded from Section II
Outpatient Bariatric Procedures	4	Types of bariatric procedures being performed at facility on an outpatient basis	Informational
<b>TEAM STRUCTURE</b>			
Primary Bariatric Surgeon's Experience	Prelim 7; RFI 13a	Board certified / Eligible by the American Board of Surgery or an equivalent recognized by the ACGME as a general surgeon.	Required
	13a	Primary Bariatric Surgeon must be actively managing/ performing bariatric surgery at site for 1 year	Required
	Prelim 7; RFI 13a	Must have performed/managed $\geq 50$ bariatric cases within the most recent 12 months	Required
	Prelim 7; RFI 13a	Must have performed/managed $\geq 125$ bariatric surgical cases in career, of these at least $\geq 10$ open bariatric cases and $\geq 25$ laparoscopic bariatric cases  *If career experience for open bariatric surgical cases is $< 10$ procedures, then primary bariatric surgeon must provide the total number of open complex abdominal general surgical cases performed in their career	Required

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Non-Bariatric Attending Surgeon(s)	13b	<p>Qualified general surgeons providing bariatric surgery patient coverage must meet the standards set by the SRC</p> <p>* SRC(Standard 6) - In order for the on-call surgeon to demonstrate significant experience in managing bariatric patients and their complications, they must be:</p> <ul style="list-style-type: none"> <li>• Board certified or eligible,</li> <li>• have at least eight (8) hours of Category 1 CME in bariatric surgery,</li> <li>• and have assisted on at least 5 non-stapling gastric procedures and/or 10 gastric stapling and/or anastomotic procedures in the most recent three years depending on the coverage arrangements.</li> </ul>	Required for Single Bariatric Surgeon Programs
Bariatric Surgeon(s) Designation	13c	Designated ASMBS (American Society for Metabolic & Bariatric Surgery) Surgeon(s)	Informational
<b>PROCESS</b>			
Patient Satisfaction Review Process	19	Program should have written process and data management systems to review how administered, tools used, return rate (if survey), how results are evaluated, actions taken to correct deficiencies or integration into the QI process	1 point
Body Mass Index (BMI)	20	Maximum patient BMI that the program will consider for weight-loss surgery	Informational
<b>OUTCOMES</b>			
Volume	Prelim 6; RFI 5	<p>Facility performs at least 125 bariatric surgical cases over the most recent 12 calendar months</p> <p>*Facilities located in geographically rural areas that perform <math>\geq 50</math> procedures may be eligible for consideration under an exception process with additional selection criteria (at the discretion of the local Blue Cross and/or Blue Plan). Facilities that are eligible must be approved as an ACS level 2a or 2b program or be in the process for ACS bariatric program approval and must meet all other BDC required criteria.</p>	Required
Inpatient Mortality	6	<p>Inpatient mortality rate after the initial bariatric surgery</p> <p>Thresholds:</p> <p><math>\leq 1\%</math> for Adjustable Gastric Banding</p> <p><math>\leq 3\%</math> for all other bariatric procedures (open and laparoscopic)</p>	Required
Lost to Follow-up (LTFU)	7, 8	<p>Programs must maintain less than or equal to 30% of bariatric patients lost to follow-up at 12 and 24 months post surgery</p> <p>*Note – this means that facilities will follow-up on at least 70% of patients</p>	Required
	8	Programs that maintain less than or equal to 25% of bariatric patients lost to follow-up at 24 months post surgery	1 point
30-day Re-operation Rate	22	<p>Percentage of patients who required re-operation within 30 days of their initial bariatric surgery</p> <p>Thresholds:</p> <p><math>\leq 2.5\%</math> for Adjustable Gastric Banding</p> <p><math>\leq 5\%</math> for all other procedures (open and laparoscopic)</p> <p>*Re-operation is defined as open or laparoscopic surgery, within 30 days and at the same site, to treat a complication or to revise a feature from the previous bariatric surgery</p>	Required

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Excess Weight Loss	10	Patient sustains $\geq 50\%$ excess weight loss 2 years post-surgery  *Excess Weight Loss (EWL) is defined as the patient's most current known weight divided by the patient's weight at time of surgery less the patient's ideal weight (resulting in a BMI of 18-25)	$\geq 90\% = 3$ Points; 75% – 89% = 2 Points; 50% – 74% = 1 Point; $\leq 49\% = 0$ Points
Re-admission Rates	11	Re-admission rate of $\leq 10\%$ within 30 days following initial bariatric surgery	3 points
Patient Survival	6	One-year patient survival post the initial bariatric surgery	Informational
Major Complications	9a, 9b	Percentage of major complications occurring within 30 days of initial bariatric surgery (open and laparoscopic)  Thresholds: $\leq 8\%$ for laparoscopic bariatric procedures $\leq 15\%$ for open bariatric procedures	Informational
Length of Stay (LOS)	12	Post Operative LOS should be less than 2 days for Laparoscopic procedures and 3 days for open procedures	Informational
Conversion Rate	13	Primary/Alternate Surgeons' laparoscopic to open conversion rate should be no more than 5%	Informational
<b>SECTION II – Only to be completed by facilities <u>without</u> full approval from either ACS BSCN Level 1a/1b or ASMBS BSCOE</b>			
<b>FACILITY STRUCTURE</b>			
Dedicated Inpatient Beds	31	Facility has a designated inpatient unit for postoperative bariatric surgery patients	1 point
Equipment/Instruments	32	Appropriate furniture in both the inpatient and outpatient settings to accommodate obese patients	1 point
	32	Appropriate operating room equipment including operating room tables and surgical instruments to accommodate obese patients	1 point
Equipment/Instruments Super Obese	32	A full line of equipment and instruments for the care of <b>super obese</b> patients should also be available  *Super Obese is defined as a BMI $\geq 50\text{kg/m}^2$	Yes to both Super Obese = 1 point
CT Scan/Lift Equipment	33	CT Scanner should be able to support a weight limit of 350 lbs	1 point
	33	Lift Equipment should be readily available and able to support/manage patients up to 450 lbs	1 point
Ambulance Services	34	Facility has an internal ambulance service or a formal contract with an ambulance service equipped to manage the bariatric population	1 point
Physical Therapy/Rehabilitation	35	Program has Physical Therapy/Rehabilitation services specializing in pre- and post operative bariatric surgical patients	1 point
Support Groups	36	Program has local/regional support groups available to pre- and post operative bariatric patients	2 points

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Quality Management Program	46, 46b	Facility has a specific Bariatric Surgery Quality Improvement (QA/QI) program or is in the process of developing a specific Bariatric Surgery Quality Improvement program	1 point
Quality Management Program	46a	If specific Bariatric Surgery Quality Improvement program is in place, the structure of the QI process should clearly identify bariatric surgery as a separate QI center within the hospital-wide process. <ul style="list-style-type: none"> <li>The QI Committee should be multidisciplinary, meet on a regular basis and maintain meeting minutes.</li> <li>The QI Plan must clearly show how (pre, during and post) surgical related issues (inpatient and outpatient) are identified, addressed, and integrated into the hospital-wide QI process.</li> <li>A QI audit should include results of indicator tracking, documentation of practice changes, and current QI projects.</li> <li>A designated person should be appointed to collect, analyze and review QI audits.</li> <li>Programmatic outcomes review by the QI Committee should occur at least annually.</li> </ul>	Yes to All = 1 point
Data Management	48, 49	Program has an automated data collection system and/or personnel in place to collect, analyze and maintain bariatric program-related data	2 points
Data Reporting	50	Facility reports bariatric surgery outcomes data: <ul style="list-style-type: none"> <li>ASMBS Bariatric Outcomes Longitudinal Database (BOLD)</li> <li>ACS Bariatric Surgical Database</li> <li>ACS National Surgical Quality Improvement Program (NSQIP)</li> </ul>	1 point
<b>TEAM STRUCTURE</b>			
Stable Team	23	Program should have a stable team with no changes in the primary bariatric director, surgeon or attending surgeons in the past 12 months	1 point
Program Director	24	Program should have a dedicated Program Director that provides administrative oversight	2 points
Program Physician	25	Program has a designated program physician with experience in obesity management and is part of the evaluation and long-term management of the bariatric surgical patients	1 point
Bariatric Clinical Support Team	26	Psychosocial support personnel (Psychologist, Psychiatrist or Social Worker) experienced in the evaluation and long-term management of the bariatric surgical patients	4 points
		One or more dedicated Bariatric Coordinators (Nurse, Nurse Practitioner, and Physician Extender), with at least 1 year's experience, who is managing the oversight of pre-surgical evaluations, patient education, treatment	4 points

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		coordination and post-surgical follow-up	
		Exercise Physiologists or Physical Therapists experienced in the evaluation and long-term management of obese patients	1 point
		Nutritionist/Dietician dedicated to the bariatric surgical program that provides pre-surgical evaluations and long-term nutritional counseling	4 points
Anesthesiologist	28	Program has Anesthesiologist specifically trained and experienced in bariatric surgery who is regularly assigned to bariatric surgery cases	1 point
Multidisciplinary Consultants	29	24/7 availability of bariatric surgery experienced specialists in the following areas: Cardiology, Pulmonology, Thoracic Surgery, Vascular Surgery, Infectious Disease, Internal Medicine, Interventional Radiology	Yes to ALL = 3 points
Nursing Services	30	Formally trained nursing staff both inpatient and outpatient in the care management of the bariatric surgery and obese patients	1 point
<b>PROCESS</b>			
Emergency Room Protocols	27	Emergency room staff is provided with written protocols related to the emergency management of bariatric surgical patients	1 point
Patient Selection Criteria	37	Program should have written patient selection criteria that is applied to all bariatric surgical patients	5 points
Patient Selection Committee/Process	38	Program has a formal patient selection committee, with meeting minutes documented. Personnel regularly attend these meetings: Primary Bariatric Surgeons, Bariatric Coordinators, Program Director/Coordinator, Program Physician	Yes to All = 1 point
Informed Consent	39	Program requires that patients sign a consent outlining the risks/benefits of bariatric surgery as well as long-term lifestyle changes and complications.	1 point
Patient Evaluation Process/Procedure	40	Program has a written patient evaluation process/procedure	4 points
Critical Pathway	41	Program uses comprehensive critical pathways that cover all aspects of patient care during the inpatient stay (admission to discharge)	5 points
Discharge Inpatient Setting	42	Program has written discharge procedures: hospital discharge, coordination of post-care needs, protocols for emergency evaluation and treatment and criteria for hospital re-admission	2 points
Discharge from Care/Follow-up Plan	43	Program has written follow-up plan to include: schedule for follow-up for at least the first year after surgery, testing, communication with referring physician, case management and payers	5 points
Long-Term Follow-up	44	Program has written long-term follow-up plan outlining the schedule for long-term follow-up that includes co-morbidities and patient outcomes	5 points

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Patient Education	45	Program has a comprehensive written education pathway OR educational plan addressing all phases of care	4 points
Quality Improvement	47	Facility identifies two quality issues and describes how they were identified, monitored and resolved	Informational

Overview of Programmatic Scoring	Points
Required (includes structure/process/outcomes)	20
Facility Structure	17
Team Structure	22
Process	34
Outcomes	7
<b>TOTAL POINTS</b>	<b>100</b>

Scoring for Fully Approved ACS/ASMBS Facilities	Points
Required (includes structure/process/outcomes)	20
ACS BSCN Level 1a/1b or ASBMS BSCOE Full Approval	70
Core (includes structure/process/outcomes)	10
<b>TOTAL POINTS</b>	<b>100</b>

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