

**News from the American College of Surgeons
and the American Society for Metabolic and Bariatric Surgery**

FOR IMMEDIATE RELEASE

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**MAJOR SURGICAL GROUPS DISAPPOINTED IN MEDICARE DECISION TO DROP
FACILITY ACCREDITATION REQUIREMENT FOR BARIATRIC SURGERY**

Groups Say Decision May Lead to Higher Risk of Mortality for Medicare Bariatric Surgical Patients

WASHINGTON, DC-- Sept. 24, 2013-- Despite strong opposition from leading surgical and medical groups, the Centers for Medicare & Medicaid Services (CMS) has ruled it will no longer require Medicare patients to undergo bariatric surgical procedures at accredited facilities. CMS ruled today that eligible Medicare patients may have bariatric operations performed at any center they choose, even those facilities with little experience in handling high-risk patients.

"We are disappointed and in strong disagreement with a ruling that appears to disregard overwhelming scientific evidence and medical opinion that bariatric accreditation programs save lives, improve patient outcomes, and enhance the quality of care," said Jaime Ponce, MD, President of the American Society for Metabolic and Bariatric Surgery (ASMBS), the largest organization of surgeons who perform weight loss and metabolic operations.

"The standards required for accreditation provide important lifesaving safeguards for patients, particularly for Medicare beneficiaries, who have a higher risk of morbidity and mortality than the general bariatric surgery population," said David B. Hoyt, MD, FACS, American College of Surgeons (ACS) Executive Director. "We encourage Medicare patients to continue to select an accredited center for bariatric surgery. "

In addition to the ASMBS and ACS, other professional groups supporting accreditation and opposing the new CMS ruling are The Obesity Society, Academy of Nutrition and Dietetics, American Society of Bariatric Physicians (ASBP), American Association of Clinical Endocrinologists (AACE), and Society of American Gastrointestinal and Endoscopic Surgeons (SAGES).

About 750 inpatient and outpatient bariatric centers throughout the U.S. are accredited by either the ASMBS or ACS. Last year, the two surgical societies combined their respective programs and formed the [Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program \(MBSAQIP\)](#), to establish a national standard for accreditation and quality improvement that requires participating facilities to undergo a peer-evaluation process, follow data submission requirements, and demonstrate experience in managing bariatric surgical patients before, during, and after their procedures in order to receive accreditation.

"MBSAQIP will continue to build upon bariatric surgery's legacy of quality improvement, which has previously included a four-fold decline in mortality over the past decade, by initiating a new program in decreasing readmissions," said John Morton, MD, ASMBS Secretary-Treasurer and Associate Professor of Surgery at Stanford University.

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The new ruling marks a reversal of a CMS policy enacted in 2006 that made facility accreditation a requirement for Medicare coverage. It also makes CMS the only major insurer that does not require bariatric surgical procedures be performed at an accredited center. Blue Cross Blue Shield, Aetna, Cigna and United Healthcare have each embraced and continue to support accreditation.

Back in July 2013, when CMS was still considering whether to continue or drop its accreditation requirement, the medical societies sent the agency a letter voicing their concern that "the proposal to remove the Bariatric Surgery Facility Certification will place the highly vulnerable Medicare population at risk" and "is based upon an incomplete review and analysis of the evidence."

The societies cited studies including one in the journal *Surgical Endoscopy* (July 2013), that found in-hospital mortality rates at non-accredited centers were more than three times higher than the mortality rate at accredited centers (0.22% vs. 0.06%). For the study, University of California Irvine researchers analyzed 277,760 bariatric procedures performed between 2006 and 2010. An earlier 2012 study published in the *Journal of the American College of Surgeons* last year showed nearly identical differences in mortality between non-accredited and accredited academic bariatric centers (0.21% vs. 0.06%, respectively).

"We have made great strides in surgical techniques, patient care, and in identifying potential risks and managing complications," said Dr. Ponce. "But we cannot become complacent when it comes to patient safety and procedure effectiveness. We are committed to continuous quality improvement and accreditation is the mechanism by which we can best achieve it."

About the ASMBS

The ASMBS is the largest organization for bariatric and metabolic surgeons and integrated health professionals in the world. It is a non-profit organization that works to advance the art and science of bariatric surgery and is committed to educating medical professionals and the lay public about bariatric surgery as an option for the treatment of morbid obesity, as well as the associated risks and benefits. It encourages its members to investigate and discover new advances in bariatric surgery, while maintaining a steady exchange of experiences and ideas that may lead to improved surgical outcomes for morbidly obese patients. For more information, visit www.asmb.org

About ACS

The American College of Surgeons is a scientific and educational organization of surgeons that was founded in 1913 to raise the standards of surgical practice and to improve the quality of care for surgical patients. For a century, ACS has developed nationally recognized programs to improve surgical care quality through its Commission on Cancer, Committee on Trauma, National Surgical Quality Improvement Program (ACS NSQIP®), and now its joint program with the ASMBS called the Metabolic Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP). The College has more than 79,000 members and is the largest organization of surgeons in the world. For more information, visit www.facs.org.

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