

# **Weight Management & Bariatric Surgery**

## **Clinical Focus Group**

*Digestive Health Institute*

Philippe Quilici, MD, Burbank, CA

Robert Quinton, Portland, OR

March 23, 2016

# Weight Management/Bariatric Surgery CFG



Full Name	Title	Region
Amy Myers	Director of Digestive Health	AK
Eric Becker	Providence Partners for Health Manager	CA
Mary Kingston	Chief Operating Officer	CA
Anne Lemaire	Assoc Adminstr Ops	CA
Rosanne Morrison	Regional Director Women/Childrens	CA
Philippe Quilici MD	Program Director Weight Loss/Bariatric Surgery	CA
Janet Klaudt RN	RN Care Coordinator, Bariatric Surgery	MT
Andy Peasley	Manager Physician Practice	MT
Bradley Pickhardt MD	Program Director Weight Loss/Bariatric Surgery	MT
Alana Chock MD	Medical Director	NW WA
Mitesh Parikh	Vice President, Service Line Development	NW WA
Joanne Roberts MD	Chief Medical Officer, Liason to Clinical Council	NW WA
Eric Werttemberger Pharm.D	Director, Pharmacy Services	NW WA
Diana Collinson	Director of Operations	OR
Robert Quinton	Executive Surgery Program	OR
Kevin Reavis MD	Surgeon, Gastroenterology and Minimally Invasive Surgery	OR
Barb Reinhardt RN	Senior Director, Physician Practice	PHC
Kasia Konieczny	Director, Oncology Service Line; Director Digestive Health	SW WA
Rich Snader	Senior Director, Chief Contract Officer	System – Payor Contracting
Fina Araya	Senior Product Manager, Marketing	System - Marketing
Heather Cook	Senior Healthcare Intelligence Analyst	System – Analytics
Jon Younger MD	Vice-President Primary Care	System-Primary Care
Jimmy Chung MD	Director, Medical Products Analysis	System-Supply Chain
Mike Horrigan	Program Manager Clinical Value Analysis	Value Analysis
Troy Hanninen	Clinical Business Intelligence Analyst	Analytics
David Pass MD	Medical Director, Quality Providence Health Plan	Health Plan
Geoffrey Martin	Financial Analysis Manager, Finance And Compensation	Finance
Chris Bowler	Value Analysis Program Coordinator	Value Analysis
Marc Horton MD	Executive Medical Director	WWR
Jennifer Misajet	Exec Dir Sys Periop Svcs, Administration	WWR
Spenser Troiano	Senior Business Development Specialist	WWR
Brian Sung MD	General Surgeon, Bariatric	WWR

# Agenda

Time	Topic	Speaker
7:00am	Welcome/Roll Call	Nicole Bahr
7:05am	Status of Min Spec/GAP Analysis Responses	Nicole Bahr
7:10am	Discussion – Full Continuum Approach, COE	Dr Philippe Quilici Robert Quinton
7:40am	Draft Agenda April 28 <sup>th</sup> In Person Meeting	Lynda Baxter
7:45am	Data Vetting Process & Bariatric Robotic Surgery	Troy Hanninen Lynda Baxter
0755am	Timeline & Next Steps	Lynda Baxter
<b>8am</b>	<b>Adjourn</b>	

# WWW Follow-Up

What	Who	When	Status
Complete contract inventory and upload contract requirements to Wellspot site	Rich Snader Nicole Bahr	March 23	In Progress
Provide details to Mary Kingston around details of ACO coverage of Bariatric Surgery within our network	Lynda Baxter	March 23	In Progress
Identify a plan for vetting data; need to coordinate regionally with HI	Troy Hanninen Nicole Bahr	March 23	Complete
Investigate bundled care options for bariatric surgery	Geoff Martin, Eric Becker, Rich Snader Lynda Baxter	March 23	In Progress
Place a hold on your calendar for April 28, 10:30-3:30 in Burbank, CA for Weight Management/Bariatric Surgery Retreat. Formal invites will be distributed this week.	All	March 23	Complete
Complete Weight Management Min Spec GAP Analysis	All	March 23	In Progress

# Status Min Spec Survey Responses

Region	Facility	Min Spec Complete?
AK	Providence Alaska Medical Center	Complete
CA	Providence Little Company of Mary- Torrance and San Pedro	In-Process
CA	Providence St. Joseph Medical Center	Complete
MT	Providence St. Patrick Medical Center	Complete
NW WA	Providence Regional Medical Center - Everett	Complete
OR	Oregon Region	In-Process
PHC	PHC- Providence Health Care- Spokane	In-Process
SW WA	Providence St. Peter Hospital	Complete
WWR	Swedish Medical Center	Complete

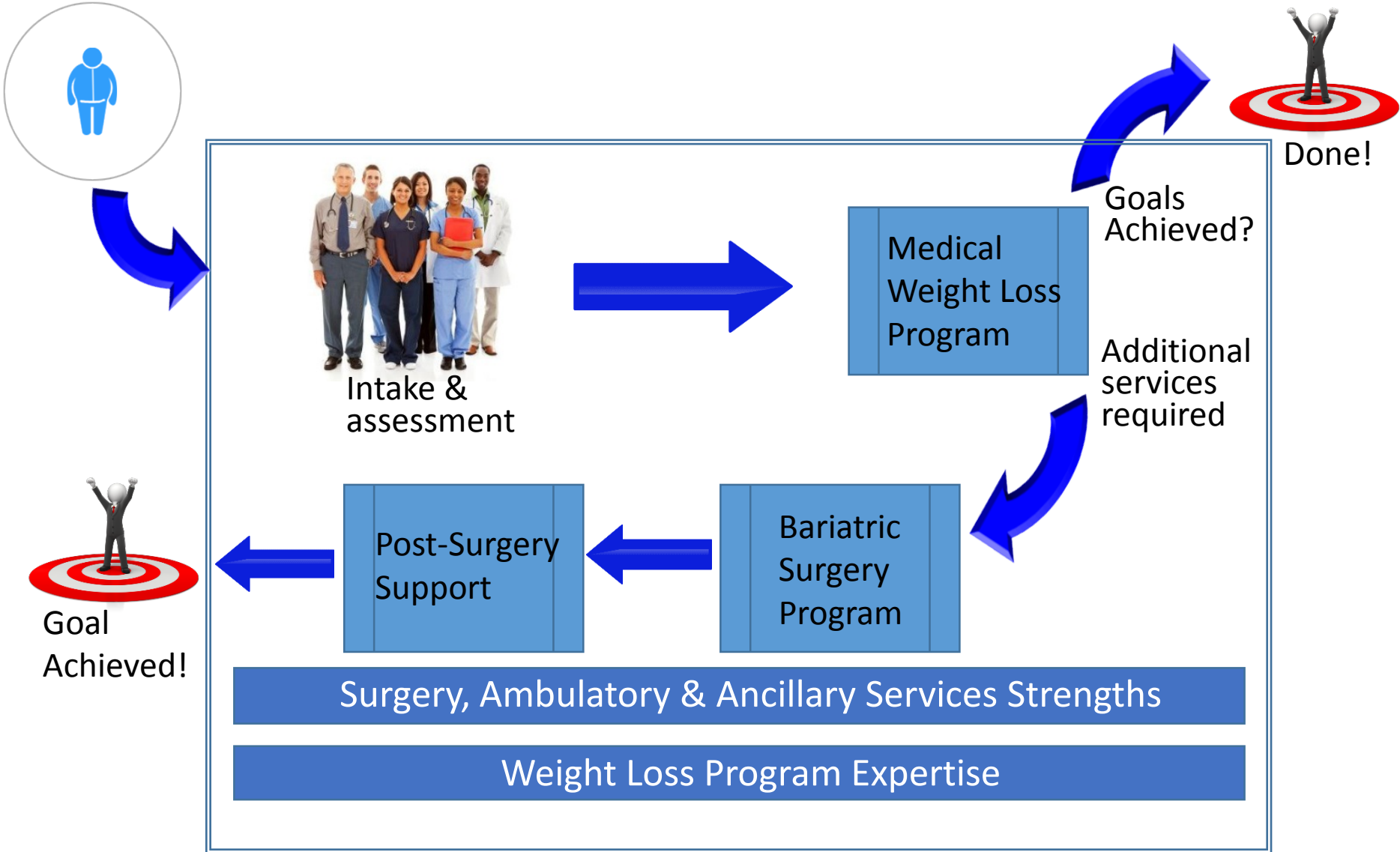
Review GAP Analysis Results on [WellSpot](#)

# Vision of Success

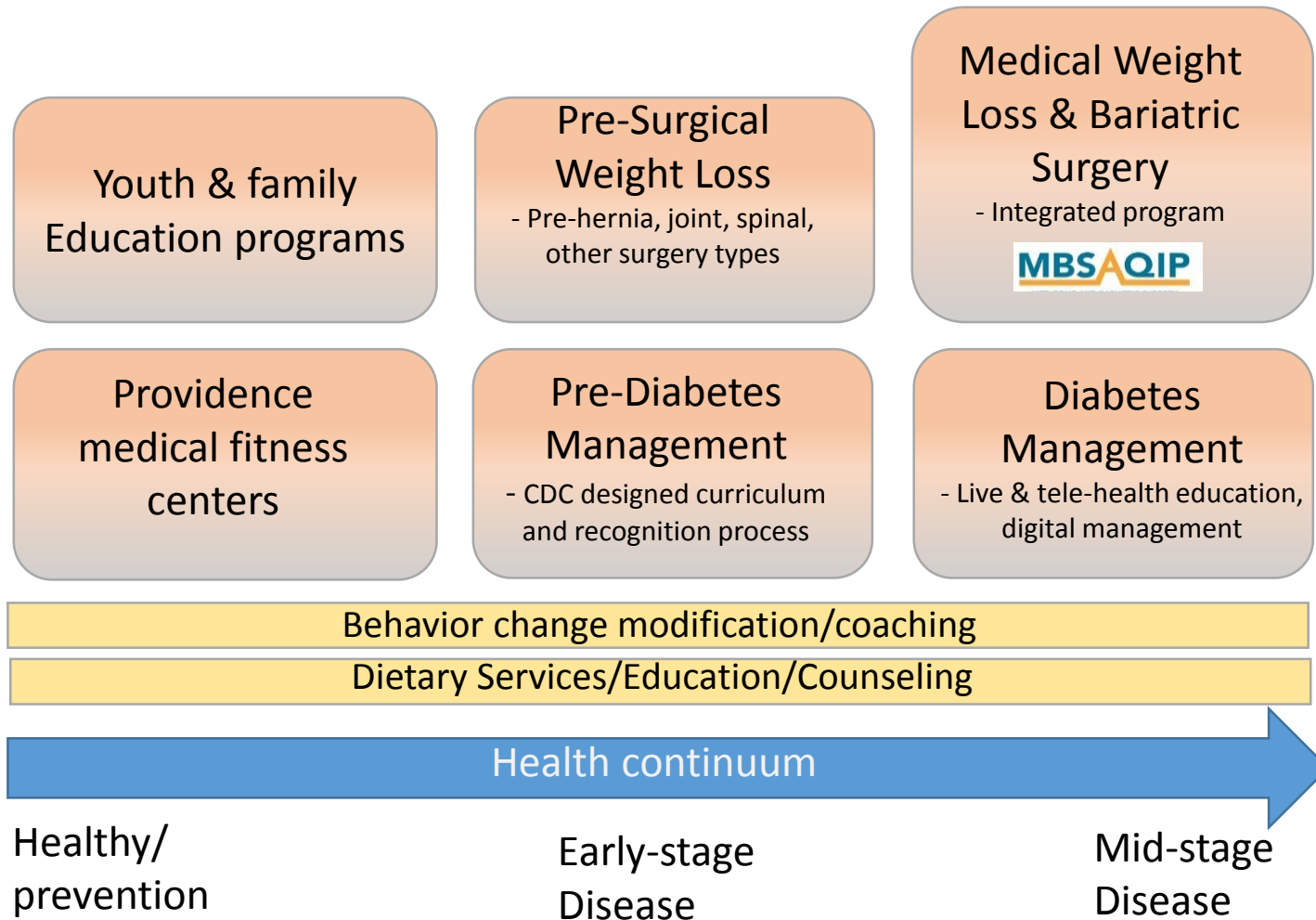
- Northwest leader in treating obesity healthcare needs
- Center Of Excellence accreditation
- Full Continuum approach
- Comprehensive, Multidisciplinary team approach
  - Healthy prevention programs/activities; Nutrition classes, support groups, etc.
  - Bariatricians/Bariatric Surgeons, Mid-level providers, RD's, PCC's, Behavioral Health, etc.
  - Links to Providence Ancillary Services: Sleep Centers, MPU's, Diabetes clinics/programs, PT, Lab, DI, etc.
- Target patients
  - BMI > 40      BMI > 35 plus co-morbid conditions
- Know me, care for me, ease my way



# Comprehensive, Integrated, Multi-Disciplinary Weight Loss Approach



# Full Continuum Approach



## Discussion

- Do we agree a full continuum-multidisciplinary approach would differentiate our Providence brand?
- By region, where are your gaps?
- Who are the existing experts in medical weight loss management?
- How/where are these services offered?
- Are there services missing?
- What new innovative care models/technologies we should explore i.e. Obesity Project Echo, OMADA, telemedicine?



# Discussion- COE designation



## Current State

- 5 surgical services
- Anchorage, AK
  - Burbank, CA
  - Everett, WA
  - Missoula, MT
  - Seattle, WA



## Future State

- 9 surgical services
- Anchorage, AK
  - Burbank, CA
  - Everett, WA
  - Missoula, MT
  - Olympia, WA
  - Portland, OR
  - Seattle, WA
  - Spokane, WA
  - Torrance/San Pedro, CA

### COE: Comprehensive Centers

- Burbank, CA
- Seattle, WA



### COE: Comprehensive Centers

- Burbank, CA
- Portland, OR (2017/2018)
- Seattle, WA
- Spokane, WA (2018)

### COE: Low Acuity Centers

- Everett, WA (2016)



### COE: Low Acuity Centers

- Everett, WA (2016)
- Anchorage, AK (2017?)
- Missoula, MT (2017?)
- Olympia, WA (2017?)
- Torrance/San Pedro, CA (2017?)

## Discussion

- By 2018 all surgical centers have achieved COE designation? If no, what support is needed to achieve COE designation?
- Low Acuity Centers- are you linked w/a PHS comprehensive center to refer complex cases?
- Existing COE- when are you up for accreditation?
- Should we develop mock- COE team to assist w/accreditation?
- Has everyone budgeted for COE designation?

Time	Topic	Speaker
10:00am	Introductions & Logistics for the day	Lynda Baxter
10:10am	Welcome/Reflection/Patient Safety Story	Julie Sprengel Chief Executive, PSJMC
10:15am	Weight Management/Bariatric Surgery Overview: PSJMC, CA	Dr Philippe Quilici Rosanne Morrison
10:30am	Weight Management/Bariatric Surgery Overview: SHS, WA	Dr Brian Sung Spenser Troiano
10:45am	Weight Management/Bariatric Surgery Overview: PRMCE, WA	Dr Alana Chock Eric Werttemberger
11:00am	Weight Management/Bariatric Surgery Overview: PAMC, AK	Amy Myers
11:15am	Weight Management/Bariatric Surgery Overview: PSPH, MT	Dr Brad Pickardt
11:30am	Tour: Providence Saint Joseph Medical Center (PSJMC)	Dr Nick Testa Chief Medical Officer, PSJM
12:00pm	Lunch	All
12:30pm	Defining the Providence Standard of Care- Quality Benchmarks	Dr Philippe Quilici Rob Quinton
1:45pm	Break out groups: preparing for COE <ul style="list-style-type: none"> <li>Group 1: Comprehensive Center</li> <li>Group 2: Low Acuity Center</li> </ul>	COE sites to lead
2:45pm	Wrap Up and Next Steps	Lynda Baxter, Dr Philippe Quilici Rob Quinton
<b>3pm</b>	<b>Adjourn</b>	

# Metric Development Process

- 1) Identify the Population/Cohort – “Are these the correct patients?”
  - Who are the patients that should be included in the metric
  - Identify a dedicated clinician to help define the population
  - Once population identified, will be vetted by all regions
  - Define participation/pilot sites – Swedish/Kadlec/Providence
  - Result: Valid starting universe of data
    - This original data set will include primarily patient demographic information as well as common items such as Procedure, Procedure date, Surgeon, etc.
- 2) Build Metrics – “Can we measure these variables?”
  - Data exploration
  - Need to identify Swedish/Kadlec/Providence clinicians who understands the workflow and can look up patients in EPIC
  - Once initial metrics are developed, then we will ask for broad validation from the team.
- 3) Registry development:
  - Existing sites use EXEMPLO/MBSAQIP/TRANSMED
  - PAMC currently doesn't have a registry
- 4) Data submission to MBSAQIP

# Bariatric Robotic Surgery

- Should we be doing these procedures? If yes, what indications?

Primary Procedure	#Cases
1. ROBOTIC SLEEVE GASTRECTOMY	46
2. LAPAROSCOPIC SLEEVE GASTRECTOMY	588
3. OPEN SLEEVE GASTRECTOMY	1
4. ROBOTIC ROUX-EN-Y	107
5. LAPAROSCOPIC ROUX-EN-Y	749
6. ROUX-EN-Y	46

Ministry	Primary Procedure	#Cas
PAMC	4. ROBOTIC ROUX-EN-Y	93
PRMCE	1. ROBOTIC SLEEVE GASTRECTOMY	22
	4. ROBOTIC ROUX-EN-Y	4
SMC-EDM	1. ROBOTIC SLEEVE GASTRECTOMY	24
	4. ROBOTIC ROUX-EN-Y	10

- What should the Bariatric robotic credentialing criteria be – 20 cases in two years?

# Weight Management / Bariatric Surgery Roadmap 2016-2017

Priority	Q1 2016			Q2 2016			Q3 2016			Q4 2016			Q1 2017			Q2 2017				
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
<b>System minimum spec WM program</b> <ul style="list-style-type: none"> <li>Define min spec</li> <li>Conduct gap analysis</li> <li>Finalize and approve min spec</li> <li>MBSAQIP requirements/costs</li> <li>Site readiness for application</li> </ul>		■		◆	■					◆										
<b>System dashboard development</b> <ul style="list-style-type: none"> <li>Define clinical and financial metrics</li> <li>Baseline data capture</li> <li>Set improvement targets</li> <li>Develop reporting and feedback tools</li> <li>Dashboards by site</li> </ul>	■						◆	Score card developed												
<b>Predictable clinical excellence and cost</b> <ul style="list-style-type: none"> <li>Evidence base pathway development</li> <li>Resource optimization opportunities</li> </ul>	■																			
<b>COE and Contract Requirements</b> <ul style="list-style-type: none"> <li>Define payor contract requirements local and national</li> <li>Develop strategy to be network of choice</li> </ul>		■			■															
<b>Pathway pilot launch &amp; monitor</b> <ul style="list-style-type: none"> <li>Assess learnings &amp; update protocol</li> <li>Identify other sites and implement other protocols</li> </ul>								■												
<b>Epic Optimization</b> <ul style="list-style-type: none"> <li>Automate Pathway</li> <li>Optimize Order Sets</li> </ul>					■												◆	Swedish Epic tools	◆	Providence Epic tools

DH Summit  
9/15 & 16

◆ Score card developed

◆ Swedish Epic tools  
◆ Providence Epic tools

# Next Steps

- [Wellness Award](#)
- Obesity Week & Leadership Positions within the society
- Thursday April 28 in person meeting Burbank CA
- Complete min spec document/gap analysis
- Gather existing protocols and prioritize development
- Gather quality data required by MBSAQIP
- Gather data on Bariatric Robotic Surgery
- All Meeting Materials and Min Spec Analysis available on [WellSpot](#)

## Other Announcements

### 2016 Conflict of Interest Disclosure Process

- Caregivers will have from Tuesday, March 1, to Friday, May 6, 2016, to complete their disclosure forms. Providence will notify all caregivers of their compliance requirements via electronic newsletter, intranet postings and direct emails.
- As Providence workforce members (including non-employed physicians participating on the **Clinical Focus Groups**), we must avoid activities and relationships that may impair our independent judgment and unbiased decision-making. We do not use our positions for personal gain or advantage, or to assist others, including family members, in profiting in any way at the expense of Providence.
- Conflicts of interest may arise from many sources including, but not limited to, financial interests of yourself or a family member; service, employment or consulting arrangements with a Providence competitor; the receipt of gifts from vendors or others with whom we do business; or use of Providence resources to benefit an outside interest or your own personal interests.
- Providence's Conflicts of Interest policies provide additional guidance to directors, officers, researchers and other key caregivers/employees. These individuals are required to complete and submit a conflict of interest disclosure form annually. Other workforce members are required to disclose — to their immediate supervisors, to their regional compliance manager or system integrity — any real or potential conflicts of interest prior to making any decision or taking any action that is or may be affected by the conflict. The interest must also be disclosed in writing by submitting a conflicts of interest form.