



Latin American Surgeons: It's Time to be Recognized

Dear *Bariatric Times* Editor:

For years, Latin American surgeons have delivered exceptional patient care and pioneered groundbreaking work in bariatric and metabolic surgery. Latin American surgeons have achieved key advances in surgical weight loss techniques and some of the most promising progress in metabolic surgery for patients with low body mass index (BMI) and type 2 diabetes. Furthermore, these surgeons' level of collaboration with other specialties is setting standards for their international colleagues. Of particular note: metabolic surgery innovations in South America have been so highly regarded that in November, the XI Congress of the Brazilian Metabolic and Bariatric Surgery will be held with the Brazilian Endocrine Society to create the first Pan-American Congress on diabetes surgery—an amazing accomplishment. Unfortunately, these remarkable achievements have received little recognition and frequently go unnoticed by those outside of the industry.

Latin American surgeons generally know who is doing bad, good, and excellent work in their region. There is no doubt that bariatric surgeons are great at sharing their successes with one another. Compelling stories of their work are documented in medical journals read by other surgical colleagues. Surgeons present their stories to other surgeons during the numerous metabolic and bariatric conferences that are held seemingly every week.

But unfortunately, their stories of excellence are trapped in the

binders of medical journals and remain in the hallways of conferences. How many consumers know that bariatric surgery is capable of sending diabetes into remission? More importantly, how many primary care physicians know this?

expense of employing the multidisciplinary team needed to properly care for a bariatric patient.

Can anyone blame patients and payors for their lack of confidence in bariatric surgery? Bariatric surgeons themselves have not reached a consensus regarding

already been won and bariatric surgery would be included as a core benefit by every major health plan. Sadly, surgeons have been telling their story—with their scalpels—but few have heard it. And the story is compelling: published 90-day mortality rates are as low as

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Additionally, payors have not gotten the message that morbid obesity is a disease and must be treated as such. Many health plans continue to view bariatric surgery as cosmetic rather than a medical necessity. Payors often will not pay for bariatric surgery because they think there is no return on investment—yet they will pay for the palliative care of a terminally ill cancer patient. Payors will provide care to bulimic and anorexic patients but deny bariatric surgery benefits because they believe patients with obesity do not understand restraint from overeating and are too lazy to exercise. And when health plans do pay, the reimbursement to surgeons is rarely adequate to cover the

optimal preoperative and postoperative care. Surgeons vigorously disagree about which weight loss procedure is optimal for each patient type, and it is estimated that there are more than 1,000 versions of the gastric bypass alone. Do studies involving a cohort of 300 or 400 patients over a two-year period provide convincing evidence to determine proper care?

Who should tell the story of the advances in metabolic and bariatric surgery in Latin America? Who should silence the skeptics? Which surgeons can consumers trust? Who can bariatric surgeons trust?

Surgeons alone cannot tell the story in a convincing way. If this were the case, the battle for consumer confidence would have

0.35 percent, readmission rates 4.75 percent, and reoperations rates 2.15 percent.¹ These amazing results are far better than those of most other common abdominal procedures, and are even more impressive because they are performed on very sick patients.

Recognition for the Latin American surgeons and hospitals doing excellent work is long overdue—and not the kind of recognition received through medical journal publications that only surgeons read or from talks given in front of colleagues. Rather, those who deliver excellent care must be separated convincingly from those who deliver bad care—or even just good care. The distinction of excellence must

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silence the naysayers, convince the critics, and provide meaningful data to all stakeholders in bariatric and metabolic surgery so that excellent care becomes a new and recognizable standard. In short, it must be comprehensive, objective, and beyond reproach.

SRC has developed a successful methodology that publicly recognizes bariatric and metabolic surgery excellence and helps advance awareness and acceptance. Only five years ago, bariatric surgeons in the US were often viewed negatively. Today, they are recognized within the surgical field as leaders in healthcare quality. Critical to their success has been the ability to demonstrate leadership in delivering quality healthcare by being designated as a Bariatric Surgery Center of Excellence® (BSCOE). This designation ensures compliance with best practices, delivers credibility, and provides assurances to patients.

Following the success of the landmark BSCOE program, SRC launched the International Center of Excellence for Bariatric Surgery (ICE) designation in response to numerous requests from around the world. ICE establishes guidelines and criteria for evaluating international bariatric surgical practices and employs a systematic approach to ensure these standards are upheld.

SRC's comprehensive center of excellence program delivers the following advantages:

Objectivity and credibility. Medical societies cannot and should not run their own credentialing programs. Societies are inherently political, and politics will bridle the program's effectiveness. It is likely that the perception of an “old boys club” will evolve. Surgeons denied by society-based programs will threaten restraint of trade lawsuits. Applicants will not submit their information to societies because they fear their confidential information will be leaked to competitors. An independent organization isolates the society from such problems, assures confidentiality, and is simply a much more effective platform for advocacy.

One gold standard. There should only be one standard of excellence. Multiple standards confuse patients and payors. Our experience is that weaker centers and surgeons unable to complete SRC's rigorous evaluation process will migrate to an “easier” center of excellence program simply to advertise “excellence” beside their names. Patients lose because they are misled into thinking that excellence is excellence. Surgeons at BSCOE- and ICE-designated centers lose because they inherit the patient problems caused by these weaker programs. The SRC center of excellence designation is not about marketing—it is a carefully crafted program to improve healthcare quality.

A world-class database. SRC has developed the world's largest prospective patient database dedicated to the bariatric and metabolic specialties. Our Bariatric Outcomes Longitudinal Database™ (BOLD™) is already collecting data at a rate of more than 100,000 patients per year and provides our surgeons with unparalleled access to critical data. Surgeons can compare their results against national and international aggregate data to strengthen their delivery of care. Providers also have real-time access to individual patient information to support clinical decisions. Additionally, researchers can utilize data from this platform to create much-needed seminal studies. Over time, best practices will emerge from evidence supplied by the data, and not through hallway chatter during a crowded conference.

Proven advocacy success. Telling the truth about bariatric surgery is more effective when it is told by an independent organization that is represented by stakeholders. And few can argue with the results provided by SRC's successful, five-year-old center of excellence program and the data from more than 100,000 patients. SRC devotes a full-time effort to advocacy on behalf of bariatric surgeons and patients.

True commitment to the patient. The SRC center of excellence designation is not about awards. It is not about political turf.

It is not about monetary gains. It is about patient safety and care. It is about documenting and understanding what works and what does not, then using that information to improve care.

SRC's center of excellence program is rigorous but achievable. More than 350 facilities and nearly 650 surgeons that have successfully gained the designation will tell you that it can be done and it is worth it. The process is paperless and accessible from any computer connected to the Internet. To see for yourself, we encourage you to visit our website at surgicalreview.org or call our Support Center at (919) 792-3770.

Latin American surgeons deserve credit for their excellent work somewhere other than in medical journals. Latin American centers and surgeons have the same opportunity to show the world that bariatric surgery performed in their countries is safe, effective, and world-class. They can join their colleagues across the globe to create a network of excellence where patient referrals, data exchange, and care improvements can proliferate. They can participate in a program that focuses on patients, not politics. Participation in SRC's International Center of Excellence for Bariatric Surgery program will establish credibility for what Latin American surgeons already know. Your excellence deserves proper recognition from an independent organization with an established, credible program. It is due time.



Sincerely,
Gary M. Pratt

Gary M. Pratt is Chief Executive Officer of Surgical Review Corporation, an independent, nonprofit

organization governed by industry stakeholders and dedicated to advancing the safety, efficacy, and efficiency of bariatric and metabolic surgical care worldwide. A graduate of the University of Tennessee with degrees in marketing and accounting, Pratt has started several successful businesses and was a partner in a national accounting firm.

REFERENCES

1. Pratt GM, McLees B, Pories WJ. The ASMBS Bariatric Surgery Centers of Excellence program: a blueprint for quality improvement. *Surg Obes Relat Dis.* 2006;2(5):497-503. ■

Letter to the Editor Submissions

Bariatric Times welcomes letters for possible publication. Letters should be no more than 500 words and five references. Letters that comment on a *Bariatric Times* article will be considered if they are received within two months of the time the article was published. All letters are reviewed by the editors and are selected based upon interest, timeliness, and pertinence, as determined by the editors. Send letters to: Colleen Hutchinson at chutchinson@matrixmedcom.com or mail to: Colleen Hutchinson, *Bariatric Times*, Matrix Medical Communications, 1595 Paoli Pike, Suite 103, West Chester, PA 19380. Include the following statement with the letter:

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