

IFSO-ASMBS Guidelines on Indications for MBS session
Thursday Sept 5, 2024
IFSO World Congress Melbourne Australia

“Implementation of the new Guidelines in USA”

Jaime Ponce, MD, FACS, FASMBS, FIFSO, DABS-FPMBS, DABOM

Medical Director of Bariatric Surgery and Obesity Medicine

CHI Memorial Hospital, Chattanooga TN, USA

Past-President ASMBS (2012-2013)

President IFSO North America Chapter (2021-2024)

XXVII IFSO World Congress



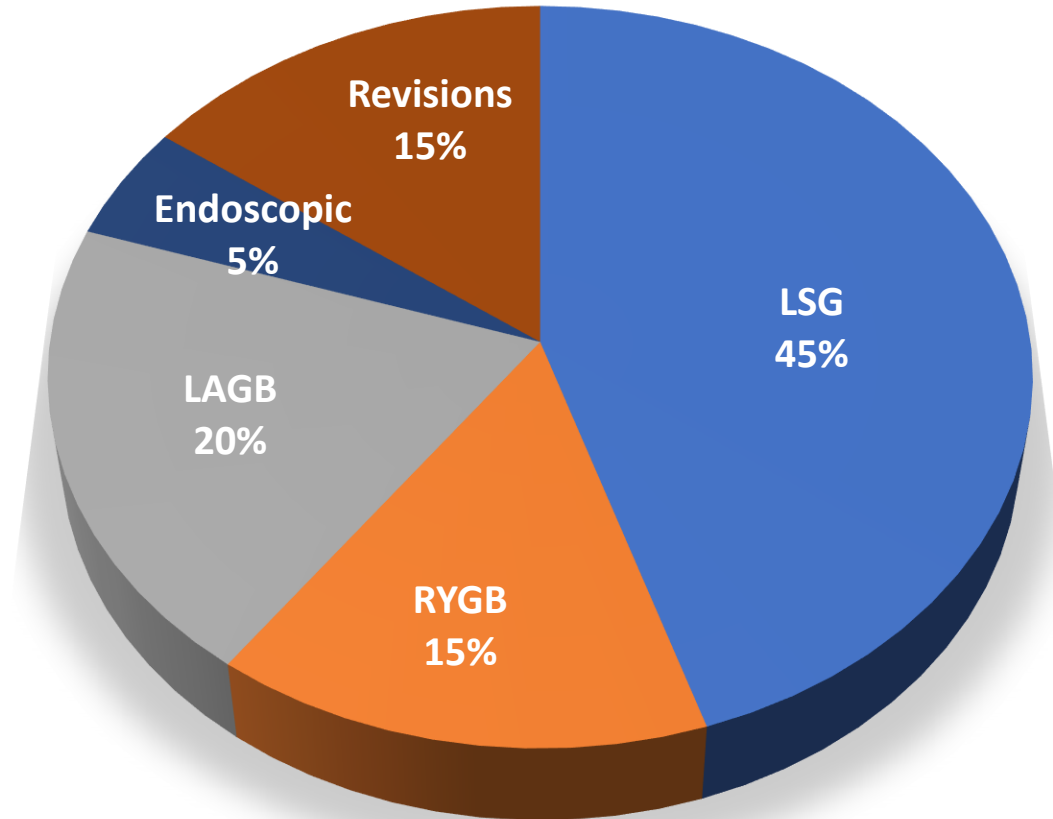
Melbourne 2024

Conflict of Interest Disclosures

- Gore: speaker, consultant
- ReShape Lifesciences: consultant
- Olympus: speaker
- Allurion: consultant
- Medtronic: consultant, speaker
- Applied Medical: consultant
- Ethicon: speaker
- Intuitive: speaker
- Tissium: consultant

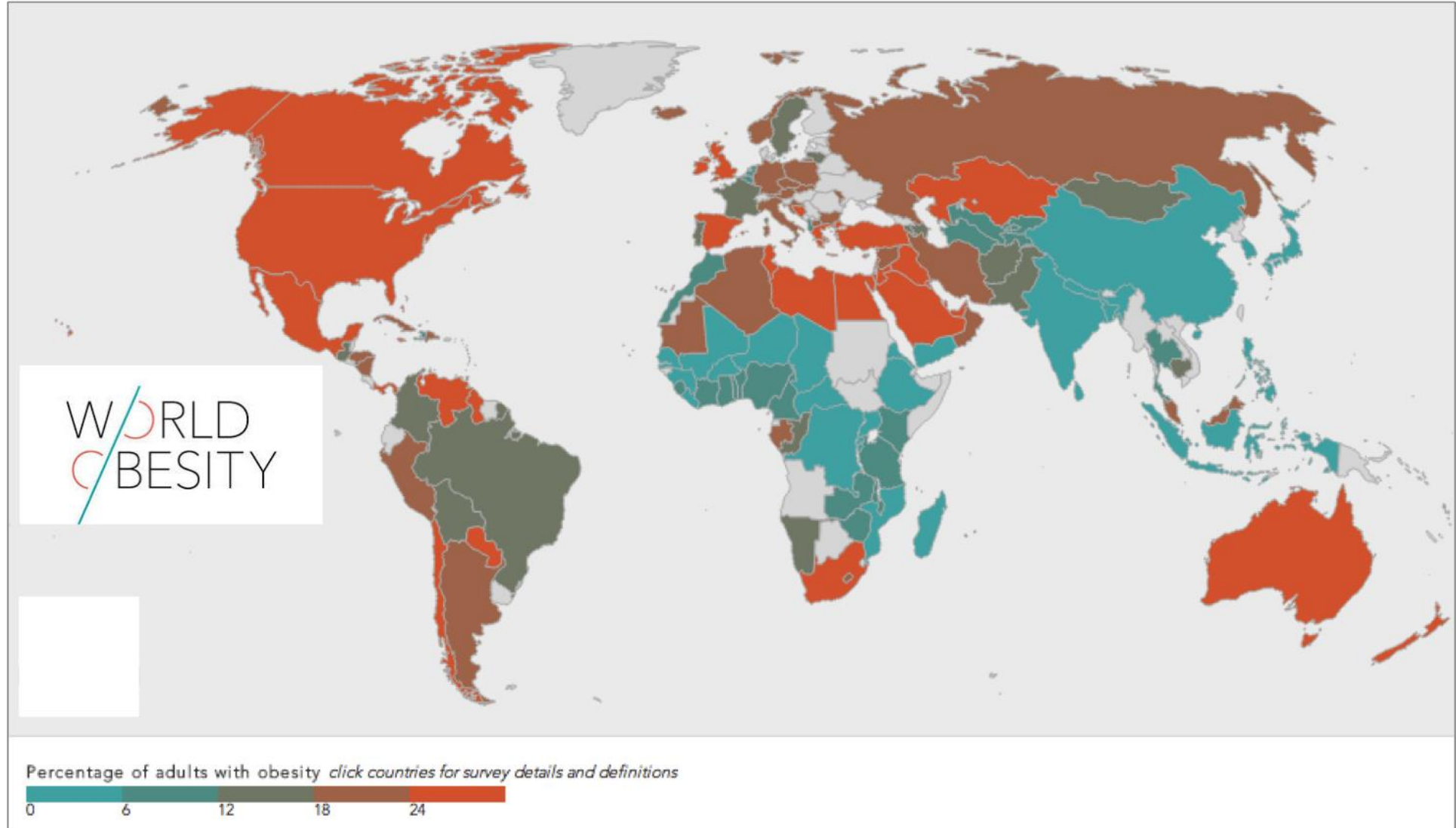
Case Mix Disclosure Slide

Whole career procedures

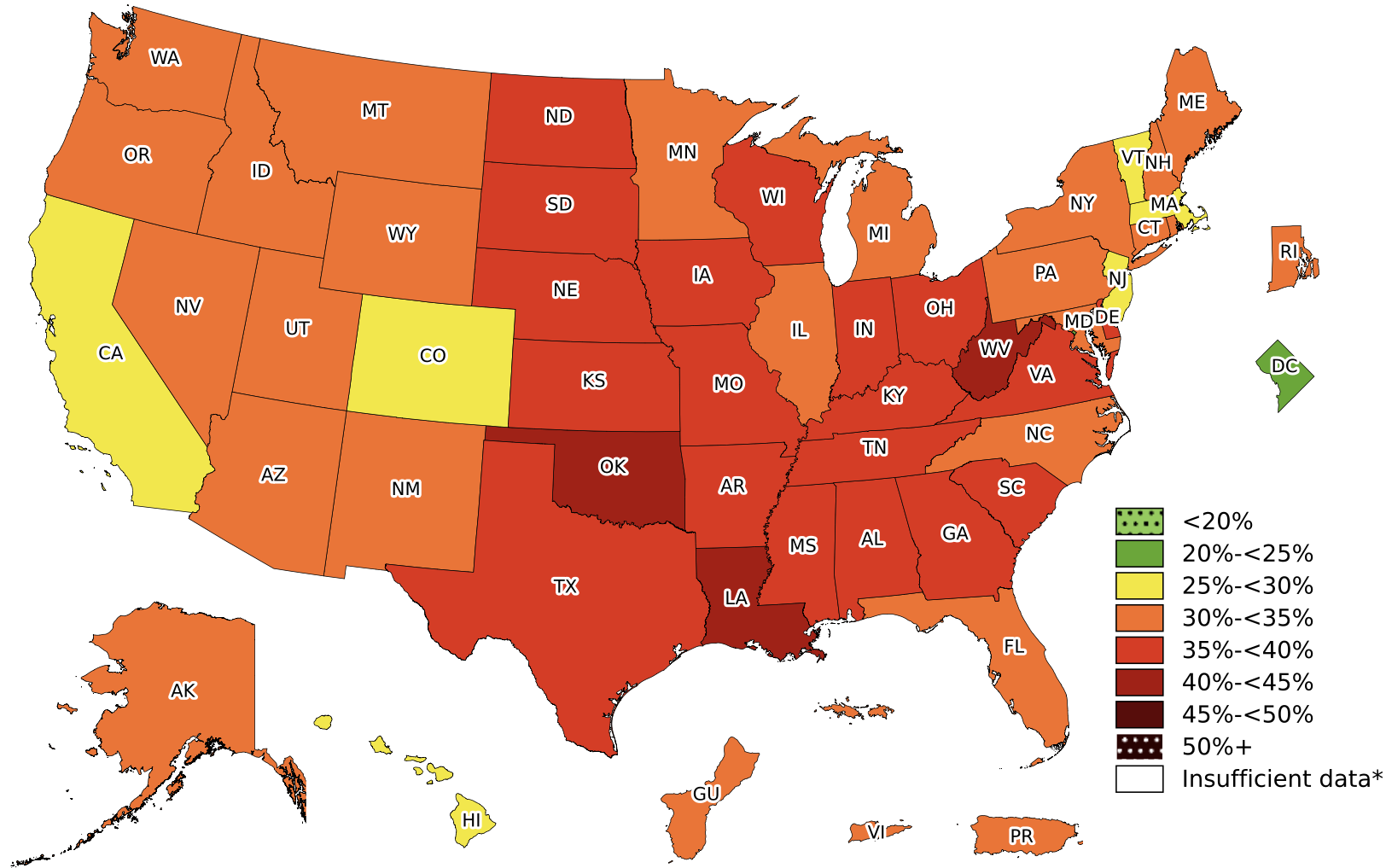


- LSG
- RYGB
- LAGB
- BPD/DS
- OAGB
- LoopDS
- Endoscopic
- Revisions

WORLD OBESITY RATES



Prevalence¹ of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2022

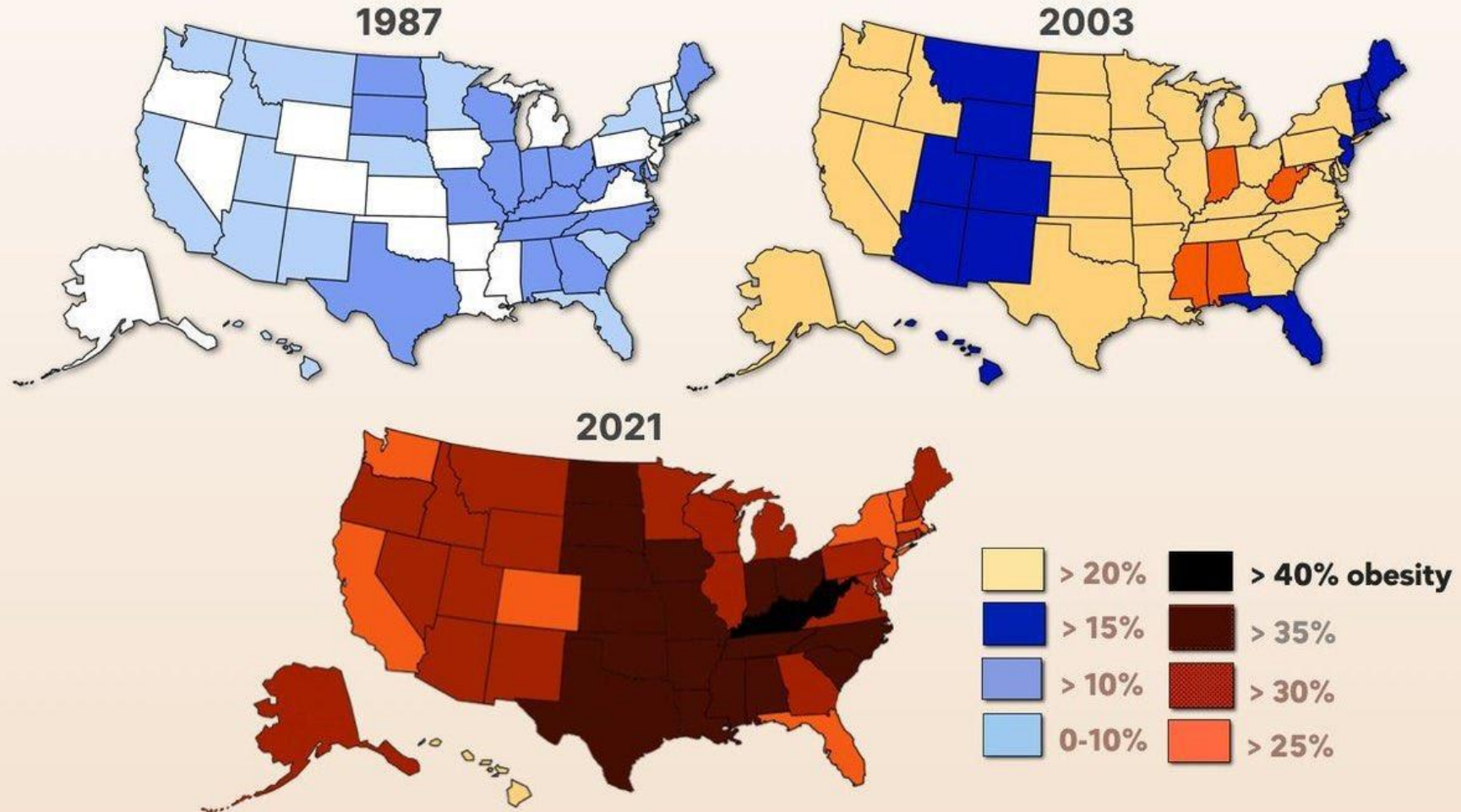


**U.S. Obesity rate
42.4%**



Tripled obesity rates

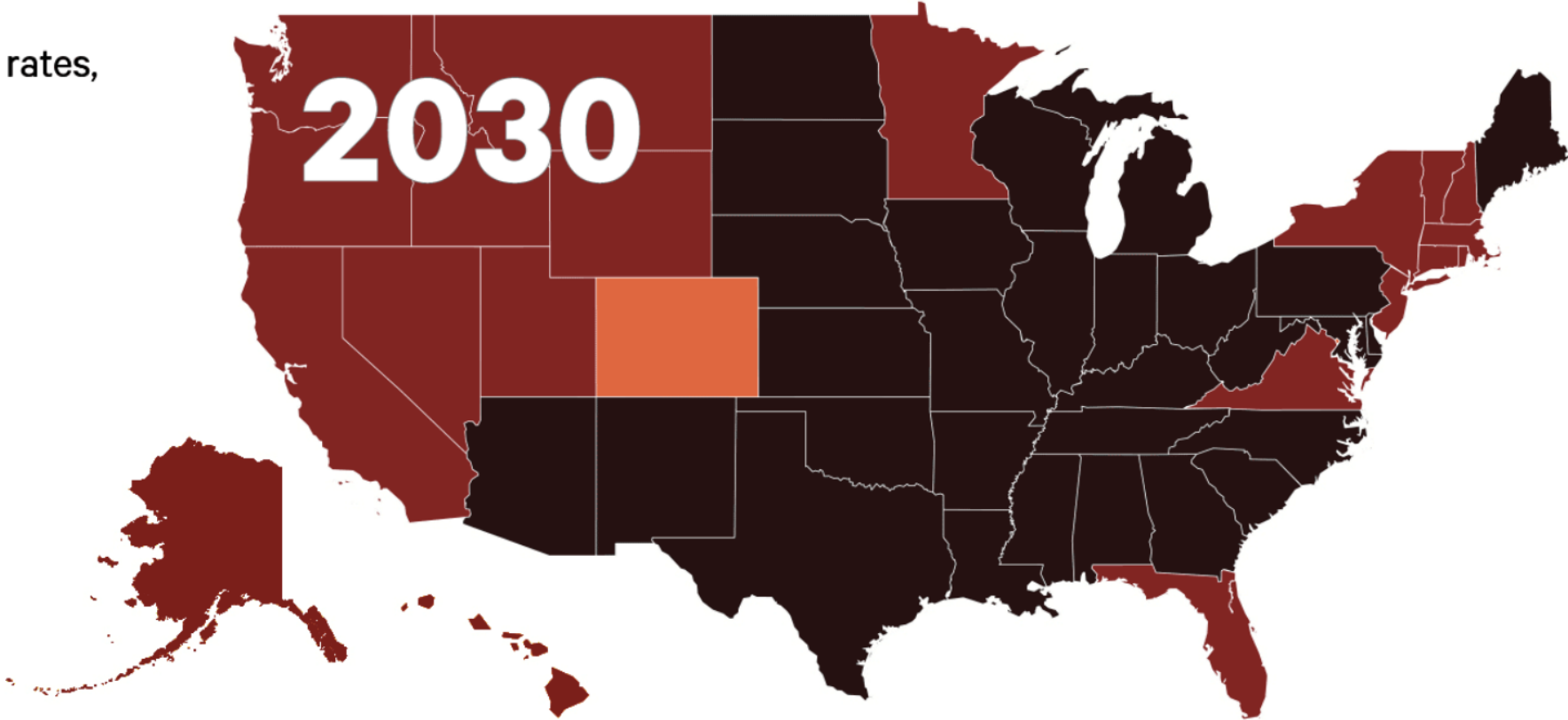
In one generation



Nearly half of Americans will have obesity by 2030

U.S. Obesity rates,
1990-2030

- <20%
- 20-29%
- 30-39%
- 40-49%
- 50-59%



Childhood Obesity Intervention
Cost-Effectiveness Study

Ward ZJ, Bleich SN, Craddock AL, Barrett JL, Giles CM, Flax CN, Long MW, Gortmaker SL. Projected U.S. State-Level Prevalence of Adult Obesity and Severe Obesity. N Engl J Med. 2019;381:2440-50. doi: 10.1056/NEJMsa1909301

BULGING OBESITY COSTS IN USA IN 2030



\$66 billion

Estimated per year cost of treating obesity related diseases in 2030.

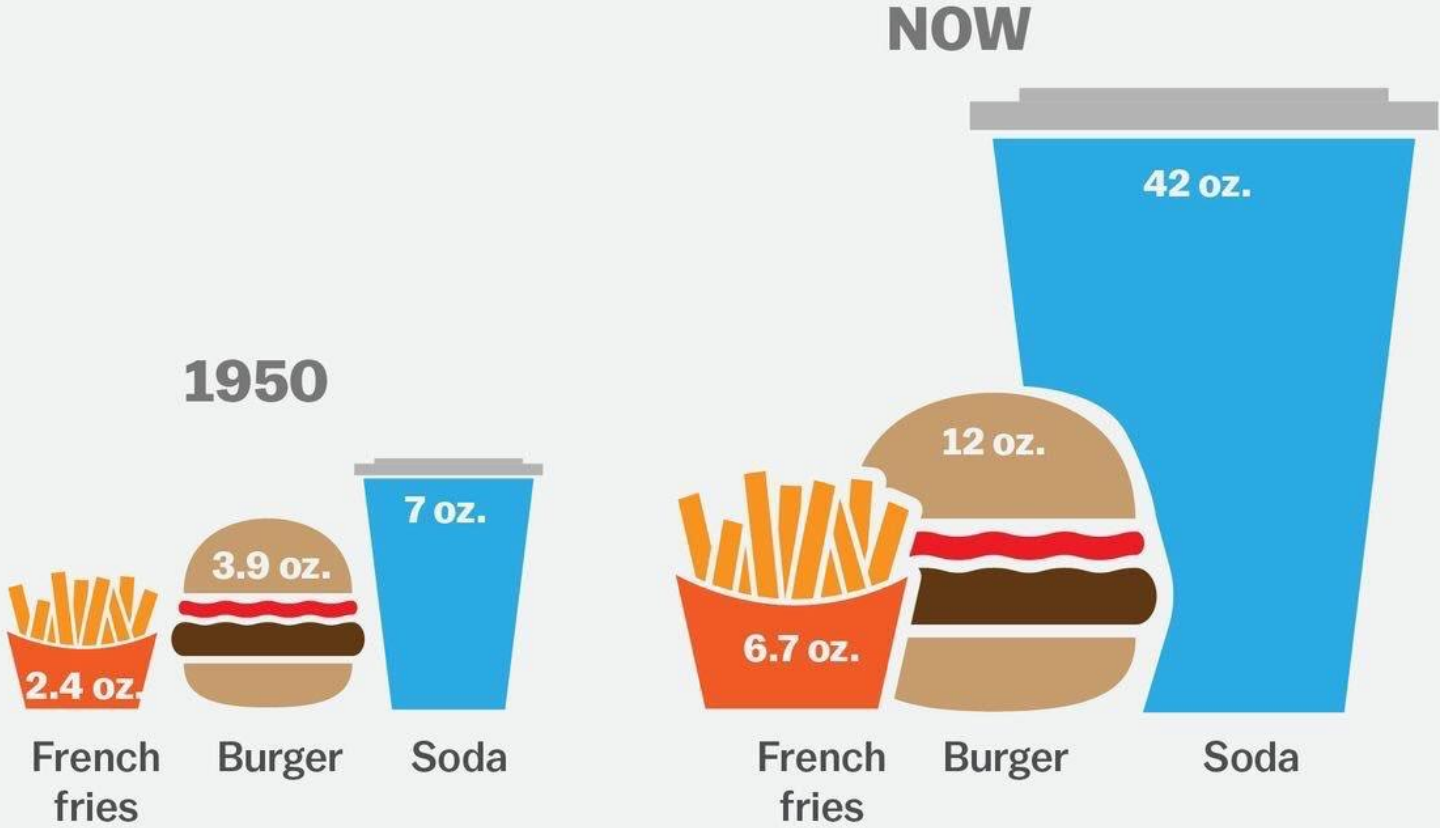
\$390 billion to \$580 billion

Loss of Economic Productivity owing to obesity related diseases in 2030

Source:
<http://healthyamericans.org>.

BariatricSurgeryWorld.Com

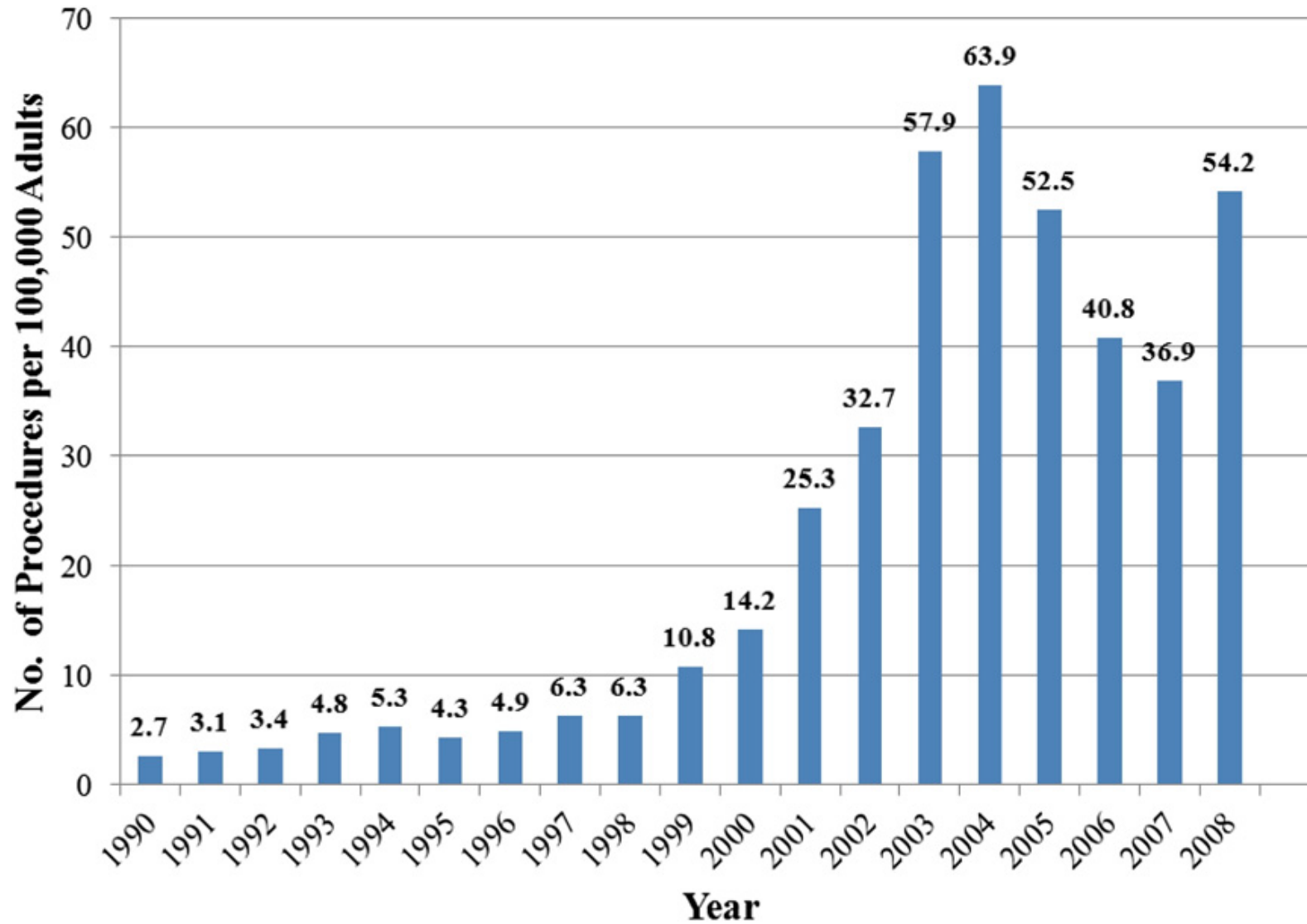
The average restaurant meal today is more than four times larger than in the 1950s



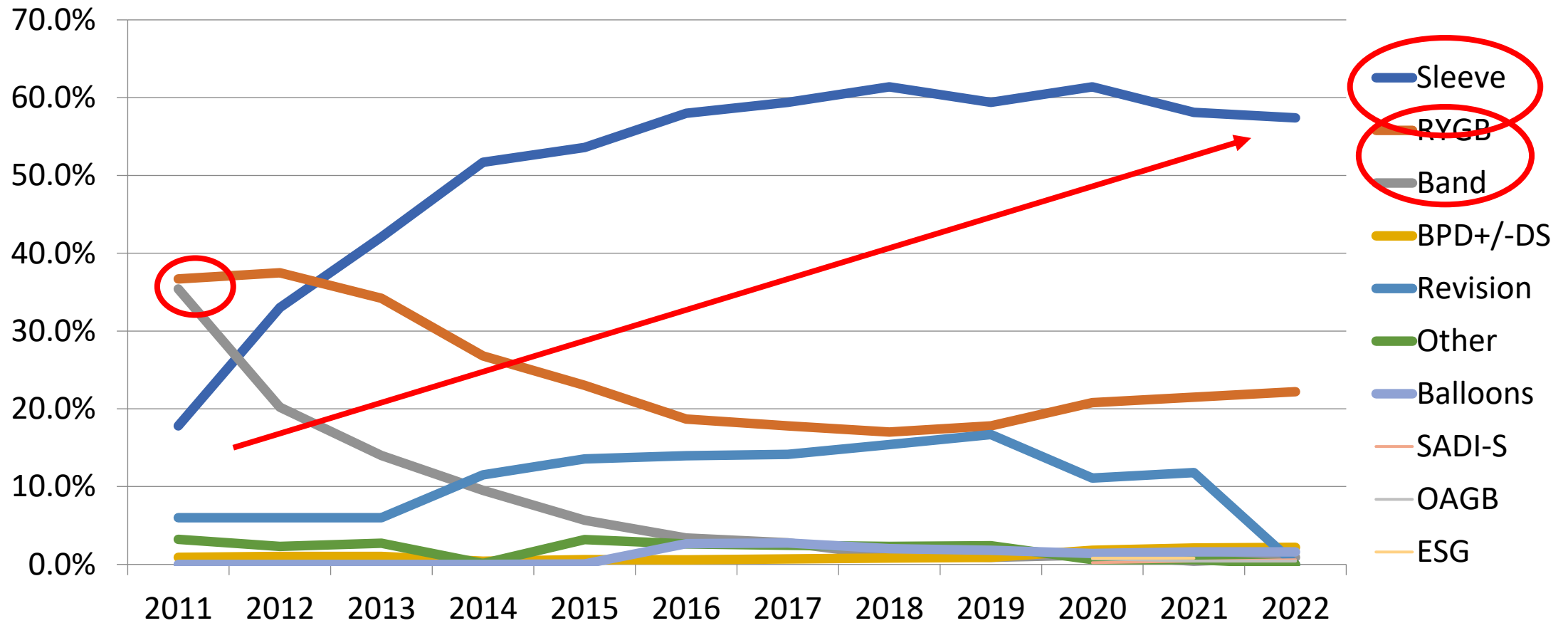
SOURCE: CDC



US Rates of Bariatric Surgery per 100,000 adults, 1990-2008

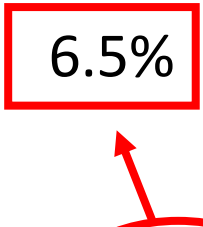


Metabolic and Bariatric Surgery Procedure Percentage Trends: 2011 - 2022



ASMBS Metabolic and Bariatric Surgery Numbers Estimation for 2022

6.5%



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Total	158,000	173,000	179,000	193,000	196,000	216,000	228,000	252,000	256,000	199,000	262,893	279,967
Sleeve	17.8%	33.0%	42.1%	51.7%	53.6%	58.1%	59.4%	61.4%	59.4%	61.4%	58.1%	57.4%
RYGB	36.7%	37.5%	34.2%	26.8%	23.0%	18.7%	17.8%	17.0%	17.8%	20.8%	21.5%	22.2%
Band	35.4%	20.2%	14%	9.5%	5.7%	3.4%	2.7%	1.1%	0.9%	1.2%	0.4%	0.9%
BPD-DS	0.9%	1.0%	1.0%	.4%	0.6%	0.6%	0.7%	0.8%	0.9%	1.8%	2.1%	2.2%
Revision	6.0%	6.0%	6.0%	11.5%	13.6%	14.0%	14.1%	15.4%	16.7%	11.1%	11.8%	11.0%
SADI	-	-	-	-	-	-	-	-	-	0.2%	0.4%	0.6%
OAGB	-	-	-	-	-	-	-	-	-	0.7%	0.4%	0.4%
Other	3.2%	2.3%	2.7%	0.1%	3.2%	2.6%	2.5%	2.3%	2.4%	0.6%	2.8%	2.2%
Balloon	-	-	-	-	0.3%	2.6%	2.8%	2.0%	1.8%	1.4%	1.6%	1.6%
ESG	-	--	-	-	-	-	-	-	-	0.8%	0.8%	1.6%

Primary Metabolic
and Bariatric
Surgery Procedure
Percent
Breakdown: 2022

Procedure	# of Procedures	Primary Procedure %
SG	160,609	65.7%
RYGB	62,097	26.5%
Band	2,500	1%
BPD+/-DS	6,096	2.6%
SADI-S	1,567	0.7%
OAGB	1,057	0.5%
Total	233,926	100%

2023 Case volume

- May be down 15-25%
- Causes:
 - Inflation – may affect ability to pay high deductibles
 - GLP1s

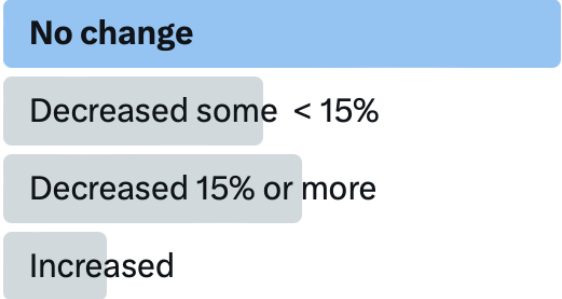




Jaime Ponce MD 
@JaimePonceMD

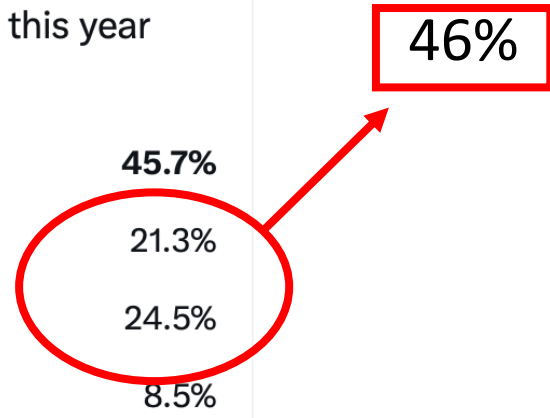
Promote ...

For Bariatric surgeons @ASMBS, have your number of cases this year (2023) changed because of GLP-1s?



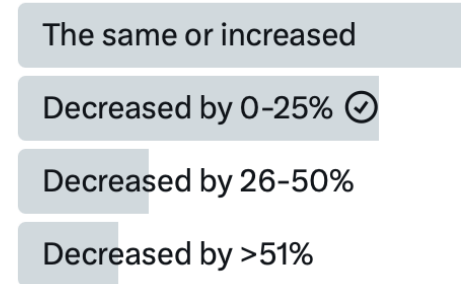
94 votes · Final results

5:35 AM · Oct 18, 2023 · **2,720** Views

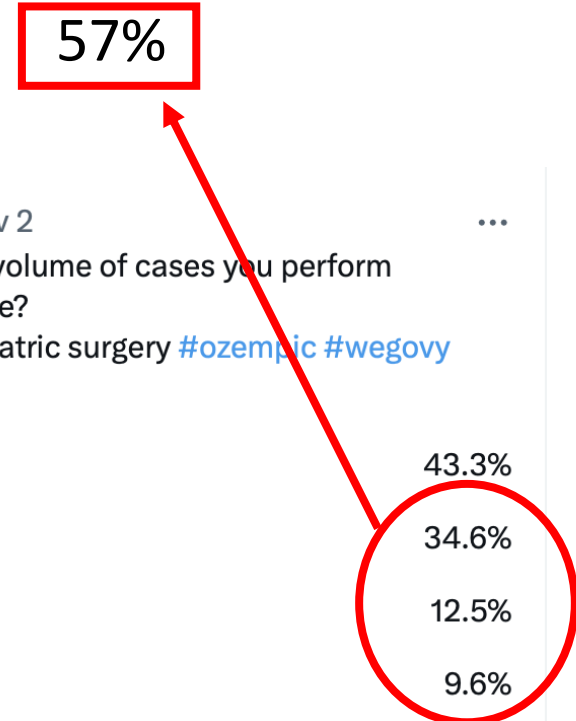


Neil Floch MD  @NeilFlochMD · Nov 2

If you are a bariatric surgeon, has the volume of cases you perform decreased this year or stayed the same?
[@asmbs](#) [@ifso](#) [#obesity](#) [#surgery](#) bariatric surgery [#ozempic](#) [#wegovy](#)
GLP-1



208 votes · 1 day left



U.S. Health Plans: An Overview

Approximately **500** Health Plans cover

270 million people

There are two types of payers:

Public payers

- Government-run agencies:
- CMS insures the elderly (Medicare) and the poor (Medicaid)
 - The VA insures veterans
 - Tricare insures the military

Private payers

Commercial companies that sell healthcare insurance directly to individuals, employers, and unions

Private payers sometimes administer benefits for Medicare or Medicaid enrollees on behalf of the government.

Ancillary organizations:

Pharmacy Benefit Managers (PBMs)

Administer prescription drug benefits on behalf of payers

Employee Benefit Consultants (EBCs)

Hired by corporations to create benefit plan offerings

Some payers are part of:

Integrated Delivery Networks (IDNs)

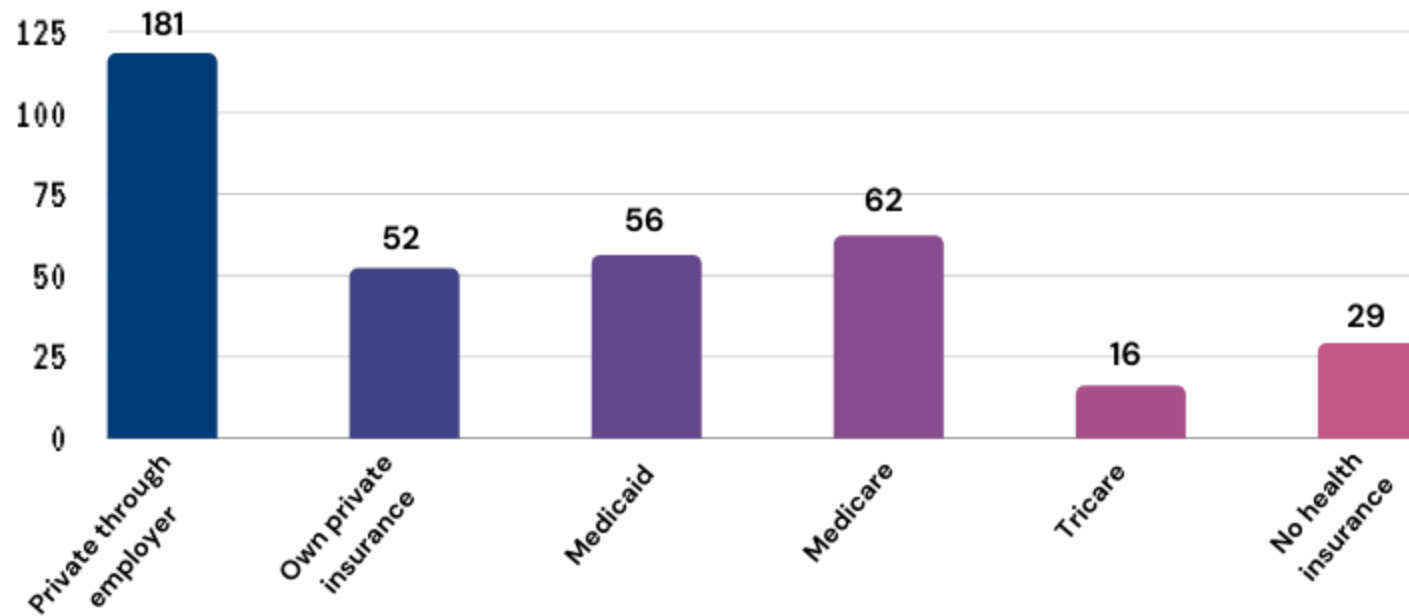
Payers sometimes provide an HMO component to IDNs, which offer a continuum of care to specific regions or markets

Sell to

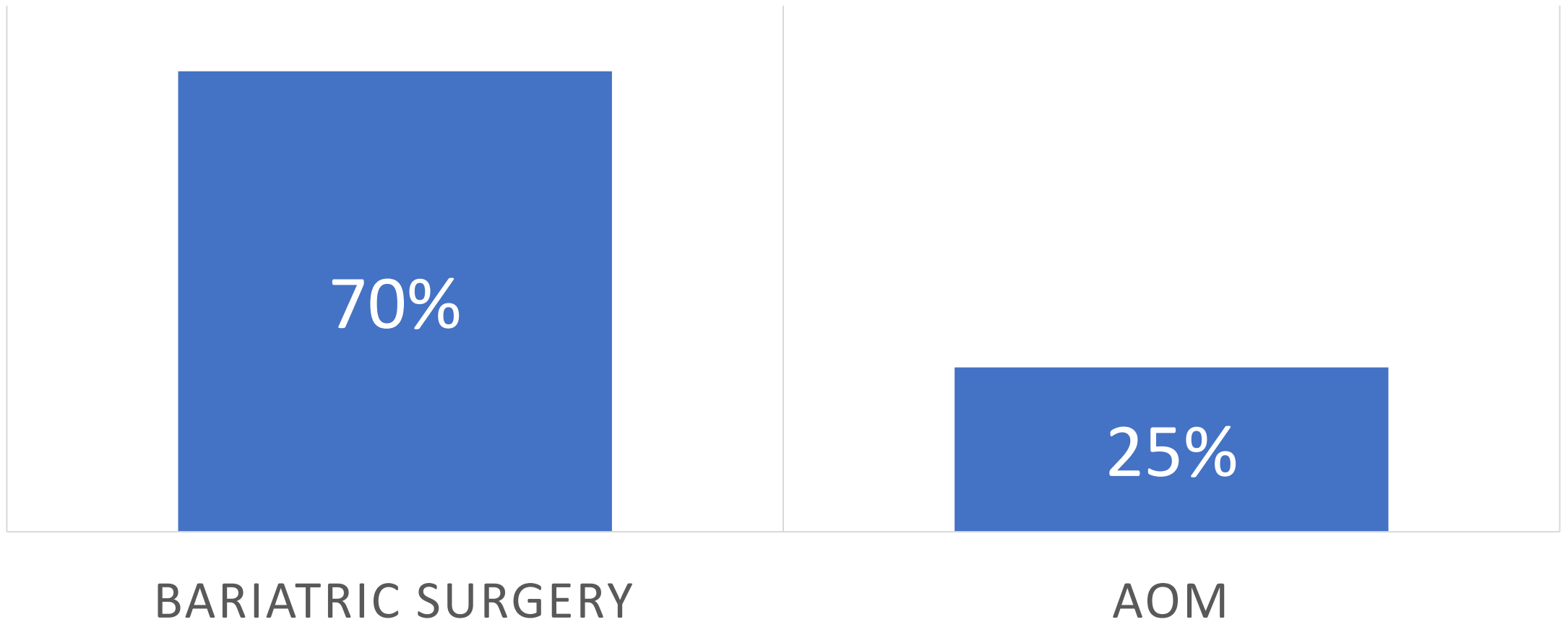
Self-funded employers

Corporations that purchase group coverage for their employees from private payers

Health insurance in the USA (in million)



Population with Insurance coverage in U.S.



Bariatric Surgery patients

Type of Insurance

Insurance	%
Private	70-80%
Public	12-15%
Self pay	3-5%



BlueCross
BlueShield



aetnaSM

Golden Rule[®]
A UnitedHealthcare Company



ASSURANT

Humana[®] HUMANA[®]

Does your Health Insurance cover
Bariatric Surgery?



Cigna[®]



OPTIMUM
HealthCare, Inc.

UA *United American
Insurance Company*
Since 1947



MBSAQIP vs Private Insurance COEs



Blue
Distinction.[®]
Center+
Bariatric



ASMBS leadership Insurance Task Force

- Meeting with National Medical Directors:
 - Blue Cross Blue Shield (Distinction Center in Bariatric Surgery)
 - Optum/United (Bariatric Surgery COE)
 - Aetna (Institute of Quality in Bariatric Surgery)
 - Cigna (Bariatric Surgery COE)
- Discuss pertinent topics:
 - MBSAQIP Standards adoption (2013)
 - Outcomes data
 - New procedures endorsement
 - Insurance requirements (preoperative 6-month medical weight loss, etc.)
 - Share position statements

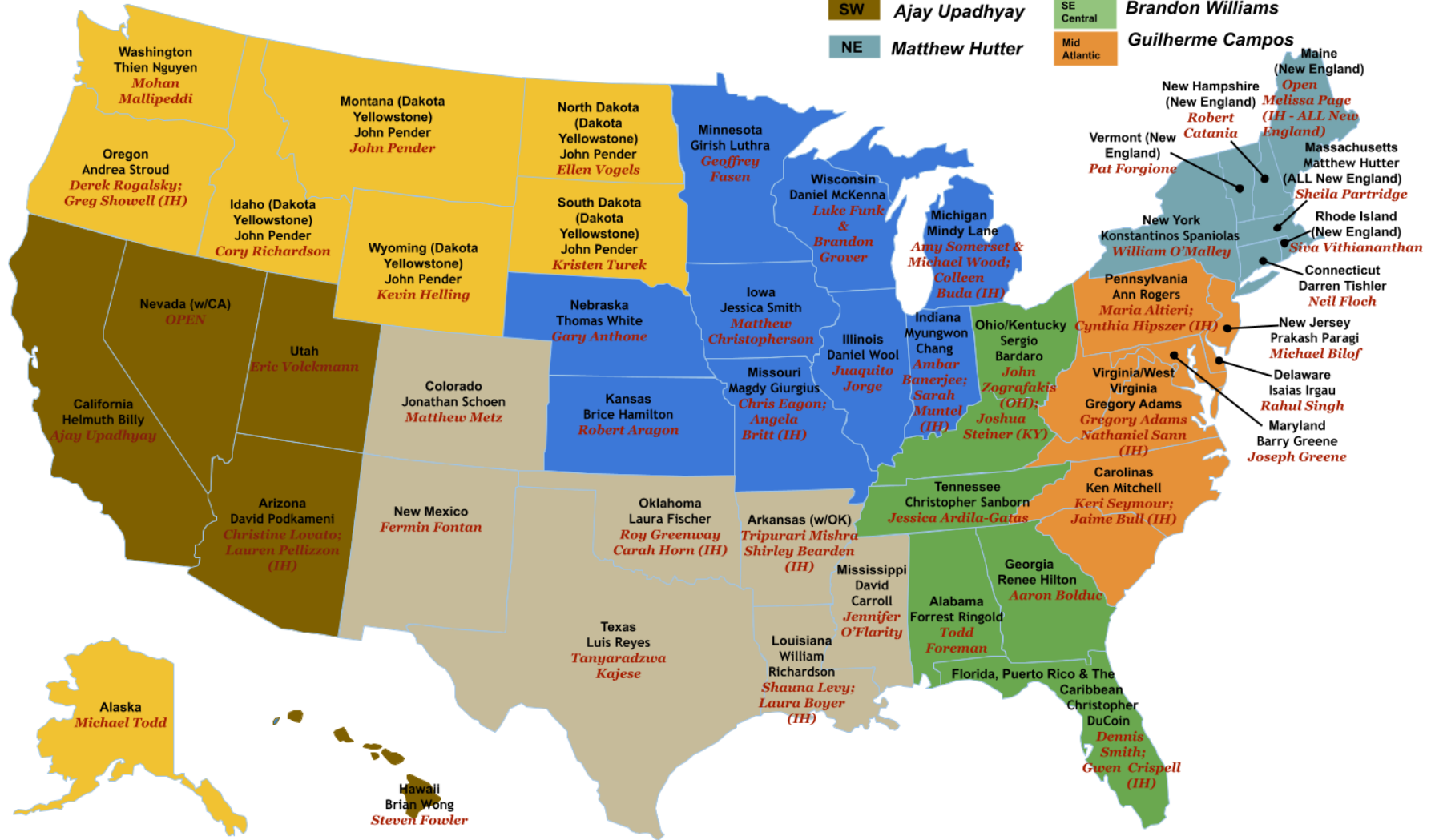


State Chapter Presidents

STARS and Regional Super STARS

- NW Valerie Halpin
- SW Ajay Upadhyay
- NE Matthew Hutter

- Lower Midwest Robert Carpenter
- Upper Midwest Luke Funk
- SE Central Brandon Williams
- Mid Atlantic Guilherme Campos



Access to Care Committee



Please note that the Access to Care Committee is not accepting new member applications at this time. Committee membership is currently by appointment only.



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Co-Chair



Darren Tishler, MD FACS
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Joe Northup, MD FASMBS
Executive Council Liaison

ASMBS STAFF LIAISON

Leslie Vinson

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CT – Neil Floch, MD FACS
MA – Sheila Partridge, MD FACS FASMBS
ME – Open
NH – Robert Catania, MD FASMBS
NY – William O’Malley, MD
RI – Siva Vithiananthan, MD FASMBS
VT – Patrick Forgione, MD
All New New England – Melissa Page, MS RD CSOWM LDN (IH)

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DE – Rahul Singh, MD FACS FASMBS
MD – Joseph Greene, MD MBA
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VA/WV – Gregory Adams, MD FACS; Nathaniel Sann, MSN CRNP FNP-BC (IH)

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GA – Aaron Bolduc, MD; Maria Immonen, MSN RN CNL CBN (IH)
KY – Joshua Steiner, MD
OH – John Zografakis, MD FASMBS
TN – Jessica Ardila-Gatas, MD

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IL – Juaquito Jorge, MD
IN – Ambar Banerjee, MD FASMBS; Sarah Muntel, RD (IH)
KS – Robert Aragon, MD
MI – Amy Somerset, MD & Michael Wood, MD; Colleen Buda, PA-C CSOWM (IH)
MN – Geoffrey Fasen, MD MS
MO – Christopher Eagon, MD FASMBS; Angela Britt, BC (IH)
NE – Gary Anthonie, MD FASMBS
WI – Luke Funk, MD MPH FASMBS & Brandon Grover, DO FASMBS

Super STAR Lower Midwest Region –
Robert O. Carpenter, MD MPH FASMBS
AR – Tripurari Mishra, MD; Shirley Bearden, RN CBN (IH)
CO – Matthew Metz, MD
LA – Shauna Levy, MD MS FACS; Laura Boyer, FNP C CBN (IH)
MS – Jennifer O’Flarity, RN BSN
NM – Fermin Fontan, MD
OK – Roy Greenway, Jr., MD; Carah Horn, MBA-HCA BSN RN
TX – Tanyaradzwa Kajese, MD FASMBS

Super STAR Northwest Region –
Valerie Halpin, MD FASMBS
AK – Open
ID – Cory Richardson, MD FASMBS
MT – John Pender, MD
ND – Ellen Vogels, DO
OR – Derek Rogalsky, MD; Greg Showell, RN (IH)
SD – Kristin Turek, CNP
WA – Mohan Mallipeddi, MD
WY – Kevin Helling, MD

INDUSTRY AD HOC APPOINTED

Ishita Doshi – Ethicon
Maria Thompson – Ethicon
Scott Wolven – Ethicon
Andrew Zebrak – Intuitive Surgical
Santosh Agarwal – Medtronic
Gina Baldo – Medtronic
Susan Hupp – Medtronic
Jamie Glonek – Novo Nordisk
Maggie Irwin – Novo Nordisk
Ginger Papesch – Novo Nordisk
Bridget Slusarek – Novo Nordisk

Joe Nadgrowski – Obesity Action Coalition
W. Scott Butsch, MD MSc – The Obesity Society
Jennifer Deperry – Pfizer
Jeanine Sherman – ProCare Health
Chris Gallagher – Potomac Currents
Paul Hickey – ReShape Lifesciences
Walter Lindstrom, JD – ReShape Lifesciences
Nina Crowley – SECA





HEALTH

New guidelines expand eligibility for weight loss surgery. Will insurance coverage follow?



Karen Weintraub

USA TODAY

Published 6:30 a.m. ET Oct. 21, 2022 | Updated 5:16 p.m. ET Oct. 24, 2022

New ASMBMS / IFSO Guidelines on Indications for Metabolic and Bariatric Surgery 2022 Developed to Replace the NIH Consensus Guidelines from 1991

Methods	Results	Conclusion
<p>NIH 1991 consensus guidelines</p> <p>Literature review & update</p> <p>Procedure type</p> <p>Age limit</p> <p>Indications</p>	<p>Higher risk population: Surgery is still safe</p> <p>BMI >60</p> <p>Patients with cirrhosis</p> <p>Patients in need for LVAD</p>	<p>New 2022 joint ASMBMS/IFSO guidelines:</p> <p>Expand indications & access</p> <p>With improved efficacy, durability and safety</p>

SURGERY FOR OBESITY AND RELATED DISEASES | **OBESITY SURGERY**

ASMBMS | IFSO

Dan Eisenberg MD, MS, Scott A. Shikora MD, Edo Aarts MD, PhD, Ali Aminian MD, Luigi Angrisani MD, Ricardo V. Cohen MD, PhD, Maurizio de Luca MD, Silvia L. Faria PhD, Kasey P.S. Goodpaster PhD, Ashraf Haddad MD, Jacques M. Himpens MD, PhD, Lilian Kow BMBS, PhD, Marina Kurian MD, Karnal Mahawar MBBS, MS, MSc, FRCS(Ed), Ken Loi MBBS, BSc (Med), Abdelrahman Nimeri MD, MBBCh, Mary O'Kane MSc, RD, Pavlos K. Pappas MD, Jaime Ponce MD, Janey S.A. Pratt MD, Ann M. Rogers MD, Kimberley E. Steele MD, PhD, Michel Suter, MD, Shamu N. Kothari MD Oct 2022 OBSU SOARD





Now that the new, clinical standards are in place we are more than happy to work with you to update the antiquated process to provide medical care for patients who suffer from obesity. In order to
st, 2023.

December 22, 2022

«Company_Name»
«Recipient_Name»
«Stree_Address»
«City», «State» «Zip_Code»

«Medical_Director»,

We would like to first thank you and «Company_Name», for a long and collaborative relationship in taking care of our patients suffering from the disease of obesity. We are grateful as a society to have

«Medical_Director»,

we would like to first thank you and «Company_Name», for a long and collaborative relationship in taking care of our patients suffering from the disease of obesity. We are grateful as a society to have provided these life saving metabolic procedures for countless numbers of patients. The quality-of-life improvements, medication reduction, and resolution of co-morbidities have been a remarkable benefit from a clinical, as well as personal, perspective.

Historically, we have followed guidelines for bariatric surgery created in 1991 by the National Institutes of Health (NIH). As we would all expect after more than 30 years, there have been significant advances in our understanding of this disease as well as the impact of the metabolic procedures we provide. In 1996, the NIH stated the 1991 guidelines on Bariatric Surgery are "provided solely for historical purposes" and "some of the material is likely to be out of date and at worst simply wrong". The safety and efficacy of metabolic surgery has been proven abundantly over the past three decades, and frequently used indications are not consistent with the current data. The previously used indications no longer reflect best practice nor medical consensus. Continuing to follow these outmoded guidelines may put patients with obesity and related diseases at continued risk.

We are pleased to announce the **American Society for Metabolic and Bariatric Surgery (ASMBS)** and the **International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO)** have jointly completed a long overdue update for the indications and approach for bariatric and metabolic surgery. These organizations represent 72 countries and over 90% of bariatric surgeons worldwide. As global experts in this field, it was clearly realized the previous policies after three decades demanded revising. Following an exhaustive review of the literature, long-term follow up, and outcomes, the clinical guidelines for metabolic and bariatric surgery have been updated. Attached are the updated indications which were developed after a methodic and scientific process through our societies. We are delighted to implement the modernization of indications for metabolic and bariatric surgery. The following attached evidence-based, clinical guidelines are effective as of October 2022, upon open access, co-publication in SOARD (Surgery for Obesity and Related Disease) and Obesity Surgery.

Teresa LaMasters MD, FACS, FASMBS, DABOM
President ASMBS - American Society for Metabolic and Bariatric Surgery

Scott Shikora MD, FACS
President IFSO – International Federation for the Surgery of Obesity and Metabolic Disorders

Joe Northrup MD, FASMBS
Access to Care Committee
Executive Council- American Society for Metabolic and Bariatric Surgery

** Replies to asmbspresident@asmbs.org

** Attached indications and literature citations.

Eisenberg D, Shikora SA, Aarts E, Aminian A, Angrisani L, Cohen RV, De Luca M, Faria SL, Goodpaster KPS, Haddad A, Himpens JM, Kow L, Kurian M, Loi K, Mahawar K, Nimeri A, O'Kane M, Papasavas PK, Ponce J, Pratt JSA, Rogers AM, Steele KE, Suter M, Kothari SN. 2022 American Society for Metabolic and Bariatric Surgery (ASMBS) and International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO): Indications for Metabolic and Bariatric Surgery. Surg Obes Relat Dis. 2022 Dec;18(12):1345-1356. doi: 10.1016/j.soard.2022.08.013. Epub 2022 Oct 21. PMID: 36280539.



December 22, 2022

«Company_Name»

«Recipient_Name»

Now that the new, clinical standards are in place we are more than happy to work with you to update the antiquated process to provide medical care for patients who suffer from obesity. In order to appropriately manage our patients, our expectation is to have these updates in place by March 1st, 2023. Please let us know how we can work in partnership to update your current indications to the new guidelines.

Sincerely,

Historically, we have followed guidelines for bariatric surgery created in 1991 by the National Institutes of Health (NIH). As we would all expect after more than 30 years, there have been significant advances

We would like to first thank you and «Company_Name», for a long and collaborative relationship in taking care of our patients suffering from the disease of obesity. We are grateful as a society to have provided these life-saving metabolic procedures for countless numbers of patients. The quality-of-life improvements, medication reduction, and resolution of co-morbidities have been a remarkable benefit from a clinical, as well as personal, perspective.

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Joe Northrup MD, FASMBS
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December 22, 2022

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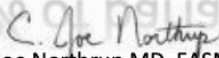
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We are pleased to announce the **American Society for Metabolic and Bariatric Surgery (ASMBS)** and the **International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO)** have jointly completed a long overdue update for the indications and approach for bariatric and metabolic surgery. These organizations represent 72 countries and over 90% of bariatric surgeons worldwide. As global experts in this field, it was clearly realized the previous policies after three decades demanded revising. Following an exhaustive review of the literature, long-term follow up, and outcomes, the clinical guidelines for metabolic and bariatric surgery have been updated. Attached are the updated indications which were developed after a methodic and scientific process through our societies. We are delighted to implement the modernization of indications for metabolic and bariatric surgery. The following attached evidence-based, clinical guidelines are effective as of October 2022, upon open access, co-publication in SOARD (Surgery for Obesity and Related Disease) and Obesity Surgery.

President IFSO – International Federation for the Surgery of Obesity and Metabolic Disorders


 Joe Northrup MD, FASMBS
 Access to Care Committee
 Executive Council- American Society for Metabolic and Bariatric Surgery

** Replies to asmbspresident@asmbs.org

** Attached indications and literature citations.

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December 22, 2022

«Company_Name»
«Recipient_Name»
«Stree_Address»
«City», «State» «Zip_Code»

«Medical_Director»,

We would like to first thank you and «Company_Name», for a long and collaborative relationship in taking care of our patients suffering from the disease of obesity. We are grateful as a society to have provided these life-saving metabolic procedures for countless numbers of patients. The quality-of-life improvements, medication reduction, and resolution of co-morbidities have been a remarkable benefit from a clinical, as well as personal, perspective.

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Now that the new, clinical standards are in place we are more than happy to work with you to update the antiquated process to provide medical care for patients who suffer from obesity. In order to appropriately manage our patients, our expectation is to have these updates in place by March 1st, 2023. Please let us know how we can work in partnership to update your current indications to the new guidelines.

Sincerely,

Teresa LaMasters MD, FACS, FASMBS, DABOM
President ASMBS - American Society for Metabolic and Bariatric Surgery

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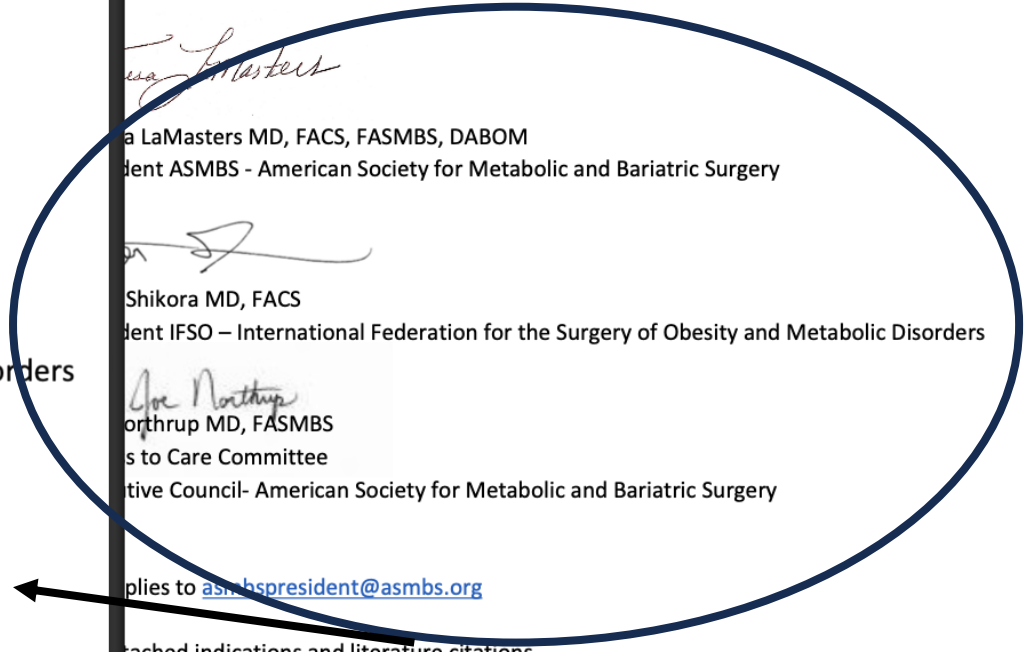


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Centene (5.4 million covered lives) massive expansion Per ASMBS 2022 guidelines, they expanded coverage to include BMI 35+ with/without comorbidities, 30-35 w T2D, and they added bariatric as a bridge to joint arthroplasty, abdominal hernia repair and organ transplantation.

BCBS Idaho (440k covered lives) expanded coverage to include BMI 30 + type 2 diabetes

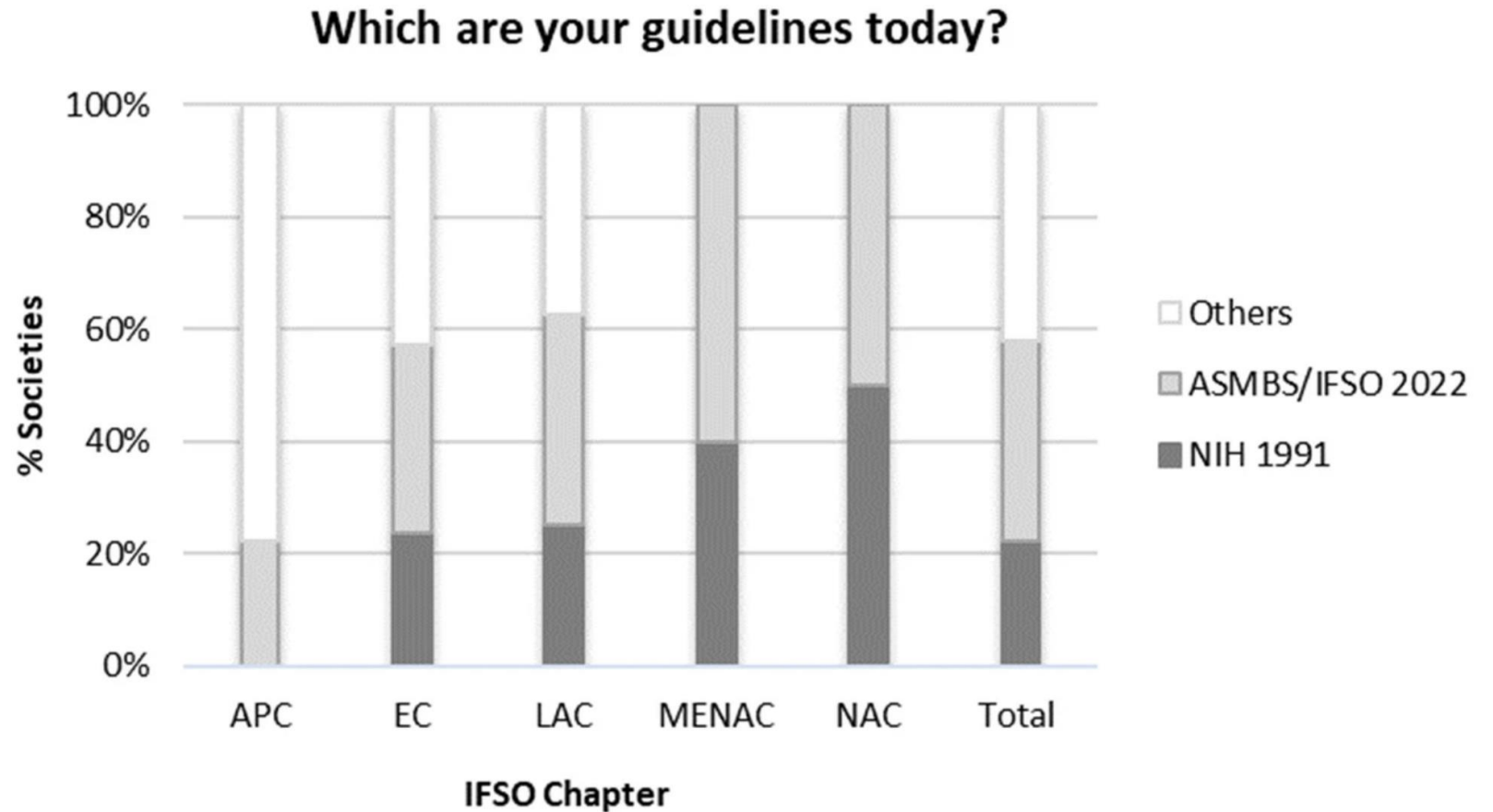
Blue Shield of California (2.8 million covered lives): added BMI 35+ without comorbidities and 30-35 with comorbidities but also added 1 year of being on anti-obesity medications

Access to Care

- **Cigna Expansion**
 - Low BMI and Type II DM
 - SADI Coverage
- **Low BMI Type II DM**
 - Added over 15million Covered Lives
- **BCBS TN**
 - Age 13 and older
 - BMI >35 without comorbidities
 - BMI 30-34.9 with comorbidities
- **BCBS of NC**
 - First Regional Plan to Add OAGB Coverage

IFSO survey (2023)

- 74.6% have some kind of guidelines of indications for MBS
- 34% have already adopted the latest ASMBS/IFSO 2022 guidelines



Primary Care Providers awareness 2022 ASMBS/IFSO Guidelines

- Large academic U.S. Institution survey
- PCP residents, Advanced Practice Providers and Faculty
- 95% unaware
- 16% correctly identified WL from MBS
- 47% correctly answered diabetes remission rate
- 72% reported inadequate MBS education
- 85% were interested in more education

Advocacy Opportunities

- ▶ Peer to Peer
- ▶ Insurance company policy review committees
- ▶ Medical education
- ▶ Educating colleagues across different specialties
- ▶ Requesting endorsements from other medical societies/specialties
- ▶ Media
- ▶ Hospital system
- ▶ Future publications



Link to Updated ASMBS/IFSO 2022 Guidelines



[https://asmbs.org/resources/2022-asmbs-and-ifso-indications-for-metabolic-and-bariatric-surgeryS1550-7289\(22\)00641-4/fulltext](https://asmbs.org/resources/2022-asmbs-and-ifso-indications-for-metabolic-and-bariatric-surgeryS1550-7289(22)00641-4/fulltext)

In summary...

- A strategic relationship with payers was needed in the U.S.
- ASMBS organized an “army” within the Access to Care Committee
 - State Chapters
 - Interaction with National Directors
- Constant communication and engagement with payers
- ASAMBS and IFSO collaboration was critical to put the guidelines in a document intended to “replace” an antiquated 30 year-old NIH consensus, was easy to read and evidence-based

Thank you!

Follow me on Twitter



@JaimePonceMD



CHI Memorial

Metabolic and Bariatric Care



IFSO 2025 Santiago

ifso2025.org