



2024 Fact Sheet

Michigan Bariatric Surgery Collaborative (MBSC)

Overview

Formed in 2005, the Michigan Bariatric Surgery Collaborative (MBSC) aims to innovate the science and practice of metabolic and bariatric surgery through comprehensive, lifelong, patient-centered obesity care-in Michigan and across the United States. MBSC was the proud recipient of the 2011 BCBSA Best of Blue and BlueWorks Awards.

Core Values:

- MBSC Core Values Collegiality
 - We will promote a learning community that respects one another and works together to advance the practice of bariatric surgery.
- Confidentiality
 - We will ensure the strict protection of information regarding our patients, participants, and hospitals.
- No “Billboards”
 - We will ensure that MBSC data is never used for the purposes of marketing or promotion of any individual hospital, program, or surgeon.
- Contribute
 - We value the experience and insight of each of our members and will promote an environment where all can contribute to the success of the collaborative
- Open-Minded
 - We will remain open to novel ideas, alternative viewpoints, and the discovery of new knowledge.
- Innovative
 - We will pursue creative, original, and data-driven ways to advance the field of bariatric surgery and ensure the well-being of our patients.

Quality Improvement initiatives implemented to date include:

- Intravenous (IVC) Filter use
- Reducing rate of Emergency Department (ED) visits (MPIRRE)
- Examining the relationship between hospital safety culture and complications.
- Implementing VTE prophylaxis guidelines.
- Preventing Surgical Site Infections (SSIs).
- Assessing and improving surgeon’s technical skill.
- Improving patient decision making in bariatric surgery
- Engaging primary care physicians (PCPs) in the longitudinal care of bariatric surgery patients



- Improving longitudinal follow-up and weight loss following surgery with small incentives
- Decreasing opioid use through an enhanced recovery protocol (FUTURE)

Current Quality Initiatives:

- Reducing complications to decrease costs and improve patient satisfaction
- Lower ED visits and hospital readmissions through targeted interventions
- Implement VTE guidelines to prevent blood clots in veins
- Implementing standardized evidence-based pathways to optimize resource utilization
- Decrease opioid prescribing to reduce new persistent use after surgery and improve overall outcomes
- Addressing unmet social needs including food, housing, and transportation insecurities to improve overall health and bariatric surgery outcomes

Results

- Decrease in hospital stay >5 days following bariatric surgery by 65% (2007-2023)
- Decrease in post-surgical deaths by 67% (2007-2023)
- Decrease in readmissions by 52% (2007 vs 2023 overall)
- Decrease in overall complication rates by 32% (2007-2023)
- Decrease in surgical site infections by 63% (2006-2023)
- Decreased MME prescribing rate by 76% (2017-2023)
- Decrease in IVC filter placed to 100% (0 IVC filters placed in 2023)

Participants

- 41 Michigan hospitals
- 80 bariatric surgeons

Physician Type(s)

- Bariatric surgeons

Data Collection

- All cases, all payer registry
- 135,771 cases entered into the registry since 2005

Participation Criteria

In order to participate in this CQI, a hospital must meet the following criteria:

- Perform 25 bariatric surgeries annually



About the Coordinating Center

The University of Michigan serves as the Coordinating Center for MBSC and is responsible for collecting and analyzing comprehensive clinical data from the participating hospitals. It uses these analyses to examine practice patterns, to generate new knowledge linking processes of care to outcomes, and to identify best practices and opportunities to improve quality and efficiency. The center further supports participants in establishing quality improvement goals and assists them in implementing best practices.

Arthur Carlin, MD, FACS, Division Head of General Surgery, Henry Ford Medical Group serves as Project Director. Amanda Stricklen, RN, MS and Rachel Ross, RN, MS serve as Project Managers. Please reach out to Amanda (aoreilly@med.umich.edu) or Rachel (rachacoo@med.umich.edu) with any questions regarding MBSC.