

**Dr. Robert Bree Collaborative**  
**Lumbar Fusion Bundled Payment Model Re-Review Workgroup Minutes**  
Tuesday, April 24, 2018 | 3:00-4:30  
**Foundation for Health Care Quality**

**Members Present**

Robert Mecklenburg, MD, Virginia Mason (Co-Chair)	Medical Center
Kerry Schaefer, King County (Co-Chair)	Sara Groves-Rupp, Harborview Medical Center
Lydia Bartholomew,* MD, Aetna	Linda Radach,* Washington Advocates for Patient Safety
Arman Dagal, MD, Spine SCOAP	Mia Wise, DO, Medical Director, Premera Blue Cross
Sharon Eloranta, MD, CHI Franciscan	Farrokh Farrokhi,* MD, Neurosurgeon, Virginia Mason Medical Center
Gary Franklin,* MD, Labor and Industries	
Andrew Friedman,* MD, Virginia Mason	
Michael Hatzakis, MD, Physiatrist Overlake	

**Staff/Guests**

Liz Bonson,* MD, Labor and Industries	Alicia Parris, Bree Collaborative
Courtney Brenner,* MPH, CPH, Harborview Medical Center	Jason Thompson, MD, Proliance Surgeons
Peter Dunbar, MD, CEO, Foundation for Health Care Quality	Dayna Weatherly,* RN, Proliance Surgeons
	Ginny Weir, MPH, Bree Collaborative

\* By phone/web conference

**WELCOME, INTRODUCTIONS**

Robert Mecklenburg, MD, Virginia Mason, opened the meeting. All those present introduced themselves.

**Motion:** Approve 4/13/18 minutes.

**Outcome:** Passed with unanimous support.

Asked for additions to agenda. No additions to agenda.

**LUMBAR FUSION BUNDLE AND WARRANTY REWRITES**

The group reviewed the Lumbar Fusion Bundle and Warranty that included additions and rewrites from group members and discussed:

- That the 'Introduction' have a distinction between patients with neurological symptoms and those without.
  - Patients with only neurological symptom cases are outliers.
- Whether to change inclusion criteria to include confirmed neurological symptoms and signs and lower extremity pain.
- Not requiring non-surgical care and other appropriate standards in severe, progressive cases. Essentially allowing a bypass of cycles I and II if symptoms are severe.
- Whether the bundle would exclude surgery for back pain not otherwise defined.
- Removed use of numerical pain rating from I.A.2.g.
- Absenteeism and productivity as an optional patient-reported outcome, potentially a suggestion for employers/purchasers who may wish to better understand the effect of back pain on presenteeism and absenteeism.

- Standard scales of presenteeism and absenteeism exist.
  - Might not be able to be objectively measured.
- Rewrites and additions to section I.B
- Methods for measuring functional outcomes
  - Inclusion of TAOS as an acceptable outcome measure tool but not a requirement.
  - Recommending that while we are allowing the site to select from a variety of patient-reported outcomes, we recommend the site use the same outcome measure tool throughout the care pathway for consistency and ease of interpreting outcome results.
- Making a physiatrist visit a must when considering lumbar fusion in section I.C.
  - Barriers to address when making physiatrist visit a requirement.
    - Lack of availability of physiatrists in remote areas.
    - Some physiatrists lack of interest in non-surgical management and/or lack of expertise.
    - Ensuring that the physiatrist visit is collaborative not just another step.
  - Defining the role of the physiatrist more specifically.
    - Physiatrist role would be as a consultation not three months of continuous visits.
    - Whether to include specifications of the skill-set and/or parameters for the visit (e.g., content areas) for the visit.
    - Potentially having this role be defined by a skillset entirely rather than a psychiatrist and assuming proficiency. This would allow for more flexibility.

**Motion:** Whether to require a physiatrist consultation.

**Vote:** 7–2 YES.

- Based on vote bundle will require physiatrist visit.
  - Will address concerns and barriers at a future meeting.

#### **GOOD OF THE ORDER/OPPORTUNITY FOR PUBLIC COMMENT**

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Dr. Mecklenburg thanked those who brought language contributions and all who attended and asked for public comments and final comments. The meeting was adjourned.