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

Staff/Guests

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

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