

Dr. Robert Bree Collaborative
Lumbar Fusion Bundled Payment Model Re-Review Workgroup Minutes
Tuesday, June 26th, 2018 | 3:00-4:30
Foundation for Health Care Quality

Members Present

Robert Mecklenburg, MD, Virginia Mason (Co-Chair)	Medical Center
Kerry Schaefer, MS, King County (Co-Chair)	Marcia Peterson,* Washington State Health Care Authority
Sara Groves-Rupp,* University of Washington Medicine	Jason Thompson, MD, Proliance Surgeons
Arman Dagal, MD, Spine COAP	Linda Radach,* Washington Advocates for Patient Safety
Sharon Eloranta, MD, CHI Franciscan	Farrokh Farrokhi,* MD, Neurosurgeon, Virginia Mason Medical Center
Gary Franklin,* MD, Labor and Industries	
Michael Hatzakis, MD, Overlake	

Staff/Guests

Courtney Brenner, University of Washington Medicine	Alicia Parris, Bree Collaborative
Bob Hart, MD, Swedish Neuroscience Institute	Danya Weatherly, Proliance Surgeons
Vickie Kolios-Morris, MSHSA, Spine COAP	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 5/22/18 minutes.

Outcome: Passed with unanimous support.

LUMBAR FUSION BUNDLE AND WARRANTY REWRITES

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

- Cycle II
 - Reviewing that these inclusions are not absolute requirements for surgery but items that should be done ideally. In some cases these elements will not be met and the patient's case will be discussed in the multidisciplinary conference.
 - 5. Opioid prescribing. Will clarify there should be a plan for management if patient has taken opioids for three or more preceding months prior to surgery.
 - 6. Screening for nicotine use.
 - Arman has sent citations about nicotine replacement therapy.
 - The standard is four weeks without using nicotine. The group discussed striking the statement about six to eight weeks being ideal as the language is not directive enough.
 - Also ideal for patients to not smoke three months post surgery. This will be addressed in the post-surgical section.
 - Urine tests: whether the tests also screen positive for nicotine replacement. The workgroup should not discourage use of nicotine replacement.

- Tests about the effect of nicotine replacement on a surgical outcome are limited to animal studies.
 - That the hospital takes on more risk if surgery is done on someone who smokes, especially with the bundle construction.
 - None of these are urgent cases, the patient should have enough time to undertake nicotine replacement therapy.
- 7. Alcohol screening and use. Other Bree Collaborative recommendations address how to manage alcohol use with screening, brief intervention, and referral to treatment.
- 8. Absence of a life-limiting condition.
 - This language may not be necessary but clinicians in the room have seen cases in which someone with a life-limiting condition has received a back surgery.
 - Clinical judgement is needed to interpret “likely to cause death before recovery.”
- 9. Disability: This element makes more intuitive sense to the workgroup members than the previous element on life-limiting conditions and should be included while life-limiting condition should be removed.
- To add that exceptions to these requirements should be discussed in a multidisciplinary conference.
- 10. Dementia
 - In many cases, dementia can worsen after surgery and will cause a longer recovery. Should be part of screening.
 - Whether to include mental disability or cognitive impairment.
- 11. To add “cognitive dysfunction”
- 13. Osteoporosis. The literature is not robust around screening and management. Section will be removed.
- B) Patient engagement
 - Care partner can be one or more person.
 - That including Spine COAP as the recommended registry is a conflict of interest. The patient should be aware of any of their data that is used and entered into a registry.
- C) Preparation for surgery
 - The Pre-operative history, physical, and screening tests were taken from a NICE document.
 - Whether renal function should be tested.
 - These inclusions are not part of the potentially wasteful tests pre-operatively being addressed by the Washington health Alliance.
 - Whether to risk-stratify patients.
 - Whether to get other consultations than dental.
 - To use the language from the total joint replacement bundle for staph testing.
 - To remove the third testing with a patient-reported outcome measure, redundant.

Action Item:

- Dr. Farrokhi to send language about nicotine replacement.
- Drs. Mecklenburg and Dagal to draft language to replace that of pre-operative history, physical, and screening tests.

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.

Additional input for next meeting:

Nicotine cessation is the ultimate goal for optimal health in our patients. If a period of smoking cessation therapy requires nicotine replacement therapy, then the elective lumbar fusion surgery can be postponed until the nicotine replacement is completed and the patient is nicotine free.