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

Members Present

Robert Mecklenburg, MD, Virginia Mason (Co-Chair)
Kerry Schaefer, MS, King County (Co-Chair)
Andrew Friedman,* MD, Physical Medicine and Rehabilitation, Virginia Mason Medical Center
Gary Franklin,* MD, Labor and Industries
Michael Hatzakis,* MD, Overlake
Medical Center
Marcia Peterson,* Washington State Health Care Authority
Jason Thompson, MD, Proliance Surgeons
Linda Radach,* Washington Advocates for Patient Safety
Farrokh Farrokhi,* MD, Neurosurgeon, Virginia Mason Medical Center

Staff/Guests

Carlo Bellabarba,* MD, Harborview Medicine
Peter Dunbar, MB ChB, MBA, CEO, Foundation for Health Care Quality
Vickie Kolios-Morris, MSHSA, Spine COAP
Alicia Parris, Bree Collaborative
Dayna Weatherly, Proliance Surgeons

* By phone/web conference

WELCOME, INTRODUCTIONS

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

Motion: Approve 6/26/18 minutes.
Outcome: Passed with unanimous support.

LUMBAR FUSION BUNDLE AND WARRANTY REWRITES

The group reviewed the Lumbar Fusion Bundle and Warranty *Cycle II Fitness for Surgery* including additions and rewrites from group members and discussed:

- Proposed changes to Section C *Optimal preparation for surgery*
  - No substantive changes aside from addition of references to National Institute for Health and Care Excellence (NICE) guidelines an ACC/AHA Guideline
- Peter Dunbar, MB ChB, MBA, CEO, Foundation for Health Care Quality suggested additionally citing American Society of Anesthesiology Guidelines

Action Item: Peter Dunbar to send reference for American Society of Anesthesiology Guidelines for inclusion in *Cycle II.C*

- Whether additional imaging was necessary after six months if there was no change in symptoms
  - *Cycle II.C.5*. modified to read "*Perform relevant imaging as necessary if symptoms have changed*."

Group viewed Establishing benchmarks for the volume outcome relationship for common lumbar spine surgical procedures[1] and other similar studies and discussed:

- Volume standards for individual surgeons and institutions or facilities
  - Previous workgroup set a requirement at 20 cases per surgeon

[1] Establishing benchmarks for the volume-outcome relationship for common lumbar spine surgical procedures Schoenfeld, Andrew J. et al.
The Spine Journal , Volume 18 , Issue 1 , 22 - 28

- Methodology and apparent conclusions of study
- How surgeons that do not meet volume standards would be able to practice
    - Valley Medical Center requires first 20 cases to be proctored for approval of credentials
    - Farrokh Farrokhi,* MD, Neurosurgeon, Virginia Mason Medical Center, proposed keeping the number at 20 or increasing
- Dr. Mecklenburg asked group members to consider volume standards to be set at the following meeting

Action Item: Workgroup will bring available institutional records or other materials that would inform the debate on individual and facility volume standards

The group viewed the Lumbar Fusion Bundle and Warranty *Cycle III Spinal Fusion Procedure* and discussed:

- In *Cycle III.A.1* Jason Thompson, MD, Proliance Surgeons proposed modifying requirements for orthopedic surgeons

Action Item: Drs. Thompson and Farrokhi to send new language for qualifications for neurosurgeons and orthopedic surgeons

- Group discussed whether to require surgery to be performed in an inpatient facility
    - Benefit is more due to staffing and resources regardless of inpatient or outpatient
    - *Cycle III.A.5* was modified to read "*Surgery must be performed in a facility with staffing and access to sufficient resources to address potential complications."*
    - Volume standards, once established, will be added on line 5.
- *Cycle III.B.1.b* reference was added to 2015 AMDG and 2018 Bree Collaborative Post-Operative Supplement
- *Cycle III.B.2.b* changed restriction of urinary catheter from 48 hours to the minimum necessary and removed reference to SCIP guidelines
- *Cycle III.C.1* recommendation for hospitals to participate in a registry such as Spine COAP was changed to a requirement
- *Cycle III.C.2* was changed to read, "*Providers must maintain a registry of patients undergoing lumbar fusion and collect prospective patient reported outcome measures as part of an internal quality improvement program."*

The group viewed the Lumbar Fusion Bundle and Warranty *Cycle I Disability Despite Non-Surgical Therapy* and discussed:

- Purchasers may find it difficult to compare results of non-surgical therapy due to use of varying patient reported outcome measures
    - Discussion will be continued at next meeting with goal to give purchasers a few key indicators of patient improvement

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.