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  
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 procedures¹ 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 Schoenberg, 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
  o Valley Medical Center requires first 20 cases to be proctored for approval of credentials
  o 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
  o Benefit is more due to staffing and resources regardless of inpatient or outpatient
  o *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.”
  o 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
  o 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.