Dr. Robert Bree Collaborative
Lumbar Fusion Bundled Payment Model Re-Review Workgroup Minutes
Tuesday, August 28th, 2018 | 3:00-4:30
Foundation for Health Care Quality

Members Present

Robert Mecklenburg, MD, Virginia Mason (Co-Chair)
Andrew Friedman,* MD, Physical Medicine and Rehabilitation, Virginia Mason Medical Center
Michael Hatzakis,* MD, Overlake Medical Center
Mia Wise, DO, Medical Director, Provider & Customer Engagement Premera Blue Cross
Marcia Peterson,* Washington State Health Care Authority
Sara Groves-Rupp,* Assistant Administrator, Performance Improvement, UW Medicine
Farrokh Farrokhi,* MD, Neurosurgeon, Virginia Mason Medical Center
Arman Dagal,* Medical Director, Spine COAP

Staff/Guests

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 7/24/18 minutes.
Outcome: Passed with unanimous support.

LUMBAR FUSION BUNDLE AND WARRANTY REWRITES

The group viewed the evidence and existing volume standards outlined in Volume Standards Talking Points and discussed:

- Comparison of available evidence
- A proposal for 30 lumbar fusion operations/surgeon for year and 60 lumbar fusion operations/facility/year
    - How would surgeons achieve numbers
        - Supervision by a credentialed surgeon
    - Question was posed how many hospitals would currently meet the above standard and where they're located

Action Item: Dr. Mecklenburg will attempt to find that information
Action Item: Mia Wise, DO, Premera Blue Cross, will check Premera data

- Arman Dagal, Medical Director, Spine COAP, offered to submit 2015,2017 Spine COAP hospital data on reoperation rates and post-operative blood transfusion rates in conjunction with volume as reference for volume discussion
    - Findings should be added "according to data registry" with a footnote that it is unpublished
- Volume requirements are accepted pending results of query on how standards would affect access

[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

Group viewed American Society of Anesthesiologists Basic Standards for Preanesthesia Care and discussed:

- Some smaller practices do not have an anesthesiologist on staff
- Added anesthesiologist to relevant consultations and reference to Basic Standards *Cycle II.C.6*

Group viewed patient reported outcome measures in *Cycle I* and discussed:

- Current recommendations allow for usage of multiple measures
    - Would cause difficulty when comparing performance across institutions
- Proposed requiring certain measurements and allow for providers to use any other measures in addition
    - Would allow for standardization
    - Allow for easy assessment of efficacy
    - Group agreed to require PROMIS 10 and ODI and make all others optional

The group viewed the Lumbar Fusion Bundle and Warranty *Cycle IV Return to Function* and discussed:

- Inclusion of Washington State Hospital Association Toolkit
    - Not evidence appraised but widely used and tested
    - Value of home assessments in removing barriers to recovery
        - Expand on Cycle *IV.B.2 "Evaluate social and resource barriers based on WSHA toolkit"*
        - Look at WSHA toolkit content to ensure it addresses certain crucial resources are present and available in the home
- Added reiteration to *Cycle IV.B.7* of opioid prescribing in line with 2015 AMDG Guideline and 2018 Bree Post-Op Supplement
- Removed *Cycle IV.D.3* about opioid use as it is already addressed in the AMDG Guideline
- Added specification to *IV.D.2* to use standard instruments specified above and time frame for evaluation and reevaluation
    - Not being burdensome for the provider or patient
    - Timeline set at 3 months and if possible at 12 months
        - Patient engagement declines over time
        - Optimal healing of bone, muscle, and nervous system takes about 12 months
    - Dr. Dagal discussed difficulties collecting data more than a year out
        - Who would be responsible for collecting data
            - Cannot be specified
    - 12 months will be aspirational
- Group agreed to include smoking cessation for three months post operatively

The group viewed the *Quality Standards 1. Standards for Appropriateness* and discussed:

- Do Question 7 and Question 10 line up with questions in PROMIS 10

Action Item: Dr. Mecklenburg will check that questions 7 and 10 align with physical activity and pain questions in instrument

- Questions on reporting on shared decision making
    - Undetermined but HCA is doing work on implementing and spreading shared decision making that may eventually provide some direction

The group viewed the *Quality Standards 2. Standards for evidence based surgery* and discussed:

- Whether *2.c* should specify which measures to reduce blood loss should be taken
    - Farrokh Farrokhi, MD, Neurosurgeon, Virginia Mason Medical Center, suggested proposed changing to *"Measures to reduce blood loss and need for transfusion.*"
        - Dr. Dagal pointed out that this could cover preoperative measures as well (e.g. addressing anemic state) and that reducing need for transfusion will reduce risks of other unwanted outcomes such as immunosuppression and increased risk of infection

The group viewed the *Quality Standards 3 ensuring rapid and durable return to function* and discussed:

- 3.a was changed from 6 months and 2 years to 3 months and 12 months to align with *Cycle IV* and to be congruent with when the patient will return for follow-up treatment

The group viewed the *Quality Standards 4 Standards for the patient care experience* and discussed:

- Do reporting questions of HCAHPS Q6 and Q22-Q25 align with questions on survey

Action Item: Dr. Mecklenburg will bring language of HCAHPS Q6, Q22-Q25

- HCAHPS survey does not go out to ambulatory surgery centers
    - Patient experience should still be measured regardless of care setting
- *4.a* measuring proportion of patients surveyed using HCAHPS will be difficult information to capture

Action Item: Dayna Weatherly, Proliance Surgeons to bring ASC patient satisfaction survey
Action Item: Group to review evidence table

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.