

The Bree Collaborative
Total Joint Replacement Bundle Charter and Roster

Problem Statement

Surgical bundles align healthcare delivery, purchasing and payment with an evidence-informed community standard for quality. As such, they provide an alternative to fee-for-service reimbursement and facilitate value-based contracting. Total joint replacement, including total hip and total knee replacement, are high-volume surgeries nationally and in Washington State.¹

Aim

To increase the occurrence of appropriate total joint replacement surgery including provision of conservative therapy and positive patient outcomes through a bundled payment model in Washington State.

Purpose

To update the 2017 Bree Collaborative Total Joint Replacement Bundled Payment Model with relevant evidence and administrative processes.

Duties & Functions

The workgroup will:

- Research evidence-based and expert-opinion informed guidelines and best practices (emerging and established).
- Conduct updated scientific review of pertinent literature
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately ten-twelve months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies including metrics or a process for measurement.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.

Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative or the workgroup chairs. The chair of the workgroup will be appointed by the chair of the Bree Collaborative. Bree Collaborative staff will provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

Meetings

The workgroup will hold meetings as necessary. Bree Collaborative staff will conduct meetings along with the chair(s), arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members may be added at the discretion of the workgroup chair.

| Name | Title | Organization |
|--|---|---------------------------------------|
| Chair: Bob Mecklenburg, MD | Retired | Virginia Mason Medical Center |
| Matt Albright Kevin Fleming, MBA Michael Griffin | Regional Director of Orthopedics & Sports Medicine Chief Operating Officer Associate Vice President | Providence St. Joseph Health |
| Lydia Bartholomew, MD, MHA, FAAPL, FAAFP, CHIE | CMO Clinical Health Services West and Southcentral | Aetna |
| LuAnn Chen, MD, MHA | Senior Medical Director | Community Health Plan of Washington |
| Michael Chen | Senior Program Consultant | Premera Blue Cross |
| Andrew Friedman, MD | Physical Medicine & Rehabilitation Specialist | Virginia Mason Medical Center |
| Kevin Macdonald, MD | Orthopedic surgeon | Virginia Mason Medical Center |
| Paul Manner, MD | Orthopedic surgeon | University of Washington |
| Cat Mazzawy, RN | Senior Director, Safety and Quality | Washington State Hospital Association |
| Linda Radach | Patient Advocate | |
| Tom Stoll, MD | Chief, Orthopedic Surgery | Kaiser Permanente Washington |
| Emily Transue, MD, MHA | Associate Medical Director | Health Care Authority |

¹ Sloan M, Premkumar A, Sheth NP. Projected Volume of Primary Total Joint Arthroplasty in the U.S., 2014 to 2030. J Bone Joint Surg Am. 2018 Sep 5;100(17):1455-1460.