

**The Bree Collaborative**  
**Total Joint Replacement Bundle Charter and Roster**

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**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.<sup>1</sup>

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**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.

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**Purpose**

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

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**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.

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**Structure**

The workgroup will consist of individuals confirmed by Bree Collaborative members, appointed by the chair of the Bree Collaborative, or appointed by the workgroup chair. 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
Bob Mecklenburg, MD (Chair)	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 Kevin Macdonald, MD	Physical Medicine & Rehabilitation Specialist 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

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<sup>1</sup> 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.