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## Bree Collaborative | Total Knee and Total Hip Replacement Bundle Workgroup

January 11<sup>th</sup>, 2021 | 8:00 – 9:30 a.m.

Virtual

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### MEMBERS PRESENT

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Robert Mecklenburg, MD (Chair), Medical Director, Center for Health Care Solutions, Virginia Mason Medical

Lydia Bartholomew, MD, MHA, FAAPL, FAAFP, CHIE, Chief Medical Officer, Clinical Health Services West and South Central

Linda Radach, Patient Advocate

Tom Stoll, MD, Chief of Orthopedic Surgery, Kaiser Permanente Washington

Mary Beth McAteer, Research Librarian, Virginia Mason

Michael Chen, Program Manager, Premera Blue Cross

LuAnn Chen, MD, MHA, FAAFP, Senior Medical Director, Community Health Plan of Washington

Kevin MacDonald, MD, Orthopedic Surgeon, Virginia Mason

### STAFF AND MEMBERS OF THE PUBLIC

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Ginny Weir, MPH, Bree Collaborative

Alex Kushner, Bree Collaborative

### BREE COLLABORATIVE OVERVIEW

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Robert Mecklenburg, MD, Medical Director, Center for Health Care Solutions, Virginia Mason Medical and Ginny Weir, MPH, Bree Collaborative welcomed members to the workgroup and those present introduced themselves and gave a short summary of their background.

Ms. Weir gave a short overview of the Bree Collaborative, covering:

- Roberts Rules of Order
- Why the Bree Collaborative was formed and how it chooses its members and workgroup topics
- How recommendations are developed
- The Open Public Meetings Act and conflict of interest forms
- The proposed plan and timeline for this workgroup

### GROUP DISCUSSION: WHO TO ADD AND SCOPE OF WORK

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Ms. Weir opened the floor to discussion and began by asking the group who else needed to be added as members.

- There were recommendations for additional members to be added from the Health Care Authority. Another recommendation was for members from Boeing, Walmart and other purchasers.
  - Helpful to add a physical therapist and a family physician.

**Action Item: Michael Chen, Program Manager, Premera Blue Cross, will send Ms. Weir contacts from Providence and work with Dr. Mecklenburg on contacting other purchasers. Kevin MacDonald, MD, Orthopedic Surgeon, Virginia Mason will email the Orthopedic Association to ask for group members.**

- The group agreed to move the meeting time to Friday afternoon.
- Dr. Mecklenburg reviewed the evidence table and encouraged members to review it on their own time. The green text is a plain language summary of the evidence.

- The group reviewed the architecture of the bundle and its four categories/cycles, summarized as: 1) appropriateness, 2) am I fit for surgery? 3) is the surgery safe? 4) did the surgery work? Categories are followed by standards for quality and then a warranty.
- A member asked if it would be possible to include language on equipment and devices necessary for the surgery. This could go in cycle 3.
  - Another suggestion was that it would be helpful to evaluate the use of robotic assisted surgery.
- It will be important to review the devices and materials themselves—some materials have weak evidence for biocompatibility but are nonetheless commonly used.
- The group discussed the first cycle and its purpose. Not all patients who want surgery or have hip or knee problems need surgery. This cycle is designed to encourage people to try non-surgery options before surgery.
  - Dr. Mecklenburg reviewed the components of cycle one, including documentation of impairment; the tools listed in the documentation of impairment section have great evidence behind them. There is not a huge reason to change these.
    - A member commented that there are more patient-reporting tools than the ones currently listed.
    - The goal is to collect patient-reported outcome scores before and after the intervention.
- The group discussed section 1B) Document Radiological Findings. The group changed the third bullet to clarify that MRIs can be useful if the pain felt by the patient is out of proportion to x-ray findings or x-rays do not show the cause of the pain.
  - The group changed the first sentence of this section to clarify that x-rays should be given on the weight bearing hip.
- The group discussed section 1C) Shared Decision-Making, including the need to provide patients with information about the types of materials and metals found in their implants and statistics on those implants' performance.
- The group discussed the second bullet in this section (which discusses failure rates). The group decided to focus on the importance of getting failure rates from a respected registry rather than on how many years out the rates should be reported for.
  - The language was changed to “The reported failure rates from a known and respected registry”. No year range was added at this time.

**Action Item: Linda Radach will craft new language for the shared decision-making bullets and receive input from the orthopedists.**

- There was a suggestion to include language on the need to inform patients that sometimes the replacement materials change during surgery due to findings.
- The group discussed the first bullet in Shared Decision-Making. Current language asks for the patient to be informed of the year that the implant was introduced. However, this is not the best measure of whether a product is reliable. Devices are often gradually evolving.
  - The group removed the language about the year of introduction from this bullet.
- The group discussed the third bullet in this section on the surgeon's level of experience with the material. This bullet was removed because experience with the exact material may not be that important and is discussed in cycle 3.
- In section 1D, “x-ray” was changed to “radiological”.

- The group began discussing the need for patients to be well informed about the recovery process but ran out of meeting time. They will continue discussing Shared Decision-Making next time.
- Ms. Weir will send out new citations from the evidence review before the next meeting.

**GOOD OF THE ORDER**

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Dr. Mecklenburg and Ms. Weir thanked all for attending and adjourned the meeting.

DRAFT