
Bree Collaborative | Total Knee and Total Hip Replacement Bundle Workgroup

February 5th, 2021 | 8:00 – 9:30 a.m.

Virtual

MEMBERS PRESENT

Robert Mecklenburg, MD (Chair), Medical Director, Center for Health Care Solutions, Virginia Mason Medical
Linda Radach, Patient Advocate
Mary Beth McAteer, Research Librarian, Virginia Mason
LuAnn Chen, MD, MHA, FAAFP, Senior Medical Director, Community Health Plan of Washington
Kevin MacDonald, MD, Orthopedic Surgeon, Virginia Mason
Andrew Friedman, MD, Physical Medicine & Rehabilitation Specialist, Virginia Mason

Cat Mazzawy, RN, Senior Director, Safety and Quality, Washington State Hospital Association
Emily Transue, MD, MHA, Associate Medical Director, Health Care Authority
Michael Griffin, Associate Vice President, Orthopedics & Sports Medicine Institute, Providence St. Joseph Health
Jeff Stepanian, PA-C, EvergreenHealth
Dayna Weatherly-Wilson, RN, Manager, Value Based Healthcare, Proliance Surgeons
Steve Overman, MD, MPH, Clinical Professor of Medicine, University of Washington

STAFF AND MEMBERS OF THE PUBLIC

Matthew Albright, Regional Director, Orthopedics & Sports Medicine, Providence St. Joseph Health
Ginny Weir, MPH, Bree Collaborative
Alex Kushner, Bree Collaborative
Melissa Moran-Hodge, MHA, CPHQ, Clinical Outcomes Analyst, Providence Surgeons

Jordan Mitchell, Program Director, Clinical Institute Bundles, Providence St. Joseph Health
Katie Sypher, Program Manager, Orthopedics & Sports Medicine Institute, Providence St. Joseph Health

WELCOME

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.

Motion: Approval of January 11th, 2021 minutes

Outcome: Passed with unanimous support

GROUP DISCUSSION: CYCLE 1

Dr. Mecklenburg began the discussion by pointing the group to where they left off last time, in the shared decision making section of cycle 1.

- The group looked at the language that Linda Radach, Patient Advocate, drafted to add to the recommendations. This language has to do with what the surgeon should discuss with the patient before surgery.
 - “manufacturer” was changed to “manufacturer/model”
 - A member pointed out that metals/alloys might not be information that surgeons have on hand and it is unclear how difficult it would be to find for some models. Additionally, the exact metal/alloy composition might be proprietary.
 - The most pertinent information is what material the bearing surface is made of.

- Patients are also interested in metal allergies, but not necessarily alloy composition. “metals/alloy” removed, replaced with “material, bearing surface for hip replacement”.
- The group discussed also including language on allergic reactions but decided that there is not enough evidence as to whether or not joint implants cause nickel allergies.
- A member asked that language be added to clarify that the shared decision making process should include all the standard components of shared decision making (in other words, it should be more than just telling a patient about their implant).
 - It is important to make sure the patient understands the big picture, including outcomes and recovery. The group could pull language from the Bree SDM recommendations and add them here.
 - No decision made at this time.
- The group returned to the components of Ms. Radach’s language and discussed whether the physician needs to disclose the device’s time on the market.
 - This is hard to pinpoint as many implants tend to gradually evolve.
- Language asking for the disclosure of the surgeon’s experience with the device including complication and infection rates was discussed.
 - A member commented that if an implant is new and does not have data behind it, this should be disclosed to the patient.
 - It is also important to disclose conflicts of interest.
 - This language was not removed.
- The group decided to keep “Expected lifespan and overall performance of the device.”
- The group added language asking for institutions to have a general methodology for monitoring the safety of various implants. Added “3. Institution’s methods for monitoring safety of devices”.
- “time on the market” was removed from bullet 1. “surgical approach” was added to this line.
- Added “financial relationships between the surgeon and any device manufacturers should be disclosed” to bullet 1 as well.
- The group moved on to subsection D, “Document conservative therapy for at least three months unless symptoms are severe and radiological findings show advanced osteoarthritis”. They discussed bullet #3 on medications.
 - After looking at the evidence table on acetaminophen, they decided that there was no reason to take acetaminophen out.
 - The group looked at the evidence table for joint injections, including on corticosteroids and infections. A paper found different results than what the Bree has recommended in its footnote saying that corticosteroid injection may be contraindicated within 12 months of surgery. The group decided to shorten the timeframe to being contraindicated within 3 months of surgery.
 - The group also discussed platelet rich plasma and hyaluronic acid as well but decided that they need more evidence on these.

Action Item: Dr. Mecklenburg, Andrew Friedman, MD, Physical Medicine & Rehabilitation Specialist, Virginia Mason, and Mary Beth McAteer, Research Librarian, Virginia Mason will look for papers on PRP and send to the group.

- Dr. Mecklenburg asked for feedback on the workgroup thus far.
 - Kevin MacDonald, MD, Orthopedic Surgeon, Virginia Mason suggested adding more surgeons to the group. **He will send out an email to the state orthopedic association. Katie Sypher, Orthopedics & Sports Medicine Institute, Providence St. Joseph Health also offered to connect a surgeon to the group.**

- Dr. Mecklenburg asked the group to suggest another evidence appraiser in addition to himself. **Dr. Friedman offered to recruit a colleague. LuAnn Chen, MD, MHA, FAAFP, Senior Medical Director, Community Health Plan of Washington also offered to do evidence appraisal.** She is also going to send topics to Ms. Weir for next meeting's discussion.

GOOD OF THE ORDER

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

DRAFT