Bree Collaborative | Total Knee and Total Hip Replacement Bundle Workgroup
April 2nd, 2021 | 2:00 – 3:30pm
Virtual

MEMBERS PRESENT

Robert Mecklenburg, MD (Chair), Virginia Mason Medical
Linda Radach, Patient Advocate
LuAnn Chen, MD, MHA, FAAFP, Community Health Plan of Washington
Andrew Friedman, MD, Virginia Mason
Cat Mazzawy, RN, Washington State Hospital Association
Emily Transue, MD, MHA, Health Care Authority
Katie Sypher, (for Michael Griffin), Providence St. Joseph Health
Kevin McDonald, MD, Virginia Mason
Dayna Weatherly-Wilson, RN, Proliance Surgeons
Steve Overman, MD, MPH, University of Washington

STAFF AND MEMBERS OF THE PUBLIC

Matthew Albright, Regional Director, Orthopedics & Sports Medicine, Providence St. Joseph Health
Christopher Boone, MD, Proliance
Albert d'Heurle, MD, Proliance
Nick Locke, MPH, Bree Collaborative
Ginny Weir, MPH, Bree Collaborative

WELCOME

Robert Mecklenburg, MD, retired, Virginia Mason, welcomed members to the workgroup and gave an overview of the discussion at the March Bree meeting including PRP not being covered by Labor and Industries and how to balance evidence, expert opinion, and the interest of the patient.

Motion: Approval of March meeting minutes
Outcome: Passed with unanimous support

CYCLE I: APPROPRIATENESS

Dr. Mecklenburg began the discussion talking through the worksheet. The workgroup discussed:

- Reducing redundancy.
- Conversation with surgical team may also be written literature but a true conversation must also occur for consent. Risks and benefits should be discussed.
- Registry. AAOS indicates registries should be used. AAOS states as a policy statement in citation 48: " it is incumbent upon the specialty to track the clinical outcomes and adverse events associated with these new technologies using open, readily accessible databases, registries, and other methodologies to ensure that our patients and society in general realize the benefits of these innovations and avoid undue risks." Whether to include in A-2-c.
    - Occur at an institutional level or a surgeon level.
    - Tell patient that there is a process being used and allow the patient to investigate more if they need.
    - Decision to strike the added sentence mandating registry participation.
- Implant – type of information that is given to the patient about material used in the implant.
- D-2 – physical measures. Yoga and tai-chi will be added.
    - Whether person will be paying out of pocket and that there is risk of injury.
    - Say physical therapy is preferred. Don't want them to say they tried yoga on their own.
    - Cases in which someone has tried physical therapy in the past.
    - Needing an MRI to see how severe illness is.

    - The person needs to see a physical therapist somewhere along their pathway to surgery.
    - Appreciation of productive conflict resolution.
- D)/3 – trial of medications – Duloxetine a selective serotonin reuptake inhibitor. Neuro-sensitization. FDA-approved for fibromyalgia. Not typical first-line treatment. Considered in situations where symptoms are out of proportion to radiologic findings.
    - Orthopedists don't prescribe antidepressants.
    - Physiatrists do frequently prescribe.
    - Remain silent on antidepressants.
- Platelet-rich plasma. PRP is non-covered under any state programs (HCA, LNI) based on an HTCC decision https://www.hca.wa.gov/assets/program/prp_final_findings_decision.pdf

CYCLE II: FITNESS FOR SURGERY

- Low serum albumin. Non-specific indicator with multiple causes. Strong for Surgery says double to triple risk of revision if is low. Add as "measure serum albumin."
    - Screening might result in patients being cancelled as is done too close to surgery.
    - Severely under or overweight people may be an indicator <18 or >45 BMI. Unsure how often this is an issue in those of middle BMI.
    - Can't be fixed with protein shakes.
    - Value is that this shows person is at higher risk for re-operation.
    - Not recommended by NICE.
    - If we can't fix this, why are we measuring. Is a measure of frailty and is important to measure frailty independent of a specific intervention.
    - Often checked in those who are elderly as they can be nutritionally deficient.
    - Is in a comprehensive metabolic panel.
    - Will be measure serum albumin.
- Bone density. Lack of guidance from literature. Osteoporosis when severe can be seen on plain x-ray. We will remain silent.
- Anemia. This should be tested. Is modifiable. Will be added. VM intervenes if above 10.
- Care team assesses home environment. Is very important for recovery. This is mainly by self-report but we should be non-specific. Leave up to provider groups how to do this.
- Care partner. Review of POSH paper. Suggest retaining standard.
- Social determinants of health. HCA has selected housing, food, and transportation.
    - Providers will screen for housing instability, food insecurity, and transportation needs.
    - Things that cannot be fixed but they need to be taken into consideration. Component that is setting the person up for success.

GOOD OF THE ORDER

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