
Bree Collaborative | Total Knee and Total Hip Replacement Bundle Workgroup

July 2, 2021 | 2:00 – 3:30pm

Virtual

MEMBERS PRESENT

Robert Mecklenburg, MD (Chair), Retired,
Virginia Mason Medical
LuAnn Chen, MD, MHA, FAAFP, Community
Health Plan of Washington
Sarah Darveau Foster, RN, (for Michael Chen),
Premera
Andrew Friedman, MD, Virginia Mason

Michael Griffin, Providence St. Joseph Health
Kevin McDonald, MD, Virginia Mason
Cat Mazzawy, WSHA
Linda Radach, Washington Advocates for
Patient Safety
Steve Overman, MD MPH, KenSci|Tegria
Emily Transue, MD, MHA, Health Care Authority

STAFF AND MEMBERS OF THE PUBLIC

Katie Sypher, Providence St. Joseph Health
Nick Locke, MPH, Bree Collaborative
Matt Albright, Providence

Kathy Torrey, Premera
Joshua Drumm, Providence

WELCOME

Robert Mecklenburg, MD, retired, Virginia Mason, welcomed members to the workgroup.

BUNDLE INTRODUCTION

Dr. Mecklenburg shared his edits on the bundle introduction. The group discussed two edits from the 2018 version of the bundle –new additions to the bundle related to social determinants and COVID, and adding a citation about how the bundle can facilitate contracting.

- No additional edits were indicated. Further comments can be emailed to Nick Locke, Bree Collaborative program coordinator.

MINUTES

Once a quorum was present, Dr. Mecklenburg presented the June minutes to the workgroup.

Movement: Adopt June minutes.

Action: Unanimous adoption.

BUNDLE REVIEW

Dr. Mecklenburg began the discussion talking through the bundle starting with Cycle I. The workgroup discussed:

- 1-D: Changing “Conservative therapy” to “non-surgical therapy”
 - Agreement with adding this, spelling error amended
- 1-D-2-c: Changing “strengthening exercises” to “mind-body exercise”
 - Agreement with this change
- Endnote for 1-D-3-d: “May be contraindicated within 12 months of surgery” changed to “Is contraindicated within 3 months of surgery”
 - Discussion of inconclusive evidence around time frame for contraindicating intra-articular injection of corticosteroids. The group reviewed the literature, and while

corticosteroids MAY increase risk of infection for 6 – 12 months, the group settled on 3 months as a definitive risk demonstrated by available literature.

- 2-C changes for appropriate labs and screening for nausea, vomiting, and constipation
 - Same changes as June workgroup, no changes needed
- Endnote for 2-C-1-b: Serum albumin and CRP
 - The workgroup continued their conversation on CRP and serum albumin
 - The workgroup discussed serum albumin (and pre-serum albumin) as a dietary and nutrition indicator vs. a non-specific indicator of infection.
 - The workgroup considered omitting the endnote, as the non-specific nature of the indicators make it difficult to make changes to the treatment plan.
 - Eventually the workgroup settled on keeping the language “consider testing for serum albumin.... [and] CRP” which does not require these tests, but acknowledges that they may provide more information about risk of infection.
- II-A-1-h: the discussion of serum albumin as a nutrition indicator led to a conversation about additional bullet points about nutritional need
 - The workgroup discussed BMI and other indicators to help surgeons understand their patients’ nutritional status, and whether to refer to a nutritionist.
 - The workgroup decided to add “If BMI is less than 18.5 consider referring to a nutritionist” to II-A-1-h.
- III-B-6 and 7: These two bullet points were omitted. III-B-6 is too specific, and III-B-7 is redundant
- III-C-1: The selection of surgical implant language was again reviewed. This time, the workgroup did not indicate further changes.

QUALITY STANDARDS AND WARRANTY REVIEW

Dr. Mecklenburg continued to lead the discussion through the quality standards and warranty sections

- Quality standards: no changes indicated
 - Both payers and purchasers agreed that the quality standards were working well
- Warranty
 - Payers and purchasers agreed that the warranty was also working well
 - CMS recently combined the warranty period for wound infection and periprosthetic joint infection into the same category (90 days). This change will be reflected in the bundle draft.

GOOD OF THE ORDER

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