
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
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

Nick Locke, MPH, Bree Collaborative
Danny Sargent
Kelsey Wolf

Sherry Wilson
Courtney Cooper
Joshua Drumm, Providence

WELCOME

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

MINUTES

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

Movement: Adopt July minutes.

Action: Unanimous adoption.

BUNDLE REVIEW

Dr. Mecklenburg had requested workgroup members review the draft bundle prior to the meeting. Dr. Mecklenburg requested that Appendix A and B be updated with the correct current workgroup and Bree Collaborative members. Workgroup members present did not have additional comments.

- Appendix A and B were updated in the bundle draft.

BREE COLLABORATIVE COMMENTS

Dr. Mecklenburg relayed input from the full Bree Collaborative meeting on July 28th

- Cycle 2-B-1-g: The full Bree Collaborative requested to add information about infectious disease precautions. The workgroup agreed.
- Cycle 2-C-1: The full Bree Collaborative requested using the 2014 ACC/AHA Guidelines for Cardiovascular risk. The workgroup agreed.

SAME DAY SURGERY DISCUSSION

Dr. Mecklenburg opened the discussion on a potential new addition to the bundle: language about same-day surgery.

- Comments on the Problem Statement:
 - Workgroup members requested that patients be included as an important stakeholder group interested in same-day surgeries.

- Workgroup members also noted the potential of same-day surgeries to decrease the risk of hospital-acquired infections.
- Comments on the Current State:
 - Workgroup members discussed that same-day surgery decisions (whether the surgery is outpatient or inpatient) are often made far in advance of the surgery, and it is difficult to change the surgical status after the surgery. (e.g. it is difficult for a patient to decide post-surgery that they want to return home, even if the surgery went well.)
- Comments on Questions:
 - It is difficult to capture the information we are interested in. The denial rate of same day surgeries doesn't encapsulate access to same day surgery. There is often preauthorization required for knee and hip replacement, and extra preauthorization required for inpatient stays.
- Comments on Lit Search
 - Dr. Mecklenburg showed the group literature where same-day surgery patients with strong post-discharge support had good outcomes and avoided complications.
 - However, two of the fourteen studies found poor outcomes for same-day surgeries
 - NSQIP has the most relevant data on same-day surgeries, but ~~most of the~~ this data is ~~related to fluid retention procedures.~~ retrospective.
 - Given the relative lack of data, workgroup members requested that the bundle remain relatively agnostic, giving leeway to patients and providers to make the best decisions for individual cases.
- Discussion on Same-Day Surgery
 - The workgroup discussed the many factors involved with same-day surgeries and wondered how we could determine and/or avoid "overutilization" of outpatient surgeries.
 - Members discussed how the current bundle does NOT include contracting details for outpatient surgeries. How can the bundle facilitated an outpatient option (which may include a lower price due to lack of overnight stay).
 - Members wanted to ensure that the bundle language does not make the decision for outpatient vs. inpatient for the care team – rather, they requested the bundle remain open to individual decision making.
 - Members discussed some concerns about payment. Rates for inpatient may go up if outpatient is separated from the bundle. However, there must be a safeguard for reimbursement if a planned outpatient procedure needs to become inpatient.
- While some language for same-day surgeries was provided by workgroup members, more work is needed in this area for this version of the bundle.

GOOD OF THE ORDER

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