

## Health Plans


- Remove prior authorization for intravenous iron treatments
- Offer modest incentives to incent preoperative optimization for anemia and/or glycemic control for those with diabetes
- Engage members in preoperative optimization if scheduled for surgery
- Where feasible, integrate preoperative screening for anemia and glycemic control into quality programs for surgical optimization
- Share data on rate of preoperative screening for anemia and diabetes with providers for major elective procedures
- Advanced payment models should embed preoperative screening and/or transfusions into bundles and shared savings contracts with facilities and providers
  - For procedures with high transfusion rates (lumbar spine, elective colorectal)
- Incorporate preoperative anemia and glycemic status evaluation into preoperative bundles. Consider reimbursing separately for completion of preoperative testing before major elective procedures.
- Consider offering point solutions for patients with diabetes/hyperglycemia

## Perioperative Glycemic Control

- Preoperative
  - Incorporate treatment for hyperglycemia requiring intravenous insulin as eligibility criteria for inpatient admission for procedures performed in an ambulatory setting.
    - Consider outpatient hospital-based team that manages glucose for e 3-7 days postop and facilitates transition to primary care instead of admission.
  - Approve inpatient admission for major elective procedures for patients with HbA1c over 9%
  - Flag patients with diabetes in preop period and route to care coordination team. Provide diabetes support
  - Cover telemedicine visits
  - Provide care coordination support for patients with diabetes, including assistance specifically with arranging postoperative follow up appointments.
- Day of Surgery
  - Incorporate day of blood glucose screening and treatment in coverage for major elective procedures regardless of diabetes status.

## Preoperative Anemia Optimization

- Remove requirement for prior authorization for intravenous iron formulations that require fewer infusions and shorter duration of administration, and lower cost to patients while maintaining effectiveness and safety. See [Appendix F](#) for iron formulations.

-  Remove prior authorization for erythropoietin products, especially for patients who have inflammatory cause of anemia, that cannot accept blood products or who have proven refractory to intravenous iron.
- Minimize cost-sharing for outpatient infusion therapy for patients with preoperative iron deficiency anemia
- Ensure network adequacy for infusion centers as appropriate
- Create incentives for delivery systems that have accreditation from national organizations in patient blood management (e.g., The Joint Commission); consider including requirement of preoperative anemia optimization protocols in centers of excellence models for surgical centers (e.g., total hip/total knee replacement, spine surgery, etc.)
- Coordinate infusion therapy appointments with primary care office

Checklists: The checklist translates the Bree guidelines into action steps for that sector (i.e., clinician, health delivery site, public health, etc.). The action items have been arranged into levels 1, 2, and 3 to correspond to the difficulty level of implementing the action into the sectors' setting. Bree staff co-created the checklists with report workgroup members and topic experts.

## *Level 1*

### *General*

- Remove prior authorization for intravenous iron treatments
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### *Perioperative Glycemic Control*

- Cover telemedicine visits
- Provide care coordination support for patients with diabetes, including assistance specifically with arranging postoperative follow up appointments.
- Day of Surgery
- Incorporate day of blood glucose screening and treatment in coverage for major elective procedures regardless of diabetes status.
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### *Preoperative Anemia Optimization*

- Remove requirement for prior authorization for intravenous iron formulations that require fewer infusions and shorter duration of administration, and lower cost to patients while maintaining effectiveness and safety. See [Appendix F](#) for iron formulations.
- Ensure network adequacy for infusion centers as appropriate

## *Level 2*

### *General*

- Offer modest incentives to incent preoperative optimization for anemia and/or glycemic control for those with diabetes
- Engage members in preoperative optimization if scheduled for surgery
- Approve inpatient admission for major elective procedures for patients with HbA1c over 9%
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### *Perioperative Glycemic Control*

- Preoperative
  - Incorporate treatment for hyperglycemia **requiring intravenous insulin** as eligibility criteria for inpatient admission for procedures performed in an ambulatory setting.
    - **Consider outpatient hospital-based team that manages glucose for e 3-7 days postop and facilitates transition to primary care instead of admission.**

### *Preoperative Anemia Optimization*

- Minimize cost-sharing for outpatient infusion therapy for patients with preoperative iron deficiency anemia

## *Level 3*


### *General*

- **Where feasible, integrate preoperative screening for anemia and glycemic control into quality programs for surgical optimization**
- **Share data on rate of preoperative screening for anemia and diabetes with providers for major elective procedures**
- **Advanced payment models should embed preoperative screening and/or transfusions into bundles and shared savings contracts with facilities and providers**
  - **For procedures with high transfusion rates (lumbar spine, elective colorectal)**
- Incorporate preoperative anemia and glycemic status evaluation into preoperative bundles. Consider reimbursing separately for completion of preoperative testing before major elective procedures.
- **Offer point solutions for patients with diabetes/hyperglycemia as they become available**

### *Perioperative Glycemic Control*

- Flag patients with diabetes in preop period and route to care coordination team. Provide diabetes support

### *Preoperative Anemia Optimization*

-  Remove prior authorization for erythropoietin products, especially for patients who have inflammatory cause of anemia, that cannot accept blood products or who have proven refractory to intravenous iron.
- Create incentives for delivery systems that have accreditation from national organizations in patient blood management (e.g., The Joint Commission); consider including requirement of preoperative anemia optimization protocols in centers of excellence models for surgical centers (e.g., total hip/total knee replacement, spine surgery, etc.)
- Coordinate infusion therapy appointments with primary care office
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