

Surgical Bundles and Warranties

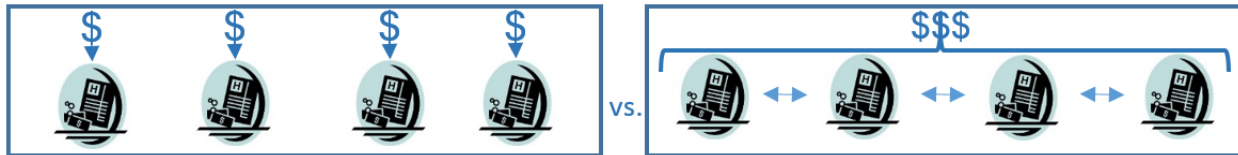
We present our three surgical bundles developed prior to mid-2016 (i.e., lumbar fusion, coronary artery bypass surgery, and total knee and total hip replacement) together as the adoption strategies are similar.

Roadmap to Implementation

Current State	Transition Activities	Ideal State and Sustainability
Hospitals, Clinics, and Individual Clinicians		
<ul style="list-style-type: none"> • Patient care quality and outcomes depend on the hospital performing the surgery and vary significantly • Inappropriate surgical procedures are performed with no measurement of whether a patient has had the opportunity to try conservative therapy • Patients may be unsafe for surgery • Patients experience a surgery as disjointed with unclear roles, poor communication, and poor coordination • Patients receive multiple bills from multiple providers • Total costs of care vary significantly and are unrelated to quality or outcomes 	<ul style="list-style-type: none"> • Staff are educated on value-based payment and the purpose and goals of bundled payment are clear and supported by leadership • Providers understand current state and have access to trusted data (e.g., participation in a registry, feedback reports) • Providers understand gap between current state and clinical pathways outlined in the bundled payment models • A multidisciplinary care team has been defined and designated to ensure appropriate and complete care • A system is in place to measure and monitor outcomes • Relationships are developed with community referral partners • Concerns and questions by staff and community partners are addressed 	<ul style="list-style-type: none"> • Patients feel that their episode of care is designed around supporting their needs • The clinical pathway is followed and supported by a data infrastructure • Providers feel supported in offering care within the defined surgical pathway • Hospitals are incentivized to meet quality and cost targets including standards for: <ul style="list-style-type: none"> ○ Appropriateness of care ○ Fitness for surgery ○ Surgical safety ○ Post-operative care and return to function ○ Cost and other quality metrics
Health Plans		
	<p>Early conversations with provider organizations about average surgical episode cost</p>	<ul style="list-style-type: none"> • Payments are tied to fixed target cost and quality standards • A warranty covers hospital readmissions and other avoidable complications

Background

All Bree Collaborative surgical bundle topics are organized into four cycles of the care process: 1) disability despite non-surgical therapy; 2) fitness for surgery; 3) the surgical procedure; and 4) post-operative care and return to function. Detailed specifications are also available for the warranties, designed to specify cases in which payers or patients are not charged for hospital readmissions in for conditions determined to be attributable to the procedure. Surgical bundles are designed to accommodate a fixed payment amount for total care, including pre- and post-surgical care costs that are traditionally billed separately by providers.



Implementation Survey Results: Lumbar Fusion Surgical Bundle and Warranty

Rank: 2 (lower provider adoption)

Survey Responses- Hospitals: 12

Medical Groups: 0

Health Plans: 7

Adopted September 2014 | 26 months from adoption to survey

Read our Lumbar Fusion Surgical Bundle www.breecollaborative.org/wp-content/uploads/Lumbar-Fusion-Bundle-Final-14-09.pdf and Warranty

www.breecollaborative.org/wp-content/uploads/Lumbar-Fusion-Warranty-Final-14-09.pdf

Of the three surgical bundles, the lumbar fusion bundle was lowest scoring on our implementation survey. While all three surgical bundle recommendations showed moderate adoption by hospitals, there was very low adoption by health plans.

Hospital survey comments mentioned challenges with using screening tools and tracking patient outcomes. Some comments questioned the “exhaustive” criteria regarding fitness for surgery, and difficulty in gaining support for their use.

Bree Collaborative recommendations scoring lowest on the implementation survey for this topic in hospitals include:

- Cycle 1:
 - Formal consultation with collaborative team led by board certified physiatrist to confirm appropriateness, adequacy, completeness, and active participation in non-surgical therapy and need for lumbar fusion; etc. ...
 - Departures from (non-surgical therapy) standards are reviewed by the collaborative care team
 - A departure from (lumbar instability measurement) guidelines requires discussion and resolution by the collaborative care team as defined
 - Reported loss of function; Patient-Reported Outcomes Measurement Information System (PROMIS-10)

Read the full Roadmap here: www.breecollaborative.org/wp-content/uploads/Bree-Implementation-Roadmap-Final-17-04.pdf

- Cycle 2:
 - Patient must participate in shared decision-making validated decision aid such as those approved by Washington State
 - Patient must designate a personal care partner; patient and care partner must actively participate in (various activities)...
 - Patient must participate in end-of-life planning...
 - Patient agrees to participate in a registry with two years follow-up data collection
- Cycle 4:
 - Care partners are instructed to assist with home exercise regimen

Implementation Survey Results: Coronary Artery Bypass Graft Surgical Bundle and Warranty

Rank: 9 (medium provider adoption)

Survey Responses- Hospitals: 4

Medical Groups: 0

Health Plans: 7

Adopted September 2015 | 14 months from adoption to survey

Read our Coronary Artery Bypass Graft (CABG) Surgical Bundle www.breecollaborative.org/wp-content/uploads/CABG-Bundle-Final-15-09.pdf and Warranty www.breecollaborative.org/wp-content/uploads/CABG-Warranty-Final-15-09.pdf

Coronary Artery Bypass Graft (CABG) Surgery is a common type of cardiac surgery that improves blood flow to the heart. Like the Lumbar Fusion Bundle previously described, this bundle is again organized in to four phases of the care process.

Only four hospitals completed assessment surveys for the CABG bundle topic, the lowest number for any topic. Generalizing the results to hospitals statewide is difficult, but surveys will remain available, posted on the Bree Collaborative website, for hospitals choosing to complete in the future. Again, while adoption of recommendations by the responding hospitals was moderate, adoption of bundled payments by health plans was particularly low, accounting for the low overall ranking for this topic.

Recommendations scoring lowest on the implementation survey in hospitals pertain to the use of specific screening and shared-decision making tools. This is a common theme throughout several Bree Collaborative topics, where hospitals and physicians have not formed consensus for their use. Hospitals mentioned specific efforts on Cycle 1 and 2 recommendations, in one case through a design workshop. Most recommendations in the topic have at least one hospital with a rating of 3, or full adoption, but in many cases the rest of the hospitals have a lower adoption rating. This indicates that most recommendations have been adopted at least at a single hospital, an encouraging start.

Recommendations in Cycles 3 and 4 showed consistently high implementation scores for responding hospitals.

Bree Collaborative recommendations scoring lowest on the implementation survey for this topic include:

- Cycle 1:
 - Disability documented according to the Seattle Angina Questionnaire-7

Read the full Roadmap here: www.breecollaborative.org/wp-content/uploads/Bree-Implementation-Roadmap-Final-17-04.pdf

- Cycle 2:
 - Pre-operative plan for management of opioid dependency, if patient has taken opioids for more than three months
 - Patient engages in a discrete shared decision-making process with a credentialed health coach or equivalent
 - Validated shared decision-making aid included such as those certified by the Washington State Health Care Authority, if available

Implementation Survey Results: Knee Hip Replacement Surgical Bundled Payment Model and Warranty

Rank: 10 (higher provider adoption)

Survey Responses- Hospitals: 11

Medical Groups: 1

Health Plans: 7

Surgical bundle adopted November 2013 and Warranty adopted July 2013 | 37 months from adoption to survey

Read our Total Knee and Total Hip Replacement Bundle www.breecollaborative.org/wp-content/uploads/tkrthr_bundle.pdf and Warranty http://www.breecollaborative.org/wp-content/uploads/bree_warranty_tkr_thr.pdf

Twelve hospitals completed our implementation survey for the joint replacement surgical bundle. Implementation scores for hospitals were fairly high, but low adoption of bundled payments by health plans accounted for a lower overall ranking for this topic.

Hospital responses showed difficulty in adoption of assessment tools that are to be completed by patients. The Patient-Reported Outcomes Measurement Information System (PROMIS-10) is a self-report measure instrument for adult patients based on a ten question survey that measures function, such as ability to carry out usual daily activities, and symptoms, such as pain, along with other general health factors. Similar assessment tools focus on hip and knee pain and function (i.e., hip disability and osteoarthritis outcome score (HOOS) and knee injury and osteoarthritis outcome score (KOOS) surveys), also completed by patients. Incorporating these surveys into routine care not only requires collecting patient data at one point in time, but at multiple points in the care process, and tracking these over time. Use of these tools for this purpose were among the less adopted recommendations for this bundle.

Bree Collaborative recommendations scoring lowest on the implementation survey for this topic in hospitals include:

- Cycle 2:
 - General health questionnaire completed: Patient Reported Outcomes Measurement Information System-10/PROMIS-10
 - Cycle 2: Patient participates in shared decision-making with Washington State-approved Decision Aid Cycle 2: HOOS/KOOS survey completed
- Cycle 4:

Read the full Roadmap here: www.breecollaborative.org/wp-content/uploads/Bree-Implementation-Roadmap-Final-17-04.pdf

- Patient-reported functional outcomes are measured with KOOS/HOOS instrument
- If opioid use exceeds six weeks, a formal plan is developed for opioid management

Next Steps

- **Financial incentives.** Payers, health plans and providers continue to look for opportunities for bundled contracting using Bree Collaborative recommendations.
- **Clinical pathway redesign.** Review transition activities, above.
- **Measurement.** Hospitals track important metrics including:
 - Patients receiving shared decision making aids pre-operatively
 - Patient reported quality of life and pain/function using recommended tools
 - Patients receiving measures to manage pain and avoid complications
 - Patients receiving timely therapy and other care to return to normal function
 - Patients readmitted to the hospital
 - Patient reported quality of life, satisfaction with care, and return to function
- **Participating in a registry.** Purchasers and health plans encourage all hospitals performing lumbar fusion surgeries to participate in the Spine SCOAP program, so that comprehensive, comparative outcomes are available.
- **Refining current bundles.** The Accountable Payment Models workgroup is currently evaluating changes to the Total Knee and Total Hip Replacement Bundle and Warranty, including simplified but equally valid patient surveys tools, which may make adoption easier. The Health Care Authority's recent contract with Virginia Mason Medical Center will provide the first robust trial of Bree Collaborative recommendations in a bundled care contract.
- **Federal alignment.** CMS has launched bundled payment models, the structure of which could be adapted to include Bree Collaborative recommendations. Unlike Bree Collaborative models, the CMS models do not include appropriateness standards, which may result in overuse and inappropriate use.
 - **Total Joint Replacement.** The Centers for Medicare and Medicaid Services implemented a mandatory total joint replacement bundle in April 2016 in 67 geographic areas, including Seattle-Tacoma-Bellevue. Hospitals will be financially accountable for quality and cost of the episode of care. The episode of care begins with admission and ends 90 days post-discharge. Both our bundle and the CMS bundle include reporting of patient reported function measures, although this is voluntary under the CMS model. More information: innovation.cms.gov/initiatives/cjr
 - **CABG.** CMS also launched an initiative for CABG bundled payment to begin July 2017, which includes hospitals in Washington State. The model holds participant hospitals financially accountable for the quality and cost of a CABG episode of care and incentivizes coordination of care among hospitals, physicians, and post-acute care providers. Hospitals receive single bundled payments for CABG related treatment and extending care for 90 days post-discharge. More information: innovation.cms.gov/initiatives/cabg-model

Read the full Roadmap here: www.breecollaborative.org/wp-content/uploads/Bree-Implementation-Roadmap-Final-17-04.pdf