

**Dr. Robert Bree Collaborative**  
**Lumbar Fusion Bundled Payment Model Re-Review Workgroup Minutes**  
Tuesday, January 23, 2018 | 3:00-4:30  
**Foundation for Health Care Quality**

**Members Present**

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Robert Mecklenburg, MD, Virginia Mason (Co-Chair)	Michael Hatzakis, MD, Overlake
Lydia Bartholomew, MD, Aetna	Sara Groves-Rupp,* University of Washington Medicine
Farrokh Farrokhi,* MD, Virginia Mason Medical Center	Marcia Peterson, Washington State Health Care Authority
Gary Franklin,* MD, MPH, Department of Labor and Industries	Linda Radach,* Washington Advocates for Patient Safety
Andrew Friedman,* MD, Virginia Mason Medical Center	Kerry Schaefer, King County (Co-Chair)

**Staff/Guests**

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Carlo Bellabarba,* MD, Harborview Medical Center	Vivian Lee, MD, University of Utah School of Medicine
Liz Bonson,* MD, MPH, Department of Labor and Industries	Vicki Kolios, SCOAP
Arman Dagal, MD, SCOAP	Ginny Weir, MPH, Bree Collaborative

\* By phone/web conference

**WELCOME, INTRODUCTIONS**

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Kerry Schaefer, MS, King County and Robert Mecklenburg, MD, Virginia Mason, opened the meeting. All those present introduced themselves, gave a brief description of their background, and their reasons for joining the workgroup.

**BREE COLLABORATIVE OVERVIEW**

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Ginny Weir, MPH presented a background of the Bree Collaborative, how meetings are run, the process of developing recommendations, and how recommendations are disseminated, covering Robert's Rules of Order, House Bill 1311, stakeholders involved, the role of the Health Care Authority, past and current work, the Open Public Meetings Act (OPMA), and the potential language for the aim and charter of the workgroup.

**Action Item:** Ms. Weir to send the OPMA materials to the group.

**REVIEW 2014 LUMBAR FUSION BUNDLE AND WARRANTY**

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Dr. Mecklenburg presented the 2014 Lumbar Fusion Bundle and Warranty. The group discussed:

- The Department of Labor and Industry's work to implement collaborative care for pain.
- How to better define non-surgical therapy prior to surgery to be informed by prior Bree Collaborative recommendations on Low Back Pain (2013) and current work around collaborative care for chronic pain.
- Whether to consider care coordination with the primary care provider separately and how to incorporate primary care into this surgical care pathway. Many of the elements in the first two cycles would be better performed by primary care.

- The difficulty of putting this clinical care pathway into a contract.
  - Language serves as a barrier, especially for purchasers who do not have a medical director or access to clinical advice.
  - Direction about turning the clinical pathway into codes to be given to plans.
  - More direction about specific steps such as when to send the patient the decision aid, how many providers are needed.
  - Need to add sample contracting language. Each contract will be different which is a barrier. Define and discuss terms like retrospective and prospective and when/how/why each sort of contract would be used
- Needing to also translate to patients what to do when your back hurts, situations in which you would need surgery.
- When the bundle should start:
  - CMS has set the start time of their bundle at the start of surgery, but this does not incentivize conservative or non-surgical therapy.
  - How to plan out bundles that do not end up in surgery.
  - The first 30 days of a patient's interaction with the health care system after they have pain are pivotal.
  - How and whether to add uncomplicated low back pain to the start of the bundle.
- Scope of the bundle:
  - No provider group will be able to take a flat bundle rate for all possible types of fusion. Different levels have vastly different costs.
  - Whether to include decompression.
  - Need to better understand what the highest volume rates are by spinal procedure.
  - How and whether to develop multiple bundles each for a different types of procedure as part of a group.
  - Lumbar fusion after a failed decompression procedure.

**Action Items:**

- Spine SCOAP to present their internal data on the highest volume spinal procedures as well as CHARS data for those same years.
- Dr. Friedman to present Virginia Mason data on highest volume spinal procedures.
- Dr. Franklin to reach out to Dartmouth institute to see if there are any national updates on spinal volume.
- Spine SCOAP to recommend a participant from Proliance.

**GOOD OF THE ORDER/OPPORTUNITY FOR PUBLIC COMMENT**

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Dr. Mecklenburg and Ms. Weir thanked all for attending and asked for public comments and final comments. The meeting was adjourned.