

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

**Members Present**

Arman Dagal, Medical Director, Spine COAP	Andrew Friedman,* MD, Physical Medicine and Rehabilitation, Virginia Mason Medical Center
Sara Groves-Rupp,* Asst. Administrator, Performance Improvement, University of WA Medicine	Robert Mecklenburg, MD, Virginia Mason (Co-Chair)
Gary Franklin,* MD, Labor and Industries	Kerry Schaefer, MS, King County (Co-Chair)
Farrokh Farrokhi,* MD, Neurosurgeon, Virginia Mason Medical Center	Dayna Weatherly, (for Jason Thompson, MD), Proliance Surgeons
	Mia Wise, MD, Medical Director, Premera

**Staff/Guests**

Peter Dunbar, MB ChB, MBA, CEO, Foundation for Health Care Quality	Christine Palermo, MD, Virginia Mason
Mary Beth McAteer, Virginia Mason	Rebecca Pumpian,* Virginia Mason
Vickie Kolios-Morris, MSHA, CPHQ, Senior Program Director, SCOAP	Eula Ramroop,* MSHA, CHI Franciscan
Alicia Parris, Bree Collaborative	Jessica Van Fleet-Green, MD, Physicians of Southwest Washington
	Ginny Weir, MHA, Director, Bree Collaborative

\* By phone/web conference

**WELCOME, INTRODUCTIONS**

Robert Mecklenburg, MD, Virginia Mason, and Kerry Schaefer, MS, King County, opened the meeting. All those present introduced themselves.

**Motion:** Approve 9/25/18 minutes.

**Outcome:** Passed with unanimous support with the change of #2 item to Promis 10 and ODI.

**LUMBAR FUSION BUNDLE AND WARRANTY REWRITES**

The group viewed the *Introduction* of the draft Lumbar Fusion Bundle and Warranty with proposed changes from Dr. Mecklenburg and discussed:

1. Broadening scope of bundle beyond lumbar fusion
  - Exclusion of scoliosis
    - Group agreed with exclusion
  - Broadening to include other non-urgent spine surgeries. Asked for input from spine surgeons
    - Farrokh Farrokhi, MD, Neurosurgeon, Virginia Mason Medical Center, agreed the majority of the bundle is applicable to spine surgeries in general
    - Addition made to page 1 *Introduction*: “*The principles of this bundle and warranty may be broadly applicable to other spine surgeries.*”
  - Arman Dagal, Medical Director, Spine COAP proposed a statement on how to use bundle or consequences of failure

**Action Item:** Dr. Dagal will send language for proposed inclusion

- Group had no other inclusions or revisions to the Introduction

Group viewed *Cycle I* of the draft Lumbar Fusion Bundle and Warranty and discussed:

2. *Cycle I.A.1.a.* changed “Due to back or radicular pain and” to “and /or”
3. *Cycle I.B.3.* changed “*Previous decompressive surgery*” to read “*proposed decompressive surgery*”
4. Whether the Social/Resource Barriers Assessment requirements adequate or should more specification be added to the bundle
  - *Cycle I.C.* Sentence “*The primary care provider is accountable for leading the team...*” seems to place accountability on the primary care physician
    - Kerry Schaefer, MS, King County, explained that word “*provider*” is intentionally used rather than physician but language is not clear without context
    - Not enough physiatrists to designate the accountability to a physiatrist specifically
      - Language changed to read “*a designated clinician (preferably a physiatrist)*” and *Cycle I.D.1* also changed to be consistent
  - *Cycle I.C.* “*Other appropriate and evidence-based medications, as indicated.*” Removed due to redundancy
5. Group reviewed and accepted non-substantive changes made throughout the *Cycle I*

Group viewed *Cycle II* of the draft Lumbar Fusion Bundle and Warranty and discussed:

6. *Cycle II.A* List reordered by priority no substantive changes
  - Group accepted changes to *Cycle II* with no additions or revisions

Group viewed *Cycle III* of the draft Lumbar Fusion Bundle and Warranty and discussed:

7. Additional data regarding proposed volume standard provided
  - Dayna Weatherly, Proliance Surgeons, stated that according to Proliance data set, 22 inpatient facilities would meet standard
  - Mia Wise, MD, Medical Director, Premera, shared data that showed multiple facilities would meet the standard
8. Volume standard should consider whether a surgeon is the primary or the assist
  - Added to *Cycle III.A.* “*per primary or first assist surgeon*”
  - Reviewed proposed simplified requirements for neurosurgeons and orthopedic surgeons *Cycle III.A.2,3*
  - *Cycle III.C.1* “*hospitals*” changed to “*facilities*”
  - *Cycle III.C.2* “*maintain*” changed to “*participate in*”

Group viewed the *Quality Standards* of the draft Lumbar Fusion Bundle and Warranty and discussed:

9. Adding statements to cover non-hospital settings
  - *Warranty 4.a* added “*or OAS CAHPS*”
  - *4.b.* added “*if hospital*”

Group viewed the *Warranty* of the draft Lumbar Fusion Bundle and Warranty and discussed:

10. List of additional codes for inclusion put together by Christine Palermo, MD, Virginia Mason
  - Suggestion for inclusion of paragraph that codes are an estimation

**Action Item:** Rebecca Pumpian, Virginia Mason, and Dr. Palermo will cross reference code list

11. Removal of “death” from list of complications

- After review by Dr. Mecklenburg, “death” was removed as a complication because it added no utility
    - “Death” remained struck
12. Dr. Dagal pointed out that 30 day complication warranty period for “wound infection” only applies to superficial wound infections. Organ/space infection (including implant) should be 90 days

**Action Item:** Dr. Mecklenburg will check for alignment with CMS

13. *Elective Lumbar Fusion Warranty:* Use of word “readmission” does not apply to outpatient facilities where there would have been no initial admission

**Action Item:** Dr. Mecklenburg and Rebecca Pumpian to address readmission language

14. Additionally, patient would be unable to return to outpatient site of procedure if complications requiring inpatient treatment developed
- Proliance has a transfer agreement with hospitals in case of such occurrence
    - Added to *Warranty Period and Other Terms.2* “The facility performing the surgery must have an agreement with a hospital to manage complications following surgery. The facility will provide information and instructions to the patient to seek treatment at that designated hospital.”

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

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Dr. Mecklenburg discussed next steps. Recommendations will go to Bree Committee for approval for public comment. Dr. Mecklenburg thanked those who attended and asked for public comments and final comments. The meeting was adjourned.