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April 15, 2013

Dorothy Teeter
Administrator
Washington State Health Care Authority
P.O. Box 45502
Olympia, WA 98504-5502

Dear Ms. Teeter:

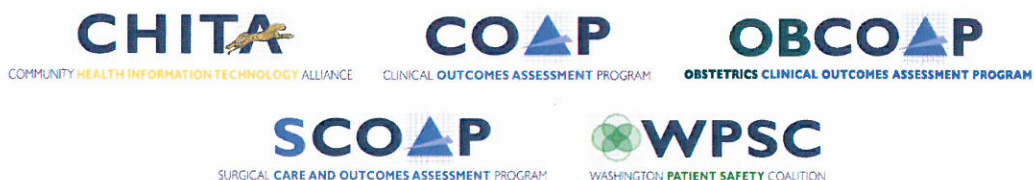
Thank you for your prompt attention and thorough review of the Bree Collaborative's Spine SCOAP recommendation, sent to the Washington State Health Care Authority (HCA) on January 31, 2013. We appreciate your agency's efforts to solicit input from other state agencies as well as engage the Bree Collaborative in your review and implementation process.

At the March 27th Bree Collaborative meeting, Josh Morse presented HCA's legal and regulatory concerns with the term 'community standard' in the Bree Collaborative's Spine SCOAP recommendation. He explained, "'community standard' exceeds the Bree Collaborative's statutory authority by potentially creating a legal standard and participation mandate such that non-participation could be used in other venues to create a presumed violation of a community standard of care; the net effect could have adverse effects in licensing, contracting, or professional negligence litigation." He also explained that neither the Bree Collaborative nor HCA has the degree of regulatory authority that would support such an action.

To clarify, the intent behind the Bree Collaborative's recommendation was not to require or mandate that all Washington State hospitals and ambulatory surgical centers participate in Spine SCOAP. The Bree Collaborative agrees it does not have regulatory or legal authority to mandate participation in specific programs. However, the Bree Collaborative does believe it can advocate for Spine SCOAP to be a community standard – and it has the authority to do so. While 'community standard' maybe a legal term, it is not exclusively a legal term. The Bree Collaborative represents the citizens of Washington State; it is not precluded from recommending a 'standard' that will ultimately improve the quality of care and health care outcomes for the entire community.

In response to both of our concerns, the Bree Collaborative would like to propose the following modifications (shown in tracked changes, below) to our original Spine SCOAP recommendation:

FOUNDATION FOR HEALTH CARE QUALITY PROGRAMS



“To approve the Spine SCOAP proposal – that the Collaborative *strongly recommends establish* participation in Spine SCOAP as a community standard, starting with hospitals performing spine surgery¹ - with the following conditions:

- 1) Results are unblinded.
- 2) Results are available by group.
- 3) Establish a clear and aggressive timeline.
- 4) Recognize that more information is needed about options for tying payment to participation.”

We look forward to your written response to our suggested modifications and continued dialogue on this issue. We also look forward to working with and hearing from HCA and other state purchasers about your ideas on how to implement the Bree Collaborative’s Spine SCOAP recommendation (collect data on all spine surgeries, starting with all hospitals, into the Spine SCOAP registry). For example, contracting is one idea, but other strategies should be considered.

Thank you again for your ongoing support of the Bree Collaborative and its quality improvement efforts. Please contact me if you have any questions.

Sincerely,



Steve Hill

Chair, Bree Collaborative, on behalf of the Bree Collaborative

Cc: Rachel Quinn, Project Manager, Bree Collaborative
MaryAnne Lindeblad, Medicaid State Director, HCA
Nathan Johnson, Health Care Policy Division Director, HCA
Josh Morse, Project Director, HTA, HCA
Jason McGill, Governor’s Executive Policy Advisor, Governor’s office
Neal Shonnard, MD, Associate Medical Director, Spine SCOAP
Vickie Kolios-Morris, SCOAP Program Director, Spine SCOAP

Members of the Bree Collaborative

Roki Chauhan, MD, Premera Blue Cross
Susie Dade, Puget Sound Health Alliance
Gary Franklin, MD, WA State Labor and Industries
Stuart Freed, MD, Wenatchee Valley Medical Center
Tom Fritz, Inland Northwest Health Services
Joe Gifford, MD, Providence Health and Services
Rick Goss, MD, Harborview Medical Center
Anthony Haftel, MD, Franciscan Health Systems
Beth Johnson, Regence Blue Shield
Greg Marchand, The Boeing Company
Steve Hill, Bree Collaborative Chair
Robert Mecklenburg, MD, Virginia Mason Medical Center

¹ Spine SCOAP will begin with hospitals performing spine surgery and will expand to include procedures done at Ambulatory Surgery Centers as well as other non-hospital facilities such as interventional radiology suites.

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Mary Kay O'Neill, MD, CIGNA
John Robinson, MD, First Choice Health
Terry Rogers, MD, FHCQ
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