Blue Distinction®

BlueCross BlueShield Association

An Association of Independent Blue Cross and Blue Shield Plans

Blue Distinction Centers for Spine Surgery℠ Program

Program Selection Criteria for 2009/2010 Designations

Evaluation is based primarily on the facility's responses to the Blue Distinction Centers for Spine Surgery Program detailed clinical request for information (RFI) survey, examining structure, process and outcome measures for spine surgery. To be considered for designation, the facility must meet all required criteria and achieve at least 60 points on the RFI. Additional factors may be considered by the local Blue Cross and/or Blue Shield Plan that may affect the decision to invite a facility to participate in the Program.

CATEGORY	RFI #	CRITERIA DESCRIPTION	POINTS
GENERAL CRITERIA FOR ALL BLUE DISTINCTION CENTERS			
Comprehensive Inpatient Facility	7	Facility must be an inpatient acute care hospital that provides comprehensive inpatient care, e.g., Emergency Room, Intensive Care and other specified services.	Required
Accreditation	8	Full facility accreditation by a CMS-deemed national accreditation organization	Required
Institute for Healthcare Improvement (IHI)	9	Facility participation in IHI with a commitment to patient safety, including formal commitment to at least 6 improvement maps (i.e., initiatives)	2
Leapfrog (or equivalent)	10	Facility publicly reports on the Leapfrog Web site via the Leapfrog Group Quality and Safety Hospital survey, or Plan may substitute a comparable local initiative.	1
Association of American Medical Colleges Principles (AAMC)	11	Facility accepts AAMC principles for the conduct and reporting of clinical trials.	1
Health Information Technology	12	Facility uses a certified electronic medical record (EMR).	1
	13	Facility uses an e-prescribing program to facilitate communication.	1
	14	Facility uses a medication reconciliation program to facilitate communication.	1
Nursing Excellence	15	Facility demonstrates a commitment to quality nursing care by one of the following: • Has earned the Magnet Recognition Award of the American Nurses Credentialing Center • Reports to the American Nurses Association's National Database of Nursing Quality Indicators (NDNQI)	1 for either initiative
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)	16	Facility participates in HCAHPS survey and makes data publicly available on the Hospital Compare Web site for the most recent public reporting date.	1
National Quality Improvement Initiatives	17	Facility utilizes one of the following surgical safety and verification processes: • Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery • World Health Organization Surgical Safety Checklist	1 for either process

Note: Designation as Blue Distinction Centers means that these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading medical organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at these or any other facilities, please call your local Blue Cross and/or Blue Shield Plan.

CATEGORY	RFI #	CRITERIA DESCRIPTION	POINTS
Surgical Care Improvement Project (SCIP)	18	Facility participates in the Surgical Care Improvement Project (SCIP).	2
		• SCIP INF 1: Prophylactic antibiotic received within one hour prior to surgical incision	≥ 90% 1 point
		• SCIP INF 2: Prophylactic antibiotic selection for surgical patients	≥ 90% 1 point
		• SCIP INF 5: Postoperative wound infection diagnosed during index hospitalization (OUTCOME)	1 for tracking and reporting result
		• SCIP VTE 1: Surgery patients with recommended venous thromboembolism prophylaxis ordered	≥ 90% 1 point
		• SCIP VTE 2: Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery	≥ 90% 1 point
		• SCIP VTE 3: Intra- or postoperative pulmonary embolism (PE) diagnosed during index hospitalization and within 30 days of surgery (OUTCOME)	1 for tracking and reporting result
		• SCIP VTE 4: Intra- or postoperative deep vein thrombosis (DVT) diagnosed during index hospitalization and within 30 days of surgery (OUTCOME)	1 for tracking and reporting result
Disclosure	19	Facility has a policy on physician/surgeon conflict of interest.	1
	20	Facility publicly reports physician/surgeon conflict of interest related to financial relationships with pharmaceutical companies or device manufacturers.	1
	21	Facility discloses to patients prior to surgery exclusive relationships the facility has with device manufacturers or pharmaceutical companies.	1
	22	Facility has a written policy or process for selecting devices in the device formulary.	1
Pain Management	23	Facility has protocols for acute pain management in peri-operative surgical patients.	1
		Pain management protocols are based on national guidelines: • American Society of Anesthesiologists' Practice Guidelines for Acute Pain Management in the Peri-operative Setting • Pain Management Standards of the facility's accrediting agency (identified in question #8)	1 for either guideline
	24	Interdisciplinary workgroup/committee/team in place for implementing pain management protocols and monitoring their effectiveness	2
SPINE SURGERY PROGRAM CRITERIA			
STRUCTURE			
Duration	25	Program is currently and has been actively performing spine surgery since January 1, 2008 or for at least the immediately previous 12 uninterrupted months.	Required
Dedicated Unit	34	Facility has an inpatient unit dedicated to the care of spine surgery patients.	2
Multi-disciplinary Clinical Pathways and Teams	35	Program utilizes multi-disciplinary clinical pathways/protocols for the care of spine surgery patients.	up to 4 based on nurse review
		Multi-disciplinary pathways/protocols address the full continuum of care across inpatient and outpatient settings.	1
		Multi-disciplinary pathways/protocols generate standardized pre- and post-operative order sets.	1
		Program has standing orders that are utilized for the care of spine surgery patients.	1
		Pathways/protocols or standing orders are placed in the medical record for daily use by all care providers.	1

Note: Designation as Blue Distinction Centers means that these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading medical organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at these or any other facilities, please call your local Blue Cross and/or Blue Shield Plan.

CATEGORY	RFI #	CRITERIA DESCRIPTION	POINTS
		Specific physician orders are required to deviate from the pathways/protocols or standing order set.	1
	36	In addition to orthopedic surgery and/or neurosurgery, other dedicated members of the multi-disciplinary care team for spine surgery include: • Anesthesiology • Psychiatry/Psychology • Pain management specialist • Clinician focused on peri-operative medical management • Nursing • Physical Therapy/Occupational Therapy (PT/OT) • Physiatry/Physical Medicine and Rehabilitation • Dedicated case managers as care coordinators for complex patients	1 for each discipline
		Subspecialty certification in the following clinical areas: • Nursing • PT/OT	1 for each certification
	37	Spine surgery team holds multi-disciplinary team meetings or case management conferences at least twice monthly.	1
Surgeon Certification and Training	53	At least two surgeons perform spine surgery at the facility, each of whom is certified by the American Board of Medical Specialties or the Royal College of Physicians and Surgeons Board of Orthopedics or Neurosurgery, or by the American Osteopathic Board of Orthopedics or Surgery with Neurological Surgery Certification.	Required
Continuous Quality Improvement (CQI)	26	Program has a formal CQI program in place with the following components: • Collection of quality indicator data • Analysis of collected data • Identification of issues • Development of improvement goals • Implementation of changes • Demonstration that the implemented changes improve the quality of clinical care that patients receive • Ongoing requirements for physician/surgeon learning and improvement and/'or regularly scheduled educational conferences	2 for all 7 components 1 for 3 - 6 components
Data Management and Patient Tracking	27	Facility maintains an internal registry or database to track spine surgery patients' treatment and outcome data.	5
	28	Facility has a process in place to track complications in the context of a program-wide quality improvement process.	2
	29	Program has a process in place to track reoperations that occur within 12 months on patients who received a primary spine surgery at the facility.	Informational
	30	Program obtains and evaluates patient satisfaction specific to spine surgery services with results reported back to program staff.	Informational
	31	Program has a protocol in place to contact patients (or primary physicians) for follow-up and status information post-discharge.	1
Data Reporting	32	Program reports to a national (e.g., National Surgical Quality Improvement Program) and/or international (Spine Tango) registry.	2
PROCESS			
Patient Selection	38	Program has written patient selection criteria that are applied to all adult patients referred for spine surgery.	2
		Patient selection criteria are developed by a multi-disciplinary team of physicians and staff.	1
	39	Program screens spine surgery patients pre-operatively for the presence of anxiety and depression.	1

Note: Designation as Blue Distinction Centers means that these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading medical organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at these or any other facilities, please call your local Blue Cross and/or Blue Shield Plan.

CATEGORY	RFI #	CRITERIA DESCRIPTION	POINTS
		Program uses formal measures to screen pre-operatively for anxiety or depression: • Hamilton Depression Scale (HAM-D • Beck Depression Inventory (BDI) • The Hospital Anxiety and Depression Scale (HADS) • The nine-item depression scale of the Patient Health Questionnaire (PHQ-9) • The mental health subscale of the Health status Questionnaire Short Form-36 (SF-36) • EuorQol 5-D	1 for any scale listed
Shared Decision-Making (SDM)	40	Program employs or is willing to employ SDM processes prior to the next Blue Distinction Center for Spine Surgery designation cycle.	Required
		Program requires documentation of discussion(s) between a health care professional and a patient considering spine surgery that includes: • expected outcomes and associated risks of the procedure and other treatment options • recovery time needed to regain normal activities • patient's values and preferences	3
		SDM-focused discussion format includes: • One-on-one discussion with health care provider • Interactive group session	2 for either format
		Specific SDM aids or tools are used: • Foundation for Informed Medical Decision-Making • Healthwise • Mayo Clinic	5 for any of the aids or tools
	41	Patient feedback about SDM process is solicited.	Informational
Patient Education	42	Program provides standardized preoperative patient education.	Informational
Medical Management	43	Utilizes established practice standards/recommendations for the peri-operative care of spine surgery patients: • American Society of Anesthesiologists (ASA) Practice Advisory for Preanesthesia Evaluation • ASA Practice Advisory for Perioperative Visual Loss Associated with Spine Surgery • American College of Cardiology/American Heart Association (ACC/AHA) Guideline for the Perioperative Cardiovascular Evaluation for Noncardiac Surgery • American Diabetes Association (ADA) Standards of Diabetes Care in the Hospital • AHA recommendations for Smoking Cessation - Making Hospital-Wide System Level Changes That Succeed	2 for ≥ 3 guidelines or 1 for 1 - 2 guidelines
Thromboprophylaxis	44	Program has a thromboprophylaxis protocol in place that is specific for spine surgery patients and incorporates the American College of Chest Physicians (ACCP) Evidence-Based Clinical Practice Guidelines for the Prevention of Venous Thromboembolism for Elective Spine Surgery.	1
Normothermia	45	Program has a protocol for monitoring and maintaining intraoperative normothermia for appropriate spine surgery patients.	1
Physical Therapy and Rehabilitation Services	46	Program has protocols for the assessment and treatment of physical therapy needs in post-operative spine surgery patients.	1
	47	Program utilizes protocols for the intensive interdisciplinary spine rehabilitation of complex patients when indicated.	1

Note: Designation as Blue Distinction Centers means that these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading medical organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at these or any other facilities, please call your local Blue Cross and/or Blue Shield Plan.

CATEGORY	RFI #	CRITERIA DESCRIPTION	POINTS
	48	Facility offers intensive interdisciplinary spine rehabilitation services or is affiliated with a center for spine rehabilitation.	1
Functional Assessments	33	Routine pre- and post-op assessment of functional status using standardized indexes, e.g., Oswestry Disability Index, Roland Morris, SF-36, EuroQol 5-D	2 for pre-operative assessment and 1 for post-operative assessment
Transitions of Care	49	Standard practices for case management and discharge planning for spine patients: • Evaluation for discharge needs occurs early in the hospital admission • Written criteria for hospital discharge and readmission • Coordination of post-discharge needs (e.g. PT, home care) • Written protocol for emergency evaluation and treatment post-discharge • Discharge planning protocol with a goal of returning patients to their homes as quickly as possible	1 for ≥ 3 practices
	50	Facility monitors transitions of care for patients discharged to another setting (e.g. home, rehab facility) using a formal method.	1
	51	Program has an established protocol ensuring that the operation note and discharge summary of each patient are made available to the primary care physician upon discharge.	1
	52	Program utilizes local Blue Cross Blue Shield case management care team as needed to help coordinate transitions of care.	Informational
OUTCOMES AND VOLUME			
Volume	55	Facility performs at least 100 spine surgeries annually.	Required
	54	Average and median surgeon volume (across all active spine surgeons) is at least 50 spine surgeries annually. Surgeons may include cases done at any facility. *Programs that do not meet the <u>median</u> surgeon volume threshold of at least 50 spine surgeries annually but have a median of 40 procedures will be evaluated on a case-by-case basis.*	Required
Complication Rate	56	Procedure-specific thresholds are met for the following complications: Intra-operative dural tear • Single level 1° lumbar discectomy is ≤ 4% • 1-2 level 1° decompression for lumbar spinal stenosis is ≤ 9% • 1-2 level 1° posterior lumbar fusion ± decompression is ≤ 10% Intra-operative blood transfusion • Single level 1° lumbar discectomy is ≤ 2% • 1-2 level 1° decompression for lumbar spinal stenosis is ≤ 10%	1 for each threshold
Length of Stay (LOS)	56	Average LOS meets procedure-specific thresholds. • 1-2 level 1° decompression for lumbar spinal stenosis is ≤ 3.5 days • 1-2 level 1° posterior lumbar fusion ± decompression is ≤ 6.0 days • 1-2 level revision lumbar-thoracic posterior fusion ± decompression is ≤ 6.0 days • Single level 1° anterior cervical fusion is ≤ 2.5 days	1 for each threshold

Note: Designation as Blue Distinction Centers means that these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading medical organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at these or any other facilities, please call your local Blue Cross and/or Blue Shield Plan.

CATEGORY	RFI #	CRITERIA DESCRIPTION	POINTS
Peri-operative Outcomes Tracking	56	For select spine surgeries, Facility tracks and reports: • Average LOS (days) • Intraoperative dural tear (%) • Intraoperative blood transfusion (%) • PE/DVT within 30 days of discharge (%) • 30-day post-discharge readmission rate (%) • 30-day post-operative reoperation rate (%)	2 for tracking and reporting all results
BUSINESS REQUIREMENTS			
Blue Cross Blue Shield Plan Contract Status	5	Facility is currently contracted with the local Blue Plan.	Required
Provider Contracting	53	All identified surgeons participate in the local Blue network or are willing to participate in the network pending Blue Distinction designation to the extent required by the local Blue Plan.	Required

OVERVIEW OF PROGRAMMATIC SCORING		Points
General Criteria for all BDCs		
	Structure	27
Spine Surgery		
	Structure	34
	Process	28
	Volume and Outcomes	11
TOTAL POINTS		100
% Structure		61%
% Process		28%
% Outcome		11%
Total Percent		100%

Note: Designation as Blue Distinction Centers means that these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading medical organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your policy at these or any other facilities, please call your local Blue Cross and/or Blue Shield Plan.