

Blue Distinction Centers for Spine Surgery® Program Program Selection Criteria for 2010 Mid-Point 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 9a	Facility participation in IHI with a commitment to patient safety, including formal commitment to at least 6 improvement campaigns (i.e., initiatives)	2 for at least 6 improvement campaigns
Leapfrog (or equivalent)	10 10a	Facility publicly reports on the Leapfrog Web site via the Leapfrog Group Quality and Safety Hospital survey	1
	10b	If facility does not report to Leapfrog, facility participates in other initiatives that encourage the sharing of best practices, incorporates data feedback for objective analysis and promotes collaborative improvement <i>*Alternate initiatives will be reviewed on a case-by-case basis</i>	
Association of American Medical Colleges Principles (AAMC)	11, 11a	Facility accepts the Association of American Medical Colleges (AAMC) principles for all clinical trials	1
Health Information Technology	12	Facility uses a certified electronic medical record (EMR) certified by the Certification Commission for Healthcare Information Technology (CCHIT)	1
	13	Facility uses an e-prescribing program to facilitate communication that meets the standards set forth in the 2003 Medicare Modernization Act (MMA)	1
	14	Facility has a formal process of medication reconciliation that includes: <ul style="list-style-type: none"> • Verification • Clarification • Reconciliation 	1
Nursing Excellence	15	Facility is currently active in one of the following quality nursing excellence initiatives: <ul style="list-style-type: none"> • 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

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National Quality Improvement Initiatives	17	Facility utilizes one of the following national quality improvement initiatives focused on surgical safety: <ul style="list-style-type: none"> Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery World Health Organization Surgical Safety Checklist 	1 for either initiative
Surgical Care Improvement Project (SCIP)	18	Facility participates in the Surgical Care Improvement Project (SCIP)	2
	18a	<ul style="list-style-type: none"> SCIP INF 1a: Prophylactic antibiotic received within one hour prior to surgical incision 	≥ 90% 1
		<ul style="list-style-type: none"> SCIP INF 2a: Prophylactic antibiotic selection for surgical patients 	≥ 90% 1
		<ul style="list-style-type: none"> SCIP INF 5: Postoperative wound infection diagnosed during index hospitalization (OUTCOME – facility tracks & internally reports data) 	1 for tracking and internal reporting
		<ul style="list-style-type: none"> SCIP VTE 1: Surgery patients with recommended venous thromboembolism prophylaxis ordered 	≥ 90% 1
		<ul style="list-style-type: none"> SCIP VTE 2: Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery 	≥ 90% 1
		<ul style="list-style-type: none"> SCIP VTE 3: Intra- or postoperative pulmonary embolism (PE) diagnosed during index hospitalization and within 30 days of surgery (OUTCOME – facility tracks & internally reports data) 	1 for tracking and internal reporting
		<ul style="list-style-type: none"> SCIP VTE 4: Intra- or postoperative deep vein thrombosis (DVT) diagnosed during index hospitalization and within 30 days of surgery (OUTCOME – facility tracks & internally reports data) 	1 for tracking and internal reporting
18b	Facility's SCIP database is able to produce procedure-specific performance reports	Informational	
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
	22a	Facility's policy includes a mechanism for tracking FDA-recalled prosthesis and notifying patients who have received them	Informational
	22b	Facility reports incidences of device malfunction to the device manufacturer	Informational
Pain Management	23	Facility has protocols for acute pain management in peri-operative surgical patients	1
	23a	Pain management protocols are based on national guidelines: <ul style="list-style-type: none"> 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	Facility has an 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 July 1, 2009 or for at least the immediately previous 12 uninterrupted months	Required
Continuous Quality	26	Program has a formal CQI program in place for spine surgery services with the	7 components = 2

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Improvement (CQI)	26a	following components: <ul style="list-style-type: none"> • 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 	3-6 components = 1 0-2 components = 0
Data Management and Patient Tracking	27	Program maintains an internal registry or database to track spine surgery patients' treatment and outcome data	5
	28	Program 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 31a	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 multi-center registry or database that tracks spine surgery	Informational
	32a	Program reports to at least one of the following registries or database: <ul style="list-style-type: none"> • National Surgical Quality Improvement Program (NSQIP) • Spine Tango • University HealthSystem Consortium (UHC) • Premier Clinical Advisor 	2 for reporting to any one registry/database
	32b	Program plans to participate in a comprehensive national spine surgery registry once one is developed	Informational
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 that include the following features: <ul style="list-style-type: none"> • Treatment goals • Sequence and timing of interventions • Active participation of a multi-disciplinary team • Daily milestones • Coordination of discharge, patient education and other patient needs 	5 features = 4 3-4 features = 3 2 features = 2 1 feature = 1 0 features = 0
	35a	Multi-disciplinary pathways/protocols address the full continuum of care across inpatient and outpatient settings	1
	35b	Multi-disciplinary pathways/protocols generate standardized pre- and post-operative order sets	1
	35c	Program has standing orders that are utilized for the care of spine surgery patients	1
	35d	Pathways/protocols or standing orders are placed in the medical record for daily use by all care providers	1
	35e	Specific physician orders are required to deviate from the pathways/protocols or standing order set	1
	35f	Program consults resources to develop facility's pathways/protocols or standing orders (e.g., clinical guidelines, national standards)	Informational

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	36	In addition to orthopedic surgery and/or neurosurgery, other dedicated members of the multi-disciplinary care team for spine surgery include: <ul style="list-style-type: none"> 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 (for a total of 8)
	36a	Program identifies departments that have at least one identified clinician who provides as-needed consultation to the spine surgery team: <ul style="list-style-type: none"> Cardiology Endocrinology Pulmonology Nutrition Social Services 	Informational
	36s1	Program identifies subspecialty certification(s) held by pain management specialist on the care team: <ul style="list-style-type: none"> American Board of Anesthesiology certification in Pain Management American Board of Psychiatry and Neurology certification in Pain Management American Academy of Pain Medicine certification 	Informational
	36s2	Program identifies subspecialty certification(s) held by nurses on the care team: <ul style="list-style-type: none"> Surgical nursing Orthopedic nursing Rehabilitation nursing 	1 for any one certification
	36s3	Physical therapists on the care team maintain the American Physical Therapy Association (APTA) certification in orthopedic care	1
	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 or eligible for certification by the American Board of Medical Specialties, 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
		Surgeon participation in American Board of Medical Specialties (ABMS) Maintenance of Certification (MOC)	Informational
		Accreditation Council for Graduate Medical Education (ACGME) or Canadian Orthopaedic Association (COA) accredited fellowship in Spine Surgery	Informational
PROCESS			
Functional Assessments	33 33a 33b	Structured functional assessments that are routinely performed and tracked for all spine surgery patients include: <ul style="list-style-type: none"> Pre-operative functional assessments Functional assessments four or more weeks post-operatively 	2 for pre-operative assessment 1 for post-operative assessment
	33c	Program identifies routine pre- and post-op assessment of functional status that are used for standardized indexes (e.g., Oswestry Disability Index, Roland Morris, SF-36, EuroQol 5-D)	Informational
Patient Selection	38	Program has written patient selection criteria that are applied to all adult	2

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		patients referred for spine surgery	
	38a	Patient selection criteria are developed by a multi-disciplinary team of physicians and staff	1
	38b	Patient selection criteria is based on published guidelines (e.g., North American Spine Society, American Association of Neurological Surgeons, American College of Physicians/ American Pain Society, Back Pain Physician Recognition Program, NCQA)	Informational
	39	Program screens spine surgery patients pre-operatively for the presence of anxiety or depression	1
	39a	Program uses formal measures to screen pre-operatively for anxiety or depression: <ul style="list-style-type: none"> • 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) • Euro Qol 5-D 	1 for any scale listed
	40 or 40a	Program employs or is willing to employ SDM processes prior to the next Blue Distinction Centers for Spine Surgery designation cycle	Required
	40b	Program requires documentation of discussion(s) between a health care professional and a patient considering spine surgery that includes: <ul style="list-style-type: none"> • 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
Shared Decision-Making (SDM)	40c	SDM-focused discussion format includes: <ul style="list-style-type: none"> • One-on-one discussion with health care provider • Interactive group session 	2 for either format
	40d	Specific SDM aids or tools are used: <ul style="list-style-type: none"> • Foundation for Informed Medical Decision-Making • Healthwise • Mayo Clinic 	5 for any of the aids or tools
	40e	Program has SDM aid or tool formats available to patients (e.g., print, video, web-based)	Informational
	41	Patient feedback about SDM process is solicited	Informational
Patient Education	42 42a	Program provides standardized pre-operative patient education	Informational

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Medical Management	43	<p>Program utilizes established practice standards/recommendations for the peri-operative care of spine surgery patients:</p> <ul style="list-style-type: none"> 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 	<p>3-5 guidelines = 2 1-2 guidelines = 1</p>
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
	46a	Program identifies aspects of PT/OT care that are provided routinely (e.g., pre-operative and post-operative education, home assessment, functional assessment, readiness-for-discharge assessment)	Informational
	47	Program utilizes protocols for the intensive interdisciplinary spine rehabilitation of complex patients when indicated	1
	48	Facility offers intensive interdisciplinary spine rehabilitation services or is affiliated with a center for spine rehabilitation	1
Transitions of Care	49	<p>Standard practices for case management and discharge planning for spine patients include:</p> <ul style="list-style-type: none"> Evaluation for discharge needs occurs early in the hospital admission Written criteria for hospital discharge and readmission Coordination of post-discharge needs (e.g., physical therapy, home care services) 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	Program 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
	51a	Program tracks receipt of the operation note and discharge summary by primary care physician	Informational
	52	Program utilizes local Blue Cross Blue Shield case management care team as needed to help coordinate transitions of care	Informational
OUTCOMES AND VOLUME			
Surgeon Volumes	54	Average and median surgeon volumes (across all active spine surgeons) are at least 50 spine surgeries during reported 12 month period. Surgeons may include cases done at any facility	Required

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CATEGORY	RFI #	CRITERIA DESCRIPTION	POINTS
		<i>Programs that do not meet the <u>median</u> surgeon volume threshold of at least 50 spine surgeries in 12 months but have a median of at least 40 procedures will be evaluated on a case-by-case basis</i>	
Facility Volumes	55	Facility performs at least 100 spine surgeries during reported 12 month period	Required
Complication Rates	56	Procedure-specific thresholds are met for the following complication: <i>Intra-operative dural tear</i> <ul style="list-style-type: none"> • 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% 	1 for each threshold met
		<ul style="list-style-type: none"> • 1-2 level revision lumbar-thoracic posterior fusion ± decompression • Single level 1° anterior cervical fusion 	Informational
	56	Procedure-Specific thresholds are met for the following complication: <i>Intra-operative blood transfusion</i> <ul style="list-style-type: none"> • Single level 1° lumbar discectomy is ≤ 2% • 1-2 level 1° decompression for lumbar spinal stenosis is ≤ 10% 	1 for each threshold met
		<ul style="list-style-type: none"> • 1-2 level 1° posterior lumbar fusion ± decompression • 1-2 level revision lumbar-thoracic posterior fusion ± decompression • Single level 1° anterior cervical fusion 	Informational
Complication Rates	56	PE/DVT within 30 days of discharge for all procedures	Informational
Length of Stay (LOS)	56	Average LOS meets procedure-specific thresholds: <ul style="list-style-type: none"> • 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 met
		<ul style="list-style-type: none"> • Single level 1° Lumbar Disectomy 	Informational
Readmissions	56	30-Day post discharge readmission rate for all procedures	Informational
Reoperations	56	30-Day post operative reoperation rate for all procedures	Informational
Peri-operative Outcomes Tracking	56	Facility tracks and reports all of the following outcomes for the select spine surgical procedures performed at the facility: <ul style="list-style-type: none"> • 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 of selected spine surgical procedures
BUSINESS REQUIREMENTS			
Facility Contracting	5	Facility is a participating provider in the local Blue Plan's Preferred Provider Organization (PPO) Network	Required
Subspecialists	6	Proportion of the spine surgical care providers and/or provider groups (i.e., anesthesiologists, radiologists, pathologists) that have current agreements with the local Blue Cross and/or Blue Shield Plan	Informational
Provider Contracting	53	All identified surgeons have active Preferred Provider Organization (PPO) network participating provider contracts with the local Blue Cross and/or Blue Shield Plan, pending Blue Distinction designation to the extent required by the local Blue Plan	Required

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

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