

Blue Distinction® Centers for Spine Surgery 2021 Evaluation Components

Blue Distinction

Blue Distinction Specialty Care is a national designation program, awarded by local Blue Cross and Blue Shield (BCBS) companies, recognizing healthcare providers that demonstrate expertise in delivering quality and affordable health care to meet consumers' specialty care needs – safely, effectively, and cost efficiently. The goal of the program is to help patients find both quality and value for their specialty care needs, while providing a credible foundation on which employers may customize their employee benefits.

Blue Distinction Centers for Spine Surgery

The Blue Distinction Centers for Spine Surgery program (Program) will evaluate facilities performing spine surgery for adult patients 18 years or older, in Hospitals (with or without onsite Intensive Care Unit [ICU] and Ambulatory Surgery Center (ASC) settings).

- **All Applicant facilities** will be evaluated for quality based on data sourced from the Provider Survey as 'self-reported', business components from the Plan Survey, and cost of care sourced from National Blue Claims Data.
- **Applicant facilities applying as either a Hospital without an onsite ICU or as an ASC** will have additional quality evaluation components for transferring spine surgery patients to an acute care comprehensive inpatient facility, which is able to provide a higher level of care (that includes an onsite ICU) and which is also designated for the 2021 Spine Surgery program.

The following information explains how quality, business, and cost evaluation components will be used to evaluate an applicant facility. Final selection criteria for quality, business, and cost, including specific scoring thresholds required for eligibility for this Program will be published separately and posted publicly at www.bcbs.com.

Quality

Blue Distinction Specialty Care programs establish a nationally consistent approach to evaluating quality and safety, by incorporating quality measures with meaningful impact, using criteria that evolve over time with medical and quality measurement advances in that specialty area.

Applicant facilities may be evaluated for quality in the following domains for the Blue Distinction Centers for Spine Surgery program:

Blue Distinction Centers for Spine Surgery

Domain	Source	Metrics
General Structure	Provider Survey	<ul style="list-style-type: none"> National Accreditation Advanced Spine Surgery Certification
Spine Surgery Program Structure and Process	Provider Survey	<ul style="list-style-type: none"> Shared Decision Making Data Management and Patient Tracking Registry Participation Functional Assessments/ Patient Reported Outcomes Routine Discharge Status (ASCs Only) Opioid Practices
Surgeon Training and Certification	Provider Survey	<ul style="list-style-type: none"> Board Certification Fellowship Training
Spine Surgery Procedure Volume*	Provider Survey	<p>Provider reported procedure volumes for adults (\geq 18 years of age), including:</p> <ul style="list-style-type: none"> Discectomy, laminectomy and decompressions (without Fusion) Fusions
Spine Surgery Outcomes	Provider Survey	<p>Provider reported single level primary lumbar fusion (\pm decompression) for degenerative spinal conditions (and spondylolisthesis); analytic volume and outcomes for adults (\geq 18 years of age), including:</p> <ul style="list-style-type: none"> Reoperations related to primary procedure Unplanned readmissions Venous thromboembolism (VTE) Surgical Site Infection (SSI) Dural Tear
		<p>Provider reported single level primary anterior cervical fusion procedure volume and patient outcomes for adults (\geq 18 years of age), including:</p> <ul style="list-style-type: none"> Reoperations related to primary procedure Unplanned readmissions Venous thromboembolism (VTE) Surgical site infection (SSI) Dural Tear
Local Blue Plan Quality Criteria** <i>(if applicable)</i>	Plan Survey	An individual Blue Plan, at its own independent discretion, may establish and apply local quality requirements as additional Selection Criteria for eligibility in a Blue Distinction Centers program, for facilities located within its Service Area

Additional Evaluation Components for Hospitals without an ICU and Ambulatory Surgery Centers (ASC)

Acute Care Comprehensive Facility Transfers	Provider Survey	<ul style="list-style-type: none"> Hospital (without an onsite ICU) or ASC has written transfer agreement(s) in place to transfer spine surgery patients needing a higher level of care to an accepting acute care comprehensive facility with onsite ICU capabilities. The accepting acute care comprehensive facility (ies) that provides a higher level of care is designated for the 2021 Spine Surgery program. Facility Reported Transfer Rates
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*The minimum number of cases needed will be determined after Provider Survey responses are received. Analytic methodologies will be used to determine volume requirements. These calculations are heavily influenced by statistical analysis factors such as event rates and distributions, which cannot be assessed until all data are available for proper analysis.

** Local Blue Plan Criteria may consist of additional quality criteria beyond the national criteria, at the discretion of the local Blue Plan.

Business

Applicant facilities may be evaluated in the following business categories for the Blue Distinction Centers for Spine Surgery program:

Business Evaluation Components	
Business Criteria Category	Metrics
Facility PPO Participation	Participation by facility in the local Blue Plan's BlueCard Preferred Provider Organization (PPO) Network.
Physician PPO Participation*	Participation by physicians (surgeons) who perform spine surgery procedures in the local Blue Plan's BlueCard PPO network.
Blue Brands Criteria	Facility and its corporate family meet BCBSA criteria for avoiding conflicts with BCBSA logos and trademarks.
Bundled Payment	Engagement in a bundled payment model. (e.g., episode-based).
Hospital Based Physicians	Participation by hospital based physicians (HBP) in the local Blue Plan's BlueCard PPO. HPB physicians include: Radiologists, Anesthesiologists, Pathologists, Intensivists, Hospitalists, Emergency Room, and Physiatrist.
Local Blue Plan Business Criteria** (if applicable)	An individual Blue Plan, at its own independent discretion, may establish and apply local business requirements as additional Selection Criteria for eligibility in a Blue Distinction Centers program, for facilities located within its Service Area.

*Any de minimis exception will be considered on an individual case basis, through a nationally consistent approach.

**Local Blue Plan Criteria may consist of additional business criteria beyond the national criteria, at the discretion of the local Blue Plan.

Cost of Care

The process to incorporate cost of care measures into the selection criteria is designed to provide a nationally consistent, equitable, and objective evaluation. If a facility meets quality and business selection criteria, then the following components will be evaluated to determine if the facility meets the cost of care criteria. Additionally, a local Blue Plan may establish additional cost criteria beyond the national criteria, at the discretion of the local Blue Plan.

The cost of care evaluation is based on a nationally consistent analysis of National Blue Claims Dataset (Claims Data). The scope of this analysis includes:

Cost Data Source

Each facility's cost of care is calculated using adjusted allowed amounts for specific spine surgery procedure episodes of care derived from Claims Data. The methodology sums all costs incurred during an episode of care (including facility, professional, and other costs related to the spine surgery procedure episode).

Adjustments

Spine Surgery procedure episode costs may be adjusted for patient-level risk factors, including co-morbidities. Additionally, a geographic adjustment factor may be applied to each episode to account for geographic cost variations in delivering care. Other adjustments such as a site of service adjustment may be applied where appropriate to account for differences related to patient care settings or other factors.

Deriving a Cost Measure and Setting the Cost Threshold

Costs are aggregated and conformed to a facility cost index for each procedure type. In calculating facility costs, statistical outlier trimming or winsorizing may be applied to prevent facility costs from being skewed due to a few outlier cases. Each facility cost index is determined relative to national distribution of the facility measures. Facility level cost indices are then evaluated in comparison to a National Cost Threshold for each procedure type, which is established with consideration for both geographic accessibility and cost savings.

Use of Facility-level Cost Information

After the BDC Participation Agreement for an eligible facility has been fully executed, information displayed on Blue Distinction's public website at www.bcbs.com will confirm that the facility is designated and that it met the Program's transparent national selection criteria. BCBSA may share a facility's individual Provider Survey responses (Raw Data) and results (Scores) with BCBSA's member Plans and, pursuant to a confidentiality agreement, Member Plans' current and prospective accounts, for purposes of evaluation, care management, quality improvement, and Member Plans' design of customized products and networks. BCBSA may combine a facility's Raw Data and Scores together with other facilities' data to create aggregate information for public dissemination, provided that such aggregate information will not identify the facility by name, and will not contain any Protected Health Information (PHI).