

Blue Distinction® Centers for Spine Surgery 2019 Evaluation Components

The Blue Distinction Specialty Care Program is a national designation program recognizing healthcare providers that demonstrate expertise in delivering quality specialty care – safely, effectively and cost-efficiently. The goal of the program is to help consumers find both quality and value for their specialty care needs, while offering a credible foundation for local Blue Cross and/or Blue Shield Plans to design benefits tailored to meet employers' quality and cost objectives¹.

The Blue Distinction Specialty Care Program includes two levels of designation:

- **Blue Distinction Centers:** Healthcare providers recognized for their expertise in delivering specialty care.
- **Blue Distinction Centers+:** Healthcare providers recognized for their expertise and cost-efficiency in delivering specialty care.

Quality is key: only those providers that first meet nationally established, objective quality measures for Blue Distinction Centers will be considered for designation as a Blue Distinction Center+.

Program Design

The 2019 Blue Distinction Centers for Spine Surgery program (this Program) is expanding to include additional sites of service. A Provider can apply to achieve the BDC or BDC+ designation, as either a Hospital (with or without an Intensive Care Unit [ICU]) or an Ambulatory Surgery Center (ASC).

Providers applying as either a Hospital without an ICU or as an ASC will have additional evaluation components for transferring to an acute care comprehensive inpatient facility that is able to provide a higher level of care and is designated as a BDC or BDC+ for the 2019 Spine Surgery program.

The following information explains how quality, business, and cost evaluation components will be used to evaluate an applicant provider. Final selection criteria for quality, business, and cost, including specific scoring thresholds required for eligibility as a BDC and BDC+ for Spine Surgery, will be published separately and posted publicly at www.bcbs.com.

Quality

Blue Distinction Centers for Specialty Care programs establish a nationally consistent approach to evaluating quality and safety, by incorporating quality measures with meaningful impact, with criteria that evolve over time with medical and quality measurement advances in that specialty area. Providers may be evaluated for Quality in the following domains for the Blue Distinction Centers for Spine Surgery:

¹ Benefit design is determined independently by the local Blue Plan and is not a feature of any Blue Distinction program.

Blue Cross Blue Shield Association is an association of independent Blue Cross and Blue Shield companies.

Blue Distinction Centers for Spine Surgery

Domain	Source	Metrics
General Structure	Provider Survey	<ul style="list-style-type: none"> National Accreditation
Spine Surgery Program Structure and Process	Provider Survey	<ul style="list-style-type: none"> Shared Decision Making Data Management and Patient Tracking Functional Assessments/ Patient Reported Outcomes Routine Discharge Status (for ASCs, Only) Opioid Practices
Spine Surgery Program Procedure Volume*	Provider Survey	<p>Provider reported procedure volumes for adults (≥ 18 years of age), including:</p> <ul style="list-style-type: none"> Discectomy (without Decompression) Decompression (without Fusion) Primary Fusion Revision Fusion
Spine Surgery Program Analytic Volume and Outcomes	Provider Survey	<p>Provider reported 1 or 2 level primary posterior lumbar fusion (\pm decompression) for spondylolisthesis analytic volume and outcomes for adults (≥ 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)
		<p>Provider reported 1 or 2 level primary anterior cervical fusion procedure volume and patient outcomes for adults (≥ 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)
Acute Care Comprehensive Facility Transfers <i>ONLY applies to Ambulatory Surgery Centers (ASC) and Hospitals without an Intensive Care Unit (ICU)</i>	Provider Survey	<ul style="list-style-type: none"> ASC or Hospital (without an ICU) 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 ICU capabilities. The accepting acute care comprehensive facility(ies) that provides a higher level of care is designated BDC or BDC+ for the 2019 Spine Surgery program. Provider reported transfer Rates
Local Blue Plan Quality Criteria** (if applicable)	Plan Survey	Provider meets all Local Blue Plan Quality Criteria, if applicable

*The minimum number of cases needed will be determined after Provider responses are received. Analytic methodologies will be used to determine these minimums. 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

The following components are evaluated to determine if the Provider and its program meet the business selection criteria:

- Participation by Provider in the local Blue Plan's BlueCard Preferred Provider Organization (PPO) Network.
- Participation by surgeons who perform spine surgery procedures in the local Blue Plan's BlueCard PPO network*.
- Provider and its corporate family meet BCBSA criteria for avoiding conflicts with BCBSA logos and trademarks.
- Local Blue Plan Business Criteria**, if applicable.

*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 provider meets quality and business selection criteria, then the following components will be evaluated to determine if the provider 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 Blue Plan claims data. The scope of this analysis includes:

Cost Data Source

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

Adjustments

Spine surgery 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 Provider-level Cost Information

After the BDC Participation Agreement for an eligible Provider has been fully executed, information displayed on Blue Distinction's public website at www.bcbs.com will confirm that the Provider is designated as a BDC or BDC+ and that it met the Program's transparent national selection criteria. BCBSA may share a provider'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 provider's Raw Data and Scores together with other providers' data to create aggregate information for public dissemination, provided that such aggregate information will not identify the provider by name, and will not contain any Protected Health Information (PHI).