

Blue Distinction® Centers for Spine Surgery 2019 Provider Survey

Printed version of this document is for reference purposes only.

A completed Provider Survey will need to be submitted via the BD PortalSM web portal.

Paper copies of the Provider Survey will not be accepted.

Review instructions below to complete both the Provider Survey and Team Table via the online web application [BD Portal](#).

PART 1: PROVIDER SURVEY

Providers must submit an electronic version of Part 1: Provider Survey **AND** Part 2: Team Table in BD Portal to complete submission. Please be sure that your application is complete before submitting.

Additional program materials for the Blue Distinction Centers® for Spine Surgery program are available at: www.bcbs.com

This Provider Survey (Part 1) is the Quality based Selection Criteria dimension of the evaluation pertaining to your current and active spine surgery program for **adults** (18 years and older) for the Blue Distinction Centers for Spine Surgery designation.

- If you are applying as a Hospital (with or without an intensive care unit), complete the following sections in Part 1 Provider Survey: Provider Information, Hospitals *Only (with or without an Intensive Care Unit (ICU))*, and Spine Surgery Program Information.
- If you are applying as an Ambulatory Surgery Center (ASC), complete the following sections in Part 1 Provider Survey: Provider Information, Ambulatory Surgery Centers, and Spine Surgery Program Information.
- Both Hospitals (with or without ICU) and Ambulatory Surgery Centers will need to complete Part 2 Team Table.

Part 1: Provider Survey	Question Numbers
Provider Information	1 – 5
Hospitals <i>Only - with an ICU</i>	6 – 7
Hospitals <i>Only - without an ICU</i>	6 – 10
Ambulatory Surgery Centers (ASC) <i>Only</i>	11 – 15
Spine Surgery Program Information – <i>Hospitals and ASCs</i>	16 – 48
Part 2: Team Table	
Transfer Facility Table – <i>Hospitals without an ICU and ASCs Only</i>	Part 2
Surgeon Information	Part 2
Terms & Conditions	Part 2

PROVIDER INFORMATION

FACILITY ADDRESS AND IDENTIFIERS WILL BE PRE-POPULATED IN THE ONLINE VERSION OF THIS SURVEY.

FACILITY NAME:
ADDRESS:
CITY:
STATE:
ZIP:

If any of the Provider information shown above is incorrect, please email BDCAdmins@bcbsa.com or contact your local Blue Cross and/or Blue Shield Plan directly to have the information corrected.

Also, please review your National Provider Identifier (NPI), Federal Tax Identification Number (FEIN), and CMS Certification Number (CMS ID) on your Provider Record in BD Portal, to confirm accuracy. To access your Provider Record, click on your provider name on the Survey Actions tab in BD Portal.

If any of the provider identifiers shown on the Details sub-tab are incorrect, please email BDCAdmins@bcbsa.com or contact your local Blue Cross and/or Blue Shield Plan directly to have the information corrected.

1. Please provide the following information for the person responsible for completing and submitting this Provider Survey:

Primary Contact

Name:
Title:
Phone:
Email:

- Please provide your facility's legal contact. This individual may be contacted in the event there are questions related to potential brand conflicts that need to be addressed.

Facility Legal Counsel/Representative Contact:

Name:

Title:

Phone:

Email:

The Blue Distinction Centers for Spine Surgery designation is given only to individual facilities (i.e., unique bricks-and-mortar facilities with unique addresses). Any facility with multiple locations (different addresses) must complete a separate *Provider Survey* for each location. Health systems and other groups of multiple facilities will not be designated collectively.

- Is the Quality information submitted in this Survey (e.g., accreditations, volume, outcomes) only for the single facility whose name and address are listed in the Provider Information Section, above, and for no other facilities or locations?

YES NO

If NO, please explain.

- The evaluation of Blue Plans' healthcare claims data requires distinct provider identifiers to be present on submitted claims in order to match them back to your facility's application. Are claims submitted by your facility to your Blue Plan clearly distinguished from other facilities by using a **distinct** facility name, **distinct** Tax ID, **distinct** NPI, and **distinct** Plan Provider ID? If you do not have insight on this question, simply answer DO NOT KNOW. *This is for informational purposes only.*

YES NO DO NOT KNOW

If NO or DO NOT KNOW, please provide guidance on the best method of distinguishing your facility's claims.

- Please indicate the intent to submit a detailed Provider Survey response for either the Blue Distinction Centers for Spine Surgery designation for a hospital, or the Blue Distinction Centers for Spine Surgery designation for an ambulatory surgery center (ASC).

The facility listed above is a hospital (with/without an ICU) and intends to complete a Provider Survey for the Blue Distinction Centers for Spine Surgery designation. **(CONTINUE TO QUESTION 6)**

The facility listed above is an ambulatory surgery center (ASC) and intends to complete a Provider Survey for the Blue Distinction Centers for Spine Surgery designation. **(SKIP TO QUESTION 11)**

HOSPITALS (WITH or WITHOUT INTENSIVE CARE UNIT)

This section should be completed by each inpatient acute care facility (with/without an intensive care unit) that has a spine surgery program.

Questions in this section that refer to “my,” “your,” “my facility’s,” or “your facility’s program” all refer to your facility’s own spine surgery program (not the Blue Distinction Centers for Spine Surgery program). Please refer to the Supplemental Instructions for guidance in completing the Provider Survey.

6. Please indicate which of the following statements describes your facility's current accreditation status. Check **ALL** that apply.

- My facility is fully accredited (without provision or condition) by **The Joint Commission (TJC)** in the **Hospital Accredited Program**. www.jointcommission.org
- My facility is fully accredited by **Healthcare Facilities Accreditation Program (HFAP)** of the Accreditation Association for Hospital and Health Systems (AAHHS) as an **acute care hospital**. www.hfap.org
- My facility is fully accredited by **DNV GL Healthcare** in the **National Integrated Accreditation for Healthcare Organizations (NIAHO®) Hospital Accreditation Program**. www.dnvaccreditation.com
- My facility is fully accredited by the **Center for Improvement in Healthcare Quality (CIHQ)** in the **Hospital Accreditation Program**. www.cihq.org
- My facility is **not** fully accredited by any of the above organizations.

7. Does your facility have an onsite intensive care unit (ICU)?

- YES (Skip to Question 16) NO (Continue to Question 8)

8. Does your facility utilize written Patient Selection Criteria, developed by a multi-disciplinary team of physicians and staff, for spine surgery procedures that is specific to your site of service and to the types of patients that are accepted?

- YES NO

9. Does your facility have a written transfer agreement with a facility equipped to provide a higher level of care (that includes an ICU), with the appropriate resources for your spine surgery patients?

- YES NO

10. Enter your facility's 30-day, post-operative primary spine surgery patient transfers from your facility to a transfer facility equipped to provide a higher level of care (that includes an ICU), with the appropriate resources for your spine surgery patients, for the time period of **01/01/2017 to 12/31/2017**. (After completing this Question **SKIP TO QUESTION 16**)

Note: Only enter zero (0) if the reported metric unit (Numerator and/or Denominator) is zero (0) and do not leave blank. If your facility does not have the requested data, enter 'Not Applicable' in box.

Number of Patients Transferred (Numerator): (whole number)
Total Number of Primary Spine Surgery Patients (Denominator): (whole number)
Patient Transfer Rate: % (Automatic Calculation; round up to 2 decimal places (96.02))

Enter '**Not Applicable**' if your facility is unable to report transfer rates for post-operative spine surgery patients.

AMBULATORY SURGERY CENTERS

The Ambulatory Surgery Center Information section should be completed by each freestanding ambulatory surgery center (ASC) that has a spine surgery program.

Questions in this section that refer to "my," "your," "my ambulatory surgery center's" or "your ambulatory surgery center's program" all refer to **your ambulatory surgery center's own spine surgery program** (not the Blue Distinction Centers for Spine Surgery program). Please refer to the Supplemental Instructions for guidance in completing the Provider Survey.

11. Please indicate which of the following statements describes your ASC's current accreditation status. Check **ALL** that apply.

- My ASC is fully accredited (without provision or condition) by **The Joint Commission (TJC)** in the **Ambulatory Care Accredited Program** www.jointcommission.org
- My ASC is fully accredited by **Healthcare Facilities Accreditation Program (HFAP)** of the Accreditation Association for Hospitals and Health Systems (AAHHS) as an **Ambulatory Surgical Center**. www.hfap.org
- My ASC is fully accredited by the **American Association for Accreditation of Ambulatory Surgery Facilities--Surgical (AAAASF)**. www.aaaasf.org
- My ASC is fully accredited by the **Accreditation Association for Ambulatory Health Care (AAAHC)** as an **Ambulatory Surgery Center**. www.aaahc.org
- My ASC is fully accredited by the **Institute for Medical Quality (IMQ)** in the **Ambulatory Accreditation Program**. www.imq.org
- My ASC is **not** fully accredited by any of the above organizations.

12. Does your ASC utilize written Patient Selection Criteria for spine surgery procedures, developed by a multi-disciplinary team of physicians and staff that is specific to your site of service and to the types of patients that are accepted?

YES NO

13. Does your ASC have a written transfer agreement with a facility equipped to provide a higher level of care (that includes an ICU), with the appropriate resources for your spine surgery patients?

YES NO

14. Enter your ASC's 30-day, post-operative primary spine surgery patient transfers from your ASC to a transfer facility equipped to provide a higher level of care (that includes an ICU), with the appropriate resources for your spine surgery patients, for the time period of **01/01/2017 to 12/31/2017**.

Note: Only enter zero (0) if the reported metric unit (Numerator and/or Denominator) is zero (0) and do not leave blank. If your facility does not have the requested data, enter 'Not Applicable' into the box.

Number of Patients Transferred (Numerator): (whole number)

Total Number of Primary Spine Surgery Patients (Denominator): (whole number)

Patient Transfer Rate: % (Automatic Calculation, round up to 2 decimal places (96.02))

Enter '**Not Applicable**' if facility is unable to report transfer rates for post-operative primary spine surgery patients.

Discharge Destination

15. What percentage of your program's post-operative primary spine surgery patients are discharged to "Home" or their normal living environment, reported for the time period of **01/01/2017 to 12/31/2017**?

Note: Only enter zero (0) if the reported metric unit (Numerator and/or Denominator) is zero (0) and do not leave blank. If your facility does not have the requested data, enter 'Not Applicable' in to the box.

Number of spine surgery patients who were discharged to "Home" or their normal living environment (Numerator): (numeric response, whole number)

Total Number of Primary Spine Surgery Patients (Denominator): (numeric response, whole number)

Patients Discharged to "Home" Rate: % (Automated calculation, numerical response, out 2 decimal places, i.e. 96.22)

Enter '**Not Applicable**' if facility is unable to report the requested data for discharge destination.

SPINE SURGERY PROGRAM INFORMATION

The Spine Surgery Program Information section should be completed by BOTH inpatient acute care hospitals (with or without an intensive care unit) and freestanding ambulatory surgery centers (ASC) that have a spine surgery program.

Questions in this section that refer to “my,” “your,” “my facility’s” or “your facility’s program” all refer to your facility’s own spine surgery program (not the Blue Distinction Centers for Spine Surgery program). Please refer to the Supplemental Instructions for guidance in completing the Provider Survey.

Shared Decision Making and Data Management

Shared Decision Making

- Shared Decision Making is an approach where clinicians and patients consistently discuss all reasonable treatment options, the benefits and harms of those options, and which benefits and harms matter most to the patient, in order to jointly make treatment decisions that are consistent with both the best medical evidence and the patient’s preferences.
- Patient-centered Shared Decision Making aids (e.g., booklet, video) are tools that help people become involved in decision making by providing information about the options and outcomes and by clarifying personal values. They are designed to complement, rather than replace, counseling from a health care professional.
- One key to success lies in training physicians to help them understand how to facilitate the shared decision making process and to ensure that they appreciate the importance of respecting patient’s values, preferences, and expressed needs. ^{1,2} It is also helpful to use a team approach to shared decision making so that the physician’s time is used appropriately.

¹ AHRQ website accessed July 24, 2018 <https://cahps.ahrq.gov/Quality-Improvement/Improvement-Guide/Browse-Interventions/Communication/Shared-Decision-Making/index.html>

² Towle A, Godolphin W. Framework for teaching and learning informed Shared Decision Making. *BMJ* 1999; 319(7212): 766-71.

16. Does your program routinely and systematically utilize a patient-centered Shared Decision Making process for patients undergoing spine surgery, including both: (1) an appropriate, high quality, and objective decision aid; AND (2) decision coaching?

YES NO

17. Have your program staff who are responsible for Shared Decision Making received training in the implementation and facilitation of Shared Decision Making?

YES NO

18. Does your program systematically collect information in order to measure AND improve decision process or outcome quality, including soliciting feedback from patients on their decision making experience? (Note: This is different from standard physician communication Questions.)

YES NO

Opioid abuse has become a national crisis. The Centers for Disease Control and Prevention estimates that the total "economic burden" of prescription opioid misuse alone in the United States is \$78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal involvement.¹ It has been reported that, every day, more than 115 Americans die after overdosing on opioids.²

1. Florence CS, Zhou C, Luo F, Xu L. The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013. *Med Care*. 2016; 54(10):901-906. doi:10.1097/MLR.0000000000000625

2. CDC/NCHS, National Vital Statistics System, Mortality. CDC Wonder, Atlanta, GA: US Department of Health and Human Services, CDC; 2017. <https://wonder.cdc.gov>.

19. Does your facility use a Shared Decision Making model or process addressing pain management that include patient expectations and non-opioid treatment options in your spine surgery program?

YES NO

20. Indicate the actions your facility is taking to reduce opioid use for post-operative pain management in your spine surgery program? (*Check ALL that apply*)

- Opioid-free post-operative pain management options
- Written protocols to reduce the use of opioids in post-operative pain management
- Written protocols to reduce opioid prescriptions upon discharge
- Steering Committee charged with reducing the use and prescribing of opioids
- Other, please specify:
- None of the above

21. What percentage of your facility's post-operative primary spine surgery patients are opioid free upon discharge, for those who had their surgery between **01/01/2017 – 12/31/2017?**

Note: Only enter zero (0) if the reported metric unit (Numerator and/or Denominator) is zero (0) and do not leave blank. If your facility does not have the requested data, enter 'Not Applicable' in to the box.

Number of Primary Spine Surgery Patients **Opioid Free Upon Discharge** (numerator):
(whole number)

Total Number of Primary Spine Surgery Patients (denominator): (whole number)

Patients Opioid Free Upon Discharge Rate: % (numeric response up to 2 decimal places, i.e., 96.02)

Enter '**Not Applicable**' if facility is unable to report the requested data for the percent of post-operative spine surgery patients who are opioid free upon discharge.

22. To which of the following national or multi-center registries/databases does your program submit outcome data in order to track spine surgeries? (*Check ALL that apply*)

- NASS Registry
- National Neurosurgery Quality Outcomes Database (QOD) (previously, NNQOD)
- National Surgical Quality Improvement Program (NSQIP)

- Quality Advisor (previously, Premier Clinical Advisor)
- Spine Quality Outcomes Database (SQOD)
- Vizient (previously, University HealthSystem Consortium [UHC])
- Vanderbilt Prospective Spine Registry
- Other, please specify:
- None of the above

Spine Surgery Procedure Volume

Questions 23-27: Please complete Questions 23 through 26 for your facility’s spine surgery program’s procedure volume. BD Portal will automatically calculate the Total Facility Spine Procedure Volume, Question 27 (sum of 23 – 26). Instructions in the table outline the inclusion criteria to use in responding to these questions. Refer to the Supplemental Instructions for the procedure codes needed to complete the questions below. This is a **procedure volume** (patients may be counted more than once) during the time period of **07/01/2017 – 6/30/2018**.

Note: If your facility offers any of the procedures below, but did not perform them during the time period requested, enter **zero (0)** into the space provided. If your facility does not offer the procedure or is unable to report the data, choose ‘My facility is unable to report requested data.’

Q#	Procedures Refer to Supplemental Instructions for Procedure Codes	Facility Procedure Volume Inclusion Criteria	
		<u>Patient Population for Procedure Volume:</u> Include cases regardless of whether or not the patient was a Blue Cross and/or Blue Shield member, if ALL of the following criteria are met:	
		<ul style="list-style-type: none"> • Procedure was performed at your facility; • Procedure has at least one of the applicable procedure codes from the Supplemental Instructions document; • Procedure was performed during the period from <u>07/01/2017 – 06/30/2018</u>; AND • Patient was at least 18 years of age at time of procedure. 	
23.	Discectomy (without decompression)	(whole number)	<input type="radio"/> My facility is unable to report requested data
24.	Decompression (without fusion)*	(whole number)	<input type="radio"/> My facility is unable to report requested data
25.	Primary Fusion**	(Whole number)	<input type="radio"/> My facility is unable to report requested data
26.	Revision Fusion**	(Whole number)	<input type="radio"/> My facility is unable to report requested data
27.	Total Facility Spine Procedure Volume (Sum of 23 – 26)	(Automated Calculation – Sum of Questions 23 – 27; Whole Number)	

* In your decompression total, include any discectomy + decompression.

** In your fusion totals, include any decompression + fusion.

Question 28. Please complete the following table for your facility's adult patients (18 years or greater) who have had a 1 or 2 level primary lumbar fusion +/- decompression procedure for spondylolisthesis. Instructions in the table outline the outcome measure inclusion criteria to use in responding to this question.

The **number of patients** reported in the table below will be the **denominator** for calculating the patient outcomes, Questions 29 - 32. Include patients who had surgery during the time period of 01/01/2016 – 12/31/2017.

Note: Only enter zero (0) if the reported patient volume is zero (0). If the facility is unable to report the patient volume, choose 'My facility is unable to report requested data.'

Q#	<p>Number of Patients with 1 or 2 level Primary Lumbar Fusion ± Decompression for Spondylolisthesis</p> <p>ICD 10 Diagnosis Code <u>M43.1</u></p> <p>AND</p> <p>Refer to Supplemental Instructions for Procedure Codes</p>	Outcome Measure Inclusion Criteria	
28.	<p>Patients counted only once (Denominator for Questions 29 – 32)</p>	<p><u>Patient Population for Outcome Measurement:</u></p> <p>Include cases regardless of whether or not the patient was a Blue Cross and/or Blue Shield member, if ALL of the following criteria are met:</p> <ul style="list-style-type: none"> • Procedure was performed at your facility; • Procedure has at least one of the applicable procedure codes from the Supplemental Instructions for the diagnosis of spondylolisthesis; • Procedures performed during the period from <u>01/01/2016– 12/31/2017</u>; Patient was at least 18 years of age at time of procedure; AND • Procedure was performed as elective admission and not considered a trauma case. 	
		<p>(Whole Number; Denominator for Questions 29 – 32)</p>	<p><input type="radio"/> My facility is unable to report requested data.</p>

Questions 29 – 32. For those 1 or 2 level primary lumbar fusion +/- decompression for spondylolisthesis patients reported in Question 28, please provide the following patient outcomes information. The percentages will be calculated automatically, using the data reported in Question 28 as the denominator.

Note: Only enter zero (0) if the reported numerator is zero (0). If the facility is unable to report the numerator, enter 'Not Applicable' in the box.

29. Of the Total Number of Patients reported in Question 28, report the number of patients who experienced a re-operation related to the primary procedure within **90 days** after surgery.

Number of Patients who had a re-operation within **90 Days** (Numerator): (Whole number)

Total Number of Patients (populated from Question 28 – Denominator): (Auto Populated from Question 28)

90 Day Re-operation Rate: % (Automated calculation, numerical response, out 2 decimal places, i.e. 96.02)

Enter '**Not Applicable**' if facility is unable to report the requested data for re-operation within **90 days** after surgery related to the primary procedure for 1 or 2 level primary lumbar fusion \pm decompression for spondylolisthesis patients.

30. Of the Total Number of Patients reported in Question 28, report the number of patients who experienced an unplanned readmission within **30 days** after discharge.

Number of Patients with a **30 Day Unplanned Readmission** (Numerator): (Whole number)

Total Number of Patients (populated from Question 28 – Denominator): (Auto Populated from Question 28)

30 Day Unplanned Readmission Rate: % (Automated calculation, numerical response, out 2 decimal places, i.e. 96.02)

Enter '**Not Applicable**' if facility is unable to report the requested data for **30-day** unplanned readmissions for 1 or 2 level primary lumbar fusion \pm decompression for spondylolisthesis patients.

31. Of the Total Number of Patients reported in Question 28, report the number of patients who experienced a Venous Thromboembolism (VTE) (as defined below) within **30 days** after surgery.

“Venous Thromboembolism” (VTE) is a clinically significant deep venous thrombosis or pulmonary embolism requiring treatment, including anticoagulation and/or placement of inferior vena cava filter. Does not include upper extremity thrombophlebitis related to IV catheters or subclinical, lower extremity DVTs not requiring anticoagulation.

Number of Patients who had a VTE within **30 Days** (Numerator): (Whole number)

Total Number of Patients (populated from Question 28 – Denominator): (Auto populate from Question 28)

30 Day VTE Rate: % (Automated calculation, numerical response, out 2 decimal places, i.e. 96.02)

Enter '**Not Applicable**' if facility is unable to report the requested data for Venous Thromboembolism (VTE) within **30 days** after surgery for 1 or 2 level primary lumbar fusion \pm decompression patients for spondylolisthesis patients.

32. Of the Total Number of Patients reported in Question 28, report the number of patients who experienced a Surgical Site Infection (as defined below) within **30 days** after surgery.

“Surgical Site Infection” is superficial and/or deep infection of the surgical wound requiring opening of the wound, initiation of antibiotics, and/or reoperation.

Number of Patients who had a Surgical Site Infection within **30** (Numerator): (Numeric response, whole number)

Total Number of Patients (populated from Question 28 – Denominator): (Auto populate from Question 28)

30 Day Surgical Site Infection Rate: % (Automated calculation, numerical response, out 2 decimal places, i.e. 96.02)

Enter '**Not Applicable**' if facility is unable to report the requested data for Surgical Site Infections within **30 days** after surgery for 1 or 2 level primary lumbar fusion \pm decompression for spondylolisthesis patients.

Question 33. Please complete the following question regarding outcomes for your facility's **adult patients (18 years or greater) who have had a 1 or 2 level primary anterior cervical fusion procedure.** Instructions in the table outline the outcome measure inclusion criteria to use in responding to this question.

The **number of patients** reported in the table below will be the **denominator** for calculating patient outcomes in Questions 34 - 37. Include patients who had surgery during the time period of **01/01/2016 – 12/31/2017** in your reported results.

Note: Only enter zero (0) if the reported patient volume is zero (0). If the facility is unable to report the patient volume, choose 'My facility is unable to report requested data.'

Q#	<p>Total Number of Patients with 1 or 2 level Primary Anterior Cervical Fusion</p> <p>Refer to Supplemental Instructions for Procedure Codes</p> <p>Patients counted only once</p>	<p>Outcome Measure Inclusion Criteria</p> <p><u>Patient Population for Outcome Measurement:</u></p> <p>Include cases regardless of whether or not the patient was a Blue Cross and/or Blue Shield member, if ALL of the following criteria are met:</p> <ul style="list-style-type: none"> • Procedure was performed at your facility; • Procedure has at least one of the applicable procedure codes from the Supplemental Instructions; • Procedures performed during the period from 01/01/2016 – 12/31/2017; • Patient was at least 18 years of age at time of procedure; AND • Procedure was performed as elective admission and not considered a trauma case. 	
33.	(Denominator for Questions 34 – 37)	(Whole Number; Denominator for Questions 34 - 37)	<input type="radio"/> My facility is unable to report requested data.

Questions 34 - 37: For those **1 or 2 level primary anterior cervical fusion patients** reported in Question 33, please provide the following patient outcomes information. The percentages will be calculated automatically, using the data reported in Question 33 as the denominator.

Note: Only enter zero (0) if the reported numerator is zero (0). If the facility is unable to report the numerator, enter 'Not Applicable' in the box.

34. Of the Total Number of Patients reported in Question 33, report the number of patients who experienced a re-operation related to the primary procedure within **90 days** after surgery.

Number of Patients who had a re-operation within **90 Days** (Numerator): (Whole number)

Total Number of Patients (populated from Question 33 – Denominator): (Auto Populated from Question 33)

90 Day Re-operation Rate: % (Automated calculation, numerical response, out 2 decimal places, i.e. 96.02)

Enter '**Not Applicable**' if facility is unable to report the requested data for re-operation within **90 days** after surgery related to the primary procedure for 1 or 2 level primary anterior cervical fusion patients.

35. Of the Total Number of Patients reported in Question 33, report the number of patients who experienced an unplanned readmission within **30 days** after discharge.

Number of Patients with a **30 Day** Unplanned Readmission (Numerator): (Whole number)

Total Number of Patients (populated from Question 33 – Denominator): (Auto Populated from Question 33)

30 Day Unplanned Readmission Rate: % (Automated calculation, numerical response, out 2 decimal places, i.e. 96.02)

Enter '**Not Applicable**' if facility is unable to report the requested data for **30-day** unplanned readmissions for 1 or 2 level primary anterior cervical fusion patients.

36. Of the Total Number of Patients reported in Question 33, report the number of patients who experienced a Venous Thromboembolism (VTE) (as defined below) within **30 days** after surgery.

"Venous Thromboembolism" (VTE) is a clinically significant deep venous thrombosis or pulmonary embolism requiring treatment, including anticoagulation and/or placement of inferior vena cava filter. Does not include upper extremity thrombophlebitis related to IV catheters or subclinical, lower extremity DVTs not requiring anticoagulation.

Number of Patients who had a VTE within **30 Days** (Numerator): (Whole number)

Total Number of Patients (populated from Question 33 – Denominator): (Auto populate from Question 33)

30 Day VTE Rate: % (Automated calculation, numerical response, out 2 decimal places, i.e. 96.02)

Enter '**Not Applicable**' if facility is unable to report the requested data for Venous Thromboembolism (VTE) within **30 days** after surgery for 1 or 2 level primary anterior cervical fusion patients.

37. Of the Total Number of Patients reported in Question 33, report the number of patients who experienced a Surgical Site Infection (as defined below) within **30 days** after surgery.

"Surgical Site Infection" is superficial and/or deep infection of the surgical wound requiring opening of the wound, initiation of antibiotics, and/or reoperation.

Number of Patients who had a Surgical Site Infection within **30 Days** (Numerator): (Numeric response, whole number)

Total Number of Patients (populated from Question 33 – Denominator): (Auto populate from Question 33)

30 Day Surgical Site Infection Rate: % (Automated calculation, numerical response, out 2 decimal places, i.e. 96.02)

Enter ‘**Not Applicable**’ if facility is unable to report the requested data for Surgical Site Infections within **30 Days** after surgery for 1 or 2 level primary anterior cervical fusion patients.

Spine Surgery Functional Outcomes

38. Does your program routinely use a nationally recognized functional assessment tool to evaluate spine surgery patients?

My facility **does not** routinely use a nationally recognized functional assessment tool to evaluate spine surgery patients. (Skip to Question 40)

My facility **does** routinely use a nationally recognized functional assessment tool to evaluate spine surgery patients. (Continue to Question 39)

39. If your program routinely uses a nationally recognized functional assessment tool to evaluate spine surgery patients, pre-operatively, post-operatively, or both, which tool is used and for how long? (Check ALL that apply)

Functional Assessment Tools	Tool used Pre-Operative	Tool used Post-Operative	Tool used for Both Pre and Post-Operative	How long have you used this functional assessment tool? <i>Report in number of months.</i>
Health Survey Short Form-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health Survey Short Form-36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient-Reported Outcomes Measurement Information System (PROMIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oswestry Disability Index	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

40. Does your program routinely collect and report pre-operative and/or post-operative functional assessment patient outcomes for your spine surgery patients?

My facility **does not** routinely collect and report pre-operative or post-operative functional assessment patient outcomes for spine surgery patients. **By checking this box, you will not have to answer the Functional Assessment Patient Outcomes Questions 41 – 48. (SKIP to END of SURVEY)**

My facility **does** routinely collect and report functional assessment patient outcomes for spine surgery patients. (Continue to Question 41)

Questions 41– 44: Please complete the following table for **adult patients (18 years or greater) who have had a primary spine surgery procedure** at your facility. Instructions in the table outline the functional assessment patient inclusion criteria to use in responding to this question.

The **Total Number of Patients** reported in the table below will be the **denominator** for calculating the functional outcomes, Questions 45 - 48. Include patients who had surgery during the time period of **01/01/2017 – 12/31/2017**.

Note: Only enter zero (0) if the reported patient volume is zero (0). If the facility is unable to report the patient volume, choose 'My facility is unable to report requested data.'

Q#	Spine Surgery Patients Refer to Supplemental Instructions for Procedure Codes Patients Counted Only Once	Functional Assessment Patient Inclusion Criteria	
		<u>Patient Population for Functional Assessment Measures:</u> Include cases regardless of whether or not the patient was a Blue Cross and/or Blue Shield member, if ALL of the following criteria are met: <ul style="list-style-type: none"> • Procedure was performed at your facility; • Procedure has at least one of the applicable procedure codes from the Supplemental Instructions; • Procedures performed during the period from 01/01/2017 – 12/31/2017; • Patient was at least 18 years of age at time of procedure; AND • Procedure was performed as elective admission and not considered a trauma case. 	
41.	Discectomy (without decompression)	(whole number)	<input type="radio"/> My facility is unable to report requested data
42.	Decompression* (without fusion)	(whole number)	<input type="radio"/> My facility is unable to report requested data
43.	Primary Fusion**	(Whole number)	<input type="radio"/> My facility is unable to report requested data
44.	Total Number of Spine Surgery Patients (Sum of 41 – 43; Denominator for Questions 45 – 47)	(Automated Calculation – Sum of Questions 41 – 43; Denominator for Questions 45 – 47; Whole Number)	

* In your decompression total, include any discectomy + decompression.

** In your fusion totals, include any decompression + fusion.

Questions 45 - 48: For **Total Number of Spine Surgery Patients** reported in Question 44, please provide the following functional assessment outcomes information. The percentages will be calculated automatically, using the data reported in Question 44 as the denominator, with the exception of Question 48.

Note: Only enter zero (0) if the reported numerator is zero (0). If the facility is unable to report the numerator, enter 'Not Applicable' in the box.

45. Of the Total Number of Patients reported in Question 44, report the number of patients who have undergone a **pre-operative** functional assessment.

Number of Patients who had a **pre-operative** functional assessment (numerator):

(Whole Number)

Total Number of Spine Surgery Patients (populated from Question 44 - denominator):

(Auto populate from Question 44; Whole Number)

Pre-Operative Functional Assessment Rate: % (Automatic calculation; numerical response, out 2 decimal places, i.e. 96.22)

Enter '**Not Applicable**' if facility is unable to report the requested data for **pre-operative** functional assessments.

46. Of the Total Number of Patients reported in Question 44, report the number of patients who have undergone a **6 month post-operative** functional assessment.

Number of Patients who had a **6 month post-operative** functional assessment (numerator):

(Whole Number)

Total Number of Spine Surgery Patients (populated from Question 44 - denominator):

(Auto populate from Question 44; Whole Number)

6 month Post-Operative Functional Assessment Rate: % (Automatic calculation; numerical response, out 2 decimal places, i.e. 96.22)

Enter '**Not Applicable**' if facility is unable to report the requested data for **6 month post-operative** functional assessments.

47. Of the Total Number of Patients reported in Question 44, report the number of patients who have undergone **BOTH a pre- and 6 month post-operative** functional assessment.

Number of Patients who had **BOTH a pre- and 6 month post-operative** functional assessment (numerator):

(Whole Number)

Total Number of Spine Surgery Patients (populated from Question 44 - denominator):

(Auto populate from Question 44; Whole Number)

Pre- and 6 month Post-Operative Functional Assessment Rate: % (Automatic calculation; numerical response, out 2 decimal places, i.e. 96.22)

Enter '**Not Applicable**' if facility is unable to report the requested data for **both pre- 6 month and post-operative** functional assessments.

48. Of the number of patients who have undergone **BOTH a pre- and 6 month post-operative** functional assessment, reported in Question 47 (above), answer the following Questions:

What was the median **pre-operative** functional assessment score of the patients reported in Question 47: (numeric response; 2 decimal places)

What was the median **6 month post-operative** functional assessment score of the patients reported in Question 47: (numeric response; 2 decimal places)

Enter '**Not Applicable**' if facility is unable to report the requested data for **both pre- and 6 month post-operative** functional assessment scoring data.

PART 2: TEAM TABLE

In addition to **Part 1: Provider Survey**, facilities must also complete **Part 2: Team Table** via BD Portal to complete the application.

Please Select Provider Type:

- Ambulatory Surgery Center (ASC) (Complete Transfer Facility Table)
- Hospital with an Intensive Care Unit (ICU)
- Hospital without an Intensive Care Unit (ICU) (Complete Transfer Facility Table)

Transfer Facility Table

Transfer Facility Table should only be completed by Hospitals without an ICU and Ambulatory Surgery Centers.

Please complete the following table for each facility with which your site transfers spine surgery patients, when in need for a higher level of care (that includes an ICU), with the appropriate resources. Refer to the [NPPES NPI Registry](#) to find the transfer facility’s National Provider Identifier (NPI) number.

Transfer Facility Name	Address	City	State	Zip Code	Transfer Facility’s National Provider Identifier (NPI)
XXX	XXX	XXX	XXX	XXX	XXX

Surgeon Team Table

Please complete the Team Table for **ALL** Surgeons who have privileges **AND** are actively performing the applicable services at your facility.

- Exclude all Surgeons who are not currently practicing at your facility at the time of this application’s submission (i.e., retired, left employment).
- Exclude all Surgeons who do not perform spine surgery procedures.
- Exclude all locum tenent Surgeons.
- Exclude all Physician Assistants, Nurse Practitioners, and Medical/Surgical Residents in training.
- Exclude all Surgeons who do NOT treat or manage any adult patients (ages 18 and older) at your facility at the time of this application’s submission.

There are **two options** to provide the requested information:

Option 1 – Download an Excel template to enter Surgeon names and upload the template to automatically populate the Team Table

OR

Option 2 – Manually enter each Surgeon name one at a time using the form below.

Option 1 – Download and Upload Template

Step 1 - Click Download Template and open the file in Excel. Complete a row for each Surgeon. Save the completed Excel spreadsheet as a CSV file to your computer, as you will need to upload it into BD Portal in Step 2.

Step 2 - Browse your computer to locate the saved Excel CSV file.

Step 3 - Once you have located the saved Excel file on your computer, click the Upload Template button.

Note: Uploading a template will over-write existing information in the table below.

Option 2 – Manually Enter Using Form

Step 1 - Manually enter Surgeon information into the form below.

Step 2 - Click the **Save** button to update the Surgeon Team Table. Repeat as necessary until all Surgeons are added to the Team Table below.

Surgeon Team Table

FIRST NAME	LAST NAME	TYPE 1 NATIONAL PROVIDER IDENTIFIER (NPI)
Xxx	xxx	xxx

Terms & Conditions

A. ATTESTATION

Attestation for Provider Survey Participation Blue Distinction® Centers for Specialty Care Program(s)

By submitting its response to this Provider Survey for consideration as a participant in this Blue Distinction Centers for Specialty Care® Program(s) (the “Program(s)”), and, if accepted by BCBSA, as a condition to any designation and participation in the Program(s), this provider (“Provider”) represents and agrees as follows:

1. All information that Provider provides in its response to BCBSA's Provider Survey for consideration as a participant in this Program(s) (including information provided in Provider's initial response, as well as any additional materials submitted throughout the evaluation and appeal process for this Provider Survey cycle) is and will be true and complete, as of the date Provider provides such information to BCBSA. Provider will advise BCBSA immediately of any material change in such information during this Provider Survey process, and if Provider is designated as a Blue Distinction Center under this Program(s), for the duration of such designation.
2. BCBSA may share 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 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 Provider by name, and will not contain any Protected Health Information (“PHI”), as defined under the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (45 C. F. R. Parts 160-164). Provider's Raw Data and Scores will not be publicly disseminated beyond the extent permitted above without Provider's prior written consent, unless required by law (e.g., subpoena).
3. Neither Provider nor any entity in which Provider holds a controlling interest uses or intends to use in a logo any cross or shield design (or design that gives the commercial impression of a cross or shield) that contains the color blue (or that gives the commercial impression of the color blue), or any other name, mark, or design logo that is confusingly similar to or dilutes the BLUE CROSS or BLUE SHIELD word or design trademarks, or any other trademarks owned by BCBSA.

B. OPTIONAL – PUBLIC STATEMENT ON HOSPITAL BASED PHYSICIANS' PPO STATUS

Available Only for Providers that are Hospitals, Ambulatory Surgery Centers, and Outpatient Clinics
(Not Applicable to Individual Physicians or Physician Groups)

These terms apply only if Provider has elected to opt-in to this optional public disclosure feature for this Program.

**Optional Public Statement:
BlueCard® PPO Network Participation Status of Hospital Based Physicians**

Provider, at its option, may elect to disclose that all Hospital Based Physicians who provide Related Services at that Provider participate in the Local Plan's BlueCard PPO network (with terms as defined and described below). This feature is not a Program requirement. Provider's decision on whether or not to participate in this feature will not impact its Designation status. If Provider consents to participate in this optional feature for the Program, then Provider represents and warrants voluntarily that, as of the Effective Date of this Agreement, all Hospital Based Physicians who provide Related Services at this Provider participate in the Local Plan's BlueCard PPO network (with terms as defined and described below). With Provider's consent, BCBSA and the Local Plan will convey and recognize this participating physician information through transparent public messaging in the National Doctor & Hospital Finder and other related materials. Provider will provide BCBSA and the Local Plan with at least thirty (30) days' prior written notice: (a) if any Hospital Based Physician who may provide Related Services will not participate in the Local Plan's BlueCard PPO network, or (b) if any Hospital Based Physician who does participate in the Local Plan's BlueCard PPO network does not renew its then current participation agreement at least thirty (30) days in advance of its expiration date; and promptly thereafter, BCBSA will remove this public statement from the National Doctor & Hospital Finder and other related materials. BCBSA will provide Provider with notice of opportunities that may arise thereafter to reinstate this public statement, in the event that all Hospital Based Physicians who provide Related Services at this Provider subsequently participate again in the Local Plan's BlueCard PPO network.

"Hospital Based Physicians" means all of the following physicians rendering services at this Provider:

- Radiologists;
- Anesthesiologists;
- Pathologists;
- Hospitalists; and
- Intensivists.

"Related Services" means all services provided by Hospital Based Physicians for adult patients (age 18 years and older) for all episodes of care covered by this Program (as defined at www.bcbs.com).

- PROVIDER** attests that it has read, understands, and agrees with the terms set forth in the Attestation (Section A in the scroll down box, above) and represents and agrees that the statements therein are accurate.

- OPTIONAL – CHECK IF PROVIDER CONSENTS TO PARTICIPATE IN OPTIONAL PUBLIC STATEMENT FOR THIS BD PROGRAM.** Provider has read and understands the Optional Public Statement terms (Section B in the scroll down box, above) and hereby consents to participate in this optional feature for this Blue Distinction Program, pursuant to the terms set forth therein.
Note: Contact BCBSA if this Provider desires to opt in later, or if this Provider opts in now but later needs to opt out of this feature.

Provider verifies that it responded to the Attestation and Optional Public Statement items above, by and through its duly authorized officer identified below:

Enter Officer's Name: _____

Enter Officer's Title: _____

Date: _____