

AMERICAN ASSOCIATION OF
NEUROLOGICAL SURGEONS

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CONGRESS OF
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Josiah Morse, MPH
Program Director
Washington State Healthcare Authority
Health Technology Assessment Program
P.O. Box 42712
Olympia, WA 98504-2712

Re: AANS/CNS Comments on Washington State HTA Re-review of Lumbar Spinal Fusion

Dear Mr. Morse:

On behalf of the American Association of Neurological Surgeons (AANS), the Congress of Neurological Surgeons (CNS), and the AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves, we appreciate the opportunity to provide comments regarding the Washington State Healthcare Authority (WCA) Health Technology Assessment (HTA) program decision to review its coverage policy for Lumbar Spinal Fusion. As such, we would like to share the following remarks.

AANS and CNS Disagree that Cited Literature Warrants a Policy Revision

We strongly agree that safety, quality, and cost are important considerations and understand the agency's requirement to balance these considerations. We believe the WCA HTA Healthcare Technology Clinical Committee weighed these considerations during their review in November 2007 and we do not believe there is adequate data to at this time to change the policy. In 2012, the Agency for Healthcare Research and Quality (AHRQ) proposed research questions on the topic of "Spinal Fusion for Painful Lumbar Degenerative Disc or Joint Disease." The AANS and CNS have been active in developing clinical guidelines on this topic and we have attached our February 2012 letter to the AHRQ. Based on our experience, we do not believe that a re-review of the WCA HTA policy on lumbar fusion is useful. Nevertheless, we understand that the agency is going forward with the review and we are eager to provide you with neurosurgical expertise.

Neurosurgeon Participation in Technical Assessment Review

We urge you to include neurosurgeons in the development of key research questions and in the review of clinical evidence included in the technical assessment prepared for the issue. AANS and CNS and the Washington State Association of Neurological Surgeons (WSANS) are able to provide names of neurosurgeon spine experts both in the state of Washington and nationally who are trained in evidence based medicine, do not have financial conflicts, and are willing to devote their volunteer time to assisting the agency. We feel it is essential that treatment offered as an alternative to surgery be equally as thoroughly vetted for safety, quality, cost, and availability. During the 2007 review, statements were made about lumbar fusion as compared to services which may or may not be available in Europe, but certainly were not easily accessible in Washington State and had not undergone a rigorous analysis for safety, cost, and quality.

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Organized Neurosurgery Neuropoint Alliance Registry Data

Organized neurosurgery is actively seeking outcomes data for lumbar spinal surgery, and the AANS and CNS share with the public a sense of urgency and responsibility to meet the challenges of creating a sustainable healthcare system. Therefore, our organization has developed, in conjunction with relevant national stakeholders, a centralized and nationally coordinated effort to allow individual neurosurgeons and practice groups to measure and analyze practice patterns and outcomes. This unprecedented quality care program is administered through the NeuroPoint Alliance, Inc. (NPA), an independent, non-profit entity that will provide neurosurgeons with an internet-based data management platform for collecting, evaluating and improving upon neurosurgical outcomes. The project for this, the National Neurosurgery Quality and Outcomes Database (N2QOD), will allow any U.S. neurosurgeon, practice group, or hospital system to contribute to and access national aggregate quality and outcomes data. The N2QOD is primarily designed to serve as a continuous national clinical registry for neurosurgical procedures and practice patterns along the lines of the very successful Society of Thoracic Surgeons database. We feel this will be an important tool that should be made available to the surgeons and patients in your state to obtain validated quality and outcome measures to assess 1) to what extent lumbar spinal surgery improves pain, disability, and quality of life; and 2) what incidence of morbidity is acceptable after lumbar surgery adjusting for biasing and influential confounders, including variances in co-morbidity, surgical approach, cultural factors, region, structure and process of health services. As risk-adjusted benchmarks of surgical morbidity and effectiveness, which define spine surgical quality, have yet to be determined, benchmarks of acceptable quality of care cannot be accurately assessed and practice groups cannot accurately determine areas of their practice where quality improvement should be targeted such as in the case of lumbar fusions.

Conclusion

Thank you for your time and attention. We look forward to working closely with the agency during the assessment and review of lumbar spinal fusion. Again, we are eager to help identify neurosurgeon spine experts from the state of Washington and from our AASN/CNS Joint Section on Disorders of the Spine and Peripheral Nerves to be involved in the effort. As we have during our participation with the agency in the review of many neurosurgical procedures over the last seven years, we share the agency's dedication to the best possible care for citizens of the state of Washington.

Sincerely,



Robert E. Harbaugh, MD, President
American Association of Neurological Surgeons



Daniel K. Resnick, MD, President
Congress of Neurological Surgeons



R. John Hurlbert, MD, PhD, Chairman
AANS/CNS Joint Section on Disorders of the
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