

The Osteobiologics Contracting Process

Moderator: Todd DeVree

Panelists: Christopher Kauffman, M.D., Todd Lockhart, William Payne, M.D.

Disclosures / Potential Conflicts of Interest

- Dr Payne has a vested financial interest in Myowndoctor/Black Telehealth. All financial relationships have been mitigated.
- Todd DeVree & Dr. Huntsman have no financial relationships to disclose.

Note: This program may contain the mention of suppliers, brands, products, services or drugs presented in a case study or comparative format using evidence-based research. Such examples are intended for educational and informational purposes and should not be perceived as an endorsement of any particular supplier, brand, product, service or drug.



Learning Objectives

At the end of this session, participants should be able to:

- 1. Recall osteobiologic product categories and current market trends
- 2. Describe a physician's decision-making process around osteobiologic product selection
- 3. Identify best practices for managing the utilization of osteobiologics within your facility



Moderator & Panelists





Todd DeVree AVP, Clinical Strategy HealthTrust

Christopher Kauffman, M.D. Orthopedic Spine Surgeon & HealthTrust Physician Advisor



Todd Lockhart Sourcing Director, Medical Devices, HealthTrust



Dr. William Payne Orthopedic Spine Surgeon & HealthTrust Physician Advisor Franciscan Alliance



Introduction



Osteobiologics: Definition

1. Products or tissues that promote the healing of fractures or bone defects

- Bone void fillers
 - Indicated for use in the treatment of surgically-created osseous defects or osseous defects created from traumatic injury to the bone
- Human tissue transplants

2. Structural bone grafts

- Donor bone grafts
 - Machined/non-machined

Cornell CN. Osteobiologics. Bull Hosp Jt Dis. 2004;62(1-2):13-17.

https://www.spineuniverse.com/treatments/surgery/role-bone-graft-spinal-fusion-surgery



FDA Applications & Approvals

Class I or II, exempt

- Register with FDA, follow GMP, general controls
- Example: Scalpel

Class II, non-exempt

- Register with FDA, follow GMP, general controls
- 510(k) notification
- Special controls guidance document
- Example: Beta Tricalcium Phosphate

Class III

7

- Register with FDA, follow GMP, general controls
- Premarket approval application (PMA)* *If not S.E. to a pre-amendment device
- Example: Intraspinous process spacer





Osteobiologics: Characteristics & Areas of Use

Characteristics

Osteoconduction (Serves as a scaffold)

• Scaffold to support new bone formation: cancellous bone matrix.

Osteoinduction (Capable of inducing new bone formation)

• Signals to initiate the bone fusion cascade: cell signalling and demineralized bone.

Osteogenesis (Producing new bone)

 Cells for direct bone formation, including: mesenchymal stem cells and osteoprogenitor cells.

Areas of Use

- Orthopedic Surgery
- Neurosurgery
- Plastic Surgery
- E.N.T Surgery
- Oral Surgery
- Craniofacial Surgery
- Periodontal Surgery
- Podiatric Surgery

Zhang H, Yang L, Yang XG, et al. Demineralized Bone Matrix Carriers and their Clinical Applications: An Overview. *Orthop Surg.* 2019;11(5):725-737. doi:10.1111/os.12509



Autograft

Gold Standard: iliac crest bone graft (ICBG)

- Osteoconductive, osteoinductive and osteogenic
- High fusion rates reported in the literature

Why use an Osteobiologic?

- Limited graft material (revisions)
- Donor site morbidity (depends on technique)
- Patient perception (additional incisions, pain)
- Blood loss (also technique-dependent)
- Time to harvest

Zhang H, Yang L, Yang XG, et al. Demineralized Bone Matrix Carriers and their Clinical Applications: An Overview. *Orthop Surg*. 2019;11(5):725-737. doi:10.1111/os.12509



Osteobiologic Product Selection



Biologics by Platform & Product Line Examples*

Allograft Bone Products Osteoconductive properties

> MTF Biologics Medtronic LifeNet Health

Cell-Based Allograft Products Osteoconductive, osteoinductive, & osteogenic properties

> ViviGen (J&J Medical) OsteoCel (Nuvasive) PrimaGen (Zimmer)

Bone Morphogenetic Protein (BMP) & Growth Factors Osteoinductive & osteogenic properties

> InFuse (Medtronic) i-Factor (Cerapedics)

Demineralized Bone Matrix (DBM) Products

Osteoconductive with mild osteoinductive properties

DBX (MTF Biologics) Grafton (Medtronic) OsteoSponge (Xtant Medical) Bone Substitute (Synthetic) Products Osteoconductive with mild osteoinductive properties

> Stimulan (Biocomposites Inc) Mastergraft (Medtronic) Cerament (Bonesupport)

*Examples are not exhaustive; included above are examples of products and suppliers on HealthTrust supported agreements.



A brief review of the biologics in the H1/2020 yields the following number of manufacturers and product lines, many of which are sold by multiple companies.

Type of Product	Number of Companies	Number of Product Lines
DBM	32	103
Bone Substitutes	38	69
Allograft Bone	30	53
Cell based matrice	s 16	17
BMP/Growth facto	rs 2	2

Source: Orthopedic Network News, Vol 31, No 4, October 2020



Biologics Usage by Fusion Type



Source: Orthopedic Network News, Vol 31, No 4, October 2020



Costs per 1cc of Bone Fillers

Costs Per 1cc of Bone Fillers

Туре



Source: H1/2020 ORN

Definitions of categories:

Allograft bone:0DBM:0Bone Substitutes:0Cell based matrix:0BMP/Growth factors0

GIC 62 and type1=Allo bone GIC 62 and type1=DBM GIC 62 and type1=Bone subs GIC 62 and type1=CB Matrix GIC 62 and type1=BMP



Assessment Question #1 of 3

Which of the following is NOT an osteobiologic product group?

- a. Cell-based Allograft
- b. Demineralized Bone Matrix
- c. Non-synthetic
- d. Machined Bone Allograft



Assessment Question #1 of 3: Correct Response

Which of the following is NOT an osteobiologic product group?

- a. Cell-based Allograft
- b. Demineralized Bone Matrix
- c. Non-synthetic
- d. Machined Bone Allograft



In an analysis of 1,563 of the cases in the **ORN** for lumbar fusions in the first half of 2020 that used BMP or a growth factor:

Utilization of BMP or a Growth Factor

Utilization	Percentage of cases	Cost per case
BMP Only	17%	\$4,217
BMP + 1 Osteobiologic	58%	\$5,813
BMP + 2 Osteobiologics	22%	\$6,933
BMP + 3 Osteobiologics	2%	\$11,869
BMP + 4 Osteobiologics	1%	\$32,244

Audience Poll Question: #1 of 2

How many different DBM suppliers are on your hospital's shelves and/or available for use?

- A) 2 or less
- B) 3-5
- C) 4-6
- D) 6+
- E) Not Sure



18

Osteobiologic Product Selection Guidance

Platform & Patient Considerations

- Correct indication/properties
- Patient characteristics/comorbidities
- Timing of application from injury
- Mode of application, e.g.. use of scaffolds, growth factors, composite of osteobiologics
- Size/dose-related efficacy

Approach and Outcomes Considerations

- Approach-based complications
- Label vs. off-label use
- Patient risk
- Adverse events
- Complexity/multi-level



Assessment Question #2 of 3

Selection of osteobiologics should consider all of the following EXCEPT:

- A. Size/dose-related efficacy
- B. One size fits all
- C. Patient characteristics/comorbidities
- D. Timing from injury



Assessment Question: #2 of 3: Correct Response

Selection of osteobiologics should consider all of the following EXCEPT:

- A. Size/dose-related efficacy
- B. One size fits all
- C. Patient characteristics/comorbidities
- D. Timing from injury



Identifying Best Practices



Structuring around a Contracting Strategy

A - E - I - O - U and sometimes Y

- Application of clinical evidence into prescriptive practice
- Evaluation of cost impact across process
- Identification of variation within organization
- Opportunities for improved efficiencies/performance
- Universal achievement indicators and outcomes measures
- Y engaging physicians and key stakeholders around the WHY



Key Tactics for a Successful Contracting Strategy

Engaging Physicians in a Best Practice Approach

- 1. Understand your data
 - Where is the variation?
 - What is avoidable vs. not avoidable variation?
- 2. Engage physicians in evidence, data, and opportunity
 - Patient populations
 - Surgical approach
 - Patient outcomes
 - Variation
 - Waste
- 3. Establish a plan and track success
 - What is the realistic target for your opportunity?
 - Where do you start?
 - What risks exist to prevent success?
 - Who else needs to be involved in discovery and deployment?
 - What governance infrastructure or support is needed? Frequency of engagement? Accountability?





Audience Poll Question: #2 of 2

Do you believe there is an opportunity to lower the cost per case for spine procedures at your **facility through** one of the following methods:

- a. No
- b. Yes, by renegotiating contracts
- c. Yes, through altered surgeon practices
- d. Yes, by both renegotiating contracts and through altered surgeon practices
- e. Not sure



Assessment Question #3 of 3

Which of the following is considered a best-practice for managing utilization of osteobiologics?

- A. Understanding your facility data
- B. Engaging physicians in evidence, data, and opportunity
- C. Establishing a plan and track success
- D. All of the above



Assessment Question #3 of 3: Correct Response

Which of the following is considered a best-practice for managing utilization of osteobiologics?

- A. Understanding your facility data
- B. Engaging physicians in evidence, data, and opportunity
- C. Establishing a plan and track success
- D. All of the above



References

- Cornell CN. Osteobiologics. *Bull Hosp Jt Dis*. 2004;62(1-2):13-17.
- <u>https://www.spineuniverse.com/treatments/surgery/role-bone-graft-spinal-fusion-surgery</u>
- https://www.fda.gov/vaccines-blood-biologics/development-approval-process-cber
- Yoo JS, Ahn J, Patel DS, Hrynewycz NM, Brundage TS, Singh K. An evaluation of biomaterials and osteobiologics for arthrodesis achievement in spine surgery. *Ann Transl Med*. 2019;7(Suppl 5):S168.
- Zhang H, Yang L, Yang XG, et al. Demineralized bone matrix carriers and their clinical applications: an overview. *Orthop Surg*. 2019;11(5):725-737.
- Orthopedic Network News, Vol 31, No 4, October 2020.
- Orthopedic Network News, Vol 30, No 2, April 2019.
- Marmor MT, Matz J, McClellan RT, Medam R, Midau T. Use of osteobiologics for fracture management: the when what, and how. *Injury*. 2021; 52(s2):S35-S43.
- Kelly MP, Savage JW, Bentzen SM, et al. Cancer risk from bone morphogenetic protein exposure in spinal arthrodesis. *J Bone Joint Surg Am*. 2014;96(17):1417-22.



References

- Rodgers MA, Brown J, HeirsM, Higgins J, Mannion RJ, Simmonds MC. Reporting of industry funded study outcome data: comparison of confidential and published data on the safety and effectiveness of rhBMP-2 for spinal fusion. *BMJ*. 2013;346:f3981.
- Malham GM, Giles GG, Milne RL, et al. Bone morphogenetic proteins in spinal surgery: what is the fusion rate and do they cause cancer? *Spine*. 2015; 40(22): 1737-42.
- Glassman SD, Howard JM, Sweet A, Carreon LY. Complications and concerns with osteobiologics for spine fusion in clinical practice. *Spine (Phila Pa 1976)*. 2010;35(17):1621-8.
- Price JP, Dawson JM, Schwender JD, Schellhas KP. Clinical and radiologic comparison of minimally invasive surgery with traditional open transforaminal lumbar interbody fusion. *Clin Spine Surg*. 2018;31(2):E121-6.
- Alobaidaan R, Cohen JR, Lord EL, et al. Complication rates in posterior lumbar interbody fusion (PLIF) surgery with human bone morphogenetic protein 2: Medicare Population. *Glob Spine J*. 2017;7(8):770-3.
- Riederman BD, ButlerBA, Lawton CD, Rosenthal BD, Balderama ES, Bernstein AJ. Recombinant human bonemorphogenetic protein-2 versus iliac crest bonegraft in anterior cervical discectomy and fusion: dysphagia and dysphonia rates in the early postoperative period with review of the literature. *J Clin Neurosci*. 2017;44:180-3.



Thank you...

Todd DeVree Dr. Christopher Kauffman Todd Lockhart Dr. William Payne

