Collaborative Quality Initiatives FACT SHEETS Value-Based Reimbursement 2022

Fact Sheet Pack 2022

CQIs should feel free to use the following fact sheets in discussing value-based reimbursement with your practitioners:

Anesthesiology Performance and Improvement Reporting Exchange

BCBSM Cardiovascular Consortium

Michigan Anticoagulation Quality Improvement Initiative

Michigan Arthroplasty Registry Collaborative Quality Initiative

Michigan Bariatric Surgery Collaborative

Michigan Emergency Department Improvement Collaborative

Michigan Oncology Quality Consortium

Michigan Radiation Oncology Quality Consortium

Michigan Society of Thoracic and Cardiovascular Surgery Quality Collaborative

Michigan Spine Surgery Improvement Collaborative

Michigan Surgical Quality Collaborative

Michigan Trauma Quality Improvement Program

Michigan Urological Surgery Improvement Collaborative

Collaborative Quality Initiatives Fact Sheet
Value-Based Reimbursement 2022

Anesthesiology Performance and Improvement Reporting Exchange

The Value Partnerships program at Blue Cross develops and maintains quality programs to align practitioner reimbursement with quality of care standards, improve health outcomes and control health care costs. Practitioner reimbursement earned through these quality programs is called value-based reimbursement (VBR). The VBR Fee Schedule sets fees at greater than 100% of the Standard Fee Schedule. VBR opportunities include PGIP practitioners who participate in the Anesthesiology Performance and Improvement Reporting Exchange (ASPIRE) and that meet specific eligibility criteria as well as non-PGIP practitioners that participate in ASPIRE (this non-PGIP VBR opportunity is unique to ASPIRE participation). The coordinating center leadership, jointly with Blue Cross, set quality and performance metrics for its VBR. Each CQI uses unique measures and population-based scoring to receive Blue Cross VBR.

Population-Based Scoring Methodology

The CQI coordinating center (*not* the physician organization) determines which practitioners have met the appropriate performance targets and notifies Blue Cross. Each physician organization will notify practitioners who will receive CQI VBR.

ASPIRE uses a hospital-affiliated scoring model to measure performance. ASPIRE practitioners are grouped by participating hospital level (physicians are assigned to the hospital where they have performed the most cases) then measured as a hospital collective average. To be eligible for ASPIRE VBR, practitioners must meet the following scoring criteria:

The collective average for each group of hospital-affiliated physicians must achieve either one of the following conditions to be eligible for either 103% or 105% of the standard fee schedule:

a) achieve target on **2** of 3 measures in the table below to be eligible for **103**% CQI VBR
b) achieve target on **3** of 3 measures in the table below to be eligible for **105**% CQI VBR

Participants can only receive one CQI VBR, even if they are participating in more than one CQI. CQI VBR is not additive if the practitioner is contributing data to multiple CQIs. However, if a practitioner is eligible for rewards through multiple CQIs, the practitioner will be awarded the highest level of CQI VBR.

VBR Measures

Measure	Measurement Period	Target Performance
Percentage of cases with perioperative glucose > 200 mg/dL with administration of insulin or glucose recheck within 90 minutes of original glucose measurement.	12/01/20 - 11/30/21	70%
Percentage of cases where intraoperative hypotension (MAP < 65 mmHg) was sustained for less than 15 minutes.	12/01/20 - 11/30/21	85%
Percentage of cases with mean fresh gas flow equal to, or less than 3L/min, during administration of halogenated hydrocarbons and/or nitrous oxide.	12/01/20 - 11/30/21	85%

VBR selection process

To be eligible for 2022 CQI VBR, the practitioner must:

- Meet the performance targets set by the coordinating center
- Be enrolled in a PGIP physician organization by July 5, 2021
- Have contributed data to the CQI's clinical data registry for at least two years, including at least one year's worth of baseline data

Are practitioners participating in CQIs eligible for other specialist VBR?

Yes. Specialists are eligible to receive additional VBR if they meet the stated criteria. See the *Specialist VBR fact sheets* for specialty-specific information.

About ASPIRE

- Builds collaborative relationships between surgeons and anesthesiologists
- Aims to reduce variation in intraoperative anesthesia practices, resulting in reduced postoperative complications and costs, and better outcomes for patients.
- Collects data to measure, report, and decrease variation in six specific anesthesia practices:
    - anesthesia technique,
    - hemodynamic management,
    - intraoperative ventilation,
    - neuromuscular blockade,
    - fluid balance, and depth of anesthesia.

About the coordinating center

Michigan Medicine serves as ASPIRE's coordinating center to collect and analyze comprehensive clinical data from participating hospitals to identify specific care components associated with better patient outcomes. It uses these analyses to examine practice patterns, generate new knowledge linking processes of care to outcomes, and identify best practices and opportunities to improve quality and efficiency. The center also supports participants in establishing quality improvement goals and in disseminating and implementing best practices. Center leadership:

Program director:	Nirav Shah, MD
Administrative program manager:	Tory Lacca, MBA
Quality program manager:	Kate Buehler, MS, RN

For more information on the CQI and measures, please contact Kate Buehler at kjbucrek@med.umich.edu.

About the CQI Program

Collaborative Quality Initiatives and Collaborative Process initiatives bring together Michigan physicians and hospital partners to address common and costly areas of medical-surgical care.~~,~~ BCBSM and Blue Care Network supports this effort and funds each collaborative data registry~~, that~~ to include data on patient risk factors, processes and outcomes of care. Collection, analysis and dissemination of such data helps inform participants on best practices. This, in turn, helps increase efficiencies, improve outcomes, and enhance value. A total of 17 initiatives resulted in a lower growth in medical cost trends than the national average, and controlled health care costs for Blues customers state-wide. For more information, please contact Marc Cohen, Manager, Value Partnerships mcohen@bcbsm.com.

About Value Partnerships

Value Partnerships is a collection of programs among physicians and hospitals across Michigan and Blue Cross, that make health care better for everyone. This unique, collaborative model enables robust data collection and sharing of best practices, so practitioners can improve patient outcomes. It is value and outcomes-based health care -- a movement away from fee-for-service that instead pays practitioners for successfully managing their patient's health. The result is a $2 billion savings in the past decade. We invite you to visit us at valuepartnerships.com.

Collaborative Quality Initiatives Fact Sheet
Value-Based Reimbursement 2022

Cardiovascular Consortium

The Value Partnerships program at Blue Cross develops and maintains quality programs to align practitioner reimbursement with quality of care standards, improve health outcomes and control health care costs. Practitioner reimbursement earned through these quality programs is called value-based reimbursement (VBR). The VBR Fee Schedule sets fees at greater than 100% of the Standard Fee Schedule. VBR opportunities include PGIP practitioners who participate in the Cardiovascular Consortium (BMC2), and that meet specific eligibility criteria. The coordinating center clinical leadership, jointly with Blue Cross, set quality and performance metrics for its VBR. Each CQI uses unique measures and population-based scoring to receive Blue Cross VBR. BMC2 participating practitioners are eligible for CQI VBR through participation in either one or more of the following initiatives:

Population-Based Scoring Methodology

The CQI coordinating center (*not* the physician organization) determines which practitioners have met the appropriate performance targets and notifies Blue Cross. Each physician organization will notify practitioners who will receive CQI VBR, just as the PO does for other forms of specialist VBR.

BMC2 practitioners are eligible to earn CQI VBR equivalent to either 103% or 105% of the standard fee schedule based on meeting performance targets in one or more BMC2 initiatives. To be eligible to earn 103% of the standard fee schedule, BMC2 practitioners must meet target on one of the BMC2 quality initiatives. To be eligible to earn a maximum 105% of the standard fee schedule, BMC2 practitioners must be participating and meet the target for more than one BMC2 quality initiative.

The BMC2 CQI has three different quality improvement initiatives that allow BMC2 practitioners to earn CQI VBR: Percutaneous Coronary Interventions (PCI), Vascular Surgery (VS), or Transcatheter Aortic Valve Replacement (TAVR). Practitioners are scored on CQI performance measures using the methodologies for each respective initiative, and are eligible for CQI VBR of 103% or 105% of the standard fee schedule if they meet performance targets in one or more of those initiatives. To be eligible for BMC2 VBR, practitioners must meet the following scoring criteria:

- To be eligible for **103**%, the target must be met on <u>one</u> of the following initiatives:
  - **PCI:** Practitioners are grouped by their affiliated physician organization (PO). POs are evaluated on each measure individually. PO must meet targets on **3 of 3 measures** in Table 1 below.
  - **VS:** Practitioners are grouped by their affiliated hospital based on where the practitioner performs the greatest number of procedures. The practitioners must achieve targets at the hospital level on **3 of 3 measures** listed in Table 2 below.
  - **TAVR:** These measures are collaborative-wide. All BMC2 collaborative participants must achieve the targets for **2 of 3 measures** listed in Table 3 below as a collective average.

- To be eligible for a **maximum** of **105**% of the standard fee schedule, practitioners must be participating and meet the targets for a combination of two BMC2 quality initiatives (e.g., meeting target performance in PCI and TAVR initiatives).

Participants can only receive one CQI VBR, even if they are participating in more than one CQI. CQI VBR is not additive if the practitioner is contributing data to multiple CQIs. However, if a practitioner is eligible for rewards through multiple CQIs, the practitioner will be awarded the highest level of CQI VBR.

VBR Measures

Table 1. Percutaneous Coronary Intervention (PCI)

Measure	Measurement Period	Target Performance
Increase appropriateness of PCI therapy based on the BMC2 on-going peer review process	1/01/21 – 9/30/21	≥ 90% of reviewed cases move to PCI, within 2 highest appropriateness categories
Overall intervention quality as assessed in the BMC2 on-going peer review process.	1/01/21 – 9/30/21	≤ 10% of reviewed cases rated suboptimal
Pre PCI hydration (oral and/or IV) on at least 50% PCI patients with eGFR < 60 (volume/3ML/Kg). (excludes dialysis, cardiac arrest, cardiogenic shock, PCI status of "salvage" & symptomatic heart failure NYHA 2,3,4, & STEMI).	1/01/21 - 9/30/21	≥ 50%

Table 2. Vascular Surgery (VS)

Measure	Measurement Period	Target Performance
Surgeons to prescribe a maximum of 10 opioid pills for opioid naive CEA patients at discharge	1/1/21 - 6/30/21	≥80%
Surgeons to prescribe a maximum of 10 opioid pills for opioid naive EVAR patients at discharge	1/1/21 - 6/30/21	≥80%
Prescribe statin at discharge	1/1/21 - 6/30/21	≥95%

Table 3. Transcatheter Aortic Valve Replacement (TAVR)**

Measure	Measurement Period	Target Performance
Increase rate of KCCQ* documentation at baseline and 30 day follow up	1/1/21 - 12/31/21	≥90%
Increase rate of NYHA^ Heart Class documentation at 30 day follow up	1/1/21 - 12/31/21	≥92%
Increase number of cases with contrast dose <=3 CrCl† (exclude TAVR procedures with a concurrent cardiac procedure)	1/1/21 - 12/31/21	≤9%

*KCCQ = Kansas City Cardiomyopathy Questionnaire
^NYHA = New York Heart Association heart failure class
†CrCl = creatinine clearance
** = MSTCVS affiliated physicians also participate in this CQI and share the same CQI VBR measures/methodology

VBR selection process

To be eligible for 2022 CQI VBR, the practitioner must:

1) Meet performance targets set by the coordinating center
2) Be enrolled in a PGIP physician organization by July 5, 2021
3) Have contributed data to registry for at least two years and at least one year baseline data

Are practitioners participating in CQIs eligible for other specialist VBR?

Yes. Specialists are eligible to receive additional VBR if they meet the stated criteria. See the *Specialist VBR fact sheets* for specialty-specific information.

About the CQI

BMC2 is a Collaborative Quality Initiative made up of three prospective, multicenter registries: Percutaneous Coronary Intervention (PCI), Vascular Surgery (VS), and Michigan Transcatheter Aortic Valve Replacement (TAVR). Each represents regional collaborative efforts to assess and improve care quality and outcomes:

1) **PCI:** The Percutaneous Coronary Intervention Quality Improvement Initiative (BMC2-PCI), launched in 1997 for patients with coronary artery disease undergoing percutaneous coronary intervention.
2) **VS**: The Vascular Surgery initiative was launched in 2012 as a multidisciplinary registry for patients with peripheral arterial disease having open abdominal aneurysm repair, endovascular abdominal aneurysm repair, and open bypass procedures of upper and lower extremities. Data is also collected on carotid artery procedures, including carotid artery stenting and carotid endarterectomy.
3) **Michigan TAVR** is a collaboration between the Michigan Society of Thoracic and Cardiovascular Surgeons CQI ("MSTCVS") and BMC2 for patients having transcatheter valve replacements.

About the coordinating center

Michigan Medicine serves as BMC2's coordinating center to collect and analyze comprehensive clinical data from participating hospitals to identify specific care components associated with better patient outcomes. It uses these analyses to examine practice patterns, generate new knowledge linking processes of care to outcomes, and identify best practices and opportunities to improve quality and efficiency. The center also supports participants in establishing quality improvement goals and in disseminating and implementing best practices, from local to broader communities. Center leadership:

Program director, BMC2-PCI:	Hitinder S. Gurm, MD
Program director, BMC2-VS:	Peter K. Henke, MD
Program manager:	Annemarie Forrest, MS, MPH, RN

For more information on the BMC2 and VBR measures, please contact Annemarie Forrest at avassalo@med.umich.edu.

About the CQI Program

Collaborative Quality Initiatives and Collaborative Process initiatives bring together Michigan physicians and hospital partners to address common and costly areas of medical-surgical care, BCBSM and Blue Care Network supports this effort and funds each collaborative data registry, that include data on patient risk factors, processes and outcomes of care. Collection, analysis and dissemination of such data helps inform participants on best practices. This, in turn, helps increase efficiencies, improve outcomes, and enhance value. A total of 17 initiatives resulted in a lower growth in medical cost trends than the national average, and controlled health care costs for Blues customers state-wide. For more information, please contact Marc Cohen, Manager, Value Partnerships mcohen@bcbsm.com.

About Value Partnerships

Value Partnerships is a collection of programs among physicians and hospitals across Michigan and Blue Cross, that make health care better for everyone. This unique, collaborative model enables robust data collection and sharing of best practices, so practitioners can improve patient outcomes. It is value and outcomes-based health care -- a movement away from fee-for-service that instead pays practitioners for successfully managing their patient's health. The result is a $2 billion savings in the past decade. We invite you to visit us at valuepartnerships.com.

Collaborative Quality Initiatives Fact Sheet
Value-Based Reimbursement 2022

Michigan Anticoagulation Quality Improvement Initiative

The Value Partnerships program at Blue Cross develops and maintains quality programs to align practitioner reimbursement with quality of care standards, improve health outcomes and control health care costs. Practitioner reimbursement earned through these quality programs is called value-based reimbursement (VBR). The VBR Fee Schedule sets fees at greater than 100% of the Standard Fee Schedule. VBR opportunities include PGIP practitioners who participate in the Michigan Anticoagulation Quality Improvement Initiative (MAQI2), and that meet specific eligibility criteria. The coordinating center clinical leadership, jointly with Blue Cross, set quality and performance metrics for its VBR. Each CQI uses unique measures and population-based scoring to receive Blue Cross VBR.

Scoring Methodology

The CQI coordinating center (*not* the physician organization) determines which practitioners have met the appropriate performance targets and notifies Blue Cross. Each physician organization will notify practitioners who will receive CQI VBR, just as the POs do with other forms of specialist VBR. MAQI2 uses an *individual* practitioner-based scoring model to measure performance, because of the limited number of eligible practitioners participating in this collaborative. To be eligible for MAQI2 VBR, practitioners must meet the following scoring criteria:

MAQI2 practitioners must achieve target on 4 of 5 measures listed in the table below to be eligible to receive 103% CQI VBR. *MAQI2 does not currently have an option to receive a maximum CQI VBR of 105% of the standard fee schedule.*

Participants can only receive one CQI VBR, even if they are participating in more than one CQI. CQI VBR is not additive if the practitioner is contributing data to multiple CQIs. However, if a practitioner is eligible for rewards through multiple CQIs, the practitioner will be awarded the highest level of CQI VBR.

Table 1. VBR measures

Measure	Measurement Period	Target Performance
Inappropriate aspirin use in warfarin patients	12/01/20- 11/30/2021	<7%
Emergency Department (ED) visit rates for minor bleeds	12/01/20 - 11/30/2021	<3.25 per 100 patient-year
Extended International Normalized Ratio (INR) testing intervals	12/01/20 - 11/30/2021	≥75%
Time in Therapeutic Range (TTR)	12/01/20 - 11/30/2021	≥65%
Prompt testing of extreme INRs	12/01/2020 - 11/30/2021	≥90%

CQI VBR selection process

To be eligible for 2022 CQI VBR, the practitioner must:

1) Meet the performance targets set by the coordinating center
2) Be enrolled in a PGIP physician organization by July 5, 2021
3) Have contributed data to the CQI's clinical data registry for at least two years, including at least one year's worth of baseline data

Are practitioners participating in CQIs eligible for other specialist VBR?

Yes. Specialists are eligible to receive additional VBR if they meet the stated criteria. See the *Specialist VBR fact sheets* for specialty-specific information.

About the CQI

MAQI2 aims to improve quality of care for patients undergoing anticoagulation therapy and to reduce associated adverse events. It includes a statewide consortium centered around a comprehensive clinical data registry. Such data is analyzed to generate performance reports. These reports reveal information that is used to improve the quality of care for patients receiving ongoing medical management under the guidance of anticoagulation services.

About the coordinating center

Michigan Medicine serves as the coordinating center for MAQI2 and is responsible for collecting and analyzing comprehensive clinical data from the participating hospitals. It uses these analyses to examine practice patterns, to generate new knowledge linking processes of care to outcomes, and to identify best practices and opportunities to improve quality and efficiency. The Center further supports participants in establishing quality improvement goals and assists them in implementing best practices. MAQI2 leadership:

Program director:	James B. Froehlich, MD
Program director:	Geoffrey D. Barnes, MD
Program manager:	Brian Haymart, MS, RN

For more information on MAQII and VBR measures, please contact Brian Haymart at khaymart@umich.edu.

About the CQI Program

Collaborative Quality Initiatives and Collaborative Process initiatives bring together Michigan physicians and hospital partners to address common and costly areas of medical-surgical care, BCBSM and Blue Care Network supports this effort and funds each collaborative data registry, that include data on patient risk factors, processes and outcomes of care. Collection, analysis and dissemination of such data helps inform participants on best practices. This, in turn, helps increase efficiencies, improve outcomes, and enhance value. A total of 17 initiatives resulted in a lower growth in medical cost trends than the national average, and controlled health care costs for Blues customers state-wide. For more information, please contact Marc Cohen, Manager, Value Partnerships mcohen@bcbsm.com.

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Collaborative Quality Initiatives Fact Sheet
Value-Based Reimbursement 2022

Michigan Arthroplasty Registry Collaborative Quality Initiative

The Value Partnerships program at Blue Cross develops and maintains quality programs to align practitioner reimbursement with quality of care standards, improve health outcomes and control health care costs. Practitioner reimbursement earned through these quality programs is called value-based reimbursement (VBR). The VBR Fee Schedule sets fees at greater than 100% of the Standard Fee Schedule. VBR opportunities include PGIP practitioners who participate in the Michigan Arthroplasty Registry Collaborative Quality Initiative (MARCQI), and that meet specific eligibility criteria. The coordinating center clinical leadership, together with Blue Cross, set quality and performance metrics for its VBR. Each CQI uses unique measures and population-based scoring to receive Blue Cross VBR.

Population-Based Scoring Methodology

The CQI coordinating center (not the physician organization) determines which practitioners have met the appropriate performance targets and notifies Blue Cross. Each physician organization will notify practitioners who will receive CQI VBR, just as the POs do for other forms of specialist VBR.

MARCQI practitioners are eligible to earn CQI VBR equivalent to 102%, 103% or 105% of the standard fee schedule. MARCQI uses a hybrid collaborative-wide and individual practitioner methodology to score and reward practitioners.

To be eligible for MARCQI VBR, practitioners must meet the following scoring criteria:

(See Table 1 below) To be eligible for **103**% CQI VBR, practitioners must meet **all of the following:**

- Individual surgeon targets for measures 1 & 2 for physician engagement
- Individual surgeon target for measure 3 for physician quality improvement activities
- Collaborative-wide target as a collective average for measure 4

(See Table 2 below) To be eligible for the **102**% VBR, practitioners must meet **all of the following**:

- Individual surgeon target for measure 1
- Collaborative-wide target as a collective average for measure 2

Practitioners must meet scoring and performance criteria from **both** tables to earn a maximum of **105**% of the Standard Fee Schedule.

Participants can only receive one CQI VBR, even if they are participating in more than one CQI. CQI VBR is not additive if the practitioner is contributing data to multiple CQIs. However, if a practitioner is eligible for rewards through multiple CQIs, the practitioner will be awarded the highest level of CQI VBR.

VBR measures (shading denotes a collaborative-wide measure)

Table 1. Primary VBR Measures (103% VBR)

Measure	Measurement Period	Target Performance
1) Individual surgeon level: Physician engagement: Attendance at 3/3 site-based quality meetings reviewing MARCQI updates	1/1/21 - 11/30/2021	100%
2) Individual surgeon level: Physician engagement: Download and review of physician level report from database	1/1/21 - 11/30/2021	100%
3) Individual surgeon level: Physician Quality Improvement activities: Share and discuss 2021 MARCQI individual surgeon level report with 2 peer surgeons. Peers must provide attestation	1/1/21 - 11/30/2021	100%
4) Collaborative-wide level: 10% reduction in THA fractures in female patients ≥75 years old	11/01/20-10/31/2020	2.87%

Table 2. Secondary VBR Measures (102% VBR)

Measure	Measurement Period	Target Performance
1) Surgeon level: PROS Collection: Pre-op and post-op HOOS or KOOS and PROMIS completed a rate of 50%	07/01/20-06/30/2021	50%
2) Collaborative-wide level: Device data utilization: 90% of MARCQI site clinical champions share site's actively used device outcomes at site from MARCQI 2019 Annual Report or 2-page summary with site leadership (e.g. C-suite)	02/01/21-11/30/2021	90%

VBR selection process

To be eligible for 2022 CQI VBR, the practitioner must:

- Meet the performance targets set by the coordinating center
- Be enrolled in a PGIP physician organization by July 5, 2021
- Have contributed data to the CQI's clinical data registry for at least two years, including at least one year's worth of baseline data

Are practitioners participating in CQIs eligible for other specialist VBR?

Yes. Specialists are eligible to receive additional VBR if they meet the stated criteria. See the *Specialist VBR fact sheets* for specialty-specific information.

About MARCQI

MARCQI is a statewide quality initiative which aims to engage Michigan hospitals and physicians in quality improvement activities for hip and knee joint replacement surgery procedures. MARCQI aims to:

- To improve patient safety and the quality of hip and knee joint replacement procedures performed in Michigan by promoting continuous quality improvement activities throughout the state.
- To improve the quality of hip and knee joint replacement procedures by reporting on results and identifying devices and techniques with superior outcomes through the analysis of registry data.

About the coordinating center

Michigan Medicine serves as the coordinating center for MARCQI and is responsible for collecting and analyzing comprehensive clinical data from the participating hospitals. It uses these analyses to examine practice patterns, to generate new knowledge linking processes of care to outcomes, and to identify best practices and opportunities to improve quality and efficiency. The Center further supports participants in establishing quality improvement goals and assists them in implementing best practices, its leadership:

Program directors: Brian Hallstrom, MD and Richard Hughes PhD
Program manager: Tae Kim, MHSA

For more information on MARCQI and VBR measures, please contact Tae Kim at taekk@med.umich.edu.

About the CQI Program

Collaborative Quality Initiatives and Collaborative Process initiatives bring together Michigan physicians and hospital partners to address common and costly areas of medical-surgical care, BCBSM and Blue Care Network supports this effort and funds each collaborative data registry, that include data on patient risk factors, processes and outcomes of care. Collection, analysis and dissemination of such data helps inform participants on best practices. This, in turn, helps increase efficiencies, improve outcomes, and enhance value. A total of 17 initiatives resulted in a lower growth in medical cost trends than the national average, and controlled health care costs for Blues customers state-wide. For more information, please contact Marc Cohen, Manager, Value Partnerships mcohen@bcbsm.com.

About Value Partnerships

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Collaborative Quality Initiatives Fact Sheet
Value-Based Reimbursement 2022

Michigan Bariatric Surgery Collaborative

The Value Partnerships program at Blue Cross develops and maintains quality programs to align practitioner reimbursement with quality of care standards, and to improve health outcomes and control health care costs. Practitioner reimbursement earned in these quality programs is called value-based reimbursement (VBR). The VBR Fee Schedule sets fees at greater than 100% of the Standard Fee Schedule. VBR opportunities include PGIP practitioners who participate in the Michigan Bariatric Surgery Collaborative (MBSC), and that meet specific eligibility criteria. The coordinating center clinical leadership, together with Blue Cross, set quality and performance metrics for its VBR. Each CQI uses unique measures and population-based scoring to receive Blue Cross VBR.

Population-Based Scoring Methodology

The CQI coordinating center (not the physician organization) determines which practitioners have met the appropriate performance targets and notifies Blue Cross. Each physician organization will notify practitioners who will receive CQI VBR, just as the POs do for other forms of specialist VBR.

MBSC practitioners can be eligible to earn CQI VBR equivalent to 102%, 103% or 105% of the standard fee schedule.

MBSC uses a collaborative-wide scoring model to measure performance, meaning the collaborative as a whole must achieve the target as a collective average for practitioners to earn CQI VBR. To be eligible for MBSC VBR, practitioners must meet the following scoring criteria:

(See Table 1 below) To be eligible for **103**% CQI VBR, practitioners must meet the collaborative-wide target on **3 of 3 measures.**

(See Table 2 below) To be eligible for **102**% CQI VBR, practitioners must meet the collaborative-wide target on **2 of 2 measures.**

Practitioners that meet scoring and performance criteria from both tables can earn a **maximum** of **105**% of the Standard Fee Schedule. Participants can only receive one CQI VBR, even if they are participating in more than one CQI. CQI VBR is not additive if the practitioner is contributing data to multiple CQIs. However, if a practitioner is eligible for rewards through multiple CQIs, the practitioner will be awarded the highest level of CQI VBR.

Table 1. Primary VBR Measures (103% VBR)

Measure	Measurement Period	Target Performance
Reduce ED visits for bariatric patients' post-surgery.	12/01/20 - 11/30/21	≤7.5%, or ≥ 5% relative reduction compared to prior year
Improve 1-year Follow-up Rates for Patient Reported Outcomes (Collaborative Wide)	12/01/19 - 11/30/20 OR dates	≥ 63%
5% relative reduction in new persistent opioid use from baseline to 1-year post bariatric surgery	12/1/20- 11/30/21	2,5% relative reduction compared to prior year

Table 2. Secondary VBR Measures (102% VBR)

Measure	Measurement Period	Target Performance
Improve Post-Discharge VTE Compliance (Collaborative Wide)	OR dates of 4/1/21-11/30/2021	65% VTE post-discharge compliance rate
Improve 1-year Follow-up Rates for Patient Reported Outcomes (Surgeon Level)	OR dates of 4/1/20 to 11/30/20	≥ 63%

VBR selection process

To be eligible for 2022 CQI VBR, the practitioner must:

- Meet the performance targets set by the coordinating center
- Be enrolled in a PGIP physician organization by July 5, 2021
- Have contributed data to the CQI's clinical data registry for at least two years, including at least one year's worth of baseline data

Are practitioners participating in CQIs eligible for other specialist VBR?

Yes. Specialists are eligible to receive additional VBR if they meet the stated criteria. See the *Specialist VBR fact sheets* for specialty-specific information.

About MBSC:

- Aims are to improve quality of care for patients undergoing bariatric surgery, and advance the science and practice of bariatric surgery, in Michigan and across the country.
- A unique partnership between BCBSM, surgery quality leaders and clinicians from the 41 bariatric surgery programs across the state
- Core pillars are collaborative quality improvement on the collection of detailed clinical data on outcomes and practice; timely, rigorous performance feedback to clinicians; and continuous improvement based on empirical analysis and collaborative learning.

About the coordinating center

Michigan Medicine serves as the coordinating center for MBSC and is responsible for collecting and analyzing comprehensive clinical data from the participating hospitals. It uses these analyses to examine practice patterns, to generate new knowledge linking processes of care to outcomes, and to identify best practices and opportunities to improve quality and efficiency. The Center further supports participants in establishing quality improvement goals and assists them in implementing best practices. MBSC leadership:

Project directors:	Amir Ghaferi, MD, MS Jonathan Finks, MD Oliver Varban, MD
Program manager:	Amanda Stricklen, MS, RN and Rachel Ross, MS, RN

For more information on MBSC and VBR measures, please contact Amanda Stricklen aoreilly@med.umich.edu and Rachel Ross rachacoo@med.umich.edu.

About the CQI Program

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About Value Partnerships

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Collaborative Quality Initiatives Fact Sheet
Value-Based Reimbursement 2022

Michigan Emergency Department Improvement Collaborative

The Value Partnerships program at Blue Cross develops and maintains quality programs to align practitioner reimbursement with quality of care standards and improve health outcomes and control health care costs. Practitioner reimbursement earned in these quality programs is called value-based reimbursement (VBR). The VBR Fee Schedule sets fees at greater than 100% of the Standard Fee Schedule. VBR opportunities include PGIP practitioners who participate in the Michigan Emergency Department Improvement Collaborative (MEDIC). The coordinating center clinical leadership, jointly with Blue Cross, set quality and performance metrics for its VBR. Each CQI uses unique measures and population-based scoring to receive Blue Cross VBR.

Population-Based Scoring Methodology

The CQI coordinating center (*not* the physician organization) determines which practitioners have met the appropriate performance targets and notifies Blue Cross. Each physician organization will notify practitioners who will receive CQI VBR, just as POs do for other forms of specialist VBR. Practitioners can be eligible to earn CQI VBR equivalent to 102%, 103% or 105% of the standard fee schedule. To be eligible for MEDIC VBR, practitioners must meet the following scoring criteria:

(See Table 1 below) Primary VBR measures. All the collaborative participants must achieve the target as a collective average on **2 of 2 measures** to be eligible for the **103**% CQI VBR.

(See Table 2 below). Secondary VBR measures. Measured at the individual physician level. Each practitioner must meet the target set for the measure to be eligible to earn **102**% CQI VBR.

Practitioners must meet scoring and performance criteria from **both** tables below to earn a **maximum** of **105**% of the Standard Fee Schedule. Participants can only receive one CQI VBR, even if they are participating in more than one CQI. CQI VBR is not additive if the practitioner is contributing data to multiple CQIs. However, if a practitioner is eligible for rewards through multiple CQIs, the practitioner will be awarded the highest level of CQI VBR.

Table 1. Primary VBR Measures (103% VBR)

Measure	Measurement Period	Target Performance
Increase percent appropriate use of head CT scans for adult minor head injury patients	11/01/20 - 10/31/21	≥ 55%
Reduce percent utilization of head CT scans for intermediate risk pediatric minor head injury patients	11/01/20 - 10/31/21	≤ 18%

Table 2. Secondary VBR measure (102% VBR)

Measure	Measurement Period	Target Performance
Individual Physician Improvement with MEDIC Registry*	5/1/2021 - 10/31/2021	100% of required steps

*Physicians must complete all 4 individual improvement tasks: 1) Complete MEDIC reporting tutorial. 2) Create personal account on MEDIC registry and identify area for personal improvement; submit individual improvement plan on 1 initiative where struggling. 3) Implement an improvement plan. 4) Submit survey of performance after improvement activity.

VBR selection process

To be eligible for 2022 CQI VBR, the practitioner must:

- Meet the performance targets set by the coordinating center
- Be enrolled in a PGIP physician organization by July 5, 2021
- Have contributed data to the CQI's clinical data registry for at least two years, including at least one year's worth of baseline data.

Are practitioners participating in CQIs eligible for other specialist VBR?

Yes. Specialists are eligible to receive additional VBR if they meet the stated criteria. See the *Specialist VBR fact sheets* for specialty-specific information.

About MEDIC:

- An integrated adult and pediatric, emergency physician-led, hospital-based CQI advances the science to improve quality of care and patient outcomes in emergency room care across the state;
- Comprehensive as it encompasses the full spectrum of care across diverse emergency department settings;
- Dedicated to measuring, evaluating, and enhancing the quality and outcomes of patients seeking care in emergency departments;
- Effective in improving the quality and cost-efficiency of emergency care in the state of Michigan.

About the coordinating center

Michigan Medicine serves as the coordinating center for MEDIC and is responsible for collecting and analyzing comprehensive clinical data from the participating hospitals. It uses these analyses to examine practice patterns, to generate new knowledge linking processes of care to outcomes, and to identify best practices and opportunities to improve quality and efficiency. The Center further supports participants in establishing quality improvement goals and assists them in implementing best practices. MEDIC leadership:

Project director:	Keith Kocher, MD, MPH
Project director, Pediatrics:	Michele Nypaver, MD
Program manager:	Andy Scott, MHSA, MSE

For more information on MEDIC and VBR measures, contact Andy Scott at afscott@med.umich.edu.

About the CQI Program

Collaborative Quality Initiatives and Collaborative Process initiatives bring together Michigan physicians and hospital partners to address common and costly areas of medical-surgical care, BCBSM and Blue Care Network supports this effort and funds each collaborative data registry, that include data on patient risk factors, processes and outcomes of care. Collection, analysis and dissemination of such data helps inform participants on best practices. This, in turn, helps increase efficiencies, improve outcomes, and enhance value. A total of 17 initiatives resulted in a lower growth in medical cost trends than the national average, and controlled health care costs for Blues customers state-wide. For more information, please contact Marc Cohen, Manager, Value Partnerships mcohen@bcbsm.com.

About Value Partnerships

Value Partnerships is a collection of programs among physicians and hospitals across Michigan and Blue Cross, that make health care better for everyone. This unique, collaborative model enables robust data collection and sharing of best practices, so practitioners can improve patient outcomes. It is value and outcomes-based health care -- a movement away from fee-for-service that instead pays practitioners for successfully managing their patient's health. The result is a $2 billion savings in the past decade. We invite you to visit us at valuepartnerships.com.

Collaborative Quality Initiatives Fact Sheet
Value-Based Reimbursement 2022

Michigan Oncology Quality Consortium

The Value Partnerships program at Blue Cross develops and maintains quality programs to align practitioner reimbursement with quality of care standards, improve health outcomes and control health care costs. Practitioner reimbursement earned through these quality programs is called value-based reimbursement (VBR). The VBR Fee Schedule sets fees at greater than 100% of the Standard Fee Schedule. VBR opportunities include PGIP practitioners who participate in the Michigan Oncology Quality Consortium (MOQC), and that meet specific eligibility criteria. The coordinating center clinical leadership, jointly with Blue Cross, set quality and performance metrics for its VBR. Each CQI uses unique measures and population-based scoring to receive Blue Cross VBR.

Population-Based Scoring Methodology

The CQI coordinating center (*not* the physician organization) determines which practitioners have met the appropriate performance targets and notifies Blue Cross. Each physician organization will notify practitioners who will receive CQI VBR, just as the POs do for other forms of specialist VBR. MOQC practitioners must achieve target on all measures listed for their respective disciplines to be eligible to receive **103**% CQI VBR. *MOQC does not currently have an option to receive a maximum CQI VBR of 105% of the standard fee schedule.*

To be eligible for MOQC VBR, practitioners must meet the following scoring criteria:

(See Table 1 below) Medical oncologists participating in MOQC measure performance at a regional level where oncology practices are grouped into five geographic regions. Each geographic region must collectively achieve the target on **3 of 4 measures** to be eligible to earn **103%** CQI VBR.

(See Table 2 below) Gynecological oncologists participating in MOQC measure performance at the collaborative level. All of the gynecologic oncology practices must meet the targets for **2 of 2 measures** to be eligible to earn **103%** CQI VBR.

Participants can only receive one CQI VBR even if they are participating in more than one CQI. CQI VBR is not additive if the practitioner is contributing data to multiple CQIs. However, if a practitioner is eligible for rewards through multiple CQIs, the practitioner will be awarded the highest level of CQI VBR.

VBR Measures

Table 1. Medical oncology measures

Measure (ASCO QOPI® based measures)	Measurement Period	Target
NK1 receptor antagonist or olanzapine prescribed or administered with Cycle 1 high emetic risk chemotherapy (Lower Score Better)	03/01/21 - 02/28/2022	25%
NK1 receptor antagonist or olanzapine administered for low or moderate emetic risk Cycle 1 chemotherapy (lower score - better)	03/01/21 - 02/28/2022	14%

Hospice enrollment	03/01/21 - 02/28/2022	60%
Hospice enrollment within 7 days of death (lower score – better)	03/01/21 - 02/28/2022	30%

Table 2. Gynecological-Oncology measures

Measure (ASCO QOPI® based measures)	Measurement Period	Target
Operative report with documentation of residual disease within 48 hours of cytoreduction for women with invasive ovarian, fallopian tube, & primary peritoneal cancer	03/01/21 - 02/28/2022	70%
Days from cytoreduction (debulking surgery) to chemotherapy	03/01/21 - 02/28/2022	28 days or less

VBR selection process

To be eligible for 2022 CQI VBR, the practitioner must:

1) Meet the performance targets set by the coordinating center
2) Be enrolled in a PGIP physician organization by July 5, 2021
3) Have contributed data to the CQI's clinical data registry for at least two years, including at least one year's worth of baseline data

Are practitioners participating in CQIs eligible for other specialist VBR?

Yes. Specialists are eligible to receive additional VBR if they meet the stated criteria. See the *Specialist VBR fact sheets* for specialty-specific information.

About MOQC

The goal of the Michigan Oncology Quality Consortium program is to promote high-quality, effective, and cost-efficient care for cancer patients facilitated by participation in the American Society of Clinical Oncology's Quality Oncology Practice Initiative. The Quality Oncology Practice Initiative is an oncologist-led, practice-based quality program designed to promote excellence in cancer care by helping practices create a culture of self-examination and improvement. MOQC's approach to improving cancer care includes measurement, feedback, and improvement resources for medical oncology practices and the patients, families, and communities they serve. MOQC was launched in January 2010.

About the Coordinating Center

Michigan Medicine serves as the coordinating center for MOQC and is responsible for collecting and analyzing comprehensive clinical data from the participating hospitals. It uses these analyses to examine practice patterns, to generate new knowledge linking processes of care to outcomes, and to identify best practices and opportunities to improve quality and efficiency. The Center further supports participants in establishing quality improvement goals and assists them in implementing best practices. MOQC Leaders:

Program Director:	Jennifer Griggs, MD, MPH
Program Co-Director:	Emily Mackler, PharmD
Program Co-Director:	Shitanshu Uppal, MBBS
Program Manager:	Keli DeVries, LMSW

For more information on MOQC and VBR measures, contact the Coordinating Center at moqc@moqc.org.

About the CQI Program

Collaborative Quality Initiatives and Collaborative Process initiatives bring together Michigan physicians and hospital partners to address common and costly areas of medical-surgical care, BCBSM and Blue Care Network supports this effort and funds each collaborative data registry that include data on patient risk factors, processes and outcomes of care. Collection, analysis and dissemination of such data helps inform participants on best practices. This, in turn, helps increase efficiencies, improve outcomes, and enhance value. A total of 17 initiatives resulted in a lower growth in medical cost trends than the national average, and controlled health care costs for Blues customers state-wide. For more information, please contact Marc Cohen, Manager, Value Partnerships mcohen@bcbsm.com.

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Collaborative Quality Initiatives Fact Sheet
Value-Based Reimbursement 2022

Michigan Radiation Oncology Quality Consortium

The Value Partnerships program at Blue Cross develops and maintains quality programs to align practitioner reimbursement with quality of care standards, improve health outcomes and control health care costs. Practitioner reimbursement earned through these quality programs is called value-based reimbursement (VBR). The VBR Fee Schedule sets fees at greater than 100% of the Standard Fee Schedule. VBR opportunities include PGIP practitioners who participate in the Michigan Radiation Oncology Quality Consortium (MROQC), and that meet specific eligibility criteria. The coordinating center clinical leadership, jointly with Blue Cross, set quality and performance metrics for its VBR. Each CQI uses unique measures and population-based scoring to receive Blue Cross VBR.

Population-Based Scoring Methodology
The CQI coordinating center (*not* the physician organization) determines which practitioners have met the appropriate performance targets and notifies Blue Cross. Each physician organization will notify practitioners who will receive CQI VBR, just as the POs do for other forms of specialist VBR. Practitioners can be eligible to earn CQI VBR equivalent to 102%, 103% or 105% of the standard fee schedule.

The MROQC scoring methodology will group practitioners by their participating facility and measure each facility as a collective average. If a practitioner performs procedures at multiple facilities, the practitioner's performance will be aligned with the facility where they have most of their patients. To be eligible for MROQC VBR, the collective average for each group of hospital-affiliated physicians must achieve one of the following criteria:

- To be eligible for **103%** CQI VBR, participating facilities must meet targets on **5 of 6 measures** in the table below.
- To be eligible for the additional **102**% CQI VBR (for a total of **105%** VBR); practitioners must meet targets on all **6 of 6 measures**.

CQI VBR for Independent free-standing Radiation Oncology facilities (for facilities whose performance is not associated with a participating hospital and therefore not eligible for the hospital CQI pay-for-performance incentive): In addition to the CQI VBR offered above, practitioners practicing at independent free-standing radiation oncology facilities will have the opportunity to earn an ***additional 103%*** of the standard fee schedule for meeting the same criteria above.

Participants can only receive one CQI VBR, even if they are participating in more than one CQI. CQI VBR is not additive if the practitioner is contributing data to multiple CQIs. However, if a practitioner is eligible for rewards through multiple CQIs, the practitioner will be awarded the highest level of CQI VBR.

VBR measures

Measure	Measurement Period	Target Performance
Appropriate use of accelerated whole breast irradiation, AWBI, on ≥ 80% (per *2018* ASTRO guidelines)	1/1/21-9/30/2021	≥ 80%
For node-negative breast cancer patients, ≥95% of the lumpectomy cavity PTV receives ≥95% of whole breast dose AND heart mean dose meets threshold appropriate to laterality and fractionation	1/1/21-9/30/2021	85%
Mean heart dose achieved in breast patients receiving conventionally fractionated radiotherapy to supraclavicular (SCV), infraclavicular (ICV), and/or internal mammary nodes (IMN)	1/1/21-9/30/2021	85%
In ≥65% lung cancer patients, ≥ 95% of the PTV receives ≥100% of the prescription dose AND the heart mean dose is ≤20 Gy	1/1/21-9/30/2021	≥ 65%
For lung cancer patients: evaluate Task Group-263 compliance for the specified structures (heart, PTV, esophagus, spinal cord or canal, and normal lung) for the initial DICOM entry	1/1/21-9/30/2021	80%
Rate of single fraction treatment of uncomplicated bone metastasis	1/1/21-9/30/2021	>20%

VBR selection process

To be eligible for 2022 CQI VBR, the practitioner must:

- Meet the performance targets set by the coordinating center
- Be enrolled in a PGIP physician organization by July 5, 2021
- Have contributed data to the CQI's clinical data registry for at least two years, including at least one year's worth of baseline data

Are practitioners participating in CQIs eligible for other specialist VBR?

Yes. Specialists are eligible to receive additional VBR if they meet the stated criteria. See the *Specialist VBR fact sheets* for specialty-specific information.

About MROQC

The Michigan Radiation Oncology Quality Consortium (MROQC) was established in 2011. In this first-of-its-kind collaborative quality initiative (CQI), MROQC has created a comprehensive clinical data registry of patients receiving radiation treatment for breast, lung, and prostate cancers and bone metastases. The registry is maintained by the MROQC Coordinating Center and includes both patient-reported outcomes and physician assessments of toxicity as well as data on radiation treatment delivery and dose.

The overall aims of the collaborative include, among others, to determine the most appropriate use of intensity modulated radiation therapy (IMRT) for breast and lung cancer patients as well to establish and disseminate best practice guidelines that enable radiation oncology practitioners to optimize the delivery of cost-effective care. These guidelines provide for reduction in radiation treatment times and costs of radiation treatment for breast, lung, prostate cancers, and for cancer that has spread to the bones while enhancing the overall quality, value, and outcomes for patients receiving radiation therapy in Michigan. MROQC practice guidelines also help members improve quality by facilitating the clinical implementation of recommendations from national organizations such as the National Comprehensive Cancer Network (NCCN), the American

Society for Radiation Oncology (ASTRO), and the American Association of Physicists in Medicine (AAPM) across different technology platforms.

About the coordinating center

Michigan Medicine serves as the coordinating center for MROQC and is responsible for collecting and analyzing comprehensive clinical data from the participating hospitals. It uses these analyses to examine practice patterns, to generate new knowledge linking processes of care to outcomes, and to identify best practices and opportunities to improve quality and efficiency. The coordinating center further supports participants in establishing quality improvement goals and assists them in implementing best practices.

Project Director:	Lori Pierce, MD, FASTRO
Project Co-Director:	James Hayman, MD, MBA
Project Co-Director:	Martha Matuszak, PhD
Program Manager:	Melissa Mietzel, MS

For more information on MROQC and VBR measures/methods, contact Melissa Mietzel at hillmel@med.umich.edu.

About the CQI Program

Collaborative Quality Initiatives and Collaborative Process initiatives bring together Michigan physicians and hospital partners to address common and costly areas of medical-surgical care, BCBSM and Blue Care Network supports this effort and funds each collaborative data registry, that include data on patient risk factors, processes and outcomes of care. Collection, analysis and dissemination of such data helps inform participants on best practices. This, in turn, helps increase efficiencies, improve outcomes, and enhance value. A total of 17 initiatives resulted in a lower growth in medical cost trends than the national average, and controlled health care costs for Blues customers state-wide. For more information, please contact Marc Cohen, Manager, Value Partnerships mcohen@bcbsm.com.

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Collaborative Quality Initiatives Fact Sheet
Value-Based Reimbursement 2022

Michigan Society of Thoracic and Cardiovascular Surgery Quality Collaborative

The Value Partnerships program at Blue Cross develops and maintains quality programs to align practitioner reimbursement with quality of care standards, improve health outcomes and control health care costs. Practitioner reimbursement earned through these quality programs is called value-based reimbursement (VBR). The VBR Fee Schedule sets fees at greater than 100% of the Standard Fee Schedule. VBR opportunities include PGIP practitioners who participate in the Michigan Society of Thoracic and Cardiovascular Surgery Quality Collaborative (MSTCVS), and that meet specific eligibility criteria. The coordinating center clinical leadership, jointly with Blue Cross, set quality and performance metrics for its VBR. Each CQI uses unique measures and population-based scoring to receive Blue Cross VBR. MSTCVS uses a collaborative-wide scoring model to measure performance.

Population-Based Scoring Methodology
The CQI coordinating center (*not* the physician organization) determines which practitioners have met the appropriate performance targets and notifies Blue Cross. Each physician organization will notify practitioners who will receive CQI VBR, just as the POs do for other types of specialist VBR. Practitioners can be eligible to earn CQI VBR equivalent to 103% or 105% of the standard fee schedule. To be eligible for MSTCVS VBR, practitioners must meet the following scoring criteria:

(See Table 1 below) Cardiac surgery initiative participants must achieve the targets as a collective average for the entire collaborative for 2 of 2 measures listed in Table 1 to be eligible for the **103**% CQI VBR.

(See Table 2 below) General Thoracic surgery initiative participants must achieve the target as a collective average for the entire collaborative for 1 of 2 measures listed in Table 2 to be eligible for the **103%** VBR.

(See Table 3 below) TAVR initiative participants must achieve the target as a collective average for the entire collaborative for 2 of 3 measures listed in this table to be eligible for the **103%** VBR.

To be eligible for *an **additional 102%*** for a **maximum** of **105**% of the Standard Fee Schedule, practitioners must be contributing data and meet the scoring criteria on **two (2) of the above initiatives** (i.e. participation in the MSTCVS Cardiac Surgery and General Thoracic *or* Cardiac Surgery and TAVR initiatives).

Participants can only receive one CQI VBR, even if they are participating in more than one CQI. CQI VBR is not additive if the practitioner is contributing data to multiple CQIs. However, if a practitioner is eligible for rewards through multiple CQIs, the practitioner will be awarded the highest level of CQI VBR.

VBR measures

Table 1. Cardiac Surgery

Measure	Measurement Period	Target Performance
Monthly Team meetings for one or more of the following: 1. Mortality (POCMA) review, 2. Data Review, 3. QI Project Review	1/01/2021 - 9/30/2021	67%
Pump suckers terminated prior to Protamine administration in all procedures.	1/01/2021 - 9/30/2021	83%

Table 2. General Thoracic Surgery

Measure	Measurement Period	Target Performance
Increase the number of lung cancer resection patients with large tumors that receive invasive mediastinal staging modalities (T2N0 or greater, lobectomy, segmentectomy and pneumonectomy)	1/01/21 - 9/30/2021	65%
Increase the number of lung cancer resection patients with ≥5 lymph node stations sampled during lung cancer resection (Lobectomy, segmentectomy, pneumonectomy)	1/01/21 - 9/30/2021	80%

Table 3. TAVR

Measure	Measurement Period	Target Performance
Collaborative-wide level. Increase rate of KCCQ documentation at baseline and 30 day follow up	1/01/21 - 9/30/2021	>=90%
Collaborative-wide level. Increase rate of NYHA Heart Class documentation at 30 day follow up	1/01/21 - 9/30/2021	>=92%
Collaborative-wide level. Increase number of cases with contrast dose <=3 CrCl (exclude TAVR procedures with a concurrent cardiac procedure).	1/01/21 - 9/30/2021	<9%

VBR selection process

To be eligible for 2022 CQI VBR, the practitioner must:

- Meet the performance targets set by the coordinating center
- Be enrolled in a PGIP physician organization by July 5, 2021
- Have contributed data to the CQI's clinical data registry for at least two years, including at least one year's worth of baseline data

Are practitioners participating in CQIs eligible for other specialist VBR?

Yes. Specialists are eligible to receive additional VBR if they meet the stated criteria. See the *Specialist VBR fact sheets* for specialty-specific information.

About MSTCVS

MSTCVS is a statewide quality initiative that:

- Aims to reduce the risk of complications and improve treatment methods for patients undergoing:
  - cardiac surgery,
  - general thoracic surgery,
  - transcatheter aortic valve replacement surgery, and
  - perfusion related procedures
- Collects clinical data for its registry
- Analyzes structure, process and outcomes measures related to thoracic and cardiovascular surgery among participation sites
- Shares best practices and care approaches to create optimal care at every institution.

About the coordinating center

Michigan Medicine serves as the coordinating center for MSTCVS Quality Collaborative that is part of a professional society, the MSTCVS. The MSTCVS CQI is responsible for collecting and analyzing comprehensive clinical data from the participating hospitals. It uses these analyses to examine practice patterns, to generate new knowledge linking processes of care to outcomes, and to identify best practices and opportunities to improve quality and efficiency. MSTCVS further supports participants in establishing quality improvement goals and assists them in implementing best practices. MSTCVS Leaders:

Project director:	Richard Prager, MD (retiring 12/2021); Andrew Pruitt, MD
Associate director:	Frank Pagani, MD, PhD
Program manager:	Patty Theurer, MSN, RN

For more information on MSTCVS and VBR measures/methods, contact Patty Theurer at ptheurer@umich.edu.

About the CQI Program

Collaborative Quality Initiatives and Collaborative Process initiatives bring together Michigan physicians and hospital partners to address common and costly areas of medical-surgical care, BCBSM and Blue Care Network supports this effort and funds each collaborative data registry, that include data on patient risk factors, processes and outcomes of care. Collection, analysis and dissemination of such data helps inform participants on best practices. This, in turn, helps increase efficiencies, improve outcomes, and enhance value. A total of 17 initiatives resulted in a lower growth in medical cost trends than the national average, and controlled health care costs for Blues customers state-wide. For more information, please contact Marc Cohen, Manager, Value Partnerships mcohen@bcbsm.com.

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Collaborative Quality Initiatives Fact Sheet
Value-Based Reimbursement 2022

Michigan Spine Surgery Improvement Collaborative

The Value Partnerships program at Blue Cross develops and maintains quality programs to align practitioner reimbursement with quality of care standards, improve health outcomes and control health care costs. Practitioner reimbursement earned through these quality programs is called value-based reimbursement (VBR). The VBR Fee Schedule sets fees at greater than 100% of the Standard Fee Schedule. VBR opportunities include PGIP practitioners who participate in the Michigan Spine Surgery Improvement Collaborative (MSSIC), and that meet specific eligibility criteria. The coordinating center clinical leadership, jointly with Blue Cross, set quality and performance metrics for its VBR. Each CQI uses unique measures and population-based scoring to receive Blue Cross VBR.

Population-Based Scoring Methodology
The CQI coordinating center (*not* the physician organization) determines which practitioners have met the appropriate performance targets and notifies Blue Cross. Each physician organization will notify practitioners who will receive CQI VBR, just as POs do for other types of specialist VBR. Practitioners can be eligible to earn CQI VBR equivalent to 102%, or 103% or 105% of the standard fee schedule. MSSIC scores practitioners for the VBR measures on a collaborative-wide level. However, the secondary VBR measure is scored based upon individual practitioner data.

What does this mean to a MSSIC Surgeon?

- To be eligible for **103**% CQI VBR, the collaborative as a whole must achieve the targets for **2 of 3** measures in Table 1 below.
- If the collaborative as a whole does *not* meet 2 of 3 Table 1 measures, but if an *individual MSSIC surgeon* meets the secondary measure in Table 2, that surgeon receives **102**% secondary CQI VBR
- If the collaborative as a whole meets 2 of 3 Table 1 measures, *and* an individual eligible MSSIC surgeon meets the 102% secondary VBR as well, that surgeon will receive a total of **105%** VBR.

Participants can only receive one CQI VBR, even if they are participating in more than one CQI. CQI VBR is not additive if the practitioner is contributing data to multiple CQIs. However, if a practitioner is eligible for rewards through multiple CQIs, the practitioner will be awarded the highest level of CQI VBR.

Primary VBR measures

Measure	Measurement Period	Target Performance
Reduce rate of surgical site infections (SSI)	1/1/21- 10/31/2021*	≤ 2.0%
Percentage of patients satisfied with surgical outcome	1/1/21- 10/31/2021	≥ 80%
Percentage of patients ambulating within 8 hours of surgery	1/1/21- 10/31/2021	≥ 70%

*the 10-month time period is determined by dates of medical record abstraction 90-120 days after surgery.

Secondary VBR measure

Measure	Measurement Period	Target Performance
Surgeon-level performance: Percentage of patients ambulating within 8 hours of surgery	5/1/21- 10/31/2021 (NOTE: this 6-month period reflects dates of medical record abstraction. Key data elements come from abstraction 90-120 days after surgery, with OR dates of 2/1/21-10/31/21)	≥ 70%

VBR selection process

To be eligible for 2022 CQI VBR, the practitioner must:

- Meet the performance targets set by the coordinating center
- Be enrolled in a PGIP physician organization by July 5, 2021
- Have contributed data to the CQI's clinical data registry for at least two years, including at least one year's worth of baseline data.

Are practitioners participating in CQIs eligible for other specialist VBR?

Yes. Specialists are eligible to receive additional VBR if they meet the stated criteria. See the *Specialist VBR fact sheets* for specialty-specific information.

About MSSIC

MSSIC aims to improve the quality of care of spine surgery by:

- Reducing surgical complications,
- Identifying ways to improve patient functional outcomes, and
- Reducing the need for repeat surgeries.

About the coordinating center

The Henry Ford Health System serves as the coordinating center for MSSIC and is responsible for collecting and analyzing comprehensive clinical data from the participating hospitals. It uses these analyses to examine practice patterns, to generate new knowledge linking processes of care to outcomes, and to identify best practices and opportunities to improve quality and efficiency. The center further supports participants in establishing quality improvement goals and assists them in implementing best practices. Center leadership:

Project director:	Muwaffak Abdulhak, MD
Associate directors:	Jason Schwalb, MD, Victor Chang, MD, and David Nerenz, PhD
Program Manager:	Jamie Myers, BSN, RN

For more information on MSSIC CQI and VBR measures/methods, contact Jamie Myers at JMyers8@hfhs.org

About the CQI Program

Collaborative Quality Initiatives and Collaborative Process initiatives bring together Michigan physicians and hospital partners to address common and costly areas of medical-surgical care, BCBSM and Blue Care Network supports this effort and funds each collaborative data registry, that include data on patient risk factors, processes and outcomes of care. Collection, analysis and dissemination of such data helps inform participants on best practices. This, in turn, helps increase efficiencies, improve outcomes, and enhance value. A total of 17 initiatives resulted in a lower growth in medical cost trends than the national average, and controlled health care costs for Blues customers state-wide. For more information, please contact Marc Cohen, Manager, Value Partnerships mcohen@bcbsm.com.

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Collaborative Quality Initiatives Fact Sheet
Value-Based Reimbursement 2022

Michigan Surgical Quality Collaborative

The Value Partnerships program at Blue Cross develops and maintains quality programs to align practitioner reimbursement with quality of care standards, improve health outcomes and control health care costs. Practitioner reimbursement earned through these quality programs is called value-based reimbursement (VBR). The VBR Fee Schedule sets fees at greater than 100% of the Standard Fee Schedule. VBR opportunities include PGIP practitioners who participate in the Michigan Surgical Quality Collaborative (MSQC) and that meet specific eligibility criteria. The coordinating center clinical leadership, jointly with Blue Cross, set quality and performance metrics for its VBR. Each CQI uses unique measures and population-based scoring to receive Blue Cross VBR.

Scoring Methodology

The CQI coordinating center (*not* the physician organization) determines which practitioners have met the appropriate performance targets and notifies Blue Cross. Each physician organization will notify practitioners who will receive CQI VBR, just as POs do for other types of specialist VBR. The PO must achieve target on both measures listed in the table below to be eligible to receive **103**% CQI VBR. *MSQC does not currently have an option to receive a maximum CQI VBR of 105% of the standard fee schedule.*

To be eligible for MSQC VBR, practitioners must meet the following scoring criteria:

MSQC practitioners are measured individually and then aggregated at the PGIP physician organization level. To be eligible for the **103**% CQI VBR, at least 75% of the PO-affiliated practitioners should meet **2 of 2 measures** listed in the table below.

Participants can only receive one CQI VBR, even if they are participating in more than one CQI. CQI VBR is not additive if the practitioner is contributing data to multiple CQIs. However, if a practitioner is eligible for rewards through multiple CQIs, the practitioner will be awarded the highest level of CQI VBR.

VBR measures

Measure	Measurement Period	Target Performance
75% Physician compliance with use of intraoperative multimodal pain management (≥50% of cases)	7/1/20 - 6/30/21	≥75% of physicians in the Physician Organization
75% physicians compliant with M-Open Guidelines (≥90% of cases)	7/1/20 - 6/30/21	≥75%

VBR selection process

To be eligible for CQI VBR, the provider must:

- Meet the performance targets set by the coordinating center
- Be enrolled in a PGIP physician organization by July 5, 2021
- Have contributed data to the CQI's clinical data registry for at least two years, including at least one year's worth of baseline data.
- Be one of the following PGIP Combined Specialty Types listed below:
    - General Surgery
    - Vascular Surgery
    - Colon/Rectal Surgery
    - Gynecologic Oncology
    - Obstetrics/Gynecology

Are practitioners participating in CQIs eligible for other specialist VBR?

Yes. Specialists are eligible to receive additional VBR if they meet the stated criteria. See the *Specialist VBR fact sheets* for specialty-specific information.

About MSQC

MSQC is comprised of surgeons and hospitals throughout Michigan dedicated to the collection and analysis of data to improve the quality of care for patients undergoing surgery in Michigan.

Most recently their quality improvement goals have focused on:

- Reducing morbidity rates
- Reducing sepsis rates
- Reducing surgical site infection rates
- Reducing readmissions
- Reducing ED visits
- Reducing length of stay in hospital following surgery
- Reducing opioid prescribing

About the coordinating center

Michigan Medicine serves as MSQC coordinating center to collect and analyze comprehensive clinical data from participating hospitals to identify specific care components associated with better patient outcomes. It uses these analyses to examine practice patterns, generate new knowledge linking processes of care to outcomes, and identify best practices and opportunities to improve quality and efficiency. The center also supports participants in establishing quality improvement goals and in disseminating and implementing best practices. MSQC leadership:

Program director:	Michael Englesbe, MD
Program manager:	Kathy Bishop, MHSA

For more information on MSQC and VBR measures, please contact Kathy Bishop at bishopk@med.umich.edu.

About the CQI Program

Collaborative Quality Initiatives and Collaborative Process initiatives bring together Michigan physicians and hospital partners to address common and costly areas of medical-surgical care, BCBSM and Blue Care Network supports this effort and funds each collaborative data registry, that include data on patient risk factors, processes and outcomes of care. Collection, analysis and dissemination of such data helps inform participants on best practices. This, in turn, helps increase efficiencies, improve outcomes, and enhance value. A total of 17 initiatives resulted in a lower growth in medical cost trends than the national average, and controlled health care costs for Blues customers state-wide. For more information, please contact Marc Cohen, Manager, Value Partnerships mcohen@bcbsm.com.

About Value Partnerships

Value Partnerships is a collection of programs among physicians and hospitals across Michigan and Blue Cross, that make health care better for everyone. This unique, collaborative model enables robust data collection and sharing of best practices, so practitioners can improve patient outcomes. It is value and outcomes-based health care -- a movement away from fee-for-service that instead pays practitioners for successfully managing their patient's health. The result is a $2 billion savings in the past decade. We invite you to visit us at valuepartnerships.com.

Collaborative Quality Initiatives Fact Sheet
Value-Based Reimbursement 2022

Michigan Trauma Quality Improvement Program

The Value Partnerships program at Blue Cross develops and maintains quality programs to align practitioner reimbursement with quality of care standards, improve health outcomes and control health care costs. Practitioner reimbursement earned through these quality programs is called value-based reimbursement (VBR). The VBR Fee Schedule sets fees at greater than 100% of the Standard Fee Schedule. VBR opportunities include PGIP practitioners who participate in the Michigan Trauma Quality Improvement Program (MTQIP) and that meet specific eligibility criteria. The coordinating center clinical leadership, jointly with Blue Cross, set quality and performance metrics for its VBR. Each CQI uses unique measures and population-based scoring to receive Blue Cross VBR.

Population-based scoring methodology

The CQI coordinating center (*not* the physician organization) determines which practitioners have met the appropriate performance targets and notifies Blue Cross. Each physician organization will notify practitioners who will receive CQI VBR, just as the POs do for other types of specialist VBR.

MTQIP practitioners are measured by the affiliated trauma center where the practitioner admits the most patients. The collective average for each group of hospital-affiliated physicians must achieve either one of the following conditions to be eligible for either 103% or 105% of the standard fee schedule:

- Achieve target on **2 of 3 measures** in the table below to be eligible for **103**% CQI VBR
    - Note: The 3rd measure below is a collaborative-wide measure, so practitioners would need to achieve the target as a collective average to be eligible for the 103% VBR.
- Achieve target on **3 of 3 measures** in the table below to be eligible for an additional **102%** (for a total of **105**%) CQI VBR

Participants can only receive one CQI VBR, even if they are participating in more than one CQI. CQI VBR is not additive if the practitioner is contributing data to multiple CQIs. However, if a practitioner is eligible for rewards through multiple CQIs, the practitioner will be awarded the highest level of CQI VBR.

VBR measures (shading denotes a collaborative-wide measure)

Measure	Measurement Period	Target Performance
Trauma center collective level. Timely LMWH VTE Prophylaxis (≥50% of patients within 48 hours)	7/1/20-6/30/21	≥ 50%
Trauma center collective level. Timely operative repair in geriatric hip fractures (≥90% of patients within 48 hours)	7/1/20-6/30/21	≥ 90%
Collaborative-wide level. Timely antibiotic in femur/tibia open fractures (≥85% of patients within 120 min)	7/1/20-6/30/21	≥ 85%

CQI VBR selection process

To be eligible for CQI VBR, the provider must:

- Meet the performance targets set by the coordinating center
- Be enrolled in a PGIP physician organization by July 5, 2021
- Have contributed data to the CQI's clinical data registry for at least two years, including at least one year's worth of baseline data

Are practitioners participating in CQIs eligible for other specialist VBR?

Yes. Specialists are eligible to receive additional VBR if they meet the stated criteria. See the *Specialist VBR fact sheets* for specialty-specific information.

About MTQIP

The Michigan Trauma Quality Improvement Program Collaborative Quality Initiative aims to address inconsistencies and variations in patient outcomes related to trauma-based care. The goals of MTQIP are to create a quality improvement infrastructure for trauma care that will improve the quality of care for trauma patients and reduce the costs of this care in the State of Michigan.

About the coordinating center

Michigan Medicine serves as the coordinating center for MTQIP and is responsible for collecting and analyzing comprehensive clinical data from the participating hospitals. It uses these analyses to examine practice patterns, to generate new knowledge linking processes of care to outcomes, and to identify best practices and opportunities to improve quality and efficiency. The center further supports participants in establishing quality improvement goals and assists them in implementing best practices. MTQIP Leaders:

Project Director: Mark Hemmila, MD
Program Manager: Judy Mikhail, PhD, MBA, RN

For more information on MTQIP and VBR measures/methods, contact Judy Mikhail at jmikhail@umich.edu.

About the CQI Program

Collaborative Quality Initiatives and Collaborative Process initiatives bring together Michigan physicians and hospital partners to address common and costly areas of medical-surgical care, BCBSM and Blue Care Network supports this effort and funds each collaborative data registry, that include data on patient risk factors, processes and outcomes of care. Collection, analysis and dissemination of such data helps inform participants on best practices. This, in turn, helps increase efficiencies, improve outcomes, and enhance value. A total of 17 initiatives resulted in a lower growth in medical cost trends than the national average, and controlled health care costs for Blues customers state-wide. For more information, please contact Marc Cohen, Manager, Value Partnerships mcohen@bcbsm.com.

About Value Partnerships

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Collaborative Quality Initiatives Fact Sheet
Value-Based Reimbursement 2022

Michigan Urological Surgery Improvement Collaborative

The Value Partnerships program at Blue Cross develops and maintains quality programs to align practitioner reimbursement with quality of care standards, improve health outcomes and control health care costs. Practitioner reimbursement earned through these quality programs is called value-based reimbursement (VBR). The VBR Fee Schedule sets fees at greater than 100% of the Standard Fee Schedule. VBR opportunities include PGIP practitioners who participate in the Michigan Urological Surgery Improvement Collaborative (MUSIC) and that meet specific eligibility criteria. The coordinating center clinical leadership, jointly with Blue Cross, set quality and performance metrics for its VBR. Each CQI uses unique measures and population-based scoring to receive Blue Cross VBR.

Population-based scoring methodology

The CQI coordinating center (*not* the physician organization) determines which practitioners have met the appropriate performance targets and notifies Blue Cross. Each physician organization will notify practitioners who will receive CQI VBR, just as POs do for other types of specialist VBR.

MUSIC Practitioners can be eligible to earn CQI VBR equivalent to 102%, 103% or 105% of the standard fee schedule. To be eligible for MUSIC VBR, practitioners must meet the following scoring criteria:

- (See Table 1 below) All collaborative participants must achieve the targets as a collective average for both measures in the first table below to be eligible for the **103**% CQI VBR.
- (See Table 2 below) To achieve **102**% VBR above the standard fee schedule, practitioners should achieve targets for 2 of 3 measures shown in the second table below.
- Practitioners must meet scoring and performance criteria for the measures in both tables below to earn a **maximum** of **105**% of the Standard Fee Schedule.

Participants can only receive one CQI VBR, even if they are participating in more than one CQI. CQI VBR is not additive if the practitioner is contributing data to multiple CQIs. However, if a practitioner is eligible for rewards through multiple CQIs, the practitioner will be awarded the highest level of CQI VBR.

Table 1. Primary VBR measures (103% VBR)

Performance Measure	Measurement Period	Target Performance
Post-ureteroscopy imaging for kidney stones	7/1/2020 - 6/30/2021 (procedure date)	≥ 45%
Use of salvage radiation therapy for biochemical recurrence after radical prostatectomy	7/1/2019 - 6/30/2021 (surgery date)	≥ 45%

Table 2. Secondary VBR measures (102% VBR)

Performance Measure	Measurement Period	Target Performance
ED visits within 30 days of ureteroscopy	7/1/2020 - 6/30/2021 (procedure date)	≤6.7%
Chest imaging for renal masses 3.1-7 cm	4/1/2020 - 3/31/2021 (procedure date)	≥ 55%
Active Surveillance Follow-Up	8/1/2016 -12/31/2017 (diagnosis date)	73%

*For 3rd Measure on Active Surveillance:
Measurement/Diagnosis Date: 8/1/2016 -12/31/2017
Target Performance Date: 8/1/2016 -12/31/2017
Current Performance Period: 1/1/2014 - 07/31/2015

Examining follow-up testing done over 42-months after diagnosis. So, if VBR measurement period/target period is patient diagnosed 8/1/16 – 12/31/17, these patients would be reaching the end of their 42-mo follow-up now through summer 2021 (e.g. diagnosed Dec 2017 - reach end of their 42 months in June 2021).

VBR selection process

To be eligible for 2022 CQI VBR, the practitioner must:

- Meet performance targets set by the coordinating center
- Be enrolled in a PGIP physician organization by July 5, 2021
- Have contributed data to registry for at least two years and at least one year of baseline data

Are practitioners participating in CQIs eligible for other specialist VBR?

Yes. Specialists are eligible to receive additional VBR if they meet the stated criteria. See the *Specialist VBR fact sheets* for specialty-specific information.

About MUSIC

- Professional CQI launched January 2012 with an all-payer Michigan registry
- Purpose: to improve quality of urologic care for patients in Michigan
- Collects data on:
  - cancer severity (including pathology from needle biopsies),
  - radiographic staging studies utilization and outcomes
  - local (e.g. radical prostatectomy, radiation therapy) patterns of care
  - radical prostatectomy patient reported outcomes
  - kidney stone surgery
  - renal mass patterns of care including partial nephrectomy and radical nephrectomy
- Data analysis compares performance of participating Michigan urology practices to its peers.

About the coordinating center

Michigan Medicine serves as MUSIC's coordinating center to collect and analyze comprehensive clinical data from participating hospitals to identify specific care components associated with better patient outcomes. It uses these analyses to examine practice patterns, generate new knowledge linking processes of care to outcomes, and identify best practices and opportunities to improve quality and efficiency. The center also supports participants in establishing quality improvement goals and in disseminating and implementing best practices, from local to broader communities. MUSIC leadership:

Program director: Khurshid Ghani, MD, MS
Program manager: Susan Linsell, MHSA

For more information on the CQI and measures, please contact Susan Linsell at slinsell@med.umich.edu.

About the CQI Program

Collaborative Quality Initiatives and Collaborative Process initiatives bring together Michigan physicians and hospital partners to address common and costly areas of medical-surgical care, BCBSM and Blue Care Network supports this effort and funds each collaborative data registry, that include data on patient risk factors, processes and outcomes of care. Collection, analysis and dissemination of such data helps inform participants on best practices. This, in turn, helps increase efficiencies, improve outcomes, and enhance value. A total of 17 initiatives resulted in a lower growth in medical cost trends than the national average, and controlled health care costs for Blues customers state-wide. For more information, please contact Marc Cohen, Manager, Value Partnerships mcohen@bcbsm.com.

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