Frequently Asked Questions

What is the Michigan Value Collaborative (MVC)?

The Michigan Value Collaborative, or MVC, is a partnership between Michigan hospitals and Blue Cross and Blue Shield of Michigan/Blue Care Network. Like other BCBSM/BCN-funded collaborative quality improvement programs, MVC aims to improve healthcare quality across Michigan through rigorous performance feedback, empirical identification of best practices, and collaborative learning.

Who can participate in MVC?

As with other Collaborative Quality Initiatives (CQI) and Physician Group Incentive Program (PGIP) programs, the consortium is open to all clinically relevant providers. Because MVC is focusing on a wide range of conditions and procedures, most all acute care hospitals in Michigan are invited to participate.

Why should my hospital participate in MVC?

Aside from helping Michigan provide the safest, most effective and most efficient healthcare in the nation, MVC will provide your hospital with actionable data on both quality (pending) and cost and ultimately help you prepare for the landscape of value-based reimbursement. The MVC Coordinating Center also helps provide tools for analyzing claims data, which allows hospitals to brainstorm quality improvement initiatives and implementation. By collaborating and liaising, MVC provides partner hospitals with a platform for sharing best practices, specifically through targeted workgroups. This business intelligence is provided at no cost to hospitals, yet adds great value.

Is participation in MVC activities voluntary?

Attendance at MVC meetings and participation in its improvement activities are voluntary yet highly encouraged. Participation in MVC meetings and activities can be beneficial and incremental to optimizing costs and patient outcomes and aim to help hospitals achieve these. Regardless of whether hospitals actively participate, performance will be assessed based on MVC data for all Michigan hospitals engaging in BCBSM's hospital-based incentive models.

What does participation in MVC entail from my hospital?

Your hospital is asked to send at least one or two leaders with hospital-wide responsibilities for managing cost and quality to each semi-annual MVC meeting, where we will review new performance data, empirical analysis of best practices, and collaborative strategies for improving quality and efficiency along with networking with other Michigan hospitals. Unlike other CQI programs, partner hospitals are not required to collect and submit data.

Which individual(s) should represent my hospital?

We leave that to each hospital, but the activities of MVC might be most relevant to Chief Medical Officers, Chief Quality Officers, P4P Administrators or others with similar responsibilities. Given the financial nature of the performance data, and the increasing focus by government and commercial payers on the overall effectiveness and efficiency of care on a population basis, MVC's work will also be of interest to CFOs and/or CEOs, and other CQI leaders.

Does participation in this project require Institutional Review Board (IRB) approval?

No. The MVC is a quality improvement initiative, not a research program. Moreover, all analyses and reports will be based on de-identified claims data.

What data will be used in assessing hospital performance?

Hospital performance will be based on BCBSM PPO and Medicare Fee-For-Service claims data for Michigan patients receiving care in the state. The claims data includes information about hospital-based care, professional services and post-acute care. Measures will be based on utilization and payments for different services, not actual hospital costs. We are exploring the incorporation of claims from other payers, such as Medicaid and other BCBSM subsidiaries.

How recent is the data used in assessing hospital performance?

As of June 2017, hospital performance is assessed based on BCBSM PPO claims data from 01/01/2012- 6/30/2016 and Medicare Fee-For-Service claims data from 01/01/2012- 3/31/2016. The data registry is updated based on the most current claims data received.

How are episode costs determined?

Hospitals will receive risk-adjusted and price-standardized measures of 30-day and 90-day episode payments around hospitalizations for common conditions and procedures. Episode costs are risk-adjusted to account for differences in case mix across hospitals. They are also "price standardized," so measures will reflect utilization rates rather than negotiated prices/rates. Clinical services unrelated to the index admission will be excluded.

How is an episode of care defined?

An episode of care is defined by four main payment components: a facility index payment, professional payment, post-acute care payment, and readmission payment. These components are further outlined in both the "Episode of Care Payment Components Model" and Technical Document in the MVC registry. To gain more information about accessing the registry, please click here.

How does MVC risk adjust data?

MVC performs risk-adjustment using observed/expected (O/E) ratios. The numerator in this ratio is the aggregate of all observed payments for a particular hospital. The denominator is the aggregate of all expected payments. This ratio is multiplied by the statewide expected mean payment to arrive at the "risk-adjusted payment" for that hospital.

How will the data be reported?

In addition to viewing overall episode costs against their peers, hospitals are able to drill down through their data and understand their comparative utilization of specific services, trends over time, and root causes of variation. In many specialty areas supported by other CQI programs, hospitals will be able to view cost data on the data registry. In the future, MVC hopes to provide data that reflects clinical quality information alongside cost data.

Are high episode costs "good" or "bad?"

The overarching goal of MVC is to help Michigan hospitals achieve the best possible patient outcomes at the lowest reasonable cost. Taken alone, the financial and utilization measures provided by MVC cannot establish "optimal" practice for any given condition or procedure. By considering such data in the context of credible measures of clinical performance from other sources, including the CQI programs, however, the goal is to identify and share best practices and benchmarks for quality and cost.

How can I access my hospitals data?

For partner hospitals, click here to login to the MVC registry. If you are affiliated with a partner hospital, yet need access to the registry, click here for more information. For a list of partner hospitals, click here. For nonparticipating hospitals, contact Kristyn Vermeesch for more information on accessing the MVC registry.

Will the performance data be kept confidential?

A hospital is able to view its own performance data against statewide averages. Hospital-specific performance data is not accessible by other hospitals, but data on utilization and cost derived from BCBSM-paid claims will be available to BCBSM.

Which facilities are included in the online data registry?

Hospitals that are current MVC partner hospitals and have elected to participate are reported on the registry. For a list of partner hospitals, click here.

What resources are available to use for learning how to use the registry?

The Coordinating Center holds virtual webinar sessions the first Tuesday of every month for learning how to use the registry. One-on-one sessions can also be scheduled with Deby Evans (debevans@med.umich.edu). For more registration information please visit our website by clicking here.

What are the expectations of hospitals, with regard to using these data?

We hope that hospitals will use these data to help MVC target improvement opportunities, identify and share best practices, and design, implement, and evaluate statewide interventions. At the local level, we encourage hospital leaders to use these data to understand and improve their comparative efficiency, both overall and across individual specialties. For conditions or

procedures where hospitals have "room to move," we expect that hospital leaders will use both MVC cost data and clinical quality data from the other CQI programs as guides to their internal improvement activities.

How do we schedule meetings with MVC leadership to further discuss the data reports?

The MVC Coordinating Center is available to meet with you and others from your hospital to review your data and suggest areas where quality can be improved. Simply contact the Program Manager, Kristyn Vermeesch, to schedule a meeting time.

What additional resources, aside from the data registry, are available to MVC participants?

The MVC Coordinating Center provides analytic support, including annual hospital-specific performance reports, to all participating members. To further support quality improvement efforts, hospitals may participate in site visits, workgroups, webinars, collaborative-wide meetings facilitated by the MVC Coordinating Center to discuss best practices, lessons learned and performance data. There is also an online forum discussing MVC updates, quality initiatives, analytics and payer performance programs (visit here).

Does MVC collaborate with other clinical quality initiatives?

MVC generated measures for BCBSM's hospital-based incentive models represent areas of focus for existing BCBSM clinical CQI programs. The intent is to allow hospitals to utilize both cost and quality data to assess optimal practice patterns. MVC has partnered with other clinical CQIs to share best practices and quality initiatives.

How can my hospital find current information on MVC events, meetings, and quality initiatives?

In addition to contacting the MVC Coordinating Center, hospitals may stay up to date with MVC by visiting the online forum and subscribing at www.themvcblog.com.