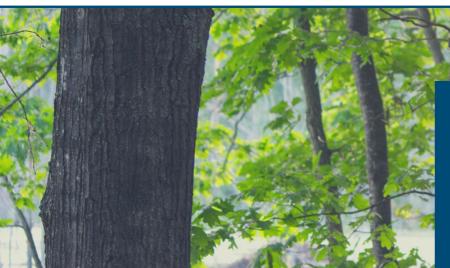


# JUNE 2022



### **MVC NEWSLETTER**



## MVC Announces Cardiac Rehab Goal at Semi-Annual

The MVC Coordinating Center held its spring semiannual meeting in May with a focus on "Turning Data and Collaboration Into Action." As part of this event, MVC shared unblinded data with its members to drive improvement and idea-sharing for two areas of focus: 1) preoperative testing rates in healthy patients before low-risk surgeries and 2) cardiac rehabilitation (CR) participation. This allowed attendees to see their rates compared to peers and hear insights from hospitals that were high performers.

MVC also announced new statewide goals to increase CR participation. The first goal is to reach **40% CR utilization statewide for the "main five" CR conditions** (TAVR, SAVR, CABG, PCI, and AMI), which represents a 10% increase. For this goal, MVC will identify patients hospitalized at member hospitals for these conditions and count how many attended at least one outpatient CR visit within 90 days of discharge.

The second statewide goal is to **increase the statewide CR utilization rate from 3% to 10% for congestive heart failure patients** and will involve counting those with at least one outpatient CR visit within 365 days of discharge. Both goals were set by the <u>newly-established Michigan Cardiac Rehab Network</u> (MiCR), a collaboration between MVC and the Blue Cross Blue Shield of Michigan Cardiovascular Consortium (<u>BMC2</u>). Members may wish to review the <u>MiCR Best Practices Toolkit</u> for strategies to increase CR use at their sites.

A complete summary of the semi-annual presentations is available <u>here</u> and the recording is available <u>here</u>.

# NORTHERN SUMMER MEETING

Healthcare Challenges & Opportunities in Northern MI
August 18, 12-5 p.m.
Traverse City, MI
Learn more

## UPCOMING WORKGROUPS

#### **Health Equity**

Thursday, July 7, 2-3 p.m. Speaker: Trinity Health Muskegon REGISTER

#### Chronic Disease Management

Tuesday, July 12, 1-2 p.m. Speaker: Sparrow Care Management Program REGISTER

#### **NEW MVC STAFF**

Meet the newest addition to the MVC team and read her <u>introductory blog here</u>.



Erin Conklin, MPA Associate Program Manager

#### **MVC Refreshes Hospital Reports, Adds New Report for POs**



MVC's work to emphasize the importance of improved postdischarge follow-up rates after inpatient admissions for chronic disease continued with the release of a revised chronic disease management report. It focused on follow-up care after hospitalization for chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF). This new version aimed to provide additional granularity into follow-up care at member hospitals by showcasing variability across different windows of time, payers, and follow-up type.

The report was shared with 85 MVC hospitals and 40 POs on May 26. It was also shared with 14 hospitals on June 8 in partnership with the Integrated Michigan Patient-Centered Alliance in Care Transitions (I-MPACT) CQI. All the report recipients also received attachments from the Healthy Behavior Optimization for Michigan (HBOM) CQI to support smoking cessation among COPD and CHF patient populations. For more information about these resources with links to the attachments, visit the MVC blog featuring HBOM.

MVC recently developed and sent a new hysterectomy report for physician organizations (POs), with plans to distribute a hospital version later this summer. The PO version aligns with an existing Physician Group Incentive Program (PGIP) women's health initiative. It was shared with 36 POs on May 22 and included measures for 30-day total episode payments, length of stay, and medical and surgical complication rates. It also included PO-specific comparison groups.

Finally, the Coordinating Center continued to support the reduction of unnecessary testing before surgery when it refreshed and sent preoperative testing reports to 83 MVC member hospitals, 40 POs, and 67 Michigan Surgical Quality Collaborative (MSQC) member hospitals on April 21. The report highlighted the wide variation in testing practices across the collaborative. This version was the first to include blinded surgeon-level reporting, which allowed for a more nuanced understanding of provider variation within a given hospital.

IN BRIEF

### MVC Launches Video Content

The videos below help describe some of MVC's areas of work:

- About MVC
- MVC Component of P4P
- Cardiac Rehab VCC
- Preop Testing VCC

#### MVC Staff Co-Author Cardiac Rehab Paper

<u>Manuscript</u> identifies hospital variation in CR use during aortic valve replacement episodes.

### New Data on MVC Registry

MVC added one month of BCBSM and BCN data on June 23, and two quarters of Medicare data on May 27. MVC data sources now have the following date ranges: BCBSM/BCN: 1/1/15-4/30/22 Medicare: 1/1/15-9/30/21 Medicaid: 1/1/15-3/31/21

#### **MVC Takes Steps to Support Health Equity**

Most measures of overall health are worse in the U.S. compared to any other developed country. The state of Michigan in particular ranks poorly in measures of population health, including tobacco use and the inter-related issues of inactivity, poor nutrition, and obesity. The relationship between these health behaviors and social determinants of health represent a significant opportunity to improve health outcomes for patients. With this in mind, the MVC Coordinating Center established a sub-team to pursue opportunities that help members emphasize health equity in healthcare.

One area of focus for the subteam has been to strengthen relationships with partnering CQIs who are also working in this area, such as the Michigan Social Health Interventions to Eliminate Disparities (MSHIELD) CQI and HBOM. MVC partnered with HBOM to share tobacco cessation resources (see above) and consulted with MSHIELD on MVC's health equity report, which was last refreshed and sent on March 17.

Incorporating health equity and social risk measures into current and new analytic reporting was another goal identified by the subteam. MVC has been working to ensure that its reporting integrates a health equity and social risk lens when applicable and informative. MVC outputs now integrate Admit, Discharge, Transfer (ADT) race data where relevant. In future reports, MVC plans to integrate Distressed Community Index (DCI) data, which examines economic well-being at the zip code level. MVC will also continue to seek member input on measures and reporting during future health equity workgroups.