



## 2021 Activities Recapped in New MVC Annual Report

Since its inception nine years ago, the Michigan Value Collaborative has worked closely with hospitals, physician organizations, Blue Cross Blue Shield of Michigan (BCBSM), and other stakeholders to improve the health of Michigan through sustainable, high-value healthcare. Over the years MVC has grown in size and added new reports and resources for members. In an effort to share updates about MVC's activities, the Coordinating Center recently created its first member-facing annual report, which was distributed in February.

The new annual report offers high-level updates and success stories from last year. In 2021 alone, for example, the MVC team held two virtual collaborative-wide meetings, undertook 87 virtual site visits, conducted 62 tailored registry webinars, delivered 56 custom analytic reports, facilitated 34 workgroups, disseminated 21 push reports, and held five virtual regional networking events. It's worth noting that these are just the benefits that can be quantified. The Coordinating Center hopes these stories highlight opportunities to further collaborate and partner in the future in the pursuit of sustainable, high-value healthcare.

View the full report [here](#).

## SEMI-ANNUAL EVENT MAY 13

*Turning Data &  
Collaboration into Action*

10-11:30 AM on ZOOM  
Click [HERE](#) to Register

## UPCOMING WORKGROUPS

### Health Equity

Wed., March 16, 11-12 p.m.

Topic: Prescription for Health program

Speaker: Ariane Donnelly, MPH, RD

[REGISTER](#)

### Chronic Disease Management

Thurs., March 24, 2-3 p.m.

[REGISTER](#)

## NEW MVC STAFF

Meet the newest addition to the MVC team  
and read her [introductory blog here](#).



**Chelsea  
Andrews, MPH**  
Engagement  
Associate

# New PO Colectomy Push Report Adds Comparison Groups



MVC introduced its first colectomy physician organization (PO) report last month, which incorporated administrative claims from 1/1/19 – 12/31/20 for Blue Cross Blue Shield of Michigan (BCBSM) PPO Commercial and Medicare

Advantage, and 1/1/19 – 9/30/20 for Medicare Fee-for-Service. Reports were created for all member POs that had at least 11 colectomies per year in both 2019 and 2020.

There were significant differences in the anticipated clinical course and likelihood of complications between elective (planned) and emergent colectomy. Therefore, MVC provided a stratified summary of planned versus emergent colectomies, and some metrics in the report were stratified by planned and emergent status to highlight the presence of an emergency department revenue code on the episode. For example, there were notable differences in post-acute care utilization between planned and emergent colectomies.

The contents of this report were

developed based on member feedback, which resulted in the creation of new comparison groups: all MVC POs, independent POs vs. employed POs, and size groupings that allow for comparisons between POs of a similar size.

Other components included in the report were the top 10 facilities where a PO's attributed patients had a colectomy, the five most common comorbidities among attributed colectomy patients, median length of stay, 30-day risk-adjusted total episode payment, 30-day readmission rate, and the utilization rate for post-acute care services.

General findings included that diabetes was the most common comorbidity across all colectomies, and home health services had the greatest variation in post-acute care utilization. [Contact MVC](#) if you are interested in receiving this report.

## New Pneumonia Report Tailored by Hospital Size

The Michigan Value Collaborative (MVC) introduced its first ever pneumonia push report last month when the Coordinating Center shared individualized reports with 89 hospitals across Michigan. This report was created in response to member interest and incorporated 30-day claims-based episodes with index admissions from 1/1/18 – 12/31/20 for the following payers: Medicare FFS, Blue Cross Blue Shield of Michigan (BCBSM) PPO Commercial, Blue Care Network (BCN) Commercial, BCBSM MA, BCN MA, and Medicaid. Reports were created for all MVC member hospitals that had at least 11 pneumonia episodes per year in 2018, 2019, and 2020.

One goal for this report was to provide data that would be useful for a broad range of MVC's increasingly diverse membership. Critical Access Hospitals (CAHs), for example, are some of MVC's

newest members and differ in several meaningful ways from other hospitals in the collaborative. Therefore, MVC distributed two versions of the report in order to refine comparison groups and provide a more tailored report.

As a result, 81 general acute care hospitals received a report that compares their performance to all other eligible acute care hospitals as well as acute care hospitals in their region. The second version of the report was shared with eight eligible CAHs, comparing their performance to other MVC CAHs. By providing hospitals with tailored comparison groups when appropriate, MVC hopes to strengthen the usability of its claims-based data. Overall, the in-hospital mortality rate for both groups of hospitals was 2%, but CAHs had a shorter average length of stay and lower average seven-day outpatient follow-up rates. Contact MVC if you wish to receive this report.

### ACTIVITIES IN PROGRESS

## PY21 Scorecards Sent for MVC Component of BCBSM P4P Program

Read next week's MVC blog for a summary of PY21

## MVC Collates Hospital Quality Initiatives for Collaboration

Member emails to be shared with peers who have similar projects [Learn more](#)

## Health Equity Report Refresh

Reports to be sent this week