



Rural Health Meeting

Delivering Value in Rural
and Northern Michigan

August 9, 2023



Support for MVC is provided by Blue Cross Blue Shield of Michigan and Blue Care Network as part of the BCBSM Value Partnerships program. Although Blue Cross Blue Shield of Michigan and MVC work collaboratively, the opinions, beliefs and viewpoints expressed by the author do not necessarily reflect the opinions, beliefs and viewpoints of BCBSM or any of its employees.

Housekeeping

- This session is being recorded; slides and the recording will be shared with registrants.
- We will monitor the chat throughout the presentation so feel free to add questions.
- Your feedback is important! Please complete the post-meeting survey (link to be provided).

Today's Speakers



**Hari Nathan,
MD, PhD**

Director,
Michigan Value
Collaborative



**Julia Mantey,
MPH, MUP**

Senior Analyst,
Michigan Value
Collaborative



**Ross Ramsey,
MD, CPE, FAAFP**

President &
Chief Executive Officer,
Scheurer Health



**Mariah Hesse,
BSN, RN, CENP**

President, Michigan Critical
Access Hospital Quality Network;
Chief Nursing Officer,
Sparrow Clinton Hospital

AGENDA

TIME

Welcome and MVC 10-Year Anniversary

10 – 10:10 a.m.

MVC Rural Hospital Data in Action

10:10 – 10:45 a.m.

Scheurer Health
Thumbs Up for Rural Health

10:45 – 11:20 a.m.

Michigan Critical Access Hospital Quality Network
Quality in Michigan Rural Health is Stronger Together

11:20 – 11:55 a.m.

Closing Remarks and Next Steps

11:55 a.m. – 12 p.m.

Optional Break

12 – 12:05 p.m.

Optional Critical Access Hospital Report Review

12:05 – 12:30 p.m.



Michigan Value Collaborative

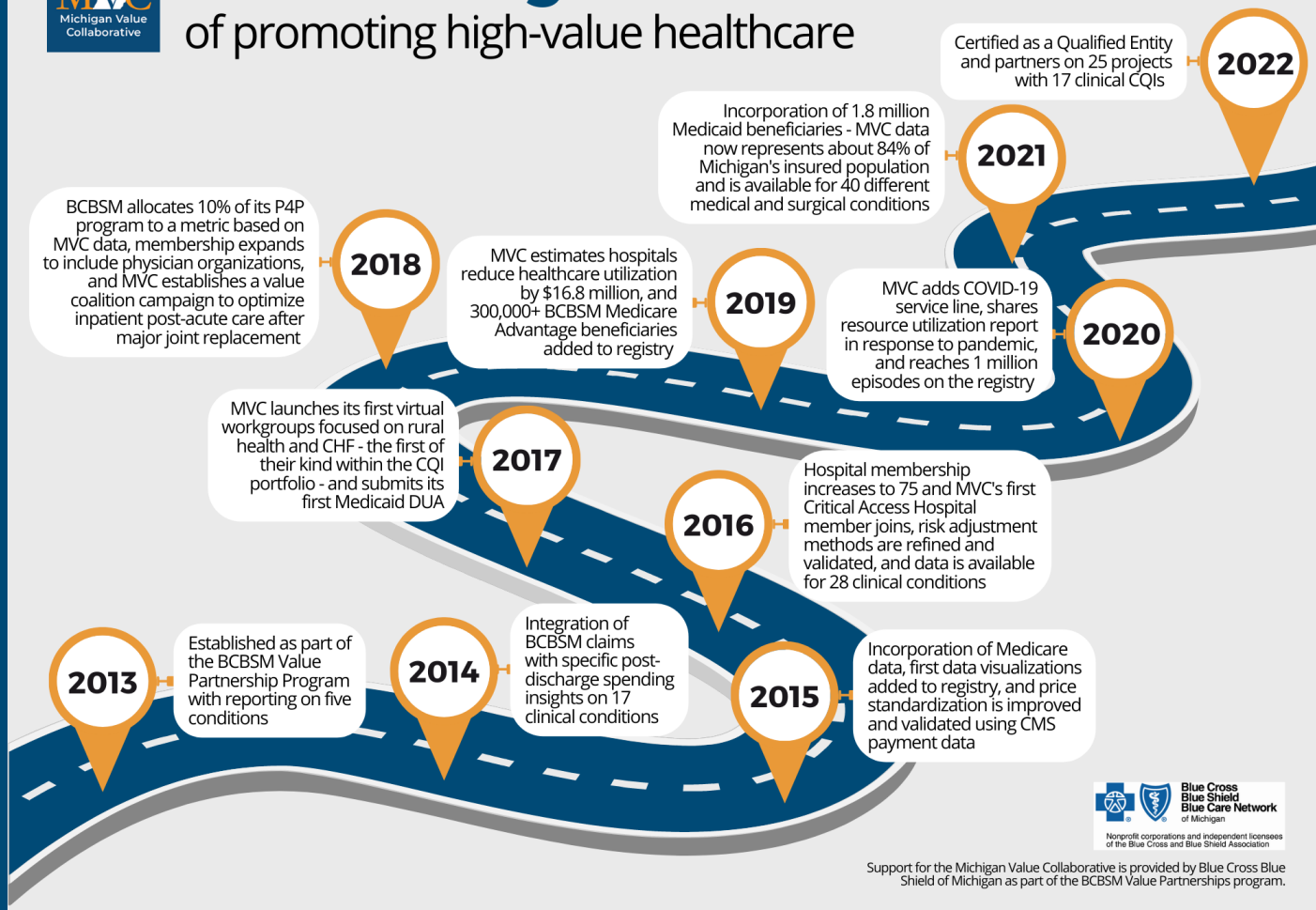
Celebrating 10 Years

of promoting high-value healthcare

MVC's Journey



Celebrating 10 Years of promoting high-value healthcare



146

member hospitals and POs

44

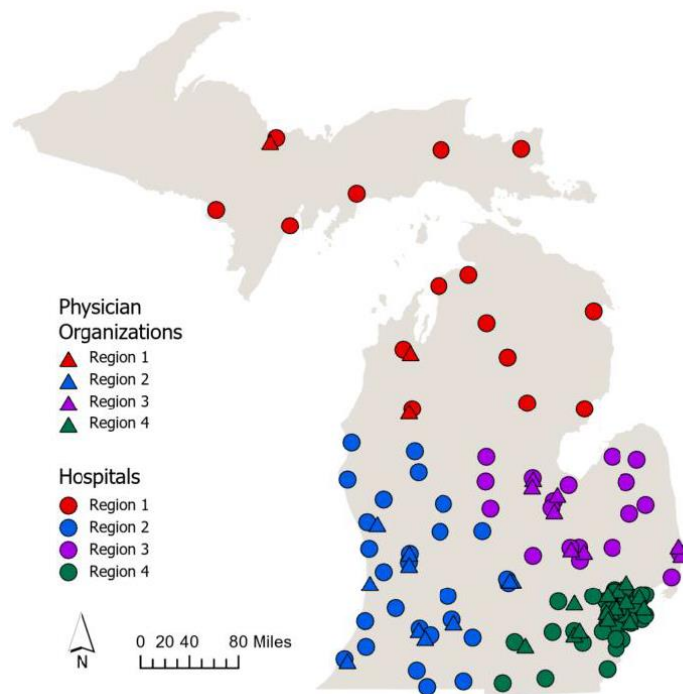
member rural hospitals

22

member critical access hospitals

40+

medical and surgical conditions
represented in processed claims data



MVC Updates



Launch of New ED-Based Episode Structure



CAH comparison group for push reports and registry



Expanded CAH membership



Rural health workgroup series planned for 2024





ED-Based Episodes

MVC introduces NEW ED-based episodes, developed in collaboration with the Michigan Emergency Department Improvement Collaborative (MEDIC)

What is an ED-Based Episode?

ED-based episodes capture patients who *might* not be captured by inpatient/surgery-based episodes

ED-based episodes are:

- New episodes of care
- Initialized by ED visits
- Created for high-volume conditions relevant to ED
- Comprised of all care from index ED visit through 30 days post-ED

ED-Based Episode Data

Payers

- BCBSM Commercial & MA
- BCN Commercial & MA
- Medicare FFS

Dates

- Index ED visits 1/1/2017 - 12/31/2022

Index Events

- Facility claim with ED revenue code as well as primary diagnosis matching MVC ED condition

Patient Age Range

- 0-100+ (No restrictions applied)

30-Day Non-Overlapping Episode Structure

- Patients are eligible to initiate a new ED episode 30 days after previous ED index event

ED Episode Index Conditions

Abdominal pain

Asthma

Atrial fibrillation *

Cellulitis

Chest pain, unspecified

Chronic obstructive pulmonary disease (COPD) *

Congestive heart failure (CHF) *

Deep venous thrombosis

Diabetes mellitus long-term complications

Diabetes mellitus short-term complications

Gastrointestinal bleed

Pneumonia *

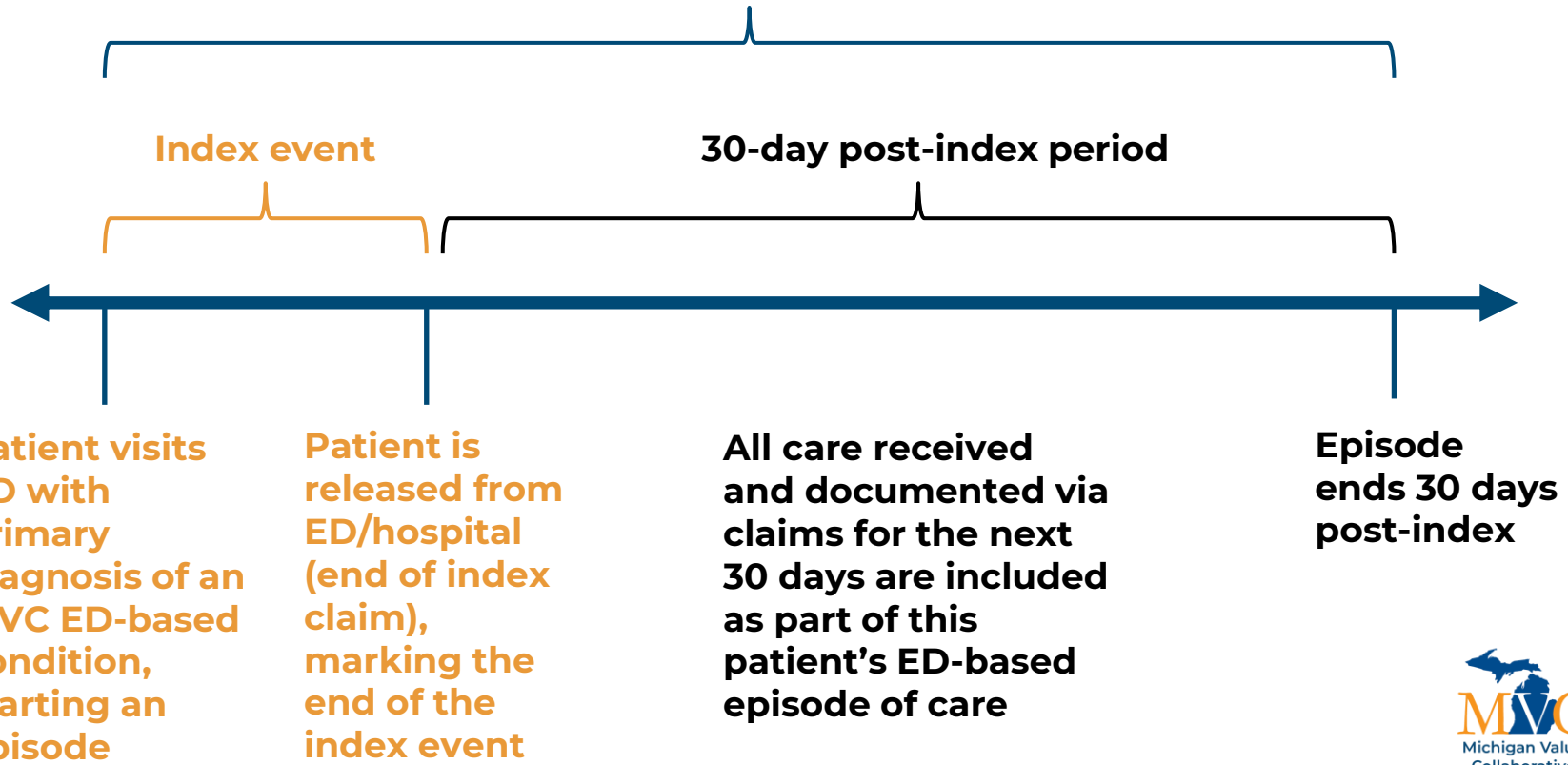
Pulmonary embolism

Pyelonephritis / urinary tract infections

Syncope

**conditions that also exist within MVC inpatient-based episodes*

30-Day ED-Based Episode of Care



30-Day ED-Based Episodes for 15 ED-Relevant Conditions

ED-Based Episode \$



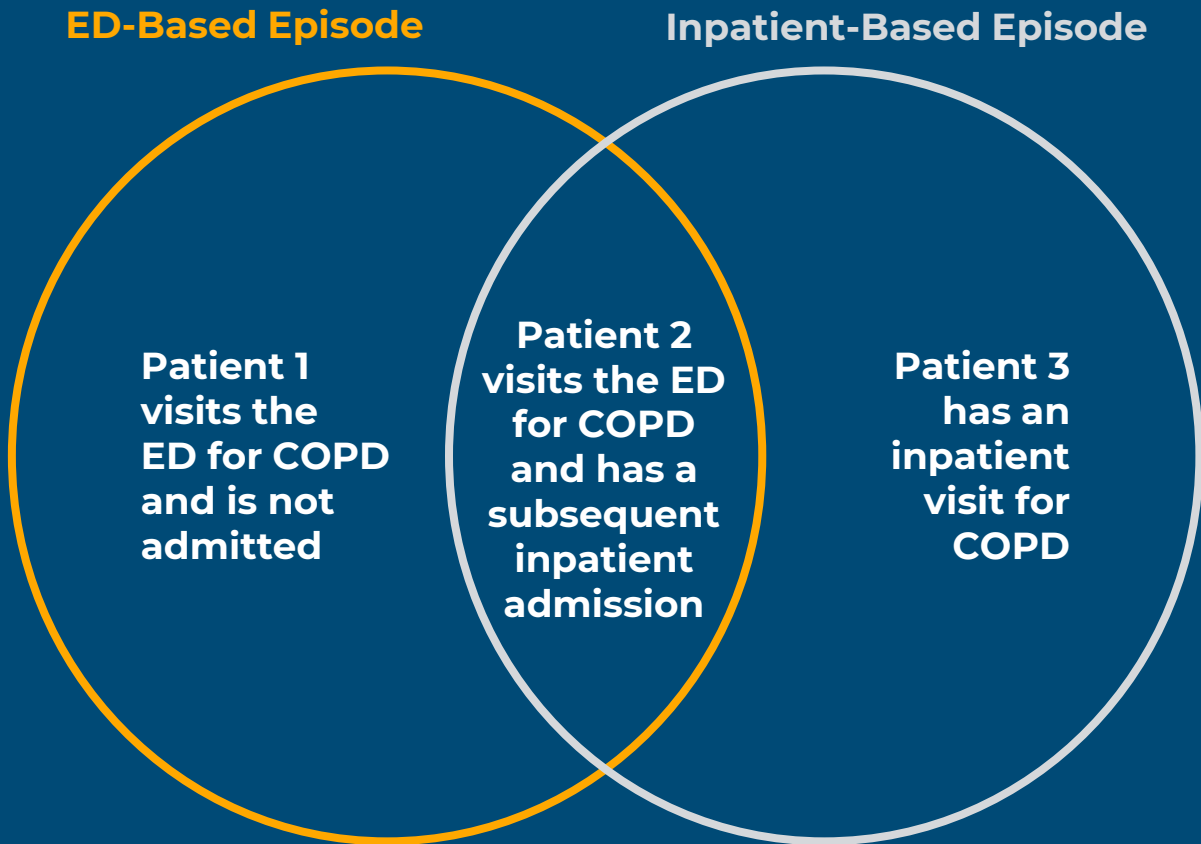
How Can the Data be Used?

- Provide information on care transitions and trajectory of care for patients visiting the ED
- Assess quality improvement opportunities to prevent excess ED visits and inpatient hospitalizations
- Examine patterns in post-ED care:
 - e.g., inpatient admissions, outpatient visits, home health, SNF, etc.

Patient Overlap

A patient could be captured in:

- an ED-based episode
- an inpatient/surgery-based episode
- **or both**





MVC Rural Hospital Data in Action

Analytic Cohort

Denominator for today's high-level findings

- MHA Rural Hospital Designation*
- 30-day ED-based episodes for all 15 ED-based episode conditions
- Index ED events 1/1/2021-8/31/22
- Payers: BCBSM PPO Commercial, BCBSM PPO MA, BCN HMO, BCN HMO MA, Medicare
- Adults aged 18 and older

Rural & CAH Patient Profiles

ED-Based Episode Patient Population Snapshot		
	Rural Non-Critical Access Hospital	Critical Access Hospital
Percent Female	56.3%	57.1%
Mean Age (years)	67	66
Mean Distance Patient Traveled to ED (miles)	22	16
Percent of Patients Living in an "At Risk" or "Distressed" Zip Code*	46.7%	48%
Percent of Working-Age Adults Unemployed in Patients' Zip Code*	25.3%	23.3%

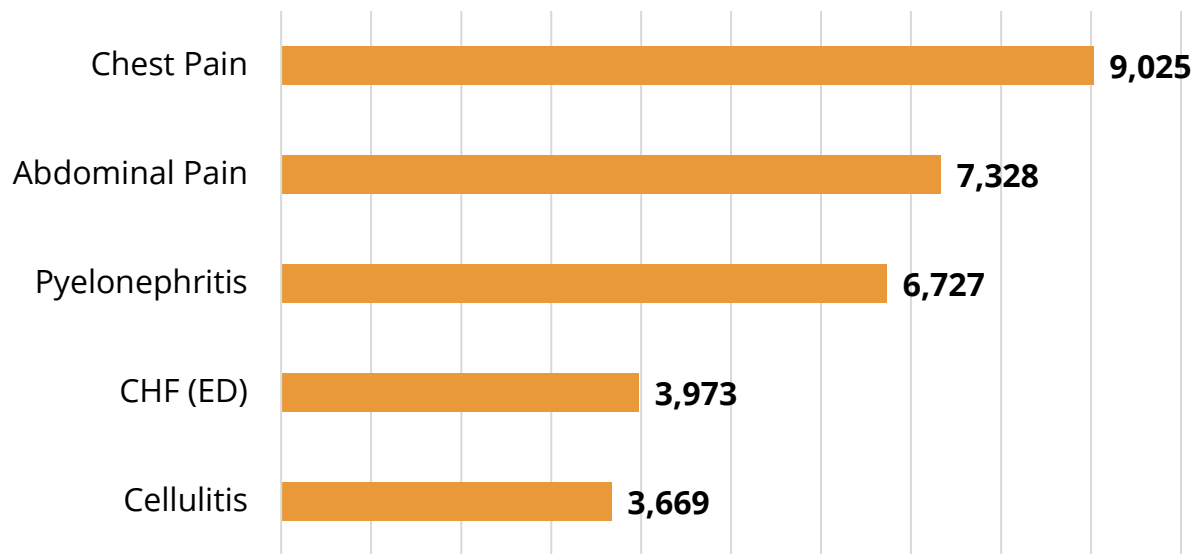
*Patient Zip codes were categorized as prosperous, comfortable, mid-tier, at-risk, or distressed according to the Economic Innovation Group's Distressed Communities Index 2015-19, which incorporates economic indicators such as education, employment, and income.

Select High-Level Findings

Rural Non-CAH ED-based episodes 1/1/21-8/31/22

47,795 visits for all 15 ED conditions

Highest Volume ED Conditions for Adults:

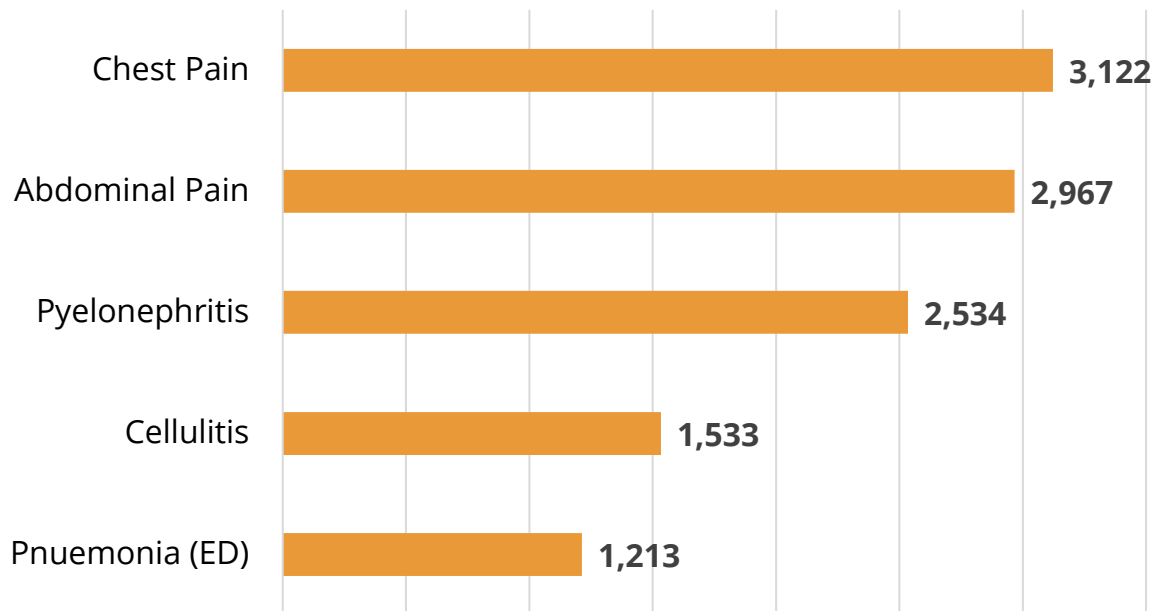


Select High-Level Findings

CAH ED-based episodes 1/1/21-8/31/22

16,599 visits for all 15 ED conditions

Highest Volume ED Conditions for Adults:



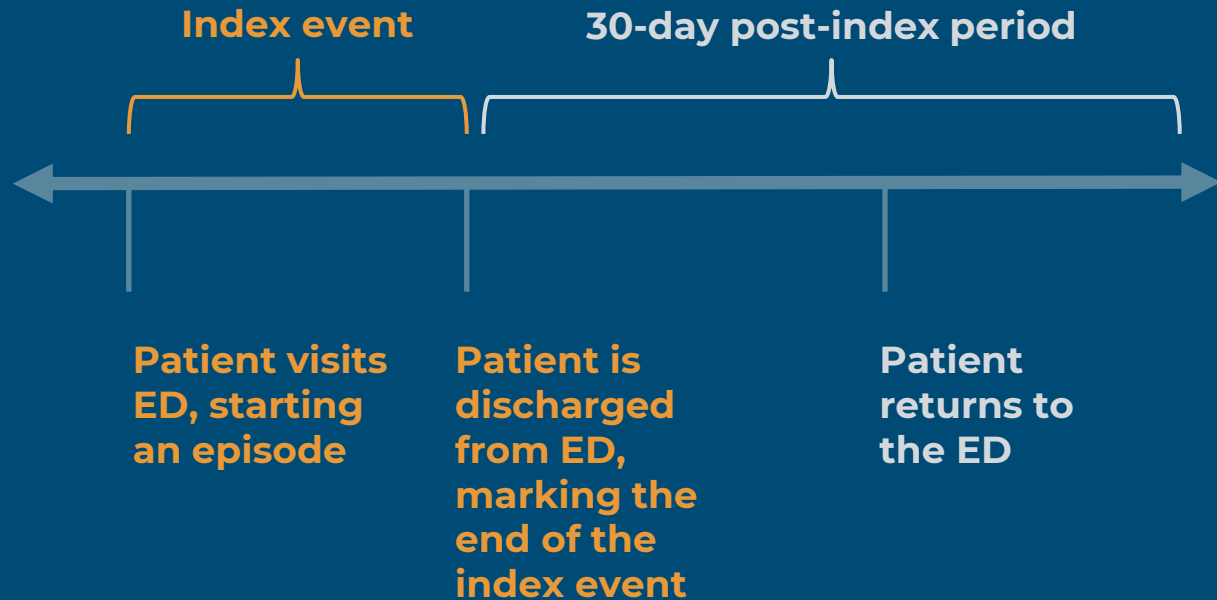
Unblinded Data

Rural Hospital ED-Based Episodes
for 30-Day Secondary ED Visits

30-Day Rate of Secondary ED Visit

Definition:

Patient had at least one subsequent ED visit in the 30 days following discharge from index ED visit



Analytic Cohort

Denominator for today's unblinded data

- MHA rural hospital designation*
- 30-day ED-based episodes
- Primary diagnosis of chest pain
- Index ED events 1/1/2021-8/31/22
- Payers: BCBSM PPO Commercial, BCBSM PPO MA, BCN HMO, BCN HMO MA, Medicare
- Adults aged 18 and older

Case count requirements

- Hospitals: At least 20 episodes

Exploratory Findings

Rural Hospital ED-Based Episodes
for 30-Day Secondary ED Visits

Select High-Level Findings

Top Five Primary Diagnoses of Secondary ED Visits

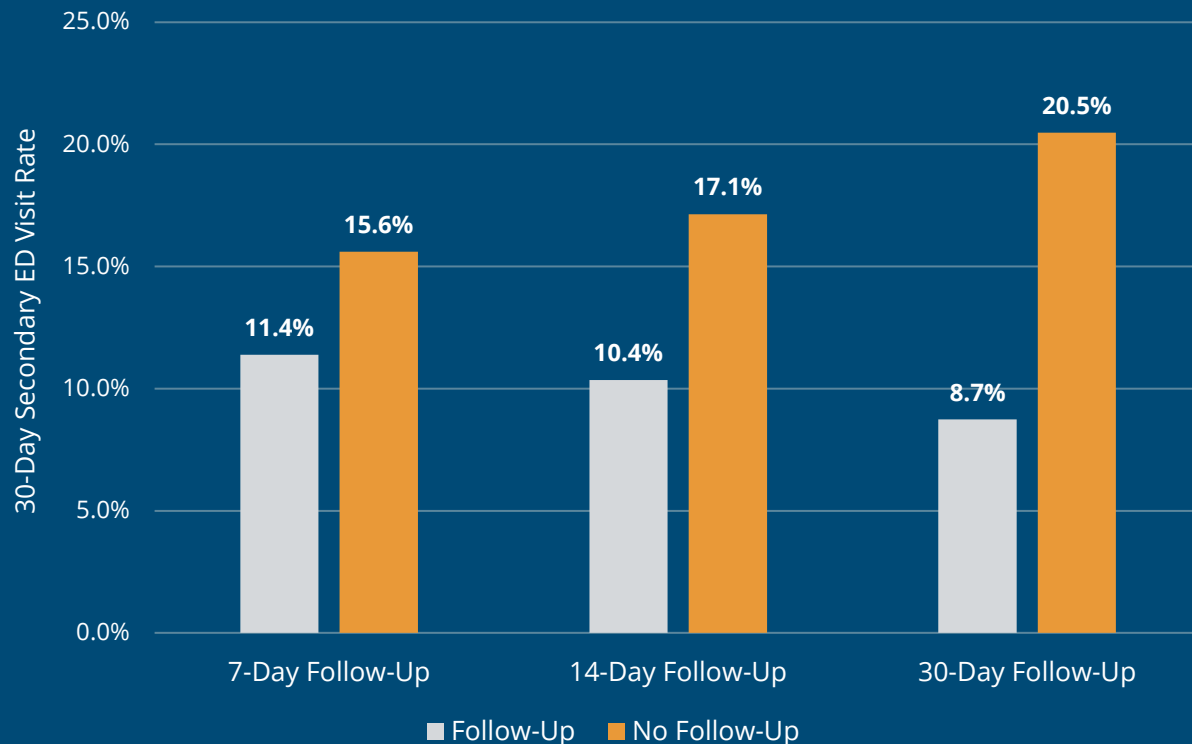
ICD-10 Code	Primary Diagnosis	Percent
R07.89	Other Chest Pain	10.2%
R07.9	Chest Pain, Unspecified	9.2%
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	1.8%
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris	1.4%
R06.02	Shortness of breath	1.3%

Select High-Level Findings

Among patients discharged home or to home health

Rate of attending any outpatient follow-up visit (in person or by telehealth) within each timeframe

30-Day Secondary ED Visit Rates by Follow-Up Status
Among Chest Pain ED Patients Eligible for Follow-Up



Tailored Findings For You

Custom Reporting

- ED-based episode data accessible via custom analytic requests
- Please email the MVC Coordinating Center with any questions, suggestions, or requests for custom analyses.

Michigan-Value-Collaborative@med.umich.edu

**What questions
do you have?**





Upcoming Events

Virtual Workgroups



- Health Equity: Aug. 24
- Health in Action - Sepsis: Sept. 14
- Health in Action - Mental Health: Sept. 20



Regional Networking Events

- MVC Region 4 - Southeast Michigan: September 13 (Livonia)



Save the Date: 2023 Fall Collaborative-Wide Meeting

- October 20, 2023: Lansing

Thank you!

MVC Coordinating Center:

Michigan-Value-Collaborative@med.umich.edu