2023

ANNUAL REPORT

MICHIGAN VALUE COLLABORATIVE

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Dear Collaborative members and partners,

As the Michigan Value Collaborative's celebrates 10 years of working to improve the value of healthcare in Michigan, we once again express our gratitude for the hard work, dedication, and collaborative spirit of MVC members, other CQIs, and various stakeholder groups who have made our work possible. MVC is an anchor of what is now a nationally and globally recognized Value Partnerships portfolio, and our 10th anniversary prompted us to reflect on the unique infrastructure and partnerships that have been built over the last decade. We thank you and look forward to driving this work forward together.

Reflecting on 2023, we are deeply proud of the MVC team's recent work. Over the last year, MVC welcomed three new hospital members to the collaborative, expanded our analytic offerings via 15 push reports and 24 custom analytic requests, and rolled out a new approach to race and ethnicity reporting. Elsewhere, the MVC team hosted 27 virtual workgroups across six focus areas, facilitated networking events to foster practice sharing and collaborative learning, and partnered with other CQIs to better understand variation in healthcare utilization and advance value-based care initiatives – MVC's cardiac rehab and preoperative testing efforts are great examples of such collaborations that continue to go from strength to strength.

This time of reflection has not only allowed us to celebrate successes but has helped inform our collective vision as to what the future of value-driven healthcare truly looks like and ultimately where MVC fits into this puzzle. This, in turn, has guided a refresh of MVC's strategic framework to help shape our activity moving forward, both in terms of strengthening existing analytic and engagement platforms and delivering new innovative offerings to help drive member quality improvement efforts. In implementing this new framework, we will seek to enhance and enrich MVC data sources, methods, and outputs. In addition, time will be spent refreshing existing engagement approaches, developing new activities to better reflect the wider healthcare landscape, and broadening the scope of MVC's existing membership base. As mentioned already, our efforts to emphasize equity considerations will continue too, aiming to better understand and account for social influencers of health across all MVC activity.

To put this into practice, MVC's partnership with hospitals, physician organizations, Blue Cross Blue Shield of Michigan, and other stakeholders will continue to be the driving force. To this end, we are excited to work closely with all of you to deliver innovative and valuable reporting, accessible collaborative learning opportunities, and robust analytic insights. This will include moving beyond MVC's traditional approach to improve quality through benchmarking, exploring new ways to help reduce inequities in care, and targeted efforts to encourage the delivery of high-value services and de-implementation of low-value care.

There's only so much we can highlight in a few paragraphs and as such, the remainder of this report will celebrate those success stories from the last year. Like us, we hope these stories will continue to inspire your respective teams and help highlight opportunities to collaborate as we look to the future. We are extremely proud to be part of this community and can't wait to see what the next decade has in store.

Hari Nathan, MD, PhD
DIRECTOR

Mike Thompson, PhD, MPH
CO-DIRECTOR

Mark Bradshaw, MSc
MANAGING DIRECTOR

Erin Conklin, MPA
PROGRAM MANAGER

ABOUT MVC

MVC is a partnership between 106 Michigan hospitals, 40 physician organizations, and BCBSM. Its purpose is to improve the health of Michigan through sustainable, high-value healthcare, which the MVC team aims to achieve through several strategies: providing hospital and physician organization (PO) members with benchmarked performance data for the purposes of quality improvement, helping hospital and PO leaders learn from and collaborate with one another, and supporting the efforts of other CQIs.

The overarching vision of MVC is to help people access the right care, at the right time, at the right cost. MVC is one of over 20 different CQIs funded through the BCBSM Value Partnership Program. MVC is unique within the CQI portfolio for its ability to measure healthcare costs and value using robust multi-payer administrative claims data. MVC uses its data to prepare customized reports that help members better understand their performance, and works to foster a collaborative learning environment so providers may learn from one another in a cooperative, non-competitive space.

MEET OUR TEAM

Michigan Value Collaborative

The MVC team welcomed new faces and saw several internal promotions in 2023.

Dr. Hari Nathan
Director

Mike Thompson
Co-Director

Mark Bradshaw
Managing Director

Erin Conklin
Program Manager

Carla Novak
Senior Administrative
Assistant

Chelsea Pizzo
Manager of
Data Analytics

Jessica Souva
Engagement Manager

Shannon Beattie
Program Assistant

Kristy Degener
Site Engagement
Coordinator

Jana Stewart
Project Manager

MEET OUR TEAM

Kim Fox
Senior Analyst

Kristen Hassett
Senior Analyst

Julia Mantey
Senior Analyst

Kushbu Narender Singh
Analyst

Brad Raine
Analyst

Jiaying "Janet" Zhang
Analyst

Kathryn Ashbaugh
Research & Data
Access Coordinator

Edward Norton
Economist

Dr. Nora Becker
Senior Advisor

Dr. Jim Dupree
Senior Advisor

Dr. Scott Regenbogen
Senior Advisor

Michigan Value Collaborative

2023 IMPACT
1/1/2023 - 12/31/2023

MEMBERS

106 HOSPITALS

40 POS

ACTIVE CQI PARTNER PROJECTS

MVC supported its peer Collaborative Quality Initiatives (CQIs) in a variety of ways, from data sharing and analyses to episode and metric creation support.

28 2023 PROJECTS

16 CQI PARTNERS

3 VALUE ASSESSMENTS

ED EPISODE STRUCTURE

MVC and MEDIC continued to partner on the integration and expansion of MVC's newest episode-of-care data structure initialized by index visits to the emergency department (ED).

2M+ NEW ED-BASED EPISODES CREATED

17 HIGH-VOLUME, ED-RELEVANT INDEX CONDITIONS

REPORTING

MVC push report topics included P4P, preoperative testing, ED-based episodes, follow-up utilization for CHF and COPD, sepsis, and common MVC medical conditions

24 CUSTOM REPORTS SHARED

21 PUSH REPORTS SHARED

THE MVC COMPONENT OF THE BCBSM P4P PROGRAM

PROGRAM YEAR 2023

7.4 PTS. average total points scored without bonus points

Highest-scoring condition: joint replacement

Average Mid-Year Episode Spending Points by Condition for PY 2023

Joint	Spine	CABG	CHF	Colectomy	COPD	Pneumonia
4.5	4.3	3.5	2.4	2.3	2.0	1.8
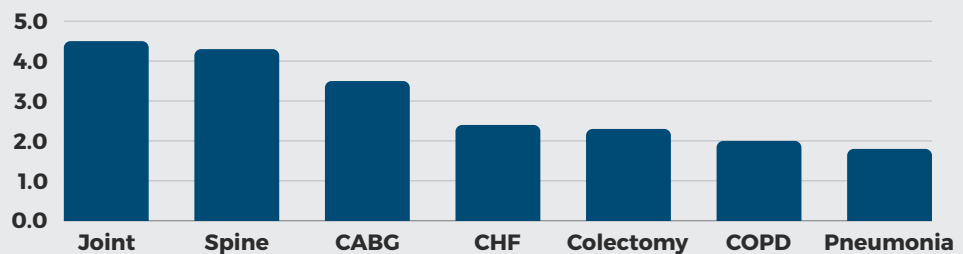
ENGAGEMENT

MVC connects with its members and other stakeholders through social media, virtual workgroups and trainings, site visits, and collaborative-wide meetings. Participation and engagement was high across all activities in 2023.

648 TWITTER FOLLOWERS

299 LINKEDIN FOLLOWERS

155 MEETING ATTENDEES

50 BLOG POSTS

38 MEET & GREETS

27 VIRTUAL WORKGROUPS

MVC MARKS SPECIAL ANNIVERSARY IN 2023

Celebrating 10 Years
of promoting high-value healthcare

2013 — Established as part of the BCBSM Value Partnership Program with reporting on five conditions

2014 — Integration of BCBSM claims with specific post-discharge spending insights on 17 clinical conditions

2015 — Incorporation of Medicare data, first data visualizations added to registry, and price standardization is improved and validated using CMS payment data

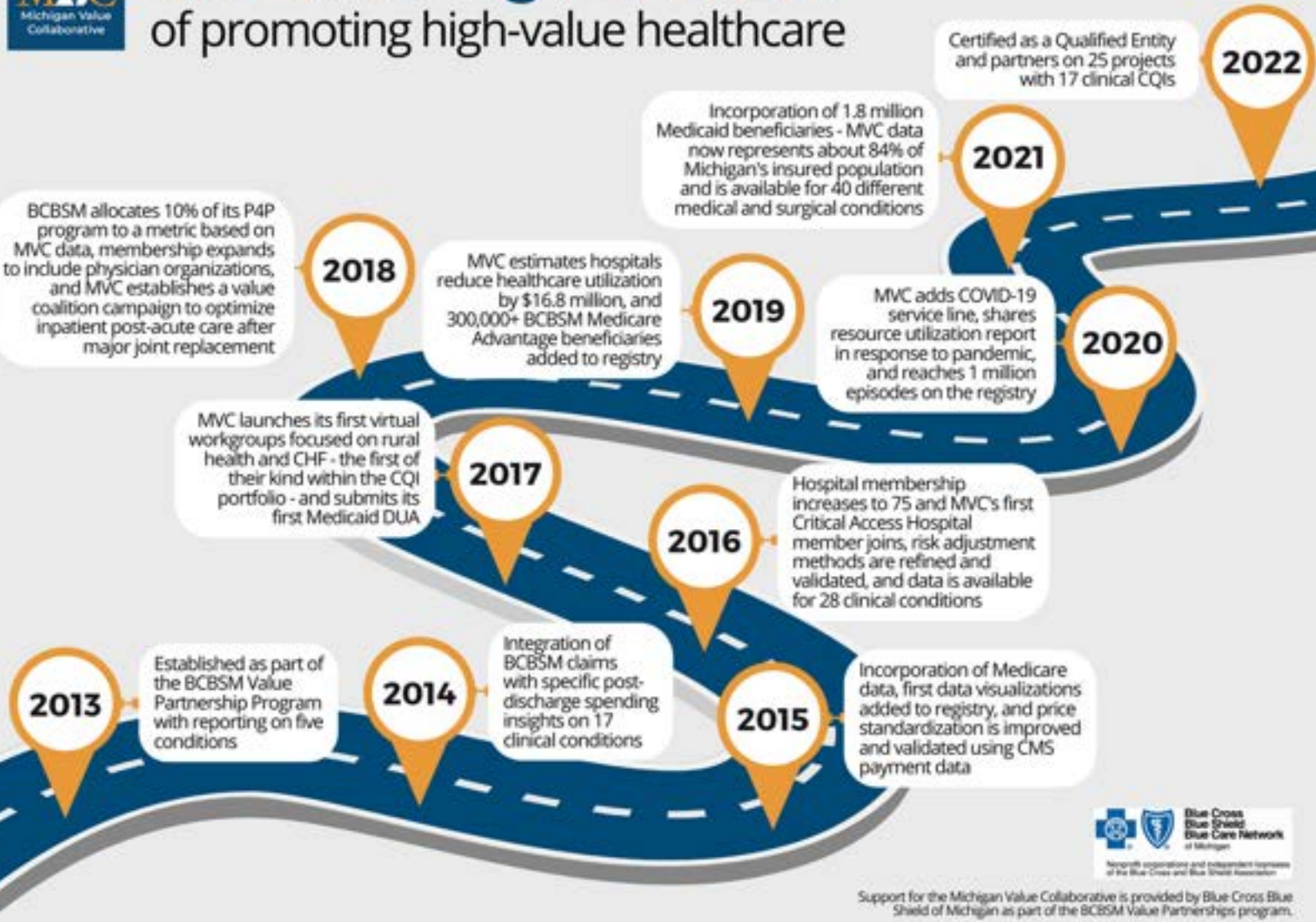**2016** — Hospital membership increases to 75 and MVC's first Critical Access Hospital member joins, risk adjustment methods are refined and validated, and data is available for 28 clinical conditions

2017 — MVC launches its first virtual workgroups focused on rural health and CHF - the first of their kind within the CQI portfolio - and submits its first Medicaid DUA

2018 — BCBSM allocates 10% of its P4P program to a metric based on MVC data, membership expands to include physician organizations, and MVC establishes a value coalition campaign to optimize inpatient post-acute care after major joint replacement

2019 — MVC estimates hospitals reduce healthcare utilization by $16.8 million, and 300,000+ BCBSM Medicare Advantage beneficiaries added to registry

2020 — MVC adds COVID-19 service line, shares resource utilization report in response to pandemic, and reaches 1 million episodes on the registry

2021 — Incorporation of 1.8 million Medicaid beneficiaries - MVC data now represents about 84% of Michigan's insured population and is available for 40 different medical and surgical conditions

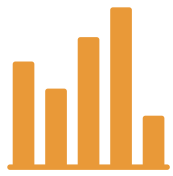**2022** — Certified as a Qualified Entity and partners on 25 projects with 17 clinical CQIs

Support for the Michigan Value Collaborative is provided by Blue Cross Blue Shield of Michigan as part of the BCBSM Value Partnerships program.

THANK YOU FOR 10 YEARS

Michigan Value Collaborative

ANALYTICS

REGISTRY IMPROVEMENTS

The MVC registry underwent several updates and enhancements in 2023. In February, MVC's renewed data use agreement (DUA) was executed with the Michigan Department of Health and Human Services (MDHSS), and MVC received its first set of entirely new Medicaid claims datasets from CHEAR in the fall. The updated DUA expands MVC's Medicaid data access, providing MVC with a more accurate representation of Medicaid utilization across Michigan.

Also in the fall, MVC released new multi-payer reports featuring the payment and value metrics from Program Years 2024-2025 of the MVC Component of the BCBSM P4P Program. The new value metric reports provide hospitals with interactive data visualizations for the value metric they selected. Depending on the metric they selected, hospitals might see their rates of outpatient follow-up after CHF, COPD, or pneumonia; their preoperative testing rates before select procedures; or their cardiac rehabilitation rates after CABG or PCI. These reports allowed hospitals to look at their own data compared to their P4P hospital cohort and collaborative-wide average as well as trends over time.

New registry filters and measures added in the second half of 2023 allowed members to track their attributed patients' use of long-term acute care hospitals (LTACH). In addition, MVC added an "MHA-Designated Rural Hospitals" comparison group in October 2023, allowing MVC rural hospitals to compare metrics with other rural institutions.

These upgrades took place in tandem with ongoing methodological updates to enhance the accuracy and completeness of MVC episodes:
- Added new diagnosis and procedure code inclusion criteria identified as needed to continue consistent capture of lung cancer resection and other spine surgery index events and episodes over time
- Updated the calculation of patient age at the time of their index event to reflect exact age inclusive of leap years
- Revised all reference tables that inform MVC episodes of care for accuracy including: the assignment of Diagnosis-Related Groups to inpatient claims, the grouping of CPT codes into Berenson-Eggers Categories of Care (BETOS groups), the mapping of diagnosis code to patient comorbidities in hierarchical condition categories, and more
- Successfully transitioned from using TRICARE data to identity length of stay outliers to utilizing Medicare FFS data

New **multi-payer P4P reports** featured episode spending and value metric data for PYs 24-25 of MVC's P4P program and **new registry filters** improved the ability of sites to compare their data to cohort trends over time.

MVC LAUNCHES ED-BASED EPISODES WITH MEDIC

The MVC Coordinating Center spent significant time and effort in the beginning of 2023 finishing a new episode-of-care data structure initialized by index visits to the emergency department (ED). These episodes were developed in collaboration with MEDIC and MVC's registry vendor, ArborMetrix. ED-based episodes were initially created for 15 ED-specific index conditions from January 2017 to the present using all BCBSM, BCN, and Medicare plans for which MVC has claims data. Episodes were created for index events at all qualifying hospitals in Michigan, amounting to over two million new episodes created.

The ED-based episode data have generated interest both from MVC members as well as leadership and members from other CQIs across the portfolio. These data continue to provide unique insights into ED utilization for hospitals and partners and are now utilized within MVC's reporting and analyses.

CONTINUED EXPANSION

MVC plans to update and add additional claims data on a regular cadence, and was also working to expand its scope of ED-based episodes at the end of 2023. MVC and MEDIC staff planned expansion into two new ED index event conditions for use in 2024: opioid use disorder and accidental opioid overdose.

7 NEW PUSH REPORTS
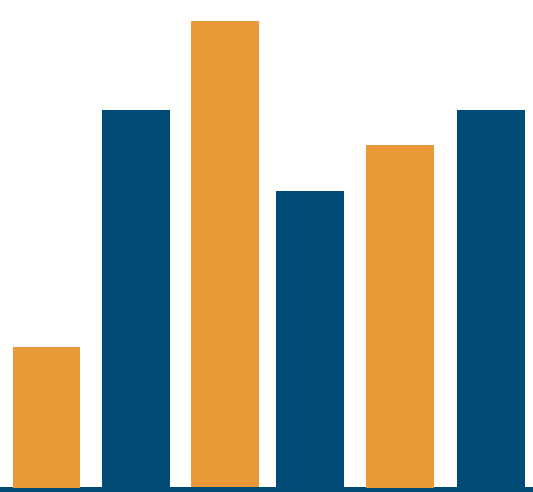
In 2023, the MVC Coordinating Center shared a total of **21 push reports** with members, 7 of which were new reports. MVC remains committed to supporting the collaborative's efforts to improve the quality of healthcare across all sectors by generating insightful analyses on value and utilization.

One of these sectors, the **emergency department**, is a unique and critical component of the healthcare system, often operating as a safety net for patients who experience barriers to healthcare access. To support members' efforts in this space, MVC developed **new ED-based episodes** with corresponding hospital-level push reports for general acute care hospitals (GACHS) and Critical Access Hospitals (CAHs) with more granular insights into ED utilization not currently available on the MVC registry. These reports were created in partnership with MEDIC and shared with MVC hospitals in June. The new report included data on average price-standardized risk-adjusted 30-day total episode payments, price-standardized risk-adjusted 30-day total episode payments stratified by same-day inpatient admission status, trends in same-say inpatient admission rates following index ED visits, 30-day rates of post-ED utilization, reasons for readmissions, and patient population demographics. These metrics were provided for several conditions including chest pain, abdominal pain, CHF, COPD, and cellulitis. In August, a PO version of the ED-based episodes report was shared with all 40 MVC POs.

Skilled nursing facilities (SNF) and home health are two components of post-acute care that interest MVC members. To further support members' efforts in this space, MVC developed a new push report with more granular insights into **SNF and home health utilization** in the 30-day post-discharge period than is available on the MVC registry. MVC shared hospital (GACH and CAH), health system, and PO versions of this report with data on patient population demographics, 30-day SNF and home health utilization and readmission rates, most frequently utilized SNF locations and home health providers, and more. These metrics were provided across all MVC medical conditions.

OTHER PUSH REPORT *HIGHLIGHTS*

In addition to the new hospital-, system-, and PO-level push reports, the MVC team continued to refresh several existing reports, including the following:

MVC Component of the BCBSM P4P Program: the MVC team distributed final hospital performance reports and BCBSM scorecards for Program Year 2022 in March and mid-year scorecards for Program Year 2023 in August.

Preoperative Testing Report: To continue to support the reduced use of unnecessary preoperative testing, MVC refreshed and sent this push report to MVC POs and hospitals in April and June. In addition, the report was sent to 30 MSQC hospitals in May. Both versions highlighted variations in testing practices across the collaborative for specific low-risk procedures (laparoscopic cholecystectomy, laparoscopic inguinal hernia repair, and lumpectomy) and specific preoperative tests. New to this report's refresh were demographic details about the patients undergoing preoperative testing. MVC also prepared and distributed system-level versions of these reports in May and December.

CHF/COPD Follow-Up Report: MVC shared an updated hospital-level CHF/COPD follow-up report with hospitals and POs in the fall, and also prepared a system-level version. This report was intended to support improvements in post-discharge outpatient follow-up utilization at MVC member hospitals. New to this report's refresh were additional demographic details about the patients who did and did not receive outpatient follow-up.

Common Conditions Report: MVC shared a refreshed hospital-level version of its common conditions report with hospital and PO members in the fall, and also prepared a system-level version. Sharing utilization information for MVC's most commonly investigated conditions, this version continued to include post-discharge care utilization rates, readmission rates, and total episode payment information. New to this report's refresh were additional demographic details about the patients within each condition broken out by payer.

Sepsis Report: MVC refreshed and distributed its sepsis report to hospital and PO members in October and December and HMS members in October. Sharing utilization information related to sepsis care with MVC member hospitals, this version continued to include post-discharge care utilization rates, readmission rates, and total episode payment information. New to this report's refresh was additional demographic details about the patients within each condition broken out by payer.

Cardiac Rehabilitation Master Report: The Coordinating Center released its refreshed master cardiac rehabilitation (CR) report to MVC hospitals, POs, and MSTCVS facilities throughout Q2 which continues to provide measures for cardiac rehabilitation utilization within 90 days of discharge, mean days to first visit, and the mean number of visits for a variety of cardiac conditions and procedures. This report refresh was the second released since the launch of the Michigan Cardiac Rehabilitation Network (MiCR) with BMC2 and was distributed alongside the MiCR's best practices toolkit.
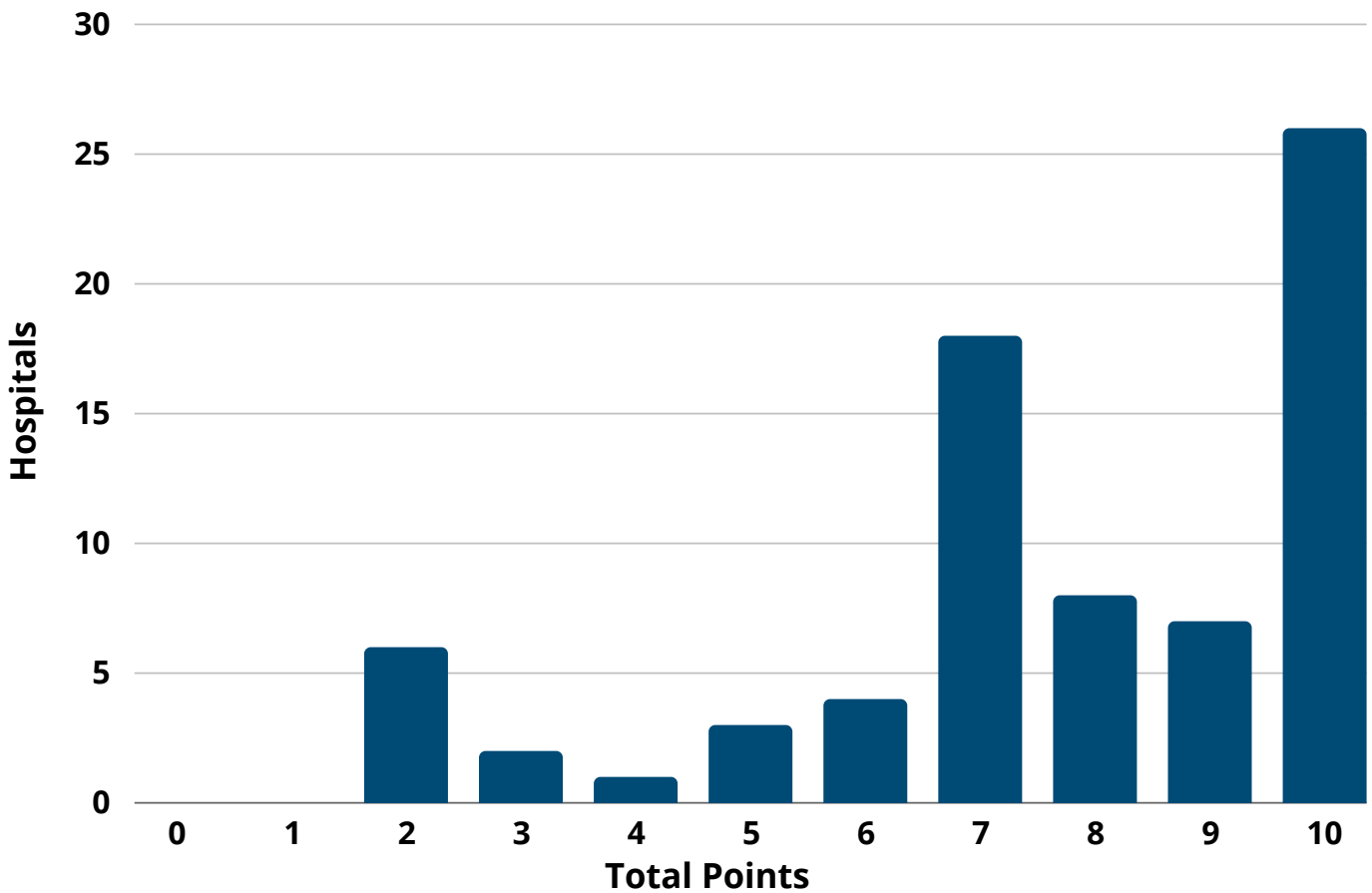
P4P SCORES & STATISTICS

Program Year 2022

Program Year 2022 final scorecards for the MVC Component of the BCBSM Pay-for-Performance (P4P) Program were distributed to MVC member hospitals in March.

7.7 AVERAGE TOTAL POINTS EARNED

Distribution of Total P4P Points by Hospitals in PY 2022

PY 2022 compares episode spending for performance year 2021 against baseline year 2019. MVC sent end-year scorecards to 75 hospitals on March 23, and described episode spending for each hospital's two selected conditions. The average points scored (7.7) was nearly one point higher than the previous PY average (6.8). Consistent with prior program years, joint replacement was the highest scoring condition with an average of 4.6 points earned. Pneumonia was the lowest scoring condition with hospitals earning 1.5 points on average.

PY23 FINAL SCORECARDS

The 2023 program year (PY) was the second year of a two-year cycle for which hospitals were evaluated using MVC data. This cycle of the MVC Component of the BCBSM P4P Program evaluated each participating hospital's risk-adjusted, price-standardized, average 30-day episode payments for two selected conditions from seven options: COPD, colectomy, CHF, CABG, joint replacement, pneumonia, and spine surgery. PY 2023 compared episode spending for performance year data from 2022 against the baseline year of 2020.

Hospitals were scored on both improvement and achievement for each of their two selected conditions, receiving the higher of the two scores for up to five total points for each condition, amounting to 10 possible episode spending points. MVC shared mid-year scorecards in August, and EOY scorecards were finalized in April 2024. On average, hospitals earned 7.4 points total, a decrease of 0.3 points from PY 2022. The majority (90.7%) of hospitals also earned at least one of the two possible bonus points toward their PY 2023 score.

Average Points by Condition for PY 2023

Joint replacement was the highest scoring condition with an average of 4.5 points earned out of 5 possible points.
Pneumonia was the lowest scoring on average with 1.8 points.

Bar chart — Average Points by Condition for PY 2023:
Joint ~4.5, Spine ~4.3, CABG ~3.5, CHF ~2.4, Colectomy ~2.3, COPD ~2.0, Pneumonia ~1.8