



NEXT TWO-YEAR P4P CYCLE

VALUE METRICS SELECTED for PYs 24-25

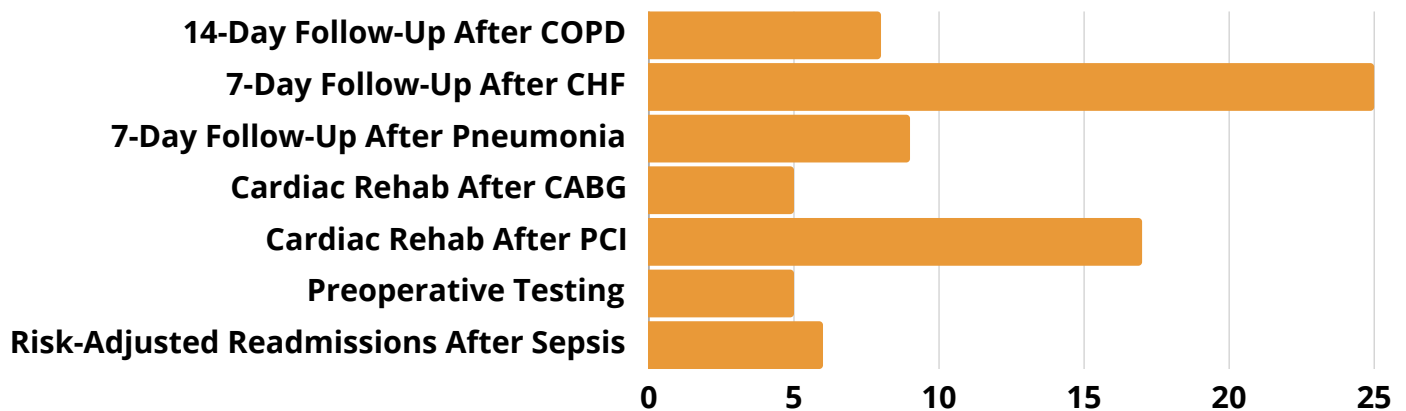
After finalizing the new methodology for PYs 2024-2025, MVC collected member selections in late 2022 for one of five episode spending conditions and one of seven value metric options, each worth four points. The most common episode spending selection was joint replacement and the most common value metric selection was seven-day follow-up after CHF.

After receiving all hospital selections, MVC created and distributed an **engagement point menu** to support members in navigating this new scoring category, worth up to two of the 10 available points. Adding this new category was intended to boost collaborative learning across the MVC network and maximize site participation in MVC offerings.

MVC hosted a webinar on Nov. 9 to launch the 2024 engagement point menu and support members in navigating the engagement point category for PY 2024.

At MVC's May collaborative-wide meeting, four unblinded data sessions focused on the value metrics, which helped sites benchmark their performance against peers and initiated conversations about successful practices and collaboration. In addition, MVC worked with its data vendor to generate **multi-payer value metric registry dashboards** for PYs 2024 and 2025 - the first multi-payer reports to appear on the MVC registry - to help members track their progress. These pages were made available to members in the summer of 2023.

Distribution of Value Metric Selections for PYs 2024-2025



MVC maintains status as

QUALIFIED ENTITY

MVC has been approved as a qualified entity (QE) since 2022 under the CMS Qualified Entity Certification Program (QCEP) and continues to fulfill requirements to maintain its QE status. In the first half of 2023, MVC continued to provide authorized hospital users with registry access to QE Medicare data, giving them the ability to view Medicare with case counts of fewer than 11. In Jan. 2023, MVC published its first annual public QCEP report, which provided hospital performance data on two sets of measures: rehospitalization following post-discharge home health use as well as outpatient follow-up receipt following CHF/COPD inpatient hospitalization. MVC refreshed and published its second annual public report in Sept., adding two new years of data. The second public report was published to the MVC website and shared with MVC contacts via email.

Future obligations for MVC will be to complete the requirements for ongoing program administration, an annual report to CMS, an annual public report using combined payer data, and a triennial reapplication process.



E N G A G E M E N T

WORKGROUPS

MVC hosted 27 virtual workgroups in 2023 on topics related to diabetes, chronic disease management, health equity, health in action, preoperative testing, and cardiac rehabilitation. These sessions featured guest speakers from 20 organizations, including member hospitals and POs, community organizations, and fellow CQIs.



THANK YOU TO OUR 2023 SPEAKERS



MVC COLLABORATIVE-WIDE MEETINGS: SPRING & FALL

MVC held its spring collaborative-wide meeting in May and was joined by 86 leaders representing 50 hospitals, 13 POs, and 5 stakeholder organizations from across the state. **“Connecting the Dots: Celebrating 10 Years of Value-Based Care”** was the overarching theme, placing the spotlight on MVC’s 10-year anniversary. MVC shared unblinded data using new ED-based episodes and additional unblinded data on its new PY24-25 P4P value metrics. MVC was joined by guest speakers from Trinity Health IHA Medical Group and INHALE. MVC also held its first poster session - 19 posters displayed successes from across the state.

MVC held its fall collaborative-wide meeting in October joined by 69 leaders representing 43 hospitals, 8 POs, 7 health systems, and 10 stakeholder organizations from across the state. The theme of **“High-Value Healthcare for All: Collaborative Approaches to Equitable Healthcare”** put the spotlight on initiatives advancing equitable care delivery. MVC’s keynote speaker was Renée Branch Canady, PhD, MPA, Chief Executive Officer of the Michigan Public Health Institute. MVC presented an analysis on post-discharge care in Michigan counties combining claims data and social determinants of health census data sets from the US Census - such as transportation access, internet or computer access, and SNAP eligibility. MVC also launched roundtable discussions, a new, interactive small group format that permitted subject matter experts to share their work with attendees. MVC also continued its poster session, which included 13 examples of work and successes from across the state.

“This was my first MVC meeting - it was great! The topics were interesting and relevant, the individual sessions were a good length - gave great info without getting too detailed / too long. It seemed that everyone was engaged.”

“The breakout sessions, roundtables and poster sessions kept me interested and everyone did a great job with each format.”

100%

All attendees surveyed in October evaluated the overall meeting experience as positive.

EMPHASIZING RURAL HEALTH

Delivering Value in Rural and Northern Michigan

MVC's diverse hospital membership includes 44 rural hospital members and 22 Critical Access Hospitals (CAHs). To better support the unique circumstances and priorities of this subset of Michigan hospitals, MVC developed several tailored offerings in 2023 to facilitate collaborative learning and benchmarking.

In August, MVC hosted a special Rural Health Meeting, bringing together site coordinators and leaders from rural member sites to network and share best practices. With over 50 participants representing rural hospitals, CAHs, physician organizations, and participating quality networks, this virtual meeting was dedicated to discussing the unique quality improvement efforts and challenges within rural healthcare. MVC provided an in-depth unblinded data presentation on secondary ED visits at rural hospitals using MVC's new ED-based episodes. This was followed by guest presentations from leaders in rural health.

Ross Ramsey, MD, CPEM, FAAFP, President and Chief Executive Officer of Scheurer Health, delivered a presentation on common rural health challenges and Scheurer Health's recent efforts to improve the quality of care for its rural population.

MVC also welcomed Mariah Hesse, MSN, CENP, President of the Michigan Critical Access Hospital Quality Network and Chief Nursing Officer at Sparrow Clinton Hospital. Her presentation provided an overview of the quality network's core components, highlighting its foundational pillars of success, accomplishments, and value to the participating 37 CAHs.

A presentation was also delivered during one of MVC's November workgroups by MyMichigan Medical Center Sault outlining their successful non-emergency medical transportation project with advice for offering similar programs at other rural and CAH hospitals in Michigan.

Finally, MVC has continued to generate CAH versions of its hospital-level push reporting, which allowed for more tailored comparison groups and measure inclusion.



44

**rural
hospital
members**



22

**CAH
members**



MVC's meet and greets were **virtual sessions** designed to provide members with a **clear understanding of MVC** and its activities and provide an opportunity for the Coordinating Center to strengthen its **understanding of member activities and priorities**. These meetings provided an important space for MVC-member introductions as well as feedback to **improve the data and collaboration opportunities available to members**.

2023

MEET & GREETES



26 HOSPITALS



11 PHYSICIAN ORGANIZATIONS



1 SYSTEM



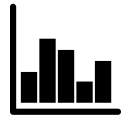
MVC OVERVIEW

Provide members with a summary of MVC's services and resources



PUSH REPORTS

Review recent MVC push reports, answer report-related questions, receive feedback



CUSTOM DATA

Showcase MVC custom analytics and discuss areas of opportunity



ENGAGEMENT

Raise awareness about MVC events and collaboration opportunities



AREAS OF FOCUS

Describe current quality initiatives and site-specific areas of focus



FEEDBACK

Discuss how MVC can further engage and support members

MVC streamlined its approach to scheduling member meetings in 2023, **successfully optimizing member engagement** throughout the year.

MVC ONLINE

ACTIVITY



follow us @michiganvalue



**MVC BLOG
SUBSCRIBERS:**
750



**TWITTER
FOLLOWERS:**
648



**LINKEDIN
FOLLOWERS:**
299

As part of MVC's strategic efforts to increase awareness of its materials and activities, the team continued to develop its online offerings. The MVC blog continues to be a valuable channel for engaging members and other stakeholders on a weekly basis. In 2023, MVC published 50 blogs highlighting MVC's various push reports, registry changes, P4P updates, and event highlights, as well as the achievements of **10 CQIs, eight hospitals, and two POs**. They also provided a valuable channel for the promotion of MVC push reports and activities. MVC similarly uses its Twitter

and LinkedIn accounts to promote MVC's upcoming member events, campaigns, publications, and reporting. Both accounts continued to see an increase in followers and high organic impressions.

The MVC website underwent several enhancements and updates in 2023 and will continue development into 2024. Two new pages were added this year: a P4P program page and upcoming events page, and the site also now features several redesigned pages.

CARDIAC REHABILITATION

VALUE COALITION CAMPAIGN UPDATE

As part of MVC's commitment to improve the health of Michigan through sustainable, high-value healthcare, the Coordinating Center prioritizes specific focus areas for which it drives collaboration among members. These are termed MVC's "Value Coalition Campaigns" (VCCs). The cardiac rehabilitation (CR) VCC is intended to drive improved utilization of this life-saving program. MVC's work in this area is frequently in partnership with the Blue Cross Blue Shield of Michigan Cardiovascular Consortium (BMC2). Together, MVC and BMC2 co-lead the Michigan Cardiac Rehabilitation network (MiCR), a coordinated partnership that drives improvement through collaborative

learning, benchmarking, and CR best practice and resource development. The past year was an active one for MiCR activity, with virtual and in-person meetings and the launch of new resources.

To help promote CR's value and impact, MVC also continued to participate in national cardiac rehab awareness week during American Heart Month.

In 2023, performance year data was collected for the MVC Component of the BCBSM P4P Program's new measure that rewards sites for improvement or achievement in CR utilization relative to their baseline. MVC supported sites being scored on CR use after CABG or PCI with unblinded data, resources, workgroups, and more.



TOGETHER

Heartfelt, pragmatic support for first-time rehab patients

Introducing



A FRESH START TO A HEALTHIER HEART



MiCR collaborated with HBOM to develop and launch the NewBeat program in November, which offers a fresh, hopeful brand for patients as well as a single source for standardized, ready-to-use materials for providers. NewBeat uses a three-prong approach, addressing key barriers to patient enrollment and participation through three strategies: improving knowledge gaps within both the patient and physician populations, leveraging the influence of cardiovascular providers by ensuring a warm hand-off to recovery, and supporting transportation access for those struggling to attend in person. The NewBeat print materials can be downloaded and customized from MiCR's new website, MichiganCR.org.



MichiganCR.org

Provider Resources & Material Downloads

Patient Resources & Material Downloads

Resource Library

Location Finder for Michigan CR Centers



The MiCR Leadership Team including, left to right, Jana Stewart (MVC), Dr. Devraj Sukul (BMC2), Annemarie Forrest (BMC2), Mike Thompson (MVC), Erin Conklin (MVC), and Mary Casey (BMC2).

MiCR MEETINGS



A MiCR planning and support team comprised of select MVC and BMC2 staff organized and facilitated a spring meeting, summer advisory committee meeting, and in-person fall meeting in 2023. The spring meeting brought together cardiologists, surgeons, exercise physiologists, and cardiac rehab nurses to hear an expert presentation about cardiologist and cardiovascular surgeon attitudes toward cardiac rehab. The meeting also included updates on MiCR activity and an interactive design activity led by HBOM about barriers to enrollment. The summer advisory meeting provided valuable feedback on the development of MiCR's NewBeat intervention materials as well as a discussion about future areas of focus.

The fall meeting was delivered in partnership with member site Trinity Health Ann Arbor, which hosted MiCR and its guests at its cardiac rehab facility and provided tours of the space. The meeting brought together 63 individuals across 28 organizations. Guest presenters and panelists covered topics such as the new MVC and BMC2 pay-for-performance measures for cardiac rehab, advice and updates about cardiac rehab billing practices, and recent findings about liaison-mediated referrals and their impact on cardiac rehab participation. The meeting also included the launch of MiCR's new multi-component intervention, NewBeat, a program co-led by MiCR and HBOM that targets key barriers to enrollment.

PREOPERATIVE TESTING

VALUE COALITION CAMPAIGN UPDATE

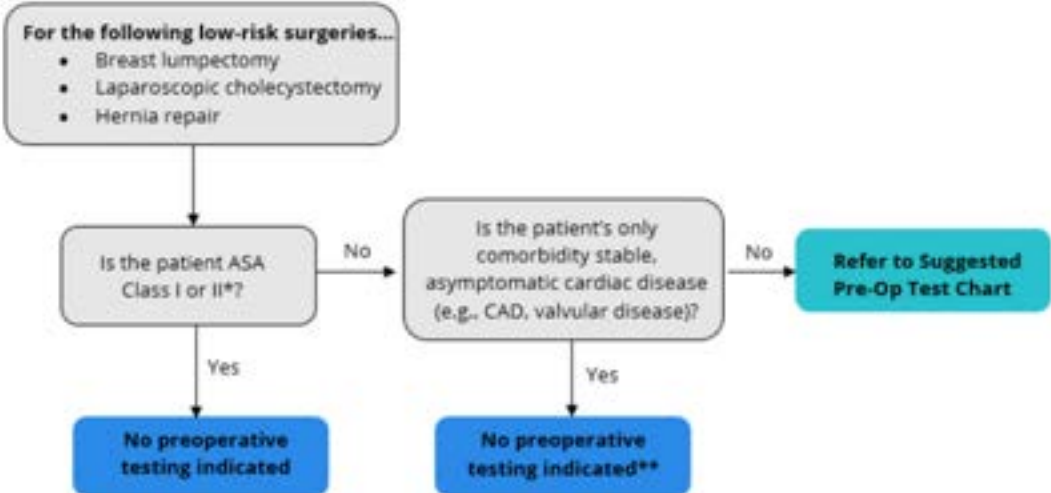
MVC’s preoperative testing VCC continues to support the de-implementation of preoperative testing before low-risk surgeries. MVC data on preoperative testing utilization was shared with hospitals and partners at collaborative-wide meetings and in dedicated hospital- and system-level push reports. MVC further organized preoperative testing workgroups in March, August, and October to support member collaboration, and coordinated a week-long social media campaign about low-value preoperative testing in August.

MVC also worked in collaboration with MSQC and MProVE (Michigan Program on Value Enhancement) to create a multi-pronged partnership, including the coordinated launch of MSQC’s own BCBSM P4P preop testing program and the development of several

provider resources, including a customizable preoperative testing decision aid paired with a reference chart for recommended testing, and a resource website to house national testing recommendations, background research, talking points for common questions, and more.

MVC’s partnership with MProVE has also expanded following the funding of a National Institutes of Health grant. MProVE and MVC previously collaborated on a pilot intervention to reduce low-value preoperative testing at Michigan Medicine. The pilot proved successful, and this new grant will allow for that intervention to be delivered and refined in other health systems and hospitals across the state, beginning with three initial pilot sites in early 2024.

Preoperative Testing Decision Aid for Low-Risk Surgeries



CQI & Quality Improvement Collaboration

USING DATA TO INFORM PRACTICE



Intentional collaboration with fellow CQIs and quality improvement collaborators is one of MVC's core strategic priorities. In the last 12 months, MVC underwent a number of **collaborative partnerships** focused on, among other things, episode development, quality improvement, and impact assessments.

Collaboration with Condition Specific CQIs



REPORT DEVELOPMENT

MVC continues to share push reports of interest with other CQIs and their clinical site contacts.



DATA MATCHING

MVC worked on four patient-level matching projects with HMS, MARCQI, MSQC, and MSTCVS.



NEW CQI SUPPORT

MVC provides data and analyses to support the development of newly launched CQIs.



IMPACT, EQUITY & VALUE

This year, MVC helped MUSIC and MOQC assess the impact and value of their initiatives.



CQI CENTRAL RESERVE PROJECTS

In collaboration with OBI, MSHIELD, and CQI Operations, MVC partnered with Dr. Alex Peahl, MD, MSc, and Briaa Baldwin, MPH, to facilitate connections between physician organizations and the **Multisite Opportunities for Michigan Maternity care social needs Assets in Prenatal Care** (MOM MAP) project, which aims to generate a comprehensive statewide asset map for social needs practices in prenatal care in Michigan. MVC also continues to partner with **HBOM and BMC2** on interventions and resources that make it easier for eligible patients to enroll in and continue attending cardiac rehabilitation, including a pilot to reduce patient transportation barriers.

MVC Publications and External Presentations

In addition to CQI collaboration, MVC data continues to appear in quality improvement publications that align with MVC's purpose of improving the health of Michigan through sustainable, high-value healthcare with an evident direct benefit to MVC's members.

21 PUBLICATIONS
FEATURING MVC
DATA

REVISED STRATEGY

MVC REDEFINED ITS STRATEGIC PRIORITIES IN 2023

In recent years, MVC’s strategy has delivered numerous successes, but over time some efforts have come to a natural conclusion and other priorities demand additional attention. With this in mind, MVC refreshed its strategic framework at the end of 2023 to guide MVC’s planning, development, and delivery in 2024 and beyond. This refreshed strategy outlines several strategic initiatives in need of development as well as certain operational initiatives for which MVC will maintain its efforts. Together, these activities realign MVC’s strategy with evolving trends and forces in healthcare delivery to allow for a more effective pursuit of MVC’s purpose and vision.

Strategic and Operational Initiatives

Strategic Initiative: **Augmenting Existing Data**



Enhance and enrich MVC data sources, methods, and outputs to drive member quality improvement efforts

Strategic Initiative: **Extending Membership Reach**



Broaden the scope of MVC’s membership base, refresh existing engagement approaches, and develop new activities to better reflect the wider healthcare landscape

Strategic Initiative: **Emphasizing Equity**



Continue to increase focus on health equity and social risk to help eliminate disparities and improve the health of all groups

OI: P4P Program

Encourage the use of high-quality data to drive QI by implementing, adjudicating, and improving our P4P program

OI: ROI and Value

Demonstrate the sustainability of MVC and the wider CQI portfolio by building and measuring value delivered in healthcare

OI: Reframing VCCs

Reevaluate scope and capacity to drive member quality improvement efforts & value-based improvement initiatives

OI: Actionable Data

Maintain the availability and impact of MVC data through the registry, push reports, custom analytics, data provision, claims consulting, and QI accreditation

OI: Member Engagement

Increase connectivity between members through collaborative wide meetings, workgroups, networking events, and other relevant meetings

OI: CQI Collaboration

Ensuring MVC’s CQI and QI collaborations closely align with our overarching purpose and vision

*Thank you for your continued partnership
as MVC pursues more sustainable, high-
value healthcare for Michigan patients.*

CONTACT

Michigan Value
Collaborative
Arbor Lakes
4251 Plymouth Road
Ann Arbor, MI 48105

(734) 232-1934

michiganvalue.org

Michigan-Value-Collaborative@med.umich.edu