

Levering Data & Collaboration to Drive Improvement Initiatives

Jana Stewart, MPH; May 9, 2025



Jana Stewart receives funding from Blue Cross Blue Shield of Michigan through its Value Partnerships Initiative



AGENDA



Cardiac Rehab

Updates on progress since initiative launch in 2020, new MiCR strategic priorities, and unblinded data



Preop Testing

Updates on progress since initiative launch in 2020, RITE-Size pilot updates, and unblinded data



ED-Based Episodes

Behavioral health use case for episodes built in collaboration with MEDIC

Applying MVC's CQI Partnership Model to Improve Value of Care Delivery













MiCR Progress & News

Activity Highlights | Progress Toward Statewide Goals | Unblinded Data | New Strategic Priorities



PEER LEARNING

- Offer two virtual meetings and one in-person meeting
- Cultivated partnership and event collaborations with MSCVPR



QI SUPPORT

- Distributed 32,000+ NewBeat materials to 24 sites in 2024
- Awarded mini grants for local QI
- Shared tailored videos, toolkit, and advocacy packet



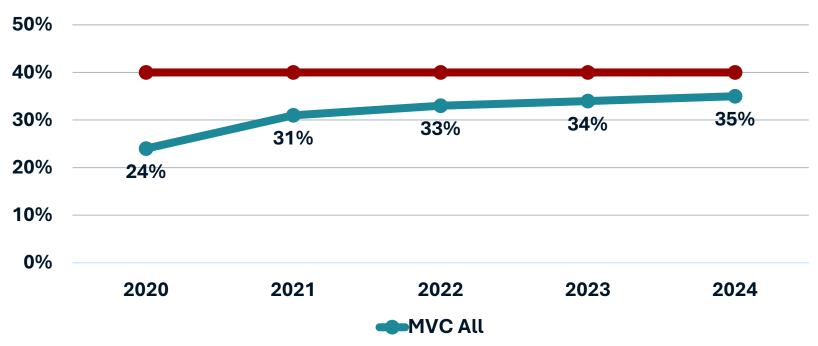
DATA SUPPORT

- Built and launched the multi-payer cardiac rehab registry reports
- BMC2 and MVC offered cardiac rehab P4P metrics and reports
- Collaborated on several recent QI investigations and custom analyses



GOAL: Increase CR participation to 40% for AMI, CABG, PCI, SAVR, and TAVR patients

Yearly Trends in Cardiac Rehab Use Within 90 Days of Discharge from AMI, CABG, PCI, SAVR, or TAVR Encounter



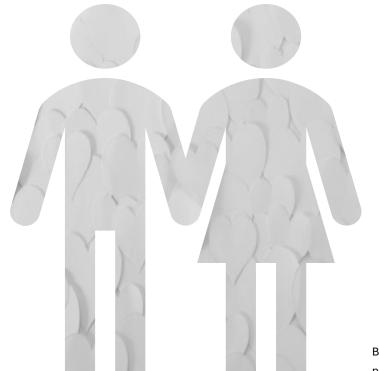




Lives Saved & Avoided Readmissions

This increase in enrollment helped save approximately

145 lives



While avoiding readmissions for approximately

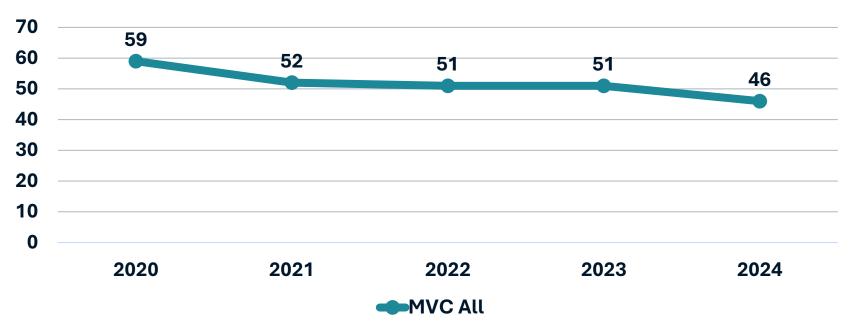
243 patients

Based on Number Needed to Treat estimates from peer-reviewed literature



Reducing Delays in Cardiac Rehab Enrollment

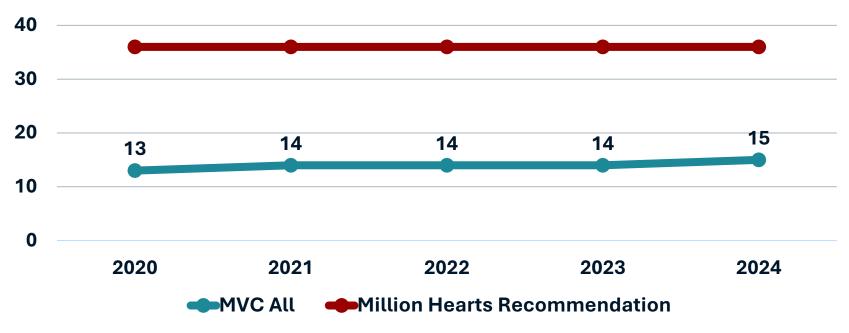
Trends in Mean Days to First Cardiac Rehab Visit After Discharge from Main 5 Condition





GOAL: Increase the Mean Number of Cardiac Rehab Visits (36 Sessions Recommended by Million Hearts)

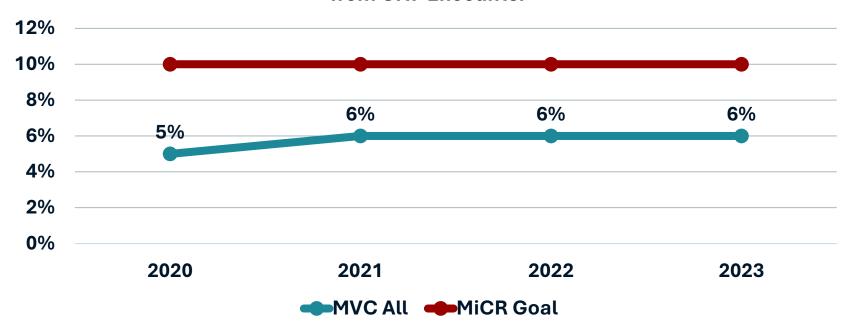






GOAL: Increase CR participation to 10% for CHF patients

Yearly Trends in Cardiac Rehab Use Within 365 Days After Discharge from CHF Encounter





Future Goals & Priorities

Continuing:

- Utilization goal for Main 5
 (AMI, CABG, PCI, SAVR, and TAVR) patients
- Utilization goal for CHF patients with more tailored approach
- Improve mean number of visits

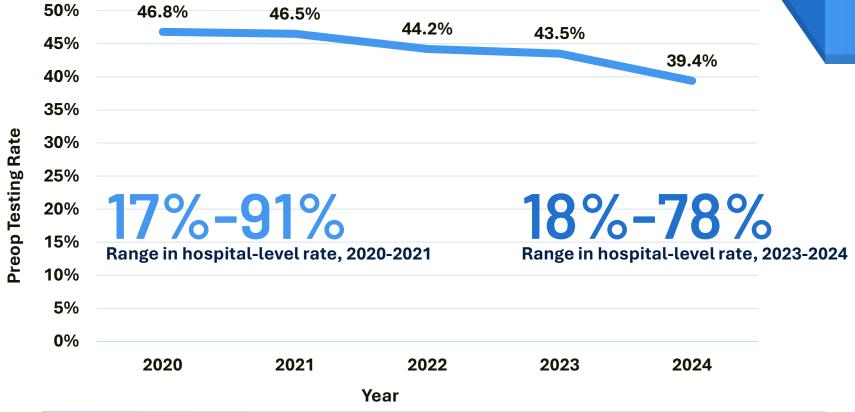
New:

- Benchmark and support telehealth implementation in Michigan
- Impact medication management and adherence at cardiac rehab









Trends in Rate of Any Preoperative Testing in the 30 Days Prior to Cholecystectomy, Inguinal Hernia, or Lumpectomy; 2020-2024

About the RITE-Size Pilot



- 5-year R01 grant funded initiative focused on reducing low-value preoperative testing in Michigan
- Co-Pls: Dr. Nathan (MVC) and Dr. Dossett (MPrOVE)
- Strategic Partners: MSQC, ASPIRE/MPOG

Strategies



Education



Decision Aids



Audit & Feedback

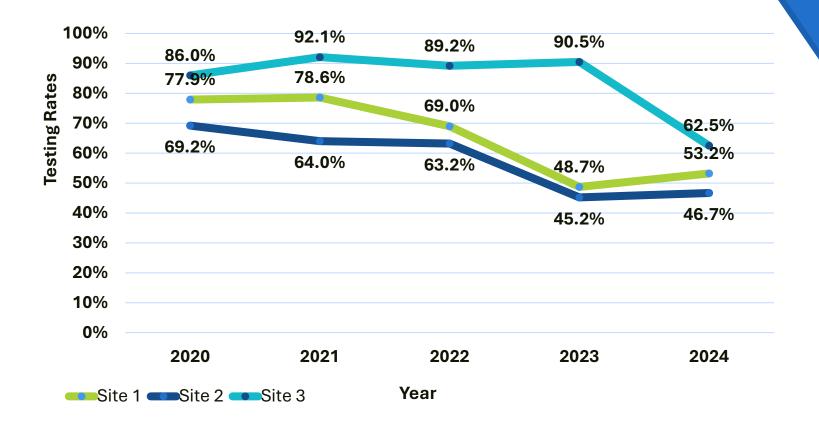


Policy Adaption



EMR enhancements





Pilot Site Trends in Rate of Any Preoperative Testing in the 30 Days Prior to Cholecystectomy, Inguinal Hernia, or Lumpectomy; 2020-2024



Analytic Cohort

Denominator for today's unblinded data

- Elective outpatient laparoscopic cholecystectomy, inguinal hernia repair, and lumpectomy episodes
- Index events 1/1/2024-9/30/2024 for the following payers: BCBSM/BCN Commercial, BCBSM/BCN Medicare Advantage, Medicaid
- Index events 1/1/2024-3/31/2024 for Medicare FFS

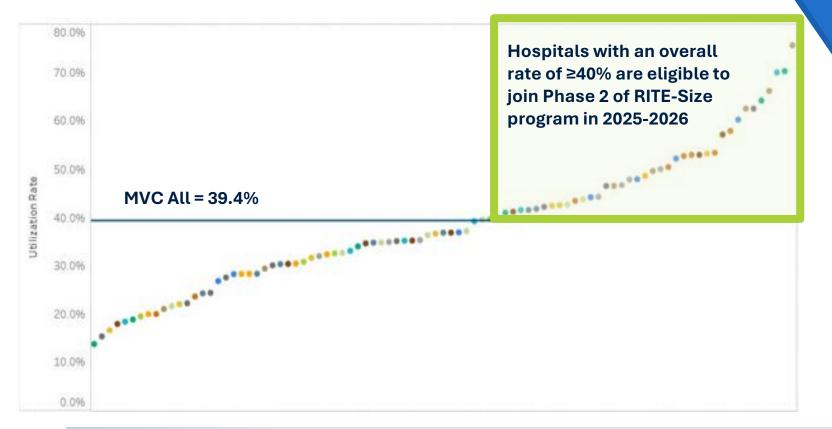
Numerator for today's unblinded data

Episodes where preoperative testing occurred in the 30 days prior to one of the three MVCdefined procedures for the included test types

Case count requirements

At least 11 episodes during the timeframe





Hospital-Level Rates of Any Preoperative Testing in the 30 Days Prior to Cholecystectomy, Inguinal Hernia, or Lumpectomy, 1/1/2024-9/30/2024*
*BCBSM/BCN Commercial, BCBSM/BCN MA, and Medicaid 1/1/24-9/30/24; Medicare FFS 1/1/24-3/31/24

ED-Based Episodes

Emergency department (ED) care and unblinded data





In 2023, MVC introduced **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 *may* not be captured by inpatient/ surgery-based episodes

ED-based episodes are:

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



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

Opioid overdose, accidental

Opioid use disorder

Pneumonia *

Pulmonary embolism

Pyelonephritis / urinary tract infections

Syncope

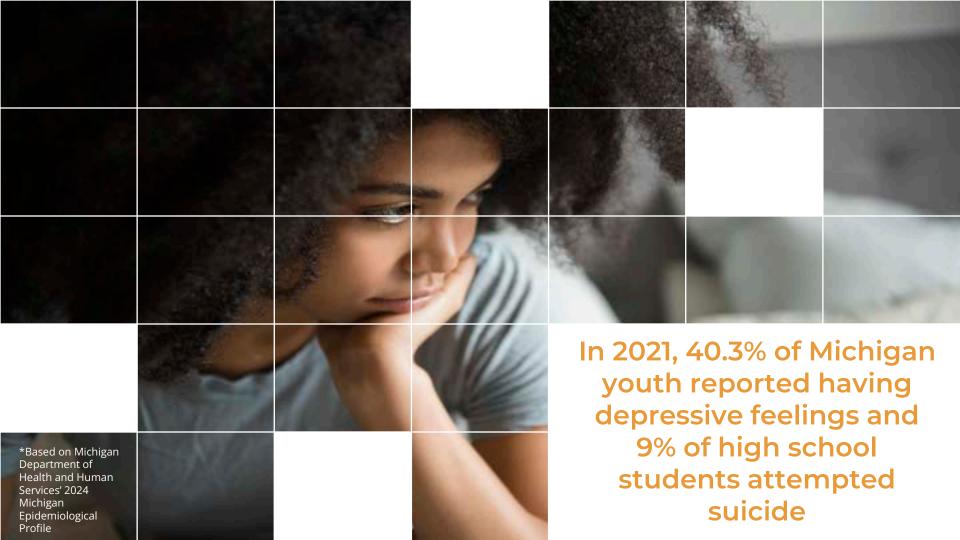
*conditions that also exist within MVC inpatient-based episodes

Michigan Value Collaborative

WE ASKED:

What priorities do members have that can leverage MVC's ED-based episodes?





ED-Episode Investigation

For patients treated in the emergency department, how many have mental health or substance abuse documented as a comorbidity?



Analytic Cohort

Denominator for today's data

- 30-day ED-based episodes
- All ED conditions EXCEPT: accidental opioid overdose and opioid use disorder
- Index ED events from 1/1/21-11/30/24 for:
 - BCBSM & BCN Commercial
 - BCBSM & BCN MA
 - Medicaid
- Index ED events 1/1/21-5/31/24 for Medicare FFS
- All ages (not restricted to 18+)

Numerator for today's data

 Patients with a primary diagnosis of one of MVC's ED conditions (minus opioid conditions) who also had a mental health or substance abuse ICD-10 code included on their index ED visit

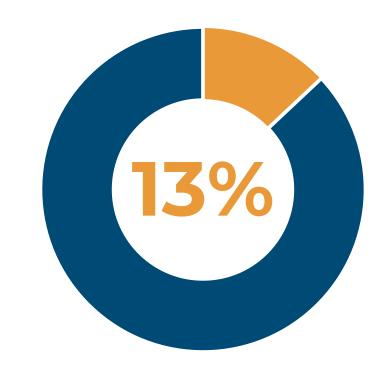
Case count requirements

 At least 20 episodes from 2021-present

Behavioral Health in the ED

The statewide average rate of ED visits that contain a behavioral health (mental health or substance abuse) ICD-10 code on the index ED visit is **13%.**

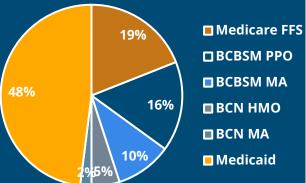
The range in hospital-level rates is **3% to 30%.**

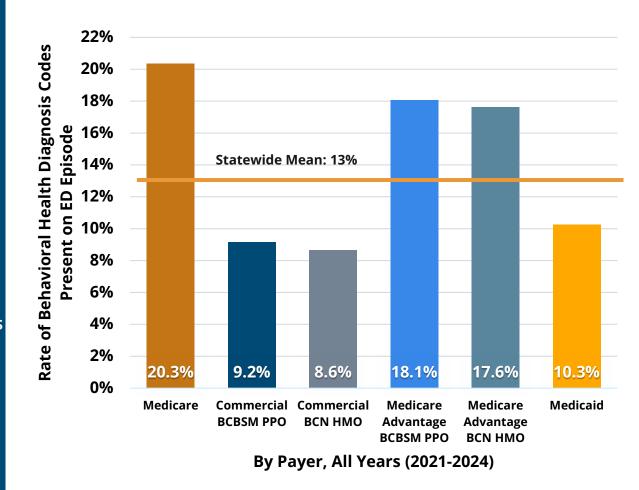


- Presence of Behavioral Health ICD-10 Code
- No Behavioral Health ICD-10 Code

Behavioral Health by Payer

The rate and proportion of ED visits that contain a behavioral health ICD-10 code on the index ED visit by payer.

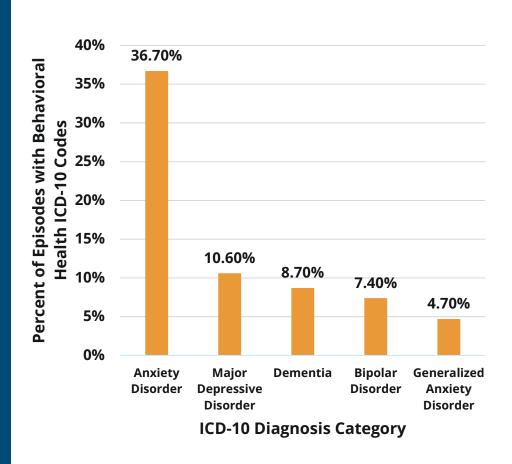


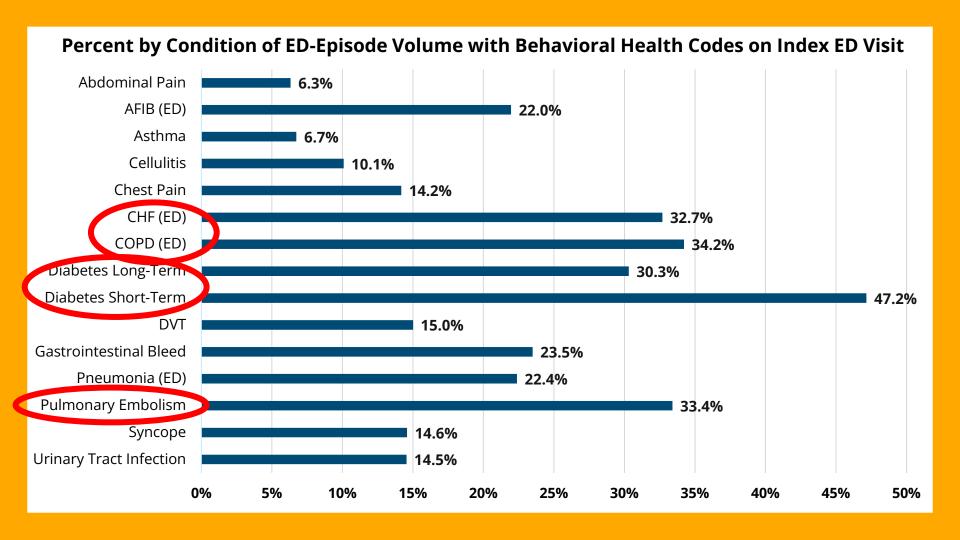


Most Common ICD-10 Diagnosis Codes Indicated

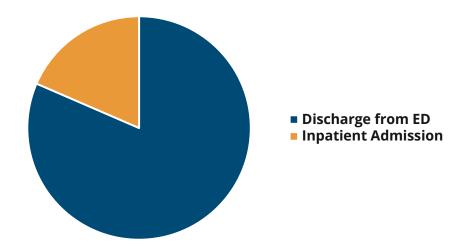
The top three ICD-10 diagnoses appearing in index ED visits are:

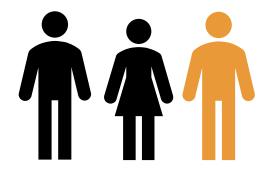
- 1. Anxiety disorder
- 2. Major depressive disorder
- 3. Dementia





Of all the patients who present to the ED, 18.5% have a resulting inpatient admission





Of the patients with an inpatient admission from the ED,

1 in 3 have a behavioral health diagnosis code

Consider Shared
Quality Measures

Coordinate with MI Mind on follow-up measure

Offer Data Benchmarking Prepare custom reports upon request; consider for future push reports

Next Steps for Behavioral Health in the ED

Share Resources & Practice Guides Work with experts and members to collate best practices and resources

Applying MVC's CQI Partnership Model to Improve Value of Care Delivery







Related MVC Offerings





Registry Data, Member Reports



Networking Events, Workgroups

Thank you! What questions do you have? Michigan-Value-Collaborative@med.umich.edu