

# MVC Value Coalition Campaign: Joint Replacement Success Story

## Background

### What is a Value Coalition Campaign?

MVC Value Coalition Campaigns (VCCs) can essentially be thought of as specific focus areas in which member collaborations are concentrated to drive improvement. Examples of MVC VCCs include efforts aimed at improving chronic disease management, increasing support for vaginal deliveries among low-risk births, increasing the utilization of cardiac rehab after surgery, reducing unnecessary preoperative testing, and optimizing inpatient post-acute care (IP PAC) after major joint replacement.

MVC supports member activity in these areas through a variety of improvement levers. This includes regular push reporting, registry reports, unblinded data, and best practice workgroup sharing.

### What made MVC focus on Joint Replacement?

Clinical data collected by the Michigan Arthroplasty Registry Collaborative Quality Initiative (MARCQI), coupled with MVC claims data revealed no real differences in quality outcomes for major joint replacement patients using post-acute care vs. those not.

With this in mind, the MVC Coordinating Center, in partnership with MARCQI, launched a new VCC focused on optimizing inpatient post acute care (i.e. SNF/inpatient rehab use) after major joint replacement.

### MVC Joint VCC Goal

Reduce the average inpatient post-acute care rate <15%, or average post discharge spend <\$3,400, in at least 90% of MVC hospitals. Progress against this goal is shown in the adjacent figure.

## Levers for Improvement

In 2014, MARQCI clinical data and MVC claims data revealed no differences in outcomes for major joint replacement patients utilizing post-acute care vs. those not. To tackle this and focus efforts, MVC introduced multiple improvement levers:

### Joint Replacement Service Line

In 2015, a new knee & hip replacement cohort was created with MARCQI clinical experts. This cohort was added to the MVC registry, providing access to meaningful, benchmarked performance data to inform internal improvement efforts.

### Joint Workgroup

In 2017, MVC's first Joint Workgroup was held. This workgroup has continued to meet every two months, offering a highly accessible online platform for hospital and PO leaders to come together, collaborate, and share best practices.

### Joint Replacement Push Report

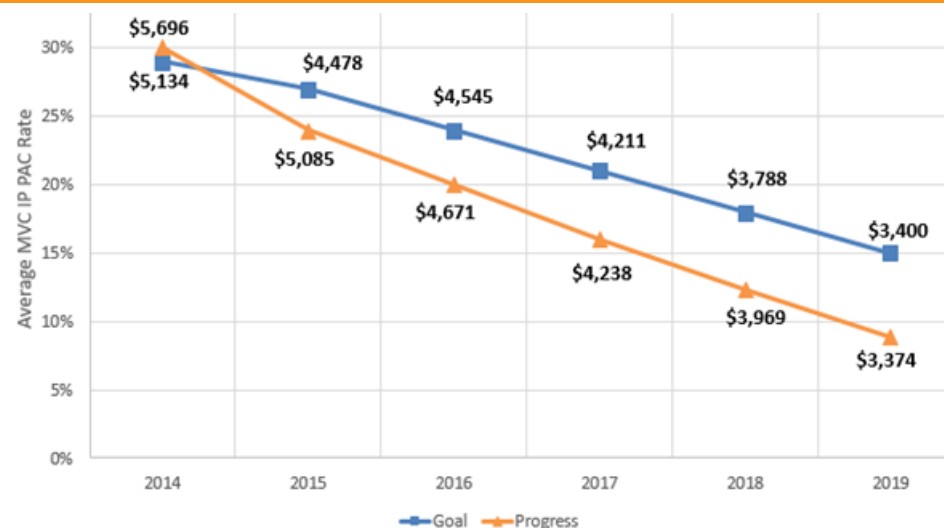
Since 2018, the MVC Coordinating Center has disseminated a joint push report twice a year. This report provides members with different ways of looking at their IP PAC practices, including year over year comparisons with other MVC members, a ratio of expected use to actual use, and use amongst patients with the lowest vs. highest likelihood of discharge to IP PAC.

### MVC Component of the BCBSM P4P Program

As part of the MVC Component of the BCBSM P4P Program, participants have been able to choose joint replacement (hip and knee) since 2018 as one of seven service lines to be scored on. The potential for financial reward has helped encourage participants to introduce tailored initiatives to drive quality improvement in this area.

### Semi-Annual Meetings and Unblinded Data

From 2019 onwards, MVC semi-annual meetings have been used to show unblinded data, enabling attendees to see their IP PAC rates after joint replacement surgery compared to their peers. Those hospitals performing well are often invited to offer insight as to how this has been achieved and what mechanisms other members could adopt to improve performance levels.



Average IP PAC  
Rate: 8.8%

21%

Average  
Discharge  
Spend: \$3,374

40%