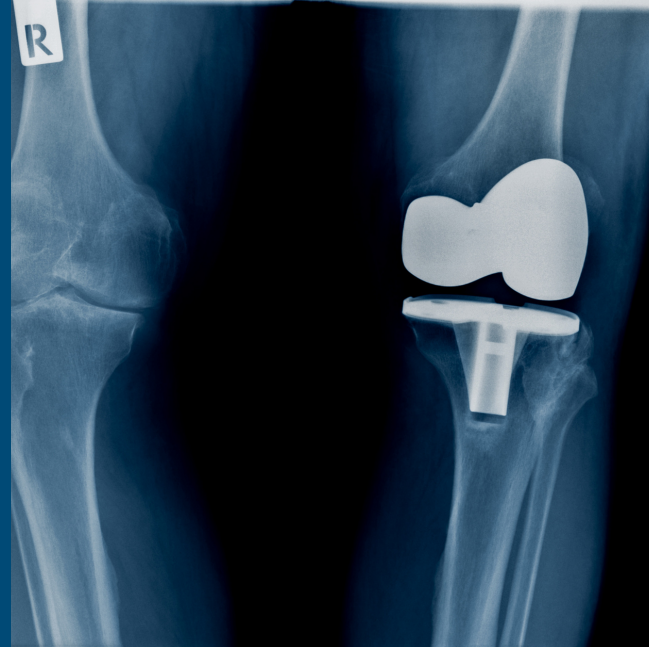


# MVC JOINT REPLACEMENT VALUE COALITION CAMPAIGN: A CQI SUCCESS STORY

MVC and MARCQI Help Hospitals  
Reduce Inpatient Post-Acute Care  
Spending Following Joint Replacement

March 2021



## MVC AT A GLANCE

### Resources Shared

- Joint service line
- Joint push reports
- Joint workgroup meetings

### Outcomes

- Members were able to select joint replacement as part of the MVC Component of the Blue Cross Blue Shield of Michigan Pay-for-Performance Program
- Average inpatient post-acute care rates were reduced 21% and average discharge spending was reduced by 40%



*"The goal of this specific VCC effort was to reduce the average inpatient post-acute care (IP PAC) rate to less than 15%, or lower the average post-discharge spending to less than \$3,400, in at least 90% of MVC member hospitals. Progress against this goal was regularly tracked (see Figure 1 on page 2), and both goals were ultimately met. The average IP PAC rate dropped 21% to 8.8% and average discharge spending dropped 40% to \$3,374."*

**MVC Coordinating Center**

## BACKGROUND

### WHAT IS A VALUE COALITION CAMPAIGN?

Michigan Value Collaborative (MVC) Value Coalition Campaigns (VCCs) can be thought of as specific focus areas in which member hospital and physician organization collaborations are prioritized to drive improvement. Examples of other 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. To support the effort to optimize IP PAC after joint replacement, the MVC team enacted a variety of support strategies in collaboration with the Michigan Arthroplasty Collaborative Quality Initiative (MARCQI) and disseminated push reports and related data to drive improvement.

### WHY JOINT REPLACEMENT?

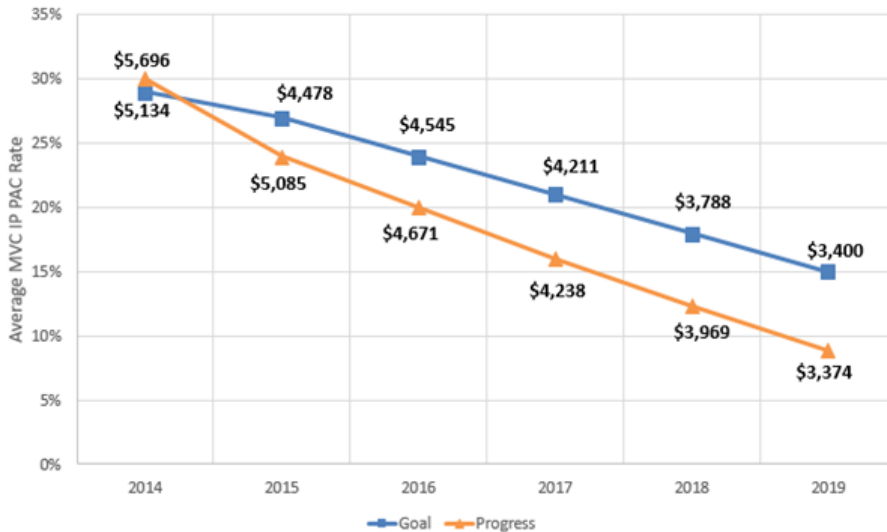
Clinical data collected by MARCQI, coupled with MVC claims data, revealed no real differences in quality outcomes for major joint replacement patients using post-acute care vs. those not using post-acute care.

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) following a major joint replacement.

### MVC JOINT VCC GOAL

The goal of this specific VCC effort was to reduce the average inpatient post-acute care rate to less than 15%, or lower the average post-discharge spending to less than \$3,400, in at least 90% of MVC member hospitals. Progress against this goal was regularly tracked (see Figure 1 on page 2), and both goals were ultimately met. The average IP PAC rate dropped 21% to 8.8% and average discharge spending dropped 40% to \$3,374.

**Figure 1. Average MVC Inpatient Post-Acute Care Rate Following Joint Replacement, Goal vs. Progress**



**21%**  
↓

**Average IP PAC Rate: 8.8%**

**40%**  
↓

**Average Discharge Spending: \$3,374**

## 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 utilizing post-acute care. To tackle this and focus efforts, MVC introduced multiple improvement levers.

### JOINT REPLACEMENT SERVICE LINE

In 2015, a new knee and hip replacement cohort was created with MARQCI 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 per 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 Blue Cross Blue Shield of Michigan (BCBSM) Pay-for-Performance (P4P) Program, participants have been able to choose a 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 & 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.

## NEXT STEPS

MVC continues to offer a joint service line, push report, and workgroup meetings. Its current VCC priorities have shifted to equitably increasing cardiac rehab use and decreasing preoperative testing that is not indicated.