



2021

ANNUAL REPORT

MICHIGAN VALUE
COLLABORATIVE

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A WORD FROM MVC LEADERSHIP

Dear collaborative members and partners,

Since its inception nine years ago, the Michigan Value Collaborative has worked closely with hospitals, physician organizations, Blue Cross Blue Shield of Michigan (BCBSM), and other stakeholders to improve the health of Michigan through sustainable, high-value healthcare. In late 2019, we embarked on an ambitious strategic plan to help strengthen this further, with a commitment to helping Michigan residents access the right care, at the right time, at the right cost. In launching this new strategic framework, little did we know what was waiting around the corner.

The last two years have been like no other and on behalf of all those at MVC, we continue to express our thanks and gratitude to each of our collaborative members and those hospitals and physician organizations across the country who have continued to work tirelessly against the ongoing pandemic. During this time, we were faced with numerous challenges and have been forced to adapt to new ways of working and living. However, one thing that has made us extremely proud is the role that the Michigan Value Collaborative and our great team have been able to play in supporting members throughout this difficult time.

Our strategic framework has provided the roadmap for this success, allowing the MVC team to grow in size and subsequently increase the support available to our members. In 2021 alone, the MVC team held two virtual collaborative-wide meetings, undertook 87 virtual site visits, conducted 62 tailored registry webinars, delivered 56 custom analytic reports, facilitated 34 workgroups, disseminated 21 push reports, and held five virtual regional networking events. It's worth noting that these are just the benefits that can be quantified. Beyond this, the MVC team has been able to foster new relationships across the healthcare landscape that will be pivotal in continuing to grow our impact.

There's only so much that we can highlight in a few paragraphs and as such, this first MVC annual report will share more 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 and partner as we look to the future. We are extremely proud to be part of this community and we look forward to continuing to work with you all to help improve the health of Michigan through sustainable, high-value healthcare.

In partnership,

A handwritten signature in black ink, appearing to read 'Mark Bradshaw', written over a light blue rectangular background.

MARK BRADSHAW
MANAGING DIRECTOR

A handwritten signature in black ink, appearing to read 'Hari Nathan', written over a light blue rectangular background.

DR. HARI NATHAN
DIRECTOR

A handwritten signature in black ink, appearing to read 'Mike Thompson', written over a light blue rectangular background.

DR. MIKE THOMPSON
CO-DIRECTOR



ABOUT THE MICHIGAN VALUE COLLABORATIVE

WHO WE ARE

MVC is a partnership between 100 Michigan hospitals, 40 physician organizations, and Blue Cross Blue Shield of Michigan (BCBSM). Working in conjunction with the many specialty-specific Collaborative Quality Initiatives (CQI) in BCBSM's Value Partnership Program, MVC helps its members better understand their performance using robust multi-payer data, customized analytics, and at-the-elbow support. As part of this, MVC fosters a collaborative learning environment to enable providers to learn from one another in a cooperative, non-competitive space.

PURPOSE

The overarching purpose of the Michigan Value Collaborative (MVC) is to improve the health of Michigan through sustainable, high-value healthcare. MVC aims to achieve this through several strategies:

- By providing hospitals and physician organizations (PO) with meaningful, benchmarked performance data that helps them identify and focus their improvement efforts
- By helping hospital and PO leaders learn best practices from each other at our semi-annual collaborative improvement meetings and other engagement opportunities
- By partnering with the specialty-specific CQI programs and supporting their efforts related to quality improvement and episode efficiency.

VISION

The overarching vision of MVC is to help people access the right care, at the right time, at the right cost.

COLLABORATION



100

hospital
members



40

PO
members



23

CQI
partnerships



432

semi-annual
attendees

IMPROVEMENT



56

custom analytic
reports shared



300,000+

Michigan Medicaid
episodes added to registry



21

push reports
disseminated

ENGAGEMENT



723

blog views
per month



62

custom registry
reviews



87

hospital and
PO site visits

48

blog posts
published

34

virtual
workgroups

5

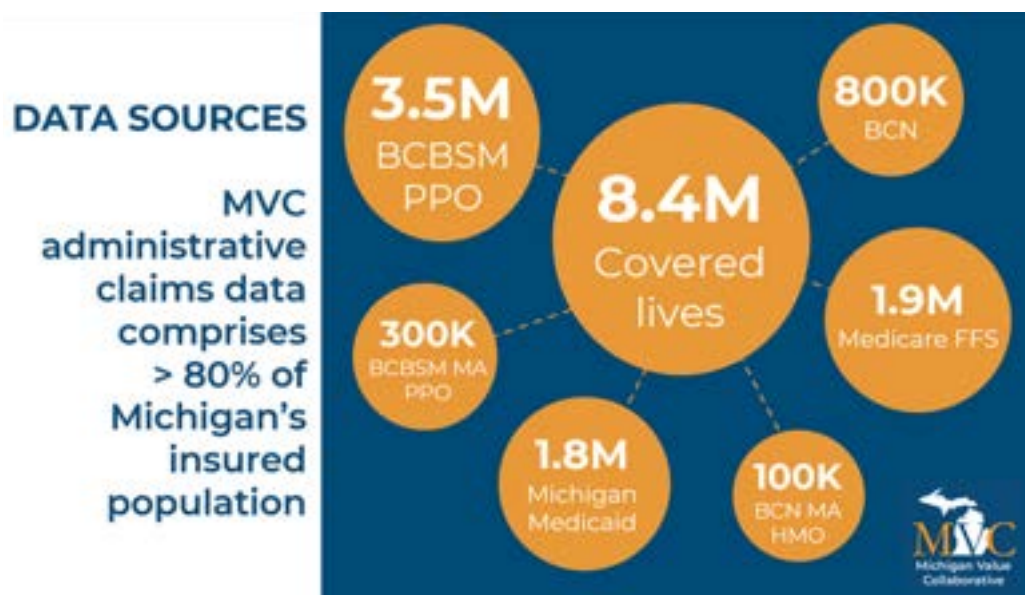
regional
networking
events

DATA EXPANSION & REGISTRY IMPROVEMENTS

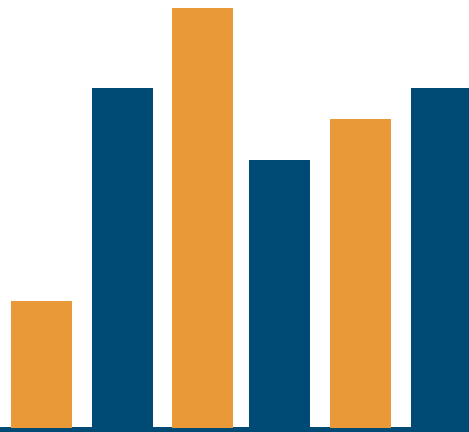
The MVC Coordinating Center continues to receive regular updates of BCBSM/BCN data on a monthly basis and Medicare FFS data on a quarterly cadence. This regular receipt of data has supported the development of MVC's new push reports and informed internal discussions about adjustments to the MVC Component of the BCBSM Pay-for-Performance (P4P) Program for PY20. In May of 2021, MVC added Michigan Medicaid data to its portfolio, representing an additional 1.8 million covered lives and over 300k new episodes. The Coordinating Center launched this new data source on the MVC registry in late June and it was refreshed in early October.

To support the growing variety of member needs, the MVC team added a new 'Critical Access Cohort' to allow MVC's new Critical Access Hospital (CAH) members to compare performance against other facilities of similar size. These additions represent a commitment to expanding patient populations on the MVC registry to increase the level of meaningful, timely, benchmarked performance data available to aid members' quality improvement activities.

To continue to build on the data available, MVC developed several new conditions in 2021 for launch in early 2022: small bowel obstruction, nephrectomy, and venous thromboembolism. As a result of member feedback, MVC also developed a new chronic kidney disease (CKD) sub-cohort for 2022 launch.



NEW PUSH REPORTS



The MVC Coordinating Center shared a total of 21 push reports in 2021. This included several new reports that were developed, including MVC's **new health equity report** and its PO-focused joint replacement report. A commitment to addressing equity in healthcare will form a core part of MVC's strategy in the year ahead. In planning for this increased focus, the Coordinating Center partnered with the MSHIELD collaborative to develop a new health equity focused report that was shared with members in August. This report provided members with a comparison of dual-eligible to non-dual-eligible patients on 30-day total episode payments, index length of stay, 30-day readmission rates, 30-day post-discharge emergency department utilization rates, and post-acute care utilization. As MVC's efforts in this area increase in the coming months, and as the Coordinating Center's relationships with MSHIELD develop, further analyses will be conducted and shared with members.



In addition to this new health equity report, the Coordinating Center has continued to develop its PO data offerings. In late April, MVC's first PO patient-level report was disseminated to all PO members. Feedback on this report from a dedicated roundtable meeting with members and subsequent meetings with the BCBSM team helped identify methodological improvements and pinpoint future topics for consideration.

After aligning MVC's patient attribution methodology with the same processes being used by BCBSM, the MVC team developed a second **PO report focused on joint replacement** and shared this with 37 PO members in October. This report allowed PO members to compare their organization to all other MVC POs on several joint replacement metrics, including facility utilization, percentage of surgeries in the inpatient setting, and 30-day post-discharge rates of home health, skilled nursing facility, and emergency department utilization following a joint replacement surgery. In response to member requests, this report also enabled members to compare their performance against similar employed or independent POs.



OTHER PUSH REPORT HIGHLIGHTS

In addition to the new health equity and PO push reports, the Coordinating Center has continued to add new and refresh existing reports, including the following:

Cardiac Rehab Master Report: the Coordinating Center created a new master cardiac rehab report that collated information contained in several separate reports disseminated by condition. The new master report was sent to MVC, BMC2, and MSTCVS members in March and then refreshed in October. As well as combining CR-related data on PCI, TAVR, SAVR, and CABG, the fall refresh introduced metrics on CHF and AMI, and lengthened the 90-day episode window to 365 days to fully capture the number of post-discharge cardiac rehab visits.

Sepsis Master Report: the Coordinating Center created a new master sepsis report that was sent to MVC and HMS member facilities in October and November. This new master report collated information from separate outputs for the benefit of members and to ease the administrative burden on the MVC Coordinating Center. This report compared individual hospitals to other MVC members on 90-day total episode payments, inpatient length of stay, inpatient mortality and discharge to hospice, 90-day post-acute care utilization, and 90-day readmission rates for sepsis patients.

COPD and CHF Report: as part of MVC's continued emphasis on the importance of increasing post-discharge follow-up rates after inpatient admissions for chronic disease, MVC sent refreshed COPD and CHF reports in October containing specific information to enable hospitals to track outpatient follow-up rates.

Cardiac Service Line Report: an updated version of MVC's cardiac service line report—focusing on CHF, AMI, and CABG—was sent to members in November. This report enabled members to compare their institution to other MVC members on 30-day episode spending, 30-day readmission rates, and 30-day post-acute care utilization.

Preoperative Testing Report: in launching MVC's new Value Coalition Campaign (VCC) aimed at reducing the use of unnecessary preoperative testing for surgical procedures, the Coordinating Center made a commitment to support members through the delivery of regular push reporting. MVC's first push report in this space was sent in March and refreshed in December. The reports highlighted the variation in testing practices across the collaborative and provided each hospital member with their testing rates for specific low-risk procedures.

Where possible, each of the reports above were supplemented by dedicated system-level reports to allow each health system in Michigan to compare the performance of all their individual hospitals on one report.

Finally, to communicate the upcoming changes to the **MVC Component of the BCBSM P4P Program** for Program Year 2022 and Program Year 2023, the MVC team created a detailed explainer document that was shared with all participating hospitals in July, along with condition selection reports for PY22 and PY23. This was supported by two dedicated P4P webinars to assist members with selecting two conditions for measurement in the next two-year program cycle.

CUSTOM ANALYTIC REPORTS

The Coordinating Center made a concerted effort to raise awareness of MVC's ability to provide custom analytics to members, the steps for which are outlined on the MVC website and in the graphic below. MVC's efforts proved successful in 2021 with the MVC team generating a total of 56 different custom requests. In addition, the Coordinating Center has also worked closely with the Michigan Health and Hospital Association (MHA) Keystone Center to support their efforts to positively impact hemorrhage, hypertension, and sepsis outcomes.

To continue growing awareness and appetite for this type of support, the MVC team developed case studies that showcase more involved requests. These case studies will be used to continue to raise awareness amongst MVC's membership, helping to further promote this service.





Mi-COVID19

The Mi-COVID19 initiative, a CQI venture led by HMS, was recently retired after providing valuable support and insights to hospitals across the state during the pandemic.

COVID-19 ACTIVITY

The MVC team provided input to the Mi-COVID19 steering committee on the development of the initiative, and MVC played a key supporting role in delivering some of the many research projects undertaken with the data collected, including several published manuscripts.

The MVC Coordinating Center was also able to provide support to HMS to secure additional funding from the Michigan Public Health Institute to conduct additional analyses looking at health disparities. As part of these analyses, the MVC team helped to identify the association of area-level social and demographic risk factors on COVID disease severity, disease progression, return to work, and financial well-being. In addition, the team explored variability in establishing follow-up with a patient's primary medical provider at the time of hospital discharge across member hospitals.

The new MVC COVID-19 condition cohort that was developed has helped support all of this work and allowed the Coordinating Center to provide members with timely data related to the pandemic through semi-annual meetings and the MVC registry.

As a reminder, this cohort includes all hospitalizations where there was a COVID-19 discharge diagnosis, as well as all hospitalizations where COVID-19 symptoms were detected and a test was administered. This proved particularly useful in helping to assess the impact of COVID-19 on PY21 of the MVC Component of the BCBSM Program (based on 2020 data) and formulating recommended changes to share with BCBSM.

MVC COMPONENT OF THE BCBSM P4P PROGRAM



P4P PROGRAM

Over the last 12 months, the Coordinating Center adjudicated scores for PY20, evaluated the impact of COVID-19 on PY21, disseminated mid-year scorecards for PY21, shared condition selection forms for the next two program years, prepared for the implementation of recently approved changes for PY22 and PY23, and started strategic discussions for further improvements for PY24 and PY25.

The MVC Coordinating Center distributed final hospital performance reports and BCBSM scorecards for the 2020 program year

in February 2021. This marked the completion of the first year of a two-year cycle for which hospitals have selected two conditions (out of seven) to be scored on their episode spending using MVC data. As PY20 relied on performance data from 2019, the scoring of this program year was unaffected by the pandemic.

On average, hospitals earned six points, an increase of around one point from the 2019 program year average. Twenty-four hospitals received bonus points within the COPD, colectomy, joint replacement, and pneumonia conditions. Consistent with previous years, joint replacement had the highest average points, with pneumonia coming in a close second.

PY21 ADJUSTMENTS

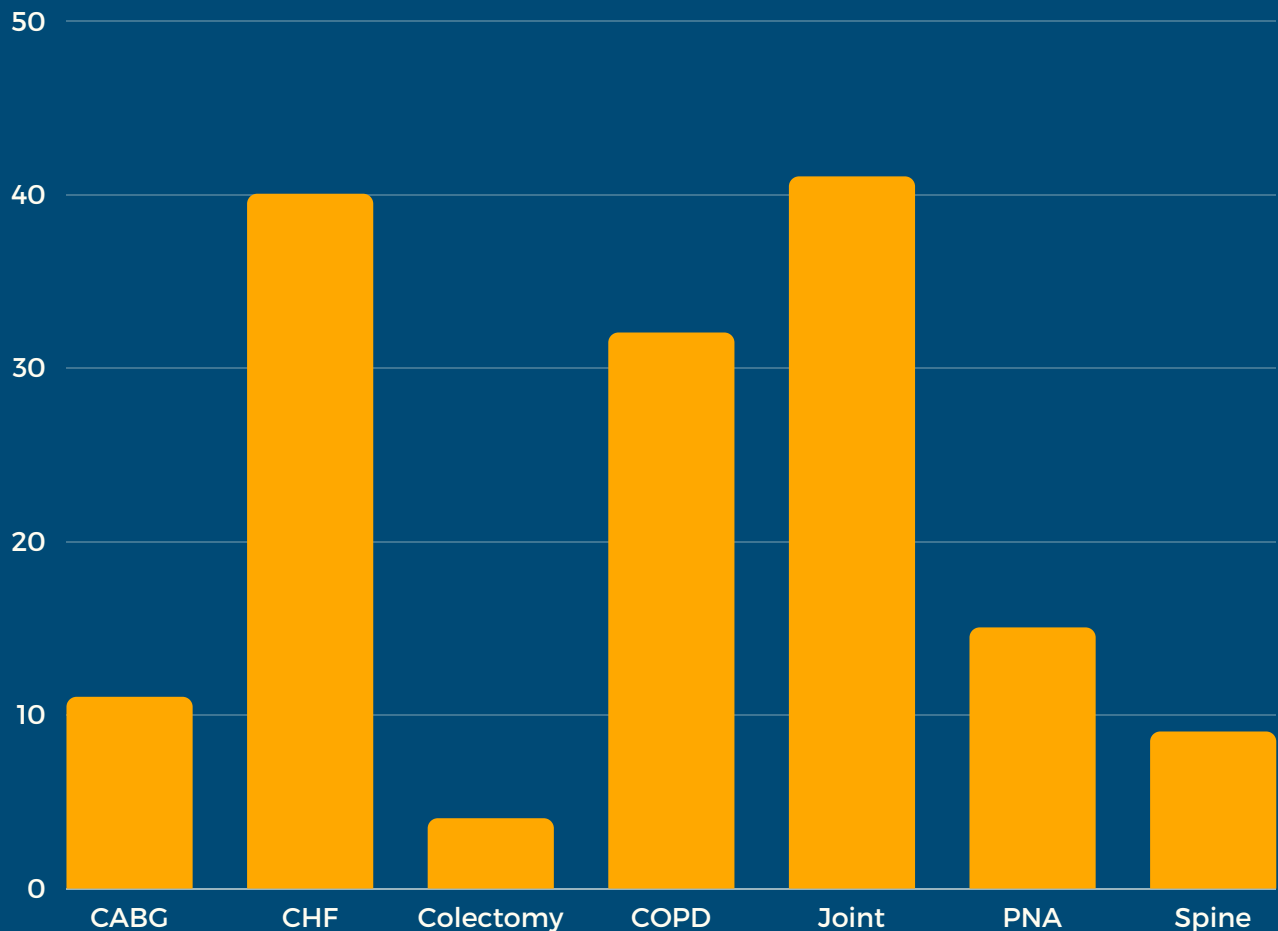
The COVID-19 pandemic impacted hospitals throughout the state in 2020 and, as such, the MVC Coordinating Center evaluated the effect of COVID-19 on the MVC Component of the BCBSM P4P Program. The goal was to determine if adjustments needed to be made to maintain fairness across the collaborative for index admissions in 2020, which are used to score the 2021 program year.

In investigating the impact of COVID-19, the MVC Coordinating Center found that 223 of the 25,627 (0.9%) episodes included in the P4P conditions from the first half of 2020 had a code for confirmed COVID-19 infection in the index event or other inpatient settings. The

MVC Component rewards hospitals for either making improvements over their baseline or for being less expensive than peer hospitals. The MVC team found that episodes of COVID-19 patients were generally more expensive than typical episodes. In addition, COVID-19 was not present in the baseline year of 2018 that hospitals stand to be evaluated against. Therefore, with approval from BCBSM, the Coordinating Center removed any 2020 episode with a COVID-19 diagnosis on an inpatient facility claim during the 30-day episode if the COVID-19 ICD code was one of the first three diagnosis codes on the claim. MVC also introduced two new ways to earn participation-based bonus points for PY21.

PY22 & PY23 Condition Selections

Each participating hospital selected two of the seven available conditions for PY22 and PY23. Joint and CHF were the top choices.





QUALIFIED ENTITY APPLICATION

For the last two years, the Coordinating Center has been working towards achieving CMS approval as a Qualified Entity (QE) to allow for the sharing of patient-level data with hospital and PO leaders, removing some of MVC's existing DUA regulations. In late November 2020, the MVC Coordinating Center submitted Phase 2 of the application which was subsequently approved in January 2021. The approval of Phase 2 of the QECF application marks a major development in the process of becoming QECF certified. This stage is by far the largest of the four application phases.

For the last six months, the Coordinating Center has been working with CMS and the Regents of the University of Michigan to finalize the DUA that was received in early October. Additionally, the team has had the phase three kickoff call with the QECF administration team to propose initial plans for reporting QE data on the MVC registry.



Source: Centers for Medicare and Medicaid Services (CMS)

MEMBERSHIP GROWTH

MVC continues to dedicate resources to growing collaborative membership and increasing engagement levels across the group. In 2021, MVC worked closely with the Michigan Center for Rural Health (MCRH) to present what MVC has to offer to Critical Access Hospitals and rural facilities in Michigan. This resulted in the addition of 13 new hospital members to the collaborative, meaning MVC now has a total of 100 facilities participating from across the state of Michigan. Increased reporting and the ability to now request PO custom analytics has also resulted in enhanced levels of PO participation over the last 12 months.



100

hospitals

40

physician
organizations



ENGAGEMENT

87

VIRTUAL SITE VISITS

Site visits are designed to provide hospitals and physician organizations with a more in-depth understanding of MVC and its activities, as well as providing the opportunity to learn about best practices used by the member that could be shared with the rest of the Collaborative. Feedback is also sought from sites to ensure MVC is able to continually improve the data, analytic support, and engagement resources available to members.

62

REGISTRY REVIEWS

As part of welcoming new users to the MVC registry, the MVC team holds a tailored one-hour registry session to introduce users to all aspects of the MVC online tool.

34

VIRTUAL WORKGROUPS

Workgroups are designed to provide a highly accessible online platform for hospital and PO leaders to come together, collaborate, and share best practices. Workgroups for 2021 were offered on joint replacement, sepsis, chronic disease management, chronic obstructive pulmonary disease, diabetes, and congestive heart failure.

VIRTUAL SEMI-ANNUALS

MARSHALL INC.

MVC held its first virtual semi-annual meeting of 2021 on May 7, and were joined by 221 leaders representing 74 different hospitals and 30 POs. Participants discussed variations in transitions of care and emergency department utilization practices with guest speakers from BCBSM, Spectrum Health Lakeland St. Joseph Niles, the Consortium of Independent Physician Association (CIPA), Professional Medical Corporation (PMC), and the Michigan Emergency Department Improvement Collaborative (MEDIC).

MVC held its second virtual semi-annual meeting on October 22, and were joined by 221 leaders representing 70 different hospitals and 23 POs. Participants came together to discuss “the social risk and health equity dilemma” - a growing priority within the healthcare system generally, as well as within the MVC Coordinating Center. As part of this, the Coordinating Center was joined by guest speakers from the MSHIELD collaborative, McLaren Flint Hospital, IHA, and GLPO. After the meeting, a survey was shared with attendees to capture their experience. A total of 54 responses were received, representing a response rate of 24%.

100%

All attendees surveyed in October evaluated the overall meeting as excellent or good. Both the May and October meetings featured a variety of special guest speakers.

100%

All respondents surveyed in October reported that the meeting objectives were met and the content would impact their work in the future.

MVC ONLINE ACTIVITY



Follow us @michiganvalue



**MVC BLOG
SUBSCRIBERS:**
889

As part of the Coordinating Center's strategic efforts to increase awareness of MVC activities, the MVC team has 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, using it to share updates on ongoing MVC activities, future developments, and other topics of interest. In 2021, MVC posted 48 blogs that have been distributed to 889 subscribers.



**TWITTER
ENGAGEMENT:**
+239%

The MVC website also underwent enhancements to support the objectives of the Coordinating Center and reach key internal and external stakeholders. Regular updates ensure that MVC's digital front door is current and engaging.



**LINKEDIN
PAGE VIEWS:**
+791%

Finally, MVC has been increasingly active on its two social media channels: Twitter (@michiganvalue) and LinkedIn. Follow these MVC accounts for regular updates and healthcare news.

Cardiac Rehabilitation

Value Coalition Campaign



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 member hospitals and physician organizations. These are termed our 'Value Coalition Campaigns' (VCCs).

About the Campaign

Cardiac rehab (CR) has a Class IA indication, meaning there is high-quality evidence that it is beneficial. Nevertheless, CR is widely underused, with national utilization rates only 20-30% and, in Michigan, a large disparity between CR referral and CR attendance. By using our 90-day episode claims data to provide time-specific hospital-level information on CR enrollment and completed visits, and partnering with the Blue Cross Blue Shield Cardiovascular Consortium (BMC2), the Coordinating Center aims to equitably increase participation in cardiac rehabilitation for all eligible individuals in Michigan. The MVC team is supported by a stakeholder working group made up of hospital and PO representatives, experts in the field, CQI partners, and BCBSM representatives, to provide advisory guidance and ensure the delivery of a collaborative and coherent message when advocating for policy changes that will improve care for patients in Michigan.



Cardiac rehabilitation is a medically-supervised regimen intended to improve a patient's cardiovascular health through exercise, heart-healthy living (e.g., tobacco cessation, healthy eating), and stress reduction through strategies such as counseling and meditation.

Cardiac Rehab Push Reports Identify Gaps

The MVC Coordinating Center distributed CR push reports to 47 members and other partner Collaborative Quality Initiatives (CQIs) in March of 2021 in the hopes of helping them to identify areas of opportunity. Statewide 90-day CR utilization rates were provided for percutaneous coronary intervention (PCI), coronary artery bypass graft surgery (CABG), transcatheter aortic valve replacement (TAVR), and surgical aortic valve replacement (SAVR).

A refresh of this report was sent to 95 hospitals in October of 2021 and incorporated a methodological change in response to feedback from stakeholder group meetings. This change expanded the 90-day episode window to 365 days to more fully capture the number of CR visits. The October report also included the addition of episodes from acute myocardial infarction (AMI) and congestive heart failure (CHF).

Both reports found that utilization rates were well below the [Million Hearts](#) initiative goal of 70% participation for eligible patients across all conditions. For instance, the October 2021 report showed the average CHF patient utilization was just 3% and CABG had the greatest utilization rate at 59%.

Cardiac Rehab VCC: 2021 Progress & 2022 Goals



Conference Presentations

The MVC Coordinating Center prepared presentations about its cardiac rehab data and efforts for two national conferences that informed professionals in the health data and policy space about MVC's VCC and quality improvement strategies:

- National Association of Health Data Organizations (September 29, 2021)
- National Academy for State Health Policy (September 21, 2021)

Developed Webpage & Resources

The MVC Coordinating Center has collated a variety of materials and resources that explain the case for equitably increasing cardiac rehab utilization and how MVC is supporting improvement efforts. These are populated on an [MVC webpage](#) dedicated to VCC projects like cardiac rehab.

Stakeholder Meetings Held

The MVC Coordinating Center held three cardiac rehab stakeholder meetings with representatives from member hospitals and partner CQIs. These meetings helped MVC to facilitate collaboration and best practice sharing. Stakeholder meetings will continue to occur on a regular basis in 2022.

Two Manuscripts Published

The MVC Coordinating Center contributed to two published manuscripts in 2021. Both were published in *Circulation: Cardiovascular Quality and Outcomes*, a weekly peer-reviewed publication for content related to cardiovascular health and disease. The manuscript titled, "Determinants of Hospital Variation in Cardiac Rehabilitation Enrollment During Coronary Artery Disease Episodes of Care," was published in February of 2021. Read the full published manuscript [here](#). The second titled, "Hospital and Operator Variation in Cardiac Rehabilitation Referral and Participation After Percutaneous Coronary Intervention: Insights From Blue Cross Blue Shield of Michigan Cardiovascular Consortium," was published in November of 2021 [here](#).

Site Visits with BMC2

The MVC Coordinating Center is intentional about partnership opportunities related to its Value Coalition Campaigns. In the case of its cardiac rehab campaign, MVC participated in three site visits in conjunction with the Blue Cross Blue Shield of Michigan Cardiovascular Consortium (BMC2). These site visits with member hospitals allowed both CQIs to learn about cardiac rehab efforts in various regions and for diverse patient populations. The Coordinating Center plans to further develop and leverage this partnership in the year ahead. For instance, BMC2 manages a patient advisory board, which would provide MVC with an important perspective currently missing within the VCC stakeholder group.



2022 VCC Campaign Goals

- Host quarterly, multi-collaborative meetings in partnership with BMC2
- Expand the reach of MVC's push report mailing list to cardiac rehab facilities, and improve the depth of their reach within member organizations
- Finalize and disseminate a best practices toolkit to the MVC and BMC2 memberships
- Identify a quantitative goal for improved overall cardiac rehab utilization rates
- Utilize MVC and BMC2 communications to hold a Cardiac Rehab Awareness Week
- Offer an in-person symposium on cardiac rehab in 2022

Preoperative Testing

Value Coalition Campaign

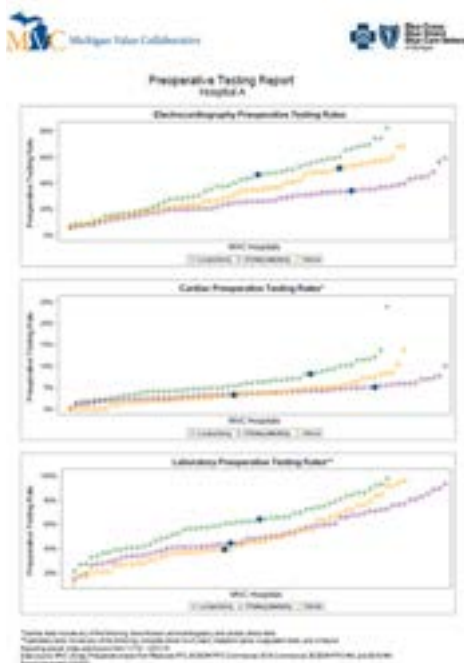


About the Campaign

Preoperative testing, especially in low-risk surgical procedures, often provides no clinical benefits to patients. Despite this, these services continue to be ordered regularly at hospitals across Michigan. Eliminating this unnecessary and, in some cases, potentially harmful preoperative testing represents a clear opportunity to improve value in surgery. The MVC Coordinating Center uses administrative claims data and engagement with MVC members to try and reduce the use of unnecessary preoperative testing for surgical procedures to improve quality, reduce cost, and improve the equity of care delivery in Michigan. The MVC Coordinating Center is supported by a stakeholder working group to advise ongoing activity. The expertise of this workgroup is used to provide insight on the best approaches to improve member awareness of preoperative testing practices and increase access to existing guidelines and best practices.



Routine preoperative testing before low-risk surgical procedures is a practice that often does not reclassify estimated risk from patient history or physical exams, may delay surgeries unnecessarily, can lead to additional testing downstream and a resulting treatment cascade, and can impose avoidable costs on the patient and provider.



Preoperative Push Reports

The MVC Coordinating Center first distributed preoperative testing push reports to members and other partner Collaborative Quality Initiatives (CQIs) in February of 2021 to 65 MVC members in the hopes of helping them identify areas of opportunity. A refreshed version of the report was developed using only BCBSM data to provide more up-to-date and granular preop testing information. These reports were distributed in December of 2021.

In general, the reports demonstrated a wide range of testing rates between facilities, with preoperative testing rates ranging from 20% to over 90%. The average overall testing rate was around 62% when looking at all payers and 55% when looking at only the BCBSM payers. Due to the amount of variation, MVC suspects preoperative testing is overused at the state level such that even hospitals that are average or below average may still have significant opportunities to safely reduce preoperative testing.

Preop Testing VCC: 2021 Progress & 2022 Goals



Developed Webpage & Flyer

The MVC Coordinating Center developed an informational flyer to explain the case for reducing unnecessary preoperative testing and make clinicians aware of its prevalence. It is accompanied by a QR code that leads to an MVC webpage populated with a variety of preoperative testing resources.

Stakeholder Meetings Held

The MVC Coordinating Center held two preoperative testing stakeholder meetings with representatives from member hospitals and physician organizations. These meetings helped MVC to facilitate collaboration and best practice sharing. Stakeholder meetings will continue to occur on a biannual basis in 2022.

Custom Analytics for Members

The MVC Coordinating Center assisted a number of its members with requests for custom analytics using MVC claims data. These custom reports provided members with information tailored to their specific questions and needs. MVC analysts are eager to prepare similar reports for other members interested in improving their preoperative testing rates.

Published Manuscript

The MVC Coordinating Center contributed to the development of a manuscript that was published in *JAMA Internal Medicine*, a monthly peer-reviewed medical journal. The manuscript's objectives were to "(1) examine use of preoperative testing before 3 common low-risk, ambulatory surgical procedures across diverse practice settings in Michigan, (2) to assess interhospital and intrahospital variations in testing, and (3) to identify determinants of testing to inform targets for future de-implementation strategies. Read the full published manuscript [here](#).

Collaboration with Fellow CQIs

The MVC Coordinating Center is intentional about reaching out to fellow CQIs for partnership opportunities related to its Value Coalition Campaigns. In the case of its preoperative testing campaign, MVC initiated collaborations with the Michigan Program on Value Enhancement (MProVE) and the Michigan Surgical Quality Collaborative (MSQC). The Coordinating Center plans to further develop and build on these partnerships in the year ahead with new projects.



2022 VCC Campaign Goals

- Develop provider-level reporting
- Conduct an analysis on the cascade effect from unnecessary preoperative testing
 - Draft a manuscript with MVC's findings
- Host bi-annual stakeholder meetings
- Relationship building with key stakeholders:
 - MSQC site champions
 - Hospital sites for intervention pilot test
 - Physician organizations
- Host a symposium, workgroup, or breakout group focused on preoperative testing
- Use MVC communications to implement a Preoperative Testing Awareness Week
- Refine MVC's preoperative testing sample methodology

ADDING VALUE WITH PARTNERS

Intentional collaboration with fellow CQIs and QI partners is one of the Coordinating Center's core strategic priorities. In the last 12 months, the MVC team contributed to a number of collaborative projects focused on, among other things, condition and report development, supporting newly launched CQIs, and relationship development.

For instance, the MVC team was able to develop three new conditions for use by MVC members and CQI partners. This included the development of a new small bowel obstruction condition requested by MTQIP, a partial and radical nephrectomy condition requested by MUSIC, and a new venous thromboembolism condition requested by MAQI2. These new conditions should be live on the registry for member use in early 2022. In response to member feedback, the MVC team developed a new chronic kidney disease (CKD) sub-cohort, allowing members to easily select CKD patients who may have undergone a procedure or had a hospital admission for another condition. The MVC team also supported BMC2 with the development of a new PCI readmission report.

In the interest of developing relationships and supporting newly launched initiatives, MVC provided various analyses for peer CQIs in 2021. For example, in August the MVC team provided MCT2D with state-level data outlining patterns in the cost and utilization of type 2 diabetes medications. In late November the MVC team provided Mi-MIND with a state-level report detailing self-harm attempts

among primary care and behavioral health patients. The Coordinating Center also recently provided hospital-level data to HBOM that outlined the burden of smoking and frequency of treatment for smoking cessation across Michigan hospitals and worked closely with INHALE to provide PO-level data detailing the burdens of COPD.

Finally, MVC's collaborative reputation and rich data sources often lead to proposals from external parties to partner on various projects. The results of any proposed project must contribute to MVC's purpose of improving the health of Michigan through sustainable, high-value healthcare and carry an evident direct benefit to MVC's member hospitals or POs. With these principles in mind, MVC staff co-authored seven published research articles over the last 12 months.



2022 STRATEGIC FRAMEWORK

At the core of MVC's growth and successes over the last two years has been the existence of a comprehensive strategic plan. During this time, the wider strategic landscape has changed considerably with the addition of new members, CQIs, initiatives, and various other related developments. It is important that MVC's strategic framework for the next two years reflects these changes. Therefore, MVC's strategic framework was revisited in the fall in order to identify what needs to be done to make MVC prosper in the long term.

The overarching vision of MVC's current strategic framework is to help people receive the right care, at the right time, at the right cost. In service of that vision, MVC identified two distinct workflows - strategic initiatives and operational initiatives - that will shape the work of MVC in the coming years. To these, MVC added four cross-cutting themes, intended to thread through the strategic framework and provide cohesion.

STRATEGIC INITIATIVES

Ensuring Actionable Data

Improve the availability, visibility, usability, and impact of MVC data

Strengthening Relationships

Increase connectivity of hospitals, POs, community agencies, other healthcare partners, and policymakers

Intentional CQI & QI Researcher Collaboration

Narrow the scope of MVC's CQI and researcher collaborations to more accurately align with our purpose and vision

Emphasizing Equity in Healthcare

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

CROSS-CUTTING THEMES

Broadening scope and embracing innovation

Enhancing the awareness of MVC

Creating a stimulating environment

Delivering strong strategic fit

OPERATIONAL INITIATIVES

Team Culture

Honor the identity of MVC at its best to optimize team dynamics and performance

ROI & Value

Demonstrate the sustainability of MVC and the wider CQI portfolio

P4P Program

Encourage the use of high-quality data by implementing and improving P4P

Cardiac Rehab

Equitably increase cardiac rehab participation for individuals in Michigan

Preop Testing

Reduce the use of unnecessary preop testing for surgical procedures in Michigan

Efficiencies

Continually develop and improve MVC processes to maximize efficiencies