Helping improve the health of Michigan through sustainable, high-value healthcare

Michigan Value Collaborative

MVC Virtual Semi-Annual Meeting

May 13, 2022

Housekeeping

- Please ask any questions through the Zoom Q&A function
  - In doing so, please provide your name and hospital/PO affiliation
  - We will do our best to answer some of these questions in the Q&A function and at the end of each section

- Please also complete the MVC/BCBSM post-meeting survey

Today's Speakers

Mary Pool, MSA, BBA

SE Regional Director, Quality Improvement & Organizational Excellence

McLaren Port Huron

Holly Gould, MSN, CNM, RN

Manager, Quality Improvement & Organizational Excellence

McLaren Port Huron

Dr. Shannon Martin, DO, MPH

Primary Care Council Chief

MyMichigan Medical Group

Michelle Marchese, PhD, MPH

Director of Care Delivery Analytics

Blue Cross Blue Shield of Michigan

Agenda

Welcome and MVC Updates	10:00am – 10:10am
MVC Data in Action	10:10am – 10:25am
McLaren Port Huron: Partnering for Clinical Efficiency and Effectiveness	10:25am – 10:40am
Question and Answer	10:40am – 10:45am
Blue Cross Blue Shield of Michigan: From Claims Data to Health Care Insights – How the PGIP Platform Supports Value-Based Care	10:45am – 11:00am
Question and Answer	11:00am – 11:05am
MyMichigan Collaborative Care Organization: Healthy Aging Initiative	11:05am – 11:20am
Question and Answer	11:20am – 11:25am
MVC Next Steps	11:25am – 11:30am

Michigan Value Collaborative

MVC Updates

- Welcome new MVC members
  - McLaren Caro Region
  - UP Health System - Bell
- New MVC Team Member:

Chelsea Andrews
Engagement Associate

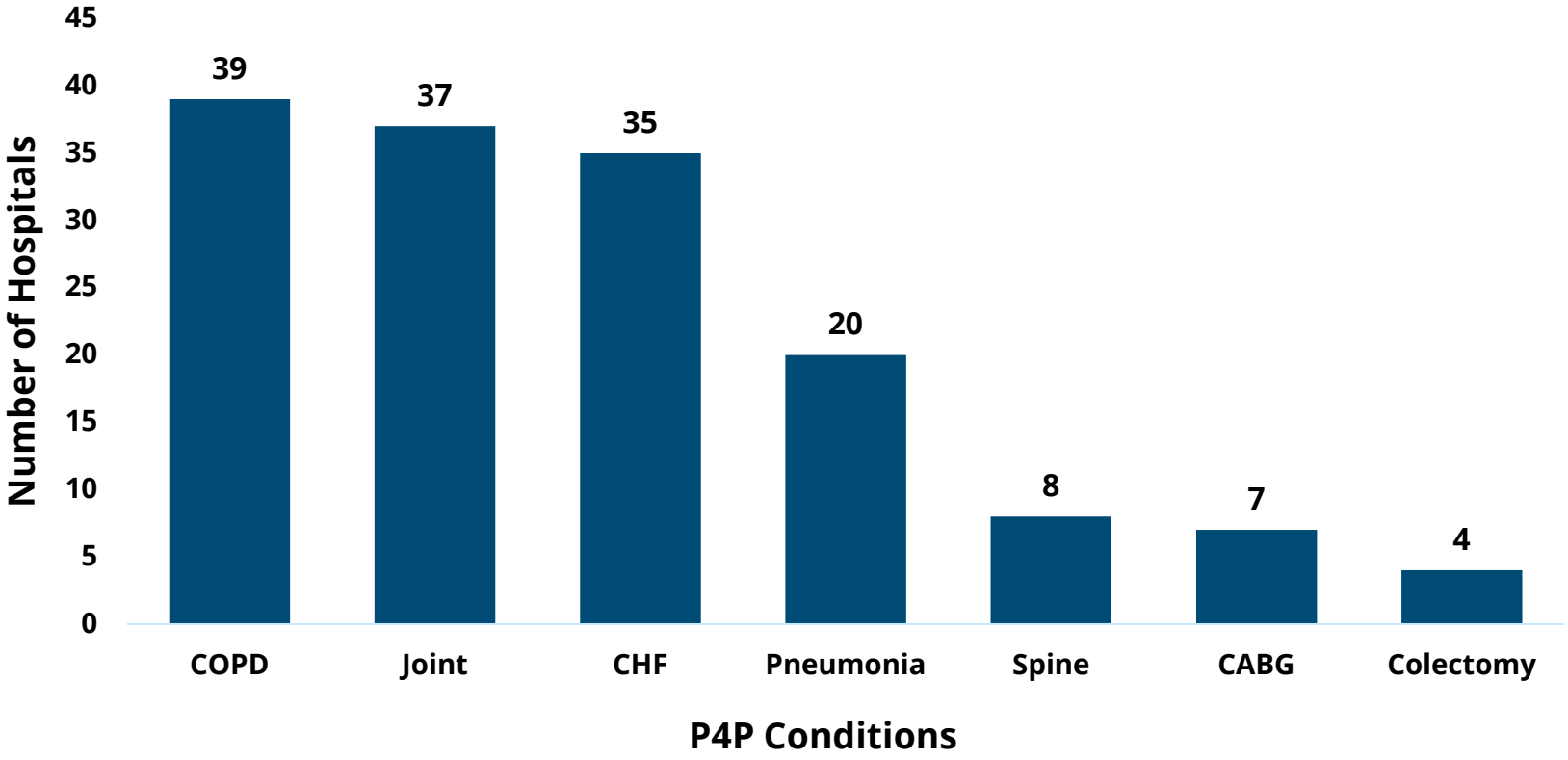
MVC Updates

- Medicaid data incorported into suite of push reports
- New colectomy, pneumonia, P4P, and hysterectomy reports launched
- Additional demographic data added to MVC reporting, including race data
- P4P scores for PY21 disseminated

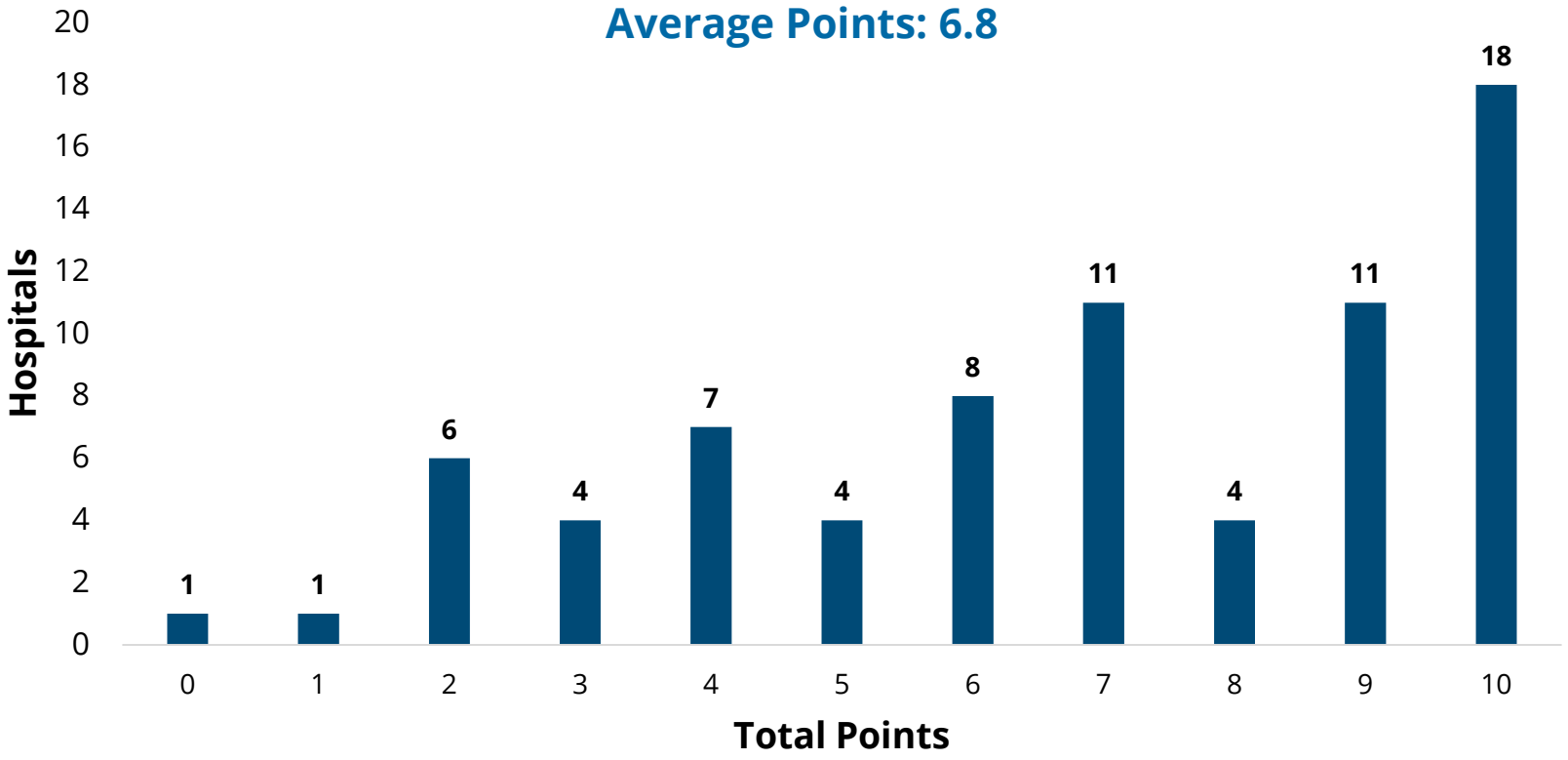
MVC Component of the BCBSM P4P Program

PY21 Scoring Summary

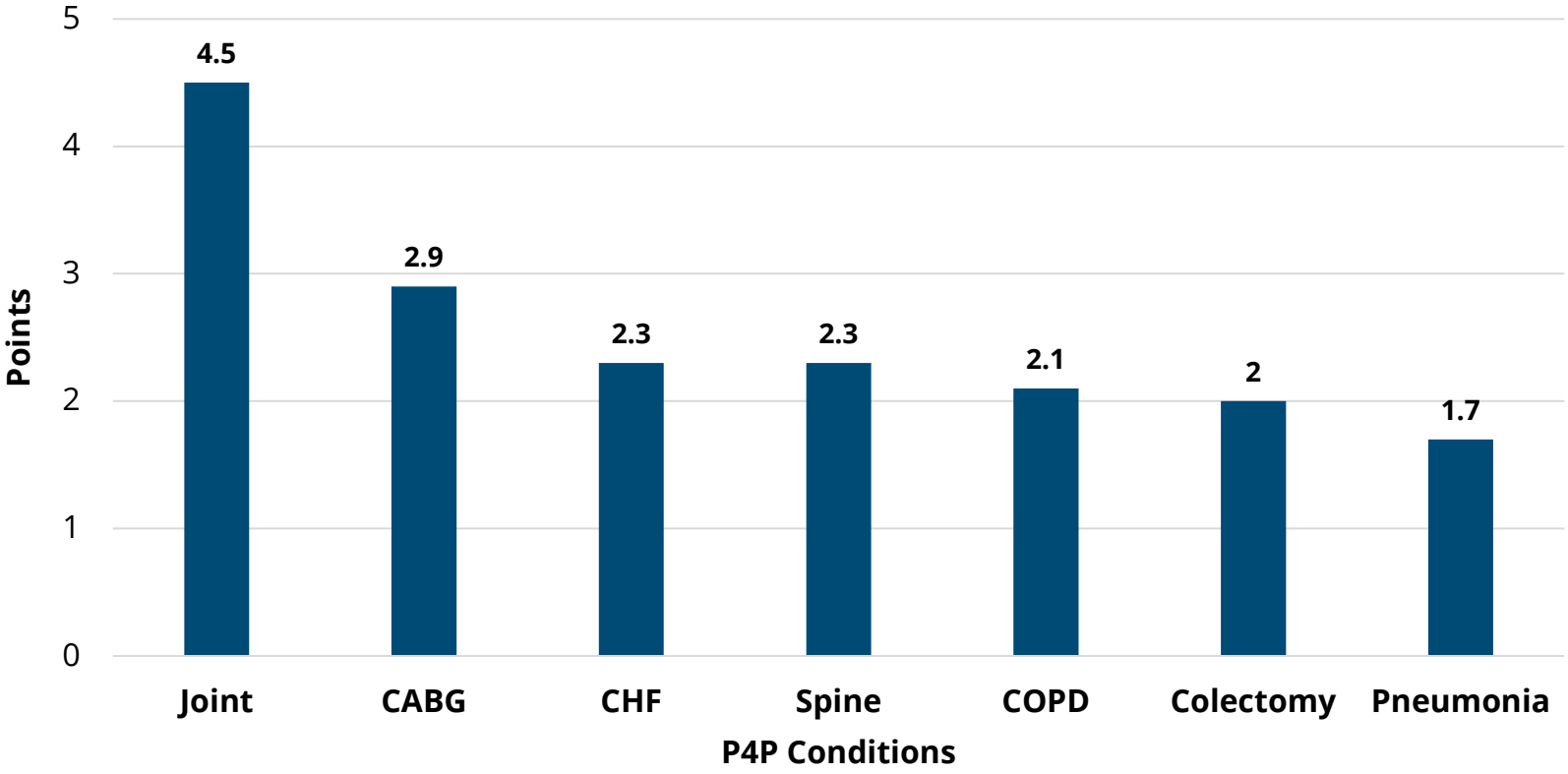
PY 2021 Condition Selections



PY 2021 Total Point Distribution



PY 2021 Average Points by Condition

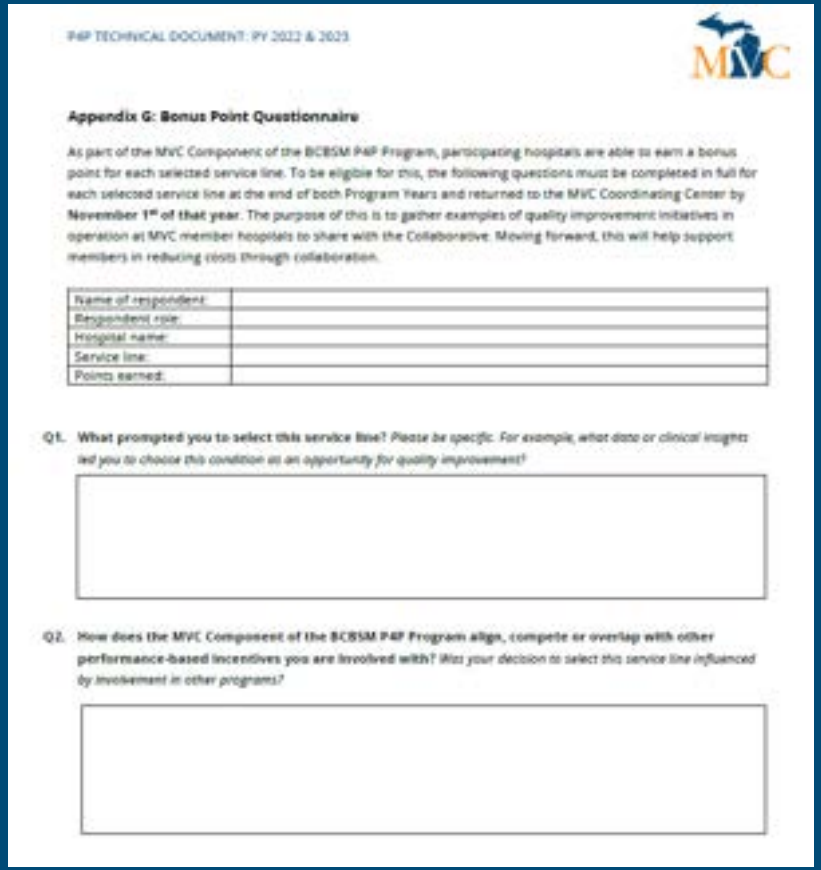


PY 2021 Payment Changes

P4P Condition	PY 2021 Average Payment Change	PY 2021 Cumulative Payment Change
CABG	-$1,186	-$1,138,733
CHF	-$176	-$1,359,629
Colectomy	$2,664	$623,427
COPD	$118	$784,220
Joint Replacement	-$962	-$9,119,243
Pneumonia	$341	$699,506
Spine	$1,569	$1,788,614
Total		**-$7,721,838**

PY 2022

- Performance Year: 2021
- Baseline Year: 2019
- Program Changes:
  - Updated cohort methodology
  - Z-Score methodology
  - Excluding inpatient deaths and transfer to hospice
  - Bonus point questionnaire



P4P TECHNICAL DOCUMENT: PY 2022 & 2023

Appendix G: Bonus Point Questionnaire

As part of the MVC Component of the BCBSM P4P Program, participating hospitals are able to earn a bonus point for each selected service line. To be eligible for this, the following questions must be completed in full for each selected service line at the end of both Program Years and returned to the MVC Coordinating Center by **November 1st of that year**. The purpose of this is to gather examples of quality improvement initiatives in operation at MVC member hospitals to share with the Collaborative. Moving forward, this will help support members in reducing costs through collaboration.

Name of respondent:	
Respondent role:	
Hospital name:	
Service line:	
Points earned:	

Q1. **What prompted you to select this service line?** *Please be specific. For example, what data or clinical insights led you to choose this condition as an opportunity for quality improvement?*

Q2. **How does the MVC Component of the BCBSM P4P Program align, compete or overlap with other performance-based incentives you are involved with?** *Was your decision to select this service line influenced by involvement in other programs?*

Partnering for Clinical Efficiency and Effectiveness

May 2022

McLaren PORT HURON

Holly Gould, MSN, CNM, RN, Manager QI & Clinical Excellence
Mary Pool, MSA, Regional Director, QI & Clinical Excellence Southeast Region

- Headquartered in Grand Blanc, Michigan
- $6 billion, fully integrated health care delivery system
- 14 hospitals in Michigan and Ohio
- Operates Michigan's largest network of cancer centers, anchored by the Karmanos Cancer Institute
- ER Visits – 391,605
- Contracted Providers – 101,928
- Licensed Beds - 3,459
- Annual Payroll – 1.58 Billion
- Insured Lives – 588,000
- Community Benefit - $394 Million

McLaren Port Huron

- Located in Port Huron, Mi
- 186-bed non-profit acute care general hospital
- Strong history of providing quality, compassionate care to residents living in St. Clair and Sanilac counties
- Services: cardiovascular care, award-winning cancer services through the Karmanos Cancer Institute, general, orthopedic, bariatric and robotic-assisted surgeries. Inpatient mental health and obstetrical services
- Level III Trauma Center
- Has been in the Community more than 135 years

Longer Term Improvement Opportunities

So Much to Do…..So Little Time

- Readmissions
- Mortality
- Sepsis
- Health Equity - Social Determinants of Health
  - Post-Discharge “black hole”
- Growth

Struggles with 30-Day Readmissions

Like running as fast as you can but staying in the same spot

Passport

Follow-up visits

Post Discharge
Education Materials

Providing
Discharge Meds
for HF Patients

Well-op

Pharmacist on units

Retreats

Committees

Scales for HF Patients

Benchmarking for Best Practices

Analysis…Analysis

Zeroing in on Improvement Solutions

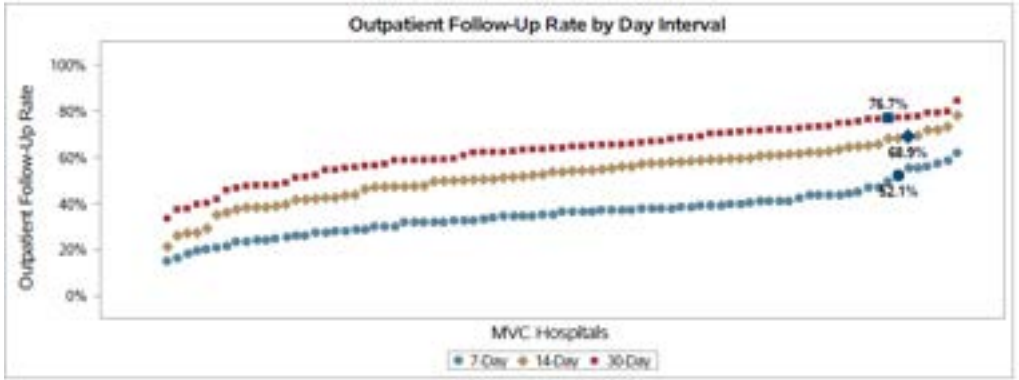
Follow-up with PCP within 7 Day of Discharge

- Benchmarked Best Practice
- Making it Happen
  - Unit Secretaries calling for appointment
  - Working with office managers
  - Convincing providers
- Measuring for Effectiveness
  - Monthly audits by nursing unit
  - Tracking Barriers

Shouldn't Readmissions Be Improving???

MVC To the Rescue…

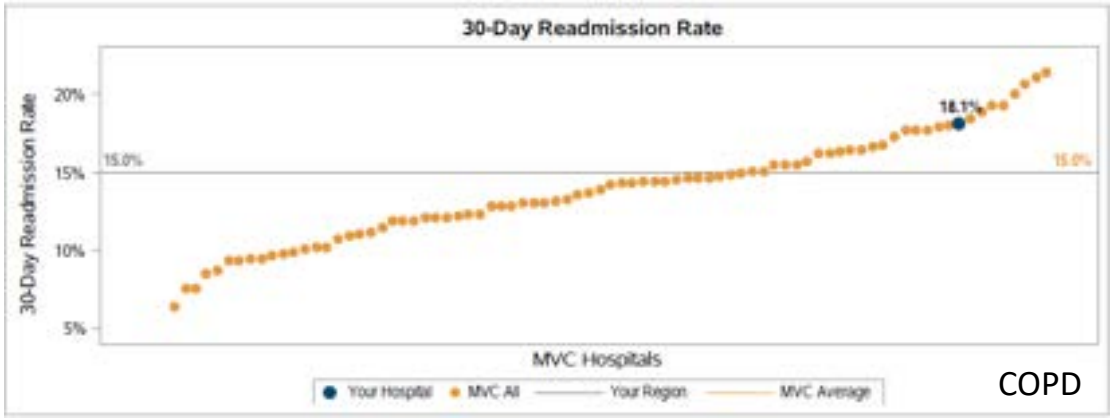
- Proving the missing links with effectiveness of follow-up visits
  - Are patient's really going to these appointments?
  - Timely?
  - How do we look compared to others?

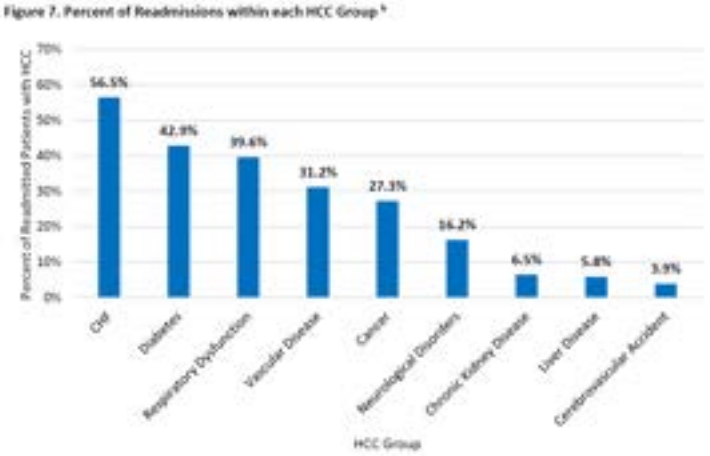


Chronic Disease Management

As RELATES TO READMISSIONS

- Multiple Co-morbidities….but what to focus on?
- Need clinical input…..
- Drilling down with help of MVC to target
  - Introducing the COPD Navigator Program
  - Introducing the Heart Failure Navigator Program





Struggles with Mortality & Sepsis

- How mortality & sepsis are linked
  - Auditing reasons for admission in mortality populations
  - Comorbidities
- Improvement Solutions
  - Hospice Utilization
  - Comorbidity Management

Top Five Reasons for Readmissions**		
DRG Code	DRG Description	Percentage of Readmissions
871	Septicemia or Severe Sepsis w/o MV 96+ Hours w MCC	19.4%
291	Heart Failure & Shock w MCC	5.1%
177	Respiratory Infections & Inflammations w MCC	3.9%
872	Septicemia or Severe Sepsis w/o MV 96+ Hours w/o MCC	3.9%
190	Chronic Obstructive Pulmonary Disease w MCC	2.1%

Key Learnings from Journey

- Need operational, clinical, technical, and analytical expertise for those big “hairy” improvement opportunities
- Physicians are ***competitive*** and love data
- Partner with MVC to do the hard data lifts
- Get the right stakeholder to the table
- Teamwork
- Need internal and external focus

Questions?

Michigan Value Collaborative

Blue Cross Blue Shield Blue Care Network of Michigan

FROM CLAIMS DATA TO HEALTH CARE INSIGHTS: HOW THE PGIP PLATFORM SUPPORTS VALUE BASED CARE

MICHELLE MARCHESE, DIRECTOR OF CARE DELIVERY ANALYTICS, HEALTH CARE VALUE

May 13, 2022

Today's objectives

1. **Describe** current state of data and report sharing

2. **Explain** how all these data pieces fit together to tell a story

3. **Discuss** collaboration with MVC

4. Look to the **future**

BCBSM's Value Partnerships programs have supported the provider community for over 15 years

Value Partnerships,
through the Physician Group Incentive Program (PGIP), Collaborative Quality Initiatives, (CQI) and Hospital Pay for Performance (P4P) platform, serves multiple roles in the provider community.

Market Leader/Convener of the Medical Community

- BCBSM is **forward thinking** on the evolving needs of the Michigan marketplace to best **provide for our patients while keeping utilization appropriate**
- We **convene forums** for hospitals, physician organizations, primary care physicians and specialists to **address practice transformation needs**

Practice Transformation

- We are **internationally recognized for enabling transformation efforts** on the ambulatory side and with hospitals

Funder/Value Based Reimbursement

- As the largest health plan in the state, BCBSM is the **undisputed leader** as far as **breadth and depth of reward opportunities** tied to practice transformation for **all physician specialties**

Information Intermediary

- As the longstanding health plan partner for the Michigan provider community, BCBSM can **quickly engage and assemble** groups of statewide providers and partners by using its platform to **disseminate information broadly and timely**

Launched in 2005, PGIP includes over 20,000 primary care and specialist physicians throughout Michigan in provider-led clinical quality improvement efforts

The program connects approximately **40 physician organizations** (representing these **~20,000 physicians**) statewide to collect data, share best practices and collaborate on initiatives **that improve the health care delivery system** in Michigan.

Participating physician organizations **are evaluated and rewarded on transformation of health care delivery, quality metric performance, and performance enablement** – all efforts designed to improve the overall value of care delivered while reducing total cost of care.

Through collaboration with Michigan's physician community, PGIP improves the quality of care and makes care processes more effective based on the following guiding principles:

- Design and execute programs in a **customized** and **collaborative** manner rather than using a one-size-fits-all approach.
- Recognize and reward performance of **physician organizations**, not only individual physicians.
- Reward **improvement**, not just highest performance, to create meaningful incentives for all POs.
- Focus on investments in **long-term changes in care processes**.
- Encourage **collaboration** among participants.
- Focus on **population-based** cost measures

Located in 82 of Michigan's 83 counties, PGIP has over 5,300 PCPs and more than 14,500 specialists

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Participating
Physician Organizations

5,700+
Participating
Practice Units

~20,000
Participating
Practitioners

Nearly 85% of Blue Cross PCPs

Participating PGIP PCPs and specialists combined represent 89% of total commercial, professional spend

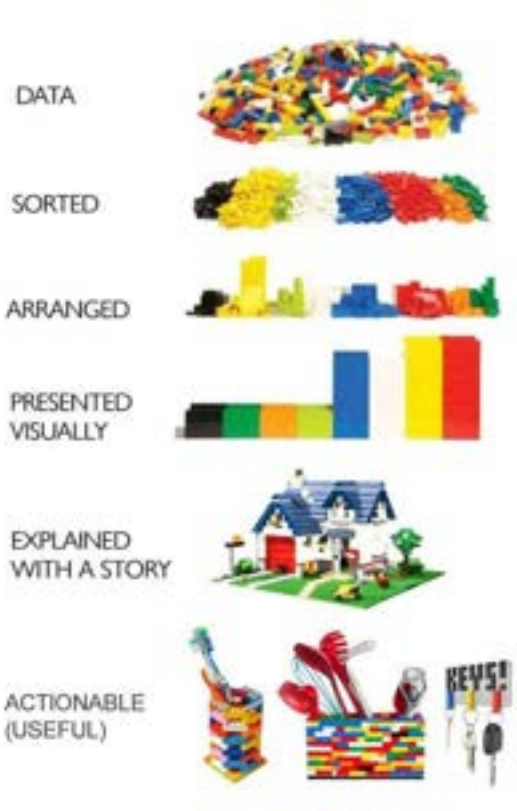
PCMH practitioners care for approximately 2.9 million patients across Michigan

Transformed care practices impact majority of Michigan residents

Value Partnerships' view of the health plan role is to offer the opportunity to convene and catalyze

1. Assemble competitive hospitals/physicians and offer neutral ground for collaboration
2. Provide resources to reward infrastructure development and process transformation – often includes provision of financial support for data gathering to participants
3. Share data at facility, physician organization, physician practice and physician level
4. Reward quality and cost results (improvement and optimal performance) at population level
5. A heavy hand prompts the provider community to do least necessary. Empowerment encourages the provider community to do "most possible"

Data must be accurate, timely, and correctly interpreted to create actionable insights



Claims, provider and membership data sent to BCBSM

Internal data repositories

Monthly claims feeds, member attribution, PDCM member lists

Prospective HEDIS, datasets, dashboards

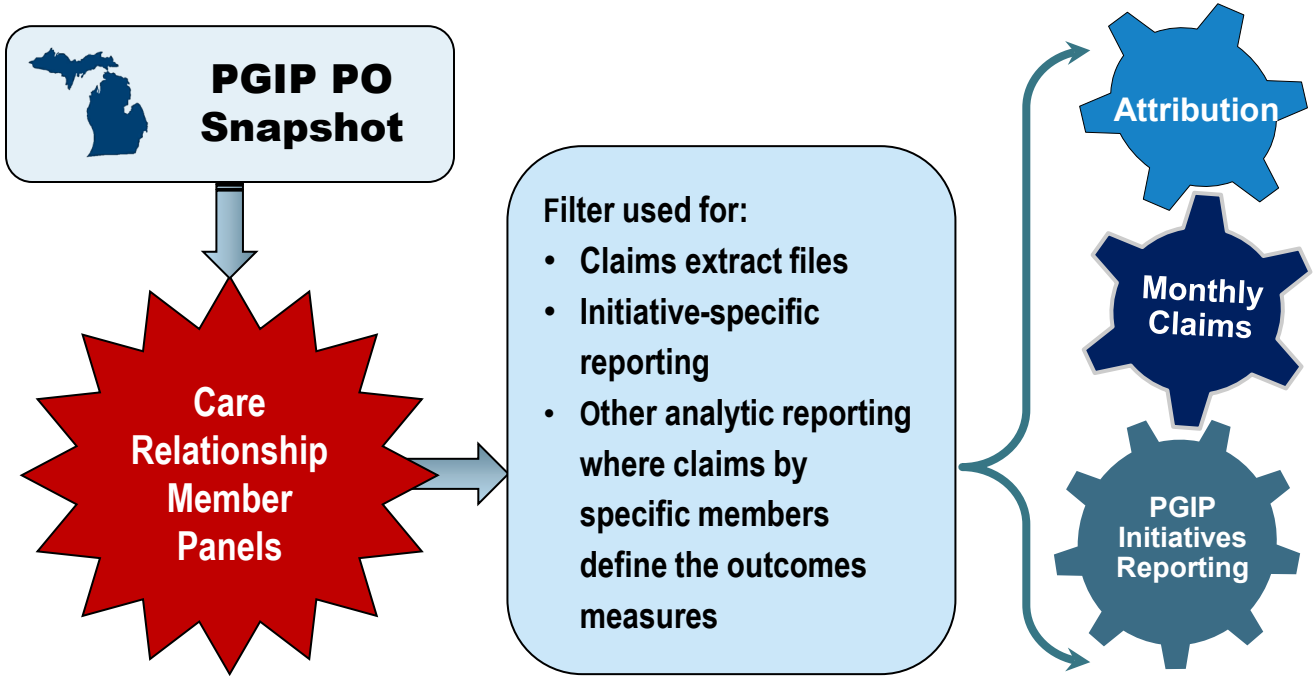
PCMH designation, other value-based reimbursement reporting

MVC reports, ad hoc analytics

Image taken from: Youth Creativity, Innovation & Sustainable Leadership » Blog Archive » LinkedIn: The Lego Data Story (stanford.edu)

PGIP reporting was purpose-built to provide micro and macro level insights to physicians and Physician Organizations

Care Relationships (Attribution) form the basis of all routine PGIP reporting



Data are delivered via:

- **Text Files**
- **Access Data Shells**
- **Excel Workbooks**
- **PDFs**

CD Analytics provides monthly, quarterly, semi-annual and annual external reports. POs can monitor their performance and compare to other PO groups.

Monthly	• Member Attribution and Claims Feeds (Commercial and MA, Professional/Facility/Rx)
Monthly	• Prospective HEDIS Metrics (CLQI Scorecards and EBC datasets)
Quarterly	• PGIP Initiative Datasets (e.g. ED/IP, Women's Health, Radiology, Pharmacy)
2x/year	• PGIP Initiative Dashboards (Compares rates across POs)
Yearly	• Annual Reports (e.g. CLQI Retrospective Scorecard, PDCM claims, EBCR dashboard)
Yearly	• VBR Analytics (e.g. PCMH Designation, PDCM Outcomes, Specialist programs)

MVC has collaborated with Value Partnerships to identify PO-level opportunities for improvement

- MVC is addressing areas of quality and utilization that have high variation among the POs
- Using claims and attribution data from BCBSM, MVC has created the following PO reports:
  - Joint Replacement Report (2021)
  - Colectomy Report (2022)
  - Hysterectomy Report (2022)

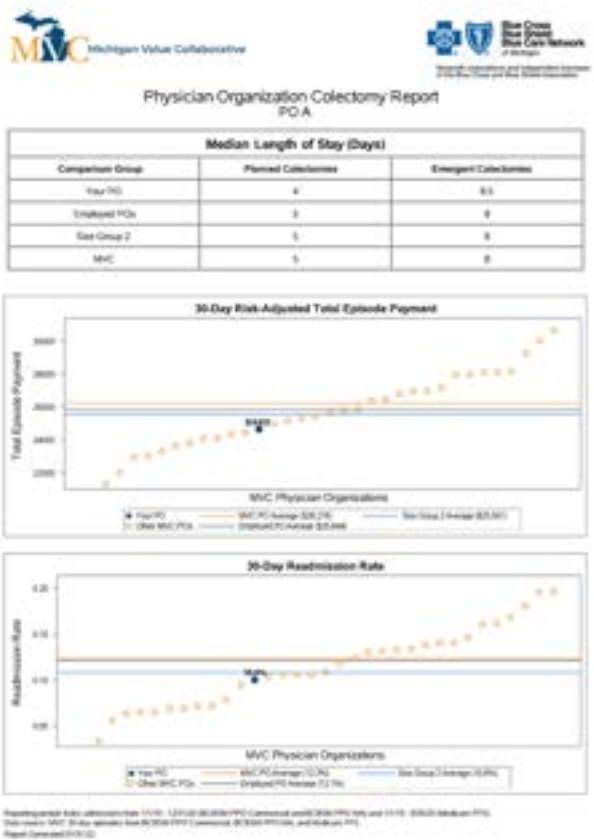

Physician Organization Joint Replacement Report
PO A

Top 5 Facilities Where Your Attributed Patients Had a Joint Replacement Surgery*

Facility Name	Percent of Joint Replacement Surgeries
McLaren Bay Region	12.5%
MidMichigan Medical Center-Midland	6.8%
Covenant Medical Center	5.8%
McLaren Central Michigan	4.5%
McLaren Port Huron	4.5%

Percent of Surgeries Performed in the Inpatient Setting in 2019/2020

Percent of Surgeries Performed in the Inpatient Setting by Six-Month Interval


Physician Organization Colectomy Report
PO A

Median Length of Stay (Days)

Comparison Group	Planned Colectomies	Emergent Colectomies
Your PO	4	8.5
Employed POs	3	8
Size Group 2	5	8
MVC	5	8

30-Day Risk-Adjusted Total Episode Payment

30-Day Readmission Rate

How can we make data even more actionable?

1. Continually assessing current reporting

2. Supporting partnerships with MVC and others

3. Providing new/updated reporting that identifies areas of greatest opportunity

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APPENDIX

Looking for more? All PGIP PO and OSC report delivery schedules are posted on the PGIP Collaboration Site.

Blue Cross Blue Shield Blue Care Network of Michigan

2022 PGIP and OSC Data Reporting

QUARTERLY DATASETS / SEMI-ANNUAL DASHBOARDS

Data Type	Release Date	Initiatives	Time period of Claims	Attribution Time Period	Attribution Description	Physician List
PGIP Quarterly Dataset	3/4/2022	Consolidated, RSI	10/1/2020 - 9/30/2021	10/01/2019 - 09/30/2021	CR_202112	Oct 21
OSC Quarterly Dataset	3/18/2022	Consolidated, RSI	10/1/2020 - 9/30/2021	10/01/2019 - 09/30/2021	CR_202112	Oct 21
PGIP Quarterly Dataset/Dashboard Report	6/3/2022	Consolidated, RSI	01/01/2021- 12/31/2021	10/01/2019 - 09/30/2021	CR_202112	Oct 21
OSC Dataset/Dashboard Report	6/14/2022	Consolidated, RSI	01/01/2021- 12/31/2021	10/01/2019 - 09/30/2021	CR_202112	Oct 21
VBK/OSC Profiling Tool	6/17/2022	Value-based Hospital/OSC Programs	01/01/2021- 12/31/2021	10/01/2019 - 09/30/2021	CR_202112	Oct 21
VBK/OSC Population Insights Report	6/17/2022	Value-based Hospital/OSC Programs	01/01/2021- 12/31/2021	10/01/2019 - 09/30/2021	CR_202112	Oct 21
PGIP Quarterly Dataset	9/9/2022	Consolidated, RSI	04/01/2021 - 03/31/2022	04/01/2020 - 03/31/2022	CR_202206	Apr 22
OSC Quarterly Dataset	9/23/2022	Consolidated, RSI	04/01/2021 - 03/31/2022	04/01/2020 - 03/31/2022	CR_202206	Apr 22
PGIP Quarterly Dataset/Dashboard Report	12/2/2022	Consolidated, RSI	07/01/2021 - 06/30/2022	07/01/2020 - 06/30/2022	CR_202209	Jul 22
OSC Dataset/Dashboard Report	12/16/2022	Consolidated, RSI	07/01/2021 - 06/30/2022	07/01/2020 - 06/30/2022	CR_202209	Jul 22
VBK/OSC Profiling Tool	12/16/2022	Value-based Hospital/OSC Programs	07/01/2021 - 06/30/2022	07/01/2020 - 06/30/2022	CR_202209	Jul 22
VBK/OSC Population Insights Report	12/16/2022	Value-based Hospital/OSC Programs	07/01/2021 - 06/30/2022	07/01/2020 - 06/30/2022	CR_202209	Jul 22

OTHER REPORTS

Data Type	Release Date	Initiatives	Time period of Claims	Attribution Time Period	Attribution Description	Physician List
Prof Claims Dx Coding Dashboard	1/28/2022	Professional Claims Dx Coding	01/01/2021 - 12/31/2021	10/01/2019 - 09/30/2021	CR_202112	Oct 21
Population-based Specialist VBR IP Discharges/1000	3rd week of Feb	Specialist VBR	07/01/2020 – 6/30/2021	07/01/2019 - 06/30/2021	CR_202109	Jul 21
Practice-Level PMPM Reports	3/18/2022	Cost Containment	10/01/2020 - 09/30/2021	10/01/2019 - 09/30/2021	CR_202112	Oct 21
Practice-Level PMPM Reports	6/17/2022	Cost Containment	01/01/2021 - 12/31/2021	01/01/2019 - 12/31/2021	CR_202203	Jan 22
Prof Claims Dx Coding Dashboard	7/29/2022	Professional Claims Dx Coding	07/01/2021 - 06/30/2022	04/01/2020 - 03/31/2022	CR_202206	Apr 22
Cost and Trend Benchmark Dashboard PCMH, CQ VBR, PDCM Outcomes	3rd week of Aug	PCP VBR	01/01/2021 - 12/31/2021	10/01/2019 - 09/30/2021	CR_202112	Oct 21
Practice-Level PMPM Reports	9/16/2022	Cost Containment	04/01/2021 - 03/31/2022	04/01/2020 - 03/31/2022	CR_202206	Apr 22
Practice-Level PMPM Reports	12/16/2022	Cost Containment	07/01/2021 - 06/30/2022	07/01/2020 - 06/30/2022	CR_202209	Jul 22
Prof Claims Dx Coding Dashboard	1/27/2023	Professional Claims Dx Coding	01/01/2022 - 12/31/2022	10/01/2020 - 09/30/2022	CR_202212	Oct 22

MONTHLY CLAIMS DATA EXTRACTS

PGIP Commercial	Last Bus Day of each month	Professional, Facility & Pharmacy	Previous Month	Most recent available		

Questions?

Michigan Value Collaborative

Healthy Aging Initiative

Dr. Shannon R. Martin, DO, MPH, MHA
Primary Care Council Chief
MyMichigan Medical Group

MyMichigan Health

- Serving 981,000 people in a 25-county region
- Medical Centers in Alma, Alpena, Clare, Gladwin, Midland, Mt. Pleasant, Sault St. Marie and West Branch
- Affiliations with Medical Centers in St. Ignace and Mackinac Island
- 789 hospital beds and 51 long-term care beds at 9 hospitals
- 8,800+ employees, volunteers and physicians and other personnel
- 1,200+ providers
- 600+ volunteers systemwide
- 30+ specialties and sub-specialties
- Major employer in most of our communities
- $78M+ in community benefits in FY21

MyMichigan Collaborative Care Organization

- Geography from Alma to Alpena
  - 29 PCP Practices with 76 Physicians
    - 18 RHC/FQHC practices
  - 50 Specialty Practices with 159 Physicians
- PCP Care Teams
  - Nurse Care Managers: Chronic Care Management,
  - Pharmacists: Medication Management
  - Patient Care Navigators: Post ED visit contacts and I/P Discharges
  - Medicare Wellness Nurses: Wellness Visits and Advance Care Planning
  - Behavioral Health Therapists

MCCO's Participation in PGIP Programs

- Patient Centered Medical Home
- Care Management
- Collaborative Care – Behavioral Health
- Clinical Quality
- Medication Assisted Therapy
- Type 2 Diabetes Collaborative (MCT2D)
- Low Back Pain Collaborative (MIBAC)

MyMichigan Medical Group

- Governance
  - Dyad model physician leader matched with administrator
- Employs combination of specialists and primary care providers

Goals of Healthy Aging Program

- Create a program with focus on decreasing use of high risk medications in elderly population
  - To save many of our seniors from the harm of adverse drug effects, specifically with focus placed on fall prevention and combination of opioids and benzodiazepines

Collaboration on Healthy Aging

- Discovery Phase
  - Michigan Health Improvement Alliance (MiHIA) focus on Zero Harm for region
  - Grant funded for Analytic/Academic Detailing efforts
- Planning Phase
  - Multidisciplinary Core Team
  - Baseline data validated - to identify prescribing practices
  - Adoption of STEADI fall risk tool/policy and Fall risk BPA
    - (Stopping Elderly Accidents, Deaths, Injury)
- Implementation Phase
  - In process now: completion of 7 pilot practices.
  - Phase 2 will be selection of next practices and to monitor prescribing in practices already detailed

Epic Tips and Hints

Falls: Screening for Future Falls

10/2021

Percentage of patients 65 years and older who were screened for future fall risk during the measurement period. A higher percentage represents better performance.

Numerator	Patients who were screened for future fall risk at least once within the measurement period.
Denominator	Patients 65 years and older with a visit during the measurement period.
Exclusions	Patients with documentation of a medical reason for not screening (e.g., patient is not ambulatory)

Epic Workflow

1. During an office visit with patients 65 and older, use the STEADI Fall Risk assessment tool.
2. Go the Screenings activity and open the Fall Risk section to complete an assessment. The Fall Risk Screening will display only when a patient is 65 years of age or older and the patient has not had a fall screening in the past year.
   a. If the patient had a previous screening in Epic, the Last Filed Value will show. Hovering over the previous answers will show you the date and person that recorded it.

3. To complete a new assessment, begin answering the fall risk questions. The score will automatically calculate. When completed, navigate to the next section or click Close to file the results.

Academic Detailing

- Peer to Peer educational sessions – intended to promote behavioral change on a topic, by identifying barriers to change, offering solutions to overcome barriers and obtaining commitment to change with follow up planning
- Our approach: Provider and Pharmacist present to providers over lunch hour with CME awarded, and then discuss patient cases, barriers to change and discussion of solutions/workflows
- Education focused: prescribing and deprescribing, improved awareness and use of AGS Beers Criteria for medication use in seniors, implementation of the CDC STEADI-Rx Coordinated Care Plan to Prevent Older Adult Falls

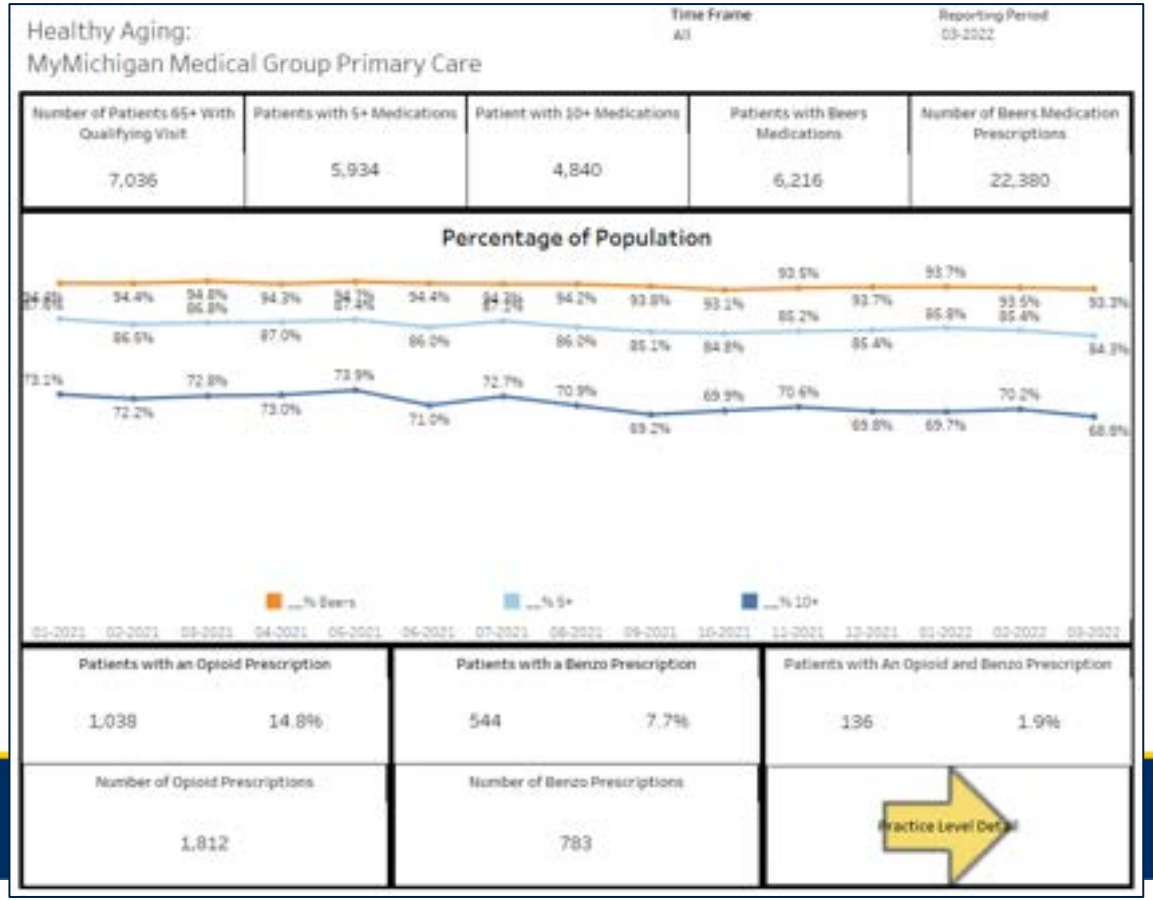
Data Collection

- Discussion of practice metrics, which can be tailored to level of detail including individual MRNs in a provider's panel allowing providers to quickly take action on patients of concern
- Review number of patients on over 5 medication and over 10 medications
- Review number of patients on opioids and benzodiazepines
- Shared with office managers and dyad leads to allow providers access to data quickly

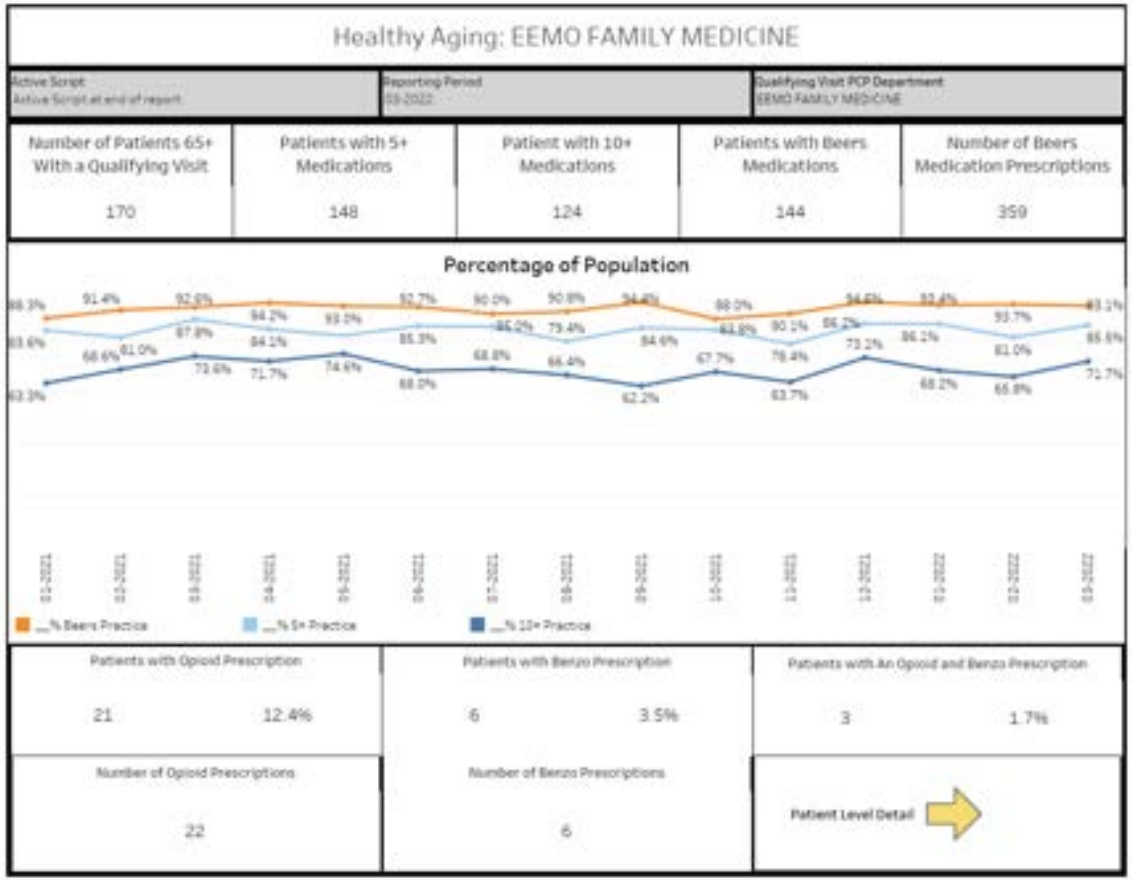
Data Collection: setting goals

- Difficulty finding those who were on both Opioid and Benzodiazepine
- Created a subset of data with patients on combination of benzodiazepines and opioids with more than 3 Rx in a year.
  - This can be tailored down to 1 or 2 in a year
  - Removed Hospice and Palliative Care
  - Once baseline values are determined, our goal is to decrease the value by 20%

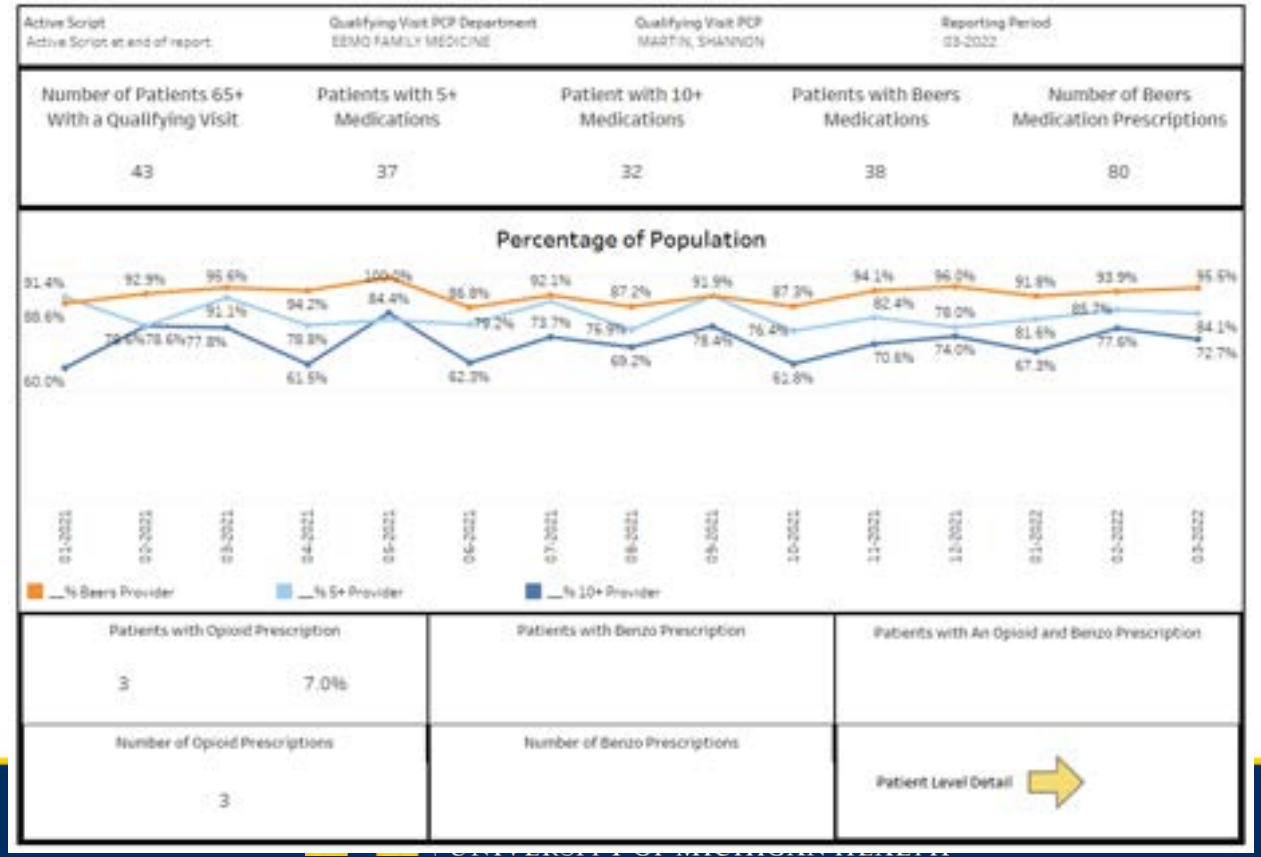
Data tracking: MMG



Practice Level Data



Provider Level Data



Questions?

Michigan Value Collaborative

Upcoming Events

Virtual Workgroups:

- Diabetes workgroup
  June 7, 11 a.m.
- Joint workgroup
  June 15, 1 p.m.
- Health in Action workgroup
  June 23, 2 p.m.

Northern Summer Meeting:

- August 18, 2022; 12-5 p.m.
- Traverse City, MI

Fall Semi-Annual Meeting:

- October 28, 2022

P4P questionnaires due:

- November 1, 2022