2022 ANNUAL REPORT

MICHIGAN VALUE COLLABORATIVE

michiganvalue.org

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2022 MVC ACTIVITIES AND SUCCESS STORIES

A WORD FROM MVC LEADERSHIP

Dear collaborative members and partners,

It is a privilege to be leading the Michigan Value Collaborative as we embark on our tenth year of partnership with Michigan healthcare providers. The past year was exciting not only because of our return to some in-person events with members, but also because of how much MVC's portfolio has grown in ways that will continue in the years to come. MVC's strategic framework, originally launched in 2019, guides our success with a continued focus on providing actionable data to members, emphasizing equity in healthcare, strengthening relationships between MVC and our members/partners, and collaborating with fellow Collaborative Quality Initiatives (CQIs), quality advocates, and researchers.

Reflecting on 2022, we are deeply proud of the MVC team's recent work. In the past year, MVC welcomed three new hospital members, expanded its analytic offerings with 21 push reports and 23 custom analytic requests, grew its data sources to include equity-related measures, hosted 33 virtual workgroups across six focus areas in addition to other events that supported practice sharing and collaborative learning, returned to in-person events for the first time since 2019, and collaborated with CQIs to better understand variation in healthcare utilization and advance value-based care initiatives. Additionally, MVC achieved accreditation as a Qualified Entity (QE) through the Qualified Entity Certification Program (QECP), which expanded the granularity of Medicare Fee-for-Service (FFS) data available on the registry to authorized hospital members.

Looking forward to 2023, MVC plans to continue its partnerships 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. To that end, we are excited to continue helping members better understand their performance using robust multi-payer data, customized analytics, and at-the-elbow support. The MVC team will work closely with all its partners to deliver innovative and valuable reporting, accessible collaborative learning opportunities, and analytic insights on the impact of their initiatives from an investment and value perspective. In 2023 and beyond, we look forward to expanding the scope of our activity beyond reducing excess utilization and costs. Specifically, we will conduct more robust efforts to improve quality beyond benchmarking, reduce inequities in care, and encourage the delivery of high-value services while continuing to de-implement low-value care.

As you review the 2022 successes highlighted in MVC's annual report, we'd like to express our gratitude for the hard work and dedication of our members and CQI partners in improving the value of the healthcare delivered to Michigan patients. We look forward to celebrating some of the notable success stories from the past 10 years and to paving the way for more accomplishments in the years ahead.

In partnership,

ERIN CONKLIN
PROGRAM MANAGER

DR. HARI NATHAN
DIRECTOR

DR. MIKE THOMPSON
CO-DIRECTOR

ABOUT MVC

MVC is a partnership between 103 Michigan hospitals, 40 physician organizations, and BCBSM. Its purpose is to improve the health of Michigan through sustainable, high-value healthcare, which the MVC team aims to achieve through several strategies: providing hospital and physician organization (PO) members with benchmarked performance data for the purposes of quality improvement, helping hospital and PO leaders learn from and collaborate with one another, and supporting the efforts of other CQIs.

The overarching vision of MVC is to help people access the right care, at the right time, at the right cost. MVC is one of over 20 different CQIs funded through the BCBSM Value Partnership Program. MVC is unique within the CQI portfolio for its ability to measure healthcare costs and value using robust multi-payer administrative claims data. MVC uses its data to prepare customized reports that help members better understand their performance, and works to foster a collaborative learning environment so providers may learn from one another in a cooperative, non-competitive space.

MEET OUR TEAM

The MVC team welcomed new faces and saw several internal promotions in 2022.

Dr. Hari Nathan
Director

Dr. Mike Thompson
Co-Director

Erin Conklin
Program Manager

Chelsea Pizzo
Manager of Data Analytics

Kristen Hassett
Senior Analyst

Brad Raine
Analyst

Usha Nuliyalu
Statistician Lead

Edward Norton
Economist

Chelsea Andrews
Site Engagement Coordinator

Kristy Degener
Site Engagement Coordinator

Jana Stewart
Communications Specialist

Carla Novak
Senior Administrative Assistant

Kathryn Ashbaugh
Research & Data Access Coordinator

Phyllis Wright-Slaughter
Senior Data Architect

Dr. Scott Regenbogen
Senior Advisor

Dr. Jim Dupree
Senior Advisor

SUCCESS STORIES

1/1/2022 - 12/31/2022

COLLABORATION

103 hospital members

40 PO members

25 active CQI projects

$7.7M in MVC P4P PY21 savings

ANALYTICS

21 push reports shared with members

20 new Qualified Entity Medicare reports added to registry

3 new conditions added to registry

ENGAGEMENT

600 Twitter followers

231 LinkedIn followers

51 blog posts published

33 virtual workgroups

ANALYTICS

REGISTRY IMPROVEMENTS

The MVC registry underwent a number of updates and enhancements in 2022. Users with newly signed data use agreements were granted access to 20 new Qualified Entity Medicare reports that enabled drill-down into small case counts and individual episodes within Medicare FFS data.

New Pay-for-Performance (P4P) reports were added so hospitals could determine areas of opportunity for Program Years 2022 and 2023. Unlike other reports, these are hosted on the registry using Tableau to enhance functionality for users. MVC also added cardiac rehabilitation reports.

With the addition of several Critical Access Hospitals (CAHs) to MVC's membership in recent years, the MVC registry now allows members to compare their metrics to hospitals within their own designation of either general acute care hospital or CAH. This new comparison group was added to the existing benchmark options of MVC All (all MVC member hospitals), regional benchmarks, and P4P cohort. By request, MVC added two new filters that enable users to look specifically at metrics for episodes in which a patient had a diagnosis of chronic kidney disease or venous thromboembolism during the episode.

These upgrades took place in tandem with ongoing methodological updates to enhance the accuracy and completeness of MVC episodes:

- Updated the date fields on a claim that are used as the starting and ending dates for a given healthcare visit, ensuring that the length of stay for hospitalizations is captured as accurately as possible and does not encompass pre-hospitalization testing or care
- Updated the capture of diagnosis codes mapped to the 79 hierarchical condition categories (HCCs) used in risk adjustment and measures of comorbidities
- Incorporated claims indicating receipt of pulmonary rehabilitation
- Allowed claims categorized as outpatient rehabilitation to be eligible to initiate episodes as index events, expanding the capture of surgical episodes and pre-surgery rehabilitation care

endocarditis, nephrectomy, and small bowel obstruction added to registry

30,000

new episodes created and accessible on the registry

MVC ACQUIRES SDOH DATA

As part of MVC's commitment to addressing inequities in health, demographic data has been added to MVC push reports, providing members with insights on average age, common comorbidities, racial representation, and common zip codes for a given patient population. In addition to demographic data, MVC began including information on the percent of a population that is economically distressed, which is gleaned from the Distressed Community Index (DCI) data set and linked directly with MVC claims data using the member's five-digit Zip code. This data set was received in-house in the spring and utilizes insights into social determinants of health at the geographic level including education, housing, employment, poverty, and income.

MVC also brought Experian credit reporting data in-house and plans to use this data source to further enhance the rich information provided to members, especially in the areas of social risk and health equity.

CREDIT REPORTING DATA

In partnership with MSHIELD, these data will help MVC identify at-risk populations to understand how economic instability affects health outcomes, as well as generating insights that help working age adults recover and return to work after major health events.

To date, this data has contributed to some quality improvement analyses. The MVC team will continue learning more about this data source and continue to thread this information into its portfolio of work. In 2023, MVC's goal is to collaborate with MSHIELD to identify opportunities for leveraging this data with the aim of providing members with more equity-focused insights.

8 NEW PUSH REPORTS

The MVC Coordinating Center shared a total of 21 push reports in 2022. This included several new reports developed on post-acute and post-discharge care, including a new **emergency department and post-acute care report** that was shared with MVC member hospitals and POs in August. As a unique component of the healthcare system, the emergency department serves as a safety net for patients who experience barriers to healthcare access. To support members' efforts in this space, this new push report provided more granular insights into emergency department and post-acute care utilization in the 30-day post-discharge period than is available on the MVC registry. It was originally developed with the needs of Critical Access Hospitals (CAHs) in mind but was expanded to support quality improvement in emergency departments across the entire MVC membership. MVC also discontinued its former congestive heart failure and chronic obstructive pulmonary disease reports in favor of a new combined **chronic disease management follow-up report**, which focused more specifically on follow-up care after hospitalization for the two conditions. This area of healthcare utilization will be an area of emphasis in MVC push reporting in 2023, with reports planned on home health and skilled nursing facility utilization, emergency department episodes, and chronic disease.

To further support MVC member hospitals participating in the MVC Component of the Pay-for-Performance (P4P) program, a new **P4P conditions report** was shared in April to help identify areas of opportunity for current and historical P4P conditions. A new **pneumonia report** shared in February provided insights valuable to MVC's rural and CAH members.

In addition to its hospital-level reporting, MVC built on its PO data offerings. In February, MVC's first **colectomy PO report** was prepared for all 40 PO members. A new **hysterectomy PO report** was shared in May following the launch of a new hospital report on the same topic, and a **chronic obstructive pulmonary disease PO report** was sent in October.

OTHER PUSH REPORT *HIGHLIGHTS*

In addition to the new hospital- and PO-level push reports, the MVC team continued to refresh several existing reports, including the following:

Cardiac Rehabilitation Primary Report: the Coordinating Center refreshed and disseminated its primary master cardiac rehabilitation report for MVC hospitals in March, and continued to provide measures for cardiac rehabilitation utilization within 90 days of discharge, mean days to first visit, and the mean number of visits for a variety of cardiac conditions and procedures. The reports were refreshed again in October but rebranded to fall under the umbrella of the newly-established Michigan Cardiac Rehabilitation Network (MiCR). This version incorporated figures showcasing the collaborative's progress toward new statewide cardiac rehabilitation goals.

Health Equity Report: MVC refreshed its health equity report as part of its continued commitment to emphasizing equity in healthcare. The latest iteration compared Medicaid and BCBSM/BCN patients, a departure from previous versions that compared dual-eligible versus non-dual-eligible Medicare patients. This refreshed report continued to look at post-acute care trends but narrowed its focus to office visits. Another key change was the addition of a patient population demographics table.

Joint Replacement PO Report: MVC refreshed its PO report focused on joint replacement and shared it with PO members in December. This report allowed POs to compare their performance on several metrics, including total episode payments, utilization of outpatient surgery settings, post-acute care utilization, and outpatient rehabilitation rates.

Preoperative Testing Report: To continue to support the reduced use of unnecessary preoperative testing, MVC refreshed and sent this push report to MVC POs and hospitals in April and July. Both versions highlighted variations in testing practices across the collaborative for specific low-risk procedures (laparoscopic cholecystectomy, laparoscopic inguinal hernia repair, and lumpectomy) and specific preoperative tests. The April version also included blinded surgeon-level reporting, which allowed for a more nuanced understanding of provider variation within a given hospital. MVC also prepared a system-level version of its July report.

MVC Component of the BCBSM P4P Program: the MVC team distributed final hospital performance reports and BCBSM scorecards for Program Year 2021 in February and mid-year scorecards for Program Year 2022 in August.

Program Year 2021

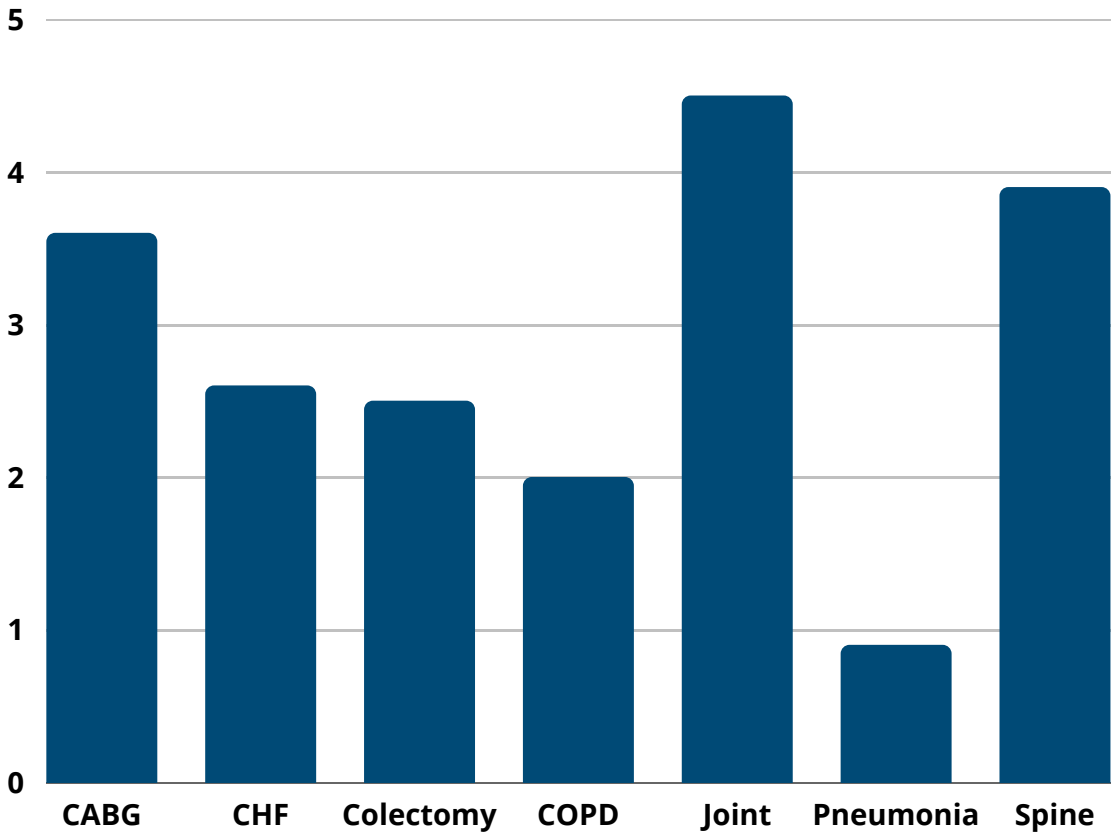
P4P SCORES & STATISTICS

Program Year 2021 final scorecards for the MVC Component of the BCBSM Pay-for-Performance (P4P) Program were distributed to MVC member hospitals in February.

$7.7M
in estimated savings

6.8 PTS.
average points earned

Distribution of Total P4P Scores by Condition for PY 2021



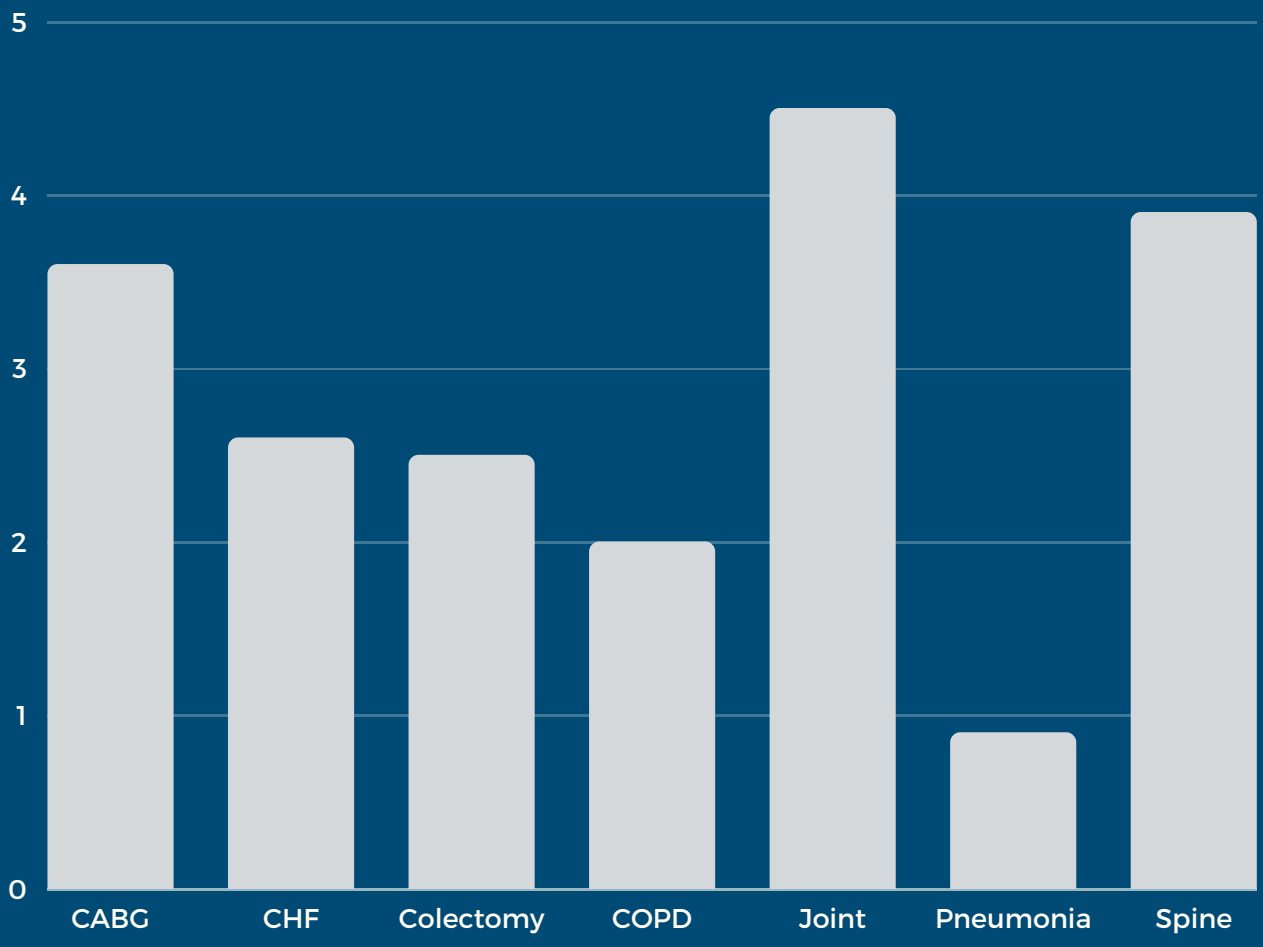
The completion of PY 2021 marked the end of a two-year P4P cycle. MVC evaluated both Program Years and shared a summary with members in May. This report reviewed the selected conditions, payment changes, and points earned in the two Program Years. The collective price-standardized cost savings for PYs 2020 and 2021 were approximately $3 million and $7.7 million, respectively. Joint replacement was the largest contributor to these cost savings with a decrease of $4.7 million for PY 2020 and $9.1 million for PY 2021. Over the two PYs, the collective risk-adjusted, price-standardized cost savings were $10.8 million.

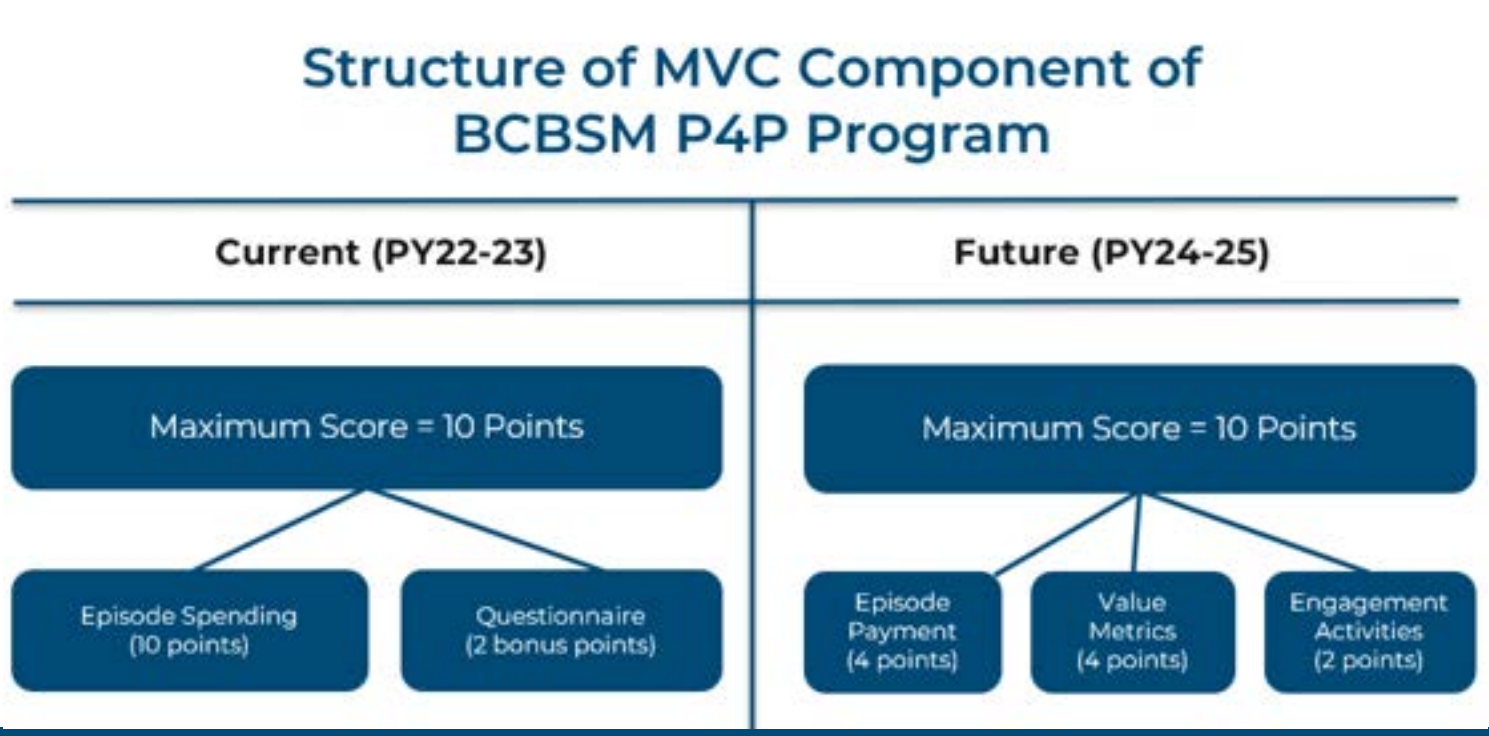
PY22 SCORECARDS

PY 2022 compares episode spending for the performance year data from 2021 against the baseline year of 2019. In mid-2022, the MVC Coordinating Center had sufficient 2021 claims to send mid-year scorecards. These reports were sent to 86 hospitals on Sept. 1 and described episode spending for each hospital's two selected conditions. The average points scored for the mid-year scorecards was 5.9/10 before including the survey bonus points. This is 0.9 points higher than the average points scored at the conclusion of PY21, excluding all bonus points. Consistent with previous years, joint replacement was the highest scoring condition with an average of 4.5 points earned. Pneumonia was the lowest-scoring condition with hospitals earning less than one point on average. Hospitals had until Nov. 1 to submit their completed bonus point questionnaires; 74 MVC hospitals completed questionnaires. In Q1 2023, the MVC Coordinating Center will have complete 2021 claims and can send final PY22 scorecards.

Average Mid-Year Points by Condition for PY2022

Joint replacement was the highest scoring condition with an average of 4.5 points earned. Pneumonia was the lowest scoring on average.





P4P STRUCTURE FOR PY 2024-2025

In response to member feedback, the MVC Coordinating Center recommended changes to the structure of the MVC Component of the BCBSM P4P Program for PYs 2024 and 2025 with the aim of making the MVC Component a more transparent, intuitive, flexible, and fairer program. Compared to the prior cycle, PYs 2024-2025 will include a modified episode spending component and the addition of two new required components: value metrics and engagement points. The proposed changes were presented at the P4P Quarterly Workgroup meeting on June 15, and final approval was obtained on July 7. Following approval of the changes, MVC set to work finalizing the PY 2024-2025 methodology, drafting all supporting documentation for this program cycle, educating hospitals on the changes, and preparing selection reports that were sent to hospitals in November. Hospitals were asked to select one of six conditions to be evaluated on for the episode spending metric and one of seven value metrics.

NEW VALUE METRICS:

- 7-day follow-up after CHF or pneumonia
- 14-day follow-up after COPD
- Cardiac rehabilitation rates after CABG or PCI
- Preoperative testing rates
- Risk-adjusted readmissions after sepsis

MVC becomes a

QUALIFIED ENTITY

Last year marked MVC's completion of the final steps in the CMS Qualified Entity Certification Process (QECP), which involved a multi-year application, additional data use agreements with registry users, and the preparation of a public report. MVC pursued this process for the purpose of providing members with unsuppressed Medicare data. QE Medicare reports were first made available on the MVC registry in August, enabling authorized users to drill down into small case counts and patient-level details within Medicare FFS data. As before, any hospital or PO registry user could also continue to view MVC's original Medicare registry reports with case count suppression in place (counts of <11).

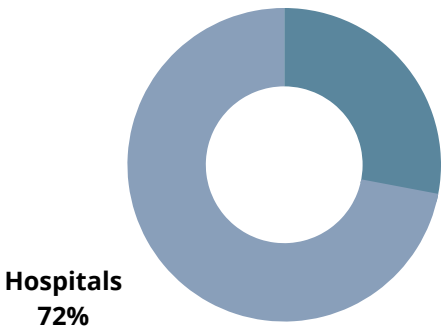
MVC received final approval of its phase three application in December and may now follow QE data-sharing guidelines to provide members with as much detailed data from Medicare claims and episodes as possible. As a QE, MVC must publish a public report on provider performance annually, incorporating QE Medicare and other payer data. The first of these was disseminated in January 2023.

Future obligations for MVC will be to complete the requirements for ongoing program administration, an annual report to CMS, an annual public report using combined payer data, and a triennial reapplication process.

ENGAGEMENT

MVC Member Engagement

OPPORTUNITIES TO LEARN IN A COLLABORATIVE, NON-COMPETITIVE SPACE



NEW MEMBERS ADDED, IN-PERSON EVENTS RESUME

MVC continues to dedicate resources to growing collaborative membership and increasing engagement levels across the group. MVC welcomed three additional hospital members to the collaborative in 2022, bringing its total membership to 143, with 103 hospitals and 40 physician organizations. MVC also returned to in-person regional networking events in 2022, hosting groups of site coordinators and other key contacts from member hospitals and POs located in southeast and mid-Michigan.

"It was so nice to meet everyone (in person) and put names to faces. There was so much more brainstorming in person - more productive than Zoom."
-MVC member at recent regional networking dinner

WORKGROUPS

MVC hosted 33 virtual workgroups in 2022 on topics related to diabetes, chronic disease management, health equity, health in action, joint replacement, and sepsis. These sessions featured guest speakers from 18 organizations, including member hospitals and POs, community organizations, and fellow CQIs.

THANK YOU TO OUR 2022 SPEAKERS

HMS Michigan Hospital Medicine Safety Consortium

MARCQI Michigan Arthroplasty Registry Collaborative Quality Initiative

MCT2D Michigan Collaborative for Type 2 Diabetes

MSHIELD Michigan Social Health Interventions to Eliminate Disparities

Henry Ford Health

Ascension

Bronson

Trinity Health

Munson Healthcare

Corewell Health

Sparrow

Washtenaw County Health Department

UP Health System

Region 9 Area Agency on Aging

Olympia Medical

Patient is Partner

SPRING SEMI-ANNUAL

MVC offered a virtual spring semi-annual meeting in May and was joined by 158 leaders from a variety of healthcare disciplines representing 68 hospitals and 15 POs from across the state. “Turning Data and Collaboration into Action” was the overarching theme, putting the spotlight on initiatives that successfully leveraged data or collaboration to bring about improvements in healthcare. Speakers included McLaren Port Huron hospital, BCBSM, and MyMichigan Health. Of the 52 attendees who completed the post-meeting survey, 100% evaluated the overall meeting as excellent or good, and 100% agreed the meeting objectives were met and the content covered would impact their work.

FALL SEMI-ANNUAL

MVC held its fall semi-annual meeting in October joined by 66 leaders from a variety of healthcare disciplines representing 25 hospitals and 7 POs across the state. The theme of, “Prescribing Health in Michigan” put the spotlight on prescribing and medication-related quality initiatives that successfully leveraged data or collaboration to improve healthcare. MVC hosted guest speakers from Michigan Medicine, Bronson Healthcare, Trinity Health Alliance of Michigan, and the Michigan Opioid Prescribing Engagement Network (OPEN). Following the meeting, a survey was shared with all attendees to capture their experience. Of the 26 responses received, 81% indicated plans to implement or adopt ideas from the meeting at their own institution.

MVC AND PHYSICIAN ORGANIZATION VIRTUAL SITE VISITS

MVC partners with BCBSM and its PGIP team to ensure alignment with PO patient attribution and metric development. MVC staff held virtual visits with six POs in 2022 to expand its PO reporting and better understand the unique needs of this subset of its membership.

WHAT MVC SHARED

MVC OVERVIEW

Provided PO members with a summary of MVC's services and resources

PUSH REPORTS

Reviewed recent MVC PO-specific push reports with PO patient attribution

CUSTOM DATA

Showcased MVC PO custom analytics and discussed areas of opportunity

WHAT POs SHARED

PARTNERS

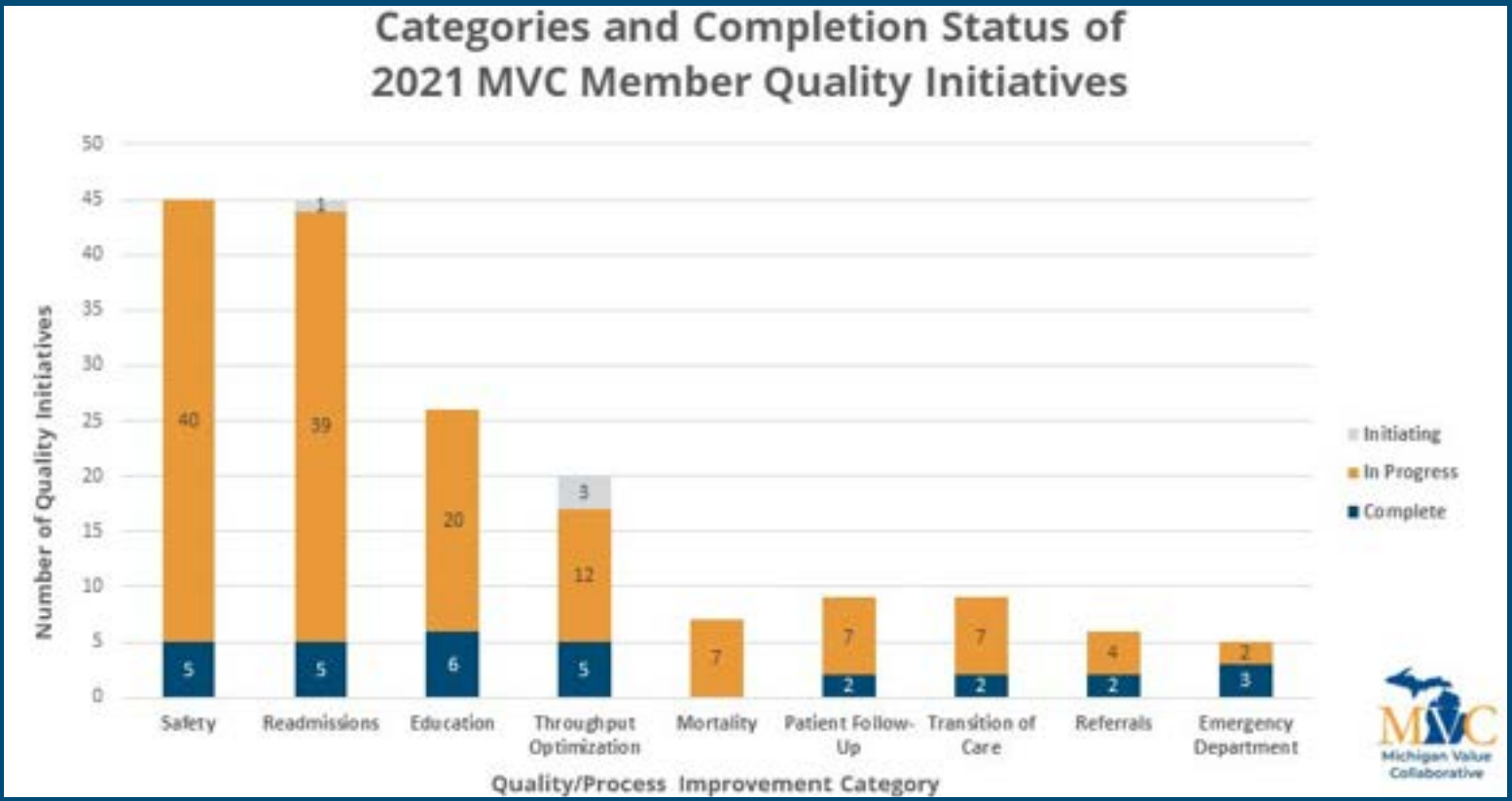
Described current relationships with attributed hospitals

AREAS OF FOCUS

Described current PO quality initiatives and areas of focus

FEEDBACK

Discussed how MVC can further engage and support its PO members



MVC MEMBER QI PROJECTS

MVC has always been deeply interested in fostering a collaborative learning environment that enables providers to learn from one another in a cooperative, non-competitive space. In support of that priority, the Coordinating Center completed hospital site visits in 2021 in order to better understand the activities of its member hospitals to identify topics that may benefit from practice sharing.

At the conclusion of this undertaking, MVC documented 178 quality improvement initiatives. By March 2022, MVC compiled a database searchable by content area, provider, and project status that allowed MVC to understand common themes and challenges across all members and within particular subgroups (i.e., hospital size, region). The top 10 most common categories for quality initiatives from most to least cited were: readmissions, patient and provider safety, patient and provider education, throughput optimization, transitions of care, patient follow-up, mortality, referrals, emergency department, and COVID-19.

As of the spring of 2022, the bulk of these quality improvement initiatives were still underway, with 80% reportedly in progress and 17% complete. To initiate conversations between members with similar quality improvement projects, MVC has begun the process of making email introductions between members to encourage idea-sharing and cooperative learning.

In 2023, MVC plans to hold site visits with its physician organization (PO) members, which will add a valuable perspective to the database and help facilitate hospital-PO partnerships. MVC is excited to leverage this database as a library of practice standards for members.

MVC ONLINE ACTIVITY

Follow us @michiganvalue

MVC BLOG SUBSCRIBERS:
775

TWITTER FOLLOWERS:
600

LINKEDIN FOLLOWERS:
231

As part of MVC's strategic efforts to increase awareness of its materials and activities, the team 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. In the last 12 months, MVC published 51 blogs that showcased the work and accomplishments of 10 CQIs, eight hospitals, and two POs. They also provided critical promotion of all the MVC push reports and engagement activities. MVC similarly uses its Twitter and LinkedIn accounts to promote MVC upcoming events, campaigns, publications, and reporting.

The MVC website underwent several enhancements and updates in 2022. The site now includes a page dedicated to P4P activities, as well as resources related to its Value Coalition Campaigns. The engagement page also now includes linked copies of quarterly newsletters, semi-annual recordings and presentations, and case studies.

CARDIAC REHABILITATION

VALUE COALITION CAMPAIGN UPDATE

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 members. These are termed MVC's "Value Coalition Campaigns" (VCCs). The Cardiac Rehabilitation (CR) VCC is intended to drive improved utilization of this life-saving, highly underutilized program. MVC's work in this area is frequently in partnership with the Blue Cross Blue Shield of Michigan Cardiovascular Consortium (BMC2). The past year was an active one for CR-related activity. MVC and BMC2 continued to hold regular collaborative meetings, which were used to plan events and develop materials for members. For example, 2022 included the successful launch of the Michigan Cardiac Rehabilitation Network (MiCR) and the release of the MiCR best practices toolkit. The VCC also set new statewide CR goals that will be monitored in future push reports.

To help promote CR's value and impact, MVC also held its first CR Awareness Week during American Heart Month, along with dedicated workgroup sessions. MVC also officially announced the introduction of "value metrics" into the MVC Component of the BCBSM P4P Program, with CR participation rates offered as two of the seven choices for the value metric component of MVC's measure in PYs 2024 and 2025.

The Michigan Cardiac Rehab Network (MiCR) is a collaboration between the Blue Cross Blue Shield of Michigan Cardiovascular Consortium (BMC2) and MVC with the aim to equitably increase participation in cardiac rehabilitation for all eligible individuals in Michigan. The new MiCR umbrella was established in 2022, with new statewide goals for CR utilization announced in May and a kickoff stakeholder meeting held in October.

Best Practices Toolkit

To improve CR participation in Michigan and beyond, MiCR convened a group of dedicated CR providers and content experts in the state of Michigan to outline best practices for CR facilities, hospitals, and health systems. The Cardiac Rehabilitation Best Practices Toolkit details a menu of strategies intended to improve participation in CR. The authors and contributors encourage local quality improvement teams to select the specific interventions that will be most valuable to their site.

- **Enrollment Strategies**
- **Strategies to Maintain Attendance**
- **Innovative Delivery Models**
- **Evaluation Metrics & Additional Resources**

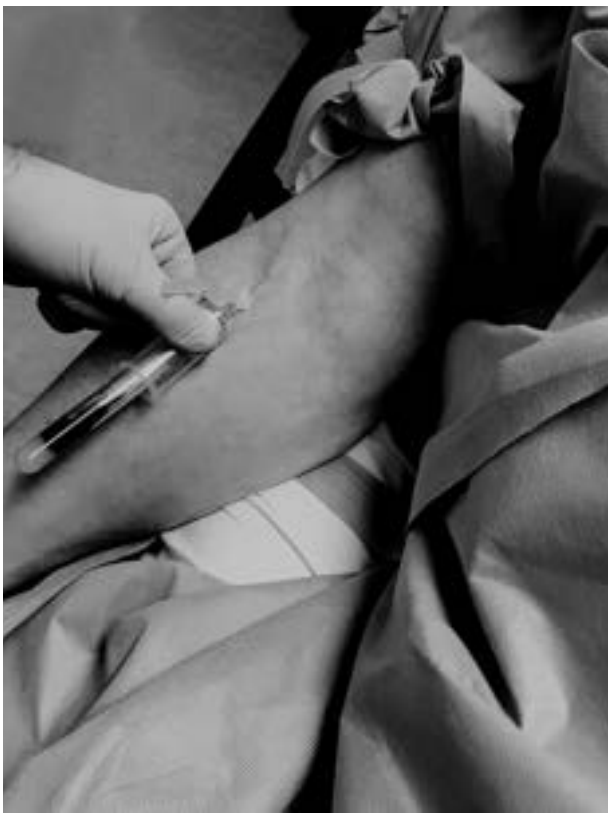
PREOPERATIVE TESTING

VALUE COALITION CAMPAIGN UPDATE

Preoperative testing, especially prior to low-risk surgical procedures, often provides no clinical benefits to patients. Despite this, a number of tests and labs continue to be ordered regularly at hospitals throughout Michigan. Such testing can result in unnecessary delays for procedures as well as harm to the patient, and represents a clear opportunity to improve value in surgery.

In support of member awareness and collaboration, MVC distributed push reports on preoperative testing for specific low-risk surgical procedures to help hospitals and POs understand their testing practices and identify opportunities for improvement. This past year, MVC was able to integrate some blinded provider-level reporting for a more nuanced understanding of a hospital's testing rates. In addition, a dedicated preoperative testing workgroup was offered, which took place during a week-long promotional campaign about the VCC and the importance of reducing unnecessary testing.

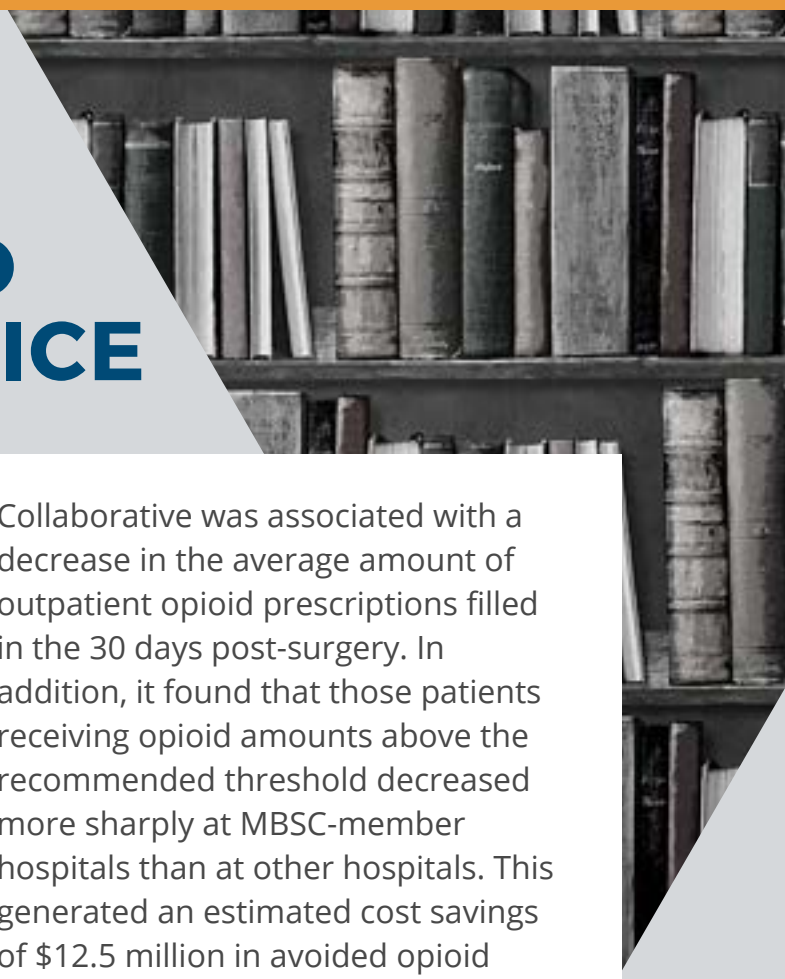
In addition, MVC took steps to build on its relationships with key stakeholders. Over the past year, MVC contributed to several collaborative meetings and



projects with the Michigan Surgical Quality Collaborative (MSQC) and the Michigan Program on Value Enhancement (MPrOVE). This resulted in the development of provider tools (e.g., decision aids, test guidance, etc.) and new incentive-based programs. Both MSQC and MVC are integrating preoperative testing rates into their respective components of the BCBSM Pay-for-Performance (P4P) Program, with MVC offering it as one of its seven choices for a new value metric component of MVC's P4P measure.

Partnering with fellow CQIs

USING DATA TO INFORM PRACTICE



Intentional collaboration with fellow CQIs and quality improvement collaborators is one of MVC's core strategic priorities. In the last 12 months, MVC contributed to several collaborative projects focused on, among other things, condition and report development, return on investment analyses, supporting new CQIs, and relationship development. Such activities benefit MVC members by supporting care coordination across multiple specialties, matching clinical and claims data for quality improvement analyses, and through empirical identification of healthcare practices that improve patient outcomes for the greatest value.

For instance, the MVC team supported several other CQIs in 2022 by measuring the impact of their quality improvement initiatives from an investment and value perspective. MVC's expertise in this area and its relationships throughout the CQI portfolio led to the commission and completion of four ROI exercises with BMC2, MBSC, and MSQC. One of these exercises found that an initiative implemented by the Michigan Bariatric Surgery Collaborative was associated with a decrease in the average amount of outpatient opioid prescriptions filled in the 30 days post-surgery. In addition, it found that those patients receiving opioid amounts above the recommended threshold decreased more sharply at MBSC-member hospitals than at other hospitals. This generated an estimated cost savings of $12.5 million in avoided opioid prescription spending. Additional ROIs are currently underway.

MVC's collaborative reputation and rich data sources also led to quality improvement proposals from other Michigan Medicine collaborators. MVC staff co-authored 15 published manuscripts last year that included valuable insights on care delivery.

Finally, MVC also provided data and analyses in support of new CQIs hoping to expand their offerings and partnerships with hospitals and POs in the future, including the Inspiring Health Advance in Lung Care (INHALE), the Michigan Back Pain Collaborative (MIBAC), and the Michigan Collaborative for Type 2 Diabetes (MCT2D).

Thank you for your continued partnership as MVC pursues more sustainable, high-value healthcare for Michigan patients.

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