



Connecting the Dots:

Celebrating 10 years of Insights on Value-Based Healthcare



Support for MVC is provided by Blue Cross Blue Shield of Michigan and Blue Care Network as part of the BCBSM Value Partnerships program. Although Blue Cross Blue Shield of Michigan and MVC work collaboratively, the opinions, beliefs, and viewpoints expressed by the author do not necessarily reflect the opinions, beliefs, and viewpoints of BCBSM or any of its employees.

Coordinating Center Updates

- New MVC team members:



**Kristy
Degener, MPH**
Site Engagement
Coordinator



**Julia Mantey,
MPH, MUP**
Senior Data
Analyst

MVC Updates



PY22 final scorecards shared



Qualified Entity public report available



New and refreshed push reports: joint (PO), sepsis (hospital & system-level), preop testing (hospital), cardiac rehab (hospital)



Medicare Part D data received



Value and impact assessments with CQIs





Michigan Value Collaborative

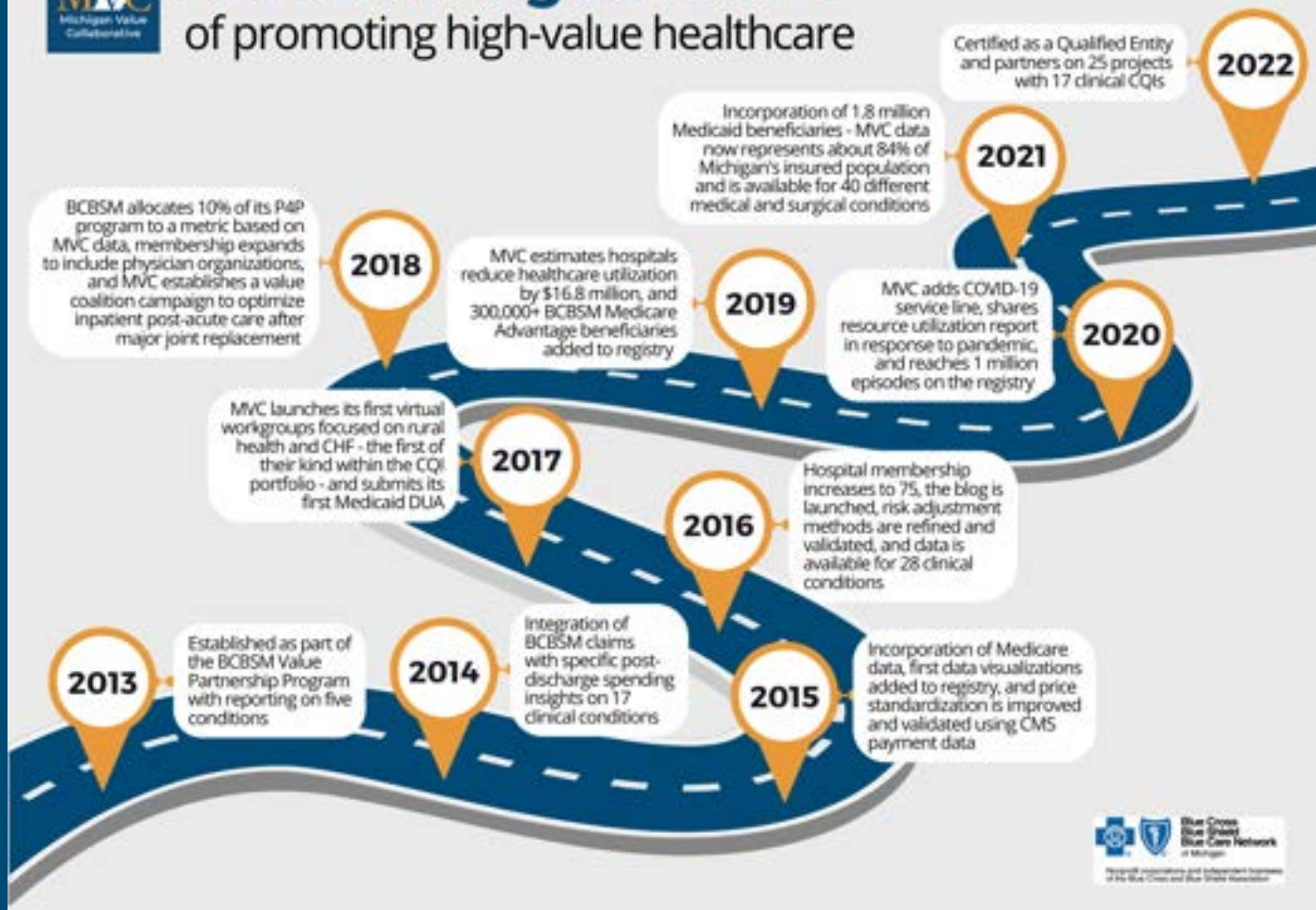
Celebrating 10 Years

of promoting high-value healthcare

MVC's Journey



Celebrating 10 Years of promoting high-value healthcare



MVC Component of the BCBSM P4P Program

Program Updates



PY22-23 Timeline



Changes From PY20-21 in Scoring PY22

POINT CALCULATIONS

- Achievement points assessed based on Z-score methodology
- Performance payments compared to the cohort baseline payment rather than determining rank within cohort during performance year

BONUS POINTS

- Hospitals can earn up to 2 bonus points by completing and returning P4P questionnaires for *each* of their condition selections
- A bonus point is no longer awarded if a hospital's P4P cohort reduced its overall payment by 5%

30-Day Episode Spending Component

Condition Selection Options:

- Chronic obstructive pulmonary disease (COPD)
- Colectomy (non-cancer)
- Congestive heart failure (CHF)
- Coronary artery bypass graft (CABG)
- Joint replacement (hip and knee)
- Pneumonia
- Spine Surgery

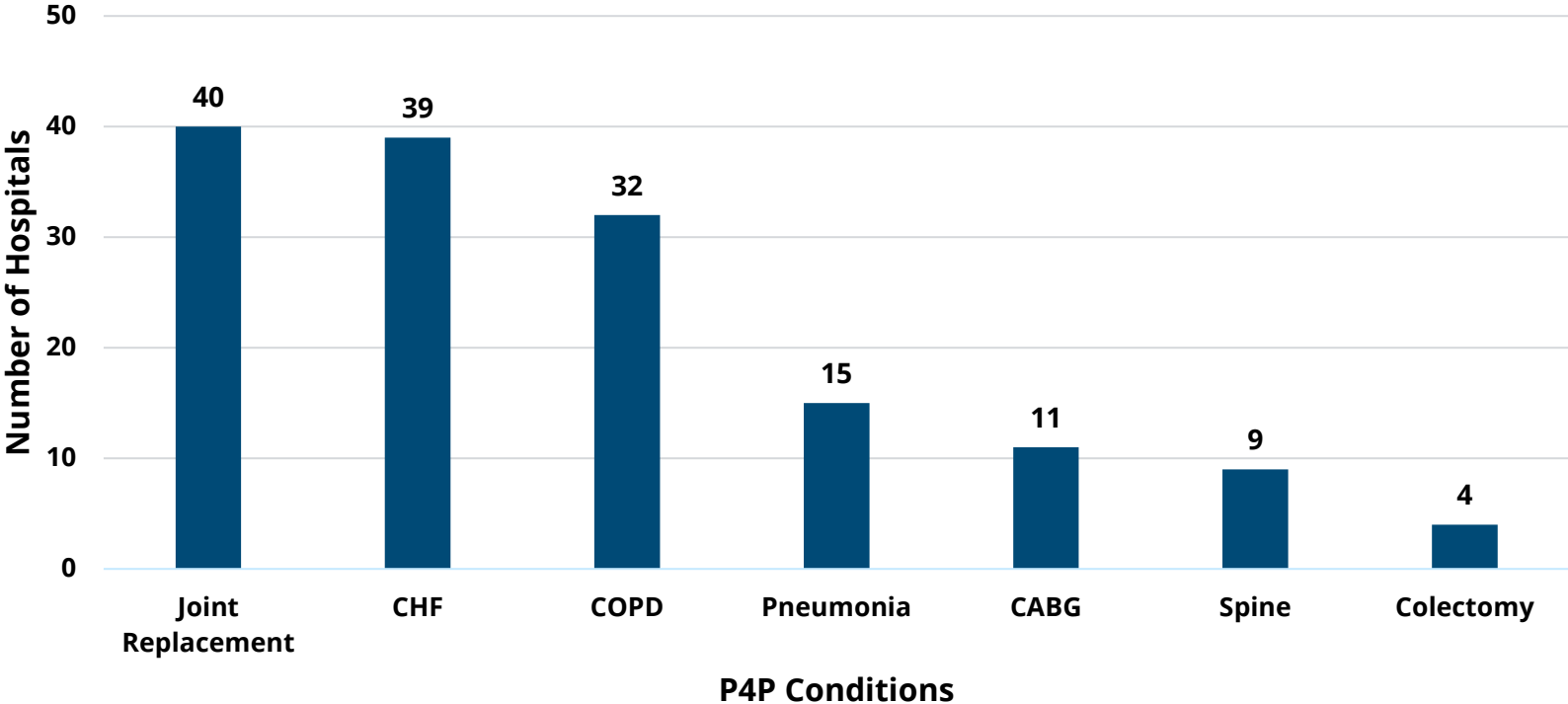
P4P Eligibility:

- Episodes with inpatient transfers, inpatient death, discharge to hospice, or presence of COVID-19 are excluded.
- Hospitals must meet the quality threshold for inpatient mortality and readmissions in order to earn points.

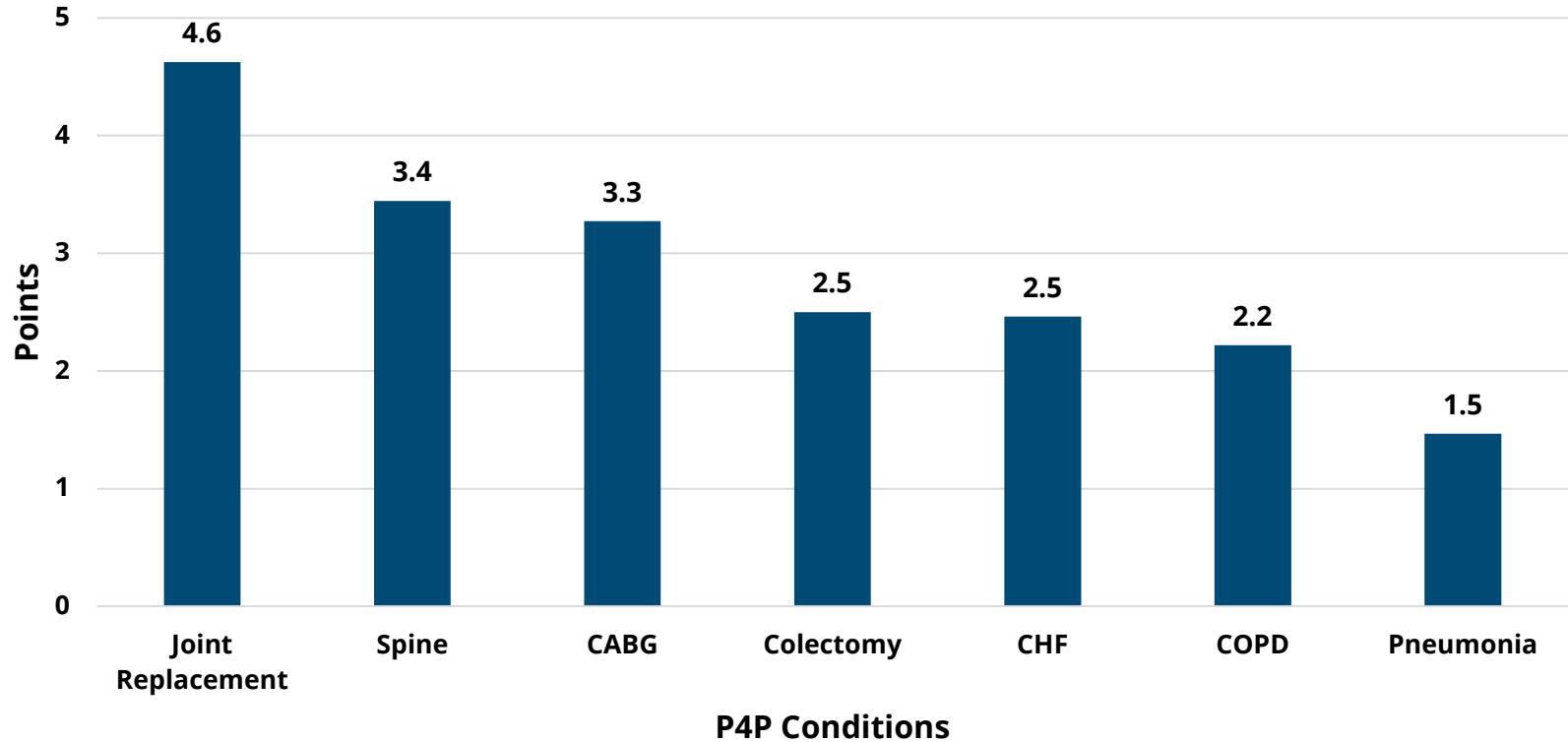
Episode Spending Metric Scoring

Metric Options	Maximum Score	Scoring Methodology
Choose 2 of 7	5 per condition	Z-score
Scoring Logic	Improvement Comparison	Achievement Comparison
Award greater of the two, either improvement or achievement	Improvement based on hospital's own past performance	Achievement based on comparison to MVC cohort

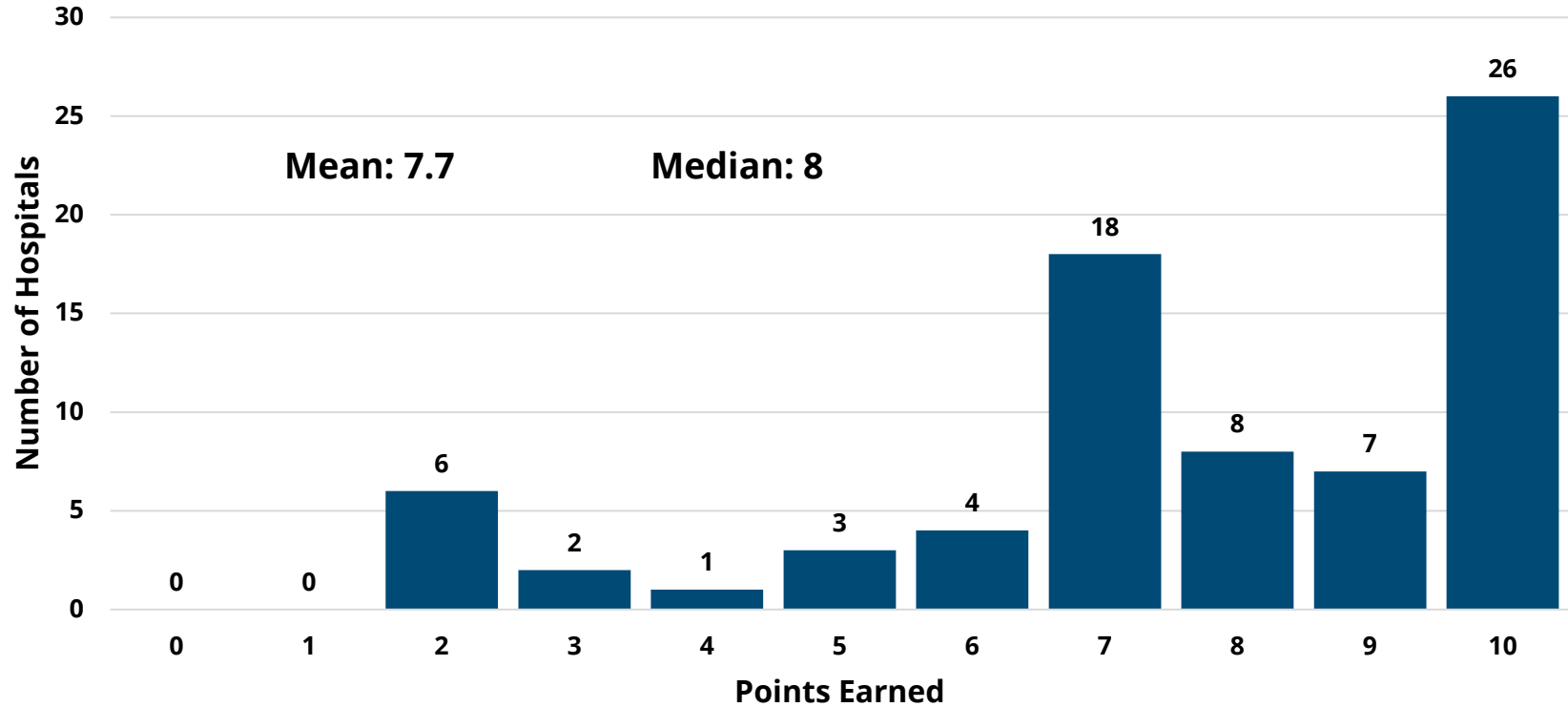
Condition Selections for PY22/23



Points by Condition

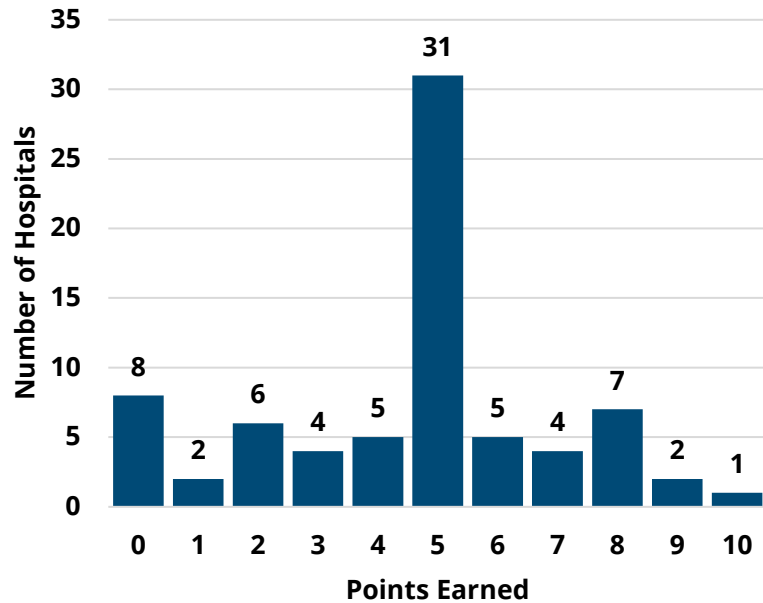


Distribution of Total Points

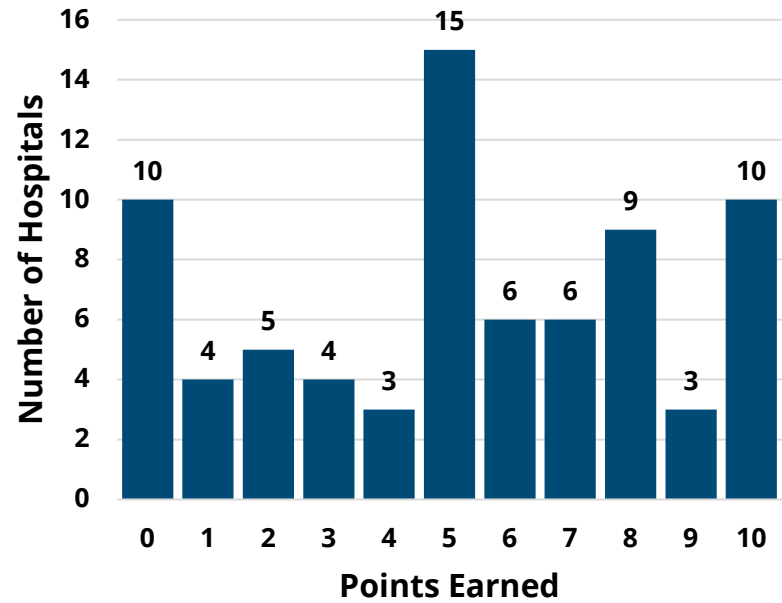


Distribution of Improvement vs Achievement Points

Improvement Points
Mean: 4.6
Median: 5



Achievement Points
Mean: 5.2
Median: 5



Average and Cumulative Payment Change

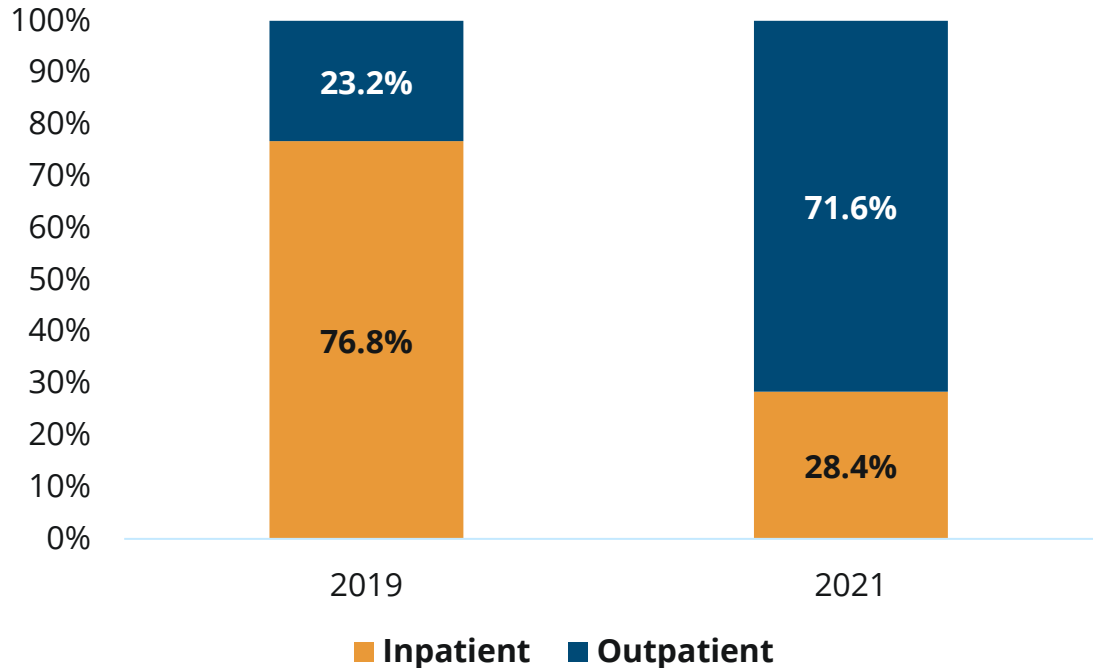
P4P Condition	PY2022 Average Payment Change	PY2022 Cumulative Payment Change
CABG	-\$1,305	-\$974,835
CHF	-\$242	-\$1,440,868
Colectomy	\$1,831	\$461,412
COPD	\$111	\$286,269
Joint Replacement	-\$2,034	-\$24,340,878
Pneumonia	\$857	\$839,003
Spine	-\$1,749	-\$1,294,260
Total	-\$2,531	-\$26,464,157



Joint

- Outpatient joint replacements increased from **23.2% in 2019 to 71.6% in 2021**
- Outpatient joint replacement costs about **\$4,000 less** on average than inpatient joint replacement

Condition-Specific Investigation

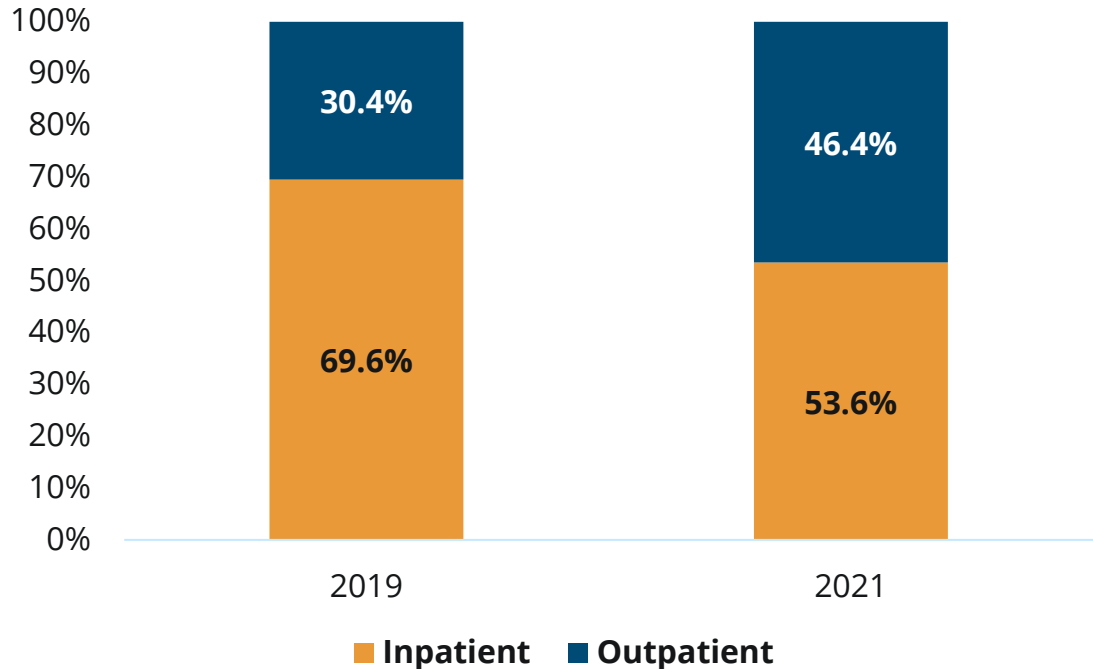




Spine

- Outpatient spine surgery increased from **30.4% in 2019** to **46.4% in 2021**
- Outpatient spine surgery costs about **\$20,000 less** on average than inpatient spine surgery

Condition-Specific Investigation



Next Steps

- Hospitals will receive payment from BCBSM in the summer of 2023 for PY22
- PY2023 Mid-Year Scorecards coming summer of 2023
- MVC will remind participating hospitals later this year to return PY23 bonus point questionnaires

ED-Based Episodes

New emergency department (ED)
episode structure and unblinded data



MVC introduces
NEW ED-based episodes,
developed in collaboration with the
Michigan Emergency Department
Improvement Collaborative (MEDIC)



What is an ED-Based Episode?

ED-based episodes capture patients who *might* not be captured by inpatient/surgery-based episodes

ED-based episodes are:

- New episodes of care
- Initialized by ED visits
- Created for high-volume conditions relevant to ED
- Comprised of all care from index ED visit through 30 days post-ED

ED-Based Episode Data

Payers

- BCBSM Commercial & MA
- BCN Commercial & MA
- Medicare FFS

Dates

- Index ED visits 1/1/2017 - 12/31/2022

30-Day Non-Overlapping Episode Structure

- Patients are eligible to initiate a new ED episode 30 days after previous ED index event

Index Events

- Facility claim with ED revenue code as well as primary diagnosis matching MVC ED condition

Patient Age Range

- 0-100+ (No restrictions applied)

ED Episode Index Conditions

Abdominal pain

Asthma

Atrial fibrillation *

Cellulitis

Chest pain, unspecified

Chronic obstructive pulmonary disease (COPD) *

Congestive heart failure (CHF) *

Deep venous thrombosis

Diabetes mellitus long-term complications

Diabetes mellitus short-term complications

Gastrointestinal bleed

Pneumonia *

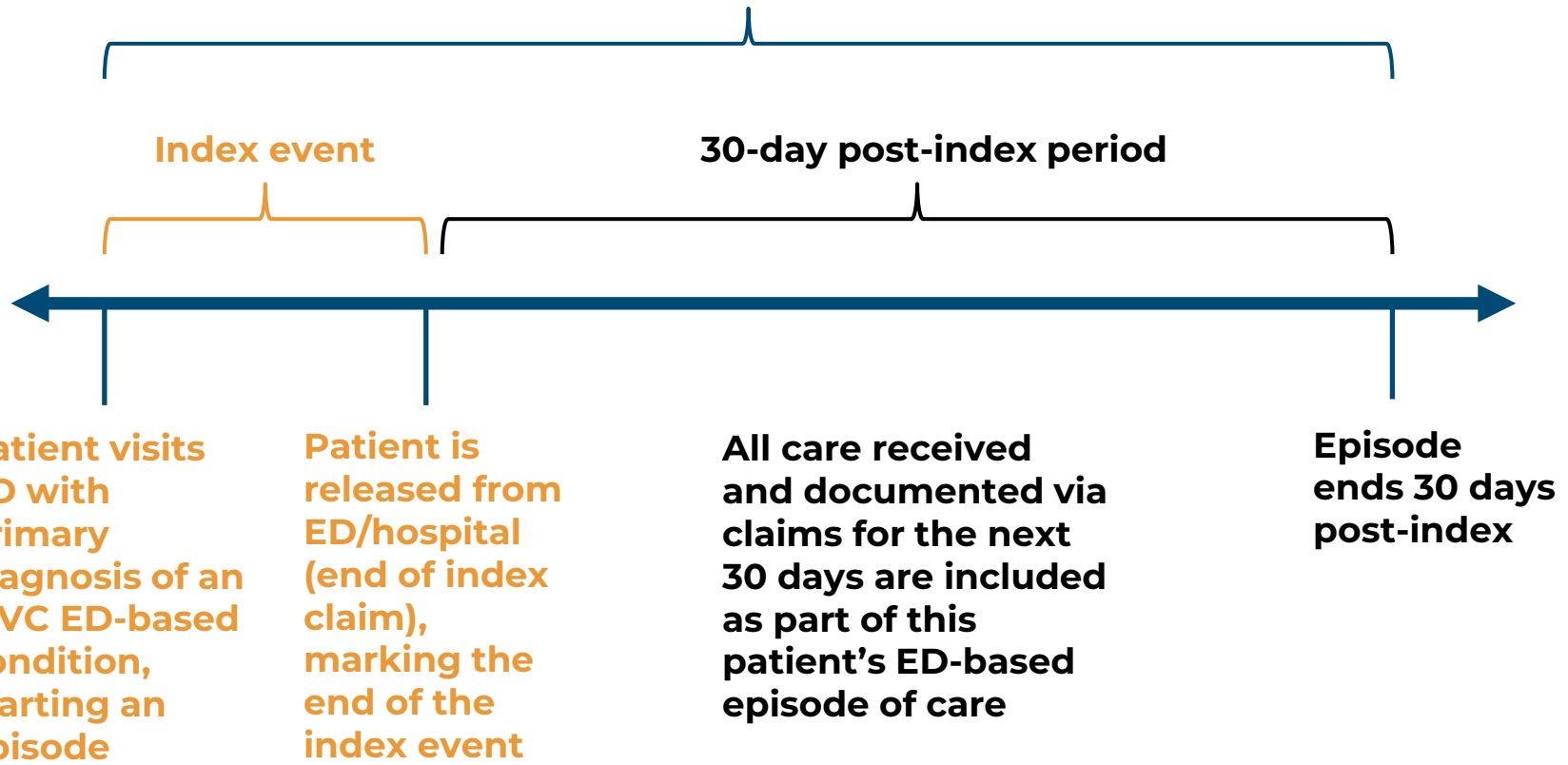
Pulmonary embolism

Pyelonephritis / urinary tract infections

Syncope

**conditions that also exist within MVC inpatient-based episodes*

30-Day ED-Based Episode of Care



30-Day ED-Based Episodes for 15 ED-Relevant Conditions

ED-Based Episode \$



Index
Visit to ED



Professional
Services

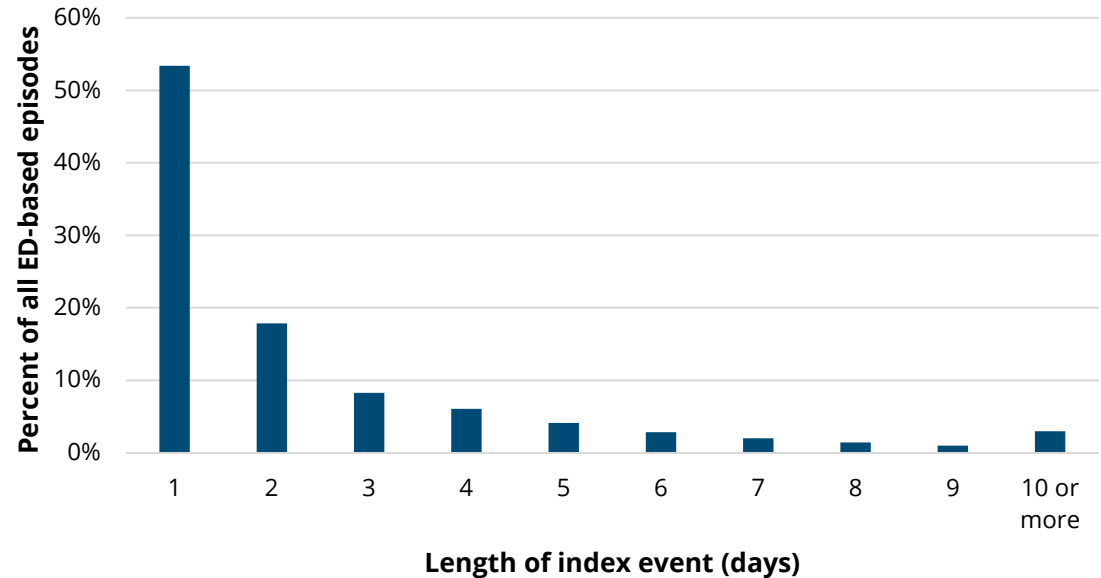


Post-Acute
Care



Inpatient
Admissions

Distribution of Index Length



Episode length = length of index claim + 30 days post-index

How Can the Data be Used?

- Provide information on care transitions and trajectory of care for patients visiting the ED
- Assess quality improvement opportunities to prevent excess ED visits and inpatient hospitalizations
- Examine patterns in post-ED care:
 - e.g., inpatient admissions, outpatient visits, home health, SNF, etc.

ED Episodes vs. Traditional Episodes & P4P Program

- ED-based episodes are **not affected** by admissions/surgery-based episodes
- Measures for ED-based episodes are not those used to score hospitals on the MVC Component of the BCBSM P4P Program

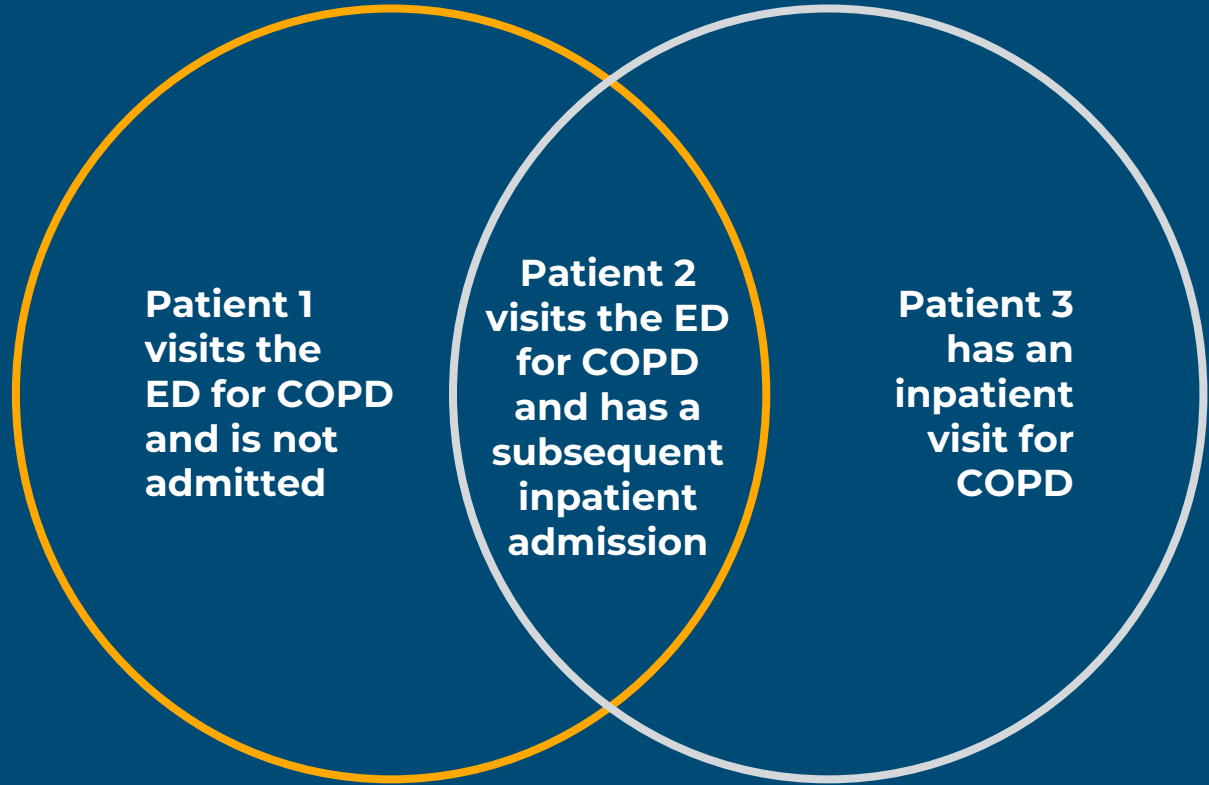
Patient Overlap

A patient could be captured in:

- an ED-based episode
- an inpatient/surgery-based episode
- **or both**

ED-Based Episode

Inpatient-Based Episode

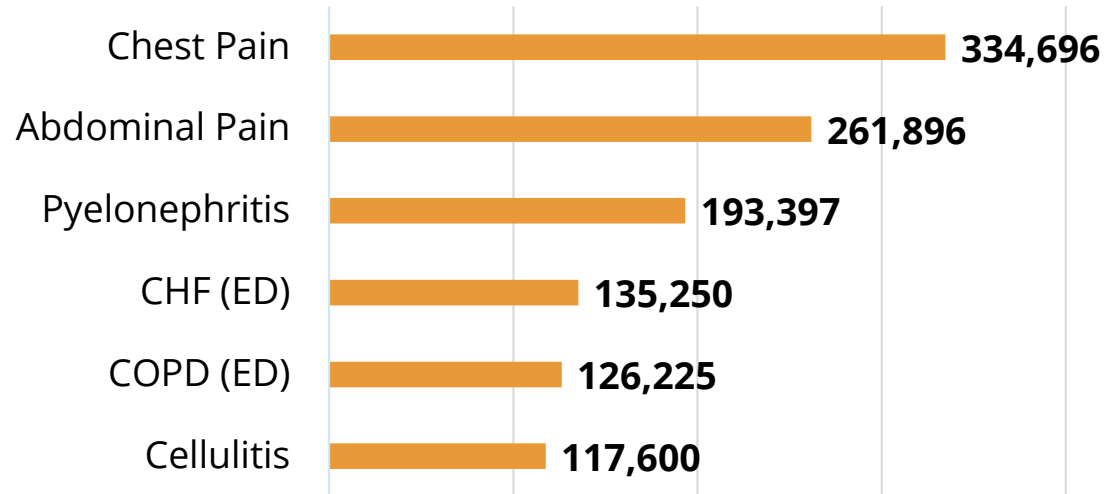


Select High-Level Findings

1.7 million ED-based episodes 1/1/17-12/31/22

- **1.6 million for adults aged 18+**

Highest Volume ED Conditions for Adults:

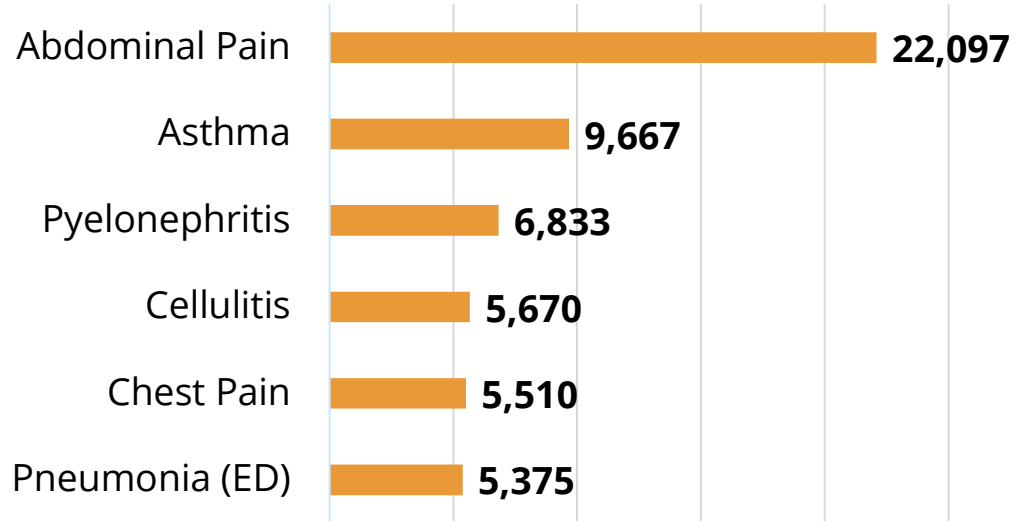


Select High-Level Findings

NEW MVC offering: pediatric episodes

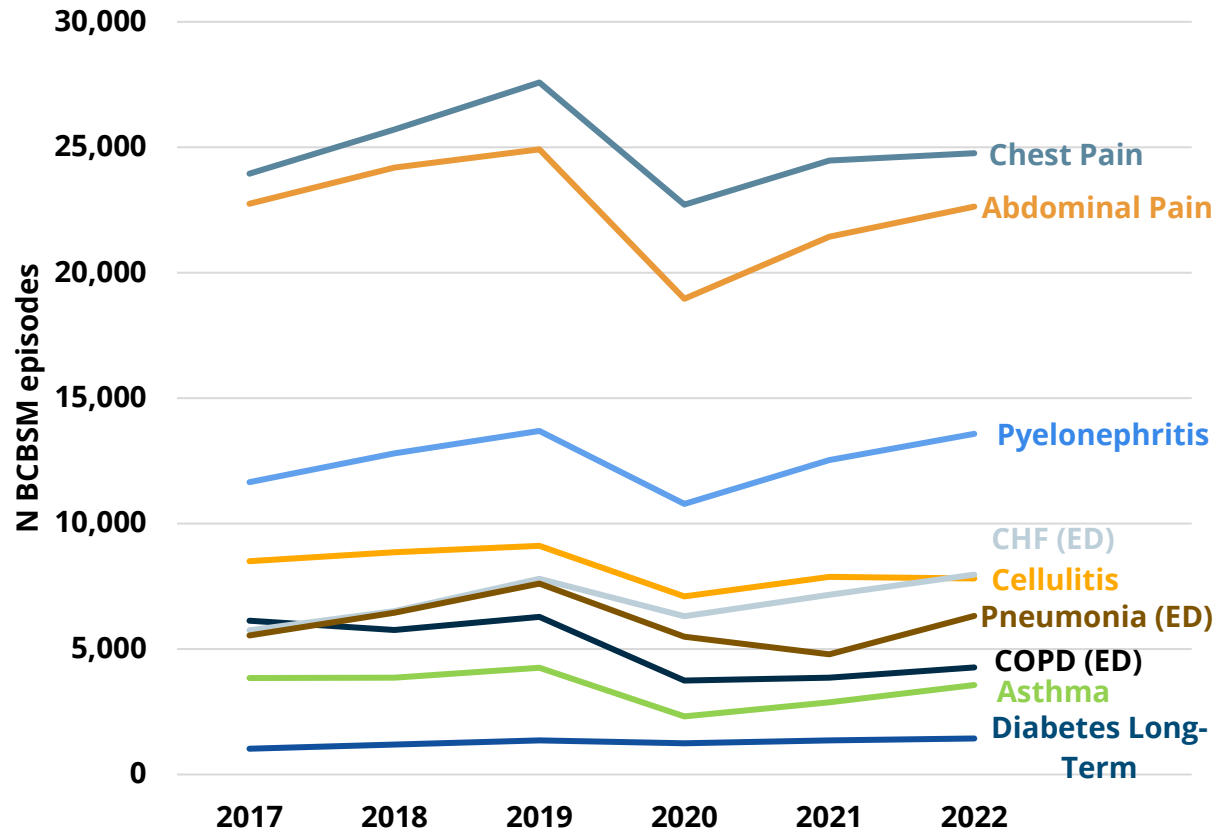
- 62,324 pediatric (age <18) ED-based episodes

Highest Volume Pediatric ED Episode Conditions:



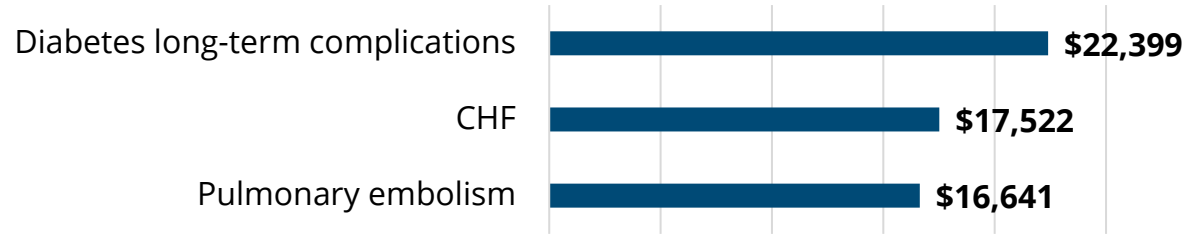
Select High-Level Findings

Trends in Episode Volume by Condition and Year (Adult and Pediatric, BCBSM only)

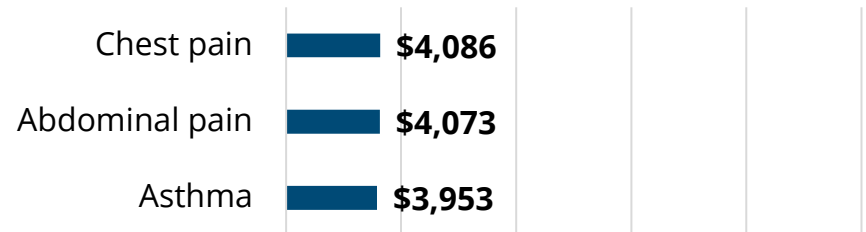


Select High-Level Findings

Conditions with **Highest** Collaborative-Wide Average 30-Day Total Episode Payments (Adults):



Conditions with **Lowest** Collaborative-Wide Average 30-Day Total Episode Payments (Adults):



Unblinded Data: ED-Based Episode Payments for CHF

Analytic Cohort

Denominator for today's unblinded data

- 30-day ED-based episodes
- Payers: BCBSM Commercial, BCBSM MA
- Index ED events 1/1/2021-12/31/2022
- Primary diagnosis of CHF
- Adults aged 18 and older

Case count requirements

- Hospitals: At least 20 episodes
- POs: At least 20 episodes for attributed patients with index events at MVC hospitals

Measure: Average 30-Day Total Episode Payments

Price-standardized

Risk-adjusted for the following:

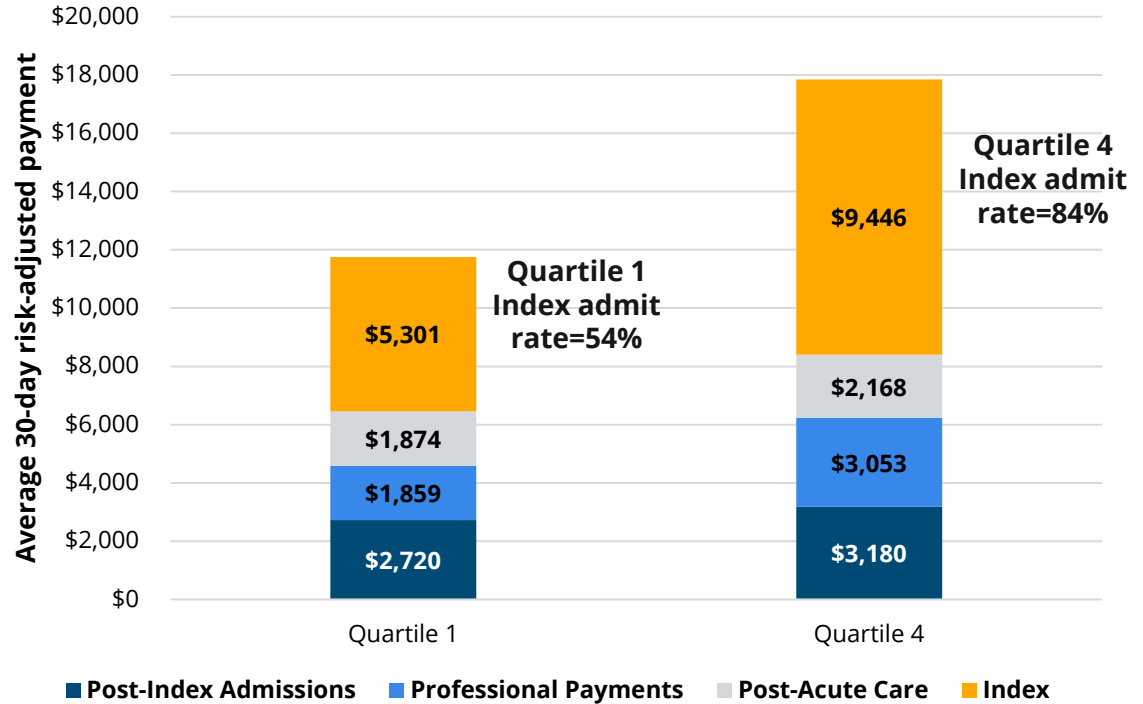
- Patient age
- Patient gender
- Insurance payer
- High vs low 6-month prior payments
- 79 Hierarchical Condition Categories (HCCs)

Average Risk-Adjusted 30-Day Total Episode Payments for ED- vs IP-Based CHF Episodes

	ED-Based CHF Episodes	IP-Based CHF Episodes
Collaborative-wide average among MVC hospital-attributed episodes	\$16,279	\$17,908
Range of hospital averages	\$8,955 to \$20,273	\$13,118 to \$21,969
Collaborative-wide average among MVC PO-attributed episodes	\$16,017	\$18,034
Range of PO averages	\$12,261 to \$22,338	\$14,935 - \$20,179

Quartiles Analysis

Risk-Adjusted Components of Total Episode Payments for CHF ED-Based Episodes, Comparing Hospitals in First and Fourth Quartiles





Understanding drivers of cost and quality differences within ED-based episodes of care by component services and settings of care may reveal future innovation, interventions, and solutions to promote improved value.

-MEDIC



For additional insights on ED-based episodes and quality improvement, watch the *full interview video* with Dr. Keith Kocher – available now on MVC's website.

Looking Ahead

Collaborative-Wide Push Reports

- MVC ED-Based Episodes Push Report coming to hospital and PO members in summer 2023

Custom Reporting

- ED-based episode data accessible via custom analytic requests

Please email the MVC Coordinating Center with any questions, suggestions, or requests for custom reporting.

Michigan-Value-Collaborative@med.umich.edu

Upcoming Events

Virtual Workgroups



- Diabetes: May 23, 2pm
- Health Equity: June 7, 1pm
- Health in Action: June 20

Northern / Rural Health Meeting



- Wed., Aug. 9, 10am-12pm

P4P Key Dates

- PY23 Bonus Point Questionnaires will be distributed in July with a November 1 due date



Save the Date: Fall Collaborative-Wide Meeting

- Oct. 20, 2023: Lansing

Coming Soon: Regional Networking Events