MVC Component of the BCBSM P4P Program

Episode Spending Metric Selections by Hospital, Program Years 2024 - 2025

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Michigan Value Collaborative

COPD

- Corewell Health Trenton Hospital
- DMC Detroit Receiving Hospital & University Health Center
- DMC Harper Hutzel Hospital
- Henry Ford Health Wyandotte Hospital
- Hurley Medical Center
- McLaren Macomb Hospital
- Munson Healthcare Cadillac Hospital
- Trinity Health Oakland Hospital

Pneumonia

- Henry Ford Health Macomb Hospital
- McLaren Lapeer Region Hospital
- Munson Healthcare Grayling Hospital
- MyMichigan Medical Center - Clare
- MyMichigan Medical Center - Sault
- Oaklawn Hospital

MVC PY24-25 Episode Spending Selections (PDF)

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CABG

- Corewell Health Beaumont Troy Hospital
- Corewell Health Dearborn Hospital
- Corewell Health William Beaumont University Hospital
- Covenant HealthCare
- McLaren Bay Region Hospital
- McLaren Flint Hospital
- Michigan Medicine
- Trinity Health Muskegon Hospital
- UP Health System - Marquette

Cardiac Rehab After PCI

- Ascension Genesys Hospital
- Ascension Providence Rochester Hospital
- Ascension River District Hospital
- Bronson Battle Creek
- Bronson Methodist Hospital
- Chelsea Hospital
- Corewell Health Beaumont Grosse Pointe Hospital
- Corewell Health Niles St. Joseph Hospitals
- Corewell Health Wayne Hospital
- DMC Sinai Grace Hospital
- Henry Ford Health Henry Ford Hospital
- Lake Huron Medical Center
- Munson Medical Center
- ProMedica Charles and Virginia Hickman Hospital
- ProMedica Monroe Regional Hospital
- Sparrow Carson Hospital
- Trinity Health Ann Arbor Hospital
- Trinity Health Grand Rapids Hospital
- Trinity Health Livingston Hospital

Joint Replacement (Hip and Knee)

- Ascension Borgess Hospital
- Ascension Macomb-Oakland Hospital
- Ascension Providence Hospital Medical Center
- Ascension St. John Hospital
- Ascension St. Joseph Hospital
- Ascension St. Mary's Hospital
- Corewell Health Farmington Hills Hospital
- Corewell Health Taylor Hospital
- DMC Huron Valley Sinai Hospital
- Garden City Hospital
- Henry Ford Health Jackson Hospital
- Henry Ford Health West Bloomfield Hospital
- Hillsdale Community Health Center
- Holland Hospital
- McLaren Central Michigan Hospital
- McLaren Greater Lansing Hospital
- McLaren Northern Michigan Hospital
- McLaren Oakland Hospital
- McLaren Port Huron Hospital
- Memorial Healthcare
- MyMichigan Medical Center - Alma
- MyMichigan Medical Center - Alpena
- MyMichigan Medical Center - Midland
- MyMichigan Medical Center - West Branch
- OSF St. Francis Hospital and Medical Group
- ProMedica Coldwater Regional Hospital
- Sparrow Hospital
- Trinity Health Grand Haven Hospital
- Trinity Health Livonia Hospital
- University of Michigan Health - West
- UP Health System - Bell

MVC Component of the BCBSM P4P Program

Value Metric Selections by Hospital, Program Years 2024-2025

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Michigan Value Collaborative

7-Day Follow-Up After CHF

- Ascension Borgess Hospital
- Ascension Genesys Hospital
- Ascension Providence Rochester Hospital
- Ascension River District Hospital
- Ascension St. Joseph Hospital
- Ascension St. Mary's Hospital
- Bronson Battle Creek
- Bronson Methodist Hospital
- Chelsea Hospital
- Corewell Health Niles St. Joseph Hospitals
- Corewell Health Wayne Hospital
- DMC Sinai Grace Hospital
- Garden City Hospital
- Holland Hospital
- McLaren Port Huron Hospital
- OSF St. Francis Hospital and Medical Group
- ProMedica Coldwater Regional Hospital
- ProMedica Monroe Regional Hospital
- Sparrow Carson Hospital
- Sparrow Hospital
- Trinity Health Ann Arbor Hospital
- Trinity Health Grand Rapids Hospital
- Trinity Health Livingston Hospital

7-Day Follow-Up After Pneumonia

- DMC Detroit Receiving Hospital & University Health Center
- Munson Healthcare Cadillac Hospital
- Munson Healthcare Grayling Hospital
- MyMichigan Medical Center - Alma
- MyMichigan Medical Center - Alpena
- MyMichigan Medical Center - Sault
- MyMichigan Medical Center - West Branch
- UP Health System - Bell
- UP Health System - Marquette

14-Day Follow-Up After COPD

- Corewell Health Taylor Hospital
- DMC Harper Hutzel Hospital
- Henry Ford Health Wyandotte Hospital
- Hillsdale Community Health Center
- Lake Huron Medical Center
- McLaren Lapeer Region Hospital
- ProMedica Charles and Virginia Hickman Hospital
- Trinity Health Oakland Hospital

Preoperative Testing

- Ascension Macomb-Oakland Hospital
- Corewell Health Farmington Hills Hospital
- Corewell Health Trenton Hospital
- McLaren Oakland Hospital
- Oaklawn Hospital
- Trinity Health Grand Haven Hospital

Cardiac Rehab After CABG

- Ascension St. John Hospital
- Corewell Health Dearborn Hospital
- Covenant HealthCare
- Henry Ford Health Henry Ford Hospital
- McLaren Northern Michigan Hospital

Cardiac Rehab After PCI

- Ascension Providence Hospital Medical Center
- Corewell Health Beaumont Grosse Pointe Hospital
- Corewell Health Beaumont Troy Hospital
- Corewell Health William Beaumont University Hospital
- DMC Huron Valley Sinai Hospital
- Henry Ford Health Macomb Hospital
- Hurley Medical Center
- McLaren Bay Region Hospital
- McLaren Flint Hospital
- McLaren Greater Lansing Hospital
- McLaren Macomb Hospital
- Michigan Medicine
- Munson Medical Center
- MyMichigan Medical Center - Midland
- Trinity Health Livonia Hospital
- Trinity Health Muskegon Hospital
- University of Michigan Health - West

Risk-Adjusted Readmission After Sepsis

- Henry Ford Health Jackson Hospital
- Henry Ford Health West Bloomfield Hospital
- McLaren Central Michigan Hospital
- Memorial Healthcare
- MyMichigan Medical Center - Clare

MVC PY24-25 Value Metric Selections (PDF)

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Post-Acute Network (PAN) Development can Improve Costs and Quality of Transition of Care

Gloria Rey PA-C; MSPH, Director Post-Acute Care, Population Health; Susan Craft RN, Vice President Healthy Populations; Audra Stoker, Transformation Project Specialist; Anna Bloemen Senior Business Intelligence Developer

AIM

- Change referral patterns to focus patient choice on quality
- Improve partnering facility relationships with system hospitals
- Promote utilization of facilities that collaborate with health system on quality improvement projects, meetings, quality reports, patient care

PLAN: CURRENT STATE

Problem Statement:

- Historically patients/families have selected facilities based on location, continuation of care with providers, feedback from friends/family
- CMS 2019 Final Ruling required that quality data/information be provided with the intent to guide patients to high quality facilities
- Average SNF LOS Cost is $500/day and can lead to excessive Post-Acute Care spend for patients in Value Based contracts
- Average readmission rates for Medicare Patient is $2800/ episode (Premier)
- Average cost of hospital stay is $2,681/day in Michigan, using SNF partners that can accept patients faster can reduce acute care costs

Goal:

- Ensure compliance with CMS 2019 Final Ruling
- Educate patients/families to make choices based on quality of care they will receive
- Help facilities improve quality of care and preferred measures

DO: CORRECTIVE ACTIONS / INTERVENTIONS

- 2019 – IT implemented (Careport Guide) to ensure compliance with CMS final ruling and SNF scorecard developed to build network based on quality metrics
- 2020 – Educated the SNF community of new process changes, developed team to collaborate with surrounding facilities
- 2020 - 2021- Secondary to COVID, development of partnerships and scorecard automation delayed, and work continued with team modifications.
- 2022 –Developed Post-Acute data sources in HFH IT Warehouse to continue to monitor progress and establish automation for continued monitoring/progress improvement
- 2023 – Reestablished Transformation Project Specialist role, local Post-Acute Meetings, SNF tours, re-engagement of case management, final automation of data/analytics tools

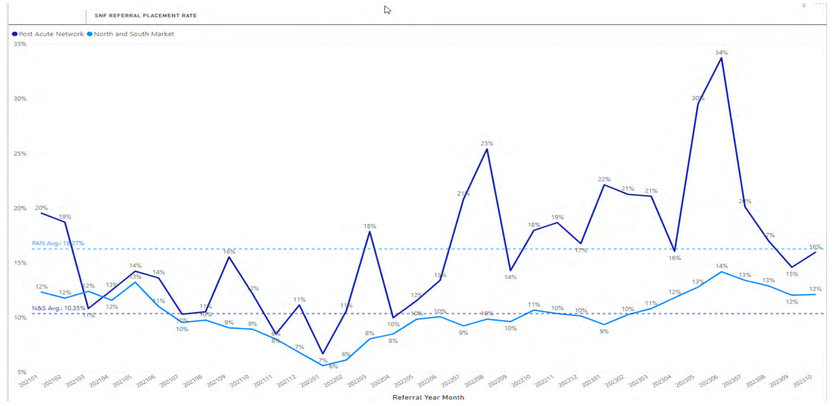
CHECK (EVALUATION OF CHANGES)

- Continue to listen to employee, patient, family caregiver feedback for process improvements.
- Revised workflows, communication tools, and analytics to ensure goals were met and data was validated.
- Continued encouragement and support to change culture and embrace more participation from hospital teams in management of SNF patients

MEASURES

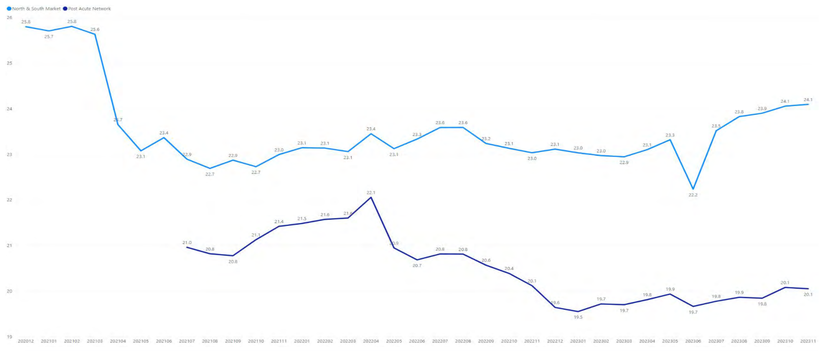
Referral Placement Rate

- Placement to SNFs in the Post-Acute Network has increased over time



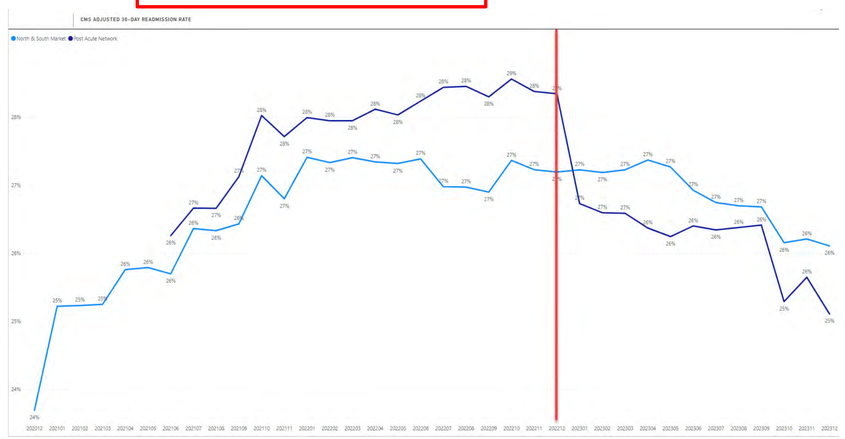
SNF LOS

- Average SNF Cost is $500/day; PAN has an average of 3-day reduction in LOS. Anticipate $1500 reduction in SNF costs in patients that go to PAN facility
- Anticipated Cost Savings from Jan 1, 2021 to Dec 31, 2023 with 2,032 placed referrals at PAN facilities = **$3,048,000 savings**

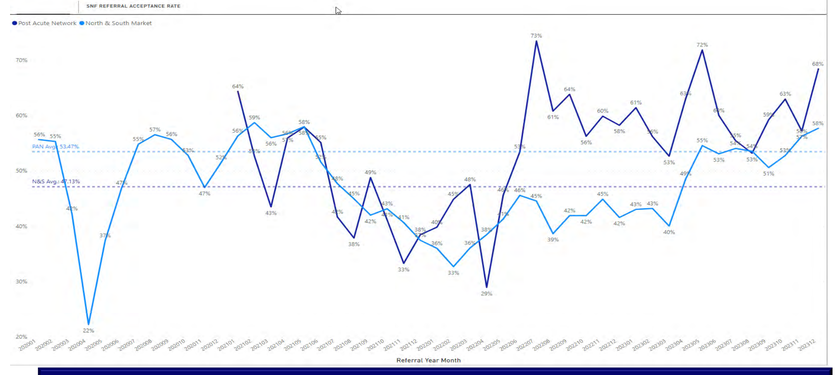


PAN vs Market CMS Adjusted Readmission Rates

- 30 Day CMS adjusted Readmission Rates lower in 2023 with an anticipated Cost Savings = **$1,491,796**



PAN vs Market Acceptance Rates



ACT: SUSTAIN AND SPREAD

- Continue to encourage Case Management staff to use tools to educate patient and family members on quality metrics when choosing Post-Acute SNF facility for continuation of care
- Grow relationships with SNFs to improve quality of care and promote our goals of improved care
- Continue to schedule tours with SNFs, manage meetings, and work with inpatient CM teams to promote use of PAN

KEYS TO SUCCESS / LESSONS LEARNED

- Culture change is difficult and requires multiple education attempts and persistence to create sustainable change
- Collaborative relationships are essential to build sustainable workflows with organizations and staff that are not owned by HFH

ACKNOWLEDGEMENTS

- Transformation Project Specialist Team: Chadd Corwin, Sherry Kahari; Warehouse team; Helios Development Team; Analytics: Priyanka Zaveri; Community SNF Partners

Reducing Skilled Nursing Facility LOS and Readmission Rates for Value-Based Patients

Gloria Rey PA-C; MSPH, Director Post-Acute Care, Population Health; Susan Craft RN; Vice President Population Health

AIM

- Improve outcomes of patients discharged from Skilled Nursing Facility (SNF) to community, thereby reducing readmission rates to hospital
- Reduce length of stay of patients in skilled nursing facility
- Promote utilization of primary care physician after discharge from SNF to reduce readmissions and improve organization leakage

PLAN: CURRENT STATE

Problem Statement:

- Post-Acute care costs have a significant impact in final quality metrics and reimbursement for value-based programs such as ACO. Metrics such as SNF LOS and readmission rates can drive beneficiary costs and dramatically impact final evaluation of these contracts
- Average cost for SNF stay is $500/day
- Average readmission cost for ACO beneficiary approximately $2800/episode (Premier)

Goal:

- Utilize Post-Acute Care Surveillance (PACS) team to improve LOS and readmission rates in the ACO SNF Population

DO: CORRECTIVE ACTIONS / INTERVENTIONS

- In 2020 - the program was restructured to improve patient capture rates, incorporate new technology to drive reduction in LOS, and offer HFH resources to improve transition of care
- April 2020 - new technology from CarePort allowed team members to start providing "Anticipated Date of Discharge" from the SNF that were tailored to patient acuity
- 2020 - 2021 - multiple EPIC workflow and IT changes occurred to improve patient capture by PACS team when admitted to SNF, and also to send referrals to internal teams to build transition plans upon discharge from SNF
- May 2021 – established workflow to start calling patient/family to coordinate care post discharge from SNF, establish PCP appointments for all patients discharging to community setting
- Fall 2021 – developed error report and productivity reports to monitor progress and EPIC documentation
- 2022 – monitored progress from previous year

CHECK (EVALUATION OF CHANGES)

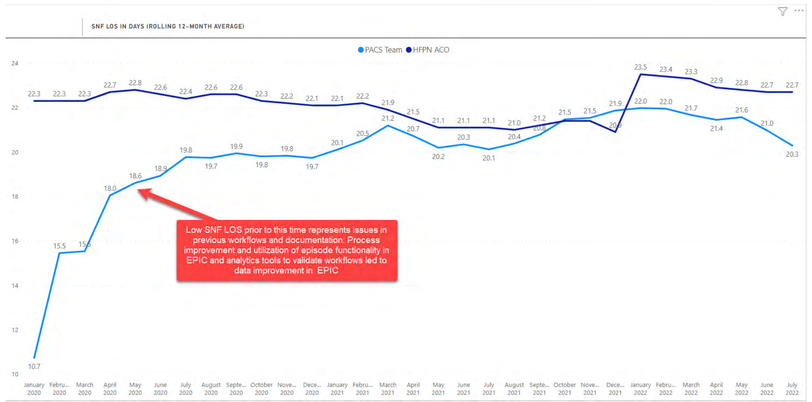
- Continue to listen to employee, patient, family caregiver feedback for process improvements.
- Revised workflows, EPIC Navigator, and analytics to ensure goals were met and data was validated.
- Continued encouragement and support to change culture and embrace more participation from hospital teams in management of SNF patients

MEASURES

Improvement Patient Capture/Management of Population

	% MANAGED BY CMs	% MANAGED BY PACS
2020	17.6%	73.5%
2021	13.0%	79.5%
2022	35.6%	84.6%

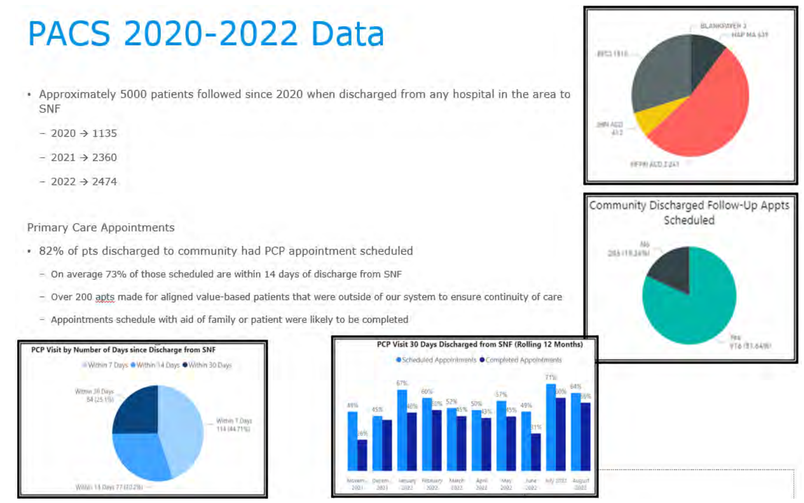
SNF LOS/Workflow Improvements



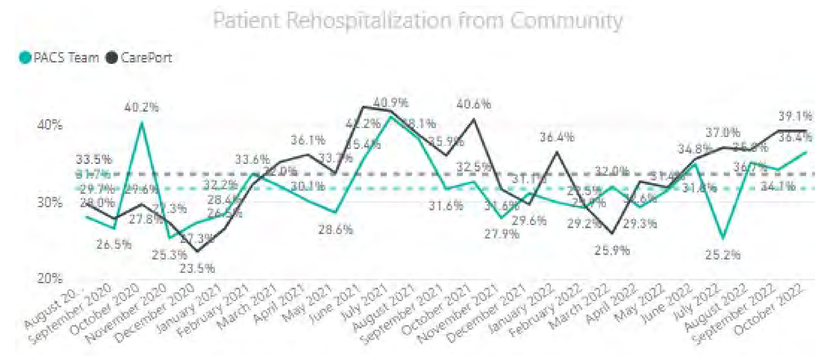
- Average LOS for patients with PACS Team encounter is 2 days lower than general ACO population in a SNF (Premier)
- PACS Team followed approximately 5000 patien[illegible] 2020 to Dec 2022
- Average SNF cost per day = $500
- **Anticipated Cost Savings of ~$5 Million**

Average LOS in Days
22.2 HFPN ACO Population
20 PACS Team

PACS Volume and Appointment Scheduling



Rehospitalization Rates for SNF Discharge to Community



ACT: SUSTAIN AND SPREAD

- Continue to increase volume managed by case manager to improve transition planning and continue to reduce readmissions from community back to hospital
- Grow interventions/resources available to keep patients in their home when discharged to community
- Continue to schedule appointments based on patient/family preferences to ensure high completion rates

KEYS TO SUCCESS / LESSONS LEARNED

- Change of culture is difficult and requires multiple education attempts and persistence to create sustainable change
- Collaborative relationships are essential to build sustainable workflows with organizations and staff that are not owned by HFH

ACKNOWLEDGEMENTS

- Post-Acute Care Surveillance Team: Deborah Miller, Cheryl Travis, Vivian Kidd, Catherine Tomlinson, Marie Van Hoeck-Eory, Angela Scott, Rebecca Brownlee; Helios: Matthew Pinks, Misti Faust, Analytics: Priyanka Zaveri, Anna Bloeman; Community SNF Partners

Septic Shock Mortality & Sepsis Readmission Reduction

Henry Ford Jackson Hospital – Performance Excellence and Quality

Allison Wilcox BSN, RN, Colleen Drolett, MBA, BSN, RN, Stacy Sparks, BSN, RN, BS, CPPS

AIM

The aim of this project is to reduce septic shock mortality rates to 28.55% and sepsis hospital readmissions to 13.75% through calendar year 2023, due to finishing above goal for both of these outcome metrics in calendar year 2022, for our sepsis patient population.

Current State (Plan)

- We ended calendar year 2022 with a higher septic shock mortality rate than our goal of 28.55%
- Current mortality goal set by as both an internal target and a system-wide goal
- We ended calendar year 2022 with a higher sepsis readmission rate than our goal of 13.75%
- Current readmission goal is set as an internal target for our facility, based on .

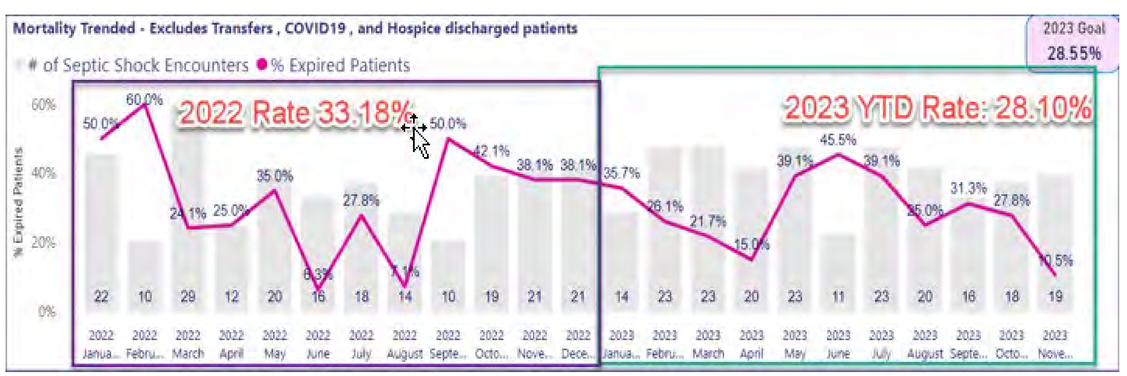
Interventions

- Use mortality data from Premier to determine a realistic goal for improving septic shock related mortality.
- Implementation of an electronic Sepsis Narrator tool for eliminating waste and improving inter-departmental communication.
- Implementation of a robust sepsis response protocol to enhance early identification and treatment.
- The reinstatement of a comprehensive sepsis education packet.
- Targeted case reviews for both septic shock mortalities and sepsis readmissions.
- Tracking and trending of various process metrics that are aimed to improve patients' outcomes. Two of the tracked metrics are:
  - Sepsis readmissions that had a follow-up appointment scheduled at time of index discharge.
  - Appropriate placement of sepsis patients on sepsis unit at time of admission.

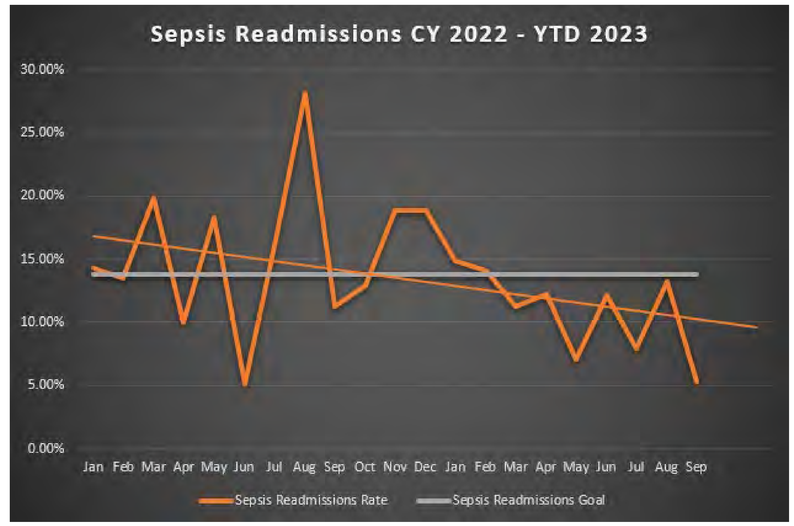
Evaluation of Interventions

- Manual review of all sepsis rapid responses, looking at sepsis BPA times, compliance with the SEP-1 bundle and percentage of sepsis rapid responses that ended up with sepsis diagnoses to ensure the process is working effectively.
- Review mortality rates at each Henry Ford Jackson Sepsis Steering Committee meeting.
- Manually review each septic shock mortality cases, looking compliance with SEP-1 and areas for improvement. These cases were thoroughly reviewed and discussed at different sepsis workgroups.
  - oPOA-Y cases reviewed/discussed at the emergency department sepsis workgroup meeting.
  - oPOA-N cases reviewed/discussed at the ICU and Med-surg sepsis workgroup meetings.
- Monthly reviewing sepsis related readmissions to see if there were opportunities for improvement. Looking closely at patients that discharge home to see if they had a primary care provider follow-up appointment scheduled within 14 days of discharging from the hospital.
- Keeping track of how many readmissions are being readmitted from subacute rehabs.
- Reviews being done three times per week looking over the patients on the sepsis unit to see if they have an infection/sepsis diagnosis. As well as looking at all the other sepsis patients that were placed somewhere else in the hospital to see if they were a candidate for the sepsis unit. This report is sent to manager/directors of the respective areas to assist with breakdown of potential barriers for continued improvement.

Results



Results cont...



Sustain and Spread

- Conducting annual sepsis education for nurses, physicians and physician residents
- Maintaining continuous surveillance of defined process metrics
- Establishing an open forum for staff feedback on sepsis processes
- Actively involving frontline staff in decisions impacting their workflows

Keys to Success

- Hospital leadership involvement in the program is vital to driving engagement and change
- Keep goals SMART
- Keep the number of goals manageable (suggest 3-5)
- Revise goals when necessary
- Don't work on too many things at one time
- Share data with bedside staff
- Celebrate successes!

Waive the Workup: De-Implementation of Low-Value Preoperative Testing Through CQI Partnerships

Authors: Hari Nathan, MD, PhD, Director – Michigan Value Collaborative; Brad Raine, MS, Analyst – Michigan Value Collaborative; Jana Stewart, MPH, Project Manager – Michigan Value Collaborative; Lesly Dossett, MD, MPH, MPrOVE Co-Director, Assistant Professor and Division Chief of Surgical Oncology – Michigan Medicine; Tony Cuttitta, MPH, Program Manager – MPrOVE; Pam Racchi, BSN, RN, Clinical Site Coordinator – Michigan Surgical Quality Collaborative

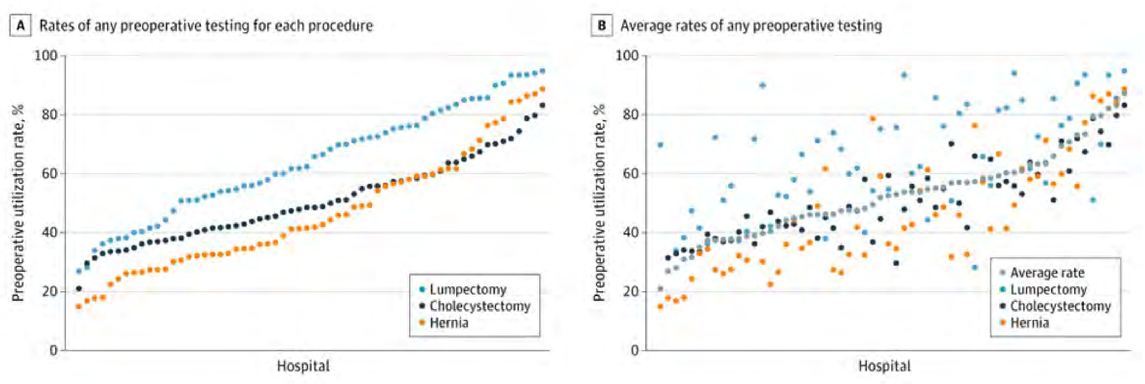
Low-Value Preoperative Testing: The Problem

Healthcare spending has grown nearly five times as much as the rest of the economy since 1960 to over $750 billion annually, $101.2 billion of which goes toward overtreatment or low-value care*. The Michigan Value Collaborative (MVC) is a Collaborative Quality Initiative (CQI) that aims to improve the health of Michigan through sustainable, high-value healthcare.

One area of focus for MVC is the de-implementation of low-value care, including the reduction of routine preoperative testing prior to low-risk surgeries, such as lumpectomy, laparoscopic cholecystectomy, or hernia repair. A large body of research as well as recommendations by multiple medical societies recommend against this type of testing.

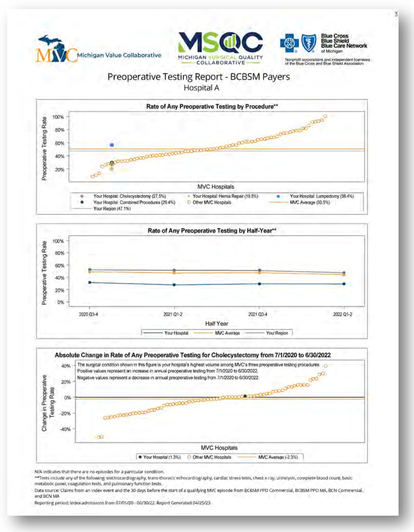
Despite recommendations, there is wide interhospital and intrahospital variation in preoperative testing prior to low-risk surgeries**

1 dot = 1 hospital



Approaches to Collaborative De-Implementation

1 Benchmarking Hospital Preop Testing Rates



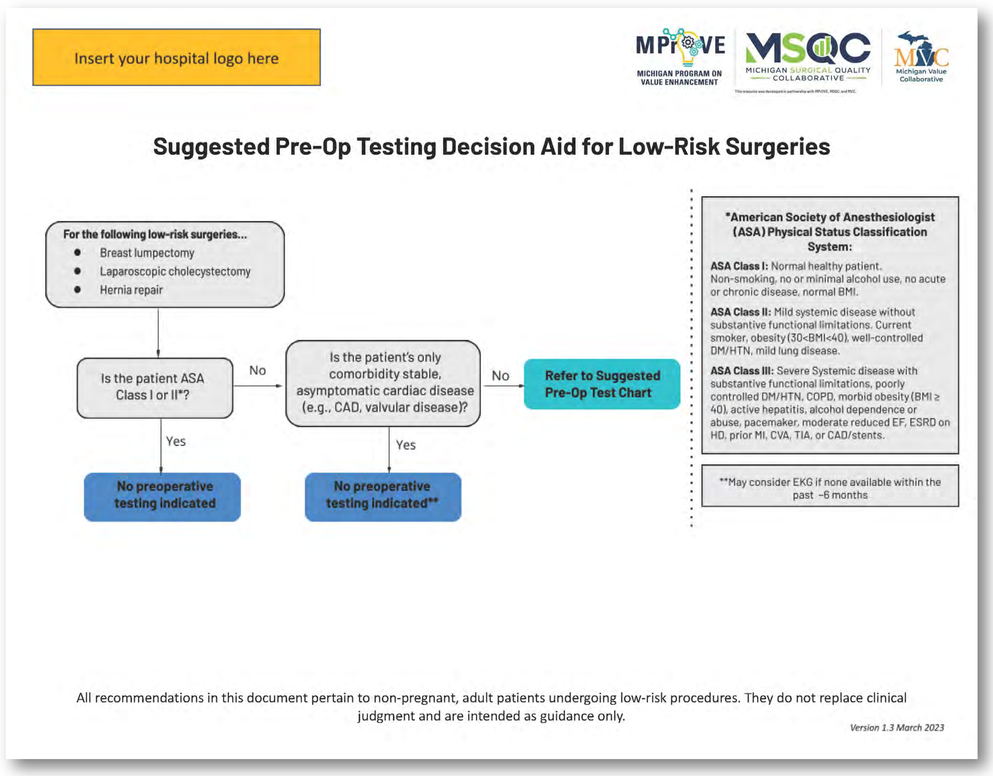
MVC began sharing biannual hospital-level preoperative testing reports with its members in 2021. MVC used claims-based data to provide hospitals with testing utilization rates prior to specific low-risk surgeries, allowing them to see how their practices compared to peers across the state. Average testing rates ranged from 10% to 97% across MVC hospitals.

2 Workgroups and Promotional Campaigns

MVC established a virtual workgroup series focused on preoperative testing, which included presentations by researchers, clinicians, and hospital quality personnel. MVC member hospitals and physician organizations were invited to attend in order to hear from experts, share practices, and collaborate. MVC also conducted week-long social media campaigns, which increased awareness within the clinical community of the risks and best practices associated with preoperative testing prior to low-risk surgeries.

3 Creation of Clinical Templates & Resources

MVC collaborated with the Michigan Program on Value Enhancement (MPrOVE) and the Michigan Surgical Quality Collaborative (MSQC) to develop a ready-made, customizable preoperative testing decision aid using ASA class, as well as a preoperative testing chart for patients who are ASA Class III or above. Both resources are housed on a co-managed resource Google site that also includes talking points for common myths, recommendations from medical societies, and more.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MPrOVE MICHIGAN PROGRAM ON VALUE ENHANCEMENT | MSQC MICHIGAN SURGICAL QUALITY COLLABORATIVE | MVC Michigan Value Collaborative

Suggested Pre-Op Testing Decision Aid for Low-Risk Surgeries

For the following low-risk surgeries...
- Breast lumpectomy
- Laparoscopic cholecystectomy
- Hernia repair

Is the patient ASA Class I or II*? — No → Is the patient's only comorbidity stable, asymptomatic cardiac disease (e.g., CAD, valvular disease)? — No → Refer to Suggested Pre-Op Test Chart

Yes → No preoperative testing indicated

Yes → No preoperative testing indicated**

*American Society of Anesthesiologist (ASA) Physical Status Classification System:

ASA Class I: Normal healthy patient. Non-smoking, no or minimal alcohol use, no acute or chronic disease, normal BMI.

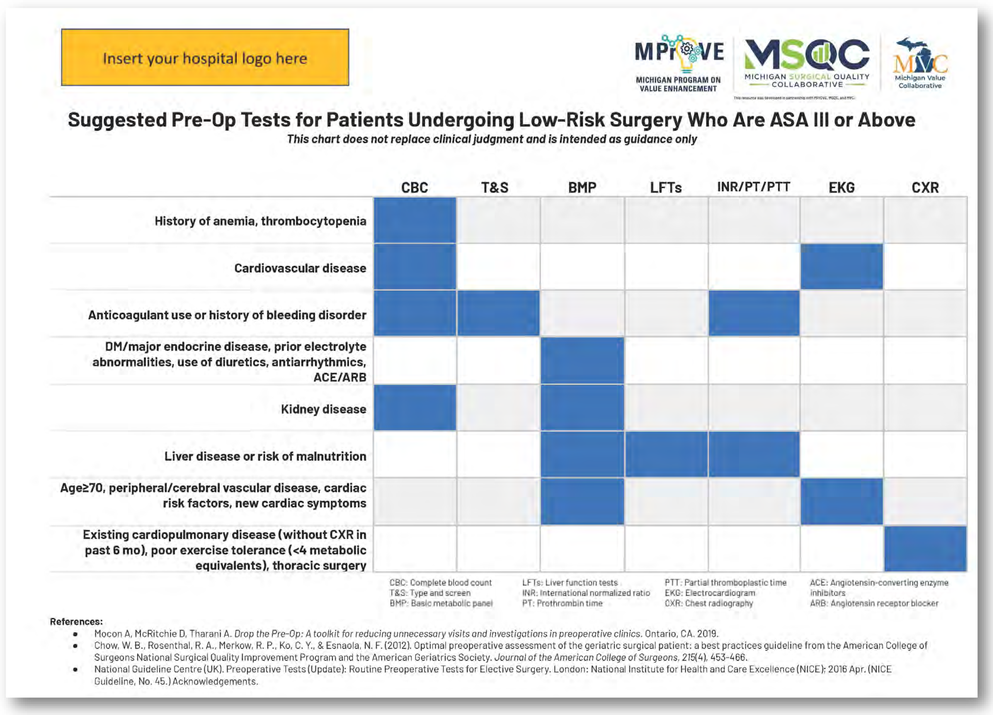
ASA Class II: Mild systemic disease without substantive functional limitations. Current smoker, obesity (30<BMI<40), well-controlled DM/HTN, mild lung disease.

ASA Class III: Severe Systemic disease with substantive functional limitations, poorly controlled DM/HTN, COPD, morbid obesity (BMI ≥ 40), active hepatitis, alcohol dependence or abuse, pacemaker, moderate reduced EF, ESRD on HD, prior MI, CVA, TIA, or CAD/stents.

**May consider EKG if none available within the past ~6 months

All recommendations in this document pertain to non-pregnant, adult patients undergoing low-risk procedures. They do not replace clinical judgment and are intended as guidance only.

Version 1.3 March 2023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MPrOVE MICHIGAN PROGRAM ON VALUE ENHANCEMENT | MSQC MICHIGAN SURGICAL QUALITY COLLABORATIVE | MVC Michigan Value Collaborative

Suggested Pre-Op Tests for Patients Undergoing Low-Risk Surgery Who Are ASA III or Above

This chart does not replace clinical judgment and is intended as guidance only

	CBC	T&S	BMP	LFTs	INR/PT/PTT	EKG	CXR
History of anemia, thrombocytopenia	■						
Cardiovascular disease	■					■	
Anticoagulant use or history of bleeding disorder	■	■			■		
DM/major endocrine disease, prior electrolyte abnormalities, use of diuretics, antiarrhythmics, ACE/ARB			■				
Kidney disease	■		■				
Liver disease or risk of malnutrition			■	■	■		
Age≥70, peripheral/cerebral vascular disease, cardiac risk factors, new cardiac symptoms			■			■	
Existing cardiopulmonary disease (without CXR in past 6 mo), poor exercise tolerance (<4 metabolic equivalents), thoracic surgery							■

CBC: Complete blood count
T&S: Type and screen
BMP: Basic metabolic panel
LFTs: Liver function tests
INR: International normalized ratio
PT: Prothrombin time
PTT: Partial thromboplastic time
EKG: Electrocardiogram
CXR: Chest radiography
ACE: Angiotensin-converting enzyme inhibitors
ARB: Angiotensin receptor blocker

References:

- Mocon A, McRitchie D, Tharani A. *Drop the Pre-Op: A toolkit for reducing unnecessary visits and investigations in preoperative clinics.* Ontario, CA. 2019.
- Chow, W. B., Rosenthal, R. A., Merkow, R. P., Ko, C. Y., & Esnaola, N. F. (2012). Optimal preoperative assessment of the geriatric surgical patient: a best practices guideline from the American College of Surgeons National Surgical Quality Improvement Program and the American Geriatrics Society. *Journal of the American College of Surgeons, 215*(4), 453-466.
- National Guideline Centre (UK). Preoperative Tests (Update): Routine Preoperative Tests for Elective Surgery. London: National Institute for Health and Care Excellence (NICE); 2016 Apr. (NICE Guideline, No. 45.) Acknowledgements.

Conclusions

Several MVC member hospitals and health systems have adopted quality improvement initiatives focused on testing de-implementation. However, testing variation is still substantial, and most hospitals are not prioritizing this issue. MVC, MSQC, and MPrOVE plan to continue their collaborative partnerships with hospitals via hospital-level reports, grant-funded pilot interventions, and pay-for-performance incentives.

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*Shrank WH, Rogstad TL, Parekh N. Waste in the US Health Care System: Estimated Costs and Potential for Savings. JAMA. 2019;322(15):1501–1509. doi:10.1001/jama.2019.13978
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LHSCollaboratory
Putting Data, Knowledge, and Practice into Motion at the University of Michigan

The Michigan Cardiac Rehabilitation Network (MiCR): A Statewide Collaboration To Improve Cardiac Rehabilitation Participation

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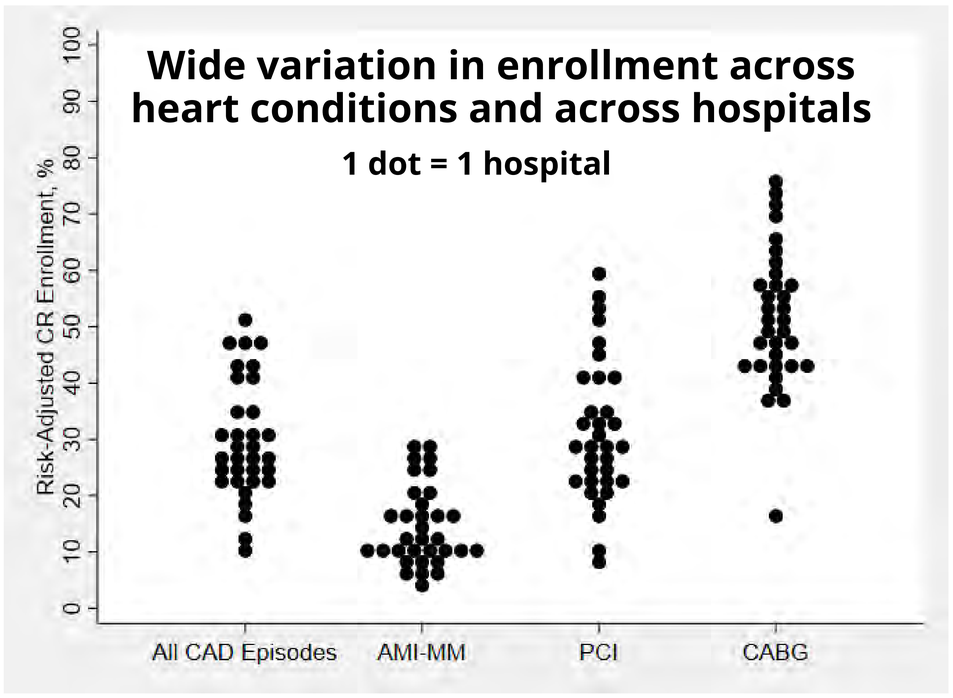
Background

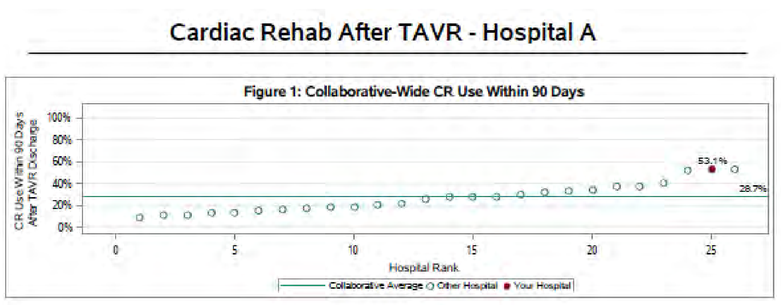
There is currently wide variation in patient enrollment in cardiac rehabilitation (CR) across providers and heart conditions (see figure below). Regional quality improvement collaboratives may provide one solution to improving CR participation through performance benchmarking and provider engagement. The objective of this descriptive study was to evaluate the feasibility of the Michigan Cardiac Rehabilitation Network (MiCR) to improve CR.



Components of MiCR Collaboration

1 Benchmarking Hospital CR Participation

MVC registry data are used to create hospital-specific reports to track and benchmark CR participation.

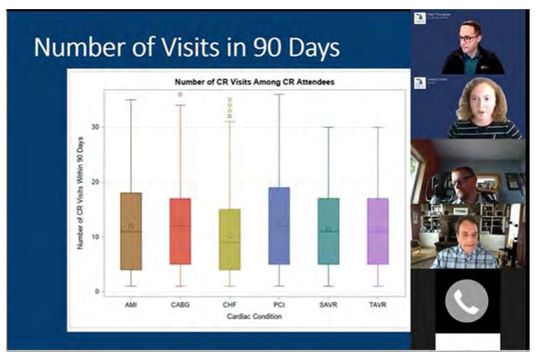


2 Resource Development & Dissemination

MiCR partners developed and disseminated a best practices toolkit to aid quality improvement efforts that improve CR participation.

3 Opportunities for Collaborative Learning

A combination of virtual sessions and in-person meetings are organized to foster a community of trust and collaborative learning.



Insights from Collaborative Learning

MiCR partners completed site visits with Michigan hospitals, which generated insights on barriers and facilitators to improvement.

Communication is Key

Early patient contact, the use of CR liaisons, and automatic referrals all boost CR enrollment.

Build Capacity

Constraints from limited staff, physical space, and other resources prohibit CR facilities from meeting demand.

Leaders Accelerate CR Use

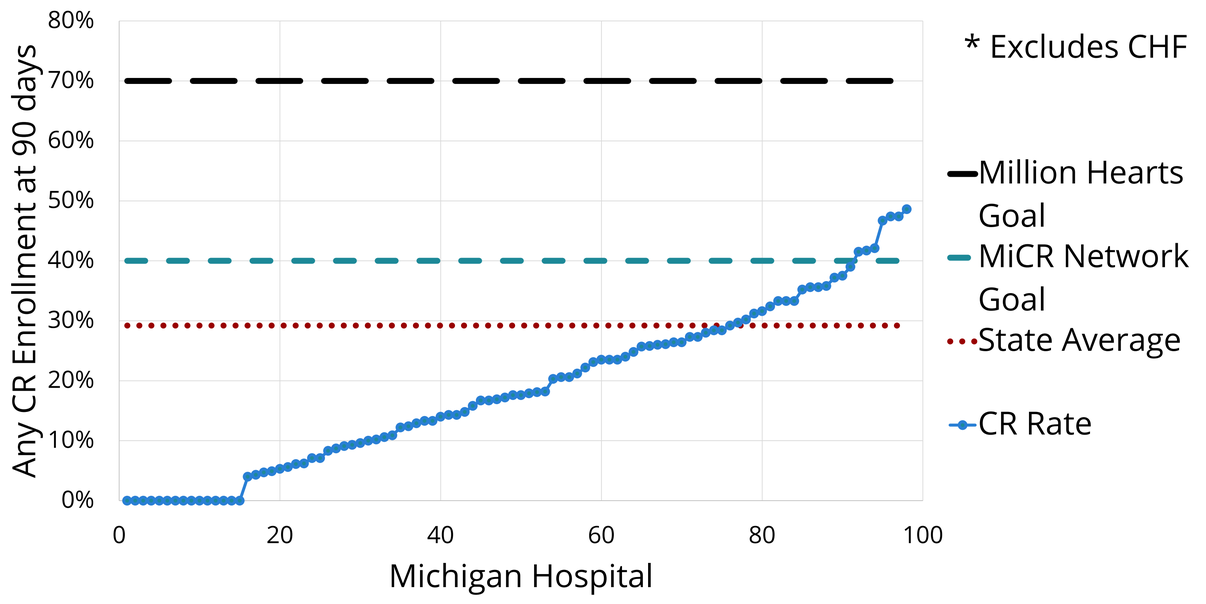
Strong physician endorsement and support from administrative leadership can help a program flourish.

Some Patients Need Help

Patients face additional barriers to CR participation, including costs of attending CR, difficulty scheduling, and transportation challenges.

MiCR Network Statewide Goal

40% CR participation by 2024 for all eligible conditions*



What will success look like?

2,237
Additional Michiganders receiving the benefits of CR

60
Lives saved

$11,000,000
Cost savings

Conclusion

This study demonstrated the feasibility of a statewide collaboration centered around the goal of equitably improving CR enrollment for all eligible patients. Future work will seek to continuously improve and evaluate the impact of this consortium on CR participation in Michigan.

MICHIGAN CARDIAC REHAB NETWORK

MVC Michigan Value Collaborative

BMC2

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

LHSCollaboratory
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