



2024

ANNUAL REPORT

MICHIGAN VALUE COLLABORATIVE

 michiganvalue.org



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ABOUT MVC

MVC's vision is to help people access the right care, at the right time, at the right cost. MVC works toward this vision by helping members better understand their performance using robust multi-payer data, customized analytics, and at-the-elbow support. As part of this, MVC fosters a collaborative learning environment to enable providers to learn from one another in a cooperative, non-competitive space.



A WORD FROM MVC LEADERSHIP

Dear collaborative members and partners,

Our last annual report saw the collaborative celebrate 10 years of working together to improve the health of Michigan through sustainable high-value healthcare. This milestone prompted us to step back and celebrate all of the successes realized over the last decade, as well as take the time to effectively plan for the future. This time of reflection and forward-facing strategic planning proved extremely valuable in delivering yet another successful year for the collaborative as a whole in 2024.

Over the last year, MVC's engagement with our 105 hospital and 33 physician organization members reached new heights. During this time, we held two flagship collaborative-wide meetings and delivered 24 workgroups, incorporating 33 different member presentations as part of these events to foster continued information and best practice sharing. It's therefore no surprise that our average attendance numbers at each of these engagement touchpoints were far above previous years. Our new cardiac rehab pages and other registry developments led to a rise in the number of people accessing our online platform, with well over 100 new registry users over the course of 2024.

MVC's data analytic offerings went from strength to strength as well, with 19 different sites taking advantage of our one-on-one custom analytic reports and all hospital members continuing to benefit from MVC's refreshed suite of push reports. Significant improvements were also introduced for the MVC Component of the BCBSM P4P Program cycle for Program Years 2026-2027, including the addition of Medicaid data and a new health equity measure. Both changes help MVC ensure that our program is truly representative of the patient populations that members serve and fosters quality healthcare for all patients.

As we look to the year ahead, our strategic framework will continue to shape our activity, aiming to strengthen existing analytic and engagement platforms, and delivering new innovative offerings to help drive member quality improvement efforts. This work will be driven by our talented Coordinating Center team, MVC member hospitals and physician organizations, Blue Cross Blue Shield of Michigan, and other partnering stakeholders. We thank you for your continued collaboration in making this possible.

While we hope these few paragraphs show how deeply proud we are of what this collaborative continues to achieve, we are sure that the success stories in the remainder of this report will continue to inspire your respective teams and help highlight opportunities to collaborate in the future.

Mark Bradshaw, MSc
MANAGING DIRECTOR

Hari Nathan, MD, PhD
DIRECTOR

MEMBERS



105

HOSPITALS



33

PHYSICIAN ORGS

ACTIVE CQI PARTNER PROJECTS



45

2024 PROJECTS

15

CQI PARTNERS

MVC supported its peer Collaborative Quality Initiatives (CQIs) in a variety of ways, such as data provision, data analytics, matching exercises, value and impact assessments, report and condition development, and various engagement related efforts.

STRATEGIC INITIATIVE: AUGMENTING EXISTING DATA

MVC supplemented its traditional inpatient-based episodes with other sites of care and claim types, resulting in analytic exercises using pharmacy claims, ED-based episodes, urgent care claims, ambulatory surgery center (ASCs) claims, and SDOH data.



PHARMACY CLAIMS



ED-BASED EPISODES



URGENT CARE CLAIMS



ASC CLAIMS



SDOH DATA

REPORTING

MVC push report topics included P4P scoring and selections, ED-based episodes, episode spending and follow-up care for common MVC conditions, diabetes, and health equity.



19

CUSTOM REPORTS SHARED



12

PUSH REPORTS SHARED

THE MVC COMPONENT OF THE BCBSM P4P PROGRAM

PROGRAM YEAR 2024

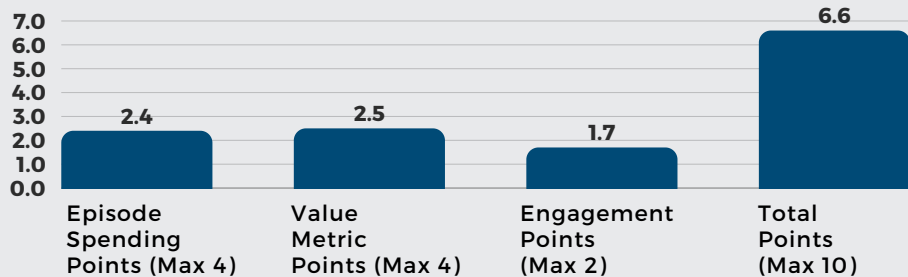
6.6 PTS.

mean total points scored as of final scorecards



Highest-scoring value metric: preoperative testing before low-risk surgery

Average PY 2024 Scores by Category as of Final Scorecards



ENGAGEMENT

MVC connects with its members and partners through its blog, social media, virtual workgroups and trainings, site visits, and collaborative-wide meetings. Participation and engagement was high across all activities in 2024.



659

MVC SUBSCRIBERS



404

LINKEDIN FOLLOWERS



129

NEW USERS ON THE REGISTRY



118

SITE VISIT ATTENDEES



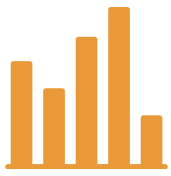
107

AVG. MEETING ATTENDANCE



49

AVG. WORKGROUP ATTENDANCE



REGISTRY IMPROVEMENTS



NEW MULTI-PAYER REPORTS

To support MVC's cardiac rehabilitation value-based initiative, new cardiac rehab reports were added in the first half of 2024 featuring metrics on utilization rates, trends in rates over time, time between patients' cardiac care encounter and first cardiac rehab encounter, and mean number of cardiac rehab visits. These registry reports were the first to feature all MVC payer data (i.e., BCBSM, BCN, Medicare FFS, and Medicaid plan claims) within a single multi-payer report, and dynamic filters allow users to drill down into more specific patient populations. Benchmarking options are provided across the new reports and allow users to compare their own data points to goals set by the Michigan Cardiac Rehab (MiCR) network and Million Hearts, as well as other options.

To support MVC's preoperative testing value-based initiative, MVC also added multi-payer preoperative testing registry reports in the second half of 2024. These dynamic and interactive reports similarly feature all MVC payer data for preoperative testing rates prior to three low-risk outpatient procedures: lumpectomy, laparoscopic cholecystectomy, and inguinal hernia repair. Metrics about utilization rates, trends in rates over time, and peer benchmarking comparisons are also featured.



NEW FILTER

With the goal of enriching members' options for health equity analytics, a new patient demographic filter was added at the end of 2024 in consultation with the Michigan Social Health Interventions to Eliminate Disparities (MSHIELD) team. The new filter allows members to view aggregated data for patients identified as American Indian or Alaska Native, Asian or Pacific Islander, Black, Hispanic, White, or Other/Unknown.



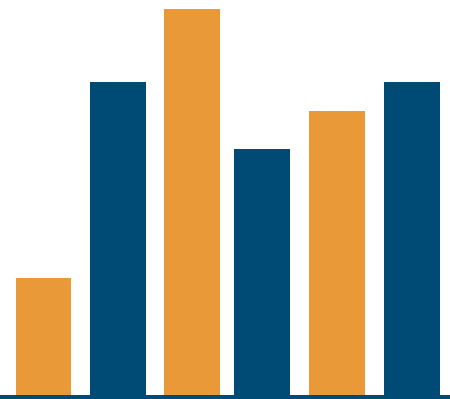
NEW DATA

The addition of a new comparison group, Adult Hospital Trauma Cohort, was added to provide more comparable benchmarking and allows members to compare data from their own hospital with data for other MVC hospitals within the same adult trauma level (I, II, III, or IV).

In June, MVC's updated data use agreement (DUA) with the Michigan Department of Health and Human Services (MDHHS) expanded access to previously suppressed substance use-related Medicaid claims, providing MVC with an expanded representation of Medicaid utilization across Michigan.

19 CUSTOM REPORTS

12 PUSH REPORTS



In 2024, the MVC Coordinating Center shared a total of **12 push reports** with members, six of which were new reports. MVC also generated 19 custom reports to support specific QI efforts and questions. MVC remains committed to supporting the collaborative's efforts to improve the quality of healthcare delivery by generating insightful analyses on value and utilization. Here are a few highlights:



Episode Spending and Value Metric Report

This new push report focused on Program Years (PYs) 2024 and 2025 of the MVC Component of the Blue Cross Blue Shield of Michigan (BCBSM) Pay-for-Performance (P4P) Program, with each hospital receiving data related to their selected measures. [Learn more](#)



Statewide Diabetes Utilization Report

MVC recently partnered with the Michigan Collaborative for Type 2 Diabetes (MCT2D) to develop a statewide report on Type 2 Diabetes (T2D). The report summarized demographics, healthcare utilization, and prescription patterns among those patients with T2D in Michigan. This was the first MVC report to incorporate pharmacy claims data. [Learn more](#)



Statewide Health Equity Report

Disproportionate rates of chronic disease and illness are commonly documented among communities of color, rural communities, and seniors. This report was developed using medical insurance claims data and MVC hospital responses to a health equity survey to generate a state-of-the-state of health equity priorities, barriers, and opportunities in hospitals. [Learn more](#)



ED-Based Episodes System-Level Report

MVC prepared a new system-level version of the emergency department (ED)-based episodes hospital report to provide insights on care received during and after ED visits for high-volume ED-relevant conditions.

P4P PERFORMANCE

Final Scorecards for Program Year 2023

Program Year (PY) 2023 final scorecards for the MVC Component of the BCBSM P4P Program were distributed to MVC member hospitals in March 2024. Hospitals received a score out of 10 based on episode spending for two selected conditions using 2022 performance data and 2020 baseline data.

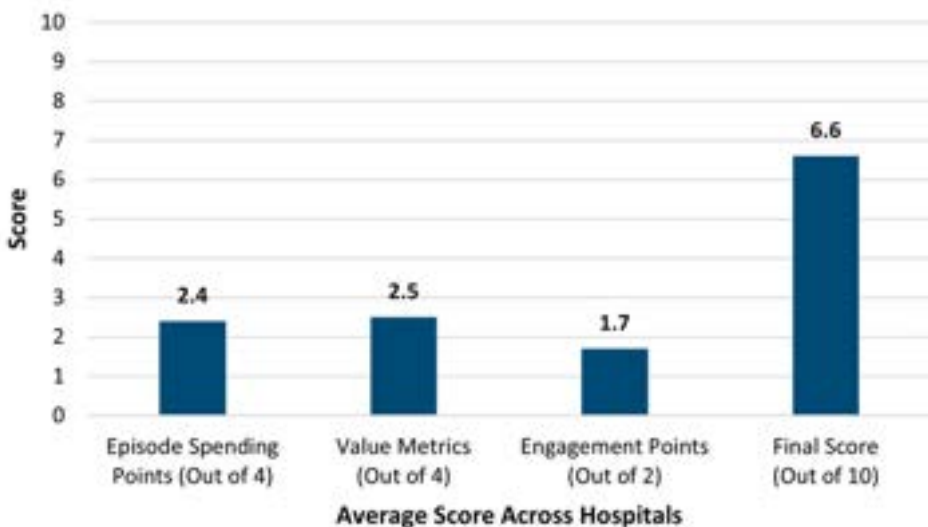
7.4 AVERAGE TOTAL POINTS IN PY 2023

MVC Closes PY 2022-2023 Program Cycle

Closing out the PY 2022–2023 cycle, MVC calculated price standardized cost savings using changes to average episode payment volume for each condition. The price standardized cost savings for PYs 2022 and 2023 were approximately \$26 million and \$12 million, respectively, **amounting to a collective cost savings of \$38.9 million over the two program years**. Joint replacement observed significant shifts from inpatient to outpatient settings, and was the largest contributor to these cost savings with a decrease of \$24 million in PY 2022 and \$9 million PY 2023.

Final Scorecards for Program Year 2024

PY 2024 mid-year scorecards were distributed to participating MVC hospitals in October 2024 and final scorecards were distributed in February 2025. Hospitals received a score out of 10 based on episode spending for one selected condition, the utilization rate for their selected value metric, and engagement with MVC activities in 2024. PY 2024 used performance data from 2023 and baseline data from 2021.



HIGHEST SCORING VALUE METRIC: PREOP TESTING

PY 2026-2027 CYCLE

P4P PROGRAM STRUCTURE CHANGES

MVC presented the approved changes to its PY 2026-2027 cycle structure at its fall collaborative-wide meeting, including:

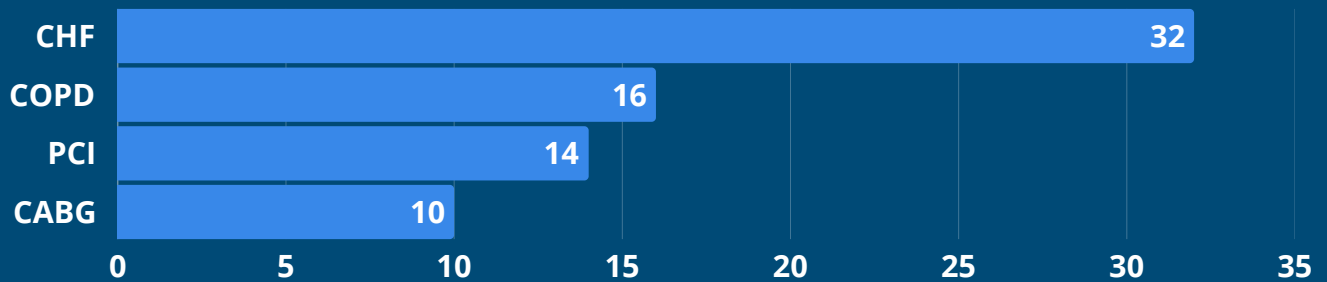
- Addition of Medicaid data into payer mix
- Revised episode spending condition menu
- Updates to sepsis value metric definition
- Addition of a health equity measure

The changes to the episode spending menu included retirement of colectomy, joint replacement, and pneumonia as well as the addition of PCI as an option. The sepsis readmissions value metric from PYs 2024-2025 was changed to a 14-day follow-up metric in alignment with HMS activity.

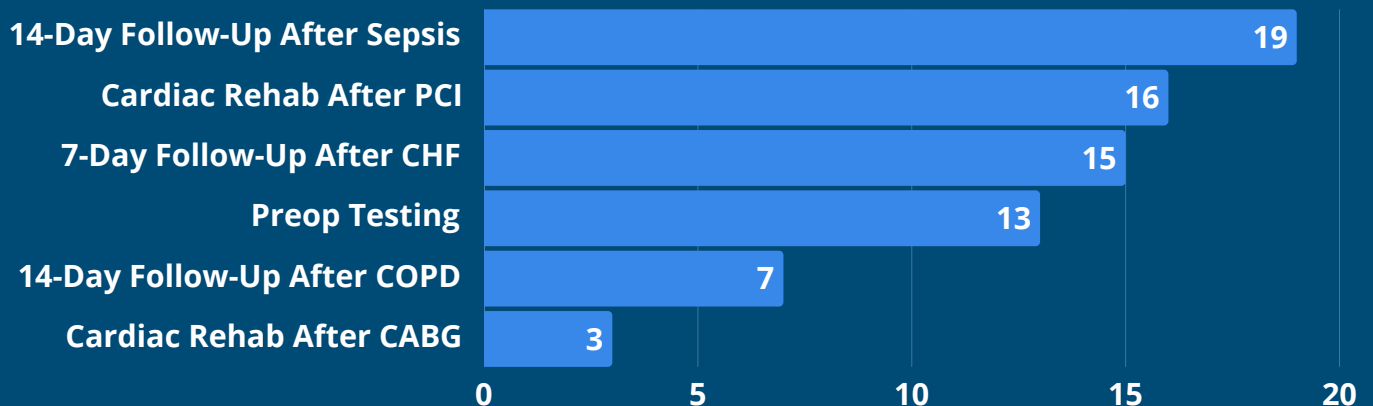
MVC Introduces Novel Health Equity Measure

Incorporating Medicaid claims is a meaningful change that reflects MVC’s interest in rewarding high-value care delivery for all patients. The addition of a new health equity measure was developed to further support participating hospitals with identifying gaps in care. The MVC health equity index of disparity (IOD) will help identify the extent to which a hospital’s risk-adjusted all-cause readmission rate varies by payer. This IOD calculation will showcase the spread in readmission rates for specific patient groups, with supporting data provided by MVC to help drive efforts to reduce such outcome disparities. More information can be found in the [MVC P4P PY26-27 Technical Document](#).

Distribution of Episode Spending Selections for PYs 2026-2027

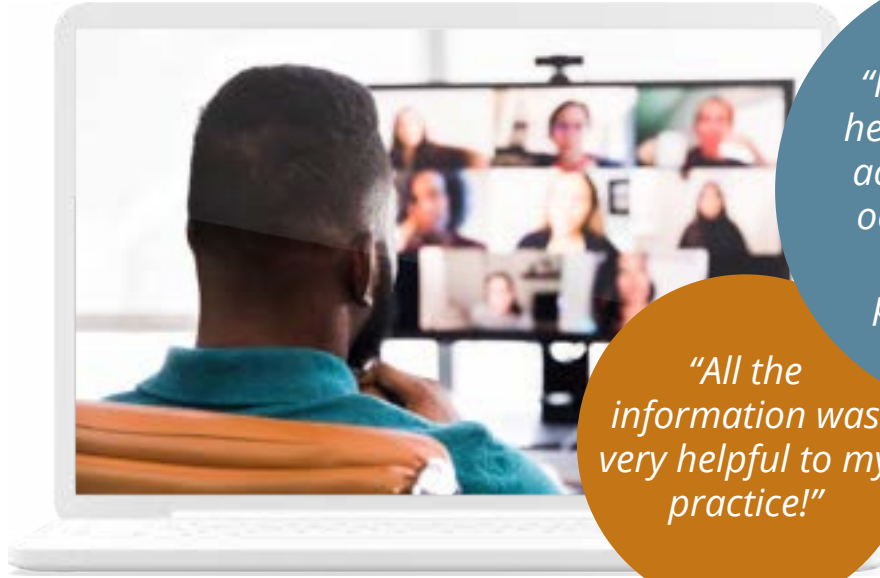


Distribution of Value Metric Selections for PYs 2026-2027



24 WORKGROUPS

MVC hosted **24 virtual workgroups** in 2024 on topics related to preoperative testing, post-discharge follow up, rural health, health in action, sepsis, and cardiac rehabilitation with cross-cutting themes of health equity and data-use optimization. These sessions featured guest speakers from **25 organizations** and had an average attendance of **49 people** representing member hospitals, POs, community organizations and fellow CQIs.



"I really enjoyed hearing about the action items that occurred to help improve their performance."

"All the information was very helpful to my practice!"

6

WORKGROUPS
FEATURING
MVC DATA

THANK YOU TO ALL 2024 EVENT SPEAKERS



MVC COLLABORATIVE-WIDE MEETINGS: *SPRING & FALL*

Spring Meeting in Midland

Theme: Promoting Care Coordination Across the Continuum

Guests: 114 leaders representing 62 hospitals, 10 POs, 11 health systems, and 4 partner organizations

Guest Speakers & Presentations:

- MVC's refreshed strategic framework
- McLaren Macomb COPD/CHF initiative and MVC custom analytics
- MyMichigan Midland continuing care clinic model
- Health equity efforts across the state
- Poster session featuring 13 presenters
- Roundtables featuring 11 presenters

Fall Meeting in Livonia

Theme: Data-Driven Strategies for Success in Quality Improvement

Guests: 99 leaders representing 55 hospitals, 6 POs, 10 health systems, and 2 partner organizations.

Guest Speakers & Presentations:

- Corewell Health System modeling to identify preventable Medicare readmissions
- Changes to PYs 2026-2027 of the MVC Component of the BCBSM P4P Program
- Breakout sessions facilitated by MVC, HMS, MPrOVE, and Munson Medical Center featuring unblinded data
- Poster session featuring 11 presenters

"My first MVC collaborative-wide meeting was very enjoyable and beneficial to my work. I look forward to taking this group to the next level of maturing our focus on what matters."

"The breakout sessions provided great insight and tools to utilize on current processes within our health system."

100%

All attendees surveyed in October & May evaluated the overall meeting experience as positive.

"Thank you for the site visit. The information you shared was insightful and appreciated by our CMOs and CNOs. Looking forward to working with you on different MVC initiatives."
-Vice President, McLaren Health Clinical Excellence and Research

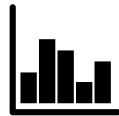
With the addition of P4P engagement points for PYs 2024-2025, MVC **restructured site visits** to include both a member presentation and MVC presentation. MVC's site visits provide members with more in-depth understanding of MVC and its activities, as well as an opportunity for the Coordinating Center to **gain valuable insights** on member QI initiatives, outcomes, and data needs. Throughout 2024, site visit presentations **inspired discussions and strengthened partnerships** between MVC and its members.

WHAT MVC SHARED



PUSH REPORTS

Reviewed recent MVC push reports, answered report-related questions



CUSTOM DATA

Showcased MVC custom analytics and areas of opportunity



ENGAGEMENT

Raised awareness about MVC events and collaborations

WHAT SITES SHARED



PARTNERS

Described relationships between hospitals, systems, and POs



AREAS OF FOCUS

Described quality initiatives and site-specific areas of focus



FEEDBACK

Discussed how MVC can further engage and support members

2024

SITE VISITS



**4 SYSTEM-LEVEL
SITE VISITS**



**32 HOSPITALS
REPRESENTED**



112 ATTENDEES



1 VIRTUAL VISIT



MiCR ACTIVITY

MVC worked in partnership with colleagues at BMC2 and HBOM to lead the Michigan Cardiac Rehab network (MiCR) and its various initiatives. In 2024, the MiCR team continued delivery of the NewBeat program, a multi-component intervention designed to address barriers to patient enrollment. MiCR **distributed over 30,000 NewBeat print materials to 29 hospitals**, including new stickers for patient discharge folders to support enrollment efforts.

MiCR also launched a **mini grant program**, awarding funds to support quality improvement initiatives at Henry Ford Rochester, MyMichigan Medical Center – Midland, Corewell Health, and DMC Huron Valley Sinai. A final round of funding will be awarded in early 2025.

The MiCR partners continued organizing and hosting network meetings to support networking and best practice sharing among physicians and cardiac rehab professionals across the state. MiCR hosted virtual meetings in the spring and summer that featured guest presentations from national and local leaders as well as updates from MiCR on new resources and materials. MiCR hosted a fall in-person meeting in Midland attended by over 60 guests representing 9 of Michigan’s health systems. The agenda featured nine guest presenters on topics such as enrollment among patients with heart failure, digital technology and virtual delivery, legislative updates, gaps in utilization among women, and available data on cardiac rehab with an unblinded MVC data presentation.



RITE-Size

RIGHT-SIZING TESTING
BEFORE ELECTIVE SURGERY

ritesizetesting.org

RITE-Size Provider Support

One reason unnecessary preoperative testing is so common before low-risk surgery is miscommunication between clinical teams.

The RITE-Size partners developed a **preoperative testing decision aid** for low-risk surgeries based on national standards as well as a **primary care physician engagement packet**. Both tools have been implemented in hospitals across Michigan.

RITE-Size Pilot Project

One significant area of effort to reduce preoperative testing utilization was the RITE-Size pilot project launched in 2024. MVC partnered with the Michigan Surgical Quality Collaborative (MSQC), Michigan Program on Value Enhancement (MProVE), and Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE) to help three pilot hospitals de-implement low-value preoperative testing. The pilot was modeled after a de-implementation intervention that successfully reduced unnecessary testing at Michigan Medicine. To implement and adapt those strategies within other hospitals and health systems across the state of Michigan, ProMedica Charles and Virginia Hickman, Trinity Health Grand Haven, and the University of Michigan Health Sparrow Lansing were selected as pilot locations. Additional pilot locations will be rolled out in 2025.

MVC supported these efforts by providing data and reporting on preoperative testing utilization for the sites and pilot team, developing the program's branding and website, supporting the development of new quality improvement resources, and helping to promote the RITE-Size program and resources through a **social media campaign**. As a result of the campaign, MVC observed a **338% increase in impressions on LinkedIn and a 400% increase in post engagement**.



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 underwent a number of **collaborative partnerships** focused on, among other things, episode development, quality improvement, and impact assessments.

Collaboration with Fellow CQIs



ANALYTIC PARTNERSHIPS

MVC collaborated with CQI partners on a variety of utilization projects and value assessments. MVC completed a value assessment with MARCQI, and began initial planning for assessments with MCT2D and MEDIC.



DATA PROVISIONING

MVC provided access to multi-payer claims data to support a range of CQI-related quality improvement initiatives.



CLAIMS CONSULTING

MVC continued providing expertise and guidance for analyzing MVC claims data.

45 2024 PROJECTS	15 CQI PARTNERS
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MVC Publications and External Presentations

In addition to CQI collaboration, MVC data continues to appear in quality improvement publications that align with MVC's purpose of improving the health of Michigan through sustainable, high-value healthcare with an evident direct benefit to MVC's members.

10 PUBLICATIONS & PRESENTATIONS USING MVC DATA

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

CONTACT

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