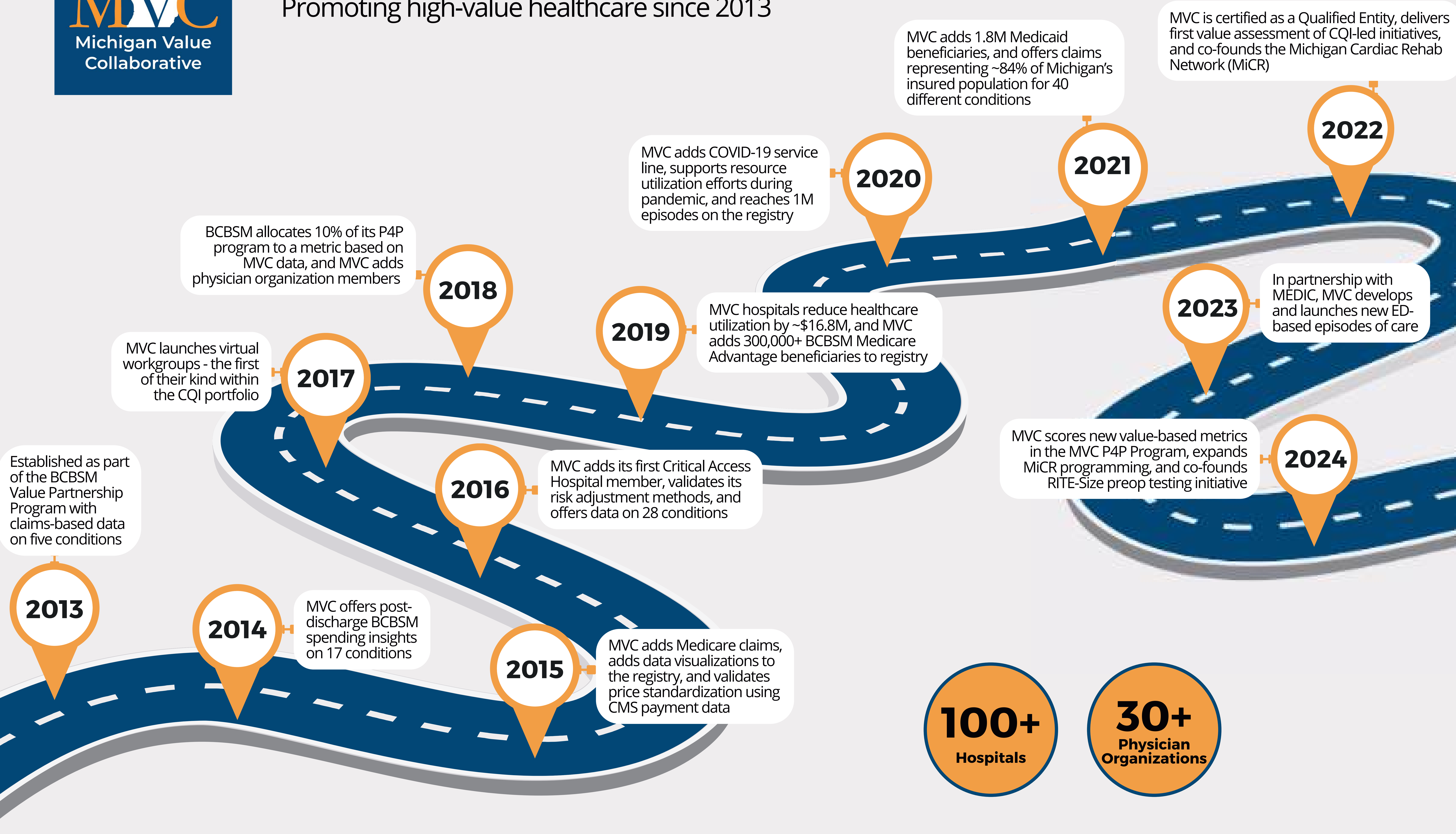




MVC's Journey

Promoting high-value healthcare since 2013



Support for the Michigan Value Collaborative is provided by Blue Cross Blue Shield of Michigan as part of the BCBSM Value Partnerships program.



Using the Collaborative Quality Improvement (CQI) Model to Improve Cardiac Rehab Utilization in Michigan

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¹ Michigan Value Collaborative; ² Michigan Cardiac Rehab Network; ³ Healthy Behavior Optimization for Michigan; ⁴ Blue Cross Blue Shield of Michigan Cardiovascular Consortium

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THE PROBLEM

Despite having a Class IA indication, cardiac rehab (CR) utilization is significantly underutilized nationally and within Michigan. As of 2022, only 1 in 3 eligible cardiac patients enrolled after discharge from an eligible cardiac event or procedure. There is also wide variation in enrollment by hospital and service line. Regional quality improvement collaboratives in Michigan – the Michigan Value Collaborative, Blue Cross Blue Shield of Michigan Cardiovascular Consortium, and the Michigan Society of Thoracic and Cardiovascular Surgeons – identified a shared interest in improving enrollment rates for this high-value program. These teams established the Michigan Cardiac Rehab network (MiCR), which implements a variety of strategies to increase CR enrollment in the state of Michigan.

THE STRATEGIES

DATA ANALYTICS & BENCHMARKING

PRACTICE SHARING AT CONFERENCES & MEETINGS

PEER NETWORKING OPPORTUNITIES

PERFORMANCE INCENTIVES & MINI GRANTS

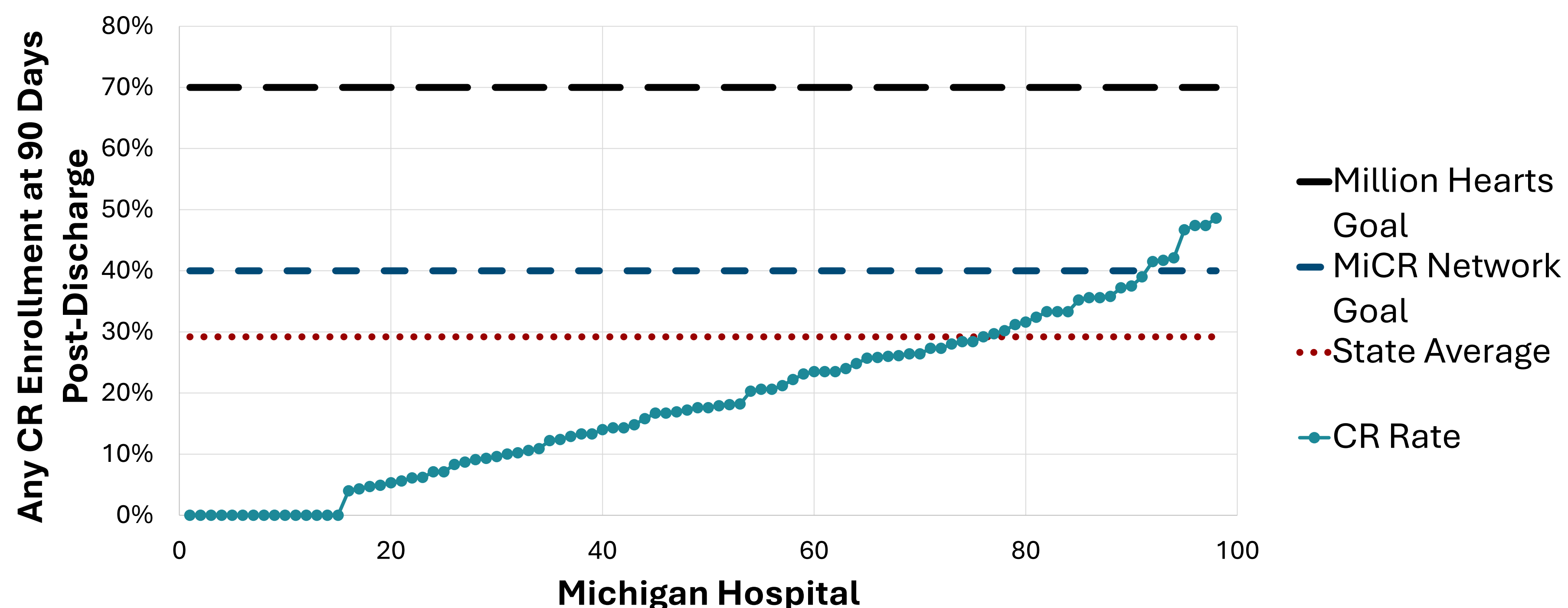
TEMPLATES, TOOLKITS, & MATERIALS

MiCR'S OBJECTIVE

To equitably increase the rate of cardiac rehab utilization to 40% among all eligible AMI, CABG, PCI, SAVR, and TAVR patients in Michigan

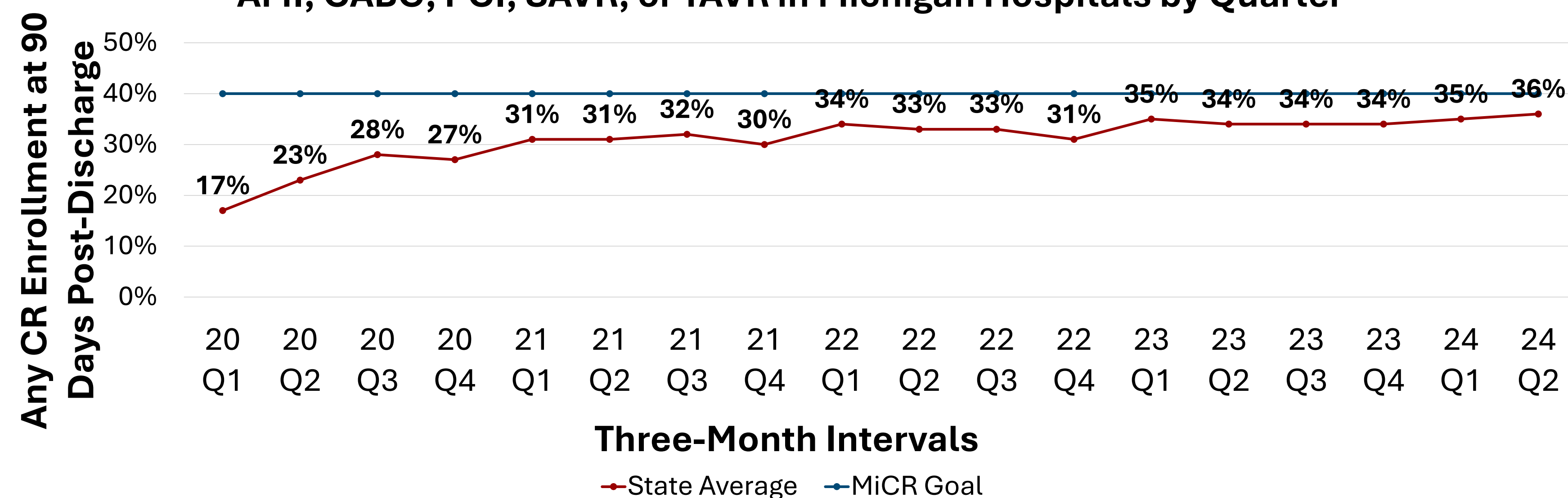
WHERE IT STARTED

90-Day Cardiac Rehab Utilization Rates Among Patients Hospitalized for AMI, CABG, PCI, SAVR, or TAVR by Michigan Hospital in 2022*



HOW IT'S GOING

90-Day Cardiac Rehab Utilization Rates Among Patients Hospitalized for AMI, CABG, PCI, SAVR, or TAVR in Michigan Hospitals by Quarter*



Cardiac rehab utilization rates were calculated using Michigan Value Collaborative medical insurance claims data using 90-day episodes of care for AMI, CABG, PCI, SAVR, and TAVR patients with the following payers: Blue Cross Blue Shield of Michigan PPO Commercial, BCBSM Medicare Advantage, Blue Care Network HMO Commercial, BCN Medicare Advantage, Michigan Medicaid, and Medicare Fee-for-Service.

CQI LESSONS:

- DATA REGISTRIES DRIVE IMPROVEMENT**
- USE CQIS TO TAKE ACTION ON MULTI-LEVEL STRATEGIES**
- PRIORITIZE COORDINATION BETWEEN PHYSICIANS, QUALITY, & REHAB STAFF**
- SDOH DATA CAN DRIVE APPROACHES TO ACCESS BARRIERS**

NEWBEAT IMPACT

“The use of our care cards has been beneficial for patients to confirm their appointments. We’ve also seen improvement in our phase I meetings with patients in the hospital.”
-Hospital using NewBeat greeting cards

“Patients like the card signed by their interventionalist. It’s personable. We also use the handout for the Liaison that goes to see the patient post PCI and helps patients understand the program and answer questions.”
-Hospital using NewBeat handout and cards



LOOKING AHEAD

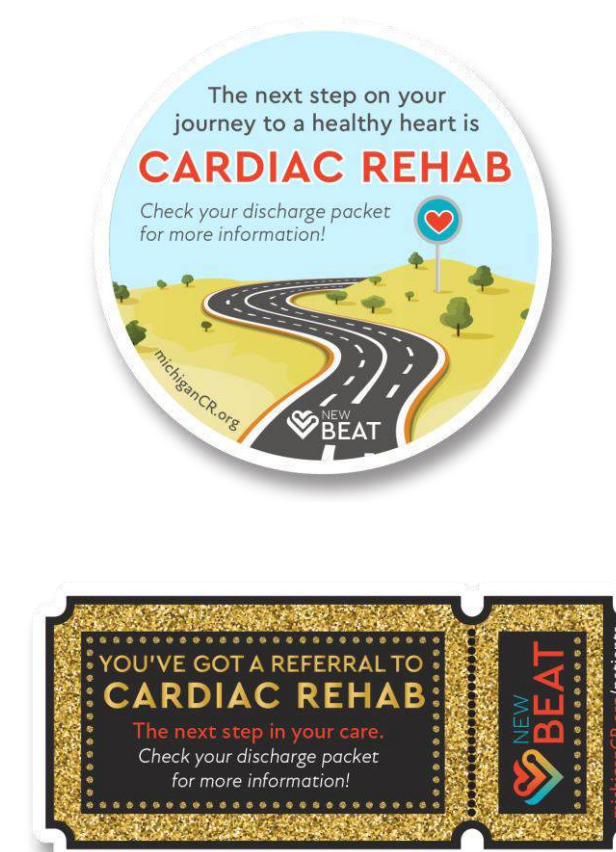
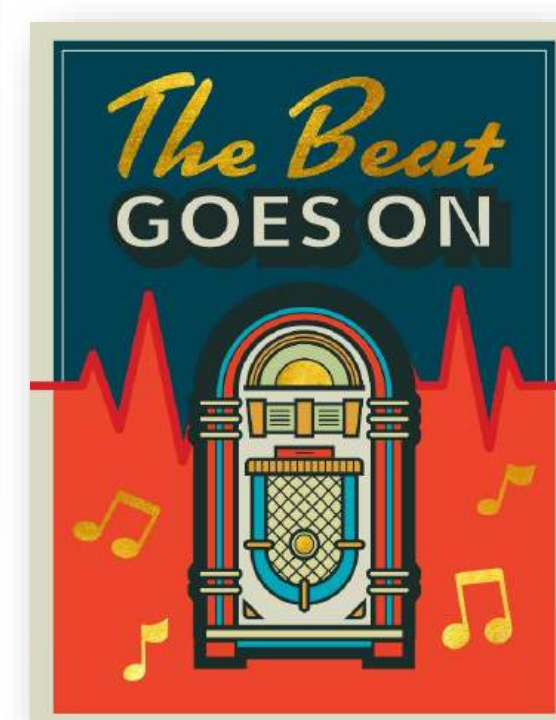
The coordinating partners of the Michigan Cardiac Rehab network are encouraged by the steady incremental improvements happening across the state of Michigan. As such, MiCR will continue implementing the strategies that have proven successful – such as pay-for-performance measures, data analytics and benchmarking, and peer learning – while also investigating new quality improvement levers and strategies.

At MiCR’s recent fall member meeting, two specific areas were consistently cited as needing investment and attention: 1) extremely low cardiac rehab enrollment among eligible heart failure patients, and 2) persistent sex differences in enrollment and attendance, with female patients enrolling less often and completing fewer sessions than male patients. MiCR is interested in pursuing tailored interventions for these two patient populations.

Questions?
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In November 2023, MiCR launched NewBeat, a multi-component intervention developed in partnership with Healthy Behavior Optimization for Michigan (HBOM). The NewBeat intervention focuses on reducing knowledge gaps, generating strong physician endorsements for cardiac rehab, and transportation barriers.



MVC Leadership



Hari Nathan, MD, PhD

Director, MVC;
Surgical Oncologist,
Associate Prof. of Surgery,
University of Michigan

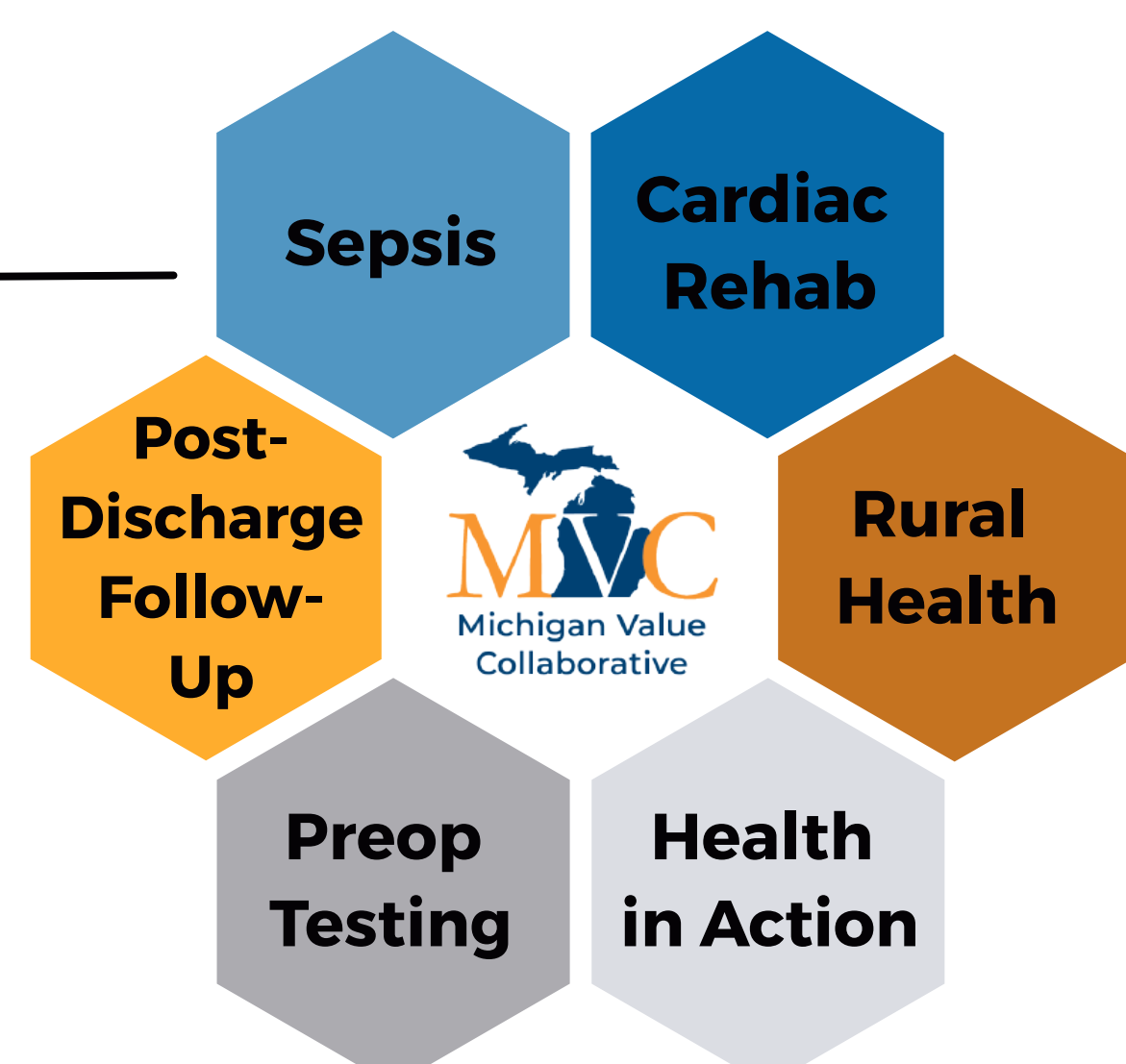
Introduction

The goal of the Michigan Value Collaborative (MVC) is to improve the health of Michigan through sustainable, high-value healthcare. Whereas many other CQIs work directly with clinical data, MVC provides the related cost component - an important factor as healthcare costs continue to rise. MVC uses claims data to create 30-day and 90-day episodes of care for over 40 different medical and surgical conditions. The claims are price standardized and risk adjusted to allow for fair comparisons between members.

Member Engagement

MVC's suite of engagement offerings includes collaborative-wide meetings, virtual workgroups, networking events, customized registry training, and practice sharing and other updates via a weekly blog and quarterly newsletter. MVC workgroups invite members to meet virtually with clinical and quality personnel from across the state on topics such as quality improvement, best practices, common barriers, and condition-specific resources.

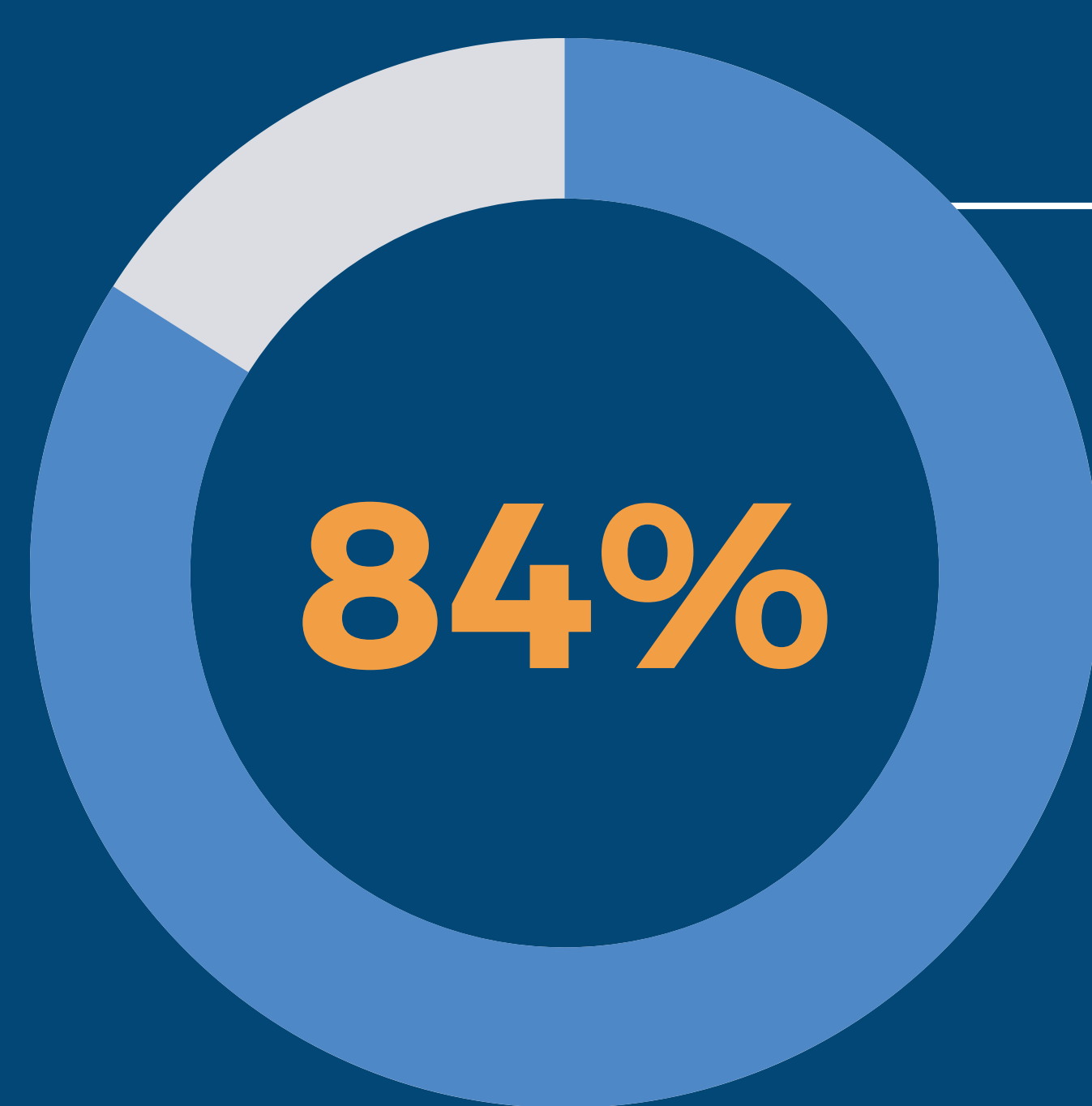
Workgroup Topics



The Michigan Value Collaborative helps its members to better understand their performance using **claims data**, **customized analytics**, and **peer-to-peer support**.



MVC members represent **100+ hospitals** and **30+ physician organizations** throughout Michigan.



MVC administrative claims data comprises approximately **84%** of Michigan's **insured population**.

MVC data includes claims from the following: Blue Cross Blue Shield of Michigan (BCBSM) Commercial, BCBSM Medicare Advantage, Blue Care Network (BCN) Commercial, BCN Medicare Advantage, Medicare Fee-For-Service (FFS), and Michigan Medicaid.

Data Analytics

MVC provides its members access to high-quality, multi-payer benchmarked performance data through its registry, push reporting, custom analytics, and presentations of unblinded data.



40+
medical and surgical conditions represented



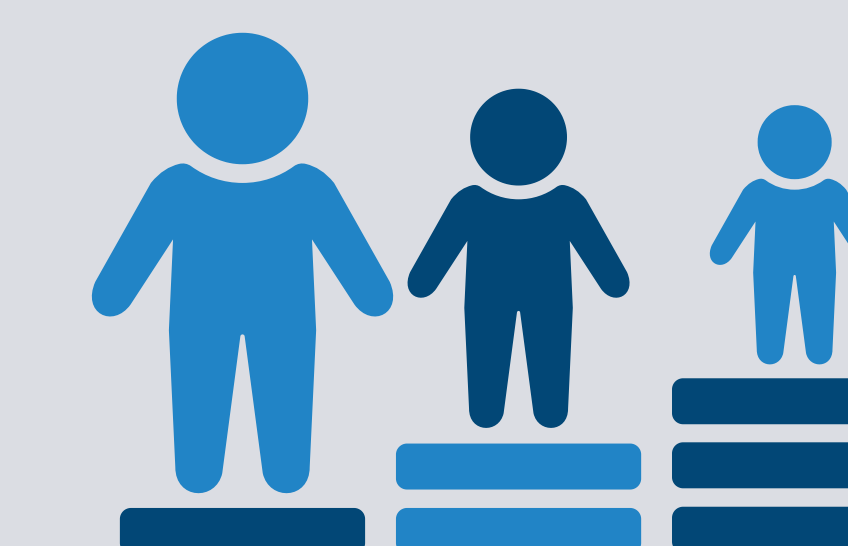
30+
custom reports and push reports shared



20+
interactive dashboard reports on registry

Pay-for-Performance Program

MVC implements, adjudicates, and continually improves the MVC Component of the BCBSM Pay-for-Performance (P4P) hospital incentive program. BCBSM allocates 10% of its P4P program budget to metrics based on MVC data.



In addition to metrics for value-based utilization and price-standardized episode spending, MVC has a **P4P health equity measure**

Value-Based Improvement

As part of MVC's commitment to improving the health of Michigan through sustainable, high-value healthcare, the Coordinating Center has identified specific focus areas for which it drives improvement and collaboration among members through dedicated reporting, stakeholder groups, awareness campaigns, and special events.



Cardiac Rehabilitation

In partnership with BMC2, MVC co-leads the Michigan Cardiac Rehab Network to equitably improve cardiac rehabilitation utilization for all eligible individuals in Michigan.



Preoperative Testing

In partnership with ASPIRE, MSQC, and MPROVE, MVC co-leads the Right-Sizing Testing Before Elective Surgery (RITE-Size) program to reduce the use of unnecessary preoperative testing before low-risk surgery.



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

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MVC Component of the BCBSM P4P Program

Program Years 2026 – 2027: Metric Selections and Alignment with MVC Offerings



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Metric-Specific Opportunities for Peer Learning and Networking

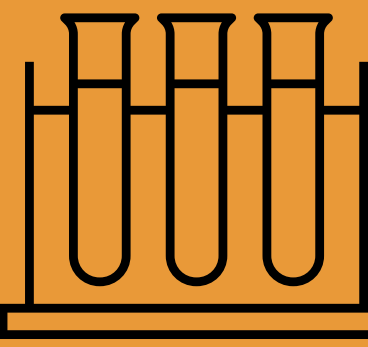
- Post-Discharge Follow-Up Workgroups
- Sepsis Workgroups
- RITE-Size Pilot and Preoperative Testing Workgroups
- Michigan Cardiac Rehab Network Meetings and Cardiac Rehab Workgroups

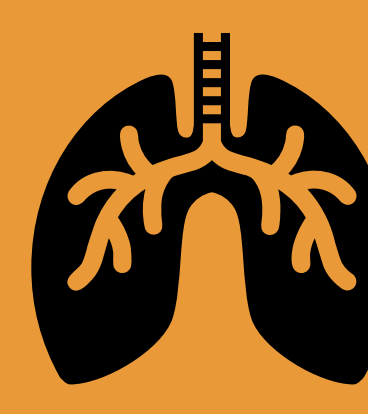
MVC PY 2026-2027 Value Metrics and Episode Spending Metrics

- CHF/COPD Spending Metrics**
- CHF/COPD/Sepsis Follow-Up Value Metrics**
- Preoperative Testing Value Metric**
- Cardiac Rehab (CABG/PCI) Value Metrics**
- CABG/PCI Spending Metrics**

Changes from PY 2024-2025 Cycle to PY 2026-2027 Cycle

- MVC's 30-day risk-adjusted readmissions after sepsis value metric was changed to 14-day follow-up after sepsis in alignment with HMS
- Now based on testing rates for all three procedures combined (cholecystectomy, hernia repair, lumpectomy), and lab tests now also assessed in the 30 days prior to surgery
- Added PCI to episode spending condition menu; retired colectomy, pneumonia, and joint replacement conditions from menu

 Compared to selections in PYs 24-25, the number of hospitals selecting preop testing doubled for PYs 26-27

 Compared to selections in PYs 24-25, the number of hospitals selecting COPD doubled for PYs 26-27

Data Resources & Support

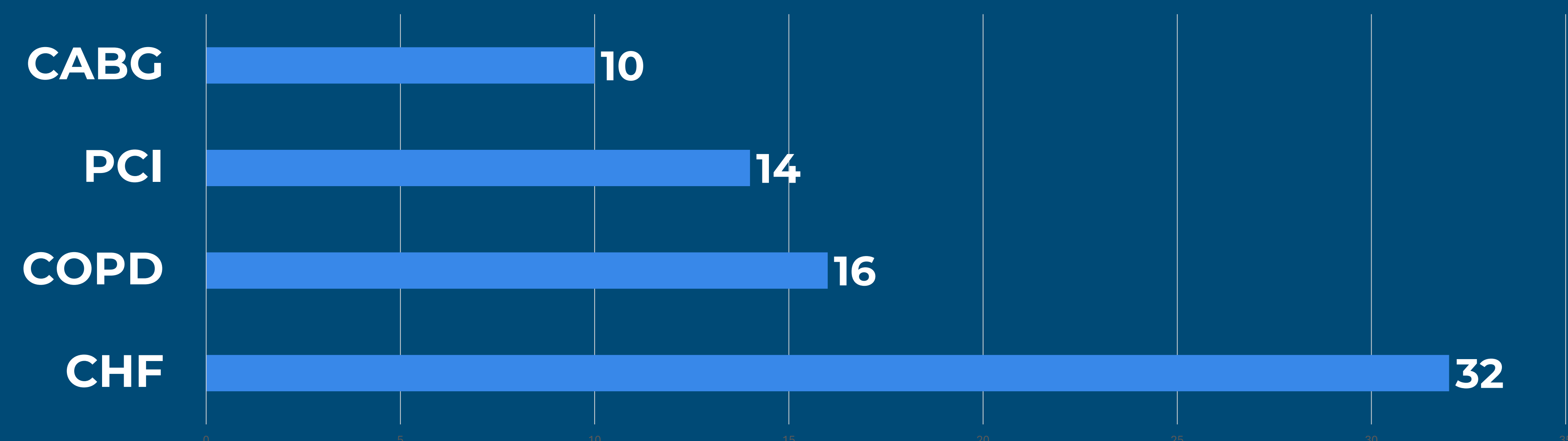
-  Push Reports and P4P Scorecards
-  Custom Analytic Reporting
-  Registry Reports and 1:1 Training

MVC PY26-27 Value Metric and Episode Spending Selections by Hospital (PDF)



Scan the QR code to learn which of your peers are focusing on similar metrics

Distribution of Episode Spending Selections for PYs 2026-2027



Distribution of Value Metric Selections for PYs 2026-2027

