



2025

ANNUAL REPORT

MICHIGAN VALUE
COLLABORATIVE

michiganvalue.org



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 BCBSM/BCN and MVC work collaboratively, the opinions, beliefs, and viewpoints expressed by the author do not necessarily reflect the opinions, beliefs, and viewpoints of BCBSM/BCN or any of its employees.

CONTENTS

2025 MVC ACTIVITIES AND SUCCESS STORIES

03

MVC Coordinating Center

Letter from Leadership • 2025 Impact by the Numbers

05

MVC Data & Reporting

Push Reports & Custom Reports • ASC Dataset

07

MVC Component of the BCBSM P4P Program

PY 2025 Mid-Year Scorecards • PY 2026-2027 Cycle

09

MVC Engagement

Workgroups • Meetings • Site Visits • Site Coordinator Education

13

Value-Based Improvement Initiatives

Cardiac Rehabilitation • Preoperative Testing

15

Adding Value with Partners

Collaboration with CQIs

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'S DIRECTORS

Dear collaborative members and partners,

Since its inception, the Michigan Value Collaborative has strived to support its members in navigating the challenges and opportunities that our ever-evolving healthcare landscape has to offer. The last year has been no different – policies are shifting, patient needs are changing, and resources are often stretched thin. This continues to take place against a backdrop of consolidation and system transformation, all of which together has reinforced the importance of actionable data insights and effective collaborative partnerships. Throughout 2025, MVC worked closely with our partners to ensure our service offerings continue to reflect what matters most – the needs of our members.

Our last annual report for 2024 highlighted that both our engagement participation and analytics utilization were far above previous years. This trend continued upwards in 2025. Over the last year, we welcomed two new hospital members to the collaborative, delivered 23 virtual workgroups with an average attendance of 49, facilitated 24 different member presentations, completed 11 site visits, delivered 17 custom analytic requests, and supported 106 new users in gaining access to our online registry. On top of all of this, we held two collaborative-wide meetings in Midland and Livonia, with 99 member representatives attending on average to share stories, spotlight successes, and support one another in navigating all of the twists and turns which 2025 decided to bring.

These flagship numbers only tell one part of the story; the true value of each of the activities detailed above comes from the relationships and partnerships developed as a result of the time spent together. We hope you all have taken as much benefit from these collaborations as our group has during this time.

Our 2025 annual report highlights some of these success stories from the last year in more detail. Thank you to all of our members who played a part in making 2025 a success and a special thank you to the MVC Coordinating Center team and BCBSM who make all of this possible. As always, we hope these stories continue to inspire your respective teams and help highlight potential opportunities to collaborate in the future.

Here's to another year of working together to improve the health of Michigan through sustainable, high-value healthcare and helping Michigan residents access the right care, at the right cost, at the right time.



Mark Bradshaw, MSc
DIRECTOR



Hari Nathan, MD, PhD
MEDICAL DIRECTOR

MEMBERS



107

HOSPITALS



33

PHYSICIAN ORGS

ACTIVE CQI PARTNER PROJECTS



67

2025 PROJECTS

20

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.

SITE COORDINATOR EDUCATION MODULES

MVC launched a four-module site coordinator education program designed to provide tailored trainings to hospital quality leaders so they may fully leverage MVC offerings to support their quality improvement goals.



MVC & P4P FOUNDATION



DATA & ANALYTICS



CQI & VBI MODEL



PEER COLLABORATION

REPORTING

MVC provided a variety of custom and push reports on topics such as P4P scoring, ED-based episode care utilization, cardiac rehabilitation, preoperative testing, post-discharge follow-up, readmissions, and MVC's new health outcome variation measure.



17

CUSTOM REPORTS



11

PUSH REPORTS

THE MVC COMPONENT OF THE BCBSM P4P PROGRAM

PROGRAM YEAR 2025

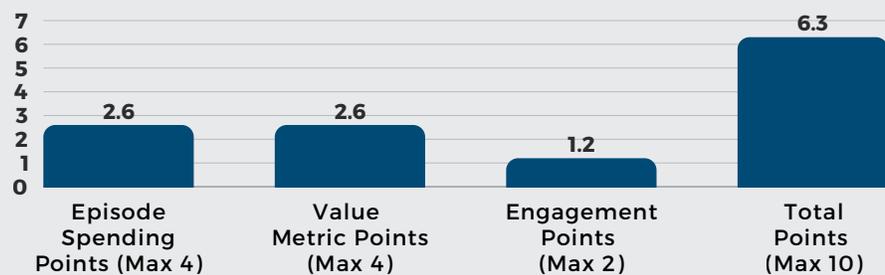
6.3 PTS.

average total points scored as of mid-year scorecards



Highest-scoring episode spending: coronary artery bypass graft (3)

Average PY 2025 Scores by Category as of Mid-Year 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 2025.



833

MVC SUBSCRIBERS



503

LINKEDIN FOLLOWERS



106

NEW USERS ON THE REGISTRY



11

SITE VISITS CONDUCTED



99

AVG. MEETING ATTENDANCE

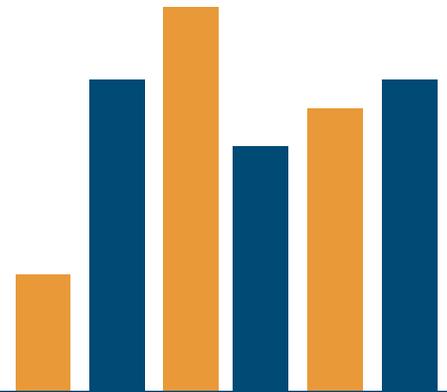


49

AVG. WORKGROUP ATTENDANCE

17 **CUSTOM
REPORTS**

11 **PUSH
REPORTS**



In 2025, the MVC Coordinating Center shared a total of **11 push reports** with members, five of which were new reports. MVC also generated 17 custom reports to support specific QI efforts and questions at member hospitals. 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:



MVC's Process Measures Report

This new push report focused on the process measures MVC scores as part of the MVC Component of the Blue Cross Blue Shield of Michigan (BCBSM) Pay-for-Performance (P4P) Program, with each hospital and multi-hospital system receiving data on their performance for all available measures, including follow-up rates after hospitalization for chronic and acute medical conditions, cardiac rehab utilization, and preoperative testing rates.



ED-Based Episode Reports

MVC refreshed its emergency department (ED)-based episode reports to provide insights on care received during and after ED visits for high-volume ED-relevant conditions. MVC shared versions for general acute care hospitals, Critical Access Hospitals (CAH), and multi-hospital systems.



Health Outcome Variation Report

In Q4 2024, MVC announced a new measure that will be scored for 1 point out of 10 available points in P4P Program Years 2026-2027. This report was developed to help hospitals become familiar with the methods for calculating and scoring this new health outcome variation metric as well as preview their hospital's recent performance data. This measure evaluates the magnitude of differences in payer-specific risk-adjusted readmission rates to encourage focused reductions in gaps in patient outcomes.



New dataset for **Ambulatory Surgery Centers**

In 2025, MVC completed initial work on a new dataset focused on procedures performed in outpatient ambulatory surgery centers (ASCs) across Michigan. ASCs are a growing site of care for a wide range of procedures, yet there is limited access to multi-payer benchmarking.



MASA Presentation

MVC was excited to present its new ASC dataset for the first time at the Michigan Ambulatory Surgery Association (MASA) Education Day conference. The presentation included an introduction to MVC's offerings, use cases for leveraging claims data for quality improvement, and benchmarking data for MASA's member ASCs. MVC looks forward to continuing to support value-based care benchmarking in ASCs across Michigan.

CQI Overlap

Several peer CQIs in the BCBSM Value Partnerships portfolio already engage ASCs as members and partners through their quality improvement work. Teams like MARCQI (joint replacement) and MSSIC (spine surgery) have ASC members who participate in abstraction and related quality improvement efforts. MVC announced this dataset with its peer CQIs to help identify opportunities for collaboration and efficiency to drive improvements in this care setting.

P4P PERFORMANCE

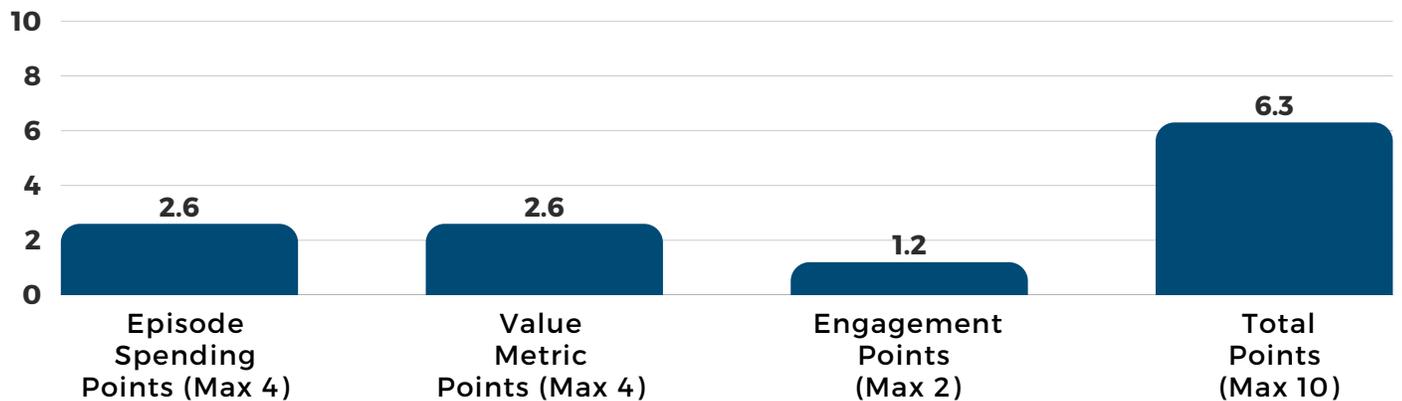
Mid-Year Scorecards for Program Year 2025

Program Year 2025 mid-year scorecards for the MVC Component of the BCBSM P4P Program were shared with 74 hospitals in September, with the scorecards highlighted at the fall collaborative-wide meeting in October. Scorecards were based on available claims to help hospitals track performance.

6.3 AVERAGE TOTAL POINTS

Hospital 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 2025. PY 2025 used performance data from 2024 and baseline data from 2022. The average points scored as of mid-year scoring was 6.3 out of 10. Scores may shift in final scorecards with the addition of claims for the remainder of the performance year.

Average Points Scored on PY 2025 Mid-Year Scorecards by Program Component



 HIGHEST SCORING EPISODE SPENDING METRIC: CABG (AVERAGE: 3/4 POINTS)

 HIGHEST SCORING VALUE METRIC: PREOPERATIVE TESTING (AVERAGE OF 3.9/4 POINTS)

PY 2026-2027 CYCLE

P4P PROGRAM STRUCTURE CHANGES

MVC announced changes to its forthcoming PY 2026-2027 cycle at the 2024 MVC fall collaborative-wide meeting, which include:

- Addition of Medicaid data into payer mix
- Revised episode spending condition menu
- Updates to sepsis value metric definition
- Addition of a health outcome variation 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 Outcome Variation 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 outcome variation measure was developed to further support participating hospitals with identifying gaps in care that may be due to non-medical drivers of health. The MVC health outcome variation metric uses to index of variation (IOV) methodology to determine gaps in patient outcomes between subgroups. More details can be found in the [MVC P4P PY26-27 Technical Document](#), a metric explainer [video](#), and other materials found on the MVC P4P webpage.

Health Outcome Variation Measure Overview



What is the index of variation (IOV)?

The IOV is a validated methodology for measuring the magnitude of differences between subgroups relative to a reference group. In MVC scoring, the index of variation will be used to compare risk-adjusted, payer-specific all-cause readmission rates compared to the hospital's overall average readmission rate.



How can hospitals succeed in this measure?

A lower IOV represents a smaller spread of risk-adjusted all-cause readmission rates across payers at a hospital. Sites can earn a point on this measure by *either* achieving an IOV that is at or below the collaborative-wide median IOV, or by decreasing their hospital's IOV by 10% from baseline year to performance year.



What MVC support is available?

Hospitals looking to lower their IOV can use MVC data to determine which patient groups have higher relative readmission rates and implement strategies to reduce preventable readmissions in subgroups that have an observed gap in this outcome. Visit MVC's P4P webpage for more details and support opportunities.

WORKGROUPS

MVC hosted **23 virtual workgroups** in 2025 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 outcome variation and data-use optimization. These sessions featured **29 guest speakers** from **19 organizations** and had an average attendance of **49 people** representing member hospitals, POs, community organizations and fellow CQIs.

49
AVERAGE
WORKGROUP
ATTENDANCE



6
PRESENTATIONS
FEATURING MVC
DATA

29
SPEAKERS/
ORGANIZATIONS
REPRESENTED

THANK YOU TO 2025 WORKGROUP SPEAKERS



This was a great presentation. We are working to develop a sepsis process within our ED triage. The information in this presentation was extremely helpful.



I enjoyed the flexible conversation in this health in action workgroup session. Thank you for opening conversations to allow great Q & A.



Very informative presentation(s) which raise strong possibilities for future QI work!



Loved the ability to talk with others and learn from each other.



Love the topics of conversation and how the breakout rooms were done.

MVC COLLABORATIVE-WIDE MEETINGS: *SPRING & FALL*

Spring Meeting in Midland

Theme: Collaboration in Action: *Shaping the Future of Healthcare Access Across Michigan*

Guests: 106 leaders representing 62 hospitals, six POs, 11 health systems, and six partner organizations

Guest Speakers & Presentations:

- MVC: health system approaches to QI
- MVC: leveraging data and collaboration to drive QI
- MVC: 2024 QI survey results
- Poster session featuring 17 presenters and 11 posters
- Roundtables featuring nine topics and 12 presenters

Fall Meeting in Livonia

Theme: Adapting Together in 2025 and Beyond: *High-Value Care for All in a Changing Landscape*

Guests: 91 leaders representing 64 hospitals, three POs, and 13 health systems

Guest Speakers & Presentations:

- MSHIELD: non-medical drivers of health implications for QI
- Henry Ford Health: post-acute care QI
- MVC: data addressing variation in healthcare outcomes
- Five breakout sessions featuring Tri-Hospital EMS & McLaren Port Huron, MyMichigan Health, McLaren Bay Region, Munson Healthcare, and Trinity Health Livonia



"Enjoyable to see the multi-faceted approaches that are being used throughout the state's regions for decreasing readmissions."

"Great meeting, great presentations and speakers, valuable information to take back to my Team."

"Very informative! Very good learning experience for my first in-person MVC conference!"

Hospital and System Site Visits

MVC's site visits provided 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 2025, site visit presentations resulted in discussions about hospital priorities and gaps that will help MVC strengthen its offerings for members.



**8 IN-PERSON
SITE VISITS**



**2 SYSTEM-
LEVEL SITE
VISITS**



**1 VIRTUAL
SITE VISIT**

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



Members Shared with MVC:

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 engage and support members

TRAINING & EDUCATION



Site Coordinator Education Program

In response to member feedback, MVC launched a four-module **site coordinator education program** designed to provide tailored trainings to hospital quality leaders so they may fully leverage MVC offerings to support their quality improvement goals.

Designed to offer a flexible, individualized, rolling training curriculum, this training will provide members with a stronger understanding of MVC data, share tools to help evaluate metric progress, and facilitate peer collaborations. This program is in high demand with **capacity already met for the first round of registration**. Additional opportunities to participate in this new education program will open throughout the calendar year.

EDUCATION MODULES

 <p>MVC AND P4P FOUNDATION</p>	 <p>DATA AND ANALYTICS</p>
 <p>CQI AND VBI MODEL</p>	 <p>PEER COLLABORATION</p>



MiCR hosted its fall in-person meeting in November at Corewell Health Troy. This meeting was supported by several teammates. Pictured above are (front row from left) Mary Casey, Stacey Greenway (AACVPR President and keynote speaker), MiCR Co-Director Mike Thompson, (back row from left) Elizabeth Horn, Larrea Young, Mollie Bodin, MiCR Co-Director Jessica Golbus, Janet Zhang, Emily Bair, Emily Woltmann, and Julia Mantey.



MiCR ACTIVITY

MVC continued its support of cardiac rehabilitation utilization through its partnership with the Blue Cross Blue Shield of Michigan Cardiovascular Consortium (BMC2) to co-lead the Michigan Cardiac Rehabilitation network (MiCR).

To further support cardiac rehab enrollment, MiCR partnered with Healthy Behavior Optimization for Michigan (HBOM) on a new Heart-to-Heart patient story initiative, recording six patient story videos at cardiac rehab centers and introducing provider voice narratives via the SpeakPipe platform. The Heart-to-Heart project will provide motivating patient story videos and tools to encourage cardiac rehabilitation enrollment across Michigan.

MiCR hosted its fall in-person meeting at Corewell Health Troy, welcoming 56 attendees from hospitals and programs statewide. Highlights included a keynote by Stacey Greenway, president of the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR), an unblinded data presentation, and 11 guest presenters from sites across Michigan.

Other activities in 2025 included cardiac rehab workgroups, cardiac rehab metric reporting within MVC’s registry and push reports, and scoring of related cardiac rehab metrics for the MVC Component of the BCBSM P4P Program. MiCR also developed a strategic framework, exploring opportunities related to telehealth and medication management.



RITE-Size

RIGHT-SIZING
TESTING BEFORE
ELECTIVE SURGERY

ritesizetesting.org

“

“Participating with the RITE-Size project has allowed Lake Huron Medical Center to streamline their pre-anesthesia and testing (PAT) protocol for unnecessary preop testing, along with helping us step into the 21 century when it comes to updating our PAT protocol documents.”

-Kelly Lewton, RN, BSN, Collaborative Registrar Quality Specialist

MVC’s commitment to reducing unnecessary preoperative testing is demonstrated in part through its contributions to the RITE-Size initiative, an Agency for Healthcare Research and Quality (AHRQ)-funded, multi-institutional quality improvement trial in partnership with ASPIRE, MProVE, and MSQC.

Building on their successful 2024 pilot with three Michigan hospitals, the RITE-Size partners enrolled six new hospitals in 2025: **ProMedica Monroe, McLaren Port Huron, Lake Huron Medical Center, University of Michigan Health West, Corewell Health Lakeland, and MyMichigan West Branch**. Each site participated in a site visit, personalized coaching, and evaluation of their data in consultation with the RITE-Size team to guide on-site efforts to improve the appropriateness of their preoperative testing. In 2026, the partners are looking to enroll **12-15 hospitals and ambulatory surgery centers (ASCs)** across Michigan.

One reason unnecessary preoperative testing is so common before low-risk surgery is due to miscommunication between clinical teams. The RITE-Size partners developed a preoperative testing **decision aid** based on national standards as well as a **primary care physician engagement packet**. Both tools [\[LINK\]](#) have helped hospitals across Michigan.

CQI & Quality Improvement Collaboration

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 collaborated with **20 CQIs** on **67 partnership projects** focused on, among other things, episode development, quality improvement, impact assessments, partner presentations, and best practice sharing across CQI memberships.

Data Projects with Fellow CQIs



ANALYTIC PARTNERSHIPS

MVC collaborated with CQI partners on a variety of custom QI analyses and value assessments. MVC completed two impact and value assessments with MSSIC that estimated over \$73M in price-standardized cost savings from reductions in complications after spine surgery. MVC has other assessments in progress with MCT2D, MEDIC, MOQC, OBI, MSQC, and MROQC.



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.



MVC Publications and External Presentations

In addition to CQI collaboration, MVC data continues to appear in quality improvement publications and presentations that align with MVC's purpose and provide evidence of direct benefit to MVC's members and partners.



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

CONTACT

Michigan Value Collaborative

(734) 232-1934

michiganvalue.org

Michigan-Value-Collaborative@med.umich.edu