VALUEPartnerships
Better Care. Better Outcomes. Better Value.

Blue Cross Blue Shield Blue Care Network of Michigan

Update on Collaborative Quality Initiatives (CQIs)

Presentation to MTQIP

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Overview of BCBSM

- Non profit mutual insurance company founded in **1939**
- Serving **4.5 million** Michigan members and **1.3 million** out of state members
- More than **8,100** employees state-wide
- Largest network in the state
  - **152 hospitals** *(100% of all MI hospitals)*
  - More than **33,000 physicians** *(95% of all MI physicians)*
- Paid **$21.2 billion or $58 million per day** in claims to doctors, hospitals and health care providers in 2015

Value Defined

$$Value = \text{Appropriateness} * \frac{(\text{Patient Experience} + \text{Quality})}{\text{Cost}}$$

Value Partnerships

Nationally Recognized
Award Winning
Statewide Programs

Value Partnerships View of the Health Plan Role

- Convene and catalyze; not engineer and control
- Assemble competitive hospitals/physicians and offer neutral ground for collaboration
- Provide resources to reward infrastructure development and process transformation – often includes provision of financial support for data gathering to participants
- Share data at facility, physician organization, physician practice and physician level
- Reward quality and cost results (improvement and optimal performance) at population level
- Leave management of individual patient care to providers
- A heavy hand prompts the provider community to do least necessary. Empowerment encourages the provider community to do "most possible"

Value Partnerships: View from 30,000 Feet

Value Partnerships programs incentivize providers to alter delivery of care by encouraging responsible and proactive physician/surgeon behavior, ultimately driving better health outcomes and financial impact

BCBSM provides the financing, tools and support…

…so physicians can engage in transformative initiatives…

…that change the way healthcare is delivered...

…and drive meaningful impact for our members.

Key Elements of Success of the CQI Program

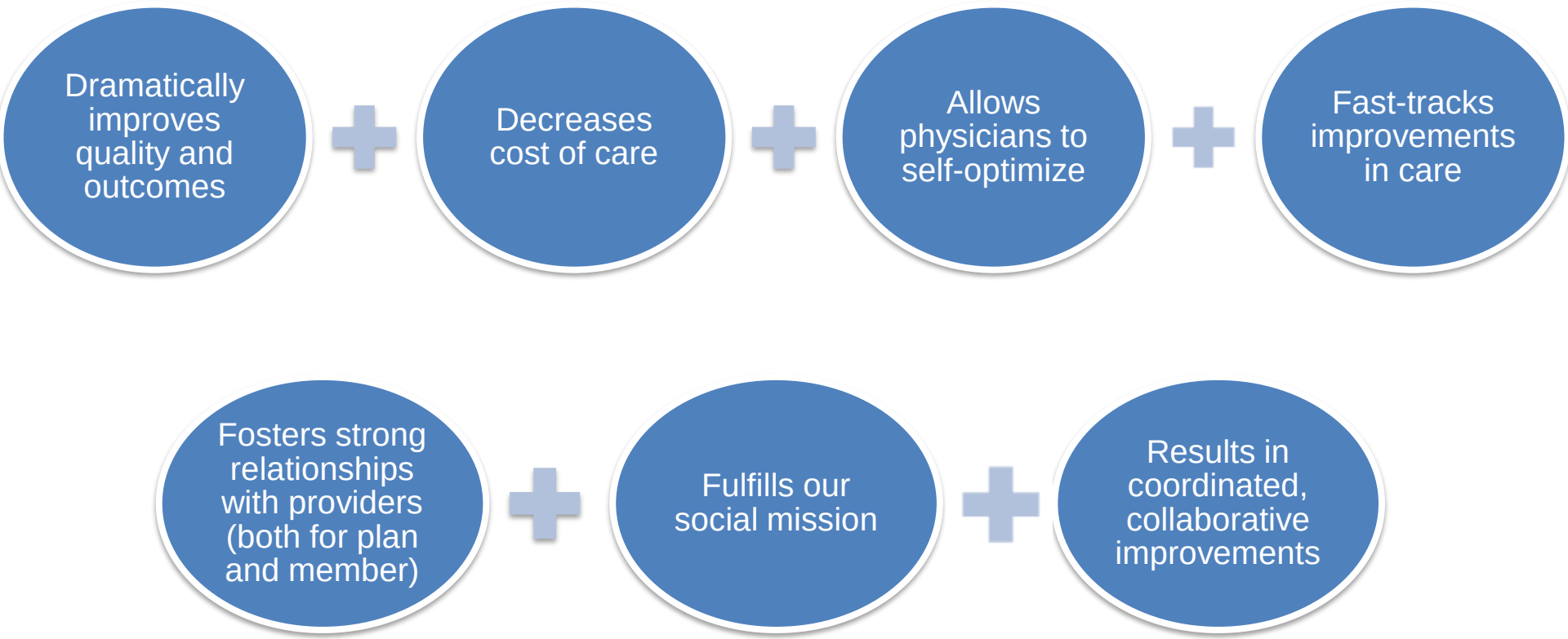
Longstanding statewide QI programs that are sponsored by BCBSM and BCN and have significantly contributed to keeping benefit costs low

Developed and executed by Michigan physicians and hospital partners in areas of care with high costs, high variation and scientific uncertainty

Rely on a comprehensive clinical registry where procedure and outcome data is collected, analyzed, and then used to identify and share best practices

Collaborate to measure and improve, allowing physicians (primarily surgeons) to continually enhance their skills and provide the highest quality care to our members

CQIs Lead to Results



Astounding CQI Results Contribute to BCBM Being Positioned as a Premier Blues Plan

BlueCross BlueShield Association

CQIs have won 14 state and national awards, including multiple "Best of Blues" awards, the Association's premier award for quality improvement achievements.

AHRQ

Agency for Healthcare Research and Quality (AHRQ) identified our CQI program as a national best practice that improves health care quality; they asked us to host a webinar to discuss the successes.

The New York Times

The New York Times wrote an article highlighting the success of the bariatric CQI program's videotaping surgery and coaching efforts.

CQI influence extends beyond Michigan and the United States. CQI results have been presented nationally and internationally more than 120 times in last three years.

Beyond Improving Patient Care and Saving Lives, CQIs Also Save Money

Through the CQI program, we have been able to reduce complications for many commonly performed procedures. Over a 7 year period, **five longstanding CQIs** sponsored by BCBSM/BCN to improve quality of common medical procedures have produced over **$1 Billion in statewide health care cost savings** and have lowered complication and mortality rates for thousands of patients

$327.6 Million

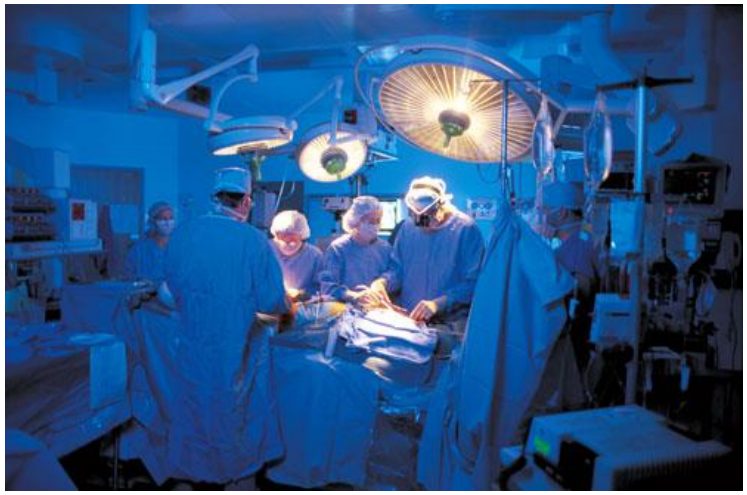
in total savings on BCBSM/BCN/MA cases

$1 Billion

in total statewide savings

Savings represent only the five most established CQIs during the seven years (2008-2014) that savings have been certified.

Michigan Trauma Quality Improvement Program (MTQIP) – Avoiding Complications and Death

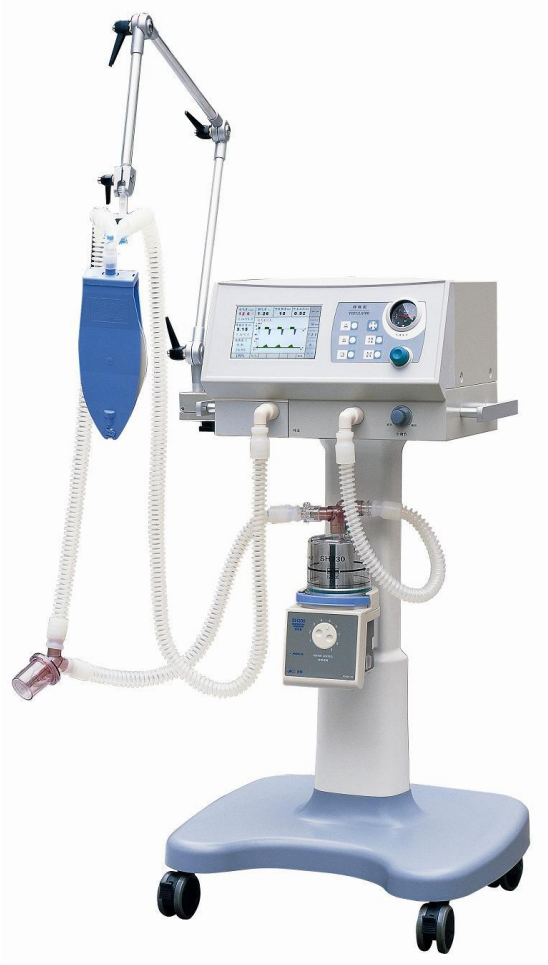


Due to work done by MTQIP, 345 patients avoided a serious complication or death

Trauma patients are known to have higher rates of complications than other surgical patients, due to a higher severity of injury or the difficulty of older patients to tolerate the burden of injury.

(From 2011-2015)

Michigan Society of Thoracic and Cardiovascular Surgeons (MSTCVS) – Reducing Prolonged Ventilation

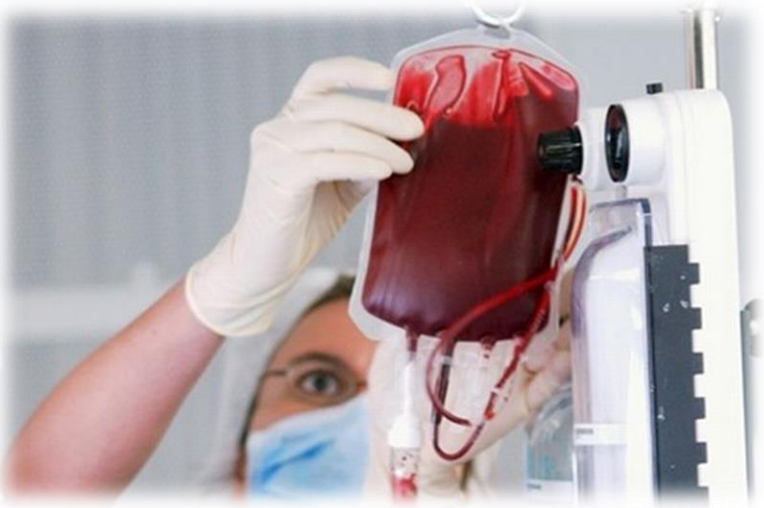


Due to work done by MSTCVS, 826 patients did not experience prolonged ventilation

After surgery, patients spend time on a breathing machine (ventilator) as they recover. Prolonged ventilation refers to when patients spend more than 24 hours on a breathing machine; this has negative consequences for the patient.

(From 2008-2015)

Michigan Arthroplasty Registry Collaborative Quality Initiative - Blood Transfusions



5,200 patients avoided a blood transfusion due to MARCQI's work

Blood transfusions are associated with infections, allergic reactions, as well as potential for long term complications such as heart attack or kidney failure. Additionally, they are costly and associated with longer hospital stays.

(From 2012-2015)

CQIs Reducing Readmissions

CQIs contribute to BCBSM organizational goals and initiatives;
these CQIs have been working to reduce readmissions, an increasingly important focus.

MARCQI: Reducing 90 day readmission rates following total joint replacement with a goal of 4.95% (current rate of 6.6%).

MSTCVS: Decreasing 30 day readmission rates in isolated CABG patient have reduced rates from 13.9% to 9.6%.

MSQC: Using Enhanced Recovery Toolkits to maximize patients' ability for better outcomes.

MVC: Measuring 30-day readmissions across all 20 MVC service lines.

MUSIC: Looking at readmissions after radical prostatectomy. Goal is to reduce the rate of readmissions from 4.2% to 2.0% .

VIC: Reducing readmissions through best practices for antibiotic re-dosing and skin prep aimed at reducing surgical site infections.

I-MPACT: Creating a regional, care continuum approach to transitions of care where initial focus will be on readmissions.

MBSC: Reduced readmissions through patient education from ~5.8% of cases to ~3.2% of cases.

MSSIC: Reducing 90 day readmission rates following spine surgery by implementing best practices.

CQIs Addressing Emergency Department Use

In addition, many CQIs are working to address ED visits.
While the following CQIs are focusing specifically on ED, many quality initiatives (reducing complications, reducing surgical site infections) also lead to a reduction in ED visits.

MAQI2: Working to reduce number of bleeding events that result in an ER visit. Current rate is 8.7% with a goal of 6%.

MEDIC initial focus: 1. CT scan use in minor head injuries (adults and peds) and for the evaluation of pulmonary embolism (adults) 2. Chest x-rays for the evaluation of common respiratory illnesses (peds) 3. Improving the quality and value of hospital admission decisions based in the ED with the ultimate goal of connecting ED patients to outpatient services that provide safe, cost effective alternatives to acute hospitalization.

I-MPACT: An outcome of interest for the CQI will be ED admissions. Goal to be determined.

MBSC: Recently launched a new initiative to reduce ED visits for the bariatric surgery population. Current performance of 7.8% and goal to be determined.

CQIs Addressing Opioid Use

Multiple Hospital and Professional CQIs Adding Opioids to Focus

In addition to PGIP participating PCP and specialists, many CQIs are working to address pain management and the overprescribing/overuse/abuse of opioids.

MARCQI (knee/hip replacement): In 1Q16, MARCQI devoted entire quarterly meeting to discussion on opioids. Subsequently issued opioid use guidelines and protocol for weaning patients to lower narcotic doses pre-operatively

MROQC (radiation oncology of breast and lung cancer): Focus on treating pain while reducing treatment time and cost

MSSIC (spine surg): Collecting data – both from the chart and patient reported outcomes (after surgery) for use to develop QI efforts and best practices

MSQC (gen surg): Collects data relative to opioid use and has presented findings, best practices, and tools

MOQC (oncology): Focus on palliative care and advanced care planning, which is inclusive of symptom/pain relief

***NEW*:** 11 CQIs will begin a 5 year project working with MDHHS on a program called M-OPEN. Intent is to reduce amount of opioids prescribed to surgical patients by 50% and reduce new chronic post surgical opioid use by 50%

CQIs Give Voice to the Patients

Several programs have made the decision to incorporate the "voice of the patient." The intent is to provide patients the opportunity to impart a deeper understanding to the physicians involved about what it's like to be a patient.

MBSC

- The bariatric surgery collaborative has a panel comprised of **patients who provide feedback** to ensure the collaborative includes the patient perspective in all they do

MUSIC

- The prostate cancer collaborative has **patient advocates who provide input and participate** in all meetings

HMS

- The VTE prevention collaborative has **a patient advocate** who has **contributed input to** multiple quality improvement efforts including PICC line appropriateness which has led to the development of **guidelines that are now being used across the United States and internationally**

I-MPACT

- The transitions of care collaborative views patients as an integral part of the program. **Each participating physician organization/hospital partner must include a patient team member who participates** in all meetings and decisions in the collaborative.

MEDIC (new for 2017)

- The emergency department collaborative, which is new, intends to begin adding patient advocates in 2017

MOQC (new for 2017)

- The cancer quality collaborative is recruiting patient advocates to serve on an advisory panel, review patient-directed materials, and attend meetings.

Getting the Patients Involved

Several programs have used their findings to generate patient specific educational materials and ask for patient input in the process of developing them.

MAQI2

- The anticoagulation collaborative developed and disseminated a **patient-specific toolkit**, which was also released as a **mobile app**

MBSC

- The bariatric surgery collaborative developed an innovative, tailored**, patient decision aid to help patients navigate the many decisions associated with bariatric surgery** and recruited 875+ patients to test the tool

MUSIC

- The prostate cancer collaborative is developing a **patient education packet** in an effort to better educate patients and **reduce readmissions** after surgery

MSQC

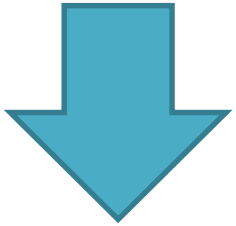
- The surgical collaborative has implemented an enhanced recovery program. As part of this program, **patients are encouraged to take an active approach** in their overall health prior to surgery (for example, begin walking and quit **smoking). This aids in patients having a quicker recovery and fewer complications**.

CQI Efforts Improve Patient Care and Lives

Shorter length of stay

Reduced cost of care

Reduced risk of death



Reduced risk of infection

Improved care for our members

Cost Savings for BCBSM and BCN

Annual Hospital CQI Funding

Participation Payment

Data Abstraction

BCBSM/BCN Funds 80% of these costs, hospital participants are responsible for the other 20%

$33 Million in 2015

Coordinating Center Funding

Quality Initiative Leadership

Quality Initiative Infrastructure to advance the QI agenda with participants

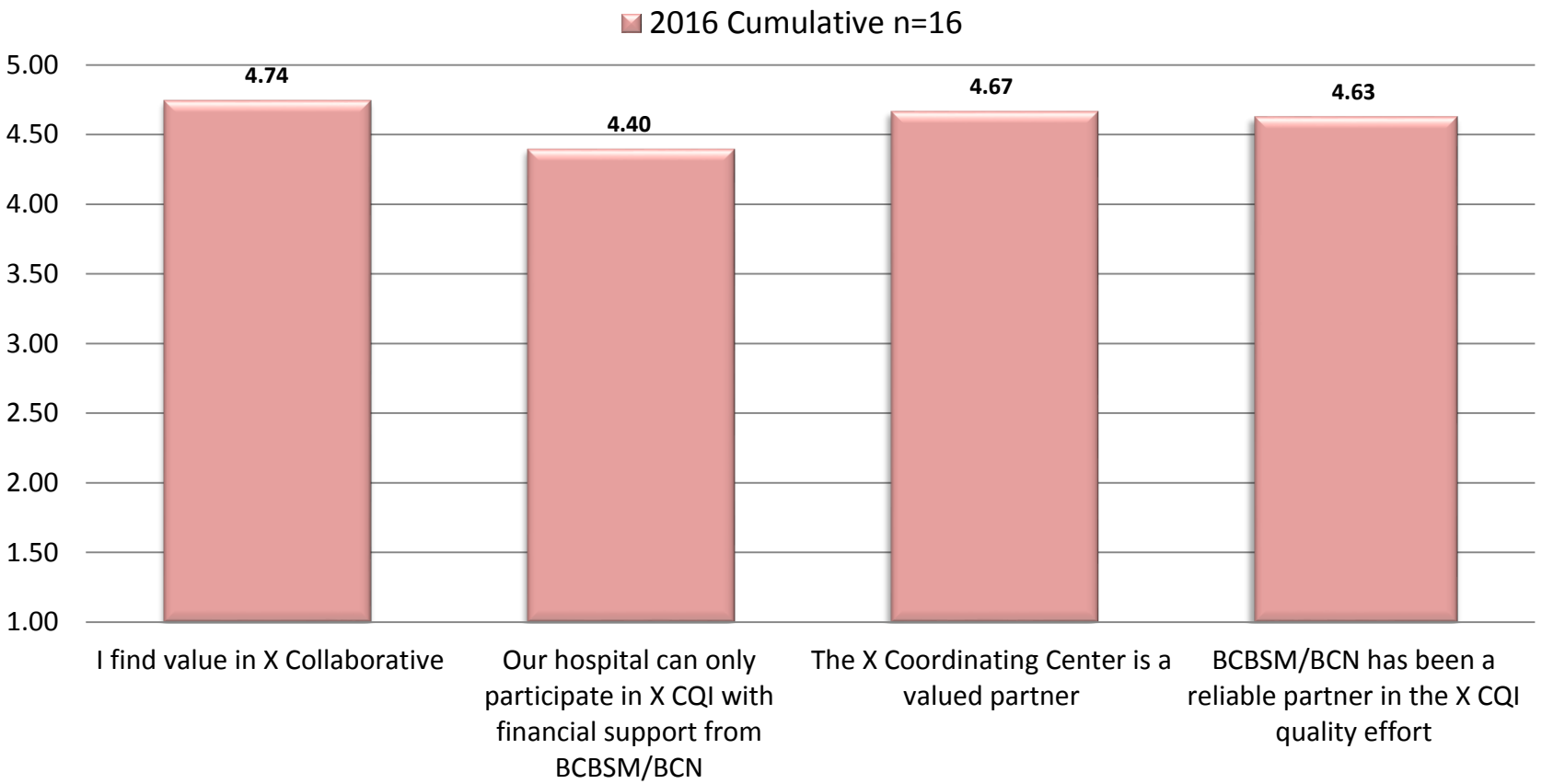
$20.7 Million in 2015

Pay for Performance Incentives

Rewarding hospital contributions to CQI related quality improvement efforts

$63.3 Million in 2015

Positive Perspectives from the CQI Participants



Scale is 1-5 (strongly disagree- strongly agree)

The CQIs are a Win

They are a win for those who seek care, because they receive better care

They are a win for those who provide care, because they are afforded the opportunity to continuously improve

Blue Cross Blue Shield Blue Care Network of Michigan

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

They are a win for those who pay for care, because they reduce costs, improve patient care, and strengthen the physician/insurer relationship

In Closing, Hospital CQIs:
Harnessing a Unique Asset to the State of Michigan

- **Strong hospital and physician engagement:** 90 Michigan hospitals actively participate in the CQIs
- **Largest collection of clinical data in the world:** Nearly 500,000 cases were submitted CQI registries in 2016, equating to more than 2.1 million cases total across all registries
- Placing Michigan in the national and international focus and positioning our surgeon leaders as national experts in their fields
- Making Michigan hospitals among the safest in the country
- Bringing federal dollars to Michigan to pilot additional improvement efforts
- CQIs are one of the biggest contributors to improved outcomes and averted costs for our members/customers
- Keeping benefit costs low and helping Michigan businesses remain profitable

THANK YOU!!!

The results are because of the strong work of dedicated consortiums like MTQIP!

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