

2024 Collaborative Quality Initiatives Value-Based Reimbursement

Michigan Hospital Medicine Safety Consortium Value-Based Reimbursement Fact Sheet

The Value Partnerships program at Blue Cross develops and maintains quality programs to align practitioner reimbursement with quality-of-care standards, improved health outcomes and controlled health care costs. Practitioner reimbursement earned through these quality programs is referred to as value-based reimbursement, or VBR. The VBR Fee Schedule sets fees at greater than 100 percent of the Standard Fee Schedule.

Value Partnerships expanded VBR opportunities to PGIIP practitioners who participate in select Collaborative Quality Initiatives and meet specific eligibility criteria.

The Michigan Hospital Medicine Safety Consortium, also known as HMS, is one of the CQI programs offering VBR. The HMS collaborative, in collaboration with Blue Cross, developed quality and performance metrics for HMS's value-based reimbursement. Each participating CQI uses unique measures and population-based scoring methods to best fit their collaborative for value-based reimbursement. CQI VBR is applied in addition to any other VBR the specialist may be eligible to receive. The CQI VBR applies only to reimbursement associated with commercial PPO BCBSM members. This is an annual incentive program.

Population-Based Scoring Methodology

The CQI coordinating center (*not* the physician organization) determines which practitioners have met the appropriate performance targets and notifies Blue Cross. Each physician organization will notify practitioners who will receive CQI VBR, just as the PO does for other forms of specialist VBR.

HMS has two types of population-based scoring methodologies, as a hospital or as a collaborative. For hospital scoring, HMS will group physicians by their participating hospital and all physicians will be assessed based on the hospital score. Additionally, there are two types of hospital measures, performance, and participation. Performance measures are based on the average of all providers using an adjusted scoring methodology. Participation measures are based on attendance at meetings. For 2024 VBR, one critical care physician from each hospital is required to attend the 3 special population workgroups during the 2023 calendar year to meet the performance target for the hospital.

For collaborative scoring, HMS will group physicians by their specialty across the entire collaborative and is based on the average of all providers within that specialty.

Physicians/hospitals meeting the measures will be eligible for 103 percent of the Standard Fee Schedule.

The collective average for each group of hospital-affiliated physicians must achieve either one of the following conditions to be eligible for either 103% or 105% of the standard fee schedule:

To be eligible for 103% VBR

- Hospitalists and Infectious Diseases Physicians must achieve target on 1 of 1 measures in the table below
- Interventional Radiologists must achieve target on 1 of 1 measures in the table below
- Critical Care Physicians must achieve target on 2 of 2 measures in the table below

In general, participants can only receive VBR for one CQI, even if they are participating in more than one CQI. CQI VBR is not additive if the practitioner is contributing data to multiple CQIs. If a practitioner is eligible for rewards through multiple CQIs, the practitioner will be awarded the highest level of CQI VBR. However, the new 2% VBR for HBOM tobacco measures is not subject to this restriction and can be earned in addition to other CQI VBR.

VBR Measures

Measure	Population Based Scoring Methodology	Measurement Period	Target Performance
Specialty: Hospitalists and Infectious Diseases Physicians* <small>*Infectious Diseases Physicians participating in Antimicrobial Stewardship Team</small>			
1. Increase Use of 5 Days of Antibiotic Treatment in Uncomplicated CAP (i.e. reduce excess durations)	Hospital	Q3 2023 Performance: 6/24/2023 - 9/15/2023 Patient Discharges: 5/11/2023 - 8/2/2023	≥65%
Specialty: Interventional Radiologists			
2. Increase Catheter to Vein Ratio Documentation for PICC and Midline devices among Interventional Radiologists	Collaborative	Q3 2023 Performance: 6/24/2023 - 9/15/2023 PICC/Midline Placements 5/11/2023 - 8/2/2023	≥65%
Specialty: Critical Care Physicians			
3. Participate in special population workgroup - Critical Care	Hospital	Calendar year 2023 - attendance at meetings	Critical Care Physician attends 3/3 special population workgroup meetings per year
4. Reduce triple lumen PICCs in Critical Care Patients	Hospital	Q1 - 3 2023 Performance: 1/7/2023 - 9/15/2023 PICC/Midline Placements 11/24/2022 - 8/2/2023	≤30%

HMS Population-Based Scoring Methodology

VBR selection process

To be eligible for 2024 CQI VBR, the practitioner must:

- Meet the performance targets set by the collaborative
- Be a member of a PGIP physician organization for at least one year
- Submit NPI number to the HMS Coordinating Center via the HMS Semi-Annual Fall QI Survey

Are practitioners participating in CQIs eligible for other specialist VBR?

Yes. Specialists are eligible to receive additional VBR if they meet the stated criteria. See the *Specialist VBR fact sheets* for specialty-specific information.

For more detailed information about PGIP, including VBR selection or the methodology, please contact your PGIP physician organization. If you have other questions, please contact your provider consultant.

How will the Physician NPI's for each provider specialty be obtained?

HMS collects data on a sample of patients at each hospital and therefore do not collect provider specific data. Each Fall in our HMS semi-annual quality improvement (QI) survey we will ask for the list of NPI's for each specialty provider who have practiced (or billed) at your hospital within the last year. Additionally, we will require that the physician champion for each hospital attest to the list of names provided in the survey. If a hospital does not provide the NPI's, even if the hospital meets the measure, they will not be eligible for the incentive.

About the HMS CQI

The Michigan Hospital Medicine Safety Consortium (HMS) was established in 2010. HMS is a data-driven collaborative is comprised of hospitals across Michigan. The goal of the consortium is to improve the quality of care for hospitalized medical patients who are at risk for adverse events. The Collaborative currently focused on 3 main initiatives including improving appropriate vascular device use, specifically peripherally inserted central catheters and midlines, appropriate antimicrobial use and improving care and outcomes for patients hospitalized with Sepsis.

Today, HMS encompasses 69 hospitals working in collaboration with multiple stakeholders responsible for the care of any given hospitalized medical patient. Currently, HMS is comprised of hospitalists, general internists, infectious diseases physicians, pharmacists, vascular access nursing teams, interventional radiologists, emergency medicine physicians, critical care physicians, infection preventionists, nursing, hospital leaders, and a patient advocate. This multidisciplinary approach ensures all relevant perspectives are incorporated into our improvement efforts and that our solutions are workable for all team members and thus sustainable across diverse care settings.

About the Coordinating Center

Michigan Medicine serves as the Coordinating Center for HMS and is responsible for collecting and analyzing comprehensive clinical data from the participating hospitals. It uses these analyses to examine practice patterns, to generate new knowledge linking processes of care to outcomes, and to identify best practices and opportunities to improve quality and efficiency. The center also supports participants in establishing quality improvement goals and in disseminating and implementing best practices. Center leadership:

- Scott Flanders, MD, Chief Clinical Strategy Officer for Michigan Medicine, Vice Chair of External Relations in the Department of Internal Medicine, and hospitalist in the Division of Hospital Medicine serves as a Program Director.
- Elizabeth McLaughlin, MS, RN serves as Program Manager.
- Tawny Czilok, MHI, BSN, RN serves as Assistant Program Manager

For detailed information regarding the HMS CQI and specific details to the measures and methodology of HMS VBR, please contact Elizabeth McLaughlin, MS, RN at emcnair@med.umich.edu.

About the CQI Program

Collaborative Quality Initiatives bring together Michigan physicians and hospital partners to address common and costly areas of medical-surgical care, BCBSM and Blue Care Network supports this effort and funds each collaborative data registry that include data on patient risk factors, processes, and outcomes of care. Collection, analysis, and dissemination of such data helps inform participants on best practices. This, in turn, helps increase efficiencies, improve outcomes, and enhance value. For more information, please contact Marc Cohen, Manager, Value Partnerships mcohen@bcbsm.com.

About Value Partnerships

Value Partnerships is a collection of programs among physicians and hospitals across Michigan and Blue Cross, that make health care better for everyone. This unique, collaborative model enables robust data collection and sharing of best practices, so practitioners can improve patient outcomes. It is value and outcomes-based health care -- a movement away from fee-for-service that instead pays practitioners for successfully managing their patient's health. We invite you to visit us at valuepartnerships.com.

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