



April 2021

The Newsletter of the Blue Cross Blue Shield of Michigan Cardiovascular Consortium

A Note from Hitinder Gurm

We are excited to reveal our new and improved public-facing website to you in a few days. BMC2.org has been overhauled to not only update the look, but make it easier for you to find member resources. You will find coordinator and peer review resources on the site as well as information on events, news, presentations, and publications. We hope that you will find it a valuable tool.

We also want to recognize that this is a challenging time for many as work efforts have shifted to manage the recent COVID surge. We know you are committed to your patients and understand that you may be feeling overwhelmed. We encourage you to take time for self-care and to utilize the resources available to you at your respective institutions. THANKS, as always, for the difference you make in improving quality and outcomes for patients each day.



Site Spotlight - Bronson Methodist Hospital



Bronson Methodist Hospital has been committed to improving their rate of smoking cessation counseling at discharge for years, making it their QI project in 2018, 2019, and 2020, after the 2017 rate was 19.6%.

A multidisciplinary performance improvement committee regularly meets to review data, morbidity and mortality, and identify areas for improvement. This committee is co-led by Bronson vascular surgeons, including the physician champion for BMC2 VS. The remainder of the team includes representatives from nursing leadership from the pre-op, intra-op and post-op areas, practice management, pharmacy, advanced practice providers, the service line director, data base coordinator, quality and safety coordinator, and an administrative leader. The committee developed a scorecard on which they track smoking cessation and share the data along with the fall outs. Definitions are also shared each time the data is presented.

The team also partnered with the State of Michigan to build an e-referral to the State of Michigan Quit Line into their medical record system, which launched in July of 2019. The focus on this goal paid off—by the end of 2020, the smoking cessation counseling at discharge rate was 72%.

Site Spotlight - Munson Medical Center

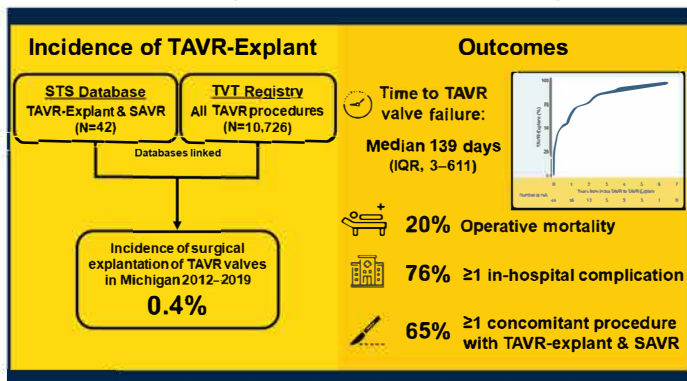
While the BMC2 target for contrast-induced nephropathy (CIN) is less than 3%, in Quarters 1 and 2 of 2017, Munson Medical Center was struggling with rates at 4.5%. In November of that year, the data was reviewed at the cardiology department meeting where a dynamic discussion ensued and gaps were identified. Munson was meeting the BMC2 targets for contrast and hydration orders but there were gaps in the hydration administration and documentation. Some patients were not getting hydration in the 6 hours pre-procedure and many times IV bags were not scanned into the medical record. There was also a misunderstanding of the post-PCI creatinine timeline and a gap in the process for post-PCI levels on outpatient cases.

A multidisciplinary team put together a plan and got started in January of 2018. PCI orders were updated so that all patients would get a post-PCI creatinine level prior to discharge. The cardiac cath lab director sent an email to all the interventionalists and nursing unit educators to inform everyone of this change. Additionally, the PCI coordinator, data coordinator, and the physician champion met with the cath lab and cardiology nursing unit educators and managers to go over the problems and goals. A focus on hydration was added to unit huddles.

In April of 2018, nursing unit education was added, the CIN definition was clarified, and access to the EMS documentation system was acquired. The CIN rate decreased from 4.2% to 2.8%, all as a result of sharing data, clarifying the BMC2 definitions, identifying the gaps in the process, engaging the entire extended cardiology team, and collaborating with the STEMI team.

Featured Publication

Surgical Explanation of Transcatheter Aortic Valve Bioprostheses: A Statewide Experience



We're excited to share a new publication from our colleagues at Michigan TAVR. *Surgical Explanation of Transcatheter Aortic Valve Bioprosthesis: A Statewide Experience* was just published in *Circulation: Cardiovascular Interventions*.

The study concluded that that TAVR-explant is rare but increasing, and its clinical impact is substantial. As the utilization of TAVR expands into younger and lower-risk patients, providers should consider the potential for future TAVR-explant during selection of an initial valve strategy.



Welcome Amy Shirato



Please join the BMC2 Coordinating Center in welcoming Amy Shirato to the team! Amy is our newest Clinical Quality Improvement Lead and will work with Kathleen Frazier to support PCI. Amy joins us from Michigan Medicine and has extensive cardiac nursing experience including cardiac operating room, cardiac surgical ICU, cath lab, TAVR coordinator and echo.

Staff Spotlight - Rebecca Fleckenstein



Rebecca Fleckenstein first started working in Collaborative Quality Initiatives in 2016 and has been a member of the team at BMC2 since August of 2019. As the BMC2 Vascular Surgery Data Quality Lead, Rebecca works with data abstractors at 34 hospitals across the State of Michigan. She was drawn to BMC2 by the opportunity to take on more of a leadership role and the opportunity to help healthcare providers improve patient care and outcomes.

Rebecca spends her days providing education and customer service to the abstractors. Check in with her and she may be answering questions about quarterly reports, filling a data request, or teaching coordinators about the definition of data fields. A favorite recent project of Rebecca's was updating the abstractor worksheets to make them easier to use. Rebecca is excited to integrate new technology at BMC2 to improve the user experience, taking BMC2 to the next level.

Outside of work, Rebecca enjoys gardening. She's currently working on planting in her flower gardens to have plants blooming from early spring to late fall.

BMC2 Meetings



The PCI Coordinator Virtual Meeting was held on the morning of April 8th. Dr. Ryan Madder of Meijer Heart and Vascular Institute and Spectrum Health - Grand Rapids presented the talk "Why Collect Data on Radiation Doses During PCI?" The talk outlined the benefits of collecting data on both patient and practitioner safety. You can view the entire talk on our [YouTube channel](#). Following the talk, coordinators had a chance to share their own experiences managing radiation safety QI.

The VS Monthly Coordinator Meeting was held on the morning of April 21st. Rebecca Fleckenstein reviewed new changes to the QI Project Summary. There is a new form on which your plan for implementation and baseline numeric

data and project selection rationale must be included. While this document is required, you may upload supporting documents such as scorecards, PowerPoints, or A3s. A physician champion must be included on each project. The deadline for submitting this form is December 1st. Rebecca also went over audit changes and OAAA case review. More information can be found on [BMC2.org](https://www.bmc2.org).

Reminder: BMC2 VBR

We know you are working hard on your BMC2 CQI VBR Metrics. As a reminder, they are outlined below. Visit [BMC2.org](https://www.bmc2.org) for more information.

BMC2 PCI and Vascular Surgery 2022 VBR Information BMC2 CQI VBR Metrics - 2022

Clinical Focus	Measure Description	Target Performance
2022 BMC2 Percutaneous Coronary Interventions (PCI)	PCI Goal - Increase the appropriateness of PCI therapy, based on the BMC2 on-going peer review process.	>=90% of the reviewed cases with a decision to proceed to PCI within the two highest appropriateness categories.
	PCI Goal - Improve the overall intervention quality as assessed in the BMC2 on-going peer review process.	Fewer than 10% of reviewed cases should be rated as sub-optimal.
	Pre PCI hydration (oral and IV) on PCI patients with eGFR < 60 (volume/3ML/Kg) (excludes dialysis, cardiac arrest, cardiogenic shock, PCI status of "salvage" and symptomatic heart failure NYHA 2,3,4, and STEMI).	>=50%

Clinical Focus	Measure Description	Target Performance
2022 BMC2 Vascular Surgery (VS)	Vascular Surgery Goal – Surgeons to prescribe a maximum of 10 opioid pills for opioid naïve patients with CEA at discharge.	>=80%
	Vascular Surgery Goal – Surgeons to prescribe a maximum of 10 opioid pills for opioid naïve patients with EVAR at discharge.	>=80%
	Vascular Surgery Goal - Statin at Discharge.	>=95%

BMC2 VBR Continued

BMC2 PCI and VS scoring methodology

The BMC2 CQI has two different CQI VBR programs. The participating practitioner will either be scored on measures related to percutaneous coronary interventions, otherwise known as PCI, or vascular surgery, otherwise known as VS, depending on the clinical focus of the practitioner. BMC2 uses a PGIP physician organization-level scoring model to measure performance for PCI and a hospital-level scoring model for VS.

For physicians being scored on PCI measures

Practitioners are grouped by their affiliated physician organization. The POs are evaluated on each measure individually and must achieve the performance target on all three measures to be considered eligible to receive the CQI VBR.

For practitioners being scored in VS measures

Practitioners are grouped by their affiliated hospital based on where the practitioner(s) perform the greatest number of procedures. The hospitals affiliated practitioners must achieve target at the hospital level both measures listed above to be considered eligible to receive the CQI VBR.

CQI VBR selection process

For a practitioner to be eligible for CQI VBR, he or she must:

- Meet the performance targets set by the coordinating center
- Be a member of a PGIP physician organization for at least one year
- Have contributed data to the CQI's clinical data registry for at least two years, including at least one year of baseline data

A physician organization nomination isn't required for CQI VBR. Instead, the CQI coordinating center will determine which practitioners have met the appropriate performance targets and will notify Blue Cross. Each physician organization will notify practitioners who will receive CQI VBR, as it does for other specialist VBR.

Practitioners may receive up to 103 percent of the Standard Fee Schedule for performance in a single CQI. Practitioners who participate in BMC2-PCI and Michigan TAVR are eligible to receive up to 105 percent of the Standard Fee Schedule.



Upcoming Meetings

PCI Coordinator Meeting – May 13th from 10 - 11. Topics to include peer review and the new QI form and performance snapshot. You'll also hear training, website, and report updates.

VS Physician Meeting – May 14th from 1 - 4. We'll review data from VQI and BMC2 and have presentations and discussion focused on EVAR.

VS Coordinator Meeting – June 9th. Dr. Ryan Howard of Michigan Medicine will present on smoking cessation. Cynthia Noack from MidMichigan Health, Midland will present a QI project on statin and aspirin at discharge. Terri Militello of McLaren Bay Region will present a QI project on Postoperative EVAR/CEA Opioid Prescribing. There will also be website updates and breakout sessions.

PCI Collaborative Meeting – June 10th from 6 - 8. This meeting will focus on IVUS/OCT and feature national expert Ziad Ali, MD of St. Francis Hospital and Heart Center

Join Us on Social Media

Did you know that BMC2 is now on Twitter? Follow us [@BMC2_](#) for site spotlights, news about BMC2 publications, meeting updates, and more.

Did you miss a BMC2 meeting presentation or want to review one again? Select presentations are now featured on our YouTube channel. Find us at [BCBSM Cardiovascular Consortium](#).



Do you have something to share via our newsletter? We want to hear from you! Email Elizabeth Walker at ehorn@umich.edu.

Call for Participation

Patient Engagement at BMC2

BMC2 is looking to incorporate the patient voice into BMC2-PCI activities and we need your help! In the coming months, we'll be creating a patient advisory committee to improve the effectiveness and relevance of PCI quality improvement interventions. Patient representatives will join BMC2 meetings as speakers and discussants, and also join regular advisory council meetings. What we learn may shape our work in the future.

We are seeking 10 patients that represent the diversity of our State. Can you recommend a patient to this group? There is no up-front commitment and patients will be compensated for their time.

We're looking for patients who:

- Have been an active participant in their care
- Ask thoughtful questions during appointments
- Are good listeners
- Would likely be confident to speak among a group of patients

When you approach potential patients, share that we want the Patient Advisory Council to help us improve the quality of care for PCI patients, and that activities may include the following:

- Quarterly teleconference or zoom meetings of the patient advisory council
- Attending BMC2 meetings as speakers/discussants
- Advising on tools to help improve care delivery

Send patient's name and contact info to Annemarie Forrest, avassalo@umich.edu; or Pam Benci, plf@umich.edu



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