



BMC2

NEWS

July 2021

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

A Note from Peter Henke

BMC2 is celebrating our 25th anniversary this year. I want to give my heartfelt thanks to all the physician champions, nurses, and data abstractors at each site. Your hard work has made this possible. Of course, my thanks also goes to Blue Cross Blue Shield of Michigan for all the financial backing and support over the years. BMC2 has made a huge difference in patients' quality of life outcomes. For example, in Vascular Surgery, we have decreased the overall rate of transfusions by 66%, and reduced contrast-induced nephropathy by 65%. You can read more about Vascular Surgery accomplishments over the history of BMC2 later in the newsletter. The establishment of BMC2 and the achievements we have made together are a unique benefit of being in the State of Michigan. I look forward to another 25 years. THANKS, as always, for your dedication to patients.



Site Spotlight - McLaren Bay Region

McLaren Bay Region wanted to decrease the number of patients discharged on greater than 10 opioid pills prescribed for opioid naïve EVAR and CEA patients. The team of BMC2 Coordinators - Terri Militello, RN, BSN; Wendy Pioch RN; Tonya Shufelt RN and Sandy Garzell RN, the Quality Director, along with Providers; Pharmacists; Pain Stewardship Committee, and the Bay County Prevention Network put together a multi-pronged approach with the focus on education.

The group of coordinators from BMC2 Vascular Surgery, MSQC, and MARCQI developed and implemented a cohesive and comprehensive opioid education, tracking, and Plan-Do-Check-Act strategy. Education for both the staff and patients was divided into pre-hospitalization, hospitalization, and discharge.

Provider education targeted the Vascular Surgeons and their offices as well as Cardiovascular Surgeons, Family Practice, Internal Medicine, Hospitalists, and trainees along with their associated mid-level providers.

Surgical Services were updated via a weekly newsletter and the monthly surgical service "First Wednesday" meeting. Community outreach was also implemented that included the Bay County Prevention Network "Non-Opioid Expo". This featured alternative to opioid pain management options including massage, chiropractic, acupuncture, and physical therapy.

Patients were educated regarding pain expectations and alternative pain management including receiving a "Managing Your Pain After Surgery" hand out outlining deep breathing exercises.

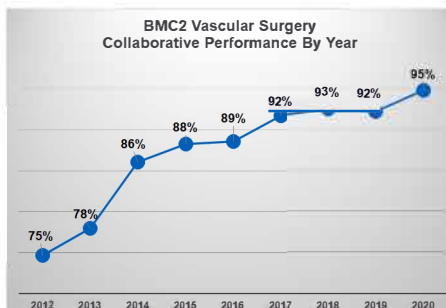
As a result of all these efforts, the site met their 70% goal with Q3 2020 performance at 95%.

Vascular Surgery Success Story - Statins Prescribed at Discharge

BMC2 Vascular Surgery has collected data on nearly 50,000 patients since 2012. Patients who take a statin after undergoing a vascular procedure may have reduced risk of death, reduced risk of heart attack and stroke, and long-term reduction in cost of care through prevention of major adverse events. For hospitals, expenses will be lower without the resources and care requirements spent on patients with complications that could be prevented by adherence to guideline recommendations.

The JUPITER trial¹ found that patients taking a statin had a 54% lower chance of heart attack, 48% lower chance of stroke, 46% lower chance of needing angioplasty or coronary artery bypass surgery, and a 20% lower chance of dying from any cause, compared to placebo.

In 2016, BMC2 VS set a goal for sites to prescribe a statin at discharge in >80% of eligible patients. In 2018, BMC2 provided a forum for education and discussion on statin therapy at the BMC2 Vascular Surgery Collaborative Meeting, and followed up with review of data and performance on the goal at 2019 BMC VS meetings. Finally, in 2020, statin at discharge was set as a Pay For Performance goal with a target at greater than 95%, and there was continued data review of statin at discharge performance at BMC2 Vascular Surgery meetings.



Hard work and dedication to this goal paid off. The consortium average performance on prescription of statin at discharge increased from 89% in 2016 to 95% in 2020, with nearly 3500 patients appropriately treated.

The national Vascular Quality Initiative has also set goals related to statin medications at discharge. The Michigan region is the best in the nation, and significantly better than the VQI average, because of the foundation created by BMC2.

1

From “The JUPITER Trial: Results, Controversies, and Implications for Prevention,” by Paul M Ridker, 2009, *Circulation: Cardiovascular Quality and Outcomes*. Volume 2, p. 279–285.



BMC2 in the News

Research from BMC2 has been outlined in *Cardiology Today*. The DISCO study was published in *Catheterization and Cardiovascular Interventions* and found that operator sex does not impact PCI outcomes, but that female operators stand out as excellent practitioners. You can find more information about this paper at [PubMed.gov](https://pubmed.ncbi.nlm.nih.gov/).

New Best Practice Protocol for FFR/iwFR Measurement

The Best Practice Protocol (BPP) for Fractional Flow Reserve (FFR)/Instantaneous wave-Free Ratio (iwFR) Measurement is now available on BMC2.org. This BPP covers patient preparation, zeroing of the FFR/iwFR wire, calibration, and more. You can view the complete BPP on [our website](#). Thank you to Dr. Daher and the BPP task force for your work!

New Website Tips

Did you know you can find information on BMC2 Performance Indexes on our website? Look under “Quality Improvement” and then “Performance Indexes” to find information on BMC2 Pay for Performance and Value-Based Reimbursement goals.

Staff Spotlight - Elizabeth Walker



Communications Specialist, Elizabeth Walker, joined BMC2 in October of 2020. She is responsible for developing the organization's communications plan as well as keeping the website up to date, writing the monthly newsletter, and running BMC2 social media accounts.

In a typical day, you might find Elizabeth working with sites to put together staff spotlights for the newsletter, submitting abstracts for publication, writing press releases, or meeting with Program Manager, Annemarie Forrest, to make communications plans for BMC2's 25th anniversary celebration.

Elizabeth's favorite project with BMC2 so far has been working on the new website development and relaunch. Another favorite part of her work is talking to BMC2 partners about their Quality Initiative projects. Elizabeth is passionate about improving the patient experience and was drawn to BMC2 by the opportunity to contribute to a team dedicated to improving patient care and outcomes. She is excited to begin outreach to patients with the launch of PCI's Patient Advisory Council.

Outside of work, Elizabeth enjoys photography and other forms of art making. She also founded and runs the arts organization, [The ART of Infertility](#) which curates exhibits of patient-made artwork around reproductive loss, facilitates art and writing workshops, and provides patient perspectives to health care professionals.

BMC2 Meetings

Our **Cardiac Rehab Meeting** was held on June 30th from 3:30 – 4:30pm. We welcomed Srinath Adusumalli, MD, MSc, FACC, to speak about behavioral nudges to affect cardiac rehab utilization. We also heard from Dr. Joseph Bryant who spoke about distance referrals. You can view both talks on our [YouTube channel](#).

The **VS Physician Meeting** was held on July 15 from 7 – 9 pm. The agenda was to discuss the Best Practice Protocol update process. Dr. Peter Henke presented on Transfusion while Dr. Nicolas Mouawad presented on Surgical Site Infection, Dr. Eugene Laveroni presented on exercise, and Dr. Andris Kazmers presented on pre-op cardiac risk assessment. After presentations and discussion, the group determined that it's worthwhile to have a modified transfusion BPP and that the Surgical Site Infections and pre-op cardiac risk assessment BPPs will be updated. The exercise BPP will not be updated but we will continue to refer to the current exercise BPP.

The **VS Coordinator Meeting** was held on July 21 from 11am – 12 pm. Rebecca Fleckenstein presented an open bypass case review. She also did a ChloraPrep poll asking if sites still had access to ChloraPrep from March 2021 until now. 58% of attendees have continued to have access to ChloraPrep while 42% of sites did not know if they had access. Performance snapshot reports were sent out the week of July 18th. The reports highlight 3-5 areas in which your report is performing well and 3-5 areas which could use improvement. You will be required to choose one of these areas as a QI project for 2022.

Retirements

Lisa Stech, BSN, RN - Bronson

Welcome New Coordinators

PCI - Jennifer Hoose, RN, BSN - Ascension Providence Southfield

VS - Nenita Cedro, RN – Beaumont Dearborn, Sherri Coons, MSN, RN – Bronson,

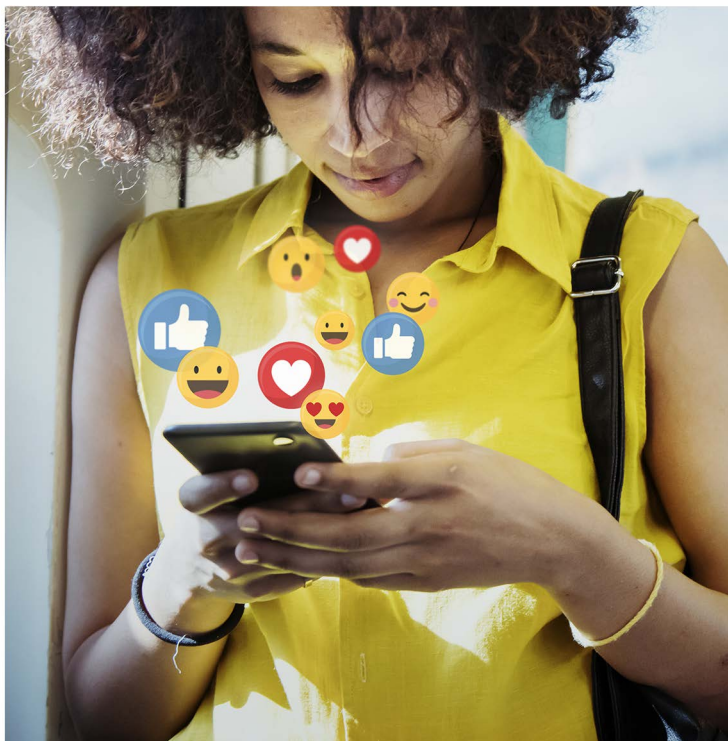
Kimberly Tapio, LPN – UP Health Marquette

Upcoming Meetings

PCI Coordinator Meeting – August 12th, 2021 from 10-11 am. Details coming soon.

VS Coordinator Meeting – August 18th, 2021 from 11 am - 12 pm. Details coming soon.

PCI Physician Meeting – September 23rd, 2021 from 6 – 7:30 pm. View the agenda on [our website](#).



Join Us on Social Media

Follow us on [Twitter](#) and [YouTube](#) as well as [LinkedIn](#).



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

BMC2 seeks to incorporate the patient voice into BMC2-PCI activities and we need your help! We're 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

If your hospital has an Office of Patient Experience, or other way to organize patient volunteers, it may be helpful to utilize it. 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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Support for BMC2 is provided by Blue Cross and Blue Shield of Michigan and Blue Care Network as part of the BCBSM Value Partnerships program. Although Blue Cross Blue Shield of Michigan and BMC2 work collaboratively, the opinions, beliefs and viewpoints expressed by the author do not necessarily reflect the opinions, beliefs and viewpoints of BCBSM or any of its employees.