



BMC2 NEWS

March 2021

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

A Note from Peter Henke

Happy Spring! The winter was a productive time for BMC2. Our sites continued striving for improvements to patient care through Quality Initiatives. You'll read stories from Spectrum Health Lakeland and Henry Ford Hospital Detroit in this edition of the newsletter.

The past month brought two new publications by Nadia Sutton, et al. and Craig S. Brown, et al. We also launched the BMC2 Twitter account. You can follow us for all the fantastic news coming out of the consortium @BMC2_. Thanks, as always for your continuing commitment to patients and the collaborative spirit in which you work each day.



Site Spotlight - Henry Ford Hospital Detroit

In 2019 and 2020, the MI OPEN recommendation for opioid prescribing post carotid endarterectomy (CEA) was 0-10 pills; no prescribing recommendations were outlined for EVAR patients. At Henry Ford Hospital Detroit, opioid naïve CEA patients were prescribed with 0 – 40 pills at discharge, and 0-28 pills for opioid naïve EVAR patients at discharge in 2019. Further review of 2019 data revealed that 82%-90% of opioid naïve CEA patients were discharged with a maximum of 10 pills and 64%-89% of opioid naïve EVAR patients were discharged with a maximum of 10 pills. Although the site was performing well, with only one quarter not meeting the 2020 P4P QI goal of $\geq 70\%$ for opioid prescribing, this project was chosen as the QI project with the goal of maintaining or improving performance. There was no opioid prescribing program in 2019.

Physician champion Dr. Timothy Nypaver, Dr. Paul Corcoran, Millanie Villareal, BSN RN, Kim Finch, MSN and the vascular surgery team came together to work on this project.

The project, along with 2019 baseline data, was introduced to the vascular and neuro teams. An email was sent to those who were overprescribing as a reminder that the recommendation for prescribing is 0 -10 pills. Oncoming residents were educated on prescribing guidelines. Additionally, the team conducted random patient satisfaction surveys of the use of a multimodal pain management plan and found that there was no difference in satisfaction between patients who were and were not receiving opioids.

The success of the project is evident in the 2020 Q3 performance: 77.8% of opioid naïve EVAR patients were prescribed with <10 pills and 100% of opioid naïve CEA patients were prescribed with <10 pills.

Site Spotlight - Spectrum Health Lakeland

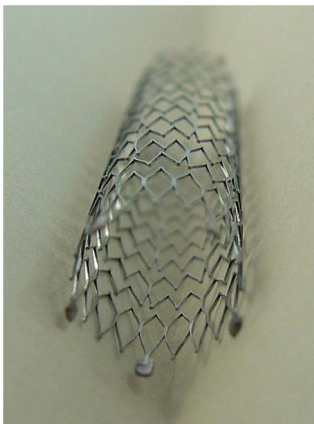
BMC2 updated the 2020 PCI performance goals to include “Peak intra-procedure Activated Clotting Time (ACT) documentation to greater than or equal to 90%”, and “Percent of cases with peak ACT \geq 350 seconds for Heparin-only cases \leq 15%”.

At the time, Spectrum Health Lakeland was not performing intra-op ACTs so they were at 0% in Q3 of 2019. The team, including Rebecca Dill, Process Improvement Specialist, BMC2 Coordinator; Dr. Disch, Medical Director of Cardiology; Sheila Letcher, Director of Patient Care Services; Maggie MacKenzie, Heart Center Manager; Pat Richardson, NCDR/BMC2 Data Abstractor; Mike Bumstead, Analytic Solutions Developer, Performance Support; and Dr. Arora, Director of Quality, BMC2 Physician Champion, put their primary focus on performing and documenting intra-op ACTs, and a secondary focus on heparin administration and maintenance of ACT below 350. Rebecca Dill, created an SBAR, a document outlining the Situation, Background, Assessment, and Recommendations, and distributed it to the Heart Center staff and physicians. It was emailed to the staff and also posted to the huddle board where it was reviewed during each day’s huddle meeting. She gave the document to the interventionalists in-person to allow for discussion and for any questions they had to be answered.

The physicians were on board right away and Rebecca started a healthy competition between the physicians as well as the Heart Center staff as to who had the most intra-operative ACTs performed and documented, as well as who was keeping their ACTs below 350 for heparin-only cases. This was discussed at morning huddle each day initially, and then again as numbers began to dip down, in order to keep the efforts at the front of everyone’s minds.

To track cases, Rebecca manually abstracted all of the PCI cases while an automatic report was being built using Tableau. The results are reported at staff huddles each month to show how much they have improved and how much more improvement is needed in order to meet their goals. Results are also shared with physicians and PAs at the monthly cardiology meeting. As a result, their peak intra-procedure ACT performed and documented improved to 83.7% in Q2 of 2020, and they will continue to strive to reach the goal of 90%.

Featured Publications



A new study from Nadia R. Sutton, Milan Seth, Ryan D. Madder, Devraj Sukul, Simon R. Dixon, Louis A. Cannon, and Hitinder S. Gurm explores the comparative safety of bioabsorbable polymer everolimus-eluting, durable polymer everolimus-eluting, and durable polymer zotarolimus-eluting stents in contemporary clinical practice. Read it in [Circulation: Cardiovascular Interventions](#). You can also read about the study in an article from [TCTMD](#).

In a paper from Craig S Brown, Jeremy Albright, Peter K Henke, M Ashraf Mansour, Mitchell Weaver, and Nicholas H Osbourne, data from BMC2’s 34-hospital collaborative was used to determine the estimated time to recovery for vascular surgery procedures delayed by the COVID-19 pandemic in a regional health system. [Modeling the Elective Vascular Surgery Recovery After COVID-19: Implications for Moving Forward](#) is published in the *Journal of Vascular Surgery*.

BMC2 in the News

BMC2 PCI’s peer review process was outlined in a blog post from the *BCBS Value Partnerships Blog*. Read [Continuous Learning Through Peer Review Makes Angioplasty and Stenting Better in Michigan](#).

Staff Spotlight - John Sly



John Sly was looking for an opportunity to impact change while finding new ways to constantly challenge himself when he found BMC2. As an Applications Programmer Senior for BMC2 for over 5 years, John Sly works to build and maintain a data structure that involves collecting medical information from multiple sources, merging and aggregating data, and eventually reporting that data out to their respective sources. Along with this, he helps maintain the servers and build the systems to house and report the data. He is also always working with the nurses or special data requests or working on additional projects such as our peer review system.

John enjoys having free range to find solutions to problems and being able to always keep a bigger picture in mind. Most recently, he has developed the peer review hosting site. The project has allowed him to learn and utilize new technologies. John is excited that BMC2 is always evolving and we're always finding ways to do more and create more powerful tools.

While John wanted to be a police officer, author, engineer, or even Indiana Jones when he grew up, he's glad to be a programmer now. With his last employer, John created a 9/11 project that collected user comments and was featured on usatoday.com. Outside of work, John likes to collect autographs, play with RC cars, tinker with electronics, program, and he has been getting more into physical fitness.

BMC2 Meetings

The BMC2 PCI Coordinator Meeting was held on the morning of March 11th. The theme was hydration. BMC2 Program Director, Dr. Hitinder Gurm presented "Hydration to Prevent AKI: Why and How?". He shared current guidelines on prevention of contrast induced AKI and BMC2 hydration guidelines. He emphasized that a 3ml/kg pre-hydration volume is sufficient and more is not necessarily better, and that the benefit of pre-hydration is only seen in those with a GFR < 60. Kelly Desormeaux, RN, of Munson Medical Center presented her site's experience addressing CIN. Look for more on Munson's story in an upcoming Site Spotlight.

The VS Monthly Coordinator Meeting was held on the morning of March 17th. The presentation was all about endovascular aneurysm repairs (EVARs). Rebecca Fleckenstein reviewed EVAR field definitions including finding a distal seal zone diameter. Rebecca also reviewed EVAR qualifying criteria and reviewed EVAR cases based on that criteria. Look forward to similar reviews of other vascular surgery case types in the months ahead.

The BMC2 PCI Physician Webinar was held on March 11. PCI physicians reviewed 2020B peer review data and reviewed performance data on 2020 goals. There was a lively and engaging discussion about what we can learn from the data and apply to local QI efforts. Dr. Brett Wanamaker, Michigan Medicine, concluded with a review of PCI data related to COVID.

Recora's Cardiac Rehab at Home Now Covered for BCBSM BCN Medicare Advantage Patients



Especially during COVID-19, cardiac rehabilitation (CR) is underutilized despite its efficacy in populations with cardiac disease. In the state of Michigan, only 5% of eligible patients complete their CR program.

Recora educates all patients for free, regardless of insurance, about CR and heart healthy living. They can also help patients through the referral process to cardiac rehabilitation – whether it is Recora or a facility-based program.

Recora is a telehealth cardiac rehabilitation program that combines 1-1 live monitored exercise sessions, health coaching, virtual community, and interdisciplinary support for patients needing cardiac recovery. It's fully designed for the home and contactless. Currently Recora's service program is in-network with BCN Medicare Advantage.

Recora follows CMS guidelines for eligibility, including post-MI or post-stent (within 12 months), stable CHF, or post-cardiac / valvular surgery. Their care team consists of exercise physiologists, community health workers, health coaches, and medical directors who focus patients on the long-term engagement of heart healthy practices.

Would you be interested in a webinar/call to discuss how Recora can assist you? If you have eligible patients, let them know how they can assist with a care plan that includes cardiac rehabilitation. You and your patients can begin at recora-health.com/bcbsm.

Reminder: BMC2 P4P 2021 Performance Index

We know you are all working hard on 2021 P4P goals. A summary of goals follows, and additional details are available at bmc2.org. Note - this is for sites that participate in both the PCI and VS P4P programs. Sites that participate in only 1 project have modified criteria that is available on our website or by contacting the coordinating center.

Measure 1: PCI and Vascular Surgery 2021 Physician Champion Meeting Participation

The PCI physician champion must attend 3 of the BMC2 PCI meeting opportunities and the BMC2 Vascular Surgery physician champion must attend 2 of the BMC2 Vascular Surgery meeting opportunities in 2021 for full P4P points. If the physician champion is unable to attend, the site may send a participating Interventional Cardiologist or Vascular Surgeon in their place to receive credit.

Measure 2: PCI and Vascular Surgery 2021 Data Coordinator Expectations

Data coordinators are required to meet expectations in the following areas, corresponding to their registry participation.

- PCI & VS: Attendance at 75% of meetings and calls. If a coordinator is unable to attend, they may send someone in their place to receive credit.
- PCI & VS: All consecutive cases entered/on time and accurately (based on available data entry). P4P points will be deducted for evidence that these expectations of data timeliness and accuracy are not being met. If an entire quarter (or more) is missed, it will not be possible to score P4P data dependent performance goals so associated P4P points will also be deducted.

BMC2 P4P Continued

- PCI & VS: Demonstration of data use/quality improvement. Submission of documentation demonstrating use of registry data for at least 2 registry-related, quality improvement projects, in the BMC2 provided template.
 - ****New in 2021**** Sites will be provided with a “snapshot” QI report by August 1, 2021, that shows measures on which the site is performing well, and measures on which the site is not meeting CQI goals, or is well below the Collaborative average. Sites are required to select one of their QI projects from the group of measures described in this report in which they are not meeting CQI goals or are well below the Collaborative average.
 - Required documentation will include 1) description of progress made on 2021 QI projects, and 2) identification/description of 2022 QI projects.
 - Upload Deadline for QI projects: December 1, 2021
- PCI & VS: Data Coordinator Upload of Case Documentation for Web-based Peer Review. Coordinators must upload clinical documentation to the designated documentation upload repository for the cases provided by the BMC2 Coordinating Center
 - Coordinators must upload case review materials for 100% of the provided cases.
 - Coordinators must notify the Coordinating Center of any issues they encounter that may prevent them from providing documentation so a new case can be assigned in a timely manner. Updated Peer Review Upload Guidelines are provided for each phase that provide detailed information about how to redact, upload and convert files (provided by BMC2 Coordinating Center).
 - All documentation must be completely redacted of PHI and Hospital/site identification. Full and complete redaction will be necessary to receive all P4P points for this measure.

PCI & VS: Details for required case documentation will be provided for peer review when case lists are distributed. The required documentation is updated based on the types of cases being reviewed.

- NEW VS: Upload Deadline for Review Period VS-2021: April 16, 2021
 - PCI: Upload Deadline for Review Period PCI-2021: August 4, 2021
- For Vascular Surgery Coordinators: Completion of 30-day and 1-year follow-up. Percentages for 30-day follow-up will be calculated based on Q1-Q3 2021 discharges (or whatever data is available when draft P4P scores are due) with a goal of ≥80%. Percentages for 1-year follow-up will be calculated based on 2019/2020 discharges (with 1-year follow-up visits occurring in Q1-Q3 2021, and depending on data availability) with a goal of ≥80%.

Measure 3: PCI and Vascular Surgery – Internal Case Reviews

Internal physician level reviews are to be conducted on the same cases that are submitted for the web-based peer review. The internal reviews must be entered into the REDCap Internal Review Form which is located on BMC2.org. A pdf and an electronic version of the Internal Review Form will be posted on BMC2.org with each set of case reviews. Reviews must be submitted through REDCap for ≥90% of assigned cases to receive full points. No points will be awarded for < 90% submitted reviews.

- NEW Vascular Surgery Internal Case Review Deadline VS-2021: July 9, 2021
- PCI Physician Internal Case Review Deadline PCI-2021A: October 30, 2021

BMC2 P4P Continued

Measure 4: PCI and Vascular Surgery – Physicians Complete Web-based Cross Site Peer Review of Assigned Cases
Sites must designate a physician to review cases sent through REDCap from across the collaborative. Case information sent through REDCap by the BMC2 Coordinating Center via email must be reviewed by the designated physician case reviewers at each site. Reviews must be submitted through REDCap for 100% of assigned cases to receive full points. No points will be awarded for < 100% submitted reviews.

The Vascular Surgery Physician Review will occur once in 2021 during the following timeframe:

- May 10, 2021 – June 7, 2021

PCI Physician Review will occur once in 2021 during the following timeframe:

- August 23, 2021 – September 24, 2021



Measure 5: Vascular Surgery Only – COLLABORATIVE GOAL:
Statin at Discharge for Open Bypass, CEA and CAS Discharges
≥ 95%

Measure 6: MODIFIED Vascular Surgery Only – Performance
Goal: Prescription of a maximum of 10 opioid pills for opioid naïve
patients with EVAR ≥ 80%

Measure 7: MODIFIED Vascular Surgery Only – Performance
Goal: Prescription of a maximum of 10 opioid pills for opioid naïve
patients with CEA ≥ 80%

Measure 8: PCI Only – Performance Goal: Peak Intra-Procedure
ACT recorded ≥ 90%

Measure 9: PCI Only – Performance Goal: Percent of cases
with peak ACT ≥ 350 seconds for Heparin-only cases ≤ 15%

Measure 10: NEW PCI Only – Performance Goal: Percent of
cases with Air Kerma dose >5Gy <2%

Measure 11: NEW PCI Only – COLLABORATIVE GOAL: Pre-PCI hydration (oral and/or IV) (volume/3ML/Kg) in
patients with eGFR < 60 >50%

Upcoming Meetings

PCI Coordinator Meeting – April 8th from 10 - 11.
Dr. Madder from Spectrum Health will present on radiation safety.

VS Coordinator Meeting – April 21 from 11 - 12.
Topics will include QI Project Summary changes, audit changes, and a review of open AAA cases.

VS Meeting – May 14 from 1 - 4. Agenda to be announced soon.

PCI Collaborative Meeting – June 10 from 6 - 8.
Agenda to be announced soon.



Welcome New Coordinators

New VS Coordinator:

Mercy Health - Sam Cunningham, RN, BSN

Retirements

Congratulations and Happy Retirement to Kathleen Tobin, RN, BSN of Beaumont Health!

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



BMC2

2929 Plymouth Road, Suite 225
Ann Arbor, MI 48105
(734) 998-6400

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