MTQIP Objectives

To improve quality and reduce costs, MTQIP has the following objectives:

- Expand to include all eligible Level I and II trauma centers in Michigan interested in collaborating to improve the quality of trauma patient care

- Utilize the existing trauma registry system to build a sustainable and cost efficient system to track patient outcomes at each participating hospital with data standardization

- Enroll each participating hospital in the American College of Surgeons Trauma Quality Improvement Program (TQIP)

- Collaborate with the trauma medical directors and care providers at each MTQIP hospital in a process to identify and promulgate "best practices", based on learning from the MTQIP and ACS-TQIP data registry

- Create a system of providers and consumers/payers that is linked and focused on using comparative effectiveness to improve care for trauma patients.

The MTQIP collaborative consists of the MTQIP Coordinating Center at the University of Michigan, led by Program Director, Mark Hemmila, and Program Manager, Judy Mikhail and Jill Jakubus as well as your hospital and other participating hospitals statewide.

Hospital Expectations

As part of the approval process, we want to remind you of the requirements that participating hospitals are expected to fulfill to be deemed "active participants" in the MTQIP CQI and receive the associated BCBSM financial support. Your hospital must meet the following criteria in order to be considered eligible participants in this CQI:

- Commit to tri-annual submission of data in a timely manner
  - Within two weeks of data request

- Identify a clinical champion that will be a trauma surgeon
  - The clinical champion will lead the hospital in MTQIP quality improvement (QI) efforts

- The clinical champion or an assigned trauma surgeon designee will attend 3 collaborative meetings
- If the Trauma Medical Director is not the surgeon champion, then the Trauma Medical Director must be fully supportive of the program and the designated surgical champion with regard to collaborative QI efforts

- Identify a trauma program manager
    - The trauma program manager will be the administrative lead for MTQIP at the facility
    - This person will also provide institutional support for full project participation
    - The trauma program manager and/or MTQIP clinical reviewer (MCR) will attend the 3 collaborative meetings

- Assign a dedicated trauma registrar to collect data:
    - This should consist of a 1.0 FTE person per 575 trauma cases
    - The registrar should have access to an appropriate computer with high speed internet connectivity

- Focus on Quality Improvement:
    - Enroll and maintain active program participation in the American College of Surgeons Committee on Trauma's Trauma Quality Improvement Program (ACS-TQIP)
    - Actively integrate MTQIP and ACS-TQIP into the existing trauma center Performance Improvement Patient Safety (PIPS)/Quality Improvement (QI) program

- Commit to using one of the three following commercially available trauma registry software packages:
    - National TRACS (Digital Innovations)
    - TraumaBase (Clinical Data Management)
    - Trauma One (Lancet Technology)

- Commit to using MTQIP and TQIP data elements and data definitions:
    - These will be updated annually and are available on the web-site www.mtqip.org

- Commit to using the Association for Advancement of Automotive Medicine (AAAM) 2005 version with 2008 update of the Abbreviate Injury Scale for injury coding in the trauma registry

- Collaborate with Coordinating Center:
    - Participate in MTQIP Coordinating Center-led site visits and external data validation audits of patient data entered into the MTQIP database

- Commitment to developing and implementing a site-specific quality improvement agenda, linked to the Consortium quality improvement agenda, and also driven by opportunities specific to the facility based on its own experience
- Provide the Coordinating Center with the individual trauma center's ACS-TQIP identification information

- Commitment of members of the facility's MTQIP team in attending tri-annual meetings:
  - The team will include at a minimum the surgeon champion, trauma program manager/coordinator, and MTQIP clinical reviewer
  - While not all members may be able to attend every meeting, we require an equivalent alternate of the same discipline (i.e., a trauma attending surgeon may substitute for another trauma attending surgeon)
  - The physician alternative must be one of the trauma surgeons from the attending call panel and be fully familiar with the MTQIP CQI
  - The trauma program manager and the MTQIP clinical reviewer may serve as alternates for each other

- Collaborate with other participating sites:
  - Participation of each site in process improvement is essential to the success of the program, including sharing of and learning from best practices
  - Sites must be willing to share data at meetings

- Confidentiality and collegiality
  - Written reports will be blinded and show only de-identified data
  - BCBSM will only have access to de-identified data in written reports and will sign the confidentiality agreement covering shared data at meetings
  - We will strive at all times to promote a friendly and collegial atmosphere
  - Centers may not use MTQIP or ACS-TQIP data for competitive advantage or marketing

MTQIP CQI Coordinating Center – Role and Responsibilities

The MTQIP CQI Coordinating Center will serve as an important resource for participating hospitals and is responsible for the following administrative duties:

- Organize and oversee the external validation site-visits and provide administrative management of MTQIP

- Analyze data and generate reports for feedback and discussion at Consortium meetings

- Assist collaborating sites with any participation issues that arise

- Provide training to data coordinators and trauma registrars on the data elements, data definitions and methods of data abstraction based on the work of NSQIP, National Trauma Data Standard-Data Dictionary, and NTDB

- Periodically review and modify these data elements and definitions, based on program needs and to keep them synchronized with ACS-NSQIP, TQIP and the National Trauma Data Standard-Data Dictionary wherever possible

- Develop and maintain an operating Manual with definitions and protocols

- Organize and lead a Scientific Advisory Committee and Writing Group that will be responsible for leadership, coordination of continuous quality improvement efforts, development and review of manuscripts, and distribution of the program's findings

- Facilitate self-assessment and self-improvement of participating sites through a rapid cycle Continuous Quality Improvement process; and conduct Consortium-wide meetings to review quality improvement opportunities

- Provide timely and informative feedback to each participating hospital

- Monitor participant performance throughout the year to ensure that participants are meeting expectations. In instances where participants are not meeting the participation expectations established by the Coordinating Center, the Coordinating Center will alert participants through verbal and/or written communications of their performance issues as soon as the issue is identified

MTQIP Participation Payment & Funding

For the MTQIP CQI, funding will be provided to your hospital for administrative costs incurred with participation in this CQI, which are outlined in a welcome letter.

Pay-for-Participation

BCBSM will reimburse your hospital for a portion of the administrative costs incurred to participate in the MTQIP CQI. The funding support model is intended to cover the costs of abstracting data for BCBSM, BCN, Medicare, Medicaid and uninsured cases, which equates to approximately 80 percent of the total data abstraction.

Your site's P4P contact(s) will be notified of the prospective payment amount and specific payment model for MTQIP.

Pay-for-Performance

Your hospital's participation in this consortium may also be scored under the BCBSM Hospital Pay-for-Performance Program. A portion of your P4P score for this CQI will be based on an HMS CQI performance index. This index is developed by the HMS Coordinating Center. Currently, the measures in this index evaluate a hospital's level of participation, such as the accuracy and timeliness of the data you submit and meeting attendance. Over time, additional performance measures will be added based on performance measures tied to process and quality improvement.

Contact Us

If you have any questions regarding this initiative, please feel free to contact Judy Mikhail, Program Manager MTQIP at (734) 763-8227 or jmikhail@med.umich.edu.