AMENDMENT A TO THE MICHIGAN TRAUMA QUALITY IMPROVEMENT PROGRAM DATA USE AGREEMENT

This Amendment A to the Michigan Trauma Quality Improvement Program (MTQIP) Data Use Agreement (DUA) by and between _____ and the Regents of the University of Michigan, a Michigan constitutional corporation on behalf of its affiliates shall be effective the 1 day of January, 2019.

The parties hereto have agreed to amend the Agreement as more fully described below:

This attachment intends to describe the relationships and responsibilities for data sharing between the Michigan Trauma Quality Improvement Program and other Blue Cross Blue Shield of Michigan (BCBSM) Collaborative Quality Initiatives (CQI's).

1.0 Overview. The BCBSM CQI's are partnerships between BCBSM, participating hospitals, physicians and the coordinating center that leads the program. Hospitals and physicians share data to develop best practices around areas of care with high costs and high variation. Individual CQI's seek opportunities to collaborate with each other and share data, analyses, and reports in ways that enhance the ability of participating hospitals and physicians to improve the care that they provide to patients. BCBSM supports and encourages collaboration between participant CQI's concerning the sharing of data and program information with each other to generate new knowledge and enhance quality improvement efforts.

2.0 Participant Value

- **Enhanced feedback reporting.** Data exchange creates data synergy for participants and collaboratives. Data aggregation allows for identification and feedback of previously undetected signals, trends, and correlations. Enhanced feedback reporting offers a greater understanding of care delivery and promotes the identification of best practices.
- Greater returns on investment. Expanded dataset capture is associated with additional administrative and staffing expenses for both the participant and the BCBSM CQI. Data sharing across BCBSM CQI's allows for symbiotic growth without incurring additional costs. This model also holds the potential to minimize the waste associated with duplicate variable capture across BCSBM CQI's for variables with high capture reliability.
- **Improved data quality**. There is duplication in variable abstraction across the BCBSM CQI's. The value of this duplication to be used in a blockchain fashion to perform edit checks and identify conflicting data for variables with low capture reliability.
- 3.0 <u>Use case.</u> MTQIP shall share MTQIP aggregated data set data with the Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE) for the purpose of perioperative care quality improvement. ASPIRE may use

MTQIP data for identification of patient outcomes. In exchange for sharing MTQIP data for the purpose(s) articulated ASPIRE will in turn share ASPIRE data with MTQIP to assist MTQIP to understand the relationship between anesthesia variables and outcome(s) to improve care and will be used in accordance with all uses enumerated in the Participant's current Data Use Agreement.

4.0 <u>Scope.</u> The scope for use of the ASPIRE data includes benchmarking clinical variables for purposes of quality improvement, presenting and publishing results of quality improvement efforts, presenting and publishing new findings that are clinically relevant to either or both BCBSM CQI's mission, creating de-identified extracts (reports or datasets) and using them or disclosing them for outcome evaluation as noted in the current Data Use Agreement.

This Amendment, coupled with the underlying terms and conditions of the Agreement, contains and merges all of the terms and conditions between the parties with respect to the subject matter hereof without modifications.

Regents of the University of Michigan

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