

Value Based Reimbursement (VBR) MTQIP Opportunity for 2019

Aligning Incentives

Trauma
Center



Surgeon

2019
MTQIP-VBR
Opportunity

Specialist VBR
(BCBSM PPO Claims
Data)

CQI VBR
(Registry
Data)

3% increase
over standard
fee schedule

Currently

Complementar
y

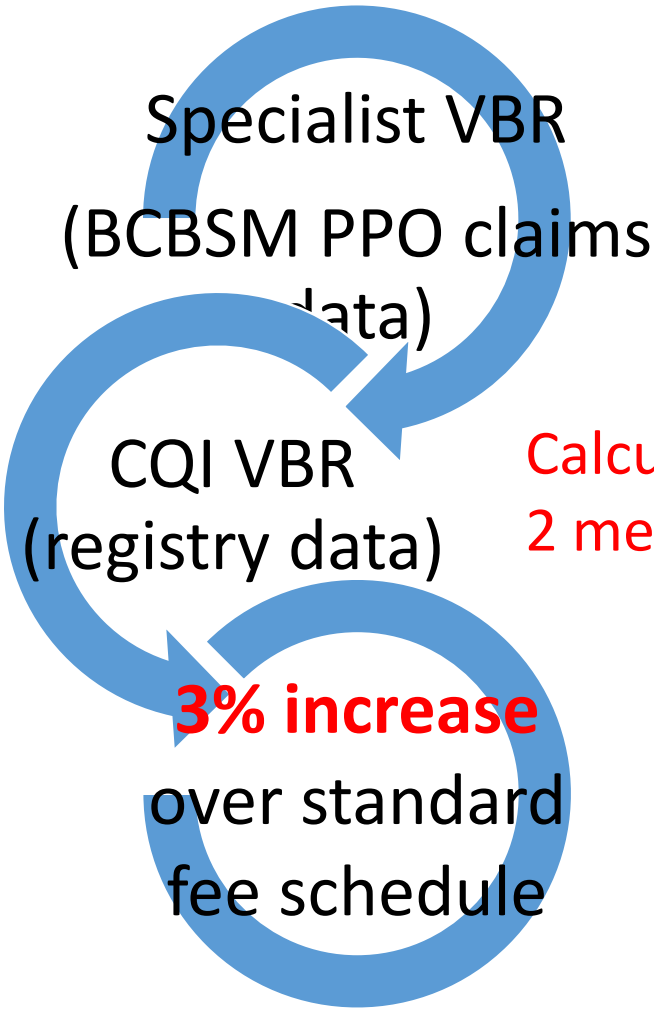


VBR Eligibility

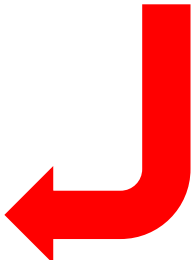
- General Surgeons enrolled in PGIP and nominated by PO
- Using MTQIP Trauma Surgeon NPI numbers
- We estimated ~ 80% MTQIP surgeons currently eligible
- Remaining surgeons need to join by Dec 31, 2017
- Caveat:
 - Surgeon restricted to 1 Trauma Center only
 - Surgeon reimbursed for 1 CQI only: MTQIP, MBSC, MSQC

2019
MTQIP-VBR
Opportunity

Will the
money
get to the
Surgeon?



Calculated by TC results on
2 measures from Perf Index



Hospital Performance Index

2017 Performance Index Timeline

- October 2017 Final Data Submission for the Year
- December 2017 Final Site Specific Project Submission for the Year
- January 2018 Preliminary Results To Each Center
- February 2018 Results to BCBSM

**Michigan Trauma Quality Improvement Program (MTQIP)
2018 Performance Index January 1, 2018 to December 31, 2018**

Measure	Weight	Measure Description		Points	PARTICIPATION (30%)	
#1	10	Data Submission (Partial/Incomplete Submissions No Points)				
		On time and complete 3 of 3 times		10		
		On time and complete 2 of 3 times		5		
On time and complete 1 of 3 times		0				
#2	10	Meeting Participation All Disciplines *Surgeon represents 1 hospital only		0-10		
		Surgeon, and (TPM or MCR) Participate in 3 of 3 Collaborative meetings (9 pts)				
		Surgeon, and (TPM or MCR) Participate in 2 of 3 Collaborative meetings (6 pts)				
		Surgeon, and (TPM or MCR) Participate in 1 of 3 Collaborative meetings (3 pts)				
		Surgeon, and (TPM or MCR) Participate in 0 of 3 Collaborative meetings (0 pts)				
Registrar, and/or MCR Participate in the Data Abstractor Meeting (1 pt)						
#3	10	Data Accuracy		Error Rate		
		5 Star Validation		0-4.0%		10
		4 Star Validation		4.1-5.0%		8
		3 Star Validation		5.1-6.0%		5
		2 Star Validation		6.1-7.0%		3
		1 Star Validation		>7.0%		0

#4	10	Venous Thromboembolism (VTE) Prophylaxis Initiated Within 48 Hours of Arrival in Trauma Service Admits with ≥ 2 Day Length of Stay (18 Mo's: 1/1/17-6/30/18) $\geq 55\%$ $\geq 50\%$ $\geq 40\%$ $< 40\%$	10 8 5 0	PERFORMANCE (70%)	
#5	10	Low Molecular Weight Heparin (LMWH) Venous Thromboembolism (VTE) Prophylaxis Use in Trauma Service Admits (18 Mo's: 1/1/17-6/30/18) $\geq 50\%$ 37-49% 25-36% 20-24% $< 20\%$	10 7 5 3 0		
#6	10	Red Blood Cell to Plasma Ratio (Weighted Mean Points) of Patients Transfused ≥ 5 Units in 1st 4 Hours (18 Mo's: 1/1/17-6/30/18) 10 pts: Tier 1: ≤ 1.5 10 pts: Tier 2: 1.6-2.0 5 pts: Tier 3: 2.1-2.5 0 pts: Tier 4: >2.5	0-10		
#7	10	Serious Complication Rate-Trauma Service Admits (3 years: 7/1/15-6/30/18) Z-score: < -1 (major improvement) Z-score: -1 to 1 or serious complications low-outlier (average or better rate) Z-score: > 1 (rates of serious complications increased)	10 7 5		
#8	10	Mortality Rate-Trauma Service Admits (3 years: 7/1/15-6/30/18) Z-score: < -1 (major improvement) Z-score: -1 to 1 or mortality low-outlier (average or better rate) Z-score: > 1 (rates of mortality increased)	10 7 5		
#9	10	Open Fracture Antibiotic Usage (12 Mo's: 7/1/17-6/30/18) $\geq 90\%$ patients (Antibiotic type, date, time recorded) $\geq 80\%$ patients (Antibiotic type, date, time recorded) $\geq 70\%$ patients (Antibiotic type, date, time recorded) $< 70\%$ patients (Antibiotic type, date, time recorded)	10 7 5 0		
#10	10	Head CT Scan performed in ED on patient taking anticoagulation medication with head injury (12 Mo's: 7/1/17-6/30/18) $\geq 90\%$ patients (Head CT scan in ED with date and time recorded) $\geq 80\%$ patients (Head CT scan in ED with date and time recorded) $\geq 70\%$ patients (Head CT scan in ED with date and time recorded) $< 70\%$ patients (Head CT scan in ED with date and time recorded)	10 7 5 0		
Total (Max Points) =			100		