

MROQC population-based scoring methodology

The MROQC scoring methodology will group practitioners by their participating facility and measure each facility as a collective average. Participating facilities must meet three out of four measures to receive CQI VBR for their practitioners.

CQI VBR selection process

For a practitioner to be eligible for CQI VBR, he or she must:

- Meet the performance targets set by the coordinating center
- Be a member of a PGIP physician organization for at least one year
- Have contributed data to the CQI's clinical data registry for at least two years, including at least one year's worth of baseline data

A physician organization nomination isn't required for CQI VBR. Instead, the CQI coordinating center determines which practitioners have met the appropriate performance targets and notifies Blue Cross. Each physician organization will notify practitioners who will receive CQI VBR, as it does for other specialist VBR.

Practitioners are limited to receiving 103 percent of the Standard Fee Schedule for CQI performance, even if they participate in more than one CQI offering VBR. For example, if a practitioner participates in more than one CQI that provides VBR and the practitioner's performance is such that he or she would be eligible for VBR in both, that practitioner will only receive 103 percent of VBR.

Are practitioners participating in CQIs eligible for other specialist VBR?

Yes. Specialists are eligible to receive additional VBR if they meet the stated criteria. See the *Specialist VBR fact sheets* for specialty-specific information.

About the MROQC CQI

By sharing and analyzing data regarding treatment planning and delivery techniques for eligible breast and lung cancer patients from clinical settings across the state, and correlating individual patient characteristics and outcomes with these approaches, MROQC has been working to identify patient characteristics that can be used to determine which patients will truly benefit from the additional technology present in the intensity modulated radiation therapy technique, known as IMRT. By studying the comparative effectiveness of IMRT versus conventional treatment approaches in breast and lung cancer patients, MROQC will develop algorithms that can determine individualized treatment plans to deliver the right care to the right patient.

In 2018, MROQC expanded its focus to include patients receiving radiation treatment for bone metastases after a diagnosis with a primary tumor of breast, lung, prostate, melanoma, and renal cancer. The goal is to improve treatment of bone metastases in this patient population by following the American Society for Therapeutic Radiology and Oncology Choosing Wisely guidelines not to routinely use extended treatment courses for pain relief of bone metastases, to reduce treatment time, and to decrease treatment cost.

About the coordinating center

Michigan Medicine serves as the coordinating center for MROQC and is responsible for collecting and analyzing comprehensive clinical data from the participating hospitals. It uses these analyses to examine practice patterns, to generate new knowledge linking processes of care to outcomes, and to identify best practices and opportunities to improve quality and efficiency. The center further supports participants in establishing quality improvement goals and assists them in implementing best practices.

Lori Pierce, MD, FASTRO, Vice Provost for Academic and Faculty Affairs and Professor of Radiation Oncology at the University of Michigan Medical School serves as a project director. James Hayman, MD, MBA, professor of Radiation Oncology at the University of Michigan Health System also serves as project co-director. Melissa Mietzel, MS, CCRP serves as program manager. For detailed clinical information regarding the MROQC CQI and specific details to the measures and methodology of MROQC VBR, please contact Melissa Mietzel at hillmel@med.umich.edu.

About the Collaborative Quality Initiative Program

Sponsored by Blue Cross and Blue Care Network, Collaborative Quality Initiatives and Collaborative Process initiatives bring together Michigan physicians and hospital partners to address some of the most common and costly areas of surgical and medical care. These initiatives rely on comprehensive clinical registries that include data on patient risk factors, processes of care, and outcomes of care. Collection and analysis of procedural and outcomes data allows the participants to implement changes in practice, based on the knowledge acquired from the consortium. These changes in practices lead to increased efficiencies, improved outcomes, and enhanced value.

There are 17 Collaborative Quality and Collaborative Process Initiatives that contribute to Blue Cross achieving a lower growth in medical cost trends than the national average. This savings helps hold down health care costs for Blues customers state-wide.

For more information about the BCBSM CQI VBR Program, contact:

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About Value Partnerships

Value Partnerships is a collection of clinically-oriented initiatives among Michigan physicians, hospitals and Blue Cross that are improving clinical quality, reducing complications, controlling cost trends, eliminating errors, and improving health outcomes throughout Michigan. Visit our website at valuepartnerships.com.

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