

2023 Collaborative Quality Initiatives value-based reimbursement

Michigan Radiation Oncology Quality Consortium value-based reimbursement fact sheet

The Value Partnerships program at Blue Cross develops and maintains quality programs to align practitioner reimbursement with quality of care standards, improved health outcomes and controlled health care costs. Practitioner reimbursement earned through these quality programs is referred to as value-based reimbursement, or VBR. The VBR Fee Schedule sets fees at greater than 100 percent of the Standard Fee Schedule.

Value Partnerships expanded VBR opportunities to PGIIP practitioners who participate in select Collaborative Quality Initiatives and meet specific eligibility criteria.

The Michigan Radiation Oncology Quality Consortium, also known as MROQC, is one of the CQI programs offering VBR. The MROQC collaborative, in collaboration with Blue Cross, developed quality and performance metrics for MROQC’s value-based reimbursement. Each participating CQI uses unique measures and population-based scoring methods to best fit their collaborative for value-based reimbursement.

MROQC CQI VBR metrics

Measure	Measurement Period	Target Performance
1. In 60% of node-positive breast cancer patients, the irradiated nodal group(s) is(are) contoured and named per TG-263 naming convention.	January 1, 2022-September 30, 2022	60%
2. In 80% of node-negative breast cancer patients, ≥95% of the lumpectomy cavity PTV receives ≥95% of the whole breast prescription dose AND the heart mean dose is ≤ 1.0 Gy for left-sided cases receiving moderate dose hypofractionation.	January 1, 2022-September 30, 2022	80%
3. Collection rate of annual lung follow-up for those due for 1 st year follow-up 1/1/2022-9/30/2022 is 75%.	January 1, 2022-September 30, 2022	75%
4. In ≥65% lung cancer patients, ≥ 95% of the PTV receives ≥100% of the prescription dose AND the heart mean dose is ≤20 Gy	January 1, 2022-September 30, 2022	≥65%
5. For lung cancer patients: evaluation of the Task Group-263 compliance for the specified structures (heart, PTV, GTV/IGTV/ITV, esophagus, spinal cord or canal, and normal lung)) for the initial DICOM entry is 80%	January 1, 2022-September 30, 2022	80%

<p>6. Use of shorter course radiotherapy for bone metastasis treatment as shown by meeting BOTH: A: The MROQC consortium-wide rate of single fraction use is $\geq 45\%$ for uncomplicated patients B: Your site-level rate of ≤ 5 fraction treatment is at least 60% for all patients</p>	<p>January 1, 2022- September 30, 2022</p>	<p>A & B are met</p>
<p>7. Percentage of patients with favorable intermediate risk prostate cancer as defined by NCCN treated with EBRT or brachytherapy who received “high value radiotherapy”, defined as moderately hypofractionated EBRT (28 fractions or less) OR ultrahypofractionated EBRT/SBRT (7 fractions or less) OR brachytherapy monotherapy is 50%</p>	<p>January 1, 2022- September 30, 2022</p>	<p>50%</p>

MROQC population-based scoring methodology

The MROQC scoring methodology will group physicians by their participating facility measures as a collective average. Facilities must meet 6 out of 7 measures to receive CQI VBR for their physicians.

MROQC facilities meeting 7 out of 7 measures will be eligible for an additional 102 percent, which would equal a 105 percent of the Standard Fee Schedule.

CQI VBR selection process

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

- Meet the performance targets set by the collaborative
- 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 PO 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.

For more detailed information about PGIP, including VBR selection or the methodology, please contact your PGIP physician organization. If you have other questions, please contact your provider consultant.

About the MROQC CQI

The Michigan Radiation Oncology Quality Consortium (MROQC) was established in 2011. In this first-of-its-kind initiative, MROQC has created a comprehensive clinical data registry of patients receiving radiation treatment for breast, lung, and prostate cancers and bone metastases. Our registry data includes both patient-reported outcomes and physician assessments of toxicity as well as data on radiation treatment delivery and dose.

Today, MROQC encompasses 25 hospital-based, 3 free-standing radiation oncology facilities, and over 100 Radiation Oncologists across the state of Michigan, working in collaboration to identify best practices in radiation therapy that minimize the side effects that patients may experience from radiation treatment.

About the Coordinating Center

The University of Michigan Health System 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 Michigan Medicine serves as a Project Director.
- James Hayman, MD, MBA, FASTRO, Professor of Radiation Oncology at Michigan Medicine and Director of Clinical Division serves as Co-Director.
- Martha Matuszak, PhD, Associate Professor, Associate Chair for Physics, and Division Director of Physics at Michigan Medicine serves as Co-Director.
- Melissa Mietzel, MS 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, MS 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 25 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:

Marc Cohen, Manager, Value Partnerships at mcohen@bcbsm.com.

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.

For more information about CQIs:

Send an email to cqiprograms@bcbsm.com

Visit our website at www.valuepartnerships.com.

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