

2021 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 PGIP 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 the CQI programs offering VBR. MROQC's Coordinating Center clinical leadership, 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. Use of Accelerated Whole Breast Irradiation (AWBI) on $\geq 80\%$ appropriate patients per 2018 ASTRO Guidelines	January 1, 2020-September 30, 2020	$\geq 80\%$
2. Mean heart dose achieved in breast patients not receiving radiotherapy to regional nodes ¹ ¹ 2020 Breast Cardiac Dose Thresholds: Conventional: ≤ 1.7 Gy (left) ≤ 1 Gy (right) AWBI: ≤ 1.2 Gy (left) $\leq .7$ Gy (right)	January 1, 2020-September 30, 2020	85%
3. For breast cancer patients: evaluation of the AAPM Task Group-263 compliance for the specified structures (heart, breast PTV, lumpectomy cavity PTV, and ipsilateral lung) for the initial DICOM entry is 80%	January 1, 2020-September 30, 2020	80%
4. In $\geq 65\%$ lung cancer patients, $\geq 95\%$ of the PTV receives $\geq 100\%$ of the prescription dose AND the heart mean dose is ≤ 20 Gy	January 1, 2020-September 30, 2020	$\geq 65\%$

5. For lung cancer patients: evaluation of the AAPM Task Group-263 compliance for the specified structures (heart, PTV, esophagus, spinal cord or canal, and normal lung) for the initial DICOM entry is 50%	January 1, 2020- September 30, 2020	50%
6. Rate of single fraction treatment of uncomplicated bone metastasis is >20%	January 1, 2020- September 30, 2020	>20%

MROQC population-based scoring methodology

The MROQC scoring methodology will group physicians by their participating site measures as a collective average. Sites must meet 5 out of 6 measures to receive CQI VBR for their physicians.

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 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 2012. In this first-of-its-kind initiative, MROQC has created a comprehensive clinical data registry of patients

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receiving radiation treatment for breast and lung cancers, bone metastases, and coming in late 2019, prostate cancer. 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 24 hospital-based, 3 free-standing radiation oncology facilities, and over 75 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 the University of Michigan Health System serve 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 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:

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

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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.

For more information about CQIs:

Send an email to cqiprograms@bcbsm.com

Visit our website at www.valuepartnerships.com.

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