

Collaborative Quality Initiatives Fact Sheet Value-Based Reimbursement 2024



Michigan Radiation Oncology Quality Consortium (MROQC)

The Value Partnerships program at Blue Cross develops and maintains quality programs to align practitioner reimbursement with quality-of-care standards, improve health outcomes and control health care costs. Practitioner reimbursement earned through these quality programs is called value-based reimbursement (VBR). The VBR Fee Schedule sets fees at greater than 100% of the Standard Fee Schedule. VBR opportunities include PGIP practitioners who participate in the Michigan Radiation Oncology Quality Consortium (MROQC), and that meet specific eligibility criteria. The coordinating center clinical leadership, jointly with Blue Cross, set quality and performance metrics for its VBR. Each CQI uses unique measures and population-based scoring to receive Blue Cross VBR. CQI VBR is applied in addition to any other VBR the specialist may be eligible to receive. The CQI VBR applies only to reimbursement associated with commercial PPO BCBSM members. This is an annual incentive program.

Population-Based Scoring Methodology

The CQI coordinating center (*not* the physician organization) determines which practitioners have met the appropriate performance targets and notifies Blue Cross. Each physician organization will notify practitioners who will receive CQI VBR, just as the POs do for other forms of specialist VBR. Practitioners can be eligible to earn CQI VBR equivalent to 103% or 105% of the standard fee schedule.

The MROQC scoring methodology will group practitioners by their participating facility and measure each facility as a collective average. If a practitioner performs procedures at multiple facilities, the practitioner's performance will be aligned with the facility where they have most of their patients. To be eligible for MROQC VBR, the collective average for each group of hospital-affiliated physicians must achieve one of the following criteria:

- To be eligible for **103%** CQI VBR, participating facilities must meet targets on 7 of **8 measures** in the table below.
- To be eligible for the additional **102%** CQI VBR (for a total of **105%** VBR); practitioners must meet targets on all **8 of 8 measures**.
- To be eligible for an additional 102% (for a total of **107%** VBR) related to **Tobacco Cessation VBR** measures, practitioners must meet targets on 2 of **2 measures**

CQI VBR for Independent free-standing Radiation Oncology facilities (for facilities whose performance is not associated with a participating hospital and therefore not eligible for the hospital CQI pay-for-performance incentive): In addition to the CQI VBR offered above, practitioners practicing at independent free-standing radiation oncology facilities will have the opportunity to earn an *additional 103%* of the standard fee schedule for meeting the same criteria above.

In general, participants can only receive VBR for one CQI, even if they are participating in more than one CQI. CQI VBR is not additive if the practitioner is contributing data to multiple CQIs. If a practitioner is eligible for rewards through multiple CQIs, the practitioner will be awarded the highest level of CQI VBR. However, the new 2% VBR for Tobacco Cessation measures is not subject to this restriction and can be earned in addition to other CQI VBR.

MROQC CQI VBR metrics

Measure	Measurement Period	Target Performance
1. In 60% of node-positive breast cancer patients for whom the supraclavicular and (SCV)/or infraclavicular (ICV) nodes are treated, the irradiated nodal group(s) is(are) contoured and named per TG-263 conventions AND the dose is reported.	January 1, 2023-September 30, 2023	60%
2. Mean heart dose achieved in 85% of breast patients receiving conventionally fractionated radiotherapy to supraclavicular, infraclavicular, and/or internal mammary nodes	January 1, 2023-September 30, 2023	85%
3. Collection rate of annual lung follow-up for those due for 1 st year follow-up 1/1/2023-9/30/2023 is 75%.	January 1, 2023-September 30, 2023	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, 2023-September 30, 2023	≥65%
5. For lung cancer patients: 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, 2023-September 30, 2023	80%
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 ≥45% for uncomplicated patients B: Your site-level rate of ≤5 fraction treatment is at least 60% for all patients	January 1, 2023-September 30, 2023	A & B are met
7. Percentage of patients with 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. Patients with unfavorable intermediate prostate cancer may also receive a brachytherapy boost.	January 1, 2023-September 30, 2023	60%
8. Prostate Working Group Performance Goal: Completion of 6-month follow-up form (P6)	January 1, 2023-September 30, 2023	60%

Tobacco Cessation VBR measures		
Measure	Measurement Period	Target Performance
Proportion of smokers who are counseled for treatment (for MROQC patients receiving curative intent treatment for breast, lung, and prostate cancer)	January 1, 2023-September 30, 2023	30%
Proportion of MROQC patients receiving radiation treatment for prostate cancer whose smoking status is recorded	January 1, 2023-September 30, 2023	100%

VBR selection process

To be eligible for the 2024 CQI VBR, the practitioner 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

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 MROQC

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 23 hospital-based and 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

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 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.
- Danielle Kendrick, CPHQ serves as Assistant Program Manager

For more information on the MROQC CQI and specific details to the measures and methodology of MROQC VBR measures/methods, please contact Melissa Mietzel, MS at hillmel@med.umich.edu

About the CQI Program

Collaborative Quality Initiatives and Collaborative Process initiatives bring together Michigan physicians and hospital partners to address common and costly areas of medical-surgical care, BCBSM and Blue Care Network supports this effort and funds each collaborative data registry, that include data on patient risk factors, processes, and outcomes of care. Collection, analysis, and dissemination of such data helps inform participants on best practices. This, in turn, helps increase efficiencies, improve outcomes, and enhance value. For more information, please contact Marc Cohen, Manager, Value Partnerships mcohen@bcbsm.com

About Value Partnerships

Value Partnerships is a collection of programs among physicians and hospitals across Michigan and Blue Cross, that make health care better for everyone. This unique, collaborative model enables robust data collection and sharing of best practices, so practitioners can improve patient outcomes. It is value and outcomes-based health care -- a movement away from fee-for-service that instead pays practitioners for successfully managing their patient's health. We invite you to visit us at www.valuepartnerships.com

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