

Collaborative Quality Initiatives Fact Sheet Value-Based Reimbursement 2022



Michigan Oncology Quality Consortium

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 Oncology Quality Consortium (MOQC), 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.

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. MOQC practitioners must achieve target on all measures listed for their respective disciplines to be eligible to receive **103%** CQI VBR. *MOQC does not currently have an option to receive a maximum CQI VBR of 105% of the standard fee schedule.*

To be eligible for MOQC VBR, practitioners must meet the following scoring criteria:

(See Table 1 below) Medical oncologists participating in MOQC measure performance at a regional level where oncology practices are grouped into five geographic regions. Each geographic region must collectively achieve the target on **3 of 4 measures** to be eligible to earn **103%** CQI VBR.

(See Table 2 below) Gynecological oncologists participating in MOQC measure performance at the collaborative level. All of the gynecologic oncology practices must meet the targets for **2 of 2 measures** to be eligible to earn **103%** CQI VBR.

Participants can only receive one CQI VBR even if they are participating in more than one CQI. CQI VBR is not additive if the practitioner is contributing data to multiple CQIs. However, if a practitioner is eligible for rewards through multiple CQIs, the practitioner will be awarded the highest level of CQI VBR.

VBR Measures

Table 1. Medical oncology measures

Measure (ASCO QOPI® based measures)	Measurement Period	Target
NK1 receptor antagonist or olanzapine prescribed or administered with Cycle 1 high emetic risk chemotherapy (Lower Score Better)	03/01/21 - 02/28/2022	25%
NK1 receptor antagonist or olanzapine administered for low or moderate emetic risk Cycle 1 chemotherapy (lower score - better)	03/01/21 - 02/28/2022	14%

Hospice enrollment	03/01/21 - 02/28/2022	60%
Hospice enrollment within 7 days of death (lower score – better)	03/01/21 - 02/28/2022	30%

Table 2. Gynecological-Oncology measures

Measure (ASCO QOPI® based measures)	Measurement Period	Target
Operative report with documentation of residual disease within 48 hours of cytoreduction for women with invasive ovarian, fallopian tube, & primary peritoneal cancer	03/01/21 - 02/28/2022	70%
Days from cytoreduction (debulking surgery) to chemotherapy	03/01/21 - 02/28/2022	28 days or less

VBR selection process

To be eligible for 2022 CQI VBR, the practitioner must:

- 1) Meet the performance targets set by the coordinating center
- 2) Be enrolled in a PGIP physician organization by July 5, 2021
- 3) 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 MOQC

The goal of the Michigan Oncology Quality Consortium program is to promote high-quality, effective, and cost-efficient care for cancer patients facilitated by participation in the American Society of Clinical Oncology’s Quality Oncology Practice Initiative. The Quality Oncology Practice Initiative is an oncologist-led, practice-based quality program designed to promote excellence in cancer care by helping practices create a culture of self-examination and improvement. MOQC’s approach to improving cancer care includes measurement, feedback, and improvement resources for medical oncology practices and the patients, families, and communities they serve. MOQC was launched in January 2010.

About the Coordinating Center

Michigan Medicine serves as the coordinating center for MOQC 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. MOQC Leaders:

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| Program Director: | Jennifer Griggs, MD, MPH |
| Program Co-Director: | Emily Mackler, PharmD |
| Program Co-Director: | Shitanshu Uppal, MBBS |
| Program Manager: | Keli DeVries, LMSW |

For more information on MOQC and VBR measures, contact the Coordinating Center at moqc@moqc.org.

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. A total of 17 initiatives resulted in a lower growth in medical cost trends than the national average, and controlled health care costs for Blues customers state-wide. 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. The result is a \$2 billion savings in the past decade. We invite you to visit us at valuepartnerships.com.

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