



# MI TAVR

## Michigan TAVR 2022 VBR Metrics

**REVISED**

Clinical Focus	Measure Description	Measurement Period	Target Performance
2022 Michigan TAVR	Rate of KCCQ* documentation at baseline and 30 day follow up	Average of the available data at the end of calendar year 2021 (either Q1-Q2, or Q1-Q3, depending on data lag from NCDR data feed)	>=90%
	Rate of NYHA^ Heart Class documentation at 30 day follow up		>=92%
	Number of cases with contrast dose >=3 CrCl† (exclude TAVR procedures with a concurrent cardiac procedure)		<=9%

\*KCCQ=Kansas City Cardiomyopathy Questionnaire

^NYHA = New York Heart Association heart failure class

†CrCl = creatinine clearance

### Michigan TAVR scoring methodology

Practitioners are grouped by their affiliated hospital based on where the practitioner(s) perform the greatest number of procedures. Michigan TAVR uses a collaborative-wide scoring model to measure performance. The collaborative The hospital average must be at or above target for 2 of 3 measures for practitioners to be eligible for VBR.

### 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 of baseline data

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

Practitioners may receive up to 103 percent of the Standard Fee Schedule for performance in a single CQI and are eligible to receive up to 105 percent of the Standard Fee Schedule for performance >1 CQI.