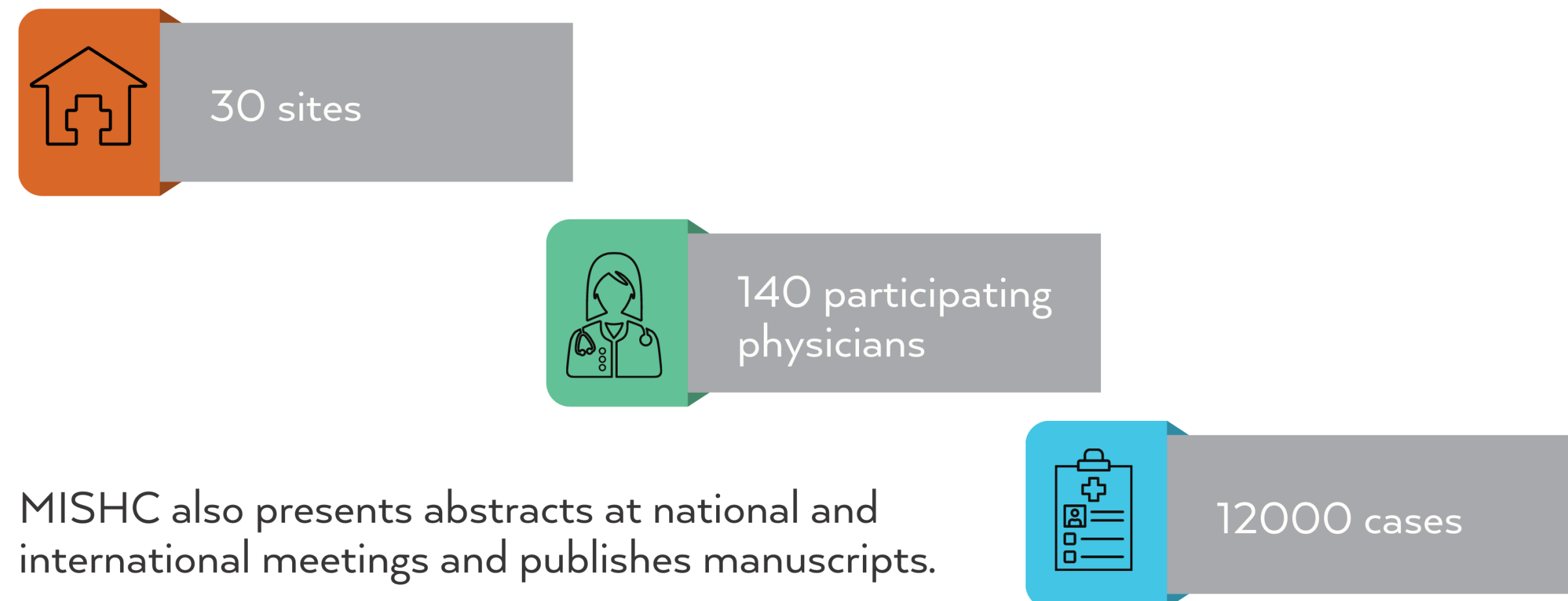


Our scope at MISHC

(formerly known as Michigan TAVR)

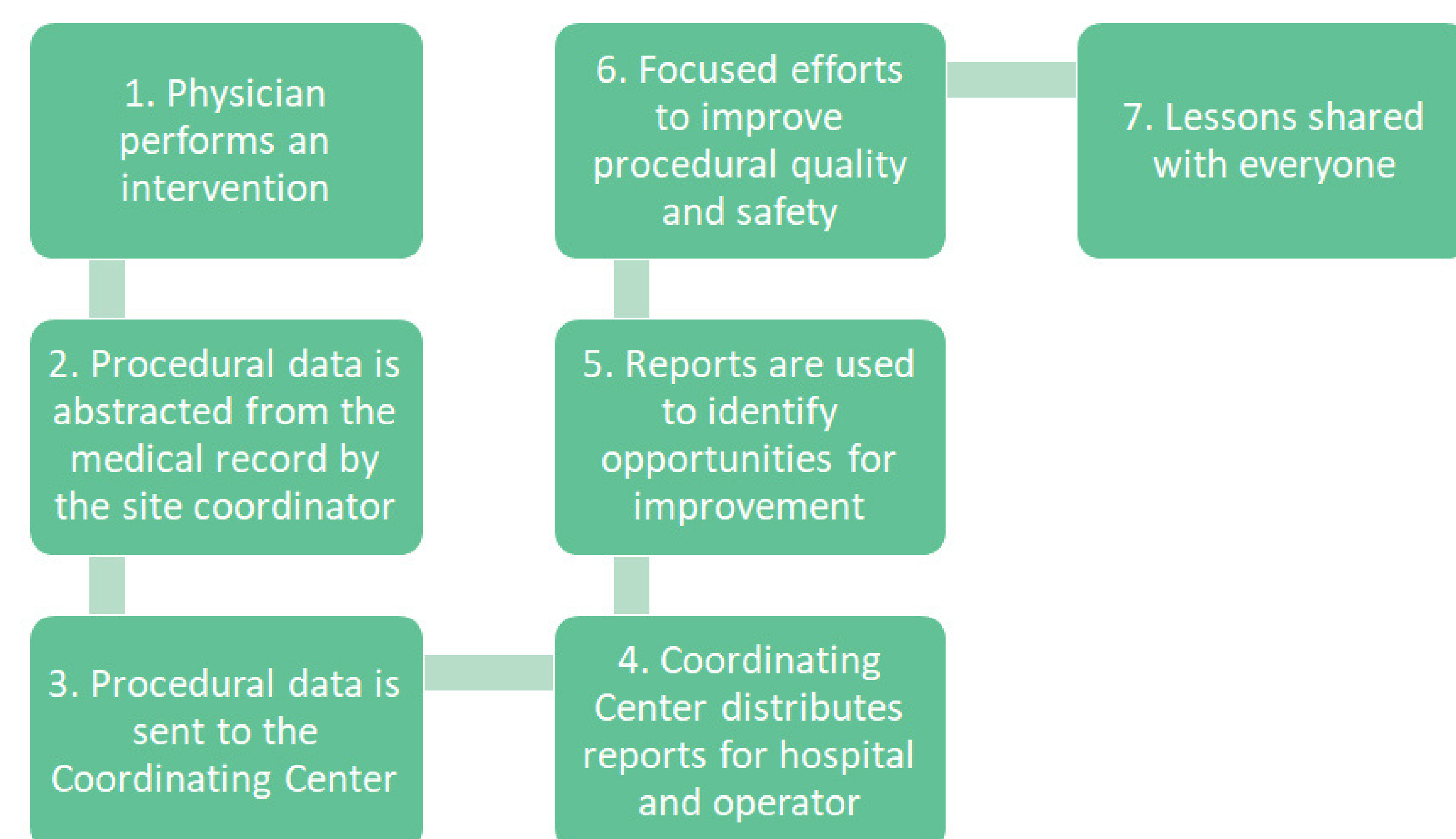
- Transcatheter Aortic Valve Replacement
- Transcatheter Mitral Valve Repair and Replacement

MISHC by the numbers



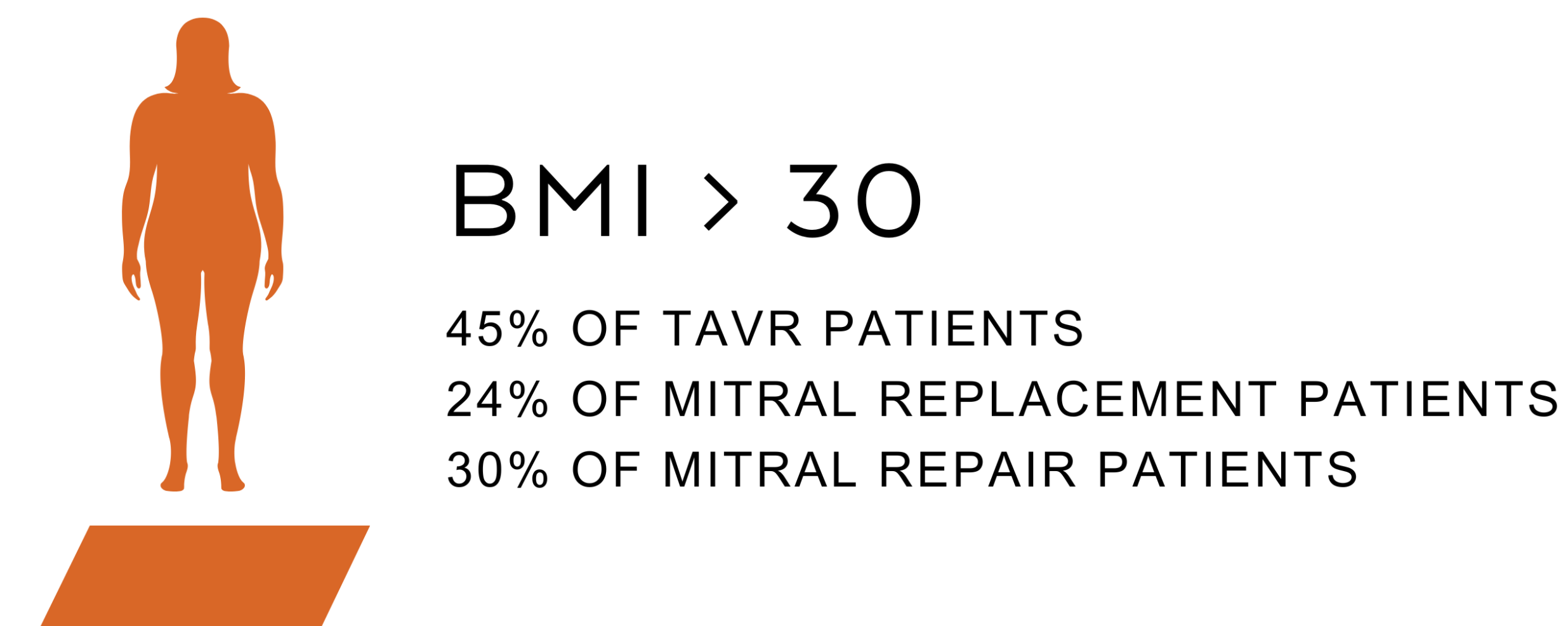
MISHC emphasizes the collaboration between interventionalists, surgeons, and the patient in making the best treatment choice for the patient's lifetime management.

How it works

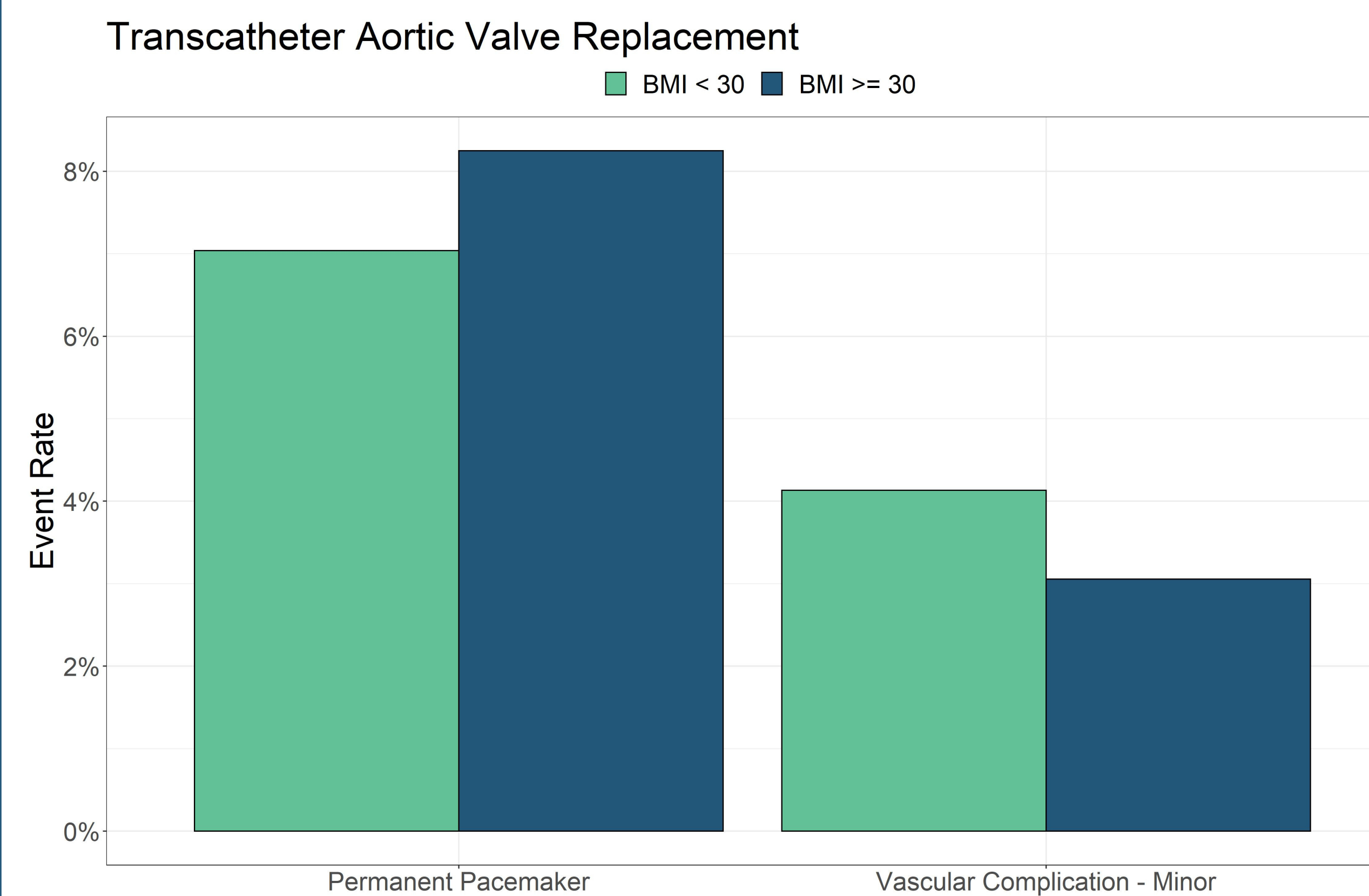


MISHC is a collaboration between the Blue Cross Blue Shield of Michigan Cardiovascular Consortium (BMC2) and the Michigan Society of Thoracic and Cardiovascular Surgeons Quality Collaborative (MSTCVS)

What we have learned about obesity from the data we have collected



What we have learned about obesity in TAVR

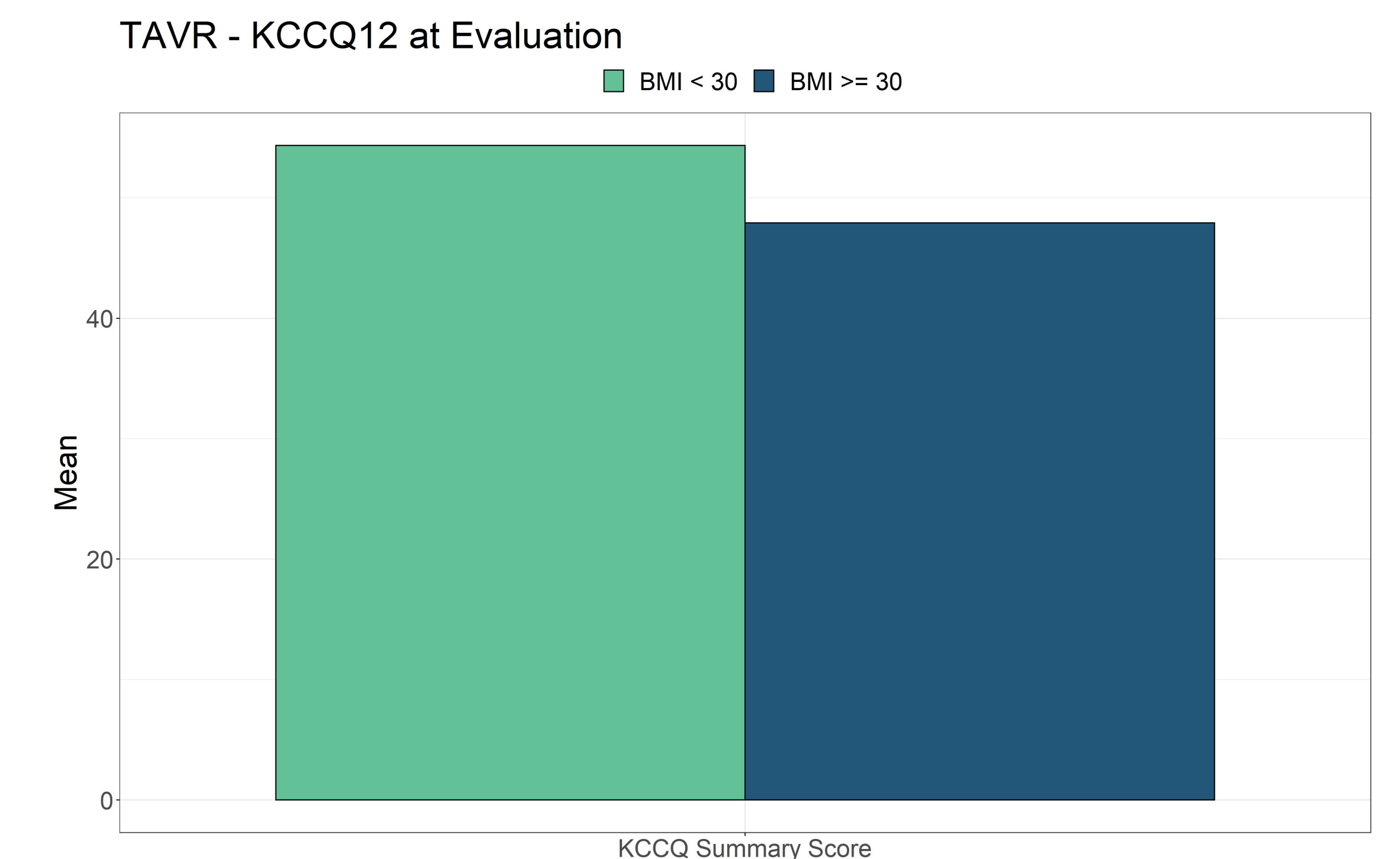


Patients with obesity have significantly higher rates of permanent pacemakers compared to patients without obesity (8.25% versus 7.4%)

Patients with obesity have significantly lower rates of Minor Vascular Access complications compared to patients without obesity (3.05% versus 4.13%).

What we have learned about obesity and quality of life after TAVR

In TAVR obese patients have significantly lower KCCQ summary scores at 30 days post-procedure. (i.e., patient-reported lower quality of life post-procedure)



A unique feature of MISHC

As part of the Best Practice Protocol Task Force, MISHC physicians use research and discussion among consortium members to develop easy-to-digest snapshots of best practices.

MISHC provides resources to consortium members including:

- Educational meetings and other training opportunities
- Best Practice Protocols for use as a supplement to national guidelines
- Risk calculators
- And more

