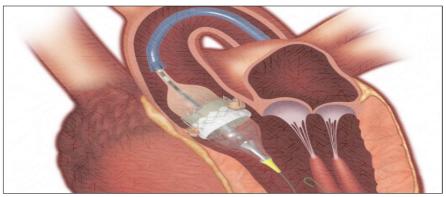


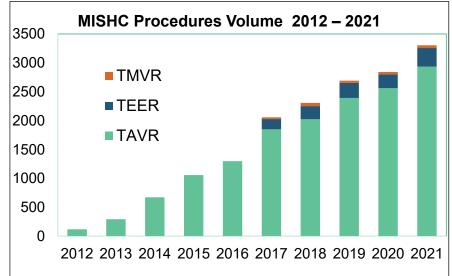
Welcome to MISHC!

What is MISHC?

- The Michigan Structural Heart Consortium is a quality improvement project designed to improve quality of care and patient outcomes in patients in Michigan who undergo transcatheter valve procedures
- Over 130 cardiologists and heart surgeons from 30 hospitals across Michigan collaborate in MISHC, collecting data on >2500 procedures annually, and impacting this \$140M (MI, annually) specialty
- MISHC is a collaboration between the Michigan Society of Thoracic and Cardiovascular Surgeons Quality Collaborative (MSTCVS-QC) and the BMC2 Cardiovascular Consortium

MISHC reports data on transcatheter aortic valve replacement (TAVR), transcatheter mitral valve replacement (TMVR) and transcatheter edge-toedge repair (TEER)



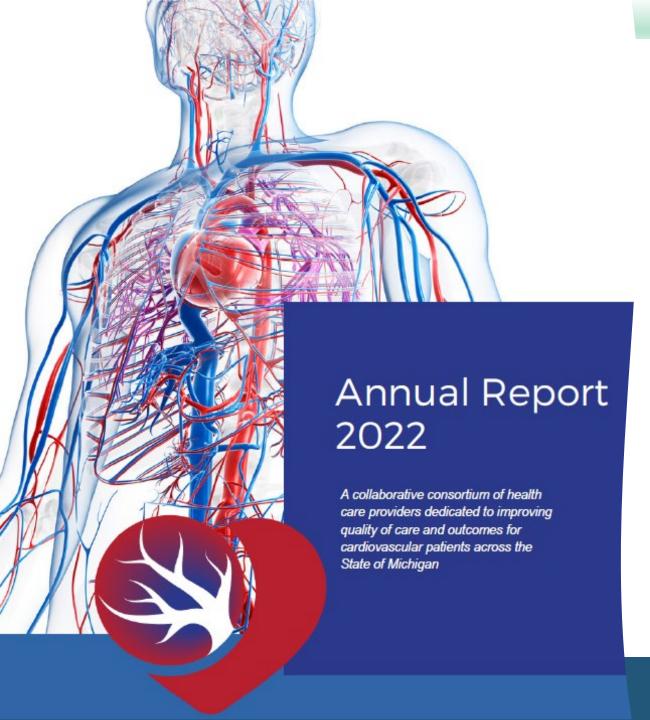




MISHC Case Types







Quality Improvement Achievements

- Review BMC2's 2022 <u>annual report</u> to learn about quality improvement achievements across BMC2 and MISHC.
- MISHC is proud of the dedication and partnership of their member organizations in these efforts and looks forward to continued learning, sharing, and growth.

How It Works

6. Focused efforts 1. Physician 7. Lessons shared to improve performs an procedural quality with everyone intervention and safety 2. Procedural data is 5. Reports are used to identify abstracted from the medical record by opportunities for the site coordinator improvement 4. Coordinating 3. Procedural data is Center distributes sent to the reports for hospital Coordinating Center and operator



Reporting to Sites

- MISHC issues quarterly and year-end reports to participating sites (DC, 30 day, 1 year)
- MISHC also prepares annually
 - Case specific M & M reports (quarterly)
 - 3-year summary reports
 - Outlier reports
 - Risk-adjusted measures
 - Other special reports (ad hoc)
- Distribution of reports at your site is a requirement of MISHC participation
- Sites are sent the entirety of their own data upon request, but they are never provided unblinded data from other sites
- Blinded and unblinded data on the entire state and site level outcomes are presented at consortium-wide meetings



How We Ensure Data Quality

MISHC Clinical Quality Improvement Leads review patient records at participating sites annually to ensure definitions are understood and all data is being thoroughly and accurately abstracted

This is not a "data cleaning" exercise—this is monitoring for quality assurance

We provide new data abstractors with in-depth training, and we host regular webinars with data abstractors to answer questions and to discuss data abstraction issues

Participating physicians, coordinators, and data abstractors attend online and in-person meetings throughout the year to discuss data trends and share quality improvement challenges and best practices



MISHC
Participatio
n Activities

Complete MISHC Participation Agreement Complete NCDR Data Release Consent Form (DRCF); participate in the STS/ACC TVT Registry Identify Physician Champion and Site Coordinator; notify MISHC if physician champion changes Complete coordinator training Enter all consecutive procedures into database Distribute quarterly and special reports Participate in annual chart review Timely response to meeting requests and other queries Invited to attend MISHC Collaborative, Coordinator, and Physician meetings Submit quality improvement project information annually



Physician Champion Role





Other Ways to Engage With MISHC

- Best Practice Protocol Task Force
- Submit/lead research proposals for presentation and/or publication
- Present at consortium-wide meetings



Value-Based Reimbursement (VBR)

What is VBR?

- Opportunity to increase BCBSM reimbursement by meeting quality improvement targets
- Practitioners can earn 103% of the Standard Fee Schedule for CQI performance if they participate in 1 CQI, or 105% if they participate in more than one CQI offering VBR (BMC2 + MISHC, or MSTCVS + MISHC)

CQI VBR selection process

- Meet the performance targets
- 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



Incentive Goals Change Annually

See the current VBR measures on mishc.org

PERFORMANCE INDEXES

Our performance indexes track the progress and findings of our quality improvement projects each year.

VIEW OUR PERFORMANCE INDEXES





MISHC Meetings

- Share quality improvement best practices
- S Learn from world experts on emerging clinical issues
- Network with colleagues from around the state

Meeting invitations and registration information for in-person events will be sent to you via email and calendar invitation

Stay up-to-date on upcoming meeting dates by visiting the

MISHC Events Calendar



MISHC Resources

Best Practice documents

Risk calculator

MISHC publications and presentations

MISHC <u>news</u> and events

Links to <u>external</u> resources

Training modules

Worksheets

Data dictionaries

Report dictionaries

FAQs

...and more



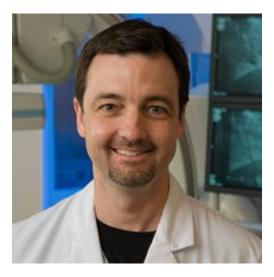
Meet Our Leaders



Raed Alnajjar, MD MISHC CO-Program Director



Stanley Chetcuti, MD MISHC CO-Program Director



P. Michael Grossman, MD MISHC CO-Program Director



Himanshu Patel, MD MISHC CO-Program Director



Key Contacts

Clinical Quality Improvement Leads

Sheryl Fielding, sfields@med.umich.edu
Melissa Clark, clarkmel@med.umich.edu

Program Managers

Annemarie Forrest, <u>avassalo@med.umich.edu</u>
Patty Theurer, <u>ptheurer@med.umich.edu</u>

Administrative Specialist

Pam Benci, <u>plf@med.umich.edu</u>

Learn more about the rest of our staff here





Thank You!