MISHC
Michigan Structural Heart Consortium

MISHC TAVR 2027 VBR Metrics

	Measures	Measurement Period	Target Performance
1	Increase referral to cardiac rehabilitation after TAVR	10/1/2025 – 6/30/2026	>=95%
2	Increase rate of mean gradient documentation at TAVR 1 year follow up	10/1/2025 – 6/30/2026	>= 85%
3	Site-specific measure	1/1/2026 – 6/30/2026	Site-specific
4	Physician representatives per site in 2026 • Attend 1 Virtual Meeting and • Attend 1 In-Person Collaborative Meeting • Bonus for having both a surgeon and cardiologist attend the in-person meeting equals meeting 2/4 goals	1/1/2026 – 12/31/2026	100%

MISHC scoring methodology

- MISHC TAVR uses a site level scoring model to measure performance.
- The site average must meet the target for 3 of 4 measures for practitioners to be eligible for VBR. Eligible practitioners may receive up to 103% of the Standard Fee Schedule.
- Practitioners may receive an additional 102% of the Standard Fee Schedule for performance >1 CQI (BMC2 PCI or MSTCVS-QC; total = 105%).
- For measures 1 and 2, the measurement period uses 2025 Q4 – 2026 Q2 data, measure 3 uses 2026 Q1 and Q2 data, measure 4 uses 2026 Q1-Q4 data, and all will be paid out in 2027.

CQI VBR selection process

For a practitioner to be eligible for CQI VBR, they 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.