



About Value Partnerships

Value Partnerships is a collection of clinically oriented initiatives among Michigan physicians, hospitals and Blue Cross Blue Shield of Michigan that are improving clinical quality, reducing complications, controlling cost trends, eliminating errors, and improving health outcomes throughout Michigan.

About the Collaborative Quality Initiative (CQI) Program

Sponsored by BCBSM and Blue Care Network, Collaborative Quality Initiatives bring together Michigan physicians and hospital partners to address some of the most common and costly areas of surgical and medical care. CQIs rely on comprehensive clinical registries that include data on patient risk factors, processes of care, and outcomes of care. As a result of the collection and analysis of procedural and outcomes data from each hospital, the participants are able to implement changes in practice, based on the knowledge acquired from the consortium. These changes in practices lead to increased efficiencies, improved outcomes, and enhanced value. As of March 2012, there are 12 hospital-based CQIs. Seventy-three hospitals participate in at least one CQI, and hospital CQIs enroll approximately 200,000 Michigan patients annually. In partnership, we're able to address the key drivers of health care costs and improve the quality of health care for all Michigan residents.

Hospital Medicine Safety Consortium (HMS)

Overview

The HMS CQI is a collaboration of hospitals designed to build the capacity to evaluate and improve the care of a broad group of patients not generally targeted in other consortiums: the hospitalized medical patient. The Consortium's goal is to improve the quality of care for hospitalized medical patients who are at risk for adverse events. It has focused initially on improving the care of medical patients at risk for hospital-associated venous thromboembolism (VTE). Future areas of focus may include, but are not limited to: medication errors, care transitions, hospital-acquired infections, diagnostic/treatment misadventures, and falls.

Inception Date

October 2010

Participants

- 36 Michigan hospitals
- Over 75 physicians directly involved
- Over 3700 physicians potentially impacted

Physician Type(s)

- Hospitalists

Registry Statistics

- Data collection: All cases, all payer registry
- Over 8,500 cases entered into the registry since 2010
- Data registry: HMS-created

Objectives

- Evaluate and understand current practice of pharmacologic blood clot prevention for high-risk medical patients.
- Implement improvement strategies and evaluate change over time.





- Each participating hospital will be assessed based on three performance goals:
 - 1) 100% of eligible medical inpatients have a VTE risk assessment documented upon hospital admission;
 - 2) Over 90% of high-risk patients have appropriate pharmacologic prophylaxis ordered and administered; and
 - 3) Over 90% of high-risk patients with contraindications to pharmacologic prophylaxis receive alternative prophylaxis (sequential compression devices)
- Identify, develop and implement systems-based strategies to improve overall rates of blood clot prevention in defined populations.

Results*: (Baseline results have been reported for 2011)

- 67% of reported high-risk patients receiving appropriate pharmacologic prophylaxis
- 75% of reported patients received prophylaxis
- 80% of reported patients received "appropriate" dose of prophylaxis during hospital admission

** This is a new CQI. Due to the type of data collected, as well as factors such as length of treatment, timing rules, and tracking of patient outcomes, it takes time for the dataset to mature and become robust enough for analyses to occur and results to be realized.*

Participation Criteria

In order to participate in this CQI, a hospital must have a hospitalist program and treat 200 inpatient medical admissions per quarter

About the Coordinating Center

The University of Michigan Health System serves as the Coordinating Center 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.

Scott Flanders, MD, director of the Hospitalist program and associate division chief of General Medicine for Inpatient Programs, Department of Internal Medicine at the University of Michigan Health System serves as Project Director. Julie Wietzke, MHSA, MLS, is Project Senior Manager.

Questions about the Hospital Medicine
Safety Consortium?

Please contact Marc Cohen,
Project Lead: mcohen@bcbsm.com.

