2022 Blue Cross® Blue Shield® of Michigan and Blue Care Network Collaborative Quality Initiative ASF CQI Incentive Program for Independent Free-Standing Ambulatory Surgery Facilities (Ambulatory Surgery Facilities[1])

The State of Michigan licenses ambulatory surgery facilities as Freestanding Surgery Outpatient Facilities (FSOF). Blue Cross contracts with 121 FSOFs under its Ambulatory Surgery Facility (ASF) program.

The trend in site of care is shifting from hospital inpatient and hospital outpatient to ASFs for several common surgical procedures, in part because ASFs are perceived as a cost-effective alternative to hospital outpatient surgery centers. As more low-risk procedures are performed at ASFs, there is an opportunity to align this shift with Blue Cross' CQI incentive programs and the Blue Cross/BCN Collaborative Quality Initiative (CQI) program[2].

The Blue Cross/BCN-supported CQIs are statewide, clinician-led quality improvement initiatives that address many of the most common areas of surgical and medical care in Michigan. In each CQI, hospitals and physicians across the state collect, share, and analyze data on patient risk factors, processes of care, and patient outcomes. The collaboratives then design and implement changes to improve patient care. The CQIs can be hospital or physician practice-based[3]. Blue Cross and BCN provide funding for CQI data abstraction and coordinating center activities. For more information on the CQI program, please visit Value Partnerships - Collaborations.

The ASF CQI incentive program will support ASFs that participate in our CQI program, contribute data to the statewide registry, learn and share best practices, and participate in continuous quality improvement activities.

ASF CQI incentive model

ASFs that participate in the ASF CQI incentive program will be eligible for a fee increase of one percent, or 101% of the standard fee schedule amount for Blue Cross and BCN commercial members. This increase will apply to all services (surgery, radiology, laboratory) reimbursed at the facility level.

- This incentive is expected to support all data abstraction activities, including:
  - Administration of patient pre- and post-operative (e.g., baseline, 90-day, 1 year, 2 year, etc.) Patient-Reported Outcome (PRO) surveys/questionnaires.
  - Cost of the clinical data abstractor and quality improvement and engagement activities (as noted by each respective CQI).

[1] Also referred to and licensed in the Medicare program as ambulatory surgery centers, or ASCs.
[2] For more information on the CQI program, please visit Value Partnerships - Collaborations
[3] ASFs currently participate in the Michigan Arthroplasty Registry Collaborative Quality Initiatives and Michigan Spine Surgery Improvement Collaborative

ASF CQI incentive eligibility conditions

- The ASF CQI incentive is only available to facilities participating with Blue Cross under the Ambulatory Surgery Facility program.
- ASFs must also meet specific volume requirements and be recruited by each respective CQI's Coordinating Center to participate.
- ASFs are eligible if they are a) recruited to participate, or b) currently participating in a CQI, must meet all participation criteria set forth by the CQI program and individual CQI, as described below.
- All physicians performing the procedures collected by a respective CQI must participate in the CQI for the ASF to be eligible for the incentive program. Participating means they are contributing to the CQI database.

Expectations for engagement and participation for ASFs

Participating ASFs must meet certain expectations, as described below. Progress on expectations will be assessed at six months from the initial procedure date. This is called the Go Live date, which is six months after the first case is entered into the registry.

There are:

a) General expectations for any CQI in which they are being recruited.
b) Specific participations for the CQIs currently offering ASF CQI incentive:
    a. Michigan Arthroplasty Registry CQI (MARCQI)
    b. Michigan Spine Surgery Improvement Collaborative (MSSIC)

General expectations for CQI participation (to be eligible for ASF CQI Incentive)

The following criteria are required for ASF participation in *any* CQI.

- Ensure that a qualified clinical data abstractor is actively collecting data. The data abstractor must meet the following expectations:
    - Be a registered nurse or registered health information technologist.
    - Be an employee (of the ASF) or 3rd party contract (note: coordinating centers will no longer be responsible for abstracting data).
    - Have full access to perioperative records as well as the pre- and post-operative clinical record (hard copy or electronic)*.
    - Have dedicated time and space for data abstraction and access to clinical leader to address questions.
    - A site's clinical data abstractor must complete data abstraction training prior to receiving access to the CQI registry.
    - Data abstraction must commence 90 days after the initial procedure date.

- The ASF will have a contingency plan in place for unforeseen circumstances such as an abstractor leaving the position or an extended medical leave and communicate that to the coordinating center within 7 days.
    - Vacancies should be filled within 4-8 weeks of the departure.
    - ASF is still responsible for data abstraction during any time period that they are receiving the 1%.
- Timely response to CQI coordinating center's communications as outlined in each respective CQI's expectations document.

- Identify a clinical champion or surgeon champion(s) who performs the collected cases in each respective CQI. The clinical or surgeon champion will have the following responsibilities:
    - Attend the collaborative-wide meetings and calls as required by each CQI.
    - Disseminate best practice and relevant clinical information received from CQI activities back to other clinicians contributing data to the CQI registry.
- Identify a quality administrator (QA) or administrative lead. This person may be responsible for the following activities associated with the CQI:
    - Act as the administrative contact at the ASF.
    - Engage with the clinical data abstractor, clinical champion, surgeons, and support staff.
    - Provide institutional support for full project participation.
    - Attend one or more of the collaborative-wide meetings; leads are *encouraged* to attend all meetings.
    - Be knowledgeable of ongoing quality improvement initiatives.
- Information Technology (IT) support. General responsibilities related to CQI activities may include one or more of the following:
    - Pull data from the local electronic health record (EHR) for entry into the registry, if applicable.
    - Ensure portal or access support of EHR for manual data abstraction, if applicable.
    - Identify eligible patients using the CQI Procedure Code Lists provided by the coordinating center*.
    - Assist the abstractor to build a patient crosswalk document that will link a patient's registry/tracking ID to the patient's medical record number (MRN) and contact information for patient-reported questionnaires*.

* Will be unique to each CQI

ASF CQI incentive-specific participation expectations

The information below provides information on specific participation requirements of CQIs that will be recruiting ASFs as participating sites. Eligibility for the ASF CQI incentive will be dependent on meeting these expectations. The CQIs will discuss these aims with sites during the recruitment and on-boarding processes to clearly set expectations for participation. Eligibility expectations for incentive are reevaluated annually. Participation expectations for ASFs are intended to shift towards performance-based expectations as CQI participation matures. ASFs will be given advance notice when expectations change.

Michigan Arthroplasty Registry Collaborative Quality Initiative (MARCQI) participation:

- Clinical champion and data abstractor must attend all collaborative-wide meetings each year (currently three per year).
- Administrative lead must attend at least two of three collaborative wide meetings in the calendar year.
- 100% data capture for all eligible cases. There is no minimum for a surgeon to be considered a MARCQI surgeon at the site. It is required that all MARCQI eligible cases at the site are abstracted into the MARCQI registry, or the site is not considered participating completely. An ASF must complete at least one eligible case a month to be eligible to participate in the ASF CQI VBR program.
- IT support demonstrates successful file uploads and revisions with database upgrades.
- Ensure capture of patient-reported outcomes longitudinally via site specific administration and partnership with surgeons' clinical practice to collect PROs longitudinally.
- Sites must hold 3 site-based quality meetings to review meeting updates, data, resources.
- Site-based QI project each fiscal year after 2 full years of data collection.
- Use quarterly reports to drive QI activities.
- Effort towards collaborative-wide QI projects.
- >98% data accuracy during data quality audits.
- Access to longitudinal clinical records (30 days pre- and 90 days post-operative records).
- Undergo data quality assurance reviews every 24 months and case inclusion reviews every 12 months.
- Submit facility data to the Michigan Inpatient database (MIDB) and/or Michigan Outpatient database (MODB).
- All legal documentation (e.g., MARCQI Participation Agreement) must be fully executed before engaging in MARCQI activities.

Michigan Spine Surgery Improvement Collaborative (MSSIC) participation:

- An ASF must perform a minimum of 50 spine surgery procedures annually. MSSIC defines a complete case as a fully abstracted medical record and entry into the registry as well as the collection and entry into the registry of a completed baseline questionnaire.
- Surgeon champion and abstractor must attend all three collaborative-wide meetings each year.
- Administrative lead must attend at least one of three collaborative wide meetings in calendar year.
- Abstractors must attend the annual Abstractor Symposium and pass the annual competency exam.
- Surgeon champion must participate in all three surgeon calls.
- Data abstractor must participate in all eight abstractor calls.
- IT support demonstrates successful file uploads and revisions with database upgrades.
- Identifying eligible cases from pool of surgical patients using MSSIC procedure code list.
- Collection of the baseline survey within the fixed time window before surgery. This includes the entire process: collection and entry into the registry is owned by the ASF.

- Completing 90-day medical record abstraction and data entry using full surgeon clinic record and ASF record access.
- Contacting patient (or do necessary reminders) about 90-day, 1-year and 2-year PRO surveys. This includes the entire process: collection and entry into the registry is owned by the ASF.
- ≥90% data accuracy during yearly, in person, quality audits. 89% or less requires retraining and testing.
- ASF must hold three site-based quality meetings to review meeting updates, data, and resources.
- Organize/implement at least one significant QI project during each performance measurement period, approved by the Coordinating Center.
- During year two, ASFs must develop and implement MSSIC ERAS protocol with pre-op, intra-op, and post-op elements as their formal QI project.
- Each ASF participating in MSSIC is required to complete a MSSIC ASF Participation Agreement, Business Associate Agreement (BAA) and the Clinic Record Access Document prior to data collection. The purpose of each contract is described below:

    - **MSSIC ASF Participation Agreement**

    - **Business Associate Agreement (BAA) - How data will be protected**

    Under the U.S. HIPAA of 1996, a HIPAA business associate agreement (BAA) is a contract between a HIPAA-covered entity and a HIPAA business associate. The contract protects personal health information (PHI) in accordance with HIPAA guidelines.

    Effective Feb. 18, 2010, in accordance with the HITECH Act of 2009, a Business Associate's disclosure, handling and use of PHI must comply with HIPAA Security Rule and HIPAA Privacy Rule mandates. Under the HITECH Act, any HIPAA business associate that serves a health care provider or institution is now subject to audits by the Office for Civil Rights (OCR) within the Department of Health and Human Services and can be held accountable for a data breach and penalized for noncompliance.

    With these regulations in mind, a HIPAA business associate agreement should explicitly spell out how a Business Associate will report and respond to a data breach, including data breaches that are caused by a Business Associate's subcontractors. In addition, HIPAA business associate agreements should require a Business Associate to demonstrate how it will respond to an OCR investigation.

    - **Clinic Record Access Document**

    The site will verify that the abstractor has necessary access to clinic records and will communicate that confirmation to the coordinating center by submitting a signed Clinic Record Access Document for each individual clinic.

Data collection requirements – CQI-specific

MARCQI:

- 100% of eligible cases abstracted into the registry in a timely manner as defined by the MARCQI coordinating center.
- Collects all elective primary TKA /THA procedures and all revisions of TKA/THA in registry.

- Data entry period should capture data 30 days pre-op, day of surgery, and 90-day post-op outcomes.
- CDAs must have direct access to pre- and post-operative clinical records to abstract the case fully and accurately. This may involve agreements and relationship with surgeon's private clinical offices.
- PPROs program from pre-op and up to 10 years post-op. Sites need clear access to the medical records within this timeframe and need to work with the surgeon's office to continue collection in the post-op period.
- Utilizes the Michigan Hospital Association's (MHA) IPD database and OPD database (MIDB and MODB respectively) to risk-adjust the data during analyses. Newly engaged sites are required to submit to both.

MSSIC:

- 100% of eligible cases abstracted into the registry in a timely manner as defined by the MSSIC coordinating center.
- Collects data on all elective spine surgeries using the MSSIC Procedure Code List from the coordinating center.
- 120-day (after surgery date) data entry period has been established to capture the patient information during pre-op, date of surgery, and 90-day post-op outcomes.
- Patient baseline survey within 60 days prior to surgery.
- Patient-reported outcome (PRO) questionnaires at 90 days, 1 year, and 2 years post-op.
- Explanation and requirements for MSSIC chart abstraction: The MSSIC data abstraction includes information from both the patient's pre-operative and post-operative records. It is imperative that all records, in their entirety, from both the surgeon's clinics and the ASF are freely accessible to the MSSIC Clinical Data Abstractor and the MSSIC Auditor. Access to the surgeon's clinic records must be timely and can either be accessed remotely (electronically) or in-person, requiring the abstractor to visit the clinic office. Facsimiles of the medical record to the abstractor is not appropriate as it does not allow the abstractor full review of the record. Examples of the types of sections necessary for data abstraction (but not limited to) include:
    (1) Pre- and post-operative clinic notes and assessments
    (2) Pre- and post-operative imaging
    (3) All clinic ICD-10 diagnosis codes attributed to the office visit when the decision was made for surgery
    (4) Pre- and post-operative records scanned into the office record
- Requires that a site have a process for collection and entry of the patient baseline survey and the patient-reported outcome questionnaire.
- The MSSIC registry uses the following individually identifiable health information elements as defined by HIPAA: including first name, last name, street number, street name, apartment number, city, zip code, telephone number, gender, email address, date of birth, date of death (if applicable), and dates of service. All other protected health information is kept on site at the participating hospital or physician's office.
- Each site will maintain a crosswalk document linking a facility assigned unique identifier for the patient entered into the MSSIC registry-assigned number to the patient's medical record number and contact information.
- There is no finite time period for this continuous quality improvement initiative, so there is no date at which data will be destroyed.

Confidentiality of CQI information

The purpose of the CQIs is to improve quality of care and patient outcomes for Michigan residents undergoing procedures and treatment, through abstraction of relevant clinical data to a comprehensive data registry, reporting of data to participating facilities, and identification and dissemination of best practices based on CQI registry data analysis.

The following examples are to be considered privileged and confidential information and should be discussed only within the confines of CQI meetings (i.e., collaborative-wide, or regional meetings hosted in person or via video or teleconference). This information includes, but it not limited to, the following:

- Patient information shared among the consortium (e.g., at meetings, conference calls, case presentations)
- Any and all patient identifiers, which are considered privileged and protected health information defined by current HIPAA laws
- Site-specific reports on quality and outcomes data
- Any reports and slides distributed during or following a meeting; the only exception is sharing information with others at your site for quality improvement purposes

Each CQI coordinating center has a confidentiality agreement that must be signed by CQI participants. The confidentiality agreements typically cover data analyses and reports about relative performance of surgeons or hospitals on key quality metrics; this information is for internal use of the collaborative participants and is not to be shared or used for other purposes (e.g., marketing).

Some information shared within the CQIs is not confidential and is intended for broader dissemination. For example, data on care practices or protocols that are associated with better outcomes is regularly shared at collaborative meetings. This information is expected to be shared with peers for purposes of healthcare improvement. Each CQI determines and communicates what information is broadly available for public dissemination versus confidential to the CQI.

CQI-related information and data are not to be shared with industry, used for marketing, or used for any other non-quality-improvement-related purpose. Some data, with patient, surgeon, or facility identifiers removed, may be used for academic publication or professional presentation purposes. CQIs have specific policies and procedures for use of data for these purposes.

CQIs have given permission to Blue Cross to review CQI consortium-wide or site-specific quality improvement and patient outcomes. Any data provided is de-identified.

Blue Cross is made fully aware of participation and engagement related efforts of all CQI participants.

Participation termination and fund recovery

If an ASF participating in a CQI is not meeting program expectations, Blue Cross reserves the right to terminate the ASF CQI incentive upon notification from the CQI coordinating center. The ASF will be provided a probationary period, with terms developed in agreement with the respective coordinating center, to afford the ASF time to comply with participation expectations

before the Incentive is turned off. Blue Cross reserves the right to recover any ASF CQI incentive funds previously disbursed.

An ASF that chooses to voluntarily not meet CQI participation expectations loses the ability to receive the CQI incentive.