

A statewide collaborative to support providers through rapid sharing of evidence-based science and funding support to build resilience during the pandemic

Presentation to:

National Institute for Health Care Management Foundation
“It’s OK Not to Be OK: Physician Burnout and Mental Health”

March 24, 2021

Thomas D. Leyden, MBA
Director II, Value Partnerships
Blue Cross Blue Shield Michigan



- BCBSM was founded in 1939 and is one of 36 plans that are independent licensees of the BCBS Association
- Largest single-state Blues plan in America
 - Serving 4.5 million Michigan members and 1.6 million out of state members
- Michigan Blues have the largest network in the state
 - More than 150 hospitals, over 30,000 physicians
- Value Partnerships: Staff of 50
- Value Partnerships: More than \$500M in value-based reimbursement (VBR) to providers related to delivery of high value care

Value Partnerships has supported the provider community for more than 15 years through the development of learning health systems



Value Partnerships, through the Physician Group Incentive Program (PGIP) and Collaborative Quality Initiatives (CQI) platform, BCBSM serves multiple roles in the provider community.

Market Leader/Convener of the Medical Community

Blue Cross provides forward thinking on evolving needs of the Michigan marketplace to best provide for our patients while keeping utilization appropriate. Blue Cross convenes ongoing forums for hospitals, physician organizations, primary care physicians and specialists to address practice transformation needs.

Practice Transformation

We are nationally recognized for enabling transformation efforts on the ambulatory side and with hospitals.

Funder/Value Based Reimbursement

As the largest health plan in the state, BCBSM is the undisputed leader as far as breadth and depth of reward opportunities tied to practice transformation for all physician specialties.

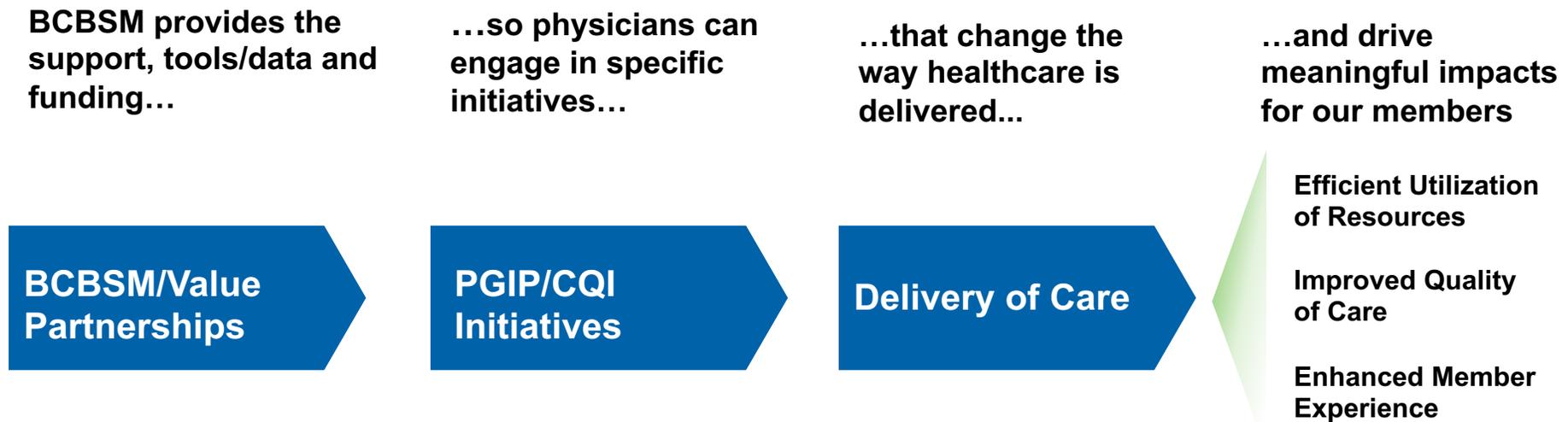
Information Intermediary

As the longstanding health plan partner for the Michigan provider community, BCBSM is able to quickly engage and assemble groups of statewide providers and partners, using its platform to disseminate information broadly and timely.

Value Partnerships view of the health plan role is to offer the opportunity to convene and catalyze

- 1 Assemble competitive hospitals/physicians and offer neutral ground for collaboration
- 2 Provide resources to reward infrastructure development and process transformation – often includes provision of financial support for data gathering to participants
- 3 Share data at facility, physician organization, physician practice and physician level
- 4 Reward quality and cost results (improvement and optimal performance) at population level
- 5 A heavy hand prompts the provider community to do least necessary. Empowerment encourages the provider community to do “most possible”

Value Partnerships portfolio – Physician Group Incentive Program (PGIP) and the Collaborative Quality Initiatives (CQIs) – incentivizes providers to enhance the delivery of care by encouraging responsible and proactive physician behavior, ultimately driving better health outcomes and financial impact.



Physician Group Incentive Program (PGIP)

- Ambulatory care focused, ~50 initiatives
- Established in 2005
- Involves vast majority of Michigan's 20,000+ physicians
- Patients attributed to PCP
- Largest health-plan sponsored Patient Centered Medical Home designation program in nation
- ~\$270M in value-based reimbursement (VBR) for physician organizations and associated physicians

Collaborative Quality Initiatives (CQIs)

- Hospital and surgery focused, 17 initiatives
- Portfolio established in 2004
- Involves vast majority of Michigan's 100+ hospitals; impacts 18,000 physicians
- Largest collection of comprehensive clinical registries in nation
- ~\$135M in reward opportunities for hospitals and VBR for physicians working on CQI programs

Designed in partnership with Michigan provider community to transform Michigan's health care delivery systems with a focus on population health.

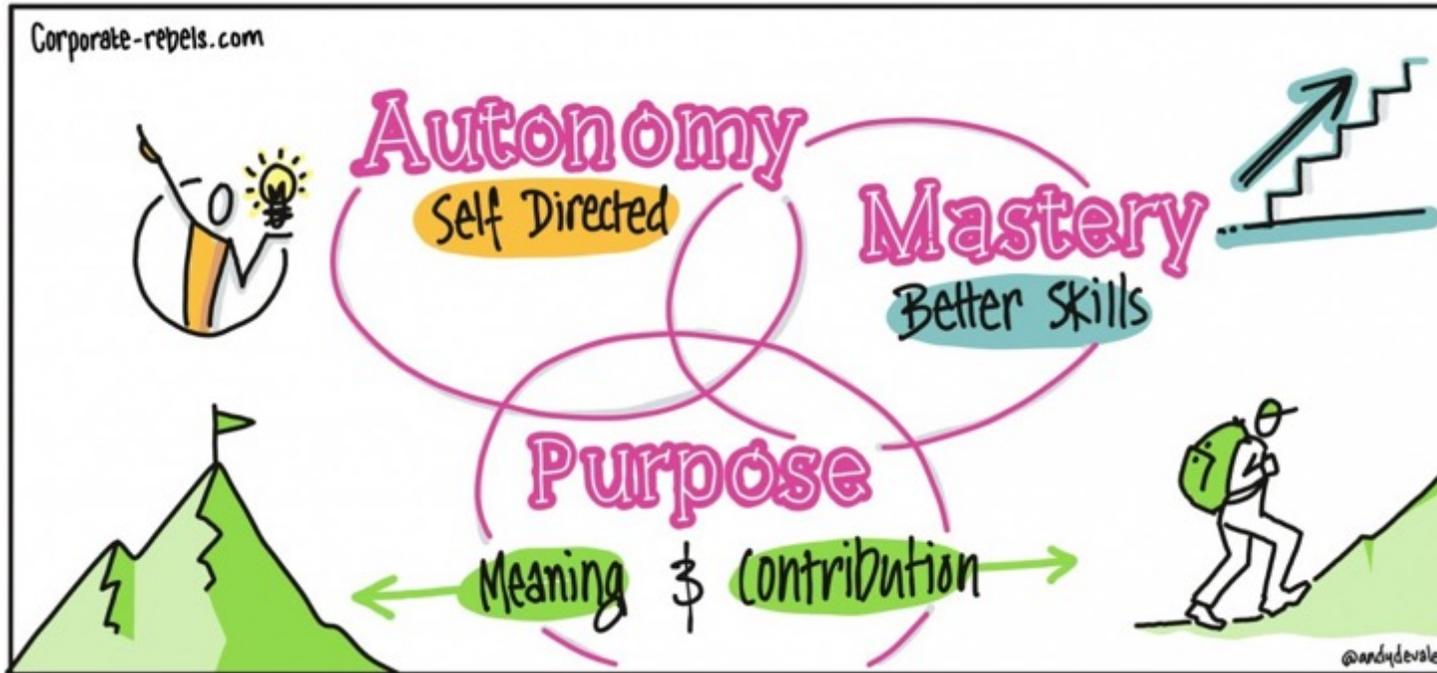
No across-the-board fee schedule increases since 2009.

All increases are tied to VBR.

The surprising truth about what motivates us...

Hint: it's not what you think!

Financial incentives are great, but studies have shown better outcomes when people are intrinsically motivated



Autonomy

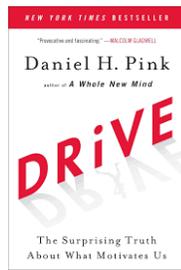
The urge to direct our own lives

Mastery

The desire to get better and better at something that matters

Purpose

The yearning to do what to do in the service of something larger than ourselves



[RS;ANIMATE: Drive: The surprising truth about what motivates us – YouTube](#)

Value Partnerships platform allowed us to help PGIP physician partners sustain operations and care for members during the COVID pandemic

Value Partnerships platform allowed us to quickly assemble groups of statewide providers during COVID-19, providing them a forum to share information and best practices in dealing with the pandemic (patient testing, lab operations, protocols, etc.)

Due to the breadth and depth of our existing programs, Blue Cross engaged the providers in ways that no other Michigan health plan could hope to accomplish.



Funding

Accelerated payments – providing many payments early and redesigning existing incentive programs to meet urgent needs



Sustainability

Developed a comprehensive plan enabling independent physicians to maintain financial and operational sustainability



Collaboration

Swiftly assembled our PGIP community, holding weekly PGIP forums to align information among providers, state agencies, labs and stakeholder groups including the state medical societies



Legislation

Working closely with independent physicians and provider organizations to navigate the CARES act and state regulations



Education

Leveraged the PGIP Provider Portal and a dedicated webpage to centralize and deliver timely provider updates, both from BCBSM and the State

We recognized the need for virtual care and supported rapid telehealth implementation during the COVID-19 pandemic

In less than 2 weeks, PGIP launched a comprehensive Telehealth Implementation initiative



Prior to COVID-19 Pandemic, less than 10% of PCPs and behavioral health providers offered telehealth. Within 5 weeks of the pandemic, over 80% were providing, in part due to the financial support provided through PGIP.

CQIs drive a change in culture: Competitors collaborate in unanticipated ways

- ✓ **Locus of control is with the providers**
- ✓ **Solid confidence in the integrity of the data**
 - Comprehensive clinical data is audited and has exceedingly high levels of provider confidence in its integrity
- ✓ **Full transparency at meetings**
 - Unblinded data discussed
- ✓ **Rapid change in practice**
 - Collaboratives have demonstrated evidence-based practice changes in as little as a year when full implementation of evidence-based medicine into clinical practice typically takes 15+ years
- ✓ **Peer-to-peer review and coaching**
 - Bariatric and Urology collaboratives utilize a video review process to rate surgical performance
 - [A Vital Measure : Your Surgeons SKILL - Dr David Jayakar MD \(google.com\)](#)
- ✓ **Addressing appropriateness**
 - Expanding beyond making care better, to determine when, if, and how specific procedures should be done
- ✓ **Voice of the patient**
 - Inviting patients to routinely participate in consortium meetings, encouraging them to share their concerns, experiences, and feedback
- ✓ **New and pressing concerns**
 - Developing guidelines where previously they didn't exist e.g. Reducing use and prescribing of opioids pre- and post-procedure

CQIs focus on sharing credible data and using motivational levers – professional pride, competition, respect from peers – to affect change



Michigan's CQIs

Creating a learning culture and a safe environment for building trust and friendships (among competing institutions); an atmosphere for networking, developing shared goals and transforming care delivery



“

“My involvement in the MSTCVS Quality Collaborative (Cardiac Surgery CQI) is the single most influential and helpful activity that I have been engaged in during my entire career.”

”

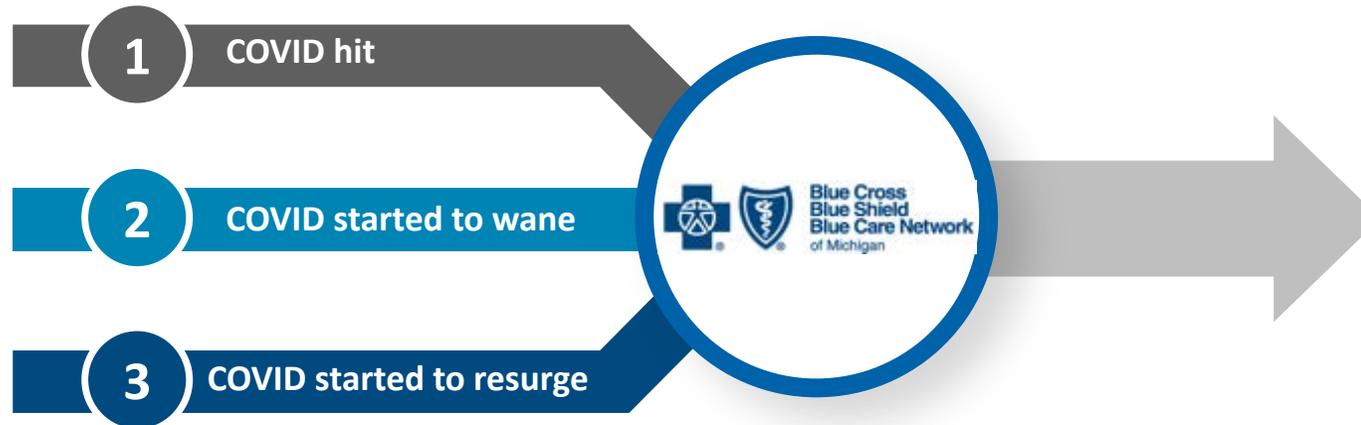


Andrew Pruitt, MD

St. Joseph Mercy Hospital

Ann Arbor, Michigan

Our CQIs adapted to a rapidly changing health care environment, shifting focus as priorities and needs changed



Launched the Mi-COVID-19 registry, quickly and effectively determining best practices where there had been huge variation in treatment

Helped hospitals increase their elective surgery volumes via our resource utilization report, which illustrated how best to prioritize procedures based upon prior utilization

Initiated a 24/7 ICU help line for all Michigan hospitals, in addition to maintaining the Mi-COVID-19 registry

We supported our CQIs as they launched a dedicated COVID-19 registry

OVERVIEW

BCBSM was able to quickly pivot - in direct response to the COVID-19 pandemic – and tap into longstanding statewide quality improvement infrastructure (i.e. Value Partnerships, and specifically the CQI platform)

Within 3-4 weeks of lockdown, 40+ Michigan hospitals were abstracting comprehensive clinical data on hospitalized COVID-19 patients

Purpose was to determine best practices and improve patient outcomes for COVID-19 patients

Approx 3.8K cases entered into registry

GOALS

Identify factors tied to severe illness/outcomes

Identify, share, learn best practices for treatment; rapidly disseminate information

Understand long-term implications for hospitalized patients

Evaluate variability of care processes across facilities

ACCOMPLISHMENTS

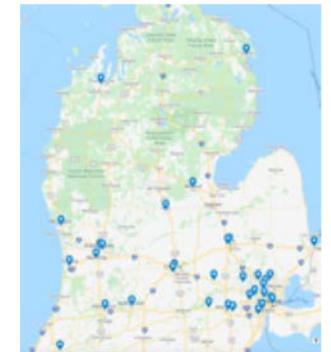
Defined characteristics for patients more at-risk for severe illness

Identified inappropriate use of antibiotics for COVID patients & share best practices

Health disparities clearly identified through COVID data

Awarded BCBSA Fast Network top prize for best clinical program related to COVID

Allowed for the implementation of an ICU support initiative due to COVID 19 resurgence in 4Q20



“This collaborative effort enabled best practices that were shared and utilized across the country, which had an incredible impact on the outcomes of our citizens exposed to COVID-19”

- Mike Engelsbe, MD, Portfolio Director at Michigan Medicine (U of M) for the CQI Platform of 16 Michigan Medicine-led CQIs

The Mi-COVID-19 Registry has proven to be a robust source of clinical and non-clinical information

A LARGE PERCENTAGE OF PATIENTS HOSPITALIZED WITH COVID-19 HAVE SERIOUS PHYSICAL, MENTAL AND FINANCIAL CHALLENGES IN THE 60 DAYS FOLLOWING HOSPITAL DISCHARGE

You Retweeted

 **Atul Gawande** @Atul_Gawande · Nov 12

New Mich. hospital data: Of people admitted with COVID, 70% were alive and home 60 days later.

Of those who'd been working, 40% either lost their job or were still too sick to work.

It's not just the deaths; it's the health and economic damage.
acpjournals.org/doi/10.7326/M2...

Return to normal activity	
Unable to return to normal activity	188
New or worsening difficulty completing activities of daily living‡	58
Return to employment	
Employed full- or part-time before COVID-19 hospitalization	195
Able to return to work by 60 d after discharge	117
Median days from discharge to work return (IQR)	27 (13–42)
Reduced hours and/or modified duties upon return to work due to health	30
Unable to return to work	78
Because of health	45
Because of job loss	21
Emotional impact	
Emotionally affected at least mildly by health conditions	238

61 1.9K 3.6K



Our CQIs continued their COVID-19 support, recognizing a new need for statewide ICU support

The resurgence of COVID-19 patients has the potential to put a strain on hospitals, particularly the ICU, and exceed bed capacity



COVID-19 Critical Support Line

- Launch **24/7 toll-free help line**
- Staffed by an intensivist-led multidisciplinary team with a **critical care nurse, respiratory therapist and pharmacist**
- Support is available and offered to **all Michigan hospitals** to help with the **management and treatment of critically ill COVID-19 patients**



Collaboration and Education

- Development of COVID-19-specific **toolkit and resources**
- Hosting a **weekly webinar series**, with a multidisciplinary panel
- Maintaining the efforts and data collection of the **Mi-COVID-19 registry**
- Broadening focus to **understand impact of COVID-19 on social determinants of health** to optimize care for all patients

Our programs reach beyond the traditional medical setting in what it means to deliver care

**We provide ongoing support, but so do our programs.
We don't stop at patient health, because we recognize the importance of provider health.**

Oncology providers often face gaps in their knowledge and skill in approaching the cultural and faith beliefs of their patients. Our oncology CQI hosted a **panel on faith and culture to provide perspectives with difficult conversations and decisions** in cancer care.

[January 2020 Biannual Keynote Faith and Culture Panel - YouTube](#)

Physician burnout and employee wellness is always a concern; however, it has been exacerbated by the pandemic. Collaboratives have recognized this and dedicated time at their meetings; hosted webinars, and provided resources.

Just Being You Is What I Need

Dear [person I love]

As you know, I'm a [Doctor/PAT/Nurse/Health Care Worker]. My job is important, and so are you. Even though I've had to miss some events due to my job, I love what I do. Serving others as a [Doctor/PAT/Nurse/Health Care Worker] has become a part of my identity, just like being with you is a part of my identity.

You may have guessed that sometimes it can be really hard to do my job. You've seen me come home exhausted after working the entire night or weekend. You've listened to funny and sad stories from my work. You might not have guessed this, but I have some fears. I am afraid of messing up, of accidentally hurting somebody, of catching the virus at work, and even fears that don't make sense.

However, I don't want you to feel afraid for me. I know now that if I wash my hands, and wear a mask and other gear, I'm not going to get infected! We are prepared and careful, so that we won't run out of supplies.

The next bit of time will be tough for all of us. When I'm at work, I may not be able to respond to your texts or calls right away every day.

The new pressure Remaining strong about me brings you is how I reek walk, meditate, or



RESOURCES FOR YOU

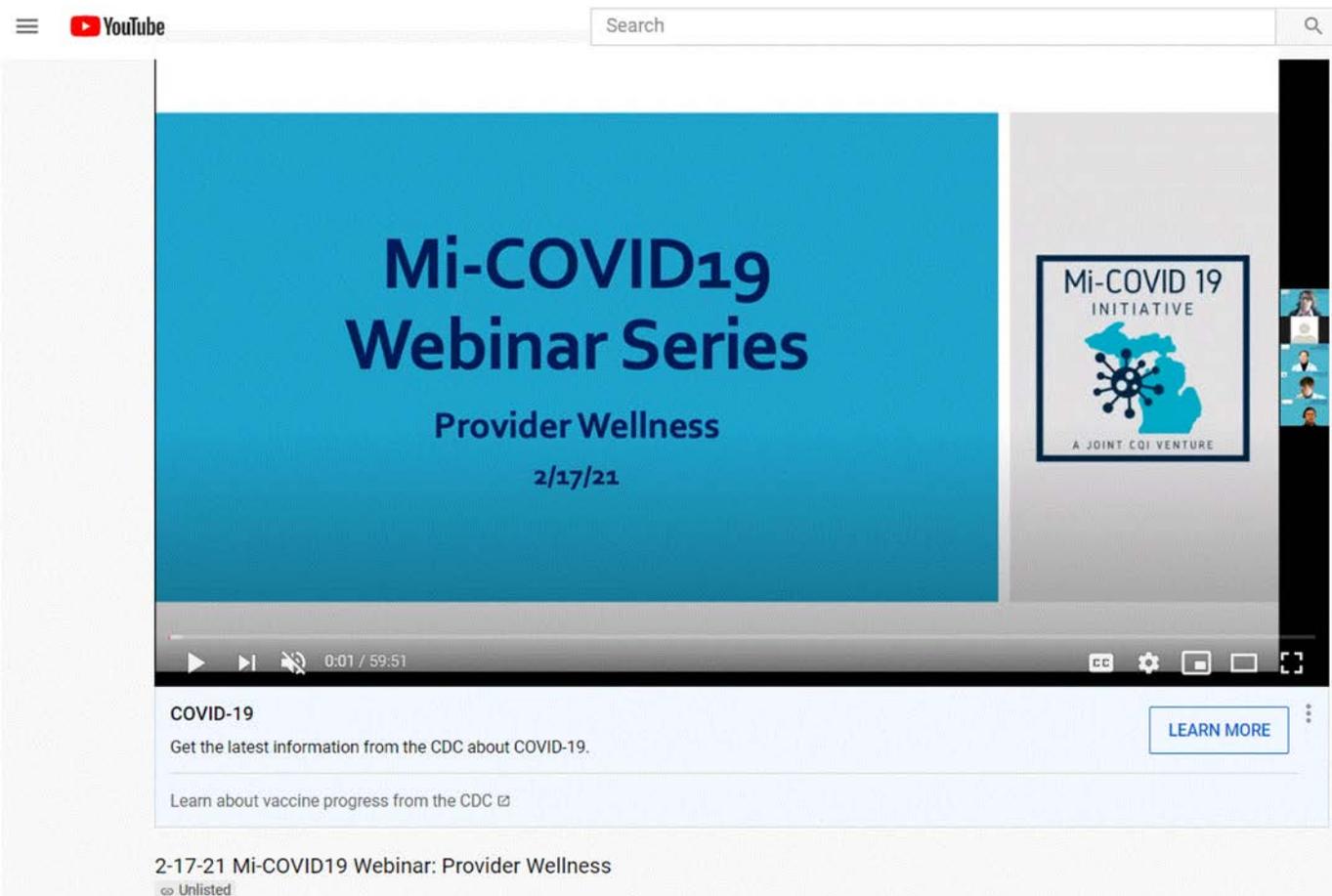
- US Centers for Disease Control
 - [Coping with Stress](#)
 - [Me](#)
 - [Ta](#)
- American I
 - [Co](#)
 - [Du](#)
- American I
 - [Sp](#)
 - [Fiv](#)

RESOURCES FOR YOUR LOVED ONES

- Center for the Study of Traumatic Stress
 - [Coronavirus + Emerging Infectious Disease Outbreaks Response](#)
 - [Taking Care of Your Family During Coronavirus Fact Sheet](#)
- The National Child Traumatic Stress Network
 - [Parent/Caregiver Guide to Helping Families Cope with COVID-19](#)
- US Centers for Disease Control
 - [Helping Children Cope with Emergencies](#)
- National Public Radio
 - [Just for Kids: A Comic Exploring the New Coronavirus](#)

<https://medicqi.org/COVID-19>

There are an increasing number of resources across our CQIs: Webinars focused on burnout and addressed during ongoing quarterly meetings



[2-17-21 Mi-COVID19 Webinar: Provider Wellness - YouTube](#)

- AMA Steps Forward- [Resident and Fellow Burnout](#)
- AHA- [Clinicians and Staff](#)
- AHRQ- [funded Healthy Work Place Study](#)
- SIDP Podcast- [Unsolicited Advice: An Honest Discussion of Burnout in Stewardship](#)
- ANA- [Nursing Resources](#)

Workplace Solutions Include 3 Key Domains of Physician Well-being⁵

1. Culture of Wellness in the Workplace

Elements include: a sense of community, open communication with leadership, plan for staff retention

2. Optimal Workflows

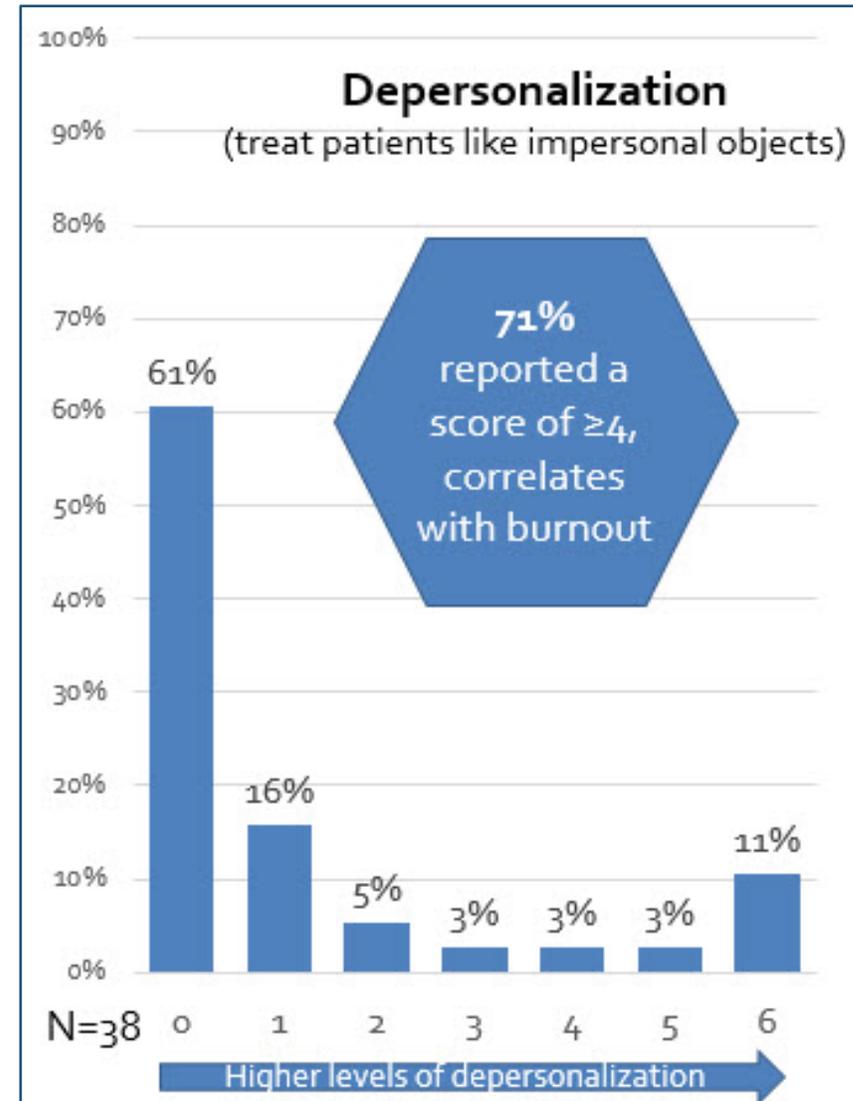
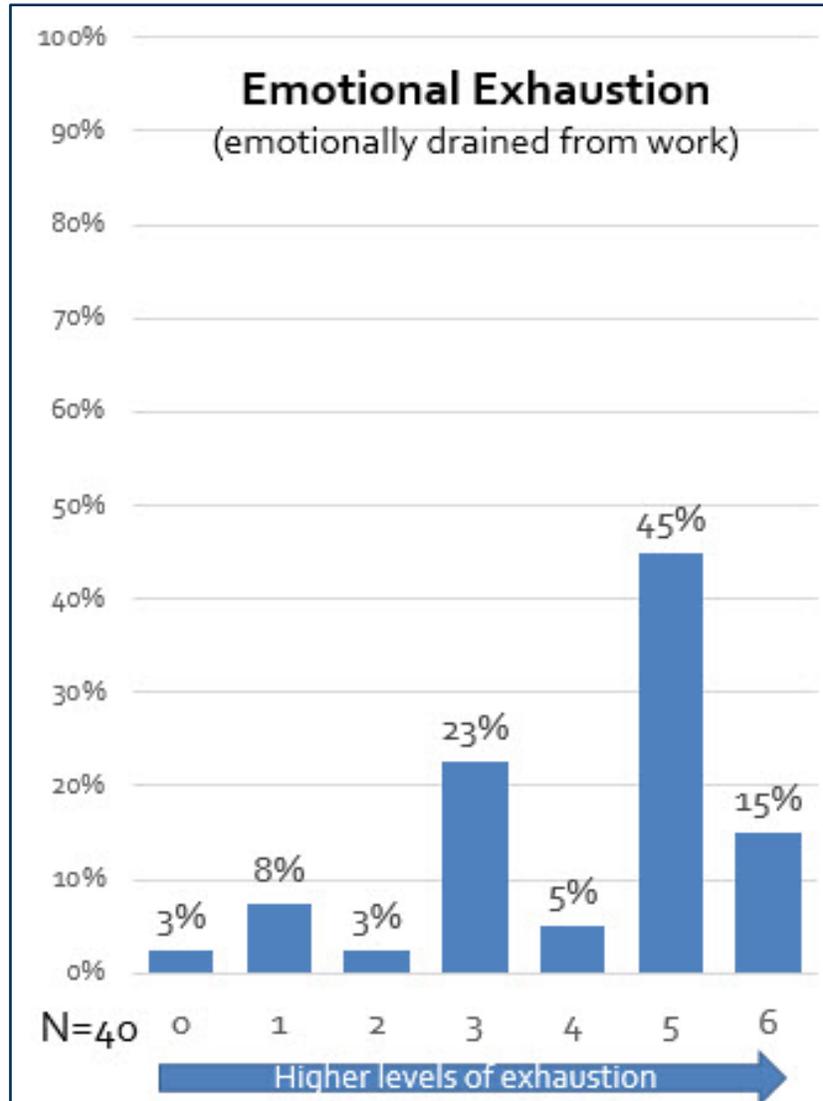
Elements include: realistic productivity measures (no more than 75% time for direct clinical care), realistic documentation requirements, assistance with administrative burdens, reasonable physician autonomy

3. Support of Personal Resilience Strategies

Examples include: Employee assistance benefits including access to mental health services; Time for vacation, illness, and adequate CME; Education on strategies to promote well-being and resilience; Promote work-life balance.



Our Hospitalist CQI surveyed member hospitals and shared data showing high levels of physician burnout



Blue Cross Blue Shield of Michigan Provides Support to Those on the Front Lines of the COVID-19 Pandemic in Michigan

DETROIT, April 3, 2020 - As a part of Blue Cross Blue Shield of Michigan's ongoing efforts to help the health care community respond to the coronavirus pandemic, BCBSM is accelerating payments to Michigan-based physician organizations and practices to support their efforts for treating patients with COVID-19. Additionally, BCBSM is relaxing some of its administrative requirements to allow Michigan's physician organizations and health systems to spend more time treating patients and hasten their diagnoses and treatment.

“I wanted to say a huge thank you to BCBSM for hearing the issues that the physician organizations have brought forward and doing everything you have done to support the practices, improve policies to assist with key issues like telehealth, and assist with testing and the procurement of personal protective equipment (PPE). We appreciate this partnership very much.”

Kim Speese, executive director,
Wexford and Crawford PHO

“From the very bottom of our hearts, thank you. On behalf of the entire Oakland Southfield Physicians family, we are forever blessed to have BCBSM as a partner.”

Jennifer Hughes, executive director,
Oakland Southfield Physicians

“On behalf of our community, I would like to express our sincere appreciation for everything BCBSM has done to secure the future of our primary care physicians. With BCBSM's support, small practices will not only survive but will begin to thrive once this public health challenge subsides.”

Ewa Matuszewski, CEO and co-founder,
Medical Network One

“We appreciate BCBSM for their consideration of the provider communities resource needs during this pandemic. The demonstration of BCBS fiduciary and public health roles are greatly respected.”

Dennis Ramus, MD, chairperson,
The Physician Alliance

Key takeaways – What can you do?

- Watch the Dan Pink Video! Autonomy, Mastery and Purpose are not only incredible internal drivers, I hypothesize that they are also an incredible prophylaxis that assists providers during times of great strife and/or challenge.
- Think through how your programs support the daily empowerment of your clinical teams through increased data flow, increased opportunities for professional interaction/collaboration and how you recognize/reward teams for desired outcomes.
- You'd be amazed to learn how many people feel ill-equipped to have the difficult conversations or conduct more challenging operations. Provide them resources to help them bridge the gap.
- During times of extreme crisis, look to free up the funds and resources as best you can to assist your teams.
- Routinely ask questions on how your teams are doing. Formally benchmark. Act on the data. Make your actions evident.
- Don't assume that because the information is out there, that everyone understands the information. Particularly if it is new and/or confusing. Helping your teams understand complex information is usually very well received.
- Likewise, people do not often understand the full cadre of available resources that are available. Catalogue the resources.
- Empower. Empower. Empower.

While there isn't a direct program for physician burnout, the Value Partnerships platform has been built on provider enablement/physician mastery. Supplying the tools/information/resources for the provider community to be self actualized and thrive has helped meet provider needs for more connectivity, financial stability and certainty amid a challenging pandemic.



CQIs transform care processes, improve outcomes, save money, enhance community well being and position BCBSM as an essential partner to hospitals and physicians

- Statewide quality improvement initiatives, **developed and executed by Michigan physicians and hospital partners** with funding and support from BCBSM and our HMO subsidiary, Blue Care Network
- CQIs utilize comprehensive **clinical registries** which includes patient risk factors, processes of care, and outcomes of care
- CQIs address areas of care which are **highly technical, rapidly-evolving** and associated with **scientific uncertainty**
- Physicians, hospitals, and health systems **collect data and collaborate** to measure and **improve the standard of care in Michigan** by focusing on reduction of errors, prevention of complications, and improvement of patient outcomes

Hospital Medicine Safety (HMS, our hospitalist CQI)

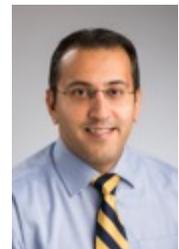
Scott Flanders, MD, Hallie Prescott, MD, MSc

Vineet Chopra, MD, MSc, Elizabeth McLaughlin, MSN, RN

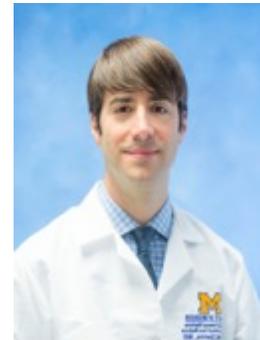
Within weeks of the COVID-19 pandemic hitting Michigan, HMS coordinating center had launched a COVID-centered clinical registry that ultimately included data from approx. 40 Michigan hospitals on hospitalized COVID-19 patients. Purpose was to determine best practices and improve patient outcomes for COVID-19 patients. Over 3,800 cases entered into registry to date. HMS has actively collaborated with American Heart Association and New York State Department of Health.

Accomplishments to date:

- Defined characteristics for patients more at-risk for severe illness
- Identified inappropriate use of antibiotics for COVID patients & share best practices
- Health disparities clearly identified through COVID data
- Awarded BCBSA Fast Network top prize for best clinical program related to COVID
- Allowed for the implementation of an ICU support initiative due to COVID 19 resurgence in 4Q20



- The resurgence of COVID-19 patients this past Fall had the potential to put a severe strain on hospitals, particularly the ICU, and exceed bed capacity
- Under the leadership/vision of **Hitinder Gurm MD** (leader of our **Cardiovascular CQI**), BCBSM supported the launch of a 24/7 toll-free help line
- Staffed by an intensivist-led multidisciplinary team with a critical care nurse, respiratory therapist and pharmacist
- Support was available and offered to all Michigan hospitals to help with the management and treatment of critically ill COVID-19 patients
- Thanks to **Greta Krapohl PhD, RN**, and **Jakob McSparron, MD**, for their leadership of the Support Line



Michigan Emergency Department Improvement Collaborative (MEDIC, our Emergency Medicine CQI)

Keith Kocher, MD, MPH, Michele Nypaver, MD

Andy Scott, MHSA

MEDIC hosted a series of Virtual Grand Rounds and Town Hall Conference Calls to provide forums for EDs across the state. Participants engaged in collaborative learning through sharing challenges and successes, ideas, and strategies that are adaptable to local COVID-19 work.

Topics included:

- Supporting ED workforce wellness during COVID-19 pandemic in Michigan
- Special considerations for pediatric and COVID-19
- Innovating and practical ways to conserve PPE
- “Re-entering” emergency medicine on the other side of the COVID-19 curve



MEDIC has a website listing all COVID resources, including wellness/burnout resources



www.medicqi.org/COVID-19

HOME

COVID-19

QI INITIATIVES

MEDIA

MEMBERS

JOIN MEDIC

CONTACT US



MEDIC Supporting the COVID-19 Response Across Michigan

MEDIC recognizes that we are all working in an unprecedented moment in healthcare. We want to be helpful to all of you as you manage your respective EDs and adjust your operations in what are often uncertain and ever changing conditions.

MEDIC hosted a series of **Virtual Grand Rounds and Town Hall Conference Calls** to provide a forum for EDs across our state to **share challenges and successes so we can learn from each other** and to leave this meeting with ideas and strategies useful to your local COVID-19 work.

MEDIC Statewide Virtual Grand Rounds – CME Credit Available!

5.1.2020 – “RE-ENTERING” EMERGENCY MEDICINE ON THE OTHER SIDE OF THE COVID19 CURVE

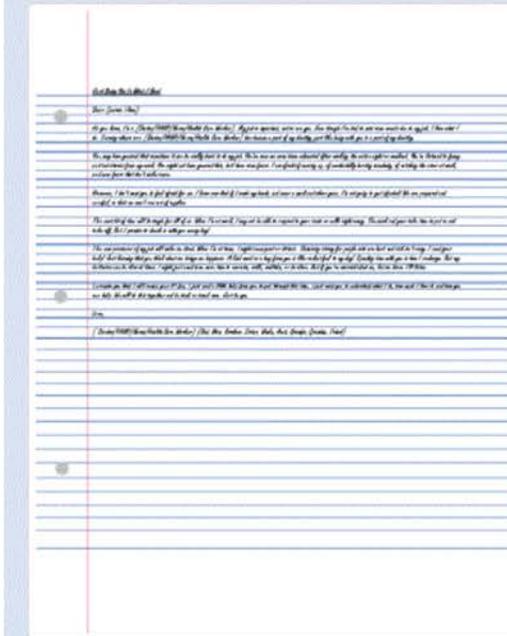
Grand Rounds featuring emergency medicine faculty from Spectrum Health Lakeland, Hurley Medical Center, Beaumont Health Royal Oak, St. Joseph Mercy Hospital Ann Arbor, and Henry Ford Hospital in Detroit. Each speaker provides a brief discussion of how they are planning for emergency medicine operations moving forward with COVID-19, and how they are using lessons learned from the pandemic peak at their facilities.

[Downloadable PDF of 5.1.2020 Grand Rounds Notes](#)



Infographics

MEDIC COVID-19 Infographics & Resources – click to download!



Just Being You Is What I Need

Michigan Value Collaborative (MVC, our data collaborative)

Hari Nathan, MD, PhD, Mike Thompson, PhD, MPH

Mark Bradshaw, MSc, BA, John Syrjamaki, MPH

As a result of COVID-19, hospitals nationwide drastically reduced the number of surgeries being performed, in some cases eliminating elective procedures entirely. MVC, along with the Michigan Surgical Quality Collaborative, developed a report to help hospitals prepare to restart 17 common elective surgeries.

The resource utilization report helped Michigan hospitals plan for staff, space, materials and resources necessary to resume elective surgical procedures. As the first wave of COVID-19 subsided, hospitals were able to increase their elective surgery volumes by knowing how to prioritize which procedures to begin first with the least impact on the care of remaining COVID-19 patients.

The resource utilization report provided historical resource utilization by surgical service line, including readmission rates, inpatient length of stay, ED visit rates, ICU utilization, blood use, ventilator use, and discharge to other inpatient facilities – all helpful information to assist hospitals restart elective surgeries.





Michigan Value Collaborative Resource Utilization Report



Resource Utilization for 17 Common Elective Surgeries at Michigan Hospitals

Procedure	Index Hospitalization										30 Days Post-Op	
	Inpatient	Median IP LOS (days)	ICU/CCU Rate	Ventilator Utilization	Blood Product Utilization	Discharge Dispositions					Readmissions	ED
						Home	HH	SNF	IPR	LTC		
CABG (n=15,786)	100.0%	9	98.9%	10.5%	43.4%	11.8%	61.9%	15.4%	7.4%	1.3%	10.2%	26.5%
Colorectal Cancer (n=6,417)	100.0%	6	20.3%	1.9%	21.4%	56.1%	28.5%	11.5%	1.8%	0.5%	10.7%	20.2%
Disc Herniation (n=10,170)	47.6%	3	3.5%	0.8%	3.1%	84.3%	7.6%	5.0%	2.3%	0.0%	3.5%	11.9%
Endarterectomy (n=10,707)	100.0%	2	76.8%	1.1%	2.6%	89.6%	6.3%	2.1%	1.1%	0.2%	6.9%	16.1%
Esophagectomy (n=154)	100.0%	10	64.9%	9.7%	21.4%	24.0%	59.1%	9.1%	0.6%	5.2%	16.9%	20.8%
Gastrectomy (n=143)	100.0%	10	53.1%	7.0%	34.3%	39.9%	36.4%	11.9%	4.9%	2.1%	16.8%	27.3%
Gastric Bypass (n=2,525)	100.0%	3	9.0%	0.9%	3.6%	93.9%	4.5%	1.0%	0.2%	0.0%	5.1%	15.0%
Heart Valve Repair (n=14,014)	100.0%	7	94.4%	10.5%	39.7%	26.4%	46.9%	16.4%	5.0%	1.7%	11.8%	21.7%
Hernia Repair – Abdominal (n=31,875)	25.7%	5	5.0%	1.0%	1.8%	92.4%	4.3%	2.2%	0.4%	0.2%	4.6%	12.0%
Hernia Repair – Groin (n=34,329)	4.9%	4	1.1%	0.2%	0.6%	97.8%	0.8%	0.8%	0.1%	0.0%	2.2%	8.3%
Hysterectomy (n=29,165)	21.1%	3	1.0%	0.2%	2.2%	98.6%	0.9%	0.3%	0.0%	0.0%	2.4%	10.1%
Joint Replacement (n=118,323)	98.9%	3	1.4%	0.1%	4.3%	27.3%	53.5%	17.5%	1.3%	0.0%	2.8%	10.4%
Kidney Stone Surgery (n=41,464)	9.8%	3	1.4%	0.2%	0.5%	97.3%	0.9%	1.0%	0.1%	0.1%	4.9%	17.9%
Lung Cancer Resection (n=3,984)	100.0%	6	80.4%	4.4%	8.3%	55.4%	33.5%	6.5%	2.1%	0.7%	8.1%	17.2%
Pancreatectomy (n=1,773)	100.0%	9	62.6%	7.4%	33.9%	47.1%	29.3%	13.3%	3.9%	2.3%	19.6%	28.8%
Prostatectomy (n=5,882)	83.1%	2	2.4%	0.2%	3.8%	91.8%	7.3%	0.6%	0.1%	0.0%	4.5%	15.3%
Sleeve (n=13,444)	100.0%	3	3.9%	0.2%	1.3%	93.8%	5.8%	0.1%	0.1%	0.0%	1.9%	9.6%

IP = Inpatient. LOS = Length of Stay. ICU = Intensive Care Unit. HH=Home Health. SNF = Skilled Nursing Facility. IPR = Inpatient Rehab. LTC = Long-term care. ED = Emergency Department.
 Based on Michigan Value Collaborative administrative claims data from 2014-2Q2019 from the following payers: Medicare FFS, Blue Cross Blue Shield (BCBSM) PPO Commercial, BCBSM Medicare Advantage, Blue Care Network (BCN) Commercial, BCN Medicare Advantage. The Michigan Value Collaborative is a Collaborative Quality Initiative made up of 87 Michigan hospitals that is funded by Blue Cross Blue Shield of Michigan. Report generated 5/7/2020 (Version 2). For more information, visit www.michiganvalue.org or email michiganvaluecollaborative@gmail.com.

The resource utilization report displays historical resource utilization by surgical service line, for 17 common procedures, including the following metrics:

- Readmission rates
- Inpatient length of stay
- Emergency department visit rates
- ICU utilization
- Blood use
- Ventilator use
- Discharge to other inpatient facilities

<https://michiganvalue.org/resource-utilization-report/>