

September 23, 2022

**MBSC/BCBSM OBESITY
MANAGEMENT SUMMIT**



M B S C

2022
Obesity
Summit

sponsored by BCBSM / BCN

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Welcome from MBSC Leadership



Dear Physician Organization leaders, primary care providers, bariatric specialists, and integrated health staff,

On behalf of the Michigan Bariatric Surgery Collaborative and Blue Cross Blue Shield of Michigan, we'd like to welcome you to the first annual Obesity Summit. This summit is an exciting opportunity to connect professionals from multiple disciplines to discuss the latest and best practices in obesity management. We're eager to leverage the experiences and expertise of our attendees to forge new ideas and develop partnerships as we address the obesity epidemic.

We are looking forward to an impactful and productive day and ask that you remain engaged in helping us to shape the future of obesity medicine. We are confident the impact of this important work will continue long after today's summit and will contribute to making Michigan one of the best states to receive healthcare.

Thank you,
The MBSC Leadership

Welcome from BCBSM Leadership



Dear MBSC bariatric specialists, PGIP Physician Organization leaders, primary care physicians, and interdisciplinary care teams:

The rising incidence of obesity continues to be a challenge, particularly in Michigan, where we have one of the highest rates of obesity in the nation. Currently, 36% of adults and 17% of children are obese. If current trends continue, it is expected that 50% of the population will be obese by 2030, with health care costs attributed to obesity topping \$956 billion. Now is the time for POs, primary care physicians, specialists, and care teams to work together to address this complex challenge. We are excited and proud to partner with the Michigan Bariatric Surgery Collaborative on the first annual Obesity Summit.

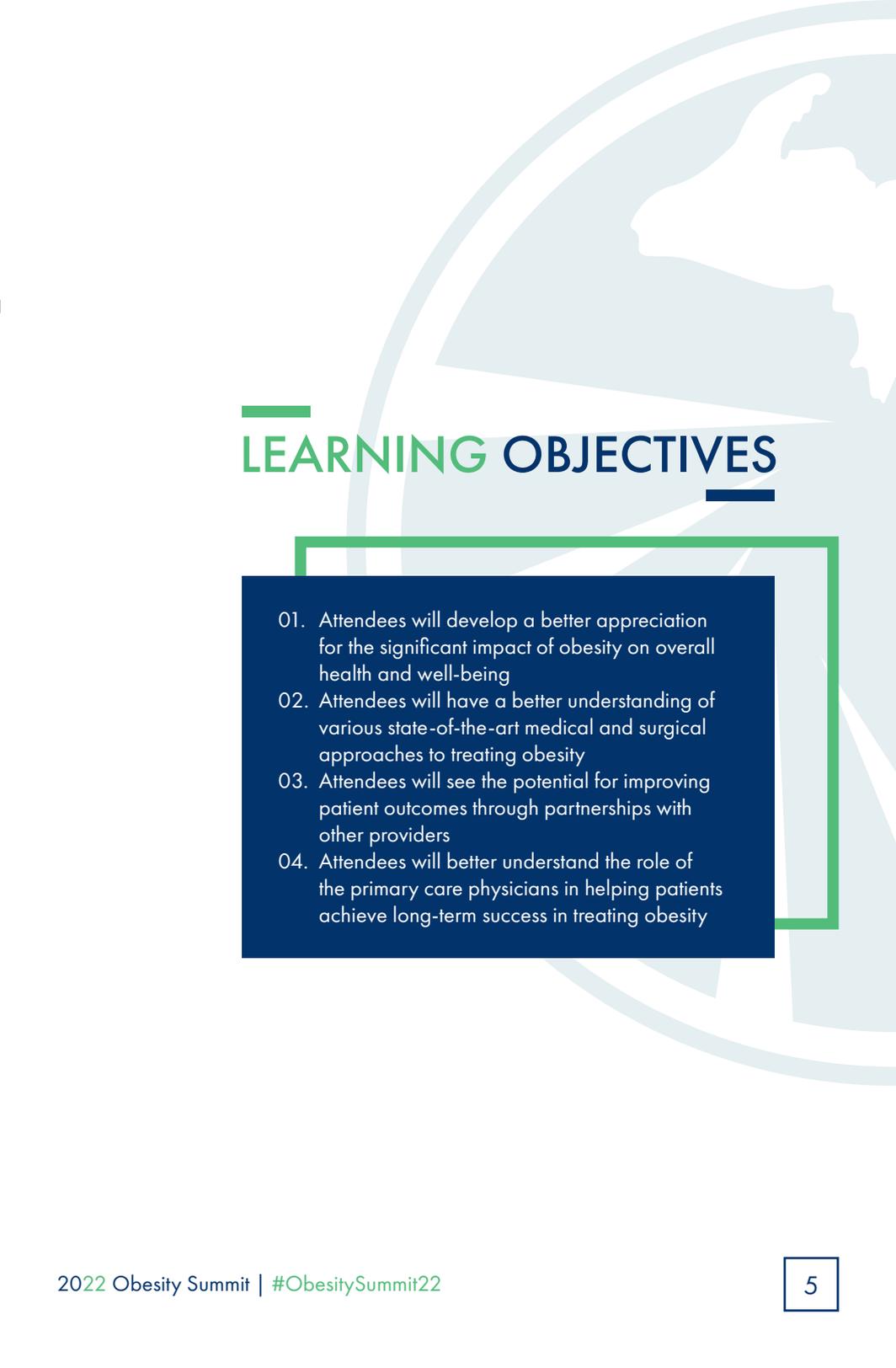
The foundation of our Value Partnerships programs is partnerships – like the 15+ years we have worked with the Michigan Bariatric Surgery Collaborative – built through a longstanding program where we have worked together to improve cost, quality, and outcomes in Michigan. We want to recognize MBSC, its leadership, and its participants, for all the great strides they've made in changing and improving the bariatric surgery landscape, not only in Michigan, but nationally as well. MBSC is internationally recognized and has always been ahead of the curve, and today is no exception. The Obesity Summit was a natural evolution in their ongoing commitment to advancing the science and practice of comprehensive, lifelong, patient-centered obesity care in Michigan.

We're proud of the work we have done both through PGIP and the CQI platform to address obesity. And together, we'll continue our efforts to improve obesity care in Michigan and beyond, even better than before.

With thanks,

Amy McKenzie, MD, MBA
Vice President, Clinical Partnerships and
Associate Chief Medical Officer
Blue Cross Blue Shield of Michigan

Thomas Leyden, MBA
Director II, Value Partnerships Programs
Blue Cross Blue Shield of Michigan

A stylized, light blue globe is positioned in the upper right background of the page. The globe shows the outlines of continents, with a focus on the Americas. The overall design is clean and professional, using a color palette of light blues, greens, and dark blues.

LEARNING OBJECTIVES

01. Attendees will develop a better appreciation for the significant impact of obesity on overall health and well-being
02. Attendees will have a better understanding of various state-of-the-art medical and surgical approaches to treating obesity
03. Attendees will see the potential for improving patient outcomes through partnerships with other providers
04. Attendees will better understand the role of the primary care physicians in helping patients achieve long-term success in treating obesity

Obesity Summit Agenda

7:00 AM: Registration, Continental Breakfast

8:00 AM: Conference Welcome and Overview

Amir Ghaferi, MD, MSc, MBA – MBSC Program Director (Michigan Medicine)

Session I. Topic: [Burden of Obesity](#) | Moderator: Oliver Varban, MD

8:15 AM: The Epidemiology of Obesity

Speaker: Dina Griauzde, MD (Michigan Medicine)

8:35 AM: Physiology of Obesity and Bariatric Surgery

Speaker: Bob O'Rourke, MD (Michigan Medicine)

8:55 AM: Metabolic Complications of Obesity

Speaker: Jennifer Sandy, DO (Grand Health Partners)

9:15 AM: Impact on Mental Health and Quality of Life

Speaker: Maunda Snodgrass, PsyD (Henry Ford Health)

9:35 AM: Q & A Panel Discussion

10:00 AM: Refreshment Break

Session II. Topic: [Non-Surgical Management of Obesity](#) | Moderator: Annie Ehlers, MD, MPH

10:20 AM: Dietary Interventions for the Treatment of Obesity

Speaker: Corey Shack, MS, RDN, CNSC, CSOWM (Ascension Borgess)

10:40 AM: Exercise & Weight Loss Maintenance for the Bariatric Patient

Speaker: Pam Webert, BS, MS (Henry Ford Health)

11:00 AM: Weight Control Medications

Speaker: Andrew Kraftson, MD (Michigan Medicine)

11:20 AM: Q & A Panel Discussion

11:40 AM: Lunch

Session III. Topic: [Surgical Management of Obesity](#) | Moderator: Jonathan Finks, MD, FACS

12:20 PM: Bariatric Surgery Procedures - When to Refer?

Speaker: Paul Kemmeter, MD (Trinity Health St. Mary's Grand Rapids)

12:40 PM: Endoscopic Options to Treat Obesity

Speaker: Allison Schulman, MD (Michigan Medicine)

1:00 PM: Reducing the Risk of Bariatric Surgery Complications

Speaker: Arthur Carlin, MD, FACS, FASMBS (Henry Ford Macomb)

1:20 PM: Health Outcomes after Bariatric Surgery: A Data Driven Approach

Speaker: Oliver Varban, MD (Henry Ford Health)

1:40 PM: Q & A Panel Discussion

2:00 PM: Refreshment Break

Session IV. Topic: [Care of the Post Bariatric Surgery Patient](#) | Moderator: Arthur Carlin, MD

2:15 PM: Nutritional Considerations in the Post-Operative Bariatric Surgery Patient

Speaker: Alissa Dandalides, RD (Henry Ford Macomb)

2:30 PM: Bariatric Mindset Recovery

Speaker: Kelly Queen, LPC, RD, CBC, CAADC (Henry Ford Health)

2:45 PM: Management and Prevention of Weight Regain in the Post-Bariatric Patient

Speaker: Dafina Allen, MD (Wise Weight Management)

3:00 PM: "Weight No More" A Patient Experience

Speaker: Felicia McGee (McLaren Flint)

3:20 PM: Q & A Panel Discussion

3:45PM: Closing Remarks

Speaker: Amir Ghaferi, MD, MSc, MBA – MBSC Program Director (Michigan Medicine)

4:00 PM: Adjourn



Amir Ghaferi

MD, MSc, MBA

Dr. Ghaferi is the Moses Gunn, M.D. Professor of Surgery with Tenure and Chief Clinical Officer of the University of Michigan Medical Group where he oversees clinical operations, quality, strategy, and finance for Michigan Medicine's ambulatory enterprise. He is the Director of the Michigan Bariatric Surgery Collaborative, a consortium of 41 hospitals and 80 surgeons focused on improving the safety and quality of bariatric surgery. He received his Bachelors degree from UCLA, his medical degree from the Johns Hopkins University School of Medicine, and completed surgical training at the University of Michigan. Dr. Ghaferi completed advanced training in health services research and obtained a Master's degree in Health and Healthcare Research from the University of Michigan. He also completed his Executive MBA from the University of Michigan's Ross School of Business.



Dina Griauzde

MD, MSc

Dina Griauzde is a physician-investigator in the Department of Internal Medicine at the University of Michigan. She is a Diplomate of the American Board of Obesity Medicine (ABOM) and practices primary care and obesity medicine at the Ann Arbor VA. Dr. Griauzde's research is focused on improving obesity treatment in primary care settings. She is the recipient of a NIH/NIDDK K23 award aimed at developing a multi-level intervention to support weight management in primary care settings. She serves as Research Director for Michigan Medicine's Weight Navigation Program, a clinical-research program that integrates ABOM Diplomates into primary care teams to augment delivery of evidence-based, effective obesity care through use of personalized treatment plans and population health management tools. Dr. Griauzde is committed to translating evidence-based dietary approaches for metabolic health into clinical practice and has a specific interest in the use of carbohydrate-restricted eating patterns for the management of obesity and type 2 diabetes. She is a member of the scientific advisory board for the National Kidney Foundation of Michigan (NKFM) and works closely with NKFM to engage patients with prediabetes in evidence-based Diabetes Prevention Programs to prevent progression to type 2 diabetes.



Bob O'Rourke

MD

Dr. O'Rourke serves as the William J. Fry Professor of Surgery at the University of Michigan in the Department of Surgery and as Chief of the Division of General Surgery and Director of Bariatric Surgery at the Ann Arbor Veterans Affairs Healthcare System. He graduated from the Massachusetts Institute of Technology in Cambridge, MA, with degrees in Chemical Engineering and Molecular Biology, obtained his MD from UCLA Medical School in Los Angeles, CA, completed his general surgery residency training at UCSF in San Francisco, CA, and an Advanced Minimally Invasive Surgery Fellowship at Legacy Health Systems in Portland, OR. Dr. O'Rourke joined the University of Michigan in 2013, after ten years as a faculty member at Oregon Health & Science University. Dr. O'Rourke has dedicated his clinical and scientific career to the care of patients with obesity and metabolic disease. He has managed an NIH-funded research program for the past 19 years that studies molecular and cellular mechanisms of adipose tissue dysfunction in the context of metabolic disease. He is active in resident and medical student education, and serves as an active member of multiple national surgical societies and on the editorial boards of the journals Obesity Surgery and SOARD.



Jennifer Sandy

DO

Jennifer Sandy is an Internal Medicine and Obesity Medicine physician in practice in western Michigan. She works in preoperative and postoperative care, as well as in non-surgical weight loss. Dr. Sandy received her B.S. in Biology through Saint Mary's College in Notre Dame, Indiana, followed by her D.O. through Michigan State University College of Osteopathic Medicine in East Lansing, Michigan. She completed a Residency in Internal Medicine at Metropolitan Hospital in Grand Rapids, Michigan, in 2005. Dr. Sandy is currently Board Certified in both Internal Medicine and Obesity medicine. She is a member of the American Society of Obesity Medicine. She developed an interest in bariatric medicine after years of treating obesity and related complications in primary care and finding this to be an area often not adequately addressed in general practice. She lives in Spring Lake, MI, with her husband, two children, and her Nova Scotia Duck Tolling Retriever, Tucker. Along with hanging out with her family, she enjoys hiking, skiing, paddle boarding, playing in the garden, and reading.



Maunda Snodgrass

PsyD

Maunda A. Snodgrass is a licensed clinical psychologist who has been practicing for the past eighteen years. She received her undergraduate degree in Psychology and English Writing from Adrian College. Dr. Snodgrass received her graduate training at Indiana University of Pennsylvania. A Detroit-born and raised, she returned to her beloved hometown to complete her internship at Wayne State University and forge her career in professional psychology. Her early career focused on working with children and families in forensic, outpatient and inpatient settings. She joined the Bariatric Program at Henry Ford Health in November 2021 where she works as a member of the multidisciplinary treatment team practicing bariatric behavioral medicine. She also worked in bariatric behavioral medicine at Beaumont Health and Ascension Eastwood Clinic. Dr. Snodgrass also previously served as a Clinical Instructor at the Oakland University William Beaumont School of Medicine. Her clinical interests include psychological assessment, adult psychotherapy and understanding the impact of health disparities and weight stigma on the marginalized communities.



Corey Shack

MS, RDN, CNSC, CSOWM

Corey Shack received her undergraduate degree in dietetics from Michigan State University and her master's degree from Eastern Michigan University in Human Nutrition. She is board certified as an Interdisciplinary Specialist in Obesity and Weight Management and currently works as the lead outpatient dietitian at Ascension Borgess, specializing in bariatric surgery and medical weight management.



Pam Webert

BS, MS

Pam Webert is a Lead Clinical Exercise Physiologist at Henry Ford Health in Detroit, MI. She received her Bachelor of Science from Madonna University and Master of Science in Exercise Physiology from Eastern Michigan University. In her current position at Henry Ford Health, she leads a medically supervised exercise program for patients with chronic health conditions (PREVENT). She is also the lead clinical exercise physiologist for the body composition lab and human performance lab located at the Henry Ford Center for Athletic Medicine/Detroit Pistons Performance Center. With respect to the bariatric population, she leads a weekly bariatric exercise and education class and is involved with the multidisciplinary team helping higher-risk bariatric surgical candidates become more active and improve their functional capacity to reduce overall peri-surgical risk.



Andrew Kraftson

MD

Andrew T. Kraftson is a Clinical Associate Professor in the division of Metabolism, Endocrinology and Diabetes (MEND) at the University of Michigan. Dr. Kraftson received his medical degree from the Chicago Medical School (North Chicago, IL). He completed both his internal medicine residency and chief residency at the McGaw Medical Center of Northwestern University (Evanston, IL) and then underwent fellowship training in endocrinology at the University of Michigan. Dr. Kraftson joined the faculty at Michigan in 2010. Dr. Kraftson's clinical and research interests are specifically focused in obesity medicine. He is the director of the Post-Bariatric Endocrinology clinic, director of the Weight Navigation Program, and assistant director of the Investigational Weight Management Program. In addition to these roles, Dr. Kraftson is the Associate Program Director for the Endocrinology Fellowship program.



Paul K Emmeter
MD, FACS

Paul K Emmeter has been a general and bariatric surgeon for two decades in Grand Rapids, MI, and now focuses his career in advancing the care of patients suffering from obesity and gastroesophageal reflux disease locally, regionally, nationally, and internationally. He is one of the founding partners of Grand Health Partners, developed the bariatric surgery program at Trinity Health Saint Mary's, and was involved in the development of the bariatric surgery programs at the University of Michigan-West campus and Schoolcraft Memorial Hospital in Manistique, MI. He serves on the Michigan Bariatric Surgery Collaborative Executive Council dedicated to improving patient care and is the Chair of the American Society of Metabolic and Bariatric Surgery Community and Independent Practice committee dedicated to improving access to care. As an Assistant Professor of Surgery for the Michigan State College of Human Medicine, he is involved in teaching medical students and has previously instructed general surgery residents as an Associate Program Director of the GRMERC-MSU General Surgery residency program. He is always exploring for the best treatments available for his patients, and his research has been presented internationally.



Alison Schulman

MD, MPH

Allison Schulman is an Associate Professor in the Division of Gastroenterology and Hepatology and the Department of Surgery. She received her bachelor's degree from Cornell University and her medical degree from Weill Cornell Medical College, where she was inducted into the Alpha Omega Alpha Medical Honor Society. She received a Master's in Public Health at Harvard University. She completed her residency in Internal Medicine at the Brigham and Women's Hospital in Boston, MA, a fellowship in Gastroenterology and two additional fellowships in Bariatric Endoscopy followed by Advanced/Therapeutic Endoscopy. She joined the University of Michigan in 2017 and was appointed Director of Bariatric Endoscopy. Dr. Schulman's research has focused on endoscopic management of obesity, and she is specifically interested in the management of complications following bariatric surgery, primary endoscopic therapy for obesity, and innovation and device development in endoscopy. She also has interests in interventional hepatology and therapeutic EUS/ERCP. Dr. Schulman is on committees through many gastroenterology and surgical societies, and is the incoming Chair of the Association for Bariatric Endoscopy.



Arthur Carlin
MD, FACS, FASMBS

Dr. Carlin is a Professor of Surgery at Wayne State University and an Assistant Professor of Surgery at Michigan State University. He graduated Summa Cum Laude from Wayne State University and completed his General Surgery residency and attended medical school at Wayne State University where he was inducted into Alpha Omega Alpha and graduated with High Distinction. During residency Dr. Carlin completed an NIH research fellowship in Surgery and Biochemistry. He spent five years at the Detroit Medical Center before joining Henry Ford Health in 2003 and was appointed Division Head of General Surgery in 2011. Dr. Carlin established the bariatric surgery program at Henry Ford Macomb Hospital in 2016 and is the Medical Director of Metabolic and Bariatric Surgery. He is also the Associate General Surgery Program Director at Henry Ford Macomb Hospital. Dr. Carlin has been Executive Committee Chair of the Michigan Bariatric Surgery Collaborative since 2014 and is dedicated to optimizing bariatric surgery outcomes within the state of Michigan and globally.



Oliver Varban

MD

Oliver Varban is a Minimally Invasive and Bariatric surgeon at Henry Ford Health and serves as Associate Director of the Michigan Bariatric Surgery Collaborative (MBSC). After graduating with a degree in Molecular Biology and Genetics at the University of Pennsylvania, Dr. Varban completed his medical school and general surgery residency training at Wake Forest University. Afterwards, he completed a fellowship in Minimally Invasive and Bariatric Surgery at Brigham and Women's Hospital. Dr. Varban has been an active member of the MBSC since 2011 and his clinical interests include outcomes of bariatric surgery, access to care and quality improvement.



Alissa Dandalides

RD

Alissa Dandalides is a Bariatric Surgery Dietitian for Henry Ford Macomb Hospital in Clinton Township, MI. She has been a Registered Dietitian for 11 years and has been working with Bariatric surgery patients for 3.5 years. As a Bariatric Surgery Dietitian, she assists patients in achieving nutritional lifestyle changes before and after surgery, so they can be as successful as possible in meeting their personal goals. It brings her great joy watching them transform physically and mentally into the best version of themselves, and, most importantly, improving their long-term health.



Kelly Queen

MA, LPC, CBC, RD, CAADC

Kelly Queen is a Licensed Professional Counselor, Certified Bariatric Counselor, Registered Dietitian and Certified Advanced Alcohol and Drug Counselor. She obtained her Bachelor's Degree in Nutrition and Dietetics from Michigan State University in 1992 and her Master's Degree in Counseling from Oakland University in 2000. She has advanced training in the treatment of eating disorders and a post graduate certification in addiction treatment. She completed a specialized training and education program in bariatric science by the American Association of Bariatric Counselors (AABC) and is credentialed as a Board Certified Bariatric Counselor (CBC). For 30 years Ms. Queen has combined her knowledge and experience in nutrition, psychology and addictions to treat all types of disordered eating. She has worked for the Henry Ford Behavioral Health System since 2005 and has been a part of the Bariatric Treatment Team for nearly 10 years. Her interests focus on treating clients who are considering bariatric surgery, preparing for surgery, or struggling post surgery. Kelly has a passion for and is committed to lifelong learning to advance her knowledge and skills in treating patients who suffer from obesity.



Dafina Allen

MD

Dafina Wise Allen is a board certified family medicine and obesity physician and founder and owner of Wise Weight Management Obesity Medicine Practice. She received a Bachelor of Science in Food Science and Human Nutrition at the University of Florida. She attended Wayne State University Medical School, then completed her Family Medicine residency at Advocate Illinois Masonic Family Medicine Residency, where she served as chief resident. She has a love for prevention, which is how she became interested in weight loss. She obtained her obesity board certification from the American Board of Obesity Medicine. By focusing on the medical management of obesity, she's been successful with empowering patients with weight loss plans they can maintain long term! She is an active member of the Obesity Medicine Association and the Academy of Nutrition and Dietetics. She loves educating patients, fellow physicians or anyone that wants to learn more about how to manage their weight. For more information, visit wiseweighmd.com.



Felicia McGee

Patient Advisor

Felicia McGee is a Licensed Natural Hair Stylist, Instructional Facilitator, and Stress Resilience Educator. She combines a blend of skills which undergird her passion to solve problems and serve others with compassion and empathy. Felicia's empowering, creative, and vibrant energy makes an impression at first contact. In 2020, after both her and her husband narrowly escaped the death grip of COVID-19, Felicia began reimagining many aspects of her life, with a particular focus on her physical and mental health. While simultaneously recovering along with caring for her spouse full-time, she transitioned from a long-held career in medical optometry by returning to school and started the process to obtain bariatric surgery. Felicia's journey to recovering health has been filled with change and challenges, adjustments and achievements, tough days, and triumphs. Nevertheless, she's committed to the path of wellness and becoming the healthiest version of herself through consistency, education, and building the support she needs to maintain her goals.



Jonathan Finks

MD, FACS

Dr. Finks is a Clinical Professor of Surgery at the University of Michigan. Dr. Finks attended college at Harvard University and medical school at the University of California, Irvine. He completed a General Surgery residency at the University of Cincinnati and a two-year research and clinical fellowship in Minimally Invasive Surgery at Oregon Health & Science University in Portland, Oregon. Dr. Finks' clinical interests are in minimally invasive general and bariatric surgery and he served as the director of the Adult Bariatric Surgery Program at the University of Michigan from 2011 until 2014. His research focus is on improving surgical outcomes in bariatric surgery through collaborative quality improvement. Dr. Finks has served on the Executive and Publication Committees of the Michigan Bariatric Surgery Collaborative (MBSC) since 2007 and now serves as the associate director of the MBSC.



Annie Ehlers

MD, MPH

Dr. Ehlers graduated from the University of Notre Dame in 2007, received her medical degree from the University of Washington School of Medicine in 2011, completed her general surgery residency at the University of Washington in 2018, and finished a fellowship in minimally invasive surgery at the University of Washington in 2019. During this time, Dr. Ehlers also completed a health services research fellowship with the Surgical Outcomes Research Center in Seattle, WA, and obtained a Master of Public Health Degree. She joined the University of Michigan faculty in 2019 as an Assistant Professor of Surgery in the School of Medicine. Her clinical practice is located at the Ann Arbor Veterans Administration Healthcare System which serves Michigan, Ohio, and Indiana. Dr. Ehlers' clinical practice is devoted to advanced laparoscopy, including gastroesophageal reflux surgery, bariatric surgery, and abdominal wall and groin hernias. Dr. Ehlers' research focuses on understanding clinical and patient-reported outcomes in bariatric and hernia surgery and determining how best to engage patients for research.

CQI Fair



 bmc2.org

 (734) 998-6400  bmc2.info@umich.edu

Background

BMC2 is a consortium of health care providers dedicated to improving quality of care and outcomes for cardiovascular patients across the state of Michigan. BMC2 focuses on a variety of patients with cardiovascular disease: those having coronary angioplasty and stenting (also known as percutaneous coronary intervention, or PCI), vascular surgery for aneurysm repair, bypass surgery for peripheral arterial disease, carotid endarterectomy, carotid stent, and transcatheter aortic and mitral valve replacement and repair procedures.

Goals

BMC2 aims to

- Improve the safety and quality of PCI, vascular interventions, and vascular surgery
- Improve the appropriateness of care
- And enhance high-value care

Key Takeaways

- **56%** reduction in PCI patients receiving high dose radiation exposure during a PCI procedure, 2018 - 2021
- **43%** smokers quit 1 year after vascular surgery, translating to 6,310 life years gained, 2018 - 2020
- **70,000** PCI patients referred for cardiac rehab, lowering risk of readmissions and deaths, 2018 - 2021
- **59%** increase in hospitals prescribing fewer than 10 post-surgical opioid pills following carotid endarterectomy, 2018 - 2021

 maqi2.org

 Brian Haymart, RN, MS | Program Manager | khaymart@med.umich.edu

Background

- There is a growing need for anticoagulation to prevent blood clots
- Anticoagulants are effective at preventing clots, if managed appropriately, but can lead to dangerous bleeding adverse events
- Anticoagulation management is complicated
- Due to the complexity of management and high associated risk, there is a need for performance monitoring, quality improvement initiatives, and provider/patient education

Goals

One of our featured projects is reducing the risky combination of an anticoagulant and aspirin. Our data has shown that this combination doubles the risk of bleeding without any benefit to the patient. Guidelines recommend against using this combination in most patients, unless there is a specific indication for aspirin, such as a recent heart attack ([myocardial infarction](#)).

Key Takeaways

- In 2017, in our patients taking warfarin, 28% were taking aspirin without a clear indication.
- We developed a MAQI2-wide intervention to screen for unnecessary aspirin use and work with providers to de-prescribe aspirin.
- Currently, only about 7% are taking aspirin (75% reduction).
- We are seeing an associated decrease in bleeding adverse events as we have reduced aspirin use.
- Our initiative was recognized by the American Society of Hematology as a “Choosing Wisely Champion” project and recognized at their national meeting.



mi-hms.org



@HMS_MI



Elizabeth McLaughlin, RN, MS | Program Manager | emcnair@umich.edu



Background

The Michigan Hospital Medicine Safety (HMS) Consortium is a collaborative of 69 hospitals that aims to improve the quality of care for hospitalized medical patients through multi-disciplinary collaboration, networking, data collection and sharing of best practices and resources.



Goals

- To improve the quality of care for hospitalized medical patients who are at risk for adverse events
- Current QI Initiatives:
 - » Improving appropriate intravascular device use (PICC & Midline)
 - » Improving inpatient antimicrobial stewardship
 - » Improving care for hospitalized patients with Sepsis
- HMS partners with many stakeholders given the diverse multidisciplinary teams responsible for care of any given hospitalized medical patient.
- HMS has informed national policies and patient care through partnerships with the Center for Disease Control and Prevention (CDC), National Quality Forum (NQF), and the Joint Commission.



Key Takeaways

- 3,300 blood clots prevented
- 900 central-line-associated-bloodstream infections prevented
- 32,000 days of unnecessary antibiotics avoided
- 800+ antibiotic related adverse events avoided
- 9,000 intravascular catheter occlusions prevented

mishc.org

734-998-6400

info.mishc@umich.edu

Background

The Michigan Structural Heart Consortium is a quality improvement network designed to improve quality of care and outcomes in patients across the state of Michigan who undergo structural heart procedures for valvular heart disease, including transcatheter aortic valve replacement, mitral valve replacement, and mitral valve repair procedures. MISHC is a collaboration among the Blue Cross Blue Shield of Michigan Cardiovascular Consortium and the Michigan Society of Thoracic and Cardiovascular Surgeons Quality Collaborative.

Goals

MISHC aims to

- Increase appropriateness and quality of procedures
- Through development and sharing of best practices, and creation of statewide learning networks among hospitals and care teams
- Improve patient quality of life
- Through goal setting on quality-of-life measures, driving increased utilization of cardiac rehabilitation, and development of resources to prevent hospital readmission

Key Takeaways

Measure	Goal	Baseline	2021 Q3YTD	%change
Increase echocardiogram post-procedure(TAVR)	>=95%	87.1%	99.3%	+14.0%
Increase follow up information at 30 days (TAVR)	>=99%	85.4%	95.0%	+11.3%
Decrease CV/Cr Cl>=3 (TAVR)	<=9%	30.6%	3.9%	-87.3%
Decrease bleeding/vascular complications (TAVR)	<=2%	4.5%	2.6%	-42.2%
Decrease transfusions (TAVR)	<=8%	17.2%	5.6%	-67.4%

 mbscsurgery.org

 (734) 998-7481  Amanda Stricklen | MBSC's Senior Project Manager | aoreilly@med.umich.edu

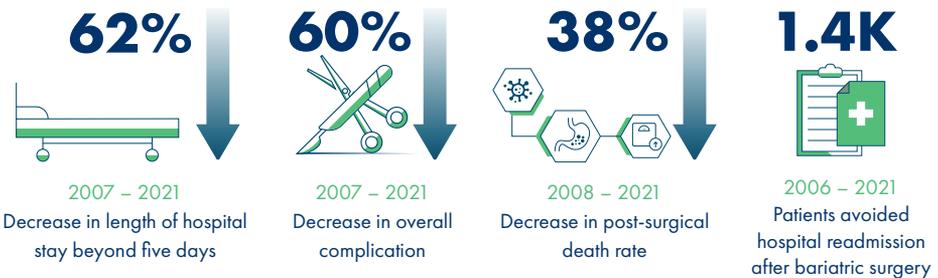
Background

The Michigan Bariatric Surgery Collaborative is a voluntary group of hospitals and surgeons that perform bariatric surgery in Michigan and California. Currently, 41 hospitals and 78 bariatric surgeons throughout Michigan and California are participating in this project. Formed in 2005, MBSC aims to innovate the science and practice of metabolic and bariatric surgery through comprehensive, lifelong, patient-centered obesity care in Michigan and across the United States. The project is funded by Blue Cross Blue Shield of Michigan and Blue Care Network (BCBSM/BCN). MBSC rests on the core pillars of collaborative quality improvement: collection of detailed clinical data on outcomes and practice; timely, rigorous performance feedback; and continuous improvement based on empirical analysis and collaborative learning.

Goals

The goal of the MBSC project is to improve the quality of care for patients undergoing bariatric surgery by examining data and implementing changes in surgical care, which will produce better results for bariatric surgery patients.

Key Takeaways



 mssic.org

 Jamie Myers, Manager | Program Manager | jmyers8@hfhs.org

Background

The Michigan Spine Surgery Improvement Collaborative (MSSIC) brings orthopedic surgeons and neurosurgeons together to study ways to improve spine surgery outcomes in Michigan. Participants aim to improve the quality of care of spine surgery, reduce surgical complications, improve patient functional outcomes, reduce costs and episodes of care, and reduce the need for repeat surgeries. For more information, go to mssic.org.

Goals

- Development and implementation of Enhanced Recovery After Surgery for spine patients at all MSSIC sites
- Reducing urinary retention, surgical site infections, and readmissions
- Promoting ambulation within 8 hours of surgery to reduce complications, improve outcomes, and shorten hospital stays
- Improving patient reported outcomes such as satisfaction, functional status, pain, and return to work
- Reducing ED visits within 90 days after spine surgery
- Reducing opioids prescribed at discharge for opioid naive patients

Key Takeaways

MSSIC data reveals best practices:

- Hospitals with lowest urinary retention rates showed early ambulation (within hours of surgery) could significantly reduce such rates
- Preoperative risk assessments and optimization of modifiable risk factors
- Comprehensive preoperative education that does not vary from surgeon to surgeon
- Strong surgical site infection prevention protocols and bundles
- MSSIC data shows there's no evidence of decreased satisfaction or increased healthcare utilization with judicious use of opiates. Patients with < 225 MME are less likely to be on opioids 90 days post-surgery.

 impactcqi.org

 I-mpactcc@med.umich.edu



Background

I-MPACT is a Blue Cross and Blue Shield of Michigan funded Collaborative Quality Improvement Initiative (CQI) developed to bring Michigan hospitals, provider organizations (POs), and patients together to assess gaps in patient care coordination and to identify ways to bridge those gaps for improved patient care transitions.

Goals

I-MPACT is structured to be a forum for real-world problem solving that joins multiple disciplines focused on patient care transitions to improve patient care. In addition to working with providers and staff of participating organizations, I-MPACT also engages with organizations who provide support to patients across the care continuum such as other CQI programs, home health care agencies, area agencies on aging, community paramedic programs, and skilled nursing facilities.

Key Takeaways

Early post-discharge follow-up with a provider is important:

- Since 2017 I-MPACT participants have increased the scheduling of patient follow-up appointments within the collaborative from 35.4% to 52.6%.

Patient reported experiences:

- Patients with transportation issues are 70% less likely to receive follow-up care after a hospitalization
- Black patients are less likely have a follow-up appointment within 12 days of leaving the hospital

 michiganvalue.org

 michiganvaluecollaborative@gmail.com

Background

The Michigan Value Collaborative (MVC) represents a partnership between over 100 Michigan hospitals and 40 physician organizations (POs) that aims to improve the health of Michigan through sustainable, high-value healthcare. MVC works with members to help them better understand their performance using high-quality multi-payer data, customized analytics, and peer-to-peer support.

Goals

MVC offers a data registry as well as numerous push reports and custom analytics that allow its members to benchmark their care utilization, track changes over time, and identify areas of cost opportunity. MVC also fosters a collaborative learning environment that enables providers to learn from one another in a cooperative, non-competitive space.

Key Takeaways

Data Analytics: Providing access to meaningful, multi-payer, high-quality benchmarked performance data through the MVC registry, push reporting, custom analytics, and unblinded data

Member Engagement: Helping hospital and PO leaders learn best practices from each other through various engagement activities

MVC Component of the BCBSM P4P Program: Implementing, adjudicating, and continually improving the MVC Component of the BCBSM Pay-for-Performance (P4P) hospital incentive program

Value Coalition Campaigns: Partnering with BMC2 to equitably increase participation in cardiac rehabilitation for all eligible individuals in Michigan



obstetricsinitiative.org



obicustomersupport@med.umich.edu



Background

The Obstetrics Initiative (OBI) works to improve maternity care by supporting vaginal delivery and safely lowering the use of cesarean sections among low-risk patients. Cesarean delivery serves a critical need, but the varying rates of cesarean delivery across the state suggest that some may not be medically necessary.



Goals

- Reducing the cesarean delivery rate of low-risk births with improved or stable maternal and neonatal morbidity. Promote evidence-based processes to improve the quality of maternity care.
- Utilize the OBI Workstation Obstetric Reports as reliable, actionable data to identify opportunities for quality improvement in maternity care.
- Improve the culture of care, awareness, & education around pregnancy, health equity in maternity care and safe birth processes.



Key Takeaways

- In April 2021, OBI set a goal of a 10% relative rate decrease in the collaborative-wide NTSV cesarean rate by December 2022. This stretch goal will be reported by May 2023. BCBSM approved this reduction as a noteworthy goal.
- The induction of labor (IOL) rate ranges from 21% to 71% across the collaborative in the NTSV population.
- Of note, the larger delivery hospitals (> 2000 births) have significantly higher cesarean birth rates in 2021 compared to the smaller delivery hospitals with higher volume hospitals having a rate of 29.0% ($P < 0.0001$).



hbomich.org



info@hbomich.org



Background

HBOM (Healthy Behavior Optimization for Michigan) is a partnering CQI (Collaborative Quality Initiative) that collaborates with CQIs to promote innovative programs for improving the health of people throughout Michigan. Healthcare providers have the unique opportunity to connect with patients during teachable moments – such as around the time of surgery or after a new diagnosis – when patients are motivated to make healthy changes in their behaviors and lifestyles. HBOM leverages these teachable moments to connect people to effective resources that support them in making healthy changes, including quitting smoking, eating better, and being more physically active.



Goals

Whether a person smokes, eats well, or exercises impacts their health and wellbeing. Unfortunately, even those who want to improve their behaviors are not offered the many resources that can help. HBOM connects health systems and providers with the resources and programs that can help their patients adopt healthy behaviors and live their best lives.



Key Takeaways

To support efforts in collecting, documenting, and improving smoking cessation referrals, our team has created dynamic online and print resources including guidelines, recommendations, and over 100 linked resources. HBOM has also partnered with other population health CQIs and with [Shipt.com](https://www.shipt.com), to launch our second initiative, Healthy Eating Jumpstart. This program uses grocery delivery to provide patients with type 2 diabetes and low-income/food insecurity access to healthy foods – a critical component of diabetes treatment.



msqc.org



MSQCCustomerSupport@med.umich.edu



Background

MSQC began 17 years ago for the purpose of bringing surgeons together from across the state of Michigan to discuss surgical quality and to share best practices to improve it. MSQC hosts a robust data registry populated with data that is clinically abstracted at each member hospital, allowing for analysis and reporting on each hospital and surgeons performance trends, as well as comparing that hospital to the whole collaborative. The data registry provides insight for developing quality improvement initiatives and identification of best practices aimed at facilitating improved surgical quality.



Goals

MSQC initially sought to reduce surgical site infections. In the many years since its inception, post-surgical morbidity has improved greatly, along with many other outcomes. MSQC's work has evolved to include an expanding set of procedure groups, focus on opioid prescribing, and improving the appropriateness of care.



Key Takeaways

- Reduced post-surgical morbidity from **11.9% to 7.5%** (2016 – 2021)
- Reduce opioid prescribing from 2017 baseline of 193 Oral Morphine Equivalents (OME) to 72.3 OME in 2021
- Improved colorectal cancer care by improving the positive margin rate (associated with better outcomes) and improving the proportion of surgeries with TME grading from **7.02%** in 2020 to **89.8%** in 2021.
- Reduce morbidity for elective colectomy from **17.9%** in 2016 to **14.9%** in 2021
- Reduced readmissions for colectomy patients from 2018 to 2021, resulting in cost savings of \$2.7 million.



musicurology.com



MusicUrology@umich.edu



Background

The Michigan Urological Surgery Improvement Collaborative works to improve the quality of urologic care for patients in Michigan. Ninety percent of the urologists in the state participate, as well as 15 patient advocates who serve as the moral compass for all the collaborative's quality improvement activities. MUSIC has three areas of focus: 1. Patients with, or at-risk for, prostate cancer. 2. Patients treated with kidney stone surgery. 3. Patients with a T1 renal mass diagnosis



Goals

MUSIC's prostate-related goals include optimizing prostate biopsy and prostatectomy outcomes and enhancing the appropriateness of prostate cancer treatment decisions. Our kidney stone program aims to reduce operative complications from kidney stone surgery, and our renal mass-related goals are to improve the initial management and treatment appropriateness of patients with localized kidney masses.



Key Takeaways

- >50% reduction in transrectal ultrasound guided prostate biopsy-related hospitalizations
- Statewide decrease in the utilization of both bone scans and CT scans for men with low-risk prostate cancer
- Established an electronic infrastructure for measuring and improving patient reported outcomes after prostate surgery
- **65% reduction** in opioid prescriptions following kidney stone surgery
- Doubled the renal mass complexity documentation by urologists



mroqc.org



support@mroqc.org



Background

The Michigan Radiation Oncology Quality Consortium (MROQC) was established in 2011, through the generous support from Blue Cross Blue Shield of Michigan and Blue Care Network. In this first-of-its-kind collaborative quality initiative (CQI), MROQC has created a comprehensive clinical data registry of patients receiving radiation treatment for breast, lung, and prostate cancers and bone metastases. Our registry is maintained by the MROQC Coordinating Center and includes both patient-reported outcomes and physician assessments of toxicity as well as data on radiation treatment delivery and dose.



Goals

MROQC establishes and disseminates best practices that enable radiation oncology practitioners to optimize the delivery of patient-centered, equitable, appropriate, high quality, cost-effective care for breast, lung, & prostate cancers and bone metastases.



Key Takeaways

- **62%** increase in the use of accelerated whole breast irradiation in accordance with ASTRO Choosing Wisely® campaign (2014-2021; in maintenance)
- **11%** decrease in the radiation dose given to the heart in lung patients—reducing the risk of heart complications (2018-2021; ongoing effort)
- **96%** of MROQC patients get appropriate, shorter course treatments for bone metastases as recommended by ASTRO Choosing Wisely® campaign (2018-2021; in maintenance)

 medicqi.org

Background

Our work focuses on improving emergency department (ED) care for adults and children.

This translates to **quality improvement initiatives that have:**

- High potential impact for patients and providers
- Known gap or variation in current performance
- Evidence-based best practices

The **ultimate goals of this quality improvement work are to:**

- Decrease ED use of low value imaging in adults and children
- Reduce reliance on hospitalization for conditions
- Increase use of harm reduction tools in populations at high-risk for injury or death

Goals

Our primary goal is to improve the quality of care delivered to patients of all ages in EDs across Michigan. If you, or someone you care for, is in Michigan and must visit an ED, we want you to receive the best evidence-based care.

Key Takeaways

MEDIC QI Impact	MEDIC Quality Initiative	 diagnostic yield in CT scans for suspected pulmonary embolism	 appropriate use of head CT scans in adult minor head injuries	 use of chest x-rays in children with asthma, croup, or bronchiolitis	 use of head CT scans in intermediate risk pediatric minor head injuries	 rate of safe discharge for adults with low-risk chest pain from ED
	Low Value Care Avoided	11,000	7,500	5,000	600	900
	Estimated Cost Avoided	\$15 M	\$ 7 M	\$ 0.9 M	\$0.5 M	\$ 5 M

 mct2d.org

 ccteam@mct2d.org

Background

Type 2 Diabetes (T2D) is a highly prevalent, costly, and disabling disease in the United States. Approximately 11.5% of Michigan adults (~912,000 residents) have diabetes. MCT2D seeks to engage and empower medical providers to disseminate and implement evidence-based strategies to prevent or slow the progression of Type 2 Diabetes through:

1. Lower carbohydrate diet counselling.
2. Use of continuous glucose monitoring.
3. Removing barriers to prescribing GLP-1 receptor agonists and SGLT-2 inhibitors.

Goals

The goals of MCT2D are to work with practices and physician organizations to reduce barriers. To date, this has been achieved through providing educational sessions and panel discussions on topics such as reducing prior authorization burdens, implementing continuous glucose monitors into practice workflow, and through the creation of tools and resources aimed at providing needed information, such as coverage from different insurers on each of the medications, and criteria for CGM prescriptions.

Key Takeaways

Over the first two years of the collaborative, MCT2D has enrolled:

- 28 Physician Organizations (POs)
- 308 Primary Care Practices with greater than 1100 participating physicians
- 16 Endocrinology Practices with 84 participating endocrinologists
- 14 Nephrology Practices with 97 participating nephrologists

 mtqip.org

 Judy Mikhail | Program Manager | jmikhail@umich.edu

Background

Traumatic injury is the leading cause of death for ages 1-44 and leads all diseases in years of potential life lost. MTQIP aims to address variation in patient outcomes related to trauma and emergency general surgery care. It focuses on quality improvement in high-impact areas such as blood clot prevention, bleeding control, and reducing complications.

Goals

To improve the quality of care for trauma and emergency general surgery patients in Michigan.

Programs

- (2011) The Michigan Trauma Quality Improvement Program (MTQIP) was established as a formal BCBSM and BCN-supported CQI in 35 Level I and II trauma centers in Michigan with over 300K patient admissions.
- (2017) MTQIP collaborated with the state of Michigan to create a regionalized, coordinated state trauma system that includes 23 Level III trauma centers.
- (2019) MTQIP initiated the Michigan Acute Care Surgery (MACS) program in 10 hospitals, designed to improve the quality of care for emergent general surgery patients.

Key Takeaways

- **28% decrease** in major complications for trauma patients
- **37% reduction** in deep vein clots(thromboembolism) that can lead to a life-threatening event
- **44k decrease** in hospital bed days per year for trauma patients across 35 hospitals.

 mibac.org

 mibac@hfhs.org

Background

Michigan Back Collaborative (MIBAC) is a statewide quality improvement collaborative initially focused on better care for low back pain by first-contact clinicians such as primary care providers and chiropractors. It is one of the newest statewide collaborative quality improvement programs supported by Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network (BCN).

Goals

MIBAC's goals are to establish more effective care patterns, facilitate better outcomes for patients, and improve satisfaction for clinicians and patients. The work of MIBAC will improve the lives of patients with acute low back pain and reduce the number of patients who develop chronic pain as a result.

Key Takeaways

MIBAC is launching registry-building activities in fall 2022. The focus for data collection includes linking patterns of care with outcomes, with an emphasis on Patient Reported Outcomes (PROs). Additionally, imaging rates, opioid prescriptions, surgeries, and emergency room visits are key elements to assess.

Caring for Patients with Low Back Pain from the Start of Care

- **50%** of patients see their primary care physician (PCP) first for back pain.
- Many PCPs do not like managing back pain nor do they feel they have been adequately trained in musculoskeletal medicine.
- Doctors of Chiropractic see **35%** of back pain as 'first contact' yet are often ignored in developing solutions.

 moqc.org

 moqc@moqc.org

Background

The Michigan Oncology Quality Consortium (MOQC) is a physician-led, voluntary collaborative of medical and gynecologic oncologists who come together to improve the quality and value of cancer care in Michigan. Our purpose is to further the success of interdisciplinary teams that improve the quality and value of cancer care.

Goals

- Increasing access to palliative and hospice care
- Appropriate prescribing of antiemetics for patients on chemotherapy
- Improving collection of complete family history for patients with invasive cancer
- Decreasing tobacco use to improve cancer outcomes in gynecologic oncology patients after cytoreduction
- Patient and Caregiver Oncology Quality Council

Key Takeaways

- **33%** Improvement in prescribing of olanzapine with high emetic risk chemotherapy since 2020
- **20%** Increase in membership in the Patient and Caregiver Oncology Quality Council (POQC) over the past year, which provides the patient voice in all decision-making regarding measures and initiatives
- **15%** Increase in patients with complete family history documented since 2020. Our hope is that every patient with cancer and their loved ones will receive the absolute best care.

 mpog.org/aspire-eligibility

Background

The Anesthesiology Performance Improvement and Reporting Exchange is the quality arm of the Multicenter Perioperative Outcomes Group – a national consortium of hospitals focused on improving care for patients undergoing surgery. Within Michigan, our 30+ member hospitals are committed to understanding variation in care and working together to reduce complications and improve outcomes.

Key Takeaways

- **16%** improvement in perioperative glucose management, reducing the risk of postoperative infections
- **18%** improvement in the utilization of non-opioid adjunct medications to effectively manage pain and improve outcomes after surgery
- **19%** reduction in high fresh gas flows that can contribute to increased environmental pollutants from anesthetic gases, reducing costs of greenhouse gas emissions without compromising patient care

Statewide Improvement Assessment

MBSC Resources

- Data registry
- Reports and strategies to support patient care improvements
- Surgeon-led coaching using surgical videos
- Patient-reported outcome measures
- Patient decision-making resources

Collective Impact

- Lower risk of blood clots across MI hospitals
- Fewer unnecessary procedures
- Lower readmission rates post-surgery



BACKGROUND

The Michigan Bariatric Surgery Collaborative reached out to the Michigan Value Collaborative (MVC) Coordinating Center in early 2022 to assess the impact of bariatric surgery on prescription fills for diabetes medications across the state of Michigan. This request was largely driven by existing evidence in the literature that shows that bariatric surgery has resolved or improved Type 2 diabetes symptoms in a large proportion of patients (Varban et al., 2022).

Using its rich administrative claims data sources, the MVC team analyzed pre-surgery and post-surgery receipt of diabetes medications, then estimated a high-level snapshot of the overall impact across Michigan. MVC's analysis included estimated cost savings to health insurance providers that could be attributed to a decrease in post-surgery diabetes medication prescription fills.

METHODOLOGY OF ANALYSIS

Data Sources & Study Population

The analysis conducted used bariatric surgery episodes for Roux-en-Y Gastric Bypass (RYGB) and sleeve gastrectomy hospitalizations, focusing on index admissions between 2015 and 2021. In doing so, 90-day episodes of care were created from claims data for Blue Cross Blue Shield of Michigan (BCBSM) PPO Commercial and BCBSM Medicare Advantage plans. Prescriptions filled pre- and post-surgery were assessed using paid outpatient prescription claims, and monthly BCBSM membership files were used to ensure patients' continuous enrollment in a prescription insurance sub-plan during the follow-up window.

Limitations

Payment measures were derived for patients enrolled in BCBSM PPO Commercial and MA prescription sub-plans; although a sensitivity analysis implied alignment with Medicare paid amounts, BCBSM payments may differ from other payer payments for diabetes medications. Furthermore, extrapolating results assumes that the larger population of patients undergoing bariatric surgery have a similar distribution of prescription fills for diabetes medications. Finally, this analysis assumed consistent dollar amounts paid per prescription over time.

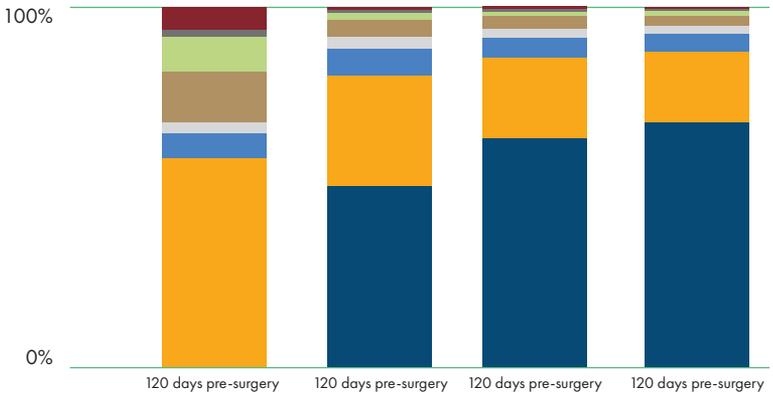
Assessing the Impact of Bariatric Surgery on Diabetes Medication Prescription Fills in Michigan

FINDINGS

Among a cohort of bariatric surgery patients with Type 2 diabetes (n=760), 88% filled an outpatient prescription for an oral diabetes medication, 30% for insulin, and 21% for a GLP-1 RA medication prior to surgery. From the 120 days pre-surgery to the 120 days post-surgery, there was a significant decrease in fills for any diabetes medication ($p < .001$). **The most frequent change in medications between pre-surgery and post-surgery was from oral diabetes medication to no diabetes medication.**

In the first 360 days following bariatric surgery, there was an average decrease in diabetes prescription payments made by the insurance provider of about \$4,133 per PPO patient. With a total of 54,454 bariatric surgeries performed in Michigan between 2015 and 2021, and given that 34% of bariatric surgery patients have diabetes, **insurance providers in Michigan saved an estimated \$76.5 million on diabetes medications in the 360 days following bariatric surgeries in 2015-2021.** Data suggest that savings would continue to increase in the following years post-surgery.

These results provide evidence of statewide clinical outcome improvement and cost savings for Type 2 diabetes following bariatric surgery.



■ Oral, insulin, and GLP-1 RA	6.2%	0.8%	0.9%	0.5%
■ Insulin, and GLP-1 RA	2.1%	1.0%	0.4%	0.9%
■ Oral, and GLP-1 RA	9.6%	1.7%	1.3%	1.6%
■ Oral and insulin	14.2%	4.9%	3.7%	4.3%
■ GLP-1 RA-only	3.0%	3.5%	1.5%	1.9%
■ Insulin only	6.7%	7.2%	5.1%	4.4%
■ Oral only	58.2%	30.8%	23.8%	18.7%
■ No diabetes medications	0.0%	50.2%	63.3%	67.7%

Measuring Return On Investment, Equity, & Value Delivery

About MBSC

- Partners with nearly all hospitals performing bariatric surgery in Michigan to improve the quality of care
- Funded by Blue Cross Blue Shield of Michigan

FUTURE Initiatives

- Enhanced recovery initiative that incorporates evidence-based guidelines to optimize recovery for bariatric surgery patients
- Establishes recommendations for pre-, peri-, post-operative, and post-discharge care



Member organizations are independent business entities of the Blue Cross and Blue Shield Association.

BACKGROUND

The Michigan Bariatric Surgery Collaborative (MBSC) has been working to reduce opioid utilization and prescribing following bariatric surgeries across the state of Michigan. One way MBSC achieves this reduction is through an opioid value-based metric with a collaborative-wide goal of a 2.5% relative reduction in new persistent opioid use (NPOU) per year from baseline to one year after bariatric surgery. Through this effort, the NPOU rate has decreased from 10.4% in 2006 to 3.5% in 2021.

Since 2018, MBSC has also led a voluntary enhanced recovery initiative (Finding Useful Techniques to Upgrade Recovery Enhancement - FUTURE) at five participating hospitals in Michigan. As part of this initiative, it is recommended that providers prescribe no more than 75 morphine milligram equivalents (MME) of oral opiate following surgery. To help evaluate the impact of its opioid reduction work, MBSC reached out to the Michigan Value Collaborative (MVC) in July 2022 to help estimate the overall impact on opioid prescription fills following bariatric surgery in Michigan.

METHODOLOGY OF ANALYSIS

Data Sources & Study Population

This analysis used MVC bariatric surgery episodes for Roux-en-Y Gastric Bypass (RYGB) or sleeve gastrectomy hospitalizations, focusing on episodes of care between 2015 and 2021 from Blue Cross Blue Shield of Michigan (BCBSM) PPO Commercial and Medicare Advantage claims data, along with outpatient prescription fill claims data and monthly insurance membership files. The study population was limited to patients with bariatric surgery episodes with continuous enrollment in a prescription sub-plan for 30 days post-surgery.

Methodological Approach

The MVC team assessed the rate of any opioid receipt (yes/no), the total amount of opioids received in filled prescriptions, and the percentage of patients who received an amount of opioids above the recommended threshold of 75 MME. Rates were calculated overall and stratified by hospital participation in the MBSC FUTURE initiative.

Michigan Bariatric Surgery Collaborative Helps Save \$12.5 Million in Opioid Prescription Spending

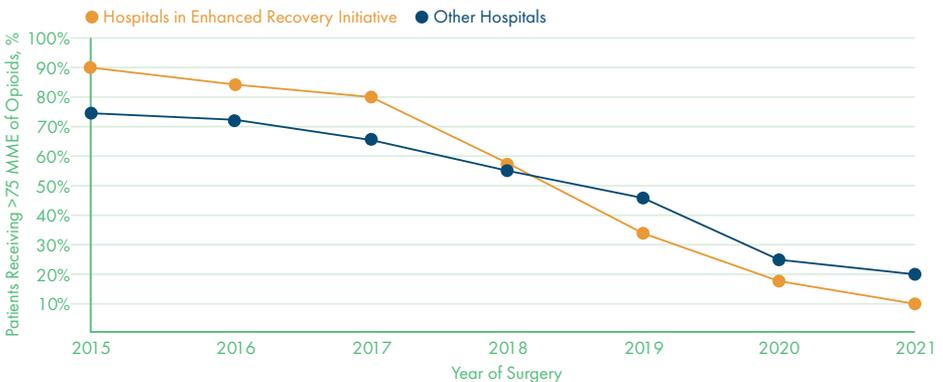
Limitations

Findings were generated using data for BCBSM PPO and MA patients with a prescription insurance sub-plan, who may differ from the larger Michigan bariatric surgery population. In addition, there may be unseen medication costs or patient factors not captured in this analysis. Estimates of dollars saved assume consistent opioid prescribing rates and bariatric surgery case volumes by year, and no change in prescription costs over time.

FINDINGS

Overall, the average amount of opioids received in 30-day post-surgery outpatient prescriptions decreased from 297.0 MME in 2015 to 65.4 MME in 2021, and the percentage of patients receiving more than the recommended threshold of 75 MME decreased from 75.8% to 17.9% of bariatric surgery patients. Hospitals who participated in the FUTURE enhanced recovery initiative saw the rate of patients receiving opioid amounts above 75 MME decrease more sharply than the rate at other hospitals ($p=0.02$).

Insurance providers spent an average of \$978 more on all prescription medications per patient in the year following bariatric surgery for patients who were over-prescribed opioids compared to patients who received up to 75 MME. From 2015 to 2021, MBSC's targeted opioid reduction activity contributed to a 57.9% decrease in the statewide post-bariatric surgery opioid overprescribing rate, with yearly decreases resulting in an estimated \$12.5 million dollars saved on prescription payments in the 360 days post-surgery. For patients who received a recommended opioid dose, the analysis also found decreased emergency department utilization and hospital readmissions. Those who received greater than 75 MME were more likely to develop new persistent opioid. Efforts like those of MBSC are associated with reduced costs and improved outcomes following bariatric surgery.



MBSC Portraits



**Amir Ghaferi, MD,
MSc, MBA**
Director



Jonathan F. Finks, MD, FACS
Associate Director



Oliver Varban, MD
Associate Director



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Senior Statistician



C. Ann Vitous, MA, MPH
Qualitative Researcher



Gale O'Reilly
Follow-up Coordinator



Liz Hodges
Administrative Assistant

MBSC Sites

- Ascension Borgess Hospital
- Ascension Macomb-Oakland Madison Heights
- Ascension Providence Hospital Southfield
- Ascension St. John Hospital
- Ascension St. Mary's Hospital
- Beaumont Dearborn
- Beaumont Grosse Pointe
- Beaumont Royal Oak
- Beaumont Trenton
- Beaumont Troy
- Beaumont Wayne
- Chelsea Hospital
- Covenant HealthCare
- Forest Health Medical Center
- Fresno Heart and Surgical Hospital
- Harper University Hospital
- Henry Ford Allegiance Health
- Henry Ford Hospital
- Henry Ford Macomb
- Henry Ford West Bloomfield Hospital
- Henry Ford Wyandotte Hospital
- Hurley Medical Center
- McLaren Flint
- McLaren Macomb
- McLaren Port Huron
- Michigan Medicine
- Munson Medical Center
- MyMichigan Medical Center - Alma
- MyMichigan Medical Center – Midland
- MyMichigan Medical Center - Sault
- North Ottawa Community Hospital
- Sparrow Health System
- Spectrum Health System
- Spectrum Health Lakeland
- Spectrum Health Zeeland
- Trinity Health Muskegon
- Trinity Health St. Joseph Mercy Livingston
- Trinity Health St. Joseph Mercy Oakland
- Trinity Health St. Mary's, Grand Rapids
- Trinity Health St. Mary Mercy Livonia
- University of Michigan Health – West



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