MVC ED-Based Episodes System Level Report
System A

Dear hospital partner,

The Michigan Value Collaborative (MVC) is excited to share this system-level emergency department (ED)-based episodes report. The report provides data using MVC's ED-based episodes of care, which MVC developed in collaboration with the Michigan Emergency Department Improvement Collaborative (MEDIC) to provide insights on care received during and after ED visits for high-volume ED-relevant conditions. These episodes encompass a patient's care received from the start of their index ED visit through 30 days post-index event.

In this system-level report, each of your hospitals has been assigned a number located in the Hospital Number Key Table on the first page. Each page of the report is dedicated to a specific condition with the same metrics throughout. These metrics include risk-adjusted and price-standardized 30-day total episode payments, and rates of post-ED utilization. For more detail on metric definitions or MVC's ED-based episode methodology, please refer to the supplemental fact sheet and metric interpretation guide at the end of this report.

Report Details

- Patients Included
    - Adults aged 18 and older
    - 30-day ED-based episodes for Blue Care Network (BCN) HMO Commercial and Medicare Advantage (MA) claims, Blue Cross Blue Shield of Michigan (BCBSM) PPO Commercial and MA claims, and Michigan Medicaid claims with index ED visits between 07/01/2021-06/30/2023
    - 30-day ED-based episodes for Medicare Fee-for-Service (FFS) claims with index ED visits between 07/01/2021-11/30/2022
    - Patients who visited the ED with a primary diagnosis of abdominal pain, cellulitis, chest pain (nonspecific), congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), diabetes with long-term complications (including renal, eye, neurological, or circulatory), diabetes with short-term complications (including ketoacidosis, hyperosmolarity, or coma), or urinary tract infection (UTI)
    - Hospitals in your system are displayed in figures only if they had at least 20 episodes for the given condition across all payers during the reporting period
- Comparison Groups
    - MVC All data reflect averages among all MVC hospitals with attributed patient episodes meeting the above criteria

If you have feedback, questions, or would like to see additional data for your hospitals, please reach out to the MVC Coordinating Center at Michigan-Value-Collaborative@med.umich.edu .

Thank you for your partnership,
MVC Coordinating Center

Michigan Value Collaborative

M E D I C
MICHIGAN EMERGENCY DEPARTMENT
IMPROVEMENT COLLABORATIVE

Blue Cross
Blue Shield
Blue Care Network
of Michigan

Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

MVC ED-Based Episodes System Level Report
System A

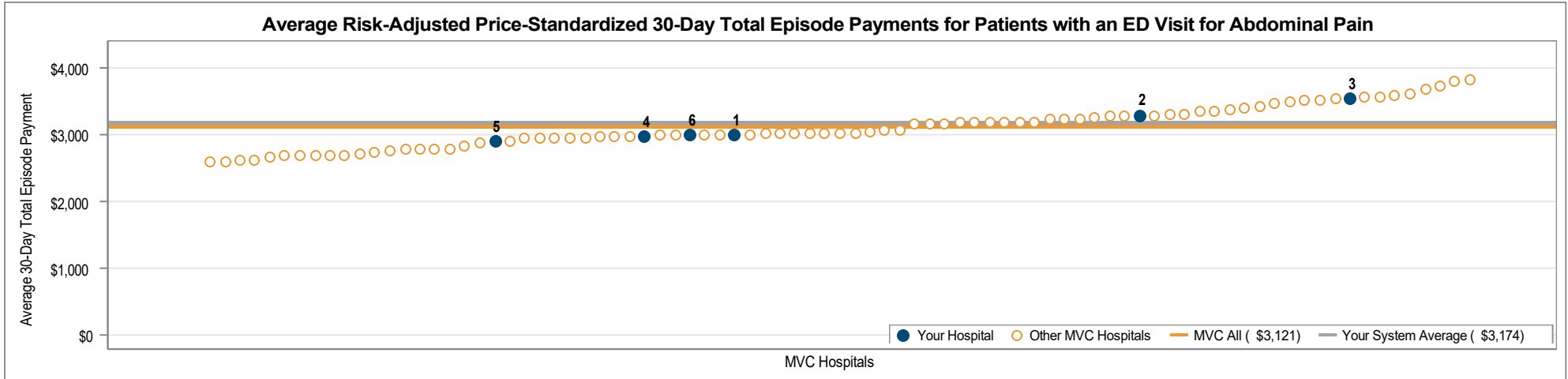|		Average Risk-Adjusted Price-Standardized 30-Day Total Episode Payments by Index ED Condition*							
Hospital Name	**Hospital Number**	**Abdominal Pain**	**Cellulitis**	**Chest Pain**	**COPD**	**Diabetes Long-Term Complications**	**Diabetes Short-Term Complications**	**CHF**	**Urinary Tract Infection**
Hospital 1	1	$2,988	$2,914	$2,828	$7,721	$17,872	$10,946	$13,992	$3,915
Hospital 2	2	$3,287	$3,891	$3,189	$8,553	$17,288	$11,607	$15,295	$4,438
Hospital 3	3	$3,535	$4,649	$3,228	$12,053	$22,063	$12,023	$17,638	$5,991
Hospital 4	4	$2,973	$4,514	$3,119	$12,301	$22,609	$13,966	$17,316	$5,362
Hospital 5	5	$2,893	$3,666	$3,101	$8,492	$18,397	$12,346	$16,448	$4,355
Hospital 6	6	$2,985	$4,072	$3,084	$9,683	$20,873	$11,619	$17,354	$5,052

*<20 indicates suppression due to fewer than 20 episodes
Data source: MVC 30-day ED-based episodes with index events 07/01/2021 - 6/30/2023 (BCBSM PPO Commercial, BCN Commercial, BCBSM PPO MA, BCN MA, and Medicaid), 07/01/2021 - 11/30/2022 (Medicare FFS).
Report generated 05/01/2024

Michigan Value Collaborative

MEDIC — MICHIGAN EMERGENCY DEPARTMENT IMPROVEMENT COLLABORATIVE

Blue Cross Blue Shield Blue Care Network of Michigan
Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

MVC ED-Based Episodes System Level Report: Abdominal Pain
System A

Average Risk-Adjusted Price-Standardized 30-Day Total Episode Payments for Patients with an ED Visit for Abdominal Pain

Legend: ● Your Hospital ○ Other MVC Hospitals — MVC All ($3,121) — Your System Average ($3,174)

X-axis: MVC Hospitals
Y-axis: Average 30-Day Total Episode Payment

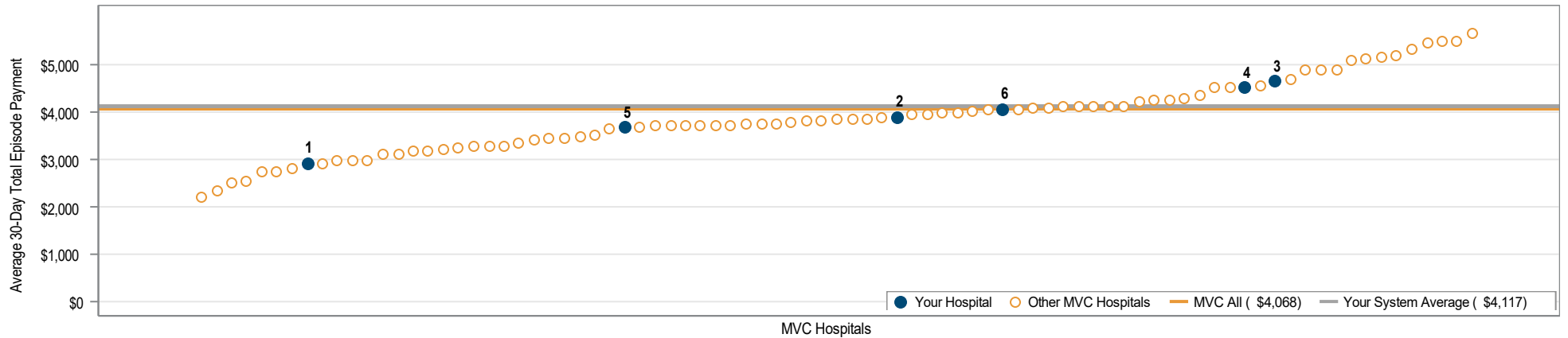| 30-Day Rates of Post-ED Utilization for Patients with an ED Visit for Abdominal Pain*								
Hospital Number	Same-Day IP Admission	First IP Admission Post-Index	IP Readmission	Subsequent ED Visit	Outpatient Services	Home Health	Skilled Nursing Facility	Inpatient or Outpatient Rehab
MVC All	1.2%	3.8%	0.7%	21.2%	37.2%	1.4%	0.4%	1.9%
Your System	1.0%	4.2%	0.7%	21.8%	39.3%	1.3%	0.4%	2.2%
1	0.5%	3.7%	0.6%	26.4%	51.4%	1.2%	0.5%	2.5%
2	1.0%	4.4%	0.5%	20.0%	51.9%	1.5%	0.3%	3.4%
3	0.6%	4.5%	0.7%	21.6%	40.5%	1.2%	0.5%	2.2%
4	1.0%	4.0%	0.7%	19.9%	26.7%	1.3%	0.6%	1.3%
5	0.7%	3.5%	0.5%	23.8%	44.0%	0.9%	0.4%	2.5%
6	1.9%	4.2%	0.9%	22.4%	34.2%	1.3%	0.3%	1.8%

Hospitals having less than 20 episodes for the given condition are not shown on this page.
Data source: MVC 30-day ED-based episodes with index events 07/01/2021 - 6/30/2023 (BCBSM PPO Commercial, BCN Commercial, BCBSM PPO MA, BCN MA, and Medicaid), 07/01/2021 - 11/30/2022 (Medicare FFS).
Report generated 05/01/2024

MVC ED-Based Episodes System Level Report: Cellulitis
System A

Average Risk-Adjusted Price-Standardized 30-Day Total Episode Payments for Patients with an ED Visit for Cellulitis

Legend: ● Your Hospital ○ Other MVC Hospitals ━ MVC All ($4,068) ━ Your System Average ($4,117)

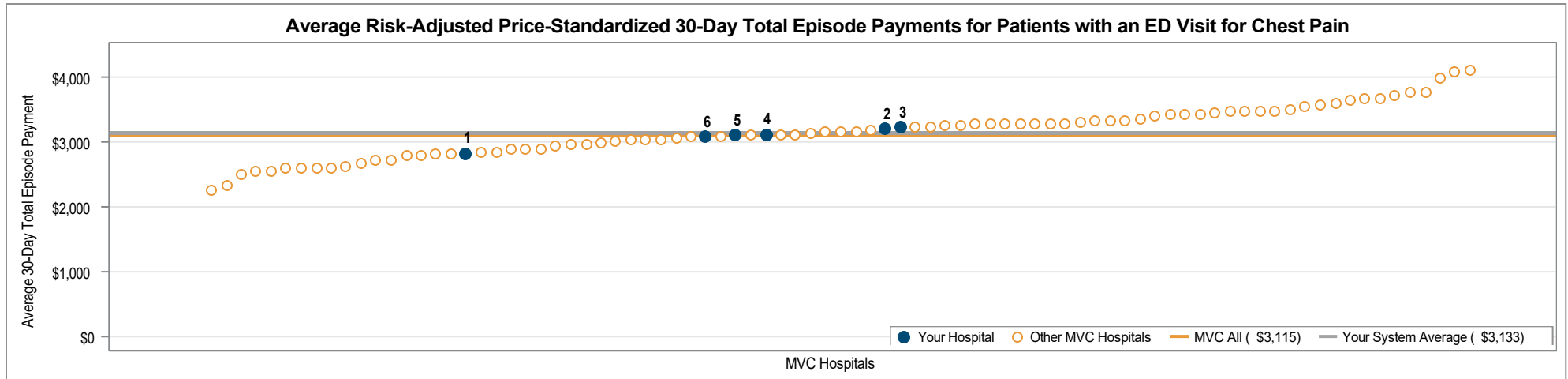| 30-Day Rates of Post-ED Utilization for Patients with an ED Visit for Cellulitis*								
Hospital Number	Same-Day IP Admission	First IP Admission Post-Index	IP Readmission	Subsequent ED Visit	Outpatient Services	Home Health	Skilled Nursing Facility	Inpatient or Outpatient Rehab
MVC All	14.4%	4.2%	2.3%	18.5%	33.4%	5.8%	2.6%	2.5%
Your System	13.5%	4.0%	2.0%	19.3%	36.3%	5.7%	2.5%	2.8%
1	6.3%	2.9%	0.9%	20.1%	40.6%	2.3%	1.5%	3.7%
2	11.6%	5.4%	2.5%	19.0%	52.0%	7.3%	1.8%	3.5%
3	14.1%	4.1%	1.6%	21.7%	38.5%	6.2%	2.7%	3.1%
4	19.2%	3.6%	3.1%	16.2%	22.9%	8.1%	4.0%	1.7%
5	11.8%	3.9%	1.5%	20.4%	38.2%	3.5%	2.3%	3.8%
6	13.7%	4.0%	2.1%	17.9%	32.0%	5.1%	2.4%	2.1%

Hospitals having less than 20 episodes for the given condition are not shown on this page.

Data source: MVC 30-day ED-based episodes with index events 07/01/2021 - 6/30/2023 (BCBSM PPO Commercial, BCN Commercial, BCBSM PPO MA, BCN MA, and Medicaid), 07/01/2021 - 11/30/2022 (Medicare FFS).

Report generated 05/01/2024

MVC ED-Based Episodes System Level Report: Chest Pain
System A

Average Risk-Adjusted Price-Standardized 30-Day Total Episode Payments for Patients with an ED Visit for Chest Pain

Legend: ● Your Hospital ○ Other MVC Hospitals — MVC All ($3,115) — Your System Average ($3,133)

Y-axis: Average 30-Day Total Episode Payment
X-axis: MVC Hospitals

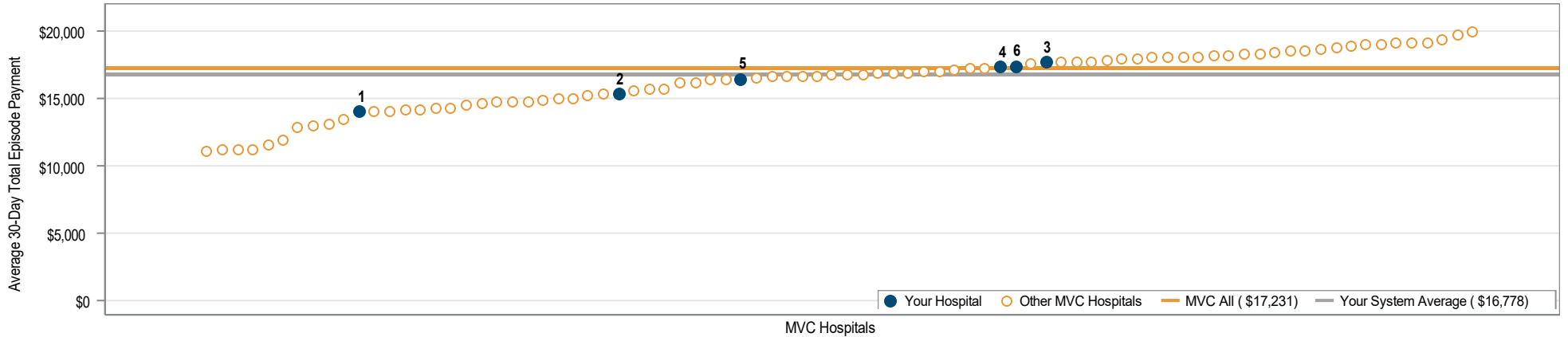|	30-Day Rates of Post-ED Utilization for Patients with an ED Visit for Chest Pain*							
Hospital Number	Same-Day IP Admission	First IP Admission Post-Index	IP Readmission	Subsequent ED Visit	Outpatient Services	Home Health	Skilled Nursing Facility	Inpatient or Outpatient Rehab
MVC All	2.1%	3.3%	0.6%	16.3%	38.1%	1.5%	0.5%	2.6%
Your System	1.7%	3.4%	0.6%	15.6%	40.6%	1.4%	0.4%	2.7%
1	2.2%	3.1%	0.7%	17.1%	54.9%	1.5%	0.3%	5.0%
2	2.1%	3.7%	0.6%	12.3%	53.7%	2.0%	0.6%	3.8%
3	1.2%	3.3%	0.4%	15.7%	47.0%	1.6%	0.4%	2.6%
4	1.9%	3.4%	0.7%	14.6%	23.0%	1.5%	0.7%	2.1%
5	0.8%	3.0%	0.5%	16.6%	43.5%	0.8%	0.3%	3.0%
6	2.4%	3.7%	0.7%	17.4%	31.8%	1.1%	0.2%	1.7%

Hospitals having less than 20 episodes for the given condition are not shown on this page.

Data source: MVC 30-day ED-based episodes with index events 07/01/2021 - 6/30/2023 (BCBSM PPO Commercial, BCN Commercial, BCBSM PPO MA, BCN MA, and Medicaid), 07/01/2021 - 11/30/2022 (Medicare FFS).

Report generated 05/01/2024

MVC ED-Based Episodes System Level Report: CHF
System A

Average Risk-Adjusted Price-Standardized 30-Day Total Episode Payments for Patients with an ED Visit for CHF

Legend: ● Your Hospital ○ Other MVC Hospitals — MVC All ($17,231) — Your System Average ($16,778)

X-axis: MVC Hospitals
Y-axis: Average 30-Day Total Episode Payment

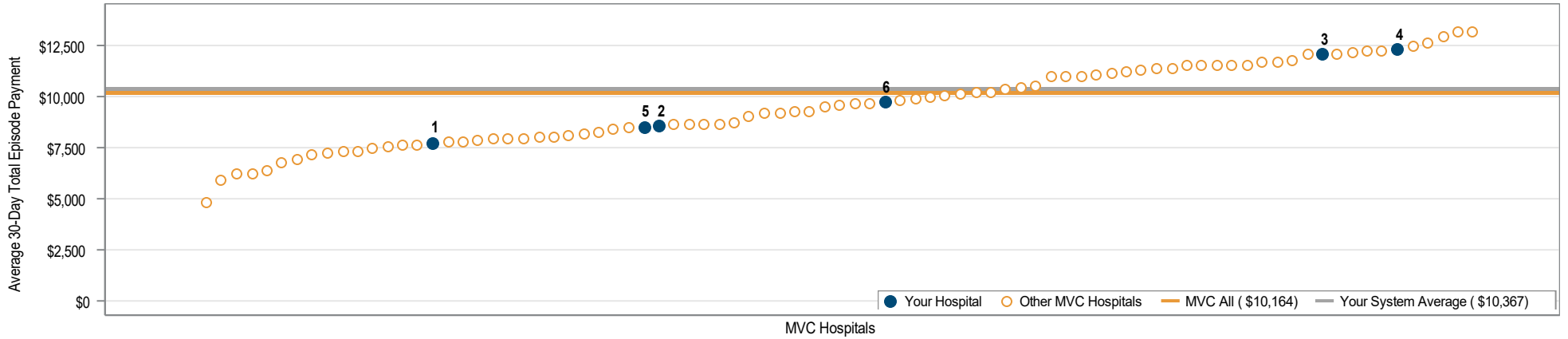| 30-Day Rates of Post-ED Utilization for Patients with an ED Visit for CHF*								
Hospital Number	Same-Day IP Admission	First IP Admission Post-Index	IP Readmission	Subsequent ED Visit	Outpatient Services	Home Health	Skilled Nursing Facility	Inpatient or Outpatient Rehab
MVC All	79.8%	3.4%	16.1%	12.9%	49.4%	22.3%	13.1%	4.6%
Your System	77.5%	3.7%	16.1%	13.7%	52.1%	21.4%	11.2%	3.7%
1	63.1%	5.9%	9.9%	16.6%	75.7%	15.3%	7.9%	3.0%
2	70.9%	4.0%	17.6%	17.5%	72.0%	25.3%	9.9%	3.6%
3	82.2%	3.4%	15.3%	13.0%	61.0%	22.3%	13.6%	4.8%
4	83.1%	2.3%	15.1%	11.2%	28.4%	25.5%	14.9%	4.0%
5	69.3%	5.2%	18.6%	16.2%	60.5%	20.7%	10.0%	4.3%
6	79.3%	3.5%	19.0%	12.5%	36.9%	17.5%	7.7%	2.4%

Hospitals having less than 20 episodes for the given condition are not shown on this page.

Data source: MVC 30-day ED-based episodes with index events 07/01/2021 - 6/30/2023 (BCBSM PPO Commercial, BCN Commercial, BCBSM PPO MA, BCN MA, and Medicaid), 07/01/2021 - 11/30/2022 (Medicare FFS).

Report generated 05/01/2024

MVC ED-Based Episodes System Level Report: COPD
System A

Average Risk-Adjusted Price-Standardized 30-Day Total Episode Payments for Patients with an ED Visit for COPD

● Your Hospital ○ Other MVC Hospitals ━ MVC All ($10,164) ━ Your System Average ($10,367)

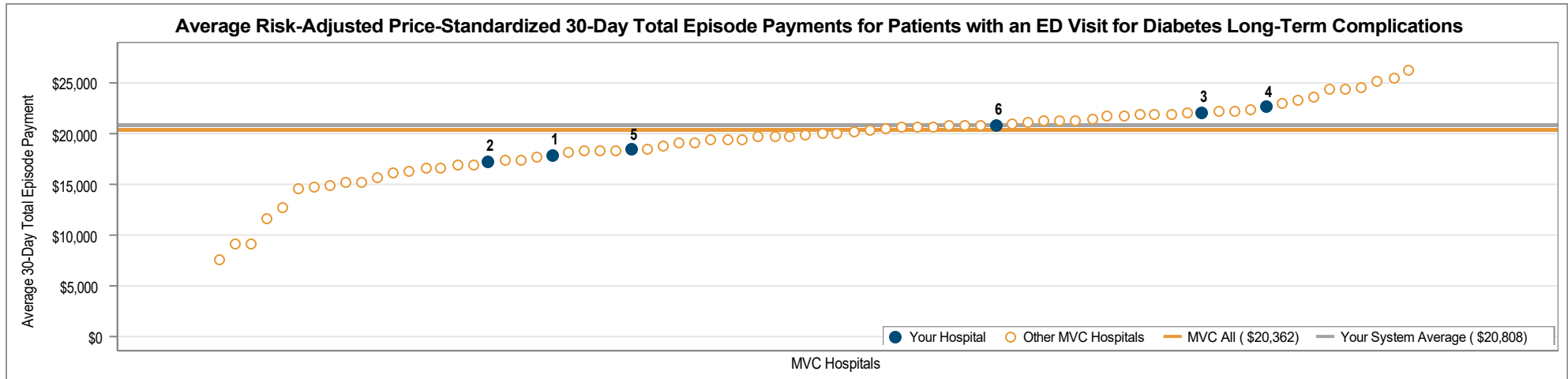| 30-Day Rates of Post-ED Utilization for Patients with an ED Visit for COPD*								
Hospital Number	Same-Day IP Admission	First IP Admission Post-Index	IP Readmission	Subsequent ED Visit	Outpatient Services	Home Health	Skilled Nursing Facility	Inpatient or Outpatient Rehab
MVC All	45.0%	6.2%	8.6%	16.9%	41.6%	10.7%	5.5%	3.7%
Your System	45.9%	6.0%	7.7%	16.5%	43.7%	10.3%	5.6%	3.5%
1	23.4%	6.3%	2.3%	21.6%	56.5%	4.4%	3.4%	3.1%
2	35.8%	6.4%	4.4%	14.6%	59.4%	11.0%	4.4%	3.0%
3	56.1%	5.1%	9.1%	15.9%	47.7%	11.2%	7.3%	4.4%
4	55.1%	6.2%	10.9%	14.4%	23.1%	12.6%	7.7%	2.6%
5	40.0%	4.9%	4.7%	18.5%	47.1%	8.3%	6.0%	2.9%
6	43.3%	7.2%	8.8%	17.5%	38.4%	10.0%	3.0%	3.7%

Hospitals having less than 20 episodes for the given condition are not shown on this page.

Data source: MVC 30-day ED-based episodes with index events 07/01/2021 - 6/30/2023 (BCBSM PPO Commercial, BCN Commercial, BCBSM PPO MA, BCN MA, and Medicaid), 07/01/2021 - 11/30/2022 (Medicare FFS).

Report generated 05/01/2024

MVC ED-Based Episodes System Level Report: Diabetes Long-Term Complications
System A

Average Risk-Adjusted Price-Standardized 30-Day Total Episode Payments for Patients with an ED Visit for Diabetes Long-Term Complications

Legend: ● Your Hospital ○ Other MVC Hospitals — MVC All ($20,362) — Your System Average ($20,808)

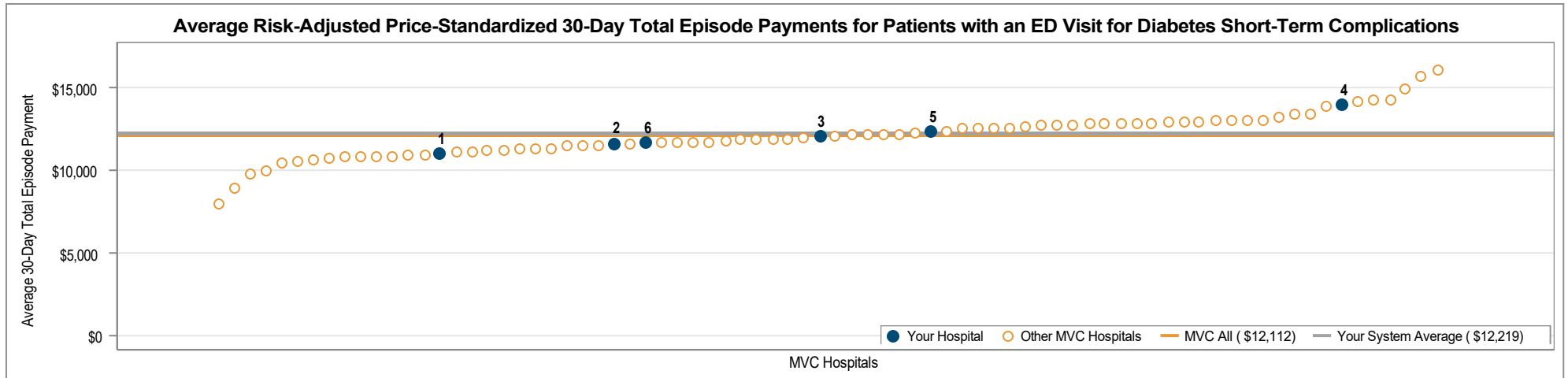| 30-Day Rates of Post-ED Utilization for Patients with an ED Visit for Diabetes Long-Term Complications*								
Hospital Number	Same-Day IP Admission	First IP Admission Post-Index	IP Readmission	Subsequent ED Visit	Outpatient Services	Home Health	Skilled Nursing Facility	Inpatient or Outpatient Rehab
MVC All	67.6%	5.7%	14.8%	19.2%	52.5%	22.1%	13.8%	6.2%
Your System	66.1%	6.9%	14.1%	21.1%	54.7%	20.0%	12.6%	5.7%
1	49.2%	9.1%	7.6%	25.0%	68.9%	12.9%	11.4%	8.3%
2	42.7%	11.9%	14.7%	23.1%	64.3%	17.5%	4.2%	10.5%
3	71.5%	5.6%	13.6%	25.0%	66.5%	20.7%	13.6%	6.4%
4	79.1%	3.7%	17.3%	14.6%	41.5%	26.6%	17.6%	4.3%
5	60.2%	9.3%	9.3%	24.6%	58.5%	16.1%	11.0%	5.1%
6	65.7%	7.5%	15.6%	18.5%	41.4%	18.7%	11.7%	3.4%

Hospitals having less than 20 episodes for the given condition are not shown on this page.

Data source: MVC 30-day ED-based episodes with index events 07/01/2021 - 6/30/2023 (BCBSM PPO Commercial, BCN Commercial, BCBSM PPO MA, BCN MA, and Medicaid), 07/01/2021 - 11/30/2022 (Medicare FFS).

Report generated 05/01/2024

MVC ED-Based Episodes System Level Report: Diabetes Short-Term Complications
System A

Average Risk-Adjusted Price-Standardized 30-Day Total Episode Payments for Patients with an ED Visit for Diabetes Short-Term Complications

Legend: ● Your Hospital ○ Other MVC Hospitals — MVC All ($12,112) — Your System Average ($12,219)

X-axis: MVC Hospitals
Y-axis: Average 30-Day Total Episode Payment

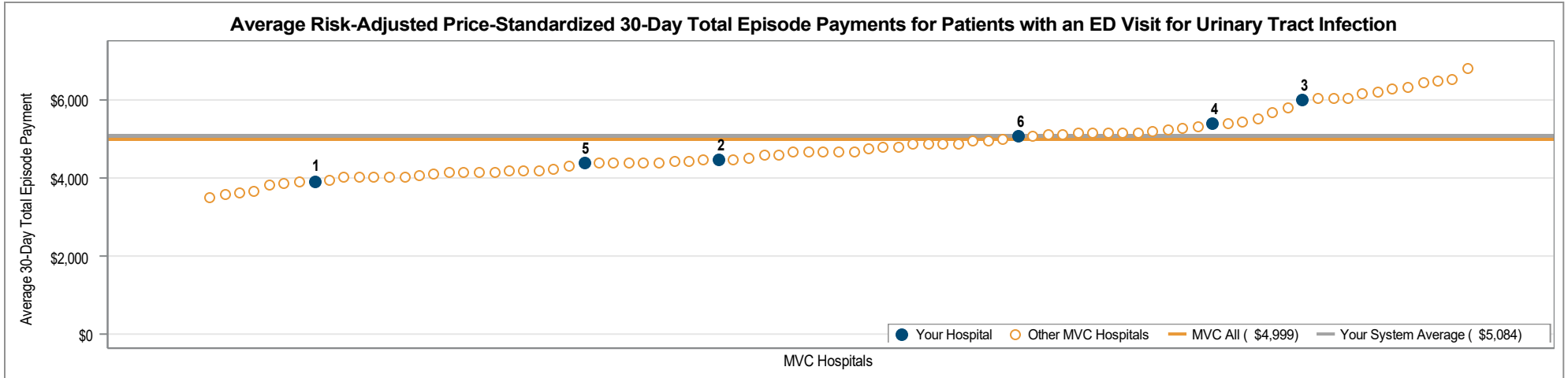| 30-Day Rates of Post-ED Utilization for Patients with an ED Visit for Diabetes Short-Term Complications*								
Hospital Number	Same-Day IP Admission	First IP Admission Post-Index	IP Readmission	Subsequent ED Visit	Outpatient Services	Home Health	Skilled Nursing Facility	Inpatient or Outpatient Rehab
MVC All	85.4%	2.4%	13.4%	15.9%	36.9%	7.8%	5.1%	2.4%
Your System	87.2%	1.0%	13.6%	14.3%	41.0%	7.9%	6.3%	2.4%
1	84.1%	3.4%	8.0%	14.8%	55.7%	9.1%	6.8%	4.5%
2	72.4%	3.1%	12.2%	14.3%	56.1%	8.2%	5.1%	2.0%
3	90.6%	0.5%	13.2%	11.3%	46.8%	6.8%	5.2%	3.5%
4	92.1%	0.5%	19.0%	14.8%	26.4%	12.5%	14.4%	1.4%
5	83.9%	0.9%	13.4%	17.0%	39.3%	4.5%	2.7%	2.7%
6	85.5%	0.9%	11.9%	18.1%	32.6%	6.6%	3.1%	0.4%

Hospitals having less than 20 episodes for the given condition are not shown on this page.
Data source: MVC 30-day ED-based episodes with index events 07/01/2021 - 6/30/2023 (BCBSM PPO Commercial, BCN Commercial, BCBSM PPO MA, BCN MA, and Medicaid), 07/01/2021 - 11/30/2022 (Medicare FFS).
Report generated 05/01/2024

MVC ED-Based Episodes System Level Report: Urinary Tract Infection
System A

Average Risk-Adjusted Price-Standardized 30-Day Total Episode Payments for Patients with an ED Visit for Urinary Tract Infection

Legend: ● Your Hospital ○ Other MVC Hospitals — MVC All ($4,999) — Your System Average ($5,084)

	30-Day Rates of Post-ED Utilization for Patients with an ED Visit for Urinary Tract Infection*							
Hospital Number	Same-Day IP Admission	First IP Admission Post-Index	IP Readmission	Subsequent ED Visit	Outpatient Services	Home Health	Skilled Nursing Facility	Inpatient or Outpatient Rehab
MVC All	15.6%	4.7%	2.8%	19.5%	38.4%	6.8%	5.2%	3.2%
Your System	13.5%	5.2%	2.4%	20.9%	41.6%	5.8%	4.7%	3.2%
1	7.7%	4.7%	1.2%	24.0%	51.7%	5.1%	3.3%	4.2%
2	11.0%	4.7%	2.4%	19.7%	55.4%	6.2%	4.1%	3.4%
3	15.7%	5.7%	2.8%	20.8%	46.5%	7.6%	5.4%	3.5%
4	21.1%	5.1%	3.4%	17.8%	25.8%	8.0%	8.9%	3.2%
5	11.2%	5.1%	2.1%	21.5%	47.7%	3.3%	3.8%	3.8%
6	10.9%	5.3%	2.1%	22.0%	34.1%	4.0%	2.6%	2.1%

Hospitals having less than 20 episodes for the given condition are not shown on this page.

Data source: MVC 30-day ED-based episodes with index events 07/01/2021 - 6/30/2023 (BCBSM PPO Commercial, BCN Commercial, BCBSM PPO MA, BCN MA, and Medicaid), 07/01/2021 - 11/30/2022 (Medicare FFS).

Report generated 05/01/2024

MVC Emergency Department-Based Episodes Fact Sheet

What is an Emergency Department-based episode?

Michigan Value Collaborative (MVC) and the Michigan Emergency Department Improvement Collaborative (MEDIC) collaborated to create claims-based episodes of care that originate with a patient's visit to the emergency department (ED). These episodes encompass a patient's care received from the start of their index ED visit through 30 days post-index. Episodes are non-overlapping, meaning that a patient cannot initialize a new ED-based episode until 30 days after their most recent ED index event.

How are index ED visits defined?

For these episodes, index ED visits are identified by facility claims containing revenue code 450, 451, 452, 456, or 459. Index claims containing ED revenue codes may be specific to the ED or claims that include inpatient admission to the hospital; in all cases the end date of the index claim marks the end of the index event. Claims containing ED codes are assessed for a primary diagnosis code meeting the criteria for one of MVC's ED-based conditions. Conditions that also exist in MVC's traditional admission/surgery-based episode structure (CHF, COPD, pneumonia, atrial fibrillation) are identified using identical diagnosis code inclusion/exclusion criteria. All other ED-based conditions have been defined using standardized Agency for Healthcare Research and Quality (AHRQ) definitions.

Which payers do these data reflect?

MVC's ED-based episodes are currently available for claims from Medicare FFS, BCBSM PPO Commercial, BCBSM PPO Medicare Advantage, BCN Commercial BCN MA, and Michigan Medicaid.

What is the age range of patient's reflected in ED-based episodes?

ED-based episodes have been generated for both adults and children; each report will specify whether metrics were based on adult episodes only (ages 18+), pediatric episodes only (ages 0-17), or all ages.

Do these measures impact my hospitals P4P score?

ED-based episodes do not affect the creation of admission/surgery-based episodes used to score hospitals in the MVC Component of the BCBSM Pay-for-Performance (P4P) Program. Metrics from ED-based episodes will not be used in the assessment of hospital metrics for P4P. However, we note that there may be some overlap in patient population. Quality improvement work aimed at ED-based episodes could impact admission/surgery-based episodes, and vice-versa.

How can I utilize the data in this report?

We encourage you to share this report with quality improvement staff and leadership at your facility to identify opportunities to improve care for patient's visiting your ED.

Metric Interpretation Guide for MVC ED-Based Episodes System Level Report

Data points for your system across this report are based on all ED-based episodes for adults aged 18+ with BCBSM, BCN, Medicaid, or Medicare FFS insurance plans with an index ED visit at your hospital for the given condition in the reporting period.

- Average Risk-Adjusted Price-Standardized 30-Day Total Episode Payments
  - An average of all risk-adjusted and price-standardized 30-day total episode payments for ED-based episodes. Total episode payments encompass payments for all care documented on facility and professional claims from the start of an index event through 30 days following the index event.
  - Payments have been price-standardized to Medicare FFS amounts and then risk-adjusted for patient age, gender, payer, prior six months of payments, and 79 hierarchical condition categories (HCCs).
- 30-Day Rates of Post-ED Utilization

  The percentage of ED-based episodes attributed to your system in which the patient received a given category of care, as defined below:
  - Same-Day IP Admission: patient had an inpatient admission on the same day as their index ED visit
  - First IP Admission Post-Index: patient did not have an inpatient admission on the same day as their index ED visit but had an IP admission 1 to 30 days post-index ED visit
  - IP Readmission: patient had two or more inpatient admissions (thus, at least one readmission) during the episode of care
  - Subsequent ED Visit: patient had at least one secondary ED visit post-index ED visit
  - Outpatient Services: outpatient services received in 0 to 30 days post-index
  - Home Health: home health care received in 0 to 30 days post-index
  - Skilled Nursing Facility: skilled nursing facility care received in 0 to 30 days post-index
  - Inpatient or Outpatient Rehab: inpatient or outpatient rehab received in 0 to 30 days post-index