

Collaborative Quality Initiatives Fact Sheet Value-Based Reimbursement 2025



Anesthesiology Performance and Improvement Reporting Exchange (ASPIRE)

The Value Partnerships program at Blue Cross Blue Shield of Michigan (BCBSM) develops and maintains quality programs to align practitioner reimbursement with quality of care standards, improve health outcomes and control health care costs. Practitioner reimbursement earned through these quality programs is called value-based reimbursement (VBR). The VBR Fee Schedule sets fees at greater than 100% of the Standard Fee Schedule. VBR opportunities are available to all practitioners who participate in the Anesthesiology Performance and Improvement Reporting Exchange (ASPIRE) regardless of PGIP enrollment. The coordinating center leaders, jointly with BCBSM, set quality and performance metrics for the VBR. Each Collaborative Quality Initiative, or CQI, uses unique measures and population-based scoring to receive BCBSM VBR. The CQI VBR is applied in addition to any other VBR the specialist may be eligible to receive. The CQI VBR applies only to reimbursement associated with commercial PPO BCBSM members. This is an annual incentive program.

Population-Based Scoring Methodology

The CQI coordinating center (*not* the physician organization) determines which practitioners have met the appropriate performance targets and notifies BCBSM. Each physician organization will notify practitioners who will receive CQI VBR, just as the PO does for other forms of specialist VBR.

Participants can only receive VBR for one CQI, even if they are participating in more than one CQI, with the following exceptions:

- 1) Practitioners that participate in one of the four population-health based CQIs - INHALE, MCT2D, MIBAC, MIMIND – can receive the related VBR in addition to other CQI VBR
- 2) Practitioners can receive 102% VBR for tobacco cessation in addition to other CQI VBR. The tobacco cessation VBR is limited to one reward per practitioner but can be earned in addition to other CQI VBR.

CQI VBR is not additive if the practitioner is contributing data to multiple CQIs. If a practitioner is eligible for rewards through multiple CQIs, the practitioner will be awarded the highest level of CQI VBR.

ASPIRE uses a hospital-affiliated scoring model to measure performance. ASPIRE practitioners are grouped by participating hospital level (physicians are assigned to the hospital where they have performed the most cases) then measured as a hospital collective average.

VBR reward opportunities

Participants are scored on CQI performance measures according to the methodologies developed by each respective CQI and are eligible for CQI VBR of 102%, 103%, 105%, or 107% of the standard fee schedule if they meet performance targets in one or more of those initiatives.

ASPIRE practitioners are eligible for one of the following VBR combinations (102%, 103%, 105%, or 107%)

- a. **To be eligible for 103% VBR**, participants must achieve target on **2 of 3 measures** in the measures listed in Table 1 below.
- b. **To be eligible for 105% VBR**, participants must achieve target on **3 of 3 measures** in the measures listed in Table 1 below.
- c. **To be eligible for 102% VBR**, participants must achieve target on **2 of 2 measures** in the tobacco cessation measures listed in Table 2 below.
- d. **To be eligible for 107% VBR**, participants must achieve target on **3 of 3 measures** (Table 1) and **2 of 2 measures** (Table 2).

VBR Measures

Table 1. VBR Measures	Measurement Period	Target Performance
Percentage of cases receiving general anesthesia that had at least one core temperature documented intraoperatively. TEMP-02	10/01/2023 – 9/30/2024	≥80%
Percentage of cases where carbon dioxide equivalents normalized by hour for cases receiving halogenated agents and/or nitrous oxide is less than CO ₂ eq. of 2% sevoflurane at 2L FGF = 2.83 kg CO ₂ /hr during the maintenance period of anesthesia OR the total CO ₂ equivalents is less than 2.83 kg CO ₂ . SUS-02	10/01/23 - 9/30/2024	≥40%
Percentage of patients who had a procedure requiring general anesthesia or cesarean delivery and received appropriate prophylaxis for postoperative nausea and vomiting. PONV-05	10/01/23 - 9/30/2024	≥50%

Table 2. Tobacco Cessation VBR Measures	Measurement Period	Target Performance
Percentage of patients, ≥ 18 years of age, with tobacco status documented within 30 days prior to any procedure requiring anesthesia SMOK-01	10/01/23 - 9/30/2024	≥75% (12-month average)
Percentage of patients ≥ 18 years of age, who are documented as current tobacco smokers and receive an approved tobacco cessation intervention from an anesthesia provider. SMOK-02	10/01/23 - 9/30/2024	≥10% (12-month average)

VBR selection process

To be eligible for 2025 CQI VBR, the practitioner must:

- Meet the performance targets set by the coordinating center
- Have contributed data to the CQI's clinical data registry for at least two years, including at least one year's worth of baseline data

Are practitioners participating in CQIs eligible for other specialist VBR?

Yes. Specialists are eligible to receive additional VBR if they meet the stated criteria. See the *Specialist VBR fact sheets* for specialty-specific information.

About ASPIRE

- Builds collaborative relationships between surgeons and anesthesiologists
- Aims to reduce variation in intraoperative anesthesia practices, resulting in reduced postoperative complications and costs, and better outcomes for patients. Collects data to measure, report, and decrease unwarranted variation across several anesthetic domains of care, including:
 - glycemic management
 - hemodynamic management
 - intraoperative ventilation
 - neuromuscular blockade
 - transfusion management

About the coordinating center

Michigan Medicine serves as ASPIRE's coordinating center to collect and analyze comprehensive clinical data from participating hospitals to identify specific care components associated with better patient outcomes. It uses these analyses to examine practice patterns, generate new knowledge linking processes of care to outcomes, and identify best practices and opportunities to improve quality and efficiency. The center also supports participants in establishing quality improvement goals and in disseminating and implementing best practices. Center leadership:

Program Director:	Nirav Shah, MD
Administrative Program Manager:	Tory (Victoria) Lacca
Clinical Program Manager:	Kate Buehler, MS, RN

For more information on the CQI and measures, please contact Kate Buehler at kjbucrek@med.umich.edu.

About the CQI Program

Collaborative Quality Initiatives and Collaborative Process initiatives bring together Michigan physicians and hospital partners to address common and costly areas of medical-surgical care, BCBSM and Blue Care Network supports this effort and funds each collaborative data registry, that include data on patient risk factors, processes, and outcomes of care. Collection, analysis, and dissemination of such data helps inform participants on best practices. This, in turn, helps increase efficiencies, improve outcomes, and enhance value. For more information, please contact Marc Cohen, Manager, Value Partnerships mcohen@bcbsm.com.

About Value Partnerships

Value Partnerships is a collection of programs among physicians and hospitals across Michigan and Blue Cross, that make health care better for everyone. This unique, collaborative model enables robust data

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collection and sharing of best practices, so practitioners can improve patient outcomes. It is value and outcomes-based health care -- a movement away from fee-for-service that instead pays practitioners for successfully managing their patient's health. We invite you to visit us at valuepartnerships.com.

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