MICHIGAN SPINE SURGERY IMPROVEMENT COLLABORATIVE

Michigan Spine Surgery Improvement Collaborative (MSSIC)
Frequently Asked Questions for Surgeons

WHAT IS IT?

The Michigan Spine Surgery Improvement Collaborative (MSSIC) is a statewide quality improvement collaborative involving hospitals, orthopaedic surgeons, and neurosurgeons who seek to measure and improve the care and outcomes of patients who undergo spine surgery. It is supported by Blue Cross Blue Shield of Michigan (BCBSM) as part of the BCBSM Value Partnerships program.

The structure is like several other collaborative quality initiative (CQI) programs sponsored by Blue Cross Blue Shield of Michigan. There is a coordinating center and many participating hospitals and physicians. A patient registry is included as one of the core elements of the project.

SCOPE OF CLINICAL ACTIVITY

MSSIC focuses on spine surgery, as opposed to the broader domain of back pain. Within the domain of spine surgery, MSSIC tries to capture the most common cases - those with the greatest ability to compare outcomes by surgeon and by hospital, and the ones with the greatest potential opportunity for benefit to patients through quality improvement. The spine surgeries are of the type which alter the structure of the spine itself, in the cervical or lumbar regions. The surgeries of interest are for common indications such as stenosis, disk herniation, and degenerative disease, for which pain relief and restoration of function are primary treatment goals. Surgeries for tumors, traumatic fractures, severe scoliosis, and spinal cord injury are excluded from the registry and procedures such as implanting spinal cord stimulators are relatively rare and different in terms of potential outcome, and so would not be considered within the scope of MSSIC. Determination of whether a case is included for full data abstraction is accomplished by using diagnosis codes assigned when the decision for surgery is reached.

WHAT ARE THE GOALS?

Better patient outcomes and improved quality are the main goals. The overall objective is to have the ability to compare, and improve, results of relatively common cases for which there are adequate numbers for comparative analyses and focused quality improvement. Many of the comparative data analyses (e.g., complication rates) will group patients by indication, so that we can understand the different types of surgery being done for indications like stenosis or sciatica and learn about which procedures are associated with better or worse outcomes. Some analyses, though, may group patients by procedure, to address different questions about which surgeons or hospitals (if any) are having the best results with a specific type of procedure. MSSIC isn't just about procedures, then, or just about indications either - it's about both.

Reduced costs for patient, employers, and other payors are expected too, but expected as a result of quality improvement.

More specifically, the actual specific goals in any time period are set by members of the collaborative themselves based on identified need for improvement and opportunity for improvement. Possibilities include:

- Fewer surgical site infections;
- Decreased urinary retention;
- Fewer readmissions;
- Fewer DVTs or other complications;
- Standardized pre-surgical optimization through best practice recommendations
- More consistent approach to post-surgical exercise, PT, return to work, etc.;
- Fewer re-do procedures;
- Lower incidence of adjacent segment disease among fusion patients.

WHY SHOULD A SURGEON BE INTERESTED?

Other Michigan collaboratives in this program have been successful in showing tangible improvements in process of care and in improved patient outcomes. Similar improvements should be expected for MSSIC.

If there are questions about insurance coverage for specific procedures, MSSIC can be a non-confrontational way to address those questions by collecting data on efficacy, complications, and costs for those procedures.

Surgeons and hospitals working in MSSIC should be recognized as state and national leaders in the area of quality improvement for spine surgery.

Depending on local arrangements, money received by hospitals for participation in MSSIC may be shared with participating surgeons.

Surgeons in the collaborative will have an opportunity to be authors on prominent peer-reviewed publications and to make presentations at state and national professional meetings.

To the extent possible, the activities of MSSIC will be made to be engaging, professionally and scientifically interesting, and fun. We will do whatever we can to create a situation in which surgeons look forward to time spent on MSSIC activity.

Value-based Reimbursement (VBR) potential. The Value Partnerships program at Blue Cross develops and maintains quality programs to align practitioner reimbursement with quality of care standards, improved health outcomes and controlled health care costs. The VBR Fee Schedule sets fees at greater than 100 percent of the Standard Fee Schedule. The MSSIC coordinating center clinical leadership, in collaboration with Blue Cross developed quality and performance metrics for the MSSIC value-based reimbursement. Please see the MSSIC VBR Factsheet for more information.

WHO PAYS FOR THIS?
Blue Cross Blue Shield of Michigan funds the coordinating center, the registry and related data analyses, and the data collection staff at each hospital who are abstracting data for the registry and coordinating QI projects. BCBSM also pays for costs of periodic meetings and conference calls.

Hospitals also receive an incentive payment for participation in MSSIC through the BCBSM pay-for-performance program for hospitals.

DOES THIS MEAN WE'RE WORKING FOR BCBSM?
No. BCBSM provides financial support for data abstraction for the project, but data are not shared with BCBSM staff and BCBSM staff do not set the work agenda for MSSIC. The "hands-off" approach from BCBSM has been set in the other collaboratives, has worked very well there, and will be continued in MSSIC.

WHAT ARE THE SOME OF THE COLLABORATIVE QI ACTIVITIES?
There is some flexibility in terms of how members of the collaborative will examine data and work together to promote quality improvement in areas listed above. Individual participating organizations may have local projects and priorities in addition to those of the group as a whole. The dynamics of the group are expected to evolve over time, and MSSIC leaders interact regularly with other BCBSM collaboratives to learn about "collaborative best practices" as a guide to activities in MSSIC. Current activities include:

- face-to-face meetings three times each year for surgeon champions and abstractors (CMEs available);
- three conference calls or webinars/year for surgeon champions in months that do not include a face-to-face meeting;
- eight conference calls for abstractors in months that do not include a face-to-face meeting;
- commitment on the part of collaborative members to participate in data collection activities;
- analysis of relevant data;
- analysis and improvement of risk adjustment models used in measures of quality;
- sharing of registry data, blinded in terms of surgeon identifiers, for purposes of analysis and identification of "best practices";
- presentations by "best practice" hospitals and surgeons on processes related to 'best practice" results, with discussion/questions from the group;
- site visits to all sites to establish registry and other data collection process, and other site visits (voluntary) to "best practice" sites to directly observe surgical techniques and other processes and procedures related to "best practice" results.

WHAT IS THE ELIGIBILITY CRITERIA TO PARTICIPATE?
MSSIC is a hospital-based CQI. To participate in MSSIC, a hospital must meet the following eligibility criteria (Please see the MSSIC Eligibility and Expectation document for more details):

- perform a minimum of 200 spine surgery procedures annually per site;
- willingness of both neurosurgeons and orthopaedic surgeons to participate in the collaborative;

- willingness to include data from all cases in the collaborative registry;
- commitment of at least one orthopaedic surgeon and one neurosurgeon who will be active participants in collaborative activities (e.g., conference calls, quarterly face-to-face meetings, committees) as well as to be leaders of consortium and site-specific QI initiatives;
- commitment to actively participate in agreed-on collaborative QI initiatives;
- have an active quality improvement structure and process;
- have appropriate support staff for coordinating QI initiatives;
- have an administrative champion to act as the administrative lead;
- have a RN or RHIT in place to abstract data;
- have electronic equipment and components needed to enter data into the web portal for the MSSIC registry.

WHAT ARE THE NEXT STEPS?

Invitations to selected hospitals are sent from the MSSIC Coordinating Center and BCBSM to the hospital contacts during summer months. It is up to each hospital, then, to respond to the invitation. The MSSIC Coordinating Center can help put interested surgeons in contact with Pay-for-Performance administrators at their facilities.

FOR MORE INFORMATION CONTACT:

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