



BMC2

NEWS

June 2021

The Newsletter of the Blue Cross Blue Shield of Michigan Cardiovascular Consortium

A Note from Hitinder Gurm

We are excited to be celebrating BMC2's 25th anniversary this year. What we have in Michigan is truly special! We have an entire network of Hospitals, cath labs teams, physicians, nurses, quality departments, and Blue Cross Blue Shield of Michigan collaborating on the singular mission of improving safety and quality of care. Our culture of openly sharing data and best practices has resulted in improvement in outcomes across the entire State. In parallel, this work has resulted in new knowledge that has impacted the care of cardiovascular patients globally. We all should take a moment to celebrate our many accomplishments of the past 25 years even as we continue our collaborative efforts towards making Michigan the safest place on the planet to receive cardiovascular care. You can view our 25th anniversary celebration video on our [YouTube Channel](#). If you were unable to share your message about BMC2 for the video, we'd still love to hear from you. We welcome your comments to help us celebrate between now and the end of the year.



We are also excited that research out of BMC2 has once again garnered attention from national media. *Prevalence of coronary risk factors in contemporary practice among patients undergoing their first percutaneous coronary interventions: Implications for primary prevention*, was recently published in *PLOS ONE* and featured in an article in *U.S. News and World Report*.

THANKS as always for your commitment to improving safety, quality, and patient outcomes!

Site Spotlight Roundup

Have you missed a site spotlight? Check out our roundup of featured sites and learn from your colleagues across the State.

Cardiac Rehab

- [McLaren Greater Lansing](#) increased their cardiac rehab referral rate from 87.7% to 96.6%.

Contrast-Induced Nephropathy (CIN)

- [Mercy Health St. Mary's Grand Rapids](#) decreased their CIN rate from 9.4% to 1.75%.

- [Munson Medical Center](#) decreased their CIN rate from 4.2% to 2.8%.

Opioid Prescribing

- [Henry Ford Hospital Detroit's](#) project success is evident in the 2020 Q3 performance: 77.8% of opioid naïve EVAR patients were prescribed with <10 pills and 100% of opioid naïve CEA patients were prescribed with <10 pills.

Site Spotlight Roundup Continued

Peak ACT

- [Spectrum Health Lakeland](#) increased their peak ACT performed and documented from 0% in Q3 2019 to 83.7% in Q2 2020.

Pre-Procedure Hydration

- [MidMichigan Health Midland's](#) percentage of patients receiving pre-procedure hydration dramatically increased from 28.50% in 2017 to 72.30% in Q1 of 2020.

Smoking Cessation

- [Bronson Methodist Hospital's](#) rate of smoking cessation counseling at discharge was 19.6% in 2017. They improved their rates to 72% by the end of 2020.

Surgical Site Infection Reduction

- [Metro Health](#) raised their antibiotic redosing rate from 75% in 2019 to 100% in 2020.

- [Spectrum Health - Meijer Heart Grand Rapids](#) decreased Surgical Site Infection readmission from 6.2% in 2017 to 2.9% as Q2 2020.

Featured Publication - Angioplasty and Stenting Required a Decade Earlier for Smokers Versus Non-Smokers



Smokers had their first angioplasty and/or stent nearly a decade earlier than non-smokers, and patients with obesity underwent these procedures four years earlier than non-obese patients. These findings, focusing on patients without a history of heart attack, are described in a recent report on cardiovascular risk factors by BMC2 and published in [PLOS ONE](#).

Angioplasty and stenting are common procedures used to widen or unblock coronary arteries and restore blood flow. Traditional risk factors for these procedures include cigarette smoking, obesity, high blood pressure, high cholesterol, and diabetes.

Among patients in the study, almost all patients had at least one traditional risk factor, and most had three or more. Additionally, women generally had their first procedure at a later age than men. Over the past decade, among patients undergoing their first angioplasty or stent procedure, the rates of obesity and diabetes have increased, while smoking and high cholesterol have decreased.

“Smoking is a completely preventable risk factor,” says Devraj Sukul, MD, MSc, the senior author on the study. “If we direct additional efforts at preventing smoking and obesity we could significantly delay the onset of heart disease and the need for angioplasty and stenting.”

Smoking cessation is a growing focus of the Michigan Collaborative Quality Initiatives, of which BMC2 is a member. “In Michigan, we will work to help every smoker quit at the time of cardiac care because it is an unmatched teachable moment for patients,” says Michael Englesbe, MD, Collaborative Quality Initiatives Portfolio Medical Director.

Staff Spotlight - Michelle Hughes



When she was 7-years-old, Michelle Hughes got a computer that came with a manual about how to program it. She asked her mom to read it and explain it to her and her mom said, “Why don’t you just read it yourself?” Thus began a life-long journey with computers and programming.

For the past 10 years, Michelle has been an Applications Programmer Senior for BMC2. Michelle ensures that coordinators can enter data and hospitals can get their reports. She’s also available to answer any questions that come up along the way. Michelle appreciates that her efforts work toward reducing complications and providing high-quality healthcare for patients and likes working as part of a team with a good mission which everyone is passionate about.

Over the past year, Michelle has enjoyed developing the reports of QI goals which she describes as a very distilled expression of BMC2’s mission. She’s also excited about developing a new platform for data collection which will hopefully be easy for coordinators to use.

Outside of work, Michelle is a puppeteer with the Dreamland Theater in Ypsilanti, a DJ with WCBN-FM Ann Arbor, and spends a lot of time yelling at her city council.

BMC2 Meetings

The VS Coordinator Meeting was held on the morning of June 9th. Dr. Ryan Howard of Michigan Medicine presented on smoking cessation. Dr. Howard explained that smoking is common among patients undergoing vascular surgery and that patients can achieve remarkable quit rates after a surgical episode. Delivery of a simple smoking cessation intervention is feasible on a large scale, and while somewhat effective in the short-term, there is a need to focus on long-term efforts. The take-away message was that surgery is a pivotal event in patients’ lives, we can leverage that to achieve behavior change, and there are steps we can take today to help patients quit smoking after surgery. He also shared the free smoking quit line, 1-800-QUIT-NOW. Cynthia Noack from MidMichigan Health, Midland presented a QI project on statin and aspirin at discharge. Terri Militello of McLaren Bay Region presented a QI project on postoperative EVAR/CEA opioid prescribing. Look for these projects highlighted as site success stories in the near future. The presentations were followed by break-out sessions with in-depth discussions about each of these QI topics. Website updates were presented by Annemarie Forrest.

The PCI Collaborative Meeting was held on June 10th from 6 – 7:30. This meeting focused on IVUS/OCT. We celebrated our 25th anniversary and reviewed BMC2 data on IVUS/OCT. We apologize that our national expert, Ziad Ali, MD, of St. Francis Hospital and Heart Center, was unable to join us. Dr. Michael Tucciarone of Beaumont Troy reviewed the new BMC2 IVUS/OCT Best Practice Protocol which can be found on our website. Dr. Ryan Madder of Spectrum Health presented case reviews.

Retirements

Leann Yakimovich BSN, RN
Henry Ford Macomb

New Website Tips

With the new website, we've started a BMC2 blog! Check it out for newsletter content including site and staff spotlights and meeting summaries. You'll also find press releases and other announcements as well as news from BCBS. Find the blog at <https://bmc2.org/news-events/blog>.

Best Practice Protocol for IVUS Now Available

The Best Practice Protocol (BPP) for IVUS is now available on [BMC2.org](https://bmc2.org). Intravascular ultrasound (IVUS) and optical coherence tomography imaging (OCT) modalities have been developed and validated to help interventional cardiologists improve stent implantation. This BPP covers best practices for pre-revascularization, proper measurements, and post-stent assessment along with examples. You can view the [complete BPP](#) on our website.

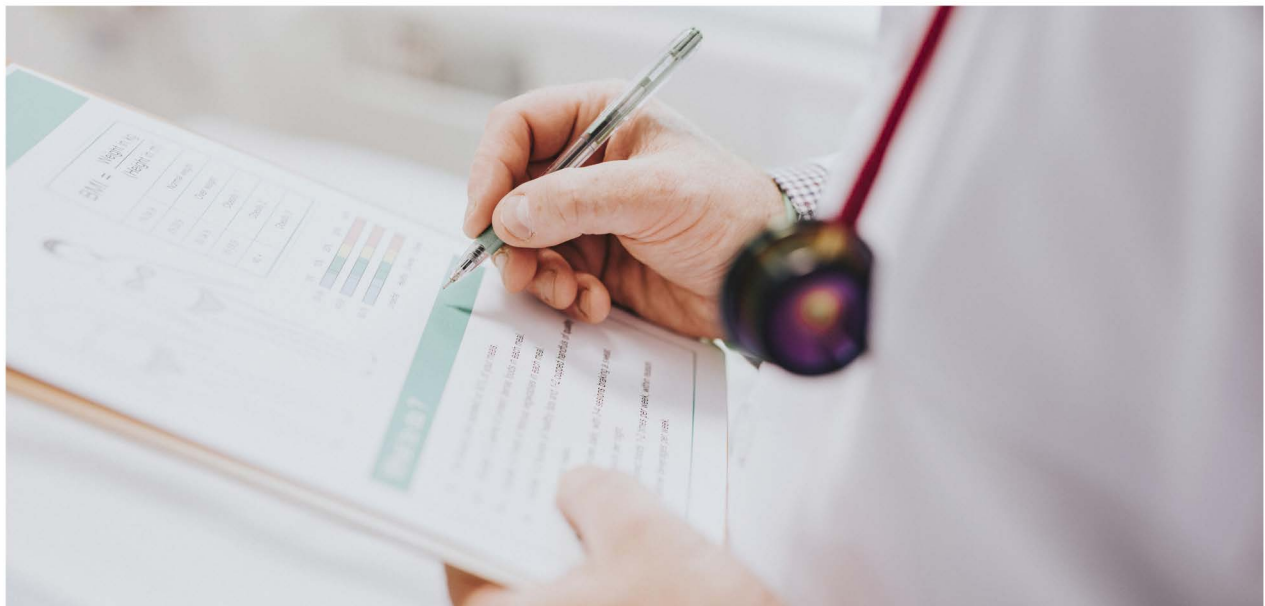
Thank you to Dr. Tucciarone and the BPP task force for your work!

2021 BMC2 VS Peer Review

We appreciate all of your work on peer review. This round's review included Elective Infrainguinal Open Bypass cases that were performed for Indication of Claudication Only where a PTFE prosthetic graft is implanted. The deadline for the internal peer review is July 9, 2021.

- If all cases are completed, VS physician reviewers will be compensated for their time.
- Michigan Medicine has implemented a new payment system via the Shared Services Center (SSC) and U-M TeamDynamix.
- Physician reviewers will receive an email from the SSC Team once reviews are completed in June. These emails will come from U-M TeamDynamix (teamdynamix@umich.edu) and/or Supplier Maintenance (supplier.maintenance@umich.edu).
- Please remember to check your spam/junk mail for these important communications!
- If you have questions or concerns about the payment process you can contact Pam Benci plf@umich.edu.

A reminder that the PCI cross-site peer review is coming up in August. The review period is 8/23/21 – 9/24/21.



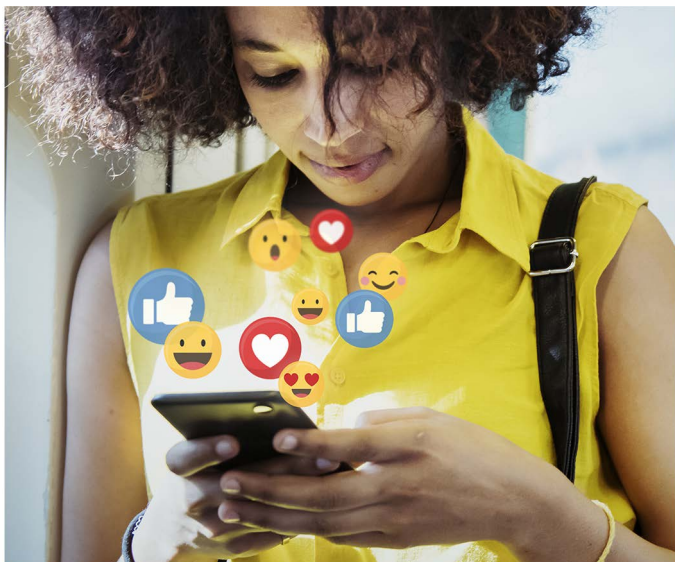
Upcoming Meetings

Cardiac Rehab Meeting – June 30th from 3:30 – 4:30 pm. We are excited to have Srinath Adusumalli, MD, MSc, FACC, speaking about behavioral nudges to affect cardiac rehab utilization. Please share this invitation with anyone who may be interested in attending.

VS Coordinator Meeting – July 21st from 11 am - 12 pm. Details coming soon.

PCI Coordinator Meeting – August 12th, 2021 from 10-11 am. Details coming soon.

PCI webinar – September 23rd, 2021 from 6 – 7:30 pm. Details coming soon.



Join Us on Social Media

Follow us on [Twitter](#) and [YouTube](#) as well as [LinkedIn](#).



Do you have something to share via our newsletter? We want to hear from you! Email Elizabeth Walker at ehorn@umich.edu.

Call for Participation

BMC2 seeks to incorporate the patient voice into BMC2-PCI activities and we need your help! We're creating a patient advisory committee to improve the effectiveness and relevance of PCI quality improvement interventions. Patient representatives will join BMC2 meetings as speakers and discussants, and also join regular advisory council meetings. What we learn may shape our work in the future.

We are seeking 10 patients that represent the diversity of our State. Can you recommend a patient to this group? There is no up-front commitment and patients will be compensated for their time.

We're looking for patients who:

- Have been an active participant in their care
- Ask thoughtful questions during appointments
- Are good listeners
- Would likely be confident to speak among a group of patients

If your hospital has an Office of Patient Experience, or other way to organize patient volunteers, it may be helpful to utilize it. When you approach potential patients, share that we want the Patient Advisory Council to help us improve the quality of care for PCI patients, and that activities may include the following:

- Quarterly teleconference or zoom meetings of the patient advisory council
- Attending BMC2 meetings as speakers/discussants
- Advising on tools to help improve care delivery

Send patient's name and contact info to Annemarie Forrest, avassalo@umich.edu; or Pam Benci, plf@umich.edu



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