



2023-2024 Expectations for MIBAC Quality Improvement Participation

This document contains information related to participation in the Michigan Back Collaborative (MIBAC). Below is a table of contents that gives an overview of what is included and links to each page. Please reach out to Diane Walkerdine at dwalker3@hfhs.org or Alescia Toatley at atoatle1@hfhs.org if you have any questions or need clarification.

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Applications for participation in the Quality Improvement Segment of the MIBAC CQI will be open to all physician organizations in the state of Michigan. Participation will be limited to 12 POs in 2023 (depending on the volume of providers enrolled by each PO); selection will be based on timing of application, available patient and practitioner population, previous engagement level within the collaborative, and region of the state to have an equitable and representative population from across the state.



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Physician Organization Expectations

Requirement Category	High Level Description	Detailed Description
<i>Administrative</i>	Sign and return all required documents.	Sign and return all required data-sharing documents, consistent with the MIBAC data-sharing process, and return the completed Participation Agreement, completed agreements for participation between the recruited practitioner and the physician organization, Data Use Agreement and Business Associate Agreement within expected timelines (as requested and required by the Coordinating Center aka CC).
	Form a team to work on the program.	<p>Within 30 days of executing the Participation Agreement (and all included exhibits) the Physician Organization will meet with the Coordinating Center regarding their progress toward building their internal team to fulfill all required roles. Upon submission of the practitioner agreements between the PO and their participating practitioners, PO leadership and the participating practitioners will meet with the Coordinating Center regarding goals, implementation, and expectations, as requested by the CC.</p> <p>With a minimum of 30 days' from executing the Participation Agreement, identify a Quality Assurance Lead who will be responsible for identifying gaps in data and working to resolve</p>



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		them, and provide this information to the CC. (Role descriptions are included below).
	Communicate with the coordinating center.	Identify a primary contact who will be the lead on communications with the MIBAC Coordinating Center.
<i>Data</i>	Meet the data collection standards.	Meet the published expectations of the Coordinating Center for data collection, conformance with data definitions, timeliness, and accuracy.
	Partner with the MIBAC data team to develop & improve data sharing process.	Establish an ongoing working partnership with the MIBAC data and auditing team to develop and improve the process for data sharing.
	Work to develop ability to submit additional data elements.	Work with the Coordinating Center, MVC, MDC, and/or MIHIN (TBD - entity will be identified by the CC, approved by BCBSM, and communicated to PO leadership) to develop capabilities to submit additional data elements that are useful to the quality initiative efforts of MIBAC.
	Allow data to be used in publications.	Allow de-identified data and information to be used in peer-reviewed publications to further advance QI efforts.
	Work with the site admin leads on the data, as necessary.	Work with the site admin leads (as deemed necessary by PO leadership) to ensure completeness and quality of data.
	Submit a quality improvement log.	Submit a QI summary form in accordance with the timelines and expectations of the Coordinating Center and BCBSM (Coordinating Center will provide a template and instructions). This includes



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Quality		reporting ongoing feedback regarding successes and failures as well as barriers to practice transformation or patient engagement consistent with care goals.
	Advance best practices.	Collaborate with the Coordinating Center and participating practices to advance collaborative-wide performance and/or best practices using feedback from MIBAC data and other metrics.
Attendance	Participate in calls and collaborative wide meetings.	Participate in routine collaborative meetings/calls adhering to the following requirements: I. Attend MIBAC collaborative wide meetings II. Participate in scheduled conference calls
Provider / Practice Engagement	Recruit adult primary care and chiropractor practices and/or providers.	Identify adult primary care and chiropractor practitioner / practices from center’s network who meet established requirements for participation. These practices will be eligible for value-based reimbursement (VBR) payment according to BCBSM eligibility standards.
	Communicate MIBAC information to practices.	Serve as the primary communicator of information related to MIBAC, including notifying participating practices of MIBAC events, and encouraging attendance, sharing MIBAC data, identifying lagging practices, and working in conjunction with MIBAC to address issues.
	Participate in MIBAC training programs- optional.	As needed, participate in training programs related to the conservative management of acute low back pain.



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Role Descriptions

PO Administrative Lead: The administrative lead will be responsible for the operations of the program within the physician organization (PO). This would involve making sure any required documents are reviewed and signed (e.g. the participation agreement, data use agreement, business associate agreement) and having general oversight over the PO's participation, including the participating practices and/or providers. They would be responsible for forming the team at their PO (e.g. coordinating with the steering committee delegate and quality assurance lead), and serve as the primary contact for the coordinating center, including participating in collaborative wide calls and meetings. The administrative lead would be responsible for developing the QI log with input from the steering committee delegate and quality assurance lead. They would also be responsible for sharing MIBAC information (such as upcoming meetings, important dates, etc.) from the coordinating center with participating practices. Finally, the administrative lead would work with practices to identify patient advisors to participate in the collaborative, if requested by the coordinating center.

Steering Committee Delegate: The Quality Improvement Steering Committee Delegate will be responsible for disseminating performance/QI/educational information to sites and helping to advance best practices. He/she will attend collaborative wide calls and meetings and take what they have learned back to educate participating providers and sites, similar to the role of a clinical champion or executive committee members in other existing CQI programs. He/she would also participate in training programs to improve the treatment of acute low back pain. Additionally, he/she would have a role in recruiting participating sites along with the PO medical director. Eligible candidates include PO PCPs serving the adult population and PO chiropractors who are participating in the Quality Improvement activities.

Quality Assurance Lead/Quality Data Manager: The quality assurance lead / quality data manager will be responsible for oversight of the data, including working with participating sites to increase the number of data elements shared. They would ensure that data is meeting the coordinating center requirements for all participating practices and would work with the Michigan Value Collaborative



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(MVC) and/or MIHIN (Michigan Shared Services Network) to develop and improve the data sharing process. They would also be responsible for designating and working with practice liaisons as contact points within any practices that contain participating practitioners to help solve any data-related issues at the practice / provider level and advance data sharing. The quality assurance lead would serve as the primary data contact for the CQI Data team.

PO Medical Director: The PO Medical Director will work with the steering committee delegate to recruit practices to participate by endorsing the goals and mission of MIBAC, sharing the benefits of participation, and encouraging practices to join.



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MIBAC Responsibilities of Physician Organization (PO)

Requirement Category	High Level Description	Primary Responsibility of:
<i>Administrative</i>	Sign and return all required documents.	Administrative Lead
	Form a team to work on the program.	Administrative Lead
	Communicate with the coordinating center.	Administrative Lead
<i>Data</i>	Share required data elements with the CC, MVC, MDC, MIHIN (TBD).	Quality Assurance Lead
	Meet the data collection standards.	Quality Assurance Lead
	Partner with MVC, MDC, the CC, and/or MIHIN to develop & improve the process for data sharing.	Quality Assurance Lead
	Work to develop ability to submit additional data elements.	Quality Assurance Lead
	Allow data to be used in publications.	N/A- part of agreements
	Work with the site admin leads on the data.	Quality Assurance Lead
<i>Quality</i>	Submit a quality improvement log.	Administrative Lead
	Advance best practices.	Administrative Lead and steering committee delegate
<i>Attendance</i>	Participate in calls and collaborative wide meetings.	Administrative Lead and steering committee delegate
	Recruit adult primary care providers and/or practices.	PO Medical Director and steering committee delegate



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<i>Provider / Practice Engagement</i>	Recruit chiropractic practices.	PO Medical Director and steering committee delegate
	Identify patient advisors.	Administrative Lead
	Communicate MIBAC information to practices.	Administrative Lead
	Participate in training.	Steering committee delegate, participating clinicians, and other staff as appropriate



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MIBAC Practice/Physician Requirements for Specialists (Chiropractors) and Adult Primary Care Physicians (PCPs)

Requirement Category	High Level Description	Detailed Description
<i>Administrative</i>	Appoint a site admin lead.	Determine a liaison in the practice who will work with the physician organization administrative lead to ensure completeness and quality of data. This could be a practice manager; etc.- this person does not have to have a clinical background.
	Communicate with the physician organization.	Respond to inquiries and requests from the physician organization administrative lead regarding participation in the collaborative within 2 business days.
	Designate a steering committee delegate.	Each participating PO will be required to designate a PCP steering committee delegate and, if applicable, a Chiropractor steering committee delegate, who will be responsible for disseminating performance, QI, and educational information to sites and helping to advance best practices. This delegate must be a chiropractor or PCP serving the adult population that is participating in the Quality Improvement Segment of MIBAC and is a fully credentialed member of the PO as indicated by the most recent PGIP list provided by BCBSM at the time of reporting.
	Identify common referrals.	Inform PO of chiropractors that the practice frequently refers to so that these specialists can be recruited to join MIBAC.
<i>Data</i>	Share required data elements with MIBAC / MIHIN (TBD).	Work with the physician organization partner to share required data elements for participation in MIBAC with the MIBAC data team, the Michigan Value Collaborative (MVC), Michigan Data Collaborative (MDC), and the Michigan Health Information



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		Network (MIHIN) and other participants in the care and care improvement process in accordance with established HIPAA and other regulatory data sharing standards.
	Provide additional data fields as necessary.	Although it is anticipated that the vast majority of data will be submitted via fax or electronic link the coordinating center may need practice unit assistance to provide missing data elements.
<i>Data</i>	Social determinants of health.	Share social determinants of health data for individuals with acute low back pain with the coordinating center.
	Allow data to be used in publications.	Facilitate consent for data and information acquired to be analyzed for use in peer-reviewed publications to further advance QI efforts.
<i>Quality</i>	Share expertise with primary care / chiropractic colleagues on imaging guidelines and supportive evidence.	Share expertise with PCPs on imaging guidelines for acute low back pain and the implications of over-utilization on acute low back pain management.
	Share expertise with primary care / chiropractic clinics on biopsychosocial verbiage for patient education.	Share expertise with PCPs on de-catastrophization verbiage when discussing low back pain, diagnosis, imaging, activity, and expectations. Share expertise on other new guidelines in the care of acute low back pain.
	Share expertise on identification of red flags for imaging.	Share expertise for identifying red flags that require prompt imaging for acute low back pain.
	Share expertise with colleagues regarding Patient Reported Outcomes (PROs)	Share expertise with colleagues regarding Patient Reported Outcomes (PROs) and how their use can benefit the provider's practice patterns by increasing understanding of the long-term effects of treatment provided.



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	and how their use can benefit the provider's practice patterns.	
	Implement best practices.	Collaborate with the physician organization partner to implement best practices using feedback from the data and other metrics.
	Provide feedback and share best practices.	Provide feedback and ideas for acute low back pain management. Share best practices successfully implemented at each respective site with the collaborative through presenting at meetings when requested by physician organization and/or MIBAC coordinating center.
<i>Engagement</i>	Optional Participation in training programs.	Optionally participate in 90-minute or 12-hour training sessions for an in-depth look at the evaluation and treatment of acute low back pain, as well as webinars offered by the collaborative.
	Attend MIBAC meetings.	The steering committee delegate will attend MIBAC meetings for ongoing education and training with the expectation of sharing the information with their respective practice members and facilitating its implementation in their practice



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Quality Improvement - Value Based Reimbursement Measures

VBR Start & Participation Launch:

Value based reimbursement (VBR) for Chiropractors and PCPs serving the adult population will begin at two time periods in 2023 – March 1, 2023, and September 1, 2023. Starting in 2024, the VBR schedule for Chiropractors will follow the Specialist VBR cycle (March 1-February 28/29 annually and the VBR for Adult PCPs will follow the PCP VBR cycle (September 1-August 31) annually.

Measurement Periods are as follows:

- Chiropractors: November 1st of each year through October 31st the following year
- PCPs: May 1st of each year through April 30th of the following year
- If a clinician begins participating mid-cycle in 2023, their measurement period will be adjusted to account for the length of participation
- Adult PCPs and Chiropractors who participate in MIBAC and meet the below requirements will receive 5% VBR. Considering the start date of the VBR, the below will be a mix of retrospective and prospective measures (e.g., a steering committee delegate and practice liaison will be submitted before the VBR start date, but the requirement related to reflective learning on patient cases and patient enrollment requirements will not be due until after VBR begins)

Requirement	Responsibility
Submit name of steering committee delegate, quality assurance lead, and administrative lead	Physician Organization
Attend two (2) CoRe Meetings per year, one of which must be in person.	PO administrative lead <i>and</i> steering committee designee



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Attend four (4) PO Leadership touchpoints per year, and two (2) pre-reporting touchpoints, in addition to additional check-ins scheduled by the CC to follow-up on performance concerns.	PO administrative lead
Review clinician engagement data and review with clinicians and practices. If clinician is not meeting benchmarks, participate in remediation with/without the assistance of the CC.	PO administrative lead
Respond to requests from the coordinating center and your physician organization related to MIBAC related work in a timely way (2 business days).	Practice or practitioner
Present on your site's implementation of the quality improvement initiatives at a collaborative meeting, regional meeting, or conference call, if requested.	Practice, practitioner, or champion
Enroll a minimum of 10 patients (provide patient contact information and fully complete the MIBAC clinical form) per full measurement period of 12 months (this requirement will be pro-rated if the clinician only participates for a partial measurement period).	Practitioner