Informational Session: Pay for Performance (P4P) - Performance Index & VBR Measures

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2027 Performance Year – Renaming of Quarters

- Based on majority vote from our abstractors and DDP representatives, HMS has **renamed** our quarters so that each performance year will start with Q1 and end with Q4 **beginning with the 2027 Performance Year.**

Prior Naming Convention				
	Q4 2026	**Q1 2027**	**Q2 2027**	**Q3 2027**
Abstraction Dates	9/12/26 – 12/18/26	12/19/26 – 3/12/27	3/13/27 – 6/18/27	6/19/27 – 9/10/27
Discharge Dates	7/30/26 – 11/4/26	11/5/26 – 1/27/27	1/28/27 – 5/5/27	5/6/27 – 7/28/27

NEW Naming Convention				
	Q1 2027	**Q2 2027**	**Q3 2027**	**Q4 2027**
Abstraction Dates	9/12/26 – 12/18/26	12/19/26 – 3/12/27	3/13/27 – 6/18/27	6/19/27 – 9/10/27
Discharge Dates	7/30/26 – 11/4/26	11/5/26 – 1/27/27	1/28/27 – 5/5/27	5/6/27 – 7/28/27

Pay for Performance Measures

Pay for Performance General Principles

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- 30/70 split between participation and performance
- Collaborative performance measure is encouraged
- Performance measure targets should continue to be a stretch
- Measure thresholds are based on adjusted rate model

Pay-for-Performance Program

HMS Performance Measures

- Performance Index implemented each year
- Reviewed at Collaborative-Wide Meeting once approved by BCBSM
- Includes measures related to data, participation, hospital QI activity, & quality initiatives
- Tied to collaborative performance goals

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2027 Michigan Hospital Medicine Safety Consortium Collaborative Quality Initiative Performance Index Scorecard
Measurement Period: Sepsis & Antimicrobial Discharges: 05/06/2027 – 07/28/2027 (Unless Otherwise Noted)

Measure	Weight	Measure Description	Points
1	10	**Timeliness[1], Completeness[1], and Accuracy[2] of HMS Data (5 metrics)** 1. ≥ 95% of registry data on time and complete[1] at Mid-Year (**Measurement Period:** Discharge Dates – 07/30/26 – 01/27/27) 2. ≥ 95% of registry data on time and complete[1] at End-of-Year (**Measurement Period:** Discharge Dates – 07/30/26 – 07/28/27) 3. ≥ 95% of registry data accurate[2] 4. Audit case corrections completed by due date[2] 5. Two semi-annual QI activity surveys completed[3]	
		5 of 5 metrics met	10
		4 of 5 metrics met	8
		3 of 5 metrics met	6
		2 of 5 metrics met	4
		1 of 5 metrics met	2
		0 of 5 metrics met	0
2	10	**Collaborative Wide Meeting Participation[4] – Physician Champion or Delegate[5]**	
		3 meetings	10
		2 meetings	5
		1 meeting	3
		0 meetings	0
3	10	**Collaborative Wide Meeting Participation[4] – Clinical Data Abstractor or Other QI Staff[6]**	
		3 meetings	10
		2 meetings	5
		1 meeting	3
		0 meetings	0
4	15	**Increase Appropriate Treatment of Urine Cultures[7,8,9,10]**	
		≤ 10% of positive urine culture cases treated with an antibiotic are ASB cases[7] **OR** ≥ 58% of uncomplicated UTI cases receive appropriate antibiotic treatment[10]	15
		> 10% of positive urine culture cases treated with an antibiotic are ASB cases[7] **AND** < 58% of uncomplicated UTI cases receive appropriate antibiotic treatment[10]	0
5	15	**Increase Antibiotics Delivered within 3 hours of Hospital Arrival for Sepsis Cases with Hypotension[8,9,11]**	
		≥ 75% of sepsis cases with hypotension[11] receive antibiotics within 3 hours of hospital arrival	15
		71 – 74% of sepsis cases with hypotension[11] receive antibiotics within 3 hours of hospital arrival	8
		≤ 70% of sepsis cases with hypotension[11] receive antibiotics within 3 hours of hospital arrival	0
6	15	**Increase Discharge/Post-Discharge Care Coordination for Sepsis Cases Discharged to Home-like Setting[8,9,12,13,14]**	
		≥ 90% of ALL sepsis cases discharged to home-like setting[13] received at least 1 of 4 discharge/post-discharge coordination of care measures[13] **AND** ≥ 74% sepsis cases at high risk[14] of readmission received at least 2 of 4 discharge/post-discharge coordination of care measures[13]	15
		≥ 80% of ALL sepsis cases discharged to home-like setting[13] received at least 1 of 4 discharge/post-discharge coordination of care measures[13] **AND** ≥ 40% sepsis cases at high risk[14] of readmission received at least 2 of 4 discharge/post-discharge coordination of care measures[13]	8
		< 80% of ALL sepsis cases discharged to home-like setting[13] received at least 1 of 4 discharge/post-discharge coordination of care measures[13] **OR** < 40% sepsis cases at high risk[14] of readmission received at least 2 of 4 discharge/post-discharge coordination of care measures[13]	0
7	10	**Increase Use of Balanced Solutions in Patients with Sepsis[8,9,15]**	
		≥ 60% of sepsis cases who have ≥ 75% of their bolus and/or maintenance fluid as balanced solutions in the first 48 hours of hospital arrival[15]	10
		40 – 59% of sepsis cases who have ≥ 75% of their bolus and/or maintenance fluid as balanced solutions in the first 48 hours of hospital arrival[15]	5
		≤ 39% of sepsis cases who have ≥ 75% of their bolus and/or maintenance fluid as balanced solutions in the first 48 hours of hospital arrival[15]	0

Measure 1 – Timeliness, Completeness & Accuracy

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No changes

Measure	Weight	Measure Description	Points
1	10	**Timeliness[1], Completeness[1], and Accuracy[2] of HMS Data (5 metrics)** 1. ≥ 95% of registry data on time and complete[1] at Mid-Year (**Measurement Period:** Discharge Dates – 07/30/26 – 01/27/27) 2. ≥ 95% of registry data on time and complete[1] at End-of-Year (**Measurement Period:** Discharge Dates – 07/30/26 – 07/28/27) 3. ≥ 95% of registry data accurate[2] 4. Audit case corrections completed by due date[2] 5. Two semi-annual QI activity surveys completed[3]	
		5 of 5 metrics met	10
		4 of 5 metrics met	8
		3 of 5 metrics met	6
		2 of 5 metrics met	4
		1 of 5 metrics met	2
		0 of 5 metrics met	0

Measure 1 – Timeliness

Measure	Weight	Measure Description	Points
		Timeliness[1], Completeness[1], and Accuracy[2] of HMS Data (5 metrics) 1. ≥ 95% of registry data on time and complete[1] at Mid-Year (**Measurement Period:** Discharge Dates – 07/30/26 – 01/27/27)	

Quarters Included - Q1 – Q2 2027
Cycles Included – 2251 - 2263
Data Pull Date – 03/29/2027

		2. ≥ 95% of registry data on time and complete[1] at End-of-Year (**Measurement Period:** Discharge Dates – 07/30/26 – 07/28/27)	

Quarters Included - Q1 – Q4 2027
Cycles Included – 2251 - 2276
Data Pull Date – 10/04/2027

Measure 1 – Completeness & Accuracy

1	10	3. ≥ 95% of registry data accurate[2] 4. Audit case corrections completed by due date[2] 5. Two semi-annual QI activity surveys completed[3]

- 2027 is a Sepsis Audit Year!

- Quality Improvement (QI) Surveys
  - Fall & Spring – due dates forthcoming
  - 2 Different QI Surveys – Antimicrobial/Critical Care & Sepsis
  - Sent to Abstractors & Quality Administrators for coordination and completion

Measures 2 & 3 – Collaborative Wide Meeting Participation

No changes

2	10	**Collaborative Wide Meeting Participation[4] – Physician Champion or Delegate[5]**	
		3 meetings	10
		2 meetings	5
		1 meeting	3
		0 meetings	0
3	10	**Collaborative Wide Meeting Participation[4] – Clinical Data Abstractor or Other QI Staff[6]**	
		3 meetings	10
		2 meetings	5
		1 meeting	3
		0 meetings	0

Increase Use of Appropriate Antibiotic Treatment Duration in Uncomplicated CAP

9	5	**Increase Use of Appropriate Antibiotic Treatment Duration[17] (3 – 5 days) in Uncomplicated CAP (Community Acquired Pneumonia) Cases (i.e., reduce excess durations)[18]**	
		≥ 75% **collaborative-wide average[18]** of uncomplicated CAP cases receive appropriate duration[17] of antibiotics	5
		< 75% **collaborative-wide average[18]** of uncomplicated CAP cases receive appropriate duration[17] of antibiotics	0

Changes for 2027:

1. Moved to Collaborative Wide Measure
2. Assessed via raw data (collaborative average)

Stayed the Same for 2027:

1. Full point threshold unchanged

New Measure for 2027 – Increase Appropriate Treatment of Urine Cultures

- New combination measure targeting increasing appropriate treatment for positive urine cultures
  - Full Points
    - Part 1 (Current CW Measure)
      - ≤ 10% of positive urine culture cases treated with an antibiotic are ASB cases

33rd Percentile

OR

    - Part 2 (New for 2027)
      - ≥ 58% of uncomplicated UTI cases receive appropriate antibiotic treatment

50th Percentile

  - No Points
    - >10% of positive urine culture cases treated with an antibiotic are ASB cases AND <58% of uncomplicated UTI cases receive appropriate antibiotic treatment

Bonus points for meeting both targets (11)

Performance Bonus: Increase Appropriate Treatment of Urine Cultures[8,9,10,11]
≤ 10% of positive urine culture cases treated with an antibiotic are ASB cases[8] **AND** ≥ 58% of uncomplicated UTI cases receive appropriate antibiotic treatment[11]

Introducing New uUTI Measure

2026 Performance Measure

- Update local UTI Guidelines

2027 Performance Measure

- Improve appropriate antibiotic treatment (3-5 days) in Uncomplicated UTIs

Measure will have two components:

Assessing **excess duration**

Assessing **ineffective treatment**

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Numerator and Denominator Details

Numerator: Uncomplicated UTI cases that received appropriate effective* antibiotic treatment

Appropriate Duration= 3-5 days effective duration *except:*

- *1-5 days of fosfomycin, gentamicin or tobramycin*
- *3-7 days if patient exclusively received an effective duration of oral beta lactam*

*Pathogen susceptibility accounted for

Denominator: All Uncomplicated UTI cases

Excluding:

- *Patient received 0-2 days of antibiotics (other than fosfomycin, gentamicin or tobramycin)*
- *Patient died or was transferred to ICU/another hospital at discharge*
- *Cases missing critical data to calculate inpatient duration*

Fallout= **ineffective treatment** OR **excess duration**

Additional uUTI Measure Detail

- Oral vancomycin and fidaxomicin are not included in uUTI effective duration
  - C. diff treatment
- Cases with 3 or more days of total antibiotic duration but *0 days of effective* antibiotic treatment (any antibiotic) are classified as **fallouts**
  - 7.3% of uUTI cases
    - In nearly all reviewed cases with 0 effective duration, full course of antibiotics was administered without achieving effective coverage
- Cases with 0 to 2 days of antibiotics are excluded from the measure *(ABX other than fosfomycin, gentamicin or tobramycin)*
  - Reviewed cases with 1–2 days of effective therapy
    - Appeared more consistent with ASB, with the decision to stop antibiotics

Uncomplicated UTI Data in Live Reports
Performance Measure (Site) – Adjusted Tab

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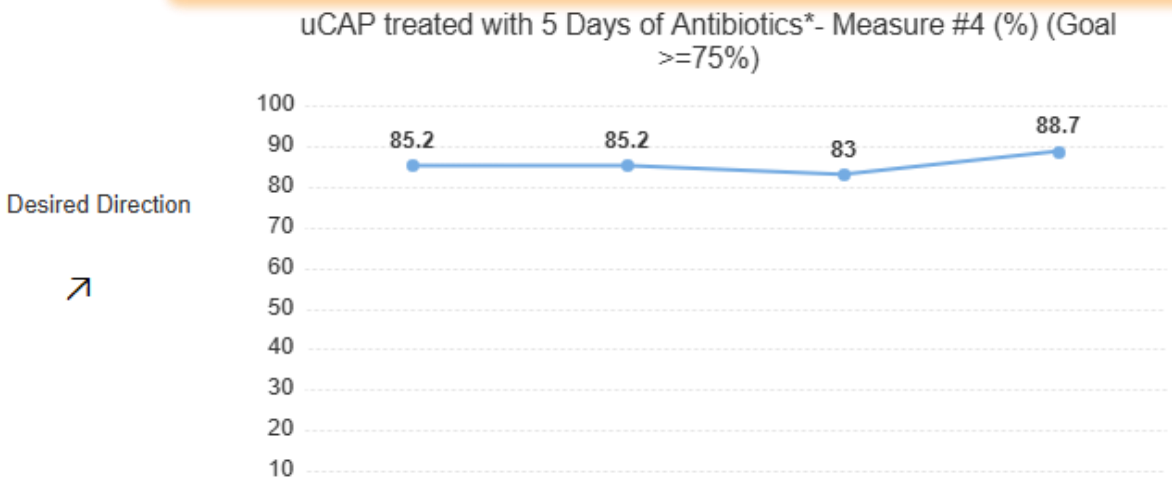
View | Audit | Cycle Data | Daily Entry | Reports

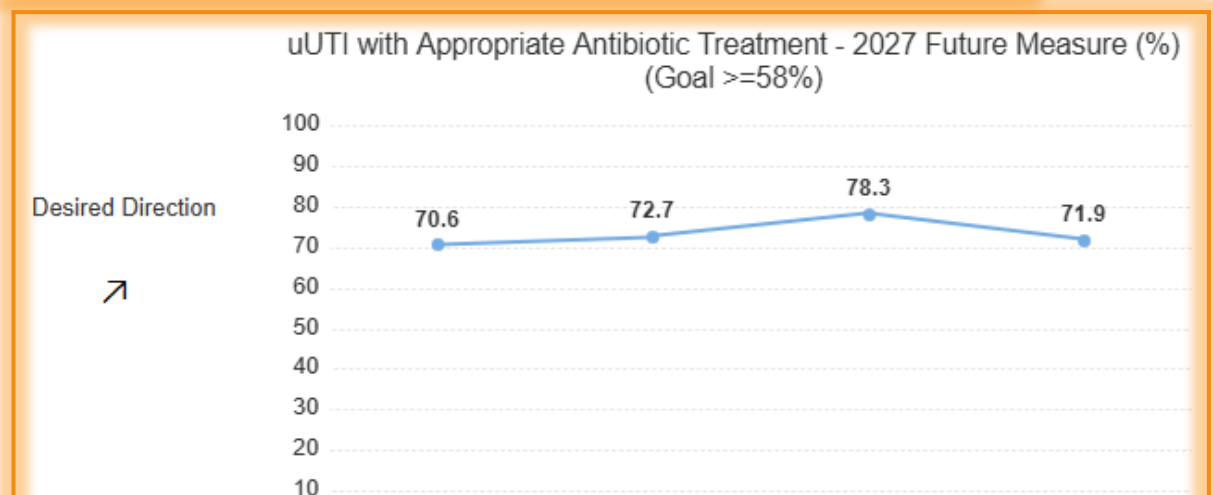
- ABX-Performance Measures (Site) [2026]

Note: *Adjusted rate* will be assessed for 2027 Performance Index

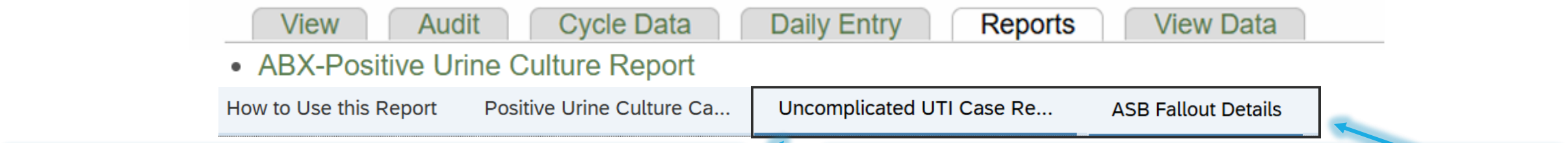
Adjusted | Raw | Pneumonia Fallouts | Urine Culture Fallouts | Non-Preferred Fluoroquino... | Raw - Date Selection (Fal... | Raw - Date Selection (App...

QTR	Q3 2025	Q4 2025	Q1 2026	Q2 2026
SITE PERFORMANCE MEASURES				
uCAP Treated with 3-5 days of Antibiotics*- Measure #4 (%)	85.2	85.2	83	88.7
FUTURE PERFORMANCE MEASURES				
uUTI with Appropriate Antibiotic Treatment- 2027 Measure^^^^	70.6	72.7	78.3	71.9





Uncomplicated UTI Data in Live Reports
Positive Urine Culture Report – Case Reviews



Uncomplicated UTI Case Reviews contain case level details for all uUTI cases (passing and fallouts)

ASB Fallout Details tab contains case level details for all ASB fallouts

Use this form when you want to review a single uUTI case. Click on "Uncomplicated UTI HMS ID" at the top left to select an individual case for review. Highlight the HMS ID that corresponds with the case, then click "OK." The table below should auto-populate with data for the selected case.

General Case Details					
Site	HMS ID	Age	Sex Assigned at Birth	Length of Stay	Co-Morbid Conditions Present on Admission
Past/Present Documented Complications			Past/Present History of Immunosuppression		
Kidney Stones	Urinary Retention	Urinary Obstruction			
			Urinary Catheter Information (If Present)		Urine Culture Details
Hemodialysis (30 Days Prior)	History of UTI	History of Spinal Cord Injury			
Antibiotic Details					
Antibiotic Allergies Present on Admission	Antibiotic Duration		Effective Duration	ESBL Details	Urine Cultures in Prior 90 Days
	Inpatient duration (days):				
	Outpatient duration (days):		Inpatient Antibiotics by Day		
	Total duration (days):				
Antibiotic Indication(s) Documented in Progress Notes	Antibiotic(s) Prescribed on Discharge			Blood Culture Results (in UTI Window)	
				Negative:	Positive:

Use this form when you want to review a single ASB Fallout case. Click on "HMS ID" at the top left to select an individual case for review. Highlight the HMS ID that corresponds with the case, then click "OK." The table below should auto-populate with data for the selected case.

UTI Window Day	Symptoms	Labs	Vitals
Day 1			
Day 2			
Day 3			
Day 4 (Day of UC collection)			

Sepsis Early Treatment Measures

Based on the top 25% of hospitals

6	15	**Increase Antibiotics Delivered within 3 hours of Hospital Arrival for Sepsis Cases with Hypotension[9,10,12]** **Measurement Period: Sepsis Discharges from 5/7/26 – 7/29/26**	
		≥ 75% of sepsis cases with hypotension[12] receive antibiotics within 3 hour	15
		71 – 74% of sepsis cases with hypotension[12] receive antibiotics within 3 ho	8
		≤ 70% of sepsis cases with hypotension[12] receive antibiotics within 3 hours	0

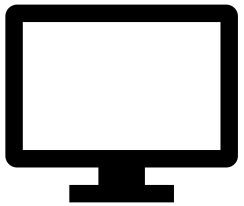
Stayed the same for 2027

Based on the top 25% of hospitals

7	10	**Increase Use of Balanced Solutions in Patients with Sepsis [8,9,15]**	
		≥ 60% of sepsis cases who have ≥ 75% of their bolus and/or maintenance fluid as balanced solutions in the first 48 hours of hospital arrival[15]	10
		40 – 59% of sepsis cases who have ≥ 75% of their bolus and/or maintenanc first 48 hours of hospital arrival[15]	5
		≤ 39% of sepsis cases who have ≥ 75% of their bolus and/or maintenance fl first 48 hours of hospital arrival[15]	0

Full points threshold moved from ≥ 50% to ≥ 60%

Data current as of:
08/10/2026



Check out our Live Reports!

- SEP - Bundle Details Report
- SEP - Cycle Report
- SEP - Data Checker
- SEP - Demographics
- SEP - Early Sepsis Bundle
- SEP - Outcomes Report
- SEP - Patient Reported Outcomes Report
- SEP - Performance Measure: ABX-3Hr
- SEP - Performance Measure: Balanced Solution
- SEP- Performance Measures [Collaborative-Wide] - 2026
- SEP- Performance Measures [Site] - 2026
- SEP- Performance Measures [System-Level] - 2026
- SEP- VBR Measure (2027 Payout, 2026 Assessment)

2026 Sepsis Performance Measures (Adjusted Rate)				
Quarters	Q3 2025	Q4 2025	Q1 2026	Q2 2026
Increase Antibiotics Delivered within 3 hours of Arrival for Sepsis Cases with Hypotension* - Measure #6 (Goal ≥ 75%)				
Adjusted Rate (%)	70.3 %	68.4 %	71.2 %	72.2 %
Increase Discharge/Post-Discharge Care Coordination for Patients with Sepsis Discharged to a Home-like Setting - Measure #7				
Part 1: All Sepsis Cases Discharged to a Home-Like Setting - Receiving 1 of 4 Discharge Measures (Goal ≥ 86%)				
Adjusted Rate (%)	100.0 %	100.0 %	100.0 %	100.0 %
Part 2: Sepsis Cases at High Risk for Readmission Discharged to a Home-Like Setting - Receiving 2 of 4 Discharge Measures (Goal ≥ 74%)				
Adjusted Rate (%)	86.6 %	84.7 %	77.2 %	82.2 %
Increase Use of Balanced Solutions over Normal Saline in Patients with Sepsis - Measure #8 (Goal ≥ 50%)				
Adjusted Rate (%)	28.7 %	29.6 %	31.3 %	47.6 %
Increase success of Patient Reported Outcomes (PROs – phone, email, or text) - Bonus Point Measure (Goal ≥ 85%)				
Adjusted Rate (%)	52.9 %	58.7 %	60.1 %	59.8 %

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Data current as of:
08/10/2026

Antibiotics Delivered within 3 Hours of Arrival for Patients Presenting with Hypotension

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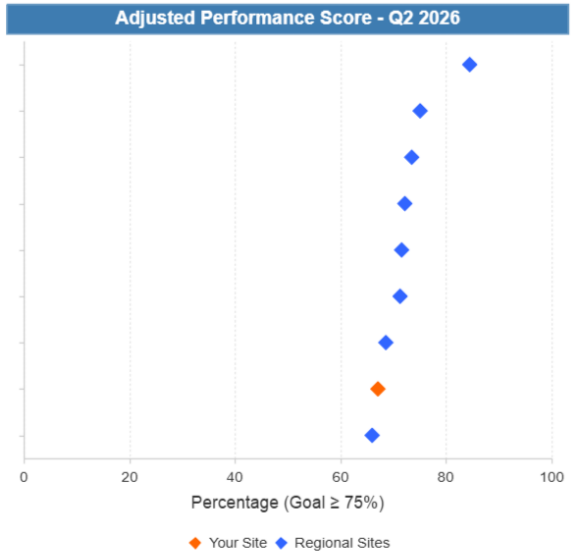
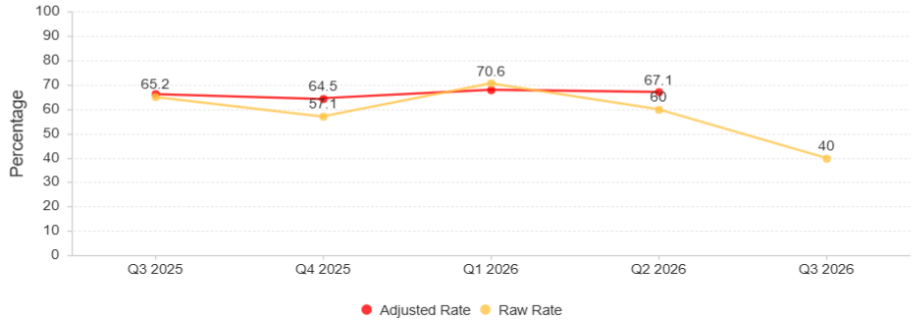
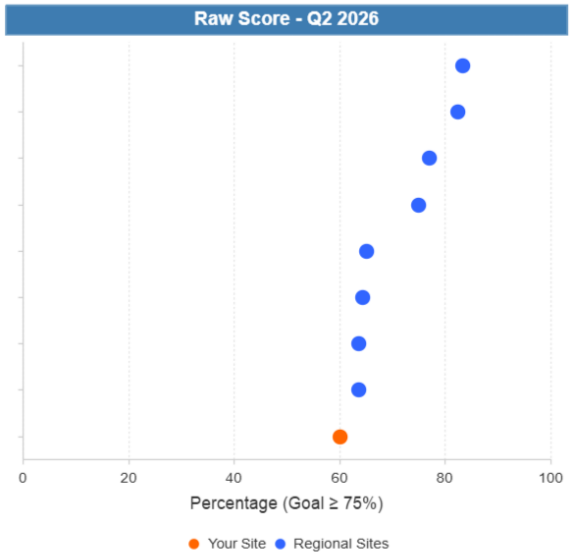


Quarter	Adjusted Rate	Score	Passing Cases	Eligible Cases	Raw Rate	Confidence Interval	Regional Average	Collaborative Average
Q3 2025	66.3%	No Points	15	23	65.2%	(45.8,84.6)	69.9%	70.2%
Q4 2025	64.5%	No Points	8	14	57.1%	(31.2,83)	66.8%	69.7%
Q1 2026	68%	No Points	12	17	70.6%	(49,92.2)	76.9%	73.1%
Q2 2026	67.1%	No Points	9	15	60%	(35.3,84.7)	69.9%	73.1%
Q3 2026	NA	No Points	2	5	40%	(0,82.9)	78.8%	75.9%





Measure Detail	Definition
Hypotension	IV Vasopressor initiated OR systolic blood pressure < 90mmHg OR calculated MAP < 65 within 2 hours of arrival
Patients Excluded from Measure	Cases with a positive COVID-19 or Influenza A/B test on presentation and patients who do not display symptoms of sepsis (i.e. no provider documented symptoms of infection, 0-1 SIRS criteria in the first 2 hours, and no elevated lactate or WBC)
Full points	≥ 75% sepsis cases presenting with hypotension receive antibiotics within 3 hours of arrival
Partial Points	71-74% sepsis cases presenting with hypotension receive antibiotics within 3 hours of arrival
No Points	≥ 70% sepsis cases presenting with hypotension receive antibiotics within 3 hours of arrival

Category	Definition
Passing Case	A case presenting with hypotension receiving antibiotics within 3 hrs of arrival to the hospital encounter.
Eligible Case	A case presenting with hypotension
Raw Rate	The percentage of patients presenting with hypotension that received antibiotics within 3 hrs of arrival to the hospital encounter out of all cases with septic shock for the time period shown.
Adjusted Rate	Incorporates all available data to assess site-specific improvements over time and compares individual hospitals to the collaborative as a whole.
Confidence Interval	The confidence interval (CI) gives you a range where the true number is likely to be found. CI tells you how sure you can be that this range has captured the true number.

Increase Use of Balanced Solutions in Patients with Sepsis

Data current as of:
08/11/2026

Check out our Live Reports!

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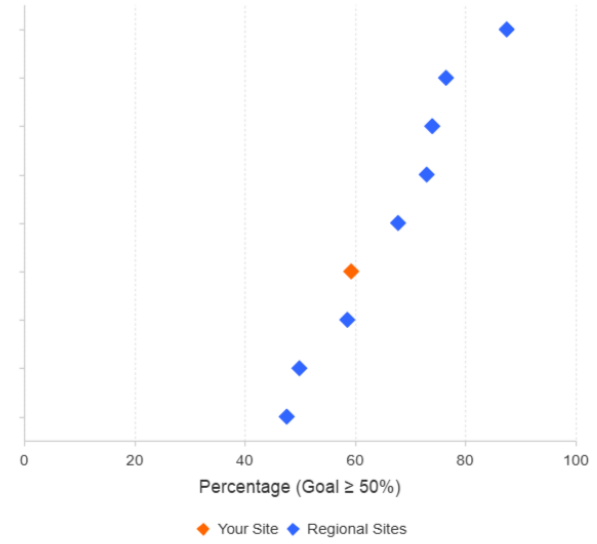
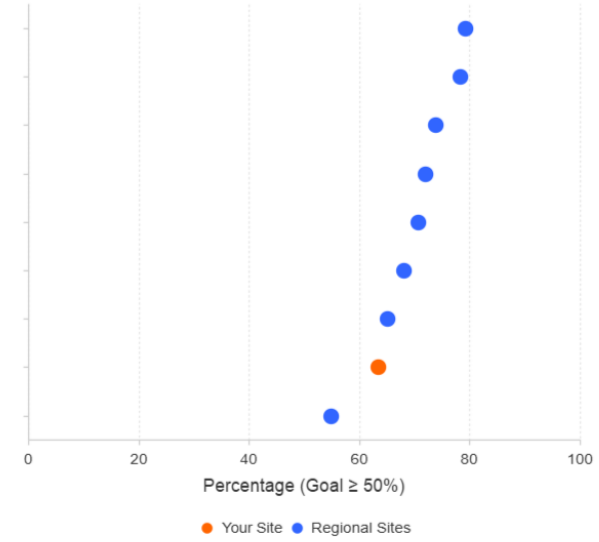
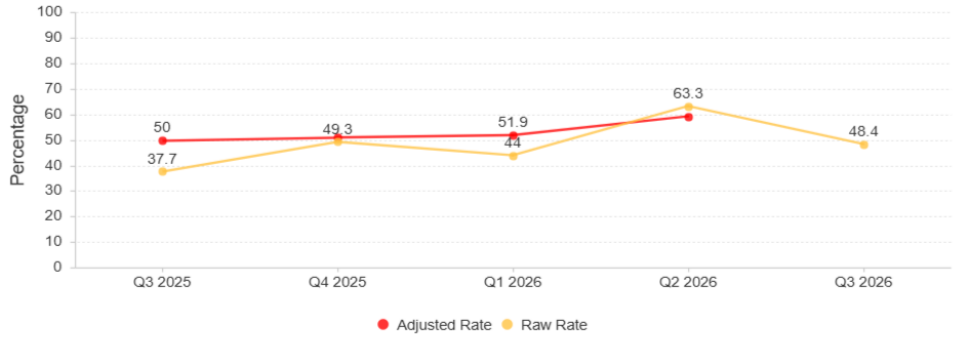
Adjusted Performance Score - Q2 2026



Raw Score - Q2 2026



Quarter	Adjusted Rate	Score	Passing Cases	Eligible Cases	Raw Rate	Confidence Interval	Regional Average	Collaborative Average
Q3 2025	50%	Full Points	29	77	37.7%	(26.9,48.5)	45%	37.5%
Q4 2025	51%	Full Points	33	67	49.3%	(37.3,61.3)	51.1%	42.5%
Q1 2026	51.9%	Full Points	37	84	44%	(33.4,54.6)	52%	45.4%
Q2 2026	59.3%	Full Points	38	60	63.3%	(51.1,75.5)	69.4%	52.3%
Q3 2026	NA	No Points	15	31	48.4%	(30.8,66)	66.8%	56.7%



Measure Detail	Definition
Patients Excluded from Measure	All patients that received ≥1L bolus and maintenance fluid within the first 48 hours of hospital arrival. Note: Bicarbonate infusions are excluded from this measure.
Full points	≥ 50% of sepsis cases received ≥ 75% of all bolus and maintenance fluids given within 48 hours of arrival as balanced solutions.
Partial Points	25-49% of sepsis cases received ≥ 75% of all bolus and maintenance fluids given within 48 hours of arrival as balanced solutions.
No Points	≤ 25% of sepsis cases received ≥ 75% of all bolus and maintenance fluids given within 48 hours of arrival as balanced solutions.

Category	Definition
Passing Case	A case for which ≥75% of all bolus and maintenance fluids received in the first 48 hours were balanced solutions.
Eligible Case	All cases that received ≥1L total bolus and maintenance fluid within the first 48 hours of hospital arrival (excluding bicarbonate infusions).
Raw Rate	The percentage of eligible cases that received ≥ 75% of total bolus and maintenance fluid as balanced solutions within the first 48 hours of hospital arrival.
Adjusted Rate	Incorporates all available data to assess site-specific improvements over time and compares individual hospitals to the collaborative as a whole.
Confidence Interval	The confidence interval (CI) gives you a range where the true number is likely to be found. CI tells you how sure you can be that this range has captured the true number.

Resources Available!

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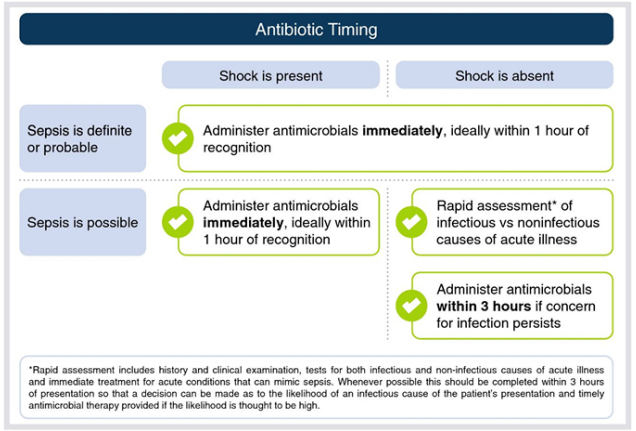
ABX 3 Hour 2-Pager

Hours of Arrival for Sepsis Cases Presenting with Hypotension

WHAT DO THE GUIDELINES RECOMMEND?

The Surviving Sepsis Campaign Guidelines state: For adults with **possible septic shock or a high likelihood for sepsis**, we recommend administering antimicrobials immediately, **ideally within one hour.**[1]



RATIONALE BEHIND THE MEASURE

HMS Performance Measure #6 focuses on timely antibiotic administration in patients with sepsis presenting with hypotension because:

- Each hour of delay in time-to-antibiotics is associated with increased mortality. This

MEASURE GOAL FOR PERFORMANCE YEAR 2026

≥ 75% of patients presenting with **sepsis and hypotension** receive antibiotics within 3 hours of hospital arrival.

CASES INCLUDED IN MEASURE

Patients presenting with sepsis and hypotension within 1-2 hours of hospital arrival.

Hypotension is defined as any of the following:

- SBP < 90mmHg
- MAP < 65mmHg
- IV vasopressor initiated

CASES EXCLUDED FROM MEASURE

Patients with **positive COVID-19 or Influenza A/B test** within 3 days prior to encounter or on days 1-2 of encounter.

Patients **without clinical signs of sepsis** on presentation, defined as:

- < 2 SIRS Criteria

Balanced Solutions 2-Pager

Increase Use of Balanced Solutions over Normal Saline in Patients with Sepsis

GUIDELINE RECOMMENDED

The Surviving Sepsis Campaign Guidelines state: For adults with sepsis or septic shock, we **suggest** using **balanced crystalloids instead of normal saline** for resuscitation.[1]

ASSOCIATED WITH MORTALITY BENEFIT

Meta-analyses have shown there is high probability that balanced solutions reduce mortality in critically ill patients overall, though particularly those with sepsis.[2,3]

Exception to rule: Patients with traumatic brain injury or increased intracranial pressure have increased mortality with balanced solutions, so normal saline remains the fluid of choice for this patient population.

Key studies showing benefit of balanced solutions:

Study	Patient Population	Key Findings
Semler et al, 2018 [4] - SMART Trial A pragmatic, cluster-randomized trial which compared the impact of balanced crystalloids versus saline on incidence of major adverse kidney event within 30 days (MAKE30: a composite outcome, including death from any cause, new RRT, and persistent renal dysfunction).	15,802 critically ill adults treated in 5 ICUs at an academic medical center	Patients randomized to balanced crystalloids had a lower incidence of major adverse kidney event within 30 days (14.3% vs 15.4%, p=0.04) and lower in-hospital mortality at 30 days (10.3% vs 11.1%, p=0.06).
Brown et al, 2019 [5] A pre-specified subgroup analysis of the SMART trial examining patients with sepsis.	1,641 critically ill adults with sepsis admitted to the medical ICU	Patients randomized to balanced crystalloids had a lower 30-day in-hospital mortality rate (26.3% vs. 31.2%, p=0.01).

MEASURE GOAL FOR PERFORMANCE YEAR 2026

≥ 50% of sepsis cases receive ≥ 75% of their bolus and/or maintenance fluid as balanced solution in the first 48 hours of hospitalization.

CASES INCLUDED IN MEASURE

Patients presenting with sepsis who received ≥ 1L of bolus and/or maintenance fluid in the first 48 hours of hospitalization.

CALCULATION OF FLUIDS

Percent Balanced Solutions =
Volume of Balanced Solutions given in 48 Hours / Volume of all Bolus and Maintenance Fluids given in 48 Hours (excluding bicarbonate solutions)

- **Balanced Solutions:** Lactated Ringers, Dextrose in Lactated Ringers, Plasmalyte, or Normosol.
- **Normal Saline:** Normal Saline or Dextrose in Normal Saline.

New Measure for 2027: Increase Use of IV Fluids at ≥30 ml/kg

Based on the top 50% of hospitals

8	10	**Increase Use of IV Fluids at ≥30 ml/kg within 6 Hours in Patients with Sepsis[8,9,16]**	
		≥ 65% of sepsis cases receive ≥30 ml/kg intravenous fluid within 6 hours of hospital arrival[16]	10
		60 – 64% of sepsis cases receive ≥30 ml/kg intravenous fluid within 6 hours of hospital arrival[16]	5
		≤ 59% of sepsis cases receive ≥30 ml/kg intravenous fluid within 6 hours of hospital arrival[16]	0

New HMS Publication!

Munroe et al. JAMA Network Open

Comorbidities, Weight-based Initial Fluid Resuscitation, and Mortality in Sepsis

Results from 25,481 patients hospitalized for community-onset sepsis from 67 hospitals across Michigan (Discharged 12/2021-1/2025)

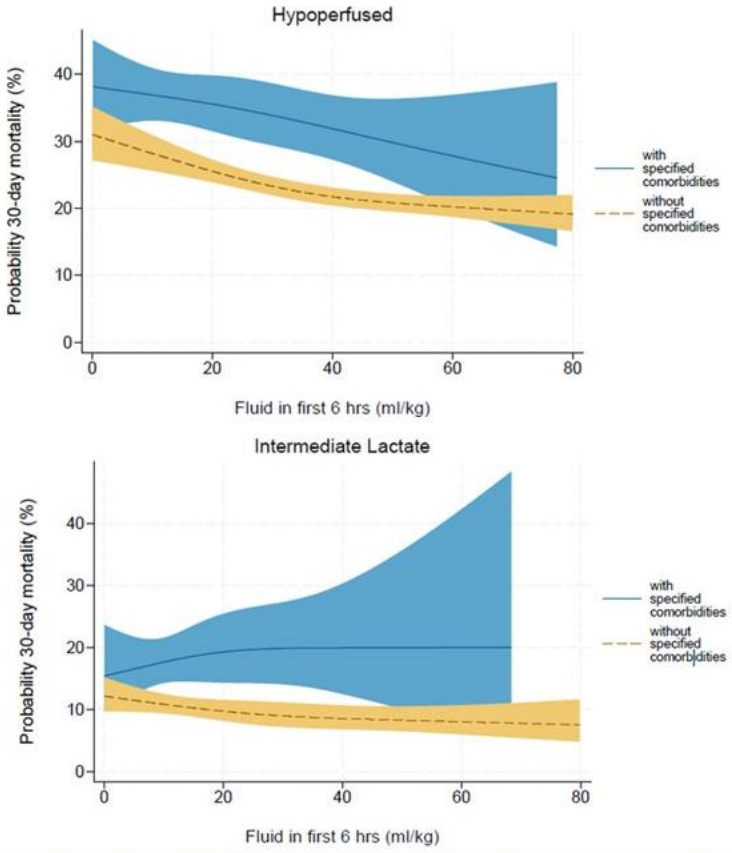
Target Population

- Hypoperfusion, no severe comorbidities: 12,943 (**29.9%**)
- Hypoperfusion, severe comorbidities: 1,741 (**4.0%**)
- Intermediate lactate, no severe comorbidities: 9,974 (**23.0%**)
- Intermediate lactate, severe comorbidities: 823 (**1.9%**)

1. Hypoperfusion: Hypotension or lactate >4 mmol/L
2. Intermediate lactate: lactate 2-4 mmol/L
3. Severe comorbidities: EF <40%, severe to critical aortic stenosis, end stage renal disease

Outcomes

- ≥30 mL/kg fluid resuscitation associated with:
  - **Lower adjusted 30-day mortality** in hypoperfusion without severe comorbidities
    - 26.0% vs 30.4%
  - **Lower adjusted 30-day mortality** in intermediate lactate without severe comorbidities
    - 12.0% vs 13.9%
  - Hypoperfusion with severe comorbidities:
    - No statistically significant difference, but spline models show decreasing mortality with increasing fluids



In this cohort study, we found broader application of ≥30 ml/kg fluid resuscitation in sepsis—in patients with cardiac or renal comorbidities or intermediate lactate elevations—was associated with reduced mortality.

Blue Cross Blue Shield Blue Care Network of Michigan

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

Munroe, E. *JAMA Network Open*. 2026

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New Measure for 2027: Increase Use of IV Fluids at ≥30 ml/kg

- **Measure Details: Measure #8:** Increase Use of IV Fluids at >=30ml/kg within 6 hours in Patients with Sepsis
- **Inclusion Criteria:** Includes patients presenting with hypoperfusion in the first 3 hours of arrival.
  - Hypoperfusion is defined as:
    - SBP < 90
    - MAP < 65
    - Lactate =>4
    - IV Vasopressors initiated within 3 hours of arrival
- **Exclusion Criteria:** Excludes patients presenting with the following comorbidities:
  - ESRD/Stage 5 CKD
  - Ejection Fraction<= 39%
  - Severe-Critical Aortic Stenosis
- *Note:* This measure cohort closely mirrors the patients who would traditionally be included in your SEP-1 fluids measure.

New Measure for 2027: Increase Use of IV Fluids at ≥30 ml/kg

- This information can be found on **page 14 of the Q2 2026 Quarterly Reports** under the Early Sepsis Bundle measures:"8. ≥30ml/kg IV fluid within 6 hours - Hypoperfused without specified comorbidities"

HMS Sepsis Initiative - Bundle Report

Early Sepsis Bundle

Site : [redacted]
Discharge Dates:

Date of Data Pull: [redacted]
Completed Cases:

Category, n/N (%)	Your Site: [redacted]	Region	Collaborative
1. Initial lactate resulted within 3 hours of arrival	58/73 (79.5)	519/611 (84.9)	3175/4105 (77.3)
2. Repeat lactate resulted within 4 hours of first lactate (if elevated)	30/43 (69.8)	270/346 (78.0)	1524/2028 (75.1)
3. Blood culture collected within 3 hours of arrival (non-viral sepsis only)	51/73 (69.9)	482/604 (79.8)	3005/4030 (74.6)
4. Blood culture collected before antibiotic administration	63/73 (86.3)	544/606 (89.8)	3411/4057 (84.1)
5. Antibiotic delivered within 5 hours of hospital arrival (non-hypotensive) or 3 hours of hospital arrival (hypotensive)	48/71 (67.6)	460/570 (80.7)	3043/3833 (79.4)
6. Antibiotic delivered within 3 hours of arrival (among hypotensive) **[Performance Measure #6]**	9/15 (60.0)	105/151 (69.5)	639/884 (72.3)
7. Antibiotic delivered within 5 hours of hospital arrival (among non-hypotensive)	39/56 (69.6)	355/419 (84.7)	2404/2949 (81.5)
8. ≥30ml/kg IV fluid within 6 hours - Hypoperfused without specified comorbidities	13/23 (56.5)	160/231 (69.3)	861/1258 (68.4)
9. ≥30ml/kg IV fluid within 6 hours - Hypoperfused with specified comorbidities	0/3 (0.0)	8/27 (29.6)	67/172 (39.0)

Increase Post-Discharge Care Coordination for Patients with Sepsis DC to Home

6	15	**Increase Discharge/Post-Discharge Care Coordination for Sepsis Cases Discharged to Home-like Setting** [8,9,12,13,14]	
		≥ 90% of ALL sepsis cases discharged to home-like setting[12] received at least 1 of 4 discharge/post-discharge coordination of care measures[13] **AND** ≥ 74% sepsis cases at high risk[14] of readmission received at least 2 of 4 discharge/post-discharge coordination of care measures[13]	15
		≥ 80% of ALL sepsis cases discharged to home-like setting[12] received at least 1 of 4 discharge/post-discharge coordination of care measures[13] **AND** ≥ 40% sepsis cases at high risk[14] of readmission received at least 2 of 4 discharge/post-discharge coordination of care measures[13]	8
		< 80% of ALL sepsis cases discharged to home-like setting[12] received at least 1 of 4 discharge/post-discharge coordination of care measures[13] **OR** < 40% sepsis cases at high risk[14] of readmission received at least 2 of 4 discharge/post-discharge coordination of care measures[13]	0

Changes for 2027:

1. Most hospitals have implemented at least 1 discharge care coordination measure
2. For all sepsis patients, maintain coordination measure & require baseline threshold for full/partial points
3. High risk (2 of 4 discharge care coordination measures) remains unchanged but greater opportunity to earn partial points

Discharge Coordination of Care Measures:

1. Hospital contact information provided in discharge paperwork
2. Scheduled for outpatient follow-up within 2 weeks (at time of discharge)
3. Post-discharge phone call attempted or visit with PCP/specialist within 3 days of DC
4. Patient is discharged to a home-like setting with home health services

HMS Readmission Score

Developed based upon elements from published literature (i.e., LACE Score, Sepsis Transition and Recovery (STAR) program high risk readmission definition, etc.)

Score of ≥ 4 = High Risk of Readmission

Element	Score
Length of Stay	1-6 days: 0 points 7-10 days: 1 point 11-14 days: 2 points 15+ days: 3 points
Admitted from SNF/SAR/LTAC	1 point
Admitted to ICU	1 point
Hospitalization in prior 90 days	1 point
Baseline functional limitation	1 point
Mild-severe liver disease	1 point
Baseline cognitive impairment	1 point
Hematologic malignancy	1 point
Congestive heart failure	1 point
Cardiovascular disease	1 point
Peripheral vascular disease	1 point
Moderate-severe kidney disease	1 point

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Vasuki Rajaguru – Journal of Personalized Medicine - LACE Index to Predict the High Risk of 30-Day Readmission: A Systematic Review and Meta-Analysis - PMC
Stephanie Parks-Taylor – Critical Care Medicine - Effect of a Multicomponent Sepsis Transition and Recovery Program on Mortality and Readmissions After Sepsis: The Improving Morbidity During Post-Acute Care Transitions for Sepsis Randomized Clinical Trial

Bonus Points

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Change for 2027:

1. Added new Performance Bonus measure (Antimicrobial)
2. Max of 10 bonus points can be awarded

Important Note:

1. Participation Bonus Points: only be used replace points for measures 1 – 3
2. Performance Bonus Points: only be used to replace points for measures 4 - 9

Optional Bonus Points*			
Optional	5	**Participation Bonus Points[23]:** Each site has the option of earning **up to 5** bonus points toward their participation metrics (1-3) during the performance year. Each opportunity for bonus points is highlighted below with their point allowance: • Emergency Medicine Physician[19] attendance at the 2 in-person Collaborative Wide Meetings convened during the performance year (July & November) – 5 points • Present HMS data or about HMS at a national meeting (with approval)[20] – 3 points • Emergency Medicine Physician[19] attendance at 1 in-person Collaborative Wide Meeting convened during the performance year (July OR November) – 2 points • Present at an HMS meeting, event, or webinar during the performance year[21] – 2 points	5
Optional	2.5	**Performance Bonus[23]:** Increase success of Patient Reported Outcomes (PROs – phone, email, or text) collection in patients eligible for PROs completion in Antimicrobial Use Cases[8,22]	
		≥ 85% success of Patient Reported Outcomes (PROs) collection in Antimicrobial Use cases[22]	2.5
		80-84% success of Patient Reported Outcomes (PROs) collection in Antimicrobial Use cases[22]	2
		75-79% success of Patient Reported Outcomes (PROs) collection in Antimicrobial Use cases[22]	1.5
Optional	2.5	**Performance Bonus[23]:** Increase success of Patient Reported Outcomes (PROs – phone, email, or text) collection in patients eligible for PROs completion in Sepsis Cases[8,22]	
		≥ 85% success of Patient Reported Outcomes (PROs) collection in Sepsis cases[22]	2.5
		80-84% success of Patient Reported Outcomes (PROs) collection in Sepsis cases[22]	2
		67-79% success of Patient Reported Outcomes (PROs) collection in Sepsis cases[22]	1.5
Optional	5	**Performance Bonus[23]:** Increase Appropriate Treatment of Urine Cultures[7,8,9,10]	
		≤ 10% of positive urine culture cases treated with an antibiotic are ASB cases[7] **AND** ≥ 58% of uncomplicated UTI cases receive appropriate antibiotic treatment[10]	5
*Earned bonus points will be added to the scorecard total, with the final score not to exceed 100 points overall. Participation bonus points may only apply to participation-based measures (1-3) and performance bonus points may only apply to performance-based measures (4-8, C).			

Value-Based Reimbursement (VBR) Opportunities

Elizabeth McLaughlin, MS, RN

What is Value-Based Reimbursement (VBR)?

- The Value Partnerships Program at Blue Cross Blue Shield Michigan (BCBSM) rewards/incentivizes physicians for performance and/or participation in high priority quality programs
- Practitioner reimbursement earned through these quality programs is referred to as value-based reimbursement, or VBR.
- The VBR Fee Schedule sets fees at greater than 100% (maximum of 103% for HMS) of the Standard Fee Schedule.

How are the VBR Funds Distributed?

- VBR is applied to Commercial PPO claims for applicable procedure codes
  - Applied to professional bills only, not to facility bills
- VBR is primarily applied to Relative Value Unit based codes (which include your E&M and most procedure codes)
- VBR is delivered to the entity that receives the practitioner's Blue Cross claims payments
  - If the practitioner is employed, the VBR is paid to whatever entity bills on behalf of the practitioner
- VBR is awarded annually (effective 3/27-2/28 of the next year for specialists)

How Are Practitioners Notified if they are Receiving VBR?

- Physician Organizations receive a list of each specialist in their PO and the various VBR percentages the practitioner is receiving based on the VBR programs the practitioner is eligible for
- POs also receive a report annually of the amount of VBR each physician in their PO received in the prior year
- POs are asked to provide this information to their member practitioners
  - Blue Cross cannot interfere in employment and compensation relationships, so when the PO is also the employer, the practitioner may not be notified of their VBR percentage or the amount of VBR received
- HMS sends a letter in April each year to each hospital with the physician names/NPIs of who received VBR

Am I Eligible for VBR?

- To be eligible for HMS CQI VBR, the practitioner must:
  - Meet the performance targets set by the collaborative
  - Be a member of a PGIP physician organization for at least one year
  - Submit NPI number to the HMS Coordinating Center via the HMS Semi-Annual Fall QI Survey

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Meeting Performance Targets Set by the Collaborative

Hospitalists & Infectious Diseases Physicians

Hospitalists/Infectious Diseases & Critical Care Physicians will be assessed separately

HMS 2028 Value Based Reimbursement (VBR) Scorecard

Hospital Wide Measures and Targets - Hospitalists and Infectious Diseases Physicians

Measure	Target	Points
Increase Use of Appropriate Antibiotic Treatment Duration (3 – 5 days) in Uncomplicated CAP (Community Acquired Pneumonia) Cases*	≥75% collaborative-wide average of uncomplicated CAP cases receive appropriate duration of antibiotics	25
	70- 74% collaborative-wide average of uncomplicated CAP cases receive appropriate duration of antibiotics	15
	≤69% collaborative-wide average of uncomplicated CAP cases receive appropriate duration of antibiotics	0
Reduce Use of Antibiotics in Patients with Asymptomatic Bacteriuria (ASB)*	≤10% of positive urine culture cases treated with an antibiotic are ASB cases	25
	11 - 15% of positive urine culture cases treated with an antibiotic are ASB cases	15
	≥16% of positive urine culture cases treated with an antibiotic are ASB cases	0
Increase Appropriate Antibiotic Treatment for Uncomplicated UTI*	≥58% of uncomplicated UTI cases receive appropriate antibiotic treatment	25
	50 - 57% of uncomplicated UTI cases receive appropriate antibiotic treatment	15
	≤49% of uncomplicated UTI cases receive appropriate antibiotic treatment	0
Increase Discharge/Post-Discharge Coordination (2 of 4) of Care for High-Risk Sepsis Patients*	≥ 74% of sepsis cases at high risk of readmission received at least 2 of 4 discharge/post-discharge coordinatio- of-care measures	25
	55 - 73% of sepsis cases at high risk of readmission received at least 2 of 4 discharge/post-discharge coordination-of-care measures	15
	<= 54% of sepsis cases at high risk of readmission received at least 2 of 4 discharge/post-discharge coordination-of-care measures	0
Total Points Earned		/100
VBR Eligibility Scale		
Points Threshold to Meet 102% VBR eligibility		60 - 79
Points Threshold to Meet 103% VBR eligibility		80 - 100

Hospital Wide Measures and Targets - Critical Care Physicians

Measure	Target	
Increase Use of Balanced Solutions in Patients with Sepsis*	≥80% of sepsis cases who have ≥75% of their bolus and/or maintenance fluid as balanced solutions in the first 48 hours of hospital arrival	30
	40 – 50% of sepsis cases who have ≥75% of their bolus and/or maintenance fluid as balanced solutions in the first 48 hours of hospital arrival	20
	≤30% of sepsis cases who have ≥75% of their bolus and/or maintenance fluid as balanced solutions in the first 48 hours of hospital arrival	0
Increase Use of IV Fluids at ≥30 ml/kg within 6 Hours in Patients with Sepsis*	≥65% of sepsis cases receive >=30 ml/kg intravenous fluid within 6 hours of hospital arrival	30
	60 – 64% of sepsis cases receive >=30 ml/kg intravenous fluid within 6 hours of hospital arrival	20
	≤59% of sepsis cases receive >=30 ml/kg intravenous fluid within 6 hours of hospital arrival	0
Increase Transitions of Care Documentation - ICU to Floor Composite Measure	≥72% of sepsis cases have appropriate documentation at ICU to Floor Transfer	40
1) Temporary CVC removal or documentation of need to keep prior to transfer out of ICU	60-71% of sepsis cases have appropriate documentation at ICU to Floor Transfer	20
2) Urinary catheter removal or documentation of need to keep prior to transfer out of ICU 3) Communication of fluid volume status at ICU transfer 4) Communication of antibiotic plan at ICU transfer	<60% of sepsis cases have appropriate documentation at ICU to Floor Transfer	0
Total Points Earned		/100
VBR Eligibility Scale		
Points Threshold to Meet 102% VBR eligibility		60 - 79
Points Threshold to Meet 103% VBR eligibility		80 - 100

Updated Scorecard to remain consistent with Pay for Performance (P4P)

- Points allocated to each measure
- Full points, partial points thresholds

Critical Care Physicians

2028 VBR Measures by Physician Specialty (Assessment = 2027, Payout = 2028)
Hospitalists & Infectious Diseases Physicians

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Mirrors Pay for Performance (P4P) Measures

Hospital Wide Measures and Targets - Hospitalists and Infectious Diseases Physicians		
Measure	**Target**	**Points**
Increase Use of Appropriate Antibiotic Treatment Duration (3 – 5 days) in Uncomplicated CAP (Community Acquired Pneumonia) Cases*	≥75% collaborative-wide average of uncomplicated CAP cases receive appropriate duration of antibiotics	25
	70- 74% collaborative-wide average of uncomplicated CAP cases receive appropriate duration of antibiotics	15
	≤69% collaborative-wide average of uncomplicated CAP cases receive appropriate duration of antibiotics	0
Reduce Use of Antibiotics in Patients with Asymptomatic Bacteriuria (ASB)*	≤10% of positive urine culture cases treated with an antibiotic are ASB cases	25
	11 - 15% of positive urine culture cases treated with an antibiotic are ASB cases	15
	≥16% of positive urine culture cases treated with an antibiotic are ASB cases	0
Increase Appropriate Antibiotic Treatment for Uncomplicated UTI*	≥58% of uncomplicated UTI cases receive appropriate antibiotic treatment	25
	50 - 57% of uncomplicated UTI cases receive appropriate antibiotic treatment	15
	≤49% of uncomplicated UTI cases receive appropriate antibiotic treatment	0
Increase Discharge/Post-Discharge Coordination (2 of 4) of Care for High-Risk Sepsis Patients*	≥ 74% of sepsis cases at high risk of readmission received at least 2 of 4 discharge/post-discharge coordinatio- of-care measures	25
	55 - 73% of sepsis cases at high risk of readmission received at least 2 of 4 discharge/post-discharge coordination-of-care measures	15
	<= 54% of sepsis cases at high risk of readmission received at least 2 of 4 discharge/post-discharge coordination-of-care measures	0
Total Points Earned		/100
VBR Eligibility Scale		
Points Threshold to Meet 102% VBR eligibility		60 - 79
Points Threshold to Meet 103% VBR eligibility		80 - 100

Only includes the high-risk component

2028 VBR Measures by Physician Specialty (Assessment = 2027, Payout = 2028)
Critical Care Physicians

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Mirrors Pay for Performance (P4P) Measures

Hospital Wide Measures and Targets - Critical Care Physicians		
Measure	**Target**	
Increase Use of Balanced Solutions in Patients with Sepsis*	≥80% of sepsis cases who have ≥75% of their bolus and/or maintenance fluid as balanced solutions in the first 48 hours of hospital arrival	30
	40 – 68% of sepsis cases who have ≥75% of their bolus and/or maintenance fluid as balanced solutions in the first 48 hours of hospital arrival	20
	≤38% of sepsis cases who have ≥75% of their bolus and/or maintenance fluid as balanced solutions in the first 48 hours of hospital arrival	0
Increase Use of IV Fluids at ≥30 ml/kg within 6 Hours in Patients with Sepsis*	≥86% of sepsis cases receive >=30 ml/kg intravenous fluid within 6 hours of hospital arrival	30
	80 – 84% of sepsis cases receive >=30 ml/kg intravenous fluid within 6 hours of hospital arrival	20
	≤58% of sepsis cases receive >=30 ml/kg intravenous fluid within 6 hours of hospital arrival	0
Increase Transitions of Care Documentation - ICU to Floor Composite Measure 1) Temporary CVC removal or documentation of need to keep prior to transfer out of ICU 2) Urinary catheter removal or documentation of need to keep prior to transfer out of ICU 3) Communication of fluid volume status at ICU transfer 4) Communication of antibiotic plan at ICU transfer	≥72% of sepsis cases have appropriate documentation at ICU to Floor Transfer	40
	60-71% of sepsis cases have appropriate documentation at ICU to Floor Transfer	20
	<60% of sepsis cases have appropriate documentation at ICU to Floor Transfer	0
Total Points Earned		/100
VBR Eligibility Scale		
Points Threshold to Meet 102% VBR eligibility		60 - 79
Points Threshold to Meet 103% VBR eligibility		80 - 100

VBR Only

HMS Sepsis Initiative - Value Based Reimbursement (VBR) Measure Report

Transition of Care - ICU to Floor Composite Measure Report

Site :
Discharge Dates: 02-12-2026 to 05-06-2026

Date of Data Pull: 06-23-2026
Completed Cases: 68

Quarter	Passing Cases	Eligible Cases	Raw Rate	Confidence Interval	Regional Average	Collaborative Average
Q3 2025	40	61	65.6	(53.6, 77.6)	64.5	67.6
Q4 2025	40	64	62.5	(50.5, 74.5)	63.4	66.7
Q1 2026	58	89	65.2	(55.4, 75.0)	62.3	66.0
Q2 2026	23	42	54.8	(39.7, 69.9)	65.9	70.5

Category, n/N (%)	Your Site:	Region	Collaborative
1. Temporary CVC removal or documentation of need to keep or remove/downgrade prior to transfer out of ICU^	1/2 (50.0)	35/52 (67.3)	192/279 (68.8)
2. No urinary catheter in place or documentation of plan to keep or remove urinary catheter prior to transfer out of ICU	9/14 (64.3)	148/200 (74.0)	758/946 (80.1)
3. Communication of volume status at ICU transfer	0/12 (0.0)	37/160 (23.1)	247/760 (32.5)
4. Communication of antibiotic plan at ICU transfer	13/14 (92.9)	177/190 (93.2)	833/895 (93.1)
Met All Eligible Communication Opportunities	23/42 (54.8)	397/602 (65.9)	2030/2880 (70.5)

Available in Your Antimicrobial & Sepsis Quarterly Reports

Updates to VBR reports will be forthcoming!

How to Gain Access to Your Data

- HMS member hospitals are allowed access to their hospital specific performance data
- To obtain access, email Casey Gould (cbodenmi@med.umich.edu)

Am I Eligible for VBR?

- To be eligible for HMS CQI VBR, the practitioner must:
  - Meet the performance targets set by the collaborative
  - **Be a member of a PGIP physician organization for at least one year**
  - Submit NPI number to the HMS Coordinating Center via the HMS Semi-Annual Fall QI Survey

Physician Group Incentive Program (PGIP) Membership

How do I join PGIP?

- Physician Group Incentive Program (PGIP)
  - PGIP connects approximately 33 physician organizations (representing 20,000 physicians) statewide to collect data, share best practices and collaborate on initiatives that improve the health care system in Michigan
- The provider should reach out to their desired physician organization who will assist in becoming a member of PGIP

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Submission of Physician NPI's

- HMS does not collect physician specific data in our registries so all VBR assessments will be based at the hospital or collaborative level
- For those hospitals/physicians that are eligible for the VBR incentive, HMS will be collecting the National Provider Identifier (NPI) number for each specialty at your hospital
  - Hospitalists and Infectious Diseases Physicians
  - Critical Care
- The NPI's will be collected in the Fall 2027 Annual QI Survey
- Each hospital will be responsible for obtaining the list of NPI numbers and the Physician Champion must approve of the final list

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Overview of Steps to Receiving 2028 VBR Incentive

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Step 1

Meet HMS VBR Eligibility Requirements – Q3 2027

Step 2

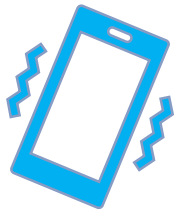
Submit NPI's to HMS Fall 2027 QI Survey

Step 3

BCBSM Final Eligibility Determination (Jan – Feb 2028)

Step 4

BCBSM Notifies PO & HMS

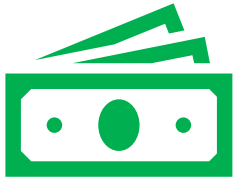


Step 5

HMS Sends Letter to Physicians Approved to Receive VBR

Step 6

BCBSM Commercial Claims PPO Payout Period – 3/1/2028 – 2/28/2029



Q&A

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