

MEET INHALE

CQI Introduction and Guidebook



INHALE
Inspiring Health Advances in Lung Care

Support for INHALE is provided by Blue Cross Blue Shield of Michigan as part of the BCBSM Value Partnerships program. BCBSM's Value Partnerships program provides clinical and executive support for all CQI programs. To learn more about Value Partnerships, visit valuepartnerships.com. The opinions, beliefs, and viewpoints expressed by INHALE do not necessarily reflect the opinions, beliefs, and viewpoints of BCBSM or any of its employees.

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**Our vision is a world where everyone
can *breathe* deeply and *live* fully.**



INHALE OVERVIEW

Background

INHALE is dedicated to improving the quality of care for adults with COPD and adults and children with asthma across the state of Michigan. Launched in 2022, INHALE is a population health Collaborative Quality Initiative (CQI) supported by Blue Cross Blue Shield of Michigan.



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Mission: INHALE hopes to engage and empower Primary Care, Specialty Care and Physician Organizations across the state

- to improve patient outcomes and address inequalities with regard to care, and
- to promote high-value health care for:
 - children and adults with asthma, and
 - adults with chronic obstructive pulmonary disease



Physician Organizations (POs):
POs will be the primary partners in INHALE and will facilitate practice participation in the program.

Participation



Practices: Primary and Specialty care practices will put forth effort to implement INHALE quality initiatives into their patient care.

Quality Initiatives



Medication Over Reliance

Reduce reliance on SABA & OCS overuse to improve disease control, reduce exacerbations & long-term adverse effects



Patient & Provider Education

Education for both providers & patients on proper inhaler use; recognition of good disease control & measures to reduce acute exacerbations



Improve Patient Outcomes

Proactively focusing on risk mitigation & exacerbation reduction in addition to enhancing our ability to achieve disease control



Spirometry Access & Use

Improving access to & the appropriate use of spirometry as a tool to accurately diagnose both Asthma & COPD



MEET THE TEAM

Program Directors



Dr. Njira Lugogo
Program Director



Dr. Michael Sjoding
Program Co-Director

Coordinating Center



April Proudlock
Program Manager



Sean Lezak
Assoc. Program Manager



**Karla Stoermer-
Grossman**
Clinical Site Coordinator



Dawn Zinsser
Data Analyst



Brenna Dressler
Project Manager



Kelly Shelton
Administrative
Assistant



Meghan Spiroff
Strategic Partner &
Engagement Specialist



Raul Desiderio
Database Analyst



INHALE GENERAL TIMELINE



February

Recruitment opens for Onboarding and Continuing POs/Practices to add primary care practices/providers to INHALE.



May

Collaborative Wide meeting for PO Admins and PO Clinical Champions.



September

VBR measurement begins.

Newly enrolled sites begin participation in INHALE.

PCP VBR awarded.



March

SCP VBR awarded.

Spring Regional meetings with participating practices.



August

VBR measurement time period ends.



October

Fall Regional meetings with participating practices.

Please ensure that the PO and Practices review the year specific timelines for more precise due dates.

****This timeline is subject to change based on BCBSM directives.**



PARTICIPATION BENEFITS

INHALE strives to change the treatment paradigm on a population level by partnering with providers across Michigan.



Access to a data dashboard with availability to view patient specific data and measure trends.

Improved patient outcomes through the implementation of quality initiative measures.



Learn from and collaborate with other PCPs and SCPs on Asthma and COPD care.

Access to free CME and MOC learning opportunities on a broad range of topics.



Advocacy for guideline based care for Asthma and COPD.

Opportunities to have one-on-one consultations with a pharmacist on a specific patient case or general issues.



Formulary guides, notification of coverage changes and medication discontinuations.

Access to a robust resource library with information for providers and their patients.



DATA DASHBOARD

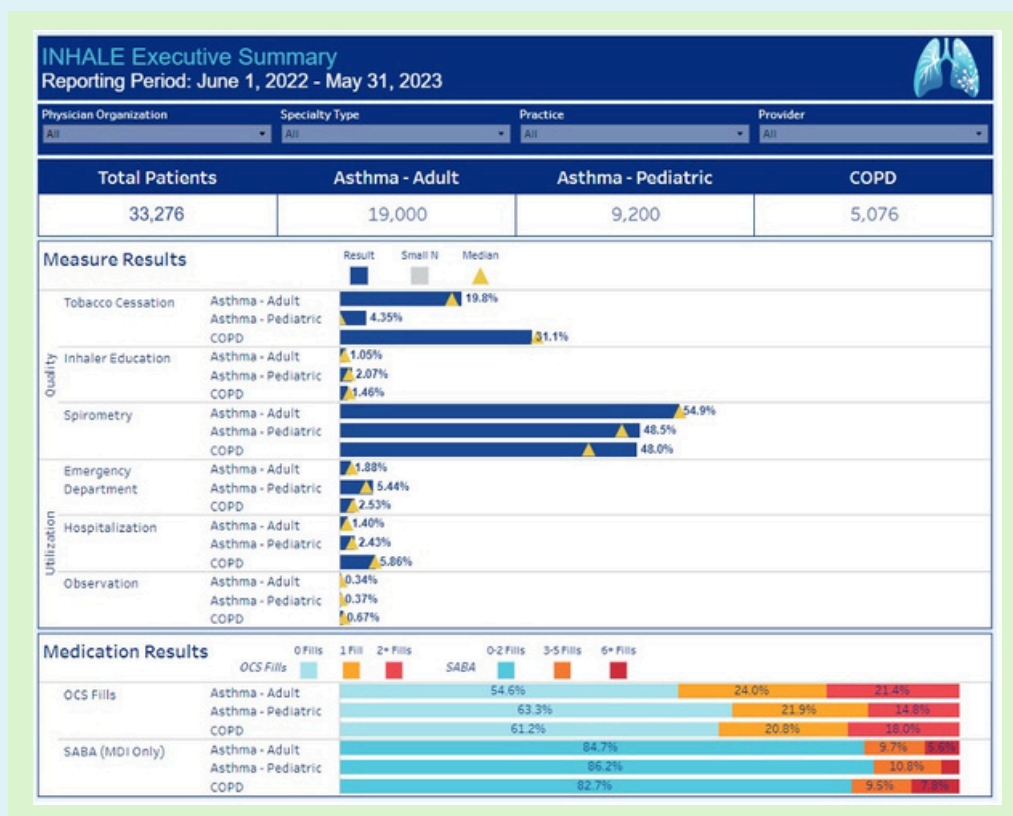
Michigan Data Collaborative CQI Data Hub

Michigan Data Collaborative (MDC) aggregates clinical data sourced from the claims data from participating practices for the initial phase of the dashboard reports. Over time, additional sources of information, such as EHR data and Social Determinants Of Health information, will be integrated into the data hub.

INHALE Data Dashboard

MDC provides dashboards sourced from the data hub for participating INHALE organizations. The MDC dashboards contain meaningful measures determined by INHALE clinicians and expert staff. Through MDC's iterative design process, ongoing updates will accommodate new data and reporting options. Measures are searchable by Provider Organization (PO), Practice, and Provider. Access is secured based on user credentials.

EXAMPLE DASHBOARD

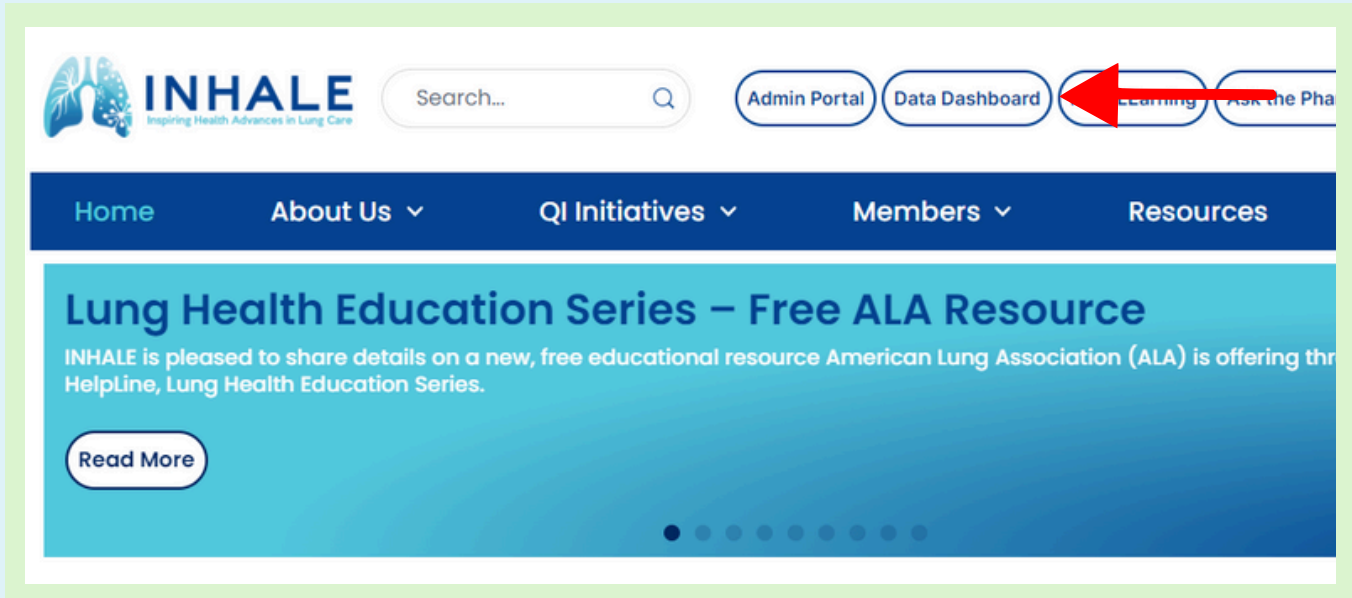


DATA FLOW



DATA DASHBOARD

ACCESSING YOUR INHALE DATA DASHBOARD



1. Go to INHALECQI.org and click the Data Dashboard button on the top of the page (highlighted above)
2. You will be redirected to the MDC website
3. Click on “passwords”
4. You will need to create a user account by emailing mdc-accounts@med.umich.edu to request access to the INHALE Dashboards. When you receive your username and password, follow the setup steps found in the [Access and Setup Guide](#)
5. Review the [INHALE CQI User Guide](#) to familiarize yourself with how to use the dashboard.



USER ACCOUNT HELP

MDC-Accounts@med.umich.edu

FOR ALL OTHER QUESTIONS

MichiganDataCollaborative@med.umich.edu

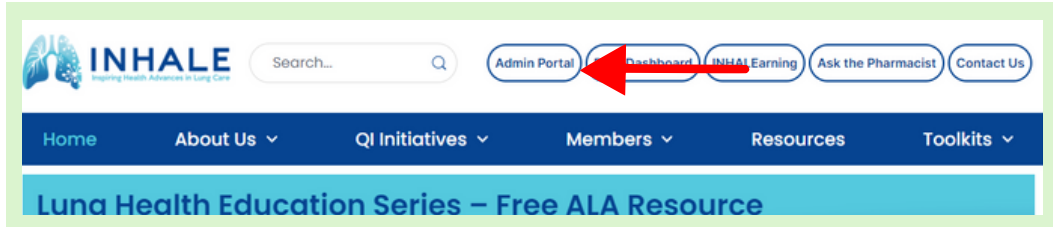


ADMIN PORTAL

INHALE ADMIN PORTAL

The INHALE Admin Portal was built to house all of the VBR related items, such as the scorecards and various tasks. Currently, PO level admins have access to the portal in order to track each of their practice's and provider's progress towards VBR for that year. All participants can also access each of the forms/surveys that are linked to those tasks without having to login and can share them for completion.

ACCESSING THE INHALE ADMIN PORTAL



New portal users: accounts will be generated and an email with instructions will be sent. Once the account has been created, PO admins will have full access to everything they need to track VBR.

Existing portal users: log in using their username and password to access the portal.

Note: Practices can access all forms/documents necessary to complete VBR activities via the menu bar without having to log in.

NAVIGATING THE PORTAL

Admin Dashboard

INHALE 2026 Task Summaries

PO Tasks

0 / 11 PO
Attend the 2024 Collaborative Wide Meeting
Due: Aug 31, 2024, 11:59 p.m.

0 / 11 PO
Submit PO Communications
Due: Aug 31, 2024, 11:59 p.m.

Practice Tasks

1 / 140 Practice
Assign a Clinical Champion
Due: Aug 31, 2024, 11:59 p.m.

1 / 140 Practice
Assign a Practice Liaison
Due: Aug 31, 2024, 11:59 p.m.

20 / 140 Practice
Attend the Spring 2024 Regional Meeting
Due: Aug 31, 2024, 11:59 p.m.

16 / 140 Practice
Inhaled Medication Learning Module on the INHALE Learning Platform
Due: Aug 31, 2024, 11:59 p.m.

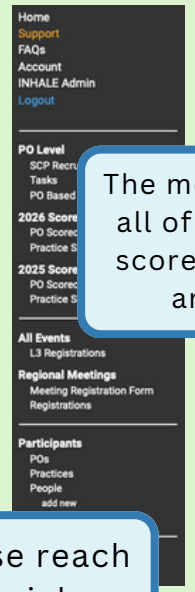
26 / 140 Practice
Complete Practice Assessment Survey (old)
Due: Aug 31, 2024, 11:59 p.m.

Provider Tasks

177 / 541 Provider
Attend 1 of 4 planned speaker sessions, live or on demand - Provider
Due: Aug 31, 2024, 11:59 p.m.

The Admin Dashboard gives you a snapshot of your progress for the VBR year.

The menu bar holds all of the relevant scorecards, forms and tasks.



If you or your team are having difficulties using the portal, please reach out to us at inhale-support@med.umich.edu to request a tutorial



ROLES AND RESPONSIBILITIES:

PO LEVEL

PO Admin Lead

Time
commitment:
~5-10% FTE

The **PO Administrative Lead** is responsible for operations of the program, maintaining general oversight over the PO's participation in INHALE, including the PO's participating practices.

Responsibilities

1. Ensure required documents are reviewed and signed (e.g. the participation agreement, data use agreement)
2. Form a team at your PO (e.g. coordinating with the Clinical Champion) and serve as your PO's primary contact with the INHALE Coordinating Center
3. Participate in INHALE PO monthly calls and yearly meetings.
4. Maintain PO and practice level contacts in the Admin Portal.
5. Share INHALE information (such as newsletters, upcoming meetings, etc.) from the INHALE Coordinating Center with participating practices.

PO Clinical Champion

Time
commitment:
5% FTE

The **PO Clinical Champion** is responsible for disseminating performance/QI/educational information to sites and helping to advance best practices.

Responsibilities

1. Participate in yearly meetings.
2. Participate in PO Monthly calls, as needed (optional, but encouraged).
3. Share INHALE information (such as newsletters, upcoming meetings, etc.) from the INHALE Coordinating Center with participating practices.
4. Support the recruitment of participating sites, in collaboration with your PO Medical Director.



ROLES AND RESPONSIBILITIES:

PRACTICE LEVEL

Practice Clinical Champion

Time commitment:
10-12 hours a year

The Practice Clinical Champion is the INHALE lead at the practice level, acting as the main contact between PO and the practice. The Clinical Champion has additional responsibilities that other clinicians in the practice do not.

Responsibilities

1. INHALE point of contact at the practice level for the PO/INHALE
2. Collaborate with the PO Clinical Champion and PO Admin Lead to share INHALE tools/resources/information within the practice
3. Share INHALE's quality improvement objectives within practice, including sharing data when applicable
4. Support and encourage practice providers participating in INHALE to achieve targets
5. Complete various engagement/learning activities as specified yearly.
6. Represent practice at Spring and Fall Regional Meetings (2 hr/each)
7. Provide feedback and input when requested

Clinical champions may be either a MD, DO, PA, NP, PharmD, RN or RN Care Manager.

Practice Liaison

Time commitment:
<5% FTE

The **Practice Liaison** is a non-clinical role who supports the administrative component of INHALE.

Responsibilities

1. Ensure any required documents are reviewed and signed
2. Provide general oversight over the practice's participation
3. Form a team at their practice and serve as the primary contact for the Physician Organization and Coordinating Center
4. Ensure that all participation requirements are met
5. Disseminate information (such as upcoming meetings, important dates, etc.) from the Physician Organization and Coordinating Center

Ideal Candidates: Office manager or equivalent role

****The Practice Liaison and Clinical Champion may be the same person. A Practice Liaison/Clinical Champion should be designated for each practice unless otherwise approved by the Physician Organization and INHALE Coordinating Center.**



ROLES AND RESPONSIBILITIES: PRACTICE LEVEL

Practice Physicians

Time commitment:
3-4 hours a year

Physicians participating in INHALE are eligible to earn 105% VBR on most BCBS PPO claims.

Responsibilities

1. Incorporate INHALE initiatives into their practice to improve the quality of care of asthma and COPD patients.
2. Meet the physician level VBR activities.

Specific scorecard information for the current year can be found in the **Members > Current Members > VBR section** of the INHALE website.



INSpiring Health Advances in Lung Care (INHALE) Collaborative Quality Initiative Continuing PCPs and SCPs
VBR Measurement Period: 09/01/2024 - 08/31/2025
VBR Reimbursement Period: PCPs - 09/01/2026 - 08/31/2027, SCPs - 03/01/2026 - 02/28/2027

102% VBR Measures			
Measure #	Weight	Measure Description	Points
1	25%	Practice Clinical Champion attend Fall and Spring Regional Meetings	
2	10%	Practice Clinical Champion on INHALE Admin Portal and submits the survey	
3	15%	All INHALE participating practices (L3) live or on-demand and submit the survey	
4	15%	Practice Clinical Champion attend Fall and Spring Regional Meetings	



INSpiring Health Advances in Lung Care (INHALE) Collaborative Quality Initiative Onboarding PCPs and SCPs
VBR Measurement Period: 09/01/2024 - 08/31/2025
VBR Reimbursement Period: PCPs - 09/01/2026 - 08/31/2027, SCPs - 03/01/2026 - 02/28/2027

105% VBR Measures			
Measure #	Weight	Measure Description	Points
1	25%	Practice Clinical Champion attend Fall and Spring Regional Meetings	
		Attends 2 meetings	20
		Attends 1 meeting	10
		No meeting attendance	0
2	10%	Practice Clinical Champion and Practice Liaison are designated in the INHALE Admin Portal	
		Completed	10
		Not completed	0
3	10%	Practice Clinical Champion completes "Inhaled Medications" learning module on the INHALEarning Platform and submits the survey to mark requirement as completed.	
		Completed	10
		Not completed	0
4	20%	Ensure practice level clinical champions and practice liaisons are identified and added to the admin portal (including email addresses)	
		>80% Attend	20
		80% - 60% Attend	10
		< 60% Attend	0
5	10%	Practice Assessment survey completed in INHALE Admin Portal.	
		Completed	10
		Not completed	0



ROLES AND RESPONSIBILITIES: MEETINGS

Required Meetings Breakdown

Meeting Type	Audience Required	Frequency	Purpose
Collaborative Wide (CW)	<ul style="list-style-type: none"> PO Admin Lead PO Clinical Champions 	<ul style="list-style-type: none"> Once per year Typically in the spring 	To learn about and prioritize the collaborative's initiatives with the PO leads.
Regional	<ul style="list-style-type: none"> Practice Clinical Champions Practice Liaisons (optional, but encouraged) 	<ul style="list-style-type: none"> Twice per year Fall and Spring 	To collaborate on best practices, discuss programmatic initiatives, gain knowledge and provide feedback to the INHALE.
PO Monthly Calls	<ul style="list-style-type: none"> PO Admins PO Clinical Champions (optional, but encouraged) 	<ul style="list-style-type: none"> Offered twice monthly Attendance required at one per month 	To update PO admins on programmatic changes and upcoming events, meetings and/ or due dates.

ATTENDANCE POLICIES

- PO Clinical Champions and PO Admins are required to attend the once yearly CW meeting for at least 75% of the meeting duration. A proxy may be requested but must be approved by the Coordinating Center. If a proxy attended on behalf of the Practice Clinical Champion for a previous meeting, the substitution is not valid for all meetings. You must obtain approval for a proxy for each individual meeting. Failure to do so, could be a loss of VBR points.
- Practice Clinical Champions are required to attend both Fall and Spring Regional meetings. Dates will be provided at least 45 days in advance. Practice Liaisons are not required to attend but are strongly encouraged to attend. Clinical Champion must attend a minimum of 75% of the meeting (in-person/virtual) to be counted toward meeting the measure. In the event of a virtual meeting, cameras remain on and are directed at the attendee for the entirety of the meeting or attendance will not be counted toward the measure. Adherence to any additional requirements specified for participation in a virtual format is required for attendance to count toward the measure. A proxy may be requested to attend on rare occasions and with at least 72 hours' notice. If a proxy has attended for the Practice Clinical Champion in the previous measurement year, the substitution may not be granted and loss of VBR points may incur.



TOOLS AND RESOURCES:

RESOURCE LIBRARY

Nearly 100 free provider and patient tools and resources, developed and curated by the INHALE team.



Download from our resource library. Save your bookmarks. Share easily with patients.

The library was designed to be viewed in multiple ways: sorting options, grid vs table view, and categories all make it easy to find the resource you need.

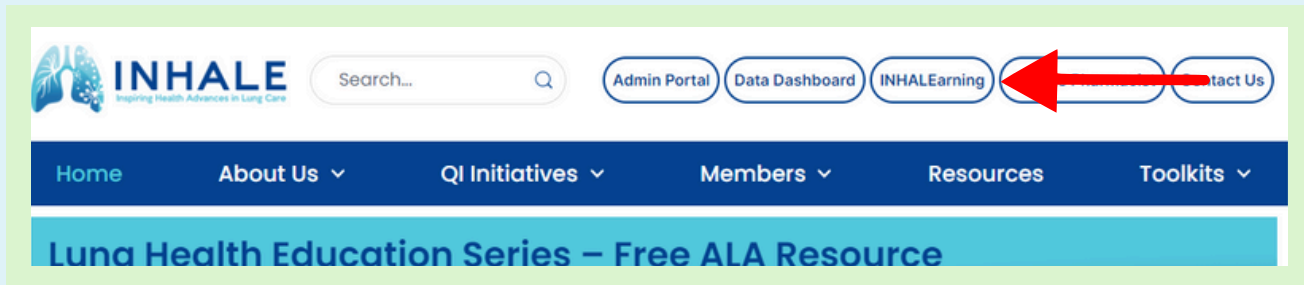
Documents can be bookmarked, viewed and downloaded for easy sharing with colleagues and patients.



TOOLS AND RESOURCES:

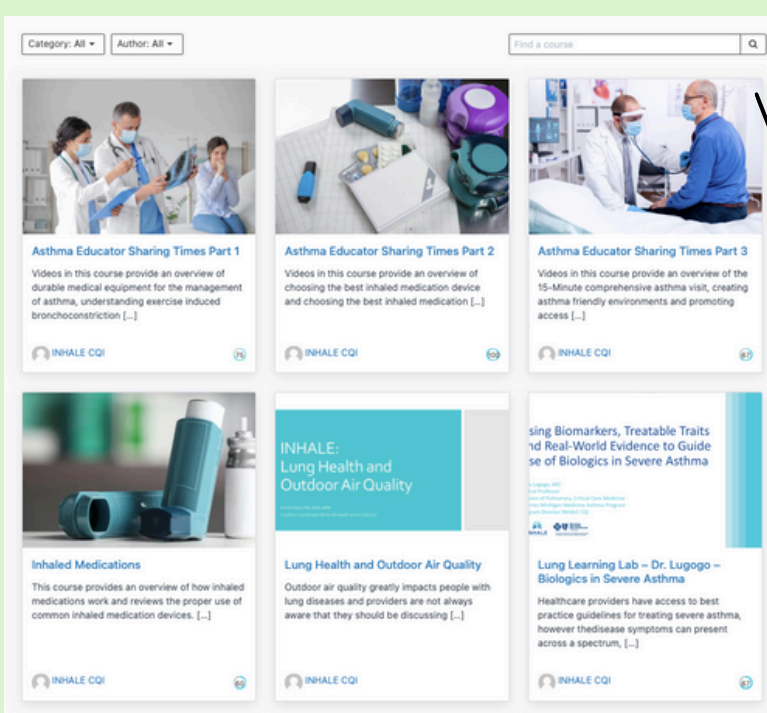
INHALEARNING PLATFORM

INHALEarning - EDUCATION PLATFORM



INHALE is committed to providing ongoing learning opportunities for the medical professionals who care for patients with Asthma and COPD. By logging in and completing INHALEarning activities, you can earn CME credit while staying up to date with the latest asthma and COPD guidelines and research.

The INHALEarning platform will be used to track the completion of various participation requirements for VBR with INHALE. For questions about these requirements and how you are to complete them, please reach out to the INHALE Coordinating Center team at inhale-support@med.umich.edu.



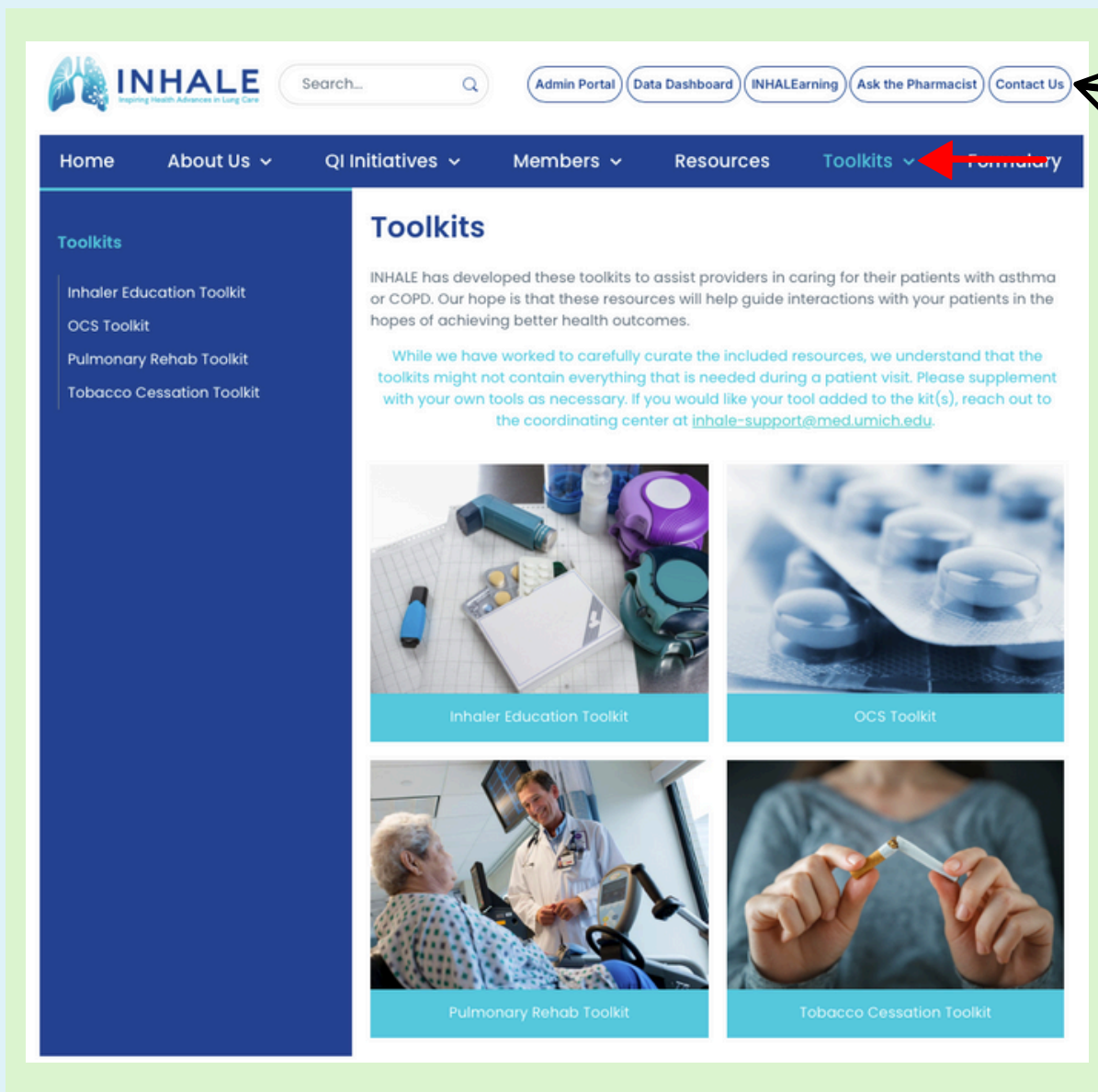
Current Learning Opportunities

- Inhaled Medications overview
- Lung Health and Outdoor Air Quality
- Biologics in Severe Asthma
- GOLD 2024 Updates
- Bronchoscopic Lung Volume Reduction
- Pulmonary Function Testing
- Asthma Educator Sharing Times (part 1, 2 & 3)



TOOLS AND RESOURCES: TOOLKITS

INHALE has developed four toolkits to assist providers in caring for their patients with Asthma or COPD. Our hope is that these resources will help guide interactions with your patients to achieve better health outcomes.



Each toolkit contains items such as provider and patient materials, videos, guidelines and the latest research. The team at INHALE will continuously work to keep these and our resource library up to date in the hopes that it will serve as a one stop shop for providers across Michigan and for patients with asthma and/or COPD.



BOARDS AND COMMITTEES

PATIENT ADVISORY BOARD

At the center of our work is a group of patients and caregivers who meet six times a year to discuss and share their experiences. Our PAB members meet others and work with the INHALE team to:

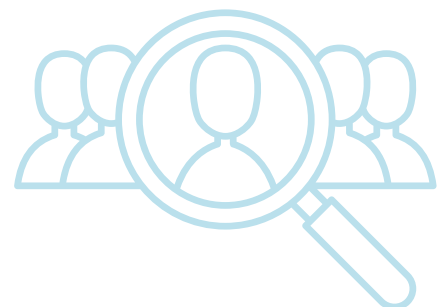
- Help us understand the issues facing people with Asthma and COPD
- Brainstorm ideas for how to better support patients and their communities
- Give input on tools and services
- Work together with other patients, families and caregivers
- Help us make programs and services that work for patients with Asthma or COPD
- Discuss data and share ideas about using data to improve care
- Work with the community to help people understand how best to take care of their lungs

If you know a patient that may be interested in joining, please visit our [website](https://www.med.umich.edu/INHALE-support) or contact us at INHALE-support@med.umich.edu

EXECUTIVE COMMITTEE

Launched in the Summer of 2024, the INHALE Executive Committee members provide input and critical feedback that will assist with decision making by the Coordinating Center Leadership team on aspects of the quality improvement process including but not limited to:

- Data
- Governance
- Regulatory decisions
- Measures
- Patient engagement and education initiatives



FUTURE BOARDS AND COMMITTEES

DATA AND PUBLICATION COMMITTEE

INHALE plans to launch a data and publications committee in 2025. This committee will:

- review data
- establish guidelines for publishing
- assist in special project requests

PEDIATRIC SUB-COMMITTEE

As one of the few CQIs that addresses the pediatric population, this group will contribute and advise INHALE on the treatment of pediatric patients and their unique experience. This committee will also launch early in 2025.



If you are interested in joining either of these committees, please email INHALE-support@med.umich.edu



INHALE PARTNERSHIPS



Michigan Data
Collaborative



The Michigan Data Collaborative (MDC) is a healthcare data organization at the University of Michigan. They support care delivery transformation initiatives across the state of Michigan by providing solutions for data collection, aggregation and visualization, measure calculation, and reporting. MDC produces dashboards to support the mission of INHALE.



FOR HEALTHY LUNGS



The Asthma Initiative of Michigan's (AIM) work is accomplished through grants from the Centers for Disease Control and Prevention (CDC) and other organizations, and through the many hours of work with our partners. Their website, GetAsthmaHelp.org, features current asthma information for health care professionals and people with asthma. Sign up to receive weekly-ish news emails with the latest asthma learning opportunities, resources and research.



HBOM works with other CQIs to help their participating POs, hospitals, practices, and providers to make the healthy choice the easy choice. They are proud to be a part of the CQI network, more than 20 statewide collaboratives focused on improving health care and outcomes for patients in Michigan and across the nation.



Michigan Value Collaborative



The goal of MVC is to improve the health of Michigan through sustainable, high-value healthcare. Working in conjunction with INHALE and the many specialty-specific Collaborative Quality Improvement (CQI) programs in BCBSM's Value Partnership Program, MVC aims to understand variation in healthcare use, identify best practices, and lead interventions for improving care before, during, and after hospitalization. The program improves healthcare quality across Michigan through rigorous performance feedback, empirical identification of best practices, and collaborative learning.



MSHIELD
MICHIGAN SOCIAL HEALTH INTERVENTIONS
TO ELIMINATE DISPARITIES



MSHIELD's mission is to empower CQIs to lead the future of quality improvement which achieves whole health for all people by integrating social care and clinical care, using data to drive health equity, and fostering a culture of anti-racism. INHALE has partnered with MSHIELD to embrace that mission together.



CONTACT INFORMATION

We hope you find this guidebook insightful and valuable for helping your practices and providers onboard into INHALE . If you have any questions or require further assistance, please don't hesitate to contact us.



inhale-support@med.umich.edu



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