BMC2 PCI and Vascular Surgery 2024 VBR Performance Metrics

PCI Measures*

Clinical Focus	Measure Description	Measurement Period	Target Performance
2024 BMC2 Percutaneous Coronary Interventions **(PCI)**	1) Increase the appropriateness of PCI therapy, based on the BMC2 on-going peer review process.	Peer reviews conducted on appropriateness in Feb-Mar 2023	>=90% of the reviewed cases with a decision to proceed to PCI within the two highest appropriateness categories.
	2) Improve the overall intervention quality as assessed in the BMC2 on-going peer review process.	Peer reviews conducted on appropriateness in Feb-Mar 2023	Fewer than 10% of reviewed cases should be rated as sub-optimal.
	3) Increase the documentation of recommended P2Y12 therapy duration.	01/01/2023 - 6/30/2023	≥75%, or a >=20 percentage points absolute increase from Q4 YTD 2022

Vascular Surgery Measures^

Clinical Focus	Measure Description	Measurement Period	Target Performance
2024 BMC2 Vascular Surgery **(VS)**	1a) Surgeons to prescribe a maximum of 4 opioid pills for opioid naïve patients with CEA at discharge.	1/01/2023 - 6/30/2023	>=70%
	1b) Surgeons to prescribe a maximum of 4 opioid pills for opioid naïve patients with EVAR at discharge.	01/01/2023 - 6/30/2023	>=70%
	2) Prescription of statin AND any antiplatelet at discharge	01/01/2023 - 6/30/2023	>=95% statin AND >=95% any anti-platelet

Smoking Cessation Measure[+]

Clinical Focus	Measure Description	Measurement Period	Target Performance
2024 BMC2 **VS and PCI**	Proportion of smokers who receive smoking cessation treatment. Current smokers (either documented at pre-procedure or discharge; excludes marijuana-only or vaping-only) receive 2/3 of the following: • Physician-delivered advice • Nicotine replacement therapy • Referral to smoking counseling services	1/01/2023 - 6/30/2023	>=25%

BMC2 PCI and VS scoring methodology
The BMC2 CQI has two different CQI VBR programs. The participating practitioner will either be scored on measures related to percutaneous coronary interventions, otherwise known as PCI, or vascular surgery, otherwise known as VS, depending on the clinical focus of the practitioner. BMC2 uses a PGIP physician organization-level scoring model to measure performance for PCI and a hospital-level scoring model for VS.

***For physicians being scored on PCI measures**
Practitioners are grouped by their affiliated physician organization. The POs are evaluated on each measure individually and must achieve the performance target on all three measures to be considered eligible to receive the CQI VBR.

Measures 1 and 2 are evaluated based on all peer reviewed cases performed by physicians within the PO, for measure 3 each physician's performance is evaluated, and the PO is credited for the measure if more than 50% of physicians in the PO meet criteria.

^For practitioners being scored in VS measures
Practitioners are grouped by their affiliated hospital based on where the practitioner(s) perform the greatest number of procedures. The hospitals affiliated practitioners must achieve target at the hospital level both measures listed above to be considered eligible to receive the CQI VBR.

Sites will prospectively choose to work on measure 1a OR 1b, depending on case volume or preference (sites with CEA case volume <10 over most recent 4 quarters of available data must work on EVAR measure; sites with EVAR case volume <10 over most recent 4 quarters of available data must work on CEA measure; sites that perform 10 or more of each case type will choose preferred measure by 12/15/2022). All sites must work on measure 2.

CQI VBR selection process
For a practitioner to be eligible for CQI VBR, he or she must:
• Meet the performance targets set by the coordinating center
• Be a member of a PGIP physician organization for at least one year
• Have contributed data to the CQI's clinical data registry for at least two years, including at least one year of baseline data

A physician organization nomination isn't required for CQI VBR. Instead, the CQI coordinating center will determine which practitioners have met the appropriate performance targets and will notify Blue Cross. Each physician organization will notify practitioners who will receive CQI VBR, as it does for other specialist VBR.

Practitioners may receive up to 103 percent of the Standard Fee Schedule for performance in a single CQI. Practitioners who participate in BMC2-PCI *and* MISHC are eligible to receive up to 105 percent of the Standard Fee Schedule.

+Additional smoking cessation measure

The scoring and selection process are the same as for primary VS and PCI VBR measures.

Practitioners may receive up to 102 percent of the Standard Fee Schedule for performance on this measure, *independent of* their performance on the primary VS VBR measures.

Example #1: Practitioners who meet performance targets on both the primary VS VBR measures AND the smoking cessation additional measure are eligible to receive up to 105 percent of the Standard Fee Schedule.

Example #2: Practitioners who do not meet the performance targets on the primary VS VBR measures but do achieve the performance target on the smoking cessation additional measure are eligible to receive up to 102 percent of the Standard Fee Schedule.