2022 BMC2 Collaborative Quality Initiative
Performance Index Supporting Documentation

Measure 1: PCI and Vascular Surgery 2022 Physician Champion Meeting Participation
The BMC2 PCI and VS physician champion must each attend 2 of the meetings for their respective registry in 2022 for full P4P points. If the physician champion is unable to attend, the site may send a participating Interventional Cardiologist or Vascular Surgeon in their place to receive credit. Physician Champion meeting opportunities include:

PCI
February 10, 2022 – PCI Physician Meeting, 6-7:30pm, Zoom
May 12, 2022 – PCI Collaborative Meeting, 6-8:00pm, Zoom
November 10, 2022 – PCI Physician Meeting, 6-9pm, Cantoro Italian Market
Vascular Surgery
May 18, 2022 – BMC2/MVS Vascular Surgery Physician Meeting, Boyne Mountain Resort
July 21, 2022 – BMC2 Vascular Surgery Physician Meeting, 7-9pm, Kellogg Conference Center, East Lansing
November 3, 2022 – BMC2/MVS Vascular Surgery Collaborative Meeting; 1-4:45pm, Zoom

Measure 2: PCI and Vascular Surgery 2022 Data Coordinator Expectations
Data coordinators are required to meet expectations in the following areas, corresponding to their registry participation.

- **PCI & Vascular Surgery: Attendance at 75% of meetings and calls**. If a coordinator is unable to attend, they may send someone in their place to receive credit. Data Coordinator meeting opportunities include:

PCI
May 12, 2022 – PCI Collaborative Meeting, 6-8:00pm, Zoom
September 8, 2022 – PCI Coordinator Meeting, 10am-3pm, Lyon Meadows Conference Center
2nd Thursday of each month – Monthly Coordinator Meeting; 10-11am, Zoom
Vascular Surgery
June 15, 2022 – Vascular Surgery Coordinator Meeting (10am-12pm), Zoom
November 3, 2022 – BMC2/MVS Vascular Surgery Collaborative Meeting; 1-4:45pm, Zoom
3rd Wednesday of each month – Monthly Coordinator Meeting; 11am-12pm, Zoom (except for months when there is another consortium meeting scheduled)

- **PCI & Vascular Surgery: All consecutive cases entered/on time and accurately (based on available data entry).** P4P points will be deducted for evidence that these expectations of data timeliness and accuracy are not being met. If an entire quarter (or more) is missed, it will not be possible to score P4P data dependent performance goals so associated P4P points will also be deducted.

- **PCI & Vascular Surgery: Demonstration of data use/quality improvement.** Submission of documentation demonstrating use of registry data for at least 2 registry-related, quality improvement projects, in the BMC2 provided template.
  - Sites will be provided with a "snapshot" QI report by August 1, 2022, that shows measures on which the site is performing well, and measures on which the site is not meeting CQI goals, or is well below the Collaborative average. Sites are required to select one of their QI projects from the group of measures described in this report in which they are not meeting CQI goals or are well below the Collaborative average.
  - Required documentation will include 1) description of progress made on 2022 QI projects, and 2) identification/description of 2023 QI projects.
    i. There will be no deduction of points for not meeting QI goals described in the quality improvement project plan.
  - If sites fail to submit at least 2 quality projects for each registry they participate in, 2.5 points shall be deducted from this measure. P4P Points will be deducted if 2 documented QI projects are not uploaded to the BMC2.org website by December 1, 2022.
  - ***Upload Deadline for QI projects:*** **December 1, 2022**

- **PCI Only: Data Coordinator Upload of Case Documentation for Web-based Peer Review.** Coordinators must upload clinical documentation to the designated documentation upload repository for the cases provided by the BMC2 Coordinating Center
  - Coordinators must upload case review materials for 100% of the provided cases.
  - Coordinators must notify the Coordinating Center of any issues they encounter that may prevent them from providing documentation so a new case can be assigned in a timely manner. Updated Peer Review Upload Guidelines are provided for each phase that provide detailed information about how to redact, upload and convert files (provided by BMC2 Coordinating Center).
  - All documentation must be completely redacted of PHI and Hospital/site identification. Full and complete redaction will be necessary to receive all P4P points for this measure.

  PCI Only: Details for required case documentation will be provided for peer review when case lists are distributed. The required documentation is updated based on the types of cases being reviewed.
  - ***2022A Upload Deadline:*** **February 17, 2022**
  - ***2022B: Upload Deadline:*** **September 16, 2022**

Measure 3: PCI Only – Internal Case Reviews
Internal physician level reviews are to be conducted on the same cases that are submitted for the web-based peer review. The internal reviews must be entered into the REDCap Internal Review Form which is located on BMC2.org. A pdf and an electronic version of the Internal Review Form will be posted on BMC2.org with each set of case reviews. Reviews must be submitted through REDCap for ≥90% of assigned cases to receive full points. No points will be awarded for < 90% submitted reviews.

- **PCI Physician Internal Case Review Deadline PCI – 2022A: May 9, 2022**
- **PCI Physician Internal Case Review Deadline PCI – 2022B: December 9, 2022**

Measure 4: PCI Only – Web-based Cross Site Peer Review
Sites must designate a physician to review cases sent through REDCap from across the collaborative. Case information sent through REDCap by the BMC2 Coordinating Center via email must be reviewed by the designated physician case reviewers at each site. Reviews must be submitted through REDCap for 100% of assigned cases to receive full points. No points will be awarded for < 100% submitted reviews.

PCI Physician Review will occur twice in 2022 during the following timeframes:

- **March 14, 2022 – April 11, 2022**
- **October 19, 2022 – November 16, 2022**

Measure 5: NEW Vascular Surgery Only – Performance Goal: Documentation of EVAR imaging performed on the 1-year follow up form ≥ 70%

Numerator: The total number of EVAR discharges that have EVAR imaging performed marked on the 1-year follow-up form. The date of the EVAR imaging performed is within 6-14 months of the discharge date.
Denominator: The total number of EVAR discharges.
Exclusions:

- Death prior to 1-year follow up

Measure 6: NEW Vascular Surgery Only – Performance Goal: Completion of 1-year follow up forms ≥ 90%

Numerator: The number of forms that were returned with a sufficient number of responses to be deemed complete.
Denominator: The number of forms due
Exclusions:

- Death prior to 1-year follow up

Measure 7: MODIFIED Vascular Surgery Only – Performance Goal: Prescription of a maximum of 4 opioid pills for opioid naïve patients with EVAR ≥ 70%

Numerator: Number of opioid naïve EVAR discharges with an opioid prescription at discharge of ≤ 4 pills
Denominator: Number of opioid naïve EVAR discharges
Exclusions:

- EVAR performed concurrently with another procedure
- EVAR discharges where Not Documented is marked for Quantity prescribed

Note: Opioid naive is defined as no opioids taken by the patient >30 days before admission to the hospital.

Measure 8: MODIFIED Vascular Surgery Only – Performance Goal: Prescription of a maximum of 4 opioid pills for opioid naïve patients with CEA ≥ 70%

Numerator: Number of opioid naïve CEA discharges with an opioid prescription at discharge of ≤ 4 pills.
Denominator: Number of opioid naïve CEA discharges.
Exclusions:

- CEA cases concurrent with CABG
- CEA discharges where Not Documented is marked for Quantity prescribed

Note: Opioid naive is defined as no opioids taken by the patient >30 days before admission to the hospital.

Measure 9: NEW PCI Only – Performance Goal: Recommended P2Y12 therapy duration documented ≥ 70%

Numerator: Number of discharges with BMC2 PCI "P2Y12 Duration"="Yes"
Denominator: Discharges with NCDR ##10105 discharge status= "Alive" that have had any successful stent implantation (NCDR#8027/8028 (Drug eluting stents, bare metal stents, covered stents or coated stents)) during this episode of care
Exclusion(s):

- NCDR#10110 Discharge location="Other acute care hospital"," Left against medical advice (AMA)"
- NCDR#10115 Hospice Care="Yes"
- NCDR #10025 Prescribed ="No medical reason" or "No-patient reason"
- NCDR #10075 Comfort Measures Only="Yes"
- NCDR #10030 Intervention(s) this hospitalization="Yes" and NCDR #10031 Type="CABG"
- Discharges with no successful lesions ("successful" = NCDR #8023 "yes" AND NCDR #8024 "yes")

Measure 10: MODIFIED PCI Only – Performance Goal: Percent of cases with Air Kerma dose ≥5Gy ≤1%, or >=50% reduction from Q4 year-to-date 2021 Air Kerma ≥5Gy

Numerator: Number of procedures in which Air Kerma dose entered is ≥5Gy (NCDR#7210)
Denominator: Total number of procedures
Exclusion(s): None

Measure 11: PCI Only – Pre-PCI hydration (oral and/or IV) (volume/3ML/Kg) in patients with eGFR < 60 ≥50%

Numerator: Number of procedures noted to have BMC2 Hydration-Intravenous and/or Oral Pre fluid volume/kg ≥3ml (BMC2 PCI Hydration Intravenous Given="Yes" and/or BMC2 PCI Hydration Oral Given="Yes" and number of ml's entered divided by weight entered in "kg" (NCDR#6005) =≥3ml) Formula: PO+IV hydration/Kg=Xml
Denominator: Total number of procedures where patient is noted to have eGFR < 60.
Exclusion(s):

- Currently on Dialysis (NCDR Sequence # 4560)
- Cardiac Arrest Out of Healthcare Facility=yes (NCDR #4630)
- Cardiac Arrest at Transferring Healthcare facility=yes (NCDR #4635)
- Cardiac Arrest at this facility=yes (NCDR #7340)
- Cardiovascular instability=yes (NCDR #7410)
- PCI status=salvage (NCDR #7800)
- Cardiac Arrest within 24 hours (BMC2 Pt Hx and Comorbidity)
- Symptomatic Heart Failure=yes (NCDR #4001) with NYHA=II, III, IV (NCDR #4011)
- PCI Indication= STEMI – Immediate PCI for Acute STEMI (NCDR #7825)

Measure 12: NEW PCI Only – Major Bleeding ≤0.85%

Numerator: Number of procedures with decrease from pre-procedure Hgb to post-procedure Hgb >=5gm/dl

Denominator: Total number of procedures

Exclusion(s):

- NCDR#7422 Mechanical Support="Yes" **AND** NCDR #7423="Extracorporeal Membrane Oxygenation"
- NCDR#10030 “Intervention(s) this Hospitalization="Yes”