2023 BMC2 Collaborative Quality Initiative
Performance Index Supporting Documentation

Measure 1: PCI and Vascular Surgery 2023 Physician Champion Meeting Participation

The BMC2 PCI and VS physician champion must each attend 2 of the meetings for their respective registry in 2023 for full P4P points. If the physician champion is unable to attend, the site may send a participating physician in their place to receive credit. Physician Champion meeting opportunities include:

PCI
February 9, 2023 – PCI Physician Webinar, 6-7:30pm, Zoom
May 6, 2023 – PCI Collaborative Meeting, 8am-3pm, location TBD
September 2023 – PCI Physician Meeting, date/time/location TBD
Vascular Surgery
May 17, 2023 – BMC2/MVS Vascular Surgery Physician Meeting, 11:30am-5pm, Boyne Mountain Resort
July 20, 2023 – BMC2 Vascular Surgery Physician Webinar, 6-7:30pm, Zoom
November 2, 2023 – BMC2/MVS Vascular Surgery Collaborative Meeting, 11:30am-5pm, location TBD

Measure 2: PCI and Vascular Surgery 2023 Data Coordinator Expectations

Data coordinators are required to meet expectations in the following areas, corresponding to their registry participation.

- **PCI & Vascular Surgery: Attendance at 5 meetings and calls**. If a coordinator is unable to attend, they may send someone in their place to receive credit. 30% credit is awarded for attendance at the Collaborative Meeting, 30% credit is awarded for attendance at the Coordinator Meeting, 40% credit is awarded for attendance at 3 of 4 Coordinator Webinars (or 2 of 3 Coordinator Webinars should 1 be cancelled).

  Data Coordinator meeting opportunities include:

PCI
May 5, 2023 – PCI Coordinator Meeting, 10am-3pm, location TBD
May 6, 2023 – PCI Collaborative Meeting, 8am-3pm, location TBD
2nd Thursday (Jan, Mar, Jul, Nov) – PCI Coordinator Webinars; 10-11am, Zoom
Vascular Surgery
June 14, 2023 – Vascular Surgery Coordinator Webinar, 10am-12pm, Zoom
November 2, 2023 – BMC2/MVS Vascular Surgery Collaborative Meeting, 11:30am-5pm, location TBD
3rd Wednesday (Jan, Apr, Aug, Oct) – VS Coordinator Webinars; 11am-12pm, Zoom

- **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 September 1, 2023, 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 2023 QI projects, and 2) identification/description of 2024 QI projects.

   i. There will be no deduction of points for not meeting QI goals described in the quality improvement project plan.
- ▪ P4P points will be deducted if two documented QI projects are not uploaded to the BMC2.org website by December 1, 2023.

   ▪ *Upload Deadline for QI projects:* **December 1, 2023**

- **NEW PCI & Vascular Surgery:** **Report Distribution Attestation.** Electronic attestation by both the site coordinator and physician champion that they have distributed quarterly data reports to relevant hospital staff, per the site Participation Agreement.
  - A web link to the attestation form will be provided by the Coordinating Center by October 1, 2023.
  - Completion Deadline: December 1, 2023.

- **PCI and Vascular Surgery:** **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.

  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.
  - ▪ *2023 VS Upload Deadline*: **April 14, 2023**
  - ▪ *2023A PCI Upload Deadline:* **February 17, 2023**
  - ▪ *2023B: Upload Deadline:* **August 4, 2023**

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 – 2023A: May 12, 2023**
- **PCI Physician Internal Case Review Deadline PCI – 2023B: October 27, 2023**

Measure 4: PCI and Vascular Surgery – 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 2023 during the following timeframes:
- **March 13, 2023 – April 10, 2023**
- **August 28, 2023 – September 25, 2023**

VS Physician Review will occur once in 2023 during the following timeframes:
- **May 8, 2023 – June 5, 2023**

NEW - Vascular Surgery Performance Goal Variation and Selection

Due to increasing variation in the annual volume of individual qualifying case types across Vascular Surgery sites, Vascular Surgery Performance Goals will vary based on each sites' case volumes for EVAR and CEA.

- All sites will be scored on Measure 5
- Sites with 2021Q3 – 2022Q2 volume of both EVAR and CEA >=10 cases will select 2 additional measures on which to be scored from among Measures 6, 7, and 8. The BMC2 Coordinating Center will work with you to confirm selections by December 1, 2022
- Sites with EVAR 2021Q3 – 2022Q2 case volume <10 will be scored on Measure 8
- Sites with CEA 2021Q3 – 2022Q2 case volume <10 will be scored on Measure 6 and 7

Measure 5 MODIFIED <u>Vascular Surgery Only</u> **– Performance Goal: Completion of 1-year follow up forms ≥ 80%**

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 6: <u>Vascular Surgery Only</u> **– 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 7: <u>Vascular Surgery Only</u> **– 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: <u>Vascular Surgery Only</u> **– 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: MODIFIED <u>PCI Only</u> **– Performance Goal: Recommended P2Y12 therapy duration documented ≥ 75% or a >=20% absolute increase from Q4 YTD 2022**

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 <u>PCI Only</u> – Pre-PCI hydration (oral and/or IV) (volume/3ML/Kg) in patients with eGFR < 60 >70% or a >=10% absolute increase from Q4 YTD 2022

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 11: NEW <u>PCI Only</u> – Use of IVUS/OCT for stent optimization, >=40% in either all cases OR >=40% in cases involving the left main coronary artery, in-stent restenosis, or stent thrombosis

IVUS/OCT for stent optimization in all cases
Numerator: Number of procedures where IVUS/OCT was utilized after PCI portion of procedure underway (BMC2 PCI IVUS/OCT post PCI="Yes")
Denominator: Total procedures
Exclusion:
- Brachythapy=NCDR #8027/8028 "Intracoronary Device(s) Used"=any device labeled as "Brachy Therapy" via NCDR ICD Device Master list.

IVUS/OCT for stent optimization in cases involving the left main coronary artery, in-stent restenosis, or stent thrombosis
Numerator: Number of procedures where IVUS/OCT was utilized after PCI portion of procedure underway (BMC2 PCI IVUS/OCT post PCI="Yes")
Denominator: Procedures with treated segment of left main (LM) disease (NCDR #7507 segment 11a, 11b, 11c) and/or NCDR #8008 "Previously treated Lesion="Yes" and NCDR #8010 "Treated with Stent"= "Yes" with either or both of the following being selected NCDR#8011 "In-Stent Restenosis"=Yes, NCDR#8012 "In-Stent Thrombosis"="Yes"
Exclusion:
- Brachythapy=NCDR #8027/8028 "Intracoronary Device(s) Used"=any device labeled as "Brachy Therapy" via NCDR ICD Device Master list.