BMC2 PCI and Vascular Surgery 2025 VBR Metrics

PCI Measures

Clinical Focus	Measure Description	Measurement Period	Target Performance
2025 BMC2 Percutaneous Coronary Interventions (PCI)	1) Increase the appropriateness of PCI therapy, based on the BMC2 on-going peer review process	Peer review Feb-Mar 2024	>=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		Fewer than 10% of reviewed cases should be rated as sub-optimal
	3) Submit internal peer review cases and attest to discussing the internal review cases with colleagues		Submission of >80% of internal reviews and completion of attestation form

Vascular Surgery Measures

Clinical Focus	Measure Description	Measurement Period	Target Performance
2025 BMC2 Vascular Surgery (VS) Performance Measures	1) Increase the rate of documentation of endovascular aneurysm repair (EVAR) imaging performed on the 1-year follow up form	1/01/2024 - 6/30/2024	≥80%
	2) Increase rate of duplex ultrasound completed prior to asymptomatic carotid endarterectomy	01/01/2024 - 6/30/2024	≥ 90%
	3) Increase the rate of vein mapping before elective lower extremity open bypass	01/01/2024 - 6/30/2024	≥50%

2025 BMC2 VS Participation Measures	1) Attest to attending a quality meeting using peer review data	01/01/2024 - 11/15/2024	100%
	2) Attest to reports distributed and reviewed at your site per the Participation Agreement	01/01/2024 - 11/15/2024	100%

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	1/01/2024 - 6/30/2024	≥25%

BMC2 PCI and VS scoring methodology
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 on 2 of 3 performance measures to be considered eligible to receive the CQI VBR. Practitioners may receive up to 103% of the Standard Fee Schedule for performance in a single CQI.

Practitioners who participate in BMC2 PCI *and* MISHC may receive an additional 102% of the Standard Fee Schedule if they meet performance criteria and are eligible for the CQI VBR in both programs.

Practitioners who participate in BMC2 VS may receive an additional 102% of the Standard Fee Schedule if they meet criteria on *both* the performance and participation measures.

Practitioners may receive up to 102% of the Standard Fee Schedule if they meet criteria on the smoking cessation measures, *independent of* their performance on the BMC2 PCI or BMC2 VS performance VBR measures.

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.