



Blue Cross Blue Shield of Michigan Cardiovascular Consortium (BMC2)

2024 Performance Index Scorecard Measure Explanation

Measure number and description	Additional narrative describing the measure
Measure 1 PCI and Vascular Surgery Physician Champion Meeting Participation	<p>The BMC2 PCI and VS physician champion must each attend 2 meetings for their respective registry for full P4P points. In addition, sites earn one extra credit point for physician attendance at the collaborative-wide meeting. If the physician champion is unable to attend, the site may send a participating physician in their place to receive credit.</p> <p>Physician Champion meeting opportunities include:</p> <ul style="list-style-type: none"> • PCI Collaborative-wide Meeting: 5/11/2024, 10am-3pm • PCI Virtual Physician Meeting: 2/15/2024, 6pm, zoom • PCI In-Person Physician Meeting: Date, time and location TBD w/MI ACC Conference <ul style="list-style-type: none"> • VS Collaborative-wide Meeting: 11/7/2024, 12-5pm • VS In-Person Physician Meeting: 5/1/2024, 12-5pm, Kalamazoo, MI • VS Virtual Physician Meeting: 7/18/2024, 6pm, zoom
Measure 2 PCI and Vascular Surgery Data Coordinator Expectations	<p>1. PCI & Vascular Surgery: Attendance at 6 meetings and webinars. 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-wide Meeting, 30% credit is awarded for attendance at the In-Person Coordinator Meeting, 40% credit is awarded for attendance at 3 of 4 Coordinator Webinars (or 2 of 3 Coordinator Webinars should 1 be cancelled).</p> <p>Data Coordinator meeting opportunities include:</p> <ul style="list-style-type: none"> • PCI Collaborative-wide Meeting: 5/11/2024, 10am-3pm • PCI In-Person Coordinator Meeting: 5/10/2024, 10am-3pm • PCI Coordinator Webinar: 1/11/2024, 10am, zoom • PCI Coordinator Webinar: 3/14/2024, 10am, zoom • PCI Coordinator Webinar: 7/11/2024, 10am, zoom • PCI Coordinator Webinar: 11/14/2024, 10am, zoom <ul style="list-style-type: none"> • VS Collaborative-wide Meeting: 11/7/2024, 12-5pm • VS In-Person Coordinator Meeting: 11/6/2024, 12-5pm • VS Coordinator Webinar: 3/20/2024, 11am, zoom • VS Coordinator Webinar: 6/19/2024, 11am, zoom • VS Coordinator Webinar: 9/18/2024, 11am, zoom • VS Coordinator Webinar: 12/18/2024, 11am, zoom <p>2. All consecutive cases entered/on time and accurately (based on available data entry). P4P points will be deducted for evidence that</p>

	<p>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.</p> <p>3. 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.</p> <ul style="list-style-type: none">a. Sites will be provided with a “snapshot” QI report by September 1, 2024, 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.b. Required documentation will include 1) description of progress made on 2024 QI projects, and 2) identification/description of 2025 QI projects.c. There will be no deduction of points for not meeting QI goals described in the quality improvement project plan.d. P4P points will be deducted if two documented QI projects are not emailed to the Clinical Quality Improvement Lead by December 1, 2024. <p>4. Report Distribution Attestation.</p> <p>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. Deadline: December 1, 2024.</p> <p>5. Data Coordinator Upload of Case Documentation for Cross-Site Peer Review.</p> <p>Coordinators must upload clinical documentation to the designated documentation upload repository for the cases provided by the BMC2 Coordinating Center.</p> <ul style="list-style-type: none">a. Coordinators must upload case review materials for 100% of the provided cases.b. 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).c. 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.d. 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.
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	<ul style="list-style-type: none"> • 2024 VS Upload Deadline: 4/12/2024 • 2024A PCI Upload Deadline: 2/16/2024 • 2024B PCI Upload Deadline: 8/5/2024
<p>Measure 3:</p> <p>PCI and Vascular Surgery</p> <p>Cross Site Peer Review</p>	<p>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.</p> <p>PCI Physician Review will occur twice in 2024 during the following timeframes:</p> <ul style="list-style-type: none"> • 3/11/2024 – 4/15/2024 • 8/26/2024 – 9/23/2024 <p>VS Physician Review will occur once in 2024 during the following timeframes:</p> <ul style="list-style-type: none"> • 5/6/2024 – 5/20/2024
<p>Vascular Surgery sites will select 2 measures for scoring from among measures 4, 5, and 6</p>	
<p>Measure 4:</p> <p>Vascular Surgery</p> <p>Documentation of EVAR imaging performed on the 1-year follow up form \geq 80%</p>	<p>Numerator: The total number of completed EVAR 1-year follow-up forms that have a US or CTA performed 6-14 months after the discharge date.</p> <p>Denominator: The total number of completed EVAR 1-year follow-ups forms.</p> <p>Exclusions: Death prior to 1-year follow up</p>
<p>Measure 5:</p> <p>Vascular Surgery</p> <p>Duplex ultrasound completed prior to asymptomatic carotid endarterectomy \geq90%</p>	<p>Numerator: The number of asymptomatic CEA procedures where an ultrasound was performed prior to the procedure.</p> <p>Denominator: The total number of asymptomatic CEA procedures.</p> <p>Exclusions: None.</p>
<p>Measure 6:</p> <p>Vascular Surgery</p> <p>Vein mapping completed before elective lower extremity open bypass \geq50%</p>	<p>Numerator: The number of elective lower extremity open bypass procedures where vein mapping was performed before the procedure.</p> <p>Denominator: The total number of elective lower extremity open bypass procedures.</p> <p>Exclusions: Axillary-femoral, Axillary-bifemoral, aorto-bifemoral, and crossover femoral-femoral open bypass procedures.</p>
<p>Measure 7:</p> <p>Vascular Surgery</p>	<p>Numerator: The number of current smokers of tobacco products where 2/3 smoking cessation interventions (physician delivered advice, nicotine replacement therapy, and/or referral to smoking counseling services)</p>

<p>Smokers receive smoking cessation treatment prior to discharge $\geq 25\%$</p>	<p>were recommended or implemented before the current procedure, during the hospitalization or at discharge. Denominator: The number of current smokers of tobacco products.</p> <p>Exclusions: Current Smokers of only non-tobacco products. Death during the procedure or post-procedure.</p>
<p>Measure 8: PCI Use of IVUS/OCT for stent optimization, $\geq 45\%$ in either all cases OR $\geq 45\%$ in cases involving the left main coronary artery, in-stent restenosis, or stent thrombosis</p>	<p>IVUS/OCT for stent optimization in all cases Numerator: Number of procedures where IVUS/OCT was utilized after PCI portion of procedure underway Denominator: Total procedures Exclusions: Brachytherapy=NCDR #8027/8028 "Intracoronary Device(s) Used"=any device labeled as "Brachytherapy" via NCDR ICD Device Master list. Attempted PCI=NCDR #8023 "Guidewire Across Lesion"="No" or NCDR #8024 "Device(s) Deployed"="No"</p> <p>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 Denominator: Procedures with treated segment of left main (LM) disease, in-stent restenosis, or stent thrombosis Exclusions: Brachytherapy=NCDR #8027/8028 "Intracoronary Device(s) Used"=any device labeled as "Brachytherapy" via NCDR ICD Device Master list. Attempted PCI=NCDR #8023 "Guidewire Across Lesion"="No" or NCDR #8024 "Device(s) Deployed"="No"</p>
<p>Measure 9: PCI Outcomes and Process Composite, inclusive of risk-adjusted mortality, risk-adjusted AKI, risk-adjusted bleeding, guideline medications prescription at discharge (aspirin, statin, P2Y12), and referral to cardiac rehab</p>	<p>Risk adjusted outcome components of composite – definitions Outcomes include in-hospital mortality, AKI (aka CIN), and major bleeding as defined in current report data dictionary.</p> <ol style="list-style-type: none"> 1. For each PCI episode within the current reporting period, predicted outcome risks will be estimated based on our prediction models. These models were created using BMC2 data collected between 4/1/2018 and 12/31/2021, and thus reflect outcome rates from this period. 2. For each hospital, the predicted risks for each outcome will be summed over all episodes meeting denominator requirements to produce an overall predicted number of events for each outcome for each facility (P). 3. The actual total number of events occurring for each outcome at each hospital (A) among patients meeting appropriate denominator requirements will then be compared to the

predicted values using the ratio A/P which is calculated for each outcome for each hospital.

4. For each hospital and each outcome, the contribution to the additive composite score will be:
 - a. Full credit of 5 points if $A/P \leq 1$ (site outperforms expectations based on historical experience).
 - b. Partial credit of 3 point if $A/P > 1$ and ≤ 1.5 (site in-line with historical experience)
 - c. No credit if $A/P > 1.5$ (site underperforms expectation based on historical experience).

--- because predicted risks (P) are based on historical prior year performance, if a registry wide global improvement in an outcome is achieved such that all sites outperform historical expectations, then all sites would receive full credit. This distinguishes this approach from one based on a traditional O/E ratio where expectations are based on the current period overall performance.

Guideline medications and cardiac rehab referral components

Guideline medication is defined as the rate of therapy with aspirin, P2Y12 inhibitor, and statin at discharge following percutaneous coronary intervention (PCI) in eligible patients. Discharges with a recorded medical reason for not being prescribed one of these Rx were evaluated based on adherence for the other medications included in this measure – so that if a patient has a documented contra-indication to aspirin, but was prescribed a P2Y12 and statin at discharge, they would be recorded as meeting this measure, however if this patient was not prescribed a statin without documentation of a medical reason, they would be recorded as not meeting the measure.

Cardiac rehab referral – numerator includes discharges with documented cardiac rehabilitation referral. The denominator includes all discharges with a successfully treated lesion discharged alive to home.

For each hospital, the contribution to the additive composite score for each of the process of care measure component is:

1. Full credit of 5 points if $\geq 95\%$ of discharges during the period met this measure.
2. Partial credit of 3 point if $\geq 90\%$ but $< 95\%$ of discharges during the period met the measure.
3. No credit if $< 90\%$ of discharges met the measure.

Guideline Medications Prescribed at Discharge

Numerator: Discharges with a stent placed (NCDR 8027/8028 “Intracoronary Device(s) Used” = Sub-type “Drug Eluting Stent”, “Bare Metal Stent”, “Covered Stent” or “Coated Stent” during this episode of care in which “Medication” (NCDR#10200) =* “Aspirin”, “Statin” and “P2Y12 Inhibitors” and “Prescribed” (NCDR #10205) =” Yes”

OR

Discharges with no stent placed (NCDR 8027/8028) during this episode of care in which “Medication” (NCDR#10200) =* “Aspirin” and “Statin” and “Prescribed” (NCDR #10205) =” Yes

**Patients with a medical or patient reason for not prescribing a medication will still meet the numerator IF they were prescribed all other medication(s) for which they were eligible.*

**If no aspirin is prescribed at discharge and one, or more, medications from the following list per NCDR#10200= Category "Anti-coagulant" medications="Warfarin" and/or Category "Non-Vitamin K Dependent Oral Anticoagulant" medications ="Apixiban", "Dabigatran", "Edoxaban", "Rivaroxaban" and NCDR#10205="Yes" and one medication from the following list: Category "P2Y12 Inhibitor" medications="Clopidogrel", "Prasugrel", "Ticagrelor", Ticlopidine" (NCDR #10200) and "Prescribed" ="Yes" (NCDR#10205) will still meet the numerator if they are prescribed all other medications that they are eligible.*

Denominator: Discharges in which NCDR#7050=" Yes"

Exclusions:

- NCDR #10101 Discharge status=" Deceased"
- NCDR#10110 Discharge location="Other acute care hospital", "Left against medical advice (AMA)"
- NCDR#10115 Hospice Care="Yes"
- NCDR #10200 "Aspirin" AND "Statin" AND all "P2Y12 Inhibitors" ="No medical reason" or "No-patient reason" (NCDR#10205)
- NCDR #10030 Intervention(s) this hospitalization="Yes" and NCDR #10031 Type="CABG"
- NCDR #10075 Comfort Measures Only="Yes"
- NCDR #10205 Prescribed ="No medical reason" or "No-patient reason"
- NCDR#10030 Intervention this hospitalization= "Yes", and NCDR #10031 Type="CABG", "Cardiac not CABG", or "Surgery not cardiac"
- NCDR #10075 Comfort Measures Only="Yes"
- No successful lesions (NCDR #8023="No" or NCDR Sequence #8024="No")

Cardiac Rehabilitation Referral

Numerator: Number of discharges with "Cardiac Rehabilitation Referral"="Yes" (NCDR #10116)

Denominator: Discharges with any successfully treated lesion (NCDR #8024 Device deployed) with discharge status "Alive" (NCDR #10105) and "Discharge Location"="Home" (NCDR #10110).

Exclusions:

- Discharges with no successful lesions ("successful" = NCDR #8023 "Yes" AND NCDR #8024 "Yes").
- Intervention this hospitalization (NCDR#10030) "Yes", with Type=CABG (NCDR #10031) selected.
- Discharges with the following discharge locations: Skilled Nursing facility, Extended care/TCU/rehab, Other, Other acute

	<p>care hospital, Left against medical advice, Hospice (NCDR #10110 and #10115).</p> <ul style="list-style-type: none"> • Comfort Measures Only="Yes" (NCDR #10075). • Discharges with the following rationale for lack of cardiac rehabilitation referral: No-Medical Reason Documented, No-Health Care System Reason Documented (NCDR #10116).
<p>Measure 10: PCI Cardiac rehabilitation utilization within 90 days after PCI discharge $\geq 40\%$ or absolute increase of ≥ 5 points from baseline site performance</p>	<p>Numerator: PCI episodes of care with MVC claims data indicating at least 1 cardiac rehabilitation visit within 90 days after index PCI discharge. Cardiac rehabilitation visits are determined based on CPT, HCPCS, and revenue center coding.</p> <p>Denominator: Total Medicare FFS, BCBSM PPO Commercial, BCBSM PPO Medicare Advantage (MA), Blue Care Network (BCN) HMO Commercial, and/or BCN MA PCI episodes of care.</p> <p>Baseline 1/1/2022 - 9/30/2022</p>
<p>Measure 11: PCI and Vascular Surgery Extra credit</p>	<p>1 point per approved activity (maximum of 5 points)</p> <p>Examples include: Physician attendance at the collaborative-wide meeting, presentation at a meeting, engagement in a work group/task force, referral of an engaged patient advisor, and/or special initiatives TBD</p>