



2025 BMC2 PCI Peer Review Overview

BMC2 PCI Cross-Site Peer Review



*Cross-Site Peer Review=physicians review case materials uploaded by other sites.

BMC2 PCI Cross-Site Peer Review

Site Participation Levels

Pay for Performance sites

- Participation is required for P4P sites
- Typically, two phases each year-YYYYA and YYYYB

Non-P4P sites

- Participation is voluntary
- One phase YYYYA each year

Cross-Site Peer Review Process

- Coordinator receives email requesting the name of the reviewer for their facility
- Coordinators are notified when case lists are posted via email
- Coordinators obtain all required materials for each case on that list
 - Required documentation is updated each phase
 - The specific requirements are included in the “Upload Guide” for that phase
- Coordinator uploads materials
 - Retain these materials for use in the Internal review process
- Cases are sent to physicians for review
- Physician reviews case
- BMC2 produces reports

BMC2 PCI Cross Site Peer Review: Coordinator Responsibilities

Data coordinators will:

- Determine the processes for accessing the case documentation in advance by reaching out to HIM Department Cath Lab/Radiology Departments
- Identify and communicate to BMC2 PCI staff the name and contact information of the physician reviewer for their site
- Obtain case list from website when they are posted to bmc2.org
- Review specific instructions provided with each round of peer review as required documents will vary depending on cases selected for the reviews
- Redact medical record information (preferably in adobe)
- Request completely stripped images from cath lab
- Upload redacted case documentation and images that will be utilized by the physicians for case review

2025 Cross-Site Peer Review Timeline

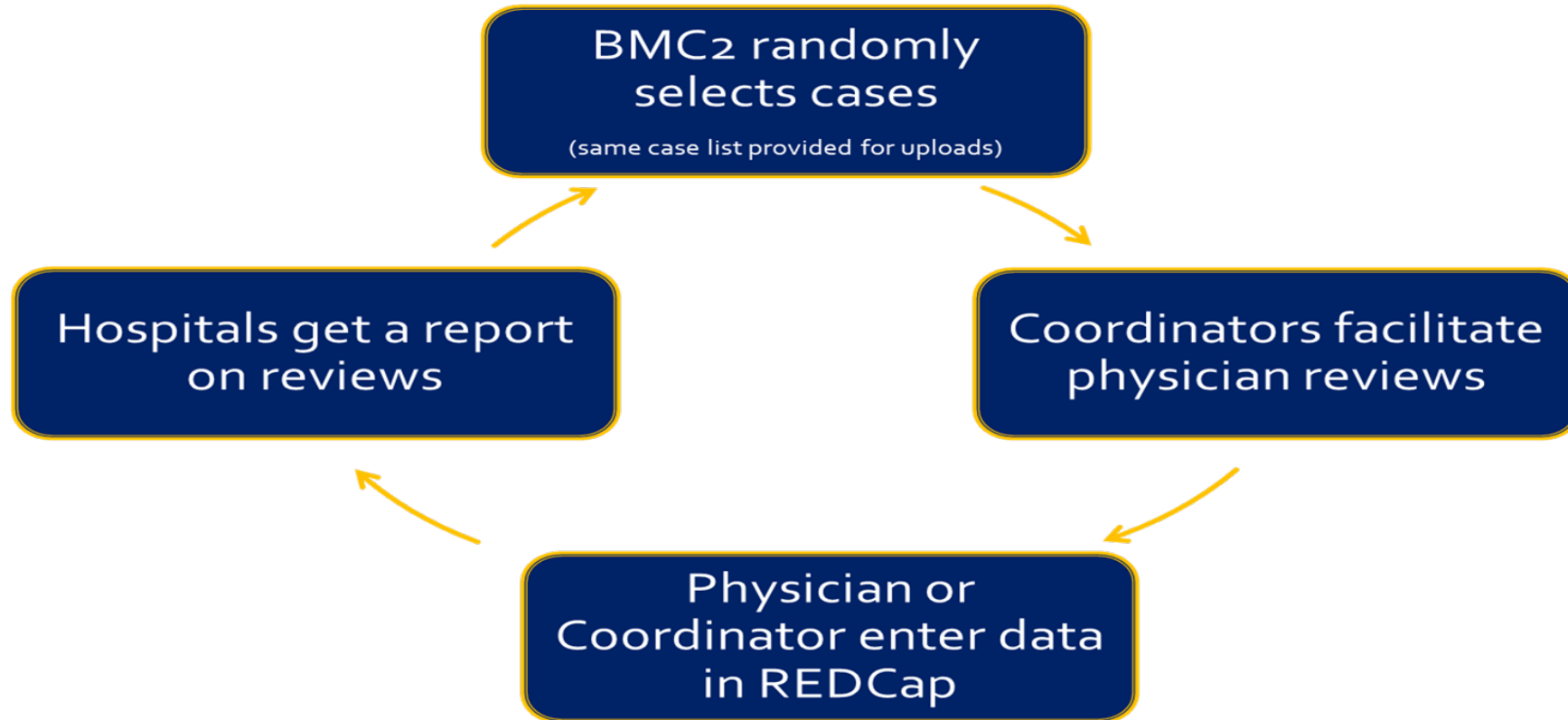
2025A

- Case lists will be posted on bmc2.org on or prior to 1/15/2025
- Coordinators will upload redacted case materials by 2/15/2025
- Physicians will receive case enrollment form to begin reviews via email on 3/10/2025
- Deadline for physician review completion is 4/14/2025

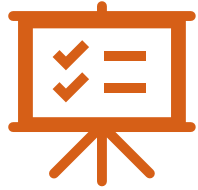
2025B

- Case lists will be posted on bmc2.org on or prior to 7/3/2025
- Coordinators will upload redacted case materials by 08/04/2025
- Physicians will receive case enrollment form to begin reviews via email on 8/25/2025
- Deadline for physician review completion is 9/22/2025

BMC2 PCI Internal Peer Review



BMC2 PCI Internal Peer Review Process and Coordinator Responsibilities



Coordinator Provides Reviewer with Case Information

Must be an interventional cardiologist that did not perform the procedure being reviewed

These are the same cases you uploaded for the external reviews

Many coordinators provide their internal reviewer with the materials they uploaded



Coordinator Provides Reviewer with Appropriate Review Form

Review Form changes with each phase

Can provide generic electronic link or a paper form



Physician Reviews Case and Opinions are Entered

Physician can enter their opinions via the electronic link

Coordinator can use paper form and enter physician findings via generic link

- Locate materials at: [bmc2.org/member login/user documentation/pci documentation/bmc2 pci peer review](https://bmc2.org/member/login/user%20documentation/pci%20documentation/bmc2%20pci%20peer%20review)

BMC2 PCI-Internal Case Review Due Dates

2024A

- P4P sites and participating Non-P4P sites submit internal reviews for phase A
- Deadline for review submission is 5/12/2025

2024B

- Only P4P submit internal reviews for phase B
- Deadline for review submission is 10/27/2025

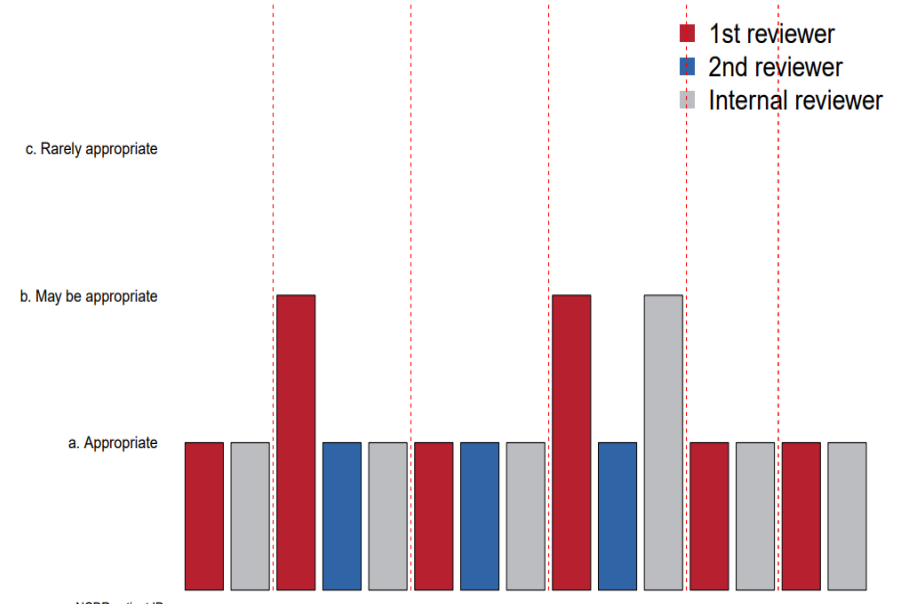
Peer Review Reports

- After web based and internal reviews are complete, BMC2 will post a report to:
bmc2.org/member_login/downloads/reports/peer_review/phase

- This report will contain:
 - External reviewer opinions
 - Internal reviewer opinions
 - Reviewer feedback



Appropriateness (of the decision to proceed to PCI)



Reviewer feedback for operator:

The procedure report did no include information of the LAD FFR that was done prior to the PCI of the PDA. I only found this in the brief post-op note. Some might argue for medical therapy in this case. But I agree that proceeding with PCI was a good decision.