



2026 BMC2 Collaborative Quality Initiative Performance Index Scorecard PCI Sites

		Points Earned	Points Possible
Measure 1: PCI Meeting Participation – Clinical Lead			
	Yes/No		
PCI Virtual Physician Meeting – 2/26/26			
PCI Annual In-Person Collaborative Meeting – 4/11/26			
PCI In-Person Physician Meeting – 9/26/26			
Total Meetings Attended:			
Attended 2-3 meetings = 10 points Attended 1 meeting = 5 points			10
Measure 2: PCI Data Coordinator Expectations and Participation			
	Yes/No		
Submitted 2 QI project forms			
Cases were submitted on time			
Peer review uploads were completed on time			
Submitted report distribution attestation			
	Yes/No		
PCI Recurring Virtual Coordinator Meeting – 1/22/26			
PCI Annual In-Person Coordinator Meeting – 4/10/26			
PCI Annual In-Person Collaborative Meeting – 4/11/26			
PCI Recurring Virtual Coordinator Meeting – 7/23/26			
PCI Recurring Virtual Coordinator Meeting – 11/5/26			
Total Meetings Attended:			
Meets all expectations = 10 points Meets most expectations = 5 points			10
Measure 3: PCI Physician Peer Review of assigned cases for procedural indications & technical quality			
	Percentage		
Reviewed and submitted 100% of PCI cases = 10 points			
Reviewed and submitted < 100 PCI cases = 0 points			10
Measure 8: PCI Performance Goal – Use of IVUS / OCT^ for stent optimization. Measurement period: 1/1/2026 – 6/30/2026. Baseline period: 1/1/2024 – 12/31/2024.			
	Percentage		
≥ 60% in EITHER all cases OR ≥ 75% in cases involving the left main coronary artery, in-stent re-stenosis, or stent thrombosis = 10 points			

≥ 10 percentage points absolute increase in all cases* from Q4 YTD 2025 = 5 points			
< 10 percentage points absolute increase in all cases from Q4 YTD 2025 = 0 points			10
Measure 9: PCI Performance Goal – Composite, inclusive of risk-adjusted mortality, risk-adjusted AKI, risk-adjusted major bleeding, guideline medications prescription at discharge (aspirin, statins, P2Y12), and referral to cardiac rehab.			
Risk-adjusted mortality	Percentage		
A/P ≤1			
A/P >1, ≤1.5			
A/P >1.5			
Risk-adjusted acute kidney injury			
A/P ≤1			
A/P >1, ≤1.5			
A/P >1.5			
Risk-adjusted major bleeding			
A/P ≤1			
A/P >1, <1.5			
A/P >1.5			
Guideline medications prescription at discharge			
≥95%			
90% - <95%			
<90%			
Referral to cardiac rehabilitation			
≥95%			
90% - <95%			
<90%			50
Measure 10: PCI Performance Goal – Cardiac rehabilitation utilization within 90 days after PCI discharge† Measurement period: 1/1/2024 – 12/31/2025. Baseline period: 10/1/2022 – 9/30/2023.			
	Percentage		
Site performance ≥ 40% or absolute increase of ≥ 5 points in the measurement period (CY2025) compared with the immediate prior 12 month period (CY2024). Scored in 2026; = 10 points			
Site performance ≥ 37% or absolute increase of ≥ 3 points in the measurement period (CY2025) compared with the immediate prior 12 month period (CY2024). Scored in 2026; = 5 points			
Site performance < 37% and absolute increase of < 3 points from baseline site performance. Scored in 2026; = 0 points			10
Measure 11: Extra Credit – 1 point per approved activity (maximum of 5 points) Examples include: Physician attendance at the collaborative-wide meeting; presenting at a meeting; engagement in a work group/committee; referral of an engaged patient advisor; special initiatives (TBD)			
	1 point per activity		

Total Number of Extra Credit Activities:			5	
2026 P4P Index Score:			100	

^IVUS/OCT = Intravascular ultrasound / Optical coherence tomography

* Does not apply to the LM, ISR, IST measure

†Cardiac rehabilitation utilization will be measured in 2025, but due to data lag, it will be scored in 2026

Total score does not include extra credit