



Pay for Performance (P4P) Scorecard

PCI and Vascular Surgery

2026 BMC2 Collaborative Quality Initiative Performance Index Scorecard PCI & VS 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 = 5 points Attended 1 meeting = 2.5 points			5
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 = 5 points Meets most expectations = 2.5 points			5
Measure 3: PCI Physician Peer Review of assigned cases for procedural indications & technical quality			
	Percentage		
Reviewed and submitted 100% of PCI cases = 5 points			
Reviewed and submitted < 100 PCI cases = 0 points			5
Measure 1: Vascular Surgery Meeting Participation – Clinical Lead			
	Yes/No		
VS In-Person Physician Meeting – 5/20/26			
VS Virtual Physician Meeting – 9/9/26			
VS Annual In-Person Collaborative Meeting – 10/15/26			
Total Meetings Attended:			
Attended 2-3 meetings = 5 points Attended 1 meeting = 2.5 points			5

Measure 2: Vascular Surgery 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			
VS Recurring Virtual Coordinator Meeting – 1/21/26				
VS Recurring Virtual Coordinator Meeting – 3/18/26				
VS Recurring Virtual Coordinator Meeting – 8/19/26				
VS Annual In-Person Coordinator Meeting – 10/14/26				
VS Annual In-Person Collaborative Meeting – 10/15/26				
VS Recurring Virtual Coordinator Meeting – 12/2/26				
Total Meetings Attended:				
Meets all expectations = 5 points				5
Meets most expectations = 2.5 points				
Measure 3: Vascular Surgery Physician Peer Review of assigned cases for procedural indications & technical quality				
	Percentage			
Reviewed and submitted 100% of VS cases = 5 points				
Reviewed and submitted < 100 VS cases = 0 points				5
Vascular Surgery sites select two measures for scoring from measures 4, 5, and 6				
Measure 4: Vascular Surgery Performance Goal – Documentation of EVAR* imaging performed on the 1-year follow-up form. Measurement period: 1/1/2026 – 6/30/2026. Baseline period: 1/1/2024 – 12/31/2024.				
	Percentage			
≥ 85% = 10 points				
75% - < 85% = 5 points				
< 75% = 0 points				10
Measure 5: Vascular Surgery Performance Goal – Duplex ultrasound completed prior to asymptomatic carotid endarterectomy. Measurement period: 1/1/2026 – 6/30/2026. Baseline period: 1/1/2024 – 12/31/2024.				
	Percentage			
≥ 90% = 10 points				
80% - < 90% = 5 points				
< 80% = 0 points				10
Measure 6: Vascular Surgery Performance Goal – Vein mapping completed before elective lower extremity open bypass. Measurement period: 1/1/2026 – 6/30/2026. Baseline period: 1/1/2024 – 12/31/2024.				
	Percentage			
≥ 90% = 10 points				
80% - < 90% = 5 points				
< 80% = 0 points				10

Measure 7: Vascular Surgery Performance Goal – Smokers receive smoking cessation treatment prior to discharge. Measurement period: 1/1/2026 – 6/30/2026. Baseline period: 1/1/2023 – 3/31/2024.				
	Percentage			
≥ 65% = 10 points				
55% - < 65% = 5 points				
< 55% = 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	Ratio / 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%				25
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: VS and PCI Combined Extra Credit – 1 point per approved activity (maximum of 5 points combined between PCI/VS) Examples include: Physician attendance at the annual in-person collaborative meeting; presenting at a meeting; engagement in a work group/committee; referral of an engaged patient advisor; special initiatives (TBD). Measurement period: 1/1/2026 – 12/31/2026.				
	1 point per activity			
Total Number of Extra Credit Activities:				5
2026 P4P Index Score:				105

*EVAR = Endovascular aneurysm repair

^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