Blue Cross Blue Shield of Michigan Cardiovascular Consortium (BMC2)

2027 Pay for Performance Index Scorecard Supporting Documentation (P4P)

Measure number and description	Additional narrative describing the measure
Measure 1 (PCI and VS) Physician Champion Meeting Participation	Participation Measure Measurement Period: 1/1/2027 – 12/31/2027 The BMC2 PCI and VS physician champion must each attend 2 meetings for their respective registries for full P4P points. In addition, sites earn one extra credit point for physician attendance at the PCI In-Person Annual Spring Collaborative Meeting and the VS In-Person Annual Fall Collaborative Meeting. If the physician champion is unable to attend, the site may send a participating physician in their place to receive credit. **Physician Champion meeting opportunities to earn P4P points include:** • PCI Virtual Physician Collaborative Meeting: February 2027, 6pm-7:30pm, Zoom *(Physicians earn P4P credit. Non-physician participants are invited but attendance is optional)* *Exact Date TBD* • PCI In-Person Spring Collaborative Meeting: April 2027, 10am-3pm, *(Physicians and Coordinators earn P4P credit. Opportunity for Physicians to earn 1 extra credit point)* *Date and Location TBD* • PCI In-Person Physician Meeting w/ MI ACC: September 2027, 12-3pm *(Physicians earn P4P credit. This meeting is for Physician participants only)* *Exact Date and Location TBD* _____ • VS Virtual Physician Collaborative Meeting: February 2027, 5pm-6:30pm, Zoom *(Physicians earn P4P credit. Non-physician participants are invited but attendance is optional)* *Exact Date TBD* • VS In-Person Physician Collaborative Meeting w/ MC ACS: May 2027, 12-5pm *(Physicians earn P4P credit. Non-physician participants are invited but attendance is optional)* *Exact Date and Location TBD* • VS In-Person Fall Collaborative Meeting: October 2027, 12-5pm, *(Physicians and Coordinators earn P4P credit. Opportunity for Physicians to earn 1 extra credit point)* *Date and Location TBD*
Measure 2 (PCI and VS) Data Coordinator Expectations	Participation Measure Measurement Period: 1/1/2027 – 12/31/2027 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 PCI In-Person Annual Spring Collaborative Meeting and the VS In-Person Annual Fall Collaborative 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).

Data Coordinator meeting opportunities to earn P4P points include:

- PCI Virtual Coordinator Meeting: January 14, 2027, 10am, Zoom
- PCI In-Person Spring Coordinator Meeting: April 2027, 10am-3pm *Date and Location TBD*
- PCI In-Person Spring Collaborative Meeting: April 2027, 10am-3pm, *(Physicians and Coordinators earn P4P credit. Opportunity for Physicians to earn 1 extra credit point) Date and Location TBD*
- PCI Virtual Coordinator Meeting: July 8, 2027, 10am, Zoom
- PCI Virtual Coordinator Meeting: September 9, 2027, 10am, Zoom
- PCI Virtual Coordinator Meeting: November 11, 2027, 10am, Zoom

---

- VS Virtual Coordinator Meeting: January 20, 2027, 11am, Zoom
- VS Virtual Coordinator Meeting: March 17, 2027, 11am, Zoom
- VS Virtual Coordinator Meeting: August 18, 2027, 11am, Zoom
- VS In-Person Fall Coordinator Meeting: October 2027, 12-5pm *Date and Location TBD*
- VS In-Person Fall Collaborative Meeting: October 2027, 12-5pm *(Physicians and Coordinators earn P4P credit. Opportunity for Physicians to earn 1 extra credit point) Date and Location TBD*
- VS Virtual Coordinator Meeting: December 8, 2027, 11am, Zoom

2. All consecutive cases entered/on time and accurately (based on available data entry). P4P points will be deducted for evidence that 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.

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.

    a. Sites will be provided with a "snapshot" QI report by September 1, 2027, 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 2027 QI projects, and 2) identification/description of 2028 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 uploaded to the BMC2 Document Uploader website by November 1, 2027, for BMC2 VS and December 1, 2027, for BMC2 PCI.

4. Report Distribution Attestation.
   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, 2027.

5. Data Coordinator Upload of Case Documentation for Cross-Site Peer Review.
   Coordinators must upload clinical documentation to the designated documentation upload repository for the cases provided by the BMC2 Coordinating Center.
    a. Coordinators must upload case review materials for 100% of the cases provided.

	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. • 2027 VS Upload Deadline: 4/16/27 • 2027A PCI Upload Deadline: 2/12/27 • 2027B PCI Upload Deadline: 8/6/27
Measure 3: (PCI and VS) Cross Site Peer Review	Participation Measure Measurement Period: 1/1/2027 – 12/31/2027 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. PCI Physician Review will occur twice in 2027 during the following timeframes: • 3/8/27 - 4/12/27 • 8/23/27 - 9/27/27 VS Physician Review will occur once in 2027 during the following timeframes: • 5/17/27 - 5/30/27
Vascular Surgery sites will select 2 measures for scoring from measures 4, 5, and 6 below	
Measure 4 (VS) Increase documentation of EVAR imaging performed on the 1-year follow up form >= 90%	Performance Measure Measurement Period: 10/1/2026 – 6/30/2027 Why: Essential to catch potentially life-threatening complications like endoleaks or graft issues. *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. *Denominator:* The total number of completed EVAR 1-year follow-ups forms. *Exclusions:* Death prior to 1-year follow up.
Measure 5 (VS) Increase rate of duplex ultrasound completed prior to asymptomatic carotid endarterectomy >=95%	Performance Measure Measurement Period: 10/1/2026 – 6/30/2027 Why: Confirms carotid blockage without surgery, ensuring only appropriate patients undergo the procedure. *Numerator:* The number of asymptomatic CEA procedures where an ultrasound was performed within 6 months prior to the procedure. *Denominator:* The total number of asymptomatic CEA procedures. *Exclusions:* None.

Measure 6 (VS) Increase rate of vein mapping completed before elective lower extremity open bypass >=90%	Performance Measure Measurement Period: 10/1/2026 – 6/30/2027 Why: Vein mapping is a simple, accurate, and noninvasive method of imaging veins preoperatively. It is useful in demonstrating areas of venous anomalies and disease and predicts the course of the vein in the leg, increasing appropriateness for procedural decision-making and increasing the likelihood of a favorable patient outcome. *Numerator:* The number of elective lower extremity open bypass procedures where vein mapping was performed within 6 months before the procedure. *Denominator:* The total number of elective lower extremity open bypass procedures. *Exclusions:* • The indication of peripheral aneurysm repair. • Axillary-femoral, Axillary-bifemoral, aorto-bifemoral, crossover femoral-femoral and open bypass procedures involving iliac arteries.
Measure 7 (VS) Tobacco Cessation - For vascular surgery patients who identify as current smokers during measurement period, documentation of 2+ nicotine cessation intervention pre/post-event (within 90 days) provided by a vascular surgery clinical care team member at a rate of >=70% of current smokers.	Performance Measure Measurement Period: 10/1/2026 – 6/30/2027 Why: Smoking cessation improves the long-term health of patients and decreases overall financial burden on the health care system. *Numerator:* The number of current smokers who had an elective procedure and 2+ smoking cessation interventions (Physician-delivered advice, Pharmacotherapy, Referral to smoking counseling services) were provided by a vascular surgery clinical care team member within 90 days before the hospital admission date or 90 days after the procedure end date. Per alignment across CQIs - interventions could include: advising patients to quit and set a quit date, providing counseling on cessation, referral/resources for cessation, and/or providing pharmacotherapy". *Denominator:* The total number of current smokers who had an elective procedure. *Exclusions:* • Death during procedure or post-procedure. • Current smokers of non-tobacco products.
Measure 8 (PCI) Increase the use of IVUS/OCT for stent optimization, >=65% in EITHER all cases OR >=75% in cases involving the left main coronary artery, in-stent restenosis, or stent thrombosis	Performance Measure Measurement Period: 10/1/2026 – 6/30/2027 Why: Improves patient safety and outcomes by encouraging best practices in stent placement (all cases). Why: Encourages optimal stent expansion in these high-risk situations LM, ISR, or ST IVUS/OCT for stent optimization in all cases *Numerator:* Number of procedures where IVUS/OCT was utilized after PCI portion of procedure underway (BMC2 PCI IVUS/OCT post PCI="Yes"). *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"

	OR 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 (BMC2 PCI IVUS/OCT post PCI="Yes"). *Denominator:* Procedures with treated segment of left main (LM) disease (NCDR #8001 segment 11a, 11b, 11c) and/or NCDR #8008 "Previously treated Lesion="Yes" and NCDR #8010 "Treated with Stent"= "Yes" with either or both of the following being selected NCDR#8011 "In-Stent Restenosis"=Yes", NCDR#8012 "In Stent Thrombosis"="Yes". *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"
Measure 9 (PCI) Outcomes and Process Composite, inclusive of risk-adjusted mortality, risk-adjusted AKI, risk-adjusted major bleeding, guideline medications prescription at discharge (aspirin, statin, P2Y12), and referral to cardiac rehab	Performance Measure Measurement Period: 10/1/2026 – 6/30/2027 Why: Provides a fair assessment of hospital performance by accounting for patient differences. Outcomes include in-hospital mortality, AKI (aka CIN), and major bleeding as defined in current report data dictionary. 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. 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 points if A/P <= 1 (site outperforms expectations based on historical experience). b. Partial points if A/P > 1 and <= 1.5 (site in-line with historical experience) c. No credit if > 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 administered 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 contraindication to aspirin, but received P2Y12 and statin at discharge, they would be recorded as meeting this measure, however if this patient did not receive a statin without documentation of a medical reason, they would 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 points if >=95% of discharges during the period met this measure. 2. Partial points if >=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", "Apixaban”, “Dabigatran”, “Edoxaban”, “Rivaroxaban”, “Warfarin”) and “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", "Apixaban”, “Dabigatran”, “Edoxaban”, “Rivaroxaban”, “Warfarin”) 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. *Denominator:* Discharges in which NCDR#7050=” Yes” *Exclusions:* • No successful lesions (NCDR #8023="No" or NCDR Sequence #8024="No") • NCDR#10030 Intervention this hospitalization= “Yes", and NCDR #10031 Type="CABG", "Cardiac not CABG”, or "Surgery not cardiac" • NCDR #10075 Comfort Measures Only="Yes" • 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 #10205 Prescribed ="No medical reason" or "No-patient reason" **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 care hospital, Left against medical advice, Hospice (NCDR #10110 and #10115). • 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).
Measure 10 (PCI) Increase Cardiac rehab liaison mediated referral. Site performance >=80%	Performance Measure Measurement Period: 10/1/2026 – 6/30/2027 Why: Cardiac rehab has been proven to reduce future cardiac events and hospital readmissions. Taking a patient-centered approach through liaison has proven to be effective. *Numerator:* Number of discharges with BMC2 PCI "Cardiac Rehab Liaison"="Yes" *Denominator:* Discharges with any successfully treated lesion (NCDR #8024 Device deployed) with discharge status "Alive" (NCDR #10105) and discharge location (NCDR #10110) marked as "Home".
Measure 11: (VS) Vascular Surgery Maintenance Performance Goal - Increase the prescription of statin and antiplatelet at discharge >=95%	Performance Measure Measurement Period: 10/1/2026 – 6/30/2027 Why: Using these medications together reduces the risk of heart attack and stroke, prevents blood clots from forming in new surgical grafts or stents, and substantially improves 5-year survival rates. *Numerator:* The number of discharges containing an open bypass, CEA, or CAS procedure where a statin or PSCK9 inhibitor and an antiplatelet were ordered or continued at discharge. Antiplatelets included in this measure: • Aspirin • Cilostazol (Pletal) • Clopidogrel (Plavix) • Prasugrel (Effient) • Ticagrelor (Brilinta) *Denominator:* The total number of discharges with an open bypass, CEA, or CAS procedure where a statin or PSCK9 inhibitor or an antiplatelet were ordered or continued at discharge. *Exclusions:* • A contraindication to a statin or any of the antiplatelets above. • In-hospital death. • An indication of peripheral aneurysm repair or trauma. • The patient was discharged to Hospice, an Other Acute Care Hospital, or Left AMA.

Measure 12 (PCI and VS) Extra credit	Measurement period: 1/1/2027 – 12/31/2027 Extra credit: 1 point per approved activity (maximum of 10 points) Participation extra credit - (maximum of 8 points): 1 point for Physician attendance at the in-person collaborative-wide meeting 1 point per presentation at a meeting 1 point per membership in a work group/committee/task force 1 point per referral of an engaged patient advisor 1+ points per engagement on special participation initiatives – TBD Performance extra credit - (maximum of 2 points): 1 point per engagement on special performance initiatives – TBD