2027 BMC2 Collaborative Quality Initiative Performance Index Scorecard

BMC2 PCI & Vascular Surgery (VS)

Performance Measurement Period: 10/1/2026 - 6/30/2027
Baseline Measurement period (unless otherwise specified in the measure): 10/1/2024 – 9/30/2025
Aggregation level: Hospital

Measure #	Weight	Scoring Methodology	Measure Description	PCI Points	VS Points
1	10%	Hospital	**Meeting Participation - Clinician Lead Measurement period: 1/1/2027 - 12/31/2027**		
			2 Meetings	5	5
			1 Meeting	3	3
			Did not participate	0	0
2	10%	Hospital	**Data Coordinator Expectations Measurement period: 1/1/2027 - 12/31/2027**		
			Meets all expectations	5	5
			Meets most expectations	3	3
			Does not meet expectations	0	0
3	10%	Hospital	**Physicians Complete Cross Site Review of Assigned Cases for Procedural Indications and Technical Quality Measurement period: 1/1/2027 - 12/31/2027**		
			Submitted reviews for 100% of cases	5	5
			Submitted reviews for <100% of cases	0	0
Vascular Surgery sites will select two measures for scoring from measures 4, 5, 6					
4	20%	Hospital	**Vascular Surgery Performance Goal - Increase documentation of EVAR* imaging performed on the 1-year follow up form Aggregation level: Hospital Measurement period: 10/1/2026 - 6/30/2027**		
			>=90%	NA	10
			>=80% OR increase of 10% over the last year	NA	5
			<=79%	NA	0
5			**Vascular Surgery Performance Goal - Increase rate of duplex ultrasound completed prior to asymptomatic carotid endarterectomy Measurement period: 10/1/2026 - 6/30/2027**		
			>=95%	NA	10
			85% - 94% OR >=10 percentage points absolute increase in all cases from Q4 YTD 2026	NA	5
			<=84%	NA	0

6			**Vascular Surgery Performance Goal - Increase rate of vein mapping completed before elective lower extremity open bypass** **Measurement period: 10/1/2026 - 6/30/2027**		
			>=90%	NA	10
			80% - 89% OR >=10 percentage points absolute increase in all cases from Q4 YTD 2026	NA	5
			<=79%	NA	0
7	7%	Hospital	**Vascular Surgery Performance Goal - Tobacco Cessation Measure** **Aggregation level: Hospital** **Measurement period: 10/1/2026 - 6/30/2027** **For vascular surgery patients (discharges) who identify as current smokers during measurement period, documentation of 2+ nicotine cessation intervention pre/post-event (within 90 days) provided by the vascular surgery clinical care team member at a rate of 70% of current smokers.**		
			>=70% of current smokers received 2+ qualifying pre/post-event (within 90 days) nicotine cessation intervention	NA	7
			60% - 69% of current smokers received 2+ qualifying pre/post-event (within 90 days) nicotine cessation intervention [*OR >= 10% point increase across all patients from 2026*]	NA	5
			>=95% of current smokers received 1+ qualifying pre/post-event (within 90 days) nicotine cessation intervention	NA	3
			<=59% of current smokers received 2+ qualifying pre/post-event (within 90 days) nicotine cessation intervention or <=94% of current smokers received 1+ qualifying pre/post-event (within 90 days) nicotine cessation intervention	0	0
8	10%	Hospital	**PCI Performance Goal - Increase the use of IVUS/OCT^ for stent optimization** **Measurement period: 10/1/2026 - 6/30/2027**		
			>=65% in EITHER all cases OR >=75% in cases involving the left main coronary artery, in-stent restenosis, or stent thrombosis	10	NA
			60% - 64% OR increase by 10 points from previous year increase in all cases from Q4 YTD 2026	5	NA
			<59% or <10 percentage points increase in all cases from Q4 YTD 2026	0	NA

9	20%	Hospital	**PCI Performance Goal – 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.** Each component awarded either 0, 2, or 4 points for a total score of between 0 and 20 points. **Measurement period: 10/1/2026 - 6/30/2027**	0-20	NA
10	10%	Hospital	**PCI Performance Goal - Increase cardiac rehab liaison mediated referral** **Measurement period: 10/1/2026 - 6/30/2027**		
			Site performance >=80%	10	NA
			Site performance 70% - 79% OR increase by 10 points from previous year increase in all cases from Q4 YTD 2026	5	NA
			Site performance <=69%	0	NA
11	3%	Hospital	**Vascular Surgery Performance Goal - Increase number of sites prescribing statin and any antiplatelet at discharge. Measurement period: 10/1/2026 - 6/30/2027**		
			>=95%	NA	3
			<=94%	NA	0
12	N/A	Hospital	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 Measurement period: **1/1/2027 - 12/31/2027**	1-10	1-10

* Endovascular Aneurysm Repair (EVAR)

^ IVUS (Intravascular Ultrasound) and OCT (Optical Coherence Tomography)