2027 BMC2 Collaborative Quality Initiative Performance Index Scorecard

BMC2 Vascular Surgery (VS) Only

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	VS Points
1	10%	Hospital	**Meeting Participation - Clinician Lead** **Measurement period: 1/1/2027 - 12/31/2027**	
			2 Meetings	10
			1 Meeting	5
			Did not participate	0
2	10%	Hospital	**Data Coordinator Expectations** **Measurement period: 1/1/2027 - 12/31/2027**	
			Meets all expectations	10
			Meets most expectations	7.5
			Does not meet expectations	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	10
			Submitted reviews for <100% of cases	0
Vascular Surgery sites will select two measures for scoring from measures 4, 5, 6				
4	50%	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%	25
			>=80% OR increase of 10% over the last year	15
			<=79%	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%	25
			85% - 94% OR >=10 percentage points absolute increase in all cases from Q4 YTD 2026	15
			<=84%	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%	25
			80% - 89% OR >=10 percentage points absolute increase in all cases from Q4 YTD 2026	15
			<=79%	0
7	14%	Hospital	**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	14
			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*]	7
			>=95% of current smokers received 1+ qualifying pre/post-event (within 90 days) nicotine cessation intervention	5
			<=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
11	6%	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%	6
			<=94%	0
12	0%	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

* Endovascular Aneurysm Repair (EVAR)