BMC2

Blue Cross Blue Shield of Michigan
Cardiovascular Consortium

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# BMC2 PCI and Vascular Surgery 2021 VBR Information

## BMC2 CQI VBR Metrics - 2021

| Clinical Focus | Measure | Measurement Period | Target Performance |
|---|---|---|---|
| 2021 Percutaneous Coronary Intervention (PCI) | Increase the appropriateness of PCI therapy, based on the BMC2 on-going peer review process. For a reviewed case to achieve this performance measure, a blinded, independent physician reviewer practicing at a different institution reviewing relevant medical records and imaging of the PCI procedure must rate >=90% of the reviewed cases with a decision to proceed to PCI within the two highest appropriateness categories. | Peer reviews conducted on appropriateness in March of 2020 | >= 90% |
| | Improve the overall intervention quality as assessed in the BMC2 on-going peer review process. Fewer than 10% of reviewed cases should be rated as sub-optimal. | Peer reviews conducted on appropriateness in March of 2020 | < 10% |
| | Pre PCI hydration on at least 80% PCI patients (volume/3ML/Kg) (excludes dialysis, cardiac arrest, cardiogenic shock, PCI status of “salvage” and symptomatic heart failure NYHA 2,3,4). | Most recent available quarter of registry data Q2 2020 | >= 80% |

| Clinical Focus | Measure | Measurement Period | Target Performance |
|---|---|---|---|
| 2021 Vascular Surgery (VS) | Vascular Surgery Performance Goal – Surgeons to prescribe a maximum of 10 opioid pills for opioid naïve patients with CEA at discharge. | 1/1/2020 - 6/30/2020 | >=75% |
| | Vascular Surgery Performance Goal – Surgeons to prescribe a maximum of 10 opioid pills for opioid naïve patients with EVAR at discharge. | 1/1/2020 - 6/30/2020 | >=75% |
| | Vascular Surgery Performance Goal - Statin at Discharge. | 1/1/2020 - 6/30/2020 | 90% |

## BMC2 PCI and VS scoring methodology

The BMC2 CQI has two different CQI VBR programs. The participating practitioner will either be scored on measures related to percutaneous coronary interventions, otherwise known as PCI, or vascular surgery, otherwise known as VS, depending on the clinical focus of the practitioner. BMC2 uses a PGIP physician organization-level scoring model to measure performance for PCI and a hospital-level scoring model for VS.

## For physicians being scored on PCI measures

Practitioners are grouped by their affiliated physician organization. The POs are evaluated on each measure individually and must achieve the performance target on all three measures to be considered eligible to receive the CQI VBR.

## For practitioners being scored in VS measures

Practitioners are grouped by their affiliated hospital based on where the practitioner(s) perform the greatest number of procedures. The hospitals affiliated practitioners must achieve target at the hospital level both measures listed above to be considered eligible to receive the CQI VBR.

## CQI VBR selection process

For a practitioner to be eligible for CQI VBR, he or she must:

- Meet the performance targets set by the coordinating center
- Be a member of a PGIP physician organization for at least one year
- Have contributed data to the CQI's clinical data registry for at least two years, including at least one year of baseline data

A physician organization nomination isn't required for CQI VBR. Instead, the CQI coordinating center will determine which practitioners have met the appropriate performance targets and will notify Blue Cross. Each physician organization will notify practitioners who will receive CQI VBR, as it does for other specialist VBR.

All practitioners are limited to receiving 103 percent of the Standard Fee Schedule for CQI performance, even if they participate in more than one CQI offering VBR. For example, if a practitioner participates in more than one CQI that provides VBR and the practitioner's performance is such that he or she would be eligible for VBR in both, that practitioner will only receive 103 percent of VBR.