

2020 BMC2 Collaborative Quality Initiative Performance Index

Supporting Documentation

Measure 1: **PCI and Vascular Surgery 2020 Physician Champion Meeting Participation**

The PCI physician champion and Vascular Surgery physician champion must *each* attend 2 of the BMC2 meeting opportunities, corresponding to their registry involvement, in 2020 for full P4P points. If the physician champion is unable to attend, the site may send a participating Interventional Cardiologist or Vascular Surgeon in their place to receive credit. Physician Champion meeting opportunities include

PCI
2/20/20 – PCI Physician Dinner Meeting; Baronette Renaissance, Novi, MI (6-9pm)
5/9/20 – PCI Collaborative Meeting; Baronette Renaissance, Novi, MI (8am-4pm)
11/7/20 – PCI Physician Meeting at MI ACC Conf; Kellogg Center (at MSU Campus) East Lansing, MI (Time TBD)
Vascular Surgery
5/13/20 – BMC2/MVS Vascular Surgery Physician Meeting; Boyne Mountain Resort, Boyne, MI (11-5pm)
11/5/20 – BMC2/MVS Vascular Surgery Collaborative Meeting; (Location TBD, 11-5pm)
TBD – Possible BMC2 Vascular Surgery Physician Dinner Meeting; (Location TBD, 6-9pm)

Measure 2: **PCI and Vascular Surgery 2020 Data Coordinator Expectations**

Data coordinators are required to meet expectations in the following areas, corresponding to their registry participation. Some sites participate in both PCI and Vascular Surgery and some participate in only one:

- **PCI & VS: Attendance at most/all meetings and calls.** If a coordinator is unable to attend, they may send someone in their place to receive credit. Data Coordinator meeting opportunities include:

PCI
5/9/20 – PCI Collaborative Meeting; Baronette Renaissance, Novi, MI (8am-4pm)
10/8/20 – PCI Coordinator Meeting; BCBSM Lyon Meadows, New Hudson, MI (8am-4pm)
Vascular Surgery
6/4/20 – Vascular Surgery Coordinator Meeting; BCBSM Lyon Meadows, New Hudson, MI (8am-4pm)
11/5/20 – BMC2/MVS Vascular Surgery Collaborative Meeting; (Location TBD, 11-5pm)

- **PCI & VS: 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.
 - **PCI Coordinators only:** *Specific audit scores will be calculated but will not be used in this calculation while transitioning into the new dataset. Withholding of cases and/or patterns of what appears to auditor to be intentional under reporting of outcomes will result in failure of this measure.*
- **PCI & VS: Demonstration of data use/quality improvement.** Submission of documentation demonstrating use of registry data for at least 2 registry-related, quality improvement projects. This can be in an existing site format (i.e. PDCA, Sigma Six, Lean) or the BMC2 provided template. If sites fail to submit at least 2 quality projects for each registry they participate in, 2.5 points shall be deducted from this measure. P4P Points will be deducted if 2 documented QI projects are not uploaded to the BMC2.org website by 12/1/20 (falls on a Tuesday). **Upload Deadline for QI projects: December 1, 2020**

2020 BMC2 Collaborative Quality Initiative Performance Index

Supporting Documentation

- **PCI: Data Coordinator Upload of Case Documentation for Web-based Peer Review.** Coordinators must upload clinical documentation to the designated documentation upload repository for the cases provided by the BMC2 Coordinating Center
 - Coordinators must upload case review materials for 100% of the provided cases.
 - 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. See Peer Review Upload Guidelines for detailed information about how to redact, upload and convert files (provided by BMC2 Coordinating Center).
 - 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.

PCI: Details for required case documentation will be provided for each of the two phases of peer review when case lists are distributed. The required documentation is updated based on the types of cases being reviewed.

- **Upload Deadline for Review Period 2020A: February 14, 2020**
 - **Upload Deadline for Review Period 2020B: September 11, 2020**
- **For Vascular Surgery Coordinators: Completion of 30-day and 1-year follow-up are also included here.** Percentages for 30-day follow-up will be calculated based on Q1-Q3 2020 discharges (or whatever data is available when draft P4P scores are due) with a goal of $\geq 80\%$. Percentages for 1-year follow-up will be calculated based on 2018/2019 discharges (depending on data availability) with a goal of $\geq 80\%$.

Measure 3: **PCI Only – Internal Case Reviews**

Internal physician level reviews are to be conducted on the same cases that are submitted for the web-based peer review. The internal reviews must be entered into the REDCap PCI Internal Review Form which is located on BMC2.org under PCI User Documentation by 12/1/2020. A pdf and an electronic version of the PCI Internal Review Form will be posted on BMC2.org with each phase of case reviews (i.e. Phase 2020A in March 2020 & Phase 2020B in October 2020). Reviews must be submitted through REDCap for $\geq 90\%$ of assigned cases to receive full points. No points will be awarded for $< 90\%$ submitted reviews. **Physician Internal Case Review Deadline is December 1, 2020**

Measure 4: **PCI Only – Physicians Complete Web-based Cross Site Peer Review of Assigned Cases**

PCI 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. These will be a mix of case types. Reviews must be submitted through REDCap for 100% of assigned cases to receive full points. No points will be awarded for $< 100\%$ submitted reviews.

Physician Review periods will occur twice per year during the following timeframes:

- **Physician Review Period 2020A: February 28, 2020 – March 31, 2020**
- **Physician Review Period 2020B: October 1, 2020 – October 31, 2020**

Measure 5: **NEW Vascular Surgery Only – COLLABORATIVE GOAL: Statin at Discharge for Open Bypass, CEA and CAS Discharges $\geq 95\%$**

Numerator: Number of Open Bypass, CEA and CAS discharges with a statin prescribed at discharge.

Denominator: Number of Open Bypass, CEA and CAS discharges.

Measure 6: **NEW Vascular Surgery Only – Surgeons to prescribe a maximum of 10 opioid pills for opioid naïve patients with EVAR $\geq 70\%$**

Numerator: Number of opioid naïve EVAR discharges with an opioid prescription at discharge of ≤ 10 pills.

2020 BMC2 Collaborative Quality Initiative Performance Index

Supporting Documentation

Denominator: Number of opioid naïve EVAR discharges.

Measure 7: NEW Vascular Surgery Only – Surgeons to prescribe a maximum of 10 opioid pills for opioid naïve patients with CEA \geq 70%

Numerator: Number of opioid naïve CEA discharges with an opioid prescription at discharge of \leq 10 pills.

Denominator: Number of opioid naïve CEA discharges.

Exclusion: Cases concurrent with CABG

Measure 8: NEW PCI Only – Peak Intra-Procedure ACT recorded \geq 90%

Numerator: Number of procedures in which the Peak Activated Clotting Time (ACT) was recorded (BMC2 Procedure Information Intra-procedure ACT = "Yes")

Denominator: Total number of PCI procedures with unfractionated heparin was administered (NCDR #7990 = "Unfractionated Heparin and #7995 = "Yes")

Exclusion: Procedures with bivalirudin administered (NCDR #7990 = "Bivalirudin" and #7995 = "Yes")

Measure 9: NEW PCI Only – Percent of cases with peak ACT \geq 350 seconds for Heparin-only cases \leq 15%

Numerator: Number of procedures with peak intra procedure \geq 350 seconds (BMC2 Procedure Information-Intra-procedure ACT = "yes")

Denominator: Procedures with unfractionated heparin administered (NCDR #7990 = "unfractionated heparin" and #7995 = "Yes")

Exclusion(s):

- Procedures with no peak ACT calculation entered in BMC2 (BMC2 Procedure Information-Intra-procedure ACT = "Not documented" or value is missing)
- Procedures with glycoprotein IIb/IIIa inhibitors administered (NCDR #7990 = "GP IIb/IIIa Inhibitor (Any)" and #7995 = "Yes")
- Procedures with bivalirudin administered (NCDR #7990 = "Bivalirudin" and #7995 = "Yes")

Measure 10: NEW PCI Only – Percent of cases with peak ACT \geq 300 seconds for Heparin+GPI cases \leq 15%

Numerator: Number of procedures with peak intra procedure \geq 300 seconds (BMC2 Procedure Information-Intra-procedure ACT = "yes")

Denominator: Procedures with unfractionated heparin and GPI administered (NCDR 7990 = "unfractionated heparin" / #7995 = "Yes" AND NCDR#7990 "GP IIb/IIIa Inhibitor (Any)" / #7995 = "Yes")

Exclusion(s):

- Procedures with no peak ACT calculation entered in BMC2 (BMC2 Procedure Information-Intra-procedure ACT = "Not documented" or value is missing)
- Procedures with bivalirudin administered (NCDR #7990 = "Bivalirudin" and #7995 = "Yes")

Measure 11: NEW PCI Only – COLLABORATIVE GOAL: Lipid Lowering Agent (LLA) prescribed at discharge \geq 98%

Numerator: Number of discharges with NCDR #10200 Medication = "Statin" and/or "Non-Statin", and/or "PCSK9 Inhibitors" and NCDR#10205 Prescribed = "Yes"

Denominator: Discharges with NCDR #10105 discharge status = "Alive"

Exclusion(s):

- NCDR#10110 "Discharge location" = "Other acute care hospital", "Left against medical advice (AMA)"
- NCDR#10115 Hospice Care = "Yes"
- NCDR #10025 Prescribed = "No medical reason" or "No-patient reason" for all of the medication categories (statin, non-statin, PCSK9)
- NCDR #10075 Comfort Measures Only = "Yes"