



2021 BMC2 PCI Value Base Reimbursement (VBR) Measures

Measure Number	Measure
1 (no change)	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 $\geq 90\%$ of the reviewed cases with a decision to proceed to PCI within the two highest appropriateness categories.
2 (no change)	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.
3	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).
3 revised	Pre PCI hydration (oral and/or IV) on at least 50% PCI patients with eGFR < 60 (volume/3ML/Kg) (excludes dialysis, cardiac arrest, cardiogenic shock, PCI status of "salvage", symptomatic heart failure NYHA 2,3,4, and STEMI).

Summary of proposed revisions

- Adding oral hydration: studies indicate that any pre-PCI hydration, whether oral or IV, is beneficial for patients
- Limiting patient population to individuals with eGFR < 60: Patients with eGFR in this range are most likely to benefit from pre-PCI hydration. Recent studies have questioned the benefit of hydration in patients with GFR > 60 and our internal data appears to validate that.
- Excluding patients with STEMI: STEMI patients are treated emergently and there is not adequate time to hydrate patients prior to treatment in all cases; door to device time is a more important target in an emergent case
- Decreasing performance target to 50%: Using the current definition and target, no sites will meet the performance goal. Decreasing the performance target and amending the goal parameters suggests ~10 sites will meet the performance target, based on 2019 YTD data.