

Blue Distinction Centers for Cardiac Care®
Program Selection Criteria for 2009-2010 Mid-Point RFI Cycle

The evaluation is based primarily on the facilities' responses to the Blue Distinction Centers for Cardiac Care detailed request for information (RFI) survey examining structure, process and outcome measures for cardiac medical, interventional, and surgical care. To be considered for designation, facilities must meet all required criteria and must score a total of 55 points (out of 100). Additional factors may be considered by the Blue Cross and Blue Shield Plans and may affect the decision to invite a facility to participate in the program. Once awarded, BDC for Cardiac Care designation is contingent on each facility's ongoing compliance with BDC for Cardiac Care selection criteria, subject to a thorough investigation on a case-by-case basis for any changes. All BDC for Cardiac Care facilities resubmit clinical data periodically. For more detail on the Blue Distinction® selection criteria, contact the Blue Distinction Center® administrator at bdcadmins@bcbsa.com.

CATEGORY	RFI Q#	CRITERIA DESCRIPTION	POINTS
BUSINESS REQUIREMENT			
Provider Contracting	Prelim 14	All Cardiac surgeons and cardiologists providing care to cardiac patients at facility have active Preferred Provider Organization (PPO) network participating provider contracts with the local Blue Cross and/or Blue Shield Plan, pending Blue Distinction designation to the extent required by the local Blue Plan.	Required
Facility Contracting	Prelim 15	Facility is a participating provider with its local Blue Plan PPO Network.	Required
CARDIAC CARE GENERAL CRITERIA			
Accreditation	Prelim 3	Full facility accreditation by a CMS-deemed national accreditation organization.	Required
Services	Prelim 5	Facility provides a full range of cardiac services including: Emergency Room, Intensive Care Services, Inpatient cardiac care for AMI and HF patients, Cardiac Catheterization including PCI, and have or make referrals to cardiac rehabilitation program with components of patient assessment, exercise training and other therapeutic exercise.	Required
Institute for Healthcare Improvement (IHI)	1	Facility participates in IHI with a commitment to patient safety.	2
Leapfrog	2	Facility publicly reports on the Leapfrog Web site via the Leapfrog Group Quality and Safety Hospital survey.	2 total for either question #2 or #3
	3	If facility does not report to Leapfrog, facility participates in other initiatives that encourage the sharing of best practices, incorporates data feedback for objective analysis, and promotes collaborative improvement.	
American Heart Association (AHA)	6	Facility participates in the AHA's Get With the Guidelines®-Heart Failure (GWTG-HF) program.	2
Quality Improvement	7	Facility has formal continuous quality improvement programs (CQI) in place for cardiac services which at minimum includes these components: <ul style="list-style-type: none"> • written plan • specific to cardiology/cardiac surgery • multidisciplinary team • quarterly meetings with minutes • indicators for the improvement of processes for treatment of emergent patients Note: Documentation of process to be provided upon request.	All 5 components = 2 1 - 4 components = 1

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	8	Facility maintains a summary report of QI initiatives including documentation of outcomes.	1
	9	Facility obtains and evaluates overall patient satisfaction.	1
Cardiac Rehab	11	Facility, or the referral facility for cardiac rehab patients, has American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) Cardiac Program Certification.	1
Association of American Medical Colleges Principles(AAMC)	13	Facility accepts AAMC principles for protecting integrity in the Conduct and Reporting of clinical trials.	1
ACTION Registry®-GWTG™	14	Facility participates in the ACTION Registry®-Get With the Guidelines™ (GWTG).	2
CARDIAC MEDICAL CRITERIA			
Coverage	Prelim 4	Facility has 24/7 availability of appropriate medical response teams with at least one of the primary team members being an in-house ACLS certified physician.	Required
Acute Myocardial Infarction (AMI)	21	Facility has or refers patients to a Structured Program on Smoking Cessation for patients diagnosed with AMI.	1
	22	Facility's current 30-day risk adjusted AMI mortality rate as reported to the Centers for Medicare and Medicaid Services (CMS).	≤ 16.4% = 1
	<i>Criteria in questions 23 – 27 below are based on the AMI .Hospital Process of Care Measures, NQF-Endorsed voluntary consensus standards for Hospital Compare (www.hospitalcompare.hhs.gov)</i>		
	23	Percentage of AMI patients who received aspirin at ARRIVAL (within 24 hours before or after hospital arrival). (AMI-1)	≥ 95% = 1
	24	Percentage of AMI patients who were prescribed aspirin at hospital DISCHARGE. (AMI-2)	≥ 95% = 1
	25	Percentage of AMI patients who were prescribed Angiotensin-Converting Enzyme (ACEI) or Angiotensin Receptor Blockers (ARB) for left ventricular systolic dysfunction (LVSD) at discharge. (AMI-3)	≥ 82% = 2
	27	Percentage of AMI patients who were prescribed a Beta Blocker at DISCHARGE. (AMI-5)	≥ 95% = 1
Heart Failure (HF)	28	Facility has or refers patients to a Structured Program on Smoking Cessation for patients diagnosed with Heart Failure.	1
	29	Facility's current 30-day risk-adjusted heart failure mortality rate as reported to CMS.	≤ 11.1% = 1
	<i>Criteria in questions 30 – 32 below are based on the HF Hospital Process of Care Measures, NQF-Endorsed voluntary consensus standards for Hospital Compare (www.hospitalcompare.hhs.gov)</i>		
	30	Percentage of HF patients who were prescribed Angiotensin-Converting Enzyme (ACEI) or Angiotensin Receptor Blockers (ARB) at discharge. (HF-3)	≥ 82% = 2
	31	Percentage of HF patients with documentation in facility record that left ventricular systolic (LVS) function was evaluated before arrival, during hospitalization, or is planned for after discharge. (HF-2)	≥ 85% = 1
	32	Percentage of HF patients with documentation that they or their caregivers were given written discharge instructions or other educational material addressing ALL of the following: activity level, diet, discharge medications, follow-up appointment, weight monitoring, and what to do if symptoms worsen. (HF-1)	≥ 95% = 3 85 – 94.99% = 2 75 – 84.99% = 1
CARDIAC CATHETERIZATION SERVICES			
Registry Participation	Prelim 6	Facility PCI data must be reported to the NCDR™ CathPCI Registry®.* *Facilities located in the state of Michigan may substitute Blue Cross Blue Shield of Michigan Cardiovascular Consortium (BMC ²) registry data in place of NCDR registry data. Facilities located in the state of New York that did not report to the NCDR CathPCI Registry may submit New York State PCIRS data.	Required

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CATEGORY	RFI Q#	CRITERIA DESCRIPTION	POINTS
Volume	Prelim 7	Facility performs at least 200 adult PCI procedures.	Required
Coverage	Prelim 8	Facility provides 24/7 primary PCI staff coverage.	Required
Mortality Rate (NCDR Executive Summary #2)	Prelim 9	Facility has a PCI risk-adjusted mortality rate $\leq 3.00\%$ (elective and emergent).	Required
Door to Balloon Alliance	33	Facility participates in the American College of Cardiology (ACC) D2B (Door to Balloon) Alliance™.	3
Diagnostic Cardiac Catheterizations	34	Facility tracks and trends rates of normal or insignificant Coronary Artery Disease (CAD) results on diagnostic cardiac catheterizations for each physician.	3
D2B ≤ 90 minutes (NCDR Executive Summary #1)	35b	Proportion of primary (STEMI) PCI patients with Door to Balloon time ≤ 90 minutes.	$\geq 75\% = 8$ 60 - 74.99% = 6 40 - 59.99% = 4
Mortality Rate (NCDR Executive Summary #2)	35c	Risk Adjusted PCI mortality rate (elective and emergent).	0 - 1.30% = 10 1.31 - 2.00% = 5
Incidence of Vascular Complication (NCDR Executive Summary #3)	35d	Percentage of incidence of vascular complications.	$\leq 2.5\% = 2$
Thienopyridine on Discharge (NCDR Executive Summary #4)	35e	Percentage of eligible PCI patients who received any type of stent and had thienopyridine (such as clopidogrel or ticlopidine) prescribed at discharge.	$\geq 96\% = 2$
Coverage	37a	Policy required response time for 24/7 on-call surgical team to provide PCI staff coverage.	≤ 30 minutes = 4 31-60 minutes = 2
Interventional Cardiologist	38	Percentage of cardiologists performing PCI who are board certified in interventional cardiology.	$\geq 75\% = 2$
Cardiologist Volumes	39	Percentage of cardiologists that perform at least 75 PCI procedures per year (may count PCIs performed outside the applicant facility).	$\geq 75\% = 1$
CARDIAC SURGICAL SERVICES			
Cardiac Surgery	Prelim 10	Facility provides cardiac surgery including Coronary Artery Bypass Graft surgery (CABG).* *At the discretion of the local BCBS Plan and under a specified contingency process, a facility that provides the full range of cardiac services but does not provide on-site CABG surgery may be considered for designation if it is part of a cooperative system with a qualifying facility that provides emergency backup CABG for PCI and meets the contingency criteria. Blue Distinction Centers for Cardiac Care without on-site CABG will be differentiated from full-service Blue Distinction Centers for Cardiac Care in program listings.	Required
Surgical Response	Prelim 11	Facility provides 24/7 on-call surgical response team able to perform emergency cardiac surgery (CABG).	Required
Society of Thoracic Surgeons (STS)	Prelim 12	All cardiac surgeons with surgical privileges at facility must participate in The Society of Thoracic Surgeons (STS) National Adult Cardiac Surgery Database.	Required

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CATEGORY	RFI Q#	CRITERIA DESCRIPTION	POINTS
CABG and/or Valve surgical procedures	Prelim 13	Facility performs at least 125 cardiac surgical procedures (including both CABG and/or valve surgery) per year.* *Facilities performing between 75 and 124 cardiac surgical procedures (including both CABG and/or valve surgery) per year may be eligible for consideration under a contingency process with additional selection criteria (at the discretion of the local Blue Cross and/or Blue Shield Plan).	Required
Cardiothoracic Surgeons	42	Percentage of surgeons who currently perform cardiac surgical procedures that are board certified in Cardiothoracic Surgery.	≥ 75% = 2
Coverage	44	Policy required response time for 24/7 on-call surgical team to provide Emergency Cardiac Surgery (CABG) staff coverage.	≤ 60 minutes = 4 61-120 minutes=2
STS STAR Rating	45	Facility has a STS Composite Quality Star rating > 1.	Required
		STS Composite Quality star rating.	3 Stars = 30 2 Stars = 20
INFORMATIONAL			
	4	Healthcare informatics applications the facility uses: University Health System Consortium (UHC), Premier Clinical Advisor, None, Other	Informational
	5	Proportion of provider groups that have current contracts with local Blue Cross and/or Blue Shield Plan: Anesthesiology, Cardiac Surgery, Cardiology, Diagnostic Radiology, Interventional Cardiology, Pathology.	Informational
	10	Facility obtains and evaluates patient satisfaction specifically for cardiac care patients.	Informational
	12	Facility tracks transitions of care for patients discharged from an in-patient setting to another setting.	Informational
	15	Facility places implantable cardioverter defibrillators (ICDs).	Informational
	16	Facility participates in the NCDR™ ICD Registry™.	Informational
	17	Facility uses a formal credentialing process for implantable cardioverter defibrillators (ICDs) implantation privileges.	Informational
	18	Percentage of physicians that have been trained in the placement of ICDs.	Informational
	19	If "Unknown" to question #18, number of physicians performing ICD implantations at facility and total volume of ICD procedures performed.	Informational
	20	Diagnostic cardiac catheterizations volume per year.	Informational
		Electrophysiology diagnostic studies volume per year.	Informational
		Electrophysiology therapeutic procedures volume per year.	Informational
		Heart Transplantation volume per year.	Informational
NCDR Executive Summary #9	35a	Proportion of non-obstructive CAD.	Informational
NCDR Executive Summary #7	35f	Mean total length of stay for all PCI patients.	Informational
NCDR Executive Summary #8	35g	Mean number of stents per PCI procedures.	Informational
	36	Proportion of patients having diagnostic catheter procedure with at least one vascular complication.	Informational
	37	Facility has a policy which provides 24/7 primary PCI staff coverage.	Informational
	40	Readmission rates for PCI.	Informational
	41	Number of surgeons that perform a minimum of 75 cardiac surgical procedures.	Informational
	43	Readmission rates for CABG.	Informational

OVERVIEW OF SCORING	Points
General Information	14
Cardiac Medical Criteria	15
Cardiac Catheterization	35
Cardiac Surgical	36
Total Points	100

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