Overview
Established in 1997, BMC2-PCI is designed to improve care for patients with coronary disease who undergo angioplasty by reducing complications such as kidney damage, the need for blood transfusions, and the need for open heart surgery.

CQI Goals and Objectives
- Reduce vascular access complications to less than 2 percent.
- Reduce the post PCI transfusion rate to less than 5 percent.
- Reduce the rate of contrast induced nephropathy to less than 3 percent.
- Reduce nephropathy requiring dialysis to less than 0.4 percent.
- Referral to cardiac rehabilitation greater than 75 percent.

Results
- 33 percent reduction in blood transfusions after angioplasty (2008-2013).
- 20 percent increase in cardiac rehabilitation referral (2008-2013).
- In 2011, BMC2 PCI ventured into uncharted territory of physician review and compliance with nationally recognized appropriateness guidelines. In 2010, potentially inappropriate cases were an estimated 8.3 percent of all Michigan PCI cases; by 2013, this had dropped to 3 percent.

Participants
- 33 Michigan hospitals.
- 484 physicians.

Physician Type
- Interventional cardiologists.

Data Collection
- All cases, all payer registry.
- 342,418 cases entered into the registry since 1997.
- Data registry: ACC NCDR.

Participation Criteria
In order to participate in this CQI, a hospital has to meet the following criteria:
- Perform elective/scheduled PCIs.
• Identify all consecutive PCI procedures performed within the hospital including procedures performed by an Interventional cardiologist.
• Contribute accurate case data to the statewide BCM2-PCI clinical registry.

About the Coordinating Center
The University of Michigan Health System serves as the coordinating center and is responsible for collecting and analyzing comprehensive clinical data from the participating hospitals. It uses these analyses to examine practice patterns, to generate new knowledge linking processes of care to outcomes, and to identify best practices and opportunities to improve quality and efficiency. The Center further supports participants in establishing quality improvement goals and assists them in implementing best practices.

Hitinder Gurm, MD, Assistant Professor of Internal Medicine, Director of Inpatient Services for the Division of Cardiovascular Medicine and Director of Carotid Interventions in cardiovascular medicine at the University of Michigan Health System serves as project director. Andrea Jensen, MA, MS is the project manager.

About the Collaborative Quality Initiative Program
Sponsored by BCBSM and Blue Care Network, Collaborative Quality Initiatives bring together Michigan physicians and hospital partners to address some of the most common and costly areas of surgical and medical care. Collaborative Quality Initiatives rely on comprehensive clinical registries that include data on patient risk factors, processes of care, and outcomes of care. As a result of the collection and analysis of procedural and outcomes data, the participants are able to implement changes in practice, based on the knowledge acquired from the consortium. These changes in practices lead to increased efficiencies, improved outcomes, and enhanced value. There are 19 CQIs: 14 are hospital-based and 5 are professional-based. Collaborative Quality Initiatives have contributed to BCBSM achieving a lower growth in medical cost trends than the national average, which helps hold down health care costs for Blues customers state-wide.

About Value Partnerships
Value Partnerships is a collection of clinically-oriented initiatives among Michigan physicians, hospitals, and Blue Cross Blue Shield of Michigan that are improving clinical quality, reducing complications, controlling cost trends, eliminating errors, and improving health outcomes throughout Michigan.

For additional information about this CQI contact:
The CQI Administration Team at CQIPrgrams@bcbsm.com.

To learn more about the Value Partnerships programs, please visit valuepartnerships.com.

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