

Cardiology Practice Improvement Pathway



The **Cardiology Practice Improvement Pathway (CPIP)** is a practice-level performance improvement program designed specifically to enhance and instill quality in cardiovascular practice. CPIP is approved through the American Board of Internal Medicine's (ABIM) Approved Quality Improvement (AQI) Pathway and is eligible for 20 points towards the Self-Evaluation of Practice Performance requirement of Maintenance of Certification (MOC).

CPIP provides a platform for practices to self-evaluate against a comprehensive measure set designed to support the delivery of cardiovascular care that achieves the six national quality aims identified by the Institute of Medicine (IOM): safe, timely, effective, efficient, equitable and patient-centered (STEEEP). CPIP is currently organized within three domains:

- **Clinical:** The clinical measure sets are developed and specified by the ACC with the American Heart Association (AHA) and the American Medical Association's (AMA) Physician Consortium for Performance Improvement (PCPI). They are intended to improve patient outcomes by defining process and outcome measures for the ambulatory care of patients with one, some or all of the following cardiac diagnoses: hypertension, coronary artery disease, heart failure and atrial fibrillation/atrial flutter.
- **Structural:** The structural metrics identify and evaluate the implementation of practice-level systems that promote the delivery of STEEEP care.
- **Professional:** The professional metrics identify and evaluate each individual cardiologist's achievement and maintenance of professional credentials; such commitment to professionalism at the practice-level is believed to have positive effects on STEEEP care.

CPIP offers practices opportunities to learn about their practice patterns at the group level and to understand how they measure up against the quality goals and targets established by the ACC. Practices receive immediate feedback on performance with recommendations for developing and implementing quality improvement (QI) plans based on their results.

- Within three months of beginning the assessment phase (Stage A) of the pathway, practices complete data collection and submission requirements in order to attain their baseline performance.
- Practices will identify opportunities for improvement in the clinical domain and develop a QI plan. Practices will implement their QI plan over a six-month period (Stage B).
- Within three months of completing Stage B, practices will re-measure their clinical performance to determine if the steps they have taken resulted in an improvement (Stage C).



CARDIOLOGY PRACTICE RECOGNITION™

Endorsed by the American College of Cardiology

The **Bridges to Excellence (BTE) Cardiology Practice Recognition** endorsed by the ACC quantifies quality in cardiology practice and is intended to standardize the methodology for recognizing, rewarding and publicly reporting achievement of established performance thresholds.

The BTE Cardiology Practice Recognition is awarded to those cardiology practices that achieve the performance thresholds for recognition established jointly by the ACC and BTE. Upon completion of CPIP Stage A, practices can choose to have their assessment data submitted to IPRO, BTE's performance assessment organization, for evaluation. The quality indicators collected through CPIP are calculated and scored by IPRO for BTE recognition. IPRO reports results:

- **To the practice:** Practices receive notice of their recognition pass/fail status with a scorecard of their results. (See other side for sample scorecard.)
- **To BTE:** Only those practices that achieve a "recognized" status and the individual cardiologists within the recognized practices are reported to BTE. Names of recognized practices and individual cardiologists within the practice will be:
 - Transmitted to selected health plans for associated rewards;
 - Displayed on *CardioSource.org*;
 - Displayed on BTE's consumer portal hosted by HealthGrades.

No clinical data is shared with BTE at any point in the process. The BTE Cardiology Practice Recognition status lasts two years from the date on which IPRO awards recognition.



To learn more, contact cpip@acc.org or go to [CardioSource.org/CPIP](https://www.cardiosource.org/CPIP)

CARDIOLOGY PRACTICE RECOGNITION: SAMPLE 2011 SCORECARD

CLINICAL MEASURES	Practice Performance	Available Points	Points Earned
HTN: Plan of Care: % of HTN patients with BP >= 140/90 with a documented plan of care for HTN during most recent office visit	70%	2.5	1.75
HTN: Blood Pressure Control: % of HTN patients with BP <140/90 OR if BP >= 140/90 prescribed 2 or more anti-hypertensive medications during the most recent office visit	70%	6	4.2
CAD: Blood Pressure Control: % of CAD patients with BP <140/90 OR if BP >= 140/90 prescribed 2 or more anti-hypertensive medications during the most recent office visit	81%	6	4.86
CAD: Lipid Control: % of CAD patients with LDL-C < 100 OR if LDL-C >= 100 have a documented plan of care to achieve LDL-C <100, including at a minimum, prescription of a statin	66%	6	3.96
CAD: Symptom and Activity Assessment: % of CAD patients with documented results of an evaluation of both level of activity AND presence or absence of anginal symptoms	100%	2.5	2.5
CAD: Tobacco Use Cessation Intervention: % of CAD patients who received tobacco cessation counseling intervention if identified as tobacco user	68%	3	2.04
CAD: Antiplatelet Therapy: % of CAD patients who were prescribed aspirin or clopidogrel	99%	3	2.97
CAD w/ prior MI or LVSD: Beta Blocker Therapy: % of CAD patients who also have prior MI or any current or prior LVEF < 40% who were prescribed beta-blocker therapy	97%	3	2.91
CAD w/ DM or LVSD: ACE / ARB Therapy: % of CAD patients who also have diabetes or any current or prior LVEF < 40% who were prescribed ACE inhibitor or ARB therapy	89%	3	2.67
HF: Left Ventricular Ejection Fraction Assessment: % of HF patients for whom the quantitative or qualitative results of a recent or prior LVEF assessment is documented within a 12 month period	84%	6	5.04
HF: Symptom and Activity Assessment: % of visits for HF patients with quantitative results of an evaluation of both current level of activity and clinical symptoms documented	99%	5	4.95
HF: Patient Self-Care Education: % of HF patients who were provided with self-care education on three or more elements of education during one or more visits within a 12 month period	75%	5	3.75
HF w/ LVSD: Beta-Blocker Therapy: % of HF patients with a current or prior LVEF < 40% who were prescribed beta-blocker therapy within a 12 month period	99%	5	4.95
HF w/ LVSD: ACE / ARB Therapy: % of HF patients with a current or prior LVEF < 40% who were prescribed ACE-I or ARB therapy within a 12 month period	100%	5	5
AF: Assessment of Thromboembolic Risk Factors: % of AF patients with an assessment of all of the specified thromboembolic risk factors documented	87%	3	2.61
AF: Chronic Anticoagulation Therapy: % of AF patients at high risk for thromboembolism who were prescribed warfarin during the 12 month reporting period	93%	3	2.79
AF: Monthly INR Measurement for Patients on Warfarin: % of calendar months during the reporting period during which AF patients receiving warfarin therapy have at least one INR measurement made	90%	3	2.7
Total Clinical Points in Program		70	59.65
STRUCTURAL METRICS AND THRESHOLDS			
Accredited Lab: Echo: 100% of outpatient echo procedures are performed in accredited labs	51%	3	0
Accredited Lab: Nuclear: 100% of outpatient nuclear procedures are performed in accredited labs	100%	3	3
Practice documents Implementation of Medicare Part D E-Prescribing Standards released by CMS in April 2008	Yes	2.5	2.5
Practice documents use of a standardized method for collecting, reviewing and using Patient Experience Data	Yes	2.5	2.5
Practice documents Use of a CCHIT-approved EMR	Yes	2	2
At least 50% of the cath and PCI cases performed by the practice were Reported to a Recognized Cath and PCI Data Registry AND/OR practice demonstrates Active Engagement in Data Quality Review for QI Purposes	Yes	1.5	1.5
At least 50% of the ICD cases performed by the practice were Reported to a Recognized ICD Data Registry AND/OR practice demonstrates Active Engagement in Data Quality Review for QI Purposes	Yes No	1 1.5	1 0
At least 50% of cardiologists in practice demonstrate Successful Participation in CMS PQRI in 2009	Yes	1.5	1.5
Total Structural Points		20	15.5
PROFESSIONAL METRICS AND THRESHOLDS			
At least 90% of cardiologists in practice hold current ABIM CV Board Certification	94%	2	2
At least 50% of electrophysiologists in practice hold current ABIM CV Subspecialty Board Certification: EP	100%	1.5	1.5
At least 50% of interventionalists in practice hold current ABIM CV Subspecialty Board Certification: Intervention	57%	1.5	1.5
At least 80% of cardiologists in practice have Documented 100 Category 1 CME hours in prior 2 years	88%	1	1
At least 80% of cardiologists in practice hold current FACC or FAHA Designation	71%	1	0
At least 50% of cardiologists in practice hold current Cardiovascular Subspecialty Designation	24%	0.5	0
At least 50% of nuclear cardiologists in practice are Diplomates of the Certification Board of Nuclear Cardiology	100%	0.625	0.625
At least 50% of non-EP cardiologists in the practice who implant devices have passed the IBHRE certification exam	N/A	0.625	0
At least 50% of cardiologists performing CCT in practice are Diplomates of the Certification Board of CCT	60%	0.625	0.625
At least 50% of cardiologists in practice providing echocardiography services are certified by the NBE	50%	0.625	0.625
Total Professional Points		10	7.875
Total Points in Program		100	83.08
Total Points Required for BTE Cardiology Practice Recognition		60	83.08