

Aetna Institutes of Quality[®] Cardiac facility program requirements

We may select facilities for our Institutes of Quality (IOQ) Cardiac Care network that meet our requirements for quality, value and access.

Our IOQ Cardiac Care Program includes designations in three areas:

1. Cardiac medical interventions (CMI)
2. Cardiac rhythm disorders
3. Cardiac surgery

A facility is designated in one or more of these areas.

We evaluate each service line individually. We look at components relevant to that service line. For example:

- If a facility performs CMI and no CV surgery, the facility is still eligible if it meets the criteria for CMI.
- If a facility performs CMI and CV surgery, the facility must meet criteria for BOTH service lines to earn an IOQ designation.

We review the facility's answers to our survey. We also review other data, including our own.

The facility must be part of the network that serves the member's health plan. And it must meet our hospital requirements.

To earn a designation, a facility is evaluated for:

- Clinical quality
- Cost efficiency
- Network access for specific cardiac programs in its IOQ network

Designation process

1. We invite the facility to complete and submit a Request for Information. It applies to adult members (age 18 and over) for hospital based care only.
2. We review the response to assess clinical eligibility. If the facility does not meet all of our clinical criteria, it isn't eligible for the IOQ network. The evaluation stops there.
3. If the facility meets all of our clinical criteria, we look at whether it also meets our cost efficiency and network access criteria.
4. We'll let the facility know if it's eligible for the IOQ network.
5. If the facility meets all of these requirements, we list it in our DocFind[®] online provider directory.

Data management

To maintain an IOQ designation, a facility must comply with program requirements. Programs must be able to collect, analyze and report data. And they must submit updated information on request. In addition, all facilities must reapply for designation on request. That's typically every three years.

Program processes and facility obligations

A facility must:

- Agree to tell us in writing about any changes in its ability to deliver services to our members
- Maintain staffing and protocol lists that they can share with us on request
- Disclose and explain any closures or suspensions to the satisfaction of our IOQ oversight committee

Facility mandatory program requirements

We consider facilities if they meet all of these clinical requirements. They must also meet our cost requirements.

1. The facility must be credentialed by Aetna and be a part of our provider network for all products offered in the market. It must also have earned accreditation from the appropriate external entities. The following specialists must be credentialed by Aetna and participate in Aetna's provider network for all products offered in the market:
 - a) Intensivists for CMI
 - b) Pulmonologists for surgery
 - c) Cardiologists/electrophysiologists for CMI and rhythm
 - d) Cardiovascular surgeons for surgery
2. All cardiac specialists that practice at the facility must be board certified or board eligible by at least one of the following:
 - a) American Board of Surgery (ABS)
 - b) American Board of Medical Surgery (ABMS)
 - c) American Board of Physician Specialties (ABPS)
 - d) American Board of Medical Specialties (ABMS)
 - e) American Board of Thoracic Surgery (ABTS)
3. The facility must participate with at least one of the following organizations focused on patient safety and quality improvement:
 - a) Centers for Medicare & Medicaid Services (CMS)
 - b) Premier Hospital Quality Incentive Demonstration (HQID) Project
 - c) Institute for Healthcare Improvement (IHI)
 - d) Leapfrog Group

- e) American College of Cardiology's National Cardiovascular Data Registry (ACC-NCDR)
 - f) Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
 - g) Surgical Care Improvement Project (SCIP)
 - h) D2B: An Alliance for Quality
 - i) Other state or regional reporting and quality improvement program
4. The facility must have accreditation from at least one of the following organizations:
 - a) The Joint Commission (TJC)
 - b) Healthcare Facilities Accreditation Program (HFAP)
 - c) American Osteopathic Association (AOA)
 - d) National Integrated Accreditation for Healthcare Organizations (NIAHO)
 - e) Det Norske Veritas (DNV)
 5. The facility must provide services or referrals to help patients with smoking cessation.

The following items are not questions on the survey. It is criteria for participation in CMI and Surgery or CMI and Rhythm IOQs based on results.	
CMI/Surgery/ Rhythm	<i>If a facility performs CMI but no CV surgery or rhythm, the facility is still eligible if they meet the criteria for CMI.</i>
CMI/Surgery	<i>If a facility performs CMI and CV surgery, the facility must meet criteria for the surgery service line to be selected as an IOQ for BOTH CMI and CV surgery. NOTE: If a facility is designated as an IOE Heart Transplant facility, they will automatically be designated as a Cardiac IOQ facility.</i>
CMI/Rhythm	<i>If a facility performs CMI and rhythm, the facility must meet criteria for the rhythm service line to be selected as an IOQ for BOTH CMI and rhythm.</i>

Cardiac medical intervention mandatory program requirements

1. The facility must have performed at least 200 percutaneous coronary interventions (PCIs) (i.e., angioplasty or stent procedures) in the most recent reportable 12 months.
2. The facility must have a risk adjusted morbidity rate of less than or equal to 1 percent for cardiac catheterization in the most recent reportable 12 months. [cardioversion/defibrillation, unplanned use of mechanical circulatory support, and major dissection, emergent surgical revascularization and arterial rupture causing hemopericardium and tamponade necessitating emergent pericardiocentesis, stroke]
3. The facility must have a risk adjusted mortality rate of less than or equal to 3 percent for PCI patients in the most recent reportable 12 months.

Rhythm disorder mandatory program requirements

1. The facility must have performed at least 125 cardiac resynchronization therapy implantation procedures (for example, pacemaker or defibrillator) in the most recent reportable 12 months.
2. The facility must have performed at least 100 ablations (includes intracardiac, operative, endoscopic) in the most recent reportable 12 months.
3. The facility must have a risk adjusted morbidity rate of less than or equal to 1.5 percent for elective cardiac resynchronization therapy device implantation procedures (for example, pacemakers and ICD) in the most recent reportable 12 months. (Do not include "Code Blue.") [bleeding/hematomas, infections, pneumothorax, emergent surgical revascularization and arterial rupture causing hemopericardium and tamponade necessitating emergent pericardiocentesis]

Cardiac surgery mandatory program requirements

1. The facility must participate in the Society for Thoracic Surgeons (STS) database or a clinical database with broad state, regional or national representation. The organization must provide regular performance reports based on benchmarked data.
2. If the facility reports to STS and performs Coronary Artery Bypass Graft (CABG) surgery and/or Aortic Valve Replacement (AVR) , they must have a STS STAR Rating (Quality Aggregate Rating) of greater than or equal to STS 2 for CABG and/or AVR in the most recent reportable 12 months.
3. For any facility that does not have a STS STAR Rating for CABG, AVR and/or MVR, it must meet the requirements below:
 - All cardiac surgeons must be affiliated with STS star rating.
 - The facility must have performed at least 200 open heart surgery cases in the most recent reportable 12 months. For example: Coronary Artery Bypass Graft (CABG) surgery; Aortic Valve Replacement (AVR); and Mitral Valve Replacement (MVR).
 - The facility must have a risk adjusted mortality rate of less than or equal 2 percent for Coronary Artery Bypass Graft (CABG) surgery, Aortic Valve Replacement (AVR) and Mitral Valve Replacement (MVR) in the most recent reportable 12 months.
 - The facility must have a risk adjusted morbidity rate of less than 14 percent for Coronary Artery Bypass Graft (CABG) surgery, Aortic Valve Replacement (AVR) and Mitral Valve Replacement (MVR) in the most recent reportable 12 months. [stroke/cerebrovascular accident, surgical re-exploration, deep sternal wound infection rate, postoperative renal failure, prolonged intubation (ventilation)]
 - The facility must have an inpatient length of stay of less than six days for Coronary Artery Bypass Graft (CABG) surgery, Aortic Valve

Replacement (AVR) and Mitral Valve Replacement (MVR) in the most recent reportable 12 months.

4. The facility must have risk adjusted all-cause readmission rate of less than 14 percent within 30 days after initial Coronary Artery Bypass Graft (CABG).
5. The facility must have risk adjusted all-cause readmission rate of less than 16 percent within 30 days after initial Aortic Valve Replacement (AVR).
6. The facility must have risk adjusted all-cause readmission rate of less than 16 percent within 30 days after initial Mitral Valve Replacement (MVR).

Appendix

1. The risk adjusted mortality rate (RAMR) is a mortality rate that is adjusted for predicted risk of death. This includes the percent of patients aged 18 years and older who have CABG, AVR or MVR surgery and die. It also includes deaths occurring after discharge from the hospital, but within 30 days of the procedure.

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