

Aetna Institutes of Quality® Cardiac Care Program

Facility requirements

We designate certain facilities that meet Aetna's requirements for clinical quality, value and access for cardiac care as part of our Institutes of Quality (IOQ) Cardiac Care Program network. Our IOQ Cardiac Care Program includes designations in three areas: cardiac medical interventions, cardiac rhythm disorders and cardiac surgery. A facility may be designated in one or more of these areas. We evaluate each service line individually on components relevant to that service line. For example:

- 1. If a facility performs CMI and no CV surgery, the facility is still eligible if it meets the criteria for CMI.**
- 2. If a facility performs CMI and CV surgery, the facility must meet criteria for BOTH service lines to be selected as an IOQ.**

If a facility meets the minimum program requirements, we then evaluate its response to our Request for Information (RFI), as well as publicly available and Aetna internal data.

The Institutes of Quality (IOQ) guidelines only apply to adult members (age 18 and over).

I. Requirements for consideration

Volume:

To be eligible as an IOQ Cardiac Care facility, 12-month procedure volumes must meet or exceed the following:

- Cardiac medical intervention IOQ designation – 200 percutaneous coronary interventions (PCIs) (also referred to as angioplasty or stent procedures)
- Cardiac surgery IOQ designation – 200 open heart surgery cases (for example, coronary artery bypass graft surgery and heart valve replacement surgery)
- Rhythm disorder IOQ designation – 125 cardiac resynchronization therapy implantation procedures (for example, pacemaker, defibrillator)

Participating status of facility and physicians delivering cardiac care:

Facility/facilities must:

1. Be credentialed by Aetna, participate in Aetna's provider network for all products offered in the market and be accredited by appropriate external entities
2. Provide cardiac care services in the emergency center staffed by physicians 24/7
3. Have at least 90 percent board certification for specialists treating primarily cardiac disease
4. Have their anesthesiologists, pathologists and radiologists treating patients for cardiac services participate in Aetna's provider network for all products offered in the market, where feasible. Aetna Network Management may deviate from this requirement where business needs and/or inadequate access exist
5. Provide cardiac patient care by physicians participating with Aetna products:
 - Intensivists
 - Pulmonologists
 - Cardiologists
 - Cardiovascular surgeons or internists

6. Have the following clinical services available for consultation:

- Anesthesiology
- Infectious disease
- Radiology
- Intensive care unit
- Nutrition counseling/education

7. Make appropriate referrals to structured smoking-cessation programs and cardiac rehabilitation programs

8. Obtain and evaluate patient satisfaction information

9. Have 30 day mortality for Heart Failure $\leq 16\%$

10. Have 30 day mortality for AMI (Heart Attack) $\leq 16\%$

11. If the facility is applying for Cardiac Surgery, must have In-Hospital Coronary Artery Bypass Graft surgery mortality $\leq 2\%$

II. Evaluation criteria in addition to required elements

Category	Description	Criteria
Structure		
Accreditation, certification and recognition	<p>Specialist physicians credentialed for implantable cardioverter defibrillator (ICD)</p> <p>Facility certification for disease-specific care by the Joint Commission</p> <p>Facility accreditation by the Society of Chest Pain Centers -- www.scpcp.org</p> <p>Facility cardiac imaging and nuclear cardiac imaging services accredited</p> <p>Facility rehabilitation program accredited</p> <p>Facility is recognized by the Magnet Nursing Services Recognition Program for Excellence in Nursing Service -- www.nursecredentialing.org</p> <p>Society of Thoracic Surgeons (STS) STAR Rating (Quality Aggregate Rating) Score www.sts.org</p>	<p>ICD standards set by implantation criteria, Heart Rhythm Society 2011 Clinical Competency Statement -- www.abms.org</p> <p>Certification for myocardial infarction and/or heart failure</p> <p>Imaging accreditation by either the American College of Radiology or Intersocietal Accreditation Commission</p> <p>Certified by the American Association of Cardiovascular and Pulmonary Rehabilitation</p> <p>STS 2 or STS 3 will be considered for selection</p>
Patient safety	<p>Submit and publicly report to The Leapfrog Group Hospital Survey or an alternate equivalent, publicly reported measurement system -- www.leapfroggroup.org</p> <p>Voluntarily report to the Joint Commission on Sentinel Events – www.jointcommission.org/sentinel_event.aspx</p>	<p>Facility publicly reports to Leapfrog Group or another like initiative</p>

Category	Description	Criteria
Quality improvement programs	External participation in specific national programs to improve cardiac care	Participation in Centers for Medicare & Medicaid Services (CMS)/Hospital Quality Incentive Demonstration (HQID) Project (www.qualitydemo.com) or other state or regional reporting and quality improvement program
Behavioral health	Depression screening	Formal process to screen cardiac patients
Outcomes		
Mortality (death) rates	Mortality rates after procedure or stay for certain cardiac conditions: acute myocardial infarction, heart failure, cardiac catheterization, angioplasty, coronary artery bypass graft surgery, heart valve surgeries and resynchronization therapy	Rates better than published national averages
Complications and readmissions	Complication rates following cardiac procedures Risk-adjusted readmissions to the hospital after cardiac care	Complications after angioplasty and diagnostic cardiac catheterization include: vascular complication Complications after coronary artery bypass graft surgeries include: need to return to the operating room, kidney problems, stroke, wound infection and the need to stay on a ventilator machine for a prolonged time
Process		
Adherence to evidence-based guidelines: health organizations	Programs developed by the American College of Cardiology and the American Heart Association that encourage adherence to evidence-based guidelines related to cardiac care: - Get With the Guidelines Program for Heart Failure - Get With the Guidelines Program for Coronary Artery Disease - D2B: an Alliance for Quality™ (Door to Balloon) National Quality Forum-approved (NQF-approved) measures around specific medication use during and after hospitalization and advice and counseling on smoking cessation -- www.hospitalcompare.hhs.gov and www.qualityforum.org	Recognition of participation in programs: NQF measures for acute myocardial infarction (AMI), coronary artery disease (CAD) care and heart failure (HF) Minimum requirements in place for each measure, with enhanced score for higher percent
Access and cost-effectiveness		
Overall network access and	Evaluation of Aetna adult members' current utilization, cardiac care needs and geographic access as measured by average travel distance to emergency and non-	Facilities that are more geographically accessible to and are utilized more by Aetna members are given additional consideration

Category	Description	Criteria
capacity	emergency health care services in Aetna's participating network	
Cost-effectiveness	Evaluation of cost per risk-adjusted case based upon Aetna data – this data uses the last 12 months of Aetna cost data and is adjusted to take into consideration relevant risks, such as age, gender and other conditions of the patient.	If one facility is more cost-effective than other comparable facilities, the more cost-effective facility will be selected – however, depending on network access, capacity and other competitive needs, Aetna may designate other facilities that have met the other evaluation criteria