

Aetna Institutes of Quality[®] Cardiac Care Facilities

Program Requirements

We designate certain facilities that meet Aetna's designation requirements for clinical quality, value and access for cardiac care as part of our Institutes of Quality (IOQ) Cardiac Care Network. Our IOQ Cardiac Care program designations include cardiac medical interventions, cardiac rhythm disorders and cardiac surgery. A facility may be designated in one or more of these areas. 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.

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 – 200 percutaneous coronary interventions (PCIs) (also referred to as angioplasty or stent procedures)
- Cardiac Surgery IOQ – 100 open heart surgery cases (for example, coronary artery bypass graft surgery and heart valve replacement surgery)
- Rhythm Disorder IOQ – 50 permanent pacemaker implantation procedures and 50 automatic cardioverter defibrillator implantation procedures

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 applicable on-site availability (seven days a week) to cardiologists, cardiovascular surgeons, and electrophysiologists. An acceptable percentage, as determined by Aetna's local market, of the Facility's cardiovascular surgery/services provided by the above referenced specialists must be performed by specialists credentialed by Aetna and participating in Aetna's provider network for all products. Aetna network management may deviate from this requirement where business needs and/or inadequate access exist. In addition, at least 50 percent must be board certified in specialties treating primarily cardiac disease.
3. Anesthesiologists, Pathologists, and Radiologists treating patients for cardiac services are required to 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.
4. Have availability of emergency response teams 24 hours a day, 7 days a week. This includes:
 - An advanced cardiac life support (ACLS) certified physician
 - Policies for and specialists available to perform urgent and emergency primary percutaneous coronary interventions PCIs when applying for Cardiac Medical Intervention IOQ designation.

- Policies for and specialists available to perform cardiac surgery when applying for Cardiac Surgery IOQ designation.
- The emergency department must have on-call response teams available to perform urgent and emergency invasive cardiovascular procedures.
5. Provide daily rounds to all cardiac patients in intensive care unit by:
 - Intensivists
 - Pulmonologists
 - Cardiologists
 - Cardiovascular surgeons or internists
 6. Provide a clinical pharmacist daily medical review for cardiac patients in intensive care units.

Scope of cardiac and related services:

1. Facility must provide the adult cardiac services required to meet patient care needs of the Aetna IOQ designation. These services include:
 - Emergency care
 - Medical care of cardiac conditions (for example, heart failure, acute myocardial infarction)
 - PCI
 - Open heart surgery
 - Care of heart rhythm disorders and placement of implantable cardioverter defibrillator for the most recent 12 consecutive calendar months
2. The following clinical services must be available for consultation and daily primary care:
 - Anesthesiology
 - Pulmonology
 - Radiology
 - Infectious disease
 - Psychology/behavioral health
 - Intensive care unit
 - Specialized equipment
 - Nutrition counseling/education
 - Pharmacist
3. Facility must make appropriate referrals to structured smoking-cessation programs and cardiac rehabilitation programs at the facility, or an appropriate facility.

Quality and clinical outcomes and reporting:

1. Within the most recent 12 calendar months of data available, the facility's mortality and complication rates for selected conditions and procedures must be less than or equal to the minimums established, based on evidence available in the literature.
2. Facility must have a quality improvement program with initiatives focused on continuously measuring and improving cardiac care. The program must have an automated data collection system and/or personnel in place.
3. Facility must perform patient satisfaction surveys and responsive improvement activities.

4. Facility must report to The Leapfrog Group, or an equivalent patient safety and quality initiative.
5. Facility must report cardiovascular case information to external registries for cardiology procedures established by the American College of Cardiology and the Society of Thoracic Surgeons, or an equivalent state or regional reporting and quality improvement registry.

II. Evaluation criteria in addition to required elements

If a facility meets all requirements under Section I -- Requirements for consideration -- Aetna evaluates and scores the facility's remaining responses on the RFI submitted according to the criteria set forth below.

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/dnn/</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 2004 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>
Patient safety	<p>Submit and publicly report to The Leapfrog Group Hospital Survey on The Leapfrog Group's website (an alternate equivalent, publicly reported measurement and scoring system will be considered) -- www.leapfroggroup.org</p> <p>Voluntarily reports to the Joint Commission on Sentinel Events -- www.jointcommission.org/SentinelEvents/</p>	<p>Scores level of progress on patient safety measures, computerized physician order entry and on treatment safety for cardiovascular services</p>
Quality improvement programs	<p>External participation in specific national programs to improve cardiac care</p>	<p>Participation in Institutes for Healthcare Improvement (IHI), Centers for Medicare & Medicaid Services (CMS)/Premier Hospital</p>

Category	Description	Criteria
		Quality Incentive Demonstration (HQID) Project -- www.ihl.org/IHI/Programs/Campaign www.qualitydemo.com
Behavioral health	Depression screening	Formal process or tool to screen cardiac patients
Outcomes		
Mortality (death) rates	In-hospital and 30 days after procedure or stay for certain cardiac conditions, including acute myocardial infarction, heart failure, cardiac catheterization, angioplasty, coronary artery bypass graft surgery, heart valve surgeries and selected rhythm procedures, including ICD insertion	Rates better than published national averages
Complications and readmissions	Overall and specific complication rates following cardiac procedures during stay and up to 30 days after procedures Risk-adjusted readmissions to the hospital after cardiac care	Complications after angioplasty and diagnostic cardiac catheterization include: vascular complication Complications after open heart 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
Success of procedures	Percentage of successful angioplasty procedures where the blood vessels have improved blood flow and there were no complications after the procedure (death, heart attack or emergency surgery) -- www.ncdr.com Incidence of patients undergoing diagnostic heart catheterizations who are found to have no or less severe disease than expected	Meet benchmarks
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 (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) and coronary artery disease (CAD) care, heart failure (HF) Minimum requirements in place for each measure with enhanced score for higher percent If facility does not report to CMS but can report measures, those are considered

Category	Description	Criteria
Adherence to evidence-based guidelines: Physician specialty groups	Timely completion of cardiac studies for patients who have heart attacks Percentage of patients undergoing angioplasty with stents or coronary artery bypass graft surgery who received appropriate medications during hospitalization and upon discharge Percentage of patients having coronary artery bypass graft surgery in which certain techniques are used	Percentage of patients with heart attacks meeting certain specifications who are taken to the heart catheterization study lab within 90 and 30 minutes Medications recommended by medical specialty groups
Access and Cost Effectiveness		
Overall network access and capacity	Evaluation of Aetna members' current utilization, cardiac care needs and geographic access as measured by average travel distance to emergency and non-emergency health care services in Aetna's participating network	Facilities that are more geographically accessible to and are utilized more by Aetna members are given additional consideration
Cost effectiveness	Evaluation of cost per risk-adjusted case based upon Aetna data – this data uses the last 24 months of Aetna cost data and is adjusted to take into consideration relevant risks, such as age, sex and other conditions of the patient using a product known as Symmetry Episode Risk Groups®	If one facility is more cost-effective than other comparable facilities, the more cost-effective facility will be selected -- depending on network access, capacity and other competitive needs, Aetna may designate other facilities that have met the other evaluation criteria

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