

Instructions for using NCDR Data to complete ABIM's Self-Directed PIM

If you hold certification in cardiovascular disease, interventional cardiology or clinical cardiac electrophysiology, you can use American College of Cardiology (ACC) NCDR data to complete ABIM's Self-Directed PIM and meet ABIM's Self-Evaluation of Practice Performance requirement for Maintenance of Certification.

Four ACC-NCDR registries can be used to complete the Self-Directed PIM, including:

- CathPCI Registry
- ACTION Registry (for NSTEMI/STEMI patients)
- CARE Registry (for carotid stenting procedures)
- ICD Registry (implantable cardioverter defibrillators)

The following instructions using data from the CathPCI Registry will guide you on how to use NCDR data to complete the Self-Directed PIM.

You will need your ACC-NCDR CathPCI Registry Outcomes Report to complete the PIM. ABIM recommends that you print the report prior to beginning the PIM. Quarterly reports are available from NCDR at https://www.ncdr.com/WebNCDR/default_SSL.aspx. You must log in using your NCDR password to retrieve the report.

To order and complete the Self-Directed PIM you must be enrolled in ABIM's Maintenance of Certification program. You may order the Self-Directed PIM from your home page within the "Physician Login", which is created when you enroll in Maintenance of Certification:

- Log in to your home page at <https://www.abim.org/online/>
- Enter your Candidate Number and Password.
- From your home page click on **Order Practice Improvement Module** and from the select module bar, choose **Self-Directed**. Then click **Place Order**.
- The Self-Directed PIM will now be accessible from your home page. To begin working on the module click **work on module** under the Self-Directed PIM.

After reviewing the **Requirements** section, click on **Enter Performance Data** and begin.

Below are **sample instructions** on how to enter the performance data in the Self-Directed PIM. Please review and print for easy reference:

Enter Performance Data

Enter the **source** of your data.

Medical Society

Select medical society

» Which medical society is the source of your data?

American College of Cardiology: National Cardiovascular Data Registry (ACC-NCDR)

Select ACC

» Enter the name of your data source

ACC-NCDR/CathPCI

Enter ACC-NCDR/CathPCI

» Describe your quality improvement (QI) project for this PIM.

Beginning a new QI project

Reporting on a recently completed QI project

Is this a new (i.e. just beginning) or recently completed QI project? Click the appropriate button.

» During what year(s) was the baseline data for this new QI project collected? Data for this measure **can NOT be more than 24 months old** at the time you begin this PIM.

Data collection **began**: Month Year

Data collection **ended**: Month Year

If this is a new QI project, enter the beginning dates and end dates for the data you will be using.

» During what year(s) was the baseline data for this recently completed QI project collected? Data for this measure **can NOT be more than 36 months old** at the time you begin this PIM.

Data collection **began**: Month Year

Data collection **ended**: Month Year

If this is a completed QI project, enter the beginning dates and end dates for the data you will be using.

» Enter the method used for data collection. Check all that apply.

Medical record (chart) audit

Check medical record (chart audit)

» Enter the **target condition** you are reporting on

CAD

Enter CAD

» Enter the **measure** you are reporting on (e.g., proportion of STEMI patients with DBT<=90 minutes).

Proportion of STEMI patients with DBT<= 90 minutes

What is the first measure you will be using? You will have to report on a minimum of 5 measures. Many cardiologists use the measures from the CathPCI executive summary.

» What is the **guideline or consensus statement** on which this measure is based?

What guideline or consensus statement? Almost all the measures are based on ACC/AHA guidelines

» Enter the number of patients reviewed. A minimum of **10** is required, up to 1000000.

You can obtain this data from your NCDR report. See sample below.

» Enter the rate of results/compliance.

%

You can obtain this data from your NCDR report. See sample below.

PCI
Procedure Indications
City Hospital (999998) - 2008Y1

Number of patients reviewed

Rate of results/compliance

To determine the number of patients reviewed and the rate of results/compliance you need for the self-directed PIM, go to your NCDR report and the appropriate line number for the measure you have chosen. For example, for proportion of STEMI patients with DBT<=90 minutes it is line 1771. From the report determine the measurement period – for this example well look at the full year.

Line No.	Indications	2008Q1 (A)										My Hospital R4Q			LV=5001+ R4Q		All Hospitals R4Q			
		Num	Den	%	Num	Den	%	Num	Den	%	Num	%	Num	%						
1758	Indications																			
1759	Lesion greater	697			2,861															
1760	De novo	564	697	80.9	2,346	2,861	82.0	106,347	87.6	415,475	89.1									
1761	Restenosis	69	697	9.9	284	2,861	9.9	9,189	7.6	33,219	7.0									
1762	Denovo/Reste	28	697	4.0	95	2,861	3.3	3,347	2.8	12,332	2.6									
1763	Subacute Thr	19	697	2.7	114	2,861	4.0	1,172	1.0	4,551	1.0									
1764	Acute PCI	697			2,861			121,449		471,530										
1765	No	448	697	64.3	1,646	2,861	57.5	90,683	74.7	326,636	69.3									
1768	Primary PCI for STEMI	50	716	7.0	67	715	9.4	56	733	7.6	75	697	10.8	248	2,861	8.7	11,189	9.2	60,811	12.9
1767	Rescue PCI	1	716	0.1	0	715	0.0	2	733	0.3	1	697	0.1	4	2,861	0.1	1,219	1.0	3,713	0.8
1768	Facilitated PCI	17	716	2.4	20	715	2.8	24	733	3.3	10	697	1.4	71	2,861	2.5	1,370	1.1	4,775	1.0
1769	Non-STEMI/Unstable Angina	305	716	42.6	232	715	32.4	192	733	26.2	163	697	23.4	892	2,861	31.2	16,988	14.0	75,595	16.0
1770	ST MI onset to Ball/Stent Deploy	34			52			43			73			202			6,967		43,996	
1771	<= 90 minutes	30	34	88.2	43	52	82.7	32	43	74.4	60	73	82.2	165	202	81.7	5,067	72.6	31,797	72.3
1772	<= 120 minutes	32	34	94.1	50	52	96.2	41	43	95.3	69	73	94.5	192	202	95.0	6,078	87.2	38,538	87.6
1773	Mean	192			84			170			64			128		0.0	108		110	
1774	Median	57			65			65			53			*			70		72	
1775	Standard Deviation	751			152			655			41			*			310		385	
1776	Door-Door-Deployment time for transfers	15			14			13			1			43			3,671		14,291	
1777	<= 90 minutes	0	15	0.0	1	14	7.1	0	13	0.0	0	1	0.0	1	43	2.3	310	8.4	1,580	11.1
1778	Mean Door to Door Transfer Time				57									57		0.0	29		15	
1779	<= 120 minutes	3	15	20.0	4	14	28.6	0	13	0.0	0	1	0.0	7	43	16.3	1,035	28.2	4,627	32.4
1780	Mean Door to Door Transfer Time	77			69									73		0.0	56		29	
1781	Mean Door to Ball/Stent Transfer Time	155			146			369					326			0.0	226		140	
1782	Mean Door to Door Transfer Time	112			106			332					299			0.0	159		99	
1783	Median																0		0	
1784	Standard Deviation	33			39			363						*			171		165	

» Do you believe the results for this measure are reliable?

Yes

No

Because these results are from a registry the answer is likely to be yes.

» Do you believe the results for this measure are a valid reflection of your practice?

Yes

No

Because these results are from a registry and outcomes-based the answer is likely to be yes.

Examine Systems

The *examine systems* section of the self-directed PIM was designed for the most part for practices in the ambulatory setting. For many interventional cardiologists, some questions will not apply and they can be marked “not applicable.”

1. Click on the “Examine Systems” hyperlink and read the instructions.

Identifying Important Conditions Seen in the Practice

2. Enter information on the most frequent conditions among the patients that you care for in your cath lab.
 - “Cardiovascular Disease” is likely to be first.
 - “Hypertension” is likely to be second.
 - “Diabetes” is likely to be third.
3. Answer the remaining questions on this page, and hit “next”
4. The next several screens require that you describe the systems that operate in your practice or in the facility in which you provide cardiac care. When you have completed this survey, return to the menu. Again, it is possible that many of the questions are not applicable. Complete as many questions on each of the following pages as are applicable to your practice/facility.

Identifying Important Conditions Seen in the Practice
Patient Tracking and Registry Function
Care Management and Patient Self-Care Education
Access and Coordination
Electronic Prescribing
Test Tracking
Referral Tracking
Interoperability
Performance Monitoring and Quality Improvement
Quality Culture of the Practice

5. You may now “request a report.”

Develop Improvement Plan

ABIM will review your data and send you a report. You can then continue to complete the PIM. When you are ready to do so, go to the “[Develop Improvement Plan](#)” hyperlink and review the instructions.

Target Measure for Improvement

- The PIM will summarize the results you submitted on the five measures. Choose **ONE MEASURE** (by checking the box to the left of it) that you want to improve.

Practice Structure/System Enhancements

- Read about practice structure/system enhancements.

YOUR Practice Structure: System Enhancements

The PIM will recap your answers to the questions from the Examine Systems section. Reviewing this information is meant to provide a window into what is currently possible in some systems, and to help you select a change idea for a new QI project, or to reflect on potential “system” issues in a completed QI project.

- The PIM will organize your answers from the Examine Systems section into seven (7) steps/practice processes, each representing a key area to consider when implementing systematic changes to your practice for improved patient care.
- Steps are shown in a logical order for making change—working on earlier steps first is likely to make later steps more effective.
- Click on any step to jump to the underlying enhancements for the process. There are multiple elements for each step that can serve as specific change ideas in your QI Plan.
- Select **at least one but up to three (3)** enhancements for this improvement cycle by checking the boxes to the left of the appropriate elements. Most likely, your enhancements will fall under one step/process. However, it

is possible to select elements from various steps, if appropriate. If you are reporting on a completed QI project, select those items you believe were or could have been important systems factors in the QI project.

- Enhancements which are listed first, and appear in bold type, are those you might consider adding or improving first if they are not already working well in your practice. For your reference, a "1" will appear in the "Yes Responses" column for elements which you had indicated were already working well in your practice.

Quality Improvement Plan

1. Set a Performance Goal:

Review your targeted measure and your current performance rate below. Then, establish a feasible goal for your performance on this measure once your QI plan has been implemented.

Measure

STEMI patients with DBT<=90 minutes

- » What performance goal will you set for this improvement cycle? %

Current Performance
XX%

You need to choose a performance goal for a new project, or report the goal for a completed QI project.

The PIM will automatically populate this information based on the data you entered and the measure you chose.

2. System Enhancements Selected to Support Targeted Measure

#	N/A	0	1	2	3	4	5	6	7	8	9
# 1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# 2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# 3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If you did not select any system enhancements, or you selected fewer than three (3), choose "N/A" for #1, 2 or 3 as needed.

3. Plans for Focused Re-Measurement:

You will need to perform or report on a focused re-measurement to determine the impact of the changes you make or made in your practice system.

- » What source will you use for your re-measurement data?

Medical Society

- » How will the data be collected? (Check all that apply.)

Chart review/medical record audit

- » When do you plan to perform your focused re-measurement?

Month Year

If this is a completed QI project, report the date the re-measurement occurred

- » What barriers do you currently encounter that contribute to your baseline performance result?

Enter any potential barriers

- » In addition to the system element(s) above, do you have other change ideas that may help bring about improvement?

No, I don't have other change ideas at this time.

Yes, I have the following change ideas:

Enter any change ideas

Report Results

- Enter results (from the appropriate line on the NCDR/CathPCI report) in the “actual rate you obtained after re-measurement” field and answer the remaining questions on that page.
- The next several screens require that you describe your QI efforts:
QI team.
Enhancements to your practice systems.
Your QI intervention.

Submit Results

Return to the menu and hit “submit.” You are done!