



## Demonstrating Practice Quality with the Cardiovascular Practice Improvement Pathway

By David May, MD, PhD, FACC



The demonstration of practice quality is the sine qua non of enhanced patient care. This is why our practice in Lewisville, Texas, began participation in the American College of Cardiology's (ACC) Cardiovascular Practice Improvement Pathway (CPIP). This program assesses, through a careful review of practice performance, success in meeting key cardiovascular quality metric indicators. By demonstrating a high level of compliance in achieving these measures, practices can request preferred provider status from payers. We hope this will lead to less need for precertification and perhaps, enhanced reimbursement.

CPIP has three stages. In Stage A, data is compiled in three domains and entered via an online program on *CardioSource*. Diagnoses eligible for inclusion include hypertension, stable coronary artery disease, heart failure and atrial fibrillation/atrial flutter. Additional quality information on group practice performance, such as whether the practice has systems in place that promote patient-centered care, are recorded. CPIP also measures individual physicians' commitment to professionalism by looking at board certification and membership in professional medical societies such as the ACC.

Following completion of Stage A, practices can apply to the ACC-endorsed Bridges to Excellence (BTE) Cardiology Practice Recognition program. Groups meeting the performance thresholds established jointly by BTE and the ACC will be awarded the

two-year recognition status.

In Stage B, development and implementation a quality improvement plan is completed by using the performance reports engendered by the Stage A review. Groups may use this method to demonstrate the rapid correction of any deficits identified in Stage A.

In Stage C, practices are able to apply for American Board of Internal

abstracted records. We received our performance evaluation immediately and are now waiting to achieve BTE recognition.

Having completed CPIP Stage A, I can say that the process has provided our practice with a better understanding of our practice patterns and instilled staff with an appreciation for quality monitoring. For example,

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Medicine Maintenance of Certification (MOC) credits after the reassessment of their performance following implementation of the quality improvement plan. Successful practices will receive 20 MOC points per participating physician under the Self-Evaluation of Practice Improvement requirement.

My practice used the collection forms provided to determine the data elements we would need to complete the CPIP investigation. We taught our nursing staff where those data elements could be found within our electronic health record (EHR), enhancing their understanding of our EHR. An ancillary benefit was better overall use of the EHR in our clinic. Then, using chart abstraction, we collected data, a process lasting about a month. Given our practice size of six physicians and the total number of patient diagnoses required, we completed about 450 chart

we learned that, although we provide high-quality care, we can improve our care documentation in specific areas. Since documenting care is critical in the current health care environment, we have already taken steps to improve this deficiency. CPIP allowed us to "see" that gap and plug it.

CPIP is a fabulous program to assist in the measurement of quality. It isn't just aimless data collection – it methodically, meaningfully, exhaustively measures quality. We are happy to be participating in the program and hope to reap additional rewards by achieving the quality thresholds necessary to earn the BTE Cardiology Practice Recognition.

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Learn more about CPIP at [CardioSource.org/CPIP](http://CardioSource.org/CPIP).

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