



ACCF Public Reporting Program Requirements

The mission of the NCDR® is to improve patient care and heart health for all through trusted, real-world evidence.
The NCDR® is an initiative of the American College of Cardiology Foundation.

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Contents

Public Reporting (PR) of National Cardiovascular Data Registry (NCDR) Data	3
Consenting Process	4
Program Metric Portfolio	5
Data Publishing Criteria For Public Reporting	7
Data Cycle/Reporting Frequency.....	8
Withdrawing Public Reporting Consent.....	9
International Hospitals	9

Public Reporting (PR) of National Cardiovascular Data Registry (NCDR) Data

The American College of Cardiology (ACC) offers a voluntary option for NCDR registry participants (“Sites”) to publicly report clinically based hospital-level performance measures.

Sites participating in an NCDR registry with a public reporting option and meet the registry-specific eligibility criteria, including that all accounts are current and all fees are paid in full for any/all registries, will be given the opportunity to publicly report data.

By opting into publicly reporting data, Sites agree to permit the ACC to disseminate their star score results for a pre-defined set of measures to the public.

Consenting Process

Sites that wish to participate in a registry's public reporting option must sign a Data Release Consent Form (DRCF) with the ACC:

- The DRCF authorizes ACC to publish a Site's results, on behalf of the Site, for all registry public reporting measures in the manner(s)/location(s) determined appropriate by ACC – including both ACC-controlled as well as partner-owned publicly accessible websites.
- Sites participating in more than one registry will be required to complete a separate DRCF for each registry for which they will report data to the public.
- It is permissible for a Site participating in multiple registries to only engage in the public reporting option for one registry. If that option is selected, then only one DRCF for the corresponding registry is required.
 - *Example: A Site participating in both the EP Device Implant Registry and the CathPCI Registry will be required to execute a DRCF for each in order to publicly report data from both registries. Alternatively, the Site may choose to only report data from the EP Device Implant registry and if this option is chosen, the site will only be required to execute a DRCF for that one registry.*

ACCF Public Reporting Program Requirements

Program Metric Portfolio

A Site, which consents to have their data publicly reported for a registry, is agreeing to the publishing of ALL public reporting measures within that registry. Reporting individual measures within a registry is not supported.

The pool of measures currently available and approved for public reporting are displayed in the following table.

Registry	Metric Name
EP Device Implant Registry	Heart Failure (HF)/Left Ventricular Systolic Dysfunction (LVSD): ACE/ARB Therapy at Discharge
	Coronary Artery Disease/Myocardial Infarction: Beta Blocker at Discharge
	HF/LVSD: Beta Blocker at Discharge
	Composite: Discharge medications (ACE/ARB and beta blockers) in eligible ICD implant patients
	Quality of Care Composite: Overall ranking of care, which is calculated using a statistical model with the measures below. - Composite: Discharge Medications (ACE-I/ARB/ARNI and beta blockers) in Eligible ICD/CRT-D Implant Patients (NQF Endorsed Performance Measure) - Proportion of ICD/CRT-D patients that fulfill class I, IIa, or IIb guideline indications
CathPCI Registry	Aspirin at discharge
	P2Y12s at discharge
	Statins at discharge
	Composite: Discharge medications (Aspirin, P2Y12 inhibitor, and statin) in eligible PCI patients
	Quality of Care Composite: Weighted measure comprised of six component measures (listed below), which is calculated using a statistical model. - PCI in-hospital risk-standardized mortality (patients without cardiogenic shock or cardiac arrest) - PCI in-hospital risk-standardized bleeding (all patients) - PCI in-hospital risk-standardized acute kidney injury (all patients) - PCI within 90 minutes (patients with STEMI) - Composite: Guideline medications prescribed at discharge - Cardiac rehabilitation referral
Chest Pain – MI Registry	Overall Defect Free Care Composite (All Heart Attack Care)
	STEMI Performance Composite (Urgent Heart Attack Care)

The final list of measures that will be included in the subsequent publication, as well as each Site's performance and the corresponding public star score display, will be made

ACCF Public Reporting Program Requirements

available on the Site's NCDR public dashboard at least 30 days prior to publication to the public.

In addition, supporting measure documentation (ex. measure calculation/categorization details) will be provided on the private side of NCDR.com to coincide with the measures becoming available on the NCDR dashboard.

Data Publishing Criteria For Public Reporting

For data to be published, Sites must meet both Data Submission and Data Quality criteria, as outlined below.

The data publishing eligibility criteria will be assessed at the time of report aggregation.

- If a Site (re)submits data after this aggregation, the (re)submission will not be considered in determining the Site's data publishing eligibility.
- If the (re)submission occurs before report aggregation, then that (re)submission will be considered in determining the Site's data publishing eligibility.

The following table lists the registries currently offering a public reporting option and the eligibility criteria required for publication of data for the registry.

Registry	Data Submission Criteria	Data Quality Criteria
EP Device Implant Registry	At least three (3) quarters of data submitted of any DQR status color by the end of the reporting period. This may or may not be consecutive quarters.	Within the four (4) quarters of data contained in the reporting period, at least three (3) quarters must be submitted at the Premier (All Patients) level and have achieved a green DQR submission status.
CathPCI Registry	At least three (3) quarters of data submitted of any DQR status color by the end of the reporting period. This may or may not be consecutive quarters.	Within the four (4) quarters of data contained in the reporting period, at least three (3) quarters must have achieved a green DQR submission status.
Chest Pain – MI Registry	At least three (3) quarters of data submitted of any DQR status color by the end of the reporting period. This may or may not be consecutive quarters.	Within the four (4) quarters of data contained in the reporting period, at least three (3) quarters must be submitted at the Full Data Set (All Patients or All Patients* sampling) population level or at the Full Data Set (STEMI/NSTEMI) population level and have achieved a green DQR submission status.
STS/ACC TVT Registry	Please visit https://tvtpublicreporting.sts.org/ for STS/ACC TVT public reporting data submission and data quality criteria.	

ACCF Public Reporting Program Requirements

Sites will receive a report of their own performance for all metrics via their private NCDR dashboard. However, their data will not be posted publicly until the Site signs a DRCF and meets the minimum data publishing criteria outlined above.

Data Cycle/Reporting Frequency

Public reporting star score data reported both privately to Sites via the NCDR dashboard as well as to the public will be based on the most recent calendar year of data available for each measure.

It is possible that measures may span different years due to dependence of select measures on external data sets, which may be on different reporting cycles.

The frequency that data will be made available at each ACC location is listed in the table below. This is the update schedule for when star score data will be published to a Site; however, the data that is published will always be based on the most recent calendar year of data available for the measure.

Location	Data Update Cycle	Publication Frequency	Publication Criteria
Registry Dashboard	Calendar Year	Yearly	Active Registry Contract
ACC website(s)	Calendar Year	1x or more per week (Sites added and/or removed)	- Active Registry Contract - Signed Public Reporting DRCF - Meets Data Submission and Data Quality criteria

Once the Site has executed the DRCF and agreed to have their data publicly reported, their data will be updated each calendar year and will automatically be republished publicly **unless the Site withdraws consent** as described in the DRCF and the ‘Withdrawing Public Reporting Consent’ section of this document.

Withdrawing Public Reporting Consent

The withdrawal of consent for publicly reporting NCDR data is permitted at any time.

A written request on the Site's letterhead identifying the specific registry(ies) for which consent is being withdrawn and signed by an individual deemed to have appropriate authority to negate the consent must be sent to the address identified in the DRCF.

Once received, the DRCF will be considered terminated. ACC will remove the Site from future public publishing and make a reasonable effort to have existing published data removed from all ACC controlled locations in a timely manner.

The Site understands that published data will be in the public domain and, although ACC will make all reasonable attempts to have the already-published data removed, ACC is not responsible for data on partner websites or data that has been saved/published in non-ACC controlled locations.

Sites will be responsible for following up directly with other entities that might continue to report data, based on when consent was in place, regarding removal of information.

International Hospitals

The Public Reporting program is limited to the 50 United States, District of Columbia and U.S. territories/islands. International hospitals located outside of the U.S. will not be able to participate in the public reporting program at this time.