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## Adult Congenital & Pediatric Cardiology Quality Network™ Program Requirements

February 10, 2020

### **PROGRAM OBJECTIVES**

The Adult Congenital & Pediatric Cardiology (ACPC) Quality Network™ aims to provide the congenital heart disease (CHD) and pediatric cardiology community an avenue to develop quality metrics and collect data in an effort to promote quality improvement in patient care. The primary objective of this project is to create a user-friendly and minimally burdensome metric implementation and data collection process for the network participants (“Sites”). This data will be used to produce quarterly summary reports which will allow for performance comparisons across participating Sites and will serve to inform CHD-related quality improvement initiatives. In addition to identifying opportunities to improve the quality of CHD care, a secondary goal is to leverage data collection and reporting to assist participating physicians fulfill Maintenance of Certification (MOC) Self-Assessment of Practice requirements of physician certifying boards (together the “Program”). The Program is projected to be launched in January 2016 and will be reassessed for continuation in January 2018.

### **QUALITY METRIC PORTFOLIO**

Sites will be responsible for collecting and submitting data for a set of quality metrics approved by the ACPC Section Leadership Council. Sites will have the option to report on all or a subset of the quality metrics based on the metrics they identify as relevant for their practice and corresponding quality improvement efforts. The current set of quality metrics includes measures which assess the quality of care related to the following clinical areas: adult congenital heart disease (ACHD), pediatric cardiac nursing, pediatric and congenital non-invasive imaging, outpatient management of Transposition of Great Arteries (TGA), Tetralogy of Fallot (TOF), Kawasaki Disease, infection prevention, and chest pain. A list of approved metrics can be found at the following ACC website: [www.acc.org/qnet](http://www.acc.org/qnet)

### **REQUIREMENTS OF PARTICIPANTS (SITES)**

#### **General Requirements**

Sites are eligible to participate in the Program by meeting the following criteria:

- A Site shall be defined as a hospital, group practice, solo physician practice, or clinic with an inpatient-only, outpatient-only or combined inpatient/outpatient cardiology unit that is participating in the Program.
- Sites must have an executed and current *Participation Agreement* which authorizes ACCF to use the data to create aggregated benchmarks for quarterly and annual reports to be shared across all Sites.
- Sites must have at least one (1) physician that is a Fellow of ACC and must provide his or her name via email to [acpcqnet@acc.org](mailto:acpcqnet@acc.org).
- Sites agree to have their name, city and state made publically available as a Site in the Program, either on their Site profile on CardioSmart.org or on the ACPC Section website, to be determined by ACCF.

#### **Annual Fees:**

- Participating sites are required to pay an annual fee.

- ACC publishes the annual fee on the network website. ACC will provide the Site Administrator with an invoice of fees via email when annual fees are due.
- The annual fee is non-refundable even if site participation in the network is terminated for any reason.

### **Data Collection**

Sites must meet the following criteria in order to submit data for any metric:

- Each Site will designate an individual as their Site Administrator to serve as the primary point of contact and will provide his/her contact information via email to [acpcqnet@acc.org](mailto:acpcqnet@acc.org).
- Sites will report data for at least one (1) of the ACPC approved quality metrics on a quarterly basis according to ACCF determined submission deadlines.
- Sites will understand the metric specification(s) for the metric(s) they wish to report.
- Sites will only report numerator(s) and denominator(s) and will not provide any patient's personal health information (PHI).
- Sites must follow the eligible population<sup>1</sup> sampling methods as outlined below:
  - Sites with more than twenty (20) patients in the eligible population may use random sampling to report data for at least twenty (20) patients, or report entire eligible population.
  - Sites with a total of five (5) to twenty (20) patients in the eligible population must report data for all patients in the eligible population.
  - Sites with fewer than five (5) patients in the eligible population should still submit data for the measure for that quarter. Please see requirements for the ACC data access and reporting section (below) for how these low volume populations will be handled.
- Sites will maintain an independent local data collection tool to track the data needed for submission.
- If necessary, Sites will aggregate data within their own facility in order to report one (1) numerator(s) and denominator(s) per metric per Site. Aggregating data per metric should occur prior to submitting data via the web-based data collection tool.
- Questions regarding metric specifications or data collection should be submitted via email to [acpcqnet@acc.org](mailto:acpcqnet@acc.org).

### **Data Access and Reporting**

- Sites must notify ACCF via email to [acpcqnet@acc.org](mailto:acpcqnet@acc.org) of any data entry errors and all needed corrections within two (2) weeks after the performance reports are made available.
- Sites who do not comply with the terms outlined in these program requirements or *Participation Agreement* will no longer be able to participate in the Program and will not be able to access the quality metric reports.

### **Systems requirements**

For optimal functionality, particularly for the online data collection tool and Performance Reports, Sites must meet the following system requirements:

- Operating System - Microsoft Windows 2007 or higher, Mac OSX 10 or higher
- Browser: Internet Explorer 9.0, Firefox, or Chrome (only)
- Recommend that pop-up blockers are disabled
- Microsoft Excel version 2007 or higher (will not accept versions older than 2007)
- Adobe PDF Reader

<sup>1</sup>The “eligible population” is defined as all patients who meet the denominator criteria for each metric.

- All exports will be delivered in a tab delimited format.

**Note:** *In addition to reports being issued as a PowerPoint or PDF file, a Tableau export may also be made available. Sites interested in accessing the Tableau file would need to download the free [Tableau Reader software](#).*

### **Training and Education**

- Sites are expected to have their staff participate in webinar- based Quality Improvement Learning Sessions where Sites will have the opportunity to share experiences and best practices in implementing ACPC quality metrics, data collection, data reporting, and Quality Improvement (QI) initiatives that helped improve performance.
- Sites are expected to stay current with all instructions sent via e-mail from ACC staff or published by the ACCF and posted on the [network website](#).

### **Withdrawing Participation**

- Sites may withdraw consent for participating in the network at any time by providing a written request pursuant to the terms outlined in the Participation Agreement and on the organization's letterhead. Such request must be signed by an individual deemed to have appropriate authority to terminate the Participation Agreement. Requests must be sent to the mailing address designated on the *Participation Agreement*.
- In the event a Site withdraws participation from the Program, the *Participation Agreement* will be considered terminated pursuant to the terms outlined in the Participation Agreement.
- ACCF will remove the Site from the network and make a reasonable effort to remove Site data from any pending reports in a timely manner.
- Sites understand that data included in past reports (i.e. reports that have already been sent to all participating network sites) will not be able to be removed.

## **REQUIREMENTS OF THE AMERICAN COLLEGE OF CARDIOLOGY (ACC)**

### **General Requirements**

- ACCF will maintain a list of ACPC metrics and specifications which will be posted at [www.acc.org/gnet](http://www.acc.org/gnet). Metrics may be modified on a periodic basis.
- ACCF reserves the right, at its sole discretion, to remove or add quality metrics as needed, which may occur on an annual basis or more frequently.
- ACCF will inform the Site Administrator of changes made to the metric specifications, data collection and reporting, and if there are any new or retired metrics.
- ACCF will respond to questions regarding participation, measure specification, data collection and reporting from emails received at [acpcqnet@acc.org](mailto:acpcqnet@acc.org).

### **Data Collection**

- ACCF will provide participants with a unique, site-specific link to a web-based survey tool along with an assigned, coded identifier that will only be known to each individual Site.
- ACCF will notify the Site Administrator of data collection requirements and submission timelines each quarter. In general, data for each reporting quarter will be due no later than six (6) weeks past the end of each quarter.

## **Data Access and Reporting**

- ACCF will only provide access to quarterly reports (including performance rates for all metrics) to Sites who report at least one metric.
- ACCF will not link any participant site names to performance rates on any reports in order to protect the identity of all Sites.
- ACCF will send an email notification to each designated Site Administrator every quarter with a link to performance reports.
- ACCF will only include metrics with data from at least six (6) Sites in the quarterly performance reports.
- ACCF will post reports to a secure location on the network website which will be made available only to Sites.
- ACCF reports will include blinded performance rates per metric per site (i.e. Site A will be able to see Site B's performance rate but will not know the identity of that Site).
- ACCF reports will also include a 'reference line' to reflect the average performance of all Site participants per metric.
- For Q2 reports, ACCF will report on combined Q1&Q2 data for any site who has submitted a low volume population of less than five patients for any given quarter. For Q4 reports, ACCF will report on combined Q3&Q4 data for any site who has submitted a low volume population of less than five patients for any given quarter.
- In the event that corrections need to be made to a published performance report, ACCF will assess the level of impact related to the corrections and the resources required to address the issue(s). If a re-aggregation and regeneration of reports is required all Sites will be notified.

## **Support:**

- ACCF will provide support via telephone (202.375.6446) and email ([accqnet@acc.org](mailto:accqnet@acc.org)) during normal business hours Monday through Friday, 9:00 a.m. to 5:00 p.m. Eastern Time, excluding major holidays.