

Top Ten Environmental Challenges facing Cardiovascular Physicians

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THERE ARE 7 FACTORS THAT WILL SHAPE THE INDUSTRY MOVING FORWARD

The 7 Cs of Healthcare

1. *Compression* of margins
2. *Contraction* of inpatient volume
3. *Changing care models*
4. *Consolidation*
5. *Consumerism*
6. *Connectivity*
7. *Competing on Value*

- The healthcare industry of the future will be ***fundamentally different in how it is organized, how and where care is delivered, and how it is funded***
- There will likely be ***fewer hospitals and more access points*** (both physical and virtual). Of the hospitals that remain, they will have ***higher levels of acuity and be more specialized*** (with few “general” facilities)
- Technological advances will make the industry ***more personalized, more precise, and more predictive***



Top Ten Environmental Trends

- Value Based Care
- Team Based Care
- Sub-specialty CV clinics
- Compression of Hospital Margins
- Site Neutrality
- Rapidity of change in Physician alignment
- Workforce shortage
- AI/Digital transformation
- Care delivery redesign
- Equity and access to care



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Value Based Care



Medicare Population

2022: 65M

2032: **82M**

Medicare Advantage

Enrollment approaching 50%

As of September 2022, 65,103,807 people are enrolled in Medicare. This is an increase of 160,823 since the last report.

- 34,984,295 are enrolled in Original Medicare.
- 30,119,512 are enrolled in Medicare Advantage or other health plans. This includes enrollment in Medicare Advantage plans with and without prescription drug coverage.
- 50,574,579 are enrolled in Medicare Part D. This includes enrollment in stand-alone prescription drug plans as well as Medicare Advantage plans that offer prescription drug coverage.

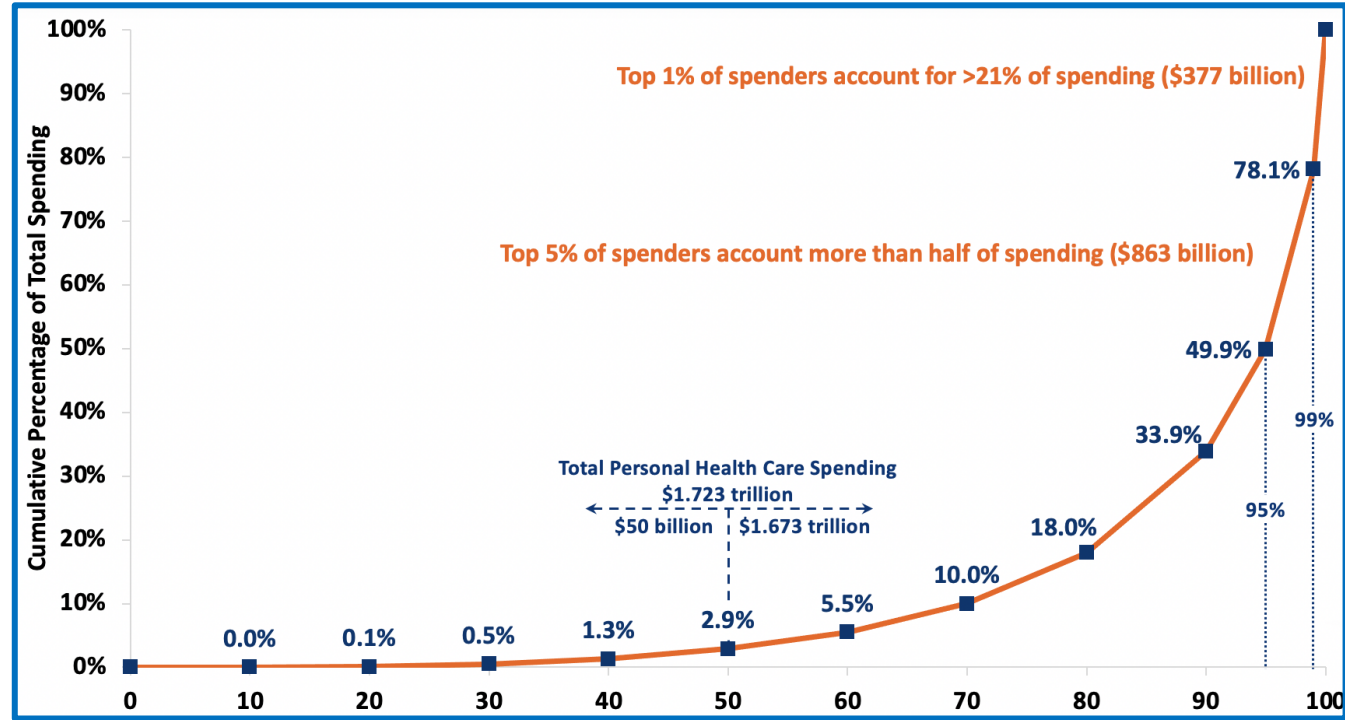


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Did You Know?

1% of population
21% of spending

5% of population
>50% of spending



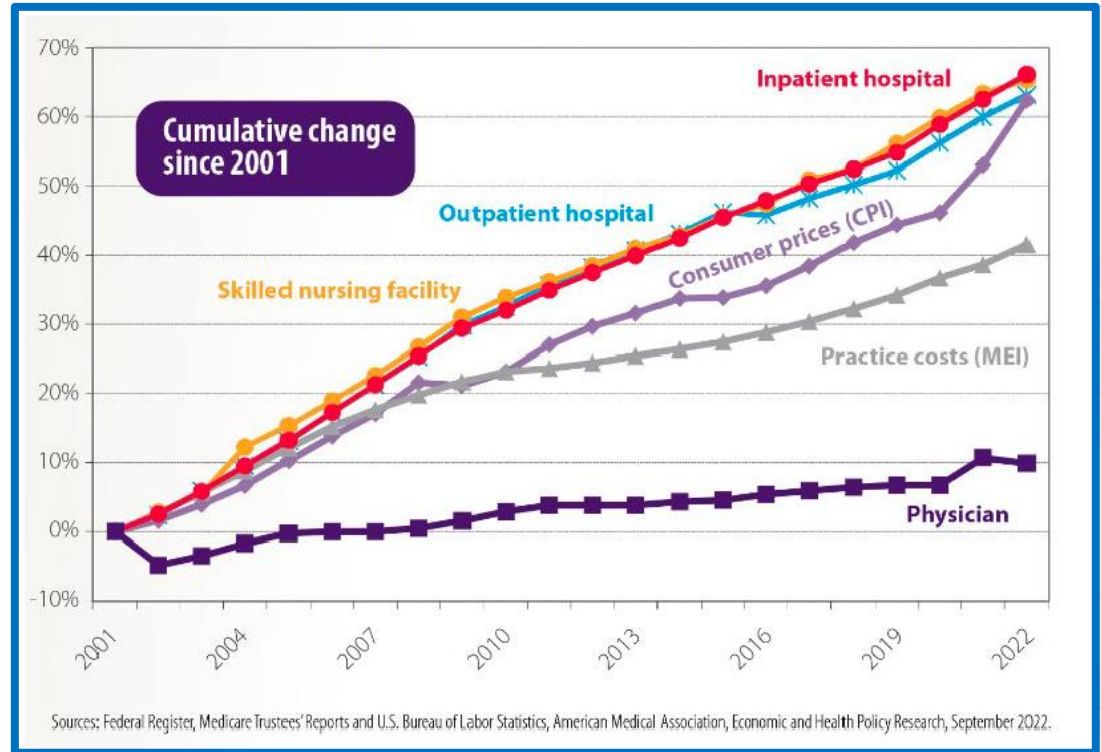
Source: AHRQ 2017



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Did You Know?

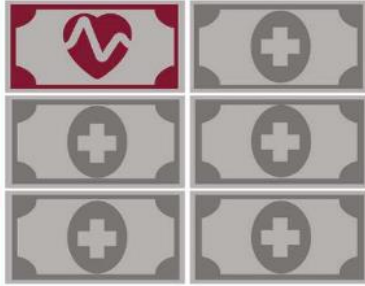
According to an AMA analysis of the Medicare Trustee data, Medicare payments to clinicians have declined **22%** from 2001-2021 (adjusted for inflation).



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Cost of CVD Care

About **1 in every 6 health care dollars** is spent on cardiovascular disease



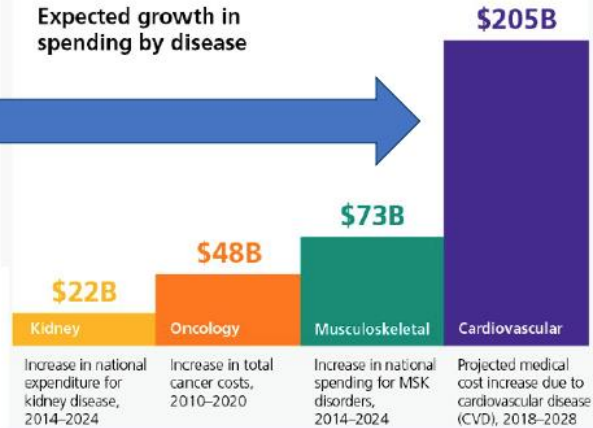
October 30, 2019

Association Between Aging of the US Population and Heart Disease Mortality From 2011 to 2017

Stephen Sidney, MD, MPH¹; Alan S. Go, MD^{1,2,3,4,5}; Marc G. Jaffe, MD⁶; et al

\$320 B annually and growing

Expected growth in spending by disease



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VALUE-BASED CARE IN CARDIOLOGY FORUM



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CMS Innovation Center's Strategic Objectives

Aug 1, 2023



**A HEALTH SYSTEM THAT ACHIEVES EQUITABLE OUTCOMES
THROUGH HIGH QUALITY, AFFORDABLE, PERSON-CENTERED CARE**



**DRIVE
ACCOUNTABLE CARE**



**ADVANCE
HEALTH EQUITY**



**SUPPORT
INNOVATION**



**ADDRESS
AFFORDABILITY**



**PARTNER TO
ACHIEVE SYSTEM
TRANSFORMATION**

Five strategic objectives will guide the CMS Innovation Center's implementation of its vision.



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Aug 1 Release from CMMI

Drive Accountable Care

- **Aim:** *Increase the number of beneficiaries in a care relationship with accountability for quality and total cost of care.*
- Accountable care reduces fragmentation in patient care and cost by giving providers the incentives and tools to deliver high-quality, coordinated, team-based care. Models should increase the number of beneficiaries in accountable care relationships with providers, such as advanced primary care providers and ACOs. Quality of care and outcome measures should be measures that matter and include patient values and perspective.

Measuring Progress:

- **All Medicare** fee-for-service beneficiaries will be in a care relationship with accountability for quality and total cost of care by 2030.
- The vast majority of Medicaid beneficiaries will be in a care relationship with accountability for quality and total cost of care by 2030.

Advance Health Equity

- **Aim:** *Embed health equity in every aspect of CMS Innovation Center models and increase focus on underserved populations.*

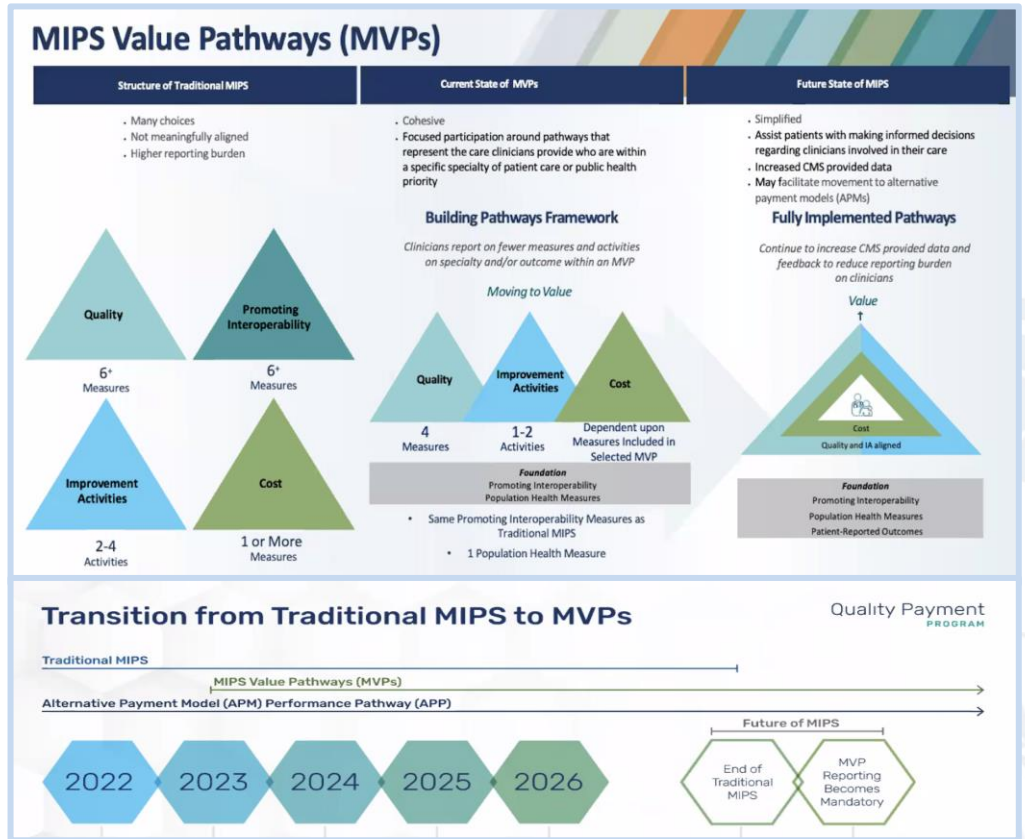
We have heard that CMMI plans to release a proposed rule soon after the completion of this RFI – due tomorrow



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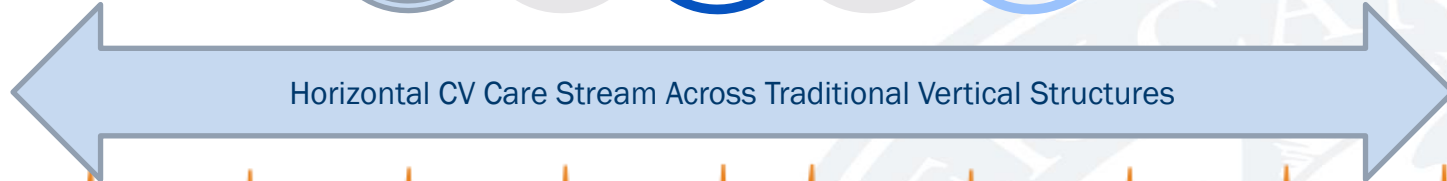
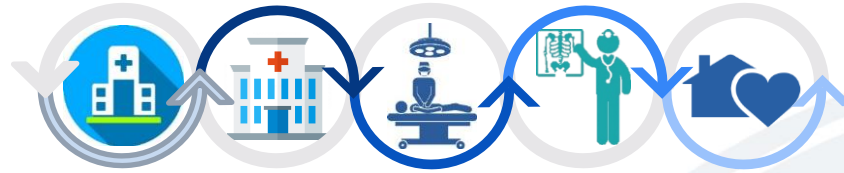
Team Based Care

Traditional MIPS slated to convert to mandatory MVPs After 2026

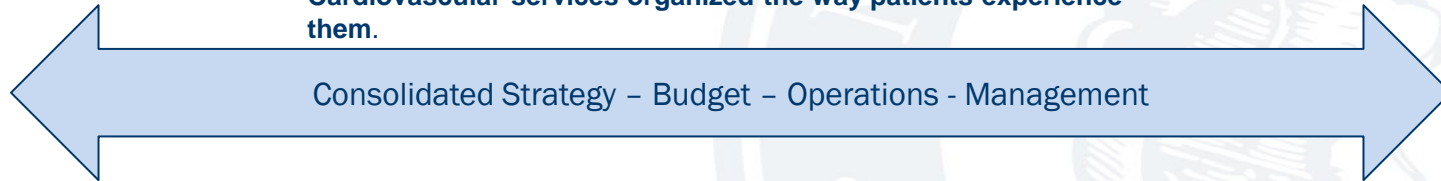


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Care Organized Across The Continuum



Cardiovascular services organized the way patients experience them.



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SUB-SPECIALTY CLINICS start with CARE PATHWAYS AND DEFINITION

“Schedules of medical and nursing procedures, including diagnostic tests, medications, and consultations designed to effect an efficient, coordinated program of treatment”

Anderson, , ed. *Mosby's Medical, Nursing, & Allied Health Dictionary*. 4th ed. N.p.: n.p., 1994. Print.

Care pathways determine locally agreed, multidisciplinary practice, based on guidelines and evidence where available for a specific patient population.

Sub-specialty clinics

- A-fib
- Cardio-Onc
- Cardio-OB
- Pulmonary HTN
- Cardio-metabolic
- HF/AHF
- Remote Monitoring/RPM/Device



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Essential Program Elements

Physician Champion



Service Development

- Scheduling & intake – Right patients, Right time
- Clinic access
- Referral management

Shared Clinical Decision Making

- Care Pathway development
- Risk stratification and Patient identification

Disease Management

- Developing a network wide disease management strategy

Performance Management

- Process measures
 - Access/Productivity
- Outcome measures
 - Clinical parameters
 - Patient/Physician satisfaction

Each component is addressed in the development phase and implemented through a collaborative approach between administration and physician leadership



#4: Compressed Hospital Margins

Hospitals' and health systems' median operating margins declined by 11.8% in February and 26.7% year over year, according to a new report from Kaufman Hall based on data from more than 900 hospitals.



#4 & 5: Compressed margins and site neutrality

Payment Type	Inpt Hosp #21	On-campus HOPD #22	Off campus HOPD #19	Office #11
DRG Hosp Payment	*			
APC Hosp Payment		*	*	
CPT codes – PFS – Prof Physician Pay	*	*	*	*



Payment methodology/site of service

Site “intended to provide outpatient procedures to patients who do not require an overnight stay after the procedure.”

	Inpatient	Outpatient		
Medicare Payment Model	DRG	HOPD	ASC	Office-based Lab
MD payment	RVU	RVU	RVU	RVU*
Facility payment	DRG rate or bundle rate	OPPS rate	ASC rate	



Site of Service reimbursement differences

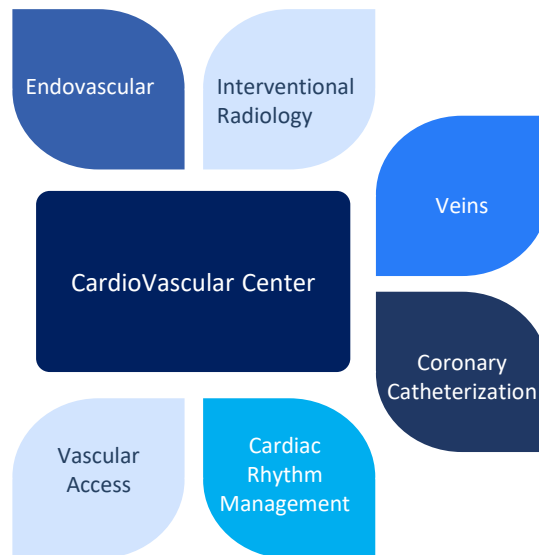
While we expect this to normalize, we have been waiting a long time now – and it won't change in 2024 – but when it does will we be ready?

	Nat'l		
	MPFS	HOPPS	Diff
CCT	\$ 222.64	\$ 180.34	\$ (42.30)
CMR	\$ 262.63	\$ 368.43	\$ 105.80
Carotid	\$ 155.88	\$ 233.52	\$ 77.64
Echo	\$ 130.80	\$ 503.13	\$ 372.33
EKG	\$ 6.44	\$ 57.48	\$ 51.04
LHC	\$ 765.85	\$ 2,958.46	\$ 2,192.61
Nuc	\$ 368.35	\$ 1,327.27	\$ 958.92
PET		\$ 1,489.35	

*Based on
CMS National
Fee Schedule
2019

Developing an Ambulatory Based Procedural Care Strategy

- Developing an Ambulatory Based Procedural Care Strategy





Off Campus Provider Based Departments (PBDs)



CMS implemented a payment policy whereby non-excepted off-campus PBDs receive 40% of the APC payment; Excepted off-campus PBDs receive 100% of the APC payment



CMS is concerned about the continued growth in outpatient services, and believes that payment differentials between the OPPS and PFS may be a driver of this growth



CMS finalized a policy change for G0463, Hospital outpatient clinic visit

- This will be paid at the same discounted rate regardless of excepted status
- This was challenged in the courts – and is now in place
 - Approx \$115 – on campus
 - Approx \$46 – off campus



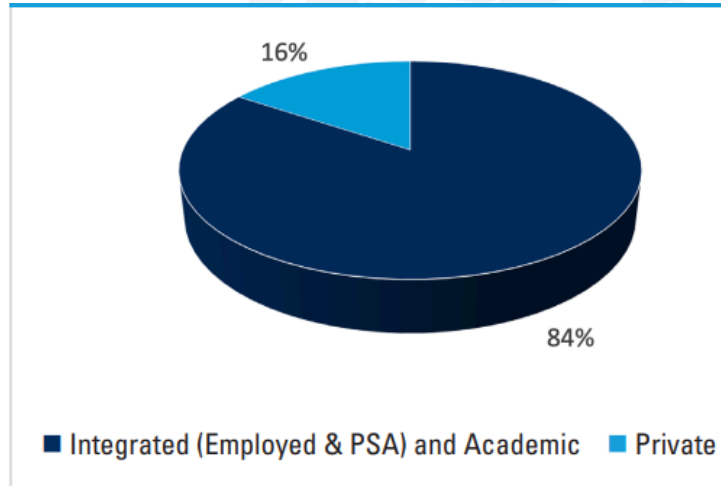
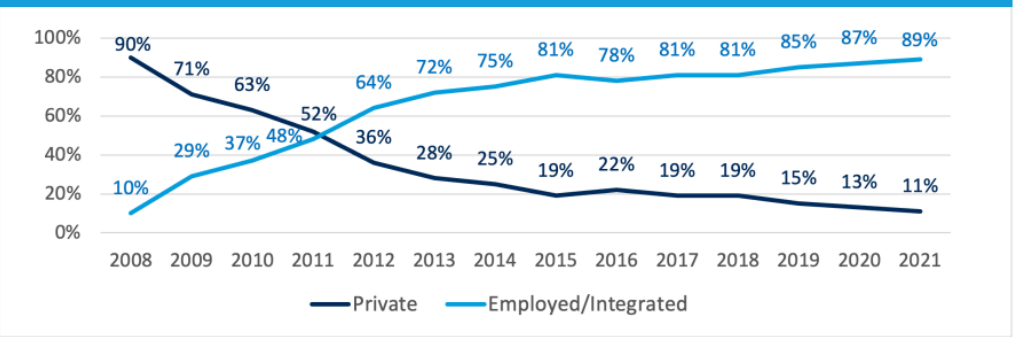
CMS did **not** finalize the proposal Payment for excepted off-campus Provider Based Diagnostic services

- CMS will continue to monitor this

#6 - Physician Alignment

- Academia
- Independent
- Employed
- Private Equity
- Multi-state MSO's

Figure 16: Cardiology Programs by Ownership Model



Workforce Issues

- Does anyone want to work?
- Shortage of most clinical and support staff

Shortage of Cardiologists

Overall 1:4 cardiologists is over the age of 61!!

8,024 median wRVUs per FTE over age 61 (9,898 overall)

↑
For every 5 cardiologists there's a whole FTE missing here!



Source: 2020 MedAxiom Cardiovascular Provider Compensation & Production Survey

US CARDIOLOGY PROJECTIONS

Practicing Cardiologist ¹	32,000
Over the Age of 61 ²	8,000
Estimated Annual Departures ³	(2,000)
Current Total US Fellows ⁴	3,745
Annual Number Entering Workforce ⁴	1,453
Net Annual Workforce Impact	(547)

¹ Source: Statista 2019, ACC

² Source: 2020 MedAxiom Cardiovascular Provider Compensation & Production Survey

³ MedAxiom projections considering production reductions, workload reductions, retirements & other departures

⁴ Source: Accreditation Council for Graduate Medical Education, 2018 - 2019



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The reality isthis will not improve

- The American Hospital Association estimates that the industry will face a shortage of up to 124,000 physicians by 2033. Meanwhile, it will need to hire at least 200,000 nurses a year to meet rising demands. Among support personnel, a shortage of home health aides is most acute



AI: The New Clinical Landscape



Asynchronous Communication: PROMs, Electronic Consultation



Blended Care: In-person and Virtual synchronous visits



Clinical remote monitoring, medical grade devices



Digital tracking and wearables, healthcare and social data



Education: digital transformation, remote learning, virtual training



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The Goal of AI Implementation is to Optimize Patient Care

Risk adjusted throughput and improved outcomes depend on better triage mechanisms resulting in earlier presentation

Requiring Intervention

AI for Clinical Support

Rising Risk

AI for Risk Assessment

Chronic Management

AI for Pattern Recognition



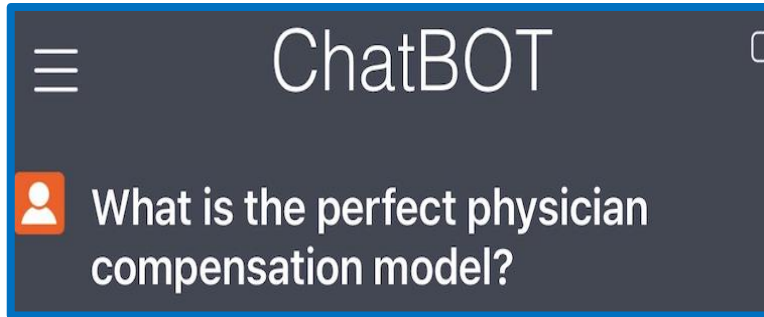
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Advancing Heart Care Worldwide

ACC INNOVATION PROGRAM




AI or Collaborative Intelligence....



A dark grey chat interface with a blue border. On the left is a hamburger menu icon. The title "ChatBOT" is centered at the top. Below the title is a user icon and the text "What is the perfect physician compensation model?".

☰ ChatBOT

 What is the perfect physician compensation model?



The perfect physician compensation model is one that rewards physicians for providing high quality care and for adhering to evidence-based practice guidelines. It should also account for operational and administrative duties, as well as student and resident teaching activities. In addition, the model should take into account physician goals, preferences, motivations, and specialties. Physician autonomy and professional satisfaction should also be factors in the model. Finally, the compensation model should strive to promote collaboration, leader|



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Re-Design...Innovation?

1962 ----- 2023



Out Patient Care - Then



Out Patient Care - Now

Courtesy of John Rumsfeld, MD, PhD, FACC



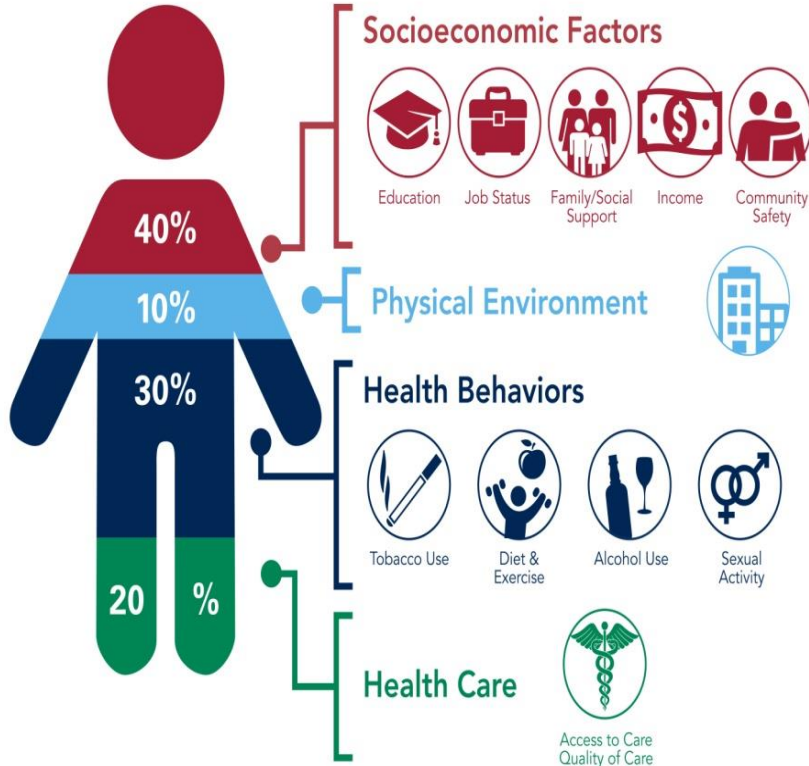
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What Does Care Transformation Look Like?



IMPACT OF SOCIAL DETERMINANTS OF HEALTH

Social determinants of health have tremendous affect on an individual's health regardless of age, race, or ethnicity.



► SDOH Impact

- ➔ **20 percent** of a person's health and well-being is related to **access to care** and **quality of services**
- ➔ The **physical environment, social determinants** and **behavioral factors** drive **80 percent** of health outcomes

20%

80%



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ACC HEALTH EQUITY STRATEGY

VISION

Achieve a culture of health where every person reaches their full cardiovascular health potential as a natural right.

GOALS

CREATE A CULTURE OF HEALTH EQUITY IN CARDIOVASCULAR MEDICINE

- Execute change management to create a mindset that health equity is an essential component of quality cardiovascular care
- Commit to cardiovascular health equity principles and develop policies for action
- Support and pursue partnerships with organizations committed to addressing health equity

PRIORITIZE HEALTH EQUITY IN ALL ACC ACTIVITIES

- Embed health equity in educational curriculum and programming and guidelines development
- Provide clinical programs and guidance to identify and evaluate disparities and social determinants of health
- Integrate health equity into compliance requirements

ELIMINATE DISPARITIES BY ENSURING EQUITABLE CARDIOVASCULAR CARE FOR ALL

- Provide actionable data and tools that empower cardiovascular professionals to address health disparities and social determinants of health
- Partner with public health and community stakeholders to ensure availability of resources for optimal patient care that eliminates disparities
- Drive innovation to address health equity

STRATEGIES



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Internal Strategies for Advancing Health Equity



Leadership and Governance

Setting the Tone for Combating Structural Racism and Advancing Health Equity



People and Culture

Building and Supporting a Diverse, Culturally Competent Workforce



Data and Analytics

Measuring Progress and Impact

Board and leadership team to:

- Define, and affirm importance of, health equity for the organization
- Adjust performance dashboards and compensation models to promote equity
- Diversify the board and leadership teams
- Ensure leaders of equity initiatives are appropriately recognized and resourced

- Strengthen diversity recruitment efforts (See [External Strategies](#) → [Purchasing Power](#))
- Enhance diversity retention and leadership development programs
- Shape an inclusive culture through mandatory training and facilitated conversations about cultural competency, humility and implicit bias

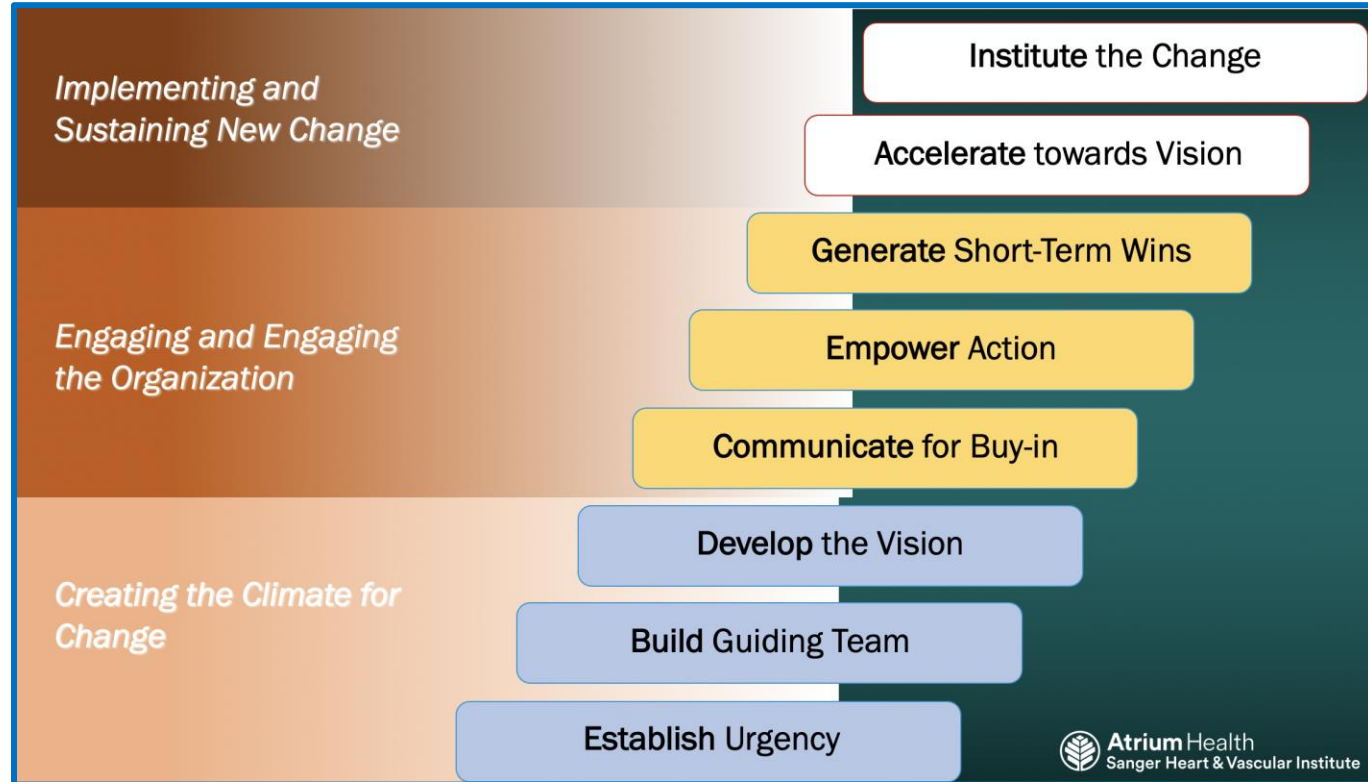
- Refine the data collection and reporting tools to support goal setting and tracking of equity measures in support of other strategies, e.g.,
 - Care Delivery Strategy (a) Embed health equity metrics into quality improvement strategy
 - Governance Strategy (b) Adjust performance dashboards and compensation models to promote equity
- Harness the power of big data, AI and ML to root out bias in health care



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Did You Know?

8 Steps to Drive Organizational Change



Key Take-Aways



Keep an open
mind to
innovation



Prioritize
workforce
flexibility



Dyad
Leadership



Solve practice
problems, meet
strategic needs



Monitor
Trends



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“We will meet the future **not
merely by dreams but by
concerned action and
inextinguishable enthusiasm.”**

Franz Groedel, MD, MACC



INDIANA
CHAPTER

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