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Leverage Resources to Integrate Planning Efforts for Cardiovascular and Neuroscience Programs

By David Fuller

Through Corazon's work in developing and re-engineering cardiovascular, neuroscience, and orthopedic programs across the country, we have realized significant value when providers have integrated planning efforts across these related specialties. In particular, several parallels can be drawn when evaluating cardiovascular and neuroscience service lines together, given the synergies between these areas. Although each specialty has its own complexities and nuances, they both:

1. Elevate the profile of an organization clinically and operationally.
2. Have the potential to significantly contribute to the bottom line.
3. Serve as a point of focus for regulatory bodies.
4. Require an acute understanding of time-to-treatment metrics that drive outcomes and performance.

The Regulatory Environment

When it comes to the regulatory environment associated with these specialties, it's clear that CV services continue to be a point of focus for state Departments of Health. This is particularly true as it relates to the development of PCI and open heart surgical services. Underscoring this point is the fact that many states currently maintain certificate of need programs for acute care hospitals. Of those states, some have rules specifically devoted to the introduction of cardiac services. Meanwhile, at the same time, CMS recently approved cath and PCI procedures to be reimbursed in an ambulatory surgery center (ASC) setting of care. Over the past several years, cardiovascular programs, specifically cath labs, have begun to incorporate certification as one of the key program elements. This has been, at least in part, prompted by changing requirements in some states.

While administrators for cardiovascular programs have been accustomed to navigating state regulations regarding changes, their counterparts in neurosciences are encountering increasing regulatory changes. For roughly 20 years, neuroscience programs have worked to achieve stroke certifications, but over the past 5-10 years a rising number of states have required this designation to receive suspected stroke patients from pre-hospital providers.

This began with Primary Stroke Center designations following the recommendations from the Brain Attack Coalition, but has quickly moved to designations specific to stroke interventional capabilities with recent clinical trial results. This evolution to hub-and-spoke models, incorporating interventional capabilities, has followed a similar path to what providers experienced in PCI services, but at a more rapid pace.

Given the regulatory oversight, focus on patient outcomes, and time-to-treatment initiatives in each service line, there is a **significant focus on data collection, reporting, and integration in care delivery for both these specialties.** Although these requirements can be achieved independently, Corazon has seen value in integrating and coordinating these efforts together within a hospital and across a health system. This approach assists in streamlining efforts, minimizing resources required, and providing consistency in these necessary processes.

Networks of Care

In both service lines, increasing emphasis has been placed on organizations to develop regionalized networks to coordinate care delivery and avoid unnecessary duplication of services. In some cases these networks are coordinated within health systems, while in others these care paths have been developed and coordinated across affiliated providers for stroke and/or STEMI patient populations.

Although there has been varied degrees of success in operationalizing these regional networks of care, it seems cardiovascular programs could benefit from the telehealth experiences gained by stroke programs over the years. This is particularly true in the post COVID-19 era when patients and providers alike are motivated to engage in different models of care that include less in-person contact where possible. Ultimately, the intent of a drive towards regional networks is to direct patients to the right provider at the right time, whether in person or via telehealth, thereby facilitating better patient outcomes.

Growth in Services

Cardiovascular and neuroscience services are positioned for significant growth in the coming years. This is due to anticipated demographic shifts within the country, but also to clinical and technological advances, increased access to advanced clinical services in community settings, and growth in the awareness of prospective patients in accessing care.

Consistently, prognostications in healthcare demand identify neuroscience services as one of the only services lines with inpatient growth over the next 10 years. However, when considering patient demand without regard

for setting of care, both of these service lines are expected to grow. Where administrators will need to contend with significant cardiovascular patient shifts to an outpatient or ambulatory setting, they will also need to account for the relative preparedness of the existing inpatient infrastructure to manage an influx of neuroscience patients.

At a time when hospitals are challenged to operate with little to no margin, each of these service lines can offer a significant bottom line impact to providers. In Corazon's experience, some acute care hospitals have derived up to 40% of their revenues from each of these service lines, with an even greater share of the overall hospital's profitability. These programs represent two of four or five strategic service lines, depending upon the hospital, that support the services and mission of the hospital.

Although several factors may influence contribution margin by patient type across organizations, the revenues associated with key procedure groupings in each of these service lines has grown anywhere from five to ten percent over the past three years. Table 1 below includes a breakdown of the reimbursement changes by procedure grouping for these service lines.

Table 1: 3-Year CMS Reimbursement Changes (FY18-FY20)

Patient Category	CMS Reimbursement Growth
Ventricular Shunts and Peripheral Vascular	5%
CABG, Neurosurgery, and Stroke	8-9%
Major Vascular, Intracranial Procedures, and Surgical Spine	10%+

Service Line Synergies

In addition to the mutual considerations described above, a case can be made for parallel or integrated planning efforts based upon the following reasons:

- Planning is more seamless as integration of care delivery is already occurring
- Greater clinical specialty participation should lead to increased team-building across service line leadership
- Provides cross-pollination and greater content expertise to a broader group
- Duplication of data retrieval, planning coordination, and time spent among hospital and physician leadership in meetings will be eliminated

Although a number of providers have yet to integrate these service lines, Corazon has found a growing number that have explored dual leadership roles incorporating responsibility for at least aspects of both cardiovascular and neuroscience services. This is particularly true in instances where providers have strong cardiovascular programs, but neuroscience programming is primarily focused on just stroke care. In fact, over the past few years, Corazon has worked with over 30 organizations that have now carved out a dual administrative leadership role for these important service lines.

Whether a provider has dual administrative leadership or not, the value associated with combining planning efforts for these service lines is clear from Corazon's experience. From similarities in internal and external considerations to time and expense management, conducting integrated or parallel planning in cardiovascular and neuroscience service lines can be an efficient way to achieve optimal results in both areas.

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