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The TEAM Reality Check: What Cardiac Surgery Programs Are Learning in Year One

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The Question is No Longer "Are You Ready?"

When the Transforming Episode Accountability Model (TEAM) was first introduced, hospitals and cardiovascular programs focused on preparation. Leadership teams formed committees, redesigned care pathways, strengthened data reporting capabilities, engaged physicians, and built the infrastructure needed to succeed in an era of episode-based care. The primary question was straightforward: Are we ready?

As the industry approaches one year into implementation, that question has changed.

Today, readiness alone is no longer the measure of success. Programs are generating real performance data, and the early results are beginning to tell a story. Hospitals across the country are identifying trends in episode spending, quality outcomes, care coordination, post-acute utilization, and physician engagement. A consistent theme is emerging, and success is being determined less by the operation itself and more by how effectively programs manage the entire episode of care.

While strong clinical outcomes remain foundational, many of the most significant opportunities for performance improvement now extend well beyond the hospital walls. Organizations that apply evidence-based practices across the entire care continuum, supported by standardized protocols, advanced analytics, and technology-enabled care coordination, are often realizing the greatest gains. Skilled nursing facility utilization, reliability of care transitions, readmission prevention, cardiac rehabilitation participation, and timely post-discharge follow-up are increasingly influencing both financial performance and episode success. Programs that leverage best-practice care pathways, population health strategies, remote monitoring tools, and data-driven patient engagement to manage patients throughout their recovery journey are frequently outperforming those focused primarily on inpatient metrics alone. As value-based reimbursement models continue to evolve, success is increasingly tied to an organization's ability to deliver coordinated, evidence-based care across every phase of the patient episode.

This reality is prompting cardiovascular leaders to ask a critical question: ***How is our program actually performing under TEAM?***

This article provides a practical scorecard for cardiac surgery programs, highlighting the metrics that matter most under TEAM, the characteristics of early high performers, and the operational challenges that continue to threaten clinical and financial success. More importantly, it identifies areas where immediate course correction may be needed to improve outcomes, reduce episode costs, and strengthen long-term performance under value-based care.

The TEAM Mid-Year Scorecard: What Should You Be Measuring?

Several months into TEAM implementation, many cardiovascular leaders are beginning to realize that success is not determined by a single metric. Programs that are performing well under TEAM are closely monitoring clinical outcomes, financial performance, and operational effectiveness across the entire episode of care. While traditional cardiac surgery measures remain important, TEAM places equal emphasis on how efficiently and effectively patients move through the continuum, from preoperative optimization through post-discharge recovery.

The most successful organizations have established a comprehensive performance scorecard that provides visibility into both outcome and cost drivers. Understanding these metrics and their trends is essential for identifying opportunities, addressing vulnerabilities, and avoiding surprises during reconciliation.

Clinical Performance Metrics: Outcomes Still Matter

Clinical quality remains the foundation of success under TEAM. Strong outcomes not only improve patient care but also reduce avoidable utilization that drives episode costs higher.

For coronary artery bypass grafting (CABG) programs, mortality remains one of the most important indicators of overall program performance. However, leaders should also be evaluating 30-day readmission rates, emergency department utilization after discharge, and surgical complications such as stroke, infection, bleeding, prolonged ventilation, acute kidney injury, and postoperative atrial fibrillation. These events frequently trigger additional services and increase episode spending.

Hospital length of stay should receive particular attention. While extended stays often reflect clinical complexity, they can also signal variation in care pathways, delays in

discharge planning, or inefficiencies in recovery processes. Programs that consistently achieve predictable lengths of stay while maintaining excellent outcomes are often better positioned to perform successfully under TEAM.

As leaders review clinical performance data, the goal should be to identify trends rather than isolated events. Small increases in complications or readmissions may appear manageable individually but can have a significant cumulative impact on episode performance over the course of a year.

Financial Performance Metrics: Understanding the Cost Drivers

Although quality remains paramount, TEAM ultimately evaluates the total cost of the episode relative to CMS-established target pricing. As a result, financial performance monitoring has become just as important as traditional clinical reporting.

The most critical metric is average episode cost. Leaders should understand not only overall spending, but also how actual costs compare with CMS target prices. Even programs with excellent clinical outcomes may face financial challenges if episode costs consistently exceed established benchmarks.

Detailed analysis should focus on areas creating the greatest variance from target pricing. For many cardiac surgery programs, post-acute care spending has emerged as one of the most significant drivers of episode performance. Skilled nursing facility utilization, home health services, and variation in discharge destinations can substantially influence total episode cost.

Readmission-related expenditures also warrant close monitoring. Each avoidable readmission introduces additional hospital costs while simultaneously contributing to quality concerns. Organizations that have implemented robust post-discharge monitoring and care coordination programs are often seeing improvements in both outcomes and financial performance.

Similar to benchmarking in areas like the operating room or cardiac cath lab, it is important to build a sufficient level of detail within the available reporting mechanisms to identify specific problem areas. A program with mature financial reporting that can identify patient-level detail with great specificity can focus on high level categories and then drill down as needed (e.g., post-acute care, readmissions, intraprocedural costs, etc.). However, in the early stages of building this kind of accountability, it is important to ensure the accuracy of data and build out discrete reporting elements that can assist with later analyses.

Importantly, leadership teams should regularly estimate potential reconciliation exposure throughout the year. Waiting until reconciliation reports are released may leave insufficient time to address performance gaps. Quarterly or monthly forecasting allows organizations to identify risks early and implement corrective strategies before financial consequences accumulate.

Operational Performance Metrics: The Hidden Drivers of Success

Many cardiovascular programs are discovering that operational performance may be the strongest predictor of TEAM success. Clinical outcomes and financial performance are increasingly influenced by how effectively organizations coordinate care across the entire patient journey. High-performing programs are moving beyond retrospective reporting and leveraging real-time analytics, predictive risk stratification, and technology-enabled workflow tools to identify variation, manage risk, and intervene before performance gaps occur.

Equally important is the consistent application of evidence-based clinical pathways. Organizations that align perioperative care, discharge planning, patient education, and post-discharge follow-up with established best practices often experience lower complication rates, reduced resource utilization, and more predictable episode costs. Under TEAM, operational excellence is no longer simply an efficiency strategy. It has become a clinical and financial imperative.

Pathway compliance should be monitored closely. Evidence-based care pathways help reduce variation, improve outcomes, and support efficient resource utilization. Programs demonstrating high levels of compliance with perioperative protocols often experience more predictable clinical and financial performance.

Discharge efficiency has become another critical measure. Delays in discharge frequently increase costs without improving outcomes. Effective programs begin discharge planning early, coordinate multidisciplinary teams, and ensure post-discharge resources are arranged before the patient leaves the hospital.

Participation in cardiac rehabilitation is also emerging as an important performance indicator. Patients who successfully engage in rehabilitation programs often experience improved recovery, reduced complications, and fewer downstream utilization events. Tracking enrollment and completion rates can provide valuable insight into the effectiveness of post-discharge care management efforts.

Finally, leaders should evaluate the effectiveness of patient navigation programs. Navigators, care coordinators, and case managers play an increasingly important role in helping patients transition safely through the episode. Metrics such as follow-up appointment completion, medication adherence, patient engagement, and successful care transitions can provide meaningful indicators of navigation effectiveness.

From Compliance to Accountability: The Surgeon's Role in TEAM Success

TEAM holds hospitals accountable for the cost of surgical care through 30 days after discharge. Success requires more than a good operation; it requires coordinated care throughout recovery.

Surgeons set the tone. Their attention to pathways, daily progress, and discharge preparation shows the clinical team that these priorities matter. Protocols alone do not guarantee participation or performance. Surgeon leadership connects four areas.

- Clinical pathway adherence establishes a shared care plan.
- Resource utilization reflects how that plan is achieved.
- Discharge planning connects recovery with the with the support the patient needs post discharge
- Readmission prevention carries those plans forward with follow up and clear communication.

These areas are interdependent. Delays or missed steps during hospitalization affect recovery and discharge. Surgeons are responsible for ensuring their teams recognize and address those gaps.

Building Accountability

- Show surgeons how their patients are doing across the episode, including pathway use, complications, use of resources, discharge destination and readmissions.
- Surgeons should then discuss these results within the multidisciplinary teams, sharing decisions on what needs to change, assign responsibility, and determining if those changes improve outcomes
- Use recognition, set leadership expectations and any financial incentives to support those outcomes

The hospital carries TEAM's financial accountability, but surgeons must help lead the clinical work by supporting shared plans, reviewing results, and addressing problems with their teams

Moving Beyond Measurement

The purpose of a TEAM scorecard is not simply to collect data. The greatest value comes from using performance metrics to drive action. Programs that are thriving under TEAM are reviewing these measures regularly, sharing results transparently with physicians and operational leaders, and implementing rapid-cycle improvement efforts when performance begins to drift.

At this stage of TEAM implementation, it is no longer enough to simply ask whether a hospital has the infrastructure to participate. Instead, leadership must have those answers, the visibility needed to understand what is driving performance, and the discipline to act on what the data reveals.

Key Leadership Question: Do you know your performance today, or are you waiting until reconciliation to find out?

Post-Acute Care: The Hidden Driver of TEAM Performance

Early TEAM performance data is confirming what many bundled payment programs have experienced for years: variation in post-acute care remains one of the most significant drivers of episode cost and financial performance. The question is no longer whether post-acute care matters. The question is how effectively organizations are managing it.

High-performing programs are taking a more deliberate approach to discharge planning, post-acute placement decisions, and follow-up care. They are analyzing utilization patterns, strengthening relationships with preferred post-acute providers, and creating greater accountability for patient outcomes after discharge.

The implication for cardiovascular leaders is clear: success under TEAM will depend not only on delivering excellent surgical care but also on ensuring that patients continue to receive coordinated, high-value care throughout their recovery journey.

Why Hospital Performance No Longer Ends at Discharge

Under TEAM, hospitals are accountable for the total episode of care, not simply the inpatient stay. As a result, organizations are increasingly discovering that variation in post-discharge care often exceeds variation in hospital-based care. Clinical pathways, surgical techniques, and inpatient recovery protocols have become increasingly standardized across cardiac surgery programs, but what happens next remains highly variable, even based on a patient's discharge disposition.

A patient discharged home with strong caregiver support, timely physician follow-up, and participation in cardiac rehabilitation often follows a vastly different recovery trajectory than a patient discharged to a skilled nursing facility with limited care coordination and poor continuity of care. These differences can have a substantial impact on both outcomes and episode spending.

What High-Performing Programs Are Seeing

Organizations demonstrating early success under TEAM are not necessarily caring for different patient populations. Rather, they have developed more reliable systems for managing care across the episode. These programs combine evidence-based clinical protocols with advanced analytics, patient engagement technology, and proactive care coordination strategies. Many are leveraging predictive models to identify patients at elevated risk for readmission, remote monitoring tools to detect recovery concerns earlier, and automated communication platforms to strengthen patient engagement following discharge. Their focus

extends beyond the hospitalization itself to actively managing recovery, utilization, and outcomes throughout the entire episode of care.

As organizations review their mid-year performance, several common challenges are surfacing among programs struggling to meet financial and quality targets:

- **High Skilled Nursing Facility (SNF) Utilization** Elevated SNF discharge rates remain one of the largest drivers of episode costs. Many organizations are finding significant variation in discharge practices, suggesting that some placement decisions may reflect historical patterns rather than clinical necessity.
- **Poor Post-Discharge Follow-Up** Missed or delayed follow-up appointments limit opportunities to identify complications early, increasing the risk of avoidable emergency department visits, readmissions, and higher episode costs.
- **Low Cardiac Rehabilitation Participation** Despite its proven benefits, cardiac rehabilitation remains underutilized. Barriers such as transportation, scheduling, patient education, and referral process gaps can negatively impact both patient outcomes and episode performance. For executives, cardiac rehabilitation participation should be viewed not simply as a clinical metric but as a leading indicator of downstream episode performance.
- **Fragmented Care Coordination** Breakdowns in communication between hospital teams and community providers can lead to inconsistent care plans, medication discrepancies, duplicated services, and avoidable utilization. Under TEAM, these gaps can quickly translate into performance challenges.

Rather than operating as separate entities, the most successful organizations are creating integrated networks of care that support patients throughout their recovery journey.

Common Warning Signs That May Be Impacting Your TEAM Performance

These performance challenges are not uncommon as organizations adapt to managing care across the entire episode of care, including the critical 30-day post-discharge period. The encouraging news is that many programs are already demonstrating measurable success by proactively addressing these gaps and strengthening care coordination beyond the hospital walls. Early results suggest that organizations taking a more integrated, episode-focused approach are better positioned to improve both outcomes and financial performance.

The New Competitive Advantage

Early TEAM experience is reinforcing a fundamental shift in cardiovascular care delivery: exceptional surgical outcomes alone are no longer sufficient to ensure success. The programs demonstrating the strongest early performance are those that have expanded accountability beyond the operating room, actively managing recovery, care transitions, post-acute utilization, and patient engagement throughout the episode of care.

For many cardiovascular leaders, this remains the greatest challenge presented by TEAM and similar bundled payment models. The greatest opportunities for improving quality, controlling costs, and strengthening financial performance are increasingly found in the post-acute environment. As year-end reconciliation approaches, organizations that can successfully manage care transitions, engage patients after discharge, and build strong community partnerships will be best positioned to achieve sustainable success under TEAM.

Where Programs Are Winning Early

While many organizations continue to navigate the operational challenges of TEAM, others are beginning to demonstrate measurable success. Early performance trends suggest that high-performing programs are not necessarily those with the largest budgets or highest procedure volumes. Rather, they are organizations that view TEAM as a catalyst for transforming how care is delivered, coordinated, and managed across the entire episode. These programs reduce variation, strengthen accountability, and create greater alignment among clinical, operational, and executive leaders.

Three strategic themes consistently emerge among programs achieving early success:

1. Standardize Evidence-Based Care Delivery

High-performing organizations recognize that unwarranted clinical variation remains one of the greatest threats to both quality and financial performance. As a result, they have focused on implementing standardized, evidence-based care pathways that span the entire patient journey, from preoperative optimization through long-term recovery.

These organizations consistently use clinical guidelines, enhanced recovery principles, multidisciplinary care protocols, and standardized discharge planning processes to ensure patients receive care aligned with proven best practices. Beyond improving outcomes, standardization creates operational stability by reducing unnecessary variation in resource utilization, improving throughput across the CVOR, ICU, and step-down units, and creating greater predictability in both length of stay and episode costs.

Increasingly, technology is supporting these efforts through automated clinical decision support, pathway compliance monitoring, and performance dashboards that provide leaders with visibility into variation before it impacts outcomes. Organizations that combine evidence-based care with technology-enabled oversight often achieve the strongest TEAM performance.

2. Coordinate Care Beyond Discharge

Organizations demonstrating strong TEAM performance understand that recovery does not end when the patient leaves the hospital. Successful programs are creating connected systems of care that combine evidence-based transition planning, proactive patient engagement, remote monitoring capabilities, and coordinated management of post-acute services.

Through the use of digital communication platforms, automated follow-up workflows, risk-based outreach strategies, and integrated care navigation programs, these organizations are improving continuity of care while reducing avoidable utilization. Technology-enabled patient engagement is helping teams identify issues sooner, reinforce adherence to care plans, and strengthen participation in cardiac rehabilitation and follow-up care.

These programs invest in multidisciplinary collaboration and patient navigation resources that help coordinate appointments, reinforce care plans, identify barriers to recovery, and address issues before they result in emergency department visits or readmissions. Discharge planning begins early, with surgeons, APPs, nursing, care management, rehabilitation, and caregivers aligned around a shared plan for recovery. Rather than viewing discharge as the end of care, high-performing organizations treat it as a critical transition point that requires ongoing coordination and accountability.

3. Create Executive Accountability

Perhaps the most distinguishing characteristic of successful TEAM organizations is sustained executive engagement. Strong-performing programs have established leadership structures that align physician, nursing, operational, and administrative leaders around shared goals and measurable performance expectations.

These organizations use data to drive decision-making, routinely review quality outcomes, episode spending, utilization patterns, post-acute performance, and reconciliation projections. Executive leaders maintain visibility into performance trends, identify emerging risks early, and ensure that corrective actions are implemented when needed. By fostering a culture of transparency, accountability, and continuous improvement, leadership teams convert performance data into meaningful operational change and sustained results.

Together, these strategies reflect a common reality among early TEAM success stories: organizations that standardize care delivery, coordinate care across the continuum, and maintain strong executive accountability are better positioned to improve outcomes, reduce variation, and succeed in an increasingly value-based environment.

The Early Lesson: Success Is Not Accidental

As year-end reconciliation approaches, a consistent pattern is emerging. Organizations achieving the strongest results do not rely on isolated initiatives or short-term interventions. They are building integrated systems that reduce variation, strengthen accountability, and coordinate care across the continuum. The opportunity ahead is clear: programs that proactively manage the full episode of care will be best positioned to improve outcomes, control costs, and achieve sustainable success under TEAM. The remaining question for leadership is whether they have the visibility, alignment, and commitment necessary to make that transition before reconciliation results arrive.

The Next Four Months: From Individual Practice to Team-Based Performance

As organizations move toward year-end reconciliation, the window for influencing TEAM performance is beginning to narrow. While long-term transformation efforts should continue, cardiovascular leaders should prioritize initiatives capable of producing meaningful improvements during the remainder of the performance year. The programs that finish strong will be those that remain focused on the most actionable drivers of quality, utilization, and episode cost.

From Analytics to Action

Many organizations have successfully developed dashboards and performance reports for TEAM. However, top-performing programs recognize that reports alone do not improve outcomes. Competitive advantage comes from transforming data into actionable insights that drive operational, clinical, and financial improvement.

Advanced analytics should be used to identify episodes with the greatest variance from target pricing, uncover patterns contributing to excess utilization, and prioritize improvement opportunities. Rather than focusing solely on retrospective performance, leading organizations are increasingly adopting predictive analytics, risk stratification methodologies, and episode forecasting models that allow teams to intervene before costs escalate or quality measures deteriorate.

Programs should begin by identifying episodes with the greatest financial variance and conducting structured root cause analyses to determine what factors contributed to the performance gap. This evaluation should examine the entire episode of care, including clinical factors, operational processes, care transitions, discharge disposition, post-acute utilization, social determinants of health, and patient support systems. The objective is to understand not only what occurred, but whether the variance was preventable and what actions can be taken to reduce future risk.

A practical framework includes:

1. Identifying episodes with the greatest variance from target pricing.
2. Evaluating each phase of the patient's care journey to determine where variation occurred.
3. Assessing whether the identified factors were preventable or modifiable through process improvement, care redesign, or earlier intervention.

4. Ensuring complete and accurate clinical documentation and coding when patient-specific factors appropriately justified higher resource utilization.
5. Implementing evidence-based process improvements to reduce future variation and improve overall episode performance.

Once outlier episodes have been analyzed, multidisciplinary teams should determine whether performance variation resulted from patient-specific factors, workflow breakdowns, post-acute care challenges, documentation gaps, or inconsistent adherence to evidence-based practices. Organizations that consistently use data to identify root causes and implement rapid-cycle improvement initiatives are often the most successful at reducing variation and improving reconciliation performance.

Provider alignment is equally important. Variation in practice patterns often contributes to variation in outcomes, resource utilization, and episode costs. High-performing programs work to standardize care delivery through evidence-based pathways, multidisciplinary collaboration, and clear accountability across the continuum of care. Planning for the entire patient journey, from preoperative evaluation through recovery, helps ensure that appropriate resources, education, and support are available at every stage of the episode.

While change can sometimes encounter resistance, successful organizations focus on integrating new processes into existing workflows with minimal disruption to clinicians and care teams. The use of evidence-based protocols, standardized care pathways, and transparent performance data can help build engagement by demonstrating measurable improvements in patient outcomes and operational performance.

Because hospitals bear primary responsibility for TEAM performance, collaboration with post-acute providers is essential. Although formal shared-risk arrangements are uncommon, successful programs actively engage skilled nursing facilities, home health agencies, rehabilitation providers, and physician practices through education, performance feedback, and shared improvement initiatives. These partnerships help improve care coordination, reduce unnecessary utilization, and promote more consistent recovery pathways.

Equally important is extending performance transparency beyond the hospital setting. Organizations participating in TEAM should have access to robust reporting capabilities that identify outliers, monitor utilization patterns, and support rapid intervention when concerns arise. Hospitals can play a leadership role by sharing best practices, fostering data-driven decision-making, and encouraging a culture of continuous improvement across the care continuum.

Programs that have developed strong reporting capabilities and disciplined performance review processes consistently find that a relatively small number of outlier episodes account for a disproportionate share of overall financial risk. By identifying and addressing these cases early, organizations can reduce exposure, strengthen operational performance, improve patient outcomes, and create a more sustainable path to success under TEAM.

Preparing for the First Reconciliation: Are You Ready for the Results?

For many healthcare organizations, the first reconciliation period is the moment when strategy meets reality. Months of care redesign, physician engagement, cost management, and population health initiatives are ultimately measured against a single question: did the organization achieve the financial and quality outcomes necessary to succeed under value-based care? While leaders often focus on preparing for participation, fewer take the time to prepare for the results themselves. Whether the reconciliation reveals shared savings, financial losses, performance gaps, or unexpected opportunities, executive teams must be ready to understand what the data means, identify the drivers behind the outcomes, and determine the actions needed for future success. Before the results arrive, there are several critical questions every leadership team should be asking to ensure they are prepared for what comes next.

Finishing Strong Under TEAM

The early lessons emerging from TEAM reinforce an important reality: sustainable success is not achieved through isolated cost-reduction initiatives. Rather, it is the result of aligning physicians, clinicians, care coordinators, administrators, and community partners around a shared commitment to managing the entire episode of care. Organizations that have embraced standardized clinical pathways, strengthened care coordination, optimized post-acute management, and established rigorous performance oversight are already beginning to realize improvements in both clinical and financial outcomes.

As year-end reconciliation approaches, TEAM is providing organizations with valuable insight into long-standing variations in care delivery that may have previously gone unnoticed. Performance data is highlighting strengths, exposing vulnerabilities, and creating unprecedented visibility into how care decisions influence outcomes, utilization, and costs across the continuum.

The coming months represent a critical opportunity for cardiovascular leaders. While the foundation for success was established long before TEAM implementation, there remains time to influence year-end performance through focused action. Efforts to reduce readmissions, optimize post-acute utilization, strengthen documentation and risk adjustment practices, and intensify performance monitoring can have a meaningful impact on both reconciliation results and long-term program performance.

Organizations that approach these early TEAM results as a learning opportunity will be best positioned for future success. Those that objectively assess performance, identify gaps, engage stakeholders, and implement timely operational improvements are likely to achieve stronger

financial results while simultaneously enhancing the quality and coordination of care delivered to their patients.

Corazon's Observation

Through our work with cardiovascular programs across the country, Corazon continues to observe that top-performing organizations view TEAM as far more than a payment model. They recognize it as an opportunity to strengthen care delivery through evidence-based medicine, clinical standardization, enhanced care coordination, and greater accountability across the entire continuum of care.

The organizations achieving the strongest early results are combining clinical excellence with technology-enabled population health strategies, advanced analytics, predictive performance monitoring, and proactive patient engagement. These programs are using data not simply to measure performance but to anticipate risk, reduce unwarranted variation, and improve recovery long after patients leave the hospital.

As TEAM continues to evolve, sustainable success will increasingly depend on an organization's ability to integrate best practices, leverage technology effectively, and create a culture of accountability that extends beyond the walls of the hospital. The programs that embrace this broader vision of episode management will be best positioned to improve outcomes, control costs, and thrive in an increasingly value-based healthcare environment.





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