

# HOW HEALTHY IS YOUR CARDIOVASCULAR PROGRAM? WHAT EVERY SERVICE LINE LEADER NEEDS TO KNOW



## A SERVICE LINE UNDER PRESSURE

For those who have been in the cardiovascular (CV) service line for the past 15 years, you've heard time and again about the pressures facing the business. Regulatory reform, the transition to value-based care models, the outmigration of CV procedures from the hospital, financial constraints – the list goes on. These will remain evergreen issues for CV service line leaders, who will also face new and emerging challenges, such as introduction of novel therapies, keeping pace with evolving IT applications, and more.

External forces will not be the only source of pressure on the cardiovascular service line. The expectations for delivering strong performance from those within the hospital have also never been higher. Leaders in the C-suite often rely on the CV service line to subsidize other under-performing areas of the hospital. In many ways, a strong and healthy CV service line directly correlates to a prosperous organization overall.

The challenge for many service line leaders is that determining whether the program is performing well or not is entirely reliant upon the quality of the data infrastructure. The good news is that there is no shortage of data available to guide clinical and business decisions. The bad news is that the data are oftentimes not immediately accessible, contextual, or actionable – which further clouds the ability to measure the health of the service line.

On the following pages, we've identified six trends that every CV service line leader needs to monitor and plan for that will have an effect on programmatic health, and why having a strong data architecture is a requirement to drive current and future success.

## AT A GLANCE

Understand contemporary market forces impacting cardiovascular programs and best practices for responding with action.

Learn how Biome provides CV programs with robust performance management solutions to optimize quality, operations, and profitability.

## ABOUT THE AUTHOR



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# SIX TRENDS TO MONITOR IN 2024 AND 2025



## #1 - GREATER EMPHASIS ON THE USE OF MEANINGFUL QUALITY MEASURES

In her inaugural address as President of the American College of Cardiology, Cathie Biga indicated the organization would be increasing its capabilities to define, measure, and implement meaningful quality initiatives that will have a positive impact on patient outcomes (1). As indicated by Biga, one tactic that ACC will employ is expansion of available clinical registries to include net new offerings, particularly in the ambulatory care setting. Cardiovascular programs will need to ensure they have sufficient infrastructure in place to not only plan for new requirements in the registry submission process, but also to continuously assess opportunities to deliver the best possible clinical outcomes and care processes.

## #2-DOWNWARD PRESSURE ON REIMBURSEMENT AND THE BOTTOM LINE

While not a new trend per se, efforts to stem the increasing cost of health care delivery are having a significantly negative – and seemingly disproportionate – impact on cardiovascular care. A recent study found that between 2005 and 2021, Medicare Part B reimbursement per beneficiary decreased 2.3% in aggregate; however, payments to cardiologists and cardiac surgeons decreased by 29% and 58%, respectively (2). Further, regulation pertaining to payment site neutrality and reclassification of the work components that drive annual payment adjustments are expected to take hold in the near future, further placing greater economic pressure on the CV service line. Program leaders will need to be hyper vigilant in continuously evaluating areas within the CV service line that contribute both positively and negatively to the bottom line.



## #3-THE EMERGENCE OF VALUE-BASED CARE CONTRACTING ENTITIES

Cardiology has long been a focal point of payers' efforts to experiment with innovative payment models that reward value for services, Medicare's anticipated push to transform its payment system by 2030 will add greater urgency for cardiovascular programs to embrace the tenets of value-based care and payment structures (3). This is also not lost to the health care industry at large, as many companies are launching cardiology-specific products to assist in care and payment redesign, particularly for independent practices. For CV leaders, the presence of value-driven players in the market will only heighten competitive pressure on health systems for payer contracting and patient retention if they do not have robust systems in place to measure and implement value-generating initiatives.



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## #4-PRIVATE EQUITY'S PENETRATION INTO CARDIOVASCULAR PRACTICE MANAGEMENT

In the early 2000s and 2010s, the wave of consolidation in medicine impacted cardiology particularly hard. Today, the majority of CV specialists – upwards of 70% – are employed by health systems (4). However, it appears that wave has crested, and as a result of numerous factors, an increasing number of cardiologists are returning to private practice. This is also not lost on industry players. Private equity and management companies are seeing an opportunity to support many providers in their transition to independence while capitalizing on the expected growth in lucrative outpatient services. This will create hyper-competitive markets for CV services, organizations that do not have strong data intelligence capabilities to showcase their value to payers, referring physicians, and patients, may fall behind.



## #5-THE PROMISE OF ARTIFICIAL INTELLIGENCE IN CARDIOVASCULAR MEDICINE

Artificial intelligence (AI) is everywhere. It's penetrated virtually every industry, and two of the marquee applications of AI and AI-like services in healthcare are to improve clinical decision-making and reduce manual processes. The notion of "care made simple" by AI has profound implications for cardiology – from informing a diagnosis, to scalable patient screening, to enhanced clinical documentation and coding. That said, CV leaders should remain "cautiously optimistic" about AI, as it may not be the panacea that many believe. In fact, most AI solutions apply robust algorithms against underlying organizational data; if the data is not captured correctly or analyzed in context, the value of AI diminishes. To best benefit from AI, CV programs must ensure that their data architecture is sound, accurate, and actionable.



## #6-THE RAPID PACE OF CLINICAL INNOVATION

Probably no other clinical specialty is as heavily impacted by the pace of clinical innovation as cardiology. Recent examples include arrhythmia detection features on wearable devices, the growth of GLP-1 receptor medications for cardiometabolic diseases, the approvals of specialized medications for heart failure, and the race to launch new interventional therapies to manage structural heart and valvular disease. It is increasingly challenging for CV leaders to distinguish the promise of these innovations from reality, and yet, it is also the expectation for a program to offer these therapies to be competitive. The accumulation of real-world evidence using organizational data and capture of meaningful clinical indicators will be imperative for CV leaders to have the confidence these innovations will deliver the highest quality, most cost-effective outcomes for patients.





## IT'S TIME TO GET YOUR DATA INTELLIGENCE SYSTEM IN ORDER

So how do you know if your CV service line is truly “healthy” and prepared to face the clinical, operational, and financial pressures of today and tomorrow? To answer this question most effectively, it is necessary to look inward at your infrastructure. Your data intelligence systems will become your greatest assets to help chart these unknown waters, as you need to have a crystal-clear understanding of organizational performance to properly affect change.

The challenge is that most CV programs are not well-equipped to fulfill this need. Data are often scattered, mismatched, and lack integration and context. Essentially, the data for which many CV leaders need to be successful are not immediately accessible nor actionable. Moreover, hospital IT teams often do not have the bandwidth to support such expansive projects, rendering “the cost of going it alone” nearly insurmountable.

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## BIOME ANALYTICS - YOUR TRUSTED PARTNER FOR DRIVING CARDIOVASCULAR PERFORMANCE MANAGEMENT SERVICES

The promising news is that there are capabilities available today that can assist. Here at Biome, we curate meaningful clinical data from disparate sources and marry it with operational and financial information to present a holistic view of CV service line health. Our proprietary algorithms and models allow for proactive identification of opportunities to focus improvement efforts, allowing you and your team to operate at “top of license” and spend your resources wisely. Furthermore, our team of performance improvement specialists helps orchestrate initiatives inside your organization to facilitate and accelerate change management activities.

### CUTTING EDGE TECHNOLOGY

Proprietary data models and analytic engines allow for curation of thousands of meaningful data points into a unified view

### DEEP CLINICAL AND ECONOMIC INSIGHTS

Our platform couples clinical, financial, and operational data to offer novel insight into CV care delivery

### CONCIERGE PERFORMANCE IMPROVEMENT

Dedicated team of specialized experts to proactively identify and implement improvement opportunities

### PROVEN RECORD OF SUCCESS

Over a decade of relationships with 100% annual retention of customers, achieving significant - and realized - results

### A TRUSTED PARTNER FOR YOUR TEAM

We establish deep relationships with leading CV programs and become embedded within the service line structure

### DECADES OF EXPERIENCE

A team of experts with real-world experience in comprehensive CV programs to bring shared learnings to your program

CONTACT US TODAY AT [SALES@BIOME.IO](mailto:SALES@BIOME.IO) TO  
LEARN HOW WE CAN HELP YOUR PROGRAM

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