Enhancing Value in TAVR Programs: Financial Stewardship in a Shifting Healthcare Landscape

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BACKGROUND & OBJECTIVE

Since 2023, WellSpan York Hospital's (WYH) TAVR program grew from 315 to 336 cases in 2024, but average contribution margins declined. Recognizing the financial pressures associated with high-cost structural heart programs, WYH partnered with Biome Analytics Performance Improvement Solutions to strengthen financial stewardship. The initiative aimed to support value-based care by optimizing documentation, case categorization, and reimbursement alignment with the true clinical complexity of the patient population.

METHODS

1. Data- Driven Opportunity Identification and Risk Validation

- Reviewed ACC/STS TVT registry, administrative, and financial data via Biome Performance Network
- Reviewed risk audits for urgent cases that were not Diagnosis Related Group (DRG) 266, pre-procedure length of stay (LOS) >1 day, and cases that did not reflect patient comorbidities

2. Multidisciplinary Collaboration and Targeted Case Review

- Key stakeholders (Structural Heart Team, Clinical Documentation Improvement, Administration, & Biome Analytics) reviewed flagged cases, aligned on Major Complication or Comorbidity (MCC) best coding practices, and identified reclassification opportunities

3. Workflow Optimization and Sustainable Implementation

- Retrospective analysis, workflow observation, Electronic Health Record (EHR)-based documentation optimization

TAKE HOME MESSAGE

For high-cost, narrow margin procedures such as TAVR, deliberate integration of clinical, operational, and financial analytics is essential to support value-based care and long-term program viability.

Clinical excellence alone is not sufficient; aligning quality outcomes with operational and financial analytics is critical to delivery truly value-based structural heart care.

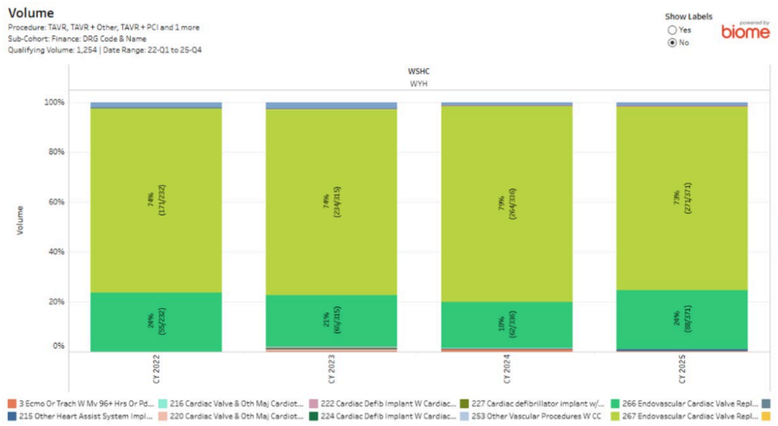
VALUE PROPOSITION

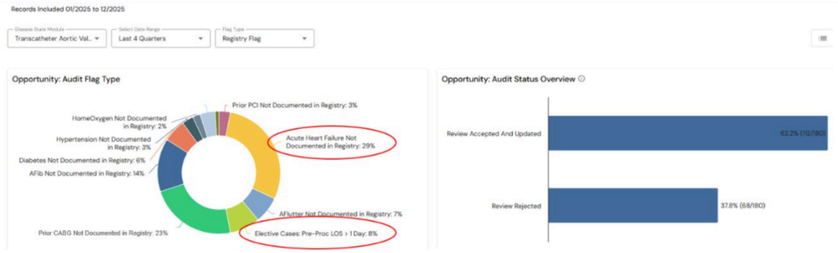
- Patients: Improved safety through accurate identification and documentation of clinical status and comorbidities, ensuring care plans reflect patient complexity
- Providers: Greater confidence in risk-adjusted outcomes through standardized documentation capturing patient severity
- Payers: Improved coding accuracy and reimbursement integrity, aligning payment with clinical complexity
- Society: Supports value-based care by strengthening documentation accuracy and resource stewardship

CONCLUSION

- By implementing a structured, multidisciplinary approach to clinical documentation and DRG capture, WYH increased appropriate DRG 266 classification among urgent TAVR cases from 62% to 94%, realizing $270,000 in additional net revenue without altering patient selection criteria or clinical pathways.
- Accurate documentation is a patient safety and quality imperative, not merely a billing exercise.
- Comorbidities that are clinically present but undocumented create an incomplete picture of patient acuity, one that distorts risk-adjusted outcomes, undermines quality metrics, and leaves programs financially unable to invest in the resources, technology, and staffing that high-quality structural heart care requires.
- Deliberate integration of clinical, operational, and financial analytics is not optional in the current healthcare environment; it is foundational to delivering value-based care that is sustainable for patients, providers, payers, and institutions alike.

RESULTS





Key Metrics Summary

Metric	Pre-Intervention (2023 Q3 – 2024 Q3)	Post-Intervention (2024 Q4 – 2025 Q2)	Target Benchmark
DRG 266 Capture Rate for Urgent Cases	62%	94%	95%
Financial Impact	Baseline	+$270,000	

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DISCLOSURES

Lara Mason, BSN, RN, CV-BC – Nothing to Disclose