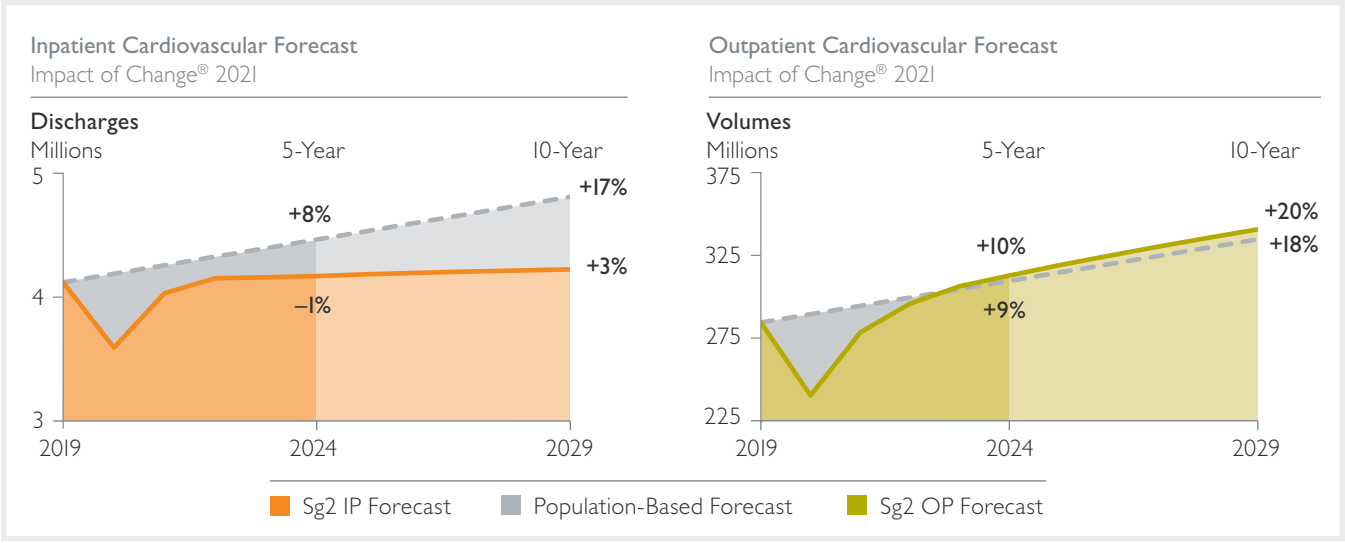
Snapshot 2021
CARDIOVASCULAR

LANDSCAPE

Rising patient acuity, clinical and technological advances, and care redesign are shaping current utilization for the CV service line, driving steady growth in outpatient services and a reversal in the decade-long historic trend of declining inpatient demand. Efforts to capture new volumes and successfully manage existing ones, however, are being complicated by the implications of COVID-19—both directly, as cardiovascular manifestations of the virus, and indirectly, in delayed or deferred patient care. As CV leaders look to recover from pandemic-driven declines, they must adopt strategies that optimize channel management, data-driven care redesign, cross-disciplinary workforce models and virtual health technologies to address the numerous operational, financial and clinical dynamics at play.



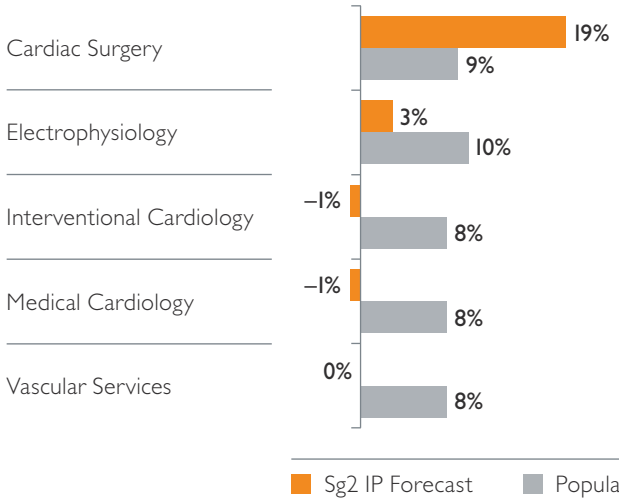
TOP TRENDS

- Increasing hospital volumes and longer IP lengths of stay are challenging CV leaders to deliver care for more complex patients. Rising disease prevalence has led to additional short-stay hospital outpatient procedures and growth in observation volumes, increasing overall hospital utilization.
- Site-of-care shift potential is top of mind following CMS's addition of diagnostic cardiac catheterization and PCI to its ASC-covered procedures list and anticipated elimination of the Inpatient Only list by 2024.
- Support from multiple societies (ie, oncology, neurology, pulmonology) for the multidisciplinary, team-based approach often associated with structural heart programs is expanding as systems seek to deliver newer types of integrated care.
- Heightened ambulatory shift potential is increasing responsibility for physicians and local Medicare Administrative Contractors to engage in reviewing patient selection criteria, quality metrics and registry data (eg, NCDR) to ensure clinically appropriate shifts.
- Wearable technologies have proliferated in number and capabilities as tech companies and health care systems explore use cases and optimize outcomes.
- Broadened efforts to address social determinants of health (SDOH), fueled in part by COVID-19, are being driven by renewed emphasis on the additive risk of SDOH on CV health as well as systems interested in having a greater impact on population health.

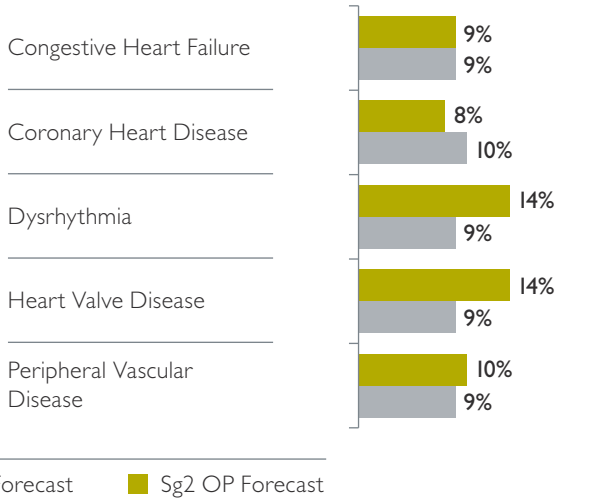
Note: Analysis excludes 0–17 age group; forecast based on MS-DRG sub–service lines. ASC = ambulatory surgery center; NCDR = National Cardiovascular Data Registry; PCI = percutaneous coronary intervention. **Sources:** Impact of Change®, 2021; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2018. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Sg2 All-Payer Claims Data Set, 2018; The following 2018 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2021; Sg2 Analysis, 2021.

Sg2 health care intelligence

Inpatient Cardiovascular Forecast by Sub–Service Line
Impact of Change® 2021, 2019–2024

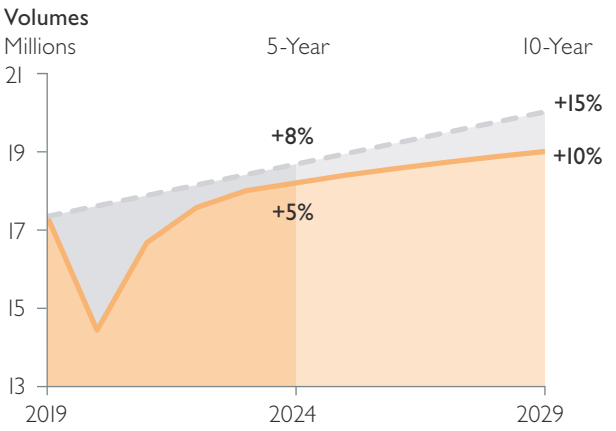


Outpatient Cardiovascular Forecast for Select CARE Families, Impact of Change® 2021, 2019–2024



Sg2 IP Forecast | Population-Based Forecast | Sg2 OP Forecast

Hospital Forecast, Cardiovascular Service Line, Impact of Change® 2021



Sg2 Hospital Forecast | Population-Based Hospital Forecast

INCLUDED IN HOSPITAL FORECAST

- IP discharges
- Visits—observation in HOPD
- HOPD procedures—major/minor
- Select diagnostics in the HOPD:
  - Diagnostic catheterization
  - CV stress test
  - Electrophysiology study
  - Implantable loop recorder

ACTION STEPS TO DRIVE VALUE

- Elevate virtual health as a growth opportunity, not just a recovery play. With a long history of remote device monitoring, the cardiovascular service line is well-positioned to further advance virtual capabilities and care delivery models.
- Optimize triage and observation to ensure capacity for patients requiring high-acuity hospital resources. Use remote monitoring and virtual visits to minimize symptom exacerbations, limit the need for higher-acuity care, and drive efficiencies and market differentiation.
- Carefully assess the ambulatory opportunity. For ASCs, CON regulations, patient risk and physician comfort must be considered before moving procedures to these sites.
- Broaden transitional care services, such as cardiac and vascular rehab (including virtual/at-home offerings), in light of increasing payer interest and patient need.
- Engage CV physicians via shared, data-driven cost and quality performance dashboards to involve them in reducing cost variability, improving outcomes and optimizing patient appropriateness criteria.

Note: Analysis excludes 0–17 age group. CON = Certificate of Need; HOPD = hospital outpatient department. **Sources:** Impact of Change®, 2021; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2018. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Sg2 All-Payer Claims Data Set, 2018; The following 2018 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2021; Sg2 Analysis, 2021.

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