

The Rise of Cardiovascular ASCs: Bridging Gaps

Kristen Richards, Regional Vice President for Atlas Healthcare Partners Cardiovascular Operations

As the demand for cost-effective and high-quality healthcare rises, cardiovascular ambulatory surgery centers (ASCs) are gaining popularity. Payers recognize the potential for financial benefits by conducting cardiovascular procedures in ASC settings.

In this article, we examine the growing importance of cardiovascular ASCs in the healthcare industry. With the need for cardiologists increasing and the focus on cost-effective care delivery, we explain why cardiovascular ASCs are more suitable than hospital inpatient or outpatient settings for low-risk cardiac procedures, and how a health system can implement an effective ASC strategy.

It is Vital for Health Systems to Develop Cardiovascular ASC Services

The trend of transitioning medical procedures from hospitals to lower cost sites is expected to persist. Peripheral artery disease (PAD) procedures

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began migrating to office-based laboratories (OBLs) starting in 2009, followed by cardiac rhythm management in 2016. ASCs receiving Medicare approval in 2020 to perform coronary interventions (PCI) marked a turning point. It is expected that the Centers for Medicare and Medicaid (CMS) will add more procedures such as electrophysiology (EP) ablations, Watchman (Boston Scientific) left atrial appendage occlusion procedures, transcatheter aortic valve replacement, and abdominal aortic aneurysm procedures to the ASC Covered Procedures List (CPL). Many ASCs are already performing EP ablations on commercial patients, and commercial payors are leading the way for Medicare to follow suit with more procedures in the ASC CPL.

Currently, about 66% of cath lab procedures can be performed in an ASC setting, including cardiac rhythm management implants, PAD intervention, diagnostic catheterizations, and PCI. However, most cardiovascular procedures are still being

performed in hospital outpatient departments. It is estimated that by 2030, more than 80% of all hospital outpatient department cardiovascular procedures will be added to Medicare's CPL and shifted to ASCs.

With the rise of Accountable Care Organizations (ACOs) and value-based healthcare, there will be greater focus on getting the right patient to the right facility for the right procedure — and at the right price. Any health system whose mission involves bringing such initiatives and services to the community and who wants to be a strong community partner must examine how ASCs can fill gaps in access and lower costs.

Cardiovascular ASCs are Better Suited for Certain Procedures Than Hospitals

Cardiovascular ASCs are perfect for low-risk heart-related procedures, such as PCI, diagnostic catheterizations, or implants. They can provide greater patient access, convenience, and high patient satisfaction because it is easier for patients to get to an ASC, than, say, having to navigate a large hospital complex. The right ASC in the right location can help bring services to rural settings, where we are seeing an increase in the number of hospitals closing or that are at risk of closing. Cardiovascular ASCs can help fill a need of about 61 million people who live in rural settings.

Since cardiovascular procedures are significant revenue generators for health systems, building the right cardiovascular ASC strategy in today's competitive healthcare market is challenging. But it is important to proactively map a strategy in light of changes happening now. The first step is starting with good partnerships — hospital systems and physicians that are aligned and share the same vision and values. We work to find systems that share our mission of “providing exceptional care and outstanding customer service to every patient, every physician, every time.”

ASCs Can Bring Partners Together to Ensure Success

Collaboration is key to success, which is why we establish joint ventures with health systems and physician-investors to develop and manage ASCs. By working together, we build strong alignment and trust, creating long-term relationships that benefit everyone involved. Attracting physicians requires providing the right culture, equipment, staff, and return on investment that they seek.

When the right decisions are made from both a professional and investment standpoint, cardiologists will stay for the long term. And that positive culture translates to patient care.

Building strong teams and great cultures can make for happy employees, which can improve the patient experience. As an example, Virgin Group Founder Sir Richard Branson has followed this approach. Branson has spoken repeatedly about his philosophy of “employees come first” and believes it is the reason for his company's success.

It is important to prioritize great service, the right staff and equipment, and return on investment. In order to retain and attract top talent, the right strategies must be used. For example, explore joint venture opportunities in ASCs with employed and independent cardiologists. Share risk with independent cardiologists in bundled payment and gainsharing initiatives to build relationships and connections.

It is exciting to hear new conversations occurring that have previously been all too rare in healthcare. During ASC governance board meetings, everyone is around the table — health system representatives, cardiologists, and medical staff. Everyone has parity, and more importantly, physicians have agency and decisions are being made together.

After one center received accreditation by the Joint Commission, the team gathered to discuss what was needed to outfit the ASC. Physicians were part of the discussion around equipment — pacemakers or implantable cardioverter defibrillators, for example. In a hospital, a doctor would say what they would want and that would be the end of it, and maybe the hospital would listen to them (or not). But at the ASC, there was a lengthy and intelligent discussion about which pacemakers or stents to implement.

Cardiologists were part of the discussion about which devices were clinically efficacious as well as cost effective. If the clinical data showed a device to be just as effective as another that is more costly, physicians were now considering the lower-cost solution. This is how patient-care delivery decisions ought to be made — by looking at cost and clinical data, and letting physicians have a voice in the decision-making, so there is consensus and ownership.

Final Thoughts

We believe ASCs are just as, if not more than, efficient than hospitals. Cardiovascular ASCs are becoming a new standard of care delivery that is reaching more patients where they are and providing increased access to care at reasonable cost. ■

Kristen Richards

Regional Vice President of Cardiovascular Operations, Atlas Healthcare Partners, Phoenix, Arizona



Contact Kristen at <https://medatlasvcv.com/#contact>