



Cardiovascular Roundtable

# CV Specialist Partnerships: Collaborating with Hospitals and Primary Care

Research Excerpt from the 2014-2015  
Cardiovascular Roundtable National Meeting Series

# CV No Stranger to Physician Integration

## A Steady Trend of CV Physician-Hospital Alignment

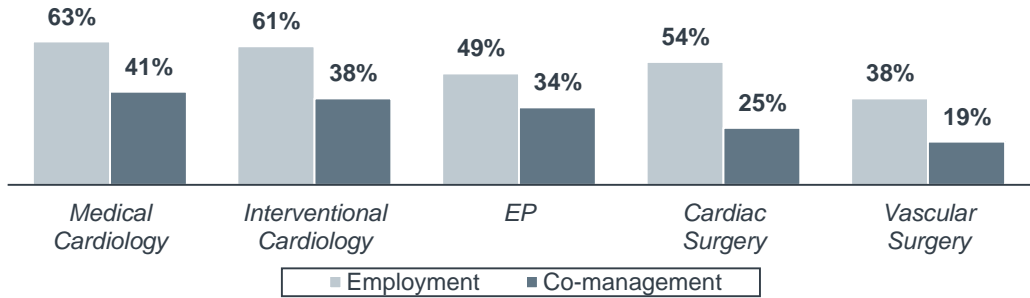
### ACC<sup>1</sup> Outlines Recent Trends in Employment

Percentage of Cardiologists Employed by Hospitals, 2007 vs. 2012



### Continuing to Engage in Formal Affiliation

Roundtable Members Using Each Alignment Strategy, by CV Specialty, 2014<sup>2</sup>



1) American College of Cardiology.  
 2) Hospitals instructed to select "yes" response if any CV specialist is employed or under co-management.

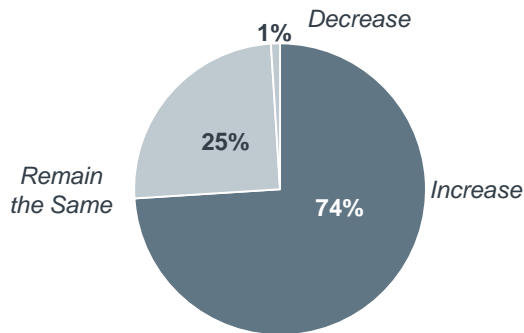
Source: 2012 American College of Cardiology Physician Practice Census, www.cardiosource.org; 2014 Cardiovascular Roundtable CV Physician Alignment Strategy Survey; Cardiovascular Roundtable research and analysis.

# Alignment Efforts Continue to Have Momentum

## Programs Expecting to Increase Formal Partnerships with CV Specialists

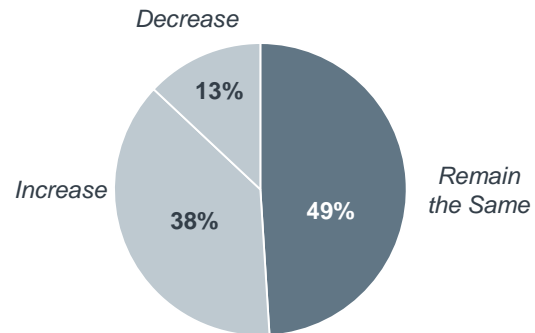
### Expected Change in CV Specialist Employment in Next Three Years

Percentage of Respondents, 2014



### Expected Change in CV Specialist Co-Management in Next Three Years

Percentage of Respondents, 2014



# New Payment Innovations Increase Urgency to Align

## Partnership Essential to Meeting CV Cost, Quality Mandates

### Select Initiatives Incentivizing Hospital-Specialist Alignment



#### Readmission Reduction Program

- Maximum penalty increased to 3% for FY 2015
- CABG added for FY 2017
- Increases hospital accountability for post-discharge care, largely managed by physician practices



#### Bundled Payment Initiatives

- Number of BPCI candidates tripled in July 2014
- 77% of original BPCI<sup>1</sup> participants bundled at least one CV condition
- CMS, commercial bundling require hospitals and physicians partner to reduce episodic costs



#### Shared Savings Programs, ACOs

- Estimated 542 ACOs<sup>3</sup> as of January 2014
- Cardiologist participation in ACOs grew from 2% in 2012 to 28% in 2014; 14% plan to participate within next year
- Participating programs must increase market capture, patient base, through strong affiliations with physicians



#### CV Cost Efficiency Metrics

- IQR<sup>2</sup> adding Medicare Spending per Beneficiary metrics: AMI spending per 30-day episode in FY 2016, similar HF metric in FY 2017
- Requires reporting on longitudinal cost for expanding CV diagnoses, mandating coordination across hospital, physician sites

1) Bundled Payment for Care Improvement.

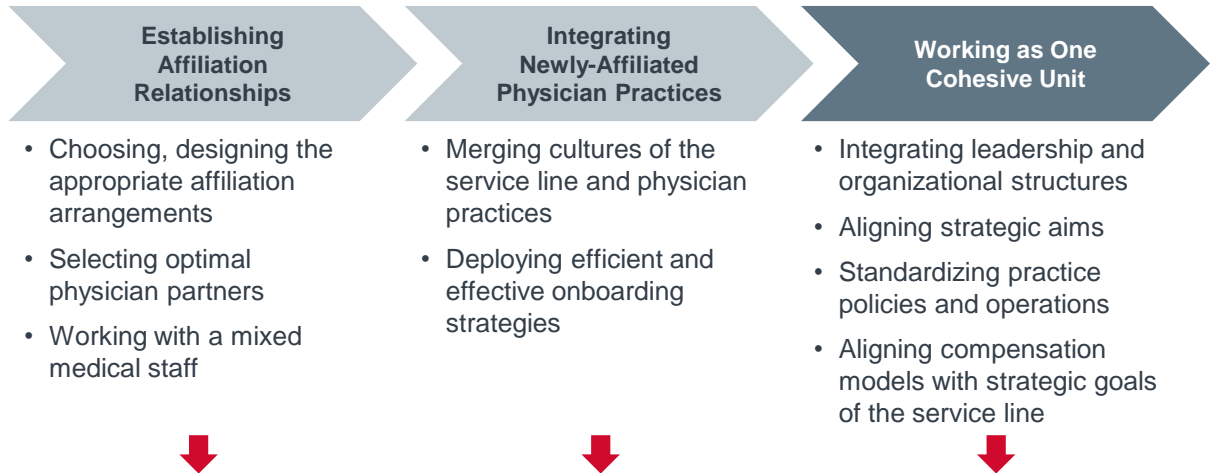
2) Inpatient Quality Reporting program.

3) Accountable Care Organization.

# Critical to Move to the Next Phase of Integration

## Advancing Beyond Contractual Alignment

### Three Phases of Physician-Hospital Integration



#### Roundtable Resources Mapping to Each Phase



[CV Institute of the Future](#) (2008)  
[Securing Physician Alignment](#) (2011)



[Maximizing the Value of CV Specialist Integration](#) (2012)



[CV Specialist Partnerships: Collaborating with Hospitals and Primary Care](#) (2014)

# One Piece of a Larger Research Endeavor

## CV Specialist Partnerships: Collaborating with Hospitals and Primary Care

### Advancing Hospital-Specialist Alignment

<b>I</b> <b>Integrating the Service Line and Affiliated Groups</b>	<i>Special Report:</i> <b>Designing Effective Physician Compensation Models</b>
1. Unify Leadership and Governance Structures	<ul style="list-style-type: none"> <li>Benchmarking Current Compensation Models</li> </ul>
2. Align Strategic Aims	<ul style="list-style-type: none"> <li>Adjusting Productivity Measures</li> </ul>
3. Support Operational Integration Across Practices	<ul style="list-style-type: none"> <li>Structuring Incentives</li> </ul>
4. Facilitate Practice Performance Transparency	<ul style="list-style-type: none"> <li>Selecting Appropriate Performance Metrics</li> </ul>

### Enhancing CV Specialist Partnerships with Primary Care

<b>II</b> <b>Fostering Collaboration with Primary Care</b>	<b>III</b> <b>Hardwiring Referral Streams from PCPs</b>	<b>IV</b> <b>Clarifying Roles in Patient Management</b>
5. Build an Infrastructure for CV-PCP Collaboration	7. Develop Communication Pathways for Referring Physicians	10. Create Guidelines to Delineate CV Care Management
6. Establish Service Agreements	8. Streamline Specialist Consults	11. Support PCPs in Longitudinal CV Care Delivery
	9. Guide Identification of Appropriate CV Referrals	

# Designing Leadership to Advance Integration

## Case 1: Carolinas Merging Org Structure with Employed CV Group

### Goals for Integrated Institute Result in Shared Leadership Structure

#### IMPETUS ▶



#### Independent Entities

- Large physician group becomes employed by hospital system
- Physician group and hospital reporting structures completely separate

#### INTEGRATION GOALS ▶

**1** →

Create shared oversight over ambulatory and hospital care

**2** →

Approach strategic priorities from a cross-continuum, system-level view

**3** →

Maintain flexibility to adjust reporting relationships to advance alignment and system priorities

#### PRESENT



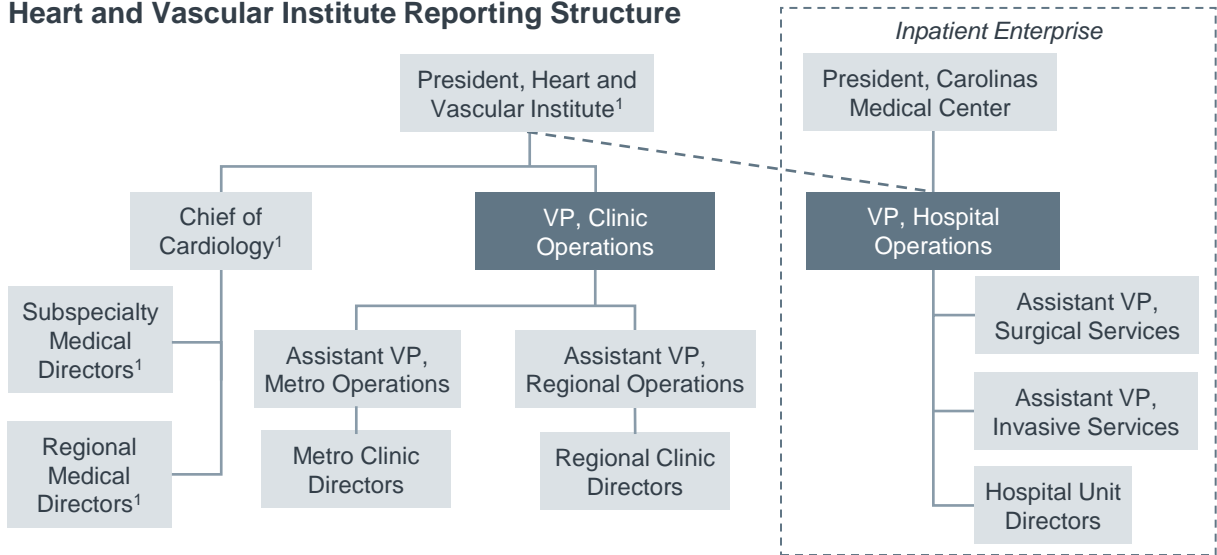
#### Integrated

- Physician-led heart and vascular institute oversees all CV offices and hospital sites across system
- Physicians and administrators collaborate at all levels of institute leadership structure

# Institute Bridging All Settings

## Organizational Structure Combines Ambulatory, Hospital Oversight

### Heart and Vascular Institute Reporting Structure



### Key Elements of Integrated Organizational Structure

- 1 President has influence over both inpatient and outpatient areas
- 2 Hospital and ambulatory administrative roles have parallel titles
- 3 Lean structure avoids administrative duplication

1) Job descriptions available in the online [Appendix](#).



# Organizational Chart a Conduit to Alignment

## Carolinas Leveraging Reporting Structure to Drive Integration

### Key Elements Advancing Integration



#### Participating in Performance Review for Matrix Reports

- President contributes to performance review for VP of Hospital Operations
- Uses “WWW” form to keep track of each individuals' progress on important projects, noting What needs to be done, Who will do it, When it will be completed, and current status

#### Weekly Leadership Team Meetings

- President meets with hospital and clinic VPs, clinic AVPs, and internal consultants
- Cover finances, compliance issues, and project updates including physician compensation redesign, reorganization, and administrative function centralization



#### Individual Goals Rolled Up from Direct Reports

- Each service line leader's goals include those on which direct reports have the biggest immediate impact and highest accountability
- Institute President has goals rolled up from both hospital and clinic leaders, frontline performance

#### Cascading Physician-Administrator Dyads

- Each administrative leader is paired with a physician counterpart from VPs and physician chiefs to hospital directors and medical directors
- Physician leaders work with administrative partners to implement physician-driven strategic plans



# Comprehensive Support from the Roundtable

## A Full Suite of Resources to Guide CV Physician Alignment Strategy



### Securing CV Physician Alignment

Foundational guidance on alignment strategies, including:

- Selecting optimal alignment options
- Structuring co-management, Clinical Integration, and employment agreements to maximize return
- Working with a mixed medical staff



### Maximizing the Value of CV Specialist Integration

Best practice strategies for:

- Identifying compatible physician partners
- Effectively onboarding new physicians
- Merging cultures of the service line and physician practices



### CV Physician Alignment Strategy Benchmarking Report

Results of 2014 Cardiovascular Roundtable member survey, including:

- Prevalence of CV specialist alignment strategies
- Structures of CV specialist compensation models
- Metrics included in performance incentives



### CV Specialist Partnerships: Collaborating with Hospitals and Primary Care

- Part of the 2014-2015 National Meeting Series: *The New Best-in-Class Cardiovascular Program*
- Final Date Added: June 2-3, 2015 in Washington, DC