

Forum on Vision 2020

ACHD Business Model Development

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Working Group Purpose

ACHD Business Model Development

- ▶ To create financially secure business models for US ACHD programs incorporating resources and revenue attractive to hospital administrators and ACHD health care professionals.

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Working Group Steering Committee

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The Current State

- ▶ Successful business models for ACHD programs are currently lacking.
- ▶ ACHD programs are financially under represented by heart center administrators, division directors and payers.
- ▶ Despite the need for ACHD program development, hiring ACHD cardiologists and CCAs remains challenging for heart center administrators without successful business models.

Goals and Objectives

Goals

1. Develop business models that utilize ACHD program contributions to the overall revenue of the health system/hospital/heart center to project ACHD resource allocation and staffing.
2. Develop business models to create and sustain ACHD clinical volume.
3. Develop business models incorporating full time ACHD specialists: Physicians, Advance Practice Nurses, Physician Assistants.

Goals and Objectives

1. Develop business models that utilize ACHD program contributions to the overall revenue of the health system/hospital/heart center to project ACHD resource allocation and staffing.

Objectives

- Incorporate historical and projected downstream revenue following ACHD clinic visits.
- Create a National Network of Congenital Heart Center Administrators to share information and data.
 - Payer mix
 - Methodology
 - Data collection
- Create models to project potential revenue (ACHD Guidelines)
- Develop Relative Value Unit (RVU) sharing/contribution concept

Goals and Objectives

2. Develop business models to create and sustain ACHD clinical volume

Objectives

- Centers of excellence to deliver patients to your center
 - Partner with insurance payers
 - Communicate with hospital payer relations
 - Requires quality metrics*
 - Place ACHD on the radar of payers
 - Attractive to payers if demonstrate a reduction in duplicate testing
 - Consider high risk procedures at the start (CT surgery, Cath)
 - Maintains referral lines by not “taking away all services”
 - Data emerging for QM
- Transition Programs
- Appropriate Coding and Billing
- Adopt other childhood cardiac diagnoses with adult manifestations
- Marketing component

* Joint effort with other WG

Goals and Objectives

2. Develop business models to create and sustain ACHD clinical volume

Objectives

- Transition Programs
 - Partner with pediatric cardiology programs
 - Site specific programs
 - Consistent referral lines
 - Requires true ACHD specialists (trust to transfer care)
 - Subspecialty certification*
 - Educational visits
 - Billable
- Appropriate Coding and Billing
- Adopt childhood cardiac diagnoses with adult manifestations
- Marketing component

Goals and Objectives

2. Develop business models to create and sustain ACHD clinical volume

Objectives

- Appropriate Coding and Billing
 - Utilize appropriate codes to maximize revenue
 - Echo and cath billing for CHD
 - Clinic level billing
 - Admission DX
- Adopt other childhood cardiac diagnoses with adult manifestations
 - Marfan syndrome
 - Kawasaki Disease
 - +/- HCM
- Marketing component


Goals and Objectives

3. Develop business model incorporating full time and part time ACHD specialists: Physicians, Advance Practice Nurses, Physician Assistants

Objectives

- Dependent on achieving first set of goals (1 & 2)
- Achieve ACHD Subspecialty Board Certification*
 - CCA Specialization – partner with PA/NP academic centers*
- Develop subspecialty areas of ACHD*
 - Interventional cardiac cath
 - EP
 - Heart Failure
 - Imaging

Timeline

First 12 months 

- ▶ Build National Network of Congenital Heart Center Administrators
 - Develop Interest and commitment
 - Document a preliminary list
- ▶ ACHD Quality Metrics continues to progress
 - ACPC Council
 - At least 1 working QM
- ▶ ACHD subspecialty certification proceeds forward
 - Petition submitted
- ▶ Collect Coding and Billing information for ACHD procedures and admissions – review ICD 9 codes, make initial contacts
- ▶ Discussions with payers re centers of excellence
 - Initial contact with payers re criteria
- ▶ Develop template of an ACHD business model

Timeline

1–3 years

- ▶ Establish National Network of Congenital Heart Center Administrators
 - Collecting data
 - Introduce the concept of Downstream Revenue
 - Introduce and test RVU sharing concept
- ▶ Several ACHD Quality Metrics developed via ACPC
- ▶ ACHD subspecialty certification submitted and refined
- ▶ Publish a document guiding appropriate coding and billing for ACHD procedures and admissions
- ▶ Further discussions with payers re centers of excellence refined to higher risk interventions ie cardiac catheterization/transcatheter therapy and CT Surgery
- ▶ Education re Transition Programs
 - Awaits ACHD subspecialty board certification and program credentialing

Timeline

3–5 years

- ▶ National Network of Congenital Heart Center Administrators
 - Sharing data
 - Utilizing Downstream Revenue, RVU sharing, program revenue vs individual revenue
- ▶ ACHD Quality Metrics established and utilized
- ▶ ACHD subspecialty certification starts (5yrs)
- ▶ Programs utilizing appropriate coding and billing for ACHD procedures and admissions. Developed booklet for programs.
- ▶ Centers of excellence developed for high risk interventions ie cardiac catheterization/transcatheter therapy and CT Surgery
- ▶ Transition Programs established at regional centers
- ▶ ACHD Business Models developed

Timeline

5-10 years

- ▶ National Network of Congenital Heart Center Administrators
- ▶ ACHD Quality Metrics established and utilized to compare programs and fuels centers of excellence
- ▶ ACHD subspecialty certification – first trainees released
- ▶ Centers of excellence expand to patient evaluations, imaging
- ▶ Transition Programs established and align with regional centers
- ▶ ACHD subspecialties (EP, Cath/intervention) begin to develop
- ▶ ACHD CCA training programs developed
- ▶ ACHD Business Models developed and utilized w/in heart centers and meets goals and objectives

Key Issues for Moving Forward

- ▶ Congenital heart center administrators agree to be involved and share information.
- ▶ ACHD quality metrics develop and are accepted by the ACHD community.
- ▶ Insurance payers recognize quality measures.
- ▶ ACHD subspecialty certification proceeds.
- ▶ Pediatric cardiologists and ACHD cardiologists partner to develop successful transition programs.

Key Discussion Questions

- ▶ Should concepts such as downstream revenue credited to ACHD programs and RVU sharing be pursued and if so what are the next steps?
- ▶ What are the keys to generating consistent ACHD clinical volume?
- ▶ How important is the development of ACHD quality measures and subspecialty certification to successful business models? Will we need to wait?