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Capitalizing on Cardiology

Outpatient facilities are positioned to add new cases as the reimbursement landscape continues to evolve.

Vascular Institute of the Midwest

SUPERIOR SKILLS You can't cross-train nurses to work in the highly specialized cardiology service line, something that makes adequate staffing even more challenging for surgical leaders.

The importance of same-day outpatient cardiology was on full display in 2020 — during the worst months of the pandemic — and I was fortunate enough to be in the thick of a transformative moment in health care. As hospitals reached a breaking point in handling the influx of COVID-19 cases, many were forced to turn down or cancel many non-emergent procedures, including diagnostic and interventional cardiology cases. Non-emergent, however, is a broad term, and there's a difference between pushing back a hernia repair and delaying a critical cardiac intervention that's labeled elective.

That's why our surgery center pushed so hard to make sure patients didn't delay their catheterizations, stent placements and pacemaker implants or forgo peripheral vascular interventions that could cause major complications if left untreated. As a result, we provided a safe outpatient alternative for cardiology patients while also freeing up frontline healthcare workers and the dwindling PPE and supplies hospitals desperately needed to combat the unrelenting pandemic.

It was one of the most rewarding moments in my career, and I was so grateful to have been able to provide these critical services to patients. Of course, an increasing number of outpatient centers have been safely performing cardiology procedures since well before the pandemic, but the buzz surrounding this specialty is louder than ever.

What's behind the growth?

There's a certain stigma attached to cardiology that makes it difficult for individuals to associate the specialty with something that can be done safely and efficiently on an outpatient basis. But the fact of the matter is nearly 70% of cardiac procedures

are currently done in hospital outpatient settings. Increasingly, these procedures are migrating to ASCs — in a large part due to CMS approving reimbursements for certain types of procedures in 2019 (see *"Focus on These Three Procedure Types"*). Of course, commercial payers have been reimbursing outpatient facilities since well before 2019. In fact, we've been performing outpatient cardiovascular procedures since 2006. Currently, we've performed well over 150,000 outpatient cardio procedures, and we have a wealth of data to support the efficacy of this service line.

As the research continues to back the many benefits of outpatient cardiology, expect CMS' reimbursement changes to reflect this data. Indeed, we were among the organizations that strongly lobbied CMS — our cardiologists spoke directly with their agency physicians — in 2017 and 2018 to approve the diagnostic outpatient procedures that were ultimately approved the following year. CMS makes decisions based on data, and our data was a key part of the reason why outpatient cardiology has gone from a hypothetical concept to regularly occurring reality.

If you're one of the many surgical facility leaders who finds the prospect of adding a cardiology service line appealing, there are certain distinctions that separate heart and vascular procedures from other outpatient specialties.

• **Staffing.** Cardiology care is highly specialized, and staff must

GROWTH OPPORTUNITIES

MORE TO COME CMS is expected to increase the number of outpatient cardiology cases it pays for in the future.

Focus on These Three Procedure Types

Our facilities have been providing a full spectrum of cardiac care since well before CMS agreed to reimburse these procedures on an outpatient basis. While there is a wide range of options available to our patients, the procedures themselves can generally be broken down into three main categories or service lines:

• **Coronary.** These cases deal with both diagnostic (such as right and left heart catheterizations) and interventional work (balloon angioplasty — a common minimally invasive procedure during which a balloon is used to widen narrowed or obstructed arteries or veins) and stent placements.

• **Peripheral.** Whether this category is referred to as peripheral vascular interventions, peripheral artery disease or simply PAD, it essentially refers to work that's performed on the vessels outside of the heart. Like coronary procedures, peripheral work can be done on a diagnostic or interventional basis.

• **Devices.** While the first two categories generally have to do with the disease process or the buildup of plaque in the heart's arteries, device procedures are geared toward the heart's rhythm. Here, we're talking about the placement of implants such as pacemakers, defibrillators and loop recorders (implantable monitoring devices that continuously record heart rhythms for up to three years).

— Kelly Bemis, RN, BSN

have relevant experience and a variety of technical skills such as advanced cardiac life support (ACLS), catherization laboratory (cath lab) techniques and critical care certification. Surgical nurses are not cardiology nurses — a fact that can prove problematic in multispecialty facilities that are used to cross-training staff to switch between specialties depending on the ebb and flow of each service line's case volumes. Therefore, you not only have to find staff specially trained in cardiology, you must worry about whether you will have enough cases to keep the procedure area booked full-time or what you're going to do with the staff when they're not working. Along those lines, you also want to work with seasoned physicians who have many outpatient procedures under their belt, are comfortable handling common complications, and aren't discouraged by the regulatory and reimbursement challenges of this specialty.

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• **Patient selection.** Cardiology patients are generally more vulnerable than standard ASC patients. After all, we're talking about individuals with heart-health issues, so they tend to already have comorbidities — whether its diabetes or high blood pressure or any number of other issues — that make procedures inherently risky to perform. That's why clearly defined patient admission criteria are paramount.

Individual facilities will have their own criteria and lab values based on their unique patient populations and procedure mix, but the important thing is setting crystal-clear parameters about the patients you will and, more importantly, won't accept. For instance, patients with kidney disease, something you should know through pre-procedure lab work and the screening process, could be at additional risk for complications because the contrast dye used for cardiac procedures can overload the kidneys. In the end, the patient selection criteria you employ will largely dictate the overall safety of your cardiology program.

• **Regulatory and reimbursement complexity.** While CMS has recently started to approve cardiac procedures performed in ASCs, the approved codes are constantly evolving and reimbursement is a complex, challenging issue. Adding to the complexity is the fact that some states don't allow cardiac procedures to be performed in an ambulatory surgery setting. The regulatory and reimbursement obstacles facilities face when adding an outpatient cardiology service line are many. Negotiating contracts with payers will remain a constant challenge for surgical leaders, as this is such a new specialty. We spend a significant amount of time with CMS and other payer groups, providing our data, walking them through our processes and emphasizing why certain codes should be reimbursable.

If you're starting your program from scratch, there's also the reality of escalating start-up expenses to consider. In the last two years, we've witnessed hikes of 25% to 35% due to supply shortages and cost increases. Surgical leaders truly need to ask themselves whether that's an obstacle they can overcome and whether it makes sense, particularly if you're in a true multispecialty ASC, from an ROI perspective to take this challenge on.

Future opportunities abound

Each year since CMS started reimbursing for cardiac procedures performed in an ASC setting, we've seen a slow-but-steady increase in the number of interventions on the approval list. That trend is likely to continue. As technologies and surgical techniques continue to advance, instrumentation becomes smaller and more precise, and recovery times are reduced, payers and patients are going to realize there are plenty of opportunities for high-quality, safe cardiovascular procedures to be done outside of the traditional hospital setting. In fact, I don't think we're too far away from treating structural valVe repairs and replacements in an ASC. OSM

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