

**Control #: 49 Laura DelBene**

**Category:** Value-based care (Delivery of care where reimbursement is based on patient health outcomes)

**Title:** Value Optimization of the TAVR Patient: Throughput, Coding and Clinical Efficiencies

### **ABSTRACT BODY**

**Background:**

Optimizing costs, reimbursement, and margins of TAVR procedures is essential for program sustainability. Initiatives were implemented to decrease TAVR costs in concert with efforts addressing deficiencies in documentation that were resulting in sub-optimal reimbursement.

**Methods:**

Decrease cost:

- Anesthesia task force developed evidence and practice-based protocols
- Post-procedural pathways to identify ideal and appropriate locations for recovery
- Reevaluation of post-procedural care

Optimize reimbursement:

- Education of PACT penalty
- Development of strong relationships with coding team
- Focus on acute heart failure identification and documentation

-Include BNP in pre-procedure labs

-Phone call to review symptoms prior to scheduled TAVR

-Real-time communication with coding team

-Audits to confirm that coding reflects clinical documentation

**Results:**

Cost per case decreased by 10.8% versus prior year. This decrease in cost increased the contribution margin > \$4,000/case while outcomes remained at or better than top quartile. Improved documentation resulted in desired shift from DRG 267: Endovascular Cardiac Valve Replacement w/o MCC, to DRG 266: Endovascular Cardiac Valve Replacement w/MCC (Table 1). Financial impact was a 9.8% increase in adjusted net revenue (payment)/case.

**Conclusions:**

TAVR programs benefit from a systematic approach focused on decreasing cost and optimizing reimbursement, resulting in enhanced value to the institution and the patient.

**Clinical Implications:** Value based optimization initiatives allow for programs to deliver high quality, patient-centric care while also improving margins, providing funding for resources that support the success of the TAVR program.