## VALUE OPTIMIZATION OF THE TAVR PATIENT: THROUGHPUT, CODING AND CLINICAL EFFICIENCIES

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#### 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

A multiprong approach was taken to identify opportunities for decreasing cost and optimizing reimbursement while maximizing patient experience, quality, safety and efficiency.

To focus on **decreasing cost**, a multidisciplinary anesthesia task force was created to develop evidence and practice-based protocols. Post-procedural pathways were optimized to identify ideal and appropriate locations for recovery and post-procedural care was reevaluated.

To focus on **optimizing reimbursement**, inpatient teams were educated on the impact of the PACT penalty, strong relationships with the coding teams were developed and a work-group to define common MCCs such as acute heart failure and necessary supporting documentation were created.

procedural

- Default of MAC sedation for patients with:
- Peripheral vascular access
- Appropriate mental status
- Absence of barriers to rapid intubation
- Elimination of routine central line
- Elimination of routine Foley catheter
- Use of transthoracic echocardiogram

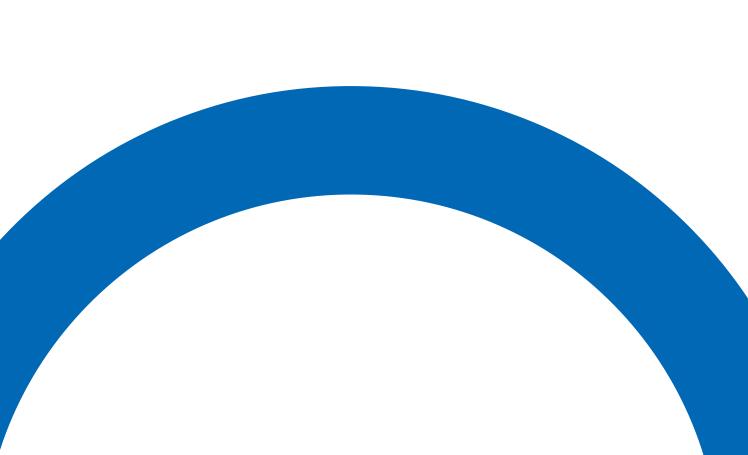
#### Postprocedural

- Default of cath lab recovery for patients meeting the following criteria:
- Patients without IJ pacer wire
- Hemodynamic stability postprocedurally

# Documentation and Reimbursement

- Creation of documentation process around heart failure status:
- Consistent definition of acute heart failure agreed upon by clinical and coding/CDI teams
- Inclusion of BNP on routine pre-procedural laboratory assessment
- Implementation of phone call pre-procedurally to review symptoms within 1 week of scheduled procedure with associated documentation for team to see
- Real-time communication with coding team
- Self-audits to confirm coding reflects clinical documentation
- Elimination of standard PT/OT consults and elimination of standard home health order post-procedurally



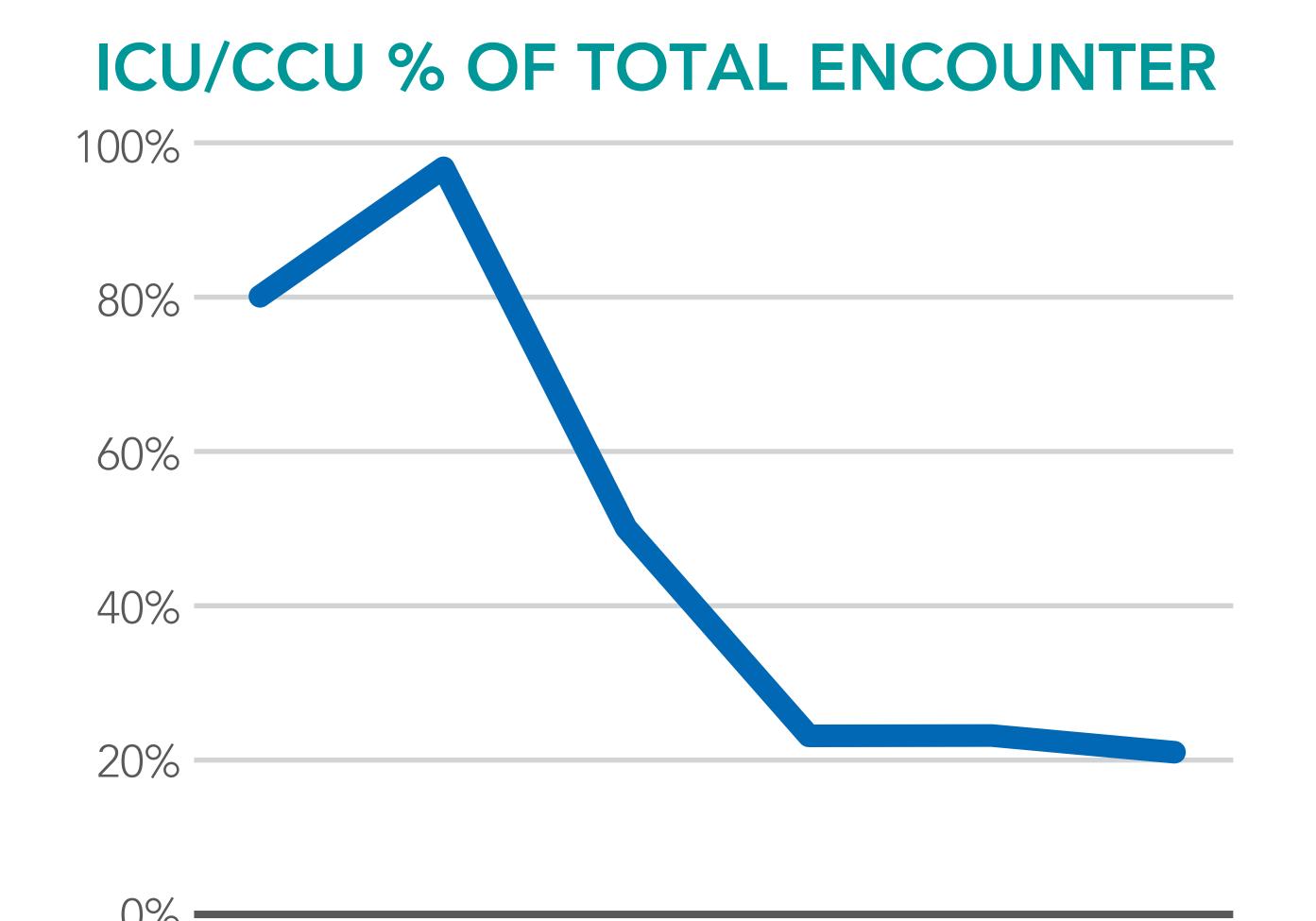


Intraprocedural

optimization

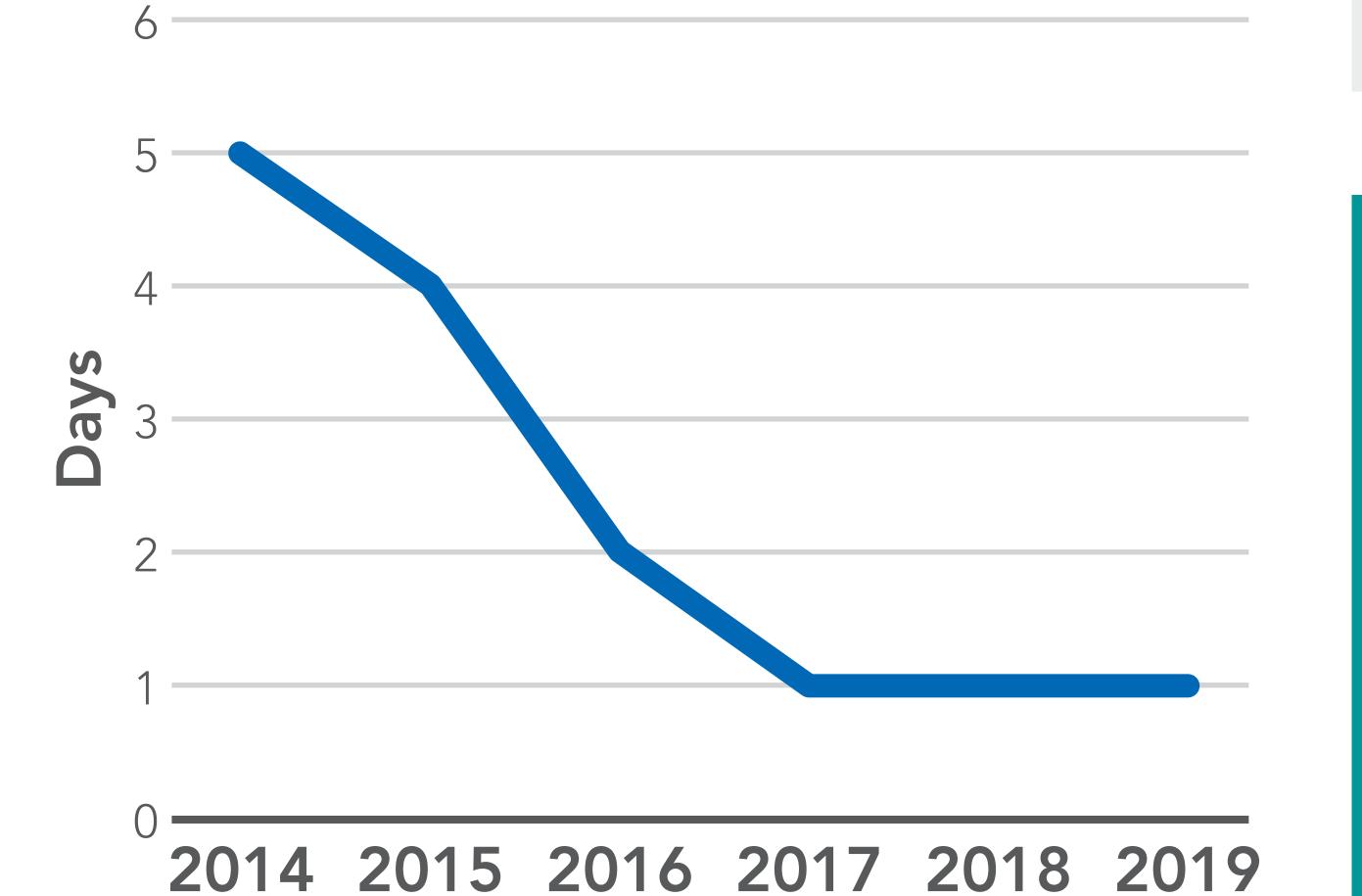








MEDIAN POST PROCEDURE LOS



**TABLE 1: % MCC CAPTURE RATE** 

Year	% coded with MCC	% coded without MCC
2016	34	66
2017	33	67
2018	44	56
2019	54	46

#### 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 IMPLICATION

Value based optimization initiatives allow for programs to deliver high quality, patientcentric care while also improving margins, providing funding for resources that support the success of the TAVR program.