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.

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, patient-centric care while also improving margins, providing funding for resources that support the success of the TAVR program.