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TAVR Program Profitability: A Clinician Case Study

Background- This top-10 Cardiology program has over 10 centers and programs, treating the full spectrum of heart and vascular conditions. Treatments and Services at their centers include TAVR, MitraClip, Melody valve, balloon valvuloplasty, MIDCAB, robotic assisted mitral valve repair, EVAR, and others. The expert physician team includes 9 directly employed physicians, and a number of physicians with practice privileges.

With a robust clinical trials program, this organization's heart institute attracts high patient volume; their clinical performance during TAVR procedures creates benchmarks for other Biome clients. Despite this level of success, the leadership team of the Heart Institute had a problem: the TAVR program was losing millions of dollars per year, and if this continued, it would be difficult to continue to serve TAVR patients. How could the TAVR program become profitable, while still leading the way with clinical excellence?

The primary objectives for this engagement were to identify root causes of high costs, select modifiable root causes that would not impact clinical care quality, align physicians behind the proposed changes, and manage physician performance through the change. In addition, leadership wanted to ensure that the change would become standard practice, and continue to monitor these root cause performance issues, even after achieving profitability. Initially, the physician team was reluctant to change their practice patterns, particularly the physician with the highest TAVR volume: this leader cited lack of trust in data, based on experience with internal IT teams and other vendors.

After learning that Biome was built using only cardiovascular physician-validated data and algorithms, *and* demonstrating concrete success with similar problems at other clients, the leadership team engaged Biome to solve their complex TAVR problem.

Biome-Identified Improvement Opportunities	Outcome
Standardize best-performer practice patterns	**$2.7M/yr *loss* to $3.2M+ profit**
Improve coding practices to capture appropriate reimbursement	

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Engagement Scope & Process- The process included a cardiovascular service-line SME from Biome engaging the physicians and administrators at the Heart Institute for a 60-day pilot engagement. Biome's analytics product team ran the institute's data through their library of over 2000+ analytics to find root causes, and applied Biome's proprietary engine to isolate those root causes that 1) would not impact patient care quality, given the patient population risks and 2) the physicians had a high likelihood of realizing, based on success at similar clients. The Biome SME presented the findings and methodology to the physicians and administrators, wrapping up the pilot, and then the full engagement began, with Biome's engagement team managing the entire performance improvement lifecycle.

Summary- A complex problem with reluctant stakeholders was resolved within one year. Moreover, patients in this region can continue to receive the life-changing benefits of this organization's TAVR program. These physicians quickly aligned behind administrative goals when Biome exposed the problem (that their TAVR program was, in fact, unprofitable), and simultaneously provided a solution that was clinically acceptable and actionable. The CV physicians now count on Biome to help turn administrative goals into individual actions, and administrators rely on Biome to plan performance improvement initiatives. This client has reaped these kinds of benefits from Biome over the past 4 years, and now uses Biome's analytics when publishing and presenting, showing the level of trust this team has in Biome.

Key Results-

- ✓ TAVR Program Profitable
- ✓ Physicians Trust Biome Data
- ✓ Practice Patterns Change, No Added Risk to Patients
- ✓ Peer-to-Peer Best Practices Spread in Program
- ✓ Physicians No Longer Wait for Data: Access to 2000+ Analytics

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