

# MedXcellence Cardiovascular Service Line Survey

## FACILITY INFORMATION

### 1) Contact Information:

Facility Name\*: \_\_\_\_\_

First Name\*: \_\_\_\_\_

Last Name\*: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Locations\*: \_\_\_\_\_

Group ID: \_\_\_\_\_

## DEMOGRAPHIC INFORMATION

### 2) Which one best describes the organizational model by which you are answering questions related to your CV Service Line:

- Community hospital (single stand-alone hospital)
- Multiple hospital single market health system
- Regional health system (multiple markets within concentrated geography)
- National health system (multiple states)

3) What programs and services are considered to be part of the CV Service Line, how many of each exist, and what is their relationship to the CV Service Line?

	Directly Reports to Service Line	Matrix Reporting to Service Line	Is not part of Service Line	# of specific units (labs, machines, ORs, etc.)	# of specific locations
Non-invasive CV diagnostics					
Cath Lab					
EP Lab					
Cardiac/Vascular Rehab					
Cardiac Surgery					
Hybrid OR					
Vascular Surgery					
Inpatient Cardiac Unit					
Thoracic Surgery					
CV Nursing					
Interventional Radiology					
Cardiology Practice					
CV Surgery Practice					
Outreach clinics					
CV Prevention/Wellness					

4) What are the relationships and numbers of providers who are part of the CV Service Line for Cardiology?

	# of Cardiology Groups	# of Cardiology MDs	# of Cardiology NP/PAs
Employed Practice			
Foundation Model			
Private Practice with PSA			
Private Practice with Co-Management			
Academic			
Totals			

5) What are the relationships and numbers of providers who are part of the CV Service Line for CV Surgery?

	# of CV Surgery Groups	# of CV Surgery MDs	# of CV Surgery NP/PAs
Employed Practice			
Foundation Model			
Private Practice with PSA			
Private Practice with Co-Management			
Academic			
Totals			

6) What are the relationships and numbers of providers who are part of the CV Service Line for Vascular Surgery?

	# of Vascular Surgery Groups	# of Vascular Surgery MDs	# of Vascular Surgery NP/PAs
Employed Practice			
Foundation Model			
Private Practice with PSA			
Private Practice with Co-Management			
Academic			
Totals			

7) What physician subspecialty capabilities are part of the CV Service Line? (Check all that apply)

- General Clinical Cardiology
- Interventional cardiology
- Electrophysiology
- Echocardiology Interpretation
- Nuclear/PET interpretation
- Cardiac CT interpretation
- Cardiac MR Interpretation
- Heart Failure Cardiology
- Transplant Cardiology
- Structural Cardiology
- Preventive Cardiology
- Pediatric Cardiology
- Adult Congenital Cardiology
- Vascular Medicine Specialist
- Cardiac Surgery
- Heart Transplant Surgery
- Thoracic Surgery
- Congenital Surgery
- Vascular Surgery

**ORGANIZATIONAL: STRATEGIC FOCUSED**

8) Does your organization have a CV specific strategic plan that is linked to overall organization strategy?

- Yes
- No

9) Does your organization's CV strategic plan have goals, strategies and tactics that span the full CV care continuum?

- Yes
- No

10) Does your CV Service Line have clearly defined goals, metrics, timelines and responsibilities for how the strategic plan will be executed?

- Yes
- No

**ORGANIZATIONAL: GOVERNANCE, AGILITY & ROLE CLARITY**

11) The CV Service Line governance structure oversees the full spectrum of CV care across the continuum: (Check all that apply)

- Inpatient
- Hospital Outpatient
- Ambulatory practice
- Outreach

12) The CV Service Line Governance has responsibility for: (Check all that apply)

- Strategic Planning
- New Program Development
- Clinical Quality, Safety and Registries
- Multidisciplinary Collaboration
- Physician Engagement
- Operational Efficiency
- Growth Strategies
- CV Revenue Cycle/Billing and Coding
- Episodic Cost Management
- Patient Experience
- Developing new compensation models that better align with risk-based payment methods
- Service Line Financial performance
- Credentialing
- Peer Review
- Other, please list: \_\_\_\_\_

**13) The CV Service Line leadership structure: (Check all that apply)**

- Incorporates a physician-administrator dyad model
- Expands physician involvement to include strategy and operational management
- Utilizes a selection process and criteria for identifying ideal physician leaders

**14) The service line leadership structure has authority to: (Check all that apply)**

- Implement strategic plan
- Develop and manage the service line operational budget
- Develop and manage Capital expenses
- Hire/fire staff
- Hire/fire providers

**ORGANIZATIONAL: PERFORMANCE ORIENTED****15) Are the incentive strategies for physician and administrative leaders aligned with the CV Strategic Plan?**

- Yes
- No

**16) In the past year, has implementation of the strategic plan led to measurable improvement?**

- Yes
- No

**17) Does your CV Service Line have a single comprehensive CV service line financial statement?**

- Yes
- No

**18) Does your CV Service Line have a comprehensive Balanced Score Card that tracks service line Financial, Operational, Clinical, and Service performance?**

- Yes
- No

**19) Is the CV Service Line financial data shared with the CVSL physicians and the operational leadership team?**

- Yes
- No

**ORGANIZATIONAL: LEADERSHIP DEVELOPMENT**

**20) The CVSL Operating Leadership Team includes: (Check all that apply)**

- Facility-based managers
- Facility-based practice manager
- Quality
- Finance
- Marketing
- Operating (improvement) engineers
- Other, please list: \_\_\_\_\_

**21) Do your CV Service Line key physician and administrative leaders receive leadership training that focuses on how to optimize their strengths and leadership styles with each other?**

- Yes
- No

**22) Is there a formal succession plan for key physician leadership roles that involves steps to develop younger physicians to assume those roles?**

- Yes
- No

**23) Is there a successful history of collaborating with departments, services or individuals that do not directly report to or are matrixed to the CV Service Line?**

- Yes
- No

**OPERATIONAL: ACCESS FOCUSED**

**24) There is a CV service line formalized process incorporating financial, quality and patient experience data applied to understanding and optimizing: (Check all that apply)**

- Patient Access
- Outreach coverage
- Distribution of CV patient & diagnostic services across locations

**OPERATIONAL: EFFECTIVE DISTRIBUTION OF RESOURCES**

25) Regarding decisions related to if, when, and where to provide CV services, our CV Service Line has a formal process for the following: (Check all that apply)

- To assess the clinical value of respective services
- That incorporates patient benefit
- That incorporates financial performance
- That incorporates cost-benefit
- That incorporates future demand projections
- That incorporates recognition of your current clinical competence

**OPERATIONAL: PHYSICIAN RESOURCE MANAGEMENT**

26) Does your CV Service Line have a formal provider workforce staffing plan that assesses current resources versus anticipated future need?

- Yes
- No

27) Are your CV Service Line physicians in roles that allow them to work at the top of their license, defined as avoiding and/or reassigning work duties that under-utilize physicians compared to what their clinical licensure and personal potential should permit them to do?

- Yes
- No

**OPERATIONAL: PROCESS MANAGEMENT PHILOSOPHY**

28) Does your CV Service Line have a formal process improvement approach (e.g. LEAN, Six Sigma, etc.) whose tools and techniques are consistently applied across the service line to effect change?

- Yes
- No

29) We have adopted service line standards across our CVSL physician practices related to: (Check all that apply)

- Physician scheduling templates
- Physician deployment
- APP deployment



## OPERATIONAL: HR TALENT MANAGEMENT

30) The CVSL incorporates a formal talent management program which includes:  
(Check all that apply)

- Onboarding
- Adequate training budget
- Merit –based compensation
- Professional development
- Advancement/career ladders
- Behavioral coaching

31) Are your CV Service Line Advanced Practitioner roles defined such that they are able to work at the top of their license, defined as avoiding and/or reassigning work duties that under-utilize Advanced Practitioners compared to what their clinical licensure and personal potential should permit them to do?

- Yes
- No

32) Are your CV Service Line clinical support staff roles defined such that they are able to work at the top of their license, defined as avoiding and/or reassigning work duties that under-utilize RNs, LPNs or Medical Assistants compared to what their clinical licensure and personal potential should permit them to do?

- Yes
- No

## OPERATIONAL: IT RESOURCES

33) Is your CV Service Line clinical data contained in an Electronic Health Record?

- Yes - A consolidated Hospital and Ambulatory EHR
- Yes - A separate Hospital and Ambulatory EHR
- No - Either the Hospital and/or the Ambulatory services are not using an EHR

## CLINICAL: ORGANIZATIONAL QUALITY MANAGEMENT

34) Does your CV Service line have a Culture that promotes safety & quality evidenced by formal programs and/or activity regarding the following: (Check all that apply)

- Ambulatory peer review
- Root cause analysis of adverse events
- Shared credentialing across the CV service line based on guidelines/specialization
- Safety training
- Patient Advocacy

35) Does your CV Service Line have defined quality objectives as part of its strategic plan?

- Yes
- No

36) Our CV Service Line clinical data analytical capabilities include the following:  
(Check all that apply)

- We can assess clinical performance across all settings of care (ambulatory, outpatient, acute care, post-acute and home care)
- We can assess patient flow (wait times, turnaround times, bottlenecks, etc.)

37) Does your CV Service Line have defined disease management clinics (either formal or virtual) to which complex patients are referred for care: (Check all that apply)

- Atrial Fibrillation
- Congestive Heart Failure
- Congenital Heart Disease
- Device
- Hypertrophic obstructive cardiomyopathy
- Hypertension
- Lipid
- Peripheral Vascular
- Structural Heart
- Transplant/LVAD
- We do not have defined disease management clinics.

## CLINICAL: PROVIDER QUALITY MANAGEMENT

38) Does your CV Service Line have a physician-led subcommittee structure focused on strategic clinical priorities?

- Yes
- No

39) Do you regularly share physician specific CV Service Line Quality Data details with the physicians?

- Yes
- No

40) Does your CV Service have a formal forum that brings together physicians and other clinical leaders to? (Check all that apply)

- Identify and standardize best practices across the service line
- Assess program and operator quality

**41) Regarding participation in ACC and other clinical registries, does your CV Service Line participate in the following: (Check all that apply)**

- Cath/PCI
- ICD
- IMPACT
- ACTION
- PINNACLE
- STS/ACC TVT
- The PVI
- The STS Cardiac Surgery registry
- The Society for Vascular Surgery VQI Registry

### CLINICAL: CLINICAL STANDARDIZATION

**42) Regarding the approach(es) the CV Service Line is taking to redesign and improve clinical care: (Check all that apply)**

- Each improvement initiative has a clear physician leader
- Non-physician multidisciplinary stakeholders (nursing, pharmacy, etc.) are included in the work
- Each effort is adequately resourced with leadership, process improvement, data analytics, etc. for progress to be made on a timely basis
- The work of the improvement teams is transparent, including data on individual variation among physicians or locations
- We monitor adoption of the recommended changes over time to understand success in spreading the improvement
- We are able to demonstrate measurable improvement

**43) Does your CV Service Line have formal improvement teams dedicated to assessing performance and creating measurable improvements related to the following disease states? (Check all that apply)**

- CHF
- Atrial Fibrillation
- Hypertension
- None of the above.

**44) Has your CV Service Line incorporated appropriate use criteria in real time to manage utilization of resources?**

- Yes
- No

**TRANSFORMATIONAL: ABILITY TO TAKE RISK**

45) Does the CV Strategic Plan have specific elements to understand and navigate legislative changes and payment reform, such as MACRA and bundled CV payments?

- Yes
- No

46) Is there a clear understanding of your clinical performance and what will be necessary to be successful in a value-based market?

- Yes
- No

47) Are your episodic cost of care for key CV procedures and DRGs well understood?

- Yes
- No

48) Does the CV Service Line currently participate in risk-based initiative(s) with financial incentives tied back to the service line? (Check all that apply)

- Medicare ACO (Pioneer, MSSP or NextGen)
- CMS Bundled Payment Program
- Medicare Advantage
- Commercial Bundled Payment Program
- Other commercial value-based reimbursement plan
- Cost Savings Plan
- Gain Sharing
- Specialty Medical Home
- Other, please list: \_\_\_\_\_

**TRANSFORMATIONAL: TARGETING SUB-SPECIALIZATION**

49) Has your CV Service Line adopted standardized clinical approaches across the CV Service Line with shared protocols, pathways and guidelines related to appropriate use and/or patient selection based on evidence-based practice or service line consensus: (Check all that apply)

- CABG
- Valve
- TAVR
- PCI
- Chronic Total Occlusion
- Vascular Intervention
- Heart Failure
- VAD
- Device Implants
- Ablations

**TRANSFORMATIONAL: PREDICTIVE ANALYTICS**

50) Does your CV Service Line have access to a data warehouse, Health Information Exchange (HIE) or equivalent that? (Check all that apply)

- Has the ability to synthesize patient demographics & clinical data to allow for
- CV-related Predictive Analytics
- Has routine reporting of disease control parameters for populations reported by specific provider (e.g. percent of patients with controlled systolic BP below X)
- Can perform comparative effectiveness to assess the relationship between cost and quality
- Not applicable

**TRANSFORMATIONAL: POPULATION BASED METRICS**

51) Does the CV Service Line have the capability to aggregate CV-specific metrics for the entire service line (e.g. CMS ACO metrics related to CV care)?

- Yes
- No

52) Does the CV Service Line have the capability to aggregate and report disease control parameters for populations (e.g. percent of patients with controlled systolic BP below X)?

- Yes
- No

53) Does the CV Service Line incorporate patient reported outcomes in its EHR and care plans?

- Yes
- No

**TRANSFORMATIONAL: VIRTUAL VISITS**

54) Does the CV Service Line offer some form of Telemedicine, including Virtual Visits in rural clinics or rural hospitals, underserved or geographically remote areas?

- Yes
- No

**TRANSFORMATIONAL: TRANSITIONAL CARE**

55) Is there a CV-specific Care Management program focused on? (Check all that apply)

- Assesses/monitors patient clinical risk factors
- Assesses/monitors patient social risk factors
- Coordinates patient transitions from setting to setting to ensure services are being accessed
- Optimizes patient engagement through telephonic or electronic patient portals
- Incorporates patient self-monitoring

**TRANSFORMATIONAL: ALIGNMENT**

56) Has the CV Service Line adopted a standardized physician compensation model?

- Yes
- No

57) Do the physician compensation plan(s) have at least 20% at risk for non-productivity outcomes?

- Yes
- No

58) Does the CV Service Line participate in formal clinical integration efforts with these other types of physicians to discuss performance and design better care models? (Check all that apply)

- Primary Care
- Hospitalists
- ED Physicians

# Thank You!