

**Executive Brief**

# Quality matters

Cardiology and the challenges of value-based care

While the shift within healthcare toward value-based models of reimbursement has proved challenging for providers across the board, many cardiologists in particular have struggled to adapt in this new environment. Value-based healthcare ties the dollars providers receive to their ability to reduce costs while meeting specific quality metrics. But cardiovascular conditions can be difficult to treat and manage, and often require expensive interventions. The cardiology conundrum: How can a specialist on the cutting edge of medicine improve care and cut costs at the same time?

More than one in five heart failure patients are readmitted within 30 days of discharge.<sup>2</sup>

Here's a look at the biggest quality-related challenges most healthcare organizations face today, and the implications those challenges have for cardiology departments planning for success in a value-based world.

The Hospital Readmissions Reduction Program, [a value-based initiative](#) administered by the Centers for Medicare and Medicaid Services (CMS), calculates payment adjustments for hospitals based on their readmission rates for patients with certain complex conditions, including acute myocardial infarction, heart failure, and chronic obstructive pulmonary disease. Facilities with 30-day readmission rates for such patients in excess of the national average are penalized accordingly by CMS. The maximum penalty in FY 2017: [a 3% reduction](#) in base payments across all Medicare inpatient admissions.<sup>1</sup>

The challenge for cardiology departments goes beyond providing high-quality care for these patients. [Comorbidities may affect](#) whether a patient is eventually readmitted, as may their adherence to prescribed medications. And another CMS initiative, [Hospital Value-Based Purchasing \(HVBP\)](#), further complicates readmissions prevention by incentivizing hospitals to reduce patient length of stay. More than [one in five heart failure patients](#) are readmitted within 30 days of discharge.<sup>2</sup> Hospitals that discharge their patients too early may see their readmission rates [go up even more](#).<sup>3</sup>

## Adhering to Quality Metrics

CMS plans to tie [90%](#) of all Medicare fee-for-service payments to quality or value by 2018, and other payers, including commercial insurers, have followed suit with value-based contracts of their own.<sup>4</sup> In order to receive payments through these arrangements (as well as meet professional accreditation requirements), healthcare organizations must collect and report data relating to specific quality measures. The challenge here for cardiologists and their teams again has to do with the complexity of their patients — and ensuring that data across the continuum of care can be easily integrated for efficient reporting.

## Improving Overall Quality of Care

Data integration is also critical when it comes to improving overall care quality. Many practices struggle with “data silos” that limit access to patient records from collaborating providers. Such access is key to care coordination, however, especially for cardiology departments that may see patients who obtain medical care from many different specialists. When patient information is available at the point of care and can be

accessed with ease as part of the clinical workflow, physicians can use it to make informed decisions and ultimately provide the highest-quality care.

As the transition from fee-for-service to “pay-for-performance” gathers speed, cardiologists must adapt in order to succeed. Addressing challenges around care quality is one place they can begin.

To learn how Watson Health cardiology solutions can help your organization succeed, visit us at [ibm.com/watson-health/solutions/cardiology-solutions](http://ibm.com/watson-health/solutions/cardiology-solutions)

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With solutions that have been used by providers for more than 25 years, Watson Health Imaging is helping to reduce costs, improve efficiencies and enhance the quality of healthcare worldwide.

## Sources

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2. [Trends, causes and timing of 30-day readmissions after hospitalization for heart failure: 11-year population-based analysis with linked data](#). *International Journal of Cardiology* , Volume 248 , 246 - 251. December 2017.
3. [Clinical factors associated with early readmission among acutely decompensated heart failure patients](#). *Archives of Medical Science:AMS*. 2016;12(3):538-545.
4. [CMS 2016 Quality Strategy Overview](#). Centers for Medicare and Medicaid Services.

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