

# A Summary of the American Society of Echocardiography Foundation Value-Based Healthcare: Summit 2014

## The Role of Cardiovascular Ultrasound in the New Paradigm

Benjamin F. Byrd, III, MD, FACC, FASE, Theodore P. Abraham, MD, FACC, FASE, Denis B. Buxton, PhD, Anthony V. Coletta, MD, MBA, Representative James H. S. Cooper, JD (D-TN), Pamela S. Douglas, MD, MACC, FASE, FAHA, Linda D. Gillam, MD, MPH, Steven A. Goldstein, MD, Thomas R. Graf, MD, Kenneth D. Horton, RCS, FASE, Alexis A. Isenberg, PE, Allan L. Klein, MD, FRCP(C), FACC, FAHA, FASE, Joseph Kreeger, RCCS, RDCS, FASE, Randolph P. Martin, MD, FACC, FASE, FESC, Susan M. Nedza, MD, MBA, FACEP, Amol Navathe, MD, PhD, Patricia A. Pellikka, MD, FACC, FACP, FAHA, FASE, Michael H. Picard, MD, FACC, FASE, FAHA, John C. Pilotte, MHS, Thomas J. Ryan, MD, FACC, FASE, Jack Rychik, MD, Partho P. Sengupta, MBBS, MD, DM, FACC, FASE, James D. Thomas, MD, FACC, FASE, Leslie Tucker, MPH, William Wallace, MBA, R. Parker Ward, MD, FACC, FASE, FASNC, Neil J. Weissman, MD, FACC, FASE, David H. Wiener, MD, FACC, FAHA, FASE, and Sarah Woodruff, BS, MS, *Nashville, Tennessee; Baltimore and Bethesda, Maryland; West Conshohocken, Danville, Dillsburg, and Philadelphia, Pennsylvania; Durham, North Carolina; Morristown, New Jersey; Washington, District of Columbia; Murray, Utah; Cleveland and Columbus, Ohio; Atlanta, Georgia; Chicago, Illinois; Rochester, Minnesota; Boston, Massachusetts; and New York, New York*

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From Vanderbilt University Medical Center, Nashville, Tennessee (B.F.B.); Johns Hopkins University, Baltimore, Maryland (T.P.A.); the National Heart, Lung, and Blood Institute, Bethesda, Maryland (D.B.B.); Tandigm Health, West Conshohocken, Pennsylvania (A.V.C.); Vanderbilt University Owen Graduate School of Management, Nashville, Tennessee (J.H.S.C.); the Duke Clinical Research Institute, Duke University School of Medicine, Durham, North Carolina (P.S.D.); Morristown Medical Center, Morristown, New Jersey (L.D.G.); Washington Hospital Center, Washington, District of Columbia (S.A.G.); Geisinger Health System, Danville, Pennsylvania (T.R.G.); Intermountain Medical Center, Murray, Utah (K.D.H.); The Lexis Group, LLC, Dillsburg, Pennsylvania (A.A.I.); Cleveland Clinic, Cleveland, Ohio (A.L.K.); Children's Healthcare of Atlanta, Atlanta, Georgia (J.K.); Piedmont Heart Institute, Atlanta, Georgia (R.P.M.); MPA Healthcare Solutions, Inc, Chicago, Illinois (S.M.N.); University of Pennsylvania and Navigant Consulting, Inc, Philadelphia, Pennsylvania (A.N.); Mayo Clinic, Rochester, Minnesota (P.A.P.); Massachusetts General Hospital, Boston, Massachusetts (M.H.P.); the Centers for Medicare and Medicaid Services, Baltimore, Maryland (J.C.P.); The Ohio State University Heart Center, Columbus, Ohio (T.J.R.); The Children's Hospital of Philadelphia, Philadelphia, Pennsylvania (J.R.); Mount Sinai Medical Center, New York, New York (P.P.S.); Bluhm Cardiovascular Institute of Northwestern University, Chicago, Illinois (J.D.T.); the American Board of Internal Medicine and the ABIM Foundation, Philadelphia, Pennsylvania (L.T.); US Ignite, Washington, District of Columbia (W.W.); University of Chicago Medicine, Chicago, Illinois (R.P.W.); MedStar Health Research Institute, Washington, District of Columbia (N.J.W.); Thomas Jefferson University, Philadelphia, Pennsylvania (D.H.W.); and the Adult Congenital Heart Association, Philadelphia, Pennsylvania (S.W.).

Dr Byrd was the Summit chair; the rest of the panelists are listed in alphabetical order.

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MD, FACC, FASE, R. Parker Ward, MD, FACC, FASE, FASNC, David H. Wiener, MD, FACC, FAHA, FASE, William Wallace, MBA, and Sarah Woodruff, BS, MS.

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Reprint requests: American Society of Echocardiography, 2100 Gateway Centre Boulevard, Suite 310, Morrisville, NC 27560 (E-mail: [ase@asecho.org](mailto:ase@asecho.org)).

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## Abbreviations

**ABIM** = American Board of Internal Medicine

**ACC** = American College of Cardiology

**ACO** = Accountable care organization

**AHA** = American Heart Association

**ASE** = American Society of Echocardiography

**AUC** = Appropriate Use Criteria

**CAD** = Coronary artery disease

**CMS** = Center for Medicare and Medicaid Services

**EACVI** = European Association of Cardiovascular Imaging

**LV** = Left ventricular

**MI** = Myocardial infarction

**TEE** = Transesophageal echocardiography

**TTE** = Transthoracic echocardiography

## TABLE OF CONTENTS

Value-Based Healthcare in the United States	756
The Value Choice in Cardiac Imaging	757
Echocardiography's Value in Clinical Care	758
The Patient Perspective	761
Payer Perspectives on Value-Based Healthcare	762
The Value of Echocardiography in Research	764
Breakout Sessions	766
Summary	769

For the past decade, the healthcare system in the United States has been undergoing a seismic shift in models of care and payment paradigms. Until recently, nearly all medical care in the United States was reimbursed on a "fee-for-service" basis, as doctors and hospitals were paid separately for each test or procedure they performed. In 2006, Michael Porter and Elizabeth Teisberg introduced the value agenda in their seminal book *Redefining Health Care* and noted in a 2007 article<sup>1</sup> that physician leadership

was essential to bringing about meaningful changes and improving value in healthcare. Since that time, both government and private payers have begun paying for care in a multitude of new ways, such as bundled payments, episode-of-care payments, and outcomes-dependent payment models. This shift from "volume to value" represents both a challenge and an opportunity for the field of cardiovascular ultrasound.

On September 12, 2014, the American Society of Echocardiography (ASE) Education and Research Foundation hosted Value-Based Healthcare: Summit 2014 in Washington, D.C. This event was organized around three main goals:

1. To create a dynamic forum for discussion of the evolving value-based healthcare environment and the important role of cardiovascular ultrasound in that environment.
2. To disseminate important information to a wider audience through publication of the Summit proceedings in the *Journal of the American Society of Echocardiography*.
3. To provide a "living resource" for clinicians, researchers, and administrators to use in advocating for the value of cardiovascular ultrasound.

This Summit featured speakers and panelists from across the healthcare spectrum, each offering a unique perspective on the transition to value-based healthcare, with a focus on the role of cardiovascular ultrasound. Clinicians, legislators, private and governmental payers, patient advocates, researchers, and industry representatives came together to discuss ways to deliver superior value in cardiovascular care in this rapidly changing healthcare environment.

The Summit was organized into panels offering a variety of perspectives on value-based healthcare and the role of cardiovascular ultrasound in both the current system and the new paradigm. The

various panels focused on five key aspects of the discussion: value-based healthcare in the United States, the value choice in cardiac imaging, the value of echocardiography in clinical cardiology, payer perspectives on value, and the value of echocardiography in research. Finally, Summit attendees participated in three breakout groups to explore specific trends in healthcare and cardiac imaging. Participants discussed the role of cardiovascular ultrasound in the current landscape, as well as challenges and opportunities waiting in the future. The following sections summarize the key points of discussion, recommendations, and selected readings for further information.

**VALUE-BASED HEALTHCARE IN THE UNITED STATES**

*Panelists: Representative James H. S. Cooper, JD (D-TN), Thomas R. Graf, MD, Benjamin F. Byrd III, MD, FACC, FASE, and Randolph P. Martin, MD, FACC, FASE, FESC*

**A Congressional Perspective**

Representative Cooper opened the Summit by discussing the growth in healthcare expenditures in America and the challenges of addressing this issue through legislative action. He emphasized that today's healthcare system is in transition, characterized by rapid change in insurance regulation as well as healthcare delivery, the decline in private practice and a concomitant rise in hospital employment of physicians, and growing out-of-pocket health expenditures for consumers. Representative Cooper addressed three key questions regarding value-based healthcare: (1) What is value-based healthcare? (2) Who should determine value? and (3) Will value-based healthcare work?

From a practical standpoint, for the average patient, the simple definition of value-based healthcare is "getting your money's worth." Although Americans are excellent shoppers, Representative Cooper noted that they have never truly been allowed to shop for their healthcare until recently. The complex insurance system and widespread use of employer-sponsored healthcare tend to hide the true cost of care from the average patient, but that is changing with the advent of insurance exchanges and the shifting of costs from employers to individuals.

Representative Cooper strongly urged doctors and their professional associations, in conjunction with patients and patient groups, to take the initiative in defining value. Medical professionals are key to the decision-making process, because they have a deep understanding of the benefits of specific procedures. Patients want to make choices in their own best interest. Importantly, the medical profession must regulate itself continually to avoid waste and fraud, or the government may be forced to take the decision out of their hands.

Finally, the short answer is that value-based healthcare has to work; there is no real alternative, because the current level of expenditures is not sustainable, either by the government or by consumers. There has never been a greater moment for cardiology leadership to foster progressive efforts in lifestyle changes among the broader population, as well as to shape the future of healthcare delivery.

**A Health System Perspective**

Speaker Dr Thomas Graf offered a unique perspective as a family medicine physician who also oversees population health efforts at Geisinger Clinic, one of the more successful health systems in implementing new models of care such as accountable care organizations (ACOs). Dr Graf emphasized that the objective of tomorrow's healthcare delivery system should focus on the "Triple Aim plus." The Triple Aim is to achieve higher quality for populations, better patient experience of care, and lower costs.<sup>2</sup> In addition, however, Dr Graf also emphasized the need to achieve a better professional experience for healthcare providers.

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