Dartmouth Health

Heart and Vascular Center
STRUCTURAL HEART PROGRAM

Turning Data into Action: Expanding Patient Access for TAVR

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Edwards Healthcare Leadership Series

October 2026

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The Patient Access Challenge

- 140 days from referral to TAVR
- Patients seeking care elsewhere due to treatment delays

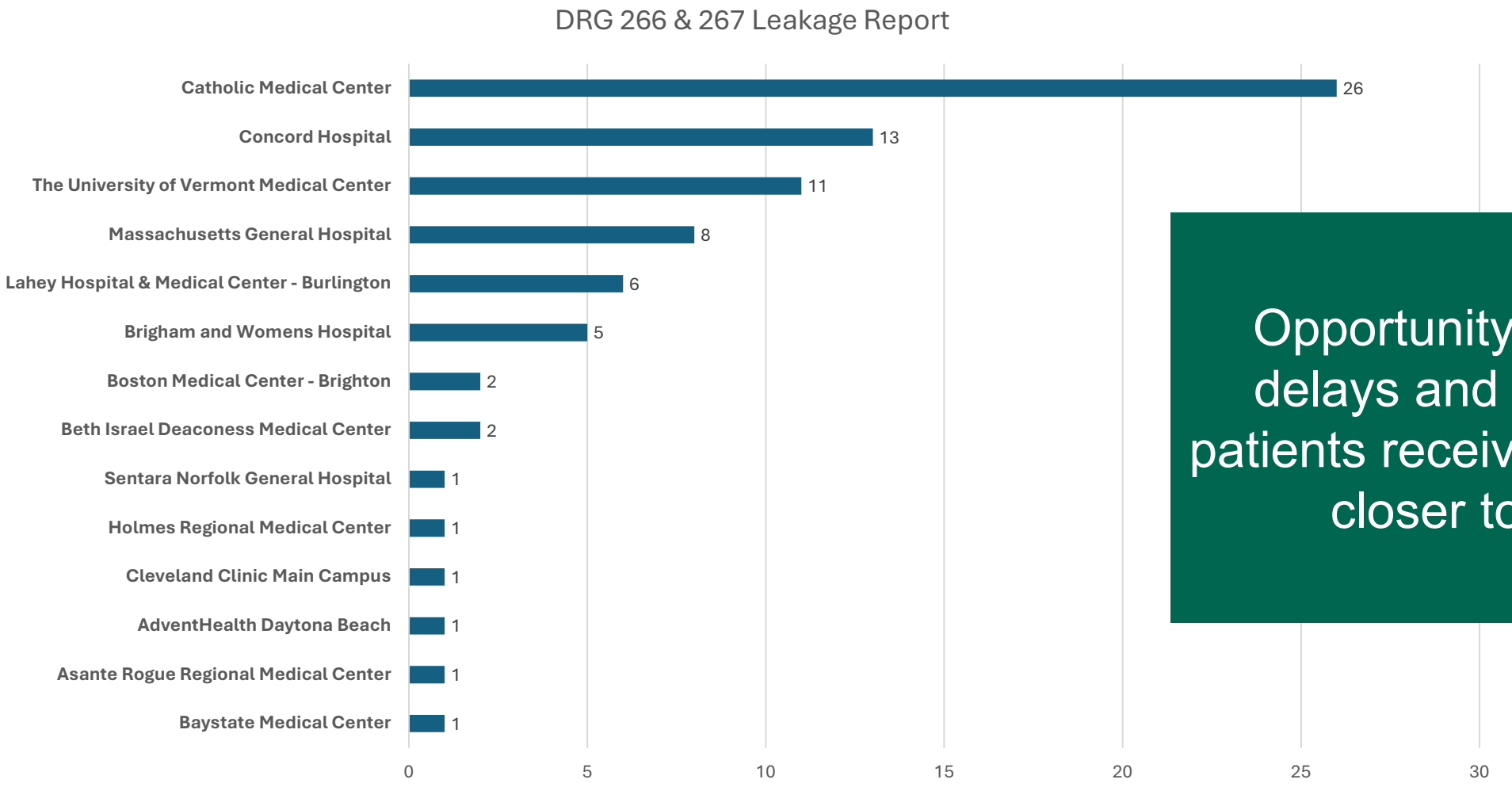
Rural Hospital Reality:

- ~200K population near main hub

- 1.3M population down in southern NH



Understanding Where Patients Face Barriers to TAVR Access



Opportunity to reduce delays and help more patients receive timely care closer to home

Expanding Capacity to Treat More Patients



Procedural Capacity

Added second TAVR day/week

Increase from 6 to 10 cases/week



Imaging Capacity

2 additional cardiac CT scanners



Scheduling Capacity

Added additional Structural Heart Scheduler

Improving Patient Flow and Access to Care



Hospital Capacity

16 additional inpatient beds



Minimizing Resource Utilization

Increasing same day discharge rates (~20%)

Implementing conscious sedation

Recognizing the Full Complexity of Every Patient

MS-DRG	*Medicare payment rate shown does not include 2% sequestration reduction		FY2026
DRG 266	with major complications and comorbidities (MCC)	$	65,920
DRG 267	without major complications and comorbidities (CC)	$	51,122

For FY 2025 and prior, DH in the **25% percentile** for DRG 266 coding compared with other Northeast Academic Medical Center Medicare Providers

Improving Documentation of Patient Complexity

Coding/Quality Team Education	Workflow Changes	Updated H&P Template	Inpatient Team Education
• Data Visibility • Evolving HF Definitions	• NT-pro BNP added to pre-procedural labs • LVEDP	• Emphasis on HF symptoms • Biomarkers • MCC diagnosis	• Routine use of Template



More accurately Reflecting Patient Care Needs

- MCC capture rate increased from 22% FY 2025 to 77% in FY 2026

MCC Capture Within 266//267							
October 2024	November 2024	December 2024	January 2025	February 2025	March 2025	April 2025	May 2025
10/1 - 10/31	11/1 - 11/30	12/1 - 12/31	1/1 - 1/31	2/1 - 2/28	3/1 - 3/31	4/1 - 4/30	5/1 - 5/31
18%	23%	28%	26%	22%	30%	19%	18%

June 2025*	July 2025	August 2025	September 2025
6/1 - 6/30	7/1 - 7/31	8/1 - 8/31	9/1 - 9/30
35%	19%	38%	42%

*Structural Cardiology H&P template update occurred on June 17th, 2025

October 2025	November 2025	December 2025	January 2026	February 2026	March 2026	April 2026	May 2026
10/1 - 10/31	11/1 - 11/30	12/1 - 12/31	1/1 - 1/31	2/1 - 2/28	3/1 - 3/31	4/1 - 4/30	5/1 - 5/31
72%	91%	87%	73%	77%	82%	91%	66%

June 2026
6/1 - 6/30
55%

Maintain capacity, resources, and access for complex patients

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Supporting Sustainable Access for Complex Patients

FY2026 MCC Calculator

Enter Provider ID:	Provider Name	State	City
300003	MARY HITCHCOCK MEMORIAL HOSPITAL	NH	LEBANON

MS-DRG	*Medicare payment rate shown does not include 2% sequestration reduction		FY2026
DRG 266	with major complications and comorbidities (MCC)	$	65,920
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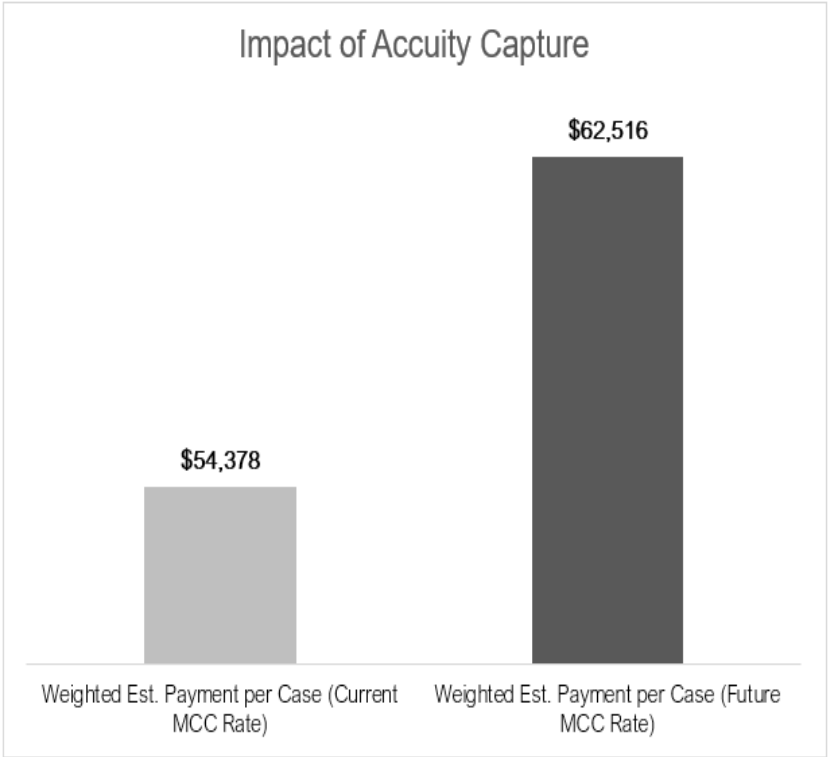
Accuity Capture (MCC Rate)			
	Percent of Cases by DRG (Previous)		
DRG 266	with major complications and comorbidities (MCC)		22%
DRG 267	without major complications and comorbidities (CC)		78%
	MCC Weighted Estimated Payment per Case (Previous)	$	*54,378*
	Percent of Cases by DRG (Current)		
DRG 266	with major complications and comorbidities (MCC)		77%
DRG 267	without major complications and comorbidities (CC)		23%
	MCC Weighted Estimated Payment per Case (Current)	$	*62,516*



# of Cases: 250

$8,139
Incremental Payment per Case

$2,034,725
Annual Incremental Payment

Reducing the Time from Referral to Treatment

Kaiser Permanente Mid Atlantic Structural Heart Program (~200 patients/year)

Referral	Virtual Consultation	Imaging	TAVR
SH Coordinator Intake Call	Structural IC	TAVR CT MRI/Non con CT	CTS Consultation Day Of

Reducing time to treatment may help limit disease progression and improve the patient experience

Putting Patients at the Center of Program Improvement

- Identify barriers that delay patient care
- Use multiple strategies to improve access
- Build sustainable capacity to treat more patients
- Keep the patient at the center of every decision

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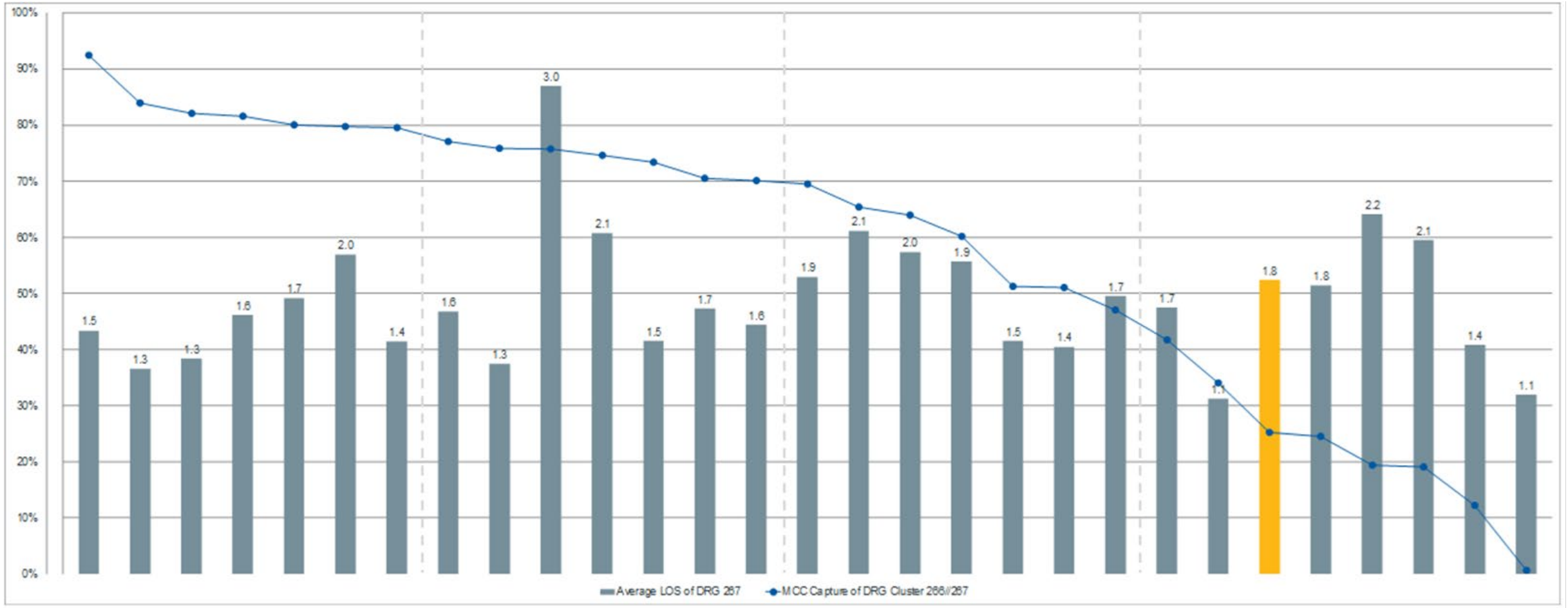
Thank you!



Accurately Identifying TAVR Patient Complexity



Northeast AMC Providers with at least 50 Medicare Discharges in Endovascular Cardiac Valve Replacement
MedPAR 2023 including COVID Data (10/2022 – 9/2023)