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CLINICAL INNOVATION TRACK

Cardiovascular capacity modeling across the care continuum



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Strategy Intelligence

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PP--US-13070 v1.0

Solving the capacity puzzle: A real-world capacity challenge

Problem

Large health system estimated procedural demand for 2036 and identified **a shortage of 12 procedural rooms** in a growing service area

+12
Procedural rooms



Source: Strategy Intelligence interview, May 2026.

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Reimagine care—for today and tomorrow—to ease capacity constraints

Cardiovascular forecast, 2026-2036

Cath lab

Diagnostic cath
-19% IP+OP

PCI
+5% IP+OP

EP lab

Ablations
+51% IP+OP

Pacemakers/ICDs
+28% IP+OP

Structural heart

PLAAC
+107% IP

Transcatheter valves
+143% IP

Vascular lab

Open/endo—peripheral
-1% IP

Open/endo—abd/thor
+11% IP

Endo—peripheral
+36% OP

PLAN FOR GROWTH

- One in five Americans will be aged 65 and older by 2030.
- Bottlenecks can proliferate.
- Transcatheter valve utilization will grow.

Note: Analysis includes U.S. market only and excludes 0-17 age group. Abd = abdominal; cath = catheterization; endo = endovascular; EP = electrophysiology; ICD = implantable cardioverter defibrillator; IP = inpatient;
OP = outpatient; PCI = percutaneous coronary intervention; PLAAC = percutaneous left atrial appendage closure; thor = thoracic. Ablations refers to intracardiac catheter ablations. Sources: Vespa J, Medina L, Armstrong DM. *Demographic Turning Points for the United States: Population Projections for 2020 to 2060*. U.S. Census Bureau. February 2020. https://www.census.gov/content/dam/Census/library/publications/2020/demo/p25-1144.pdf; Impact of Change®, 2026; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2022. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Strategy Intelligence Claims Data Set, 2023; The following 2023 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2026; Strategy Intelligence analysis, 2026.

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TAVR national coverage decision will expand eligible patient population



TAVR = transcatheter aortic valve replacement. Source: Strategy Intelligence, 2026.

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Earlier valve intervention improves outcomes and reduces unplanned hospital burden

EARLY TAVR study

In asymptomatic severe AS patients, early TAVR was superior to clinical surveillance in reducing the incidence of death, stroke, or unplanned cardiovascular hospitalization. Treating before deterioration can reduce complications, emergency bed demand, and resource-intensive inpatient care.

- 901 randomized U.S./Canadian adults
- **Primary events**: 26.8% vs 45.3%
- **CV hospitalizations**: 20.9% vs 41.7%

U.S. cost-effectiveness modeling

A U.S. payer-perspective model projected early TAVR to improve survival-adjusted quality of life while lowering lifetime costs by reducing strokes, CHF admissions, and delayed valve procedures. Earlier intervention shifts care to planned treatment and away from costly, resource-intensive complications.

- Medicare rates informed costs
- Added 0.24 quality-adjusted life-years
- $8,812 lower projected lifetime cost

U.S. real-world AVR outcomes and costs

Treating stable patients helped avoid longer lengths of stay, readmissions, complications, and intensive resource use associated with acute valve syndrome. Although observational, the study demonstrates the operational and clinical risk of allowing patients to deteriorate before AVR.

- 24,075 U.S. adults receiving AVR
- $36,267 lower adjusted 1-year costs
- Shorter LOS, fewer CHF IP stays

Notes: AS = aortic stenosis; AVR = aortic valve replacement; CHF = congestive heart failure; LOS = length of stay; TAVR = transcatheter aortic valve replacement. Sources: Généreux et al., *NEJM*, 2024; Généreux et al., *Value in Health*, 2026; Généreux et al., *JAHA*, 2025. Strategy Intelligence analysis, 2026.

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Prepare now for future coverage changes

NOW

Current National Coverage Determination 20.32

Covers **symptomatic aortic stenosis** for FDA-approved TAVR indications under Coverage with Evidence Development

WHAT IT COULD BE

Potential updates to National Coverage Determination

Expands coverage to selected **asymptomatic severe aortic stenosis** patients under Coverage with Evidence Development

FDA = U.S. Food and Drug Administration. Sources: Centers for Medicare & Medicaid Services (CMS). National Coverage Determination Transcatheter Aortic Valve Replacement (TAVR) 20.32. October 2022. Accessed May 2026. https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=355; CMS. TAVR NCD reconsideration tracking sheet. 2026. Accessed May 2026. https://www.cms.gov/medicare-coverage-database/view/ncacal-tracking-sheet.aspx?ncaid=321; Edwards Lifesciences. RE: National Coverage Determination (NCD) for Transcatheter Aortic Valve Replacement (TAVR) 20.32; 2025. Accessed May 2026. https://www.cms.gov/files/document/id321.pdf; Walter M. CMS considers Medicare coverage for TAVR in asymptomatic patients. Cardiovascular Business. December 15, 2025. Accessed May 2026. https://cardiovascularbusiness.com/topics/clinical/structural-heart-disease/tavr/cms-considers-medicare-coverage-tavr-asymptomatic-patients; Strategy Intelligence analysis, 2026.

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The TAVR-eligible population is doubling

New coverage for asymptomatic patients amplifies demand, unlocking access to care.

1.6M
Americans aged 75+ have aortic stenosis

↓

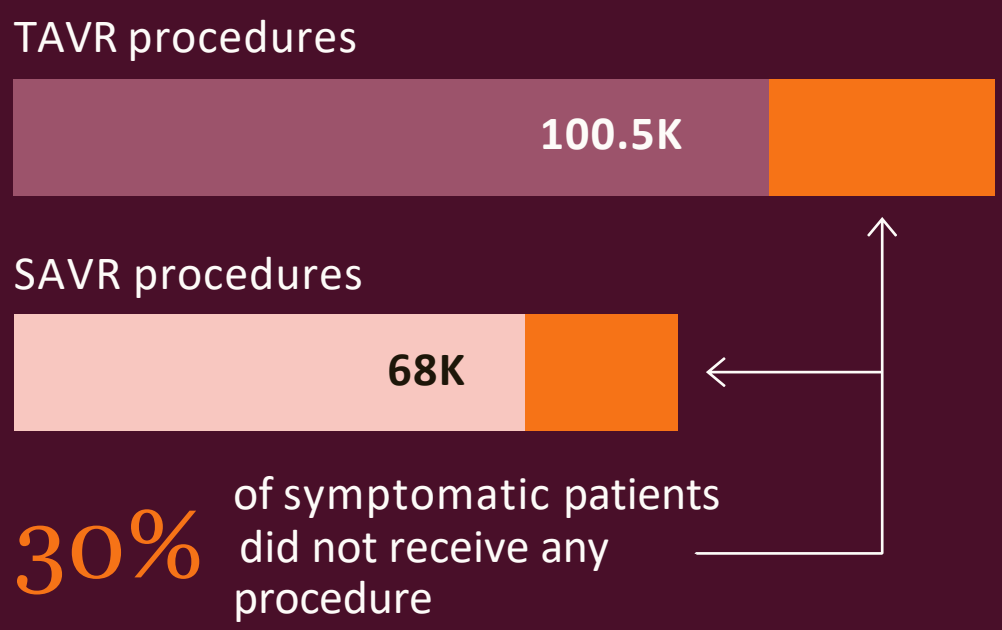
480K
are severe

↓

240K are asymptomatic | **240K** are symptomatic

Today's reality

In 2023, procedure volumes were:



SAVR = surgical aortic valve replacement. Sources: Osnabrugge RLJ, Mylotte D, Head SJ, et al. Aortic stenosis in the elderly: disease prevalence and number of candidates for transcatheter aortic valve replacement: a meta-analysis and modeling study. *J Am Coll Cardiol*. 2013;62(11):1002-1012. doi:10.1016/j.jacc.2013.05.015; Tribouilloy C, Bohbot Y, Rusinaru D, Leborgne L, Maréchaux S. Management of severe asymptomatic aortic stenosis: An updated overview. *Arch Cardiovasc Dis*. 2026;119(1):39-49. doi:10.1016/j.acvd.2025.10.325; The Society of Thoracic Surgeons. Adult cardiac surgery database. 2023. Accessed May 2026. https://www.sts.org/research-data/registries/sts-national-database; Strategy Intelligence analysis, 2026.

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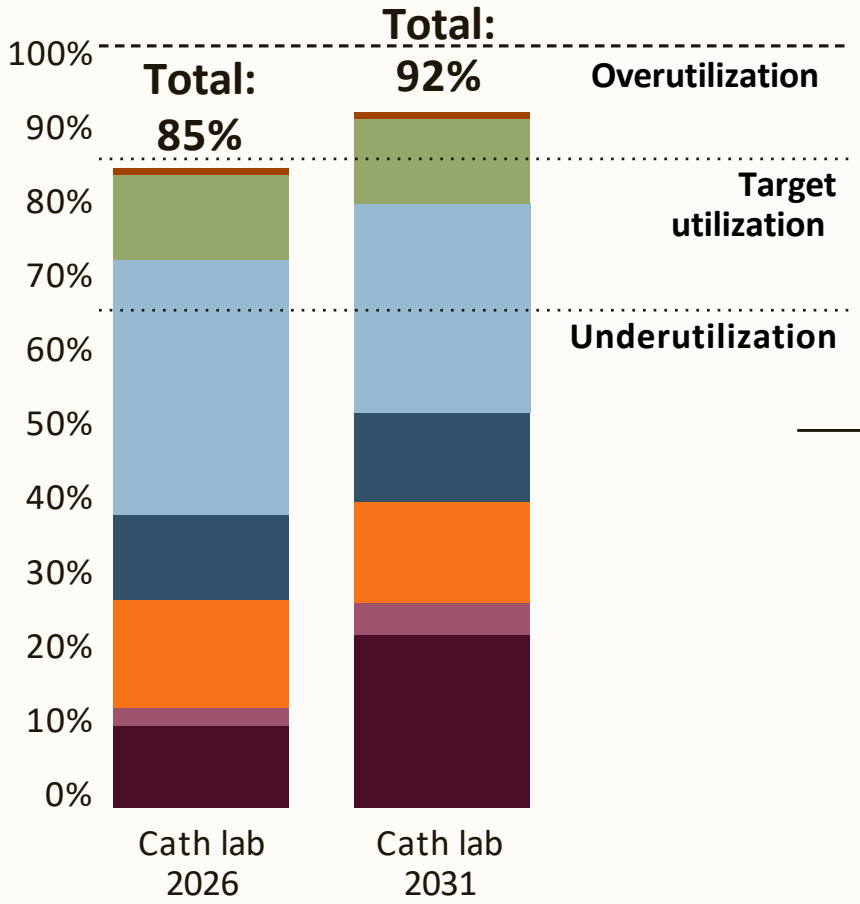
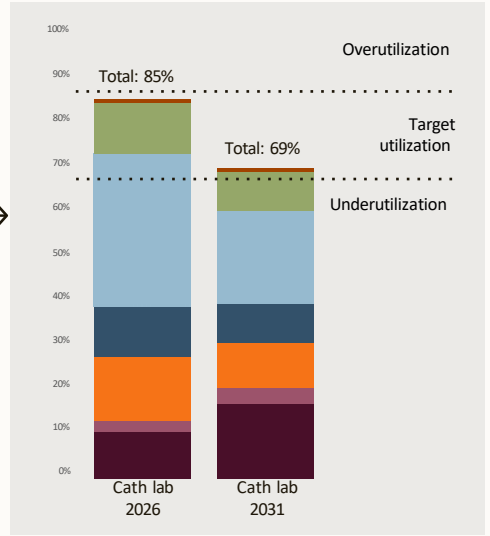
Build capacity, redistribute demand, or both?

New CMS rules allow for some CV (not TAVR) procedures to be done in ASC setting, freeing hospital capacity for more complex structural procedures

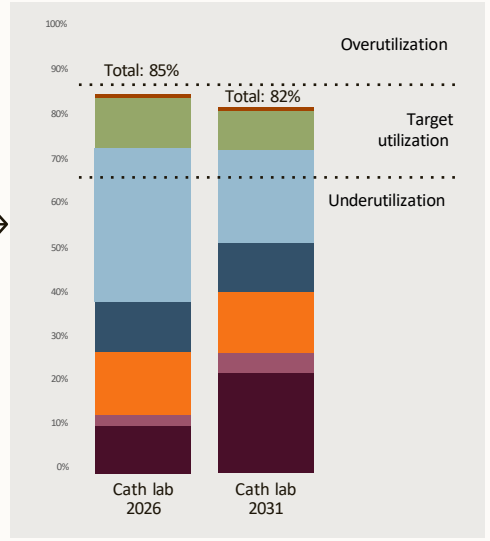
NEW TOOL ALERT!

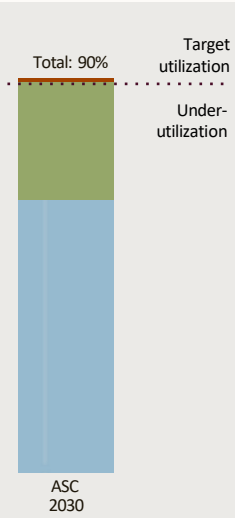


Add another cath lab?



Build an ASC?





ASC = ambulatory surgery center. Source: Sample output from Vizient Strategy Intelligence Catheterization Lab Scenario Modeler; Strategy Intelligence analysis, 2026.

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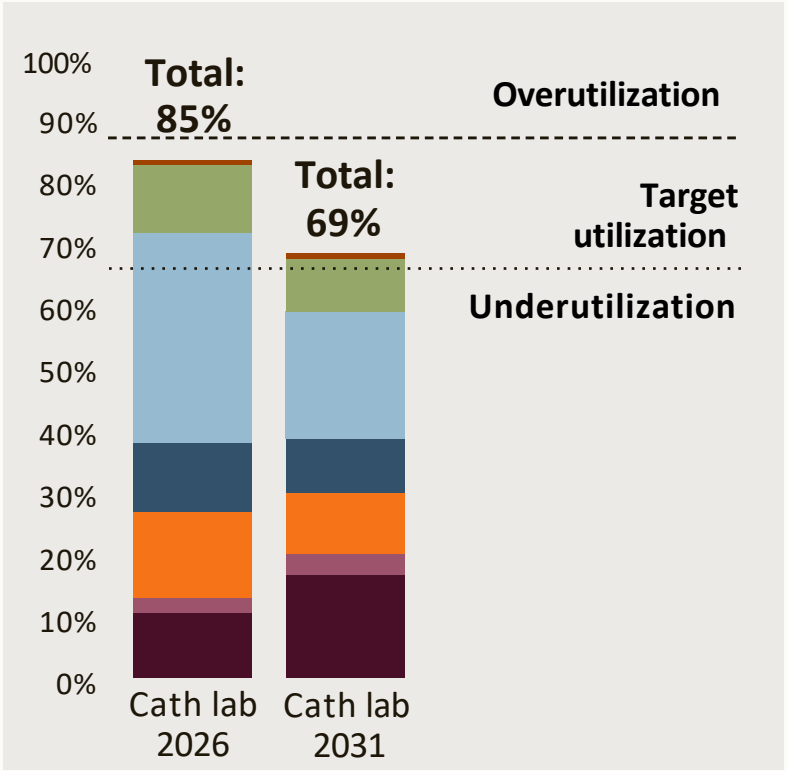
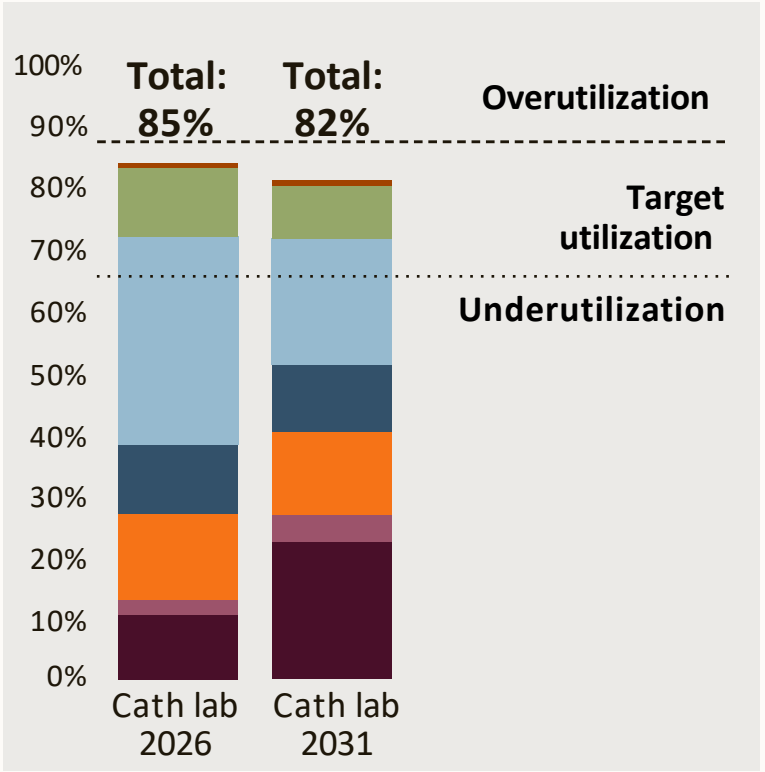
Build capacity, redistribute demand, or both?

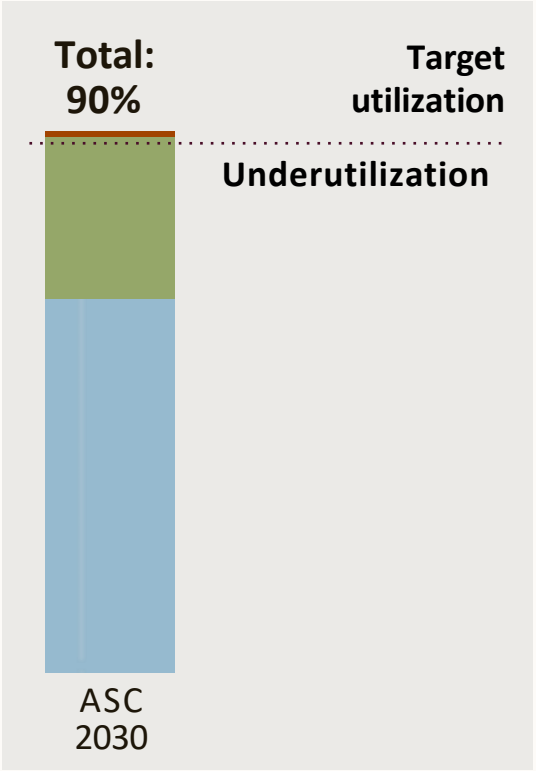
New CMS rules allow for some CV procedures (not TAVR) to be done in ASC setting, freeing hospital capacity for more complex structural procedures

Add another cath lab?



Build an ASC?





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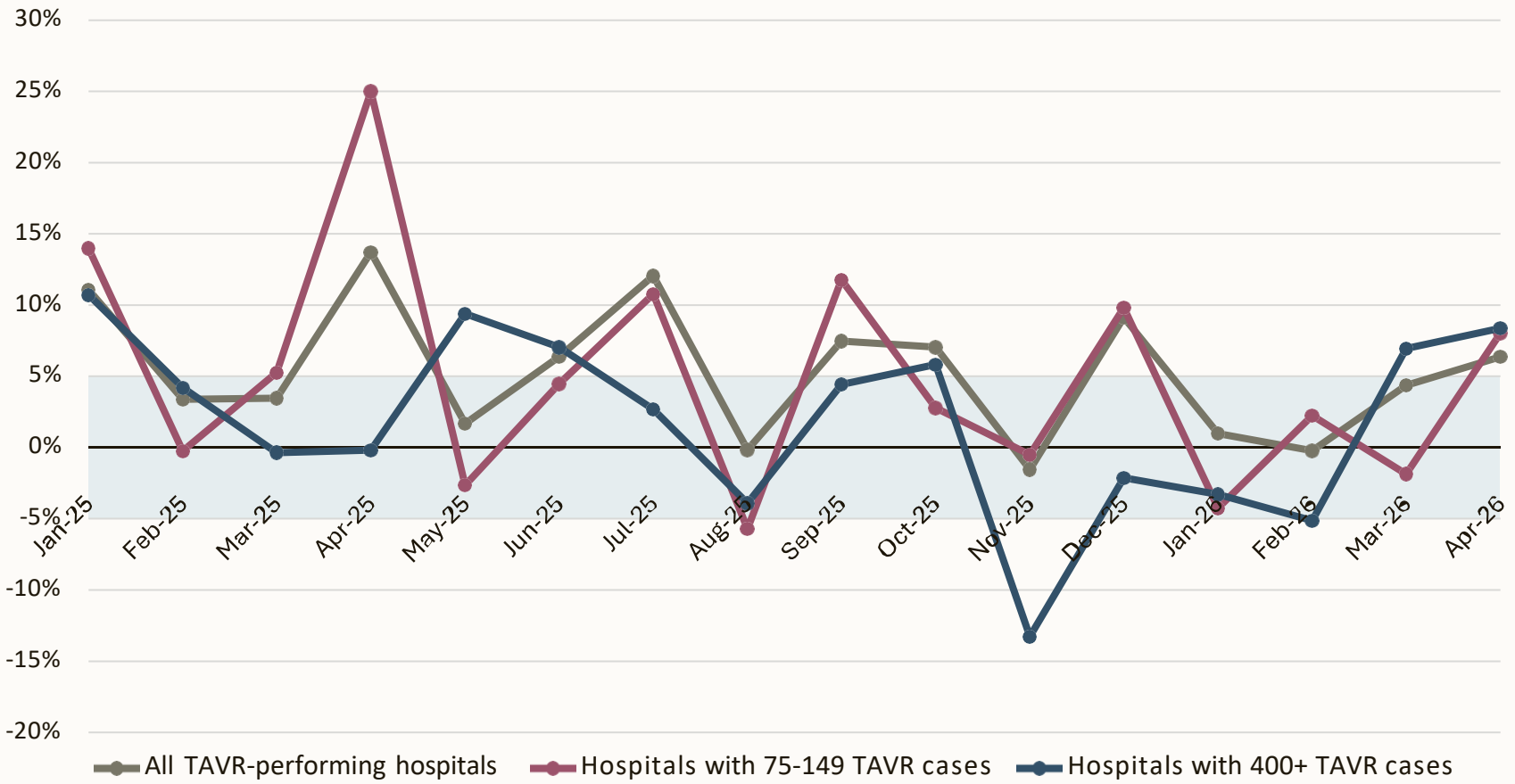
The largest TAVR programs show signs of capacity pressure

Monthly year-over-year TAVR volume change, January 2025-April 2026



TAVR volume growth, January 2025-April 2026

Hospitals with 400+ annual TAVR cases	+7%
Hospitals with 75-149 annual TAVR cases	+21%
All TAVR-performing hospitals	+16%

Note: Analysis includes U.S. market only and all hospitals in Vizient Clinical Data Base. Analysis excludes 0-17 age group. YoY = year over year. Sources: Data from the Vizient Clinical Data Base. All rights reserved. Accessed June 2026; Strategy Intelligence analysis, 2026.

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Model "around-stream" utilization

Extend planning beyond the lab into clinic space (or virtual), imaging capacity, and long-term workforce planning

Projected 5-year inpatient, TAVR procedure volume, 2026-2031

	2026	2031	2031 cath lab capacity
TAVR	234	417	76%

Projected impact of TAVR procedures on 5-year outpatient visit volume, 2026-2031

Procedure	2026	2031
E&M visits	1,245	2,216
Echo	585	1,041
Diagnostics	538	958
Diagnostic cath	61	109
CT	211	376

Note: Analysis includes U.S. market only and excludes 0-17 age group. Potential upstream and downstream volumes restricted to ICD-10 I35.0 (nonrheumatic aortic valve disorders). Forecasts are for Heart Valve Disease CARE Family. CT = computed tomography; echo = echocardiogram; E&M = evaluation and management. Sources: Sample output from Vizient Strategy Intelligence Catheterization Lab Scenario Modeler; Impact of Change®, 2026; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2022. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Strategy Intelligence Claims Data Set, 2023; The following 2023 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2026; Strategy Intelligence analysis, 2026.

NEW TOOL ALERT!

Grow your program

- Plan for complementary utilization to create and maintain access
- Leverage tool to demonstrate strategic investments

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Solving the capacity puzzle: Market-based solutions are the missing piece

Problem

A shortage of 12 operating rooms in a growing market with three locations

Solution

Rather than just building 12 O.R.s at the community hospital, the health system:

- Expanded O.R. hours at both hospitals
- Shifted appropriate local procedural volume back to the community hospital, opening capacity at the tertiary site
- Redistributed service line presence and centralized practices at one site of care

Result

Through strategic operational decisions, the O.R. demand was reduced from 12 to seven, lowering build costs.



O.R. = operating room. Source: Strategy Intelligence interview, May 2026.

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Set the capacity plan both upstream and downstream of the procedure



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From procedural capacity to system capacity



- **Bed capacity:** Manage the inpatient constraint
- **Service distribution:** Clarify the role of each site
- **Site-of-care shift:** Use EP to model what moves, what stays, and where care is best delivered

Source: Strategy Intelligence analysis, 2026.

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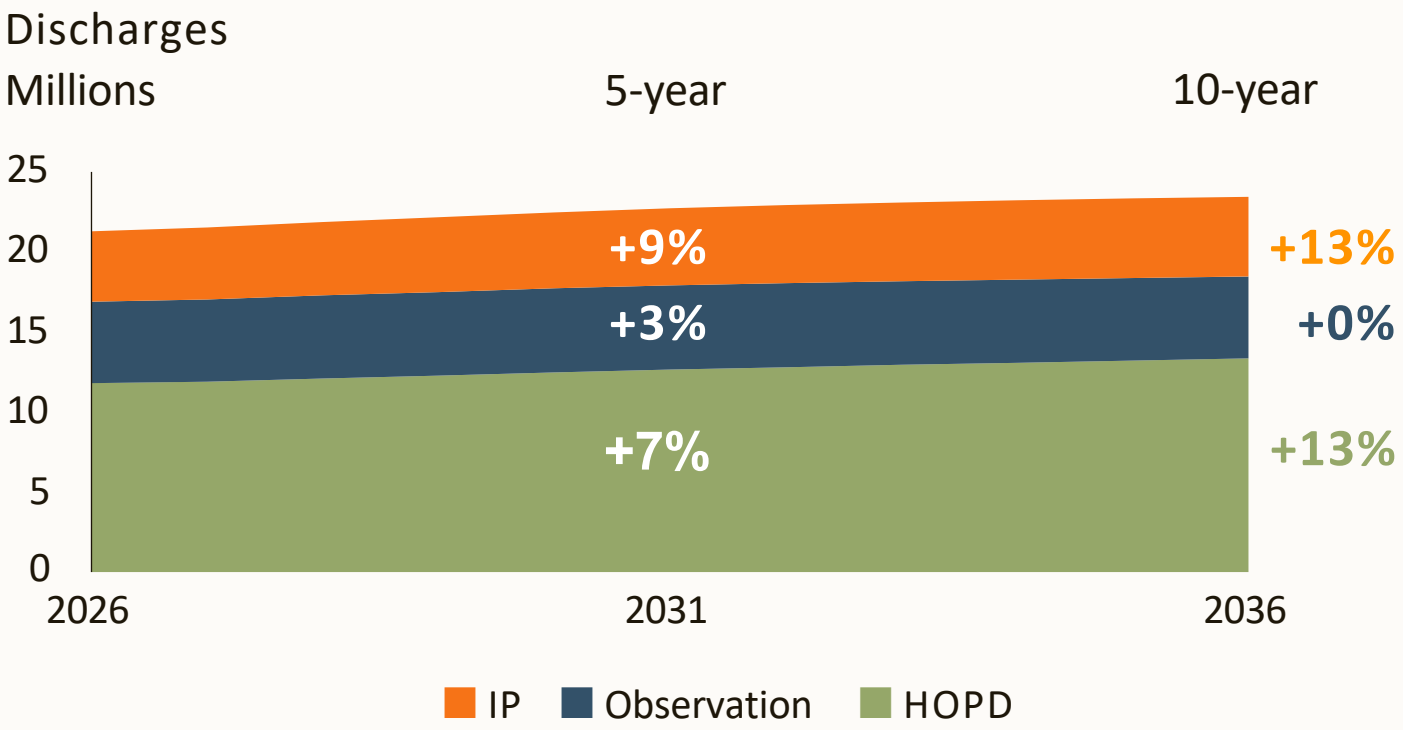
The hospital remains central for the CV System of CARE—capacity is constrained

Hospital cardiovascular forecast: +10% 2026-2036



Almost 80% of CV hospital utilization is short-stay OP volumes

ALOS: +4%

Bed days: +18%

Note: Analysis includes U.S. market only and cardiovascular service line group. Analysis excludes 0-17 age group. Hospital forecast includes the following: IP discharges; visits—observation in HOPD; HOPD procedures—major/minor and select diagnostics in the HOPD including diagnostic catheterization, CV stress testing, EP studies and implantable loop recorders (ILRs). Valve surgery = transcatheter valve procedure and surgical valve procedure. 0% indicates the forecast is flat (less than ± 1). ALOS = average length of stay; CARE = Clinical Alignment and Resource Effectiveness; CV = cardiovascular; HOPD = hospital outpatient department. Sources: Impact of Change®, 2026; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2022. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Strategy Intelligence Claims Data Set, 2023; The following 2023 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2026; Strategy Intelligence analysis, 2026.

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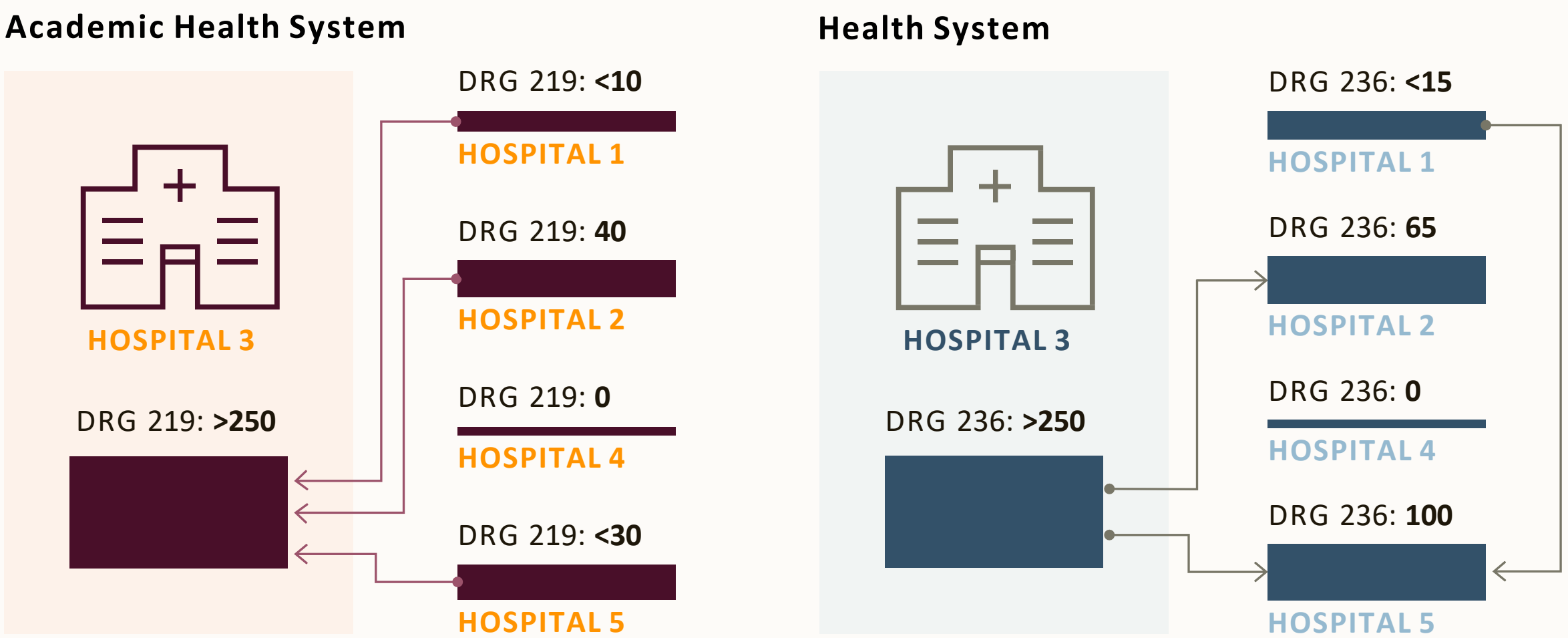
Determine what you can move and where



Note: Example health systems shown are hypothetical and for demonstration purposes only. DRG = diagnosis-related group. Source: Strategy Intelligence analysis, 2026.

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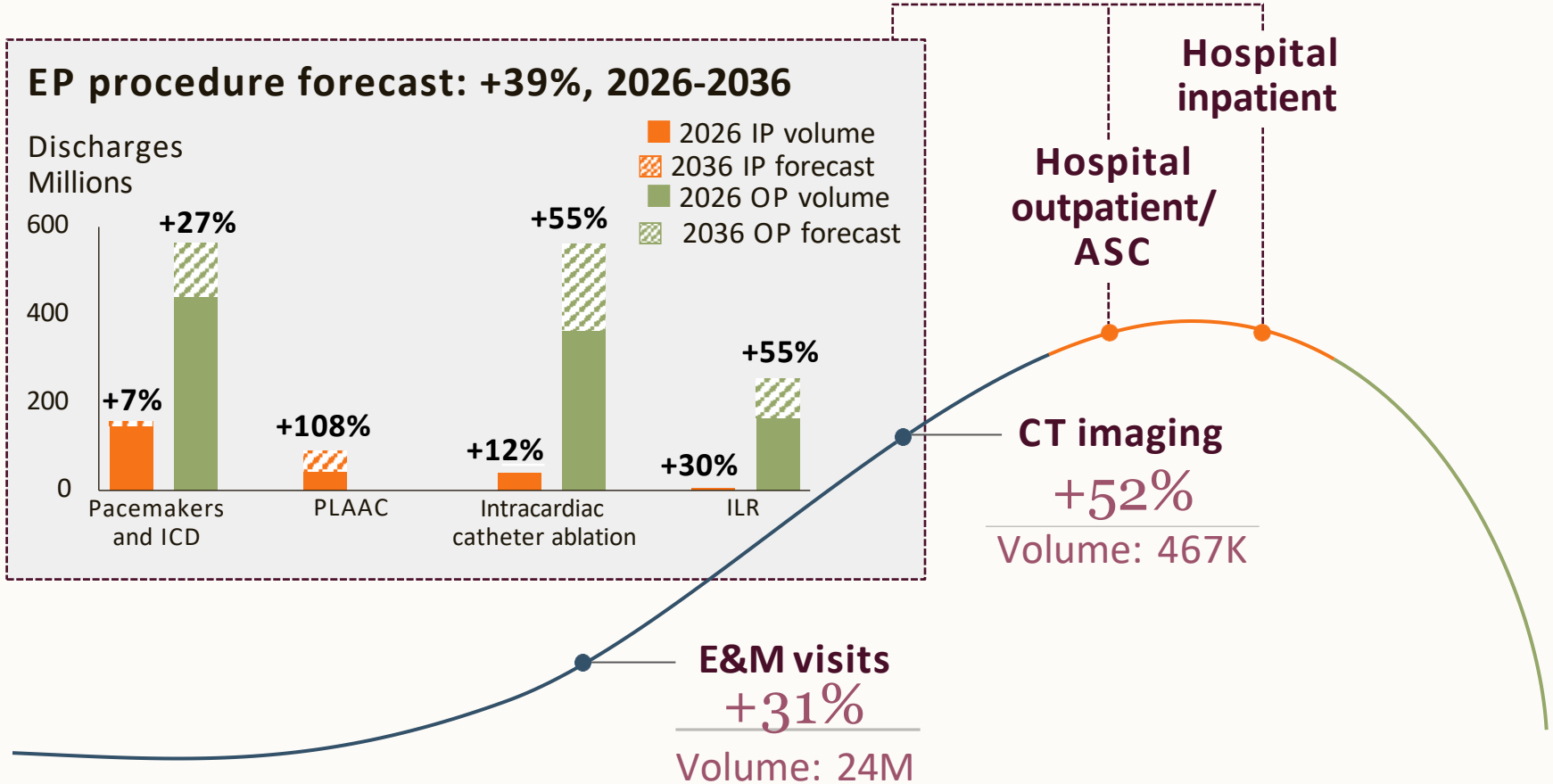
EP procedure growth extends across the System of CARE

EP 2026 site of care volumes and 10-year forecast, 2026-2036



Note: Analysis includes U.S. market only and excludes 0-17 age group. AFib = atrial fibrillation. Sources: Impact of Change®, 2026; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2022. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Strategy Intelligence Claims Data Set, 2023; The following 2023 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2026; Strategy Intelligence analysis, 2026.

EP procedure growth means upstream growth in dysrhythmia volumes

Enable and manage EP demand:

- Establish AFib clinic
- Integrate remote patient monitoring
- Elevate workforce
- Redesign and standardize care to open access
- Reduce readmissions through post-acute monitoring

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Clinical variation exists and drives the CV ASC conversation

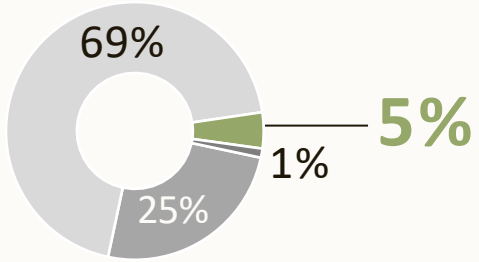
New CMS rules allow for some CV procedures (not TAVR) to be done in ASC setting, freeing hospital capacity for more complex structural procedures

National 2026 baseline volumes by site of care

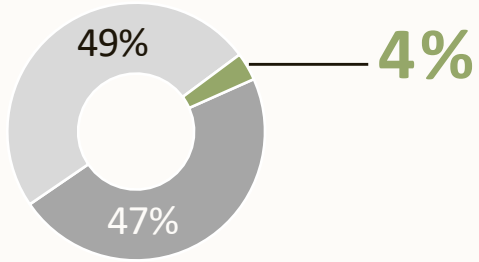
Inpatient HOPD ASC Office

Select interventional cardiology procedures

Diagnostic cath (1.8M)

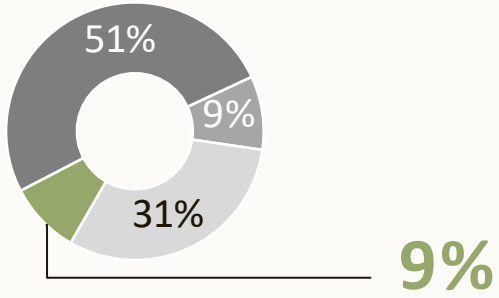


PCI (887K)

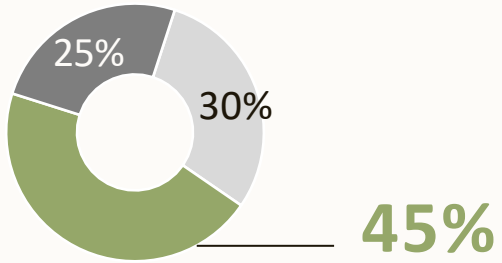


Select vascular procedures

Peripheral endovascular (620K)

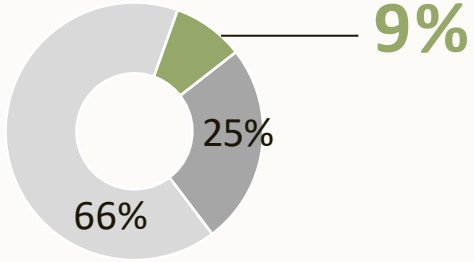


AV fistula (820K)

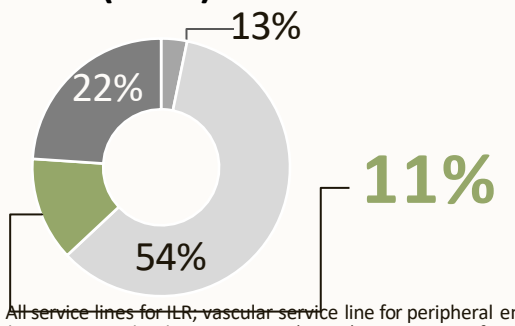


Select EP procedures

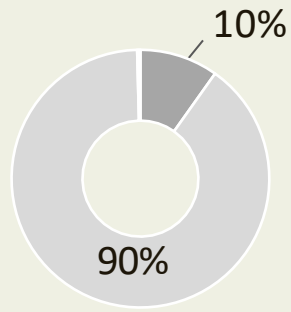
Pacemakers and ICDs (588K)



ILR (170K)



Intracardiac ablations (401K)



Note: Analysis includes U.S. market only and excludes 0-17 age group. CV service line only for diagnostic cath, PCI, pacemakers and ICDs, ablations procedures. All service lines for ILR; vascular service line for peripheral endo and AV fistula procedures. National perspective and local considerations will impact market-level shift potential. AV = arteriovenous. Sources: Impact of Change®, 2026; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2022. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Strategy Intelligence Claims Data Set, 2023; The following 2023 CMS Limited

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ASC strategy is a portfolio decision, not a real estate decision

New CMS rules allow for some CV procedures (not TAVR) to be done in ASC setting, freeing hospital capacity for more complex structural procedures

Decision inputs

- **Market**
- **Operational**
- **Financial**
- **Clinical**

Strategy

- **Build:** Own the ASC
- **Shift:** Use existing sites
- **Defend:** Align and prepare
- **Partner:** Share the ASC

Source: Strategy Intelligence analysis, 2026.

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Use tools and data to engage stakeholders and unlock growth



Understand growth



Assess your opportunity



Leverage your actual assets

Source: Strategy Intelligence analysis, 2026.

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Enable governance before capacity forces a capital decision



Source: Strategy Intelligence analysis, 2026.

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Questions



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APPENDIX

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Prepare now for future coverage changes

NOW (current NCD 20.32)

- Covers **symptomatic aortic stenosis** for FDA-approved TAVR indications under CED
- Requires a multidisciplinary heart team with both a cardiac surgeon and interventional cardiologist
- Requires on-site cardiac surgery/heart valve surgery backup
- Includes institutional volume thresholds for AVR/TAVR, open-heart surgery, and PCI
- Requires participation in a national audited TAVR registry for outcomes tracking

WHAT IT COULD BE (potential updates to NCD)

- Expands coverage to selected **asymptomatic severe aortic stenosis** patients under CED
- Maintains heart-team model; requires one qualified TAVR operator—interventional cardiologist or cardiac surgeon; second operator optional
- Requires on-site cardiac surgery and structural heart interventional cardiology programs
- Shifts procedural volume thresholds from hospitals to qualified operators
- Removes CED for symptomatic severe AS; adds CED for asymptomatic severe AS

AS = aortic stenosis; AVR = aortic valve replacement; CED = coverage with evidence development; FDA = U.S. Food and Drug Administration; NCD = National Coverage Determination. Sources: Centers for Medicare & Medicaid Services (CMS). National Coverage Determination Transcatheter Aortic Valve Replacement (TAVR) 20.32. October 2022. Accessed May 2026. https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=355; CMS. TAVR NCD reconsideration tracking sheet. 2026. Accessed May 2026. https://www.cms.gov/medicare-coverage-database/view/ncacal-tracking-sheet.aspx?ncaid=321; Edwards Lifesciences. RE: National Coverage Determination (NCD) for Transcatheter Aortic Valve Replacement (TAVR) 20.32; 2025. Accessed May 2026. https://www.cms.gov/files/document/id321.pdf; Walter M. CMS considers Medicare coverage for TAVR in asymptomatic patients. Cardiovascular Business. December 15, 2025. Accessed May 2026. https://cardiovascularbusiness.com/topics/clinical/structural-heart-disease/tavr/cms-considers-medicare-coverage-tavr-asymptomatic-patients; Strategy Intelligence analysis, 2026.

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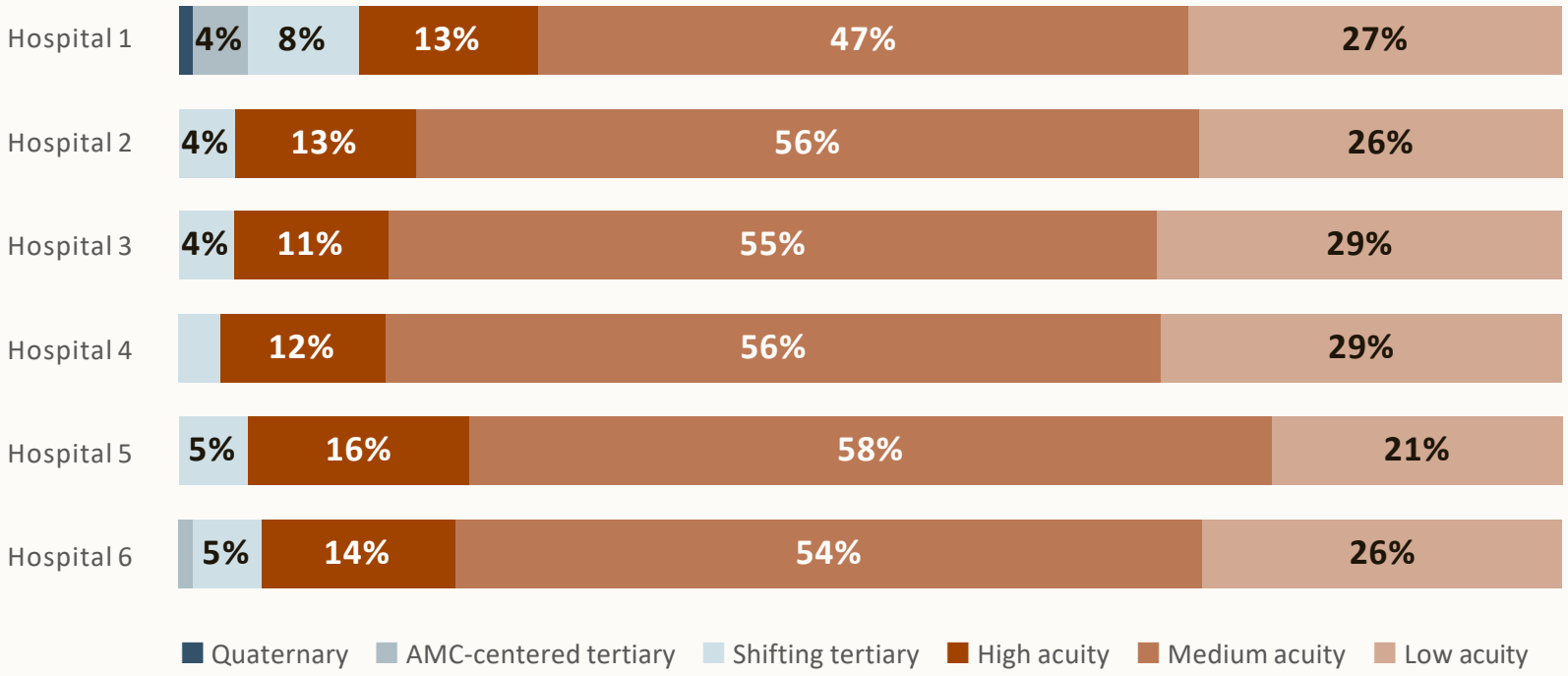
Improve capacity and intrasystem performance with service distribution

Inpatient portfolio, intrasystem analysis, 2026



Why it matters

- Accommodating growth requires leveraging all your sites of care.
- Define where these services are best located
- Define what procedures should shift
- Define which medical patients should shift
- **Plan and model your growth**

Note: Analysis includes U.S. market only and excludes 0-17 age group. Percentages may not add to 100% due to rounding. Percentages less than 3% have been removed. Quaternary is the Vizient 2024 Quaternary DRG list. AMC-centered tertiary is Vizient 2024 Tertiary DRG list. Tertiary shifting to community systems are DRGs removed from Vizient Tertiary List from 2017 to 2024. High acuity = CMS weighted DRGs > 2.0; medium acuity = CMS weighted DRGs 1.0 to 2.0; low acuity = CMS weighted DRGs < 1.0. Sources: Impact of Change®, 2026; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2022. Agency for Healthcare Research and Quality, Rockville, MD; Claritas Pop-Facts®, 2026; Strategy Intelligence analysis, 2026.

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ASC strategy is a portfolio—not real estate—decision

New CMS rules allow for some CV procedures (not TAVR) to be done in ASC setting, freeing hospital capacity for more complex structural procedures

Decision inputs

Market

- CON status
- Payer policy
- Private practices
- Private equity

Operational

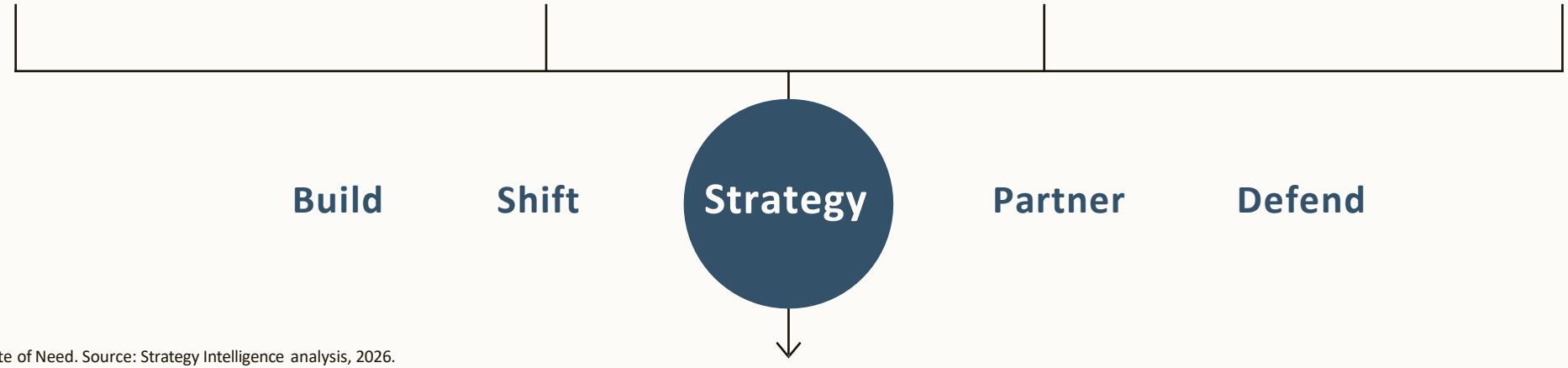
- Lab and ancillary services
- Anesthesia access
- Physician movement
- Staffing
- Recovery support

Clinical

- Patient mix
- Transfer protocols
- Quality of care
- Patient outcomes

Financial

- Contribution margin
- Device contracts
- Backfill
- Leakage



CON = Certificate of Need. Source: Strategy Intelligence analysis, 2026.

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ASC strategy is a portfolio—not real estate—decision (Cont'd)

New CMS rules allow for some CV procedures (not TAVR) to be done in ASC setting, freeing hospital capacity for more complex structural procedures

Decision inputs: Market | Operational | Clinical | Financial

Strategy

Build: Own the ASC

- Organization controls the site, protocols, and financials
- Use when demand, capital, and workforce readiness are strong
- Requires internal alignment between proceduralists and others
- Trade-off: higher capital and operational/management risk

Partner: Share the ASC

- Shared investment and risk
- Use when there is market momentum and opportunity (e.g., independent CV group) paired with market risk
- Requires explicit governance and decision rights
- Trade-off: high capital, shared reimbursement can create ASC vs. hospital culture

Shift: Use existing sites

- Shift cases to existing assets—community hospitals
- Protects hospital resources for higher-acuity patients
- Requires active case selection, transfer protocols, and systemwide patient management
- Trade-off: HIT capital investment, internal competition for space, and standardizes sites of care

Defend: Align and prepare

- If market risk is high, absent, or shift is not an option
- Focus on physician alignment and engage on strong care coordination
- Focus on leakage monitoring
- Trade-off: risk of policy and reimbursement changes, limited agility, risk of market entrant

HIT = healthcare information technology. Source: Strategy Intelligence analysis, 2026.

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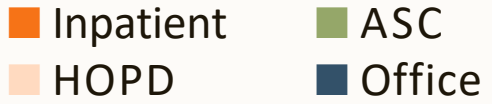
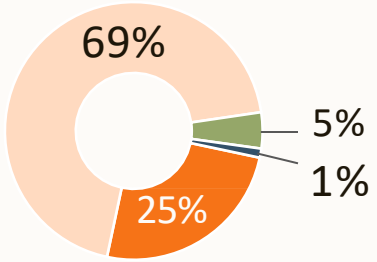
Clinical variation exists and drives the CV ASC conversation

National 2026 baseline volumes by site of care

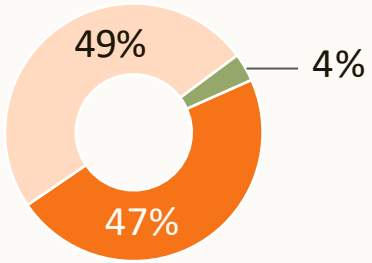


Select interventional cardiology procedures

Diagnostic cath (1.8M)

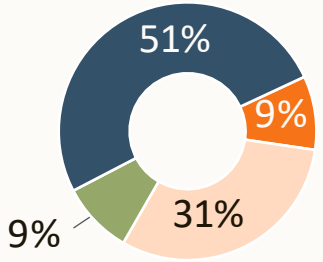


PCI (887K)

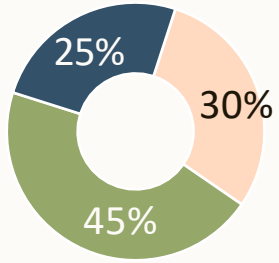


Select vascular procedures

Peripheral endovascular (620K)

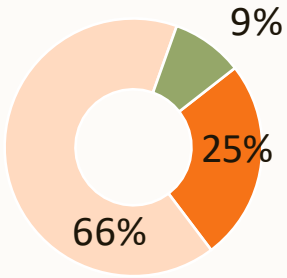


AV fistula (820K)

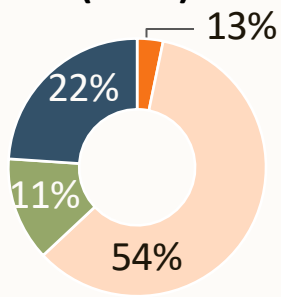


Select EP procedures

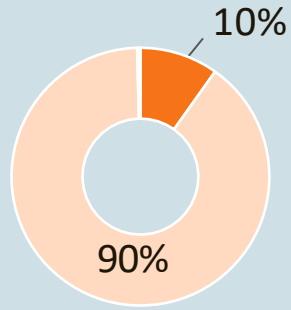
Pacemakers and ICDs (588K)



ILR (170K)



Intracardiac ablations (401K)



Note: Analysis includes U.S. market only and excludes 0-17 age group. CV service line only for diagnostic cath, PCI, pacemakers and ICDs, ablations procedures. All service lines for ILR; vascular service line for peripheral endo and AV fistula procedures. National perspective and local considerations will impact market-level shift potential. AV = arteriovenous. Sources: Impact of Change®, 2026; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2022. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Strategy Intelligence Claims Data Set, 2023; The following 2023 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2026; Strategy Intelligence analysis, 2026.

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