Expanding Patient Access Through a Sustainable Structural Heart Program

Small But Mighty

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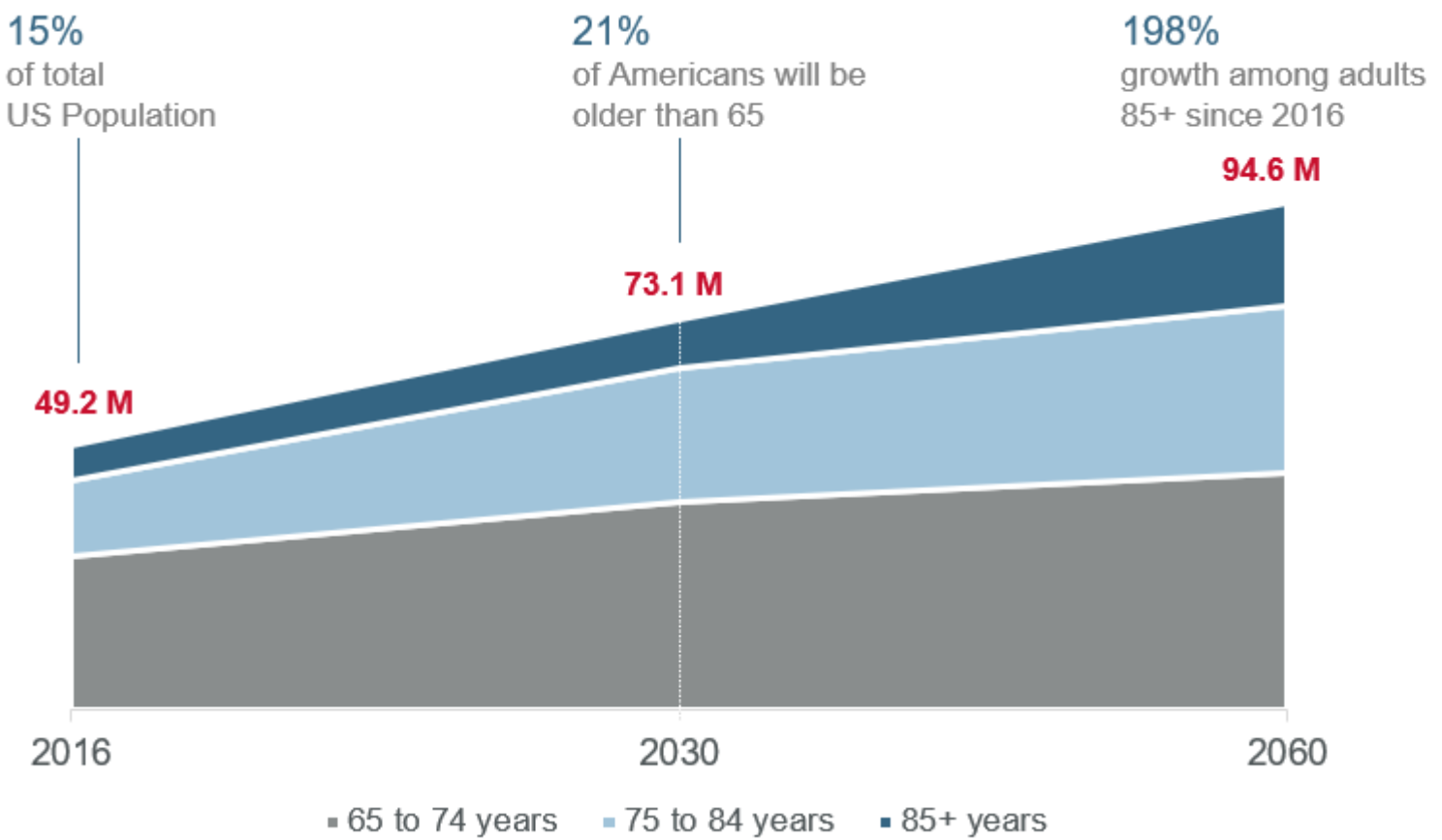
Meet Gregg Davis

- 35+ years in healthcare
- Leadership roles in hospitals, physician practices, health systems
- President, COO, CSO, Service Line Leadership, International
- VanGray Healthcare Consultants, advising health systems and physicians around strategy and business development
- Board positions in several technology companies

Why Payor Mix Matters for Patient Access

The single biggest factor in determining the income for physicians and financial sustainability for the hospital which keeps access to care open for more patients. It determines how many patients a program can reach and treat.

Preparing to Meet the Needs of a Growing Patient Population



1 in 5

Americans will be **65+ by 2030**, the predominant age group of aortic valve disease and TAVR



Projected Age Groups and Sex Composition of the Population: Main Projections Series for the United States, 2017-2060. US Census Bureau, Population Division: Washington, DC.

How Payor Mix Supports Sustainable Patient Access

Understanding Reimbursement Across Payor Types

- A typical Medicare patient reimburses = $48,000
- A commercially insured patient reimburses 180-300% higher
- Delta of $40k-100k per patient, depending on your managed care rates
- **Payor mix is one of several factors that can help structural heart programs sustainably serve more patients.**

Small Shifts in Payor Mix Can Expand Patient Treatment Capacity

Payer	Procedure #	Reimbursement	Total Revenue
Medicare/MA	113 (90%)	$48,815[1]	$5,516,095
Commercial	12 (10%)	$124,254[1]	$1,491,048
Total	125	$56,057	$7,007,143
Avg Direct Cost		$42,391[1]	$5,298,875
Avg Contribution Margin		$13,666	$1,708,268

Payer	Procedure #	Reimbursement	Total Revenue
Medicare/MA	122 (98%)	$48,815[1]	$5,955,430
Commercial	3 (2%)	$124,254[1]	$372,762
Total	125	$50,626	$6,328,192
Avg Direct Cost		$42,391[1]	$5,298,875
Avg Contribution Margin		$8,235	$1,029,317

Source: [1]FY2025 MedPar Data File, Truven Health

Finding and Referring Patients Earlier

Multi-Channel Referral Strategies

- Optimize Earlier Referral Process – When is a referral recognized in your system?
- **Partner with your Marketing and AI team**
- Are you working your system's EMR? Have your clinicians ID key indicators to identify patients within the EMR with moderate/severe stenosis.
- Direct patient outreach – seminars, direct mail, SEO, Facebook, Twitter, AI
- **Effective online presence – are you viewed as an "Expert" by the online community?**

Partnering with Payors to Expand Access to High-Quality Care

- Are your program metrics competitive regionally and/or nationally?
- Do you interact with your Managed Care team?
- Payors seek Patient outcomes, Cost-savings, Program efficiency and Integration
- Why would a Payor want to work with your program versus another program?
- Case studies, ROI calculations, Clinical pathways
- **Do your "Experts" have a presence at Payor meetings, associations, conventions?**

Summary: Start Small to Reach and Treat More Patients

- A commercial payor/patient strategy can be beneficial across all specialties and sub-specialties to drive access to patient care and financial sustainability.
- For Structural Heart, even if the percentage is small, the impact can be significant.
- If your program is regionally competitive for patient outcomes and cost-effectiveness, you should explore these opportunities to understand the potential impact to your program.
- Monday morning
  - Develop commercial strategy - even if you start small (ie. education program or direct mail)
  - Build relationship with managed care team at your facility/system
- **Thank you for your time.**