

Cardiovascular Roundtable

What is it?

One of four service-line specific memberships, the Cardiovascular Roundtable assists administrators, physicians, and clinical staff in addressing strategic and operational challenges related to heart and vascular care. Relative to other clinical areas, cardiovascular services is the most affected by health care reform and payment transformation, and as such, CV leaders need external, unbiased guidance on how to succeed under value-based care. The Cardiovascular Roundtable combines clinical, operational, and financial research into a singular resource for CV administrators and the executives overseeing the service line.

78%

Hospitals receiving a penalty for excessive readmissions in 2017. The Roundtable has comprehensive toolkits to support reducing CV readmissions.

What to Listen For

Readmissions, CV Care Coordination, Cath Lab, EP Lab, CABG Program, Length Of Stay Reduction, CV Staffing Models, CV Clinic Development, Heart And Vascular Service Line Integration, Dyad Leadership Models, Bundled Payments, ACOs, Arrhythmia, Structural Heart/Valve Disease, Peripheral Vascular Disease, Complex Care Management, TAVR Program

What is Unique?

- The industry's leading provider of market intelligence and best practices expressly for CV leaders
- Over 20 different tools to assist with market sizing and forecasting, performance benchmarking, custom impact assessments, and efficiency-enhancing tools (e.g., templates, topic-focused toolkits)
- Unique blend of scalable national research with customized, expert-led support to assist with local decision-making and/or strategy implementation

How to Start the Conversation

- Are you prioritizing any particular areas for growth within CV services, for example, offering any new services or programs, or looking to capture a greater share of your market?
- How would you characterize your market for CV services? Is it very competitive? What are you doing to differentiate yourself in the market?
- How is your organization faring with respect to readmissions? Did you receive a penalty from Medicare last year? Are you improving with Heart Failure and Acute Myocardial Infarction (AMI) readmissions rates? Are you preparing for the new CABG (pronounced like "cabbage") measure that will take effect later this year?
- Is your program working on improving service line strategy? What role are you playing in this? What is the goal of this service line strategy change?
- How are you preparing for the proposed mandatory cardiac bundles from CMS? Do you have an episodic cost strategy in place?

The Details

Launch Date: 1989

Average Cost: \$20K - \$40K

Audience:

Vice President of Cardiology, CV Administrators, Chief Operating Officer, Director of CV

Related Products

Planning 20/20, Crimson Continuum of Care, C&M Value-Based Care, C&M Physician Services