

# Build a Strong FOUNDATION

## for CV Growth

For years, the CV service line has been considered the growth engine for many hospitals. But maintaining progress is increasingly difficult as programs face greater competition, pressure to bend the cost curve, and uncertainty in demand in a market emphasizing population health. Amid declining inpatient volumes and the evolving demands of patients and referring providers, program leaders can no longer rely on traditional growth tactics to succeed. So what does this mean for your CV program?

Rather than looking inward, CV leaders must look outward to assess the needs of their local markets and the role they play within them. Leaders must build a plan that meets the demands of their physicians and patient consumers. Below are the building blocks of a smart growth strategy that's designed to succeed in this cost-conscious, value-driven CV world.

### Align growth efforts with market needs



60

U.S. hospitals closed their cardiac surgery programs between 2013 and 2016

#### You can't be everything to everyone.

Invest in services that will distinguish your service line in the market, like niche disease centers, population health and wellness programs, and patient-centered clinics before opening a resource-intensive program that might not have the volumes it needs.

#### ACTION ITEM FOR CV LEADERS



##### Use the CV Market Estimator

Get five-year growth estimates customized for your market to identify your growth opportunities.

[advisory.com/cr/marketestimator](https://advisory.com/cr/marketestimator)

### Prioritize accessibility across your network



21.1 days

Average wait time for a new CV patient appointment in 2017, up from 16.8 days in 2014<sup>1</sup>

#### Access strategy should be more than just a phone line.

Patients and referring physicians list convenience and timeliness as top priorities when choosing a specialist. But most programs aren't designed to provide services how and when customers want them. Evaluate your network to ensure you're providing services in accessible, community locations, to remain competitive.

#### ACTION ITEM FOR CV LEADERS



##### Get proven tactics for improving access

Learn best practices for improving patient and physician access to CV services [advisory.com/cr/cvaccess](https://advisory.com/cr/cvaccess)

### Meet the evolving demands of referring physicians



64%

Of CV patients are willing to drive up to 2 hours to follow a physician referral for heart surgery

#### Lunch-and-learns take your referral strategy only so far.

Physician referrals are the backbone of a CV program. But lunch-and-learns are still the cornerstone of physician referral strategy for most CV programs. This doesn't cut it in an increasingly competitive market. CV programs must build trust with referring providers, then market to them on the cost, quality, patient experience, and access measures that the program will be accountable for.

#### ACTION ITEM FOR CV LEADERS



##### Build a CV-PCP service agreement

Download sample agreements from progressive programs that improved PCP referral relationships [advisory.com/cr/cvgrowth](https://advisory.com/cr/cvgrowth)

### Drive patient loyalty to your program



30%

Of patients who get a diagnostic cath have a PCI within six months—but are they coming back to your network?

#### The empowered patient consumer is no longer just a buzzword in CV.

While most CV patients aren't self-referring for advanced procedures, patients are increasingly shopping for upstream services, such as imaging and diagnostic cath. CV programs can enhance their reputation in the market through screening and wellness fairs, and also focus on experience so patients return for all their downstream care needs.

#### ACTION ITEM FOR CV LEADERS



##### Host a CV screening fair with real ROI

Learn how Parkview Heart Institute enhanced their presence in the community and identified at-risk patients with their successful community events [advisory.com/cr/cvgrowth](https://advisory.com/cr/cvgrowth)

1) Merritt Hawkins, "Survey of Physician Appointment Wait Times," 2017, 2014; Cardiovascular Roundtable research and analysis.