Advisory Board

Service Line Strategy Advisor

Cardiovascular

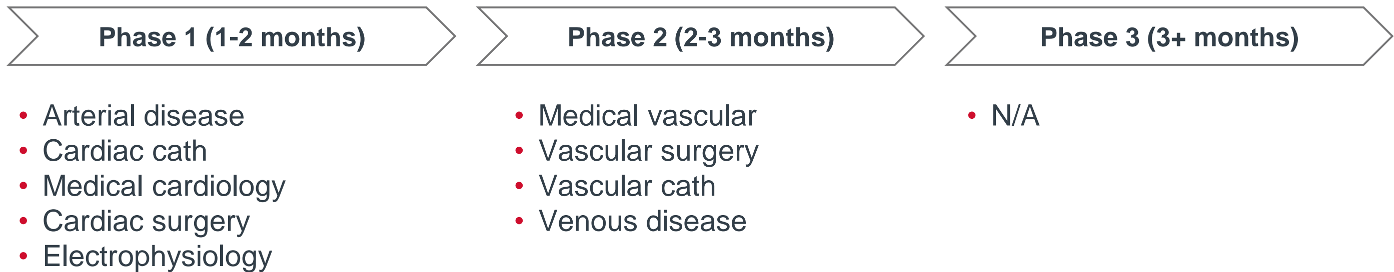
The following considerations can help CV leaders as they ramp back up traditional services, work through a backlog of postponed cases, and prepare for future demand changes coming out of Covid-19.

Top elective cardiovascular procedures by volumes[1,2]

- PCI
- Peripheral vascular intervention
- CABG
- Valve replacement/repair
- Carotid stenting/angioplasty

Short term considerations for restarting elective services

Phasing of elective subservice lines based on clinical urgency



Barriers to clearing backlog of cases

- The first CV patients to return to the hospital will likely have increased complexity and require more intense care, either due to new or worsened conditions from Covid-19 or delayed care. The added complexity of these patients will increase the time needed per case.
- The resources required to treat these complex patients, such as bed availability for patients who have long LOS and anesthesiologist and pulmonologist availability, will be spread thin as providers are tasked with ongoing Covid-19 response

Mid- to long-term demand impacts

- Accelerated shift from acute care settings to outpatient and freestanding sites and increased utilization of remote monitoring/telehealth as patients continue to avoid the hospital
- Increased use of medical management may reduce demand for procedural care
- Covid-19 can exacerbate heart failure and worsen blood clotting, potentially resulting in higher CV patient volumes

1. All services shown are estimated to have 50% or greater elective volumes. Any services not shown SSLs not listed are ones considered non-elective because less than 50% of their volumes are estimated to be elective. The definition of elective used is on the following page.
2. Only procedures with >90,000 national, annual volumes considered.

Source: Service Line Strategy Advisor research and analysis.

© 2020 Advisory Board • All rights reserved

Advisory Board

Service Line Strategy Advisor

Cardiovascular

Subservice line summary

Subservice line	Estimated percent elective	Phasing restart by clinical urgency	Estimated drop off in future demand
OP medical cardiology	90%	Phase 1	Low
OP electrophysiology	90%	Phase 1	Medium
OP cardiac cath	80%	Phase 1	Low
OP vascular surgery	80%	Phase 2	Low
OP vascular cath	80%	Phase 2	Low
OP medical vascular	80%	Phase 2	Low
IP arterial disease	70%	Phase 1	None
IP cardiac surgery	60%	Phase 1	Low
IP cardiac EP	60%	Phase 1	Medium
IP cardiac cath	50%	Phase 1	Low
IP venous disease	50%	Phase 2	Medium

DEFINITIONS

- **Estimated percent elective:** estimated portion of each subservice line that is both scheduled in advance and may be delayed for a short period of time without significant worsening of the condition.
- **Phasing restart by clinical urgency:** recommended prioritization of restarting services based solely on clinical urgency or importance for identification of higher acuity services. Services in earlier phases are more urgent. Phase 1: immediate, Phase 2: 2-3 months, Phase 3: 3+ months
- **Estimated drop off in demand:** decrease in demand over the next 1-2 years due to lingering patient fear. Low: 5-15%, Medium: 16-30%, High: 30%+, None: 0%

Source: Service Line Strategy Advisor research and analysis.

© 2020 Advisory Board • All rights reserved