

How **healthy** is your structural heart program?

Demand for structural heart (SH) procedures is expected to grow by more than 21% over the next five years. This infographic helps you prioritize across four areas of investment to compete for that growth. Based on the five-year predictions for SH programs in the grid below, determine whether the gap between your program's current and target state is large (high priority) or small (low priority) for each of the following categories.

01 PATIENT IDENTIFICATION

Identify and appeal to prospective patients and referring physicians. This includes activating latent demand,* stemming market outmigration, and capturing market share from competitors.

02 CONSUMER CONVERSION

Turn referrals into SH patients by removing friction points between clinic intake and treatment.

03 PATIENT TREATMENT

Rightsize your service portfolio to match market demand.

04 PROGRAMMATIC FACTORS

Implement the right leadership models, support systems, and other growth-enabling factors across the patient pathway.

All programs can **improve efficiencies across these four categories to unlock additional growth**. Answer these three self-reflective questions to ensure your program is primed for growth, and compare your program's performance in the [Hospital Benchmark Generator](#) to gut-check how significant existing opportunities might be.

- What is your current time from consultation to procedure for all TAVR cases?
- What does your screening capacity look like and what is the current time to echo/CT?
- How much cardiac cath lab time is being used per week?

If you're interested in **new investments to support additive SH growth**, decide if passive or competitive growth is right for your program. Review the five-year predictions for SH programs and, based on the size of the gap between your program's current performance and the described target performance, rate whether each category is a high (large gap to goal) or low (small gap) priority.



What is passive vs. competitive growth?

A program targeting "passive growth" expands its capacity and market recognition to capture increasing organic demand (ex. from population growth). A "competitive growth" program not only captures organic growth, but also differentiates its value proposition to capture market share from other programs and converts latent demand* into patients.

	PASSIVE GROWTH Targets for organizations experiencing passive growth in five years	COMPETITIVE GROWTH Targets for organizations experiencing competitive growth in five years	PRIORITY Rate by size of gap to goal	ACTION STEPS Tactics and resources to help close your program's gap to goal
01 PATIENT IDENTIFICATION <i>Path to a referral</i>	<ul style="list-style-type: none"> • A population health manager or SH coordinator to liaise with health plans and develop targeted outreach strategies • Strategic marketing resources • Strong relationships with referring physicians • EMR alerts set to flag patients meeting aortic stenosis (AS) criteria • Some value-based contracts • Language services 	<ul style="list-style-type: none"> • A nurse outreach coordinator to support referrals • A platform to track referral performance and support referrers with questions • AI used to automatically flag valvular patients in the EMR • Community partnerships to build relationships with underdiagnosed populations (e.g., heart failure patients not receiving chronic care) • Financial transparency and navigation for underserved patient populations • Data tracking on SH utilization by demographic to identify underrepresented populations for outreach • A destination center of excellence capturing both in- and out-of-market patients • Regional or national brand recognition based on a differentiated value proposition 	High Medium Low	<ul style="list-style-type: none"> • Collect and analyze patient demographic data to identify disparities. • Implement referral protocols and clinical decision support systems to help referring providers identify and take action for patients with severe AS. • Use peer educators, shared decision making, and workplace trainings to build patient trust. • Differentiate your program's value proposition and marketing efforts. <p>ADVISORY BOARD RESOURCES:</p> <ul style="list-style-type: none"> • Roadmap to advancing equity within your structural heart program • Playbook for optimizing structural heart programs (pages 29–31) • How structural heart programs can build and sustain referral relationships • Drive structural heart program performance (Tactics 2 and 3)
02 CONSUMER CONVERSION <i>From clinic intake to treatment/intervention</i>	<ul style="list-style-type: none"> • Time to next available and other efficiency metrics tracked and reported out • Standardized processes and guidelines that ensure referrals are converted to scheduled appointments, such as patient selection criteria, targeted patient screening, and post-discharge patient follow up • Quarterly training for both radiologists and cardiologists on pre-procedural imaging assessments • All cases involve multidisciplinary input from beyond the SH team due to standardized coordination protocols • Staff specialized by procedure 	<ul style="list-style-type: none"> • Dedicated scheduler/s trained to collect all necessary info at intake to enable APPs to complete upfront evaluations • Sub-specialized SH coordinators • Time from patient referral to procedure is less than or equal to 14 days • Staff incentives are tied to throughput • Streamlined pre-procedure pathways • Procedures are strategically assigned across cath labs and ORs to right-size for staff roles and space requirements • Utilization of advanced imaging for transcatheter valve sizing and 4D TEE for pre-planning for mitral regurgitation repair • HIPAA-protected, in-house text system to expedite multidisciplinary case review • Robust patient education resources 	High Medium Low	<ul style="list-style-type: none"> • Compare your time to next available with your competitors' and map the patient journey from referral to treatment. • Expedite the screening process with APP-led, upfront evaluation. • Consolidate patient visits into two days of diagnostic testing and consults with reserved scheduling blocks (including for imager review). • Maximize top of license care by assigning APPs to non-surgical patients. • Optimize use of procedural areas and expand outpatient operations. • Stack cases and cross-train staff to maximize throughput. • Track, report, and incentivize patient throughput. • Remove common patient barriers (ex. lack of pre-visit preparation, unanswered questions, hesitancy). <p>ADVISORY BOARD RESOURCES:</p> <ul style="list-style-type: none"> • How structural heart programs can reduce time to treatment • Drive structural heart program performance (Tactic 1) • Playbook for optimizing structural heart programs (pages 32–40)
03 PATIENT TREATMENT <i>Procedural capabilities and their underpinnings</i>	<ul style="list-style-type: none"> • Surgical valve replacement repair • Valvuloplasty • PCI • Cardiac catheterization • Widespread adoption of minimalist approach to TAVR • Transcatheter mitral valve replacement • Transcatheter Edge-to-Edge Repair (TEER) 	<ul style="list-style-type: none"> • Transcatheter pulmonary valve replacement • Paravalvular leak closure • LAAO • Transcatheter tricuspid valve replacement • Tricuspid valve repair • TAVR 24-hour discharge post-procedure • Transcatheter treatment for severe pulmonary valve regurgitation • The use of bi-plane fluoroscopy • Advanced facilities and infrastructure, such as a hybrid OR/cath lab, cardiac rehab center, and a video platform and/or technology support for telehealth • Advanced imaging capabilities and expertise routinely available during procedures (e.g., 3D and 4D intracardiac echocardiography used to replace or complement TEE for certain procedures); interventional cardiologist and an invasive imager working together during structural interventions • Other specialized staff (e.g., an ICU specialist, high nurse staffing ratio of dedicated nurses) 	High Medium Low	<ul style="list-style-type: none"> • Identify, rank, and root cause the severity of volume bottlenecks. Track utilization across care settings to identify opportunities for shifting staff and procedures to maximize efficiency and capacity. • Streamline post-procedural processes to discharge SH patients quickly. • Track trials and scenario plan for pipeline developments that match or improve outcomes for current standards of repair (e.g., for tricuspid valve repair, outpatient TAVR). <p>ADVISORY BOARD RESOURCES:</p> <ul style="list-style-type: none"> • Build the case for structural heart program investments • Playbook for optimizing structural heart programs • Structural heart resource center
04 PROGRAMMATIC FACTORS <i>Enabling capabilities that drive efficiency and growth</i>	<ul style="list-style-type: none"> • Support staff such as a physician champion/medical director and/or administrative director to oversee all clinical and administrative SH operations • Clear processes for outcome reporting analysis and assessment to regularly evaluate program performance 	<ul style="list-style-type: none"> • Physician time maximized through telehealth offerings, team-based care models, and ongoing reviews of efficiency-driving innovations and opportunities to maximize top-of-license care • Targeted staff to diversify hiring, particularly from local communities, to represent different points of view, share experiences with patients, and build trust with underrepresented communities • SH leaders hold cross-site meetings to engage staff at all levels and maintain a high standard of care across all sites • Codified processes and aligned incentives to encourage a multidisciplinary approach to advanced cardiac imaging before and during SH procedures • SH imaging experts who are fully trained in both MDCT and TEE techniques 	High Medium Low	<ul style="list-style-type: none"> • Reexamine incentives, responsibilities, and processes to identify growth-promoting modifications before investing in additional FTEs. • Analyze utilization and case mix across care team members to surface opportunities to improve top-of-license care and maximize physicians' time. • Consider the revenue per case vs. volume tradeoff of dedicated SH imaging specialists for procedural guidance. • Reduce presenteeism and burnout to ensure staff are engaged and maximizing efficiency. <p>More guidance:</p> <ul style="list-style-type: none"> • Drive structural heart program performance • The workforce crisis • Calculator: Predict volume and revenue growth of your structural heart program

* Latent demand refers to individuals who need SH care but are not currently receiving it (ex. not yet diagnosed with structural heart disease; diagnosed but not receiving treatment for any reason.)