



Health Care Visions News

From the Cardiovascular Specialists

2ND QUARTER 2003

Comprehensive CV Services

River Region Health System Starts Open Heart Surgery and Interventional Cardiology Services



Cyndi Havrilak

River Region Health System located in Vicksburg, Mississippi once again delights their community with their progressive initiatives in healthcare delivery. The health system provides service to west central Mississippi and northeast Louisiana. The organization is an affiliate of Triad Inc. of Dallas. River Region Health System's new facility, River Region Medical Center is a year old "state-of-the-art" 227 bed facility. It was built to consolidate the services of two acute care facilities in Vicksburg, replacing the aging Parkview Regional Medical Center and changing the focus of their West Campus to behavioral health and rehabilitation. Their attention to future healthcare needs and foresighted design facilitated program implementation and will enhance patient care for many years to come. They continued their high standard trend by following their first year of operation with a state-of-the-art innovative interventional cardiology program.

The surgical team is lead by Dr. Ed Crocker an experienced cardiovascular surgeon relocating to Vicksburg from Lake Charles, Louisiana. His guidance, surgical skills, and insight have been instrumental throughout the program development. The organization was successful in recruiting experienced physician assistants, perfusionists, and nursing personnel. These new employees and existing department managers worked together in preparing for the services. The teams' efforts were coordinated by Ms. Amy Brown, Assistant VP of Patient Care, who is to be commended for her upbeat approach throughout the months of



River Region Medical Center

preparation. Multiple clinical dry run scenarios were conducted prior to start-up. On-site and off-site educational sessions were provided and vendor in-services for new equipment assisted in preparing the staff.

The interventional cardiovascular program will be offering many innovative program enhancements that differentiate their services from others. The One Stop Post Op™ patient care model will be used in the ICU for startup with a dedicated cardiovascular recovery unit in the planning stages. Endoscopic vein harvesting will be utilized during the surgical procedure offering the patients reduced donor site complications and less discomfort.

River Region Medical Center opened last year with 3 fully operational cardiac catheterization labs. Diagnostic cardiac catheterizations as well as diagnostic and interventional peripheral cases have been performed. With surgical backup available on site, interventional cardiac procedures will be initiated. Dr. Bahro, an

experienced interventional cardiologist, is anxious to begin this new service to eliminate the need to transfer patients out of their community. These two new services provide a comprehensive cardiac program bringing, high quality cardiac care to the community of Vicksburg.

Congratulations to River Region Medical Center! Health Care Visions, Ltd. enjoyed working with you and wishes you ongoing success with your cardiac programs.

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MESSAGE FROM THE PRESIDENT



Barb Sallo

I enjoy learning about new and innovative cardiovascular focused programs that hospitals around the country have implemented. First, because I think they are helpful to the patients/ community and also because it takes creative thinking to differentiate your CV program. What was once avant-garde is becoming mainstream—and this is good—high tech can mean success but people make the difference.



At St. Joseph's Hospital in St. Paul, MN, Barbara Macintyre recently concluded after four years the HealthEast Heart Care Healing Touch Research project. She is planning to publish the results some time this summer.

I had the opportunity to talk to Barbara and learn some of the preliminary conclusions. But—first some background information. Barbara and her team wrote a grant request to the hospital Foundation and started the project in 1999. They have enrolled 285 heart surgery patients into one of three groups: (1) Control Group-no involvement, (2) Visit Group-patients received three visits from retired nurses, (3) Healing Touch Group—patients receive three sessions of healing touch.

The visits and healing touch sessions occurred the day before surgery (20-60 minutes), the day of surgery with the nurses accompanying the patient to the OR (60-90 minutes) and the first day post-op (20-60 minutes).

It will be a few weeks before the “official” results are fully analyzed, while both groups that received nurse intervention reported less atrial fib, less medication for pain and nausea and reduced LOS. The healing touch group on the whole achieved better outcomes than the “visits only” group.

Visit www.healtheast.org (Care Services, Specialties, Heart Care, Healing Touch

Research) to learn about the program and reference books. Look for an update in our newsletter when Barbara publishes the results.



Congratulations to Barbara and her team at St. Joseph's for their success.

THE FINANCIAL CORNER

Is your Cath Lab staff being paid Fair Market Value?



Phil Laux

Cath Lab Digest recently completed their annual salary survey to assess the market value of cath lab personnel nationwide. There were 101 respondents: hospitals ranging from 40 – 1,300 beds, with the average size of 351. The average number of catheterization labs and procedures were 2.6 and 3,233 respectively.

The survey reviewed salaries for the following positions: Registered Nurse (RN), Critical Care Nurse (CCRN), Registered Cardiovascular Invasive Specialist (RCIS), Cardiovascular Technologist (CVT), Radiologic Technologist –Registered (RT), and Cath Lab Manager.

The highest paid RN's and RT's (with up to 2 years experience) are employed in the Pacific Coast area: Alaska, Washington, Oregon, California, and Hawaii. Similar experienced RN's and RT's employed in the Central Region: North Dakota, South Dakota, Nebraska, and Kansas are on the other end of the spectrum. The highest paid Cath Lab Managers work in the Middle Atlantic region: New York, Pennsylvania, New Jersey, Delaware, Maryland, and Washington D.C.

February Audio Webcast: CV Market Share

The audio webcast held on February 6th was very well attended. There were four sessions and over 125 attendees. The popular topic, *Total Cardiac Target Market: What market share are you losing?* was very well received. Feedback was positive and constructive.

One issue that is often identified as an area that could be changed is the lack of interaction and networking by the participants. This presents a challenge in the audio venue but we are working on a solution. Some of our plans: (1) to have a live interview with

Barb Sallo & Phil Laux individuals in specialized clinical, financial or insurance areas and to permit questions, (2) to have small structured group discussions on pre selected topics with up to 10 participants, (3) to use internet connectivity to permit participants to communicate live with written comments and questions.

We will be sending you information on the next audio webcast and would love to hear any ideas that you have for future topics. We are available to provide dedicated audio webcasts on various CV topics upon request—call to schedule.



The survey also looked at incentive compensation for staff and less than 7% of the respondents provide additional compensation for the ACLS or BCLS, while nearly 34% of the respondents provide additional compensation for credentialed RCIS. Surprisingly, 72 of the respondents do not have a bonus structure. The remaining respondents provide bonuses for some of the following scenarios: retention, referral, new hire, yearly bonus, and special projects.

*"If you yearn to see a rainbow,
don't be afraid to stand
in the rain."* -Unknown

CAPTURING YOUR CARDIOVASCULAR MARKET OPPORTUNITY

With today's budget cuts, declining reimbursements and stiff competition, can a hospital afford to "niche" market its specialty services? Can a hospital or health system afford not to? A large number of institutions, mainly community based, have not traditionally allocated resources for clinical program specific marketing activity. The changes in clinical practice, payor requirements and market demands that have occurred over the past five years are causing many health care providers to "re-think" their approach to marketing in high volume areas such as cardiovascular services.

According to a report by the National Center for Health Statistics the most common reasons for acute care hospital discharges in the United States are:

1. Infant birth (3.8 million/year)
2. Coronary atherosclerosis (1.1 million/year)
3. Pneumonia (1.2 million/year)
4. Heart failure (999,000/year)
5. Myocardial infarction (781,000/year)
6. Cardiac dysrhythmias (716,000/year)

Of significance, cardiac-related conditions account for four of the six top reasons for hospital care. Of greater importance, cardiovascular admissions generally account for 20% to 40% of total hospital revenue and are good contributors to the bottom line. Today's health care service needs are expected to change with the aging of the population and the increasing demand for cardiovascular services especially in light of aggressive government and community based educational initiatives.

Offering new services and programs such as coronary angioplasty, open heart surgery, and peripheral vascular care provide ideal venues to market for potential patients. Looking at these clinical areas from the consumer perspective can set the foundation for a successful marketing approach. Considering market drivers beyond "getting the word out" will be necessary to growing market share. The need for information on the scope of cardiovascular services available, knowledge of the types of services that the hospital provides very well, patient and physician

endorsements, and community outreach all forward an organization's mission in cardiovascular care.

One of the first questions to be answered when a decision is made to specifically market and brand cardiovascular services: Can the traditional method for identifying the general hospital market be applied to determining the cardiovascular patient market? Hospitals traditionally have looked at geographic/demographic service areas and differentiated them into primary, secondary,

and tertiary based on physical location and known referral patterns. A niche strategy focusing on one area of clinical care requires a different approach.

Identifying a service specific market can be best accomplished using a "market-responsive" methodology.

Identifying a service specific market can be best accomplished using a "market-responsive" methodology. Starting with a map of the region, an area should be outlined based on the knowledge available on the community, referral patterns and feedback from direct patient care representatives in cardiovascular areas. Following this exercise, survey cardiologists, key medical staff and the Emergency Department to determine where (or will) patients originate from to access cardiovascular care. Once the boundary has been defined with this clinical perspective, detailed information on hospital discharges in the Cardiovascular Major Diagnostic Codes (MDC-5) can be retrieved and analyzed to identify and confirm the Total Cardiovascular Target Market (TCTM).

The TCTM is the population from which a cardiovascular program could reasonably expect to draw patient referrals. The TCTM geographic area usually reflects the distance that individuals will travel for sophisticated heart care. The TCTM methodology is supported with a consideration for geographic and social barriers, physician referral patterns, outreach efforts, and

planned growth and practice expansion opportunities.

Once the TCTM is determined, a thoroughly planned and well-executed marketing effort can be undertaken. The tried and true marketing processes that are associated with successful organizations are recommended with a distinct focus on cardiovascular clinical services. The elements identified most often as essential to positive results are:

1. Develop a plan. It is estimated that only approximately 60 percent of all businesses (hospitals) work from a plan with predetermined, measurable goals.
2. Evaluate the efforts and the results. What are you going to spend? Business and industry report very few marketing projects are measured for outcomes and community responsiveness.
3. Spend time and energy in defining the measurement standards. Many organizations can't define "good" marketing and document a Return on Investment (ROI). Did market share increase? By how much?
4. Research the market. Who better to ask how you could better serve than those who access care as well as those who are in the TCTM but travel to another facility for cardiovascular services that are already available at your hospital.

A "sure fire" way to master the changing market forces that healthcare providers are experiencing is to focus on core competencies and strive to be the "best" both clinically and financially. An important key to success is to identify exactly what clinical services will be appropriate and then benchmarking to measure the results. This encompasses integrating marketing and many facets of hospital operations. Once accomplished, communicating (marketing) to your community (TCTM) through a service-specific marketing effort can reap new patient volume and achieve financial goals in cardiovascular services.

—Barbara Sallo

TRENDS

Who will do your heart surgery?

The results of a recent study released by the National Residency Matching Program (NRMP) warns the number of cardiac surgeons will be insufficient to meet the needs of the aging population within the United States. The number of Americans likely to need heart surgery, 60 years and older, will increase by **13 million** over the next decade. This could result in far too much demand and not enough supply.

The NRMP is indicating that fewer doctors are applying for residency in cardiothoracic (CT) surgery. This lack of entrants coupled with an accelerated retirement rate will yield



Philip Pandolph

a significant shortage of heart surgeons.

There are several factors driving the expected reduction of CT surgeons. One of the most headline-worthy has been increasing malpractice premiums and the litigious nature of our health care system. In addition, declining reimbursement from Medicare and third-party payers has also played a significant role. I can recall several instances in which heart surgeons have reported their incomes cut in half of what they earned seven or eight years ago.

While this may cause some established surgeons to retire early and discontinue their practices prematurely, another more societal issue may be at play. The lack of new entrants to this prestigious field is also being effected by the attitudes and values of today's young professionals. Generations X and Y seem to put much more emphasis on quality of life, leisure and "free" time. Free time is

something very few heart surgeons have experienced. Having worked at a University Hospital for several years, I can attest to the long hours, lack of family and lack of any life outside the hospital setting endured by residents and fellows training to be cardiac surgeons.

Advances in cardiac care may someday eliminate the need for heart surgery as we know it today, but until then, we need to seriously address the issues driving surgeons and other healthcare professional to more attractive careers.

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