

# CARDIAC SURGICAL PRODUCT ADOPTION SURVEY



*A survey of provider executives about corporate services spending, expense reduction, and technology optimization trends conducted by HFMA and sponsored by Edwards Lifesciences.*

February 2020

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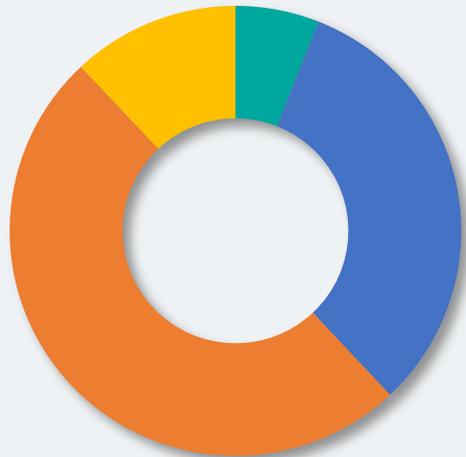


Edwards

# Survey Description



On-line survey of HFMA members, conducted from January 31, 2020 – February 24, 2020



- 6% President
- 32% CFO/Other Chief Officer
- 50% Vice President/Assistant Vice President/Director:
- 12% Staff specialist

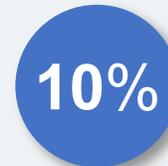


104 Respondents



**Hospital or Medical Center**

- 35% small hospital: Less than 100 beds
- 49% medium hospitals: 100-499 beds
- 19% large hospitals: 500+ beds



**Health Center Headquarters/  
Corporate Offices**



**Specialty Practice**

Note: The majority of non-participant responses (people who declined to participate) to our survey invitation indicated they were unable to participate due to a lack of immediate knowledge on the topic. To paraphrase, "This is a broad survey, and I do not have all of these answers.", or, "This is mainly a clinical topic, and I am not on the clinical side."

# Survey Questions

**1** In general, when new more expensive cardiac surgical technologies are under review in your organization, what is the role of the surgeon in that process?

**2** What are the most compelling factors which influence new cardiac surgical product adoption at your organization?

**3** How many full-time and contract or locum tenens cardiothoracic surgeons does your organization engage?

**4** How many full-time and contract or locum tenens cardiovascular surgeons does your organization engage?

**5** How would you characterize the value that cardiothoracic surgeons bring to your organization?

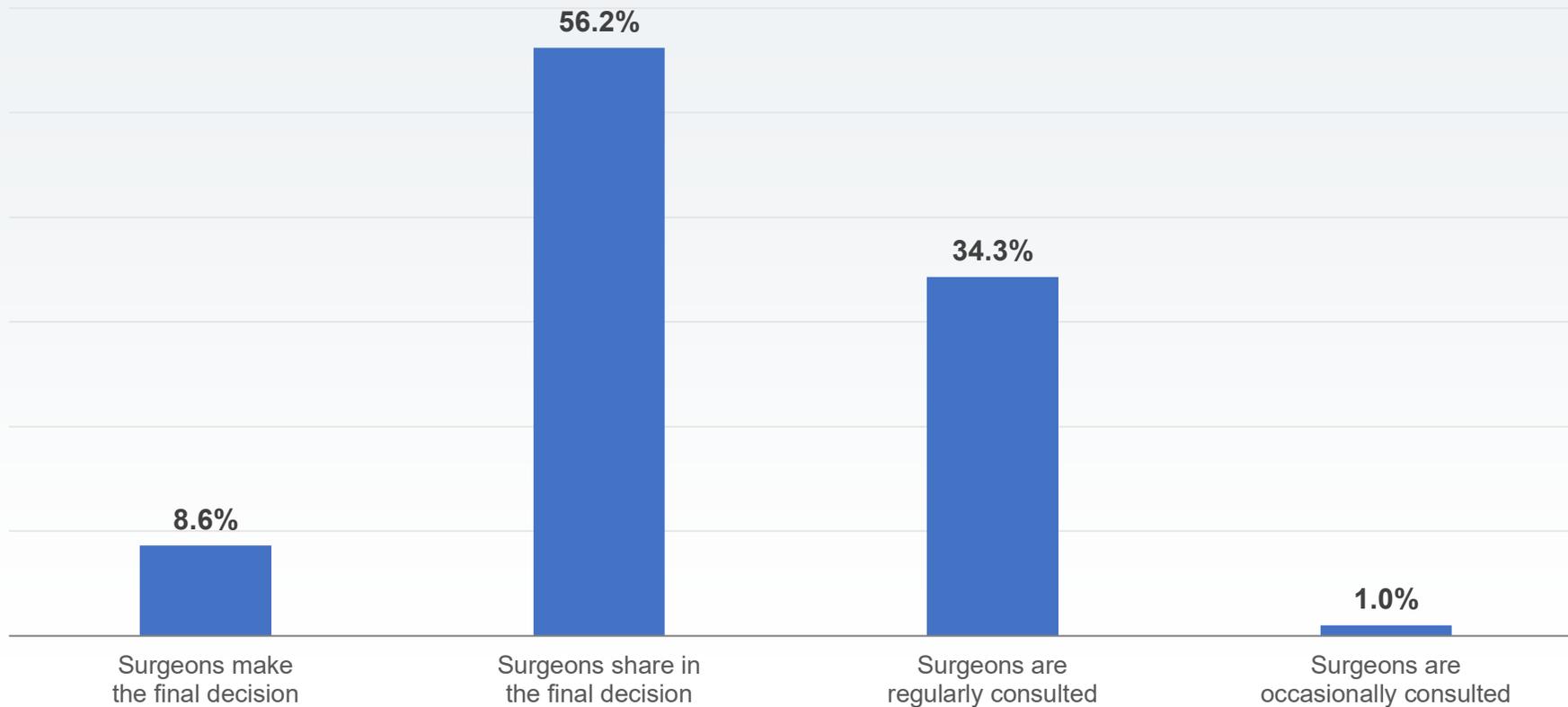
**6** Please help us understand the way(s) in which cardiothoracic surgeons provide value to your organization.

**7** How does the aging population influence your consideration of new cardiac surgical technology?

**8** As new cardiac surgical treatment patterns change in response to new technologies, how does your organization adapt to new requirements placed on site of treatment, financial and human resources, and demands on capacity?

# Role of Surgeons

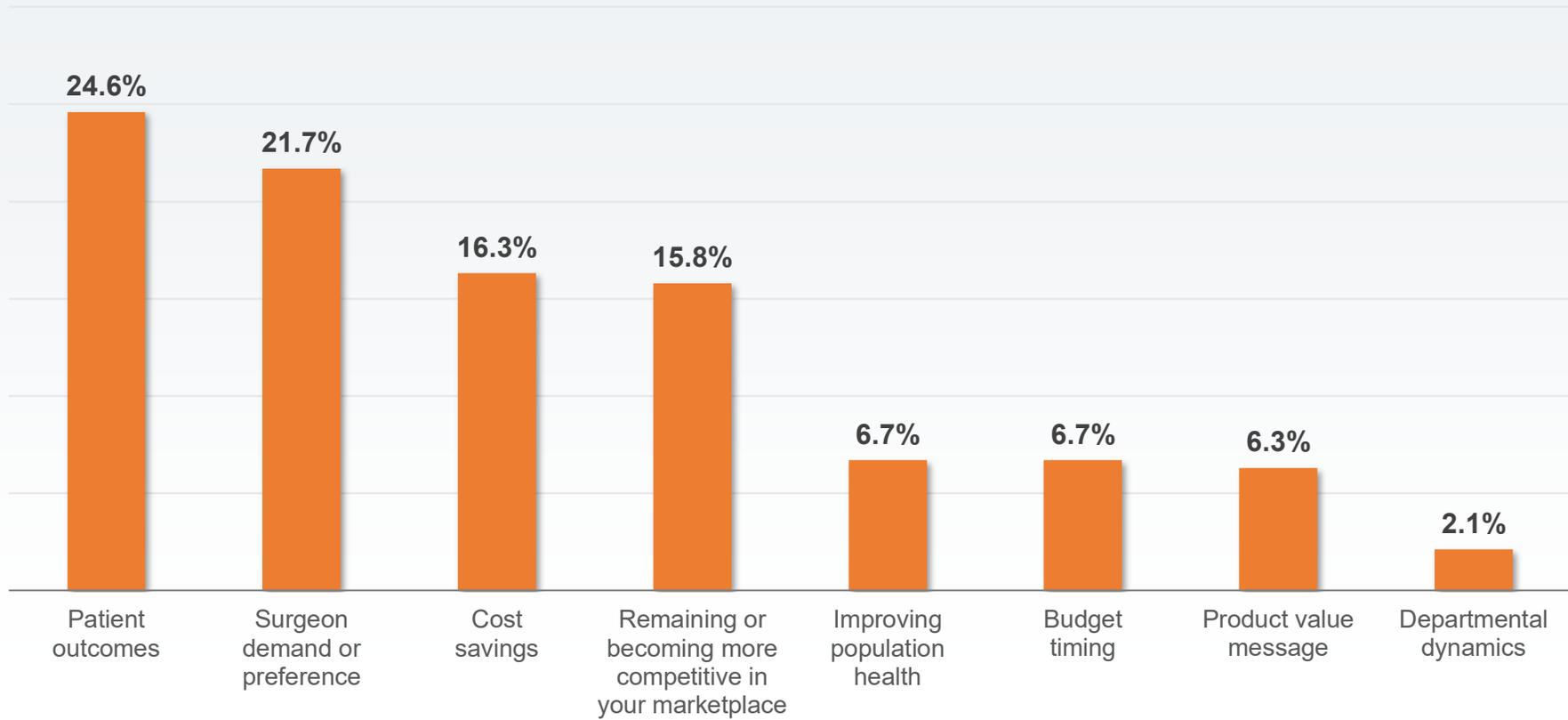
**Q: In general, when new more expensive cardiac surgical technologies are under review in your organization, what is the role of the surgeon in that process?**



**Surgeons are a very active part of the process of reviewing more expensive cardiac surgical technologies. This is a statistically significant finding that applies to healthcare organizations of all sizes.**

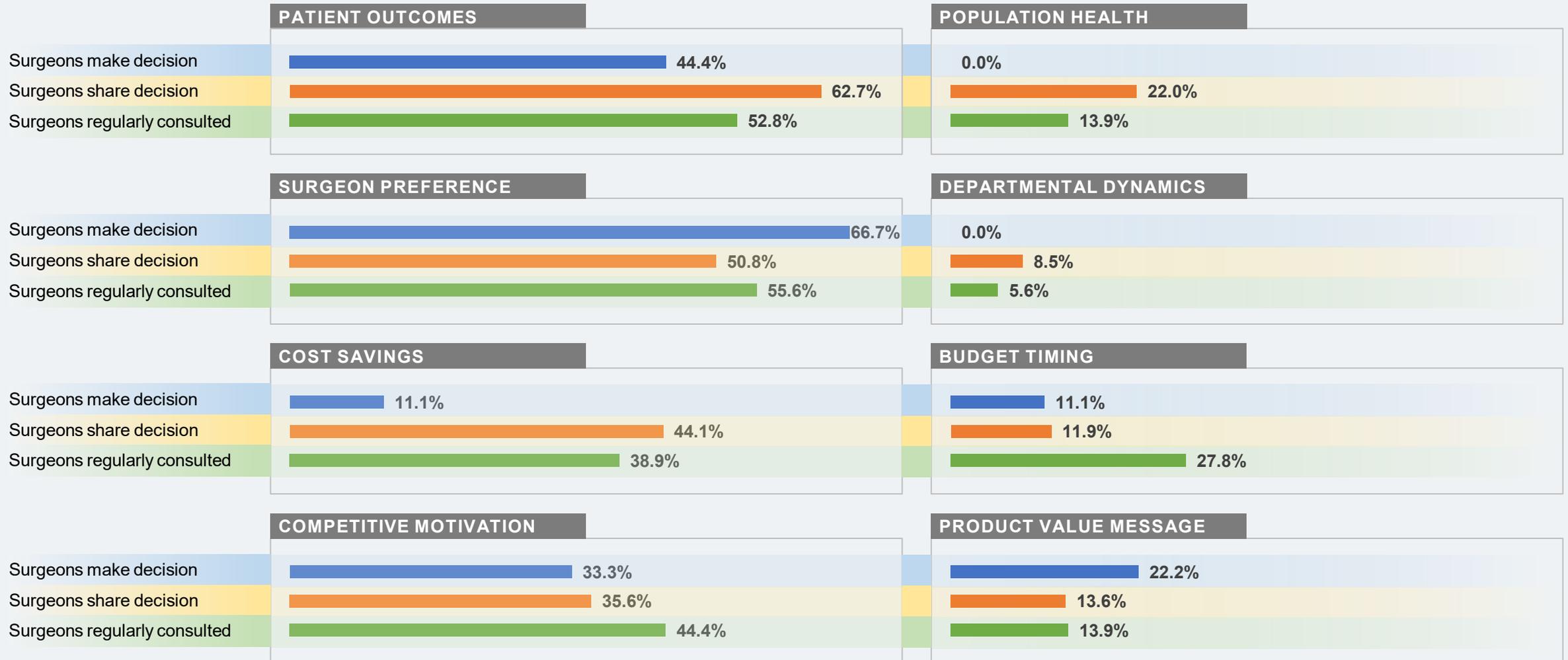
# Compelling Factors

Q: What are the most compelling factors which influence new cardiac surgical product adoption at your organization?



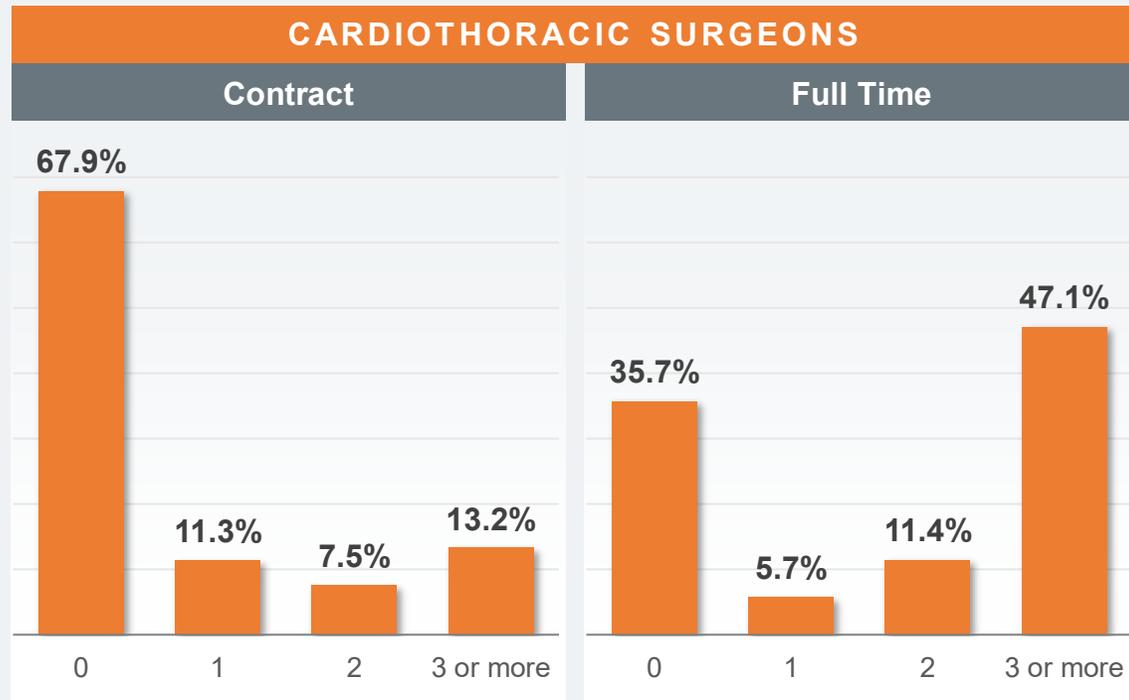
The welfare of patients served by the healthcare provider and the welfare of the healthcare provider itself figure most prominently in the factors influencing cardiac surgical product adoption.

# Compelling Factors According to Role of Surgeons

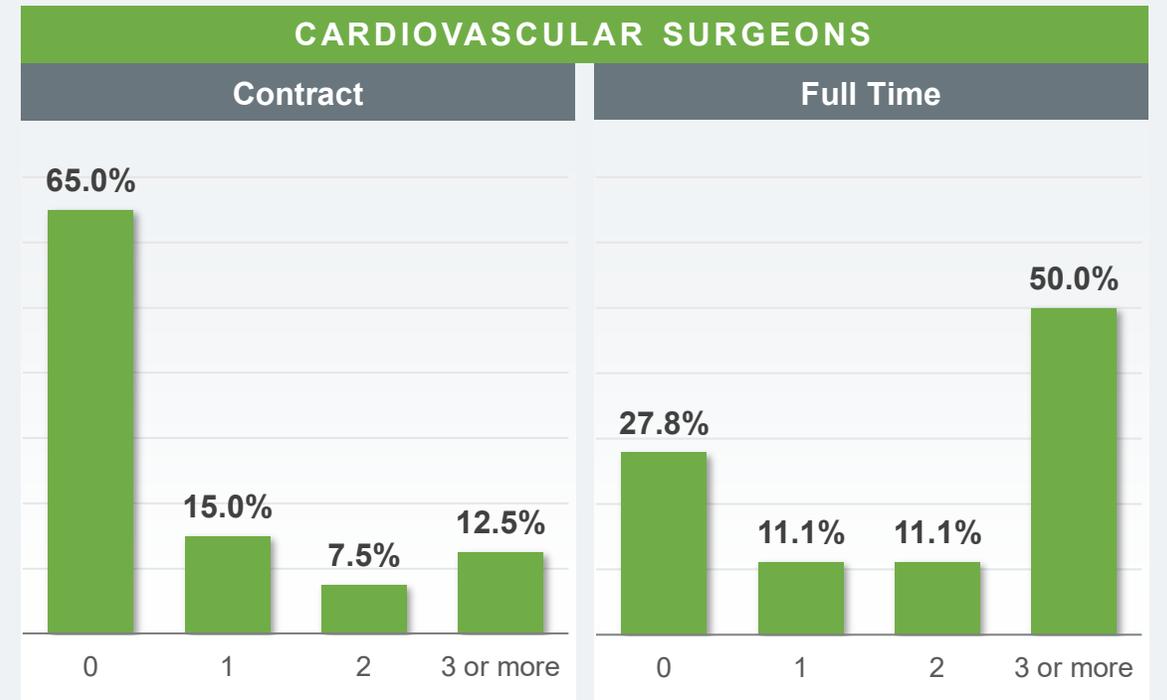


# Number of Cardiac Surgeons and Type of Engagement

Q: How many full-time and contract or locum tenens cardiothoracic surgeons does your organization engage?



Q: How many full-time and contract or locum tenens cardiovascular surgeons does your organization engage?



About 12% of respondents responded “None” to all 4 of these questions.

# Anecdotal Findings

## The Influence of Surgeons

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Roughly 12% of all respondents indicated their organizations do not engage cardiovascular or cardiothoracic surgeons as full-time surgeons or as contract or locum tenens surgeons. Another 29% of all respondents did not answer the question as to whether they have cardiovascular or cardiothoracic surgeons as full-time surgeons or as contract or locum tenens surgeons.

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However, all survey respondents provided answers indicating some level of surgeon engagement to the question: “In general, when new more expensive cardiac surgical technologies are under review in your organization, what is the role of the surgeon in that process?”

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Respondents indicating they have no cardiac surgeons, said that the role of the surgeon ranges from regular consultation to surgeons making the final decision.

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Respondents who did not indicate their number of cardiac surgeons (they skipped the question), said that the role of the surgeon ranges from occasional consultation to surgeons making the final decision.

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The logical unanswered question is, If no cardiovascular or cardiothoracic surgeons are contracted nor on staff, what surgeons are being consulted about “new more expensive cardiac surgical technologies” and/or what resources are being used to access surgeons’ opinions?

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# Anecdotal Findings

## Number of Cardiac Surgeons, and Type and Quality of Engagement

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The overall use of cardiovascular and cardiothoracic surgeons is proportionate to the size of the healthcare organization. Neither larger nor smaller healthcare provider organizations have a disproportionate number of cardiac surgeons – there does not appear to be a “brand” advantage for larger or smaller providers.

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Healthcare providers of all sizes indicate the use of both contracted and full-time cardiac surgeons. Smaller healthcare providers appear to engage a slightly higher percentage of contracted cardiac surgeons, compared to larger organizations; and larger healthcare providers appear to engage a slightly higher percentage of full-time staff cardiac surgeons, compared to smaller organizations.

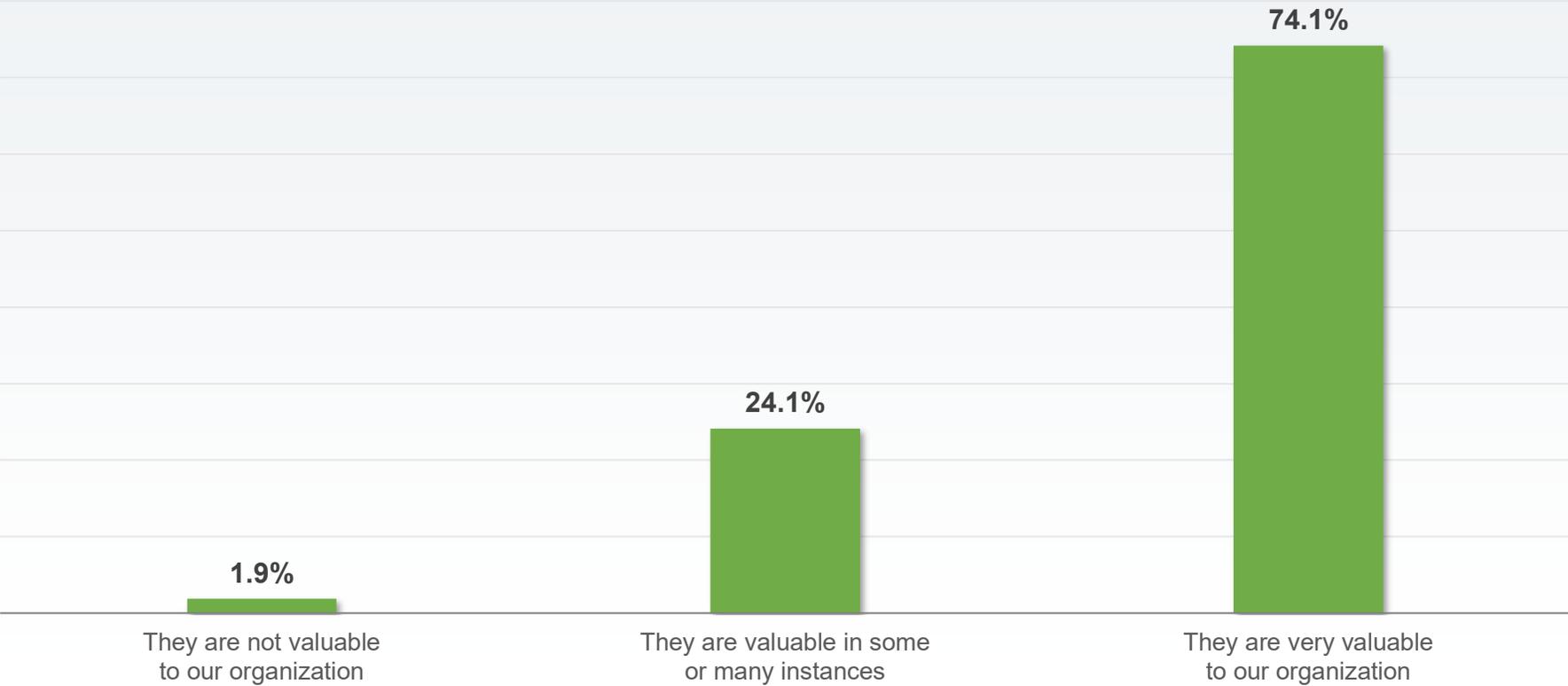
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Healthcare providers of all sizes include both contract and full-time cardiac surgeons in the process of reviewing new more expensive cardiac surgical technologies, but full-time cardiac surgeons are more likely to influence the process than contracted cardiac surgeons. Full-time cardiac surgeons are more likely to “make the final decision” or to “share in the final decision” than contracted cardiac surgeons. Contracted cardiac surgeons are more likely to be “regularly consulted”.

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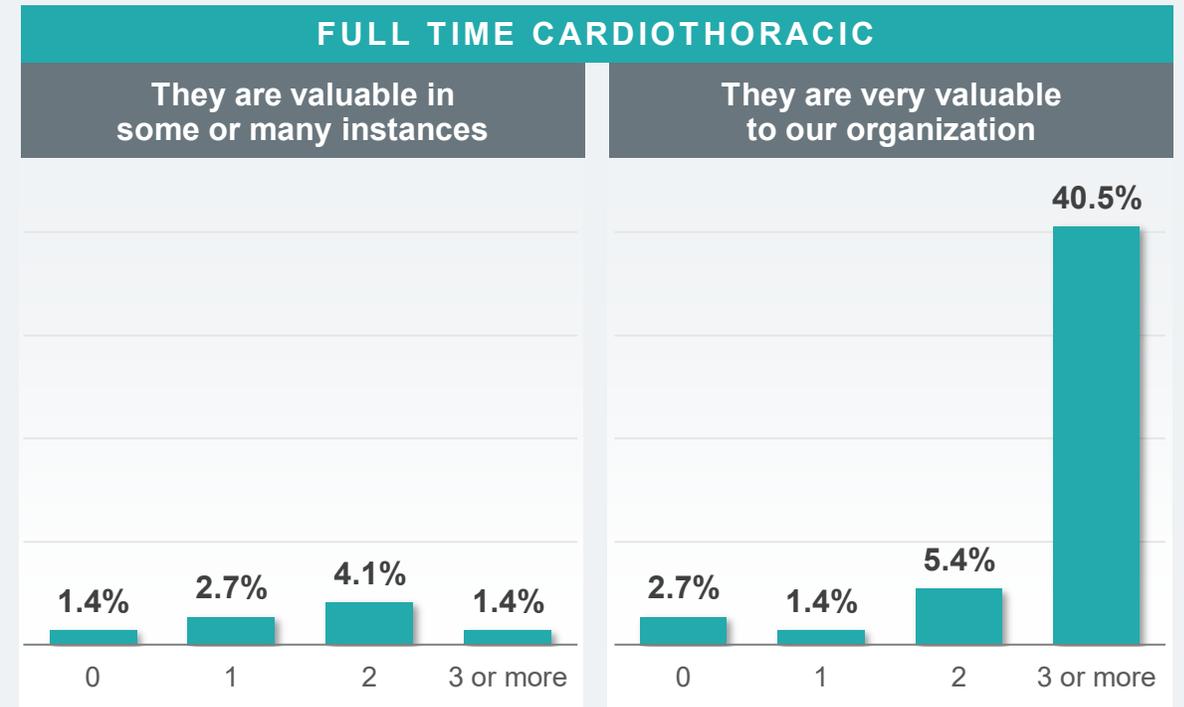
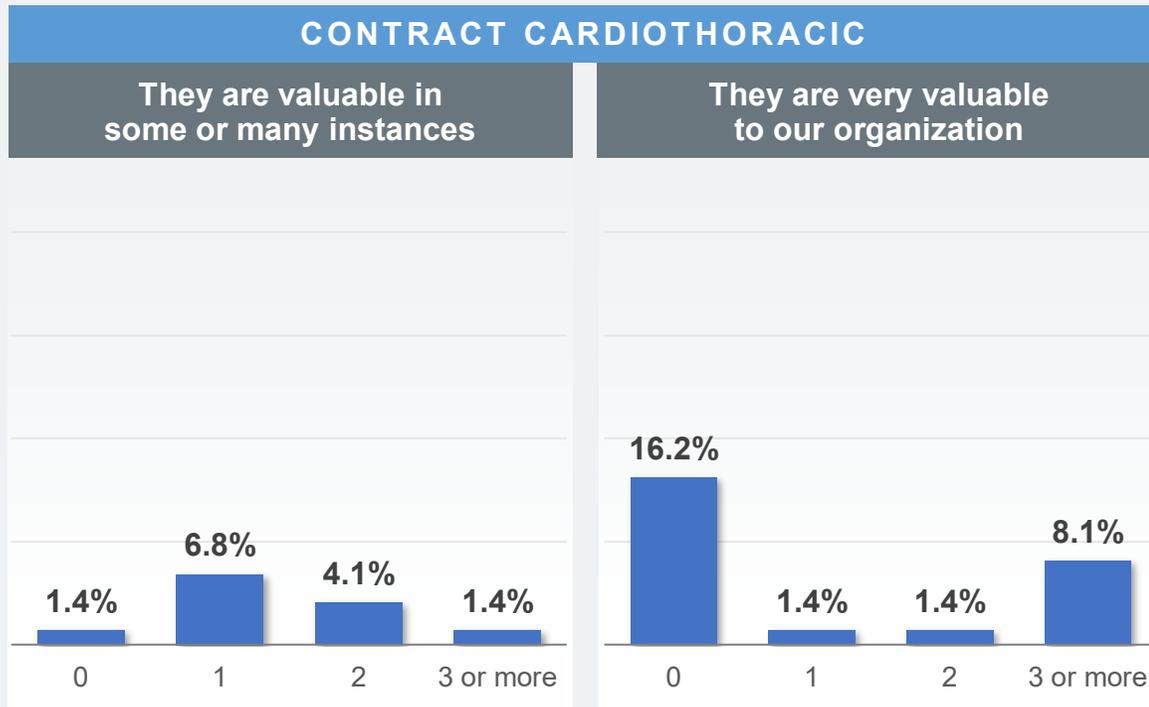
# Value of Cardiothoracic Surgeons

Q: How would you characterize the value that cardiothoracic surgeons bring to your organization?



**Cardiothoracic surgeons are highly valued, overall, by the healthcare organizations who have them.**

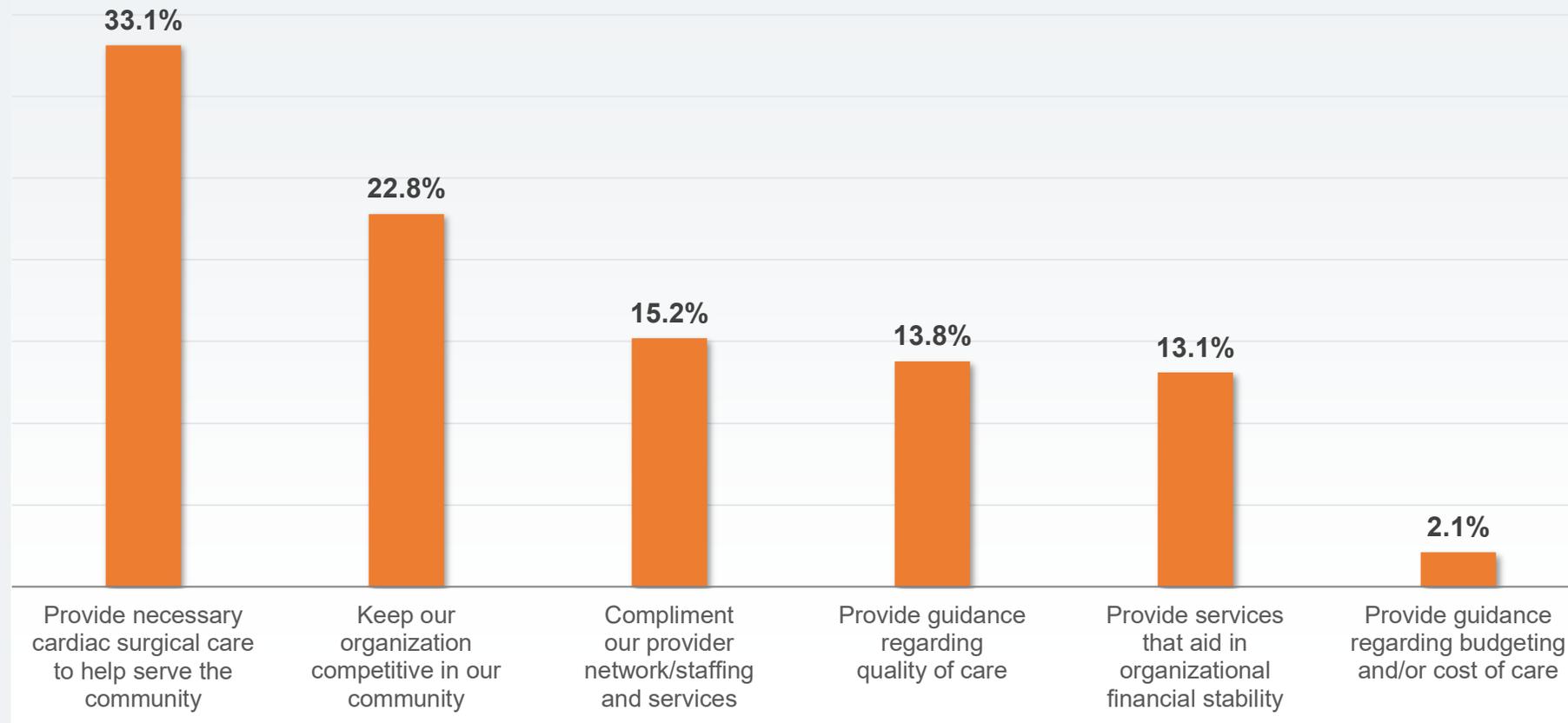
# Organizational Value of Cardiothoracic Surgeons by Engagement and Count



All respondents to this question engage one or more cardiothoracic surgeons as contractors or employees. Organizations who employ a greater number of cardiothoracic surgeons, characterize these surgeons as more highly valued than organizations that employ fewer cardiothoracic surgeons, or organizations who contract cardiothoracic surgeons.

# How Cardiothoracic Surgeons Provide Value to the Organization

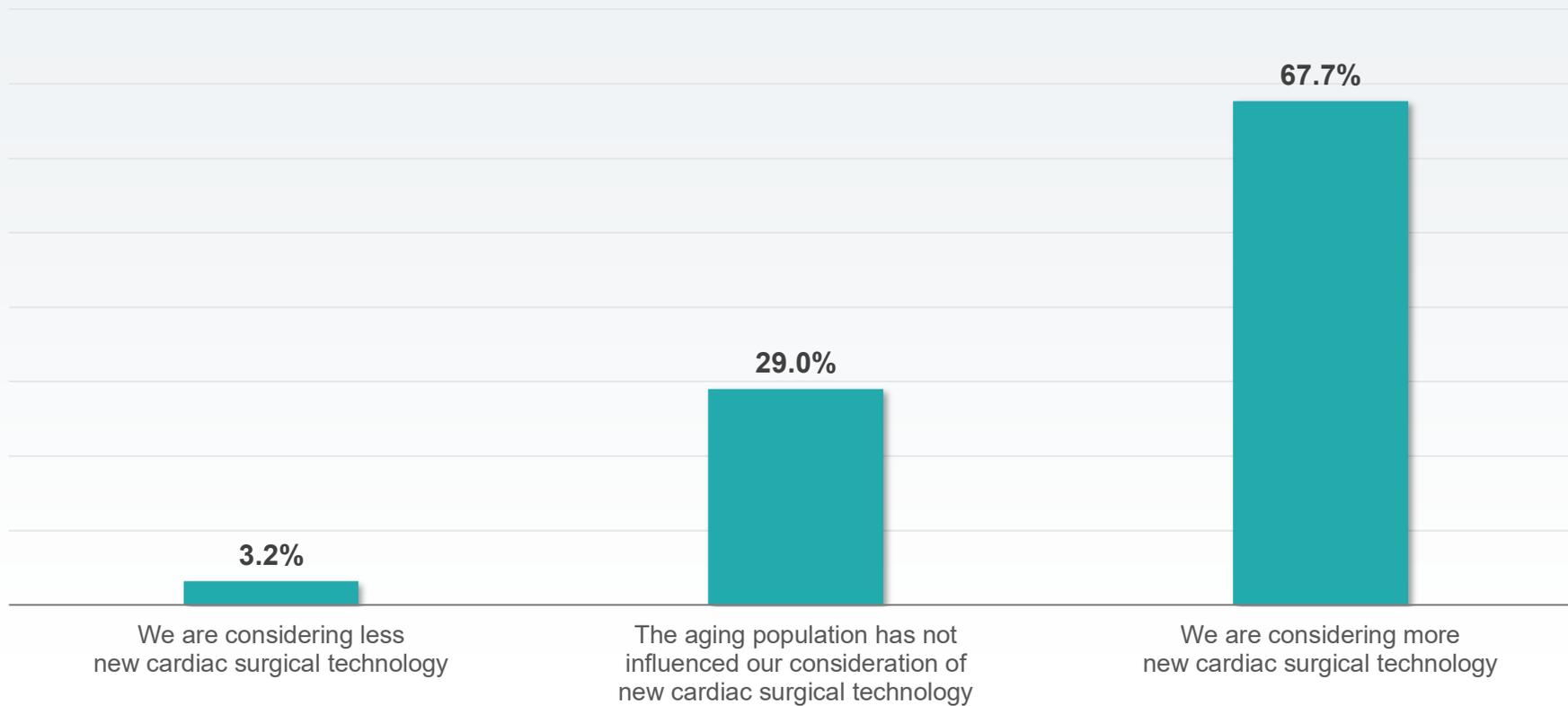
Q: Please help us understand the way(s) in which cardiothoracic surgeons provide value to your organization.



**Cardiothoracic surgeons provide a significant level of guidance to healthcare organizations, in addition to providing valuable specialized medical care. These findings are the same across healthcare organizations of all sizes.**

# Influences of an Aging Population

Q: How does the aging population influence your consideration of new cardiac surgical technology?



The majority of respondents indicate that the aging population is resulting in the consideration of more new cardiac surgical technology. These findings are the same across healthcare organizations of all sizes.

# How Organizations Adapt to New Requirements

**Q: As new cardiac surgical treatment patterns change in response to new technologies, how does your organization adapt to new requirements placed on site of treatment, financial and human resources, and demands on capacity?**

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We run all new technologies and procedures through a committee to review them.

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We have two parallel processes going on – inputs and evaluation coming from lay/provider based internal technology assessment group within company doing bi-annual compendiums must dovetail with demands coming from leading surgeons. That must dovetail with that year's available discretionary capital. Not untypical if there is scarcity of capital but there is agreement on the value to the patient/reimbursement is available that the item goes on a wish list which will be prioritized in the following capital budget year. Technology assessment group will advise as to the possible geographic distribution - duplication etc.

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Take them in stride. Nothing new. We've seen treatment pattern changes in cardiac care for decades.

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Our institution relies on service line administrators to evaluate changes in new technologies with the physicians.

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Mainly influenced by capacity demands. For example, current 10-week backlog of TAVR cases due to limited surgical blocks and limited recovery space due to poor throughput.

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Continue to get more specialized services.

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Consider availability of similar services provided by other organizations within the service area.

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# How Organizations Adapt to New Requirements

**Q: As new cardiac surgical treatment patterns change in response to new technologies, how does your organization adapt to new requirements placed on site of treatment, financial and human resources, and demands on capacity?**

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Complicated issue – we have stood up clinical programs to look at new technology, quality of service, limits on providers to ensure appropriate growth to volume runs, consolidation of access points, consistency in standard work and review of economies of scale. These are directly crossed tied into strategic initiatives and balanced to population health transitions for risk.

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Committee

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Capacity is always a challenge, and moving the patient to the best location is a priority. Financial management is the State of Maryland with GBR is a huge challenge, volume needs to be stable and that is hard to control.

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We pace investments with organization's ability to achieve the necessary financial goal to drive cash flow that support desired investments.

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