KATY REED
Senior Manager, ECG Management Consultants

TESSA KERBY
Senior Consultant, ECG Management Consultants

A Conversation with Pacific Heart Institute

Hospitals and providers across the country are redesigning their care delivery models, and, as a result, some interesting and innovative practices are emerging in the field of cardiology. Pacific Heart Institute's (PHI's) "enhanced access" hybrid concierge program is one example of this. PHI is a cardiology group in Southern California that provides a full range of cardiovascular disease management services, with specialists in medical cardiology, electrophysiology, interventional cardiology, invasive cardiology, and heart failure (among others). We recently spoke with PHI's **Paul Natterson, MD**, and **George Wu, MD**, about their practice's unique approach to care delivery.

ECG: In response to market pressures and the changing health care environment, PHI has created an enhanced-access model of care for patients. Can you give us a snapshot of that program?
PHI: Many practices, when faced with reimbursement challenges, either switched to a higher-volume clinic model or dropped commercial insurance and even Medicare, thus only caring for patients who could afford to self-pay. We felt the need to find a creative alternative to these approaches, which is what we've done with our enhanced-access program. As a result, we continue to accept the commercial insurance plans and Medicare and also offer patients additional access to their cardiologists should they want an additional level of support. We didn't want to abandon our patients and switch to a pure concierge model program—we wanted to preserve our practice culture and continue to care for all of our patients in a similar high-quality fashion. What we've done is provide an extra option for patients who want to have more access beyond the standard services that we provide to all of our patients. And the overall response from the patient community has been remarkably positive.

ECG: What services does the program offer beyond your standard care?
PHI: We have three tiers of access that people can choose. The first tier is access to priority appointments, personalized EKG cards and health history lists that patients can carry with them, and a dedicated administrative navigator. The second tier offers same-day appointments, direct contact to practice providers (via phone and email), and closer communication with the doctors. The third tier is the more traditional concierge option, with 24/7 access to physician consults through phone or home visits.

ECG: How does payment for these services work? Does insurance pay a portion while the patient pays an additional fee?
PHI: Under the enhanced model, medical services continue to be billed through patients' insurance, but each tier of the enhanced-access program has an annual fee that patients pay directly.

ECG: What did it take to get this program off the ground?
PHI: It was a significant initial investment of time on the part of the doctors and our office CEO to come up with what we felt was a responsible way of providing these enhanced-access services. In addition, we had considerable input from the legal team, which specializes in these types of concierge practices. And we vetted it with Medicare and the various insurance companies to make sure that they understood this was not a mandatory program for all patients.

ECG: Tell us a little bit about the type of patients who seek out this type of program.
PHI: There's no question that the patients in this program, overall, tend to be a little sicker than the average patients in our practice. They primarily want the security of knowing that they have frequent direct access to their physician. It's reassuring to them.

ECG: How can you see this type of enhanced-access model evolving or expanding in light of the market challenges that exist around patient access?
PHI: It is very possible that we may witness physician shortages that translate into shorter visits, less face-to-face time with physicians, and more services being provided by physician assistants and nurse practitioners. This is indicated by the growing movement toward team-based care. The model we use is an adjunct to team-based care. We think that there's also going to be a group of patients who still want to have a close relationship with their cardiologist, and there will be a growing need for these kinds of programs.

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ECG: Can you talk a little about how innovations in technology have been particularly useful in making this program work?
PHI: One easy example would be the remote telemetry devices that can communicate with a patient's phone—patients can securely transmit their recorded EKG strips to us and we can review them in a timely fashion. We're always interested in finding new ways to provide benefit to our patients and ensure that this program is worth their time and money.

ECG: Could this model apply to any market? If so, what are the key aspects that make it work?
PHI: Because it's not mandatory, we think this model would be suitable anywhere. We strongly believe that this model could be easily replicated in every big city and wouldn't take a lot of additional infrastructure. Whether or not the price point would be the same in other regions is yet to be determined, but we think there are a lot more practices where this would be applicable than not. ■

PHI is just one example of a cardiology group that is rethinking care delivery. If your practice is doing interesting work, tell us about it. Please contact Katy at kreed@ecgmc.com with any questions or for more information.