

## Finding Value in Medical Technology

Carla Durham, RN, North Mississippi Medical Center Cath Lab Manager, Tupelo, Mississippi

**North Mississippi Medical Center (NMMC) implemented an innovative value-based purchasing program to improve quality and reduce risk.**



Carla Durham, RN

U.S. healthcare is shifting from a system that pays for volume to one that pays based on value. The Medicare Access + CHIP Reauthorization Act (MACRA) and other key drivers, such as Medicare's new bundled payments for cardiovascular care episodes, continue to accelerate the transition from Fee-For-Service (FFS) to a Value-Based Care (VBC) model, shifting risk from payers to providers. The ultimate goal of the new value-based approach is to drive better outcomes, lower costs and improved patient satisfaction.

Medical technologies are under increased scrutiny from a range of stakeholders beyond the individual physician, including patients, multiple decision makers in care delivery, supply chain, and payers. Although each stakeholder may have the same or similar goals and objectives, they are not in the same order of priority, creating a potentially complex decision-making process.



In response to the evolving needs of their customers, Cardiva Medical has created an innovative value-based purchasing program called the VASCADE Performance Guarantee. The program is simple in concept and easy to implement. In the event of a specified access site bleeding complication when using the VASCADE Vascular Closure System (VASCADE VCS), Cardiva Medical will share in the costs associated with managing the complication with an enrolled hospital or practice.

The program is built upon the product's compelling published clinical data. The VASCADE VCS demonstrated zero (0) major complications in the prospective, multicenter, randomized clinical trial RESPECT (Hermiller et al) and is the only closure device proven safer than manual compression in a randomized clinical trial.<sup>1,2</sup>

The North Mississippi Medical Center Cath Lab was among the first centers in the U.S. to enroll in the program, starting over a year ago and still going strong. Because of the VASCADE Performance Guarantee program, we re-doubled our focus on vascular closure, one of the most common causes of complications in cath labs across the country.

We are pleased to report a complication rate of less than 1 in 1,000, substantially better than the published national average of 5.8 percent.<sup>3</sup> We believe our low complication rate demonstrates NMMC's commitment to clinical excellence, patient satisfaction and fiscal responsibility. One of our interventional cardiologists, Dr. Barry Bertolet, said, "Cardiva Medical not only has compelling clinical data for both interventional

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**— Dr. Barry Bertolet**



Figure 1. VASCADE® Vascular Closure System (Cardiva Medical).

**"We have an additional incentive to report complications, so I know we are not under-reporting. As health care evolves, this kind of program is what we really need, because this is truly value-based health care."**

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Furthermore, the national complication rate among all institutions enrolled in the program is also less than 1 in 1,000, which is particularly impressive as many more hospitals have enrolled and continue to enroll. Dr. Bertolet added, "We have an additional incentive to report complications so I know we are not under-reporting. As health care evolves, this kind of program is what we really need because this is truly value-based health care."

The NMMC Cath Lab, based in Tupelo, Mississippi, is a leading provider of cardiology, electrophysiology and vascular services, demonstrating leadership in adopting many of the most important medical technology innovations such as transcatheter aortic

valve replacement (TAVR), left atrial appendage closure (LAA), Impella, optical coherence tomography (OCT), etc. NMMC and many other providers recognize the value of the VASCADE Performance Guarantee program, with the number of new hospitals increasing substantially each quarter. If you are interested in maximizing the value of your medical technology by improving quality and reducing risk, please contact your Cardiva Medical representative to learn more. ■

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### References

1. Hermiller JB, Leimbach W, Gammon R, et al. A prospective, randomized, pivotal trial of a novel extravascular collagen-based closure device compared to manual compression in diagnostic and interventional patients. *J Invasive Cardiol.* 2015 Mar; 27(3): 129-136.
2. IFUs and / or SSEDs of commercially available leading brands (VASCADE, Angio-Seal, Mynx, Perclose, Starclose, Exoseal).
3. Rao SV, McCoy LA, Spertus JA, et al. An updated bleeding model to predict the risk of post-procedure bleeding among patients undergoing percutaneous coronary intervention: a report using an expanded bleeding definition from the National Cardiovascular Data Registry CathPCI Registry. *JACC Cardiovasc Interv.* 2013 Sep; 6(9): 897-904. doi: 10.1016/j.jcin.2013.04.016.