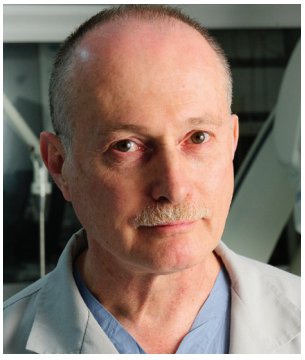
Volume to Value

Our first issue of 2015 is a departure from the traditional content of *Cardiac Interventions Today,* in that we review the changing landscape of cardiovascular care in the era of practice consolidation, the Affordable Care Act, and decreased spending on health care. A recent publication in *The New England Journal of Medicine*[1] on this very topic exemplifies the topical nature of these issues, and we are eager to continue this discussion by providing some background and further coverage on the latest happenings in our changing health care environment.



To bring you this unique angle, we have partnered with leading consulting experts from MedAxiom to author these articles. MedAxiom is a cardiology consulting company that offers the services of a community of health care leaders utilizing data analytics, health care management expertise, and shared experiences to improve both business and patient care outcomes.

Our first article gives an overview of the somewhat conflicting forces at work within the interventional cardiology job market and how it will affect the future of our specialty.

We continue this conversation in our next article, which takes an in-depth look at interventional cardiology compensation trends, which should ideally be aligned with the overall goals and vision of every program's evolution.

In looking at each institution's care program on the whole, we have a discussion on the role of comanagement agreements in improving the performance of the cardiovascular service line by facilitating collaboration between hospitals and physicians.

As you may know, there has been a decline in cath lab volumes over the past few years, but the challenge remains to efficiently work within the allotted space. Thus, our next article suggests several methods for maximizing cath lab efficiency with direct, actionable steps.

We then delve into the current transition to value-based medicine and bundled payments over the old fee-for-service model. This new system shifts the risk from payer to provider, which rewards quality clinical results with financial incentives.

Another hot topic that relates to this is the transition to population health, which aims to provide high-value, low-cost care to patient populations, with reliable, consistent, and transparent quality outcomes measured at the population level.

Finally, we conclude our feature on PCI economics with an examination of key payment risk programs (ie, the Readmission Reduction, Value-Based Purchasing, and Hospital-Acquired Condition programs) and how these changes might affect your bottom line.

This issue also marks the introduction of our first article in our Ask the Experts series. In our first edition, we asked Charles E. Chambers, MD, and Lloyd W. Klein, MD, about the effect of spinal disease among interventional cardiologists and how their institutions are addressing this serious issue affecting their staff.

Next, in our Pharmacology section, David J. Schneider, MD, discusses the utility of platelet function testing, limitations in its usefulness in guiding individualized therapy, and future directions of this practice.

This issue closes with an interview with Jack Lewin, MD, President and CEO of the Cardiovascular Research Foundation, in which he shares his thoughts on the impact of health care reform on the cardiovascular care community, as well as his predictions for what's to come 20 years down the road in interventional cardiology.

We sincerely hope that you find this new approach to covering economic stories occurring within the interventional cardiology field to be thought-provoking and valuable as we transition into the next era of health care in America. You might want to share this issue with your administrative colleagues! ■

1. Burwell SM. Setting value-based payment goals—HHS efforts to improve U.S. health care [published online ahead of print January 26, 2015]. N Engl J Med.

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