

Profile | Heartbeat Health

- Virtual-first care (V1C) cardiology practice
- Contracting with payors and accountable care organizations (ACOs) through risk-sharing value-based payment models

Jeanne’s Story

Jeanne, a home-bound Heartbeat Health V1C cardiology patient with heart failure, reports worsening symptoms to her care team through periodic self-reporting. Her connected remote patient monitoring (RPM) devices send data that alerts her care team, confirming worsening physiology. Her cardiology nurse calls her via video chat to discuss options. Jeanne does not want to go to the emergency department because she is afraid she will be admitted.



Downstream Referrals

Her care team knows that timely diagnostics may prevent an unplanned escalation in care by enabling them to intervene with a change in medication. Because Jeanne’s health benefits through her Medicare Advantage plan include an in-home care provider that operates in her region, a nurse home visit can be ordered at no cost to Jeanne.

A home visit by a nurse carrying key diagnostic tools is scheduled and arrives at Jeanne’s home in ~3 hours from order. In addition to standard clinical assessment, the traveling clinician can operate a mobile cardiovascular echo imaging device (e.g., the Butterfly Networks ultrasound device) which enables a 3D view of the patient’s heart. Heart structure data is streamed to the V1C cardiologist who guides the wand through a process called telemediation and reads the image in real-time. A good image is achieved, showing no new blockage since the patient’s last echocardiogram.

With this good news, the cardiologist can adjust Jeanne’s medications, and the symptoms alleviate; an ER visit, with possible hospital admission, too, is averted. The in-home care provider charges a fee of ~\$500, which is either covered by insurance under fee-for-service (FFS) pricing or as part and parcel of a value-based arrangement between Heartbeat and Jeanne’s insurance provider.

“The key point, of course, is that in-home care complements the V1C model because an ER visit tends to cost far more than \$500, and hospital admission costs many thousands of dollars – not to mention the burden associated with the patient having to go to and from the ER and/or hospital.”

- Pete Celano, SVP Heartbeat Health

TAKEAWAYS FOR EFFECTIVE CARE TRANSITIONS



Incentive Alignment

In shared-risk payment models, V1C providers are incentivized and can direct patients to the right services, with the right provider, for acceptable costs, and within clinically relevant timeframes.

- Timely diagnostics may prevent an unplanned escalation in care and associated outcomes and financial costs.
- Selecting the right route to obtain diagnostic information depends on patient insurance coverage, available options, and tradeoffs in timely decision-making versus clinical risks and costs.
- Although costly on a transaction basis, using in-home care providers in appropriate circumstances may offset costs associated with avoidable care escalation.



Visit the [V1C Care Transitions Toolkit](#) or view additional [V1C Care Transitions Case Studies](#).