

Profile | Heartbeat Health

- A virtual-first care (V1C) cardiology practice
- Offers same-day reads of cardiovascular diagnostics, virtual visits, longitudinal care, and same-day “curbside” provider consults

Endeavors to lead care management for higher acuity patients and supports primary care in the management of low-to-moderate cardiovascular disease (CVD) patients

Paul’s Story

Paul Smith, a 67-year-old patient receives an in-office electrocardiogram (EKG) test at a primary care visit for symptoms suspicious of heart disease. His practitioner is affiliated with an accountable care organization (ACO) that, in turn, is contracted with Heartbeat Health.



Intake and Onboarding

A Heartbeat cardiologist performs the same-day read of Paul’s EKG to see what could be an indication of a heart issue. The provider also reviews Paul’s retrospective EMR data and conducts a video visit to ask him a series of triage questions. The cardiologist decides more detail is needed to make an accurate assessment, so Paul is briefed and sent a rhythm monitor patch (mailed to his home) to wear for two weeks on his upper left chest.

When the patch is returned by mail, the same Heartbeat cardiologist does the read and confirms Paul has atrial fibrillation (AF). The cardiologist delivers this news via a second virtual visit and, via the ACO, Paul is offered a cardiologist (assuming he does not have one already), offering face-to-face care, virtual care, or a hybrid of the two. The decision is straightforward for Paul as a busy recent retiree: nationally, it takes upwards of 45 days to see a cardiologist in person, and he is not willing to wait to get started on the right treatment. He opts for care from a Heartbeat cardiologist.



Longitudinal Co-Management

Paul’s cardiologist prescribes medication(s) as relevant, among other treatment modalities. Paul opts for the medication to be delivered to his home. If Paul struggles with the technology associated with video visits, his provider typically will work with family members who can help. Sometimes, the video visits with the specialist can occur at the ACO location, on what’s called a Workstation on Wheels.

All of this is documented in the ACO’s electronic medical record (EMR), including closing gaps in care with updated Risk Adjustment Factor (RAF) scoring reflecting Paul’s AF diagnosis as relevant. Paul’s ongoing management for AF becomes part of his ongoing primary care plan at the ACO, and, as needed, the ACO providers can contact Paul’s Heartbeat cardiologist for curbside consults.

Heartbeat bills the ACO directly for the same-day diagnostic read and any virtual care, whether episodic or programmatic, with the goal of moving Paul to an acuity status, whereby he can be returned to primary care for CVD care as merited.

TAKEAWAYS FOR EFFECTIVE CARE TRANSITIONS



Partnering to Foster Awareness and Trust

Relationships structured as “provider-to-provider” contracts legitimize the clinical relationship. Business associate agreements (BAA) and vendor agreements are not typically needed in these cases but can be signed.



Clinical Integration

Best practices for clinical integration that promote streamlined care transitions between ACOs and V1C practices include co-developed pathways for:

- Risk-based care management
- Patient workup, treatment of patients
- Workflows for assessment and transfer of care, including communication and documentation



Bi-Directional Communication

Virtual communications should be accessible to all patients. Leading V1C practices will explore options for supporting patients and caregivers in communicating with virtual providers, including potentially embedding communications within bricks and mortar primary care offices to deliver a high-value visit to patients without widening the digital divide.

Specialty V1C providers that facilitate timely, streamlined communication and consultations to support primary care providers offer an option for taking care of higher-risk patients while minimizing unnecessary use of more costly traditional specialty care.



Incentive Alignment

Value-based partnerships between V1C providers and ACOs can advance shared goals by assisting primary care physicians in identifying and closing gaps in care, including rapidly assessing at-risk patients and swiftly moving high-to-acute patients to specialists.

- Much of Heartbeat Health’s business comes from contracts that split the costs; it saves partners by averting expensive cardiac services and procedures. This requires a strong understanding of specific outcomes that can be influenced, data from a relevant benchmark group, and evidence that attributes savings to the intervention.

V1Cs can improve the accuracy of RAF to better target services and enable the success of value-based payment models and other at-risk programs such as the [PACE](#) (Program of All-Inclusive Care for the Elderly) program run by Medicare and Medicaid.



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