

Practical Business Knowledge in Cardiac & Pulmonary Rehabilitation

Thomas A. Draper, MBA, MAACVPR
Vice President, Sanger Heart & Vascular Institute
Atrium Health, Charlotte, NC
Past-President, AACVPR

Agenda and Objectives

- Understand basic financial metrics
- Identify the key and necessary financial variables for cardiac/pulmonary rehab
- Discuss how, and to whom, to ask for financial help within your organization
- Discuss some next generation metrics to be aware of



Importance of Speaking the "Financial Lingo"

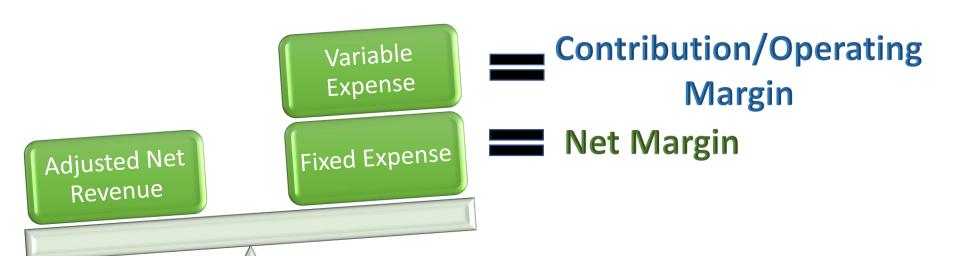
- Understand the business of Cardiac/Pulmonary Rehab
- Provide knowledge of financial impact when developing programs
- Credibility when seeking resources
- Align strategies with financial trends/opportunities
- Understand the impact of Healthcare macro trends on cardiac/pulmonary rehab program



Gross/Total Revenue

Operating Expense

Financial Vocabulary





Gross Revenue





https://www.vitalabo.com/info/magazine/types-of-exercise - accessed 03/31/19

- Gross revenue is what is billed to insurance providers or patient
- Represents what the hospital deems is the "cost" of an encounter
 - Determined by Hospital's "Charge Master" process
 - Sometimes done in collaboration with Rehab Department
- Usually inflated 2-3 times greater than expected reimbursement
 - In particular Medicare reimbursement
- Typically is not reflective of the reimbursement that will be received



Adjusted Net Revenue



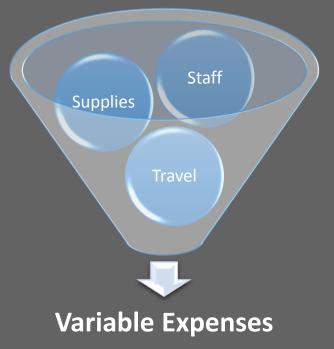


Contractual Amount Insurance Will Pay

- Adjusted Net Revenue is what is actually paid to the Hospital
- Typically is a set amount for specific service OR a percentage of charges
- Department's actual cash before any expenses are paid



Operating Expenses





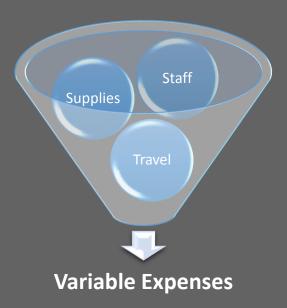
- Variable Expenses are what it takes to run your CR/PR program
 - Varies by volume of patients
- <u>Fixed Expenses</u> are the <u>overhead</u> of being part of your Hospital System
 - Are fixed and allocated to Department based on size and location



Contribution/Operating Margin



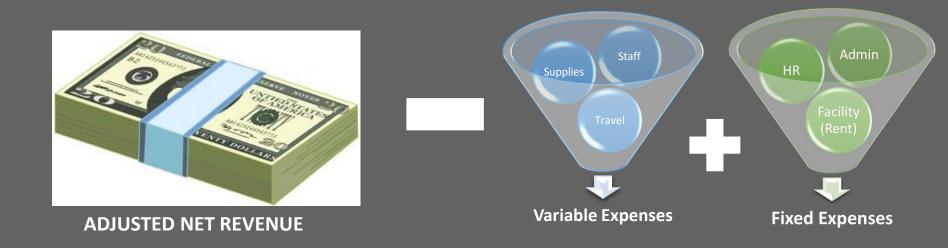




- Contribution Margin is the profit or loss of running only your Department
 - Varies by volume of patients
- Typically number provided when adding new services/programs in existing space



Net Margin



- Net Margin is the final margin after all expenses are accounted for
 - The profit or loss to the Hospital



Cardiac Rehab Financial Report	Dec-18 Actual	Actual Per Unit		
SUMMARY INFORMATION				
Department Volumes			4	
Visits - I/P	4,632	_		Patient Encounters
Visits - O/P	28,965	-		•
Total Volume	33,597			
Revenue				
Inpatient Revenue	465,524	100.50		Gross Revenue
Outpatient Revenue	1,965,245	67.85		G1033 Neveriue
Other Operating Revenue	102,587			
Intercompany Revenue	98,874	-		
Gross Patient Revenue	2,632,230	78.35		
Deductions	1,458,963	43.43	4	Insurance Deductions
Adjusted Net Patient Revenue	1,173,267	34.92	7	
/ to Justice in the control in the c	_,_,_,	3 1132	_	
Operating Expenses				
Salaries & Wages	505,847	15.06		
Professional Fees	48,512	1.44		
Purchased Services	16,547	0.49	4	
Pharmaceuticals	205	0.01		Variable Expenses
Medical Supplies	5,214	0.16		variable Expenses
Other Supplies	4,587	0.14	,	
Maintenance and Repairs	1,154	0.03		
Travel and Education	6,250	0.19		
Total Operating Expenses	588,316	17.51	ı	
Operating Margin	584,951	17.41		
Fixed Expenses			1	
Lease and Rental	198,321		4	
Utilities	2,541			Fixed Expenses
Intercompany Expense	45,268			•
Total Fixed Expenses	246,130			
Net Margin/Income	338,821	10.08		Atrium Health
			l	Sanger Heart & Vascular Institute

Key Uses of the "Per Unit" Statistics

- Financial impact of growth
- Cost of adding a new staff member

- Payor mix impacts
- Trends over time



Breakeven Analysis - Revenue

Staff Analysis for Adding a New PAD Program

Current State

- 20,000 encounters/year
- \$900,000 adjusted net rev/year
- \$400,000 salaries/year
- \$100,000 variable expenses/year
- \$80,000 fixed expenses/year
- \$400,000 contribution margin/year
- \$320,000 net margin/year
- \$45/encounter in net revenue
- \$20/encounter in salaries
- \$5/encounter in variable expenses

New PAD Rehab Program

- + 2,200 encounters/year
- \$56/encounter in net revenue
- + 1.0 FTE at \$50K/year
- +\$10K in supplies/marketing

Should you do it???



Breakeven Analysis - Revenue

How Many Encounters Do You Need to Breakeven with an Incremental 1.0 FTE

Breakeven Point = New Costs (Salaries/Supplies)
Revenue/Encounter

1,071 Incremental Encounters = \$\frac{\$60,000}{\$56/Encounter}\$

21,071 Encounters/Year to Breakeven
Via Revenue Analysis



Breakeven Analysis - Revenue

Projected Growth Shows Profitability

Current State

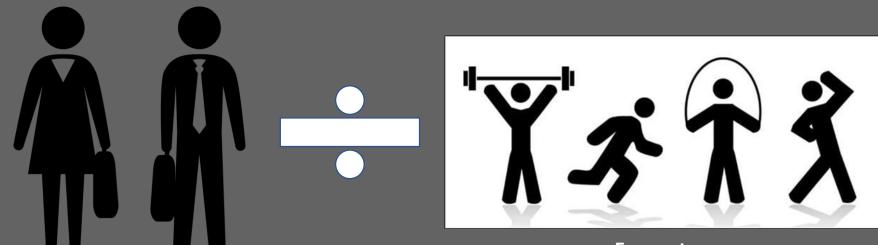
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- \$80,000 fixed expenses/year
- \$400,000 contribution margin/year
- \$320,000 net margin/year
- \$45/encounter in net revenue
- \$20/encounter in salaries
- \$5/encounter in variable expenses

Future State

- 22,200 encounters/year
- \$1,023,200 adjusted net rev/year
- \$450,000 salaries/year
- \$110,000 variable expenses/year
- \$80,000 fixed expenses/year
- \$463,200 contribution margin/year
- \$383,200 net margin/year
- \$46.09/encounter in net revenue
- \$20.27/encounter in salaries
- \$4.95/encounter in variable expenses



Labor Productivity



Worked Hours by Employees

Encounters

- <u>Labor Productivity</u> is an important metric of <u>efficiency</u>
 - Efficiency improves when more patients are seen with the same amount of staff
 - Volume decreases negatively impact labor productivity
- Labor productivity can often be benchmarked to national standards
- Can be a tool to advocate for increase staffing



Labor Productivity Analysis

Measuring Staff Efficiency

Current State

- 20,000 encounter/year
- 769.23 encounters/pay period
- 8 Full-Time Employees
- 40 hours/week
- 80 hours/pay period
- 640 total hours/pay period
- Labor Productivity
 - Worked Hours/Unit
 - .83 worked hours/unit
- Budget/Benchmark
 - .86 worked hours/unit

New PAD Rehab Program

- + 2,200 encounters/year
- +84.61 encounters/pay period
- + 1.0 incremental FTE
- +80 hours/pay period

Should you do it???



Breakeven Analysis

How Many Encounters Do You Need to Breakeven with an Incremental 1.0 FTE

Breakeven Point/Pay Period =

Total Hours/Pay Period
Budgeted WHpU

837.20 Encounters/Pay Period = $\frac{720 \text{ Hours/Pay Period}}{.86 \text{ Budgeted WHpU}}$

21,767 Encounters/Year to Breakeven Via Productivity Analysis



Labor Productivity Analysis

Incremental Growth has a Positive Impact on Productivity

Current State

- 20,000 encounters/year
- 769.23 encounters/pay period
- 8 Full-Time Employees
- 40 hours/week
- 80 hours/pay period
- 640 total hours/pay period
- Labor Productivity
 - Worked Hours/Unit
 - .83 worked hours/unit
- Budget/Benchmark
 - .86 worked hours/unit

Future State

- 22,200 encounters/year
- 853.84 encounters/pay period
- 9 Full-Time Employees
- 40 hours/week
- 80 hours/pay period
- 720 total hours/pay period
- Labor Productivity
 - Worked Hours/Unit
 - .84 worked hours/unit



How to Obtain Financial Information

- Program Manager/Director
- Service Line Leader
- Finance Department
- Know What Measure Matters
 - Revenue vs. Productivity
- Be Prepared with Statistics
 - Encounters
 - Key Ratios
 - Trends
 - Projections



Other Measures of Profitability

- Ancillary Testing
 - Stress Tests
 - Transition/Clinic Visits
- Readmission Reduction
 - Impact on HRRP Penalties
 - Know Readmission Rates
 - Know Hospital Penalties
 - Articulate Readmission Reduction Strategies
- "Revolving Door of Your Hospital"
 - Rehab Patients Seeking "Other" Hospital Services
 - Direct Marketing about Hospital Services
 - Difficult to Measure
 - Match Rehab Patients to "Other" Services
 - Financial Analysis Department



Role in Continuum of Care

- Bundled Payment Models
 - Readmission Reductions
 - Improved Quality
- Track and Trend Performance
 - Enrollment
 - Adherence
 - Quality Performance
 - Impact on Overall "Payor" Spend







Summary

- Important to understand the different components of financial metrics
 - Provides key insights in to performance of entire program
- Utilize breakeven point analysis when building a new program
 - Be able to articulate key financial ratios
 - Know what metric matters
 - Revenue vs. productivity
- Find out who has the financial information
 - Articulate your story
- Explore evolving financial metrics
- Know how your program performs in the continuum of care







June 7-8, 2019 Lenoir-Rhyne University Hickory, NC

World Heart Games Committee

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Thomas A. Draper, MBA, MAACVPR
James R. Whitehead, Executive Vice President and CEO, ACSM
Tiffany N. McCall, Event Coordinator



World Heart Games History

- Began in 1990
- AACVPR International Heart and Lung Games, 2003 and 2006
- ACSM World Heart Games, 2010



Olympic Style Competition



- June 7-8, 2018
- Lenoir-Rhyne University in Hickory, NC
- Team-based and individual events
- Wide variety of challenging but safe activities



Events





Individual Events

Basketball

Pickleball (single)

Softball Throw

Disc Golf

Game of Knowledge

Team-Based Events

Bean Bag Toss

Pickleball (doubles)

Golf

Tennis (doubles)

Volleyball



How to Participate

- Individual Sign-Up
- Cardiac Rehab Teams
 - Recruit from maintenance program
 - Create Internal Competition
 - Each team needs to identify leaders and captain
- Volunteer





Raising Funds to Support Teams

- AACVPR Scholarship
- Relay for Rehab
- Paper Medal Sales (Like AHA Heart sale)
- Hospital Foundation
- Program Specific Fundraisers



LENOIR RHYNE UNIVERSITY

- Located in Hickory, NC
- Private Liberal Arts College
- Affiliated with the Evangelical Lutheran Church





World Heart Games Video

LSI Video



How Affiliates Can Lead

- Spread the Message
 - Distribute Materials
 - Promote the Events
- Create Affiliate Combined Team
- Volunteer



Questions?

thomas.draper@atriumhealth.org

@tomdraper1424

