

Heart Institutes — Structures in Evolution

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The article by Mr. Goodman nicely portrays the evolution of the heart institute concept from its inception in the 1970s to its new and dynamic role in today's rapidly evolving health care delivery environment.

The extent to which hospitals and physicians have collaborated in the establishment of these entities has been variable and, as pointed out, frequently were nothing more than marketing tools for a hospital's cardiac program -and often only a small segment of the cardiac program. Indeed, even today, these structures have as their primary focus the preservation and growth of market share. However, their *challenge and opportunity* reside in being able to coordinate and integrate all components of cardiovascular care. While the forces causing a carving out or restructuring of cardiac services is primarily market driven and economic in focus (the need for managed care contracting and global pricing structures), their potential power resides in their ability to address the continuum of cardiac services and the coordination of care among varied clinical providers (cardiologists, cardiovascular surgeons, anesthesiologists, primary care and general internists). The location of the institute, while variable, most frequently is in proximity to an acute care facility. With the transformation of place occurring secondary to pricing pressures of managed care as well as technological advances, more of these institutes, centers and consortiums of care may be remote from the acute care facility.

Irrespective of where they are located, experience has shown that there are some very important factors necessary for the successful

development and maintenance of these organizations:

- Clinical leadership focused on broad spectrum issues and capable of meeting the needs of a diverse clinical constituency.
- A focused business plan with efficient management and an effective and mature governance structure.
- A respectable, credible group of cardiologists and other professionals dedicated to supporting each other as well as those that refer patients to them for care.
- The pursuit and acquisition of leading edge technology and the engagement in quality reporting and quality assessment as an active part of clinical practice and the assessment of these new technologies.
- Appropriate attention to fundraising.
- A full array of cardiovascular services to address community needs and to be attractive to payors.
- Adequate investment in information systems that provide tools for quality monitoring, outcomes analyses and the development of clinical data repositories.

Overall, heart institutes are ideally positioned to play a major role in the delivery of care within integrated delivery networks and communities. A focused mission and strategic plan with a forward thinking approach toward collaboration and provision of services that are patient-centered positions these organizations for success in the future.

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