Congenital heart disease: Achieving superior outcomes while managing costs

About 40,000 children are born with congenital heart defects every year in the U.S., many requiring multiple surgeries and a lifetime of medications to keep their hearts working.1 For payers and self-funded employers, congenital heart disease (CHD) is a low-incidence but a high-cost and clinically complex condition that can take a heavy financial toll. Because it occurs so infrequently, many case managers may not be familiar with the condition or know how to identify it.

About congenital heart disease
CHD is a type of malformation in one or more structures of the heart or blood vessels that occurs before birth. There are many different types of congenital heart defects. They range from simple defects with no symptoms to complex defects with severe, life-threatening symptoms.

Early identification
The timing of a CHD diagnosis is crucial to a case manager’s ability to provide a member with education about facility choices and clinical outcomes.

- Early identification — or identifying a CHD case in utero — grants the most ideal opportunity for COE education and referrals.
- A case identified after birth that does not require immediate surgery provides the opportunity to educate the member about COE facilities.
- A case identified after birth in which surgery must occur immediately is less likely to move to a different facility due to the baby’s fragile state of health.

Of these three scenarios, early identification provides the best opportunity for COE education impact.

Harness the advantage of Centers of Excellence
Optum Congenital Heart Disease Resource Services (CHDRS) is a program that identifies and qualifies hospitals that treat CHD, creating the industry-leading CHD Centers of Excellence (COE) network.

Specialized CHD network
CHD is a relatively rare condition. Very few facilities capture enough volume to develop the expertise and experience required to consistently deliver superior outcomes. Out of the medical centers Optum surveys, only 25 have sufficient volume and experience to meet our clinical qualification criteria. In fact, both Optum COE qualification survey data and external clinical studies demonstrate a strong correlation between volume and clinical outcomes.

The high cost of CHD
- $404,000 average billed charges for CHD case2
- $19.5 million expected annual CHD billed charges per million members2

CHD diagnosis examples
- Coarctation of the aorta
- Double-outlet right ventricle
- Transposition of the great arteries
- Ebstein’s anomaly
- Hypoplastic left heart syndrome
- Interrupted aortic arch
- Pulmonary atresia
- Single ventricle
- Tetralogy of Fallot
- Tricuspid atresia
- Truncus arteriosus
Better quality, lower cost
Our claims data reveal that COE programs deliver better clinical outcomes while reducing average lengths of stay and overall charges, as illustrated below. This is consistent with our premise that high volumes build expertise to do things better and more efficiently.

Considerations for payers and self-funded employers
• Do you know your historical spend on CHD management in your membership?
• What clinical and network strategy do you have for managing CHD?
• With whom do you partner to adequately identify and manage CHD in your membership?

Sources:

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