

Quick-Hitting Survey

Cardiovascular Organizational Structures

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Executive Summary

Methodology

In May 2020, The Health Management Academy collected the organizational charts of Leading Health Systems (LHS) to better understand cardiovascular (CV) service line leadership structures. The 8 responding health systems represent health systems with an average Total Revenue of \$4.3 billion that own or operate 78 hospitals and have approximately 860 thousand admissions per annum.

Key Findings

- CV service lines most commonly leverage one of three leadership structures: a single leader (38%), dyad leadership (38%), or a triad leadership structure (25%).
- The pillars that comprise CV service lines vary widely from system to system. Such pillars may include transplant, ambulatory, clinical cardiology, interventional cardiology, CV imaging, and CV research.
- Most commonly (50%), CV service line leaders are three reporting steps from the health system Chief Executive Officer (CEO).

Results

Health systems most commonly leverage one of three leadership structures for the CV service line: a single leader (38%), dyad leadership (38%), or a triad leadership structure (25%) (Figure 1).

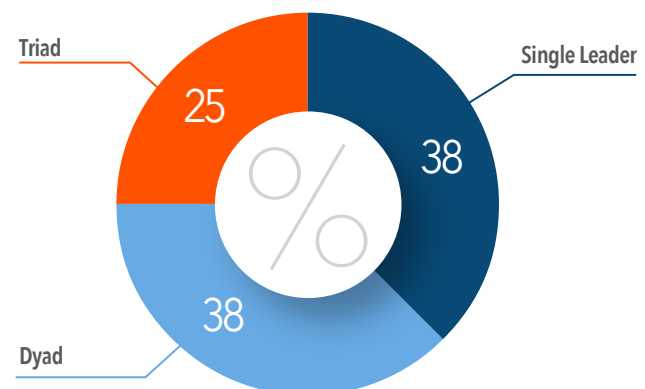
CV service lines with a single leader are all led by a clinical executive. The majority of these clinical leaders (88%) hold an MD degree while 12% are RNs.

Dyad leadership structures consist of a clinical leader and an administrative leader. While clinical executives commonly hold an MD degree, administrative executive credentials vary. Often these executives hold non-clinical degrees such as a JD or MBA.

Triad leadership structures vary but tend to have an administrative leader, a clinical leader and a separate medical leader. The administrative leader is commonly responsible for the operations of the service line. Medical leaders are generally physicians who are responsible for overseeing specific clinical pillars within CV such as imaging, critical care, cardiology, and transplant. The clinical leader is often responsible for clinical improvement and data analytics. These clinical leaders generally have master's degrees.

CV leaders report to a number of different executives depending on the particular system structure. Half of the executives surveyed (50%) report to the vice president of service lines, while others report to Chief Medical Officer (CMO) or the Chief Operating Officer (COO). Most commonly (50%), CV service line leaders are three reporting steps to the health system CEO (Figure 2). In these structures, CV leaders commonly report to a Vice President of Service Lines, who reports to the system CMO, and then to the system CEO. In models where the CV leader is two steps from the CEO, they either report to the VP of Service Lines who reports directly to the system CEO, or they report to the CMO who reports directly to the CEO.

Figure 1. Cardiovascular Service Line Leadership Structure



Note: Figures may not add to 100% due to rounding

Figure 2. CV Leader Reporting Steps from System CEO



Few health systems (25%) have dedicated finance functions integrated into the CV service line structure (Figure 3). In one instance, the lead revenue cycle team for the CV service line reports up to the executive directors beneath the CV dyad leaders.

The pillars that comprise CV service lines vary widely from system to system. Such pillars include transplant, ambulatory, clinical cardiology, interventional cardiology, CV imaging, and CV research. These pillars are often physician led and report up to the either the CV dyad or an executive one step below.

Additionally, CV organizational charts were analyzed for the inclusion of population health executives. However, none of the charts analyzed explicitly include these executives.

Figure 3. Prevalence of Finance Executives in the CV Service Line

