



CHAMBER



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Driving Value-Based Cardiology Care at Scale

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Heart disease is the largest driver of medical costs in the US and remains one of the hardest areas to improve. Most value-based care (VBC) models still operate through primary care, even though cardiac costs come primarily from hospitalizations, procedures, and readmissions. Even where proven programs exist, they don't always include cardiologists and aren't always scaled or consistently supported.

Chamber is closing that gap. Chamber is building a model that rewards cardiologists for preventing hospitalizations and improving outcomes, making the proven clinical practices of cardiology sustainable and scalable.

Chamber's Model

Chamber delivers VBC by giving cardiologists access to a connected, AI-powered system that brings together real-time data, simple shared workflows, and payment structures that reward good outcomes. The platform delivers tools such as discharge alerts that trigger same-day follow-up or cardiology-specific medication workflows that ensure timely dose changes and ongoing adherence. Chamber also provides practices with access to clear performance dashboards to track quality, utilization, and cost trends across their population.

Chamber's network is largely made up of independent practices, but they also work with hospital systems. Chamber shares population savings with their network, ensuring that they are rewarded for the crucial care they are providing.

To address concerns about fragmentation, Chamber helps cardiology practices integrate multiple sources of data to improve patient access to seamless, well-coordinated care. Their practice liaisons also coordinate with primary care physicians and specialists to maintain a single view of the patient's care plan when automated connectivity is not possible.

Chamber engages with patients through communication channels that are already established by network providers, tapping into the practices existing relationships to strengthen care delivery rather than introducing new parties or care teams to patients.

Chamber's network keeps care local, and their platform makes sure that care reaches every patient that needs it. In many of their contracts, they begin by managing patients who are already part of the cardiologists' patient panel, capturing the benefit of pre-existing clinical relationships and context. While Chamber always prefers to deliver care through their in-person practices, they also offer virtual care capabilities to support patients between specialist visits and coordinate care.

Financial Arrangements

Chamber primarily contracts with Medicare Advantage plans, but they can work across a variety of risk-bearing entities and lines of business. Chamber has flexible ways to collaborate with partners to ensure they are set up to drive meaningful cost and quality outcomes. Some examples include:



Full Risk

When attributed patients are already seeing a cardiologist, Chamber helps the cardiologist assume many primary care-like capabilities for the patient. This model helps cardiologists drive the most impact in their population.



Cardiac Sub-Capitation

Some partners prefer to attribute patients based on geography, as this allows Chamber to identify high-risk patients who may not yet be seeing a cardiologist. In this model Chamber only focuses on managing cardiac care, driving savings on the medical spend their care model can most effectively manage.



Pay-For-Performance

Chamber can also receive quality-based payments to engage and educate patients on their disease. This model often allows partners to ramp initial operations prior to taking on risk.

Together, these arrangements allow Chamber to meet partners where they are while steadily advancing toward the model that delivers the greatest clinical and financial value to the health care system.

Outcomes

Chamber assesses several performance measures to better understand their impact on cost and quality of care. These outcome metrics include:

- Population-wide and congestive heart failure (CHF)-specific readmission rates
- GDMT Optimization Rate on 2,3,4 foundational medication classes
- Post-discharge follow-up within 14 days
- Controlled hypertension in the population
- Statin adherence for those with high cholesterol

Together, these metrics offer insight into how well the model is shifting care upstream by preventing disease progression and reducing avoidable hospitalizations.

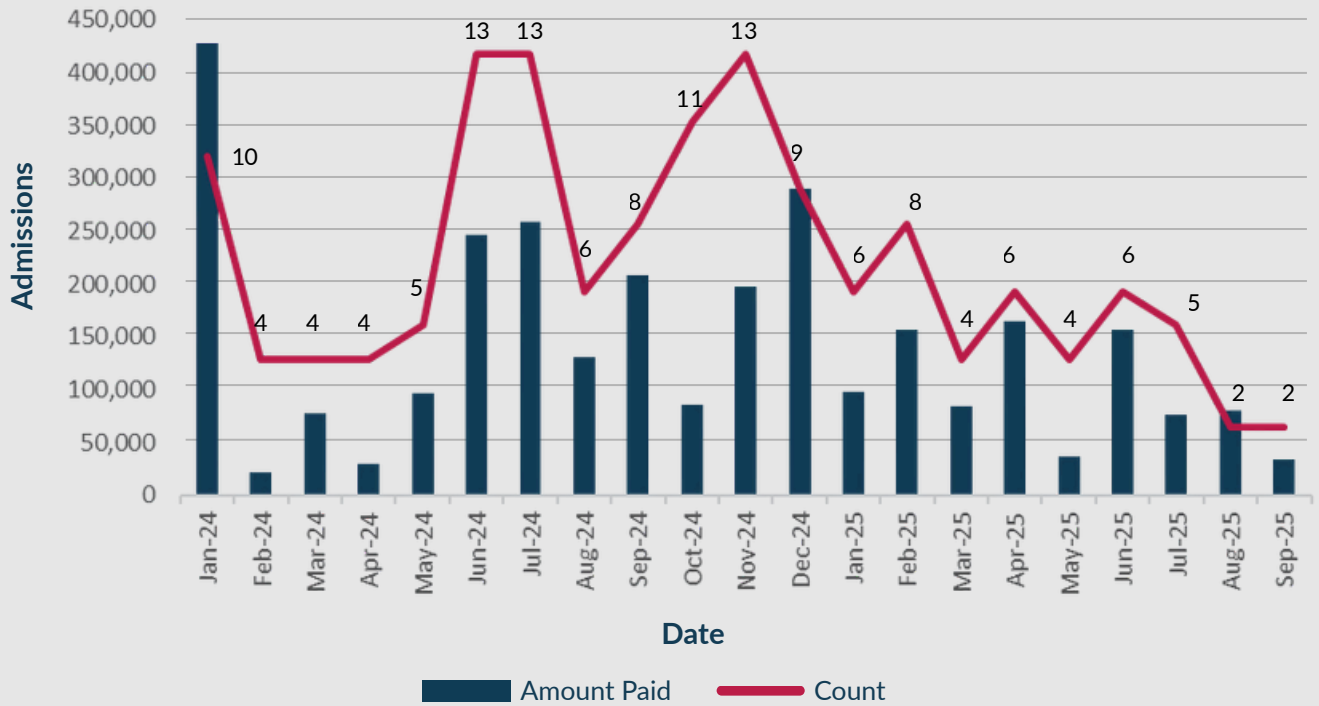
Chamber's model consistently drives fewer hospitalizations, which is the clearest signal of impact in cardiology care. Their first pilot cohort launched in January 2024 and has seen:

- 21% decrease in total inpatient admissions
- 39% decrease in CHF-related inpatient admissions
- 36% decrease in coronary artery disease-related inpatient admissions
- 7.3% decrease in emergency room (ER) admissions
- 6.1% reduction in total cost of care for CHF patients

These improvements translate to an average \$2,800 reduction in ER admission costs per patient and a 3% MLR-based savings rate across the population. These savings demonstrate that cardiology care rooted in early action, guideline-driven care, and data-enabled coordination directly reduces avoidable acute care and total medical spend.

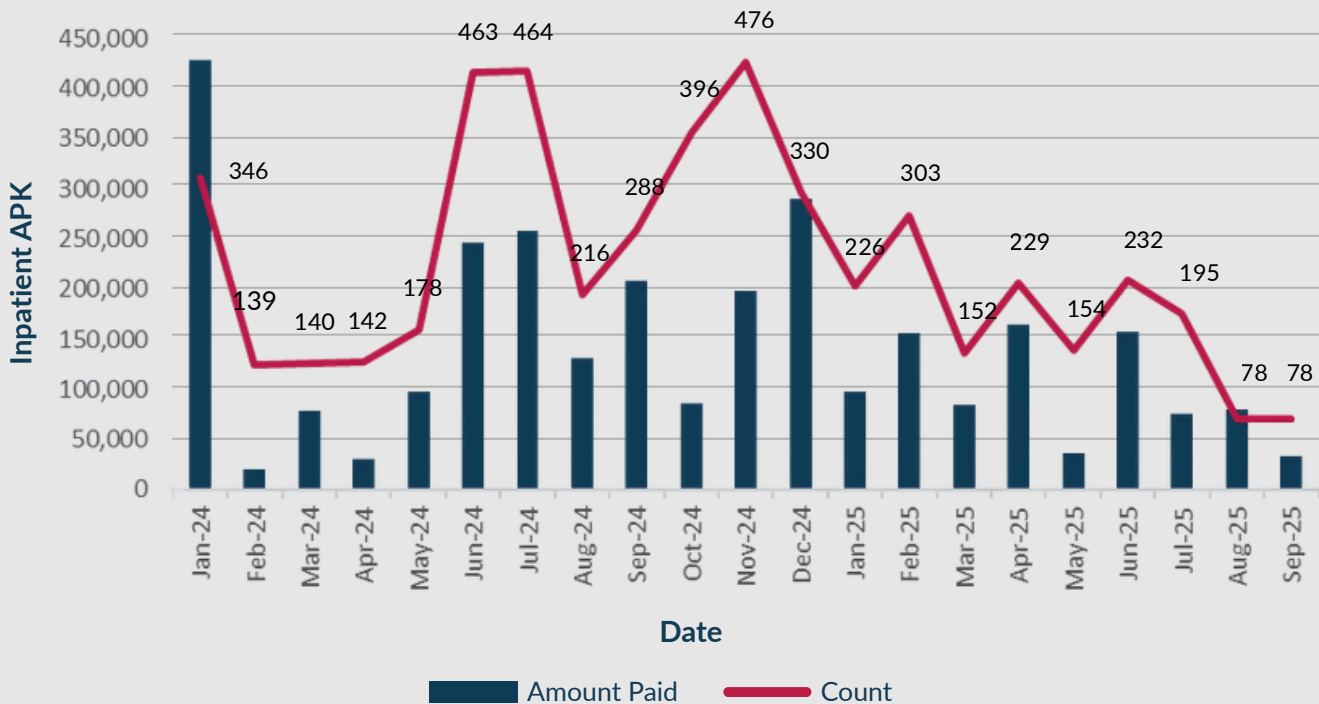
When physicians feel supported and see value in the model, high-quality outcomes become sustainable over the long run. Chamber also tracks physician satisfaction as a core performance metric. To date, Chamber has had zero provider churn across a network of more than 500 cardiologists. This shows that clinicians view the model as both operationally supportive and clinically meaningful.

Monthly Inpatient Admissions for Congestive Heart Failure or Coronary Artery Disease



Data from Chamber's internal analysis. HCTTF did not independently validate the results.

Monthly Inpatient Admissions per Thousand (APK)



Data from Chamber's internal analysis. HCTTF did not independently validate the results.

Replicating this Model

Achieving value in cardiology care starts with ensuring that practices have the support required for success. Most cardiologists already deliver high-quality care, but lack the tools, data, and incentives to extend that impact across their full population.

Organizations can build on Chamber's model by focusing on three essential efforts:

- **Invest early in infrastructure and data:** Investing in real-time [ADT feeds](#), medication data, and AI-native coordination tools helps translate data into timely action for clinical teams. Don't lead with shiny toys, lead with practical, well-integrated tools for the day-to-day.
- **Align incentives:** Give practices a share of the savings they generate. Shared accountability builds sustainable participation, allowing everyone to win as patients get healthier.
- **Empower physicians:** Cardiologists can transform care when equipped with the right technology and operational support. Historically, specialists have not benefited from the latest operational innovations. Chamber's job is to empower providers to achieve their full potential, rather than control every aspect care delivery.

When specialists have the infrastructure and economic alignment to act early, they can do so much more than just manage disease. They can reshape how cardiovascular care and population health are delivered at scale.

