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Should Your Organization Add a TAVR Program?

When the Centers for Medicare and Medicaid Services (CMS) first approved coverage of transcatheter aortic valve replacement (TAVR) in 2012, the procedure was viewed as revolutionary. It offered a minimally invasive, life-saving alternative to open heart surgery for thousands of high-risk patients. Four years and thousands of cases later, it's clear that the technology and technique have lived up to their promise. A simple Google search yields page after page of TAVR success stories, from frail, elderly patients in their 80s and 90s to diabetics and others previously deemed inoperable—and many of these patients walk out of the hospital just days after the procedure.

Patients are starting to demand TAVR, and CMS is expanding the criteria to allow more patients to qualify for it. TAVR remains a frequent topic of conversation among cardiologists, cardiovascular surgeons, cardiac service line leaders, and hospital administrators, and many cardiac programs that didn't immediately pursue the TAVR program are beginning to ask themselves if they should. Of course there are expected questions about cost. Still, the question we often hear is how critical is a TAVR program to ensuring that the organization's structural heart, valve, and cardiology service line is competitive and comprehensive? More simply, is this a nice-to-have or need-to-have program?

Organizations that do not currently offer TAVR should assess their current situation to determine if they meet the requirements, and if adding TAVR helps the organization meet its strategic goals. We developed a pro-con list (see TABLE) to help cardiac service line leaders make this decision:

Some organizations will find that they do not yet have sufficient financial, staff, or infrastructure resources to pursue TAVR, while others simply will not feel ready to devote such significant resources. Given the potential benefits of such programs, however, these organizations should leave the door open to a future offering. Here are a few interim steps they can take to prepare:

- ***Partnership opportunities.*** Smaller organizations lacking the patient volume or expertise needed for a TAVR program can benefit from collaborating with nearby organizations that do offer TAVR, such as a local hospital. The smaller program can screen and identify patients to send to the established program for the actual TAVR procedure. There is some risk involved in pursuing these types of partnerships, as patients deemed ineligible for TAVR are sometimes not sent back to the referring cardiologist. Consequently, the agreement should establish clear protocols to ensure proper care coordination among the patient's providers. Another option is to work with similarly sized nearby hospitals to develop a joint program, sharing costs and revenue across the facilities.

- ***Complimentary cardiac service offerings.*** It may be more straightforward to pursue other cardiac offerings such as a valve clinic before jumping into TAVR. A complimentary cardiac service offering is usually less risky and can help strengthen core areas (e.g., volume, staff, providers, facilities, and financials) in preparation for developing a TAVR program down the road.

- ***Referral relationships.*** Organizations should evaluate how closely they work with cardiologists and primary care providers in the community to identify relationships that can be strengthened. Building on existing relationships and developing new ones will help to increase case volume and better position the hospital to launch a TAVR program.

An innovative medical advancement, TAVR has become an important feature of leading cardiac service lines over the past few years. Organizations that don't yet have a TAVR program--especially those in communities without a competitor program offering the procedure--should evaluate its fit with their cardiovascular program and the population they serve. Otherwise, they may very well be missing out on a valuable opportunity to differentiate their cardiac service line. ■

TABLE **TAVR Programs: Pros and Cons**

Pros	Cons
Considered a be a critical component of structural heart programs	Expensive to offer, with limited reimbursement; “break even” is typically the best case scenario
Satisfies increasing patient and provider demand for minimally invasive procedures	Requires a volume threshold that can be difficult to maintain in either rural areas or markets with multiple competitors
Often creates a significant competitive edge in the regional market	Demands the support of physician champions who are willing to commit significant time to program development
Drives facility improvements, which in turn improves patient and staff satisfaction	Often requires significant capital investment (e.g., hybrid ORs, high-tech imaging equipment)
Helps recruitment efforts; many new interventional graduates will not consider cardiac programs that don't include TAVR	Takes key physicians out of clinical practice to receive appropriate training and facilitate program development
Generates substantial ancillary revenue (i.e., cardiac imaging and testing)	Necessitates substantial resources to coordinate patient care and manage the TAVR registry.
Potentially offers a “halo effect” (e.g., traditional AVRs and other procedures for patients deemed ineligible for TAVR)	