Questions and Answers Section

1. **Will the minimum data set for TVT Registry be allowed?**

   Yes, HCAI has been working with the STS/ACC TVT Registry* and the minimum core dataset will be adequate for HCAI to initially develop risk-adjustment models. At this time HCAI will not require the complete dataset.

   *The STS/ACC TVT Registry (TVT Registry) is a collaboration between the Society for Thoracic Surgeons (STS) and the American College of Cardiology (ACC). The STS is a national organization dedicated to ensuring the best possible outcomes for surgeries of the heart and other surgical procedures within the chest and the ACC's mission is to transform cardiovascular care and improve heart health.

2. **What will be the format of public reporting? Will it be similar to current Coronary Artery Bypass Graft (CABG)/valve reporting? Is it going to include only hospitals, or will the procedural physicians also be included?**

   The format will be similar to HCAI’s CABG and Elective Percutaneous Coronary Intervention risk-adjusted reports and will include performance ratings. HCAI’s Clinical Advisory Panel (CAP) approved hospital level reporting and HCAI does not anticipate reporting at the physician level. If that changes it would be based on CAP recommendations and hospitals would know well in advance. Hospitals may send suggestions to TAVR@hcai.ca.gov.

3. **Will HCAI share data with hospitals in advance for review before they release the public report and where will we view this?**

   Yes, per statute, hospitals will be provided a review period in advance of the public report. Any comments and letters will be posted on HCAI’s website with the outcome reports. HCAI will work with hospitals to determine the best approach for sharing preliminary reports.
4. Will the risk assessment calculation be released for our view?

Yes, the calculation methodology will be included in the technical notes as supporting documents.

5. The TVT Registry includes mitral valve and tricuspid valve cases will these be included in the public reported?

No, HCAI will only receive the TAVR data from the TVT Registry. The CAP recommended TAVR outcomes reporting. Per statute, a new procedure can only be added every three years, so it would be another three years before HCAI reports on another cardiovascular procedure.

6. The TVT Registry is a rolling 4 Quarters data submission meaning if a case is missed in a previous quarterly submission, it can be submitted when the next quarter is submitted to update the rolling 4 quarter aggregate. Will HCAI be recalculating with each outcomes report for the rolling 4 quarters as well?

HCAI will get the annual dataset from the TVT Registry around April or May. Whatever data has been put into the system by your hospital is the data that will be used in the public report for that year. Any updates in the system will be in that dataset and HCAI will use the most complete dataset at the time HCAI receives the data from the TVT Registry.

7. Will HCAI only include the data with the green status, and no yellow status?

Participants responded that yellow status means that the hospital did not pass the Registry’s data threshold, and the color system refers to missing data elements in the TVT Registry. HCAI will include all of the data we acquire from the TVT Registry.

8. Are any of the physicians, panel members, or staff familiar with the TVT registry data elements and data definitions?

The CAP chair was instrumental in developing the TVT Registry and two interventional cardiologists with TAVR expertise were sworn in at the April 13, 2022, CAP meeting.

Any additional questions email TAVR@hcai.ca.gov