

Department of Health Care Access and Information (HCAI)

Transcatheter Aortic Valve Replacement (TAVR) Outcomes Reporting Kick off Webinar December 8, 2022

Questions and Answers Section

1. **What is CORC? (When the system is available, we will notify hospitals via email)**
 - a. Cardiac Online Reporting for California (CORC) is HCAI's secure web-based information data system. HCAI modified CORC to include a TAVR component.
 - b. The CORC system for TAVR will only be used for communication purposes and for sharing documents.
 - c. The CORC system allows two contacts, a primary and a secondary. If you have additional contacts email them to TAVR@hcai.ca.gov and our program will maintain a separate list. The CORC system should include the two main contacts for your hospital.
 - d. Hospitals do not need to fill out a User Account Administrator (UAA) Agreement form to add TAVR contacts.
 - e. Hospitals may have the same data managers/contacts for both TAVR and CABG.
 - f. Data managers/contacts can use the same password for TAVR and CABG.

2. **Information about the TVT Registry Data Release Consent Form (DRCF) (We will notify hospitals via email when the DRCF is available)**
 - a. The DRCF will be available on HCAI's website at [Transcatheter Aortic Valve Replacement Outcomes Reporting - HCAI](#)
 - b. Hospitals will need to sign and submit the DRCF to the STS/ACC TVT Registry at ncdrmail@acc.org, then send an executed copy to HCAI at TAVR@hcai.ca.gov or upload the form to the [CORC](#) system.
 - c. DRCF signatures Required:
 - i. Hospital Participant
 - ii. Surgeon Participant
 - iii. Cardiologist Participant
 - d. Hospitals only need to submit the DRCF once not annually.

2. Will HCAI only collect the Basic Dataset from the TVT Registry?

HCAI has been working with the STS/ACC TVT Registry and will receive the Full Dataset included in the TVT v3.0 Data Collection Form. The Basic Dataset, which is the minimum data, required by the TVT Registry (highlighted on the form) will be adequate for HCAI to initially develop the risk-adjustment models. HCAI encourages hospitals to also submit the Appropriate Use Criteria (AUC) data as the CAP may recommend additional data elements for future outcome reports.

3. Do any surgeons on the Clinical Advisory Panel (CAP) perform TAVR procedures?

Yes, the panel currently has two surgeons that perform TAVR, Dr. Richard J. Shemin and Dr. Andrew Rassi.

4. If a hospital did not meet the requirements or qualify for the ACC-NCDR Public Reporting (i.e.,90% compliance w/ KCCQ-12, etc), will our data still be accepted by HCAI?

Yes, HCAI will not have limits for volume or minimum requirements for public reporting.

5. Will HCAI publicly report on AUC?

No, not for the initial reports. However, HCAI encourages hospitals to also submit the Appropriate Use Criteria (AUC) data as the CAP may recommend additional data elements for future outcome reports.

6. When will the first report be available?

The first TAVR report should be available by the end of 2023 and will include 2022 data.

7. 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 doesn't have access to the TVT Registry's rolling quarter data. HCAI will get the annual dataset from the TVT Registry around April, May, or June (when the annual dataset is available). 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.

8. If a hospital already participates in the TVT registry, do we just need to submit the DRCF and submit our primary contacts?

Yes, hospitals only need to submit the DRCF and add the primary & secondary contacts to CORC (when available) or email your information to HCAI at TAVR@hcai.ca.gov. HCAI also encourages hospitals to participate in our bi-monthly calls and the public CAP meetings.

9. The TVT data is already audited by the ACC, will HCAI consider accepting those results vs. adding additional audits?

Per statute, HCAI may conduct periodic audits of a hospital's TAVR data. However, this will be discussed at future CAP meetings. CAP meetings are public, HCAI will send the meeting dates in advance and encourages participation.

10. Will there be stages for hospitals to review the TAVR report similar to how hospitals review the CABG data?

Yes, per statute, hospitals will be provided a 60 day review period in advance of the public report. Any comment letters can be uploaded to CORC or sent to TAVR@hcai.ca.gov. All comment letters will be published on HCAI's website with the TAVR outcome reports.

11. Will HCAI report on surgical aortic valve replacement (SAVR) / transcatheter mitral valve replacement (TMVR) in the future?

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.

12. Will there be stages as there are for the Society of Thoracic Surgeons (STS)?

No, HCAI will only acquire the annual dataset from the TVT Registry.

13. Will this be counted for US World News Report as an incentive for hospitals to participate?

No, regulations require hospitals that perform TAVR to participate in the TVT Registry and to complete, sign and submit the DRCF that directs the registry to transfer their data to HCAI. Hospitals that do not participate in the registry will be listed as non-compliant in HCAI's public report.

14. Will the public report include follow up outcomes as well?

HCAI will get recommendations from the CAP on outcomes for public reporting. CAP meetings are public, HCAI will send the meeting dates in advance and encourages participation.

15. Will there be requirements for surgeons / cardiologists to sign a certification similar to CORC?

No, a Hospital Participant, Surgeon Participant, and Cardiologist Participant only need to sign the DRCF one time. This allows the TAV Registry to transfer your hospital TAVR data to HCAI.

16. Are there any mandatory meetings hospitals need to attend? Is there an announcements area to check for updates on information?

HCAI encourages hospitals to participate in our bi-monthly calls and the public CAP meetings. HCAI will send the meeting dates in advance and encourages participation.

17. What will be the format of public reporting? Will it to be similar to current Coronary Artery Bypass Graft (CABG)/valve reporting?

The format will be similar to HCAI's CABG and Elective Percutaneous Coronary Intervention risk-adjusted reports and will include performance ratings. HCAI's 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.

18. Are any nurses or abstractors on the CAP? Are these meetings open to the public?

The panel includes Interventional Cardiologists, General Cardiologists, Surgeons, Health Services Researcher, and Consumer Representatives. All CAP meetings are open to the public, nurses, abstractors as well as others are encouraged to participate.

Any additional questions email TAVR@hcai.ca.gov