

## Department of Health Care Access and Information (HCAI)

### Transcatheter Aortic Valve Replacement (TAVR) Outcomes Reporting Kick-off Webinar December 08, 2022

#### Transcripts

Welcome to the Department of Health Care Access and Information (HCAI)'s Kick-Off webinar for transcatheter aortic valve replacement (TAVR) outcomes reporting.

We're excited to start this new effort in our long-standing program on reporting on hospital outcomes. We have been reporting on hospital outcomes for many years. In the cardiovascular world, HCAI has been reporting on CABG outcomes since 2003 data.

I'm Holly Hoegh, the manager of our Quality and Performance Section at HCAI. The Healthcare Analytics Branch focuses on hospital data and creates not only hospital level reports, but also other patient level reports and statewide reports on the quality of health care in California.

Ying Yang is the manager over the group that oversee this TAVR program. She's an expert in statistics and you will hear from her often.

Nancy Coronado serves as the TAVR data manager, and she is the main liaison with the National Cardiovascular Data Registry (NCDR). She will be monitoring our database of contacts and responding to emails in the [TAVR@hcai.ca.gov](mailto:TAVR@hcai.ca.gov) mailbox.

Denise Stanton is our expert CABG data manager and will be in the wings on this project. She is also the expert for our Cardiac Online Reporting for California (CORC) system.

Mark Kishiyama is the research scientist who will analyze the TAVR data and create the risk models to produce the outcomes reports for TAVR.

Alveena Bidwell is our new student assistant and will assist on CORC

Chris Krawczyk is HCAI's Chief Analytics Officer and oversees the TAVR operations.

Background information:

Historically the California health and safety code guided HCAI on CABG outcomes reporting. Last year the statute was modified by trailer bill language, and it now allows more flexibility in reporting on cardiovascular procedure outcomes. The first sentence now allows HCAI to report on TAVR or any type of interventional cardiovascular procedure. The next highlighted sentence refers to data acquisition based on

recommendations from HCAI's Clinical Advisory Panel (CAP). Its statute states that HCAI can add data elements from outside databases.

If HCAI does report on a new cardiovascular procedure, the statute requires new panel members with expertise be appointed to the CAP. Two new interventional cardiologists were added to the CAP earlier this year.

TAVR was selected because of the large increase in procedures with 2011. The first trendline shows all cardiovascular procedures and the second trendline shows only valve procedures.

In 2020 in California, we saw a decline of every procedure because of COVID-19, however we still saw a slight increase in TAVR.

There were two previous webinars related to TAVR reporting where we covered the history of CABG and PCI reporting, the requirements of CMS related to TAVR, and the STS ACC TVT Registry™

The previous webinars introduced the proposed regulations, and we relied on feedback from the hospitals to draft and finalize those regulations.

At the November 2021 CAP meeting the panel recommended that HCAI proceed with TAVR public reporting at the hospital level and that hospital reporting of TAVRs should be mandatory. They discussed the pros and cons of mandatory versus voluntary and made that recommendation of mandatory reporting. The also recommended that adding to the panel two interventional cardiologists with expertise in interventional approaches to structural heart disease and that HCAI seek the nominations from both the California ACC and the California Society of Thoracic Surgeons.

At the April 2022 meeting two new panel members, Dr. Nakamura and Dr. Rassi were sworn in. The CAP also approved that data from the TVT Registry be used as the major source for the HCAI report. The CAP voted that all TAVR hospitals are required to participate in the TVT Registry and submit TAVR data. There are no exceptions for low volume hospitals.

The CAP also recommended changing the name of the HCAI program from the California CABG Outcomes Reporting Program to the California Cardiovascular Outcomes Reporting Program (CCORP).

The CAP is chaired by Dr. Brindis, who has been on the panel since its inception in 2002 and has served at for as the chair for about 10 years. The panel includes four cardiac surgeons, the two new interventional cardiologists, and other cardiologists

The next slide shows the TVT Registry page. There are approximately 90 hospitals performing in TAVR in California. All but a few already participate in the TVT Registry

The next slides outline the regulations that will be in place on January 1, 2023. These were out for at 45-day public comment period earlier this year.

Any hospitals that decide not want to participate in the TVT Registry and share their data, will be labeled as noncompliant in the annual outcomes report.

There is also a section that ensures HCAI has hospital data contact information. We are hoping to use CORC as an option for keeping data contact information up to date and will let hospitals know when that is available.

The regulations incorporate by reference the data release consent form (DRCF) and the TVT Data Collection Form v3, which includes the full dataset. The highlighted data elements are the basic data (minimum data required). The form also notes the data elements for appropriate use criteria. HCAI encourages hospitals to submit those data elements as well. They are useful for hospitals and may be something HCAI considers in the future

The next slide displays the optional TVT Public Reporting page. This is a national comparison. HCAI will be using a statewide comparison and may or may not use the composite measure like the TVT.

The next slide covers previous outreach including webinars and bimonthly conference calls, which historically were with the CABG hospitals and now include TAVR updates.

In 2023, HCAI will utilize that same time slot, which is the first Thursday of every other month at 2:00 pm. Also available for outreach is the TAVR email [TAVR@HCAI.ca.gov](mailto:TAVR@HCAI.ca.gov). Additional outreach included the 45-day public comment period, ongoing communications with the California ACC and the California Society of Thoracic Surgeons, and public meetings of the CAP.

The next steps for the hospitals include reviewing the regulations and the DRCF, especially to determine and reach out to the staff who will be signing it, the hospital participant, the surgeon participant, and the cardiologist participant.

HCAI will soon have CORC set up for collecting hospital contacts.

Once the DRCF is complete, you will scan and e-mail it to [ncdr.mail@acc.org](mailto:ncdr.mail@acc.org) by March 1st. The final DRFC will be on our website sometime in January. Hospitals will provide HCAI with a copy of the finalized DRFC signed by the TVT Registry

We encourage hospitals to participate in our bimonthly conference calls and CAP meetings if interested. The CAP will discuss the risk factors used for adjustment and the outcomes for public reporting.

The final slide presents the timeline for the first public report using 2022 data. HCAI will strive to have the report out by the end of 2023 but given that this is the first year that may or may not happen.