



Improving African American Access to TAVR

Background

The Centers for Medicare and Medicaid Services (CMS) is undertaking a reconsideration of its 2012 National Coverage Determination (NCD) for Transcatheter Aortic Valve Replacement (TAVR) to treat aortic valve stenosis.

In 2016, an estimated 8.7 to 11.6 million adults in the United States had heart valve disease.ⁱ Aortic stenosis is one of the most common types of heart valve disease among older adults, and it can be debilitating, costly, and deadly.ⁱⁱ Survival rates for severe symptomatic aortic stenosis, if left untreated, are low at 50 percent at two years after symptom onset, and 20 percent at five years.ⁱⁱⁱ TAVR is a minimally invasive surgical procedure that repairs the aortic valve without removing the old, damaged valve through surgery. Instead, a replacement valve is implanted within the diseased valve.

It is well documented that the current NCD limits access to TAVR among African Americans. CMS has the opportunity to remove current barriers to TAVR and improve access to this life-saving procedure among African Americans.

Disparities in African American Access to TAVR

There has been no change in the dissemination of TAVR technology into the African American community since surgical volume requirements have been instituted to determine TAVR reimbursement. This is despite an increase in the number of TAVR procedures. In 2016, African Americans constituted just 3.8 percent of 54,4782 patients treated with TAVR in the United States. More research is needed to understand valvular heart disease in African Americans; however, current data shows that the disease process and treatment outcomes are similar between African Americans and the general population.^{iv} Because survival is better for most patients receiving TAVR than those without intervention,^v delays in dissemination of new, life-saving technologies into African American communities have real consequences.

Action Necessary to Reduce TAVR Disparities

Hospital volume requirements are limiting minority access to TAVR. CMS' reconsideration of the current NCD for TAVR should remove restrictions that are limiting patient access and hindering the physician-patient decision-making process. There are more specific measures, other than volume, to assess TAVR quality and patient outcomes, including hospital readmissions, length of hospital stay, and, importantly, timely intervention, because the longer patients wait to be treated, the more likely they are to die.

Endnotes

ⁱ Alliance for Aging Research generated statistics, based on 2000 percentage prevalence estimates by Nkomo, V, J Gardin, T Skelton, J Gottiener, C Scott, M Enriquez-Sarano 2006. Burden of Valvular Heart Diseases: A population-based study. *Lancet* 368(9540):1005-11 AND Bach, D, J Radeva, H Birnbaum, A-A- Fournier, E Tuttle. 2007. Prevalence, Referral Patterns, Testing, and Surgery in Aortic Valve Disease: Leaving women and elderly patients behind? *J Heart Valv Dis* 16(4):362-9 AND U.S. Census Bureau. 2016. American Fact Finder. <http://bit.ly/2waFWma>

ⁱⁱ Alliance for Aging Research. 2018. Silver Book: Valve Disease Available at <http://www.silverbook.org/wp-content/uploads/2018/02/Silver-Book-Valve-Disease-VOLUME-Final-2.pdf>.

ⁱⁱⁱ Otto, C. 2000. Timing of Aortic Valve Surgery. *Heart* 84(2):211-8.

^{iv} Minha, Sa'ar, et al. "Outcome comparison of African-American and Caucasian patients with severe aortic stenosis subjected to transcatheter aortic valve replacement: A single-center experience." *Catheterization and Cardiovascular Interventions* 85.4 (2015): 640-647

^v Yueng et al. *Am J Cardiol* 2013;112:991-995.