INFOGRAPHIC SOURCES

~2.9 to 5.8 million adults in the U.S. have aortic valve disease—one of the most common and serious types of heart valve disease

Medicare patients with severe symptomatic aortic stenosis have an average lifespan of 1.8 years without repair or replacement

For patients with severe symptomatic aortic stenosis without repair or replacement, only 50% survive 2 years and only 20% survive 5 years

The increase of TAVR centers between 2014 and 2016 reduced deaths from severe symptomatic aortic stenosis by 19%

Patients with symptomatic aortic stenosis ages 80+ who underwent surgical aortic valve replacement have 1-year, 2-year and 5-year survival rates of 87%, 78%, and 68% respectively—compared with 52%, 40%, and 22% for those patients who did not have surgery.
Less than half of patients with severe aortic stenosis undergo aortic valve replacement

TAVR is an important treatment option for inoperable, high-risk, and intermediate-risk patients that can reduce the burden on the patient: reducing hospital stays and recovery times, and producing better outcomes

TAVR National Coverage Determination Requirements

Procedure volume was used a surrogate for outcomes to ensure quality in the absence of other evidence.

It was believed that increased experience from higher volume facilities would lead to better outcomes.

Now have a significant body of evidence on outcomes that proves safety of TAVR

In general, recent evidence shows that TAVR outcomes have been excellent in both high- and low-volume facilities
Enhanced technology, simplification of the procedure, widespread training, and group learning positively impacts outcomes independent of volume

**NCD for TAVR Reopened**

**MEDCAC Panel**

94% of TAVR recipients are white

>90% of TAVRs are performed in urban, teaching hospitals
Analysis performed using [HCUP Net Database](https://www.hcup-us.ahrq.gov/natdbp/natdbp.jsp) for 2015 Hospital Discharges.

78% of patients served by these hospitals are in higher income zip codes
Analysis performed using [HCUP Net Database](https://www.hcup-us.ahrq.gov/natdbp/natdbp.jsp) for 2015 Hospital Discharges.

Safety net hospitals—often providers of last resort—perform ~20% of TAVRs
Analysis performed using [HCUP Net Database](https://www.hcup-us.ahrq.gov/natdbp/natdbp.jsp) for 2015 Hospital Discharges.

Increasing volume requirements could further limit TAVR access and heighten disparities