





Alliance for Aging Research

A SURVEY ON ACCESS TO TAVR

June 2019



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BACKGROUND:

Later this month, CMS will decide how Medicare will cover transcatheter aortic valve replacement (TAVR) for the treatment of severe symptomatic aortic stenosis. Aortic stenosis is one of the most common types of heart valve disease, and it can be debilitating, costly, and deadly. Left untreated, the prognosis for severe aortic stenosis is dire: 50% of patients die two years after symptoms develop and only 20% may be alive at five years. Worse, more than two thirds of people with it are

never diagnosed or treated, particularly minorities and rural Americans. Rural communities are underserved by TAVR, with greater than 90% of TAVR procedures in the United States performed in urban, teaching hospitals. Seventy-eight percent of patients served by those hospitals are in higher income zip codes. Additionally, less than 5% of essential hospitals that fill a safety net role in their communities offer the TAVR procedure.

METHODOLOGY:

This poll was conducted between May 23-25, 2019 among a national sample of 1995 Registered Voters. The interviews were conducted online and the data were weighted to approximate a target sample of Registered Voters based on age, educational attainment, gender, race, and region.

Results from the full survey have a margin of error of +/-2%. Morning Consult also conducted an oversample of 500 Rural Adults 65+. Results from the full oversample survey have a a margin of error of +/-5%

Open-end analyses extracts narratives from open-ended survey responses through the following process:



Leverage Natural Language
Processing (NLP) techniques
to standardize responses

Enrich our understanding of each response via artificial neural networks trained on massive quantities of text data

Term Frequency-Inverse

Document Frequency (TF-IDF)

to compare and analyze

documents

Cluster responses into coherent, distinct narratives by conducting unsupervised machine learning modeling

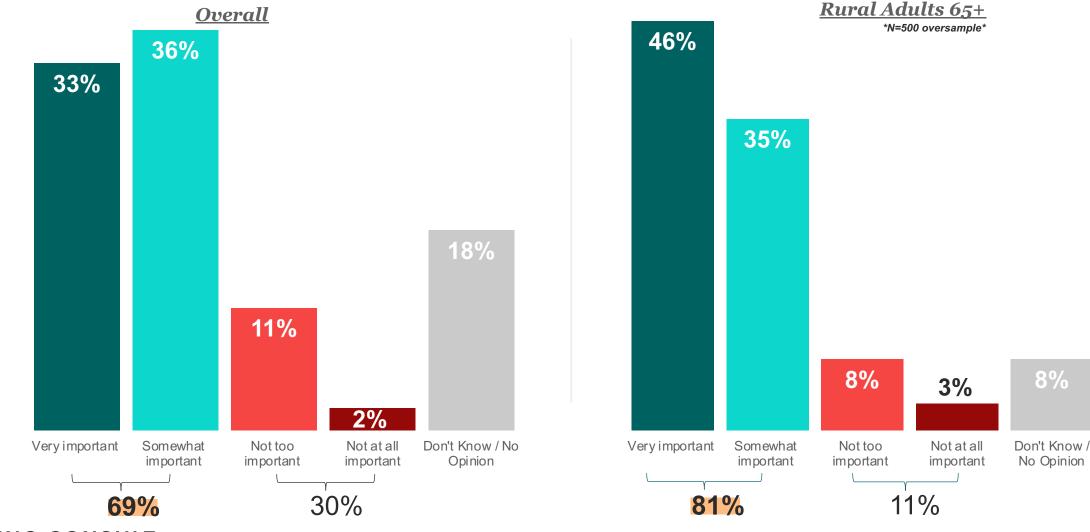
- A majority of adults (69%) across key demographic groups and 81% of rural adults 65+ agree that it is important to expand access to TAVR to rural communities.
- 2 Nearly a third of rural adults (31%) have a difficult time accessing large city hospitals.
 - 36% of <u>older rural adults 65+</u> have difficulty accessing large city hospitals.
- A majority of rural adults and adults who have a difficult time accessing large city hospitals agree that appointment availability, insurance coverage, distance of travel, wait times, and cost of travel are barriers to accessing large cities for treatments.

- Familiarity with the hospital (82%) and doctor (83%) impact older rural adults the most when considering whether to seek surgical care.
- Nine in ten adults who had an opinion would be more likely to choose <u>TAVR</u> over SAVR.

A strong majority of adults (88%) and older rural adults (89%) report that being able to compare the quality of care between hospitals is important when making a decision on what hospital to choose.

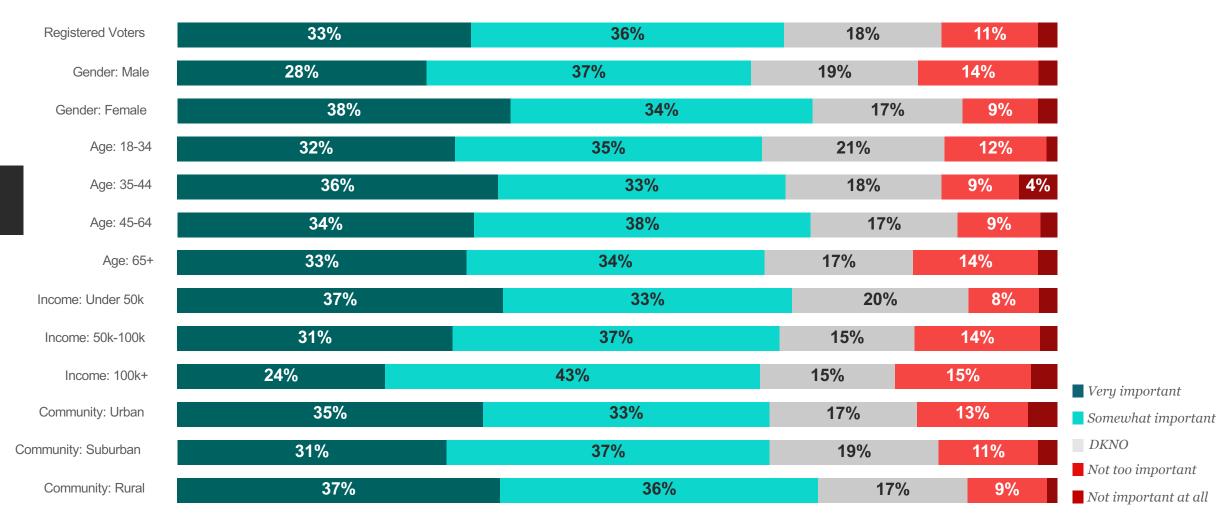
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The majority of doctors trained to perform the TAVR procedure are concentrated in larger metropolitan areas. How important is it to you that this procedure is expanded to rural communities?



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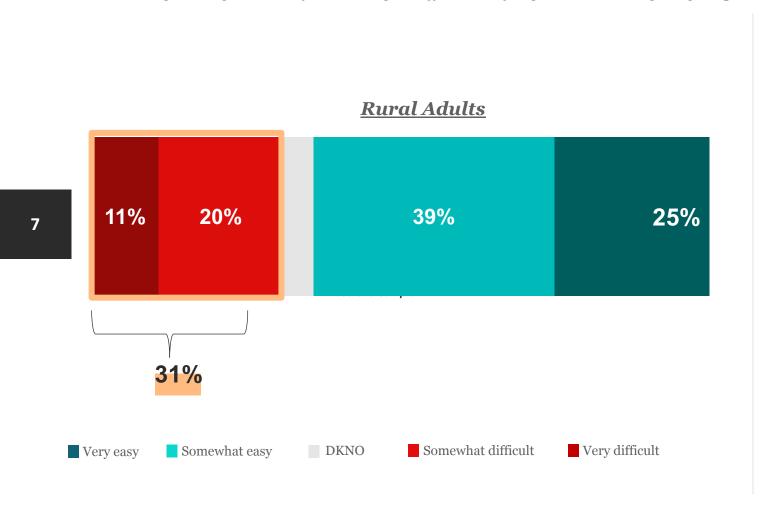
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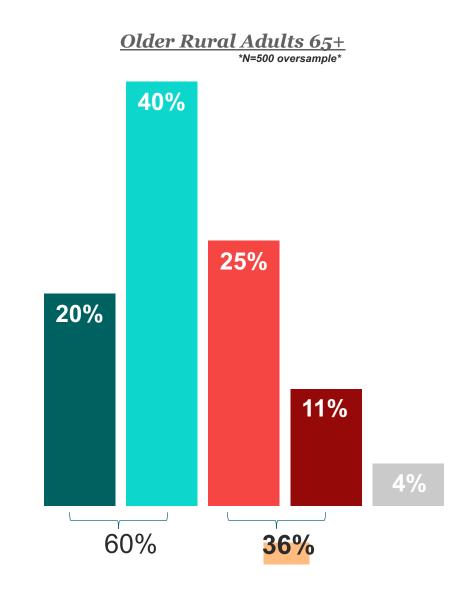




Overall, 1 in 3 rural adults and 36% older rural adults 65+ find it difficult to access large city hospitals.

Thinking about your own life, how easy or difficult is it for you to access large city hospitals?





Adults who have difficulty accessing large city hospitals report the distance to travel, availability of transportation, and the cost of driving as reasons to why it is difficult for them to access large city hospitals.

What makes accessing large city hospitals for treatment so difficult for you? [OPEN-END]

Referenced Frequently:



Distance:

"Live in a rural area and it is a drive to a close acceptable hospital"

"Living 75 miles away"

"We live in rural area and closest hospitals are 30 miles away."

"I live in an extremely rural area. In order to access large city hospitals, I have to travel a great distance, often out of state.



Transportation

"I no longer drive and have no close friends/ family that can lend a hand."

"No reliable transportation."

"I don't like to drive in big cities and I have a very old car for transportation.



Price/ Cost:

"The cost of driving."

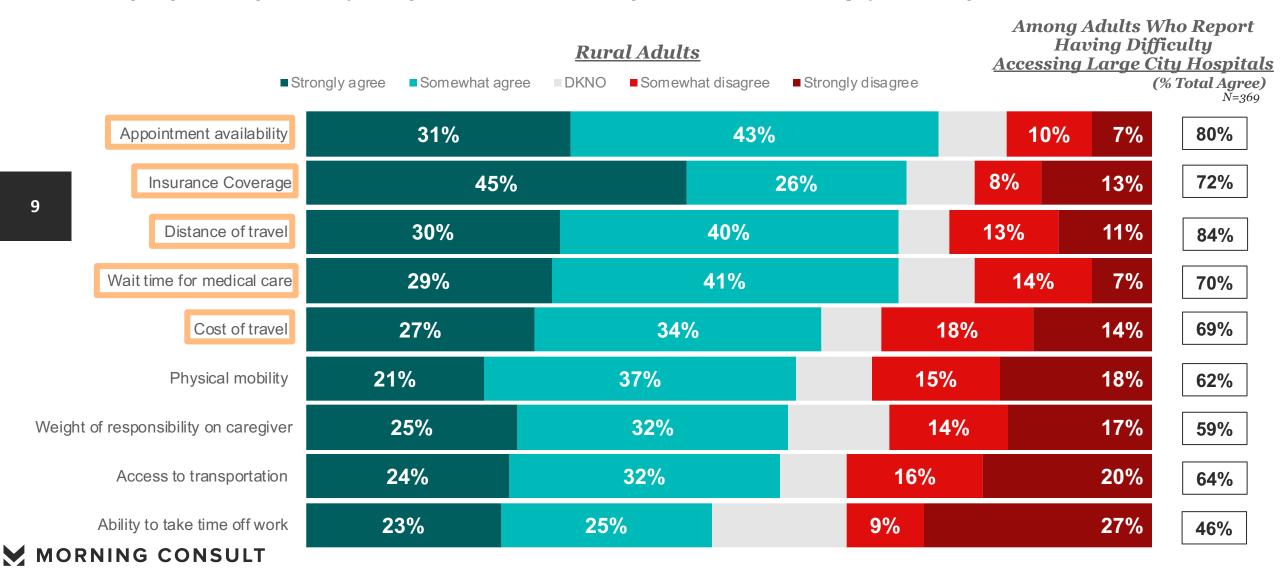
"The cost of transportation."

"Gas prices."

"The travelling distance is too time consuming and costly."

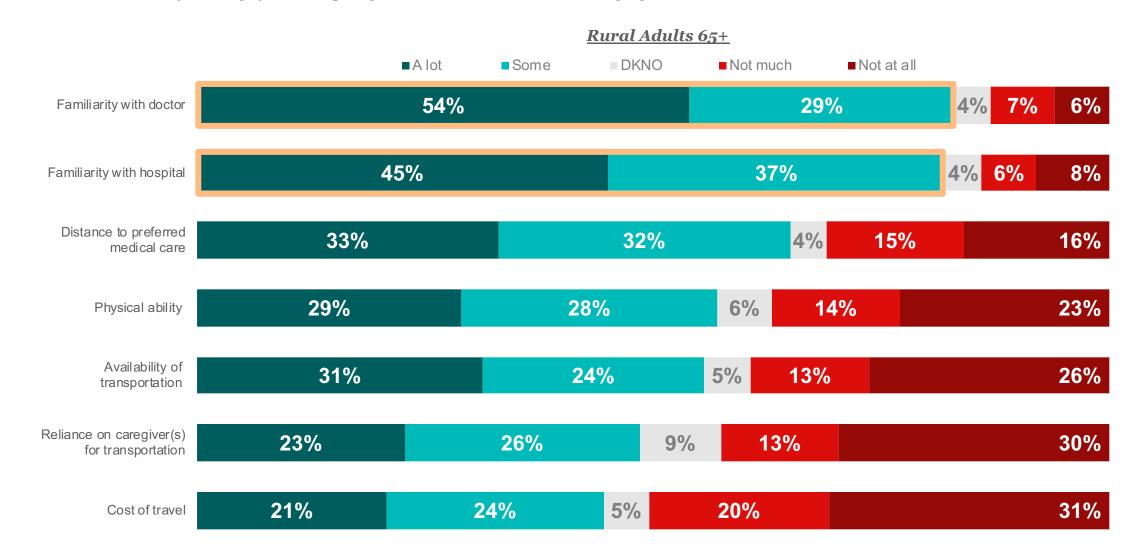


Imagine you or a loved one were seeking treatment for a medical procedure that needed to be performed at large city hospital. Do you agree or disagree that the following would be barriers to accessing medical treatments that are performed in large cities?



Familiarity with the hospital (82%) and doctor (83%) impact older rural adults the most when considering where they seek surgical care.

How much would the following, if at all, impact your decision on where to seek surgery?



Nine in ten adults who had an opinion would be more likely to choose <u>TAVR</u> over SAVR.

There are two main treatments for patients with severe aortic stenosis who need valve replacement. One treatment, TAVR, is a minimally invasive, catheter-based procedure, where a new aortic valve is inserted through an artery and directed to the heart, rather than by means of open heart surgery. The other treatment, SAVR, is an open-heart procedure where an incision is made in the chest to access the heart. The diseased aortic valve is then removed and replaced with a new valve. Given the choice between TAVR or SAVR, which procedure are you more likely to choose as a form of treatment for severe aortic stenosis?



A strong majority of adults (88%) and older rural adults (89%) report that being able to compare the quality of care between hospitals is important when making a decision on what hospital to choose.

How important is it to you that you are able to compare the quality of care between hospitals when making a decision on what hospital to choose?

