Improving the Value of Transcather Aortic Valve Replacement (TAVR)

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Improving the Value of Transcatheter Aortic Valve Replacement (TAVR)

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-transcatheter aortic valve replacement (TAVR) represents a transformational technology for patients with severe symptomatic aortic stenosis.

- The cost of performing this procedure, however, can be prohibitive, which can impact an organization’s ability to meet growing clinical need.

- In an attempt to lower the direct hospital costs of TAVR, and increase capacity for growing clinical need, a multidisciplinary team from our health system was convened in 2016 to review the absolute and relative contributions to the procedure’s direct costs.

- Team members from interventional cardiology, cardiothoracic surgery, anesthesia, the operating room, and recovery room sought to standardize multiple aspects of the procedure’s workflow.

- Each step in the care delivery process was mapped, with elimination of steps that provided little to no value.

- Partly from workflow standardization and partly from modifying existing protocols to match the increased treatment of intermediate risk patients,

  - mean case time was reduced by 30 minutes (18%),
  - length of stay was reduced by 2.18 days (44%),
  - direct hospital costs were reduced by $7,800 (16%).

  - Operating room capacity increased from 2 cases/day to 4 cases/day, as total case volume grew by 70%.

  - Unadjusted, in-hospital mortality over 12 months decreased from 3.4% in 2015 to 0.6%

  - Average net income per case improved from a loss of $2,000 in 2015 to a gain of $12,000 in 2017.

  - Case mix index decreased from 8.12 to 7.48 during this same time frame.

  - The most notable operational improvements included greater use of moderate conscious sedation (versus general anesthesia), reduced use of intensive care unit services, and increased percutaneous access.

Conclusions

- Application of lean methodology and process mapping in TAVR resulted in reduced cost and improved quality for patients undergoing this procedure..