

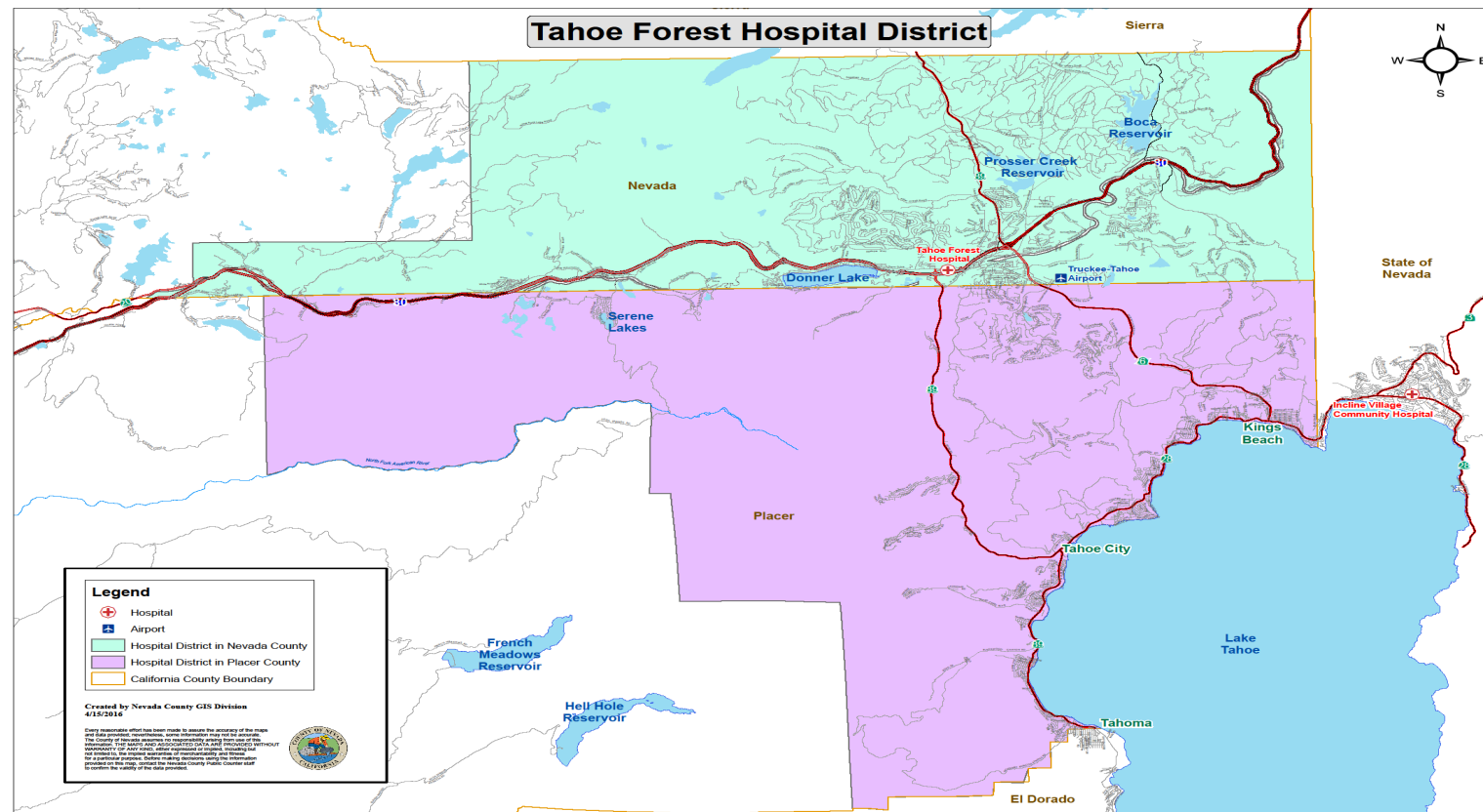
# STRUCTURAL HEART THERAPIES (MOSTLY TAVI)

A Community Perspective

# A COMMUNITY PERSPECTIVE ON TAVI

- Our corner of California and Nevada
- The prevalence of aortic stenosis and its natural history
- Availability, affability and ability
- Accessibility, affordability and accountability
- Conclusions

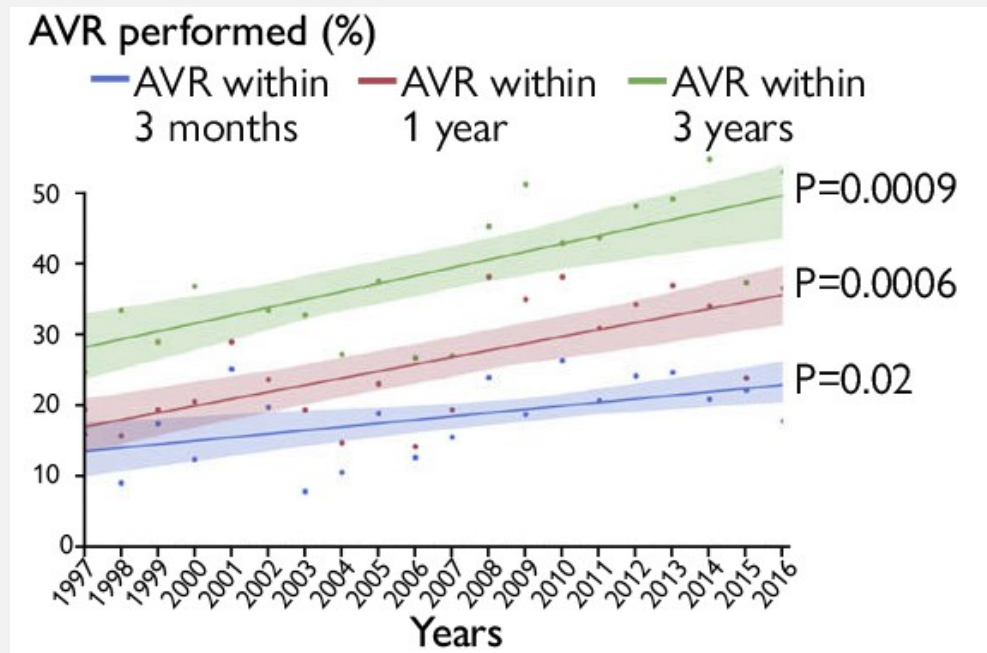
# OUR COMMUNITY



## A COMMUNITY PERSPECTIVE

- We serve 40,000 people in eastern Nevada and Placer plus corners of Washoe and El Dorado Counties
- 52 cases of severe aortic stenosis per 100,000 patient-years in Olmstead County<sup>1</sup>
- We should identify 21 new cases each year, if we captured all AS

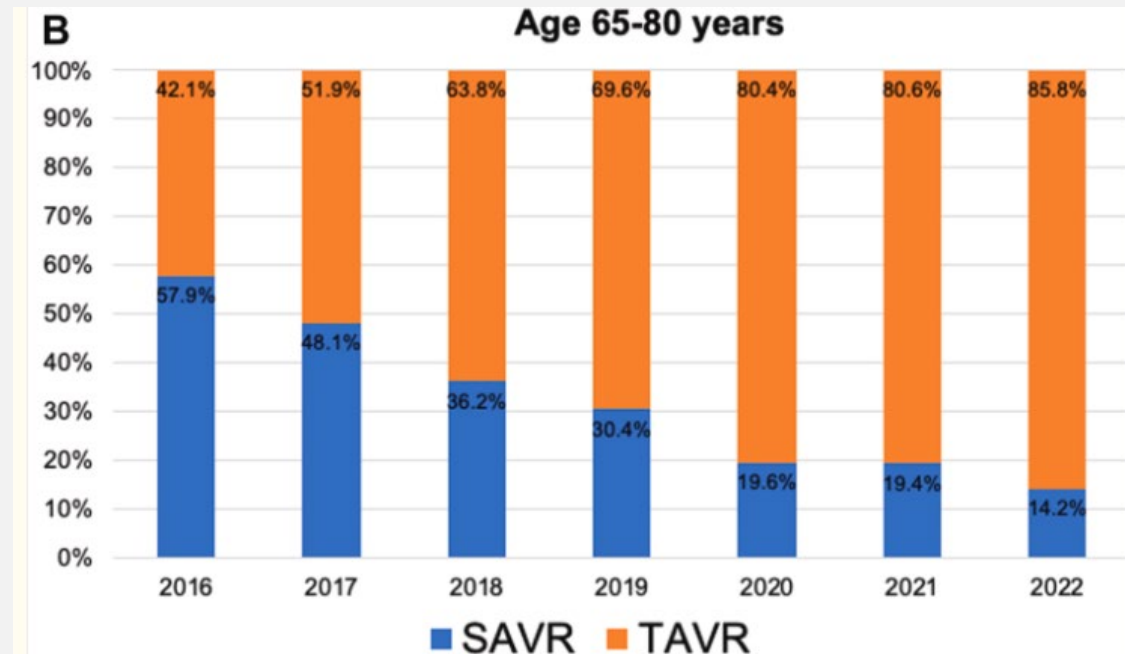
## A COMMUNITY PERSPECTIVE



## A COMMUNITY PERSPECTIVE

- About half proceed to structural referral and half are followed locally
- Mayo 3 month mortality 8% and 3 year mortality 36%. We can't track local mortality.
- TAVI utilization in our patients mirrors the Northern New England registry data<sup>2</sup>

## A COMMUNITY PERSPECTIVE



## THE IDEAL STRUCTUAL PROGRAM IS AVAILABLE

- We have clinical questions which are hard to answer locally
- We do not currently perform cardiac CT and therefore cannot determine if transfemoral TAVI is feasible
- Although we perform low-dose dobutamine echo, we refer most patients with symptomatic low-gradient AS to the heart team

# THE IDEAL STRUCTUAL PROGRAM IS ABLE<sup>3</sup>

Sacramento, CA

Date of first commercial TAVR procedure  
performed\*:

Feb, 2012

## TAVR Total Commercial Volume

Cumulative volume since program inception: 1563

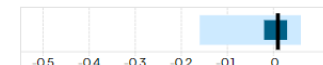
Average annual volume for reporting period: 166

## 30-Day Risk Adjusted TAVR Composite<sup>1,2,3</sup>

Reporting Period: October 1, 2020 through September 30, 2023

Eligible procedures in reporting period: 430

TAVR 30 Day Composite Score\*\*:  
0.01  
( -0.02 , 0.03)



# THE IDEAL STRUCTUAL PROGRAM IS ABLE<sup>4</sup>

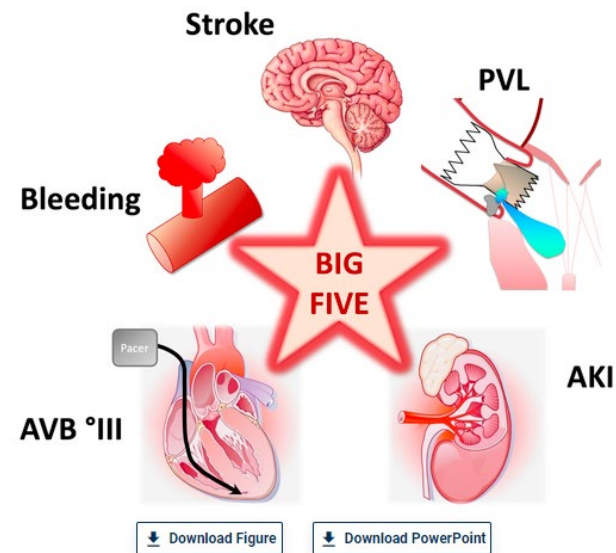


Figure 1.  
The Big 5 Periprocedural Complications That Significantly Impact Long-Term Outcome After Transcatheter Aortic Valve Replacement

## THE IDEAL STRUCTURAL PROGRAM IS AFFABLE

- We evaluate structural programs using patient-reported measures at follow-up
- Patient satisfaction is largely communication-based
- Every patient knows how their surgeons and interventional cardiologists spoke with them and made them feel<sup>5</sup>

## THE IDEAL STRUCTUAL PROGRAM IS ACCESSIBLE

- Patients are seen promptly
- Cases are scheduled promptly

## THE IDEAL STRUCTUAL PROGRAM IS AFFORDABLE

- We have a substantial Medi-cal and Covered California population

## THE IDEAL STRUCTUAL PROGRAM IS ACCOUNTABLE

- Help with longer-term complications
- Sub-clinical valve leaflet thrombosis
- Post-TAVI aortic regurgitation
- Late bleeding

# THE IDEAL STRUCTURAL PROGRAM

- The team matters
- Our local patients must be satisfied with their care
- We community cardiologists often need help before and after a structural intervention

## REFERENCES

1. Benfari et al. *European Heart Journal*, Volume 45, Issue 21, 1 June 2024, Pages 1877–1886
2. Gupta et al. *J Soc Cardiovasc Angiogr Interv*, 2024 Apr 5;3(7):101861
3. [University Of California Davis Medical Center | STS/ACC TVT Public Reporting](#)
4. Grube E and Sinning J-M. [J Am Coll Cardiol Intv](#). 2019 Feb, 12 (4) 370–372
5. Zuckerman J. *The Journal of Bone and Joint Surgery* [102\(11\):p 1011-1012, June 3, 2020.](#)