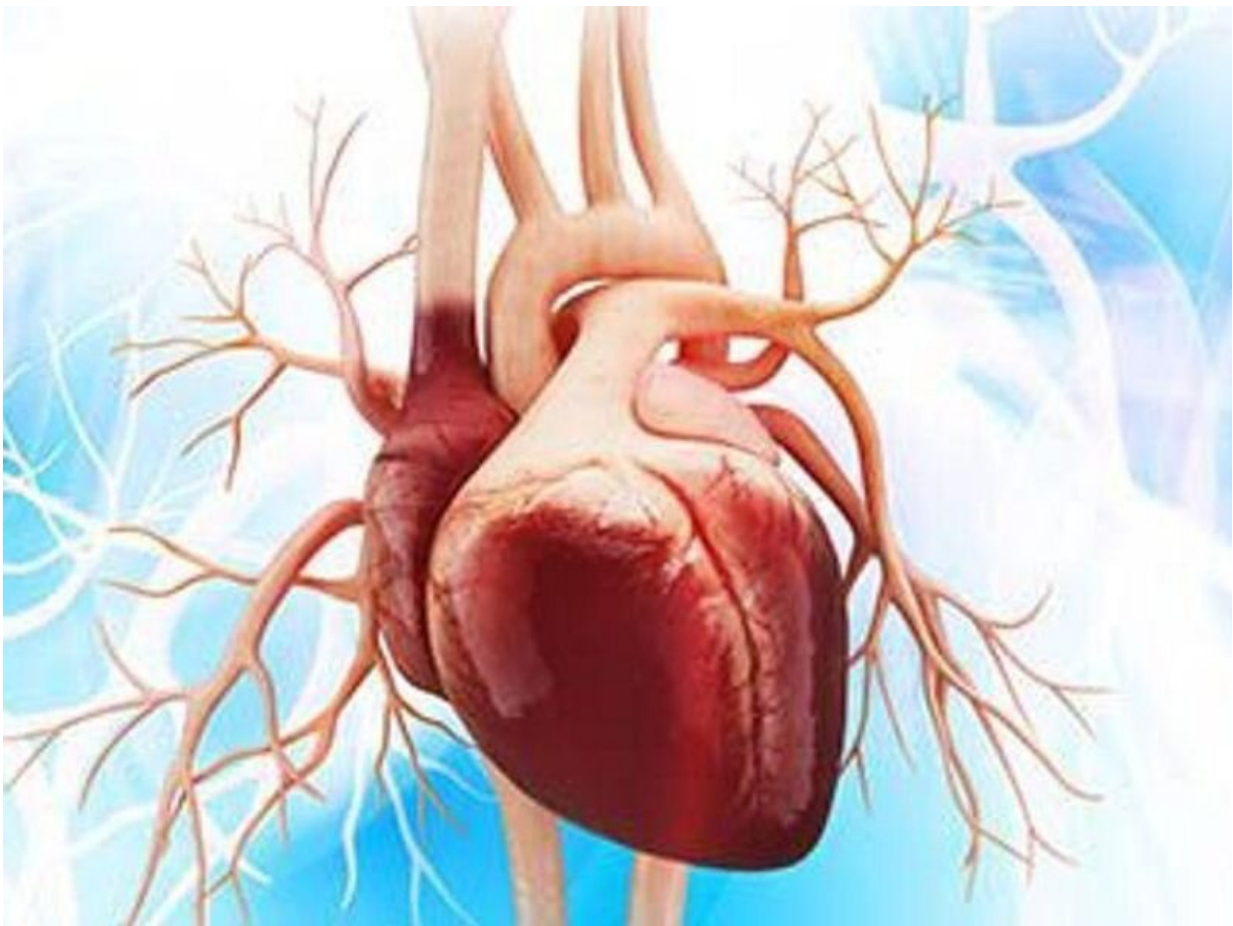


New transcatheter aortic valve replacement programs mainly introduced in metropolitan areas

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(HealthDay)—The growth of transcatheter aortic valve replacement (TAVR) in 2012 to 2018 mainly occurred in hospitals in metropolitan areas, according to a study published online Oct. 21 in *Circulation: Cardiovascular Quality and Outcomes*.

Ashwin S. Nathan, M.D., from the Hospital of the University of Pennsylvania in Philadelphia, and colleagues identified fee-for-service Medicare beneficiaries aged 66 years or older who underwent TAVR between Jan. 1, 2012, and Dec. 31, 2018, and hospitals that developed TAVR programs. Sociodemographic characteristics of patients treated at hospitals that did and did not establish TAVR programs were compared.

The researchers found that 583 hospitals developed new TAVR programs between 2012 and 2018, including 572 and 293 (98.1 and 50.3 percent) in [metropolitan areas](#) and in metropolitan areas with preexisting TAVR programs, respectively. Hospitals that did versus those that did not start TAVR programs treated fewer patients with dual eligibility for Medicaid (difference of –2.83 percent) and treated patients with higher median household incomes (difference of \$2,447) and from areas with lower distressed communities index scores (difference of –4.02 units). Areas with TAVR programs had higher rates of TAVR after adjustment for age, clinical comorbidities, race and ethnicity, and [socioeconomic status](#); in core-based statistical areas with fewer dual-eligible patients, higher medium income, and lower distressed communities index scores, TAVR rates per 100,000 Medicare beneficiaries were higher.

"The unequal introduction of this novel technology appears to be one factor leading to the generation of health care inequities among vulnerable groups," the authors write.

Several authors disclosed financial ties to the pharmaceutical and medical device industries.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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