

Research Assessment #4

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Subject: CMS Advisory Panel Splits on TAVR Volume Requirements

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Assessment: TAVR Guideline Debate

New procedures and cures are being developed every day so that the medical world is always changing and improving. The medical community is not only coming up with new ways to administer quality care to patients, they are also working to improve the ways of procedures that have already been introduced to the world. The cardiovascular procedure by the name of Transcatheter Aortic Valve Replacement (TAVR) is a rapidly expanding procedure that was introduced not too long ago and already is facing debates about the current validity of the processes. TAVR is a minimally invasive procedure to replace a narrowed aortic valve that fails to open properly (aortic valve stenosis). The content in this article is a perfect example of the combination of medical expertise and administrative strengths. The multitude of boards and panels that come together to discuss and decide on these types of topics are almost always made up of a mixed group of physicians and administrators. This way, there is an opportunity for a variety of perspectives to be voiced in a neutral and collaborative atmosphere.

The topic of discussion in this article is quite specific to a certain procedure, however the overarching themes evident in this high-stakes discussion transcend many different barriers in medicine. The direct purpose of the panel meeting regarded “conflicting interpretations of the evidence on whether volumes of PCI, surgical aortic valve replacement (SAVR), and TAVR do in fact influence outcomes in patients undergoing TAVR.” While I am not experienced or learned enough to give quality commentary on the foundation for either side of the argument, I can still recognize the importance of such a discussion. This issue of volume requirements for TAVR programs is an issue of public health just as much as it is an issue within the immediate clinical community because of the effect that restricting the number of facilities qualified enough to administer the procedure.

Quality over quantity is a cliché that has come up in many parts of my life, including my analysis of this article. All of the TAVR discussion can be boiled down to this one singular cliché and the goal of all physicians to care for the patient. I found this argument rather interesting because of the obvious overlap between a multitude of fields. The collaboration needed to bring such a topic to the table, draft a solution, and carry out that solution is an amazing example of teamwork that spans more than just one specific field. The presence of discussions such as the one being summarized in the article also emphasizes the need to be well rounded in the healthcare field as well as versatile. In many cases, administration will overlap with clinical and the need for people to be able to facilitate effective conversation amongst groups will be very high.

As I begin to look into furthering my research in medicine and choosing a college major, I'm leaning more and more towards a future that uses a combination of both administration and

surgery in one career. It's articles like these that really help put everything into perspective for me and allow me to see the benefits of healthcare administration firsthand.