

# MEDCAC

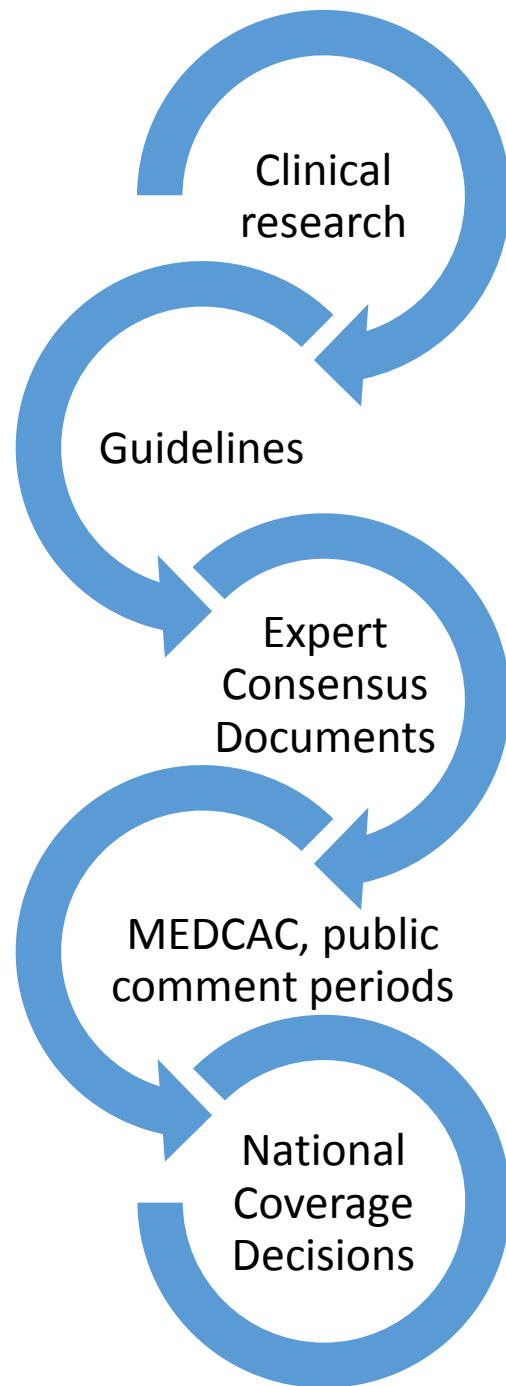
Megan Coylewright, MD MPH

# Disclosures

I have presented on shared decision making for

- Edwards LifeSciences (mild)
- Boston Scientific (mild)

No additional conflicts of interest (e.g. involvement in federal or nonfederal advisory committees)



# Quality

- Outcomes
  - Readmission
  - 30 day mortality
  - 1 year mortality
- Patient-centered outcomes
  - Return to preferred activities
  - Time at home
- Processes
  - Shared decision making
  - Transitions in care

Exchanging best patients

Exchanging best practices

**Table 2. Requirements for Continued Certification for Existing TAVR Programs**

**2017 Criteria**

Documentation of multidisciplinary approach, patient access to all forms of therapy for aortic valve disease (TAVR , SAVR and MVR) using a shared decision-making process

- For all patients, the program must have a multidisciplinary team that includes a cardiac surgeon, a cardiac catheterization laboratory physician, and a cardiac anesthesiologist. The team must meet regularly to discuss patients and to develop a shared decision-making process.
- For all patients, the program must have a multidisciplinary team that includes a cardiac surgeon, a cardiac catheterization laboratory physician, and a cardiac anesthesiologist. The team must meet regularly to discuss patients and to develop a shared decision-making process.

A shared decision making process  
was used that incorporates  
patient preference

Bavaria, et al. 2017  
Public comment draft

indications for TAVR are not being provided this critical information regarding their treatment options. It is important to understand that there are over 500 programs in the US that only offer SAVR and that the requirements for patient education and shared decision-making outlined in this document apply only to programs that offer both TAVR and SAVR.