Socioeconomic and Geographic Access to Novel Therapeutics: An Analysis of Growth in Transcatheter Aortic Valve Replacement Programs

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Novel Technologies

- Advances in biotechnology have permitted *rapid* therapeutic advancements
- However, the initial growth of a procedure may not be distributed equitably
- Inequities in access to healthcare results in health inequities

Study Aims

We sought to understand:

1. **Areas where new TAVR programs are established**
2. **Patient populations served by new TAVR programs**
3. **Rates of TAVR among differing patient populations**

Findings

1. Increased # of TAVR programs ≠ Increased Access
   - TAVR sites are localized to metropolitan areas
   - Majority of TAVR sites opened in areas with pre-existing programs
2. Hospitals adopting TAVR served more advantaged patients
   - Wealthy, more privileged patients had more access to TAVR by virtue of the hospitals that served them
3. Rates of TAVR are higher in more socioeconomically advantaged patients
   - Inequities in access to TAVR translated into lower rates of TAVR among socioeconomically disadvantaged groups

Future Directions

1. Identify the role of race and ethnicity in inequitable access to TAVR
2. Identify system- and patient-level barriers in access
3. Develop and test solutions to address inequitable care