G Ital Cardiol (Rome). 2012 Jan; 13 (1): 50-58. doi: 10.1714/1015.11056.

[The cost of innovation in treating aortic stenosis: transcatheter aortic valve implantation]

[Article in Italian]

Bartoli S, Saia F, Marrozzini C, Berti E, Guastaroba P, Fortuna D, Ciuca C, Moretti C, Marzocchi A, De Palma R.

Source

Agenzia Sanitaria e Sociale Regionale, Regione Emilia-Romagna. SBartoli@Regione.Emilia-Romagna.it

Abstract

BACKGROUND:

Transcatheter aortic valve implantation (TAVI) represents a promising therapeutic option for patients affected by severe aortic stenosis, but it is currently associated with high costs. Therefore, the assessment of its economic impact becomes urgent to support decision-makers' choices about its use, patient access to treatment and reimbursement mechanisms.

METHODS:

A retrospective, observational, single-center (the teaching hospital located in Bologna, Italy) study was conducted. All patients with severe symptomatic aortic stenosis undergoing TAVI during the enrolment period (February 2008-August 2010) were included. The procedures were performed with both bioprostheses approved for clinical use and through different vascular access: CoreValve transfemoral (CV-TF), CoreValve transsubclavian (CV-TS), Edwards Sapien transapical (ES-TA), Edwards Sapien transfemoral (ES-TF). Costs of the whole index hospitalization have been calculated from the hospital perspective. Healthcare resource consumption was measured at patient level and assessed using unit costs (microcosting approach).

RESULTS:

Overall, 87 consecutive patients (48 CV-TF, 12 CV-TS, 20 ES-TA, 7 ES-TF) were included in the study. They presented a high-risk profile (age 83.3 ± 5.4 years; logistic EuroSCORE 23.3 ± 12.3%) and important comorbidity. In-hospital mortality was 3.4%. Total cost of hospitalization was, on average, \in 35.841 (range \in 27.267-69.744) of which 68% was attributable to the procedure. A huge variation in costs was observed among different treatment groups. Patients treated with transfemoral implant (CV-TF: \in 33.977; ES-TF: \in 31.442) were on average less expensive than others (CV-TS: \in 37.035; ES-TA: \in 41.139).

CONCLUSIONS:

Our findings show that treating patients with TAVI places a heavy burden on hospital budget. Hence, due to the shortage of financial resources, affordability of TAVI requires further attention.