PRACTICE VARIATION IN THE MANAGEMENT OF CONGENITAL AORTIC VALVE DISEASE IN NEW ENGLAND

Poster Contributions
Poster Hall B1
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Background: Practice variation is a significant factor in predicting and controlling health care costs. Bicuspid aortic valve (BAV) is the most common congenital heart defect, and can be associated with progressive valvular dysfunction and aortic dilation. Documenting current practice may reveal patterns of variation and may serve as a baseline against which to assess the effectiveness of interventions.

Methods: An on-line survey open for 2 months to all pediatric and adult congenital cardiologists in New England described 3 clinical scenarios with accompanying questions about management and follow-up. Scenarios included BAV with normal valve function and aortic size, BAV with mild valve dysfunction and moderate aortic dilation, and moderate mixed valve disease with moderate aortic dilation. Utilization data included office visits, ECGs, echocardiograms, and MRIs. Each responder also provided personal information including years in practice, practice location, and practice size. Using Medicare reimbursement data, we estimated a 10 year cumulative cost, and compared this cost to the respondent’s experience and practice size.

Results: Sixty nine of 122 polled responded (57%). There was a statistically significant difference in cost associated with caring for patients based on years in practice (p<0.05). The more experienced the practitioner, the fewer tests, office visits, and therefore costs accrued. There was also a statistically significant difference in cost with practice size (p<0.05). Larger practices tended to spend less money than did smaller practices.

Conclusion: Significant practice variation, and therefore cost discrepancy, exists in the care for children with abnormal aortic valves. Given that this is the most common congenital heart defect, a more uniform approach to these patients could significantly decrease costs.