



FOR IMMEDIATE RELEASE

New report shows access to and wait times for life-saving cardiac procedure depends on where you live, highlights need for new approaches to ensure pan-Canadian equity

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In the last decade, transcatheter aortic valve implantation (TAVI) – an innovative, non-invasive surgical procedure – has become the preferred treatment option for many heart patients. Yet the latest pan-Canadian data on TAVI care shows that access is highly variable across Canada and that healthcare resources are not keeping pace with the growing healthcare need.

“The data tell us that Canadian patients are generally waiting longer for a TAVI compared to surgery. These wait-times have gotten worse year over year and remain highly variable across Canadian regions,” said Dr. Harindra Wijeyesundera, an Interventional Cardiologist and clinician scientist at Sunnybrook Health Sciences Center in Toronto. “That’s a problem. It reinforces the need for new strategies to address growing demand and ensure equal access to care no matter where you live in Canada.”

This, among other insights on the quality of patient care, comes from the latest [National Quality Report](#), just released by the [Canadian Cardiovascular Society](#) – the professional association that represents cardiovascular experts from across the country.

This is the third proof-of-concept paper published by the CCS’ network of heart health experts who have dedicated significant time and voluntary effort to these undertakings, including identifying and defining what quality of care looks like, determining how it should be measured and reported, and pilot testing this quality reporting system – first in 2016 and again with this most recent TAVI report.

While the methodological limitations have prevented reporting of results at the site-level, clinical experts and other stakeholders have found the results to be informative. Further, the stage has been set for systematic quality reporting on cardiac services to be accomplished across Canada. Regrettably, this important undertaking has yet to receive the necessary federal support despite repeated attempts to secure federal funding. For this reason, this latest snapshot of TAVI care quality in Canada could be the last.

“There is recognition among our membership that we have and should continue to define what quality of care looks like” said Dr. Carolyn Pullen, CEO of the CCS. “To firmly embed national reporting as a pillar of quality cardiac care, we will continue to profile this important work and seek partnership from the pan-Canadian health organizations whose mandates align with ours.”

“We’ve already shown that if we shine a light on quality of care, improvements are possible. We’re seeing better quality processes of care, shorter lengths of hospital stay, and lower mortality” said Dr. Anita Asgar, Director of the Transcatheter Valve Therapy Research at the Montreal Heart Institute and Chair of the CCS TAVI quality working group who led the development of the 2016 and 2019 TAVI reports. “However, continuing to lead ongoing national quality reporting in the longer term is not something that I can commit to without more support. As a clinician, my top priority has to be ensuring the best care for my patients.”

About the Canadian Cardiovascular Society

The Canadian Cardiovascular Society is a non-profit organization that represents more than 2,200 cardiologists, cardiac surgeons and scientists across Canada. Established in 1947, the Canadian Cardiovascular Society works to promote cardiovascular health and care excellence through knowledge translation, professional development and health policy.

About the Canadian Cardiovascular Society Quality Project

The Canadian Cardiovascular Society Quality Project looks to aggregate, analyze, and report on quality of cardiovascular care across Canada. The ongoing measurement and release of nationally comparable data mobilizes clinicians and healthcare managers and decision-makers across Canada to track achievements and identify opportunities for evidence-based improvements that result in better care, better value, and better patient outcomes.

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