Gainer R et al, 2021 Barriers and Facilitators of Cost Awareness in Aortic Valve Replacement (AVR) Surgery. *International Journal of Integrated Care* 22(S2): 143. DOI: doi.org/10.5334/ijic.ICIC21306

POSTER ABSTRACT

Barriers and Facilitators of Cost Awareness in Aortic Valve Replacement (AVR) Surgery

1st North American Conference on Integrated Care, Toronto, 4 - 7 October 2021

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Introduction

The awareness of cost drivers surrounding aortic valve replacements (AVR) has been shown to be low among cardiac health care providers. We sought input from cardiac health care providers about their level of intraoperative cost awareness, cost decision making and potential motivators that would encourage cost decision-making in the OR in an effort to reduce overall costs in AVR surgery.

Aims Objectives Theory or Methods

From May 2017-May 2019 data was collected on cost drivers for AVRs (n=216). There were three phases of data feedback to HCPs, with the third phase including a qualitative approach through focus groups. Separate focus groups were held for cardiac surgeons (n=5), cardiac anesthesiologists (n=5), cardiac perfusionists (n=8), OR nurses (n=5) and cardiac residents (n=4). Semi-structured interviews were used to elicit provider perspectives on the barriers and facilitators to implementing intraoperative cost decision making. Transcribed audio data was iteratively analyzed through the use of thematic analysis to develop a core set of common and comprehensive themes.

Highlights or Results or Key Findings

Data collection demonstrated marked inter-surgeon variation around the surgical costs of isolated AVR procedures, and identified the cost drivers of this variation. After data feedback to HCPs, cost variation did not decrease and the median cost for AVRs actually increased.

Five main themes were identified across qualitative focus groups: cost awareness, intraoperative decision making, influence surrounding intraoperative cost decision making, provider-based motivation for implementing intraoperative cost decision making, and cost drivers for an AVR. Providers had low cost awareness, but expressed a willingness to engage in cost decision making. Non-surgeon groups felt they had minimal influence on intraoperative decisions. Providers suggested motivators to encourage intraoperative cost decision making.

Conclusions

There was no difference in cost or variation before and after data feedback was given to cardiac HCPs. This alone was evidently insufficient to impact surgeon's behaviour in case costing, which motivated our approach to identifying the barriers and facilitators of incorporating cost considerations in intraoperative decision making

Implications for applicability/transferability sustainability and limitations

This work is an important first step in evaluating avenues towards cost awareness and containment in a tertiary cardiac surgery centre in Halifax, NS.