

Heart Team Approach

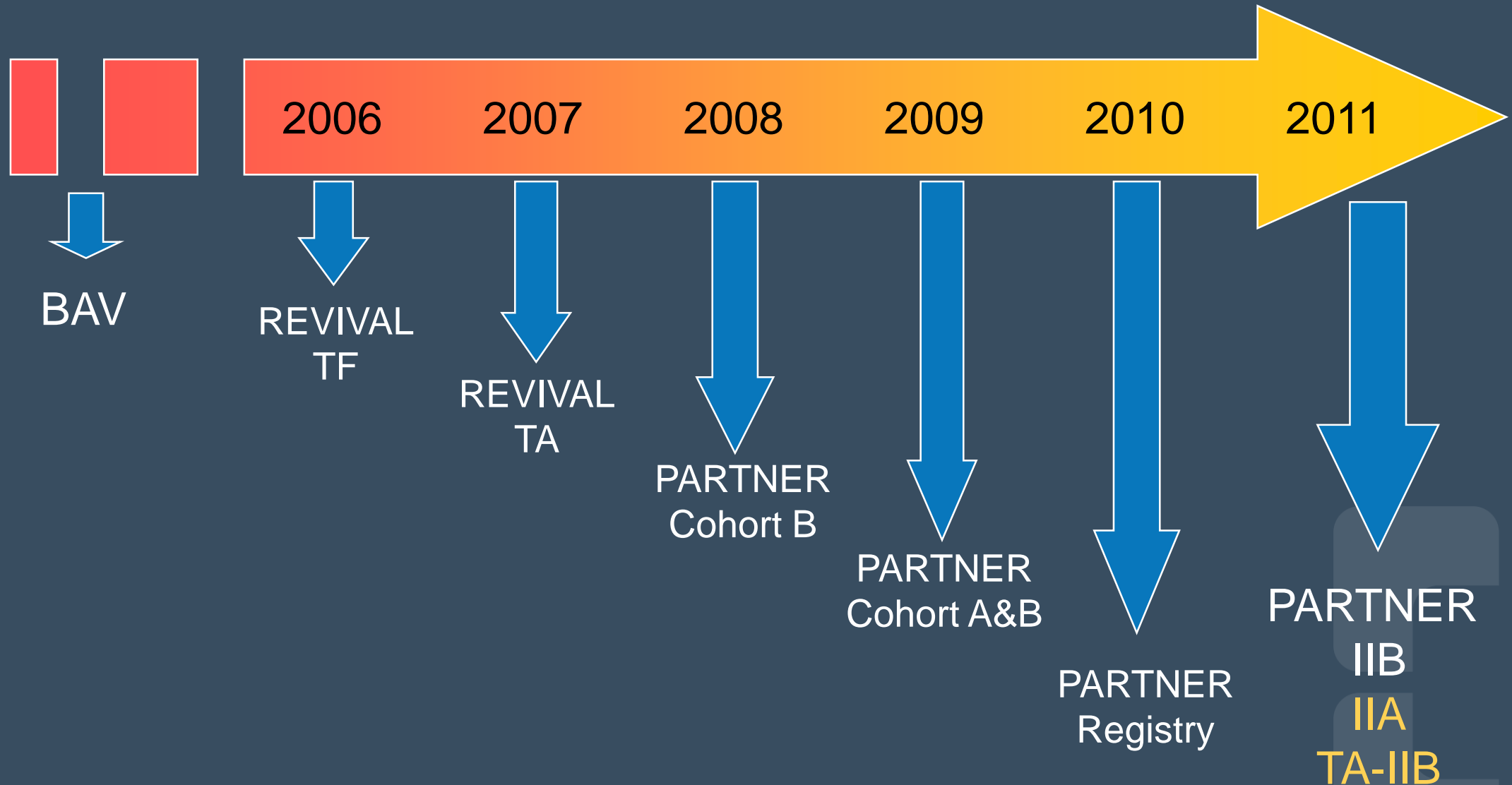
April 17, 2019

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Valve Nurse Coordinator



Evolution of TAVR Program: Cleveland Clinic



Heart Team Approach

- Background
- Characteristics of Multidisciplinary Team
- Conference Room Logistics



- Benefits and Barriers MHT
- Patient's Perspective

Treatment Modality Selection

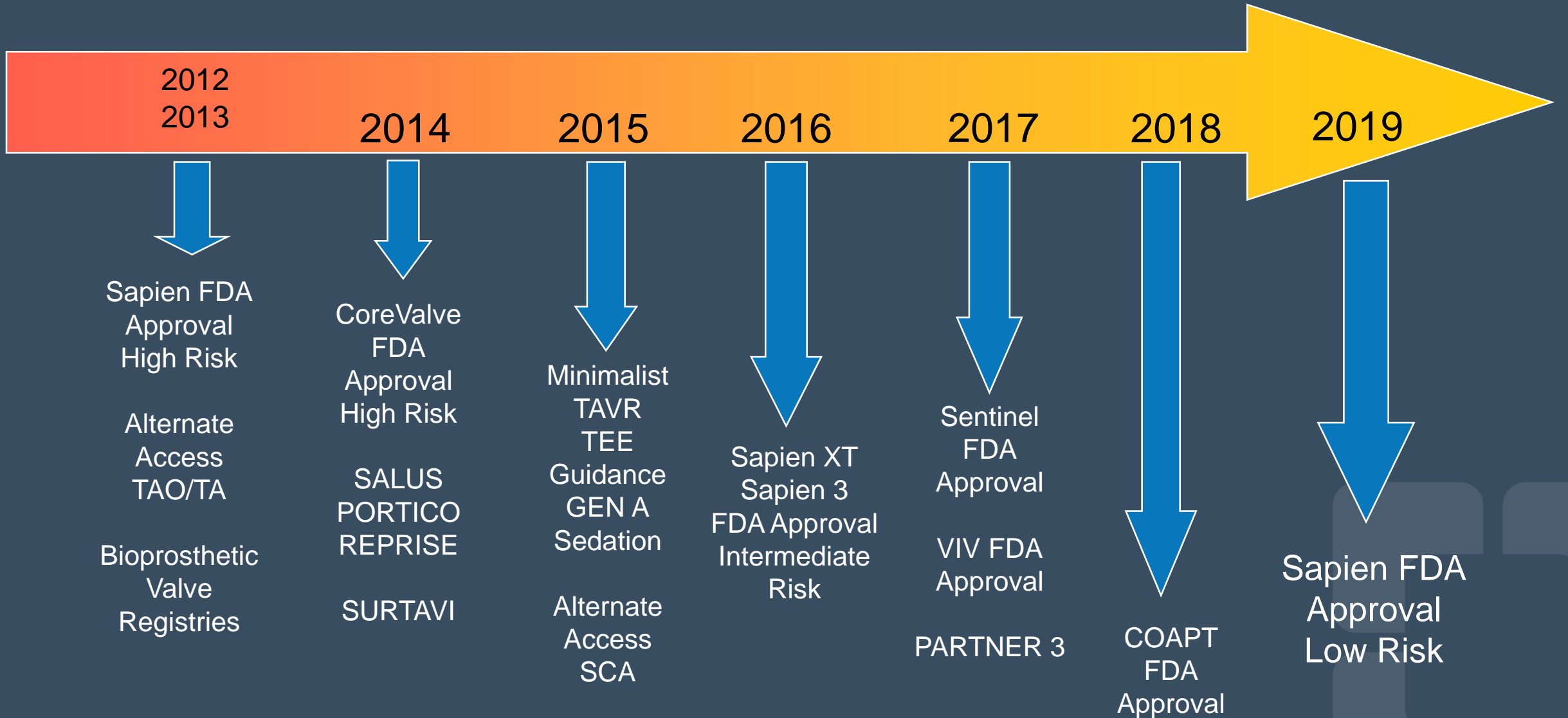
Patient with Aortic Valve Stenosis

- Technological Advancement
- Feasibility Investigational Trial
- Fragile Patient Population
- Life Limiting Illness



Sharing Opinions and Expertise

Evolution of TAVR Program: Cleveland Clinic



Concept of Heart Team

Gaining Momentum

- Widely discussed in published literature
- Highlighted at scientific conferences
- Prominently incorporated into professional society guidelines



Decision Making Frameworks

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EXPERT CONSENSUS SYSTEMS OF CARE DOCUMENT

2018 AATS/ACC/SCAI/STS Expert Consensus Systems of Care Document: Operator and Institutional Recommendations and Requirements for Transcatheter Aortic Valve Replacement



A Joint Report of the American Association for Thoracic Surgery, American College of Cardiology,
Society for Cardiovascular Angiography and Interventions, and Society of Thoracic Surgeons

Proposed Decision Memo for Transcatheter Aortic Valve Replacement (TAVR) (CAG-00430R)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Decision Summary

The Centers for Medicare & Medicaid Services (CMS) proposes to cover Transcatheter Aortic Valve Replacement (TAVR) for the treatment of symptomatic aortic valve stenosis through Coverage with Evidence Development (CED).

A. TAVR is covered for the treatment of symptomatic aortic valve stenosis when furnished according to a Food and Drug Administration (FDA)-approved indication and when all of the following conditions are met:

1. The procedure is furnished with a complete aortic valve and implantation system that has received FDA premarket approval (PMA) for that system's FDA approved indication.
2. One cardiac surgeon has independently examined the patient face-to-face, evaluated the patient's suitability for surgical aortic valve replacement (SAVR), TAVR or medical or palliative therapy, and has documented the rationale for their clinical judgment, and the rationale is available to the heart team.
3. The patient (preoperatively and postoperatively) is under the care of a heart team: a cohesive, multi-disciplinary, team of medical professionals. The heart team concept embodies collaboration and dedication across medical specialties to offer optimal patient-centered care. The heart team includes a cardiac surgeon and an interventional cardiologist experienced in the care and treatment of aortic stenosis and includes providers from other physician groups as well as advanced patient practitioners, nurses, research personnel and administrators.
4. The heart team's interventional cardiologist(s) and cardiac surgeon(s) must jointly participate in the intra-operative technical aspects of TAVR.

Multidisciplinary Team (MDT)

A comprehensive MDT is mandatory for a TAVR program

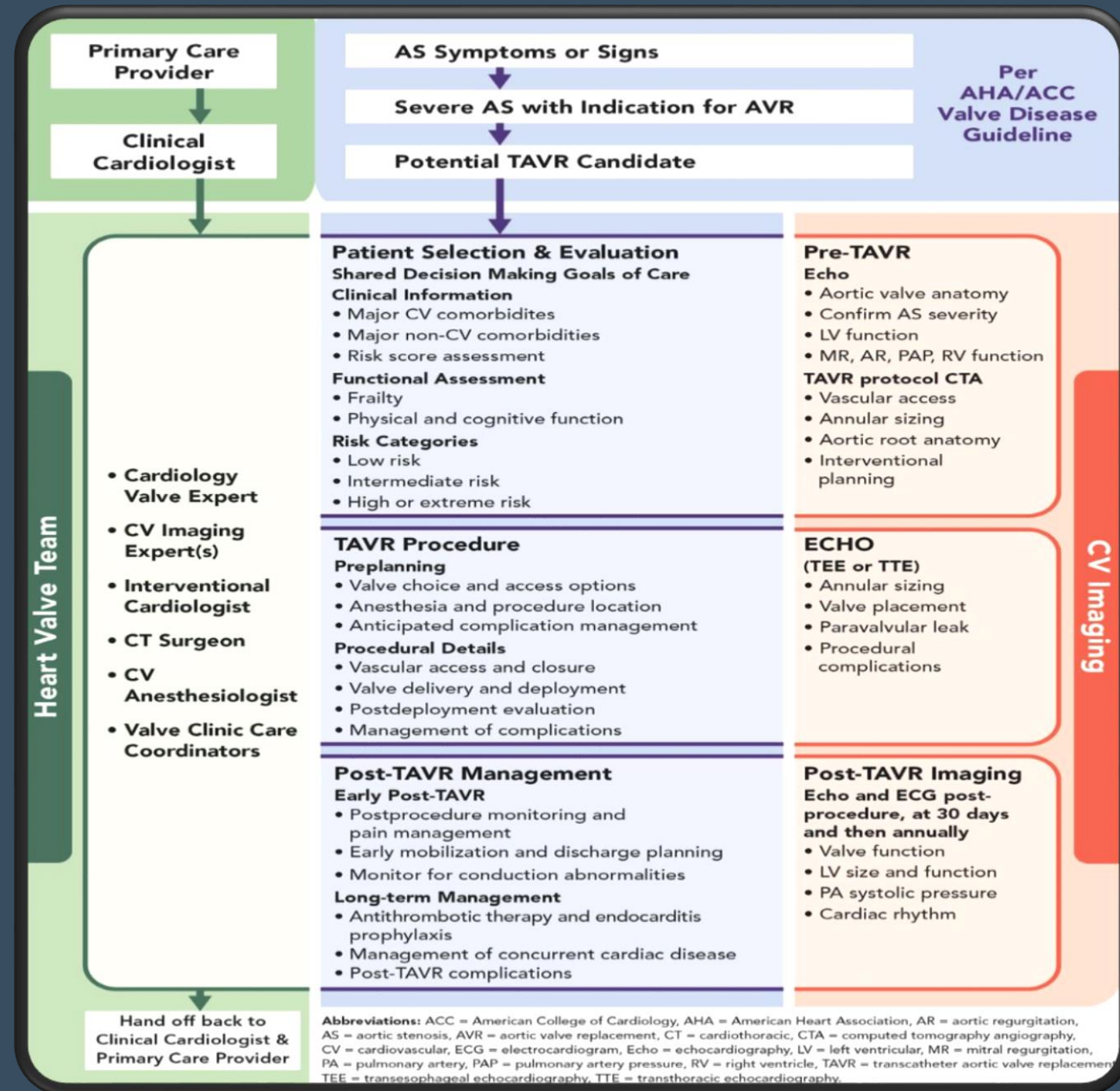
RATIONALE:

No one individual, group, or specialty possesses all the necessary skills for optimal patient outcomes

Source: 2018 AATS/ACC/SCAI/STS Expert Consensus Systems of Care Document



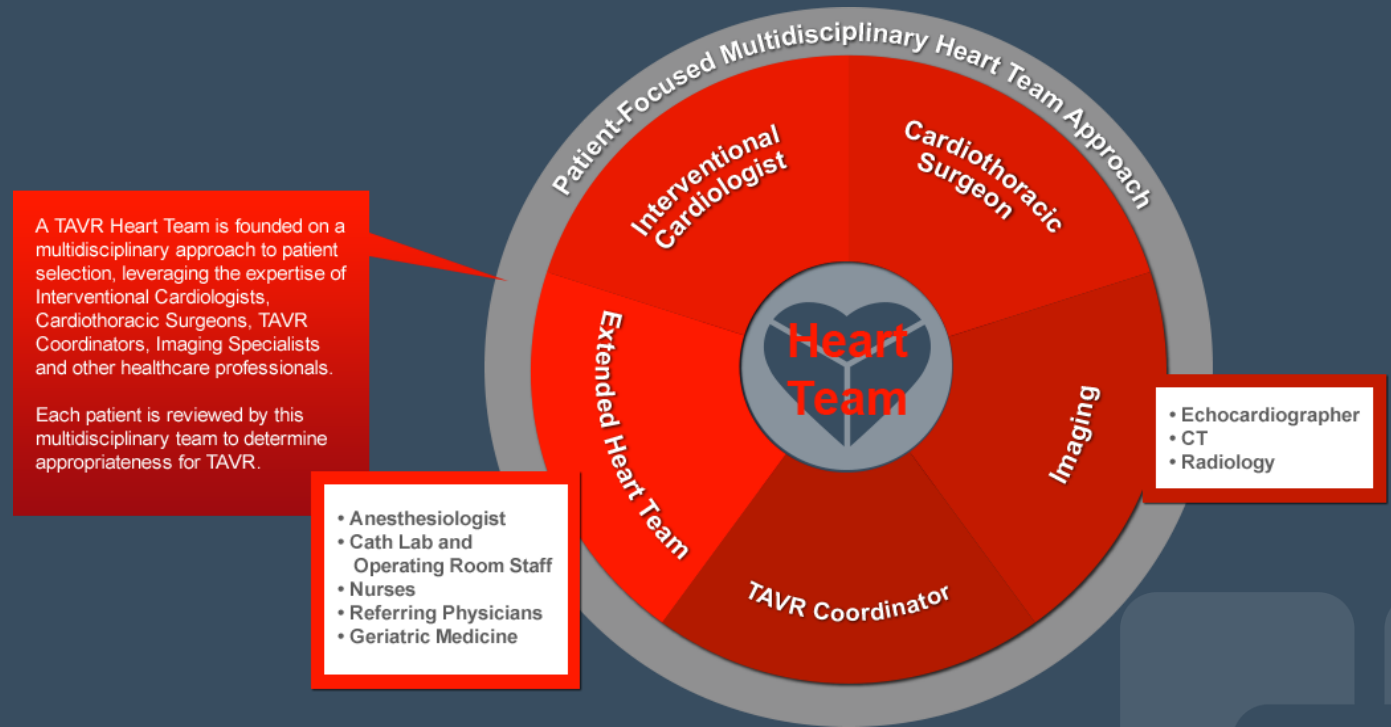
2017 ACC Expert Consensus Decision Pathway for TAVR



Heart Team Approach

TAVR Warrants a Comprehensive Program

- Interdisciplinary infrastructure
- Complexities of patient population
- Expertise required to perform procedure



“Getting the Details Straight”

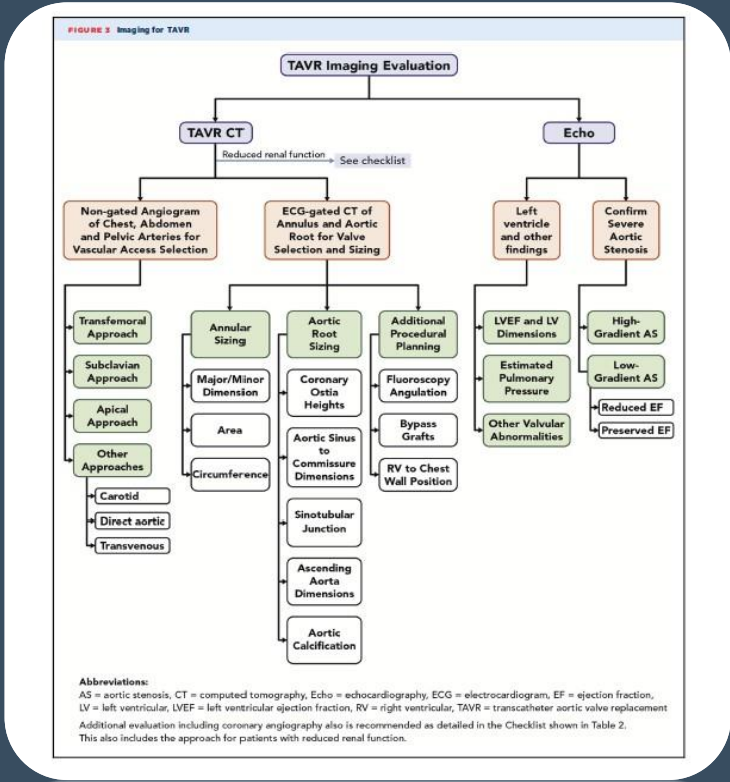
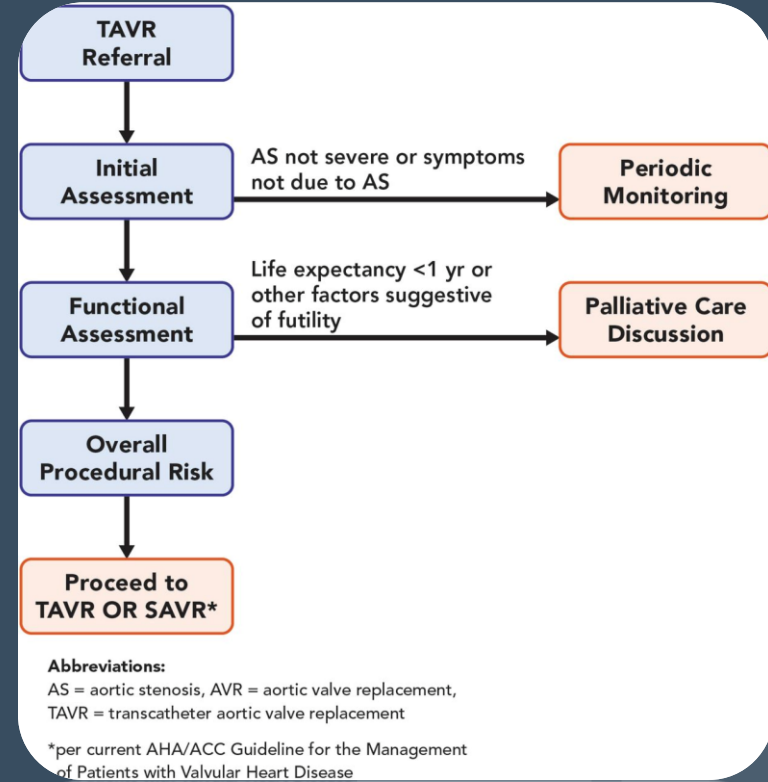
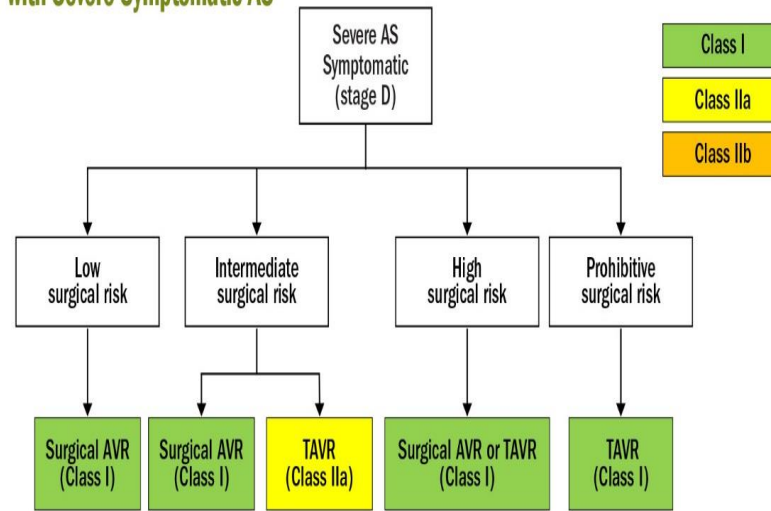


Figure 1
Choice of TAVR Versus Surgical AVR in the Patient with Severe Symptomatic AS



IMAGING GUIDELINES

RISK STRATIFICATION

FUNCTIONAL CAPACITY

Heart Team

Systematic Approach

I. Patient Selection

II. Joint Processes of Care

III. Multidisciplinary Collaborative Agreements

IV. Optimal Outcomes



Heart Team Approach Organized Screening

362 Hawkey et al.

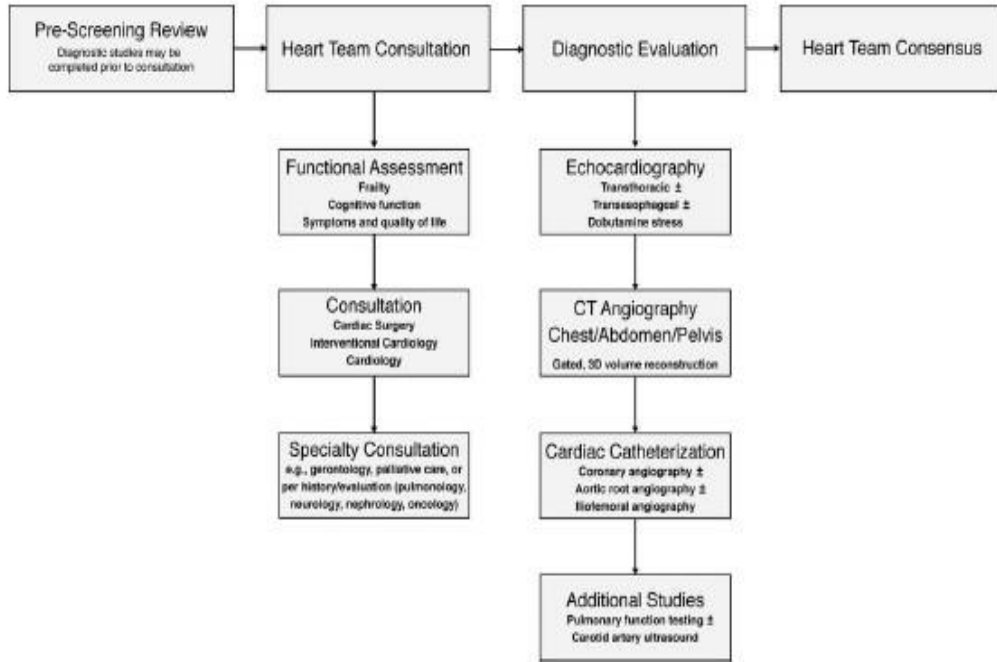


Fig. 1. Evaluation pathway.

Cleveland Clinic Patient Workflow

THV Referral Line (external)
TAVR Consult Order (internal)



Consultation Interventional Cardiologist (4),
Imaging Cardiologist (4) or Clinical
Cardiologist (1)
Echo, CTA, Labs, PFT
(CT, Cardiac MRI, TEE)
Catheterization if necessary



Evaluation by Cardiac Surgeon (4)
TAVR Clinic Visit (3)
Frailty Assessment



Discussion of Patients in
once a week Team Meeting

Heart Team Approach

Performance of Procedure



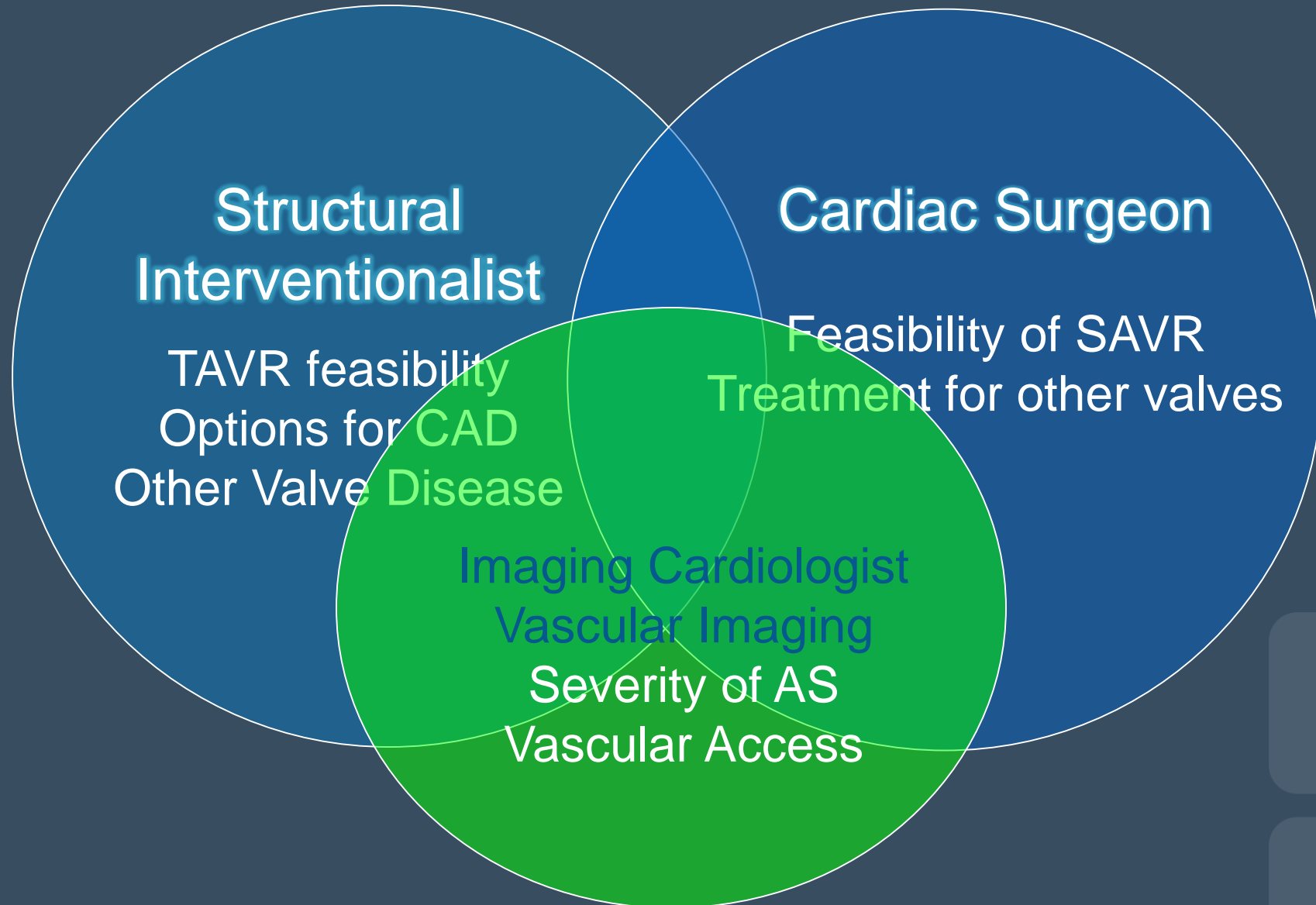
Complex Interplay of Cognitive and Technical Skills

Surgical Expertise, Vascular Access, Catheter Based Skills
(device delivery and placement)

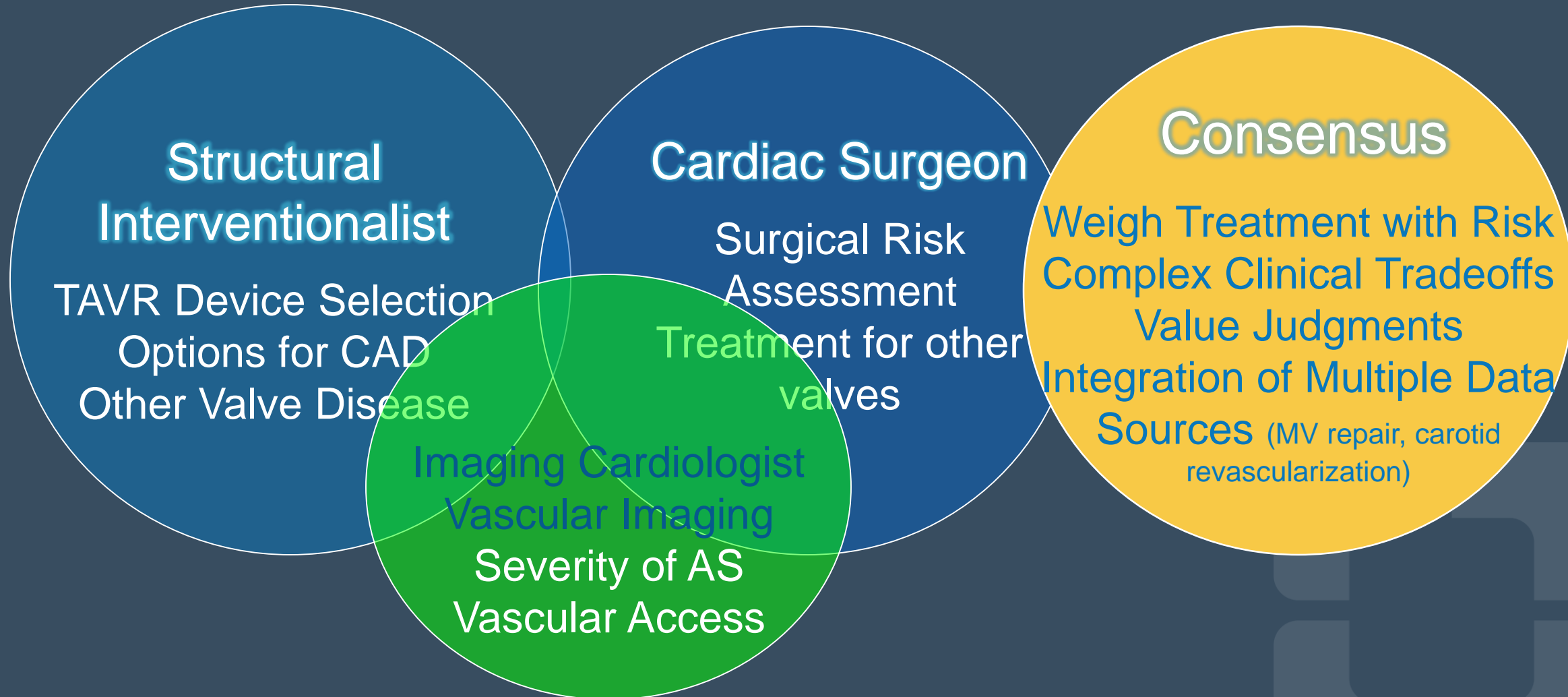
Follow up Assessments

Patient may not have decision at first meeting presentation

“What exactly is a Heart Team”



“Integrated, active, decision making between groups of physicians with diverse expertise”



Key Elements of Decision Making

- Patients are informed of the MT's recommendations regarding treatment options.
- Program incorporates best practices for educating patients
- Program implements patient-family **Shared Decision Making (SDM)**, including patient preferences



MDT: Patient Perspective

Source: Bate, et al (Oct 2017) Patients Perspectives on National MDT

- Educate Function of MDT
 - How is it organized
 - What is discussed
 - Issues related to time and commencement of treatment
- Involvement in Decisions
 - Decisions made with knowledge of patient's personal life
 - Overwhelmed with amount of information provided
 - Not always told all information
- Effective Communication
 - Disconnect between primary and secondary practitioner
 - Being able to contact members of the MDT



MDT: Patient Centered

PATIENT INVOLVEMENT

Patient's views should be included in the decision making process

Presented by clinician who has met them



COMMUNICATION

Education tools to enhance patient choice (Shared Decision Making) and communication

Decision aides:

- Increase patient's knowledge
- Improve patient-clinician discussions
- Influence treatment decisions

Shared Decision Making


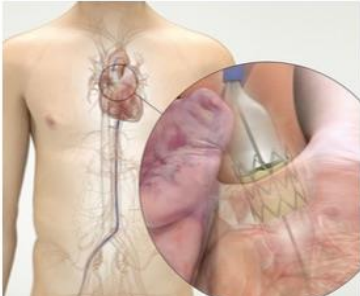
Patient's Values and Preferences

Patients should:

1. Be well-informed regarding their options
2. Understand the risks and benefits including data that are patient specific as possible
3. Articulate their treatment and recovery-related goals
4. Identify preferences and values related to their care
5. Integrate all of the above to make a final treatment choice

TREATMENT OPTIONS

TAVR Transcatheter Aortic Valve Replacement Transcatheter Procedure	SYMPTOM MANAGEMENT Taking Medication Only
<p>WHAT: TAVR is a procedure where a new valve is placed in the heart through a small tube (called a "catheter") typically in the leg.</p> <p>HOW: This procedure involves a small incision where a catheter is inserted to access the heart to replace the valve.</p> <p>WHO: This method is an option for both patients who are and those who are not candidates for open-heart surgery.</p> <p>HOSPITAL STAY: On average, 2-3 days</p> <p>RECOVERY TIME: On average, 1-2 weeks</p>	<p>WHAT: Partnering with your clinician to try and control symptoms with medications, without fixing the valve.</p> <p>HOW: This option involves using medications that will not prolong life but may limit the symptoms of severe AS.</p> <p>WHO: This method is an option for patients who do not wish to have surgery or have too many other health problems that are not related to severe AS.</p> <p>HOSPITAL STAY: No procedure that involves a hospital stay.</p> <p>RECOVERY TIME: No procedure to recover from</p>



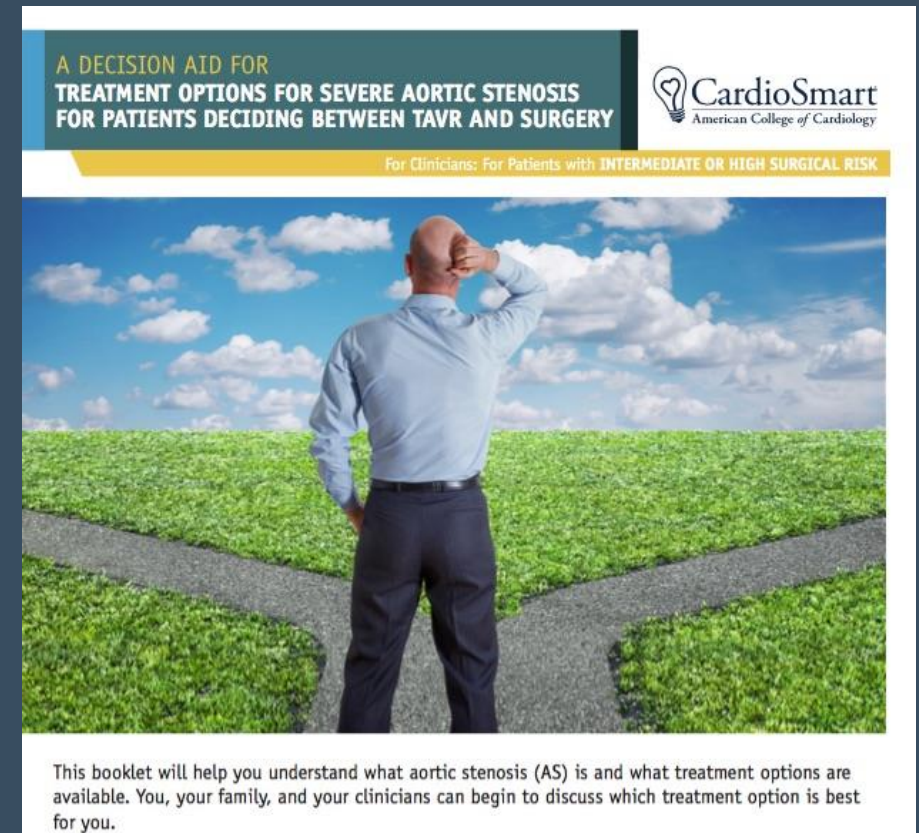
Shared Decision Making

Patient's Values and Preferences

CMS actively promotes SDS process to enhance beneficiary engagement and incentive

Development of teaching tools to aid TAVR programs to ensure meaningful patient participation

- Paper leaflets
- Web-based videos



The image shows the cover of a decision aid booklet. At the top, there is a dark teal banner with white text that reads: "A DECISION AID FOR TREATMENT OPTIONS FOR SEVERE AORTIC STENOSIS FOR PATIENTS DECIDING BETWEEN TAVR AND SURGERY". To the right of this banner is the CardioSmart logo, which includes a lightbulb icon and the text "CardioSmart American College of Cardiology". Below the banner is a yellow bar with the text "For Clinicians: For Patients with INTERMEDIATE OR HIGH SURGICAL RISK". The main image on the cover depicts a man in a light blue shirt and dark trousers standing on a gravel path that splits into two directions, looking out over a vast green field under a blue sky with white clouds. At the bottom of the cover, there is a white box with black text: "This booklet will help you understand what aortic stenosis (AS) is and what treatment options are available. You, your family, and your clinicians can begin to discuss which treatment option is best for you."

Key Elements of Decision Making

1. Patients are evaluated by the MHT once testing done
2. The MHT incorporates relevant guidelines and appropriate use criteria for all forms of care for VHD
 - THV
 - Cardiac Surgery
 - Medical Surveillance
 - Palliative Care



Heart Team: Benefits

- Broader input by different physicians into a complex decision-making process
- Minimize “fragmented” decision making



Heart Team: Benefits



- Improve timeliness and consistency of decisions
- Allow more intricate and patient-centered treatment plans to be developed

Heart Team: Benefits


- Provides education & training for team members
 - Case discussions
 - Image reviews
- Problem solving / process improvement
 - Enhance imaging protocols
 - Redesign clinical pathways



Heart Team: Benefits

- Promotes Research Activity
 - Enhance enrollment
 - Continued awareness

Structural Heart Clinical Trials
EARLY TAVR
2017



Sponsor: Edwards Lifesciences
Status: site initiation

Evaluation of Transcatheter **A**ortic Valve **R**eplacement Compared to Surveil**L**ance for Patients with As**Y**mp**t**omatic Severe Aortic Stenosis: EARLY TAVR trial

Objective: to establish safety and effectiveness of Edwards SAPIEN 3 (Edwards Lifesciences, Irvine, CA) Transcatheter Heart Valve (THV) compared with clinical surveillance (CS) in asymptomatic patients with severe, calcific aortic stenosis

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Heart Team: Benefits

Interprofessional Teamwork

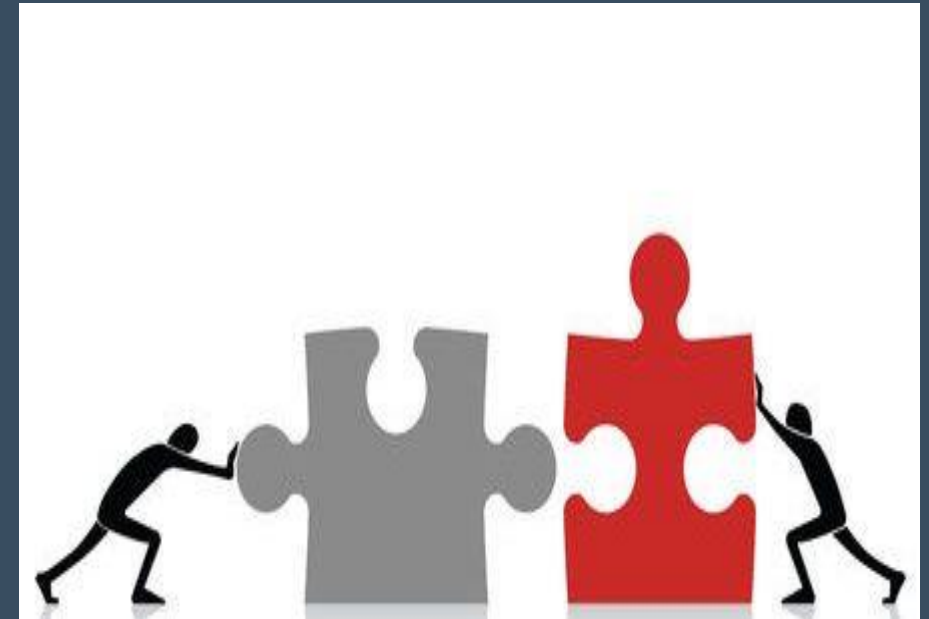
Effective Communication breaks down professional barriers which leads to:

1. Resolution of Inter-team Conflicts
2. Promotes positive interpersonal relations
3. Improves Interprofessional communication



Heart Team: Barriers

- Engagement of physicians into a complex decision making process
- Ensuring a streamlined process
 - Integrate & summarize input from multiple viewpoints
 - Systematic manner
- Ensure accurate communication of discussions



Heart Team: Barriers

- Resource Intensive
 - Case Booking / Case Preparation
 - Audiovisual / Imaging Review
 - Detailed information needs to be synthesized and communicated
 - Attendance / Concurrent clinical commitments



MHT Meeting Preparation

- Case Preparation prior to meeting
- “Buddy System”
- Standardized Pro Forma for recording information
- Protocol-driven recommendations
- Emphasis on patient choice and preferences



Case Preparation

The governing aspect of the MDT discussion relies upon quality information and effective audiovisuals

“AGENDA”

Daily Working Tool

Various Avenues

Defined Parameters

Members need to come prepared



Meeting Format

The governing aspect of the MDT discussion relies upon quality information and effective audiovisuals



Decision Making as a
Team
to Determine
Best Option
for the Patient





One Common Goal

Sit in a room and ask,
“What is better
for the patient?”

Standardized Pro Forma

Synthesize detailed and complex information in an effective manner



Heart Team Recommendations

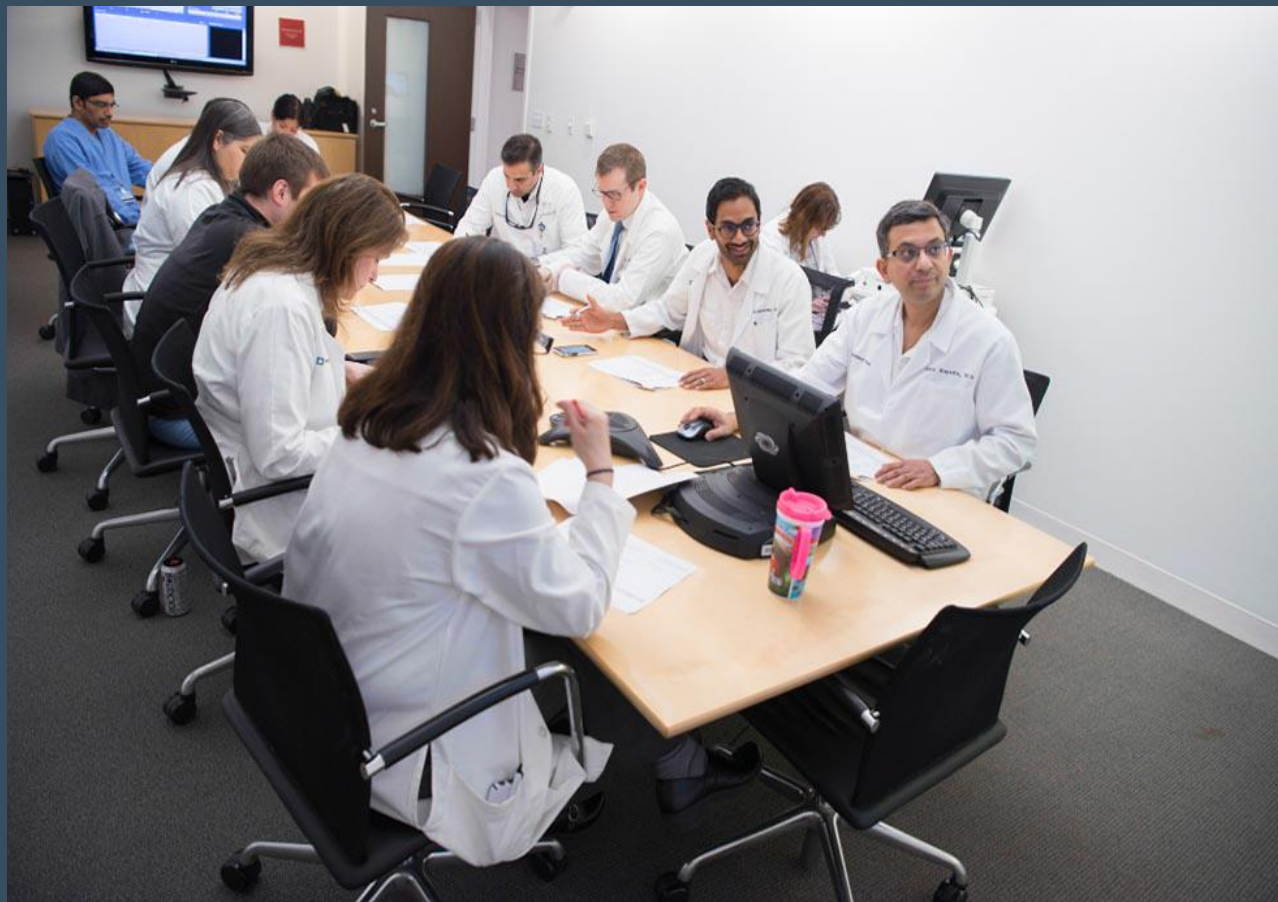
Post Meeting Summaries

- Medical Record
- Team Summary
- Correspondence to Primary Care
- Need to also clearly report why treatment was not adopted i.e. co-morbid status



Shared Goals

- Constant Communication
- Everyone is Involved
- Openness to Learn Across Specialty Lines
- Flexible
- High Performers w/o Egos



Shared Team Values

**“IT’S NOT
HARD TO MAKE
DECISIONS
WHEN YOU KNOW
WHAT YOUR
VALUES ARE”**

- ROY DISNEY

Honesty

Discipline

Creativity

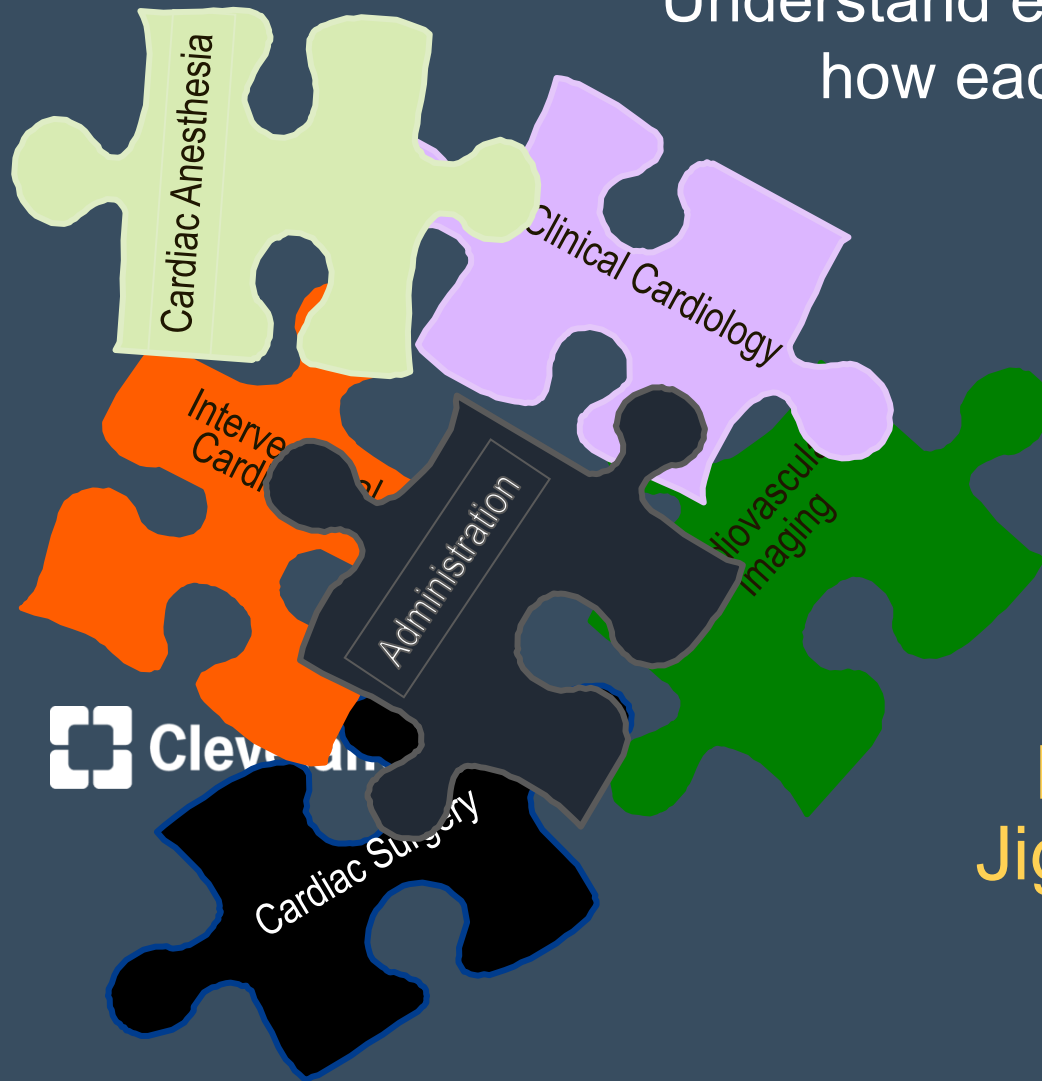
Humility

Curiosity

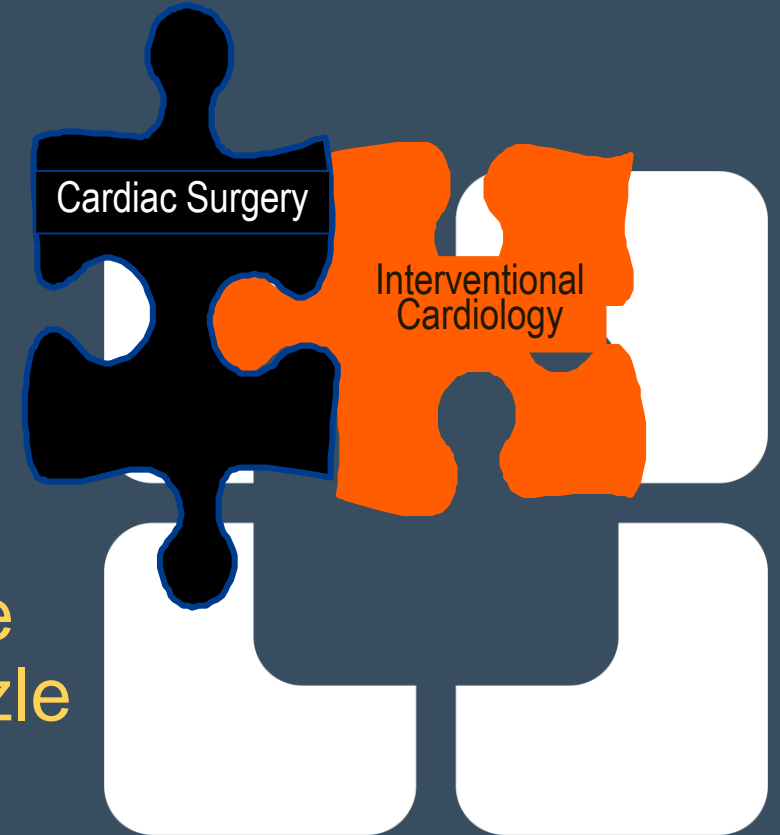


Role Delineation

Understand each member's **scope of practice** and how each role **compliments** each other



Putting the
Jigsaw Puzzle
Together



Relationship between Team Members

- Collaboration
- Respect each other's role and contributions
- Support and Recognition
- Mutual Trust



Spend 90% of our days together
(Clinic, Phone, In Person, Meetings, etc.)

Team Leader

Leadership should be flexible, reflecting the needs of the patient at a particular time

- Team Leader:
 - team member with the greatest knowledge and experience for the task at hand
- Ultimate Leader: PATIENT
 - Patient determines goals
 - Informed patient in consultation w/ family



It is up to the TEAM to constructively engage the patient

Team Leadership

- No Single Captain:
 - Decided Therapeut
- Leader
 - Avoid hierarchies
 - Avoid power differences
- Team Leadership:
 - Well defined team objectives
 - High level team participation
 - Distinct direction & management
 - Commitment to excellence



Team Perspective

“Can” does not equal “Should”

- Cohort C:
 - Age
 - End organ dysfunction
 - Comorbidities associated with reduced survival
- Frailty:
 - Decreased physiological reserve
 - Decreased resistance to stressor
 - Slowness, weakness, poor endurance, low activity level
- Referral to Palliative Care



Heart Team Strategies

Key Takeaways



Rule #1: Be on the Same Page

As a TEAM ... **WE** can decide together what is the best option for the patient.

- Contributions of all team members
- Understand rigors of one another's specialties
- Different terms and perspectives



Rule #2: Outcomes

GOOD Outcomes result from GOOD JUDGMENTS

Patient Selection

- New Technologies
- Difficult Pathologies
- No More “Eyeball” Test

Heart Team: no longer on an island making judgments by yourself

Rule #3: Primary Driver

Patient Benefits

- Symptom Resolution
- Improvement QOL
- Return to Independent Living



“Step Back & Take a Deep Breath”

Biggest Merit of Working Side-by-Side

Honest dialogue in all circumstances

- Struggles
- Procedural obstacles
- Undesirable effects



TRUE CAMARADERIE



Every life deserves world class care.