



a place of mind

THE UNIVERSITY OF BRITISH COLUMBIA

Atrial Fibrillation in 2020: Primary Care Program or Research Re- investment?

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Who is running a better campaign?

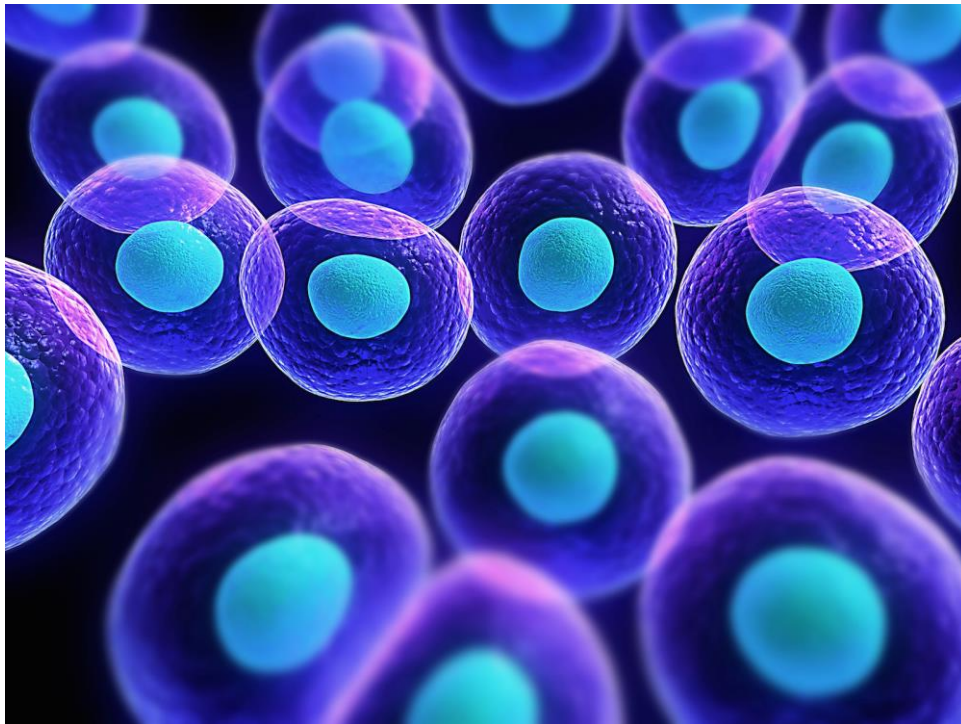


Who is running a better campaign?

Get with the Guidelines



Get with the Stem Cells



GET WITH THE GUIDELINES AFIB

ATRIAL FIBRILLATION

We all know atrial fibrillation (AFib) isn't a new problem, but it's on the rise. By 2050, it's expected to double. More than 2.7 million individuals currently suffer from AFib.

PROBLEMS THAT BUILD UP

AFIB-RELATED PROBLEMS AFFECT BOTH THE PATIENT'S HEALTH AND THE HOSPITAL'S BUDGET.

- AFib costs the United States health care system an annual \$26 BILLION.
- Each hospitalized AFib patient costs an extra \$8,706.
- Readmissions within 30 days of discharge can result in CMS HOSPITAL PENALTIES.



2X more hospitalizations than non-afib patients

AFIB PATIENTS' HEALTH-RELATED ISSUES CAN BE EVEN MORE HARMFUL...

5X increased risk for stroke
3X increased risk of heart failure



Regardless of AFib's serious health implications, PATIENT CARE ISN'T ALWAYS CONSISTENT WITH EVIDENCE-BASED GUIDELINES.



Only about 50-60% of eligible patients receive anticoagulant therapy.



Such gaps in care result in serious complications, such as stroke.

HELP SAVE LIVES, GET WITH THE GUIDELINES

Saving costs and lives, Get With The Guidelines-AFib is helping hold hospitals to the latest scientific guidelines and changing the landscape in 5 main ways:

<p>1 PATIENT MANAGEMENT TOOL (PMT): powered by Guidelines Real World and Late Phase Research</p> <ul style="list-style-type: none"> • Real-time data collection to show how your hospital is adhering to guideline-based measures • Point-of-care education materials • Integrated decision support • Arrival, discharge, and follow-up care forms 	<p>2 FIELD STAFF SUPPORT</p> <ul style="list-style-type: none"> • 1-on-1 interaction • PMT support • Increased performance
<p>3 RECOGNITION</p> <ul style="list-style-type: none"> • Public recognition for hospitals that achieve at least 85% compliance <p>BRONZE 90 days SILVER 1 year GOLD 2 years</p> <ul style="list-style-type: none"> • Featured on the American Heart Association quality map and in the U.S. News and World Report Best Hospitals recognition ad 	<p>4 COST-EFFECTIVENESS</p> <ul style="list-style-type: none"> • Inexpensive enrollment fee and available discounts for hospitals with multiple Get With The Guidelines modules • Reduced readmissions and comorbidities
<p>5 EDUCATION</p> <ul style="list-style-type: none"> • Webinar access • Local workshops • Patient education resources 	

PROVEN EFFECTIVENESS

Get With The Guidelines-AFib is part of the Get With The Guidelines suite of programs' rich data registry, comprised of more than 5 million patient records in 2,000 hospitals.

Together, we're working to improve the quality and consistency of care.



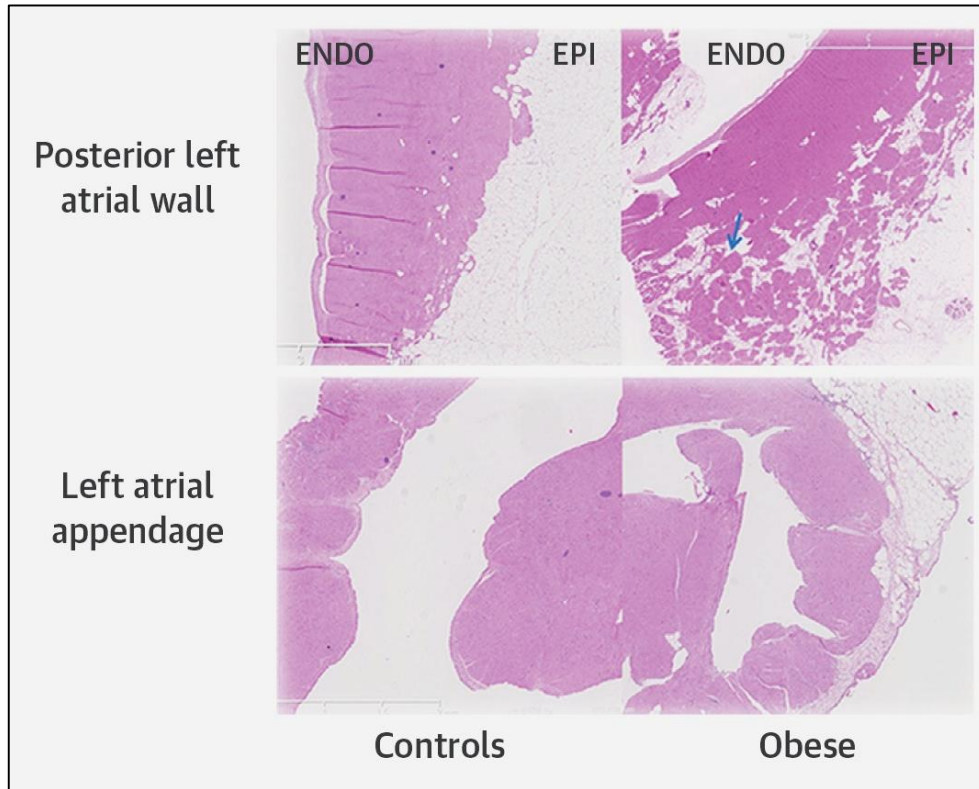
American Heart Association's Get With The Guidelines-AFib Program is made possible with funding from Boehringer Ingelheim and AstraZeneca.

Google Images Search on William McIntyre MD



AFib time bomb!

Obesity led to fat infiltration of the Atrium



Sheep overfed to mimic chronic obesity

After 36 weeks:

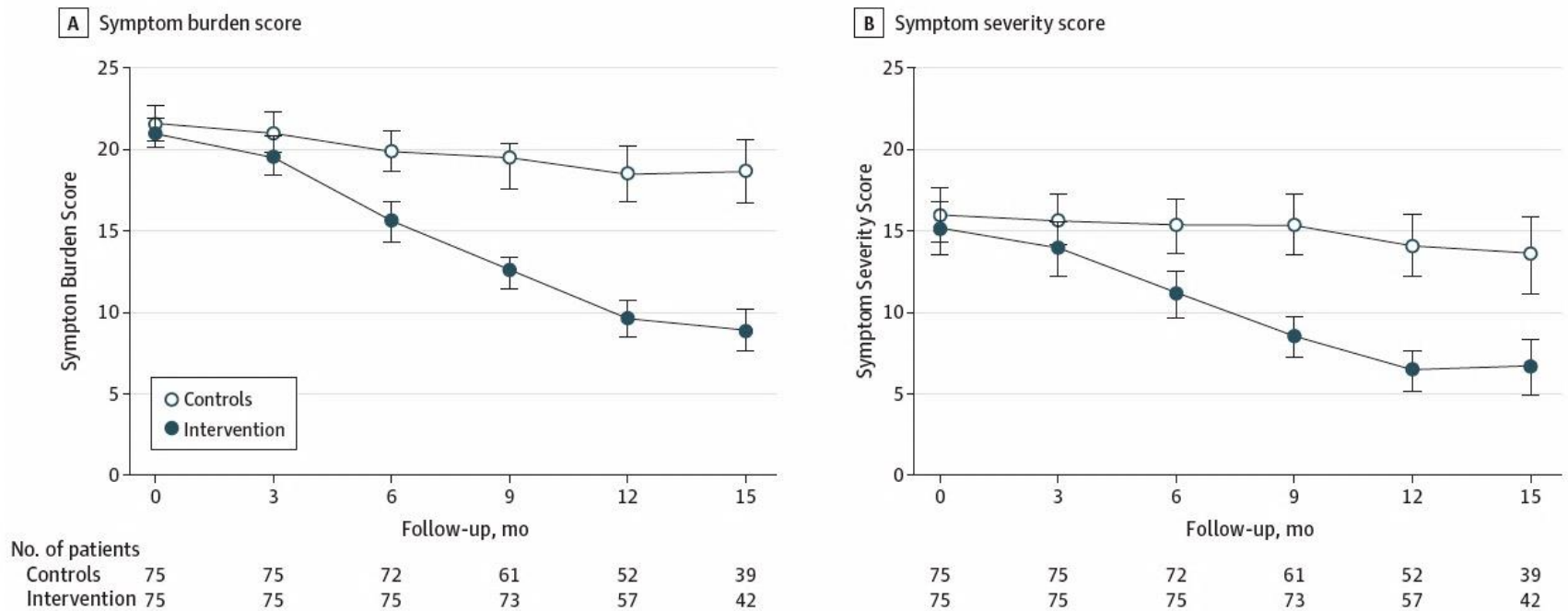
Dramatic atrial changes
abnormal conduction
abnormal voltage
fatty infiltration
atrial fibrosis

Weight loss results in less AF

Baseline weight ~100kg / BMI of 33

Randomized to weight loss vs usual advice: Intervention group lost ~ 15kg over 15 mos

Figure 3. Changes in Atrial Fibrillation Symptom Scale (AFSS) Scores Over Study Follow-up



Also reduction in # episodes of AF, left atrial size and LV septum

Aerobic Interval Training Reduces the Burden of Atrial Fibrillation in the Short Term

A Randomized Trial

Vegard Malmo, MD; Bjarne M. Nes, PhD; Brage H. Amundsen, MD, PhD; Arnt-Erik Tjonna, PhD; Asbjorn Stoylen, MD, PhD; Ole Rossvoll, MD; Ulrik Wisloff, PhD; Jan P. Loennechen, MD, PhD

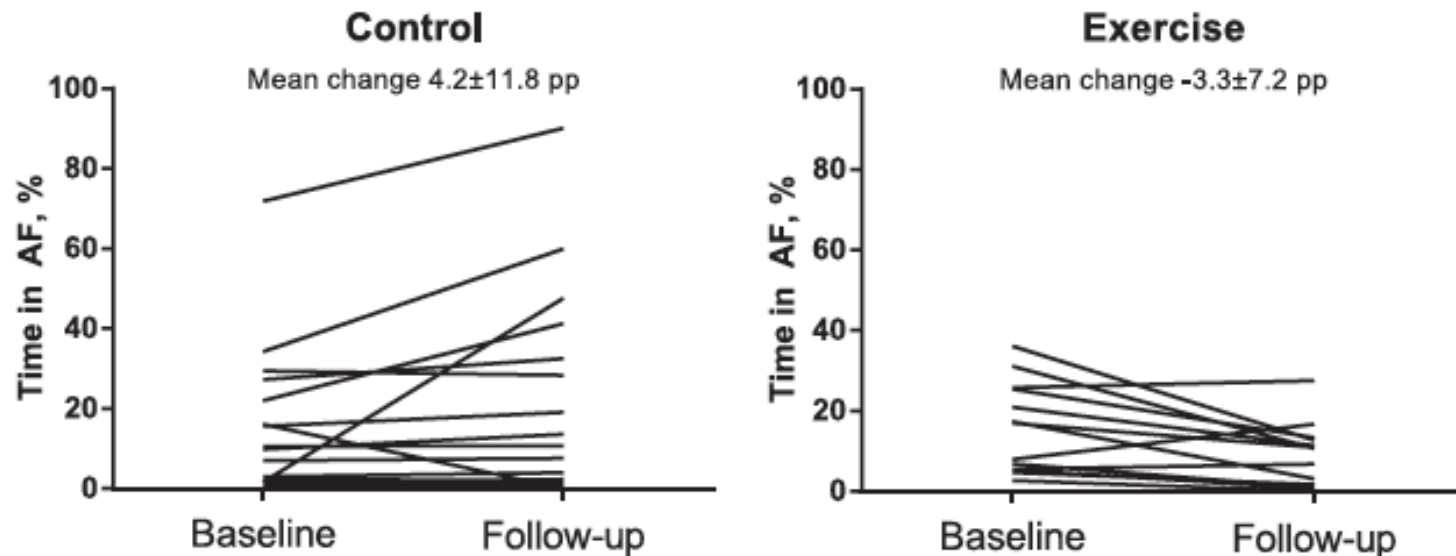


Figure 1. Individual change in atrial fibrillation (AF) burden. Time in AF was measured by an implanted loop recorder before and after 12 weeks of aerobic interval training (exercise) or usual care (control). pp Indicates percentage points.

Nurse-led care vs. usual care for patients with atrial fibrillation: results of a randomized trial of integrated chronic care vs. routine clinical care in ambulatory patients with atrial fibrillation

- 712 patients with AF to nurse-led care and usual care.
- Nurse-led care consisted of guidelines based, software supported integrated chronic care supervised by a cardiologist
- The primary endpoint was a composite of CV hospitalization and death. Duration of follow-up was at least 12 months.

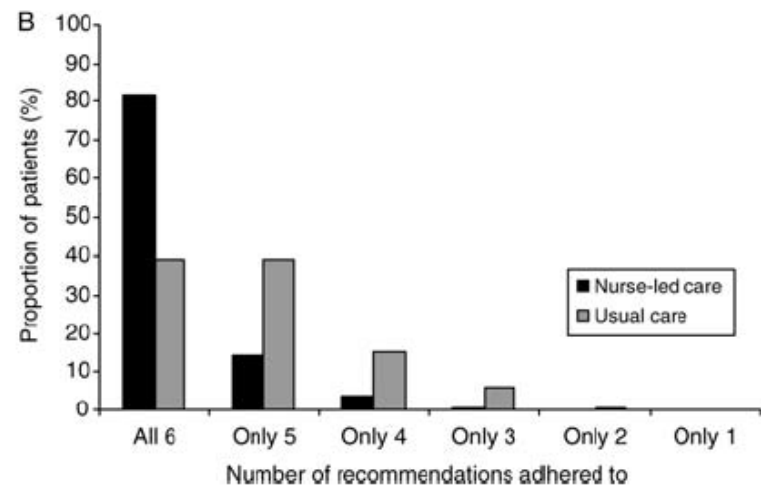
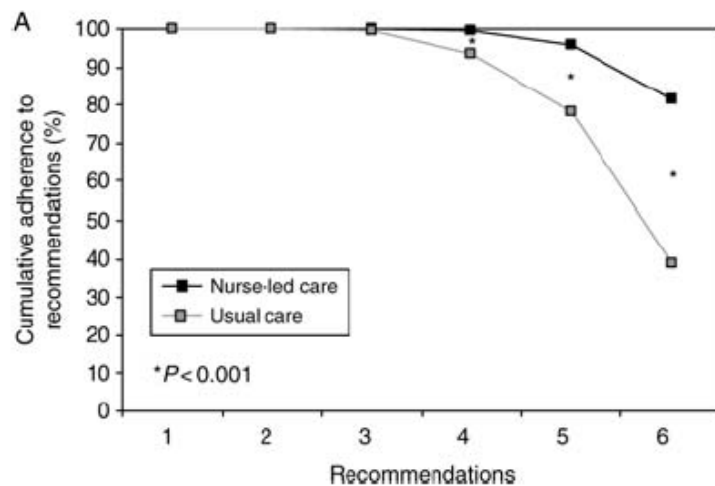
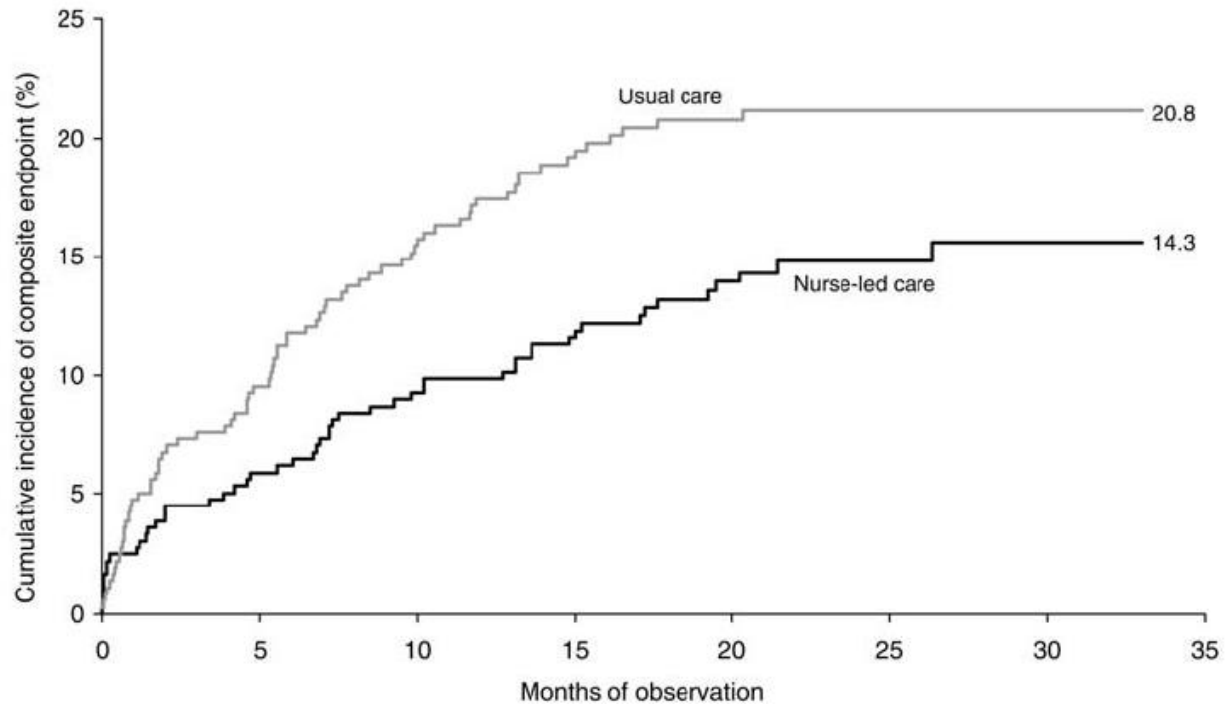


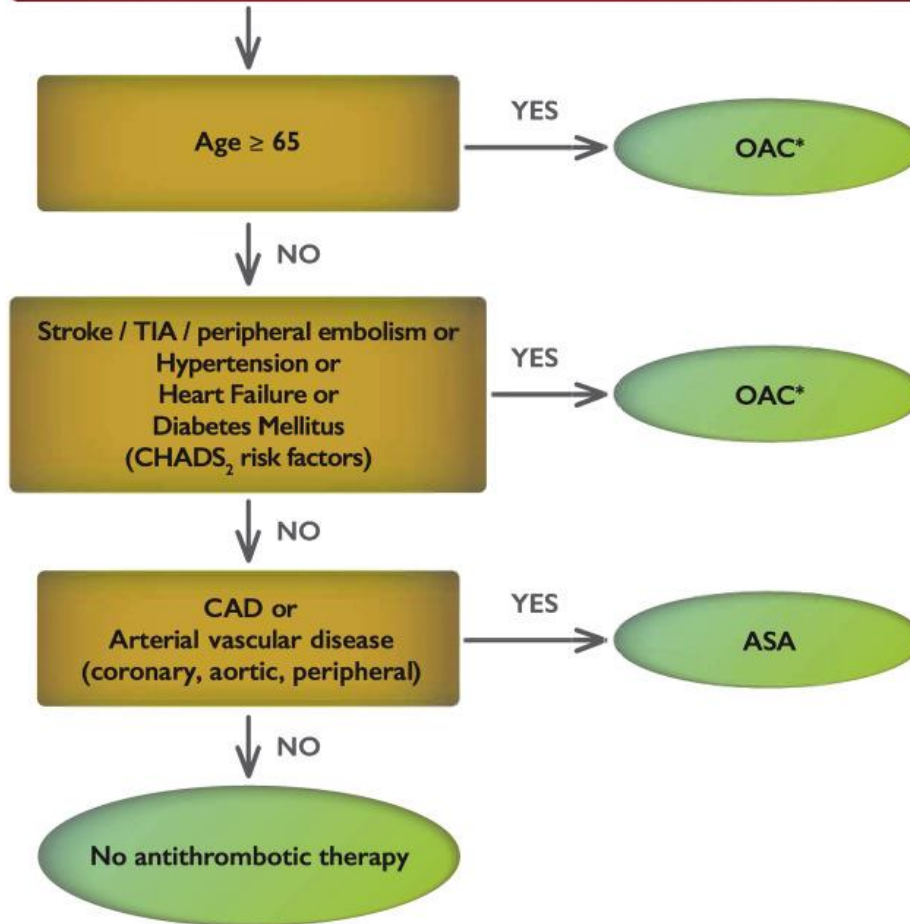
Figure 2 (A) The cumulative adherence to six guidelines recommendations in the nurse-led care group vs. the usual care group, see text for details concerning recommendations tested. *P*-values represent statistical differences concerning guidelines implementation between the two groups. (B) The distribution of the proportion of patients adhering to only one through all six guidelines recommendations in the two arms of the study.



No. at risk								
NLC	356	355	323	285	229	126	55	4
UC	356	321	300	265	206	107	37	3

Figure 3 Kaplan–Meier estimates of the cumulative incidence of the primary outcome in both groups. The primary outcome is a composite of the first occurrence of cardiovascular hospitalization or cardiovascular death. NLC, nurse-led care; UC, usual care.

“CCS algorithm” (“CHADS65”) for OAC therapy in AF



Consider and modify (if possible) all factors influencing risk of bleeding during OAC treatment (hypertension, antiplatelet drugs, NSAIDs, corticosteroids, excessive alcohol, labile INRs) and specifically bleeding risks for NOACs (low creatinine clearance, age ≥ 75, low body weight)[†]

*A NOAC is preferred over warfarin for non-valvular AF

This actually arrived in my office!!!

Conclusions

- We know what to do
- We should do what we know
- Giving tools and skills to point of care will transform the population experience with AF



I am an open access person – for slides, e mail akrahn@mail.ubc.ca