



How to optimize relationship between physicians and referrals for a better management?

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disclosures

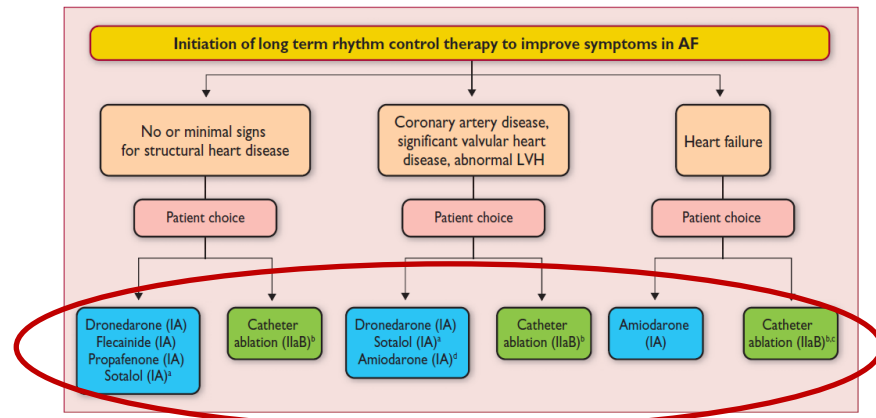
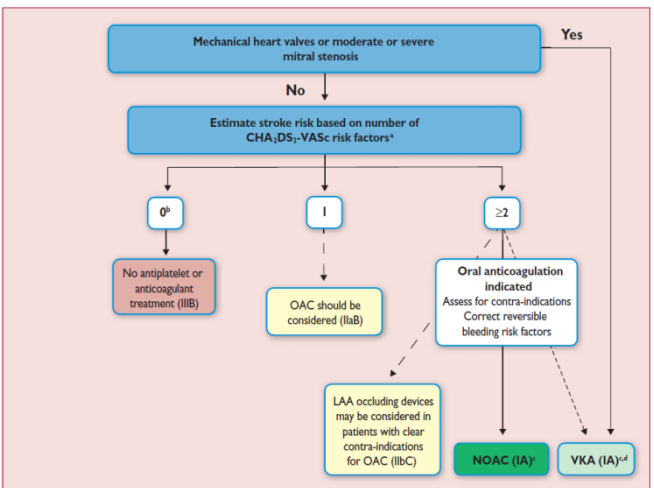
- Medtronic

Afib : several points of view

TE risk management



Symptoms management

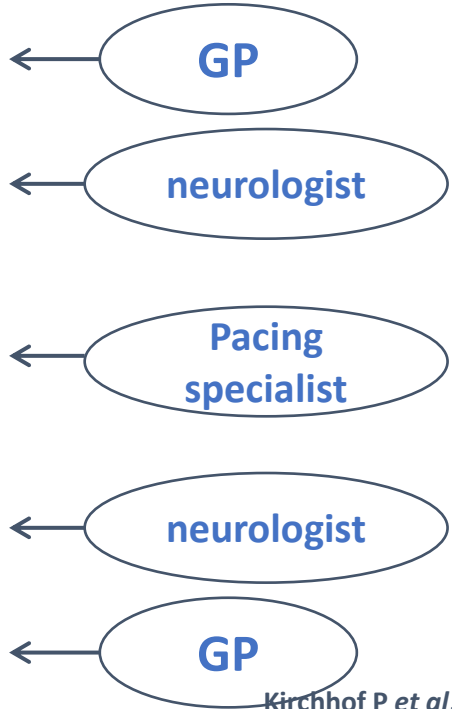


Key point:
Early consideration of catheter ablation



Afib : several points of view

Recommendations	Class ^a	Level ^b
Opportunistic screening for AF is recommended by <u>pulse taking or ECG rhythm strip</u> in patients >65 years of age.	I	B
In patients with TIA or ischaemic stroke, <u>screening for AF</u> is recommended by short-term ECG recording followed by continuous ECG monitoring for at least 72 hours.	I	B
It is recommended to interrogate <u>pacemakers and ICDs</u> on a regular basis for atrial high rate episodes (AHRE). Patients with AHRE should undergo further ECG monitoring to document AF before initiating AF therapy.	I	B
In <u>stroke patients</u> , additional ECG monitoring by long-term non-invasive ECG monitors or implanted loop recorders should be considered to document silent atrial fibrillation.	IIa	B
Systematic <u>ECG screening</u> may be considered to detect AF in patients aged >75 years, or those at high stroke risk.	IIb	B



Silent Afib management

Kirchhof P *et al*, ESC Guidelines, European Heart Journal 2016;37:2893–2962



	Paroxysmal	Persistent	Permanent	P Value
Hypertension		72.2	71.6	0.0173
Diabetes mellitus			23.5	<0.0001
Obesity (BMI ≥30)				0.0100
≥3 cardiovascular risk factors				0.12
Heart failure, %				<0.0001
Left ventricular hypertrophy				0.0117
Coronary artery disease				0.0009
Cerebrovascular disease				<0.0001
Valvular heart disease				<0.0001
Chronic pulmonary disease			12.9	<0.0001
Liver diseases, %			4.9	0.16
Chronic advanced renal failure, %		5.9	4.3	0.22
Lone AF, %	9.3	5.3	2.0	<0.0001

HYPERTENSION

HEART FAILURE

VALVULAR HEART DISEASE

CORONARY ARTERY DISEASE

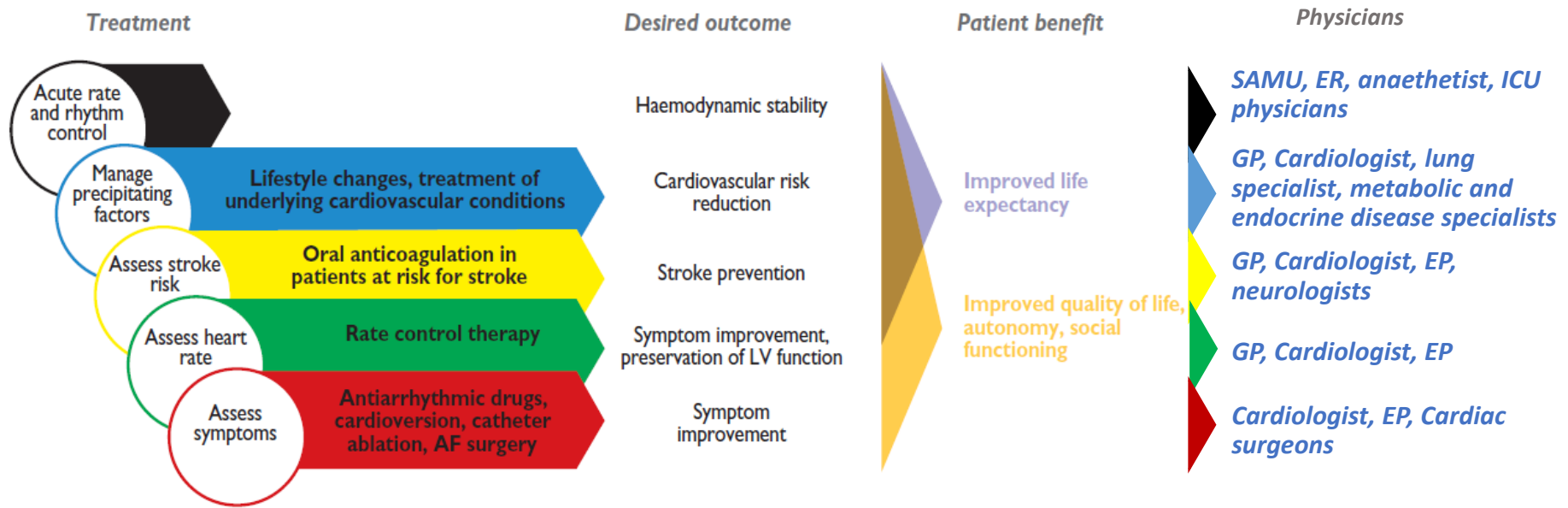
MANY COMORBIDITIES

CHRONIC PULMONARY DISEASE

LIVER DISEASE



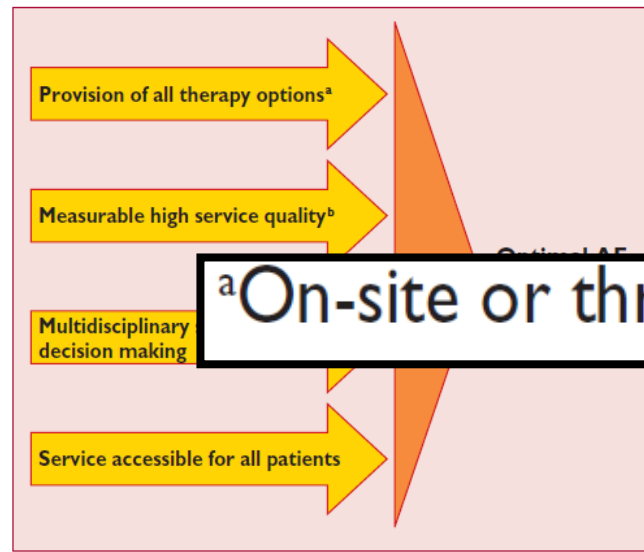
Afib management





Integrated and structured approach of AF care

Is it feasible?

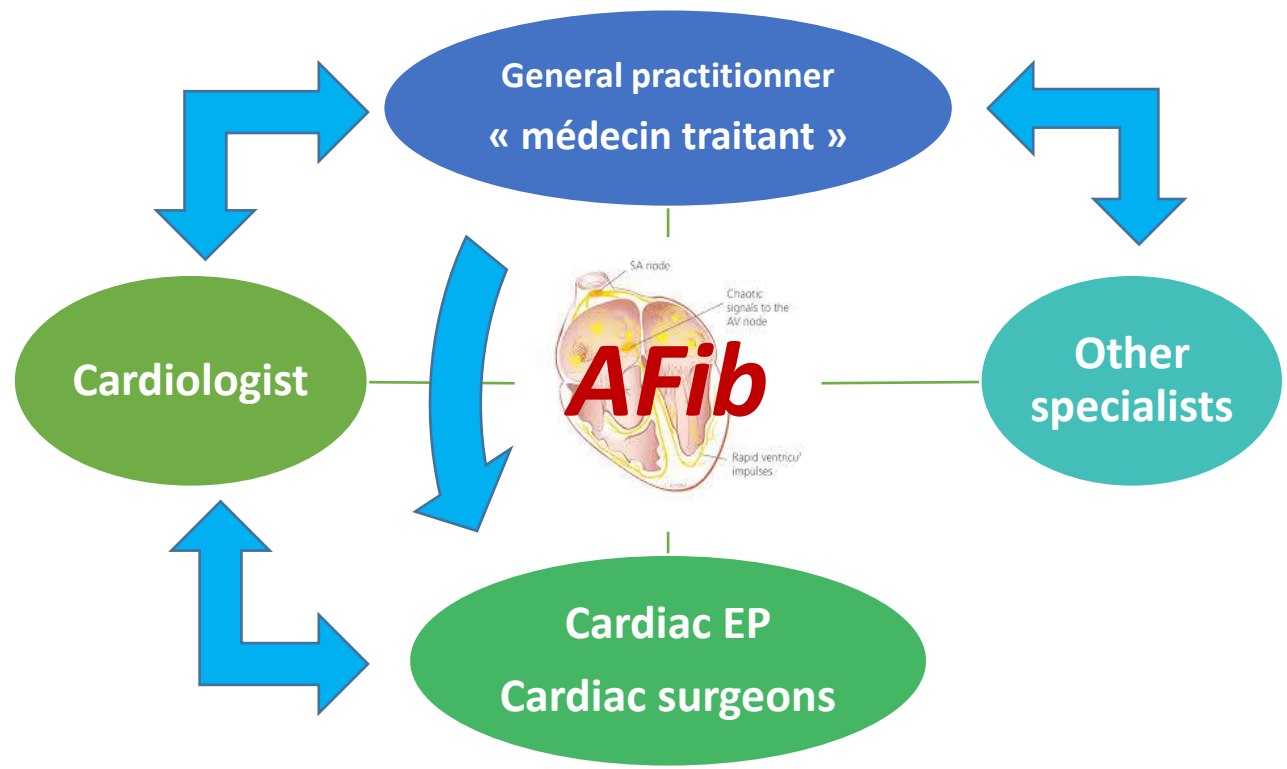


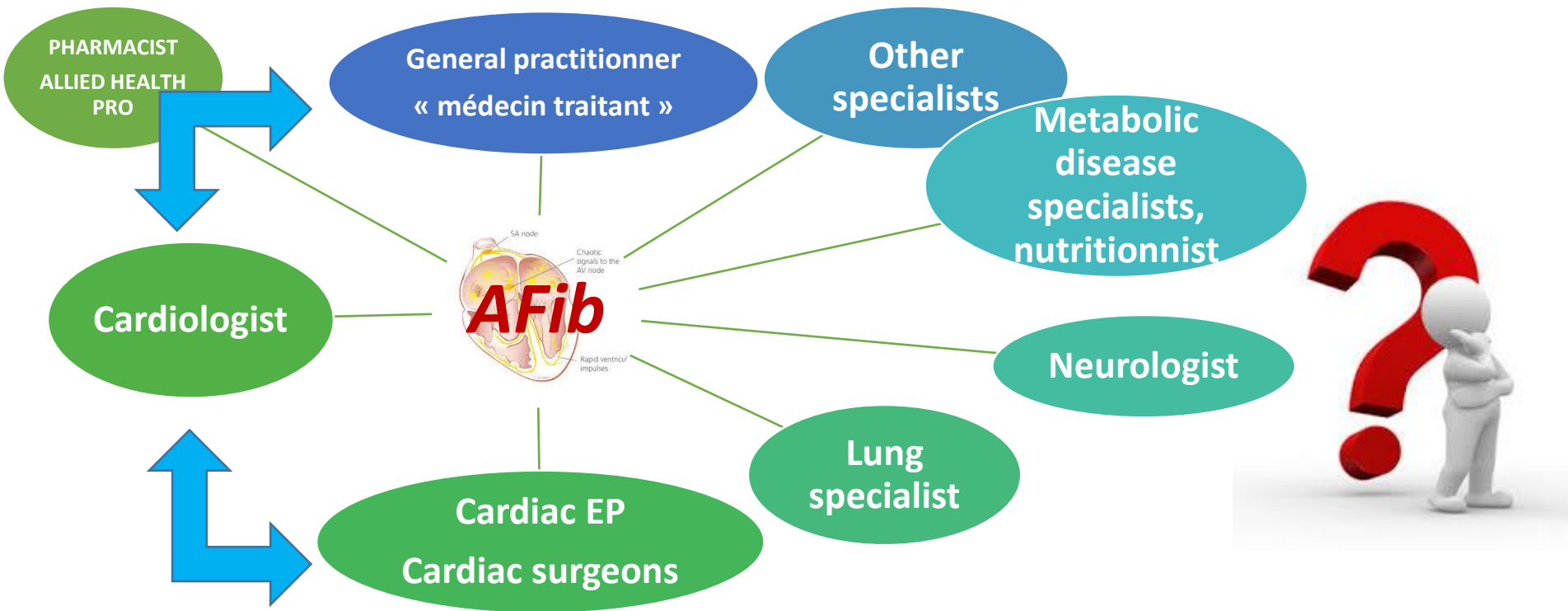
^aOn-site or through institutionalized cooperation.

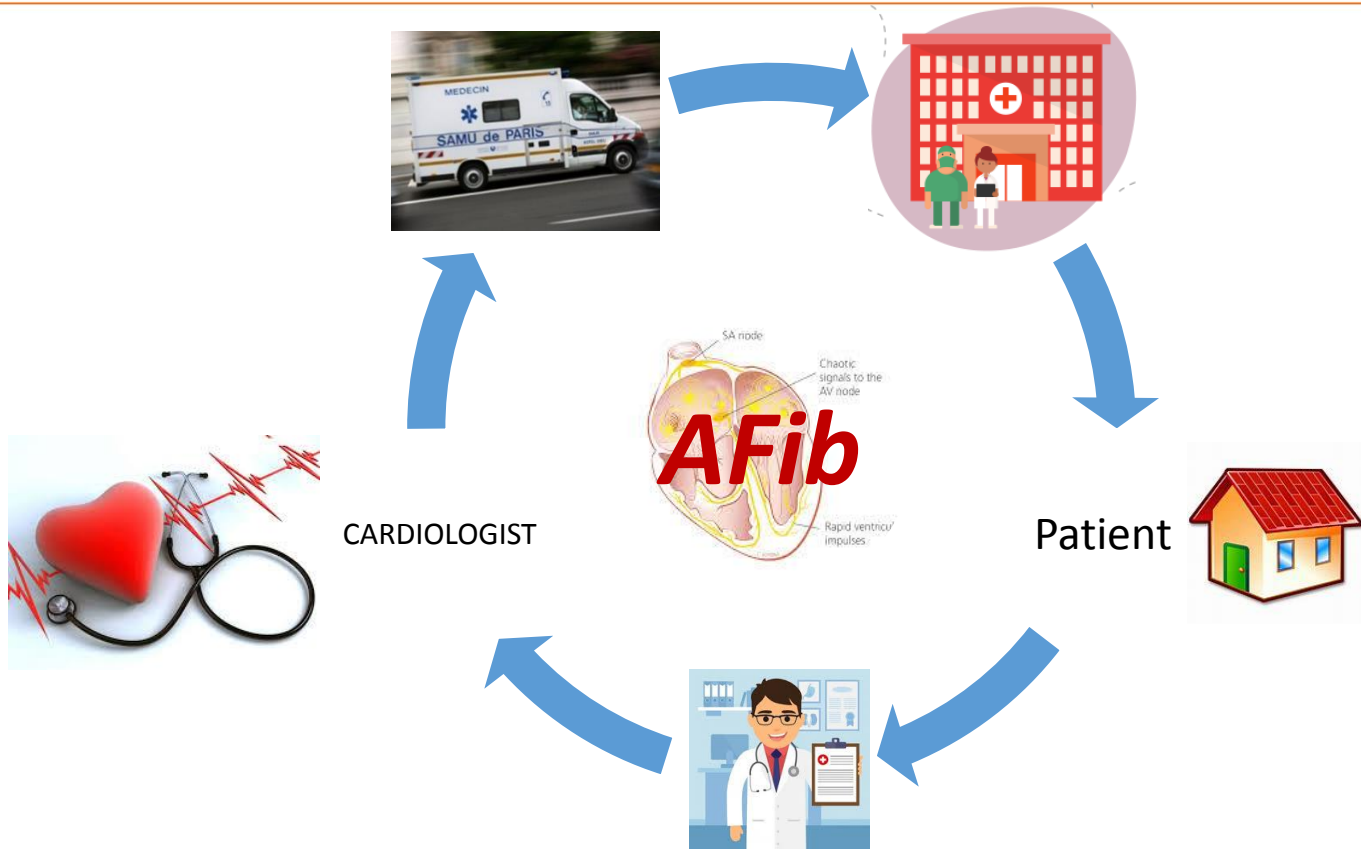
AF = atrial fibrillation.

^aOn-site or through Institutionalized cooperation.

^bSafety outcomes should be collected in published and monitored central databases.





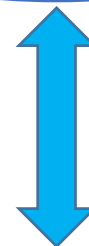


AFib patient pathway guide



HAUTE AUTORITÉ DE SANTÉ

General practitioner
« médecin traitant »



Cardiologist

1. AFib without complication: diagnosis and initial therapy

- Confirm AF with ECG
- Rate control and consider anticoagulant

2. AFib without complication: cardiac evaluation and long term therapy

- TTE
- **GP- cardiologist cooperation** +++ - **therapeutic patient education** for ACO
- Indication for ACO is not based on rhythm control strategy
- Antiarrhythmic drugs are not rate control drugs

3. Anticoagulation

- TE risk evaluation
- Bleeding risk evaluation and correction

4. Rhythm control therapy

- Antiarrhythmic drugs follow-up with annual ECG
- **Cardiologist referral** if palpitations or syncope under AAD
- Do not associate 2 AAD

https://www.has-sante.fr/portail/jcms/c_1741768/fr

AFib patient pathway guide



HAUTE AUTORITÉ DE SANTÉ

5. bleeding

- Minor bleeding is not a contra-indication for ACO
- Hospitalization if major bleeding
- Reinitiation of ACO after **multidisciplinary consultation**

6. AFib with Heart Failure management

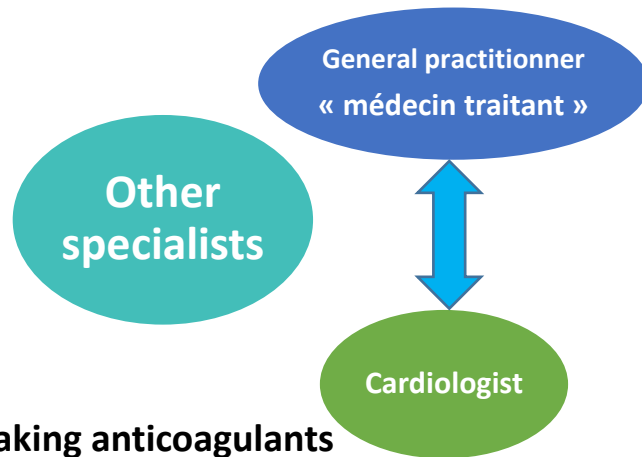
- Hospitalization and **post-discharge pluri-physicians follow-up**

7. AFib and Stroke

- **therapeutic patient education** on stroke symptoms
- **Call « 15 »** if stroke suspected + **Stroke Unit** referral

8. Guidelines for surgery or invasive intervention in patients taking anticoagulants

- TE risk versus bleeding risk evaluation: heparin bridge therapy not systematic
- Routine disease and therapy indication re-evaluation
- Compliance of the treatment





AFib patient pathway guide



5. bleeding

- Minor bleeding is not a contra-indication
- Hospitalization if major bleeding
- Reinitiation of ACC

6.

AFib management

9. EP referrals ????
• Rhythm control consideration including AF ablation

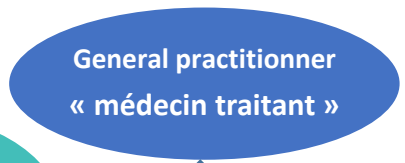
- Post-discharge pluri-physicians follow-up
- Stroke

therapeutic patient education on stroke symptoms

- Call « 15 » if stroke suspected + Stroke Unit referral

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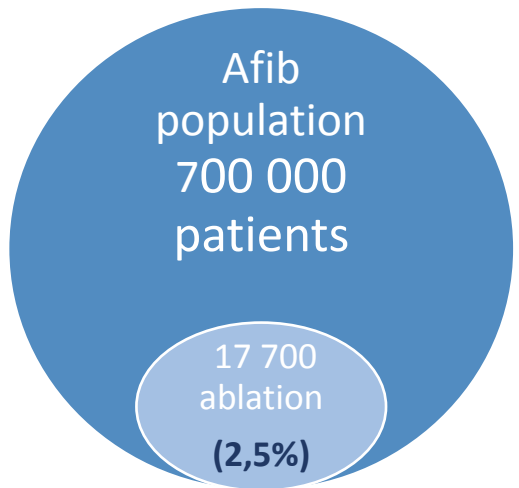
Tools to optimize relationship



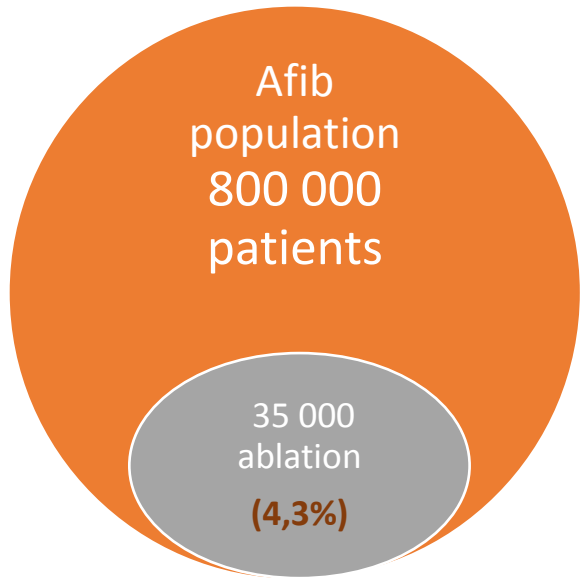
- **Links between GP and cardiologists**
- **Rapid Cardiologist referrals and ECG confirmation** if suspected AFib without complication
- **Local consensus** on patient education
- Local protocol on anticoagulation management
- Multi-professionnal team for **therapeutic education**
- Self-monitoring protocol for INR



Place of cardiac EP and ablation

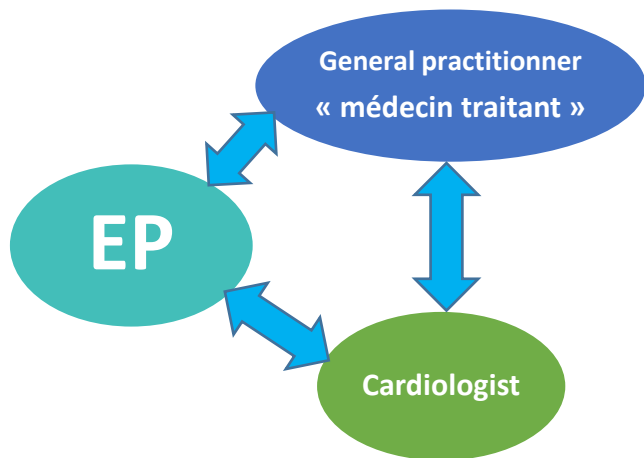


France 2017 69M



Allemagne 2017 82M

Strategies improving relationship between physicians and referrals



- **Clear pathway to referral: fast and efficient**

- Phone for emergency
- Phone, mail, internet platform for appointments (specific direct access)

- **Meet each-others**

- scientific meeting, Post-U formation « EPU » with national, local society or industry
- Guidelines and latest trials diffusion



Bring physicians to hospital example: visit of EP lab



- 2 sessions /year
- half day
- GP and cardiologists
- **EP lab immersion:**

most of outpatients physicians dot not imagine
EP procedure

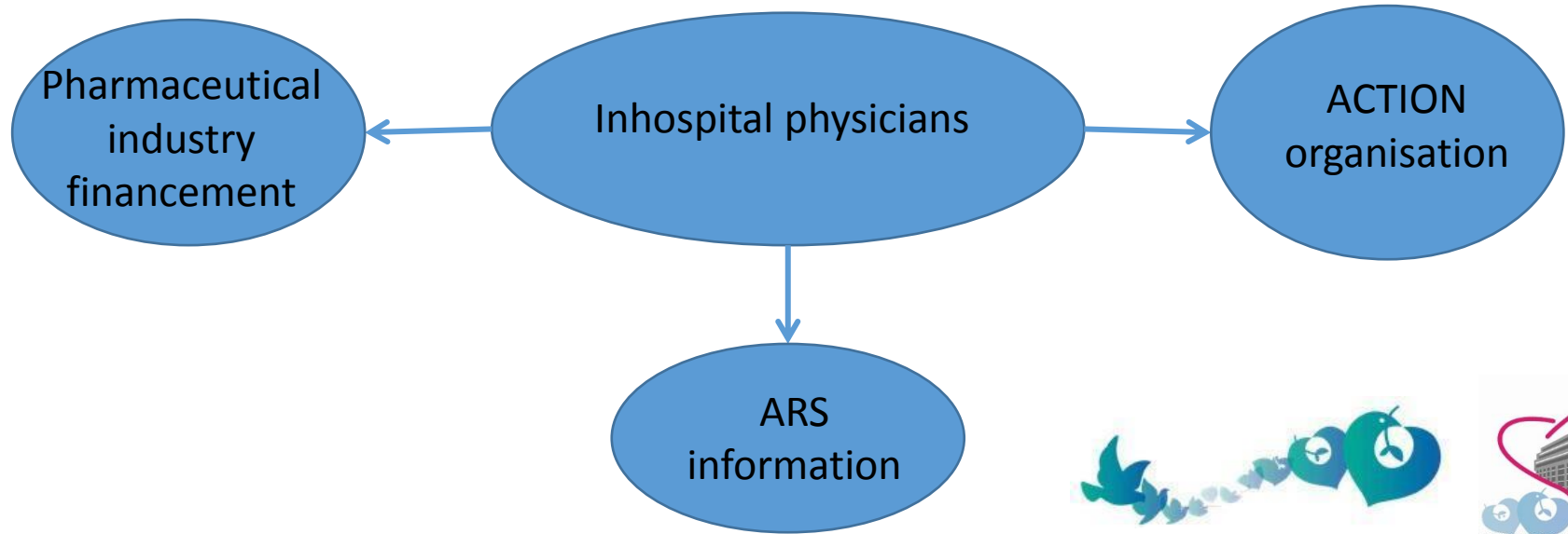
- **Scientific sessions**

➔ **Improve patient information +++
from GP to cardio to EP**





Therapeutic patient education programm: PAAP (« Projet d'Actions et d'Accompagnement Patients »)

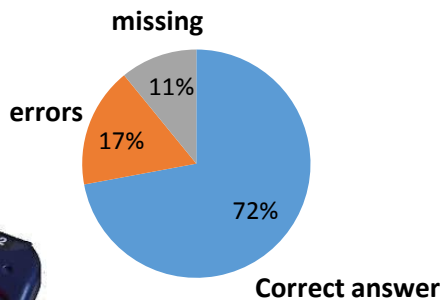


Therapeutic patient education programm: PAAP (« Projet d'Actions et d'Accompagnement Patients »)

- Every months since 2016
- 8 -10 patients + family
- 2 hours
- 2 cardiologists
- Electronic quizz + M6

Results:

- **Compliance score** : 4,9/6 (118 patients)
- **knowledge on Afib** (4 topics: symptoms, stroke...)



BUT

stroke identified as a risk of AFib in 30% patients
Only 17% know stroke symptoms



Courtesy C. Maupain



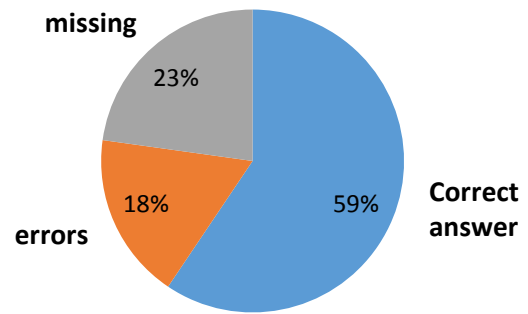


Therapeutic patient education programm: PAAP (« Projet d'Actions et d'Accompagnement Patients »)

Results:

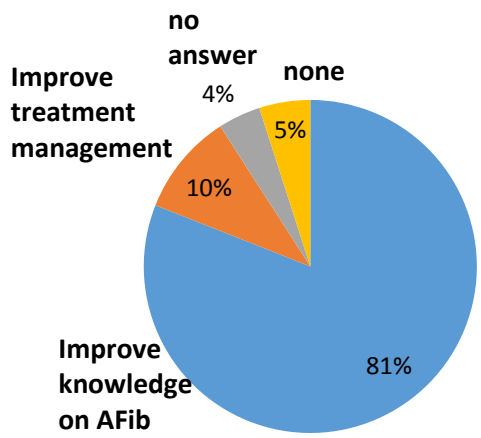
- **knowledge of the treatments**

(5 topics: knowledge of the types of treatments, what to do if you forget, people to prevent treatment, major risk of anticoagulants, signs of serious bleeding...)

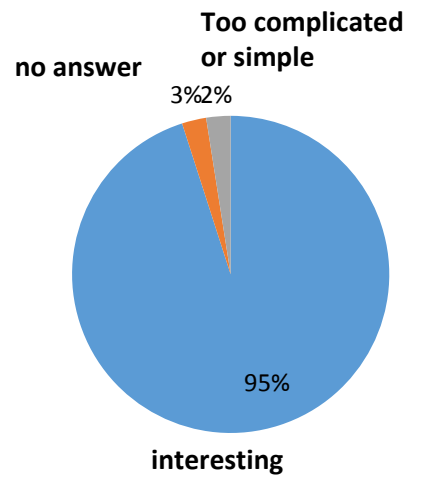


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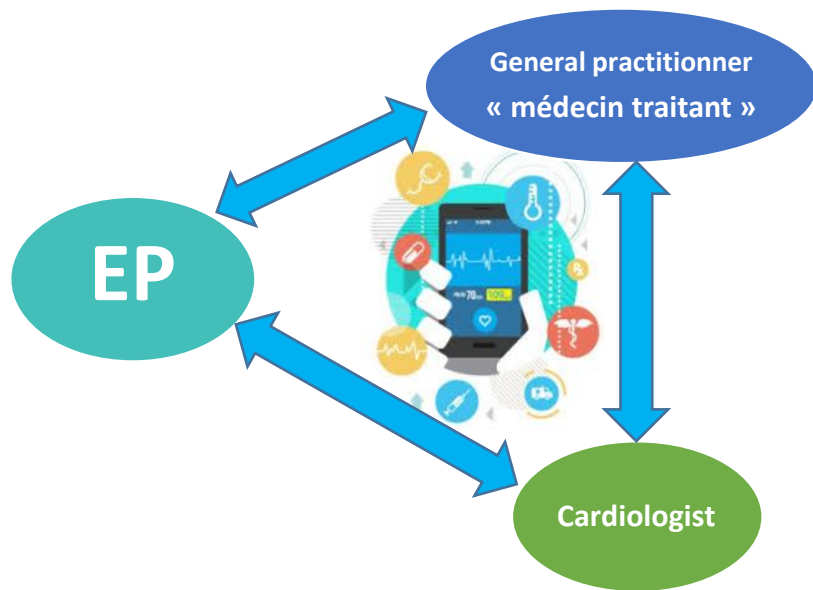
- **benefits**



- **satisfaction**



Integrated AF management: patient involvement



- Central role in care process
- Patient education
- Encouragement and empowerment for self-management
- Advice and education on lifestyle and risk factor management
- Shared decision making

Informed, involved, empowered patient



Thank you

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