



INTERACTIVE TABLE DISCUSSION QUESTIONS

The following questions have been developed to guide the interactive discussion at the individual tables. Each session will begin with brief introductory presentations followed by a 60-minute discussion using the questions below. Individual tables will then report back to the full group with a topline summary of the key issues discussed.

Please select a representative from your table for each session to take notes and report back to the full group at the end of discussion.

Session 1: Accountability in Heart Failure: The Challenges and Complementary Nature of Measurement and Evolving Science

Presentations:

- What does care optimization for heart failure mean?
- Co-morbidities in HF; defining a new unmet need
- How might biomarkers and other strategies help establish adequacy of care?

Discussion Questions:

1. Are outcomes (e.g., readmissions) and/or process measures the right metrics to improve heart failure management? How might these processes be improved (e.g., lag time in updating ACE/ARB measure to include ARNi)?
 2. How can comorbid conditions in patients with heart failure be better managed with less fragmented care?
 3. How can we leverage biomarkers and other strategies to objectively evaluate patients to establish best care practices?
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Session 2: New Medications, New Choices – Which Guideline Directed Medical Therapy Should be Used for Optimal Medical Therapy?

Presentations:

- What do the new guidelines say? Clarity or confusion
- HFrEF: sacubitril/valsartan: Why, who, when, and how?
- HFrEF: Ivabradine: Why, who, when, and how?

Discussion Questions

Question 1 will be asked to all tables

1. What drives your decision making regarding use of new therapies? Beyond the guidelines, what else is influential? (e.g., consulting with a local expert, UpToDate, performance measures, other ancillary clinical decision support tools)



Questions 2-4 will be asked to [tables 1-3 only](#)

2. How do you identify patients to switch from an ACE or ARB to ARNi, and how should patients be switched?
3. How does the availability of sacubitril/valsartan impact the timing of initiation of spironolactone or hydralazine/isosorbide?
4. What barriers do you see with adoption of new medical therapies and what can be done to overcome them?

Questions 5-7 will be asked to [tables 4-6 only](#)

5. How should newer heart failure therapies be integrated in relation to optimization of existing therapies?
6. What information is important for patients regarding new therapies and what motivates them to try a new drug?
7. How do you address barriers patients face regarding newer heart failure therapies? (e.g., cost, confusion, burden of polypharmacy, complications, etc)

Session 3: Prevention of AHA Stage C Heart Failure

Presentations:

- Stop it before it happens - the prevention of heart failure: the role of biomarkers, imaging and the importance of hypertension
- Diabetes and heart failure; do we have an answer?
- Cancer & heart failure; avoiding LV injury Stage A/B patients?

Discussion Questions:

1. Are we missing opportunities to prevent heart failure? What strategies might be deployed to better prevent heart failure?
2. From the perspective of HF prevention, how should the management of hypertension in at risk populations evolve in the face of recent evidence from randomized clinical trials?
3. What can we do to better engage patients in overall management of heart failure to improve outcomes?
4. What are the gaps to prevent heart failure risk for patients with diabetes and what are opportunities for improvement? (e.g., better collaboration with other clinicians managing “cardiometabolic” patients)
5. What approaches appear promising for the ‘cardio-oncology’ patient and where are there opportunities for improvement?