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.

MONDAY, DECEMBER 12, 2016

Session 1: What Constitutes or Defines an Advanced Valve Center?

Questions for all Tables:

1. What transcatheter expertise should characterize an advanced valve center?
2. What surgical expertise should characterize an advanced valve center?
3. Can a center be an advanced valve center if they only specialize primarily in either high quality surgical or interventional procedures?
4. Is expertise defined by volume and/or outcomes? What are the implications of this?
5. What are the implications of the expansion of transcatheter valve therapies to intermediate risk population?

Questions for Tables 1, 2 and 3 only:

6. What infrastructure (care team members, coordinated care, etc.) is needed to support an advanced valve center?
7. What are the facility requirements at advanced valve centers? Echo labs, hybrid suite, cath lab?
8. In many valve centers, interventional cardiologists and surgeons drive the process and clinical care – is it important to formalize/require the role of imaging/echo valve clinical experts to ensure optimal management decisions are made?
9. It is one thing to say "we have a heart team" but another thing for it to be a robust, functioning team in which patients really are discussed and management is decided and performed as a team – how do we ensure that advanced valve centers really do have and function as a team?

Questions for Tables 4, 5 and 6 only:

10. How should multidisciplinary care be integrated at advanced valve centers?
11. Does the care team vary depending on patient population and severity of disease?
12. Is the care team different based on procedures (surgical vs. interventional, AS versus MR)?
13. How should a patient be engaged as part of the care team at advanced valve centers?

Session 2: Integrating Advanced Valve Centers into the Broader Systems of Care

1. What can community clinician networks (linking AVCs with "non-AVCs" and primary care) do to optimize diagnosis and identification of valvular heart disease and to promote awareness?
2. When should patients be referred to advanced valve centers? How can we improve referral and screening protocols? What are the best ways/tools to engage non-cardiologists such as PCPs in the identification and management of VHD patients?
3. Is there a role for a valve clinic (similar to heart failure clinics) that does not perform the procedures of an advanced valve center but may act as a management team for these patients (at least some aspects of their care)?
4. How do we maintain coordinated care between community networks/clinics, "non-AVC" and AVCs? How and when should patients be transitioned to and from AVCs?
5. What procedures / pathologies could/should be treated at "non-AVCs" vs. AVCs?
6. How should patients be engaged in their valve care as it transitions from "non-AVC" to AVCs and back?

Session 3: Political, Societal, and Financial Implications of Advanced Valve Centers

1. What's in a name? What are the pitfalls of naming a *"center of excellence,"* considering levels of valve centers, like trauma – level 1, level 2, etc.? "Comprehensive" center, "reference" center, "advanced" center, etc.?
2. What are the objectives of defining and/or accrediting advanced valve centers?
3. What are the implications of advanced valve center accreditation for CMS reimbursement? Are certain procedures only covered or covered at a higher reimbursement rate when performed at advanced valve centers?
4. What are the geographic implications of advanced valve centers? Is there a limit on how many advanced valve centers are in a region/geography? Will some geographic areas be underserved and will implementation of advanced valve centers create barriers to care?
5. How do we balance access to therapy while maintaining quality of care? What are the implications of new patient volume demands in intermediate risk population?
6. How do the ACC and large academic centers respond to the critique that this is restriction of trade and self-serving?

TUESDAY, DECEMBER 13, 2016

Session 4: Training for the Treatment of Valve Disease in an Era of Advanced Valve Centers

1. Does training of valvular heart disease specialists (surgeons, interventional cardiologists, and imagers) need to be standardized?
2. If most advanced valve care occurs at AVCs, will there be less dispersion of trainees into the community? Similarly, how will trainees at non-AVCs gain exposure to complex valvular heart disease patients?
3. Is it appropriate to consider a training certificate/year as with advanced heart failure and adult congenital heart disease?
4. Is there a training mission that should be incorporated into AVCs? If a training mission should be integrated, what should that look like?

Session 5: How Should an Advanced Valve Center be Evaluated?

1. What performance measures should define an advanced valve center? Some to consider include mortality (30 day, 1 year), procedural stroke, quality of life, repair rates for primary MR, etc.
2. Should clinical outcomes be the key measure by which to monitor advanced valve centers?
3. How should clinical outcomes be tracked and reported for advanced valve centers? Should they be publically reported? Or should this reporting only be seen by those who might be responsible for accreditation of advanced valve centers?
4. Does public reporting of advanced valve center outcomes promote risk aversion? If public reporting is done, should we avoid reporting outcomes for higher risk or more complex cases /patients so as to not de-incentivize centers from performing these procedures on patients who need them?
5. Is research participation a requirement for being an advanced valve center? How can advanced valve center networks and infrastructure be leveraged to promote research (RCTs, pragmatic trials, registries)?

Session 6: Capstone Summary, Next Steps and Action Items

- Audience Q and A Session
