THE HEART TEAM: IMPLEMENTATION OF A PATIENT-CENTERED MULTIDISCIPLINARY TEAM FOR HIGH RISK CARDIOVASCULAR PATIENTS

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BACKGROUND

Sanger Heart & Vascular Institute performs ~450 coronary and valve surgeries yearly, with ~25% considered “high risk”. In 2016, coronary artery bypass (CAB) surgery 30-day risk-adjusted mortality was 3.3%, exceeding the Society of Thoracic Surgery (STS) average of 2.3%. In reviewing the mortalities, patient selection opportunities existed.

Decision making by a single surgeon can be siloed resulting in variability in care across a team and contributing to poor surgical outcomes. The Heart Team consists of multiple cardiac surgeons, interventional cardiologists, heart failure experts, and critical care physicians, leveraging the expertise of multiple clinical specialties to provide a patient-centered, collaborative evaluation approach.

METHODS

A Heart Team was initiated in April 2017 to improve outcomes. Patients considered high-risk for cardiac surgery (STS mortality risk ≥3.5% and/or morbidity risk ≥20%) automatically generated a Heart Team request. Clinical data, imaging and STS risk scores were reviewed during Heart Team to identify optimal therapeutic intervention, with the consensus Heart Team decision presented to the patient and relevant providers.

RESULTS

The Heart Team reviewed 187 patients, with 117 (62%) meeting STS mortality and/or morbidity risk criteria. Heart Team recommended 74 (40%) patients for surgery, 75 (40%) for medical therapy including hospice and 33 (18%) for PCI, 4 expired during evaluation, and 1 left AMA. Of the 74 patients Heart Team recommended for surgery, 73 had surgery with 4 mortalities. Of the 33 patients Heart Team recommended for PCI, all underwent PCI with 3 mortalities.

CONCLUSIONS

The Heart Team uses shared decision-making to guide therapy and results in an objective decision process. Our Heart Team appears to be successful in improving mortality by reducing variability and bias in care decisions. Despite implementation challenges, the Heart Team has become an integral part of our care delivery and has improved surgical outcomes.

CLINICAL IMPLICATION

This initiative will enable cardiovascular clinicians to implement a Heart Team as an integral part of their care delivery, leveraging the vast clinical knowledge, they will improve quality while offering high-risk patients the most appropriate treatment for meaningful care.