Unlock your existing capacity to meet growing patient demand

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Structural Heart Patient Demand

- **TAVR demand – likely will double**
- **Mitral demand – likely will 1.5**
  - M-TEER
  - TMVR
- **Tricuspid demand – likely will double**
  - T-TEER
  - TTVR

Barriers to Structural Heart Disease Patient Demand

- **Pre-procedural barriers**
  - Clinic
  - Imaging workflow (CTA, TEE)
  - Heart team meetings
- **Procedural barriers**
  - Physician availability (IC, anesthesia, CTS)
  - Cath lab availability and optimization
- **Postprocedural care**
  - Floor beds available
  - Expedited discharge
  - Complication management

Pre-procedural availability

- **Clinic models**
  - Visit dynamics
    - Seeing patients together vs. separate → separate is faster
    - Seeing patients before imaging or after imaging performed → depends on site, for us, before and after is best
  - Clinic pre-work
    - MD screens the referral, orders tests before patient is seen (starts the clock for testing). Call the patient at time of referral entry and say hey I'll see you in the clinic, we will order some tests, just want you to be aware
  - New NCD – surgeon as chart review
    - Set parameters ahead of time for which patients can be chart reviewed and which ones seen in person
- **Staffing for clinic**
  - Coordinators are hard to recruit and maintain
  - RN, Schedulers and medical assistants are needed to grow practice
  - Retention mechanisms and growth
    - Loss of an RN or scheduler is same as loss of a scheduler for a cancer clinic or plastic surgery practice – whole thing can get shut down

Pre-procedural availability

- **Imaging best practices**
  - Standard order set and reporting for TAVR, TMVR, TTVR
  - Patient may require more than one – can the scan be optimized for both at time of original visit – have a cardiologist as part of the imaging team
  - Create hydration protocols for patients with low GFR
  - Off-hours scanning
  - Buy scanners at satellite hospitals (256 slice or higher, photon scanner)
    - Cath can then be done at a satellite, freeing up space at the quaternary site

Procedural barriers

- **Physician needed – this is different than team preference :)**
  - TAVR – per new NCD – one or two operators
    - IC + CTS
    - IC + IC
    - IC + tech
  - M-TEER and TMVR (SAPIEN M3) – only one operator required
    - IC only, sometimes second IC or tech or TMVR
  - T-TEER and TTVR (EVOQUE) – one operator required
    - IC only
- **Imagers needed for M-TEER, TMVR,**
  - Anesthesia used as imagers
  - Use of 4D ICE and conscious sedation for TTVR, eventually T-TEER → will allow imager to have more clinic and more access

How did we advance care for TTVR
Change management in action

- **We used to do TTVR with general anesthesia, TEE, and imager**
  - At CRT 2025 we saw cases of MAC sedation and 3D ICE
- **Involved stakeholders – IC, imagers, anesthesia**
- **Created a multi stage plan**
  - Stage 1: General anesthesia, imager, TEE + 3D ICE
  - Stage 2: General anesthesia, imager, 3D ICE
  - Stage 3: General anesthesia, 3D ICE
  - Stage 4: MAC sedation, 3D ICE

Procedural barriers

- **Think of it less of a TAVR day or a mitral day**
- **It is a structural heart day with different levels of support**
  - Surgeon support
  - Imager support
  - Anesthesia support
- **What requires what at your hospital?**
- **That way if the day is not full, can you add another case to the end of the day?**
  - Can TAVR be put on a mitral day?
  - Can TAVR be put on a tricuspid day?

Postprocedural care

- **Floor bed availability**
  - ICU is ICU but…
  - Can floor beds take patients with TVP? We do if pacing < 25% of the time
  - Large bore access training for RN for arterial and venous on multiple floors
- **Expedited discharge**
  - Many patients can be discharged POD1
  - Which ones cannot? Is it a resource issue (don’t have someone to do the pacemaker) or a safety issue

Egnite screening – our best practices
Set the table, then invite the people!

- **Find people at your center**
- **EMR integration**
- **How to reach out to people**
  - Automated alerts
  - Work WITH, NOT against the primary cardiologist
  - Educate, educate, educate – it isn't the solution by itself, it is just an awareness meter.
- **An earlier procedure is a healthier patient which means fewer complications!**

Conclusions

Demand is going to grow

Procedures will work if

- Fix the pre-procedural process
- Fix the procedural process
- Fix the post-procedural process

Manage members of the team

Optimize, optimize, optimize –

- People believe what is true today will not be true five years from now.
- What people have difficulty believing: what was true five years ago is not true today.