

Multidisciplinary Heart Valve Team AS Evaluation

Phase 1: Model Share

Vanderbilt University Medical Center in Nashville, TN

Background & Rationale

- Utilization of a multidisciplinary heart valve team evaluation for patients with severe aortic stenosis (AS) is recommended by the AHA guidelines
- The process of referral to and evaluation by the multidisciplinary heart valve team and documentation of the decision-making process often has gaps and varies widely across valve centers.

Methods

Referral to Heart Valve Clinic

- Goal: Visit within 2 weeks of referral
- Established a clear process for internal referrals to valve clinic using Epic

Heart Valve Clinic Visit

- Patients are seen at the same time by a multidisciplinary team (MDT) valve cardiologist and surgeon
- All patients are screened for trial eligibility
- KCCQ and 5 Meter Walk obtained

MDT Meeting During the Same Week as Valve Clinic

- All patients seen in clinic are discussed with an extended group of MDT members (MDs, NPs, RNs, and RCs)
- Treatment with TAVI or SAVR scheduled (or additional testing or a clinical surveillance visit as appropriate)
- Documentation of the decision-making process and next steps is recorded in the EHR (*Figure 2*).

Results

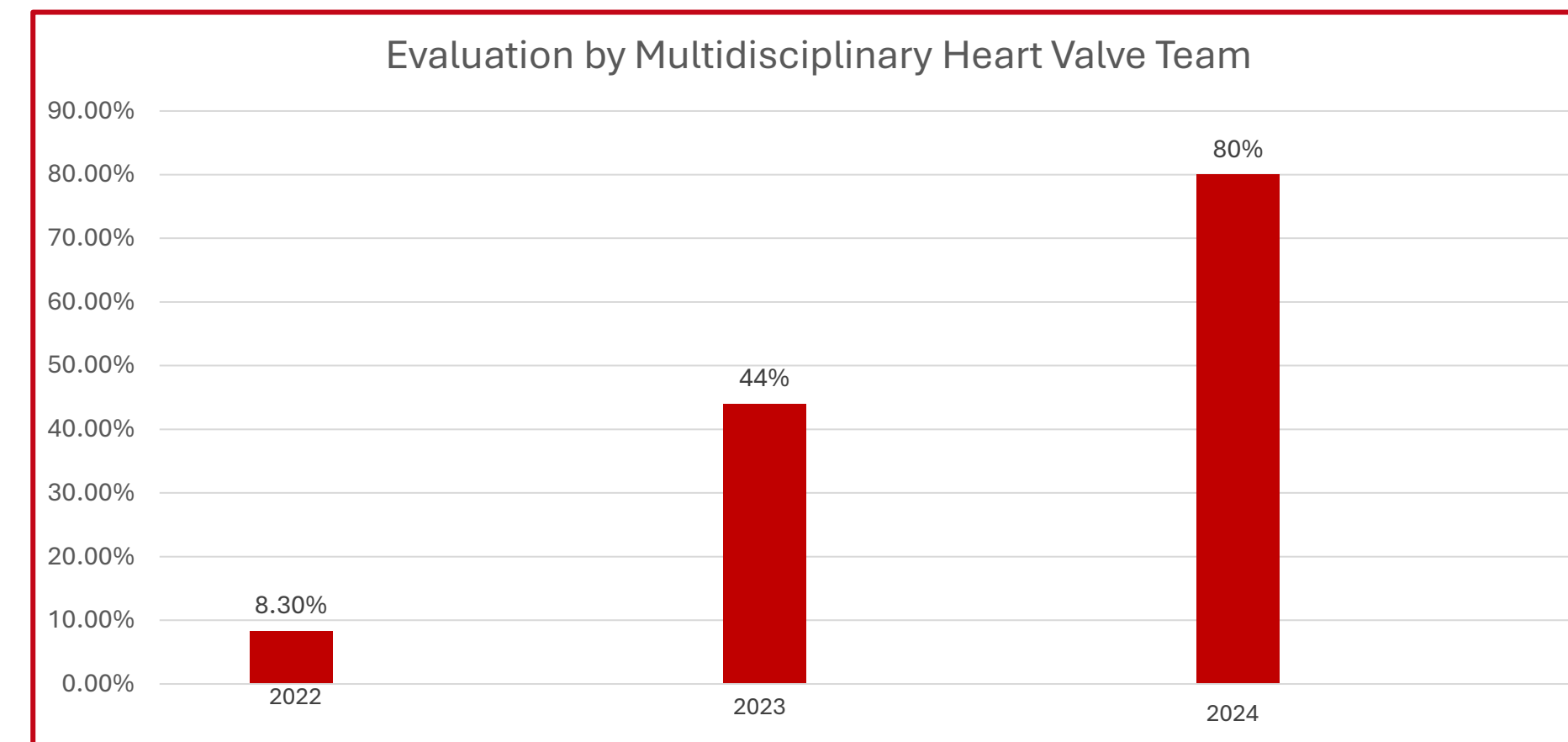


Figure 1. Site improvement in MDT evaluation prior to TAVI or SAVR with a marked increase from 2022 to 2024.

Multidisciplinary Valve Team Discussion:

Date Discussed in Valve Meeting: 8/29

Diagnosis: Severe, symptomatic aortic stenosis, coronary artery disease

Planned Procedure: Needs LHC to rule out CAD prior to moving forward with TAVR

Rationale: TAVR CTA shows obstructive CAD cannot be excluded. Anatomy for TAVR is favorable

Access: Right Transfemoral

Valve Type & Size: 29S3

Additional Procedure Notes:

Dental Clearance: Panorex shows no evidence of active odontogenic disease

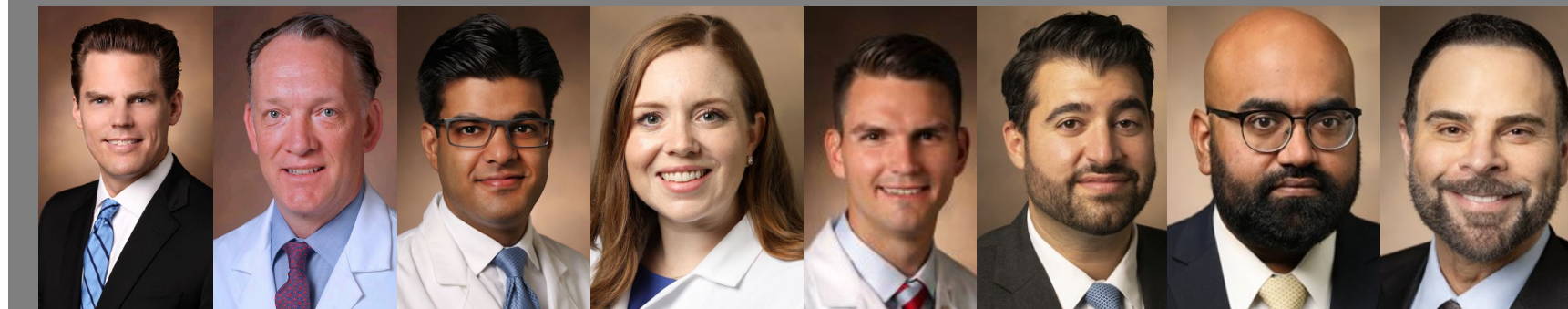
TVT: KCCQ and 5 meter walk completed

Patient Contacted: I spoke with [redacted] and [redacted] understands and agrees with plan. We have scheduled for a LHC with Dr. Lowenstern on 9/4.

Figure 2. Example of an MDT note that is posted in the patient's chart immediately after the weekly MDT meeting.

Conclusion & Peer Suggestions

- A true multidisciplinary clinic, regular MDT meetings, and clear documentation of MDT decision making facilitate an optimized and timely shared decision-making process.
- Clear detailed documentation of the MDT decision-making process and next steps is important for multiple stakeholders and objectives.
- Moving forward with a clear process, target timelines, and a way to measure if these timelines are being met will increase efficiency for MDT evaluation.



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