

## DISCUSSION QUESTIONS

### Session 1: How to Diagnose HFpEF in the Clinical Setting.

Session 1 Break-out: 10:35-11:10a.m.ET

Groups 1 & 2: Diagnostic dilemma, ruling-out other conditions.

**Group 1 moderator:** *Kavita Sharma, MD*

**Group 2 moderators:** *Jennifer E. Ho, MD, FACC; Gurusher S. Panjra, MBBS, FACC*

#### Discussion Questions:

- What should be ideal diagnostic cascade for testing for HFpEF?
- Can we adopt one uniformed definition for diagnosis to improve accuracy and adoption?
- Which competing diagnosis are an absolute must to rule out?
- Should all tests be performed in all patients? If not, are there uniform criteria that we can use to guide diagnostic testing?
- What should be the criteria for primary care / general practitioners to refer to cardiology for further evaluation?
- What would be the ideal time for referral to the HF specialist for further evaluation?
- How to improve recognition of pulmonary hypertension?
- What should be trigger for invasive testing?

Groups 3 & 4: Tailored or shot gun approach? How to maximize resource utilization.

**Group 3 moderator:** *Sanjiv J Shah, MD, FACC*

**Group 4 moderator:** *Javed Butler, MD, MPH, MBA, FACC*

#### Discussion Questions:

- For each diagnostic modality, what specific considerations are there based on race, gender, comorbidities, setting, special samples or clinical presentations?
  - a) Blood biomarkers: NT-proBNP, hsTn – sex/race-based cutpoints? Obesity?
  - b) Echocardiography: role of basic vs advanced techniques (GLS)
  - c) Advanced testing: role of noninvasive and invasive CPET, cardiac MRI, exercise echo
- What are the best practices for using available tools? Which patients are good candidates for which tests? What to do and not do? What to look for and why?
- What are the different cut-off points based on gender, race, comorbidities, etc?
- What is the cost-utility of these tools? What are options for rural areas that may not have all tools readily available?



Groups 5 & 6: Overcoming barriers to care delivery, decentralizing diagnosis and management, and the use of telehealth.

**Group 5 lead moderator:** *Mona Fiuzat, PharmD, FACC, FHFSa*

**Group 6 lead moderator:** *Katie Bates, DNP, ARNP, CHFN*

## Discussion Questions:

### Overcoming Barriers to Care Delivery

- What are some of the specific challenges that patients in rural/underserved areas face in heart failure management and what strategies can be used to overcome barriers to access?
- What strategies can be used to improve awareness and education around HFpEF diagnosis with primary care physicians?

### Telehealth

- How can we incorporate using virtual care/telemedicine with HFpEF patients?
- Remote Patient Monitoring: is there a role for apps/smartphone technology, or on building local solutions within the community (ie. health kiosks/check-in sites for weight, blood pressure, etc.) to improve diagnosis and management of HFpEF?

### Payer

- Should reimbursement for HFpEF be tied to HF readmissions, or are there specific metrics of success with co-morbidities that may allow a global payment per patient based around co-morbidities and the HF?

## Session 2: How to Implement HFpEF Therapies for Equitable Care.

Session 2 Break-out: 12:35-1:10p.m.ET

### Groups 1 & 2: Role of GDMT.

**Group 1 moderator:** *Jennifer E. Ho, MD, FACC*

**Group 2 moderators:** *Sanjiv J Shah, MD, FACC; Gurusher S. Panjra, MBBS, FACC*

#### Discussion Questions:

- “GDMT for all”: Do we follow HFpEF pathways? Advantages and pitfalls of a “GDMT for all” approach – which subgroups can be prioritized to receive traditionally assigned 2A/2B recommended therapies?
- “Phenotype-guided approach”: Advantages and pitfalls of a tailored approach – which subgroups can be prioritized? (1) obesity; (2) PH-HFpEF; (3) exercise-HFpEF; (4) skeletal muscle / peripheral abnormalities; (5) chronotropic incompetence; others?
- Inpatient vs outpatient treatment pathways – when do you initiate GDMT for HFpEF?
- Which therapy should be applied first?
- Should there be age or LVEF-based stratification?
- Which barriers need to be overcome to improve implementation?

### Groups 3 & 4: Lifestyle modifications/quality of life.

**Group 3 moderator:** *Kavita Sharma, MD*

**Group 4 moderator:** *Katie Bates, DNP, ARNP, CHFNP*

#### Discussion Questions:

- Should exercise therapy be considered for all? Which patients would benefit the most? Is there any specific regimen that works better?
- Which patients are good candidates for bariatric surgery?
- What other lifestyle modifications should be considered to improve quality of life for patients with HFpEF?
- What are appropriate endpoints? How should we define improved quality of life?
- What can we offer patients without any access to a formal cardiac rehabilitation program?

### Groups 5 & 6: Emerging pharma/device-based therapies, where do they fit in?

**Group 5 moderator:** *Mona Fiuzat, PharmD, FACC, FHSA*

**Group 6 moderator:** *Javed Butler, MD, MPH, MBA, FACC*

#### Discussion Questions:

- Among emerging therapies, which one should be considered for real time application?
- Which patients should be considered for iron deficiency and replacement?
- What is the ideal structure for multidisciplinary team approach in this population?
- What endpoints are considered meaningful?
- Who are the candidates for implantable hemodynamics monitoring – Does any patient get it?