



BREAK-OUT SESSIONS

To foster conversation, participants will go to different virtual rooms after brief presentations for small-group live discussion.

To access these break-out rooms, Webex instructions are emailed separately to individual break-out groups. After the break-out sessions, participants rejoin the main session for report-outs.

Join main session

Meeting number (access code): 171-036-0512

Meeting password: HFrEF2020

Group Assignments

Last Name	First Name	Session 1	Session 2	Last Name	First Name	Session 1	Session 2
Ahmad	Tariq	5	4	Lewsey	Sabra	3	1
Albert	Nancy	5	3	Lindenfeld	JoAnn	4	1
Allen	Larry	5	4	Maddox	Tom	3	4
Baruah	Resham	1	3	Magwire	Melissa	3	5
Bhimaraj	Arvind	4	4	Mazimba	Sula	2	1
Bozkurt	Biykem	2	1	Mohammed	Selma	5	1
Breathett	Khadijah	5	1	Monroe	Rhonda	3	5
Butler	Javed	3	2	Moore	Wanda	1	5
Casale	Paul	1	3	Morris	Alanna	4	2
Cooper	Leslie	1	n/a	Murthy	Olena	1	5
Desvigne-Nickens	Patrice	4	2	Nassif	Michael	5	5
Doddamani	Sanjay	1	3	Panjrath	Gurusher	4	5
Ferdinand	Keith	5	3	Patterson	Herb	1	3
Fiuzat	Mona	2	2	Piña	Ileana	5	1
Fonarow	Gregg	3	2	Price	Pamela	3	2
Gilbert	Olivia	3	3	Pspotka	Mitchell	5	2
Goldberg	Lee	4	4	Reisman	Lonny	5	4
Gorodeski	Eiran	1	4	Sauer	Andrew	4	4
Greene	Stephen	1	3	Sims	Mario	n/a	1
Gulati	Martha	5	5	Smith	Bryan	1	3
Harshaw-Ellis	Karol	2	2	Stevenson	Lynne	4	5
Heidenreich	Paul	5	2	Thomas	Susan	3	5
Hicks	Albert	1	1	Vaduganathan	Muthu	3	3
Hsich	Eileen	2	2	Van Spall	Harriette	5	4
Ibrahim	Nasrien	1	5	Velazquez	Eric	2	2
Itchhaporia	Dipti	1	5	Walsh	Mary Norine	2	2
Januzzi	Jim	2	4	Wasfy	Jason	3	3
Kittleson	Michelle	2	4	Wilcox	Jane	4	5
Kline	Liviu	4	4	Williams	Celeste	3	3
Kosiborod	Mikhail	3	n/a	Williamson	Kristin	2	3
Lala-Trindade	Anu	2	5	Yancy	Clyde	1	1
				Zieroth	Shelley	4	4



DISCUSSION QUESTIONS

Session 1: HFrEF— Current Standard of Care, Theoretical Care and Break-out Therapies.

Session 1 Break-out: 8:35-9:10a.m.ET

Group 1: HFrEF GDMT: real-world uptake and ways to improve implementation.

Lead moderator: *Clyde Yancy*

Group members: *Resham Baruah, Paul Casale, Leslie Cooper, Sanjay Doddamani, Eiran Gorodeski, Stephen Greene, Nasrien Ibrahim, Dipti Itchhaporia, Wanda Moore, Olena Murthy, Herb Patterson, Bryan Smith*

Discussion Questions:

- What tools can be developed to improve implementation (e.g. pocket cards with algorithms, pictorial guides, podcasts, apps, webinars etc.)?
- How can we leverage EHR or integrate technology to improve outcomes?
- What can help clinicians overcome inertia among patients with renal insufficiency?
- What tools can be developed to encourage patient responsibility (e.g. receiving a schedule of up-titration plans when the medications are ordered)?
- How can we utilize CVT members (Pharmacists, NP) in starting and titrating GDMT?
- How has the COVID-19 pandemic affected how you provide care and implement new therapies?

Group 2: Transformation of GDMT - ARNI initiation with or without prior exposure to ACEi/ARB.

Lead moderator: *Jim Januzzi*

Group members: *Biykem Bozkurt, Mona Fiuzat, Karol Harshaw-Ellis, Albert Hicks, Eileen Hsich, Michelle Kittleson, Anu Lala-Trindade, Sula Mazimba, Eric Velazquez, Mary Norine Walsh, Kristin Williamson*

Discussion Questions:

- Should we use PIONEER-HF inclusion/exclusion criteria to initiate ARNI in *de novo ambulatory* HFrEF patients?
- What is needed to get most insurers to allow ARNI without prior ACEi/ARB?
- How much of a factor is hospitalization cost of care (and DRG payment) in determining in-hospital medications used, like ARNI, that are expensive? How do we educate hospital Pharmaceutical Committees regarding in-hospital use?
- Is there a role for switching ACEi/ARB to ARNI in previously recovered LVEF or mid-range EF?
- Can we use hospital discharge checklist or transitions of care forms to improve transition?



Group 3: SGLT2i – awareness and overcoming therapeutic inertia.

Lead moderator: *Gregg Fonarow*

Group members: *Javed Butler, Olivia Gilbert, Mikhail Kosiborod, Sabra Lewsey, Tom Maddox, Melissa Magwire, Rhonda Monroe, Pamela Price, Susan Thomas, Muthu Vaduganathan, Jason Wasfy, Celeste Williams*

Discussion Questions:

- How do we improve understanding and uptake of SGLT2i for HF patients outside the realm of diabetes? SGLT2i prescriptions from the CV team?
- How do clinicians deal with polypharmacy, among patients with multiple comorbidities?
- How should clinicians and health systems address prior authorization requirements, patients with large out of pocket expenses or without adequate insurance coverage?
- Medication sequencing and adjustments to other medications? (When and how to introduce emerging therapies)
- Strategies for follow up, dose titration and monitoring and addressing potential non-cardiovascular adverse effects in busy practices.
- How can we deliver education/awareness on size of glycemic effect versus HF outcome effect?

Group 4: Device-based application for heart failure: which one and when?

Lead moderator: *Gurusher Panjra*

Group members: *Arvind Bhimaraj, Patrice Desvigne-Nickens, Lee Goldberg, Liviu Kline, JoAnn Lindenfeld, Alanna Morris, Andrew Sauer, Lynne Stevenson, Jane Wilcox, Shelley Zieroth*

Discussion Questions:

- Who are the best candidates for intervention-based HF therapies?
- What are reasonable outcomes, cost and safety consideration in device-based management?
- What systems and processes are needed when using device-based therapies that require ongoing support?
- There are new devices that are FDA approved but are lacking multicenter RCTs; i.e., cardiac contractility modulation. Do we wait to use?
- What is the best heart team structure to allow appropriate use? Should there be a gatekeeper?
- How can we reconcile use and timing of multiple devices in same patient?
- How can we balance timing for advanced heart failure therapies consideration versus other devices?

Group 5: Alternate meaningful outcomes for future trials – QOL.

Lead moderator: *Nancy Albert*

Group members: *Tariq Ahmad, Larry Allen, Khadijah Breathett, Keith Ferdinand, Martha Gulati, Paul Heidenreich, Selma Mohammed, Michael Nassif, Ileana Piña, Mitchell Psocka, Lonny Reisman, Harriette Van Spall*

Discussion Questions:

- What biases do subjective measures bring when discussing outcomes? Does 1 tool meet needs in all NYHA FCs/HF Stages?
- Should QOL be in the same hierarchy as death and hospitalization?
- What data are still needed to make a case for subjective measures as standard of care?
- There are MANY valid/reliable subjective measures available in HF. Should we only use subjective measures that are associated with mortality and hospitalization?
- What are the limitations of currently used hard end points? What is the importance of subjective outcomes in future trials?



Session 2: HFrEF– Making It Work For Everyone.

Session 2 Break-out: 10:35-11:10a.m.ET

Group 1: Vulnerable populations: defining metrics and barriers.

Lead moderator: *Khadijah Breathett*

Group members: *Biykem Bozkurt, Albert Hicks, Sabra Lewsey, JoAnn Lindenfeld, Sula Mazimba, Selma Mohammed, Ileana Piña, Mario Sims, Clyde Yancy*

Discussion Questions:

- What are the major barriers to receipt of evidence-based heart failure care? Be as specific as possible.
- What are the metrics that healthcare professionals should be subjected to, in order to achieve equity in heart failure treatment?
- Who are the stakeholders? How do we get them to the decision-making table?
- What are the funding/operational mechanisms to implement interventions that achieve equity?
- What should the funding/operational mechanisms be? How much?
- What are the appropriate timetables to meet equity metrics?

Group 2: Making new therapies accessible- overcoming preauthorization and access.

Lead moderator: *Eileen Hsich*

Group members: *Javed Butler, Patrice Desvigne-Nickens, Mona Fiuzat, Gregg Fonarow, Karol Harshaw-Ellis, Paul Heidenreich, Alanna Morris, Pamela Price, Mitchell Psozka, Eric Velazquez, Mary Norine Walsh*

Discussion Questions:

- Discuss methods to encourage advocacy, define targets for policies, define mechanisms available through ACC/AHA to support state and national policy changes.
- Are patient access programs sustainable?
- Discuss local best practices that can be shared nationally; what has worked and not worked to overcome issues?
- Will incorporating social determinants of health into our electronic health care systems (records) facilitate access to new therapies? Why/why not?
- What information do we need from patients, clinicians, healthcare systems and/or corporations to facilitate access to new therapies?

Group 3: Making care cost effective.

Lead moderator: *Olivia Gilbert*

Group members: *Nancy Albert, Resham Baruah, Paul Casale, Sanjay Doddamani, Keith Ferdinand, Stephen Greene, Herb Patterson, Bryan Smith, Muthu Vaduganathan, Jason Wasfy, Celeste Williams, Kristin Williamson*



Group 3 Discussion Questions:

- How do we define “effective” cost of care? Is it one-size-fits-all or individualized based on the treatment and RCT outcomes?
- How does cost effectiveness differ based on patient, clinician and hospital perspectives?
- What’s the new-normal for cost effective care post COVID-19 (based on changes during COVID-19)?
- With heart failure representing the most expensive Medicare diagnosis, what role should cost effectiveness play in daily healthcare choices?
- What are the risks and benefits of cost effectiveness analyses with regard to new versus well-established medical therapies and technologies? How can we mitigate the risks?
- What can we glean from international colleagues where cost effectiveness is integral to medical decision making (e.g. England’s National Institute for Health and Care Excellence)?
- Beyond cost, how do we attribute value to other metrics such as QOL into data-based decision-making for our patients?

Group 4: Harnessing the power of technologies and envisioning the possibilities.

Lead moderator: *Shelley Zieroth*

Group members: *Tariq Ahmad, Larry Allen, Arvind Bhimaraj, Lee Goldberg, Eiran Gorodeski, Jim Januzzi, Michelle Kittleson, Liviu Kline, Tom Maddox, Lonny Reisman, Andrew Sauer, Harriette Van Spall*

Discussion Questions:

- How can we leverage electronic health (EHR) records to optimize care for our patients? What are the gaps preventing us from accomplishing those suggestions? What solutions and/or collaborations could help to bridge that gap?
- What opportunities are there for integration of device-based monitoring into the EHR?
- How has the COVID pandemic affected your perception of telemedicine in caring for heart failure? What opportunities do you think are there for virtual visits for heart failure in the long-run?
- How could social media and phone apps be used to enhance adherence to medical therapies?
- How can we use AI and/or Predictive analysis in improving patient care, access and monitoring?
- How can we use AI to identify populations at risk, scope for enhancing care or tailoring management?

Group 5: Community education and awareness.

Lead moderator: *Gurusher Panjra*

Group members: *Martha Gulati, Nasrien Ibrahim, Dipti Itchhaporia, Anu Lala-Trindade, Melissa Magwire, Rhonda Monroe, Wanda Moore, Olena Murthy, Michael Nassif, Lynne Stevenson, Susan Thomas, Jane Wilcox*

Discussion Questions:

- What is important to patients? What should be focus of community education- prevention or disease self-management?
- What tools can the ACC and its partners develop to improve community education and awareness?
- Who are the community stakeholders that can augment education and awareness?
- Is there value for healthcare systems in community education? How can they support?
- Is there a role for multimedia, direct to consumer campaign or targeted to patients?