



POSITION STATEMENT

Establishment of heart teams in Portugal[☆]



Miguel Sousa Uva^{a,*}, Adelino Leite Moreira^b, Cristina Gavina^c,
Helder Pereira^d, Mário G. Lopes^e

^a Hospital Cruz Vermelha, Lisboa, Portugal

^b Hospital de S João, Porto, Portugal

^c Hospital Pedro Hispano, Porto, Portugal

^d Hospital Garcia de Orta, Almada, Portugal

^e Centro de Cardiologia da Universidade de Lisboa, Lisboa, Portugal

Received 7 September 2013; accepted 13 September 2013

Available online 24 January 2014

KEYWORDS

Heart team;
Decision making;
Guidelines;
Recommendations;
Patient information

PALAVRAS-CHAVE

Equipa
multidisciplinar;
Processo de decisão;
Normas de orientação
clínicas;
Recomendações;
Informação do doente

Abstract Whenever several therapeutic options exist, multidisciplinary decision-making is beneficial for the patient and for society at large. The main obstacles to the establishment of heart teams in Portugal are organizational and logistical. Implementing a heart team approach entails definition of the situations requiring multidisciplinary discussion, creation of clear lines of communication, written protocols and obtaining patient informed consent. The European Society of Cardiology guidelines define the clinical scenarios where intervention of the heart team is recommended.

© 2013 Sociedade Portuguesa de Cardiologia Published by Elsevier España, S.L. All rights reserved.

Operacionalização do Heart Team em Portugal

Resumo A decisão médica tomada em equipas multidisciplinares é uma mais-valia indiscutível para o doente e para a sociedade, particularmente quando existem várias opções terapêuticas. A falta de disponibilidade dos intervenientes, problemas logísticos e barreiras interdisciplinares são alguns dos obstáculos à operacionalização do Heart Team em Portugal. A operacionalização passa pela definição das situações que necessitam discussão multidisciplinar, a elaboração de protocolos escritos, a criação de vias de comunicação claras, a consignação das decisões tomadas e a informação fornecida ao doente. As situações, na doença coronária e na doença

[☆] Please cite this article as: Sousa Uva M, Leite Moreira A, Gavina C, et al. Operacionalização do Heart Team em Portugal. Rev Port Cardiol. 2014;33:45–50.

* Corresponding author.

E-mail address: migueluva@gmail.com (M. Sousa Uva).

valvular, que requerem a intervenção do *Heart Team* estão definidas nas recomendações da Sociedade Europeia de Cardiologia.

© 2013 Sociedade Portuguesa de Cardiologia. Publicado por Elsevier España, S.L. Todos os direitos reservados.

Why establish heart teams?

Whenever several therapeutic options exist, multidisciplinary decision-making is beneficial for the patient and for society at large, as it enables their risks and benefits to be assessed more accurately in the light of the individual patient's specific clinical characteristics. The most commonly cited example is in oncology, in which radiotherapy, surgery and chemotherapy are complementary treatments that require multidisciplinary discussion. There is evidence that multidisciplinary decision-making in the diagnosis and treatment of cancer promotes improved survival, reduced variation in survival rates between hospitals and better adherence to guidelines.¹

Treatment of cardiovascular disease should be no different, since there are clear advantages to multidisciplinary decision-making in certain situations, including heart failure, complex coronary artery disease and severe aortic stenosis in patients with high surgical risk.

Albeit only with level of evidence C, the European Society of Cardiology (ESC) guidelines contain various class I recommendations on the need for therapeutic decisions to be taken by multidisciplinary teams when assessing non-cardiac surgical risk, and when choosing the method of coronary revascularization (percutaneous coronary intervention [PCI] or coronary artery bypass grafting [CABG]) and valve replacement in aortic stenosis (surgical or transcatheter aortic valve implantation [TAVI]).²⁻⁴ Following the European example, the 2011 American College of Cardiology Foundation/American Heart Association guidelines⁵ also contain a class I recommendation that decisions for the treatment of coronary artery disease should be taken by a heart team, a condition of reimbursement by the American federal authorities.⁶

A heart team consists of at least a clinical cardiologist, an interventional cardiologist and a cardiac surgeon, but can also include specialists in cardiac imaging, neurology, nephrology, pulmonology and anesthesiology, among others.

The rationale behind establishing heart teams in Portugal is that they are better equipped to assess the clinical situation, taking account of the patient's preferences, and to arrive at the best treatment approach through shared decision-making. As mentioned above, this process also improves adherence to guidelines and reduces variability in patient care.^{7,8}

How to establish heart teams?

Obstacles

There are no published studies on the establishment of heart teams in Portugal, but informal analyses indicate that

multidisciplinary teams in cardiology are uncommon, unlike in oncology. This leads to lower quality health care, considerable regional variability in treatment and possibly higher costs.

Several obstacles have been suggested, including organizational and logistical problems, interdisciplinary barriers, personal conflicts, failure to recognize the limitations of proposed treatments, and interests other than those of the patient.⁹⁻¹¹ The information given to patients differs depending on whether it is supplied by an interventional cardiologist or a surgeon. A recent study in the USA showed that the guidelines for treatment of stable coronary artery disease were not followed in a high percentage of cases, particularly when CABG was indicated, which was performed in only 53%, with 34% undergoing PCI.¹² When patients are faced with making a decision, they should be informed of the available options and have the possibility of discussing the advantages and disadvantages of each proposed method and the right to see their wishes reflected in the final decision. However, in practice, cardiovascular patients, unlike cancer patients, are not always adequately informed concerning the various treatment options.¹³

Measures required

The first step in establishing heart teams is to prepare written protocols, local or preferably national, that define which situations require multidisciplinary discussion. These protocols should be supported by decision tree algorithms that simplify and clarify the approach to adopt, and can be modified by prior agreement between team members, as established in the heart team protocol (Figures 1 and 2).

Implementing a heart team approach also requires that clear lines of communication be established between the various specialists (who to contact, when and how) and between the specialists and physicians outside the institution, with alternative means when necessary. The heart team can function in an informal manner with discussions taking place remotely, in the catheterization laboratory or at the patient's bedside, or formally, in regular medical and surgical evaluations for complex elective cases. The lack of a cardiac surgery department is not an obstacle to consultation and discussion, since information can be shared electronically (WebEx meetings, image transmission, teleconferencing), as long as these means of communication have been established and tested. The most important elements in a heart team are mutual trust and commitment on the part of all members to work as a group. All members must actively participate, in a climate of interdisciplinary respect and openness, with clear acceptance of all contributions and of both positive and negative reactions. Decision-making should be based on three key points: (1)

Download English Version:

<https://daneshyari.com/en/article/3020374>

Download Persian Version:

<https://daneshyari.com/article/3020374>

[Daneshyari.com](https://daneshyari.com)