Industry perspectives on guideline implementation

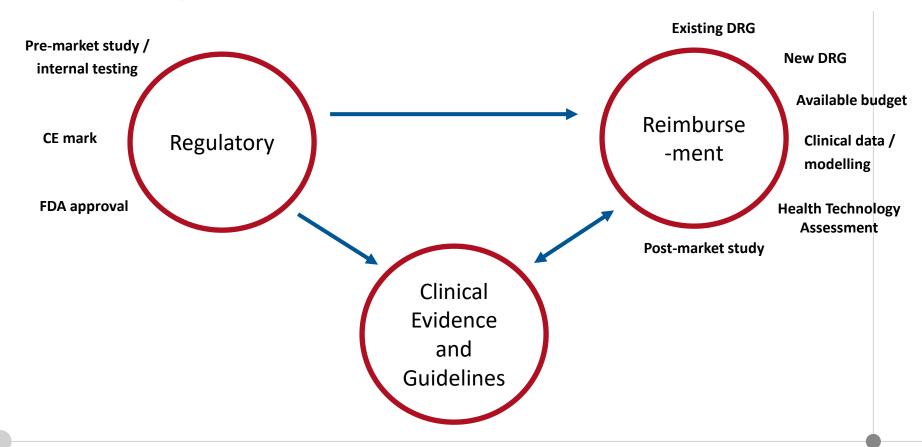
Alphons Vincent, M.D., Medical Director, Medtronic

May 29, 2024



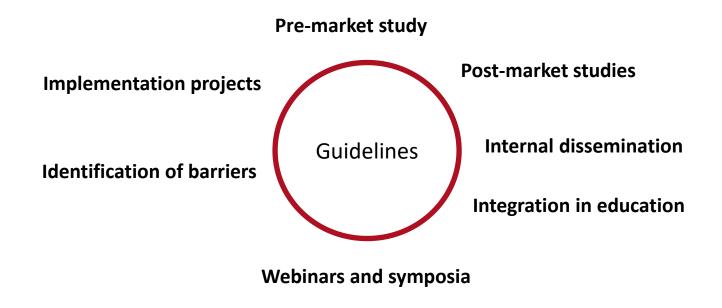
Introducing Medical Products





Introducing Medical Products - Guidelines









Device Rhy

Implement cardiac rhy therapy in I A global, no centered e



ICD Guidelines in Primary Prevention - Example



PATIENTS / GUIDELINES		EHRA/HFA consensus Arrhythmias in HF 2015	ESC HF 2016	ACC/AHA/HRS V Arrh. & SCD 2017	ESC HF 2021	ESC V Arrh. & SCD 2022
post-MI* NYHA (>40d) II-III		EF<=35%, Class I Lev.A	EF<=35%, Class I Lev.A	EF<=35%, Class I Lev.A	EF<=35%, Class I Lev.A	EF<=35%, Class I Lev.A
post-MI* NYHA (>40d) I		EF<=30%, Class I Lev.B	EF<=30%, Class I Lev.B	EF<=30%, Class I Lev.A	N/A	EF<=30% Class Ila Lev.B
post-MI* (>40d)	NSVT, EPS+	ICD Not Specified. EPS recommendation ⁺	N/A	EF<=40%, Class I Lev.B(R)	N/A	EF<=40% Class Ila Lev.B
NICM NYHA		EF<=35%, Class I Lev.B	EF<=35%, Class I Lev.B	EF<=35%, Class I Lev.A	EF<=35%, Class Ila Lev.A	EF<=35%, Class Ila Lev.A
NICM NYHA		N/A	EF<=30%, Class I Lev.B	EF<=35%, Class Ilb Lev.B	N/A	N/A

^{*&}gt;40 days.

^{*}EPS is recommended in post-MI patients with symptoms suggesting V tachyarrhythmias, including palpitations, presyncope, syncope. Class I Lev.B

[†]EPS may be considered in patients who have LVEF ≤40% at ≥4 days post-MI or

Gaps and Challenges (1)



Awareness:

- From publication to implementation of guidelines: time delay
- Allied health professionals / Nurses

Alignment of guidelines between different groups:

- Interdisciplinary collaboration
- EP vs HF vs Cardiomyopathy

Adoption:

Differences in country structure leads to difference in adoption

Reimbursement:

- Guideline implementation depends largely on reimbursement
- Inclusion of reimbursement or HTA agencies?
- Reimbursement agencies refer to guidelines to determine SoC

Gaps and Challenges (2)



Educational requirements:

• Describe level of knowledge, competencies, and skills to perform a procedure on a specific therapy and on patient management (pre-peri-post procedure).

• Evidence:

- Increasing amount and quality/complexity of real-world comparative nonrandomized evidence
- Timely updates and identifying obsolescence due to new evidence
- Call-out when major study is ongoing that is likely to impact recommendations

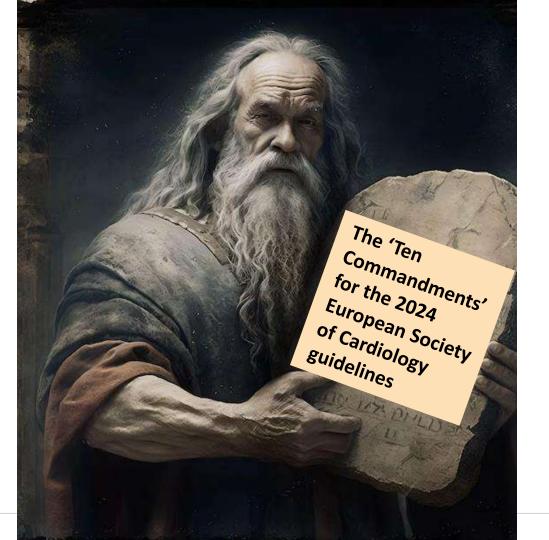
Other:

- How to educate referral non-cardiologists, AHP/nurses?
- Gender: Do guidelines apply to all genders?
- How to generalize recommendations if studies are done with 1 device?
- Registries/surveys to measure adoption and address gaps

Highly Valued



- Summary, pocket guidelines, slides
- Any tools are helpfull
- Take home messages







Thank you for your Attention