KANSAS CITY HEART RHYTHM SYMPOSIUM FINAL OUTCOMES REPORT

OVERVIEW

This symposium updated medical practitioners in the greater Midwest region on the future of cardiac electrophysiology (EP), new diagnosis and treatment guidelines in the care and management of patients with arrhythmias and heart failure, and other issues impacting the electrical system of the body. Participants learned about advances in ablation techniques, device management, appropriate use criteria, and surveyed new developments in guidelines and recommendations. A review of clinical trials with impacts of the clinical practice of EP was also included. Participants in the symposium also examined the latest trends in Left Atrial Appendage (LAA) treatment options and gained a greater understanding of anticoagulation and stroke prophylaxis.

Date: August 18-19, 2018
Location: Kansas City, KS

Total Participants: Attendees: 296
Physician/Fellow – 66
Nurse/NP/PA – 111
Radiologic Technologist – 3
Industry – 91
Other – 25

Number of Certificates Provided: 129
Physician/Fellow – 31
Nurse/NP/PA – 85
Radiologic Technologist – 1
Other – 12

This activity offered up to 12.75 CME/CE credits for physicians and nurses.
EXECUTIVE SUMMARY

Outcomes Levels 1 & 2 (Participation and Satisfaction):
- Physicians and nurses made up the majority of the audience (81%)
- 95% of participants would recommend this activity to a colleague
- 98% of participants rated the objectivity and balance of this activity as excellent/good
- Quality of educational content and faculty were both highly rated at 3.76/4.0 and 3.83/4.0, respectively
- Participants strongly agreed that learning objectives were achieved, with all objectives rated 3.50/4.0 or higher

Outcomes Levels 3 & 4 (Knowledge and Competence):
- About 40% of learners indicated that their knowledge increased from this activity
- Participants reported increased knowledge of new treatments and innovative procedures as well as emerging therapies and devices
  - Management, treatment, and alternatives in EP
  - Benefits of AF ablation
- Participants rated the overall topics as the most important reason for attending the event
- Participants noted that they will be better able to educate patients

Outcomes Level 5 (Performance):
- Based on a 30-day follow-up survey, 41% of survey respondents reported making changes to their practice based on what they learned during KCHRS 2018.

Considerations for Future KCHRS Meetings:

Content
- Participants indicated that they have increased awareness of LAA closure devices, ablation techniques, anticoagulation therapy, and emerging techniques
- Participants noted that they feel better prepared to counsel and educate their patients on arrhythmias and atrial fibrillation, and have implemented changes in practice
- Areas of continued need include:
  - Education on new devices and technology
  - Device management strategies in complex patients
  - Management of heart failure
  - Medical therapy for AF
  - Different ablation techniques: VT mapping and ablation
  - Device management/HF optimization
  - Inherited cardiomyopathies and channelopathies
  - Arrhythmias in LVAD
  - Robotics/automation

LEARNING OBJECTIVES

- Discuss types of devices used for monitoring and treatment of arrhythmias
- Describe alternative therapies of treatment in patients with arrhythmias
- Discuss advances in ablative techniques for arrhythmias
- Demonstrate the use of imaging techniques to improve procedural outcomes
- Apply guideline-endorsed, clinically applicable strategies to help resolve lead failure, device malfunctions, and other device-related issues
- Discuss how to improve safety and efficacy of electrophysiology (EP) procedures
- Summarize clinical trials that helped change clinical practice in the EP field
- Identify updates in heart failure treatment options
- Investigate the role that genetics has in patients with arrhythmias
- Explain anticoagulation treatment and stroke prophylaxis options for cardiac patients
- Examine clinical evidence for the latest trends in LAA treatments
30-Day Follow-up Survey

Practice Type of Respondents

- Physician: 56%
- Nurse: 29%
- Radiologic Technologist: 15%
- Other: 0%

Practice Change

- I will/have made a change to my practice based on what I learned during KCHRS 2018: 34%
- What I learned during KCHRS 2018 validated my practice: 41%
- Onsite: 66%
- 30 Day Follow-Up: 59%

N=34
34% of onsite respondents indicated they will make a change to their practice based on what they learned during KCHRS 2018

Changes indicated onsite included:
- Use of different arrhythmia recording devices
- Use LAA occlusion
- Increase use of leadless pacemakers
- Counsel patients regarding atrial fibrillation ablation procedures
- Counsel patients on risks and benefits about medical therapy versus procedure
- More EP consults
- Providing more options to patients
- Continue to watch further research

41% of 30-day follow-up respondents indicated they have made changes to their practice based on what they learned during KCHRS 2018

Changes indicated at 30-day follow-up included:
- Device annual checks instead of each office visit
- I’ve decided to no longer program a device during an MRI ODO. "patient has a device for a reason"
- We changed the process for MRI approval with PPM and ICDs
- How patients are taken care of with blood thinners and LAA closure devices
- For high-risk stroke patients, anti-coagulation and TEE should be done before cardioversion
- I am more aggressive about restoring and maintaining sinus rhythm in patients with heart failure
- Ablate and pace!
- Continue to adjust our indications for pursuing sinus rhythm in our afib population based on Cabana
- Consider MRI and PET in DCM patients based on novel registry data presented
- Patient education
- Would be more likely to think about left atrial appendage devices
- More knowledgeable -phone triage

1. Faculty Evaluation
   Scale: 4=Excellent; 3=Good; 2=Fair; 1=Poor

   A. Quality of Faculty (expertise and scientific rigor) 3.82

      No. of Respondents 118

2. Objectivity and balance

   Percentage

   A. Excellent 69%
   B. Good 29%
   C. Fair 2%
   D. Poor 0%

      No. of Respondents 123
3. Did you perceive any bias or commercialism towards any product or drug in this activity?

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. No</td>
</tr>
<tr>
<td>B. Yes. If yes, please explain</td>
</tr>
</tbody>
</table>

No. of Respondents 122

4. Please evaluate by marking the appropriate response

Scale: 4=Excellent; 3=Good; 2=Fair; 1=Poor

<table>
<thead>
<tr>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Quality of educational content</td>
</tr>
<tr>
<td>B. Appropriateness and effectiveness of active learning strategies (questions, cases, discussion, etc)</td>
</tr>
</tbody>
</table>

No. of Respondents 124

5. Learning Objectives

<table>
<thead>
<tr>
<th>Rating</th>
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<tbody>
<tr>
<td>A. Discuss types of devices used for monitoring and treatment of arrhythmias</td>
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<tr>
<td>B. Describe alternative therapies of treatment in patients with arrhythmias</td>
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<tr>
<td>C. Discuss advances in ablative techniques for arrhythmias</td>
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<td>G. Summarize clinical trials that helped change clinical practice in the EP field</td>
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<td>H. Identify updates in heart failure treatment options</td>
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<td>I. Investigate the role that genetics has in patients with arrhythmias</td>
</tr>
<tr>
<td>J. Explain anticoagulation treatment and stroke prophylaxis options for cardiac patients</td>
</tr>
<tr>
<td>K. Examine clinical evidence for the latest trends in LAA treatments</td>
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</tbody>
</table>

No. of Respondents 123
6. Please rate the importance of your reasons for attending this educational activity.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Topics</td>
<td>3.59</td>
</tr>
<tr>
<td>B. CME/CE Credit</td>
<td>3.51</td>
</tr>
<tr>
<td>C. Convenient Location</td>
<td>3.40</td>
</tr>
</tbody>
</table>

No. of Respondents 124

7. Please rate the projected impact of this activity on your knowledge, competence, performance and patients’ outcomes: This activity increased my knowledge.

*Please see appendix A (below) for detailed responses*

<table>
<thead>
<tr>
<th>Question</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Yes. If yes, please describe:</td>
<td>37%</td>
</tr>
<tr>
<td>B. No</td>
<td>4%</td>
</tr>
<tr>
<td>C. Validated Practice</td>
<td>59%</td>
</tr>
</tbody>
</table>

No. of Respondents 123

8. This activity increased my competence.

*Please see appendix A (below) for detailed responses*

<table>
<thead>
<tr>
<th>Question</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>A. Yes. If yes, please describe:</td>
<td>31%</td>
</tr>
<tr>
<td>B. No</td>
<td>3%</td>
</tr>
<tr>
<td>C. Validated Practice</td>
<td>66%</td>
</tr>
</tbody>
</table>

No. of Respondents 122

9. This activity will improve my performance.

*Please see appendix A (below) for detailed responses*

<table>
<thead>
<tr>
<th>Question</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Yes. If yes, please describe:</td>
<td>24%</td>
</tr>
<tr>
<td>B. No</td>
<td>4%</td>
</tr>
<tr>
<td>C. Validated Practice</td>
<td>72%</td>
</tr>
</tbody>
</table>

No. of Respondents 122
10. This activity will improve my patient outcomes.

*Please see appendix A (below) for detailed responses*

<table>
<thead>
<tr>
<th>Percentage</th>
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<tbody>
<tr>
<td>A. Yes. If yes, please describe: 21%</td>
</tr>
<tr>
<td>B. No 7%</td>
</tr>
<tr>
<td>C. Validated Practice 72%</td>
</tr>
</tbody>
</table>

| No. of Respondents 121 |

11. Please describe up to two changes you will make in your practice as a result of attending KCHRS:

*Please see appendix A (below) for detailed responses*

A. Please describe:

| No. of Respondents 80 |

12. Please identify how you will change your practice as a result of attending the activity. (Select all that apply)

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Use a different procedure or device. Please specify: 6%</td>
</tr>
</tbody>
</table>

**Comments:**
- Different arrhythmia recording devices
- LAA occlusion
- Increase use of leadless pacemakers

| B. Change how I counsel patients on risks and benefits. Please specify: 25% |

**Comments:**
- Ablation is safe
- Regarding atrial fibrillation ablation procedures
- NOACs are better than warfarin
- Better understanding
- AF ablation recommendations - mostly rethought my talking points
- Education
- Providing more options
• Medical therapy versus procedure
• Give them more research data
• Education
• Regarding benefits versus risks of AF ablation
• Recurrence of Afib
• More EP consults
• Ablation of atrial fibrillation may be more beneficial than pharmacologic management of this prevalent arrhythmia.
• Stem cell therapy
• Afib/pvi
• Patient selection in AF after CABANA
• Better educating patients

C. Create/revise protocols, policies, and/or procedures. Please specify: 7%

Comments:
• Non conditional MRI
• Create algorithm for direct EP referral
• If given the opportunity and privilege, I’d like to contribute to guideline revisions as the need arises.

D. Other change - please specify: 6%

Comments:
• Better understanding to better teach my patients
• Increased knowledge
• Continue to watch further research
• Currently not practicing
• Education

E. This activity validated my current practice; no changes will be made 67%

No. of Respondents 117
13. Please indicate any barriers you perceive in implementing these changes. (Select all that apply)

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Cost 11%</td>
</tr>
<tr>
<td>B. Lack of experience 9%</td>
</tr>
<tr>
<td>C. Lack of opportunity (patients) 3%</td>
</tr>
<tr>
<td>D. Lack of resources (equipment) 9%</td>
</tr>
<tr>
<td>E. Lack of administrative support 14%</td>
</tr>
<tr>
<td>F. Lack of time to assess/counsel patients 5%</td>
</tr>
<tr>
<td>G. Reimbursement/insurance issues 8%</td>
</tr>
<tr>
<td>H. Patient compliance issues 11%</td>
</tr>
<tr>
<td>I. Lack of consensus or professional guidelines 6%</td>
</tr>
<tr>
<td>J. No barriers 59%</td>
</tr>
</tbody>
</table>

K. Other, please specify: 6%

Comments:
- Cost often a barrier to care
- Anesthesia obstruction through lack of availability
- Lack of support staff
- I do not work directly in this area
- Changes in equipment and devices must go through upper management.

No. of Respondents 114

14. Will you attempt to address these barriers in order to implement changes in your competence, performance, and/or patients’ outcomes?

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. N/A - no barriers identified 72%</td>
</tr>
<tr>
<td>B. No – Why Not? 3%</td>
</tr>
</tbody>
</table>

Comments:
- As clinical staff I do not feel empowered to discuss changes that are not fiscally feasible at this time.
- Leaving current job

C. Yes – How? 25%

Comments:
- More data is knowledge
• Change protocols
• Educate administration of need
• Make NOACs more affordable, work with reps to change coverage
• Meeting with administration soon
• Addressing with leadership
• Work toward consensus within the practice and attend updates within the field
• Meeting within the month - especially after hospital CEO discovered their problem confounding volume
• Present data
• Intensify patient education
• Attempt to improve patient access to resource
• Counsel with patients
• I will serve as an advocate for my patients because as a physician, I have their best interests in mind
• I will be asking upper management about possible changes
• Explain the rationale
• Increased education to other providers
• Pursuing better patient education opportunities
• Will actively look for potential candidates

No. of Respondents 115

15. **How many years have you been in practice?**

<table>
<thead>
<tr>
<th>Years</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. 1-3</td>
<td>14%</td>
</tr>
<tr>
<td>B. 4-8</td>
<td>13%</td>
</tr>
<tr>
<td>C. 9-15</td>
<td>14%</td>
</tr>
<tr>
<td>D. &gt;16</td>
<td>48%</td>
</tr>
<tr>
<td>E. N/A (not practicing)</td>
<td>11%</td>
</tr>
</tbody>
</table>

No. of Respondents 123
16. Would you recommend this activity to a colleague?

<table>
<thead>
<tr>
<th>Percentage</th>
<th>No. of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Yes</td>
<td>95%</td>
</tr>
<tr>
<td>B. No</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>121</td>
</tr>
</tbody>
</table>

17. I have attended KCHRS in the past?

<table>
<thead>
<tr>
<th>Percentage</th>
<th>No. of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Yes</td>
<td>55%</td>
</tr>
<tr>
<td>B. No</td>
<td>45%</td>
</tr>
<tr>
<td></td>
<td>121</td>
</tr>
</tbody>
</table>

18. How did you first hear about this activity? (Select all that apply)

<table>
<thead>
<tr>
<th>Percentage</th>
<th>No. of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Institutional Calendar</td>
<td>11%</td>
</tr>
<tr>
<td>B. Flyer</td>
<td>27%</td>
</tr>
<tr>
<td>C. Colleague</td>
<td>45%</td>
</tr>
<tr>
<td>D. Email</td>
<td>23%</td>
</tr>
<tr>
<td>E. Other</td>
<td>3%</td>
</tr>
</tbody>
</table>

Comments:
- Faculty member
- Searched online
- Previous planning committee member

19. What topic areas would you like to see in future activities? (Select all that apply)

<table>
<thead>
<tr>
<th>Percentage</th>
<th>No. of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Medical therapy for AF</td>
<td>52%</td>
</tr>
<tr>
<td>B. Heart failure</td>
<td>50%</td>
</tr>
</tbody>
</table>
C. Cardioversion versus surgical ablation for AF 37%
D. Anticoagulation for stroke prevention 33%
E. LAA occlusion 39%
F. Other 16%

Comments:
- Device management/MPP/HF optimization
- Inherited cardiomyopathies and channelopathies
- More device related discussions
- Device information
- VT/VF
- VT ablation
- CRM device troubleshooting
- Device therapies
- Structural cardiology
- His lead pacing
- Devices
- Current device therapies and generally more info about device issues
- More on ethical considerations for heart rhythm patients
- More on device-based features/algorithms for difficult patients
- POTS
- More insight into patient care for allied health professionals in the clinical setting
- Arrhythmias in LVAD; Arrhythmic cardiomyopathies
- New technology, more robotics and automation
- Additional research topics

No. of Respondents 119
20. How does KCHRS help your business?

*Please see appendix A (below) for detailed responses*

No. of Respondents 73

21. Do you believe KCHRS helps promote science in relation to your business?

Comments:

- Yes (52)
- Yes - it validates current practices and encourages thinking outside the box
- Maybe
- Unbiased information was presented based on evidence-based medicine
- Sure (2)
- Yes, keeps up to date on current evidence
- I enjoyed the discussions and debates
- Education
- Yes, absolutely
- Helps practice better
- Yes, broadening availability of important treatments
- No

No. of Respondents 75

22. GENERAL COMMENTS – Your comments are appreciated and will help plan future activities

A. General comments:

*Please see appendix A (below) for detailed responses*

No. of Respondents 49
7. Please rate the projected impact of this activity on your knowledge, competence, performance and patients’ outcomes:

This activity increased my knowledge.

Comments:

- Role of LAA in AF, though LAA closure devices not available at our practice Will refer
- Expanded my knowledge about LAA closure and anticoagulation to prevent stroke
- More knowledgeable with Atrial Fibrillation
- Learnt more from experts
- Better understanding of current treatments of heart rhythm disturbances
- More familiar with EP issues
- Device information
- Learned new treatment options
- Better able to help treat patients and more access to EP techniques
- Learned new concepts
- I thoroughly enjoyed learning about differences in syncope and how technology is changing the world of EP
- More knowledge
- Update of practice
- More knowledge on Afib
- Good update on current evidence and practice
- This convention provided the most up to date information and very informative on ongoing research
- More comfortable with GI recommendations and expectations (re OAC and GI bleeding)
- Good current data
- Deeper understanding
- This forum allows for review in some areas and aids in learning the types of trends other sites are using to treat patients in the EP World
- New to EP practice, greatly valued the information
- Increased my knowledge
- Better understanding of true clinical benefits of AF ablation
- Daily work flow
- I have a deeper understanding of management, treatment, and alternatives in the EP arena
- Increased my knowledge
• Increased knowledge regarding alternative treatments of various arrhythmias
• Expanded knowledge base
• Keeping up with all the new technology
• Just started working in EP

8. This activity increased my competence.

Comments:
• Always walk away with 1 tidbit to take back into practice; contact force ablation would be new to my facility
• Learnt what experts do and recommend
• Helps me in treating with arrhythmia
• Devise possible changes in setting, increased knowledge base
• Arrhythmia management
• Techniques in AF ablation
• Overall knowledge
• More ideas for patient care
• Increased understanding to better apply to patient education
• Applicable to daily practice
• Most up to date treatment options
• This CEU gave me a better understanding of treatment and management of Afib
• Explained things
• New to EP practice
• Will help me in decision making regarding referral for AF ablation
• Applying guidelines to practice for atrial fibrillation
• When I do my cardiology rotation, I will be able to apply the results of studies presented at the conference to my practice of clinical medicine
• In area of patient education

9. This activity will improve my performance.

Comments:
• Always beneficial to attend educational opportunities
• Continue education with device information
• More knowledge
• Patient education
• Apply updated treatment options
• This activity helped me better understand left atrial appendage treatment
• This activity allowed me to see how other sites manage their patients
• Better understanding
• I will be more comfortable contriving an assessment and plan for patients suffering from an array of heart rhythm abnormalities
• Will improve performance
• Clinical cases
• Increase my knowledge to assist with patient education

10. This activity will improve my patient outcomes.

Comments:
• Better programming possibility
• Better patient education (2)
• More options
• By following evidence-based practice
• I will have most recent evidence base guidelines to help my practice
• That is my hope. I have to wait and see until I get there.
• Up to date knowledge (2)
• Allows me to discuss various treatment options with patients
• Better educated patient. Better co-decision making

11. Please describe up to two changes you will make in your practice as a result of attending KCHRS:

Comments:
• Always a good event. Not readily transferable to EP nursing practice, but good info.
• 1. Liked the talk specifically on modifying risk factors with AF and how it re-emphasized their importance 2. Enjoyed the AF and dementia talk. Will be interesting if more pans out from this
• 1. Enhanced awareness of appropriate dysrhythmia management 2. Implementation of core based therapeutic strategies for atrial fibrillation
• As a nurse, I go to increase my knowledge. Since I am not a physician or an APRN, it doesn't affect how my practice.
• Improve monitoring of esophageal temperatures during ablations
• Esophageal prep during PVI lifestyle changes
• Less HCA bias
• Anticoagulation in atrial fib anticoagulation in bio prosthetic valves
• Better to help myself in understanding issues that arise in my patient population. Helps me to better relate that information to other staff members.

• I have 2 new physicians joining the team, cannot make changes at this time

• Non-conditional MRI, possible protocol update

• No lifevest for post MI patients with persistent PVC's will have lab work

• 1. Increased knowledge 2. What others are doing

• More discussion with patients better risk stratification

• I will use look for myocarditis, I will consider subcutaneous defibrillators

• Based on CABANA trial, AF ablation if helpful to symptomatic patients. Patients with silent AF need to be treated with oral anticoagulants

• 1. Continue to refer for LAA isolation. 2. Continue to implant ICDs for NICM.


• Validated my practice

• 1. Increase the use of imaging techniques to improve outcomes. 2. I could use a taser without fear of electrocuting someone.

• Education for patients regarding treatment options available

• Research further into how to utilize the data that the patients bring to clinic--fitbits/hr monitors/etc. This trend will continue to increase. Continue to explore the PVI w/CTI research venues--risks and benefits

• Seeing LAA differently in terms of planning PVI - plus for persistent AF nice case study of decremental septal AP - keeps me thinking

• Want to be able to look at data to determine effectiveness of practice/devices

• 1. Will share data on lifevests with hospital personnel who feel obligated to use them. 2. Improve internal QA on MRI with devices hospital wide.

• Potentially download software to prevent cybersecurity to devices

• Will not use life vest more genetic testing

• Interaction with clients - speaking to innovation validated. Procedural efficiency improved.

• 1. Using TEE prior to cardioversion for patients with LAA closure devices 2. Consider more strongly use of cardiac MR for patients with frequent PVCS / more aggressive follow-up

• Better patient education resources

• Further explore LAA as an option for a certain patient population

• Early EP referral intensifies patient education

• 1) consider LAA  2) Afib ablation options will not change.

• Better understand his-bundle pacing

• Refer for ablation option sooner. Monitor AF burden closer.
I will know how to better treat atrial fibrillation I have a better understanding of atrial appendages

More informed discussion regarding lifevest use with AF, dementia f/u with AF

My nursing practice will change in 2 ways- knowledge of anticoagulation and knowledge of lead extractions

1. Management of inappropriate sinus tachycardia 2. Overall knowledge about LAA

How I teach patients using data to make decisions

Change some discussions with patients and knowledge of pros and cons for CTI line with AF ablations

Screening for device implant and Afib treatment

1. Patient education to new EP treatment 2. Direct referral to EP based on clinical criteria

In regards to patients have them follow up with PCP or psychiatrist in regards to mental health evaluation and medication adjustments. Evaluate further for myocarditis in patient with ventricular arrhythmias.

Help explain to patients alternative therapies of treatment for arrhythmias help patients identify heart failure treatment options

Further discussion with colleagues on work-up for myocarditis with PVC burden >5% better understanding of anticoagulation with history of GI bleed

Adjust timing of restarting anticoagulation post GI bleeding increase use of implantable monitors

Considering CTI and PVI ablation technique s

Use of different outpatient monitoring devices

The time limit was nice but some were good info and needed more time

Better understanding of EP from an imaging cardiologist

Recommendations for newer pacing methodologies and use of radiofrequency ablation during concomitant pacemaker placement.

I will ask my reps about new equipment/devices available. I will look at data from clinical trials to validate our standards of practice.

1. Developing a multidisciplinary team with cardiology and psychiatry in patient with arrhythmias, more specifically IAST, SVT, neurocardiogenic dysautonomia. 2. Providing improved patient education for lead revisions or extractions

Evaluating best treatment for any given patient coordinating care with EP/CARDS

Improve practice

Applying latest guidelines - developing new programs

Consider pet scanning for PVC patients consider more aggressive approaches to PVI in Afib patients

Consider ablation in more patients with Afib

Further description of CABANA will help to hone our patient selection for AF ablation.

Treating patients with non-MRI indicated PPMS

Improving patient education better able to assist patient with decision making, by offering latest information.

Changes in different monitoring systems CHF devices more often
• Increase use of invasive monitoring for Afib increase use leadless pacemaker
• Care of atrial fib patients, screening of patients
• New advancements/skills to come more case studies

20. How does KCHRS help your business?

Comments:
• Yes (2)
• No
• Re affirms how we currently practice in relation to elsewhere
• Improve understanding
• Expands our knowledge on current and future treatments for arrhythmias
• Always learn more
• Helps provide tech staff with more EP education
• It is the same, as I work w/in an institution
• Keep up to date on practices
• Helps to learn newer treatment options
• Expand knowledge
• Networking, education
• CME Credit (5)
• Keeps me up to date on current info (5)
• Provide better care
• Resource of physicians for patient referrals
• Research
• Validates practice (2)
• Local access to national/international expertise
• Supports practice
• Shows different perspectives
• Guide treatment models of care in arrhythmia patients
• Increases knowledge. Sharing knowledge.
• Helps me to see if my practice style is consistent with others / introduces new ideas
• Staff education
• HCA
• Update on current and future therapies
• Supports current practice in region
• Keep up with state-of-the-art science
• Educates me to the greater, worldwide practice of EP.
• Education offerings
• Expanding EP knowledge
• Improve my knowledge (2)
• Dr. Lakkireddy at OPRMC increasing procedures
• Education
• Helped have other MD views and approaches in care that we may not have thought of
• It helps to keep our practice current and up to date with required CEUS in EP
• It helps to educate me on current topics of debate/discussion.
• Provides insight in managing EP patients
• Better referral and name recognition
• Improve practice, networking
• Increased awareness regarding treatment options
• Improving Professional Education
• Taking care of patients

20. GENERAL COMMENTS – Your comments are appreciated and will help plan future activities

Comments:
• Excellent speakers, topics, venue, and execution as always
• Longer talks/fewer topics
• An excellent conference with outstanding faculty
• Loved the new venue!!
• It was one of the best conferences I have attended so far. Good job to DJ and Donita
• Thanks
• All speakers were very interesting and exceptional in their areas of expertise. I look forward to the next seminar.
• For the allied professional symposium, would like to receive information on coding. At research medical center, I am responsible for any new procedure coding and making sure current codes have not been changed. The department does not have a coder.
• Device management strategies in non-responders, (BiV) pacing
• Great meeting as always, DJ. I admire your fortitude, vigor and drive. Keep at it - I hope to see you and your endeavors continue to flourish. All the best!

• Excellent venue location!

• Great CEU course relevant to my practice

• Liked format of shorter topic sessions and more diverse speakers

• I always enjoy this conference. Thank you

• Always a great conference and follow up to hours

• Great conference! (3)

• As someone who specializes in POTs/IST/dysautonomia, I would recommend if you are going to have someone speak on it in the future to have someone who is knowledgeable in the area. I would recommend asking either Dr Satish Raj from the University of Calgary or Dr. Ryan Cooley from aurora in Grafton, Wisconsin. Both are electrophysiologists who have devoted a portion of their practice to these patients and would be better suited to speak on the topic. It would be nice to have 2 separate rooms with breakout sessions. As a nurse practitioner a lot of the ablation techniques didn't apply so I would have appreciated more talks geared towards NP/PA so maybe having 2 separate rooms running concurrently where attendees can decide which talks to attend would be better.

• Appreciated the hard work in putting this program together.

• Thank you very much for an affordable and excellent meeting. I will attend again for sure.

• More time for specific case studies; like those discussed at the very end of day 1.

• Location was nice, please have it there again.

• Great learning opportunity with the most recent up to date evidence base practice, guide lines, and research

• This was a great program and the venue selected was excellent,

• The venue was nice. I liked the rapid fire 10 minute sessions.

• Panel talks were too long. Use of music queue for panel would keep conference on time.

• Very informative conference

• Enjoyed the short sessions and panel questions concluding each focused topic

• I would like to see case studies throughout the day not just at the end.

• It is an excellent meeting

• Great meeting. Increase focus on future technologies, robotics, AI in EP

• Although I am a pediatric cardiologist, I always learn a lot at KCHRS. May apply some of the knowledge to my ACHD patients

• Great program, would like more allied health classes