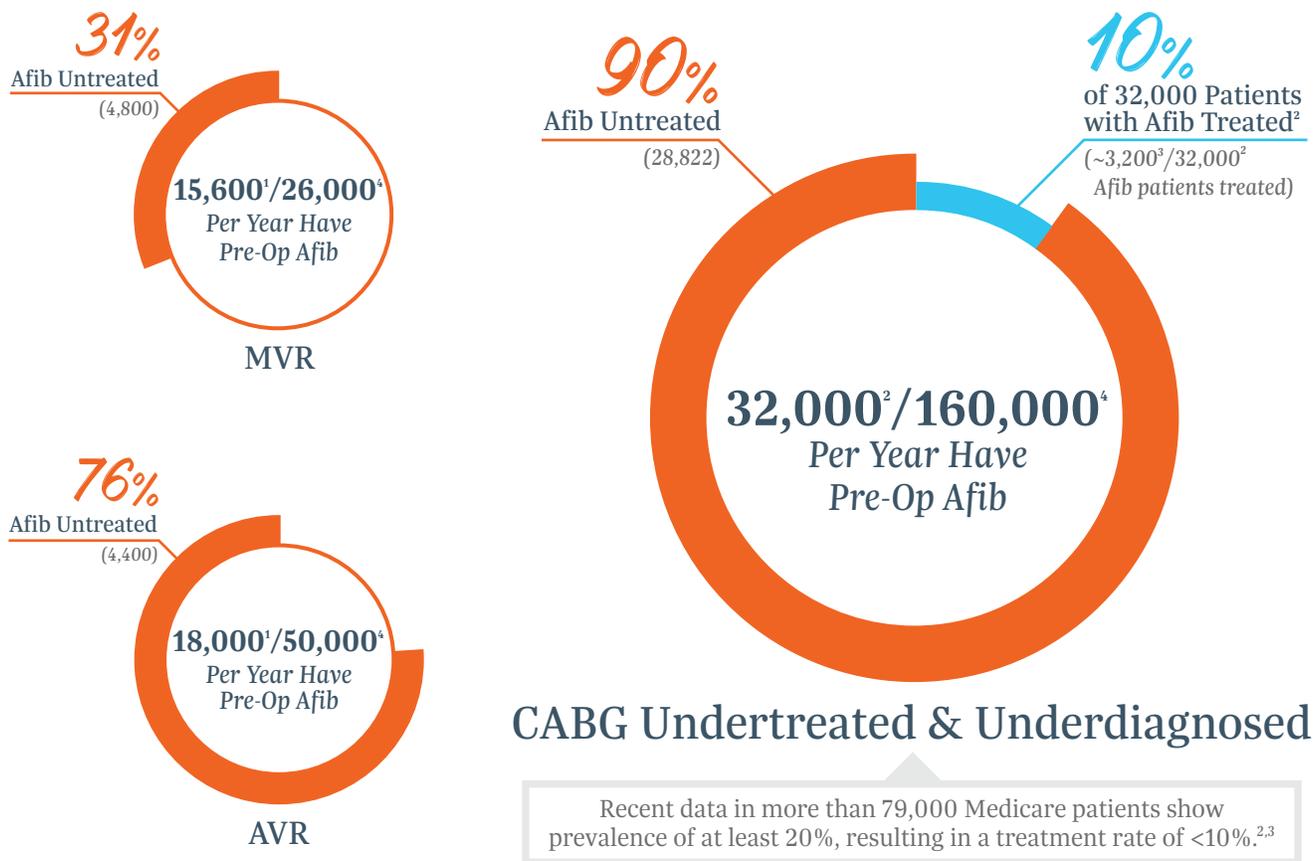


Afib is Surgically Undertreated and Underdiagnosed.

Less than half of patients with pre-operative Afib get surgical ablation (SA), with MVR patients getting the highest rate of concomitant SA and CABG patients the lowest.¹ However, more recent data show that patients may not be screened for Afib when referred for CABG, resulting in notable underdiagnosis of Afib, and thus, undertreatment.²

Of the patients referred for CABG nationwide, an estimated **less than 10% with Afib get concomitant SA**^{2,3} to restore NSR that could help them live longer and better.



¹Badhwar, V. et al. (2017). Surgical ablation of atrial fibrillation in the United States: trends and propensity matched outcomes. Ann of Thorac Surg, 104(2):493-500 Afib incidence pre-op by type of surgery. Reports incidence of Afib in MVR as 60% and AVR as 36%.

²McCarthy, P.M. et al. (2019). Prevalence of atrial fibrillation before cardiac surgery and factors associated with concomitant ablation. J Thorac Cardiovasc Surg, PII: S0022-5223(19)31361-3, DOI: 10.1016/J.JTCVS.2019.06.062. Showed 20% prevalence of Afib in CABG based on CMS data showing admission for Afib 3 years prior to CABG.

³Braid-Forbes Health Research analysis of 2014 CMS SAF data: Annual Counts and Proportions of Atrial Fibrillation and Concomitant Surgical Atrial Ablation in US Cardiac Surgeries. Presented to AtriCure August 22, 2016. Showed 3,121 SA treatments during isolated CABG surgeries. Internal data on file.

⁴Society of Thoracic Surgery Database.

Afib: atrial fibrillation
MVR: mitral valve repair
AVR: aortic valve repair/replacement
CABG: coronary artery bypass graft
NSR: normal sinus rhythm

Screen for Afib in CABG Patients

In a population of more than 79,000 Medicare patients, 20% of CABG patients had an admission for Afib within 3 years before the CABG, but the Afib diagnosis was often unknown during referral.¹

Possible Ways to Identify Patients with Afib when Referred for Heart Surgery:

- Include screening questions at referral in the surgical intake process, such as:
 - *Have you ever been told you have an irregular heart beat?*
 - *Have you ever had heart palpitations?*
 - *Have you ever taken blood thinners?*
 - *Have you ever taken medicines to manage your heart rate?*
- Review chart history for a past Afib diagnosis, Holter monitoring, cardioversion, or catheter ablation.
- Contact primary physician, such as the General Cardiologist or Heart Failure Specialist, to ask about any history of Afib.
- Implement screening and a follow-up process for patients who present to the ED with Afib.
- Discuss concomitant surgical Afib treatment during the referral process with the referring physician, as well as the primary physician.
- Consider active navigation of Afib patients with a Nurse Navigator to guide the patient through the referral, treatment, and follow-up management.

Did You Know?

Patients who are managed by a Nurse Navigator have:²

- Higher satisfaction
- Fewer readmissions and ED visits
- Improved outcomes
- Higher retention in the same system for other care needs
- Reduced length of stay in the ICU

¹McCarthy, P.M. et al. (2019). Prevalence of atrial fibrillation before cardiac surgery and factors associated with concomitant ablation. *J Thorac Cardiovasc Surg*. PII: S0022-5223(19)31361-3, DOI: 10.1016/J.JTCVS.2019.06.062. Showed 20% prevalence of Afib in CABG based on CMS data showing admission for Afib 3 years prior to CABG.

²Sources: Data approved for use by The Advisory Board. Research, articles, and case studies.

American Nursing Association. (2012, June). *The Value of Nursing Care Coordination: Executive Summary*. Accessed Jan 2019. Retrieved from <https://www.nursingworld.org/~4afc1e/globalassets/practiceandpolicy/health-policy/20120601-executive-summary-the-value-of-nursing-care-coordination.pdf>.

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