At the heart of your organization's ATTR-CM detection strategy

ATTR-CM (transthyretin amyloid cardiomyopathy) is an often misdiagnosed, rare cause of heart failure. Because its symptoms can be subtle and similar to other, more common diseases, ATTR-CM can be difficult to recognize before it becomes advanced. Consistently identifying ATTR-CM patients in early stages of cardiomyopathy could increase the number and quality of years they live after diagnosis.

There's no silver bullet strategy that will solve the multiple challenges that ATTR-CM presents, so the sample strategies highlighted below can be mixed and matched according to your health system's needs and capacity. Ideally, health systems will combine multiple strategies to build a comprehensive solution.

Read on for the six strategies you should consider implementing to improve your system's detection of ATTR-CM.

Upfront resource allocation

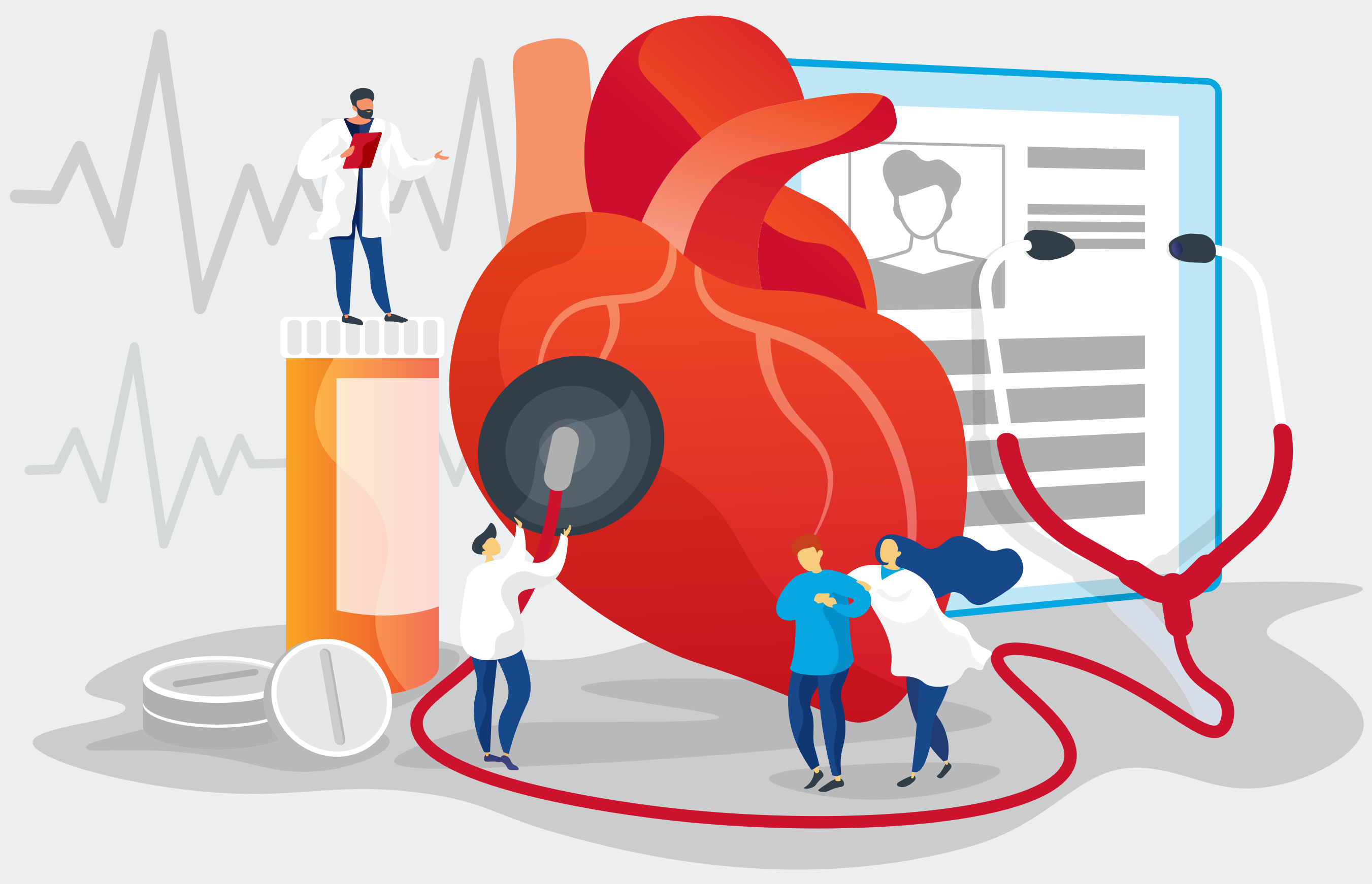
Low « Very high

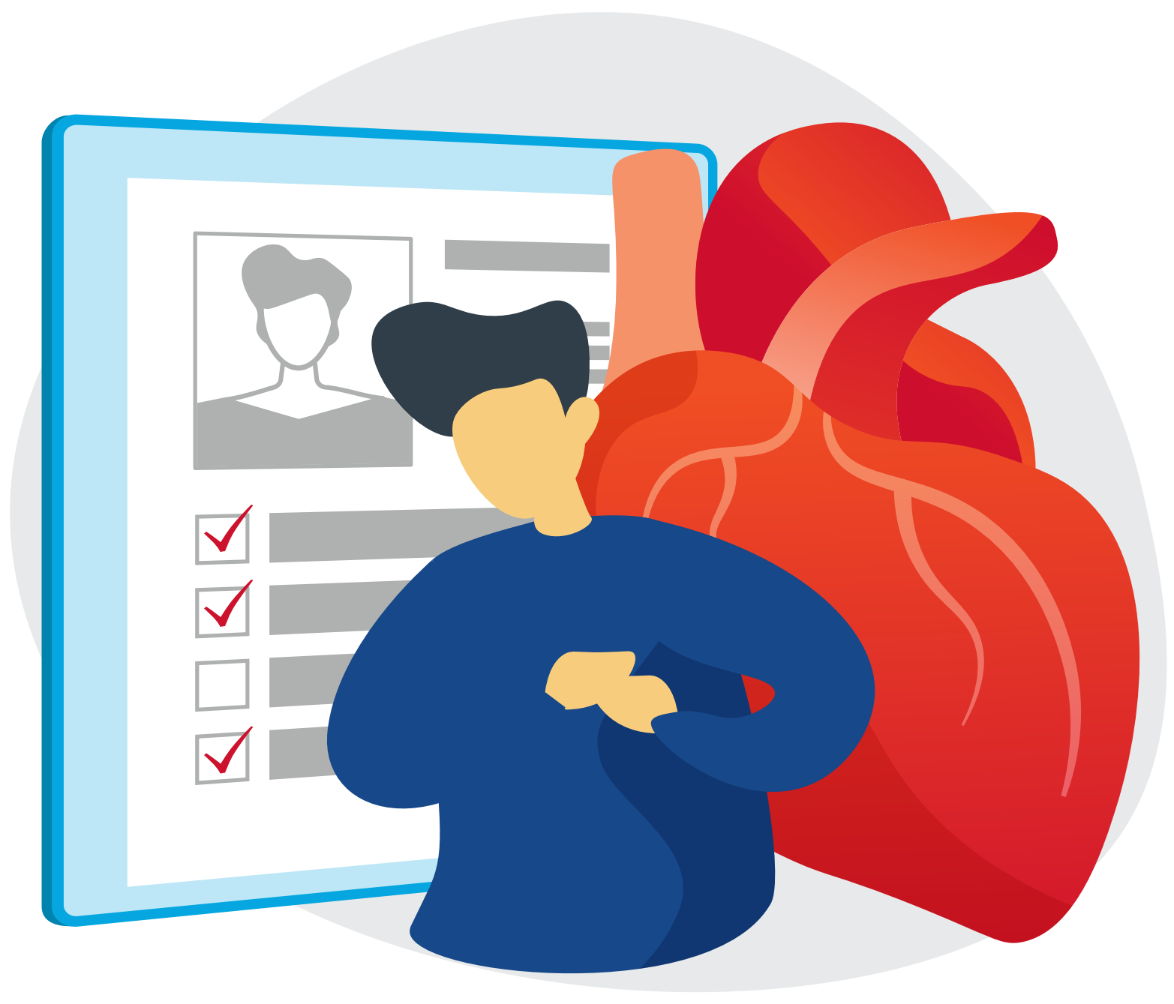
Upfront resource allocation is defined by the amount of resources and effort required to set up this solution. Low indicates less upfront resources or effort needed, while very high indicates more upfront resources or effort needed.

Potential for economies of scale

Low » Very high

Economies of scale are the efficiencies that may allow the resources allocated per case to decrease as reach increases. Low indicates steady resource allocation per case as reach expands, while very high indicates lower resource allocation per case as reach expands.





STRATEGY 01

Simplified clinical criteria

What it is

Simplified clinical criteria translate complex medical guidelines and protocols on ATTR-CM into simplified, user-friendly formats.

Upfront resource allocation	Potential for economies of scale
Medium	Very high

Have a plan to teach or embed simplified clinical criteria in workflows.

Benefits

- Makes ATTR-CM indicators easier to understand, teach, retain, flag, and diagnose.
- Helps enable other strategies.

Cautions

- Criteria that is too narrow or too broad could cause providers to miss or refer too many patients, respectively.
- Getting everyone aligned — and making sure the criteria remain up-to-date as new research is published — can be a challenge.

STRATEGY 02

Standardized care pathway

What it is

A standardized care pathway can establish consistent and evidence-based protocols for the evaluation, diagnosis, and management of ATTR-CM.

Upfront resource allocation	Potential for economies of scale
High	Very high

Consider involving nurse navigators in your standardized care pathway to help improve patient education and care coordination.

Benefits

- Can improve quality by reducing clinical care variation.
- Helps patients move along their diagnostic journey in a consistent way.
- Organizations can still advance patient care through standardizing a portion, rather than the whole, patient journey.

Cautions

- Changes in patient workflow can potentially create initial bottlenecks and backlogs.
- Requires provider buy-in, especially for providers tasked with initiating the pathway for patients.

STRATEGY 03

Provider education & relationship building

What it is

Provider education and relationship building involve giving resources to healthcare providers about ATTR-CM, while fostering strong collaborative relationships between generalist providers and specialists in the field.

Upfront resource allocation	Potential for economies of scale
Medium	Medium

Consider protected time for providers to focus on education and relationship building.

Benefits

- Equips more providers with the ability to recognize signs of ATTR-CM, since it often involves both cardiac and non-cardiac symptoms.
- Referrals are more likely to happen when providers know and trust each other, improving overall patient care.

Cautions

- Ongoing time investment required.
- Education can seem abstract to providers who don't regularly care for patients with ATTR-CM.
- Process may depend on individual key players rather than the whole health system.

STRATEGY 04

Centralized imaging or chart review

What it is

Centralized imaging or chart review is the systematic review of medical imaging or patient charts by a specialized team. Centralized review might be a first-line image reading strategy or a secondary review to identify indicators missed in routine clinical evaluations.

Upfront resource allocation	Potential for economies of scale
High	High

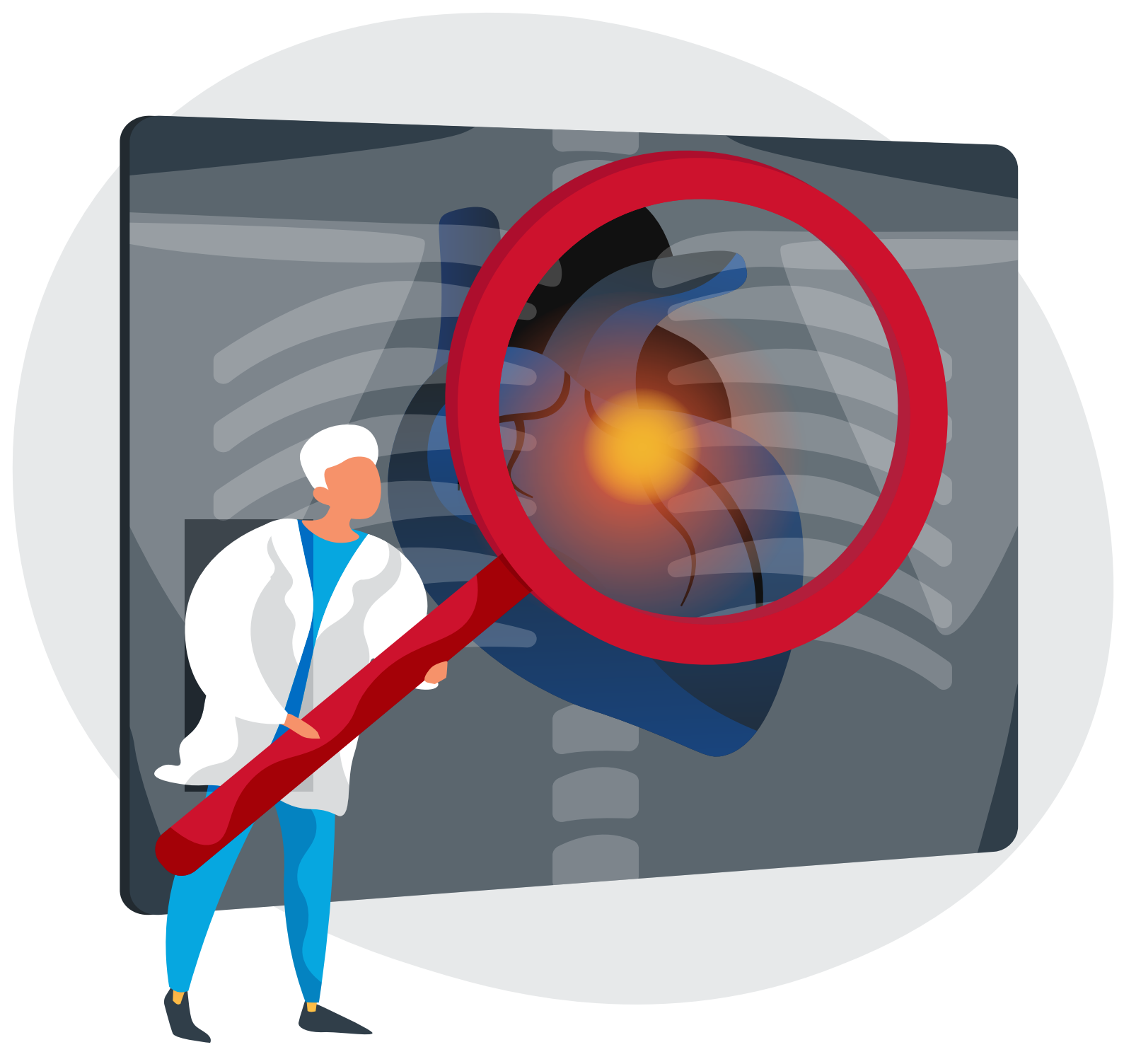
Create a plan for how patients and their providers are informed of imaging results to ensure continuity of care.

Benefits

- Higher-quality review.
- Efficient use of expert time.

Cautions

- Ongoing time investment required.
- If centralized imaging creates a second round of review, insurers may not pay.
- Requires multidisciplinary collaboration and buy-in.



STRATEGY 05

Clinical decision support

What it is

Clinical decision support (CDS) is the use of technology, tools, and systems that give providers recommendations about ATTR-CM at the point of care. CDS may include alerts, reminders, guidelines, predictive models, or order sets.

Upfront resource allocation	Potential for economies of scale
Very high	High

Alert fatigue is a major challenge to CDS — but there's potential that artificial intelligence could help make CDS more effective in the future.

Benefits

- Doesn't rely solely on an individual provider's knowledge to recognize symptoms of ATTR-CM.
- Can reduce care variation across providers.

Cautions

- Too many alerts can cause providers to ignore alerts due to alert fatigue.
- Potentially resource intensive and/or complex to execute in the electronic health record.

STRATEGY 06

Community outreach

What it is

Community outreach raises public awareness of ATTR-CM through community presentations or events.

Upfront resource allocation	Potential for economies of scale
Medium	Low

For the biggest impact, target outreach toward groups at highest risk for ATTR-CM.

Benefits

- Can equip community members with the knowledge to proactively raise concerns about their own health with their PCP or cardiologist.
- Reaches potential patients who are not yet in the health system.

Cautions

- Ongoing time investment required.
- Because ATTR-CM is a rare disease, many community members may need to be educated to find one person with the disease.

Implementing any mix of sustainable, comprehensive strategies to the challenge of earlier detection of ATTR-CM will involve both clinicians and administrators. Most solutions will require collaboration among heart failure specialists, cardiovascular service line leaders, and general cardiologists. Also, consider involving health system administrators, hospitalists, primary care doctors, internal medicine specialists, emergency room doctors, pharmacy directors, clinical pharmacists, genetic counselors, nurse navigators, sonographers, radiologists, and more. Finally, finding opportunities to partner across service lines — for example, by teaming up with other efforts toward detection of rare diseases or a broader cardiac strategy — can potentially improve efficiencies and the patient care pathway.

Advisory Board

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