STRATEGY 01

**Simplified clinical criteria**

**What it is**
- Simplified clinical criteria allows healthcare professionals to identify ATTR-CM at the point of care. It is based on evidence-based protocols for the evaluation, diagnosis, and management of ATTR-CM.

**What it does**
- Helps patients recognize clinical signs of ATTR-CM.
- Helps providers document patients’ diagnoses in a standardized way.

**Benefits**
- Helps enhance effectiveness of patient care through a shared clinical pathway.
- Can improve quality by reducing clinical variation and errors. ATTR-CM can be difficult to recognize before it becomes advanced. Consistently misdiagnosing, rare cause of heart failure. Because its symptoms can be subtle and similar to other, more common diseases, ATTR-CM can be misdiagnosed. CRT-D and CRT-P are not recommended for patients with ATTR-CM, since it involves both heart muscle and nerves. CRT-P is ineffective for ATTR-CM.

**Cautions**
- Requires multidisciplinary collaboration. Centralized imaging might create a second round of reviews.
- Ongoing time investment required.

**Upfront resource allocation**
- Potential for economies of scale.

**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.

**What it does**
- Provides a care pathway for multiple strategies to address the challenge of ATTR-CM.
- Potential for economies of scale.

**Benefits**
- Improves patient experience through a consistent and streamlined care pathway.
- Enhances care quality and consistency.

**Cautions**
- Requires time and resources to set up a standardized care pathway.

**Upfront resource allocation**
- Potential for economies of scale.

**STRATEGY 03

**Centralized imaging or chart review**

**What it is**
- Centralized imaging or chart review is the systematic review of medical imaging or electronic medical records to identify indicators missed in routine clinical care.

**What it does**
- Ensures that imaging results are reviewed to identify missed indicators.

**Benefits**
- Helps reduce missed imaging results.
- Identifies potential cases of ATTR-CM.

**Cautions**
- Ongoing time investment required.

**Upfront resource allocation**
- Potential for economies of scale.

**STRATEGY 04

**Clinical decision support (CDS)**

**What it is**
- Clinical decision support (CDS) leverages technology, tools, and systems that guide providers’ recommendations about ATTR-CM at the point of care. CDS can include alerts, reminders, guidelines, population models, or order sets.

**What it does**
- Helps enable other strategies.

**Benefits**
- Improves patient outcomes.
- Improves quality and consistency.

**Cautions**
- Requires time and resources to set up and execute in the electronic health record.
- Ongoing time investment required.

**Upfront resource allocation**
- Potential for economies of scale.

**STRATEGY 05

**Community outreach**

**What it is**
- Community outreach provides public awareness and education of ATTR-CM through community presentations or events.

**What it does**
- Increases awareness and understanding of ATTR-CM.

**Benefits**
- Improves patient outcomes.
- Reduces clinical variation.

**Cautions**
- Ongoing time investment required.

**Upfront resource allocation**
- Potential for economies of scale.

Implementation of any of the strategies require collaboration among heart failure specialists, cancer oncologists, nurses, technicians, and more. It is important to partner with key stakeholders to ensure the success of the initiative. ATTR-CM is an often underdiagnosed rare cause of heart failure. Because its symptoms can be subtle and similar to other, more common diseases, ATTR-CM can be misdiagnosed. CRT-D and CRT-P are not recommended for patients with ATTR-CM, since it involves both heart muscle and nerves. CRT-P is ineffective for ATTR-CM.