

# An Integrated Approach to AFib Care “UNC AFib Care Network”

University of North Carolina at Chapel Hill

Team Members (present):

Tiffany Armbruster, Jennifer Walker, Anil Gehi



Bristol-Myers Squibb Foundation

**Specialty Care for  
Vulnerable Populations**

Care Collaborations & Patient Support

Bristol-Myers Squibb Foundation



**Bridging Cancer Care™**

*Community Awareness, Prevention and Care*

# Targeting three major gaps in the continuum of chronic AFib care through the creation of a “UNC AFib Care Network”

## Acute management (AF exacerbations)

- ED/urgent care triage
- AF transitions clinic “landing zone”
  - Stabilize
  - Key patient education
  - Coordinate care with team

## Chronic management (AF prevention)

- Primary care partners trained as AF specialists in the community
- AF/EKG TeleEcho Clinic
  - Screen high-risk patients for AF
  - Aggressive risk factor management
  - Improve AF quality of care
  - “Front-line” AF management
  - Referral to EP as needed

## Patient engagement (Self-care)

- Plan of action for AF episodes
- Tools for AF tracking/prevention
  - Key patient education
  - Local or virtual “support group”
  - Technology – health app, monitors

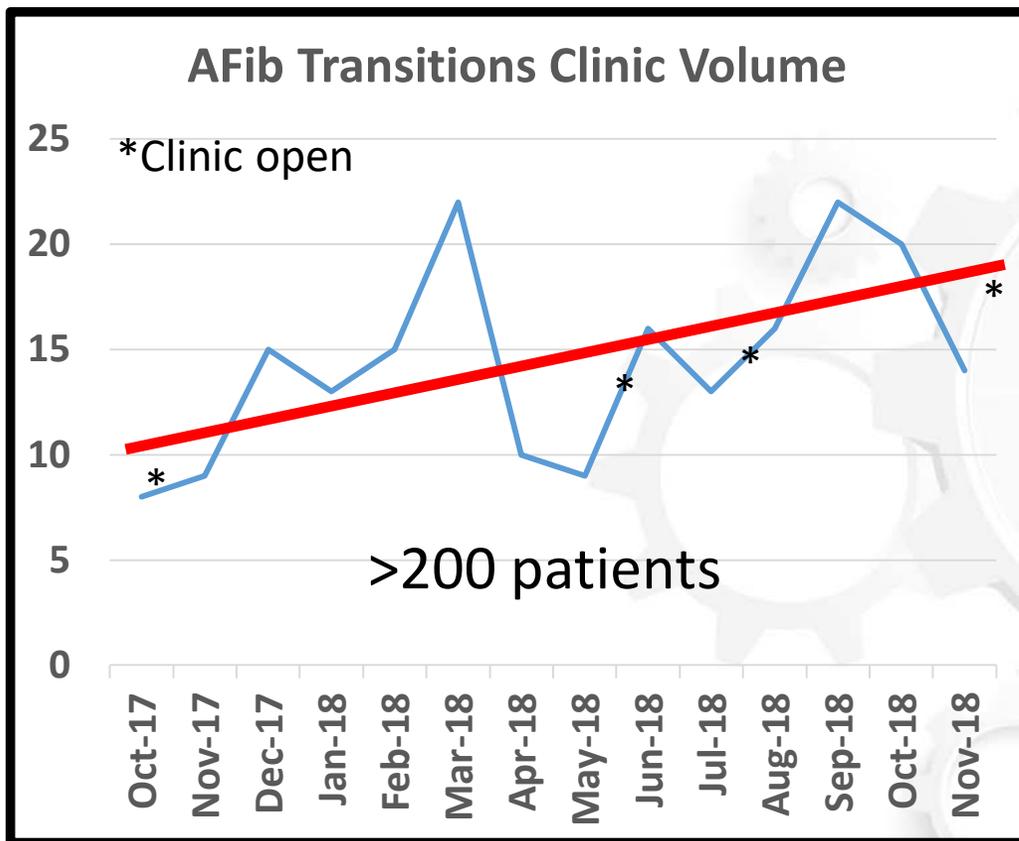
**Prepared, Proactive  
Practice Team**

**Informed, Activated  
Patient**

**Improved Functional and  
Clinical Outcomes**

**The Chronic Care Model: Wagner et al, 1999**

# Project progress to date



Acute management

#### Atrial Fibrillation and EKG Interpretation TeleEcho™ Clinic

Improving atrial fibrillation systems of care across the state of NC

- Get expert support for your Afib patients in a virtual learning peer network
- Stay up to date with best practices while earning free CME
- Keep patients in their home community
- Become a local Afib expert

**How does it work?**

- Join a weekly online lunch hour video conference from any computer or mobile device
- Share and discuss clinical cases followed by a brief educational presentation by an expert in the field

#### Moving Knowledge, Not Patients

Through technology-enabled collaborative learning, ECHO creates access to high-quality specialty care in local communities.

Hub and spoke knowledge-sharing networks create a learning loop:

- Community providers learn from specialists.
- Community providers learn from each other.
- Specialists learn from community providers as best practices emerge.

#### Doing More for More Patients

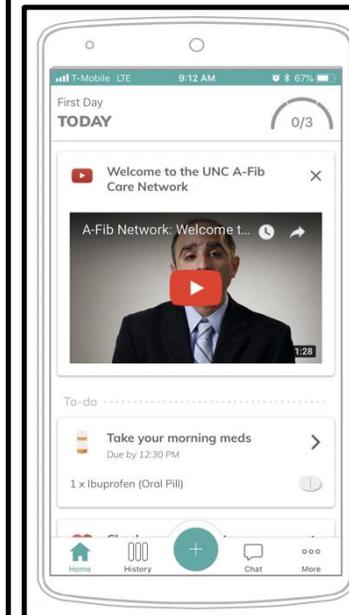
<b>PATIENTS</b> <ul style="list-style-type: none"> <li>Right Care</li> <li>Right Place</li> <li>Right Time</li> </ul>	<b>PROVIDERS</b> <ul style="list-style-type: none"> <li>Acquire New Knowledge</li> <li>Treat More Patients</li> <li>Build Community of Practice</li> </ul>	<b>COMMUNITY</b> <ul style="list-style-type: none"> <li>Reduce Disparities</li> <li>Retain Providers</li> <li>Keep Patients Local</li> </ul>	<b>SYSTEM</b> <ul style="list-style-type: none"> <li>Increase Access</li> <li>Improve Quality</li> <li>Reduce Cost</li> </ul>
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Are you a part of the ECHO? [www.echo.unm.edu](http://www.echo.unm.edu) | Placeholder for Email

Chronic management

### Atrial Fibrillation Patient Support Group

>45 patients



192 patients

Patient Engagement

# Key Challenges

- Acute management challenges:
  - System-wide initiatives are not one-size-fits-all. Workflows need to be tailored to individual institution
  - How do you remind providers to utilize pathway without embedding into EMR?
  - Aligning incentives so that providers are motivated to participate – ED physicians, cardiologists, hospitalists, etc all have different motivations
  - As we move farther from UNC “hub”, creating partnerships becomes more difficult as we do not have existing relationships to build upon
  - Difficult to establish “trust” in a new pathway of care – providers feel we are stealing their patients
- Chronic management challenges:
  - How do you motivate primary care providers to become “experts” in AFib care when they have so much else on their plate?
  - How to incentivize participation?
- Patient engagement challenges:
  - The very patients who need the most help are the ones least likely to engage



Changing care models:

We built it –  
But will they come?