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HEART RHYTHM SOCIETY RELEASES NEW WHITE PAPER ON ATRIAL FIBRILLATION CENTERS OF EXCELLENCE

New guidance for optimizing patient outcomes through state-of-the-art care

WASHINGTON, DC, May 5, 2020 — Today, the Heart Rhythm Society (HRS) released a white paper announcing the rationale and core components for Atrial Fibrillation (AF) Centers of Excellence (CoE), to provide multidisciplinary care for AF patients. The goal of the white paper is to help develop and guide patient-centered, integrative centers to improve treatment and outcomes associated with this common arrhythmia. Recommendations from the white paper will be released on Tuesday, May 5 as part of HRS 2020 Science.

AF is the most common arrhythmia disorder and is expected to continue to rise in prevalence worldwide.¹ The disorder, involving an irregular heartbeat, can significantly reduce quality of life, and increases the risk of developing stroke, heart failure, and cognitive impairment.^{2,3} In an effort to improve patient care globally, heart rhythm clinicians have joined together with a wide range of medical disciplines and specialists to address and treat comorbidities associated with the arrhythmia.

The white paper identifies the need for unified and comprehensive treatment of patients with AF and calls for state-of-the-art AF Centers of Excellence to establish a patient-centered, multidisciplinary, integrated model for AF care. The model coordinates the diversified set of existing resources, clinical settings, and healthcare disciplines while ensuring cost-effectiveness. The white paper is a continuation of the work from two HRS-led meetings – a multiple stakeholder Think Tank meeting and the Interpro AFib Forum, a live educational activity.

“As the number of individuals with AF continues to increase across the globe, we’ve seen tremendous growth and progress in treatment options as well as an increased understanding of the disorder. Our greatest challenge today is that we need to unify and integrate our efforts.” said writing chair, Jonathan P. Piccini, MD, MHS, FHRS, Director of Electrophysiology at Duke University Medical Center. “With these centers, we can push the evolution of AF care forward to help the full care team work seamlessly together and put patients back at the center of care.”

The writing group, comprised of 25 experts from international organizations, addresses the need for improving AF clinical management by delivering on four key pillars of care – risk factor

¹ Chugh S, Havmoeller R, Narayanan K, et al. Worldwide epidemiology of atrial fibrillation: a global burden of disease 2010 study. *Circulation*. 2014; 129:837-847.

² January CT, Wann LS, Alpert JS, et al. 2014 AHA/ACC/HRS guideline for the management of patients with atrial fibrillation: executive summary: a report of the American College of Cardiology/American Heart Association Task Force on practice guidelines and the Heart Rhythm Society. *Circulation* Dec 2 2014;130:2071-2104.

³ Kirchhof P, Benussi S, Kotecha D, et al. 2016 ESC Guidelines for the management of atrial fibrillation developed in collaboration with EACTS. *Eur J Cardiothorac Surg* Nov 2016;50:e1-e88.

management, stroke prevention, rate control and rhythm management. Where possible, the group emphasizes the need for a team-based approach from health professionals at all levels to address current uncoordinated patient care. The white paper defines the following core components to serve as guiding principles in establishing high-quality, guideline recommended care:

- Systematic patient identification and access to care
- Patient-centered care
- Cost-effective care
- Procedural quality
- Integrated, multidisciplinary approach
- Patient and provider education
- Quality improvement

“The premise of this white paper is to provide a starting point towards an approach where we can maximize our resources, ensure guidelines are being followed and make sure patients receive referrals they need,” said Vice-Chair, Thomas Deneke, Chief Physician, Heart Center Bad Neustadt, Germany. “Our organizations recognize this crucial need and we hope physicians working to improve AF outcomes will build upon this framework within their own clinics.”

HRS hopes the white paper will serve as a resource for clinicians in leadership positions to use in their planning practices supporting the importance of the core components of AF CoEs, as outlined in the white paper, to inform AF care approaches.

The full document was published today in the online edition of *Heart Rhythm Journal*, the official journal of the Heart Rhythm Society.

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About the Heart Rhythm Society

The Heart Rhythm Society is the international leader in science, education, and advocacy for cardiac arrhythmia professionals and patients and is the primary information resource on heart rhythm disorders. Its mission is to improve the care of patients by promoting research, education, and optimal health care policies and standards. Incorporated in 1979 and based in Washington, D.C., it has a membership of more than 7,000 heart rhythm professionals in more than 70 countries around the world. For more information, visit www.HRSONline.org.