Palliative Care Consults:
Centers for Medicare and Medicaid Services
Decision Memo for Ventricular Assist Devices
for Bridge-to-Transplant and Destination Therapy

Center for Circulatory Support

“The Center for Circulatory Support strives for continuous improvement in quality and patient outcomes...”
We have no financial or other conflicts of interest related to this presentation.

Any mention of off-label use of drugs will be clearly mentioned as such.
Statistics

5.1 million people in the US have heart failure  
- CDC 2014

250,000 in the terminal phase  
- Roughly 2%

They suffer from severe symptoms that are not responsive to maximized medical therapy

Heart transplantation provides the greatest survival benefit for these patients but has limited availability
Left Ventricular Assist Devices Used at University of Michigan

HeartMate II
Thoratec Corporation

HeartWare
HartWare Corporation
Statistics

- 309 VAD patients in Michigan* (9/22/2014)
- 635 total UMHS implants (since 1996)
  - 540 implants, 95 re-implants
  - Top implanting center in the state of Michigan and one of the top in the US
- 140 patients currently on VAD support

*Intermacs = Interagency Registry for Mechanically Assisted Circulatory Support
Social Support
24 hour supervision by trained caregiver
- Minimum 3 months post-surgery
- Potential for 24 hour supervision indefinitely

Transportation
- No driving

Practical support
- Daily driveline dressing changes
- Assistance with medication organization, equipment, etc.

Emotional support
- Adjustment to lifestyle and role changes
- Coping
- Anxiety
- Depression

Other Psychosocial Indicators

Financial
- Health insurance, prescription coverage, coverage of other expenses (transportation, caregiver compensation, housing, etc.)

Mental Health
- Treatment history, willingness to engage in treatment, current/history of SI, impact of mental health on compliance

Violence
- Domestic violence, legal issues

Substance Abuse
- Treatment history, consequences of use, impact on compliance

Cognitive Function
- Neurocognitive testing only by referral

Coping Style
- Concerning patterns/impact on medical care?

Health Literacy/Compliance
- Medications, diet, follow-up care, medical recommendations, social work recommendations
Post Implant Complications

- Bleeding
- Arrhythmia
- Infection
- Respiratory Failure
- Renal Failure
- Right Heart Failure
- Cerebrovascular Event
- Device Malfunction
OCTOBER 31, 2014
Centers for Medicaid and Medicare will implement a new National Coverage Decision, requiring certified VAD Centers to have a Palliative Care expert involved in the pre-operative phase of VAD care.
Multidisciplinary Care

At least one physician with cardiothoracic surgery privileges and individual experience implanting at least 10 durable, extracorporeal, left ventricular VADs as BTT or DT over the course of the previous 36 months with activity in the last year.

At least one cardiologist trained in advanced heart failure with clinical competence in medical and device-based management including VADs, and clinical competence in the management of patients before and after heart transplant.

A VAD program coordinator

A social worker

A palliative care specialist

Facilities must be credentialed by an organization approved by CMS.
Preparedness Planning

Event of device failure

Inadequate quality of life after LVAD

Preparedness plan

Debilitative comorbid condition(s)

Catastrophic complication(s) due to LVAD-associated factors

Figure courtesy of: Swetz, et al, June 2011
Cases for Discussion
References

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CMS.gov  Centers for Medicare and Medicaid

CDC       Center For Disease Control