

# Improving Atrial Fibrillation Management and Electrophysiology Referrals at the Iowa City Veteran Affairs Medical Center

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## Introduction

- Prevalence of atrial fibrillation in USA estimated to be ~4.0%.
- Management of atrial fibrillation varies greatly as well:
  - Anticoagulation
  - Rate control
  - Rhythm control

## Guidelines:

### AHA/ACC Recommendations Historically (2014 and 2019 updates)

- A focus on rate control as first-line
- Rhythm control reserved more for those who fail rate control or have adverse outcomes related to tachyarrhythmia
- Rhythm control strategies focused on antiarrhythmic drug use

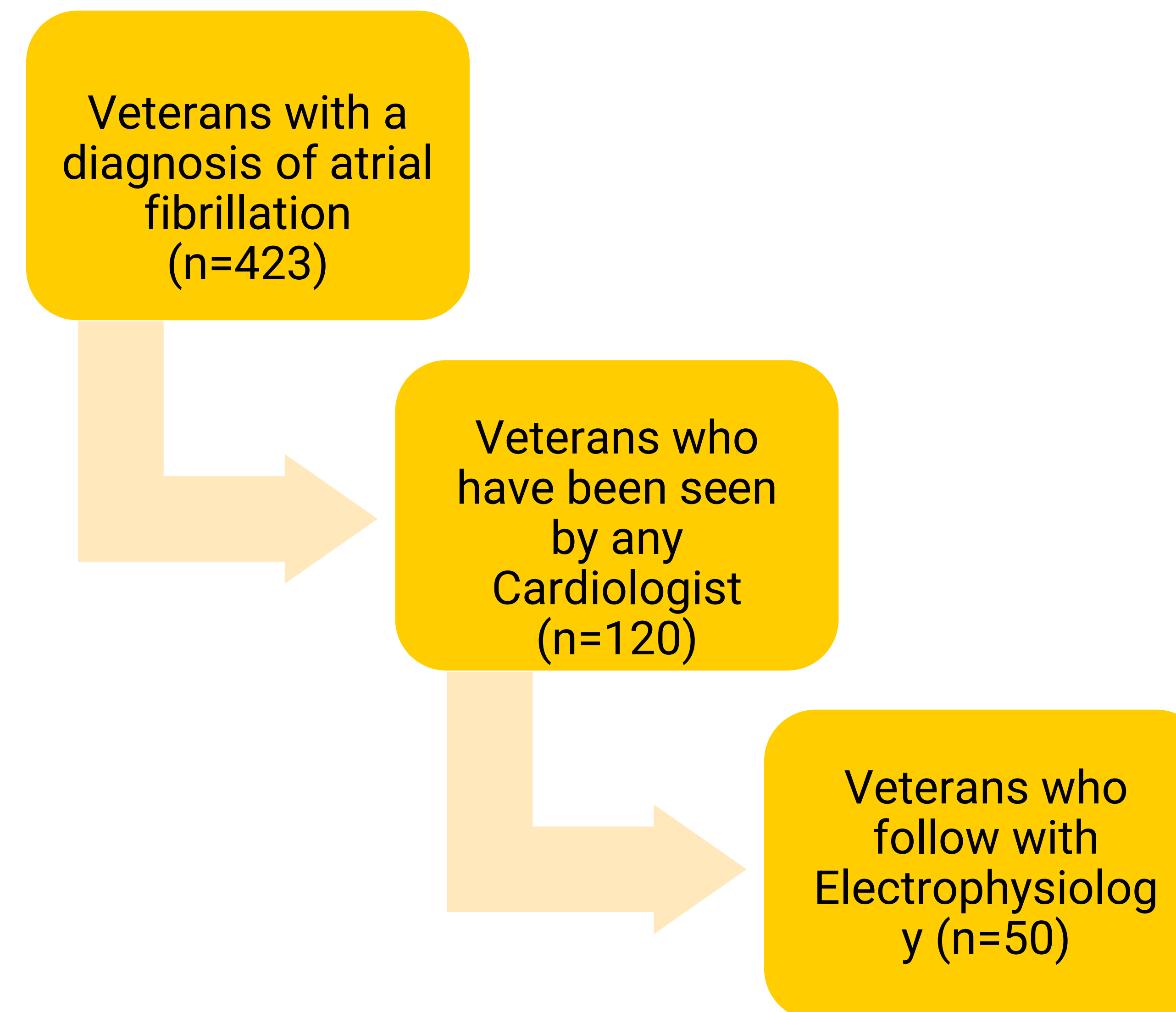
### Recent Updates (2023)

- Paradigm shift towards early rhythm control:
  - Reduce atrial fibrillation burden
  - Reduce progression to persistent atrial fibrillation
  - Reduce complications such as cardiomyopathy/CHF

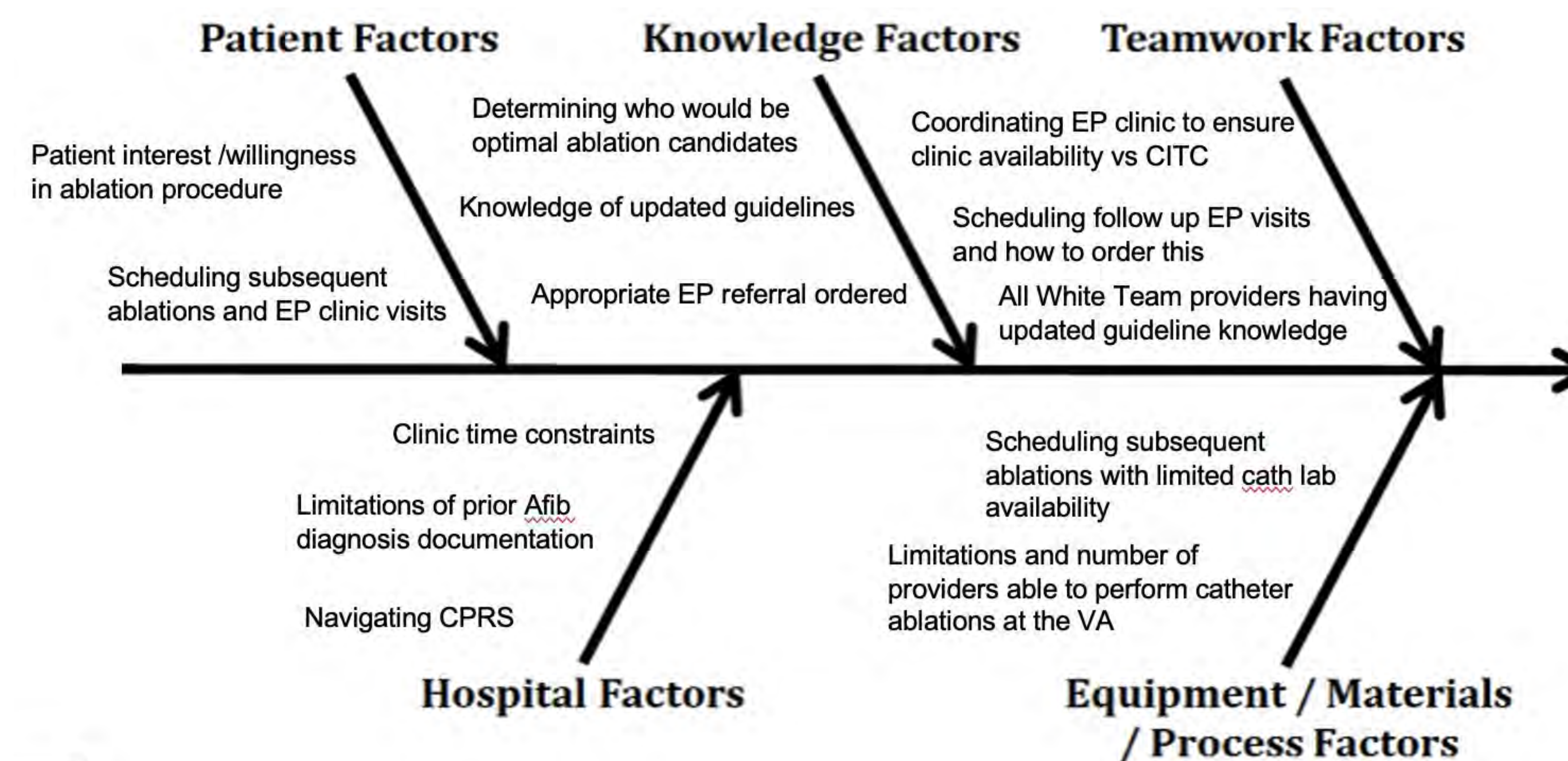
## Project AIM

- Increase Electrophysiology clinic referrals at Iowa City VA for catheter ablation consideration for patients with atrial fibrillation who would benefit from further rhythm control.

**Figure 1: Flow Chart of ICVA Atrial Fibrillation Prevalence and Management**



**Figure 2: Gap Analysis Fish Diagram**



## Intervention

- Training residents on new atrial fibrillation guidelines and rhythm control focus with catheter ablation during Y-week.
- Giving residents examples of optimal candidates for Electrophysiology clinic referral for catheter ablation consideration.

## Future Results Planned and Next Steps

- Recollect data over next 15 weeks.
- May consider additional interventions such as re-education vs. clinician messaging vs team room poster
- Determine best method to sustainably increasing EP referrals for new atrial fibrillation diagnoses.

## Lessons Learned

- Resources at the VA are often limited and being able to work with stakeholders and clinical personal is critical to overcome these barriers to best generate solutions to allow for improved patient care.
- Appropriate veterans can be identified as ablation candidates, but they might not be interested in procedural intervention.

## Acknowledgments

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