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Implementing a Successful Barostim Program in the Clinic: Best Practices and Real World Experience

Announcer:
Welcome to ReachMD. This activity, titled “Implementing a Successful Barostim Program in the Clinic: Best Practices and Real World Experience”” is provided by Medtelligence.

Ms. Rourke:
The BeAT-HF clinical trial showed that Barostim plus GDMT resulted in significant and meaningful improvements in exercise capacity, functional status, and quality of life. Today, let's explore the best practices for successfully integrating Barostim into your clinical practice. This is CME on ReachMD and I'm Anna Rourke.

Ms. Griffiths:
And I'm Jessica Griffiths.

So, Anna, to start things off, what can you tell us about the patient care pathway for Barostim in your clinic?

Ms. Rourke:
The pre-Barostim implant patient care pathway is quite straight forward. After the patient has undergone their full workup and has been medically optimized from a heart failure standpoint, we introduced the topic of Barostim to gauge their interest. If interested, we then proceed with an in-depth discussion about the device.

So, once the patient elects to proceed, we then obtain an NT-ProBNP and a carotid ultrasound to assess the lead implantation site. We then refer the patient to the implanting surgeon for an assessment and in-depth risk benefit discussion. The surgeon's office obtains the prior authorization and schedules the patient for the procedure.

So, Jessica, can you share with us, your clinic’s post-implantation pathway?

Ms. Griffiths:
Absolutely. So, after the patient has undergone their Barostim implant, their first visit is back with the surgeon's office for a wound check to confirm all of the incisions are healing nicely. Then, the patient comes back to heart failure clinic, where we do their Barostim titration, over a series of visits over several weeks, optimizing settings a little bit further at every visit until we reach our targets.

The patients sometimes start to feel better right away, but the majority of patients feel the maximum benefit at the 3- to 6-month mark following implant and device optimization. Oftentimes, following that period, we're able to continue to optimize their GDMT and increase doses, and sometimes can also scale back on their diuretic dose as well.

Ms. Rourke:
That's great.

Ms. Rourke:
For those just tuning in, you're listening to CME on ReachMD. I'm Anna Rourke and here with me today is Jessica Griffiths. We're discussing best practices in the patient care pathway for Barostim in your clinical practice.

Ms. Rourke:
So, now that we've reviewed the care pathway, can you give additional perspective using a patient case?

Ms. Griffiths:

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Absolutely. So, one of our first patients was a younger gentleman (in the heart failure world), he was in his 50s, with an ischemic cardiomyopathy, and we had been following him for years, and had maximized, his background medical therapy and all other possible treatment options. But he was still feeling tired, fatigued, mainly, not so much congestive symptoms. And so, we evaluated him with right and left heart catheters, and confirmed that his coronary disease had not progressed further, and that he was not sick to the point of needing a heart transplant or LVAD, but clearly a young fellow who is not feeling well despite everything we could offer him with medications.

So, that is when we talked to him about Barostim. He was interested in a device that could help improve his quality of life, and so, ultimately, he became one of our first implants, and was titrated without complication, and then after the fact he was feeling a lot better. He had been disabled for years but ended up going in to get a part-time job that he was enjoying, and he was very interested in cars, and he was able to make it to the race in Talladega that year after being essentially sedentary for years. So, really a great success story.

Ms. Rourke:
Wow, I'm speechless. That is such an incredible case. Thank you for sharing that.

Well, this has certainly been an enlightening conversation, but before we wrap up, Jessica, what's your one take-home message for our audience?

Ms. Griffiths:
So, my biggest take-home message, for nurses and providers, would probably be that you don't know if you don't ask, and I think that a lot of these patients, who we've taken care of for years in heart failure clinics are sometimes struggling at home a little bit more than we realize, and by zeroing in on some quality-of-life measures, it can be improved now with device therapy as a great way to incorporate Barostim into your clinical practice.

Ms. Rourke:
That's fantastic. I could not agree more, and I also think about not only the patients, but their family members. The family members can become quite distressed watching their loved ones go through these heart failure exacerbations and symptoms while doing the most basic of tasks, like running to the grocery store or walking from the living room to the restroom for instance, and what an amazing therapy the Barostim is, not for just that patient, but for their entire family and community of loved ones.

So, that's all the time we have. So, I want to thank our audience for listening in and thank you, Jessica Griffiths, for joining me and for sharing your valuable insight. It was great speaking with you today.

Ms. Griffiths:
Absolutely. Thanks Anna.

Announcer:
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