Leveraging Clinical Responsibilities Toward Advancing your Research Career

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Early Interest in Readmissions

- HFP EF (EF ≥50%)
- HFrEF (EF 41-49%)
- HFrEF (EF ≤40%)

All-cause readmission

Gray's P < .0001

Shah et al (2017), JACC
Fundamental Observation: Most Patients with HF are >70 years old

Dunlay, Nat Review 2017
Ceia, Eur J Heart Fail 2002
Discovery of Geriatric Cardiology

What to Expect From the Evolving Field of Geriatric Cardiology

Typical Older Patients
- Multimorbidity
- Polypharmacy
- Frailty
- Cognition

Multiple Providers
- Primary Care
- Geriatricians
- Cardiologists
- Other Specialists
- Hospitalists
- Surgical Specialties
- Physical Therapy
- Nurses
- Advanced Practice Providers
- Pharmacists
- Nutritionists

Why Should Cardiologists Care For Older Patients?
- Basic predisposition to cardiac disease in old age leads many patients to rely on their cardiologists for primary management

Skills These Cardiologists Need:
- Risk Assessment (cardiac, age, and comorbid perspectives in combination)
- Cardiac management tailored to age including medications, procedures, and transitions
- Rehabilitation and function integrated as fundamental components of CV care

Distinct Skillsets Necessary For
- Outpatient, Acute, and Long-term Care

Goals of Care (Short and Long-term) Can Shift
- Mortality but also Function, Independence, Pain, as many patients' priorities

Additional Care Considerations
- Care Coordination
- Shared Decision-making
- End-of-Life Choices
- Bundled Payments
- Readmission from Non-cardiac Disease
- Caregiver Burden
- Patient Education

Bell et al 2015 JACC
**AIM 1:** To describe medication prescribing patterns at discharge after a heart failure hospitalization.

**AIM 2:** To test the association of polypharmacy with adverse post-hospitalization outcomes at 30 and 90 days.
Optimizing Medication Regimens

- **Prescribe** agents whose benefits > risks
- **Deprescribe** agents whose risks > benefits
## A Paradigm to Caring for Older Adults with HF

<table>
<thead>
<tr>
<th>Medical</th>
<th>Mind and Emotion</th>
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<tbody>
<tr>
<td>Evaluate stage and etiology of HF</td>
<td>Evaluate cognition; if impaired, evaluate impact on self-management skills</td>
</tr>
<tr>
<td>Consider challenges in pharmacological treatment, focus on polypharmacy, consider deprescribing</td>
<td>Screen for depression; consider treatment</td>
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<tr>
<td>Consider impact of comorbidities: sleep apnea, kidney disease, diabetes</td>
<td>Discard Goals of Care</td>
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<td>Assess for malnutrition</td>
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<table>
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<tr>
<th>Physical Function</th>
<th>Social Environment</th>
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<tbody>
<tr>
<td>Screen for frailty: slowness, weakness, shrinking, inactivity, exhaustion</td>
<td>Inquire about extent of social support at home, consider engaging community-based care services</td>
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<tr>
<td>Evaluate mobility; consider fall risk</td>
<td>Inquire about financial resources for prescription medications</td>
</tr>
</tbody>
</table>

Gorodeski, Goyal, et al. (2018) JACC
An Opportunity: Complexity of HFpEF

Clinical Phenotypes in Heart Failure With Preserved Ejection Fraction

Rohan Samson, Abhishek Jaiswal, Pierre V. Ennezat, Mark Cassidy, and Thierry H. Le Jemtel

HFpEF Program

A Dedicated Program for Patients with Heart Failure with Preserved Ejection Fraction

Heart failure with preserved ejection fraction makes up half of all heart failure cases in the United States. If you have been diagnosed with this type of heart failure, you can benefit from our comprehensive management program, where we tailor therapy to your unique needs.
Overlapping Circles

Cardiology

HFpEF Program

Geriatrics

Health Care Delivery
Overlapping Circles II

Clinical Care

Research

Education

HFpEF Program
Resulting Opportunities

- Clinical Innovation
- Leadership Development
- Network Building
- Preliminary Data
Recommendations

• Find your niche

• Find your overlapping circles

• Find some money, resources, personnel

• Find mentors and an environment that will invest in you
Thank you