

ACC/HRS release appropriate use criteria for ICDs and CRT

February 28 2013

The American College of Cardiology and the Heart Rhythm Society, along with key specialty societies, today released appropriate use criteria for implantable cardioverter-defibrillators (ICDs) and cardiac resynchronization therapy (CRT). The document provides assessed levels of appropriateness for implanting the devices in 369 real-life clinical scenarios, with the goal of enhancing physician and patient decision making and improving care and health outcomes.

Implantable [cardioverter](#)-defibrillators are devices that monitor the heart's rhythms and correct arrhythmias (abnormal heartbeats) by providing [electrical pulses](#) to the heart. By immediately responding to any abnormal rhythm, ICDs help prevent [sudden cardiac death](#). [Cardiac resynchronization therapy](#) uses an [implantable device](#) to synchronize the beating of the heart's left and right ventricles. This improves the heart's efficiency and reduces its stress. While both ICDs and CRT have expanded treatment options for [cardiac patients](#), the ACC and HRS examined their use as part of an ongoing effort to critically and systematically review the diagnostic tests and procedures involved in [cardiovascular care](#).

The criteria focus on scenarios that were derived from physician experience, clinical practice guidelines, and results of studies examining device implantation. The scenarios identify "real life" clinical situations encountered in daily practice. These clinical presentations include patients that may not be specifically covered by clinical guidelines, which the organizations hope will provide valuable assistance for

decision making by physicians and patients.

"The goal of this document is to help inform [medical decisions](#) and assist clinicians and stakeholders in understanding areas of both consensus and uncertainty, while identifying areas where there are gaps in knowledge that warrant further research," noted Dr. Andrea M. Russo, writing committee co-chair and Director of Electrophysiology and Arrhythmia Services at Cooper University Hospital.

The scenarios cover six areas: ICDs for secondary prevention, ICDs for primary prevention, comorbidities, CRT devices, generator replacement, and dual- versus single-chamber ICDs.

A 10-member writing committee drafted the scenarios, while a separate technical panel rated each on a numerical scale as "Appropriate" (median 7 to 9), "May Be Appropriate" (median 4 to 6), or "Rarely Appropriate" (median 1 to 3). Of the 369 scenarios, 45% were deemed Appropriate, 33% were rated May Be Appropriate, and 22% were determined Rarely Appropriate. The writing committee stated that the appropriate use criteria can help inform the decision making process but should not be used as a substitute for careful clinical judgment and clinical practice experience nor current coverage and reimbursement policies.

"The decision to implant an ICD or CRT device is often complex, based on clinical evidence and clinical judgment, while taking into account comorbidities and other individual patient factors," said Russo. "While this document was designed to help inform clinical decision making, it does not establish 'rules' by which decisions should be made in clinical practice. Healthcare providers and other stakeholders should continue to acknowledge the pivotal role of clinical judgment in determining whether device implantation is indicated for an individual patient."

Russo added that the appropriate use criteria "can also be used to create algorithms or educational tools that help identify resource utilization or variations in care." These tools can be used at the point of care—such as hospitals or physician offices—where utilization decisions are made. Data generated from these tools or collected in registries can be used to identify the patient mix for these procedures for individual institutions. This information can then be used for benchmarking over time and for comparison to other organizations.

More information: The ACCF/HRS/AGS/AHA/ASE/HFSA/SCAI/SCCT/SCMR 2013 Appropriate Use Criteria for Implantable Cardioverter-Defibrillators and Cardiac Resynchronization Therapy is published on the websites of both the ACC and the HRS and will be published in the Mar. 26, 2013 print issue of the *Journal of the American College of Cardiology*.

Provided by American College of Cardiology

Citation: ACC/HRS release appropriate use criteria for ICDs and CRT (2013, February 28) retrieved 25 April 2024 from

<https://medicalxpress.com/news/2013-02-acchrs-criteria-icds-crt.html>

<p>This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.</p>
--