Managing Atrial Fibrillation: Primary Care Responsibility?
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With the aging of the population and enhanced detection and diagnostic approaches, cases of atrial fibrillation ("AFib") are expected to skyrocket in the coming decades. There are currently about 2.7 million patients with Atrial Fibrillation in the US, and this number is predicted to increase to up to 12 million in 2050. New consumer wearable technology devices and medical remote monitoring appliances will increase detection and awareness of AFib among patients and clinicians. Access to cardiology specialists is certain to become more difficult in the future, as their time will be dedicated to managing acute and stable coronary artery disease, valvular heart disease, cardiomyopathy, CHF, and other conditions.

Already today the initial diagnosis of atrial fibrillation usually takes place in primary care offices or urgent care/emergency department settings staffed by family doctors or other non-cardiology specialty staff. Standards of practice vary, with many primary care physicians obtaining immediate cardiology consultation when the AFib is detected and delegating all work-up and management to the specialists. A few primary care clinicians manage their AFib patients completely, referring to specialists only for specific interventions like cardioversion, trans-esophageal echocardiogram, or ablation therapies.

As the numbers of AFib cases increase, it is likely that the responsibility and burden of rate control and anticoagulation management will fall on primary care physicians and their staff. Fortunately there is a growing body of evidence-based literature and guidelines available to guide primary care to provide high-quality AFib management and optimize patient outcomes.
Want to learn more? Check out the Family Medicine Clinical Forum!

Join us at the upcoming CAFP 2015 Forum where we will deliver an interactive, evidence-based program on state-of-the-art AFib management, focusing on screening for risk of thromboembolic stroke and anticoagulation management. Using the audience response system, multimedia and video presentations, and small group peer discussions, we will host an informative and engaging education experience that will update everyone on best practices in stroke prevention. The recent influx of new TSOAC (Target-Specific Oral Anti-Coagulants) on the market will be discussed, and we will explore the benefits and risks of these novel new agents.

We look forward to seeing you in San Francisco on April 25-26, 2015!

Medscape Offering AFib CME Activity

Dr. Flores is also leading a TEAM-A Medscape Activity: Answering Your Questions on Anticoagulation in Atrial Fibrillation: Treatment Selection and Complex Cases

This activity was developed for cardiologists, primary care physicians, hospitalists, and other healthcare professionals who care for patients with atrial fibrillation.

The Evolution of Anticoagulation Management—Atrial Fibrillation (TEAM-A) is a strategic, multi-institution educational initiative that is designed to prevent the incidence of cerebrovascular accidents in patients with atrial fibrillation. As part of the TEAM-A initiative, this activity will provide cardiologists the opportunity to learn from an engaging question-and-answer session among a panel of cardiologists, a hematologist, and a family physician. Discussion topics were chosen based on TEAM-A’s competency-based needs assessment and analysis of commonly asked questions at previous TEAM-A activities and include practical issues in selecting therapy and managing anticoagulation in complex situations.