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Transforming patient care.

Rapid Clinical Updates: Cardio-Renal-Metabolic Disease and Care Models for Hospital Medicine

Speakers

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COI: Over the past 3 years, Dr. Barkoudah reports research support payments from Bristol Myers Squibb, payments made to Brigham and Women's Hospital for performing clinical endpoints sponsored by various entities, payments from WebMD, and Advisory Board fees from Medscape, Novartis, and Gilead. Past Editor in Chief, Journal of Clinical Outcomes Management. Member of multiple national committees. All outside the current presentation.

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- Cardiologist, Clinical Trials Specialist
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COI: Dr. Vaduganathan reports Consultant and/or Advisor for American Regent; Amgen; AstraZeneca; Bayer AG; Baxter Healthcare; Boehringer Ingelheim; Bristol Myers Squibb; Chiesi; Cytokinetics; Fresenius Medical Care; Idorsia Pharmaceuticals; Lexicon Pharmaceuticals; Merck; Milestone Pharmaceuticals; Novartis; Novo Nordisk; Pharmacosmos; Relypsa; Roche Diagnostics; Sanofi; and Tricog Health. Grant/Research Support from Amgen; AstraZeneca; Bayer AG; Galmed; Impulse Dynamics; Novartis; and Occlutech.

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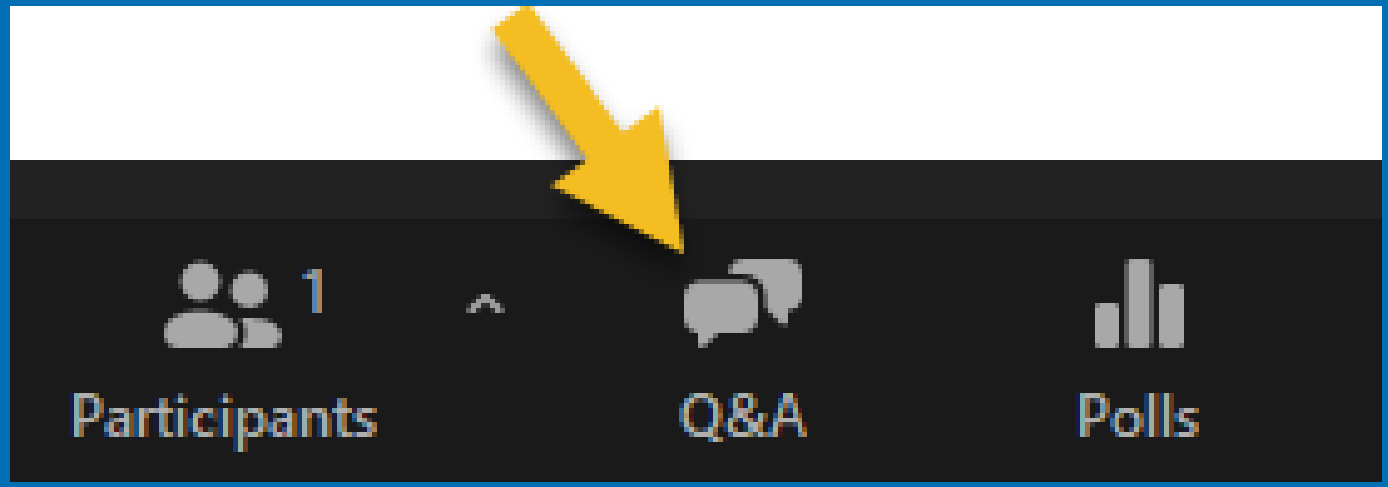
Please submit questions using Q&A feature

We will have Q&A time after



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POLL QUESTIONS

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Question 1:

What are the four pillars of treatment in cardiometabolic kidney disease?

A) RAS inhibitors (ACE inhibitors, ARBs), SGLT2 inhibitors, GLP-1 receptor agonists, and nsMRAs.

B) RAS inhibitors (ACE inhibitors, ARBs), SGLT2 inhibitors, beta-blockers, and any MRAs.

C) SGLT2 inhibitors, beta-blockers, and any MRAs.

D) RAS inhibitors (ACE inhibitors, ARBs), metformin, beta-blockers, and any MRAs.

Question 2:

If a patient has a serum potassium 4.5-5.0 mmol/L, they should not be prescribed nsMRAs due to arrythmia risks

A) True

B) False

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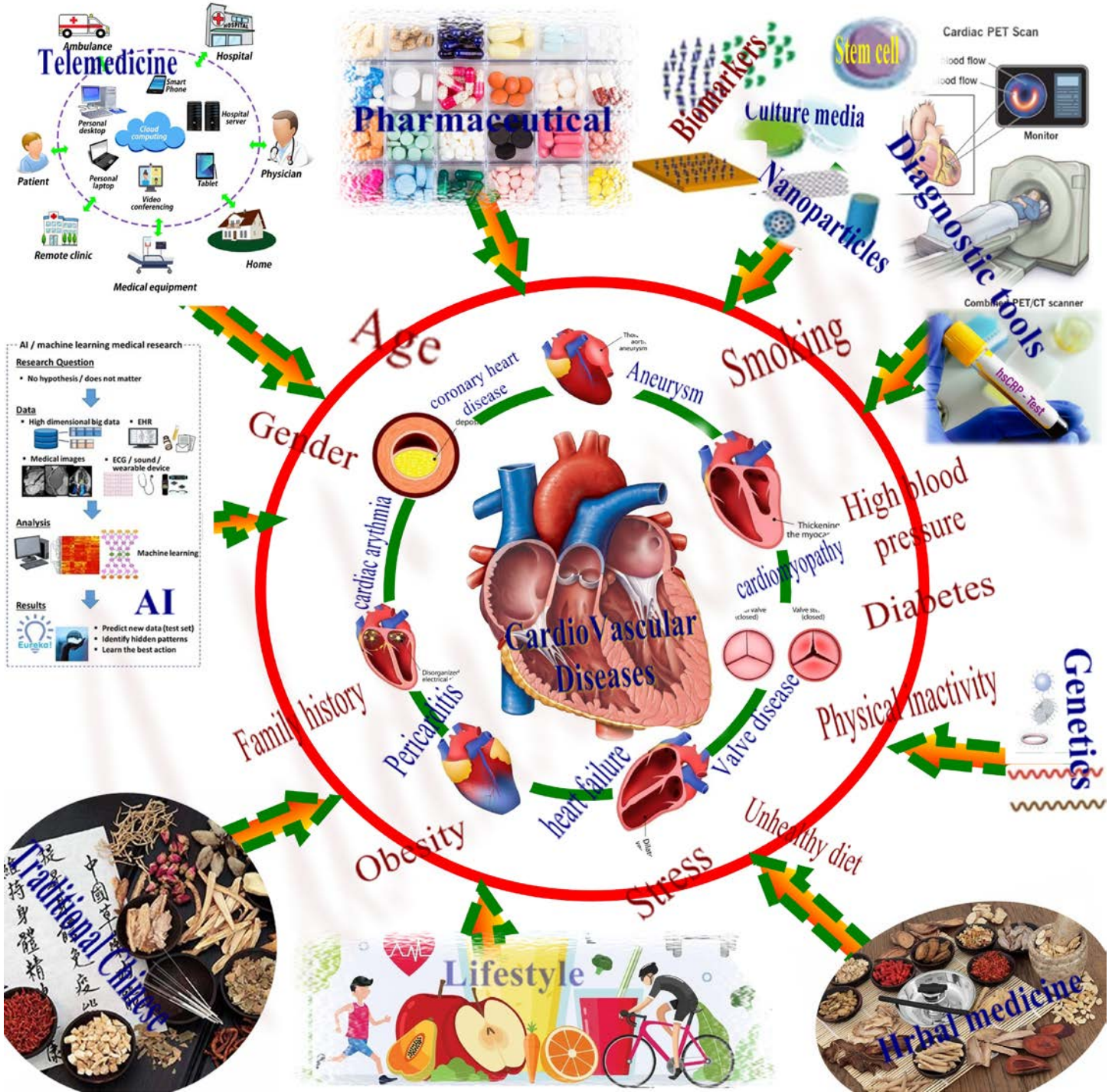

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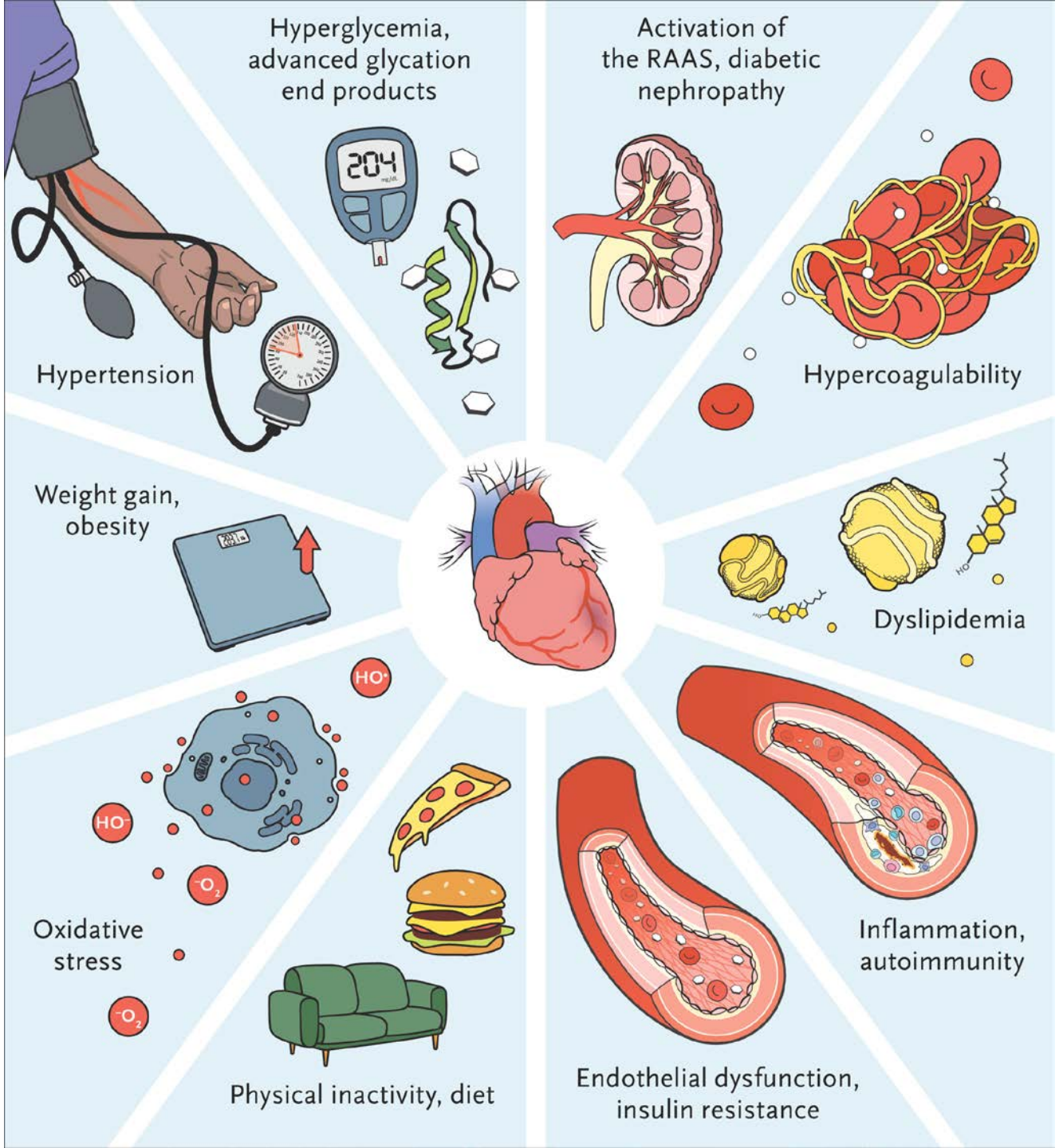

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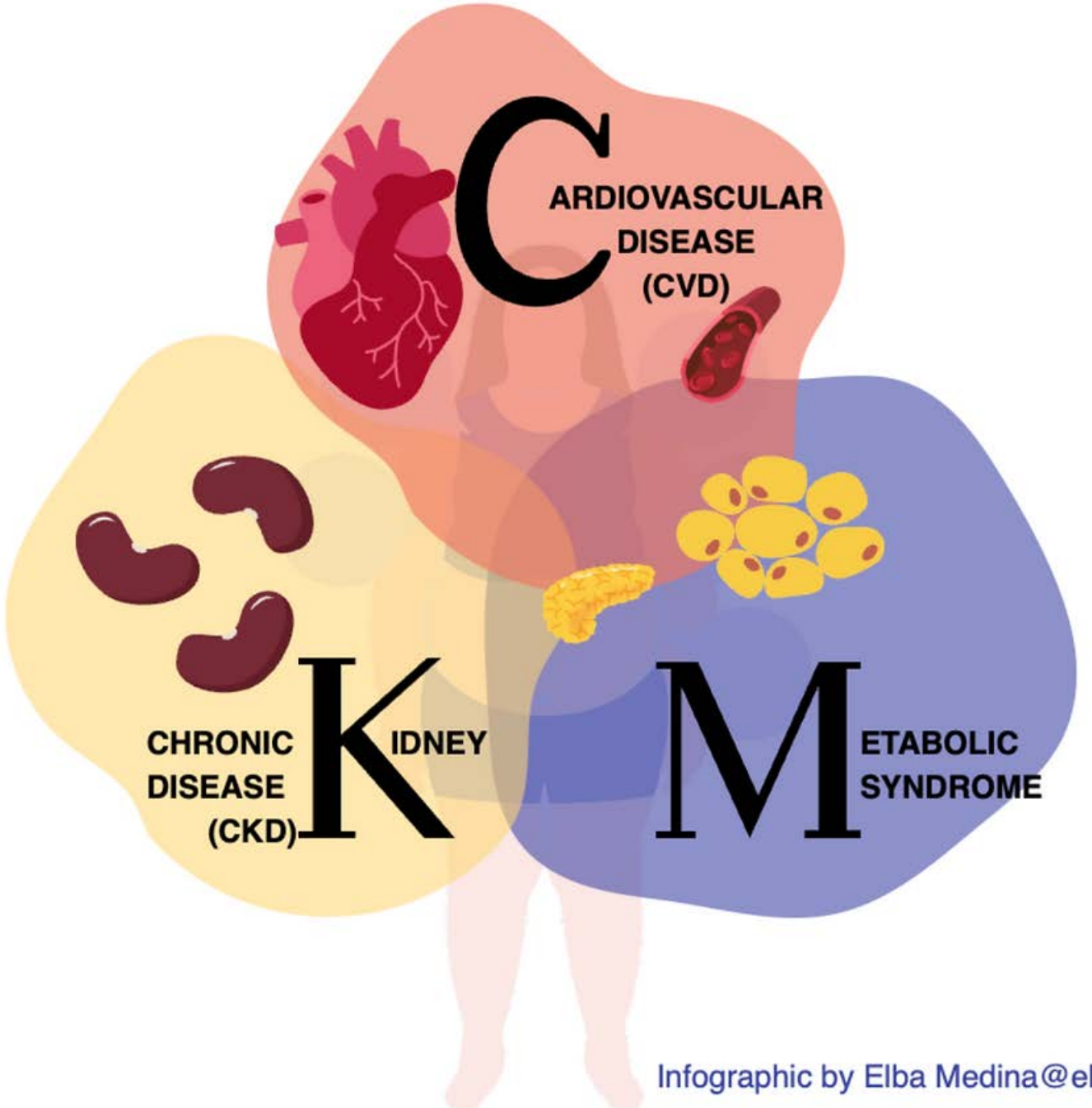

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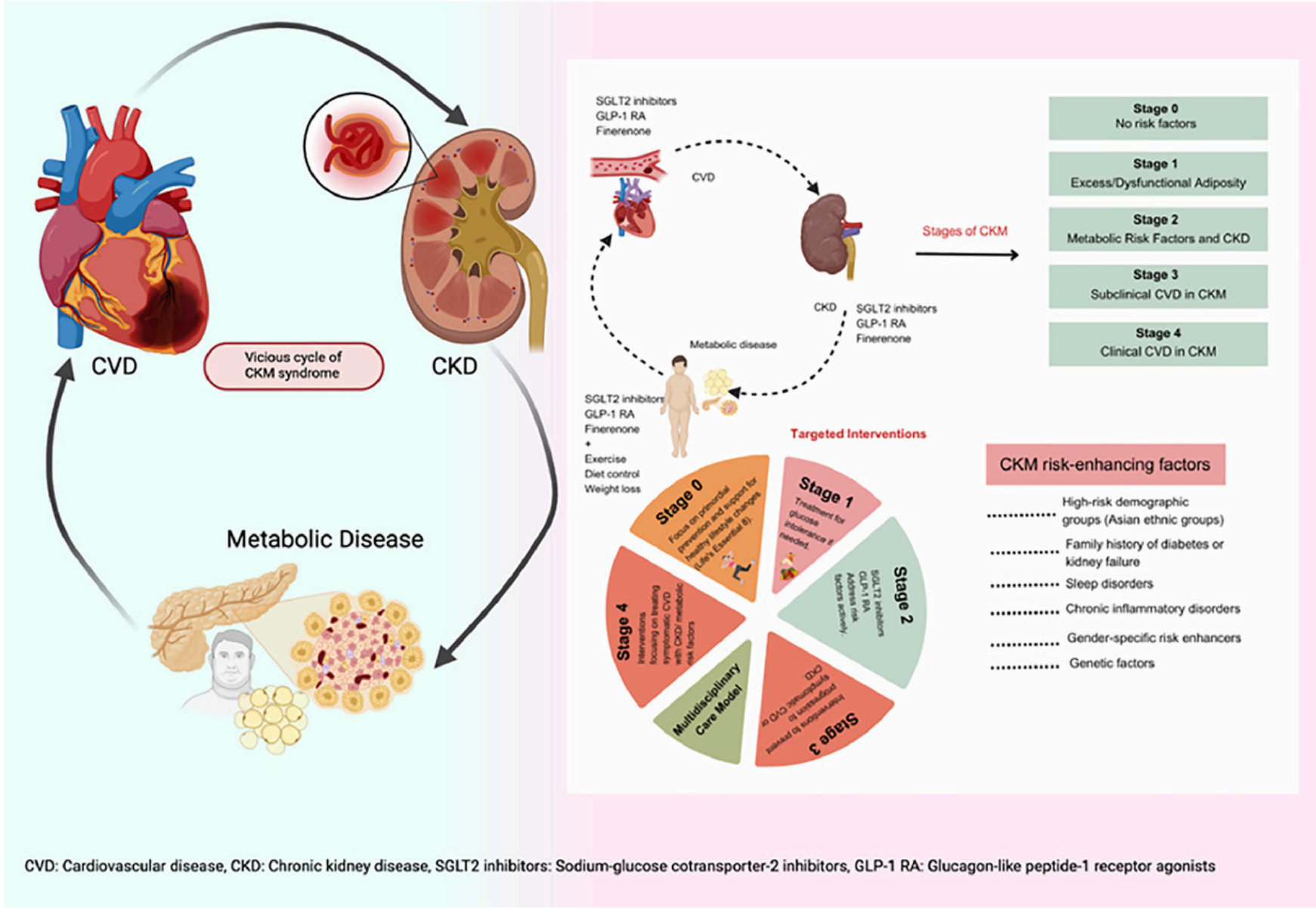
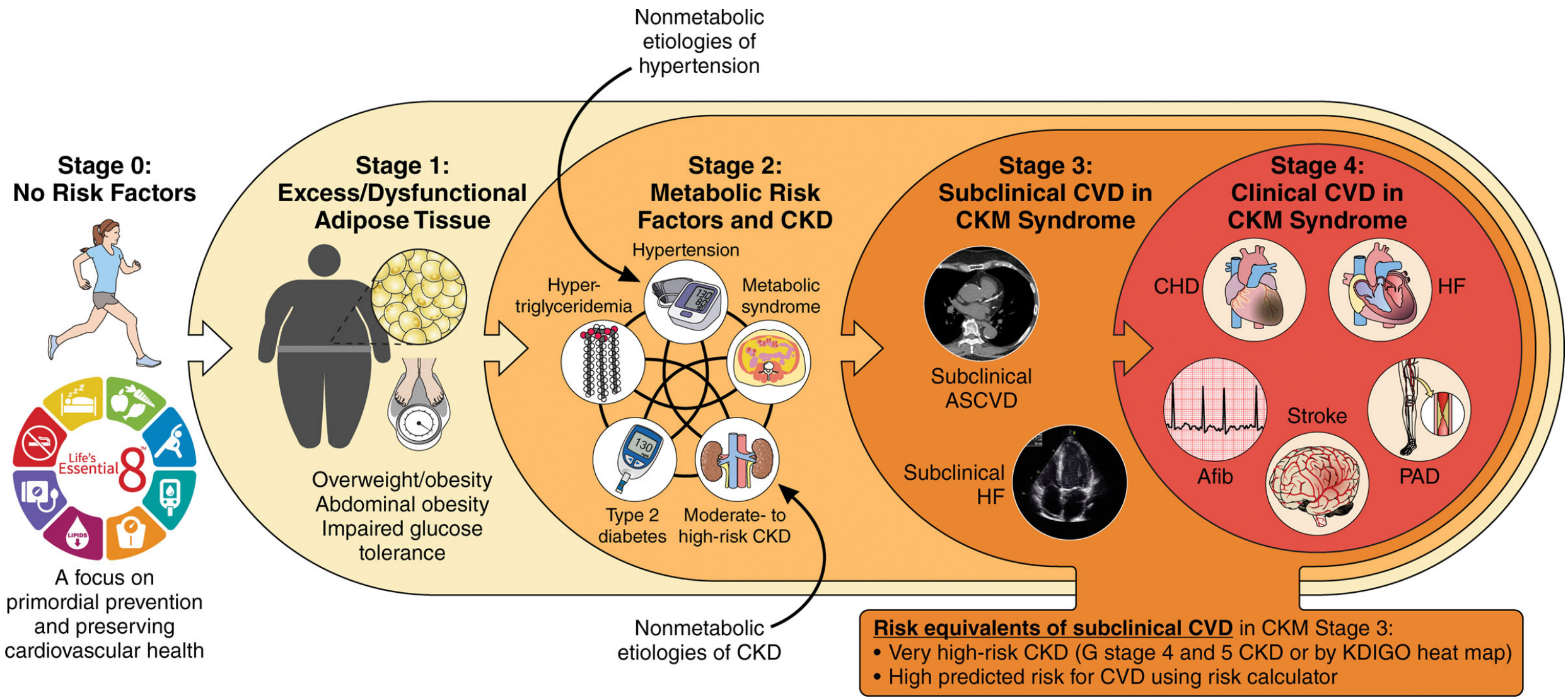
Cardiovascular-Kidney-Metabolic (CKM) Syndrome



CVD: Cardiovascular disease, CKD: Chronic kidney disease, SGLT2 inhibitors: Sodium-glucose cotransporter-2 inhibitors, GLP-1 RA: Glucagon-like peptide-1 receptor agonists

Curr Probl Cardiol. 2024 Feb;49(2):102344.



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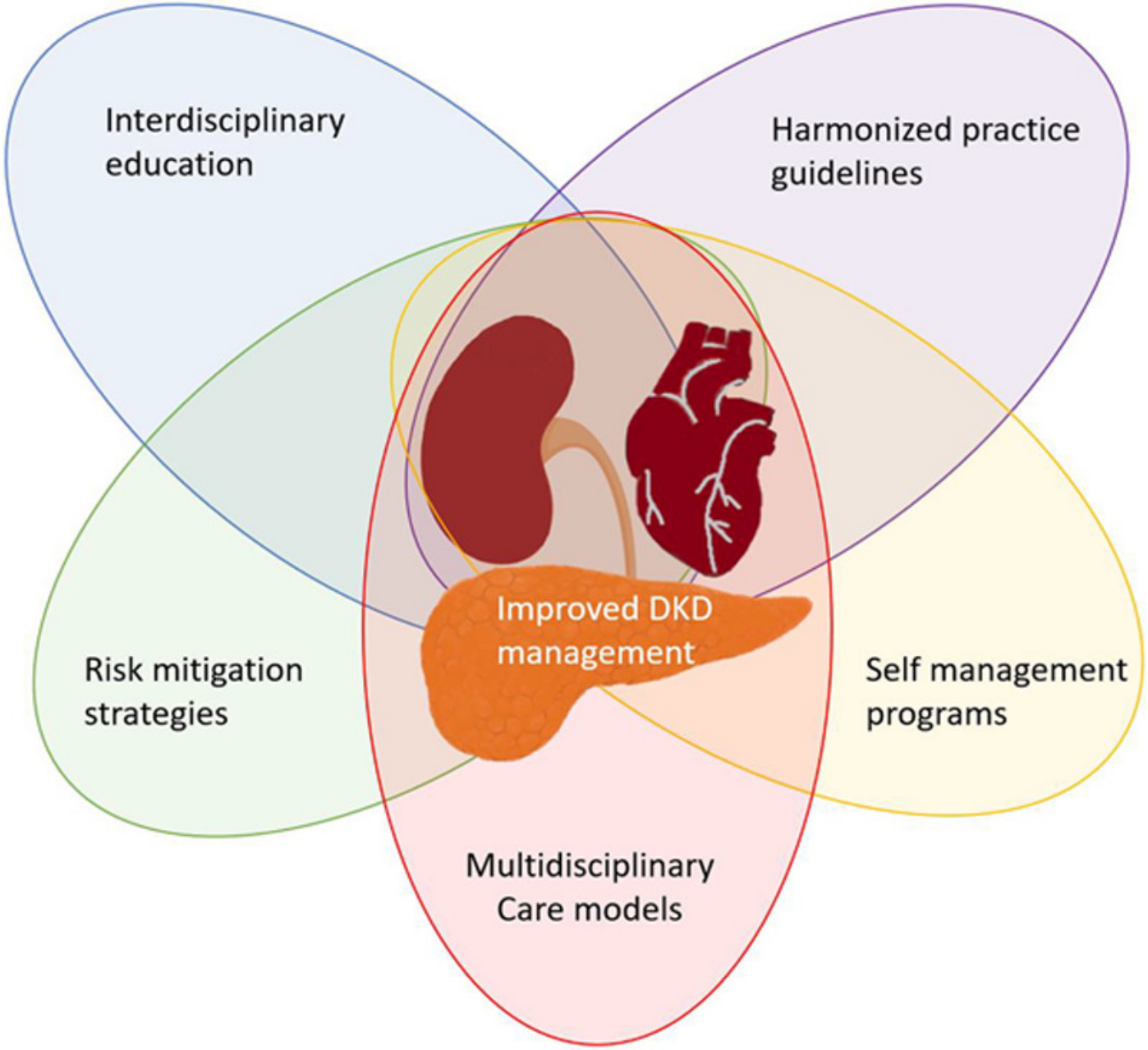
Circulation. 2023 Nov 14;148(20):1606-1635.



Circ Cardiovasc Qual Outcomes. 2020 Nov;13(11):e007264.

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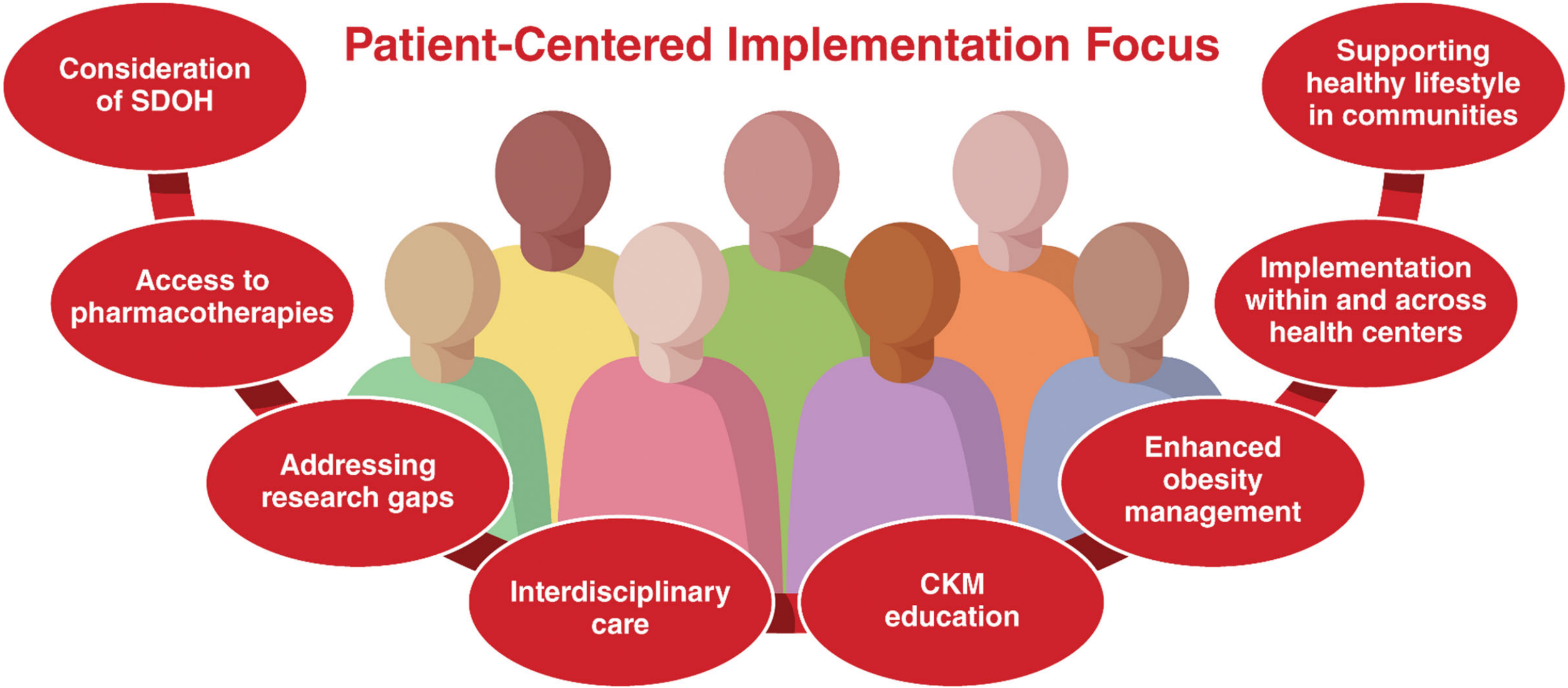
Patient-Centered Implementation Focus



Circulation. 2023 Nov 14;148(20):1606-1635.

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Question 1

How have the landmark trials of SGLT2 inhibitors transformed our understanding of these therapies from purely antihyperglycemic agents to cornerstone therapies in cardiorenal protection, and what are the key clinical implementation lessons for patient selection across the cardiorenal continuum?

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Question 2

Based on the findings from trials such as CONFIDENCE, what practical framework can clinicians use to optimize combination therapy with SGLT2 inhibitors and MRAs across the spectrum of cardiorenal disease, particularly in patients with moderate to advanced CKD?

Question 3

How should the positive findings from trials such as STRONG-HF influence our approach to initiating and sequencing evidence-based cardiorenal protective therapies during hospitalization, and what monitoring protocols best ensure safe implementation of these trial results into clinical practice?

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Care Transitions and Discharge Planning

- Medication bridging protocols for transitioning between inpatient and outpatient regimens
- Standardized discharge planning/arrangements
- Education regarding adherence and lifestyle modifications
- Care coordination with outpatient specialists/PCP
- Implementation Strategies
- Quality Improvement Initiatives

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Developing standardized protocols and clinical pathways to improve CKM care delivery

- EHR integration for systematic screening and risk assessment
- Clinical decision support tools to guide medication selection and dosing
- Performance metrics tracking CKM-specific outcomes and QI measures
- Management must integrate Social Drivers of Health and Health-Related Social Needs screening and intervention.
  - Systematic screening using validated tools
  - Integration into clinical workflows
  - Leveraging community resources and programs

- Value-based care approaches that reward outcomes rather than volume of services may facilitate broader adoption of CKM syndrome management models .

- The successful implementation of CKM syndrome care models in hospital medicine depends on systematic organizational change, provider education, technology integration, and policy support to create sustainable, patient-centered care delivery systems that improve outcomes for this high-risk population

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