The Heart Team 2.0 Where will be in 2030?

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Icahn School of Medicine at Mount Sinai has royalty agreements with Edwards LifeSciences and Medtronic:

- Physio II Mitral Annuloplasty Ring
- IMR ETlogix Mitral Annuloplasty Ring
- TriAd Tricuspid Annuloplasty Ring

National Co-PI: Medtronic CoreValve US Pivotal Trial
National Co-PI: NeoChord System US Pivotal Trial
National Co-PI: Medtronic Apollo US Pivotal Trial
National Co-PI: Triluminate II US Pivotal Trial
Honored Guest’s Address

Cardiac valve surgery—the “French correction”

Alain Carpentier, M.D., Paris, France

Mr. President, I would like to begin by expressing my gratitude to the Association for the privilege of presenting the Honored Guest Lecture at the Sixty-third Annual Meeting of The American Association for Thoracic Surgery. What surprises me the most in this meeting is my presence on this podium, since this honor is usually reserved for more senior and prominent figures in thoracic surgery. I suppose that you wanted to distinguish a team rather than a man, so that I would like to share this honor with my co-workers who are present in this room: Drs. Deloche, Fabiani, Chauxaud, Rolland, Lissana, Labey, Mrs. Chauveau, Mrs. Menissier, Mrs. Veneziani, and with my wife, Sophie, who has participated in my laboratory work throughout the years. I also would like to pay special tribute to my identification badge, I observed with great admiration and respect the famous people wearing a white printed badge and seated in a carefully delineated area of reserved seats! Permit me to tell you how proud I am to enter your prestigious circle.

Guests, you are seated outside this circle, but only temporarily! I address you specifically, since you represent the future of thoracic surgery and the future of this august Association.

Members and guests, cardiac surgery has achieved remarkable progress in the past 10 years. Safer techniques of anesthesia and postoperative care, improved extracorporeal circulation and myocardial protection, and sophisticated surgical techniques are new tools which have been instrumental in reducing hospital
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The patient was in Functional Class I, in sinus rhythm, and had a normal heart size at the time of his admission to the hospital this morning. He was welcomed together with six other patients by his surgeon. He was aware of the patient’s condition and the operation could begin 3 hours after admission.
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be necessary, a robot is available. Mitral valve analysis is performed by a computerized three-dimensional image analyzer which determines the leaflet dysfunction and suggests the appropriate technique of repair to be used:
35 years ago Carpentier predicted Heart Team 2.0

- Specialized valve centers
- Sophisticated multi-modality imaging
- AI-augmented patient management
- Volume concentration
- Very early intervention
That depends:
Can we break down the barriers that continue to divide our Heart Teams?
If we were starting over building a heart team, would we build a system with:

- Departments of Medicine
- Departments or Divisions of Cardiology
- Departments of Surgery
- Departments or Divisions of Cardiovascular Surgery
- Departments of Anesthesiology
- Divisions of Cardiac Anesthesia/Intensive Care
Or would we build a unified system under one Department of Cardiovascular Science, and link all heart team members:

- Financially
- Performance & Quality Metrics
- Academically
In most heart centers, the door you enter the hospital has a lot to do with what therapy you are offered.
We have to realign the financial incentives across the Heart Team
The Heart Team 2.0 Where will be in 2030?

We will not achieve the best outcomes unless we stay together
Super-specialization is mandatory to achieve excellence

The Heart Team 2.0 Where will be in 2030?
Relation of Mitral Valve Surgery Volume to Repair Rate, Durability, and Survival

Joanna Chikwe, MD,1,2 Nana Toyoda, MD,2 Anelechi C. Anyanwu, MD,3 Shinobu Itagaki, MD, MSc,2 Natalia N. Egorova, PhD,2 Percy Boateng, MD,2 Ahmed El-Eshmawi, MD,6 David H. Adams, MD7
The Heart Team 2.0 Where should we be in 2030?

- Coronary Interventionalist
- Structural Heart Interventionalist
- Specialized Valve Surgeon
- Structural Imager

“Interest in” will be replaced by “Expertise in”
The Heart Team 2.0 Where should we be in 2030?

- Specialized Centers and **Ultra-specialized Physicians**
- Sophisticated multi-modality imaging
- AI-augmented patient management
- Volume concentration and very early intervention
- Focused on long term outcomes not just technical success
- Academic and financial unification