ECHO Idaho: Managing Heart Failure in Primary Care
CASE RECOMMENDATION FORM

ECHO Session Date: 2-5-26 **Presenter Credential**: MD

Thank you for presenting your patient at ECHO Idaho –Managing Heart Failure in Primary Care session.

Summary:
This case is a 51-year-old man with advanced NYHA class IV heart failure due to ischemic cardiomyopathy, initially diagnosed in March 2022, with progressive decline in LVEF from 30–35% to 15% despite guideline-directed medical therapy. His course is complicated by prior CABG with bioprosthetic mitral valve replacement, end-stage renal disease on hemodialysis from FSGS, severe biventricular dilation and dysfunction, severe bioprosthetic mitral valve stenosis, severe tricuspid regurgitation, pulmonary hypertension, and recurrent heart failure hospitalizations, most recently in June 2025. He has a CRT-D in place, significant coronary artery disease with patent grafts, and limited medication options due to hypotension and ESRD; socially, he lives with his partner, has a history of PTSD and TBI with ongoing marijuana use, and is fully engaged in goals of care focused on longevity and quality of life.

After review of the case presentation and discussion of this patient's case among the ECHO Community of Practice, the following suggestions have been made:

Clinical Care Recommendations

- Recognize advanced heart failure early (worsening hypotension, recurrent hospital/ER visits, cachexia, medication intolerance) to prompt escalation rather than continued outpatient management.
- Refer early to an advanced heart failure and transplant center when patients show progressive decompensation or can no longer tolerate guideline-directed medical therapy.
- Use invasive hemodynamic assessment when noninvasive data are insufficient to clarify severity or guide urgent intervention, particularly in suspected valvular or low-output states.
- Act promptly on structural complications (e.g., bioprosthetic mitral valve stenosis) with timely transcatheter or surgical intervention.
- Consider inotropic support as a bridge in severe low-output states.
- Evaluate for advanced therapies (LVAD, heart transplant, or combined heart–kidney transplant) when appropriate criteria are met.

Substance Use–Related Recommendations:

- Screen and address substance use early in patients with advanced heart failure, integrating formal evaluation, substance use contracts, and specialist follow-up as part of transplant or LVAD assessment.
- Require documented abstinence with objective monitoring, recognizing substance-specific policies (e.g., nicotine as a transplant contraindication; limited exceptions for medical marijuana).
- Use LVAD as a bridge to transplant when appropriate for patients who do not yet meet abstinence requirements but otherwise meet advanced therapy criteria.

Care Coordination & Systems Recommendations

- Maintain close communication between specialists and rural care teams, including direct provider-to-provider contact.
- Provide patients with clear plans for labs, blood pressure monitoring, and symptom reporting.
- Engage multidisciplinary teams early, including financial coordination, palliative care, psychiatry/substance use specialists, and social work.
- Ensure education and safety planning for LVAD patients, particularly in rural settings (battery management, blood pressure measurement, emergency preparedness).