

AFib Podcast: Frailty

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FULL TRANSCRIPT (with timecode)

:00:dc00:6600:1211:816 of AFib specialists comes to mind. The first, Jill Schaeffer comes to my mind. I think back to about eight years ago when our practice was looking to better care for patients with atrial fibrillation, and we made a visit to Jill and her team at Lancaster General and were blown away at the great things that you were doing. It's a real privilege to have you on the podcast today.

00:01:03:10 - 00:01:06:01

Jill: Oh, thank you very much. Has it been eight years?

00:01:06:03 - 00:01:07:14

Dr. Allred: Been a long time

00:01:07:22 - 00:01:08:07

Jill: Yes.

00:01:08:11 - 00:01:15:29

Dr. Allred: So, as we think about frailty, what are the perceived and actual barriers to appropriate anticoagulation therapy?

00:01:16:13 - 00:02:38:25

regarding anticoagulants that are on the market, and those come with many caveats and concerns. And so, they're fearful of that. There's also worry about costs and co-pays and needs for testing. But in my experience, patients and families fear a stroke much more than they do the bleeding after you have a conversation about the risks and benefits.

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Dr. Allred: I think for the frail patient, it's often difficult to engage that patient, even, at times, for them to come to the (t)-2.6 (i)187.56 644.5

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Jill: Our institution doesn't routinely do that. Our structural heart team does a little bit more with that prior to TAVR workups, but they basically look at what's called the TUG test, which is a physical therapy, timed, get up out of the chair and walk. My physical therapy daughter taught me about that, and

00:14:21:29 - 00:14:34:10

Jill: That's great to hear because we have a pharmacy-led clinic similar to yours, and that's a great resource. The PharmDs are just great resources, and they want to be involved in those conversations. That's a great resource to put out there.

00:14:34:25 - 00:14:51:05

Dr. Allred: Jill Schaeffer