Comment: Impact of a Multidisciplinary Management Program on Recurrent Hospitalization and Mortality in Older Individuals with Chronic Atrial Fibrillation

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Strengths

• Builds on previous research
• Well matched groups
• Large sample representative of AF population
• Multi-site
• Well developed comprehensive intervention
• Minimum of 24 month follow up
Points to consider

• Choice of primary outcomes
• Low power to detect differences for mortality
• Accounting for ambulatory healthcare or home health visits
• Statistical significance versus clinical meaningful difference for out-of-hospital alive
• Limitation: generalizability to other healthcare payment plans
Summary

• Meaningful work that addresses a large knowledge gap
• Additional analysis will expand understanding of the intervention’s influence
• Provides a foundation for future investigations