

EDITOR'S PAGE



The International Olympic Games

Heart Teams and Heart Failure

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The recent International Olympic Competition in Rio de Janeiro, Brazil, was a 2-week spectacular celebration of the human enterprise. What a nice break from tragic events and the U.S. elections to see the fantastic international global competition and athleticism, team work, and spirit of cooperation throughout the competition period. Although the Olympics tend to focus on individual success, I was particularly impressed with the relay teams in swimming and track. The excitement throughout these competitions, in which individual effort was surpassed by teamwork resulting in gold medals, emphasizes what needs to happen in medicine today. In the U.S. men and women's 4 × 100 relays, we saw efforts by individuals who were not necessarily ranked as number 1 in their individual event competing and executing at the highest level. The starts, the times, the handoffs, and the finishes exceeded what they were able to do in individual competition. What a great compliment to the human enterprise to see a team of athletes competing and exceeding in those skillsets to create and complete a common good, to contribute to something better than their individual effort, the team gold medal.

It reminds me of where cardiology and heart failure care is going today. We can no longer focus on the individual great giants who walked through the halls of medicine. Individuals can no longer be what we remember in the delivery of excellent care, development of innovative medical breakthroughs, and the contribution to education and training.

It will be the heart team that will do this. The heart team, which began many years ago in the heart failure space with surgeons, cardiologists, advanced heart failure and transplant specialists, nurses, pharmacists, social workers, exercise physiologists, and others working together to develop clinical care decisions and pathways for their very complicated patients. This has evolved over the years. For example, the structural heart disease space has mandated now that heart teams participate in the decision making for care of all patients undergoing percutaneous aortic valve replacement and subsequent other structural heart disease cases. Government entities such as Centers for Medicare & Medicaid Services, National Institutes of Health, and Food and Drug Administration endorse the heart team concept. European guidelines recommend it at the highest level. We also see heart teams emerging in the care of advanced coronary artery disease, peripheral vascular disease, and arrhythmia management. It is through these efforts that we will continue to make great strides in the care of our patients. To build on the individual efforts of Phelps, Ledecky, and Biles, the collective efforts by many nameless individuals allowed the Olympic records and gold medals to be secured by these athletic teams.

We should take note of the lessons learned from these relay teams. The focus and mission articulated at the beginning, the execution of the start, the flawless transition to other team members through the baton or through another dive, the continual

focus on success, and the tireless effort to win without failure. These are the hallmarks of the heart teams of the future—teams that must be formed, developed, and executed to deliver the very best care for our patients.

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