

AF CoE Team Members	T-Shaped Contribution (see Figure 10.1)	
	Broad-Based AF Knowledge	Deep Domain and Methodologic Expertise
Core team members		
AF CoE champion	“Ambidextrous” team leadership (See Table 10.2)	May also have deep domain and methodologic expertise but is not required
Electrophysiologists and advanced practice providers	Strategic decisions about management of AF	Detailed knowledge of AF and pros/cons of management strategies; ablation techniques
Pharmacists (AMS)		Pharmacology of OAC and DDI
Implementation services		
Clinical coordinator/nursing	Patient triage, care, and education	
Informatics		Data entry, visualization, and reporting
Administrative support		Communication and logistics
Frequently consulted team members		
Pharmacists (rate control, AAD surveillance)		Titration of rate control agents; ECG surveillance and AAD monitoring
Invasive electrophysiologist: LAAO		Insertion of LAAO devices in patients who are not candidates for OAC
Important consultants to be available to patients*		
Sleep medicine specialists	Aware of implications of AF but broad-based knowledge not necessarily as comprehensive as core team members	Available to support AF CoE with specific consultations
Endocrinologists (diabetes, thyroid)		
Nutrition support		
Rehabilitation services		
Smoking cessation team		
Cardiac surgery & structural heart team		
Bariatric surgery		
General surgery		
Stress management		
Otolaryngology		

Table 10.1 Team member contributions (See [Chapter 3](#), and [Table 3.1](#)).

*Depending on local availability of specialists. AAD = anti-arrhythmic drug; AF = atrial fibrillation; AMS = anticoagulation management service; CoE = Center of Excellence; DDI = drug–drug interactions; ECG, electrocardiogram; LAAO = left atrial appendage occlusion; OAC = oral anticoagulation.