

Team-based Care for Patients Hospitalized with Heart Failure



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KEYWORDS

• Acute heart failure • Team-based • Hospitalized • Interdisciplinary • Therapeutics

KEY POINTS

- Heart failure (HF) is a major cause of morbidity and mortality in the United States, and will continue to receive increasing scrutiny in the era of cost-effective and patient-centered medicine.
- Most of the literature on team-based care of patients with HF comes from non-MD providers on the team.
- Team-based care in HF can reduce mortality, hospitalizations, length of stay, and readmissions.

INTRODUCTION

Heart failure (HF) is a major cause of admission in the United States. It is listed as the primary diagnosis in more than 1 million hospitalizations annually, and as a secondary diagnosis in 3 million hospitalizations, making HF the leading cause of hospitalization in patients older than 65.¹ Hospitalization for HF is a growing issue in the public health sector,² as these admissions have led to an overwhelming economic burden. More than \$15.0 billion of the \$30.7 billion that is spent in the United States on HF-related care is spent in the inpatient setting. In contrast, this is greater than 800% more than the cost of physician office visits for HF (\$1.8 billion, in 2013).¹ In the United States, the lifetime risk of developing HF is approximately 20% for those older than 40. More than 850,000 new cases are diagnosed each year,¹ and the incidence increases with age, ranging from approximately 2% in Americans aged 65 to 69, to more than 8% in those older than 85.³ Approximately 5.7

million people in the United States have HF, and the prevalence continues to increase.

Against this backdrop, many of the largest stakeholders began to issue guidelines in hopes of improving HF care. The Centers for Medicare and Medicaid Services has adopted performance measures set out by the American College of Cardiology Foundation (ACCF) and the American Heart Association (AHA).⁴ At the same time, the most recent ACCF/AHA guidelines published in 2013 have added a section dedicated to the care of patients hospitalized with HF.⁵

Despite these efforts, postdischarge outcomes after admissions for HF remain high. Thirty-day readmission,⁶ 1-year postdischarge mortality,⁷ and 5-year mortality rates⁸ have remained relatively unchanged at 25%, 30%, and 50%, respectively. HF remains a factor in more than 10% of deaths in the United States, and approximately 7% of all cardiovascular deaths can be directly attributed to HF.¹

Conflicts of Interest: None.

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In the face of this incredible morbidity and mortality, there are relatively few studies that address multidisciplinary or team-based care for patients with HF. Even fewer are set in the inpatient hospital setting. However, there is a small but growing body of literature that demonstrates improved outcomes with a team-based inpatient model. This review provides a guide to team-based care for patients hospitalized with HF.

ASSEMBLING A TEAM

To provide effective team-based care, defining the members of the team is a logical starting point. For an inpatient HF program, a team will be needed to drive process improvement and should involve all of the stakeholders in the program.⁹ The team should be interdisciplinary (Fig. 1), and may vary from institution to institution. If launching a new HF program, it may be easier to start with a smaller team and then expand later. The roles of some of the different team members involved in the care of the HF patient in the hospital include the following:

Administration

Before the patient sets foot in the hospital, team-based HF treatment is doomed to fail without support of the hospital administration. Building an HF team requires dedicated staff and financial resources. In an ideal setting, the HF team will have an administrator who can support the program at executive levels, providing the necessary funds to establish and maintain the team.

Emergency Department

Although HF is predominantly an outpatient, chronic condition, almost all patients with HF will experience an exacerbation with symptoms serious enough to necessitate a visit to the emergency department (ED).¹⁰ Emergency medicine physicians are an essential part of the HF team, as they are the first to initiate processes of care, from diagnosis to therapies to disposition. The recognition of their importance in early management of these patients has led to a recent consensus document outlining this crucial role.¹¹

Additionally, with the increasing use of observation units, ED personnel may become the sole care providers for a proportion of urgent HF care.¹²

Cardiologist

A cardiologist provides medical knowledge and experience not only for the management of HF and its multiple underlying causes, but also for the interpretation of diagnostics and selection of therapies. During the initial phase of the construction of an HF team, a physician leader can coordinate decisions about workflow, processes, and protocols, as well as fight resistance to the program.⁹ The cardiologist is uniquely qualified for this role and studies from the past 2 decades have shown that cardiologists are best suited to guide the care of hospitalized patients with HF and have better clinical outcomes.¹³

Hospitalist

The number of hospitalists in the United States has risen dramatically in the past 20 years. The American Hospital Association and Society of Hospital Medicine estimate that there were approximately 30,000 hospitalists in the United States in 2010.¹⁴ Because of the specialty's relative newness, there are few data in the published literature about the demographics of these practicing hospitalists. However, with the profession's rapid growth, it is reasonable to assume that they will be involved in the day-to-day management of patients with HF. Obtaining their investment in the program is crucial to coordinate care and implement quality improvement initiatives.

Nurses, Nurse Practitioners, and Physician Assistants

Multiple nurse roles are important in the care of the patient with HF. In daily care, they administer medications, provide patient education, assess for improvement or worsening of symptoms, and monitor the patient's response to therapies.¹⁵ Nurses also are expanding their scope of practice as new opportunities for direct care evolve. The central role for nurses in the care of these patients makes them ideal coleaders for the planning,

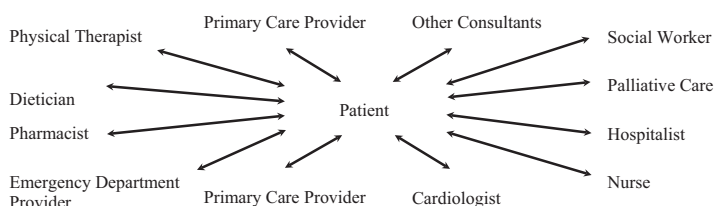


Fig. 1. A multidisciplinary HF team.

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