

# Implementing H2H in the VA Health Care System

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# Presenter Disclosure Information

- I will not discuss off label use or investigational use in my presentation
- I have no financial relationships to disclose

# Outline

- Background on H2H
- How Many Enrolled?
- Who enrolled?
- What did they do?
- Impact of H2H
  - Readmission
  - Early Follow-Up

# Background on U.S. Heart Failure

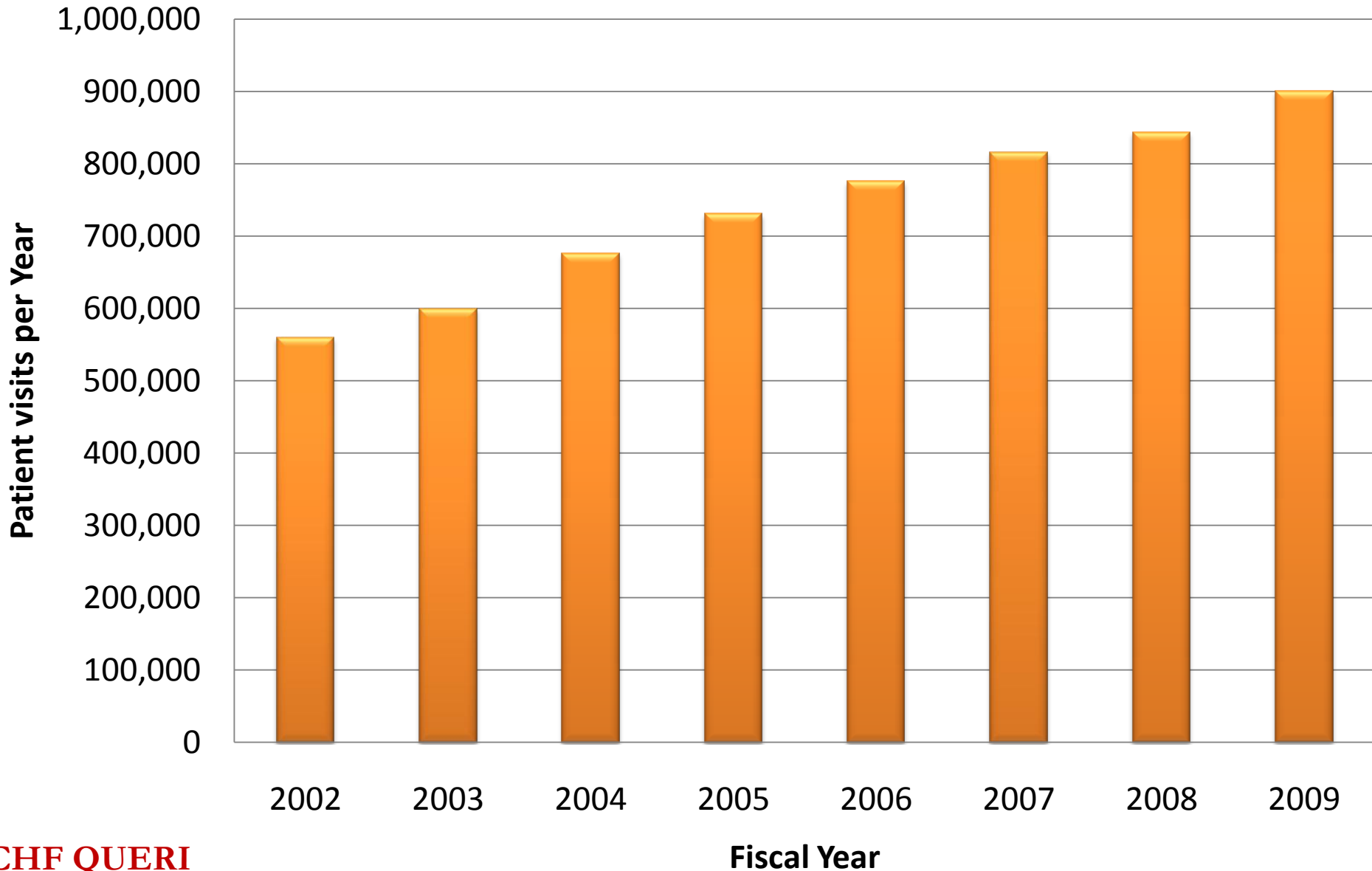
| Population Group | Prevalence | Incidence | Mortality | Hospital Discharges | Cost           |
|------------------|------------|-----------|-----------|---------------------|----------------|
| Total population | 5,300,000  | 660,000   | 284,965   | 1,084,000           | \$34.8 billion |

VA prevalence near 140,000 or **2.6%**

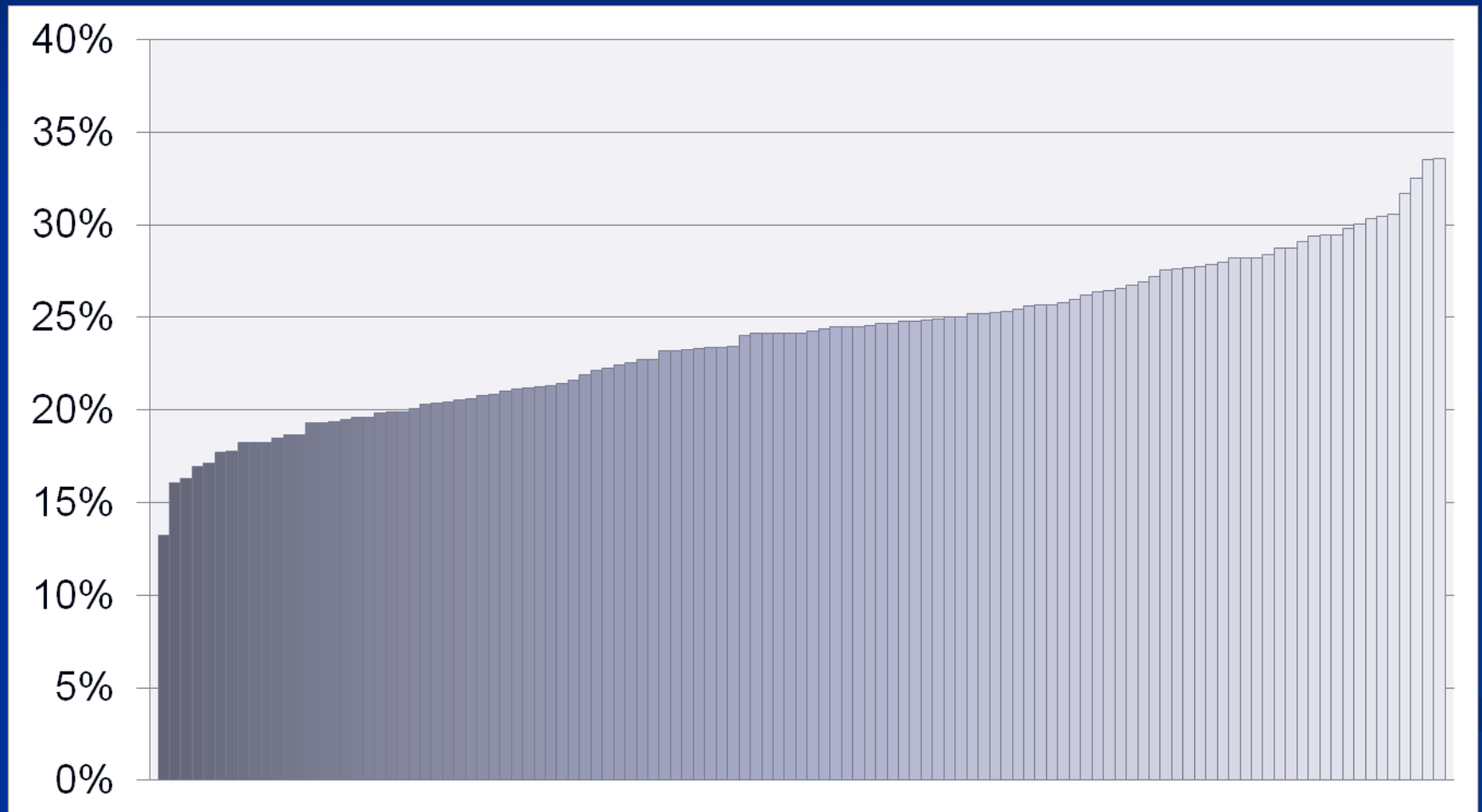
<sup>1</sup>American Heart Association. *2008 Heart and Stroke Statistical Update*. Dallas, TX: American Heart Association; 2008.

<sup>2</sup>Hunt SA et al. ACC/AHA guidelines for the evaluation and management of chronic heart failure in the adult. 2001.

# Increasing VA Burden: Outpatient Encounters for Heart Failure

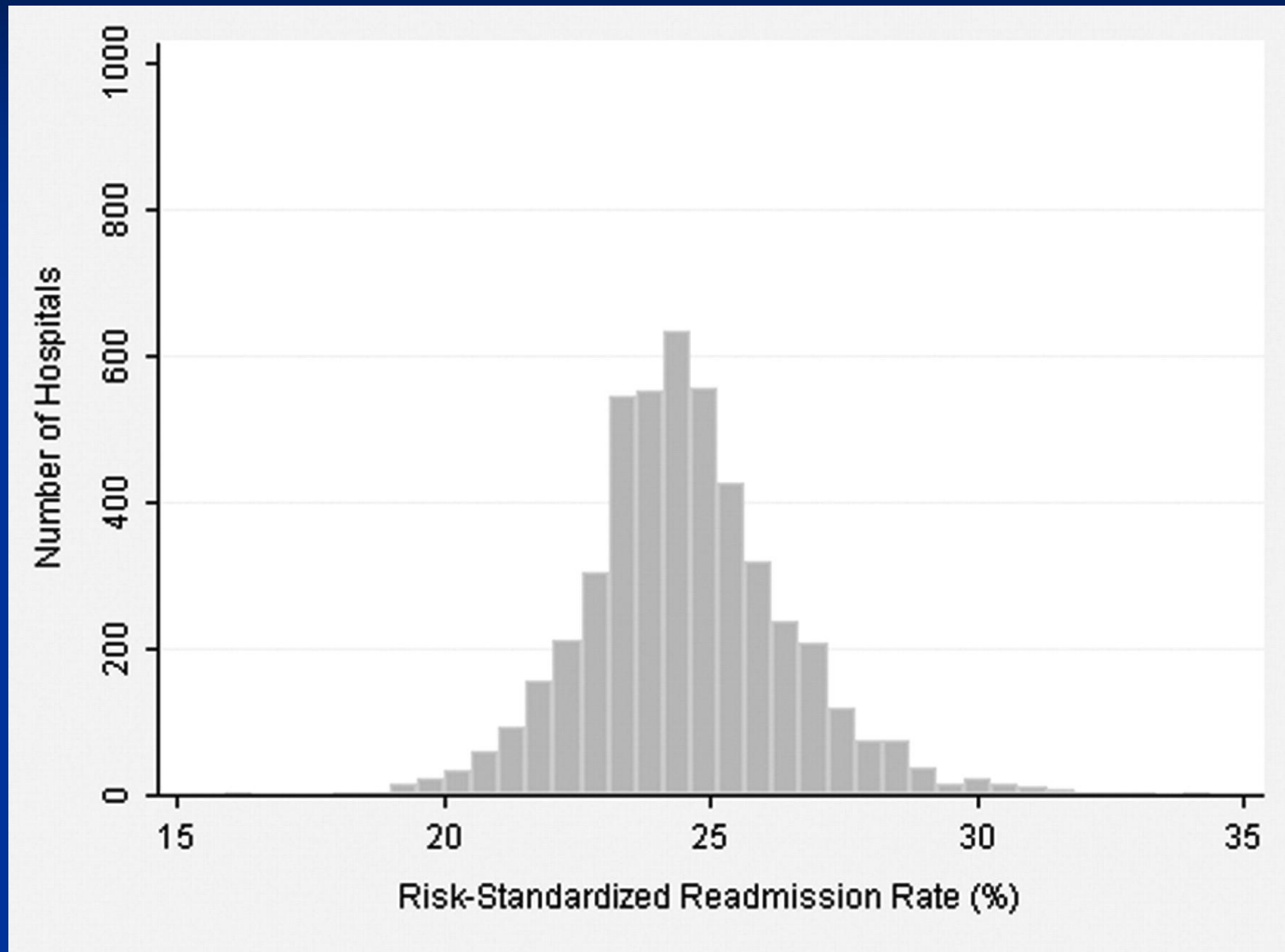


# 30 Readmissions (All Cause) Distribution for VA Facilities



Excludes Facilities with < 100 HF discharges over 2 years.

# Heart failure 30-day Risk-Standardized Readmission Rate Distribution



# What is H2H?

- H2H is a national quality improvement initiative to reduce unnecessary readmissions for cardiovascular patients
- Goal is to reduce all-cause re-admission rates among patients discharged with heart failure or acute myocardial infarction by 20% by December 2012



# 3 Question Framework

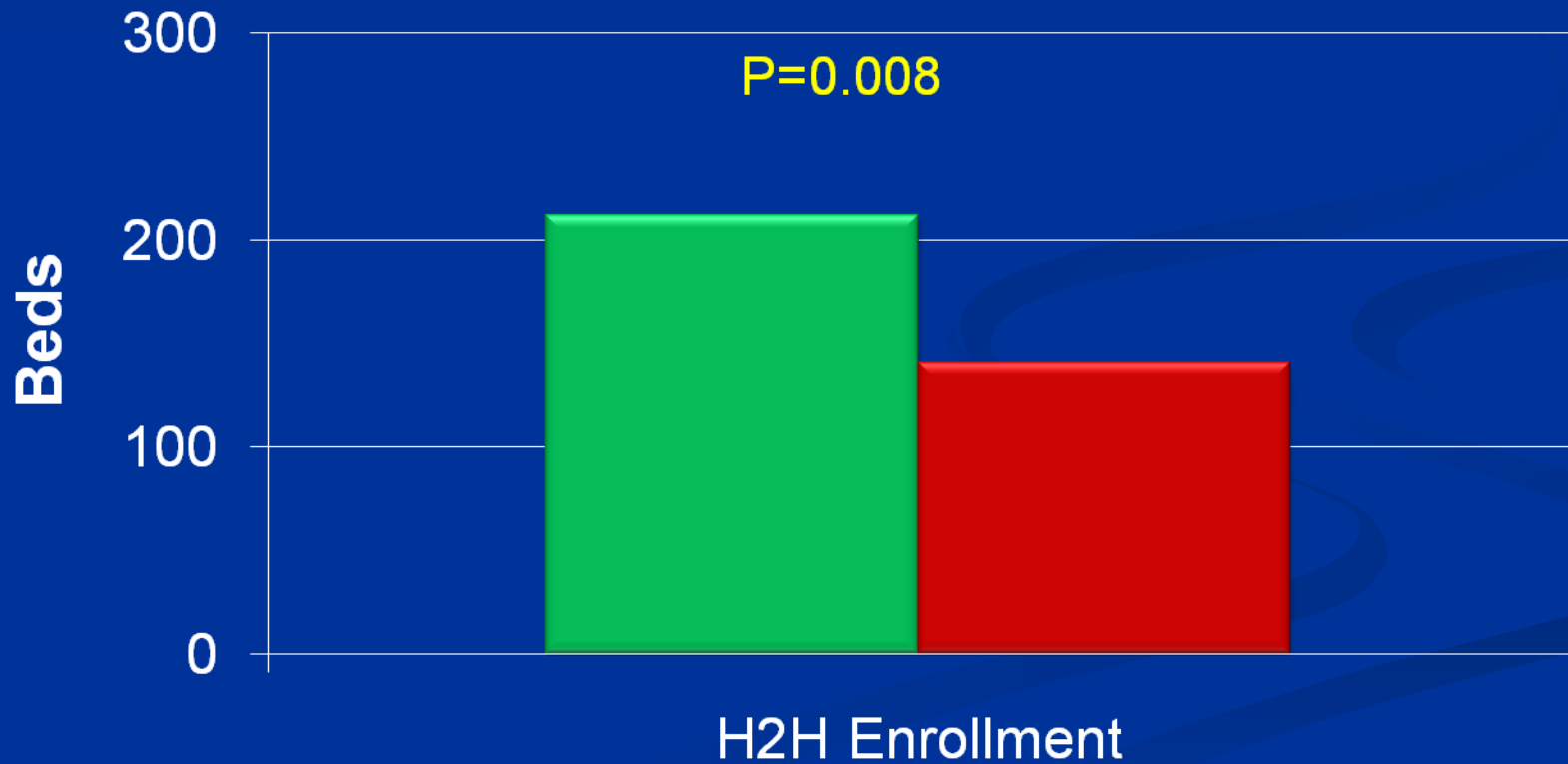
- **Medication Management Post-Discharge:** Is the patient familiar and competent with his or her medications and is there access to them?
- **Early Follow-Up:** Does the patient have a follow up **appointment** scheduled within a week of discharge and is he or she able to get there?
- **Symptom Management:** Does the patient fully comprehend the signs and symptoms that require medical attention and whom to contact if they occur?

# VA Enrollment

- Started 1/2010
- 82 facilities have enrolled to date
- 528 projects described meeting H2H goals
  - 1/3 new or planned projects in response to H2H

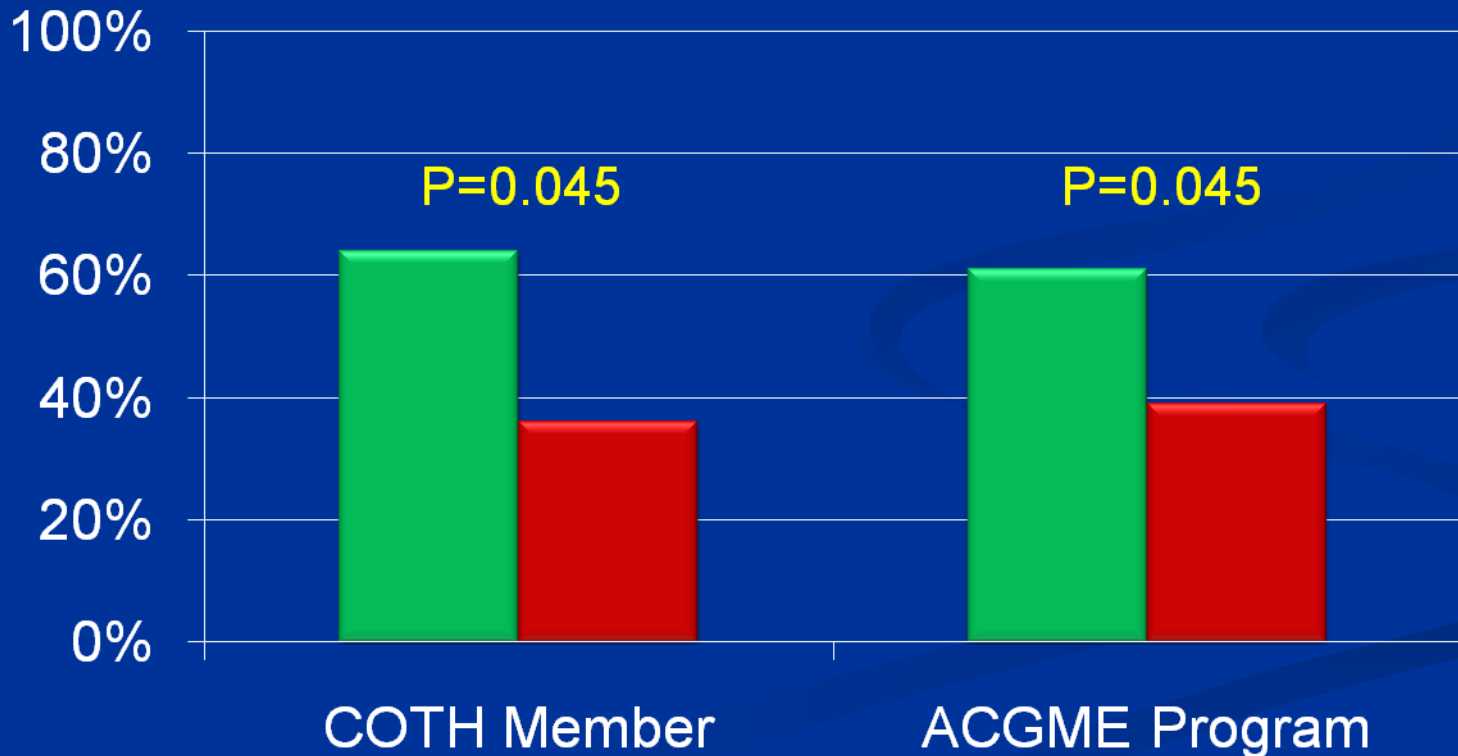
# Who Joined H2H?

■ Joined H2H   ■ Did not Join H2H



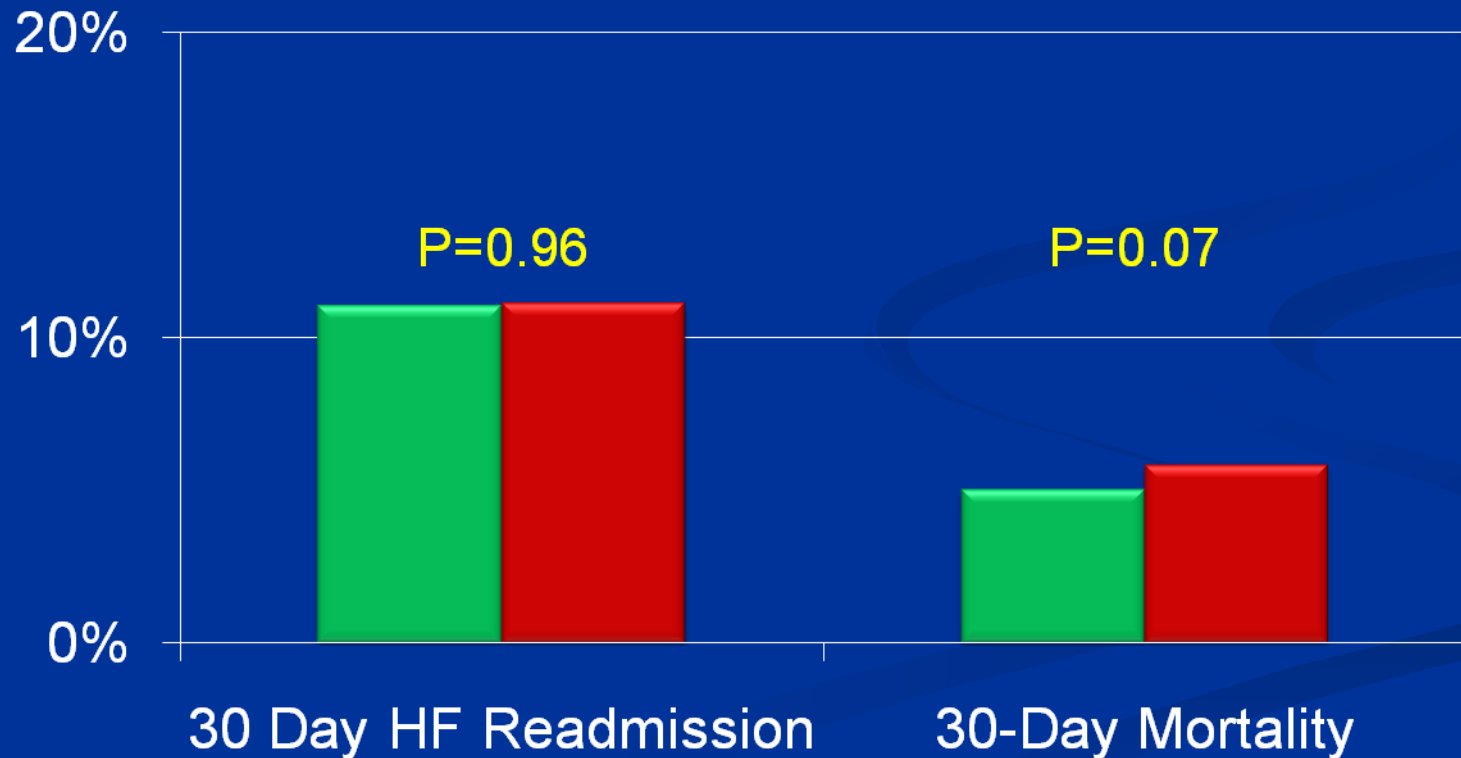
# Teaching Status and Joining H2H

■ Joined H2H ■ Did not Join H2H



# Baseline Outcomes (2008) and Joining H2H

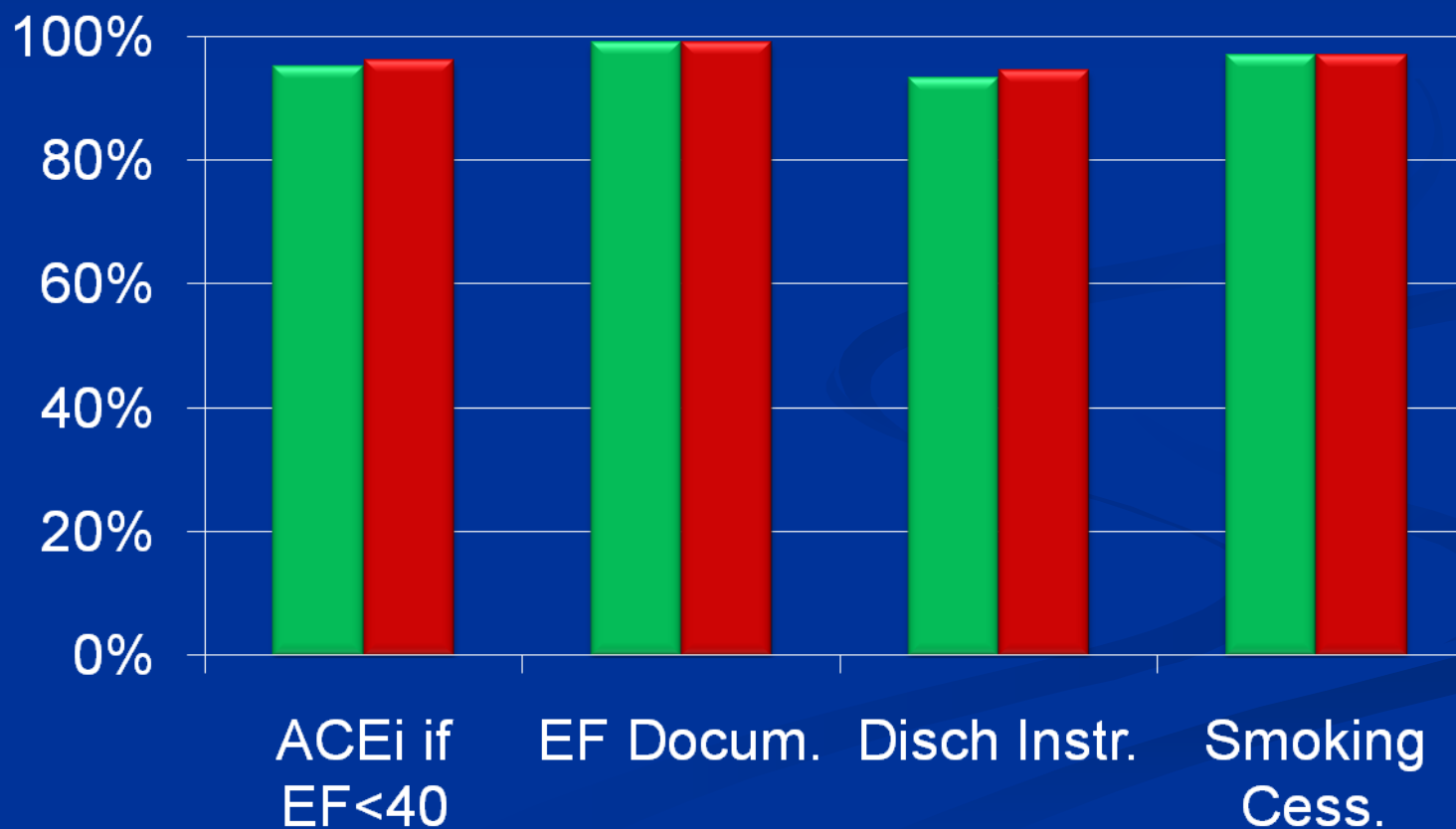
■ Joined H2H ■ Did not Join H2H



# Baseline Process of Care and Joining H2H

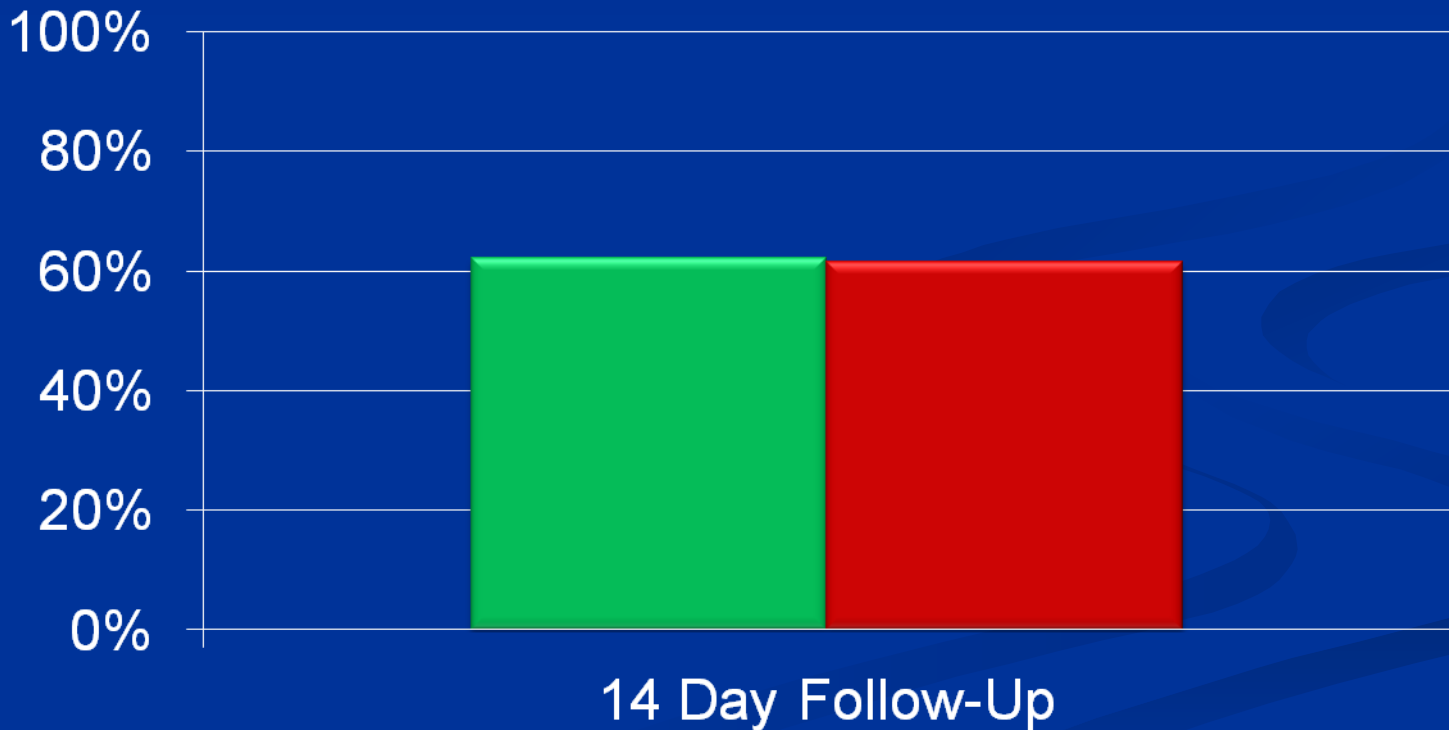
■ Joined H2H ■ Did not Join H2H

All P=NS



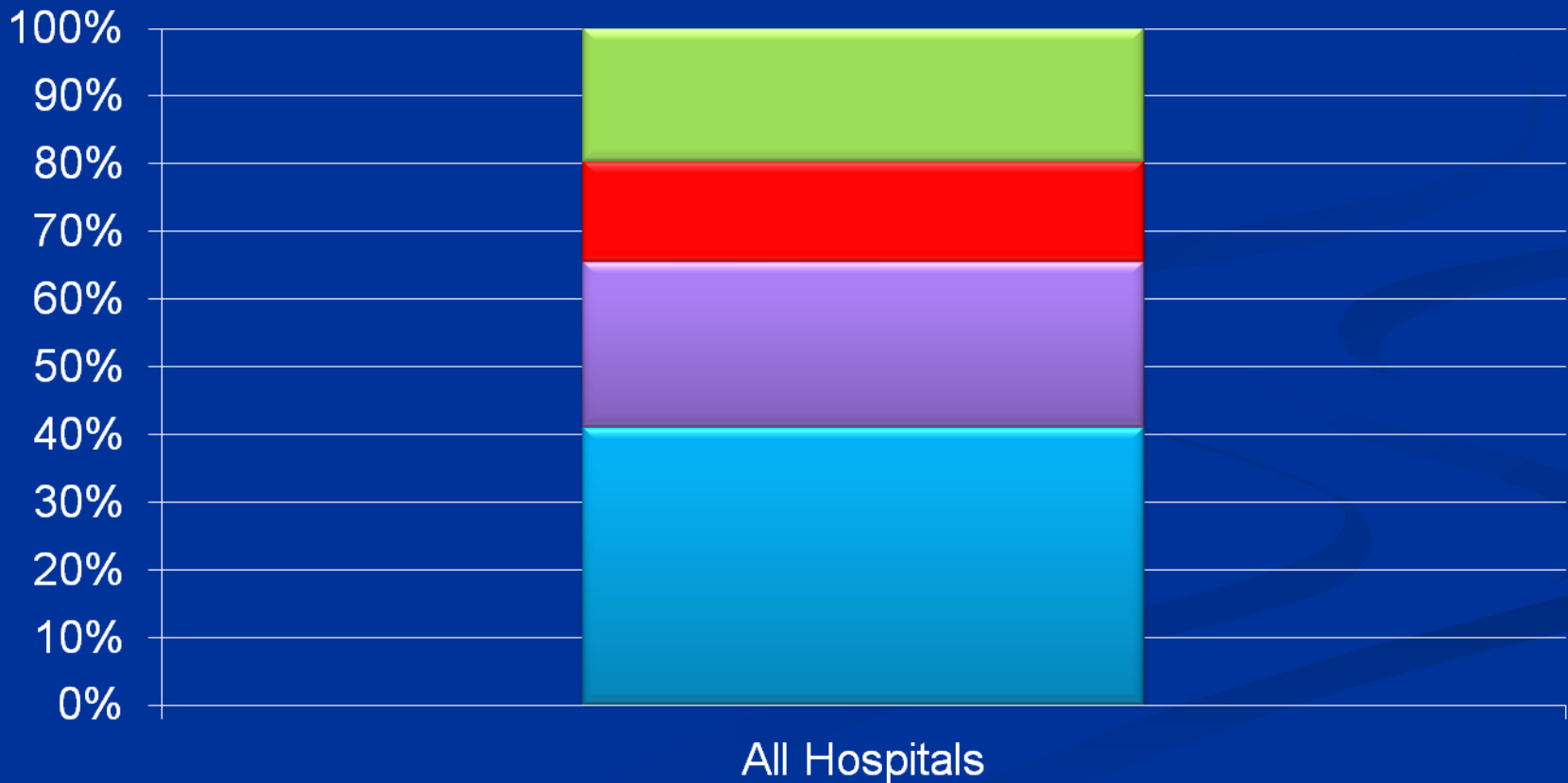
# Baseline Follow-up and H2H Participation

■ Joined H2H ■ Did not Join H2H



# VA Facilities Plans for H2H

- No Response
- Planned due to H2H
- Ongoing Project
- In Response to H2H





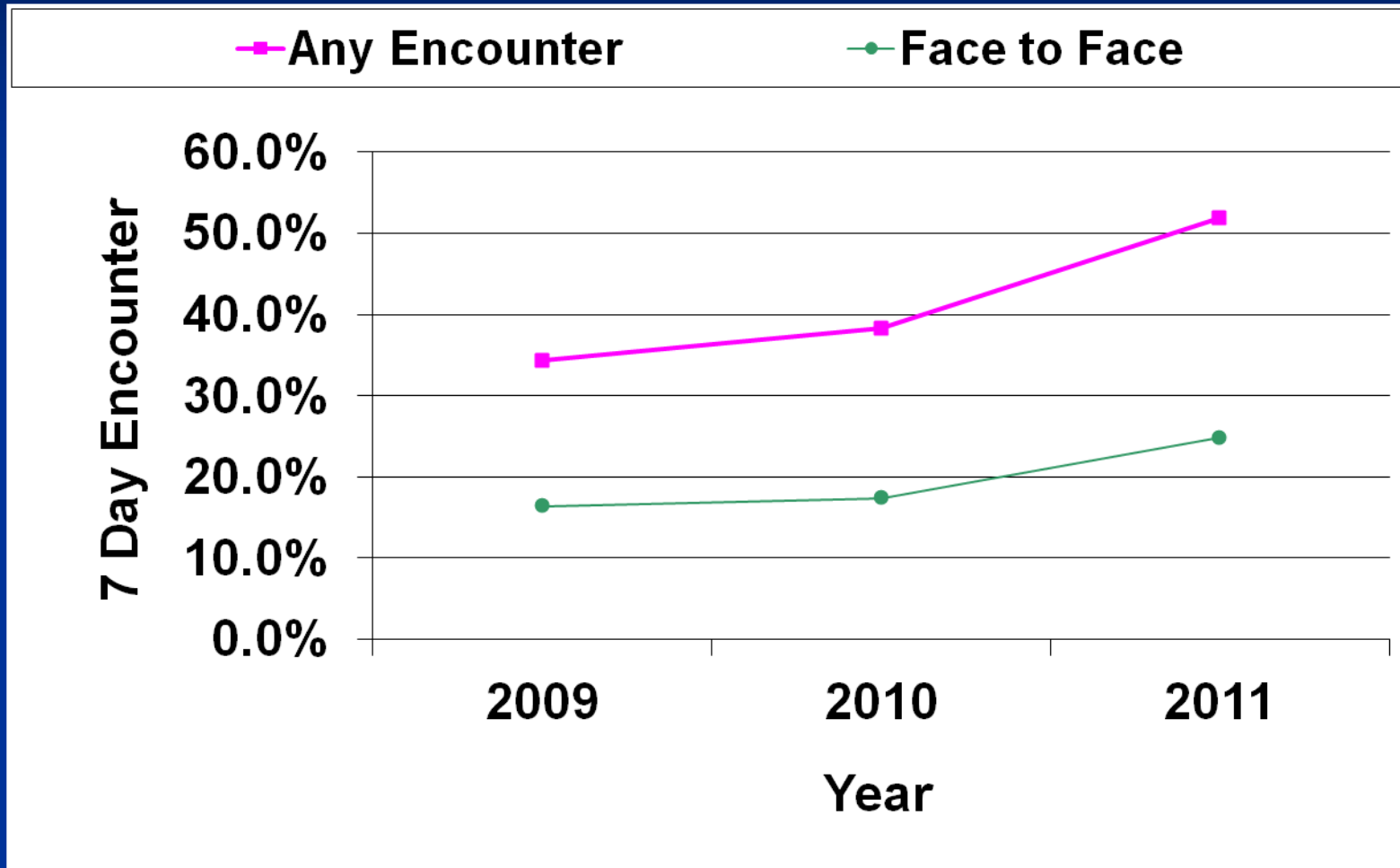
# Hours per Week of Initiated Projects

- Mean 17 hours +/- 15 hours (standard deviation)
- > 90% of projects ongoing after 1 year.

# Staff for New H2H Projects

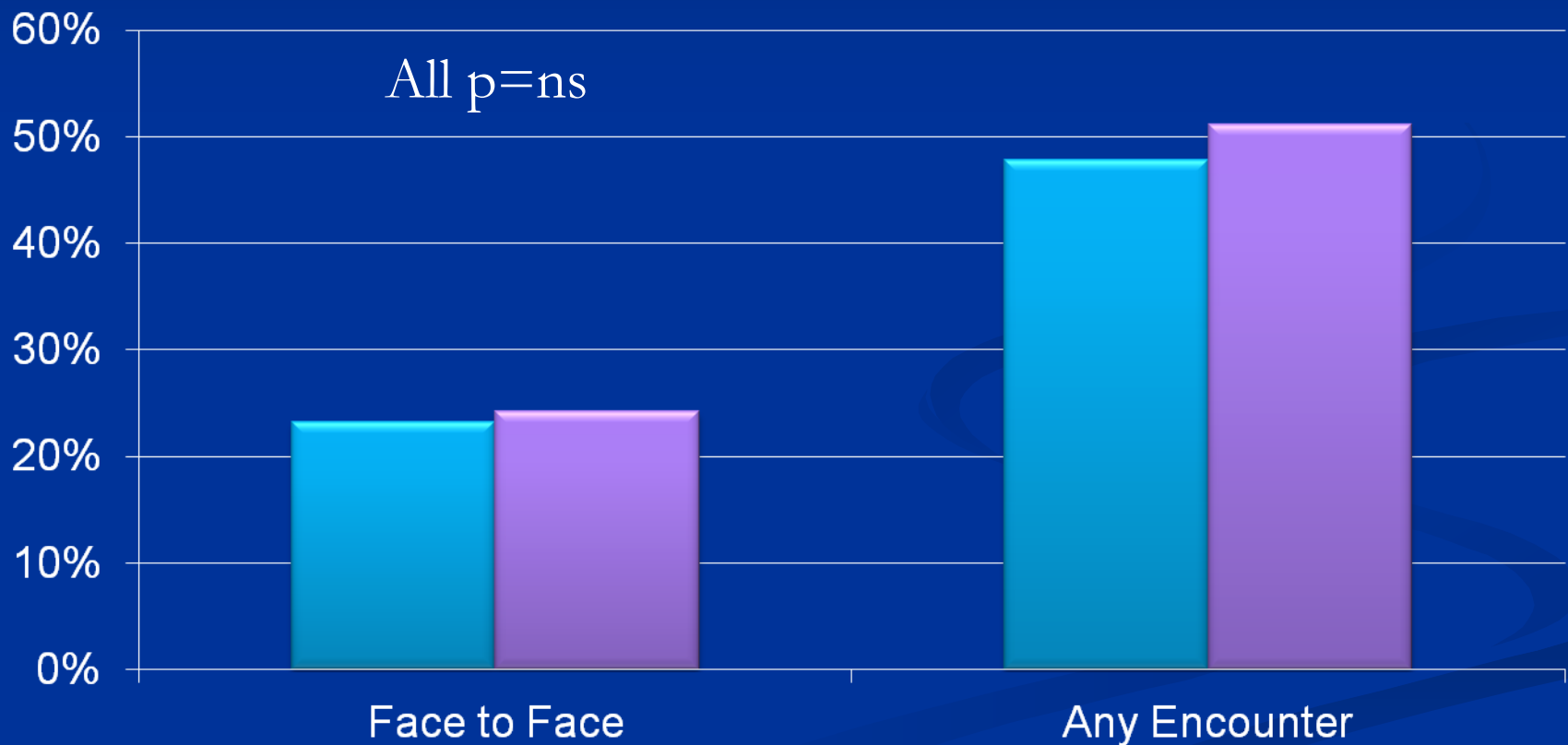


# VA Trends in Early Follow-Up

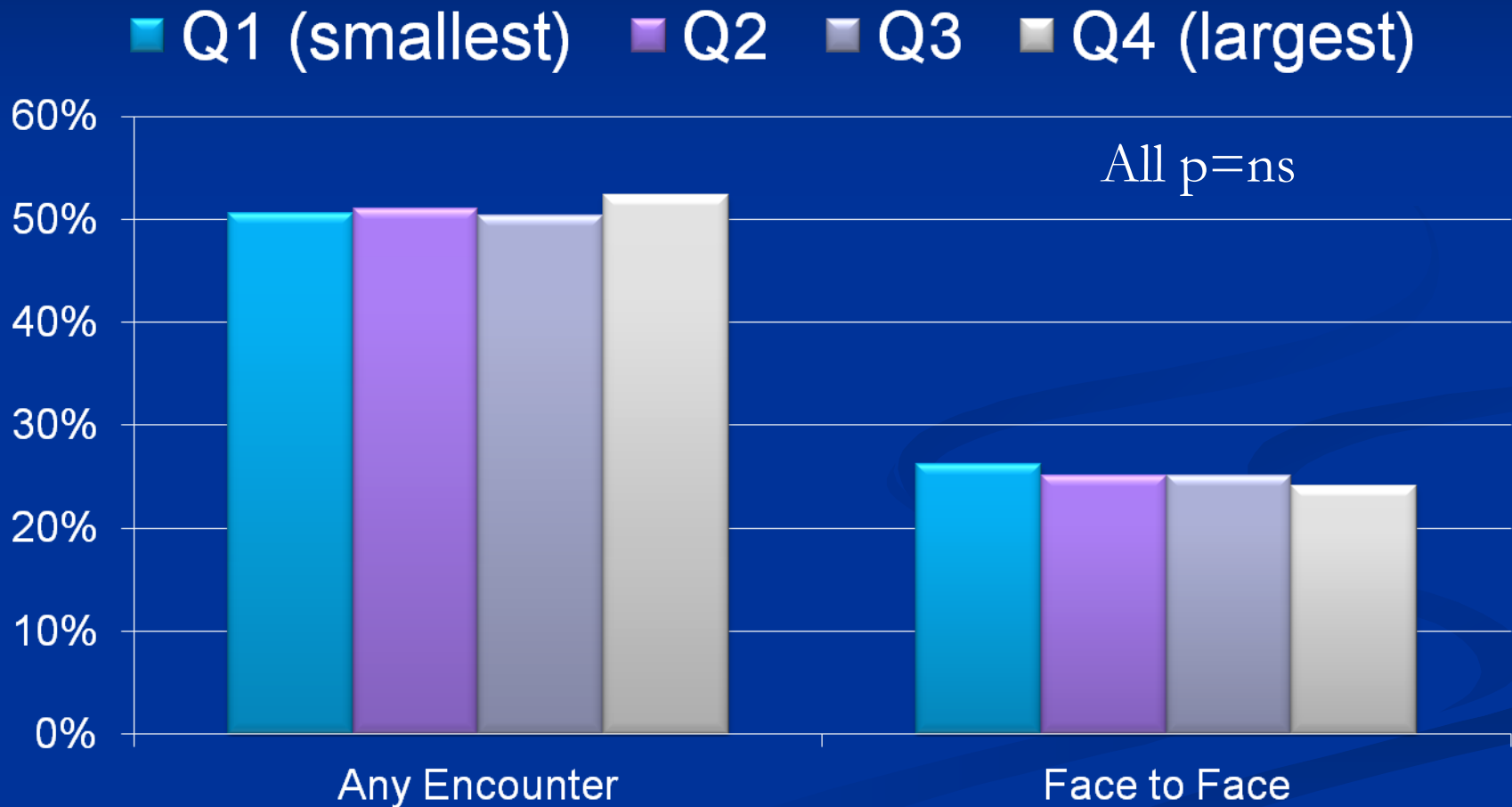


# H2H Enrollment and 7 Day Follow-Up

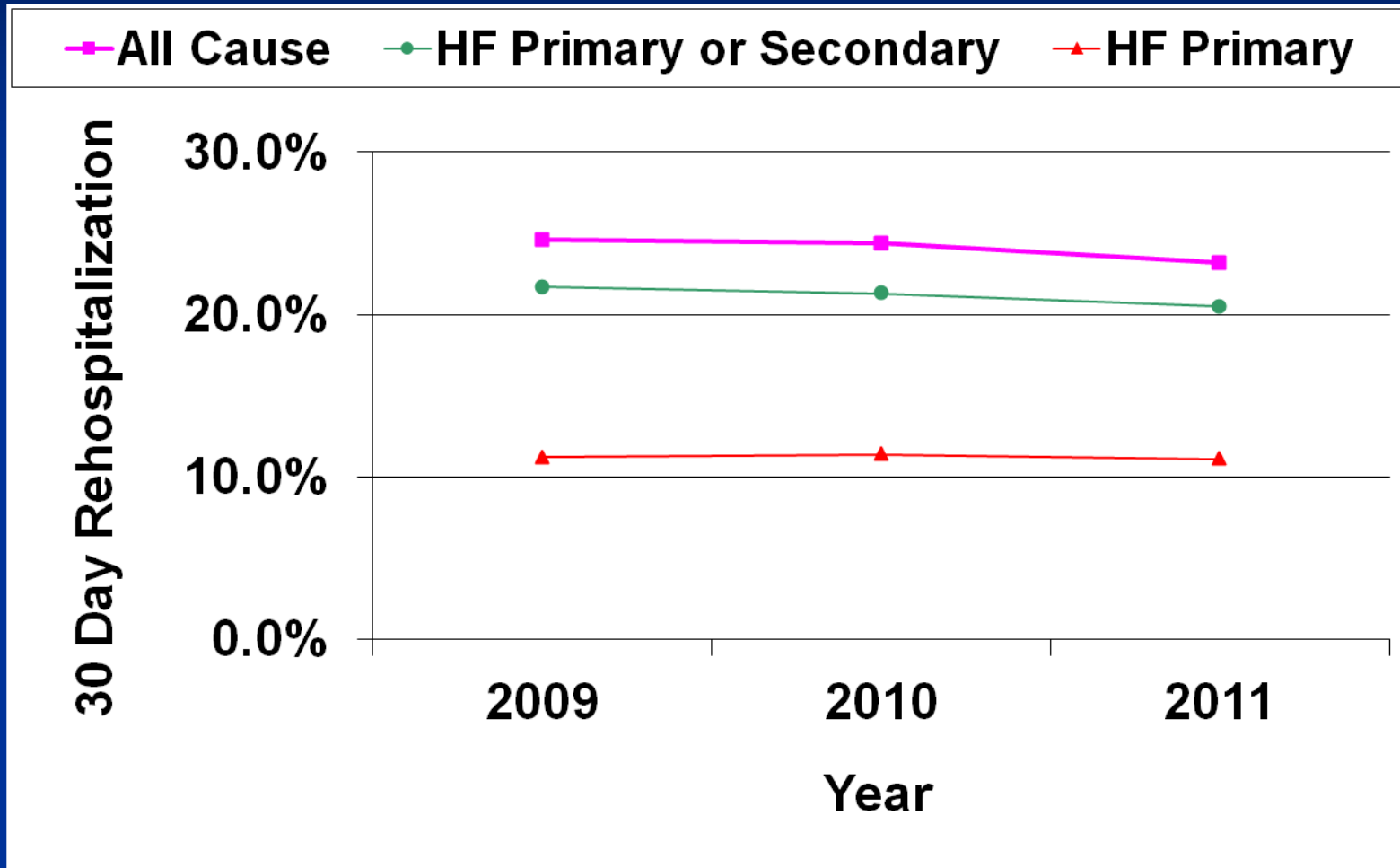
■ H2H ■ No



# HF Volume and 7 Day Follow-Up

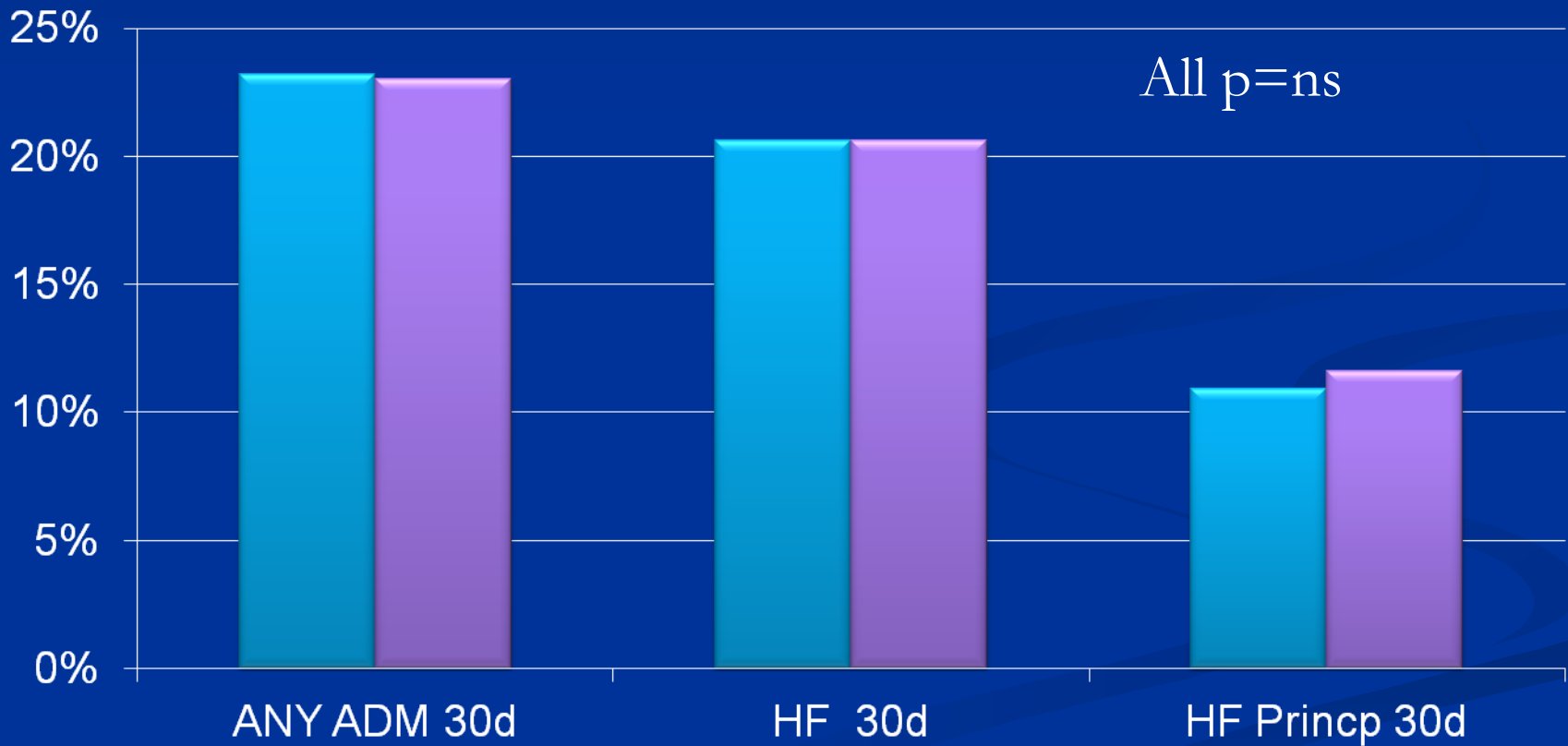


# VA Trends in Readmission



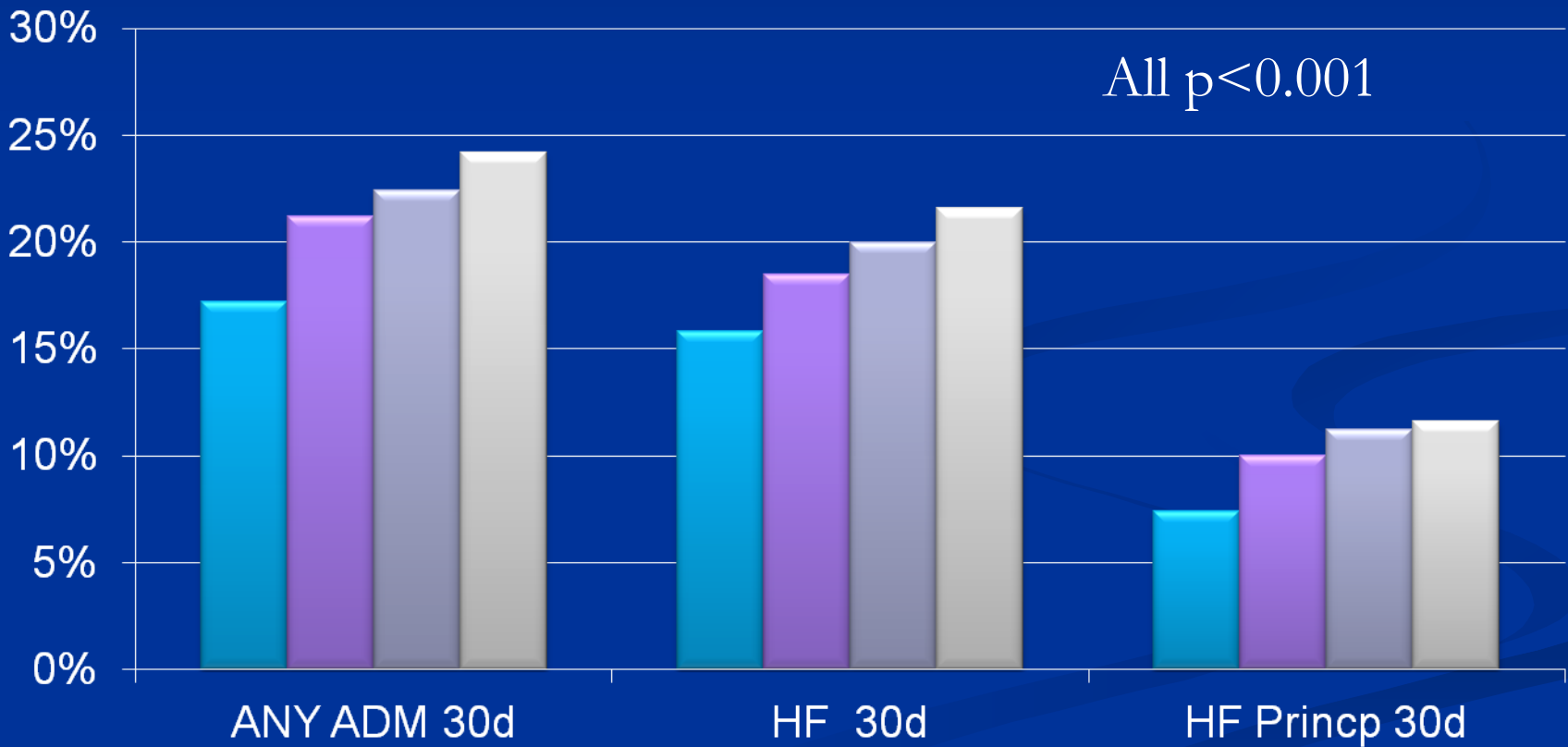
# H2H Enrollment and Readmission

■ H2H ■ No



# HF Volume and Readmission

■ Q1 (smallest) ■ Q2 ■ Q3 ■ Q4 (largest)





# Summary

- A majority of VA hospitals have enrolled in H2H
  - Larger, academic facilities more likely to enroll
  - Baseline care appears similar
- Early Follow-Up has improved
- Readmissions flat
  - No major impact of H2H enrollment
  - Need to adjust for propensity to enroll
  - Need to examine actual initiation of a program

