

Heart Failure Network

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Conflicts of Interest

- None
 - Employment: VA Health Care System

Agenda

- Announcements
- Results of Network Survey
- Three Projects
 - Reminder for Beta-blockers in the Echo Report
 - Nurse based clinic to initiate and titrate beta-blockers/ACE inhibitors.
 - Tool for patients to evaluate their HF care

Announcements

- Upcoming Meeting: 9th Scientific Forum on Quality of Care and Outcomes Research in Cardiovascular Disease and Stroke.
Hyatt Regency Baltimore Maryland
April 30-May 2nd.
- Rapid Response Projects
Quality Improvement / Implementation
Submit to us by Noon on Friday.

Current Membership

- 360+ providers
- 167 facilities
- 1-8 members at each facility

Table: Provider Categories

PROVIDERS	PERCENT
Physician (Staff)	50
Nurse / Nurse Practitioner	26
Chief of Cardiology	7
Chief of Medicine	2
Researcher	2
Chief of Staff	1
Pharmacist	1
Physician Assistant	1
Psychologist	1
Others (cardiology tech, supervisor, case manager, clinical care coordinator, tele-care health coordinator, etc.)	9

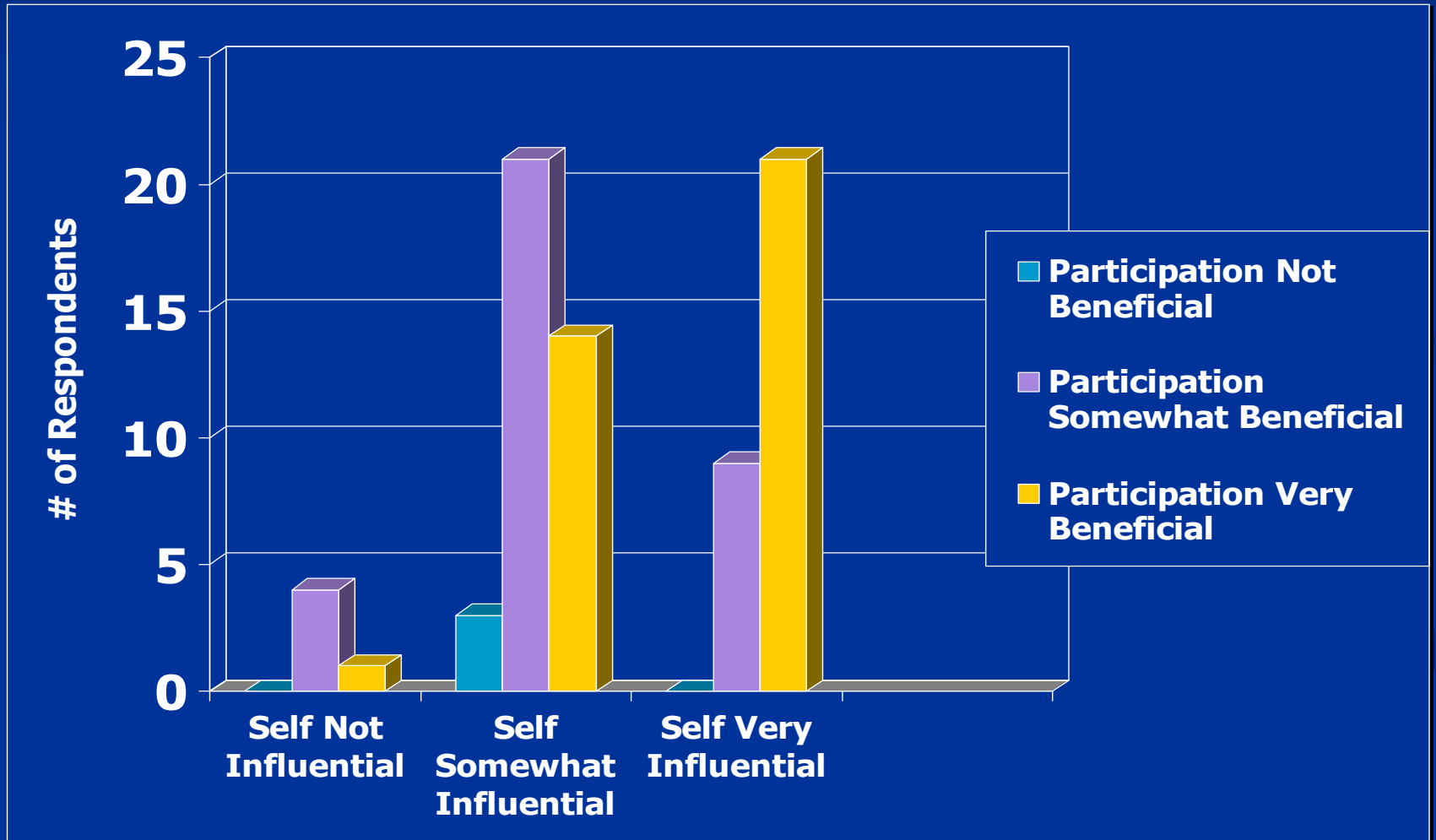
Formative Evaluation of the HF Network

- 115 members have completed a web-based survey (32% response rate)

Initial Results: Influence of Participation

Overall, did participation in the sessions influence YOU in terms of the following-	YES
Help understand facilitators and barriers in setting up or running HF clinic/program	92%
Help solve implementation-related problem at your facility	66%
Validated your current practice in taking care of HF patients	91%
Provide names of contacts from HF Network for networking and potential problem solving	91%

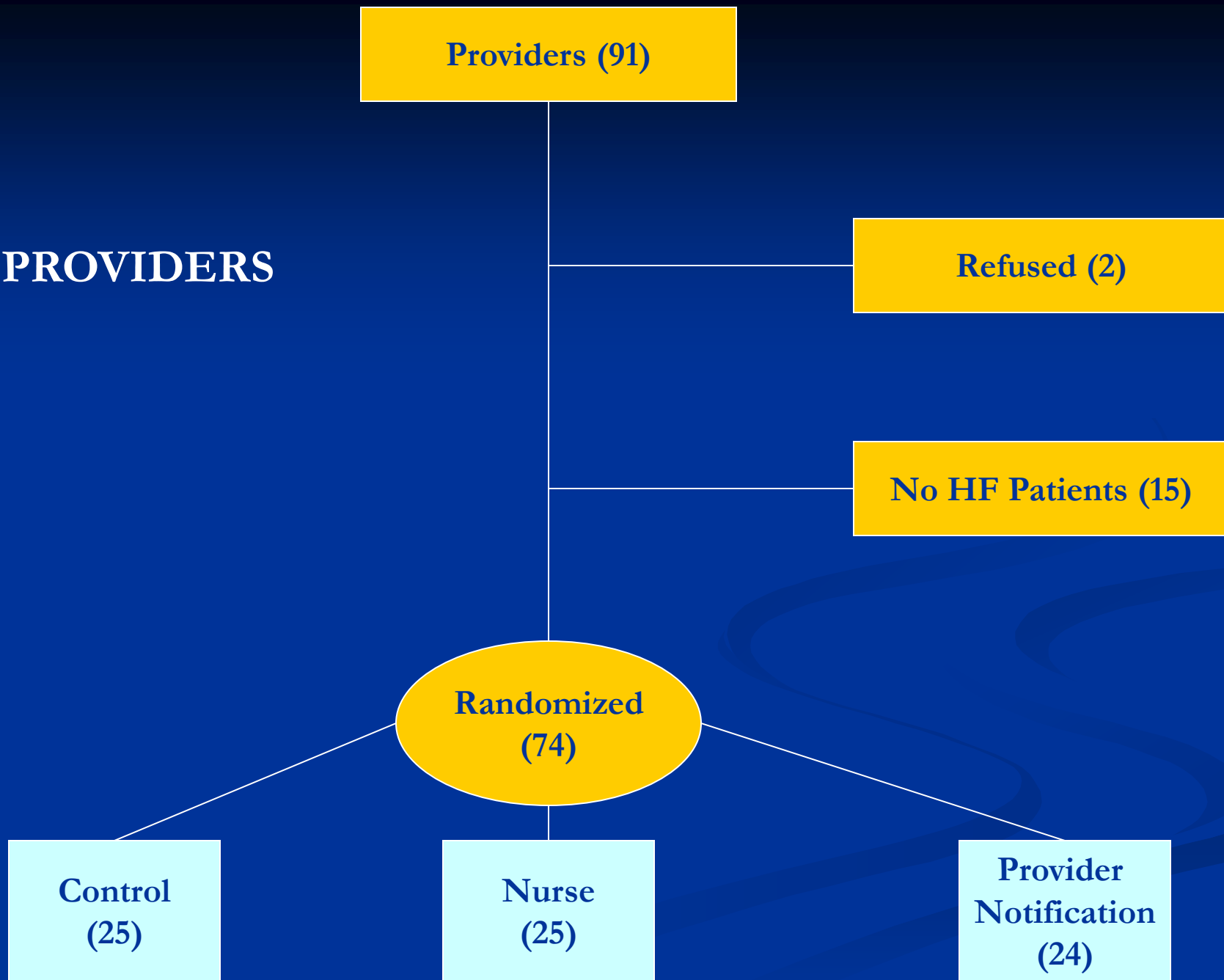
Initial Results: Benefit of Participation for Influential Members



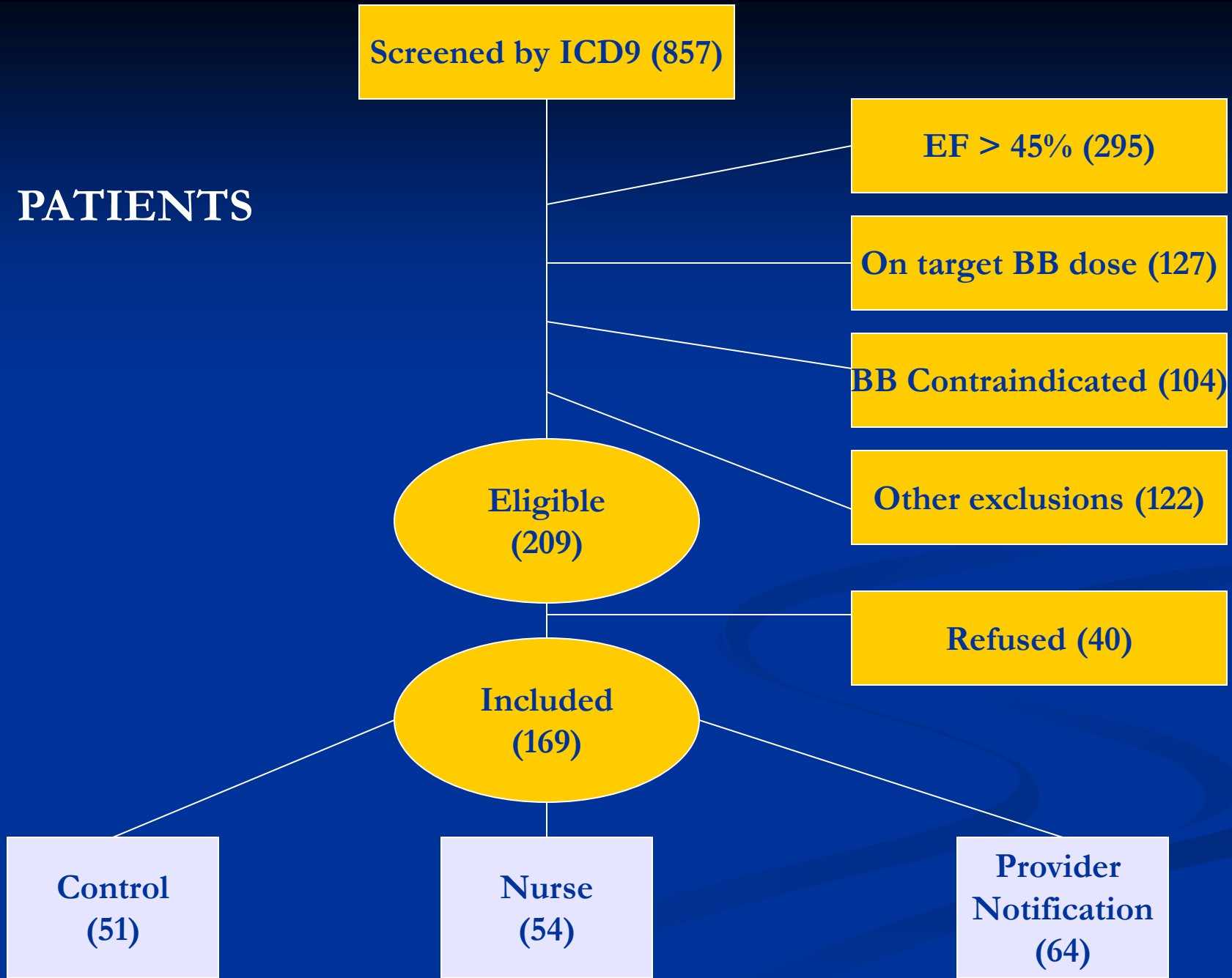
Nurse Initiation Clinic

- Hypothesis
 - Providers are aware of the value of beta-blockers but don't have the time to address all issues in a timely manner.

PROVIDERS



PATIENTS

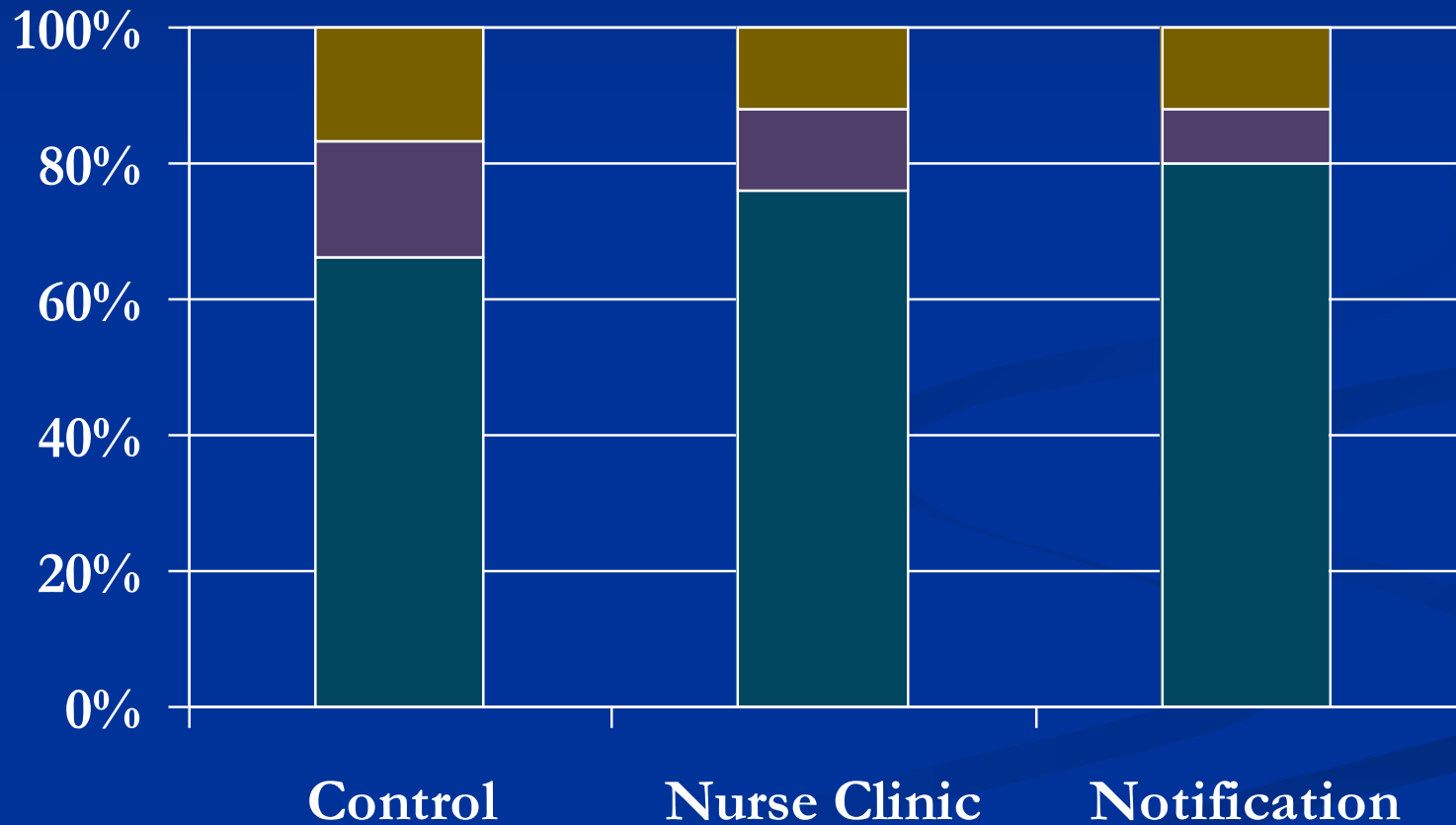


Patient Characteristics

	Control (n=51)	Nurse Facilitator (n=54)	Provider/Patient Notification (n=64)	<i>P</i>
Age, y	70±11	69±11	70±11	0.53
Male sex	50 (98)	51 (94)	62 (97)	>0.99
Baseline β -blocker use				
None	35 (69)	36 (67)	41 (64)	0.90
At less than target dose	16 (31)	18 (33)	23 (36)	

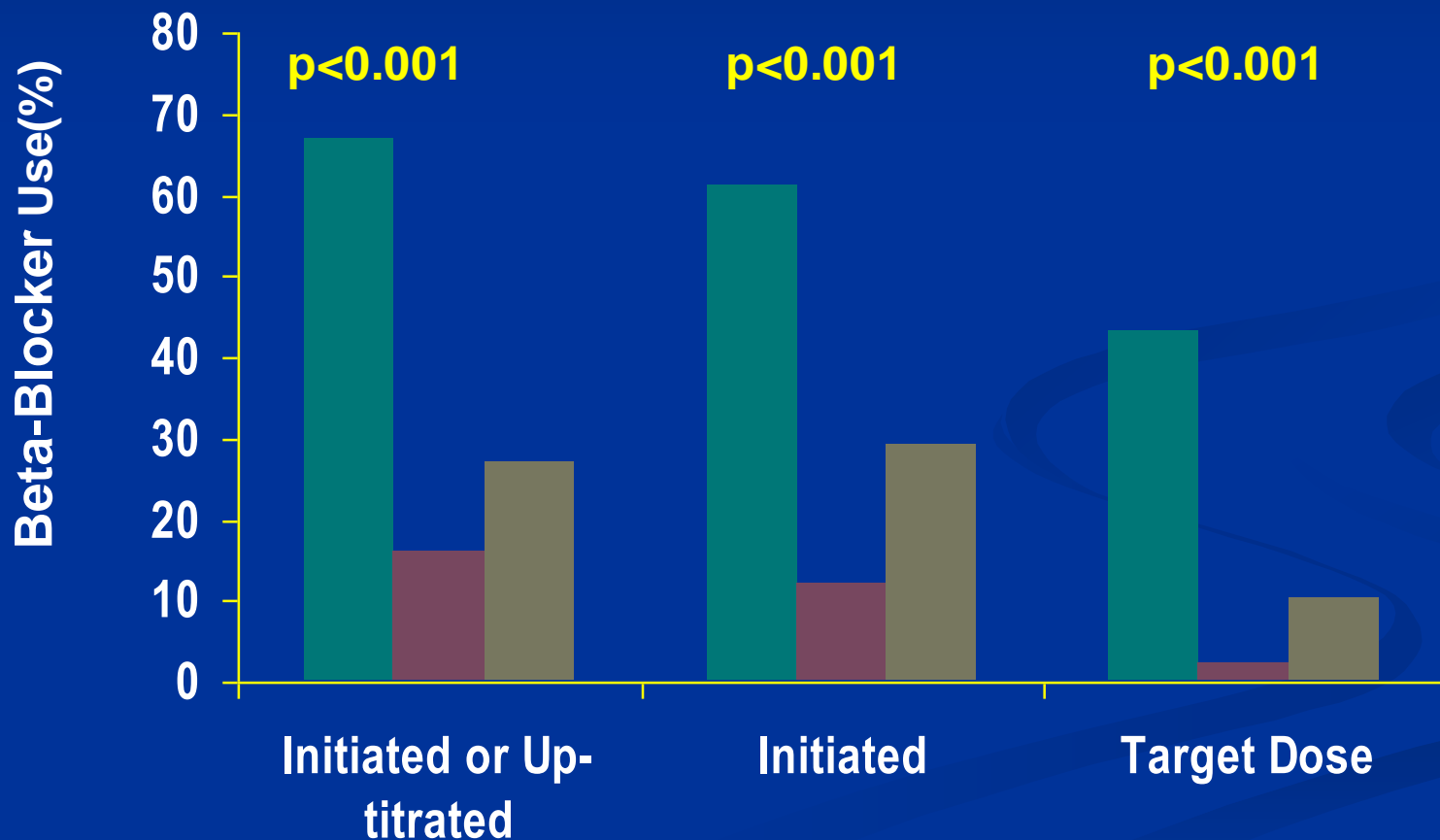
Type of Providers

Internal Med Cardiology Nurse Pract



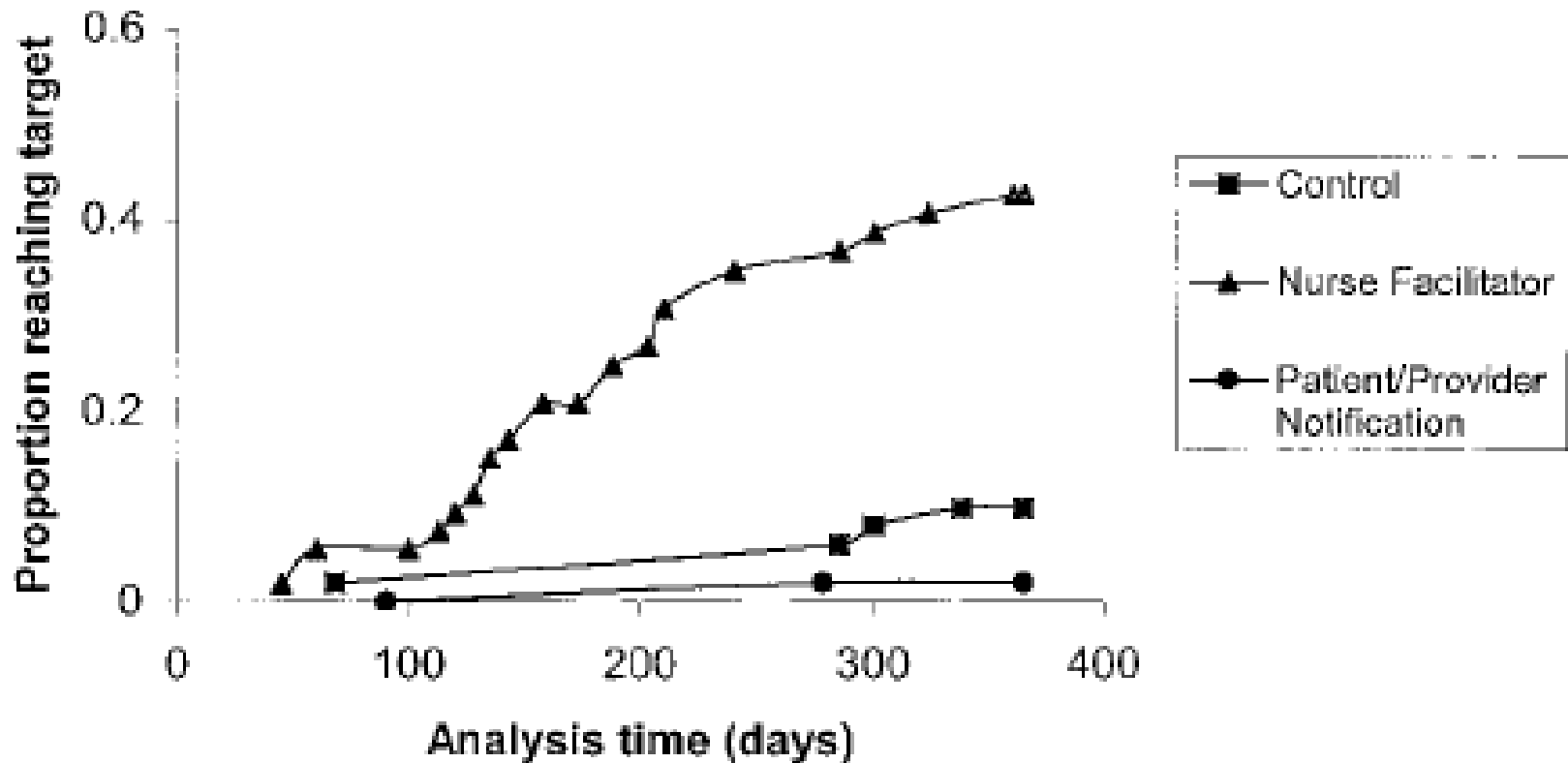
VA: Nurse Clinic for Beta-Blocker Initiation/Titration

Nurse Clinic **Notification** **Control**



Time to Target Dose

Time to Reach Target Doses of Beta-blockers



Study Summary

- Nurse Initiation is effective
 - Is the cost of the clinic worth it?
 - Could it be cost savings?
- Simple notification not effective
 - Are there better ways to deliver reminders?

Cost-Effectiveness of the Nurse-Based Clinic

- Beta-blocker use increased 61 vs. 12 %
- However, use rates have increased since then.
- Question: how effective does a nurse based clinic have to be to be cost-effective?

Model Assumptions

- Age 70 (mean age of trial participants)
- Beta-blockers
 - Cost \$1.40 per day
 - Decrease mortality by 34%
 - Decrease hospitalization by 35%
- The clinic personnel costs were \$7,800 per 50 patients referred

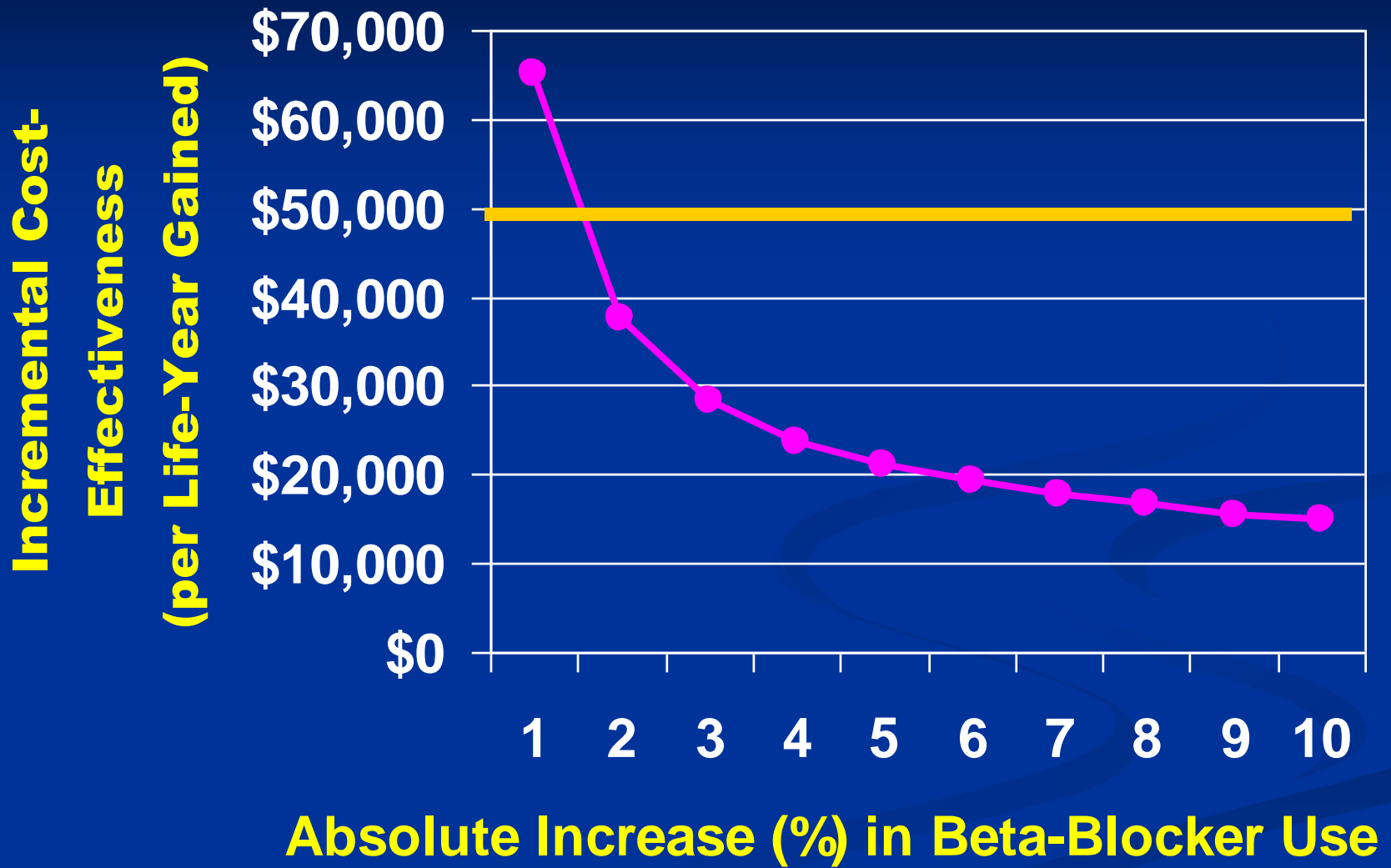
Results Cost-Effectiveness

	Nurse Clinic	Usual Care
Life-years	4.78	4.35
Cost	\$76,500	\$71,000

Incremental Cost-Effectiveness

\$12,900/ Life-Years

\$16,500/ Quality Adjusted Life-Years

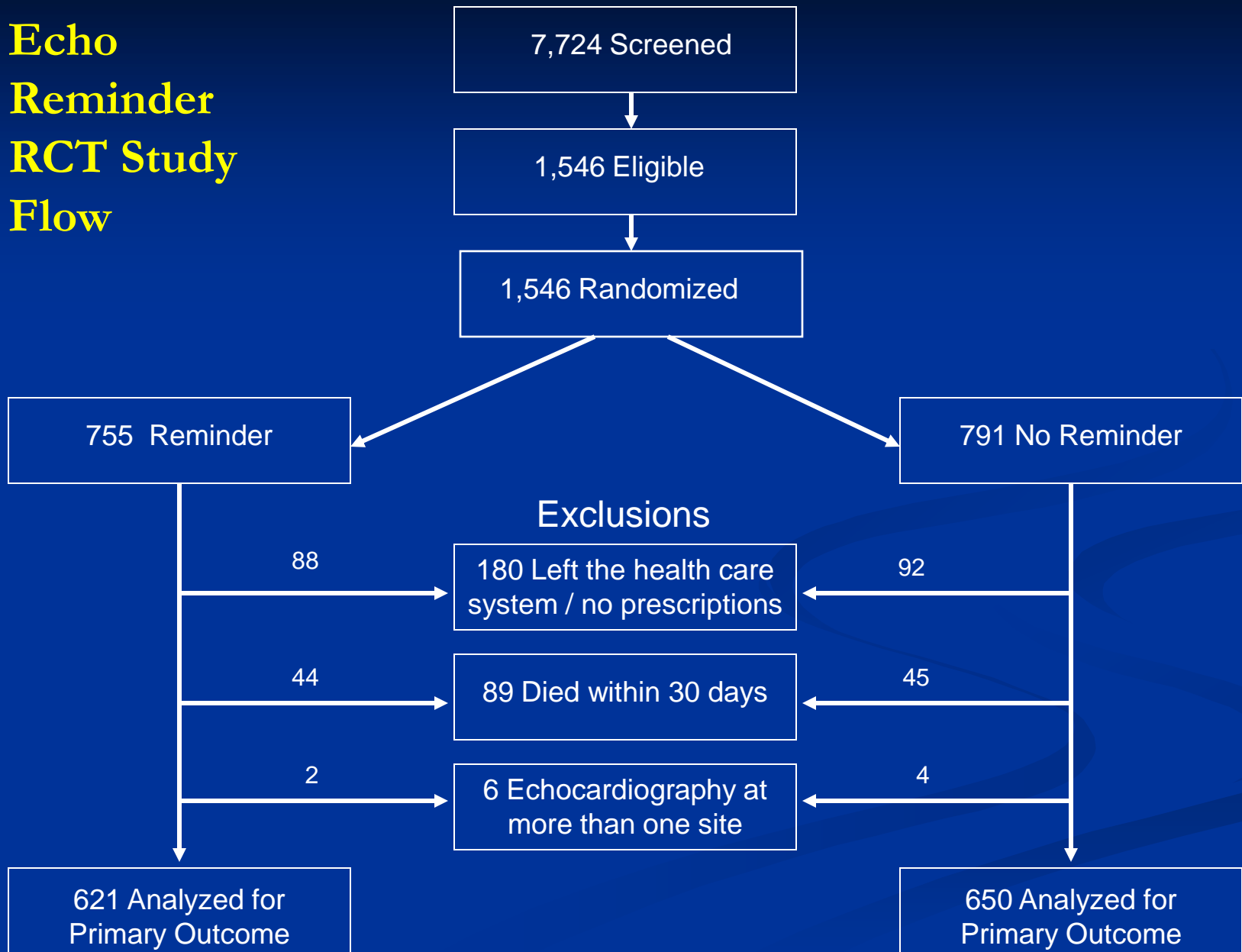


Echo Reminder Study

- Could a clinical reminder attached to the echocardiography report (that provides ejection fraction data) be effective?



**Echo
Reminder
RCT Study
Flow**



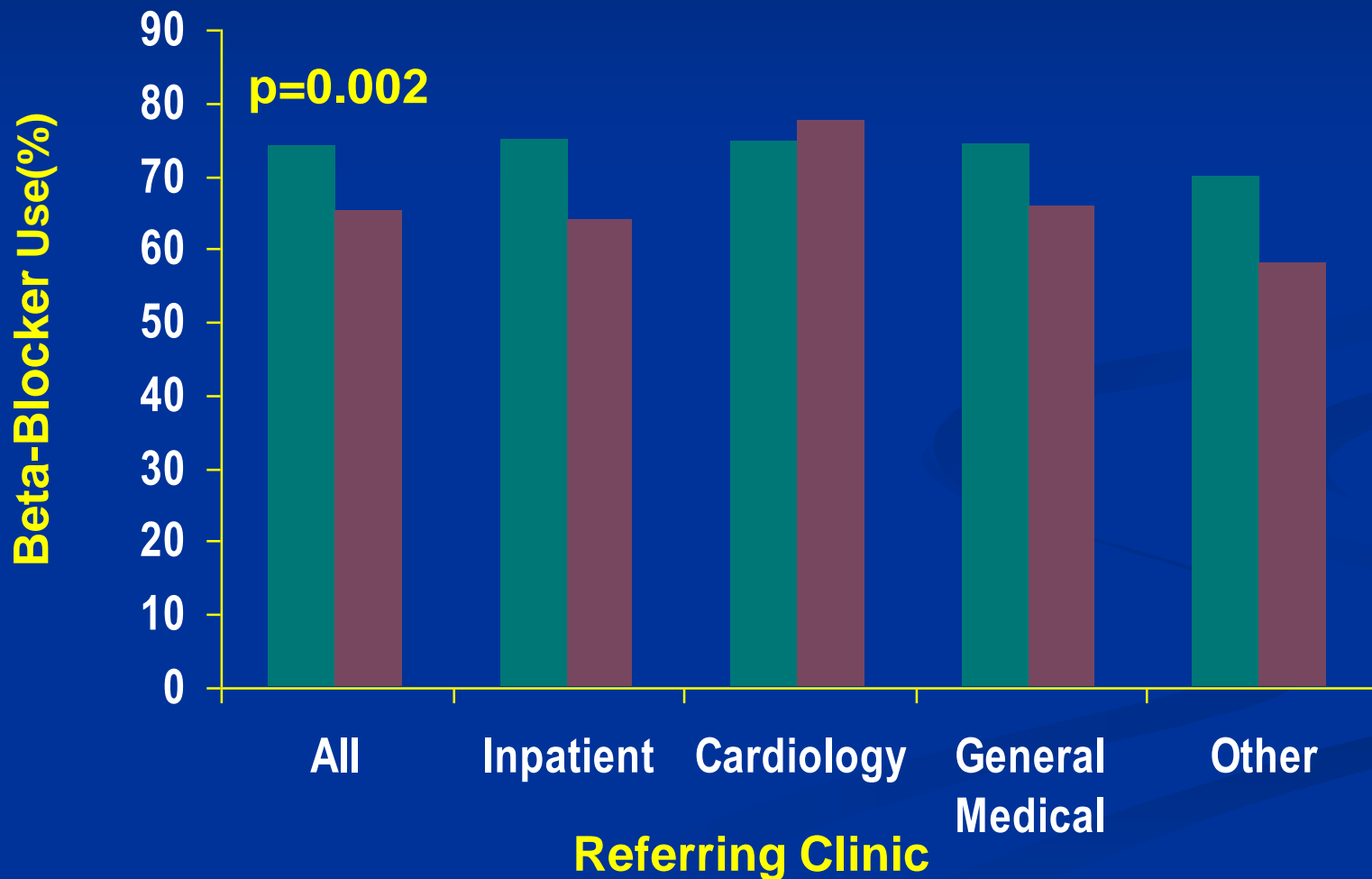
Patient Characteristics

Baseline Characteristics of the Study Population

Characteristic	Reminder	No Reminder	<i>P</i>
No.	621	650	...
Age, y	69±11	69±12	0.84
Male	615/621 (99)	634/650 (98)	0.05
Race*			0.165
White	278/369 (75)	321/407 (79)	...
Black	31/369 (8.4)	41/407 (10)	...
Hispanic	40/369 (11)	33/407 (8.1)	...
Asian	18/369 (4.9)	12/407 (3.0)	...
Native American	2/369 (0.5)	0/407 (0)	...
Heart failure	394/621 (63)	386/650 (59)	0.14
Ischemic heart disease	437/621 (70)	458/650 (70)	0.97

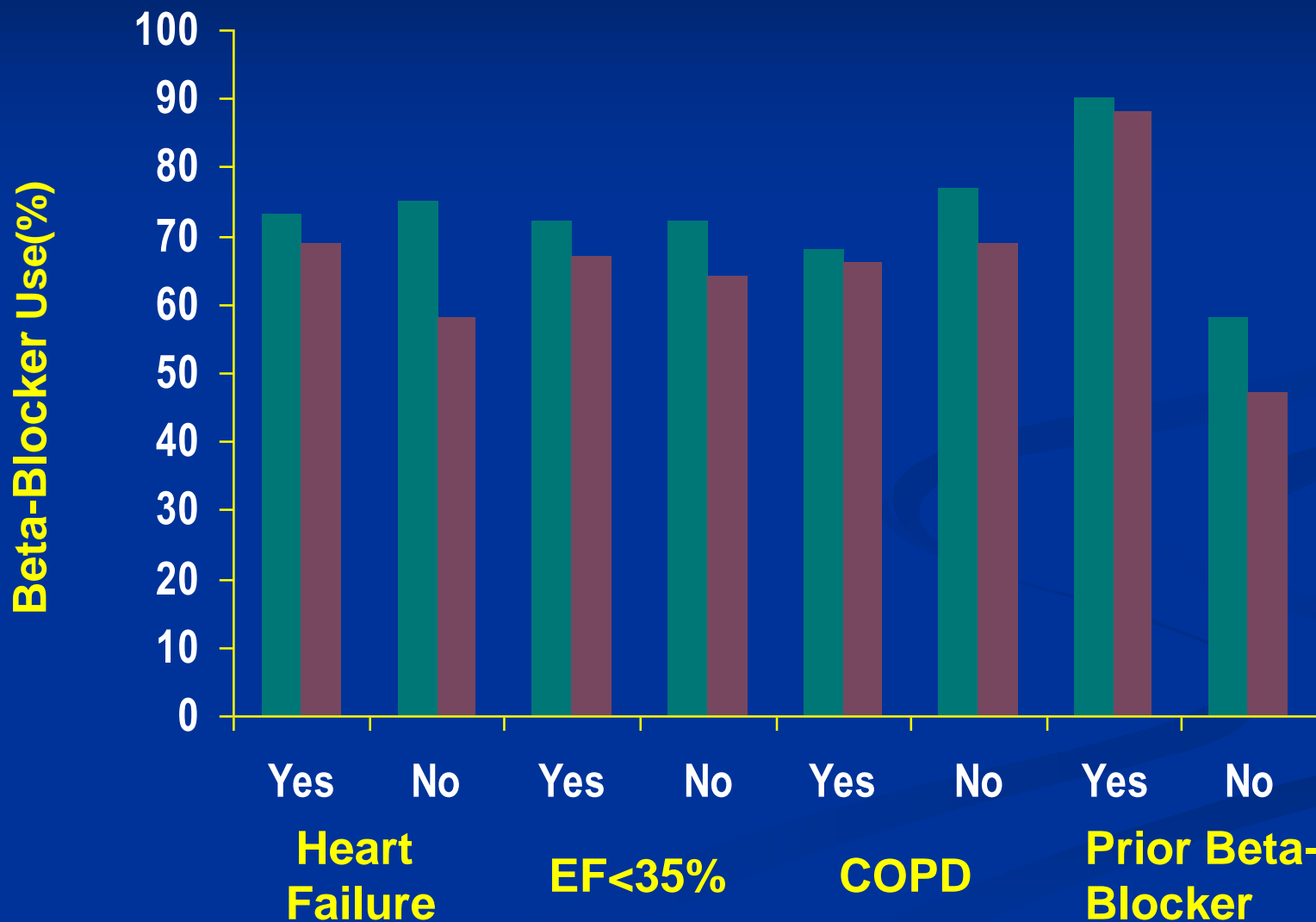
VA: Reminder in the Echo Report for Beta-blockers

Reminder No Reminder



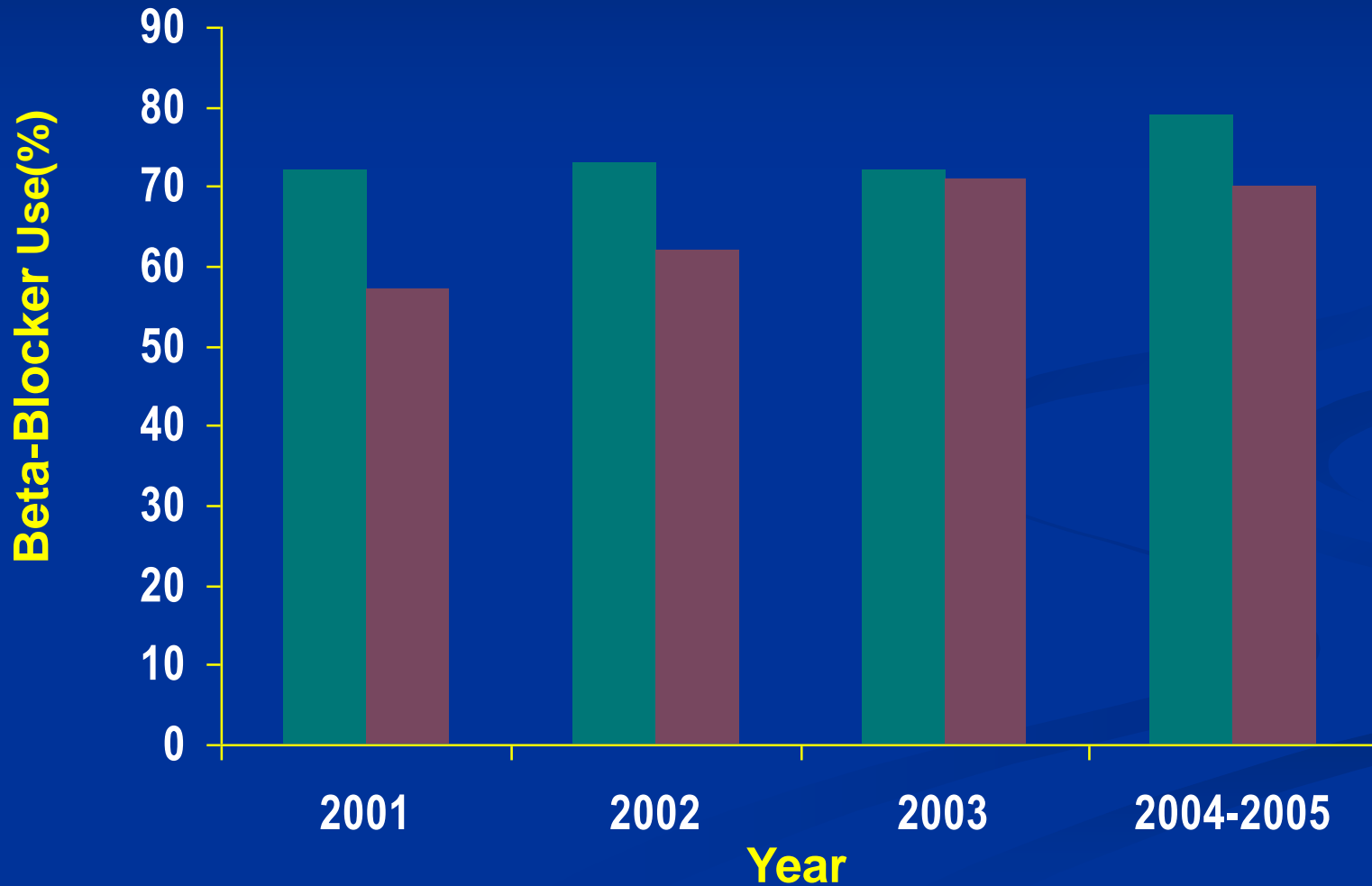
Reminder Effect: Subgroups

■ Reminder ■ No Reminder



Reminder Effect over Time

Reminder No Reminder

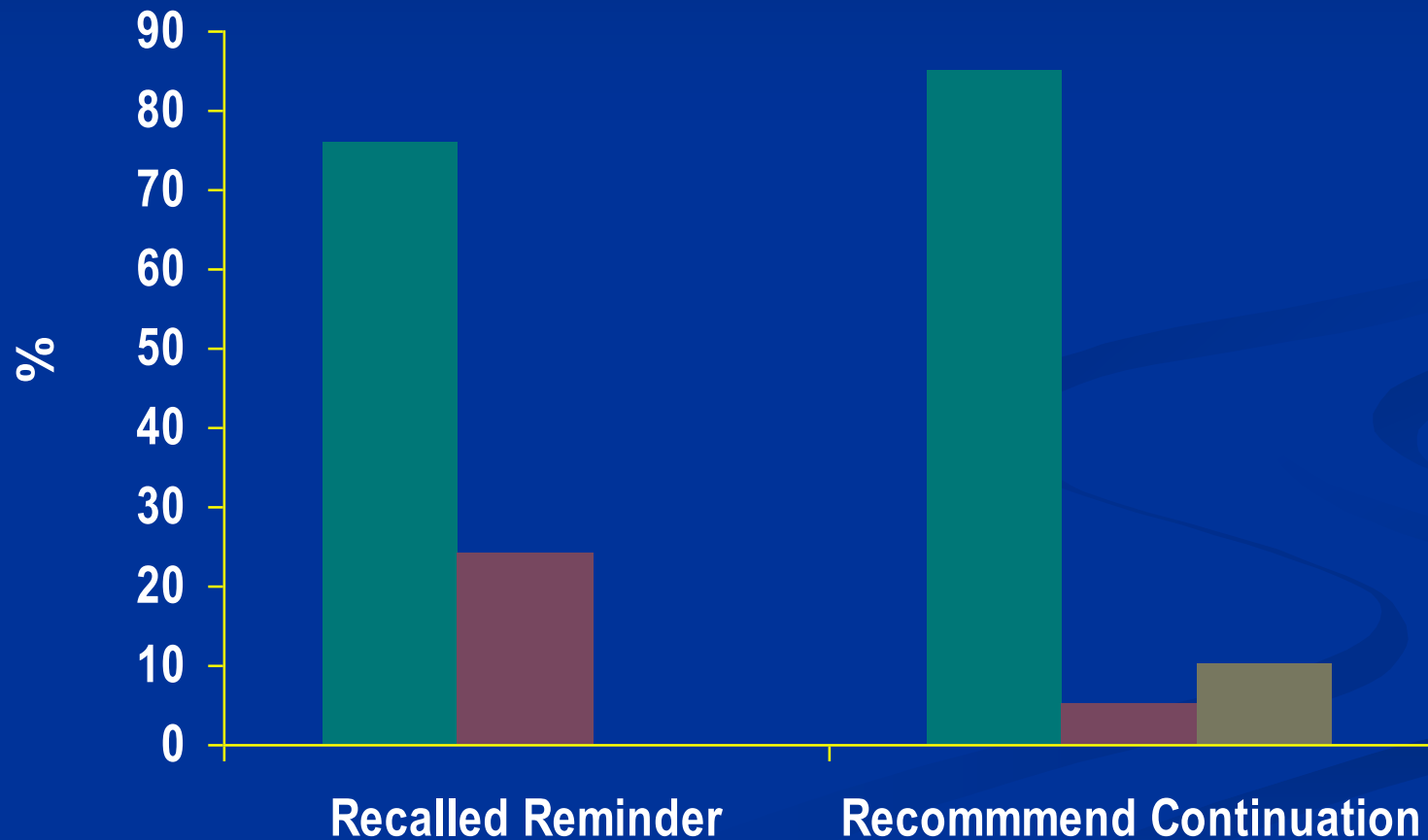


Primary Care Survey

- 50 Primary Care Providers
 - 45 Physicians
 - 5 Nurse Practitioners
- Up to 2 emails
- 82% response rate

Primary Care Survey: Reminders

■ Yes ■ No ■ Opinion



Implementation: Reminders

- Negligible cost, small benefit
- Can be done without additional resources or infrastructure

Patient Evaluation of Their Care

- LVEF Documentation
- ACEi or ARB if EF < 40%
- Patient Education
- Smoking Cessation

Not Yet a US Medicare or VA Measure

- Certain Beta-blocker if EF < 40%
- ICD if EF < 30%

MyHealtheVet



My HealtheVet - Microsoft Internet Explorer provided by Palo Alto HCS

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HEALTHY LIVING CENTERS DISEASES + CONDITION CENTERS MENTAL HEALTH MEDICAL LIBRARY

Diseases + Condition Centers

Services Related Conditions

Common Conditions

Common Conditions

(VA Health Education Library)

The VA National Center for Health Promotion and Disease Prevention, partnering with VHA Patient Education and VHA Environmental Hazards and Public Health, has developed an educational and health promotion library of materials on certain health conditions to enable veterans to take control of their own health. VHA is in the process of developing a full library of topics for this website.

- [Age-Related Macular Degeneration \(AMD\)](#)
- [Bipolar Disorder](#)
- [Cataracts](#)
- [Colorectal Cancer](#)
- [Depression](#)
- Diabetes
 - [Diabetes](#)
 - [Diabetic Retinopathy](#)
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- [Stroke](#)

Member Login

User ID:

Password:

Forgot User Name?
Forgot Password?
First time My HealtheVet user? **Register today!**

Related Links

- [Five things you should know BEFORE you go to the doctor](#) (369 KB)
- [Helpful Health Links](#)
- [Healthier US Veterans](#)
- [VA Multiple Sclerosis Center of Excellence](#)

TriCare Online

Are you a TriCare Online registrant? You can go directly to the [TriCare Online](#) site from [My HealtheVet](#).

Done

Start 2 Adobe ... 2 Intern... Impact Gra... 2 Window... Windows M... 3 Microsof... Microsoft P... CPRS - Pati... Local intranet 9:13 AM

Patient Self-Check of the Quality of Their Heart Failure Care

- Have you been told you have heart failure?
 - No/Not Sure>> information page
 - Yes

Patient Self-Check of the Quality of Their Heart Failure Care

- Have you been given education regarding diet?
 - No>> information on education
- Have you been told to weigh yourself regularly?
 - No>> information on benefits of weight monitoring
- Do you smoke?
- Has your provider counseled you to stop smoking?
 - No>> Information on benefits of not smoking

Ejection Fraction

- Do you know if your Heart's Ejection Fraction is less than 40%
 - Not sure / Don't know what this is
 - >> information page, question to ask provider
 - My Ejection Fraction is at least 40%
 - >> information page
 - My Ejection Fraction is less than 40%

Medications

- At least two types of medications are known to prolong survival in patients with heart failure and low ejection fraction (who can tolerate them):
 - ACE inhibitors or Angiotensin Receptor Blockers (ARBs) ([Click here for a list of generic and trade names](#)).
 - Certain beta-blockers ([Click here for a list of generic and trade names](#)).

Beta-Blockers

- Have you ever been tried on one of these beta-blockers ([click here for list](#))?
 - No/Not sure >> (information on why some people may not be candidates).

ICDs

- Has a provider ever discussed implanting a defibrillator?
 - No/ not sure >> information on why a defibrillator might not be recommended.
 - Yes/ I didn't want it
 - Yes/ I have one or will have one soon.

Randomized Trial of a Nurse Initiation Clinic

- VA Facility
- Randomization at the Provider Level
 - Nurse initiation and titration group:
 - Notification group: providers received an electronic message that their patient was a candidate for beta-blockers
 - Control group: usual care-grand rounds given to all regarding the importance of beta-blocker use