

# VA Heart Failure Network CHF QUERI

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# Outline

- Announcements
- Acute Decompensated Heart Failure: ED Pathway
- CHF QUERI Quality Improvement Goals for 2010
- Facility Survey Data

# VA Quality Improvement Guide

- Based on Input from the VA Heart Failure Network
- Already have extensive library of patient education materials
- Looking to collect the following:
  - Inpatient forms, protocols
  - Outpatient forms, protocols
  - Other?

# Criteria for CHF QUERI Goals

- Must improve outcome (survival or quality adjusted survival)
  - Absolute benefit\*gap in care
- Must have value (reasonable cost per gain in benefit).
- Must Meet Stakeholder goals
  - Existing VA HF Performance Measures
  - Readmissions

# Rank Order of Goals

- Reduce Readmission Rates
- Increase Life-prolonging Treatments
  - Beta-blockers (3 recommended)
  - Aldosterone antagonists
  - Hydralazine/Nitrates in African Americans
  - Devices
  - ACE Inhibitors
- Recognition of asymptomatic LV dysfunction or unrecognized symptomatic HF.

# HF Network Input

- Current goals sent to all members
- Received 87 responses with 85 commenting on the goal order:
  - 80 agreed with reducing readmissions as #1
  - 3 favored increased use of life-prolonging therapy as #1
  - Other recommendations for top goal
    - Prevention of HF and detection of unrecognized heart failure
    - Treatment of advanced heart failure.

# CHF QUERI Plans for 2010

- Interventions to Reduce Readmission Rates
  - Identification of interventions
  - Implementation
- Continued focus on beta-blockers
  - Have patients on one of three recommended beta-blockers
- New areas
  - Atrial fibrillation
  - Appropriateness/overuse (echo, medication use)

# Facility Survey for Heart Failure Care: 2008



# Facility Survey Background

- Increasing focus on heart failure
  - Rehospitalization
- Outcome varies
- Facilities function independently
- Unclear variation in resources devoted to heart failure care

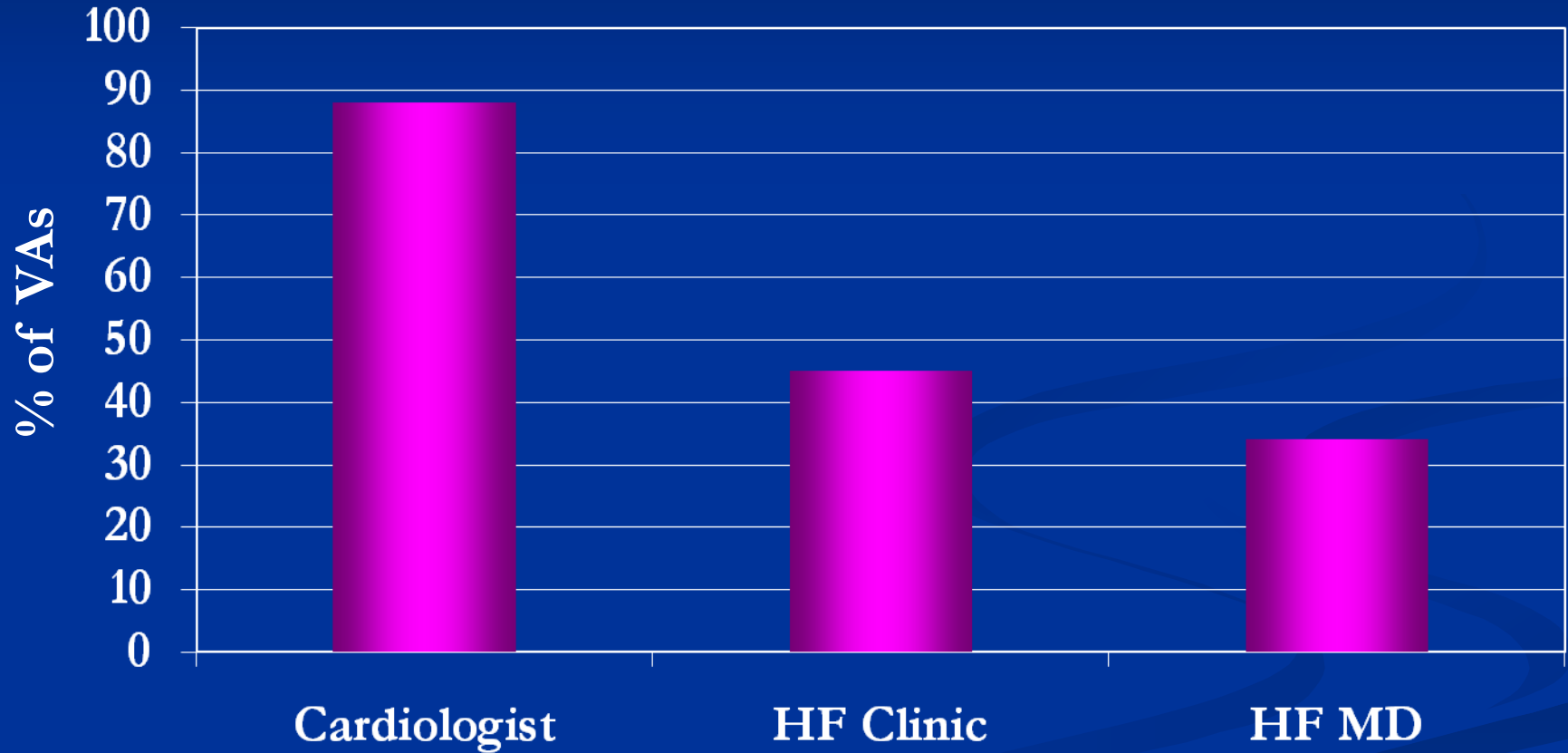
# Facility Survey Goals

- Determine structure/resource use for heart failure care at each VA facility
- Determine any association with survival and hospitalization.
- Disseminate findings, encourage implementation of programs found to be highly effective

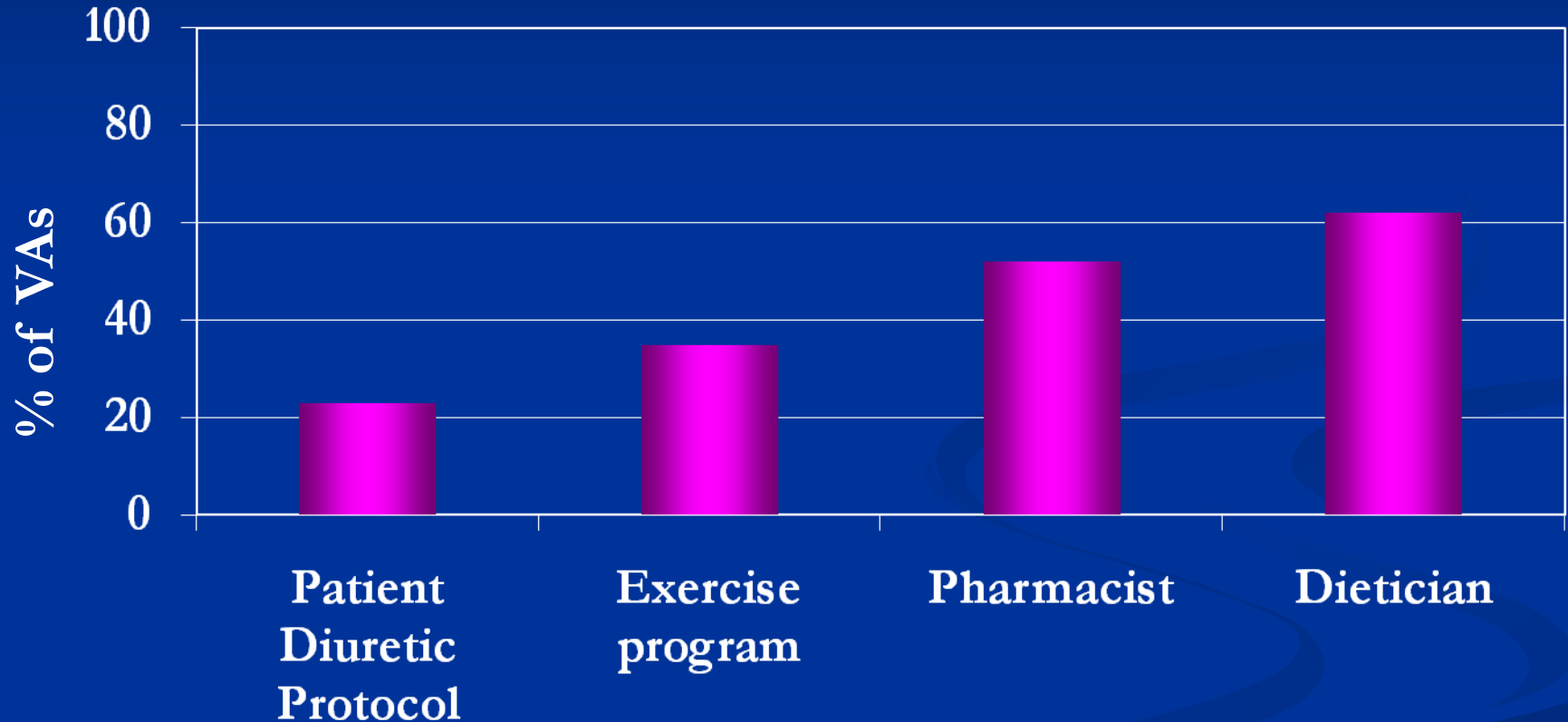
# Facility Survey Responses

- 144 facilities responded
- 93 reported data on fulltime cardiologists (mean 3.3)

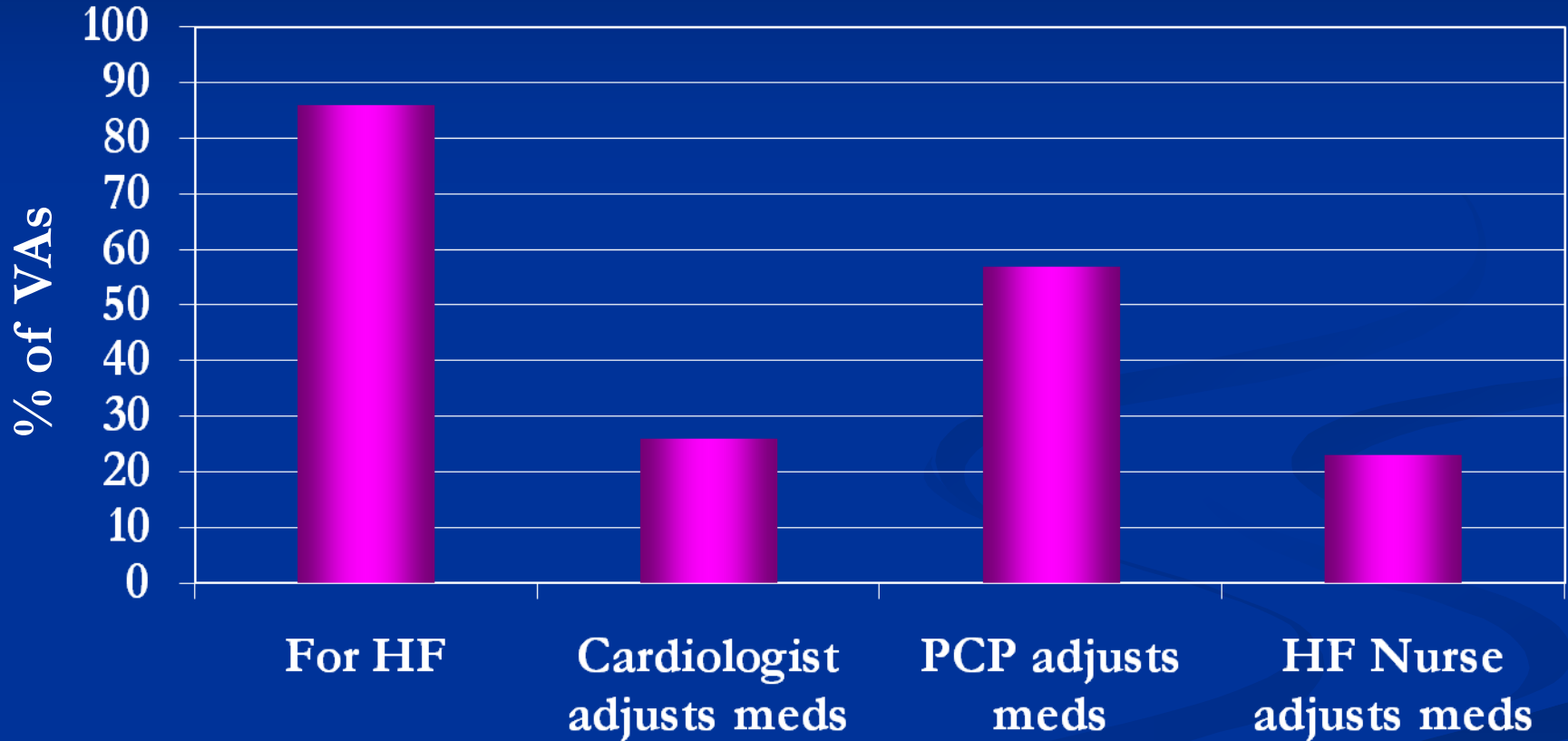
# Physician Resources



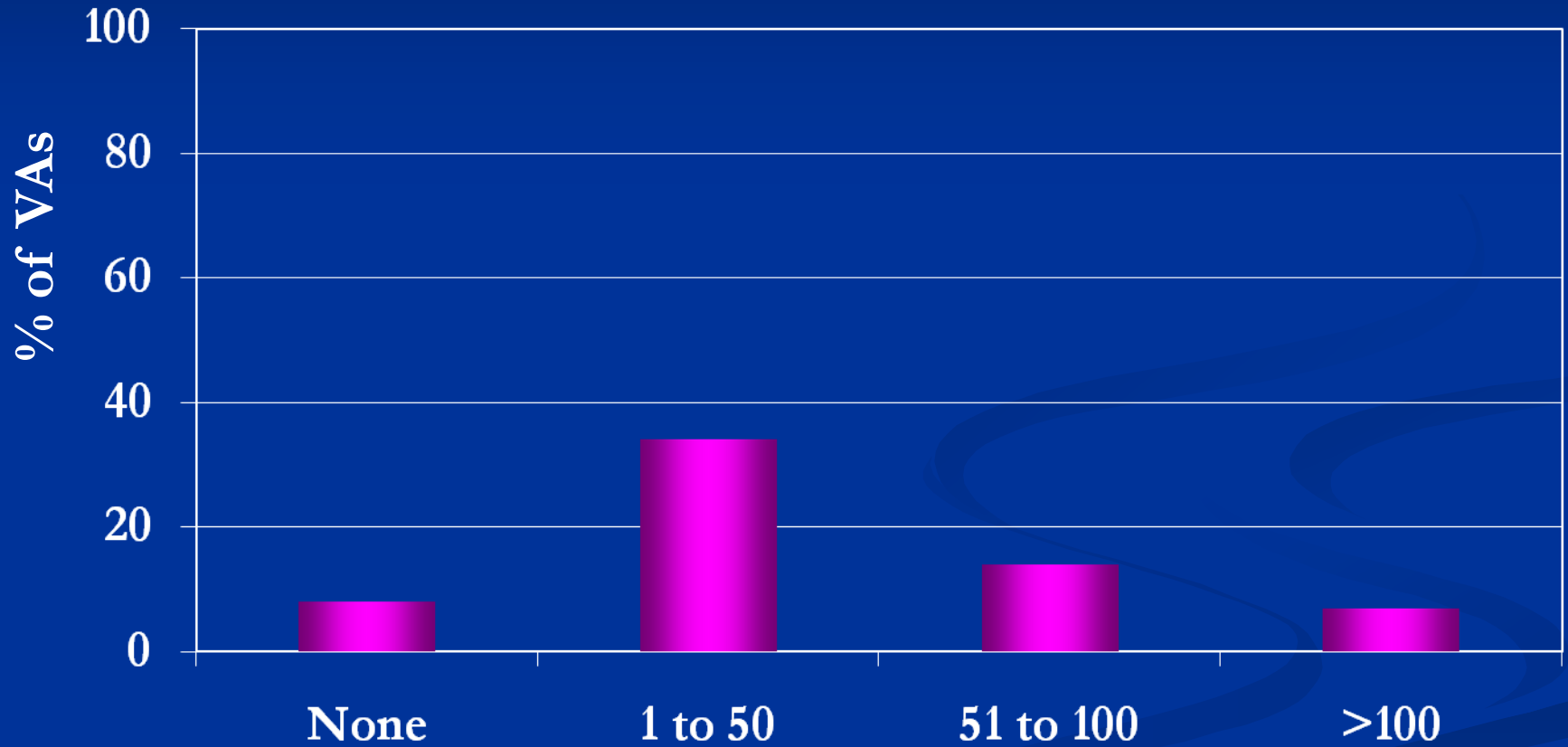
# HF Program Characteristics



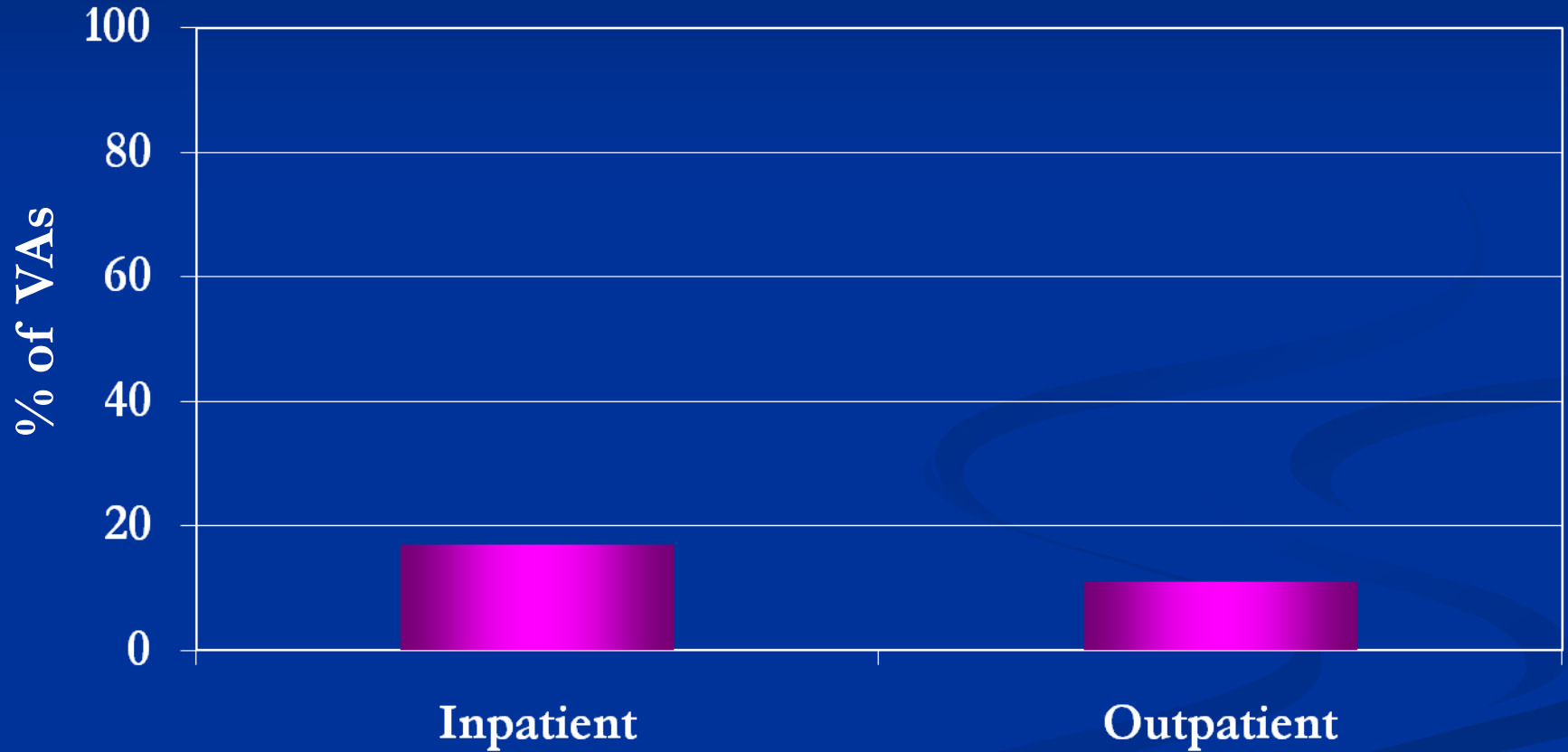
# Home Monitoring



# Home Monitoring Enrollment

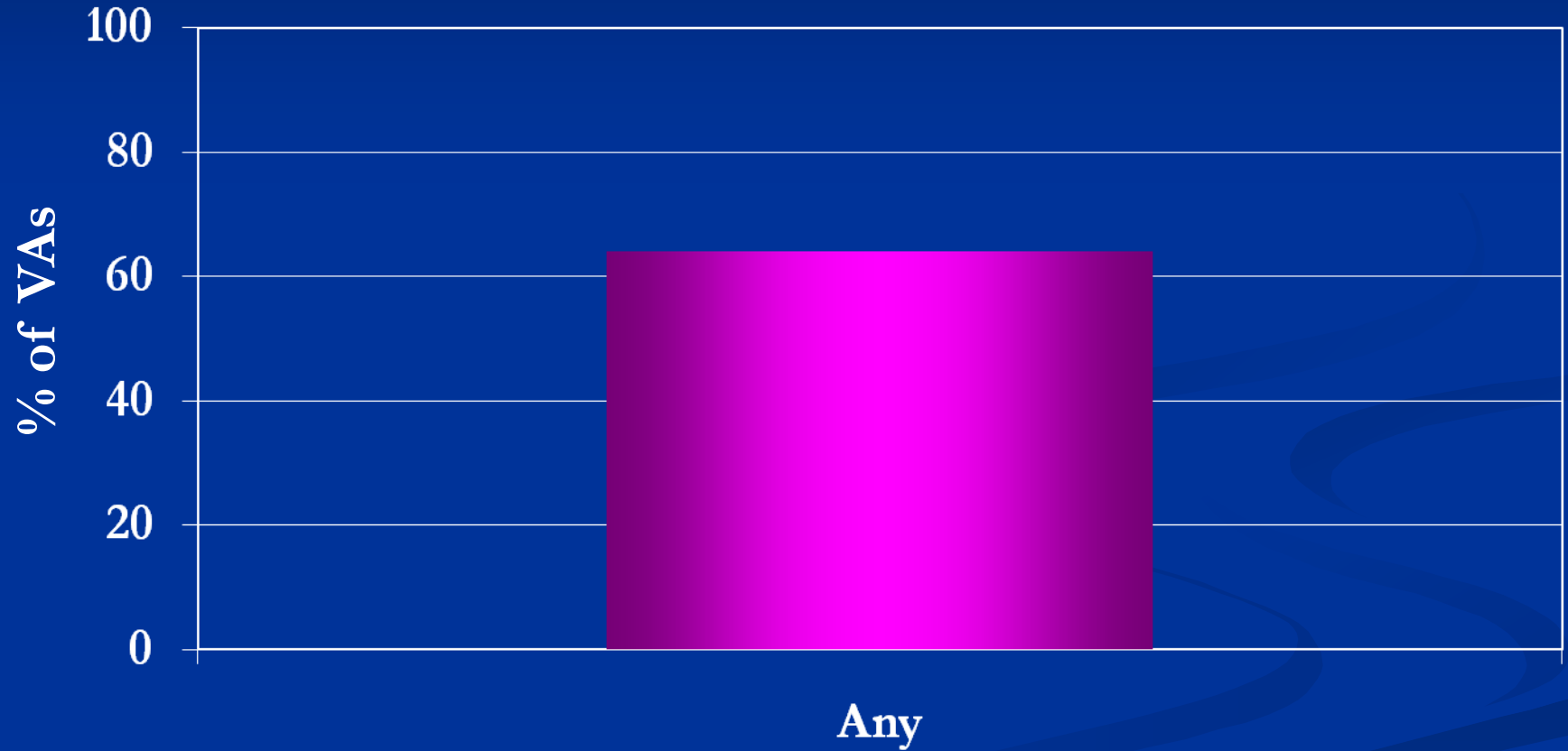


# Standardized Orders

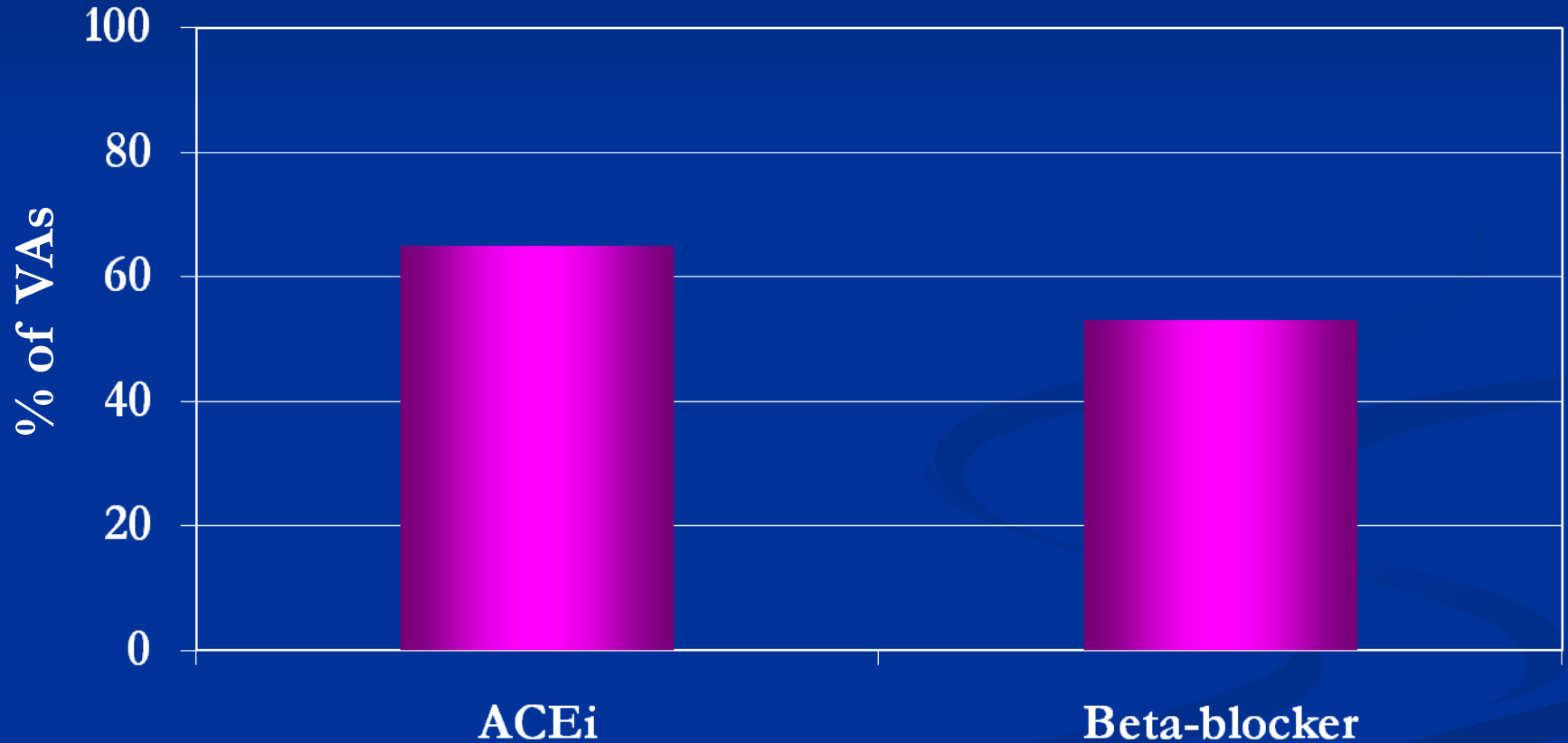




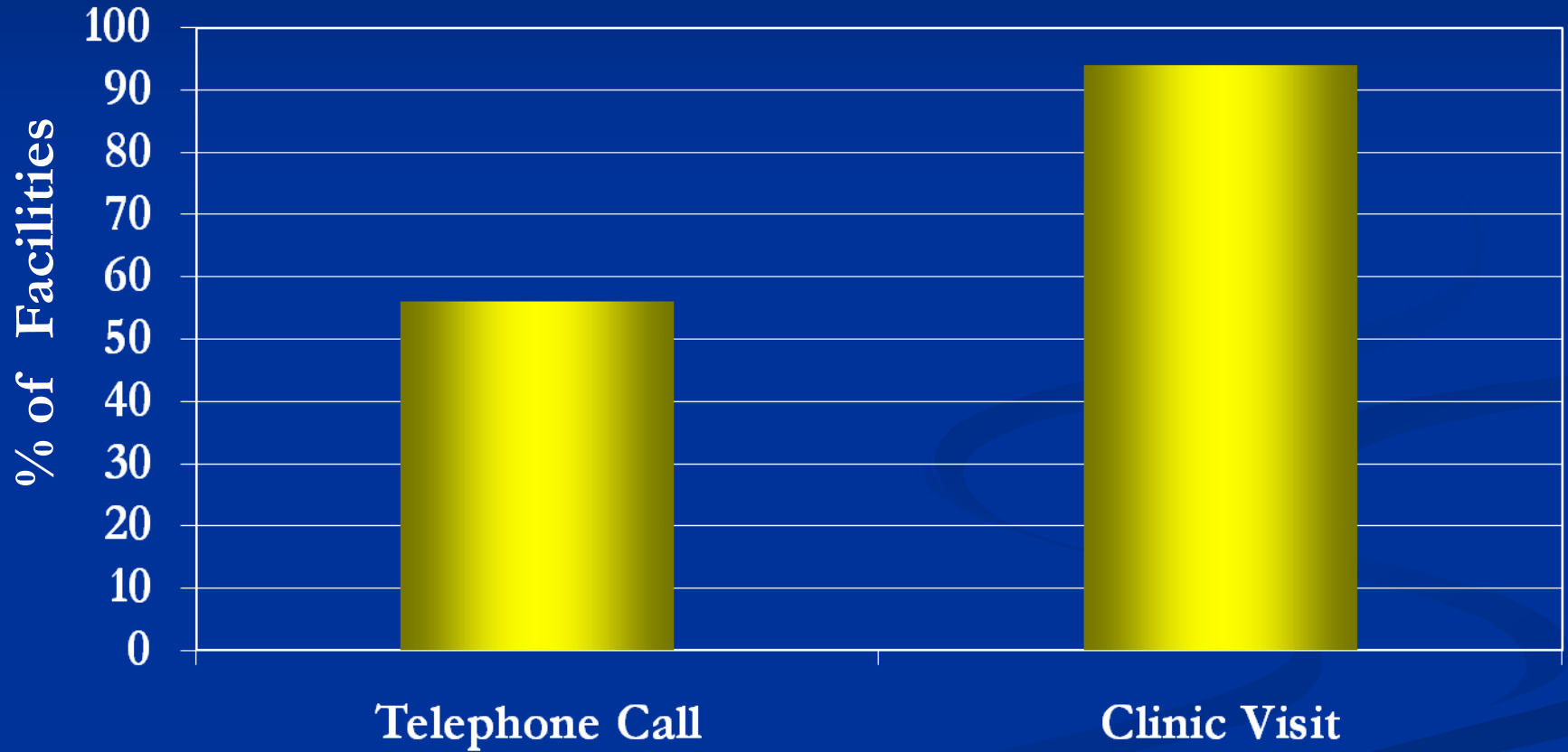
# Feedback Quality Measures



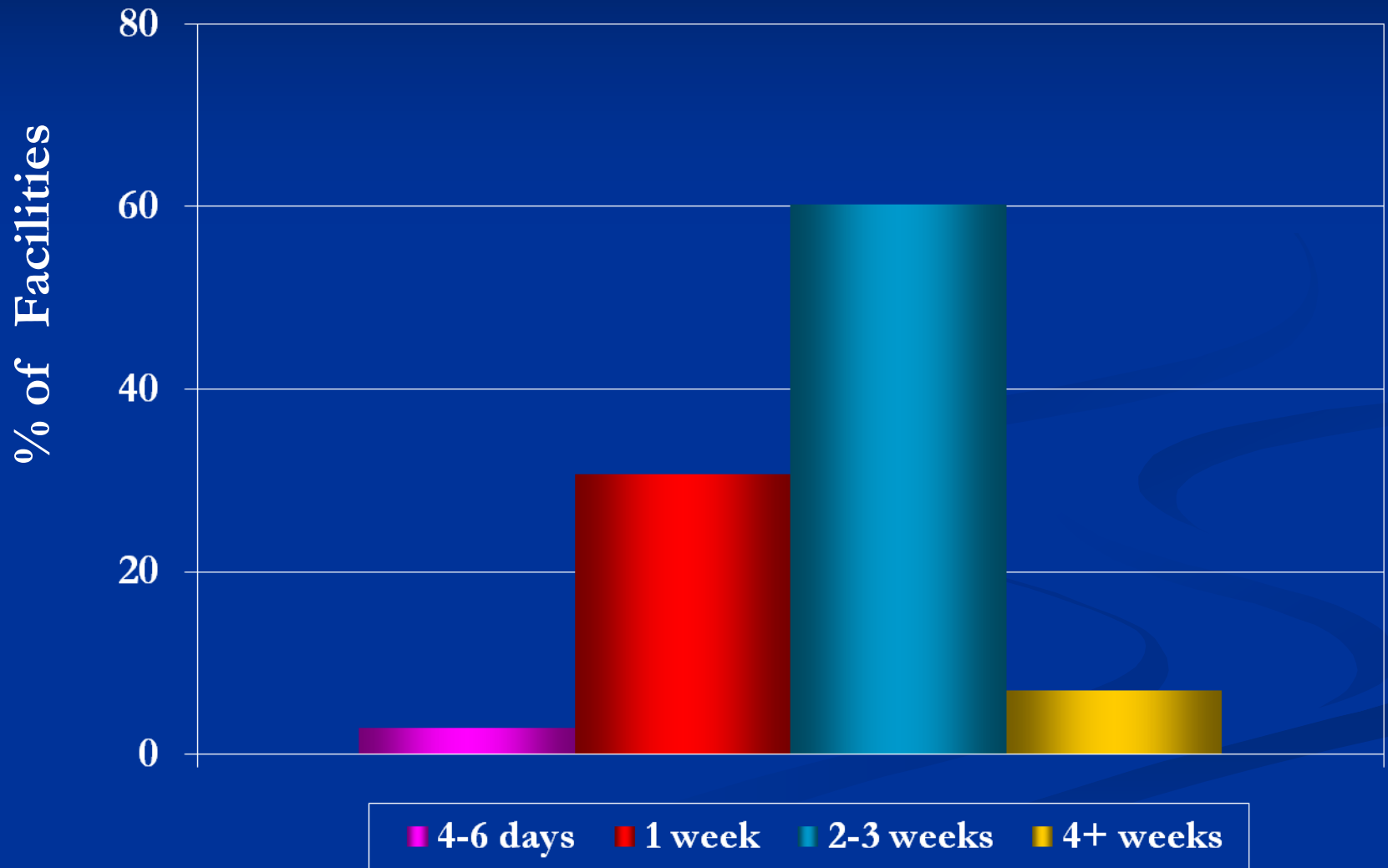
# Clinical Reminders



# Follow Up



# Follow-up Time for Clinic Visit



# Follow-up Time for Telephone Call



# Patient Characteristics: Cardiologist Available

## Cardiologist Available

YES

NO

■ Age	69.4	71.7*
■ LOS	6.43	6.32
■ Comorbid Score	2.13	2.22*

\* P<0.05

# Patient Characteristics: Cardiology Clinic

	Cardiology Clinic	
	YES	NO
■ Age	68.8	70.7*
■ LOS	6.31	6.61*
■ Comorbid Score	2.02	2.22*

\* P<0.05

# Patient Characteristics: Heart Failure Cardiologist

## Heart Failure Cardiologist

	YES	NO
■ Age	68.7	70.2*
■ LOS	6.56	6.31*
■ Comorbid Score	2.06	2.21*

\* P<0.05



# Patient Characteristics: Home Telehealth

## Home Telehealth Use

	YES	NO
■ Age	69.6	68.7*
■ LOS	6.45	6.44
■ Comorbid Score	2.13	2.13

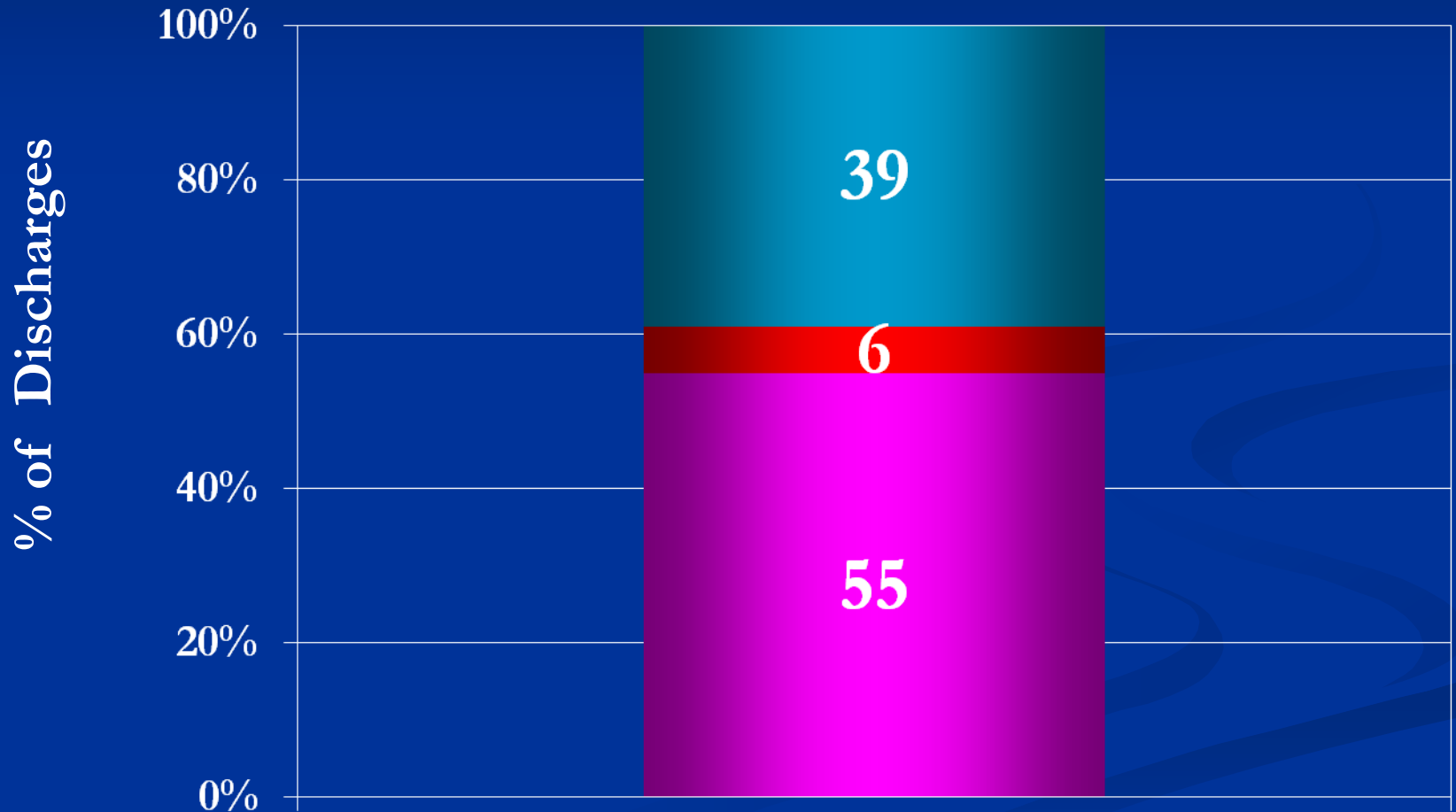
\* P<0.05

# 14 day Follow Up After HF Hospitalization

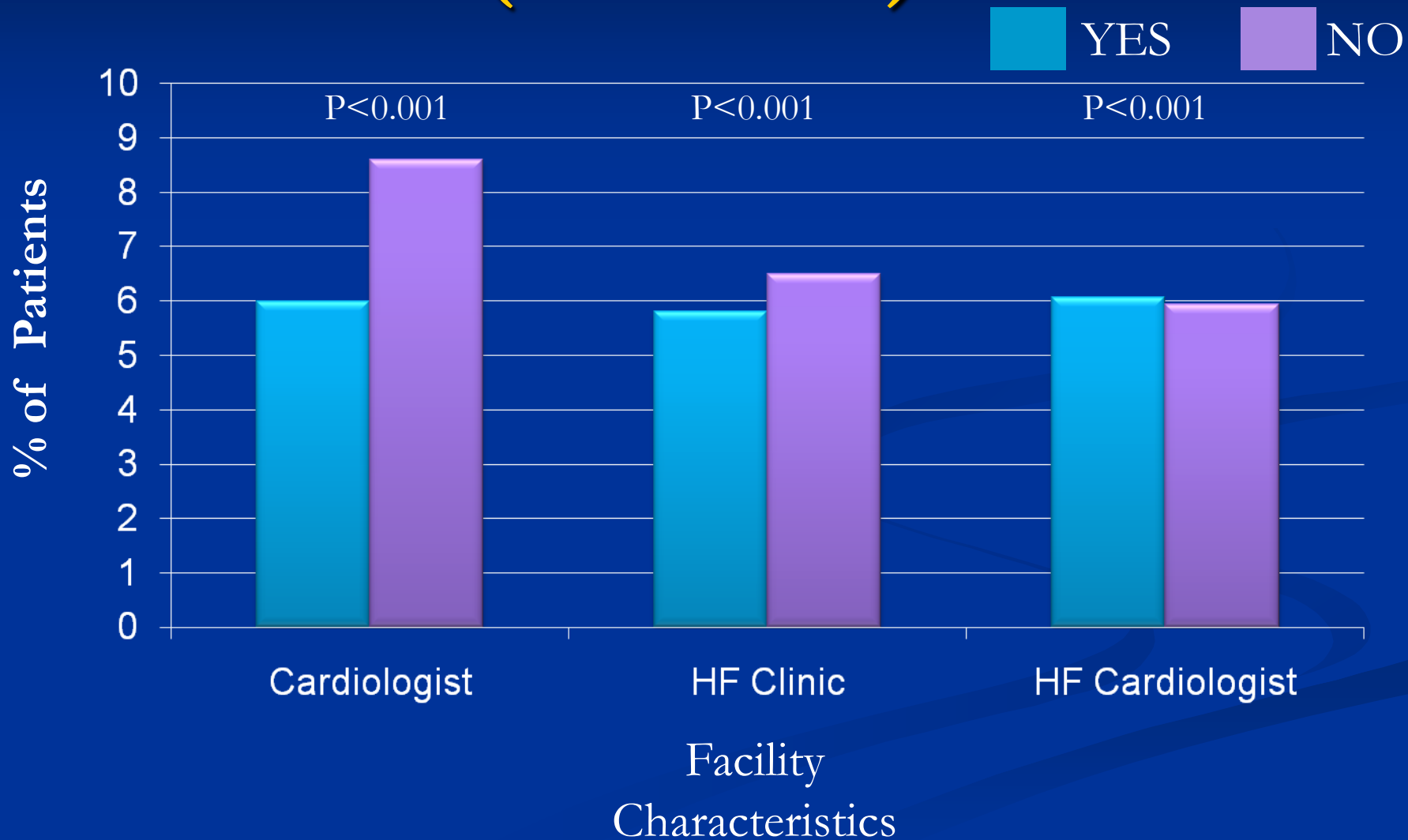
- Patients N=118,280
  - Primary Discharge diagnosis for heart failure
    - 2000-2006
  - Discharged to community
  - Survived 14 days post discharge without an admissions

# Clinic visit with 14 days

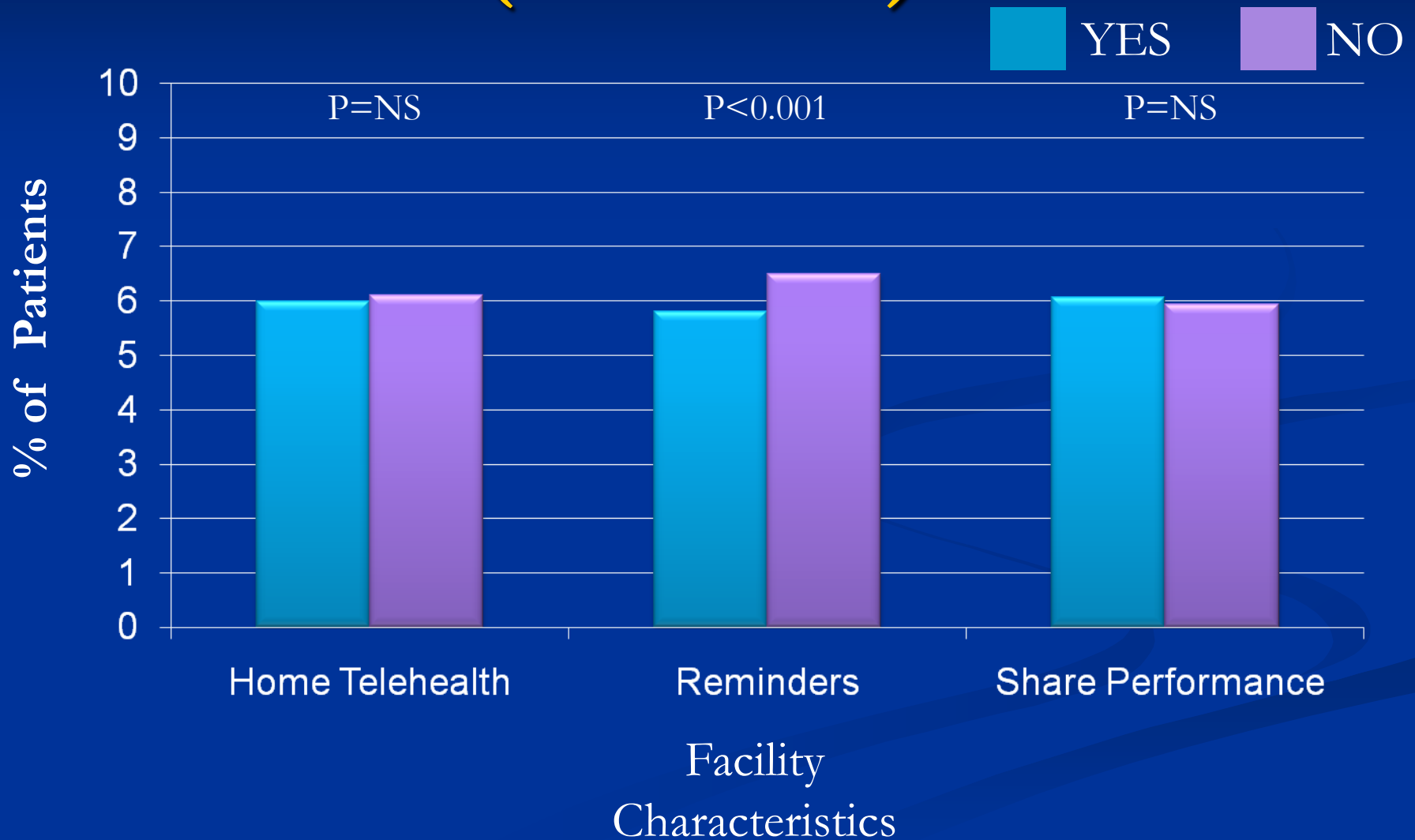
■ No ■ Cardiology ■ Other



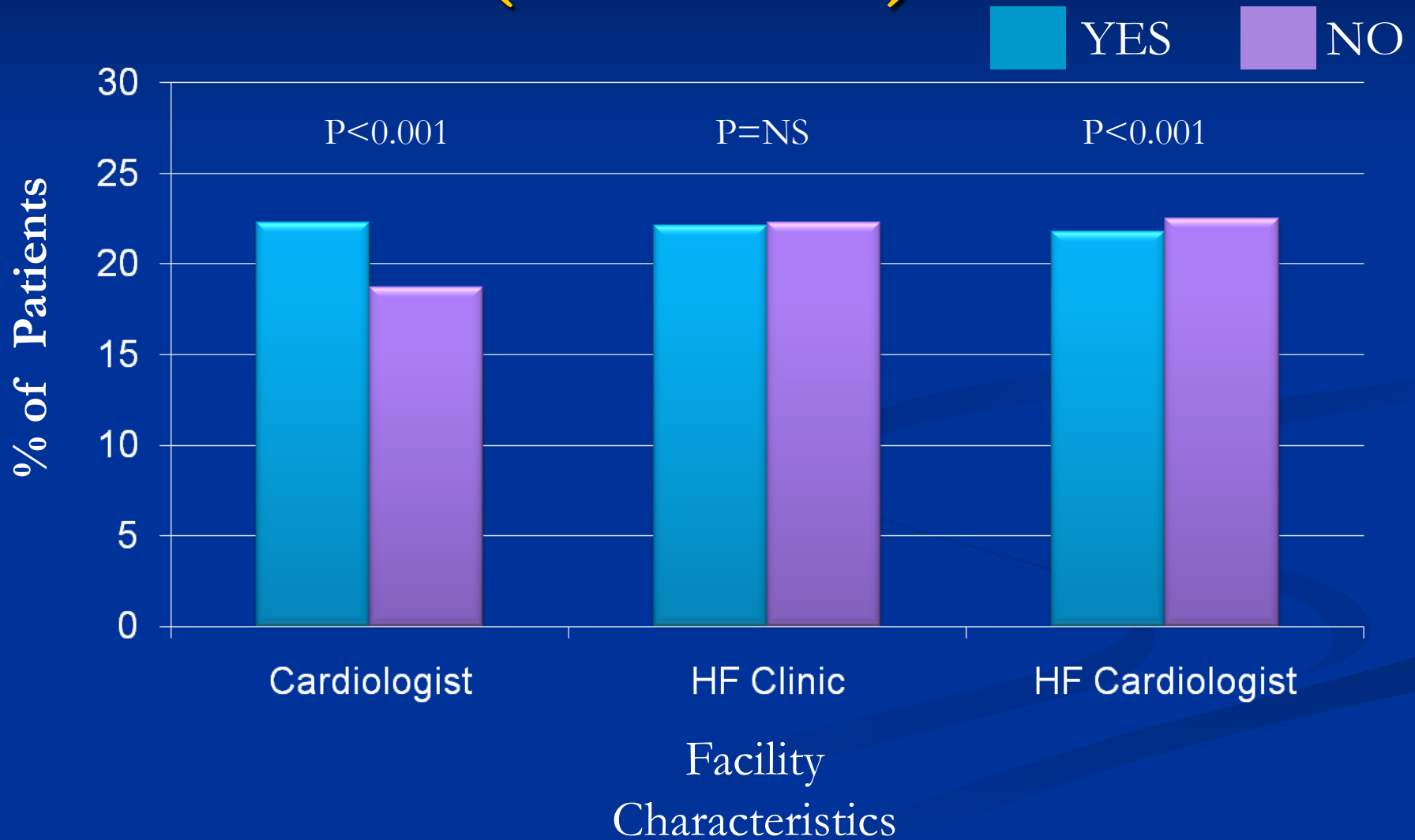
# 30 Days Mortality (All Cause)



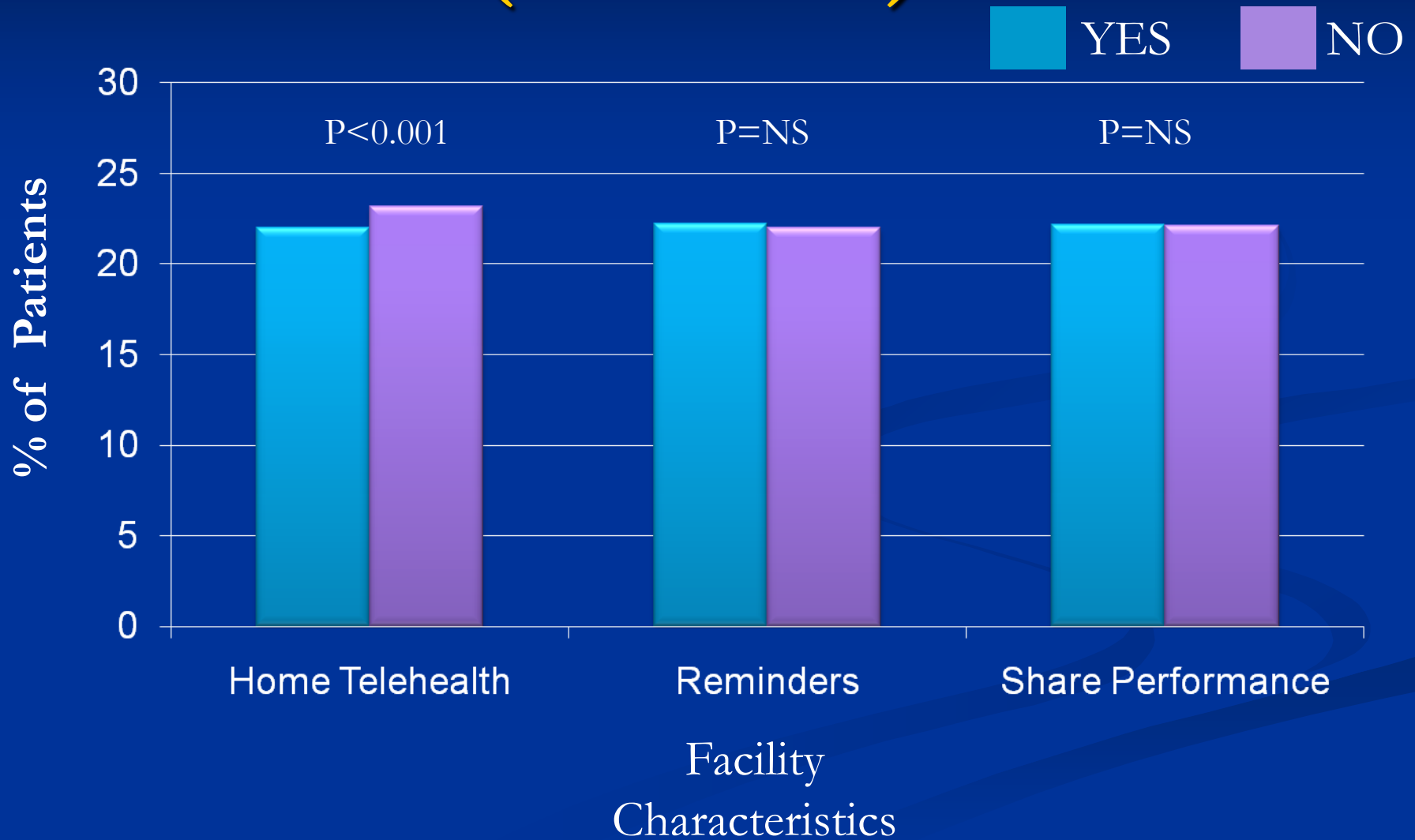
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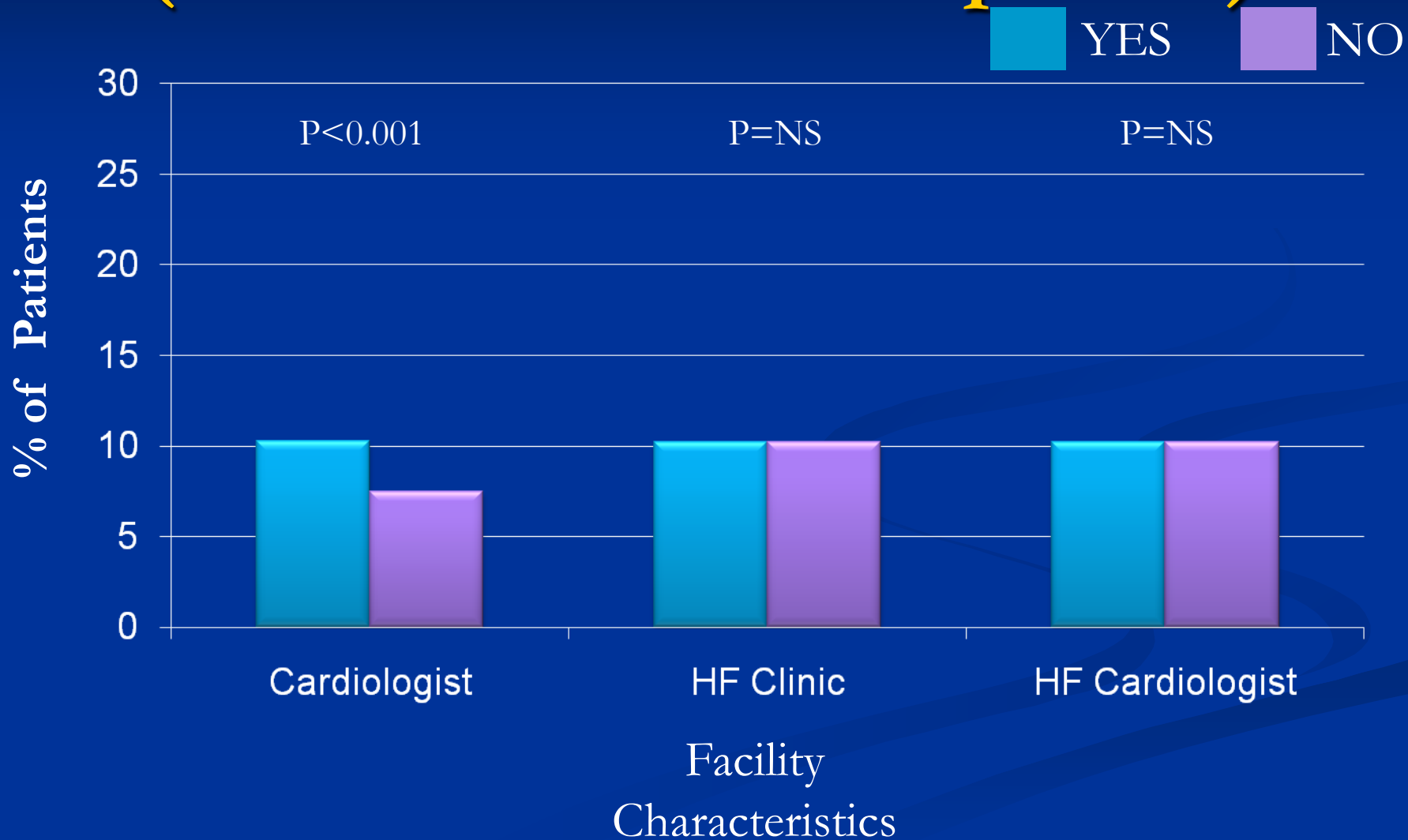
# Readmitted within 30 Days (All Cause)



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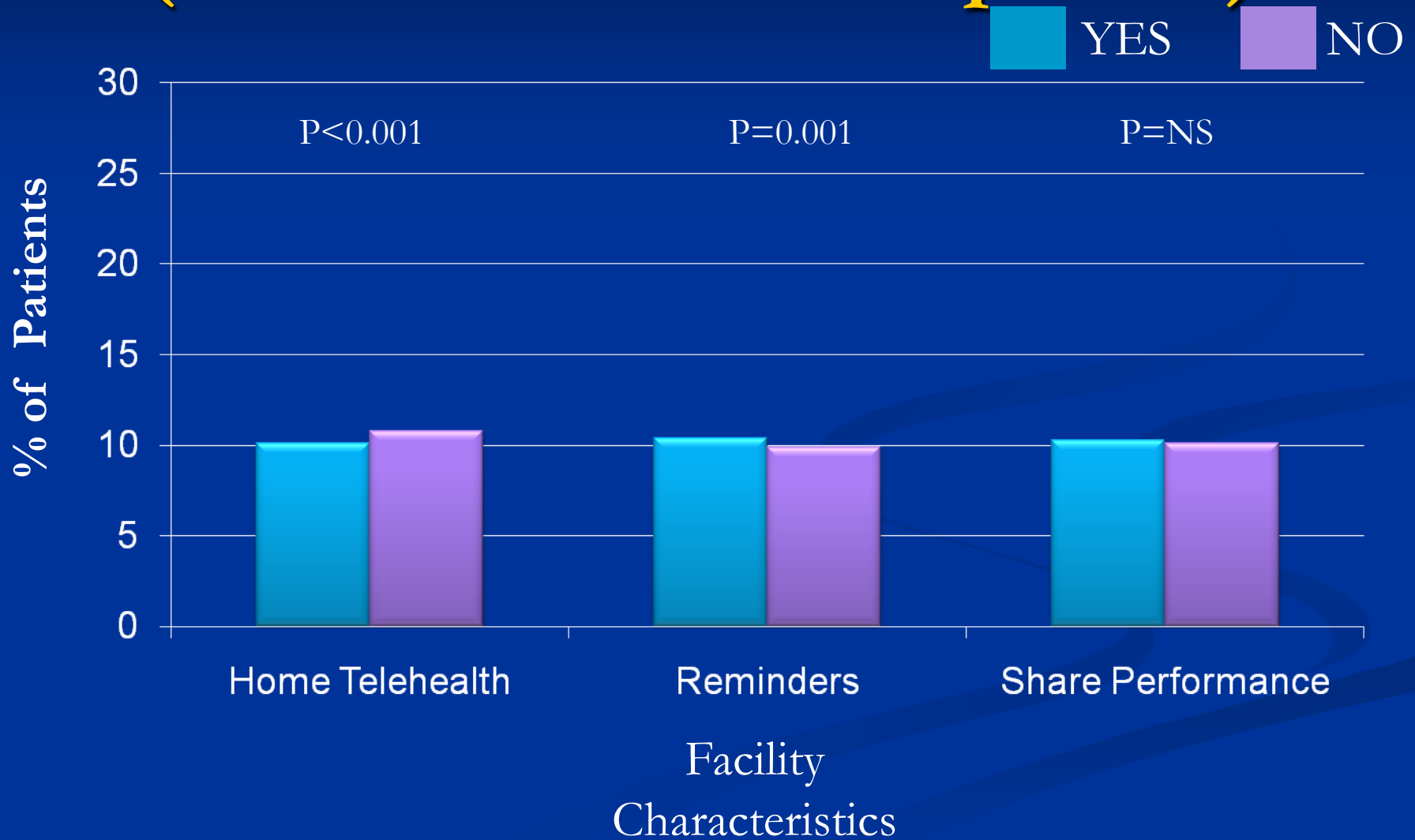


# Readmitted within 30 Days (Heart Failure Principal Dx)

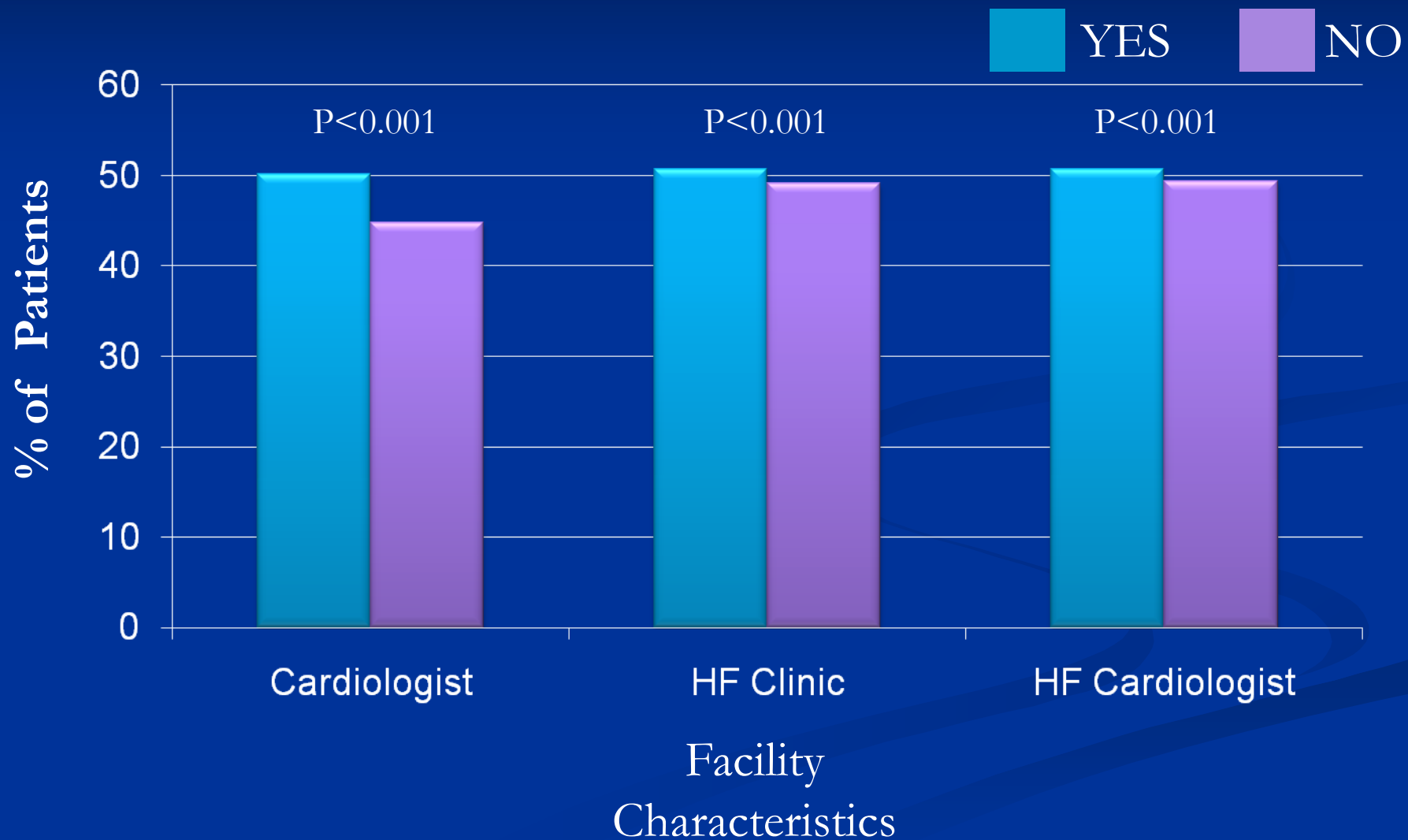




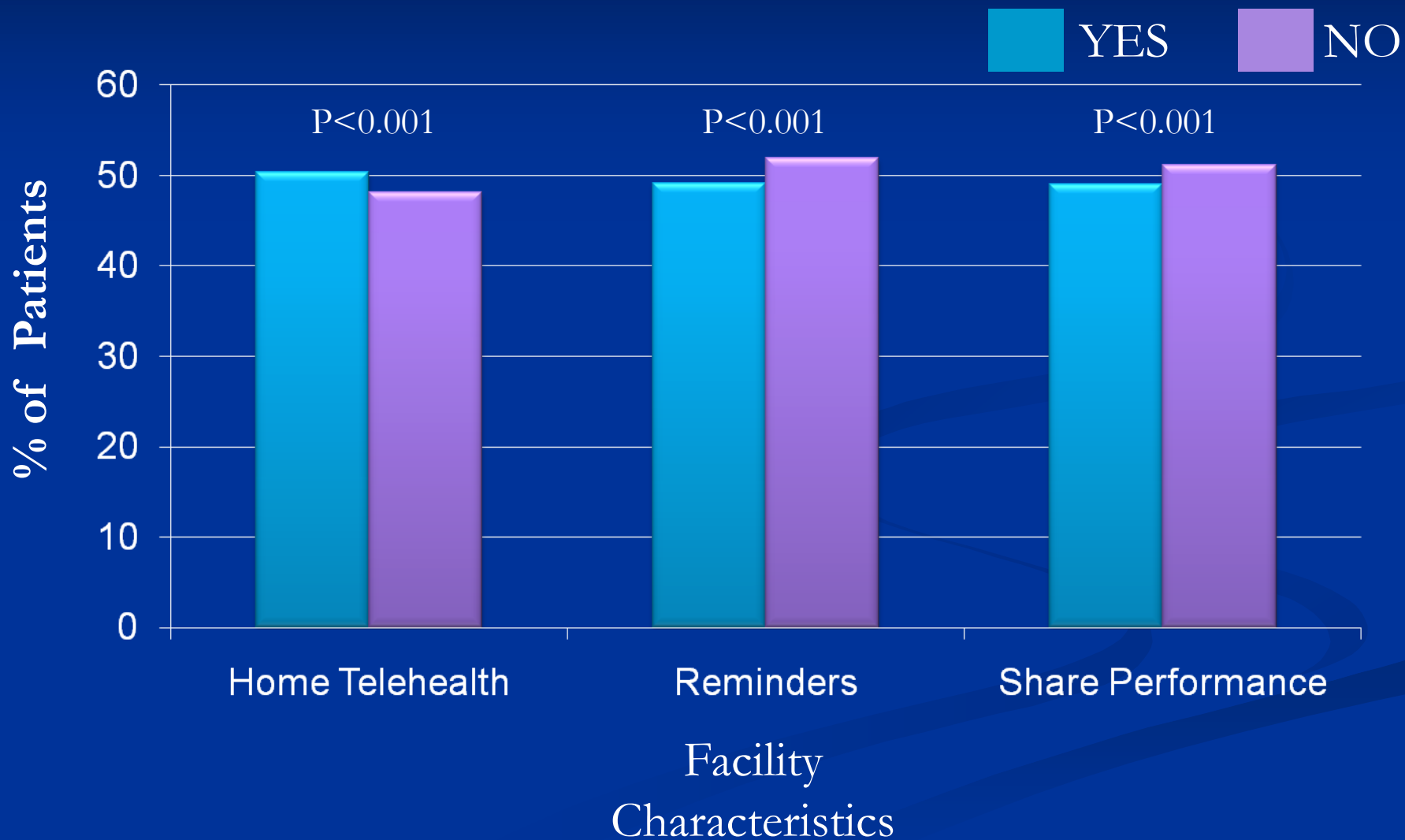
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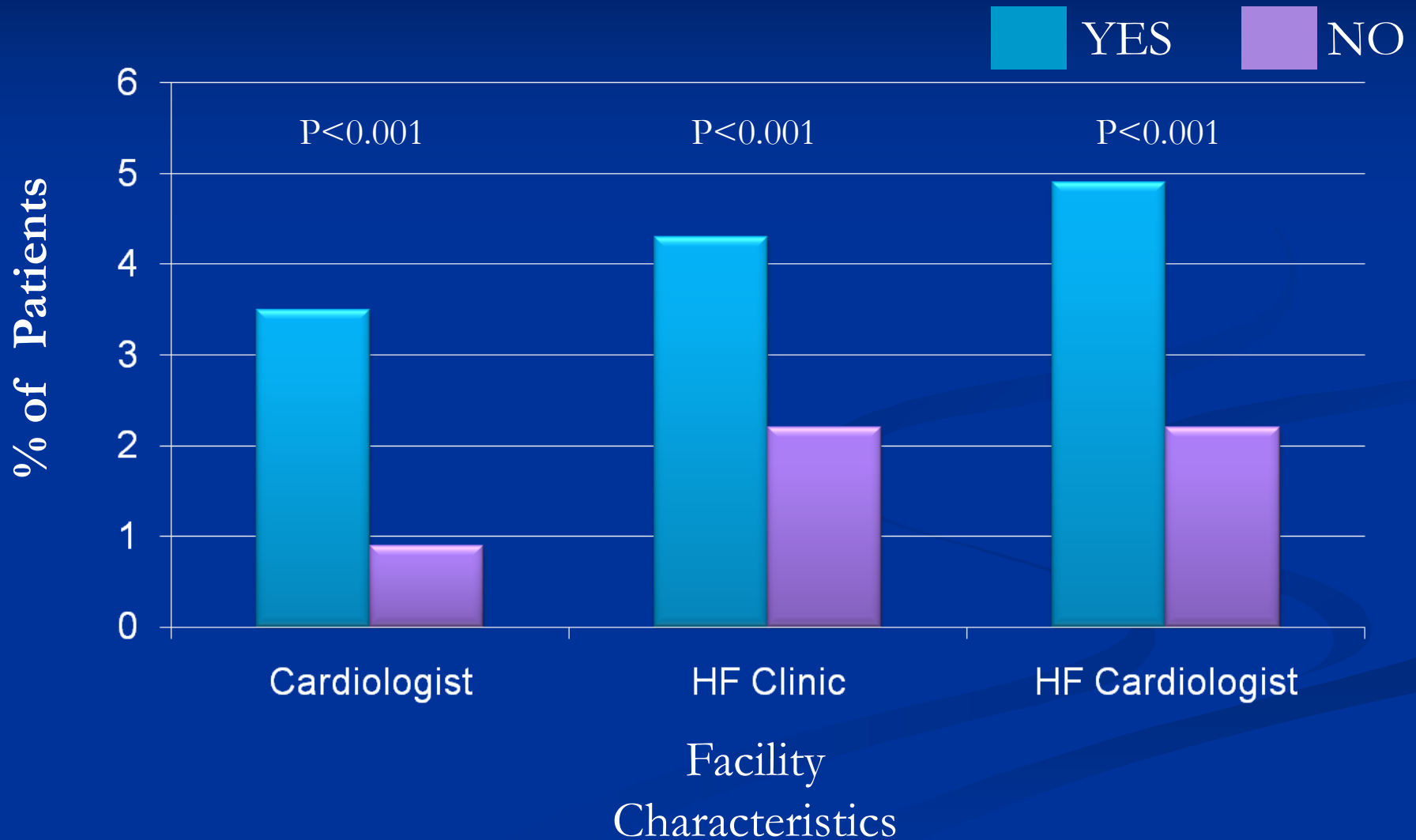
# Office Visit within 14 Days



# Office Visit within 14 Days



# Right Heart Catheterization



# Survey Conclusions

- Facility Survey
  - Better outcomes associated with available resources, however bias cannot be excluded
    - Home Telehealth
    - Heart failure specialists