

Mary Curtis, ARNP-CHFN

Pearls and Pitfalls of a Nurse Practitioner Led Heart Failure Clinic

Disclosures

- No Financial Disclosures



Objectives

- Define incidence and prevalence of Heart Failure
- Define the role of Heart Failure Management programs
- Describe issues driving your facility to set up a program
- Define potential challenges
- Describe key elements of successful programs

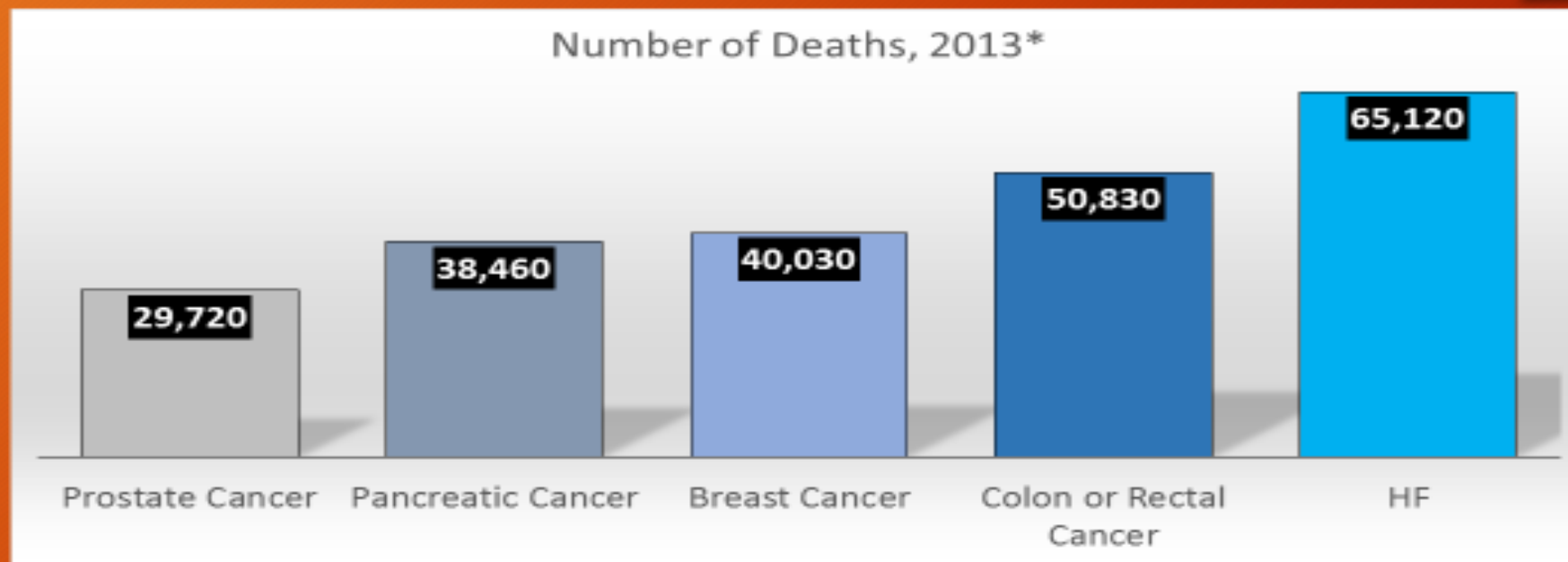
Epidemiology

- Over 5.7 million with HF US; 25 M World-wide
- 55% have Reduced Fx; 45% have Preserved Fx
- More days spent in Hosp for HF care than any Dx
- Number One Readmission Diagnosis-50% by 6 mo
- Most expensive DRG in Medicare System
- Two thirds of 50 Billion cost is In-Patient care

Mozzafarian D, Benjamin EJ, Go AS, et al. on behalf of the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics—2016 update: a report

from the American Heart Association. *Circulation*. 2016;133:e38-e360

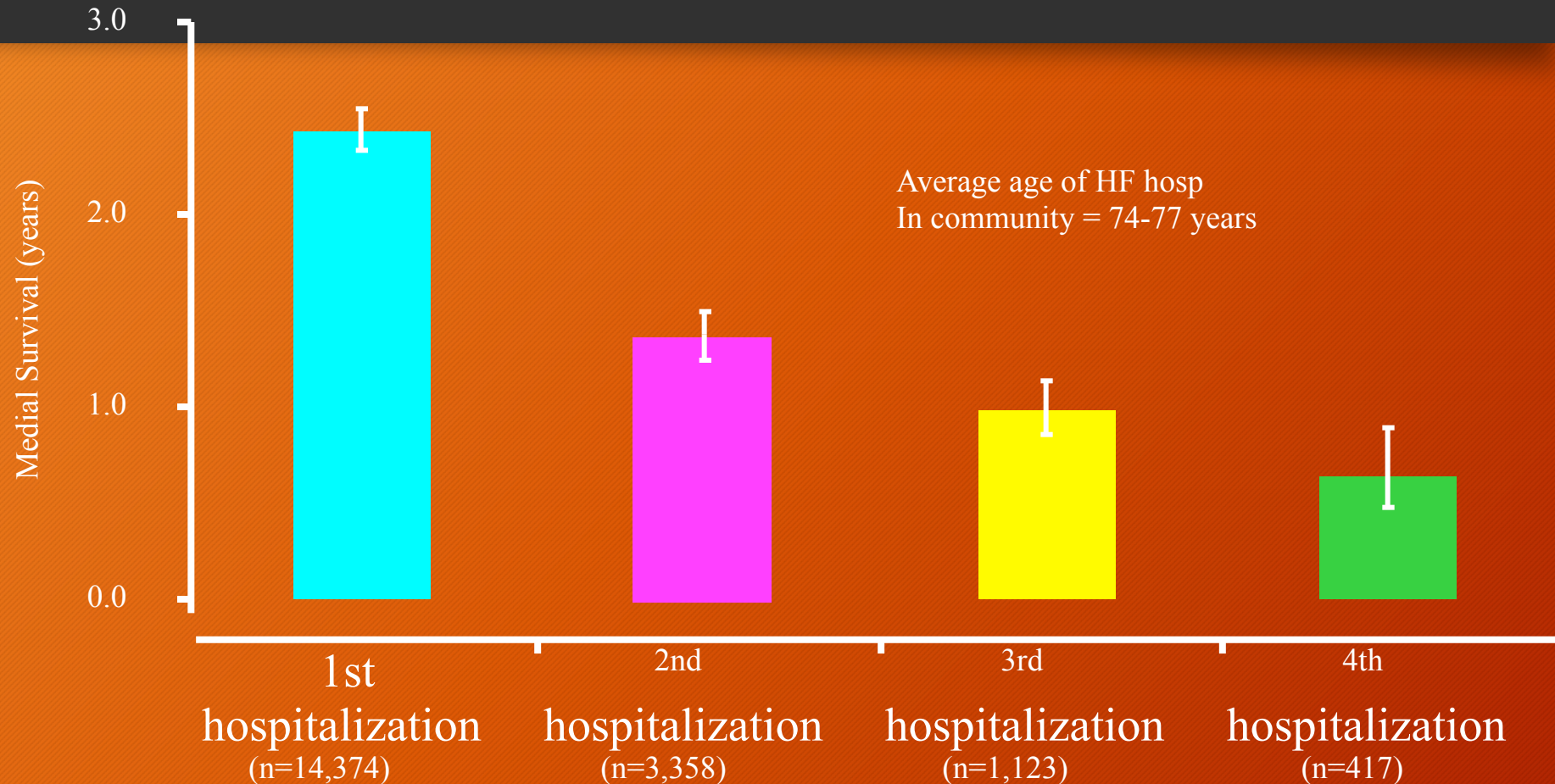
Annual Mortality for HF is Higher than that of some Common Cancers



* Forecast estimate

1. Gerber Y, et al. JAMA Intern Med. 2015;175(6):990-1004. 2. Siegel R, et al. CA Cancer J Clin. 2013;63(1):11-30. Mozaffarian D, et al. Circulation. 2016;133(4):e38-60.

Median Survival Decreases Progressively after Each Hospitalization



Role of HF Clinic management program

- Prevent Hospitalizations (Cost Avoidance)
- Improve Quality of life
- Decrease mortality
- Ensure close follow up and support
- Education on disease process, self care and medications
- Appropriate referrals (EP, Cardiac Rehab, other specialties)

Issues driving program

- Value based purchasing for KPI's
- Patient satisfaction
- Decreased burden on hospital beds
- Get with the Guidelines (see you in 7)
- The right thing to do!

Potential Barriers (Pitfalls)

- Financial
- Space and equipment
- Referrals and follow-up
- Provider acceptance
- Patient acceptance

Keys to success (PEARLS)

- Close collaboration with administration and physicians
- Inpatient advocates
- Close follow up upon hospital discharge
- Intensive patient and family education
- Optimization of medications per guidelines and attention to signs of worsening HF
- Attention to barriers to adherence
- Coordination to other disciplines and agencies

BayCare Medical Group's Heart Function Clinic At Morton Plant Hospital Clearwater, FL



Our Story...

- In the beginning...
- Dr Leslie Miller
- Education, education, education
- Successes
- Lean Sigma project
- Future goals

Project Journey

KEY ACTIVITIES AND TIMELINE



November 17, 2016

Data
Collection

- Identify key variables
- Mine historical data
- Analyze and review data set

January 5-6

Assess/
Improve

- Detailed map or workflow and patient journeys (including times, metrics, interactions)
- Define improved pathway including best practices, standardized practices, training and change management
- Develop action plan and implement sure hits

March 31/June 26

Sustain

Implement
Improvements
and meetings to
support
progress

Final state data
collection and
meetings to
support
progress

- Provide support with embedding new pathways
- Perform critical evaluation of the effects of the changes and refinement of best practice tools
- Establish teams in hospitals and across pathway responsible for monitoring and fine tuning

July 21

Report
out

Continue to
Track Metrics
and implement
additional
improvements



Dashboard: Impact analysis

Maintaining 100%
Patient Satisfaction for
the year

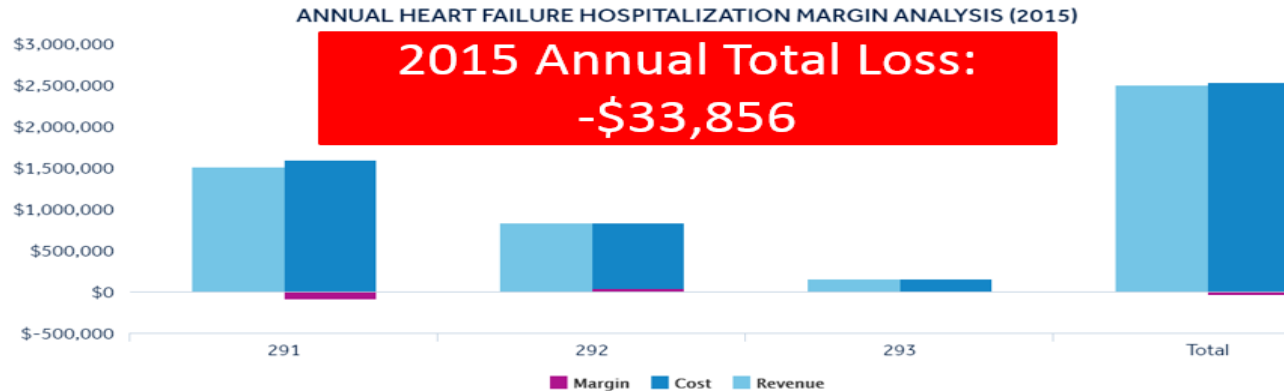
YOY Comparative Data: January - June				
Category	2016	2017	Variance	% Change
Referrals (Jan – Jun)	182	299	+117	+64%
# Converted to Clinic Visit	51	99	+48	+94%
% Conversion Rate	28%	33%	+5%	
# Readmissions (Jan – May)	14	11	-3	-21%
% Readmission rate	27.5%	11.1%	-16.4%	
# readmissions prevented	16.4% x 99		-16.2 patients	

SUCCESS ON THE ROAD TO VALUE BASED HEALTHCARE

QUANTIFIABLE PERFORMANCE IMPROVEMENT

ECONOMICS OF INPATIENT MEDICARE ADMISSIONS

MORTON PLANT HOSPITAL, HEART FAILURE



Financial Benefits Realized

Category	6 Month	Annualized
Heart Function Clinic Revenue Enhancement	\$11,616	\$23,232
Readmission Cost Avoidance	\$110,224	\$220,448
TOTAL	\$121,840	\$243,680
Predicted 5 Year Financial Benefit	\$1,218,400	



References/Websites

- Gerber, Y, et al. *JAMA Intern Med.* 2015; 175(6):996-1004.
- Mozaffarian, D, et al. *Circulation.* 2016;133(4)e38-60.
- Setoguchi, S et al. *American heart journal* 154.2 (2007): 260-266.
- Siegel, R, et al. *Cancer J Clin.* 2013;63(1): 11-30.
- AAHFN.org (American Association of Heart Failure Nurses)
- HFSA.org (Heart Failure Society of America)
- Americanheart.org (American Heart Association)
- Acc.org (American College of Cardiology)