



## GLOBAL HEART FAILURE AWARENESS PROGRAMME

Improving care for patients with acute heart failure:  
before, during and after hospitalization

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### Policy report on acute heart failure



HEART FAILURE  
ASSOCIATION  
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EUROPEAN  
SOCIETY OF  
CARDIOLOGY®

# Improving care for patients with acute heart failure

Before, during and after hospitalization

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Slides funded by an educational grant from Novartis



GLOBAL **HEART FAILURE**  
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# Eight policy recommendations from US and European experts

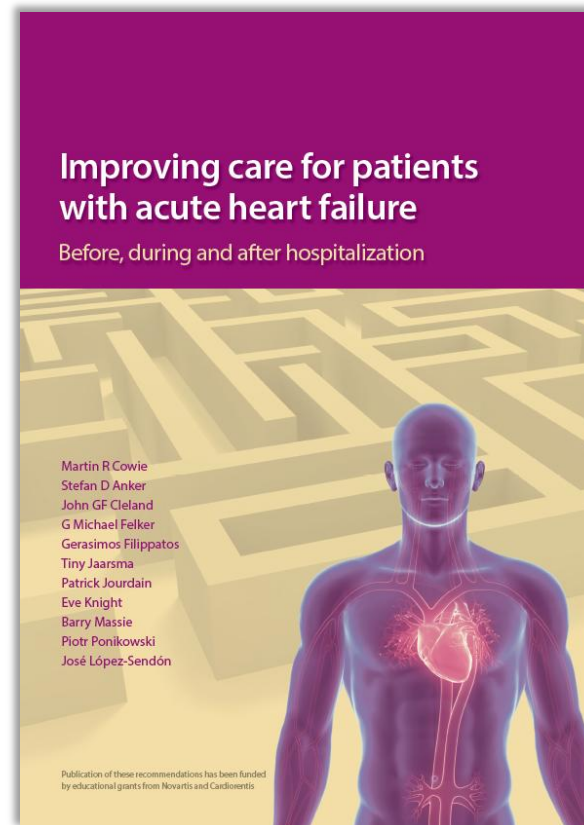
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- G Michael Felker USA
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# Acknowledgements

- These slides are based on a policy report and recommendations funded by educational grants from Novartis and Cardioventis
  - The grants covered meeting costs, honoraria, travel expenses and the services of Oxford PharmaGenesis™ Ltd, UK, who provided support for the independent writing and editing of the report.



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# **The burden of disease in Europe and North America**



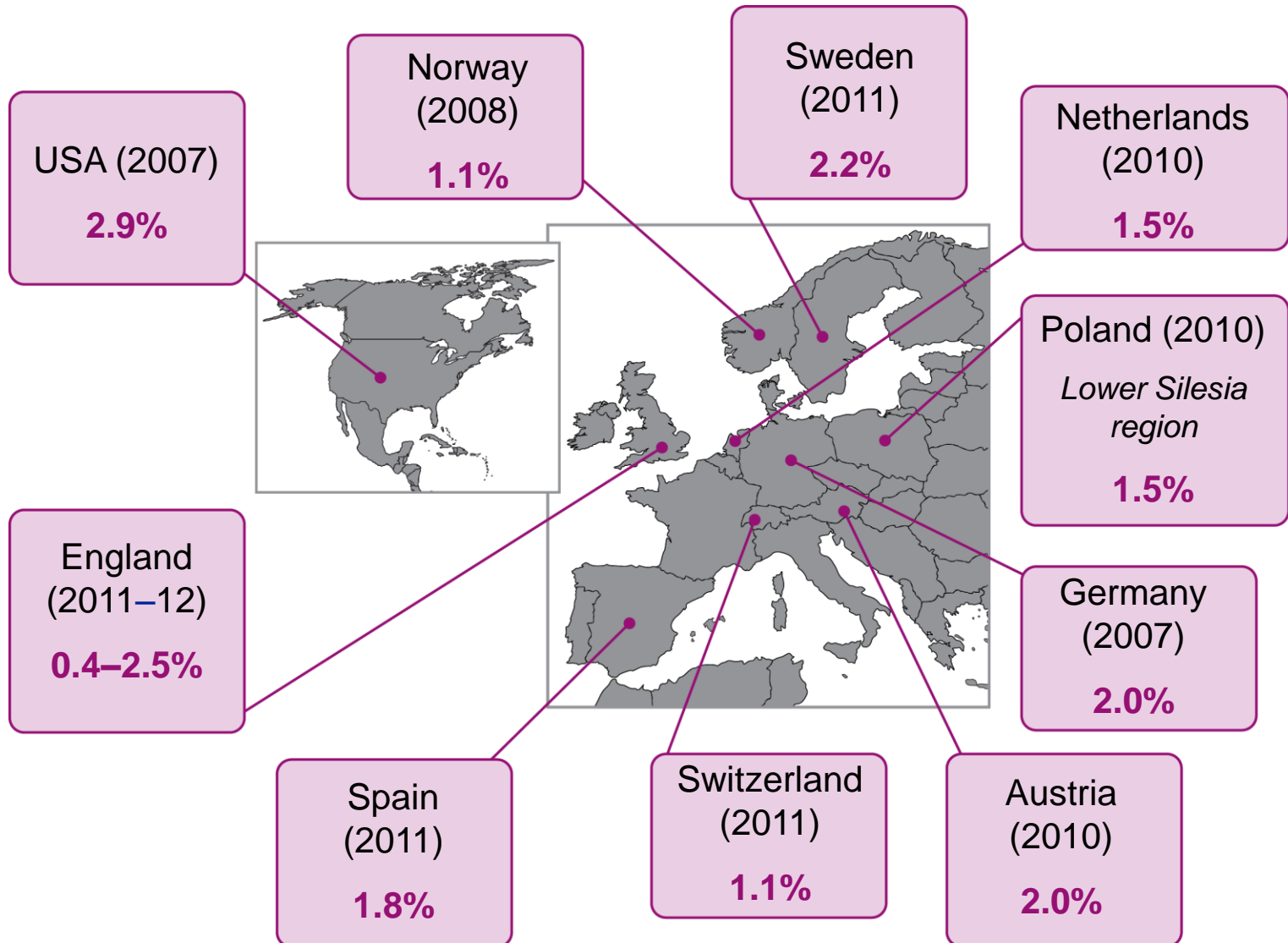
# Heart failure is common and affects mainly older people

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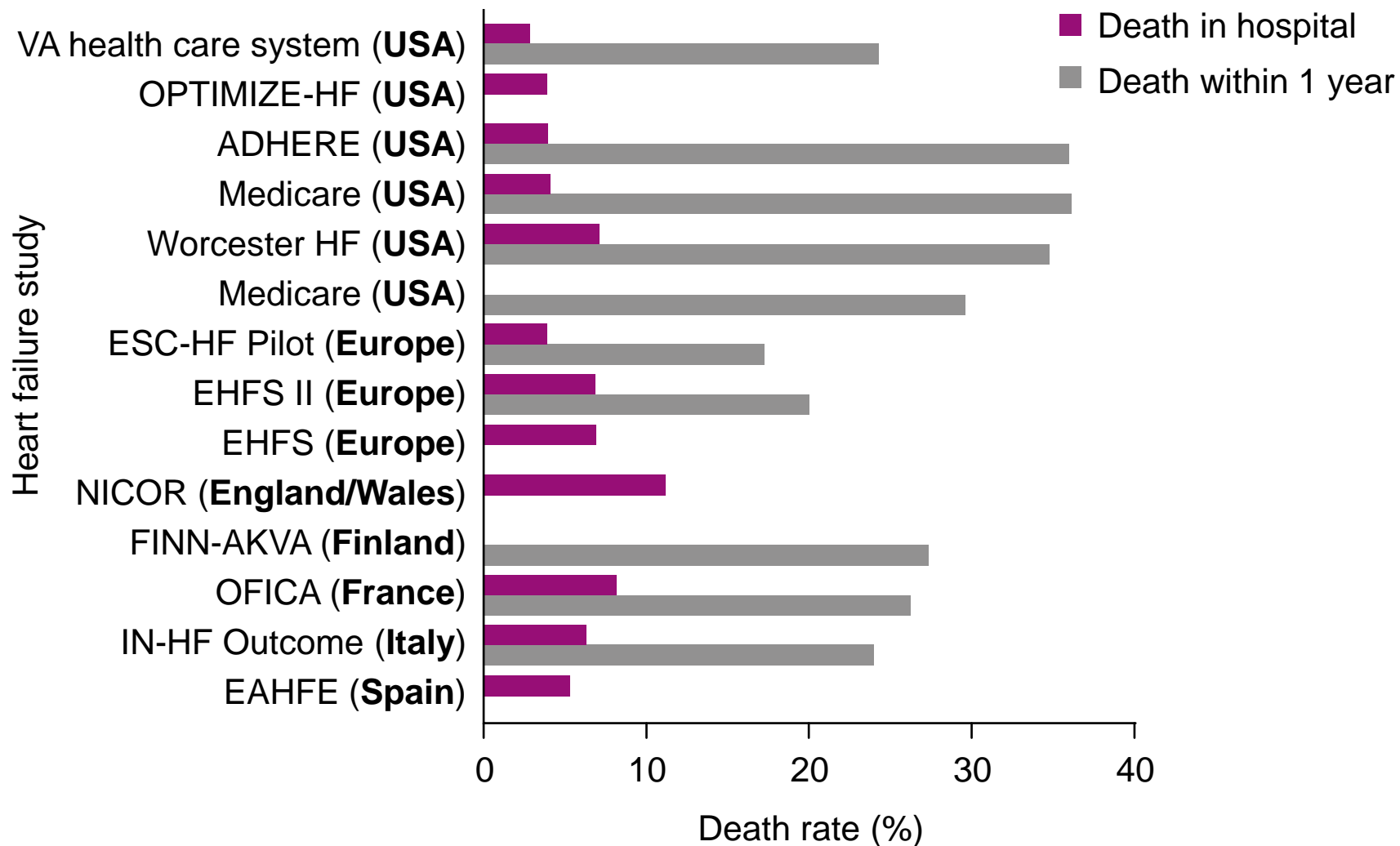


- About 1 person in 5 will develop heart failure
- More than 10% of people aged over 75 years have heart failure
  - Affects few people aged under 50 years in Europe and the USA
- Heart failure is the most common cause of hospitalization of people aged over 65 years
- High risk of heart failure among socio-economically disadvantaged people
  - Especially older women

# Heart failure accounts for 1–3% of all US and European hospital admissions

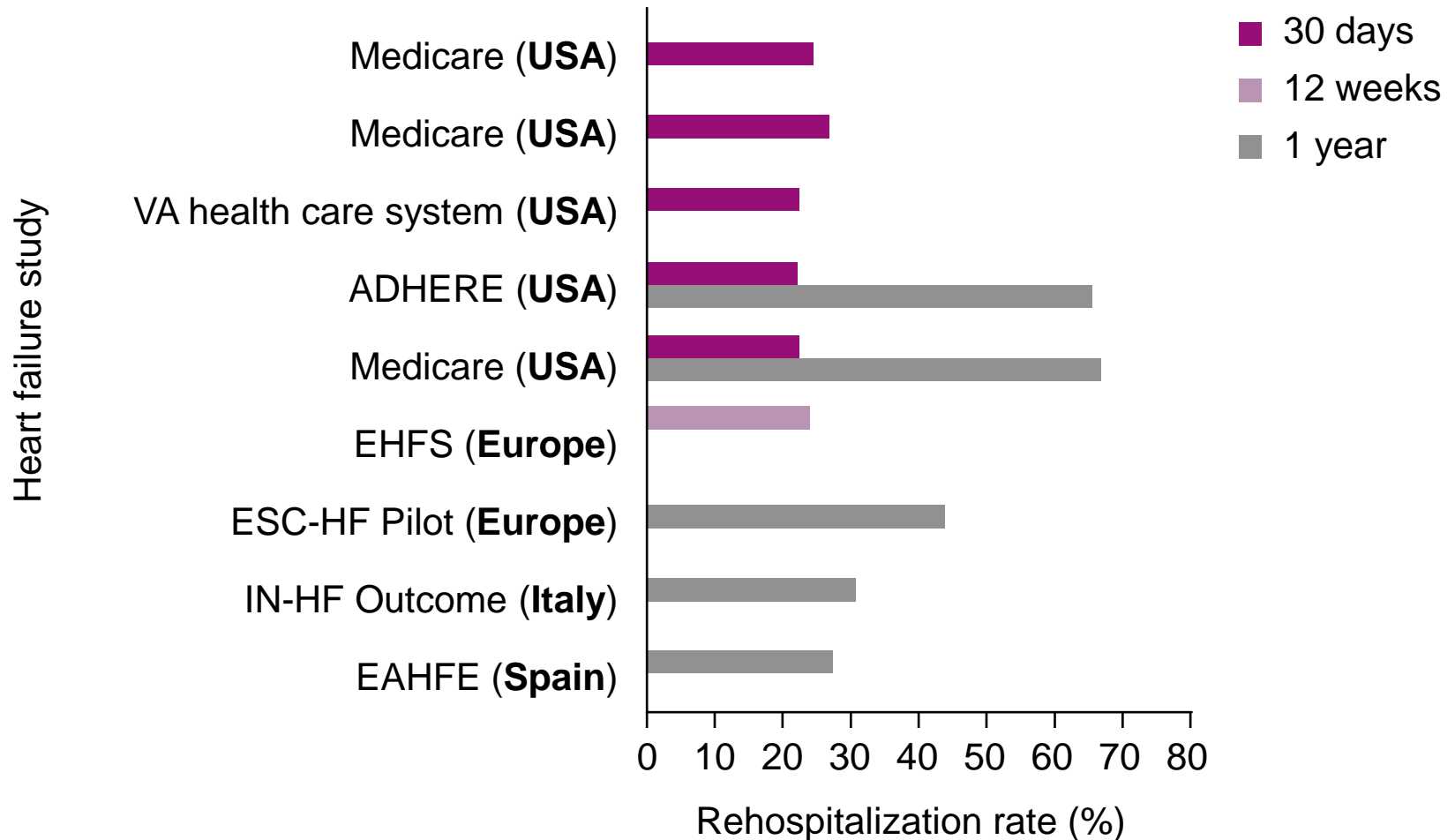


# Death rates of patients admitted to hospital with heart failure





# High hospital readmission rates of patients with acute heart failure



# Heart failure: a substantial economic cost to society



- Heart failure accounts for 1–2% of total healthcare expenditure in Europe and North America
  - Care in hospital makes up most of the cost
  - \$39.2 billion in 2010 in the USA
- Typical length of hospital stay is 5–10 days
- Total healthcare costs are estimated to rise by 50–100% in the coming decade

# Eight policy recommendations

Improving care and preventing deaths  
of patients with acute heart failure



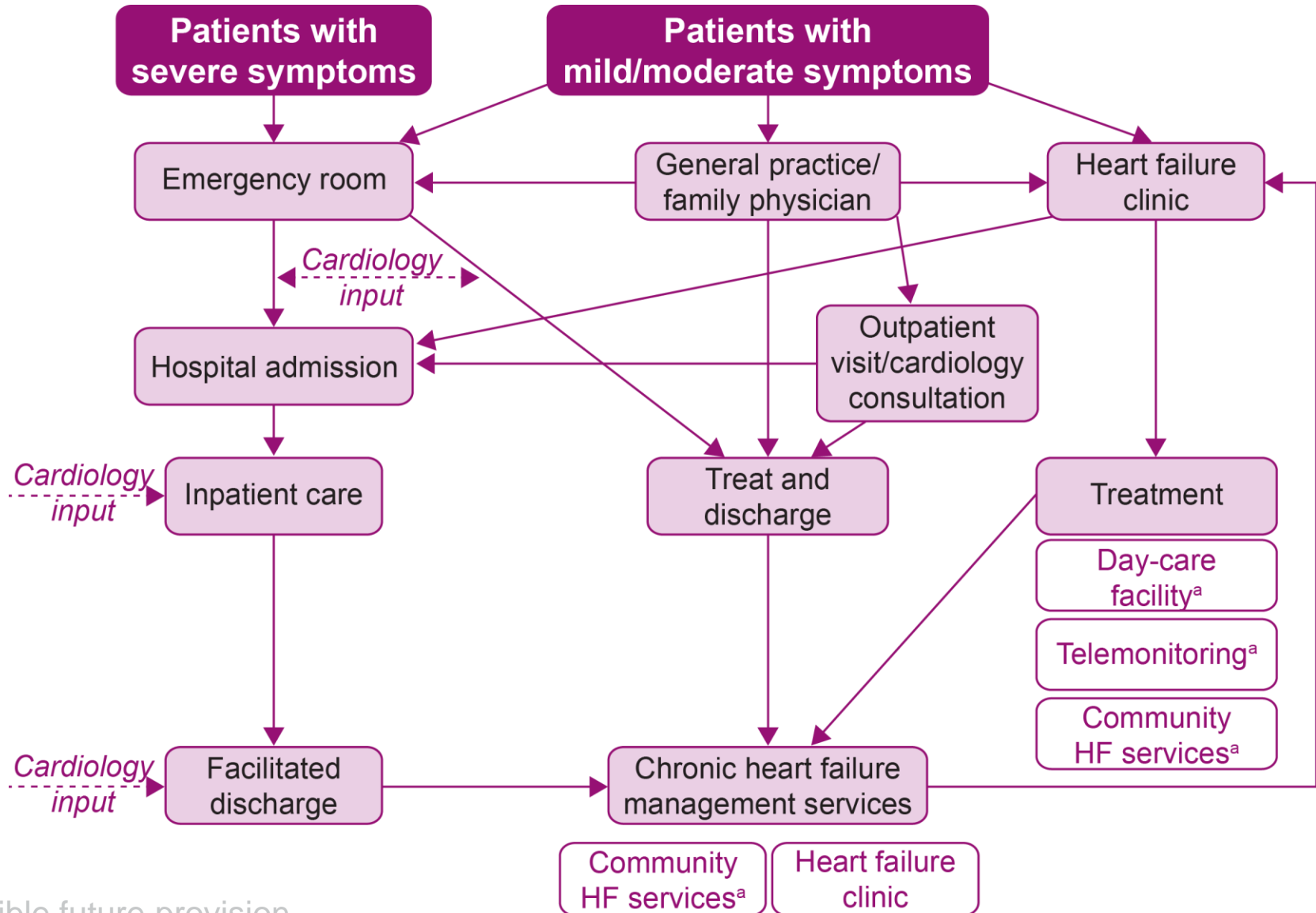
## Policy recommendation

### Promote acute heart failure prevention

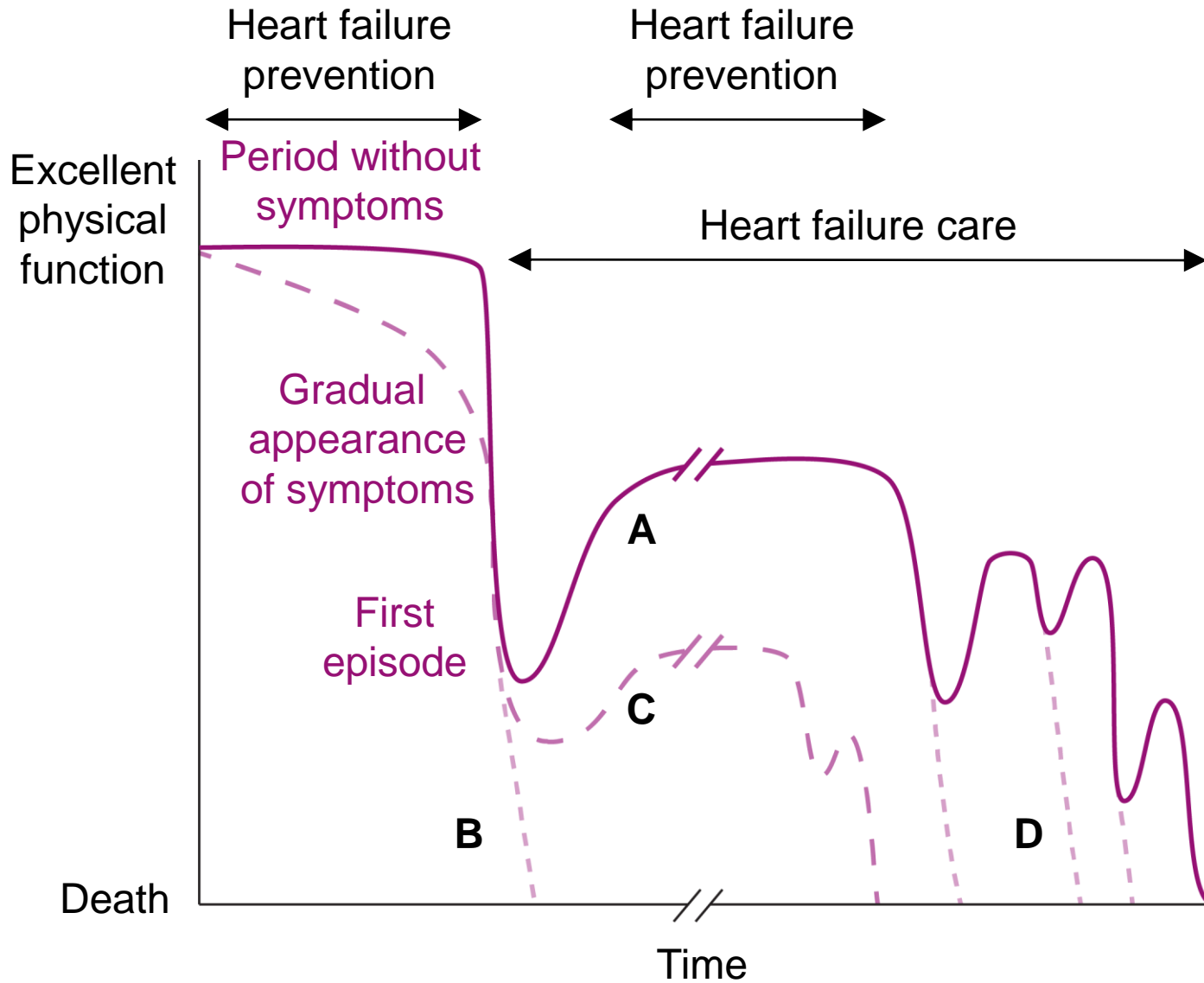
Country-wide efforts to decrease risk factors for heart failure, including high blood pressure and coronary artery disease, should be intensified



# Patients' healthcare experiences vary depending on symptoms and services



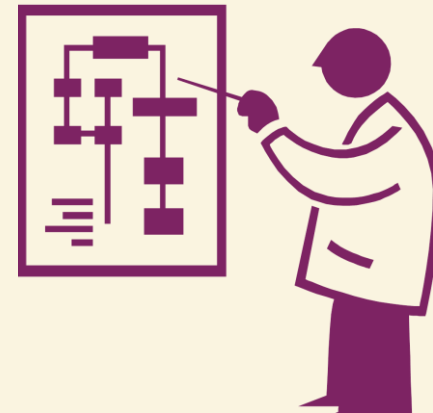
# Episodes of acute heart failure become more likely and more severe over time



# Policy recommendation

## Optimize care transitions

Better integration of hospital care, community care and the emergency services will improve patient outcomes and enable more efficient use of resources



# Policy recommendation

## Improve end-of-life care

Effective approaches to palliative and end-of-life care, addressing emotional and physical well-being, need to be made an integral part of the care of patients with heart failure, both in hospital and in the community

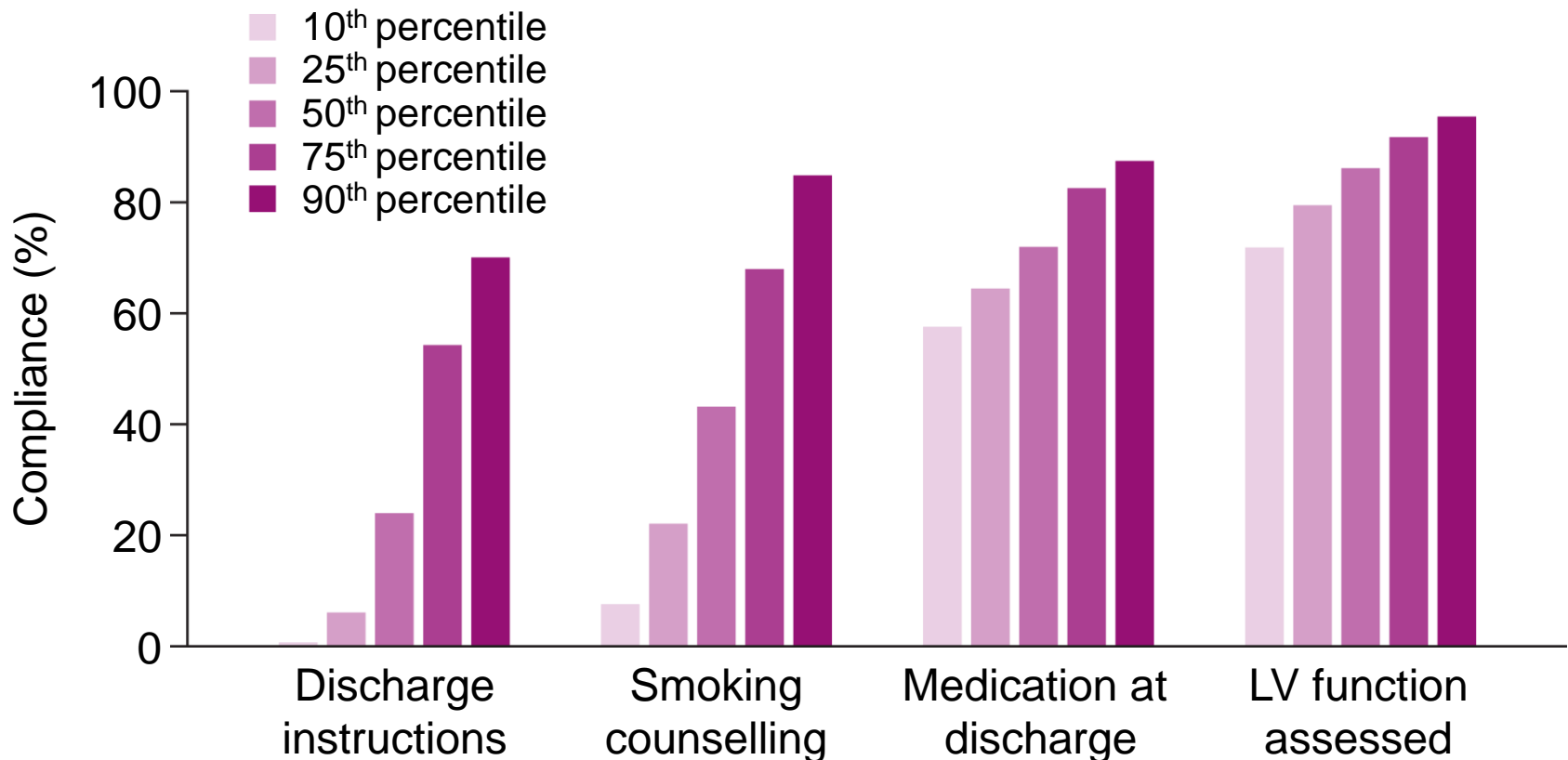




# Not all patients with heart failure receive care in accordance with guidelines



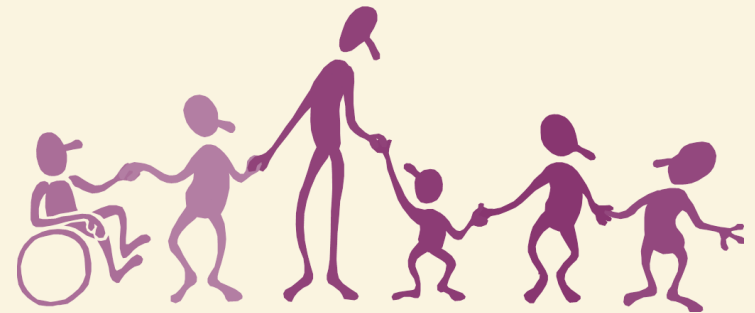
- Wide variations in hospital performance in acute heart failure have been reported
- Use of checklists, protocols and care pathways for managing patients with acute heart failure can reduce deaths



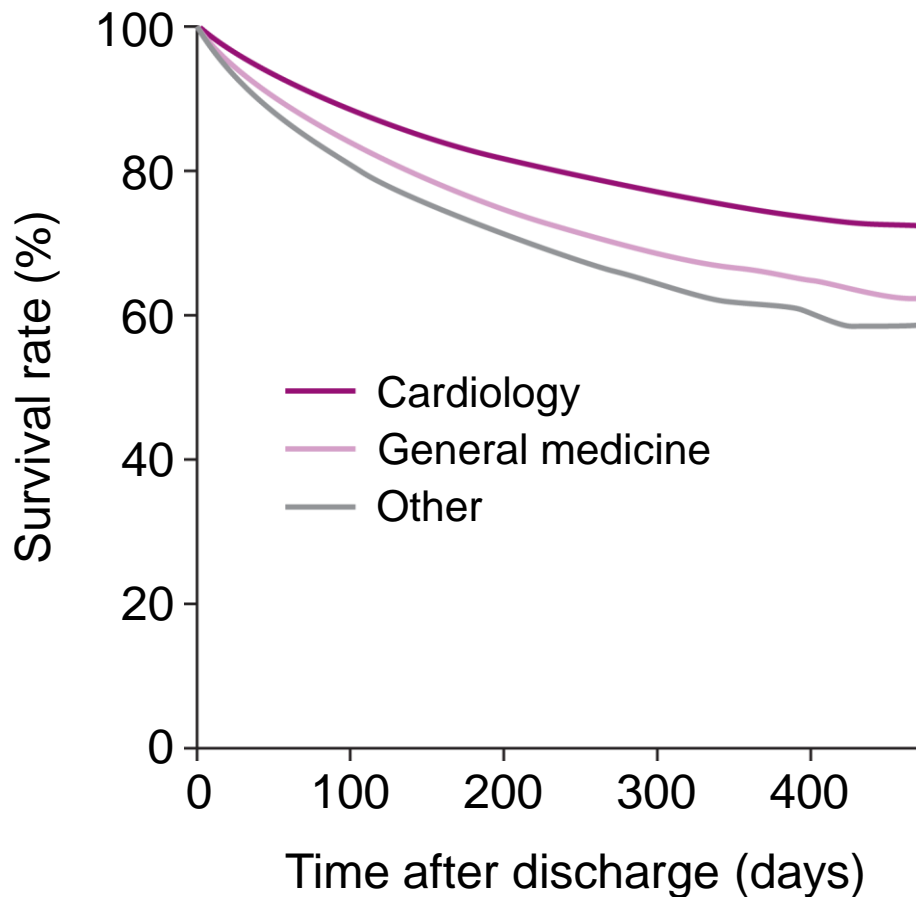
# Policy recommendation

## Provide equity of care for all patients

All patients should have timely access to an appropriate range of diagnostic procedures, therapies and long-term follow-up care



# Care in specialist units reduces rates of death in hospital or soon after discharge



- Teamwork between cardiologists and other physicians and nurses is essential
  - Emergency department
  - Internal medicine
  - Intensive care
  - Outside hospital
- Patients and public alike can recognize ‘good care’



## Policy recommendation

### Appoint experts to lead heart failure care across disciplines

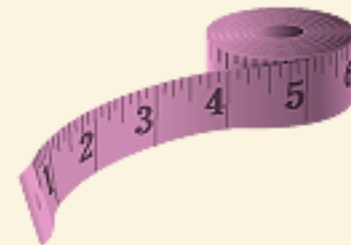
A multidisciplinary team led by a heart failure expert should oversee the care of patients with acute heart failure and the development of protocols, training and local auditing to make excellent care the norm



# Policy recommendation

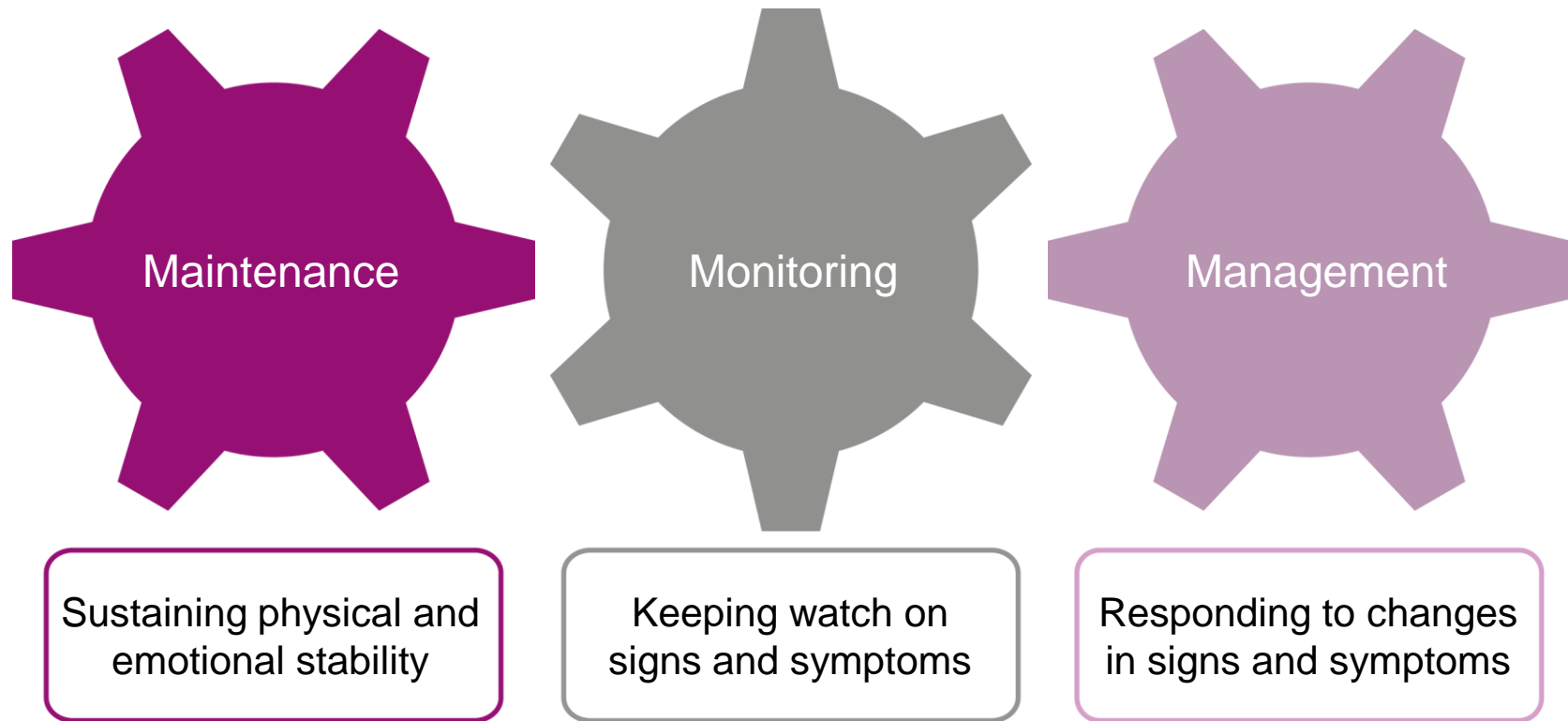
## Develop and implement better measures of care quality

Performance measures based on robust, evidence-based clinical recommendations should be developed and used to improve the quality of care for patients with acute heart failure

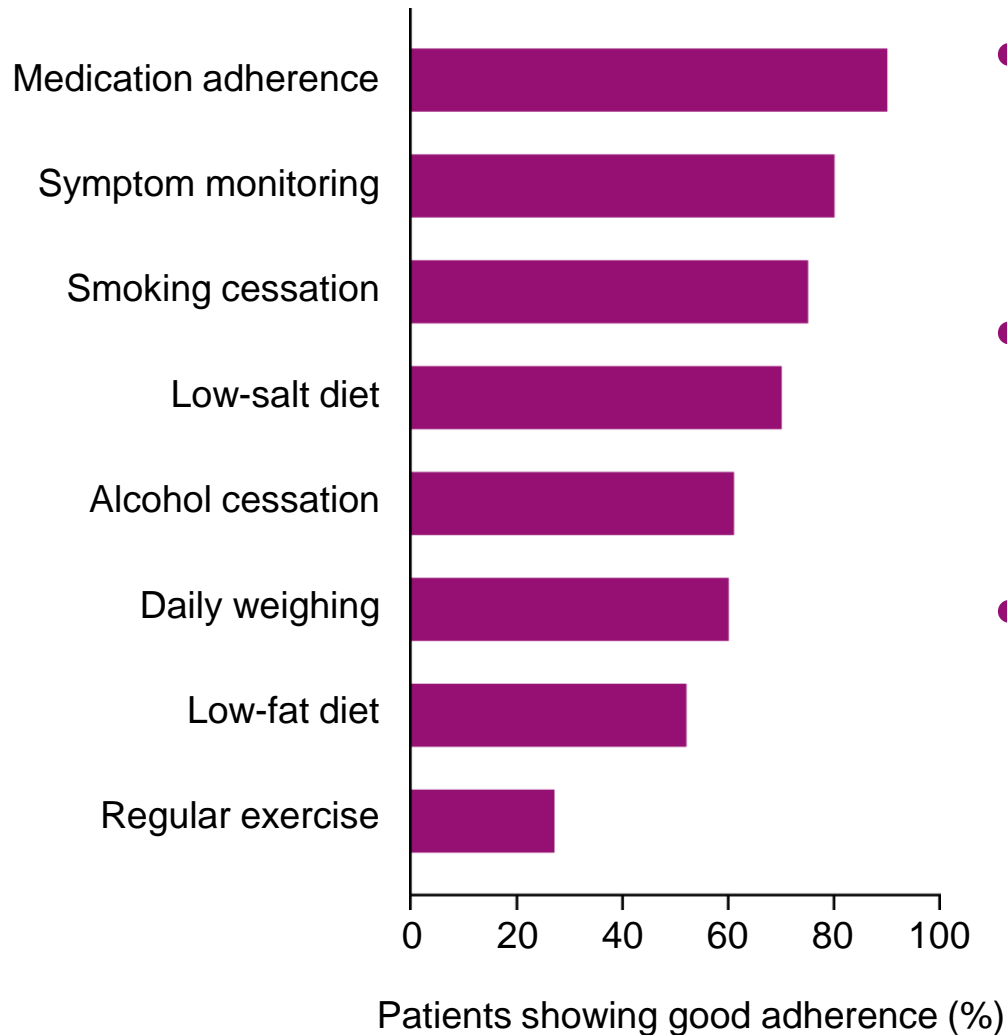


# Active involvement of patients in their care is important for good outcomes

## The three components of patient self-care



# Patients with heart failure do not always adopt good self-care behaviours



- 31% of newly discharged patients could not name any symptom of worsening heart failure
- Confusing or conflicting advice are major reasons why patients do not take medication as prescribed
- Support from friends, family or the community can promote self-care behaviours in patients

# Policy recommendation

## Improve patient education and support

Better education and support for individuals with heart failure, and their families and caregivers, are essential to improve outcomes and patients' experience of care





# Treatment options for acute heart failure have not changed for 20 years



- Current treatments control symptoms but do not prolong life
  - Reduce fluid build-up
  - Alter blood pressure
  - Increase force of contractions
- Evaluating efficacy of new treatments is complex
  - Many causes and consequences of heart failure
  - Challenge of conducting clinical trials in the emergency setting
- New treatments are urgently required to address unmet needs



## Policy recommendation

### Stimulate research into new therapies

Increased funding is needed for research into new and more effective therapies, medical devices and care strategies for acute heart failure



# We urge policy-makers to act on these eight recommendations

Promote acute heart failure prevention

Optimize care transitions

Improve end-of-life care

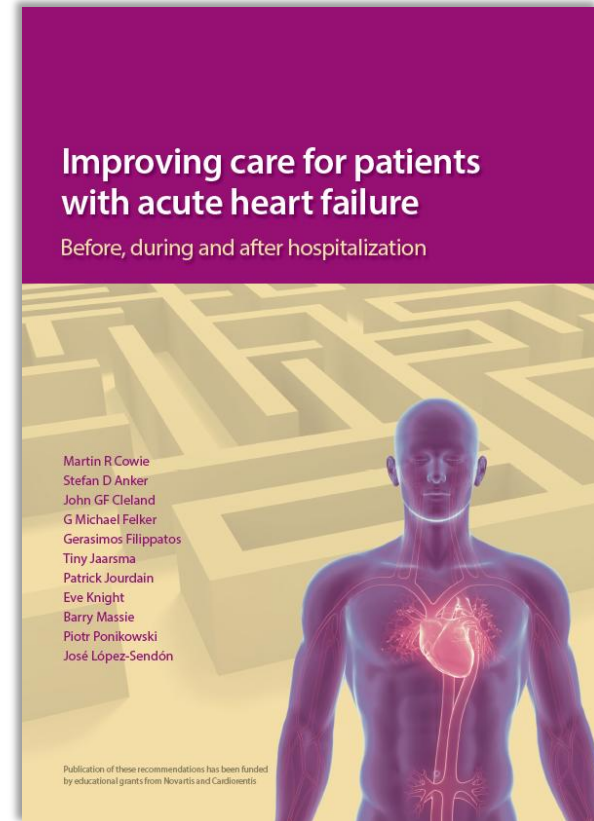
Provide equity of care for all patients

Appoint experts to lead heart failure across disciplines

Develop and implement better measures of care quality

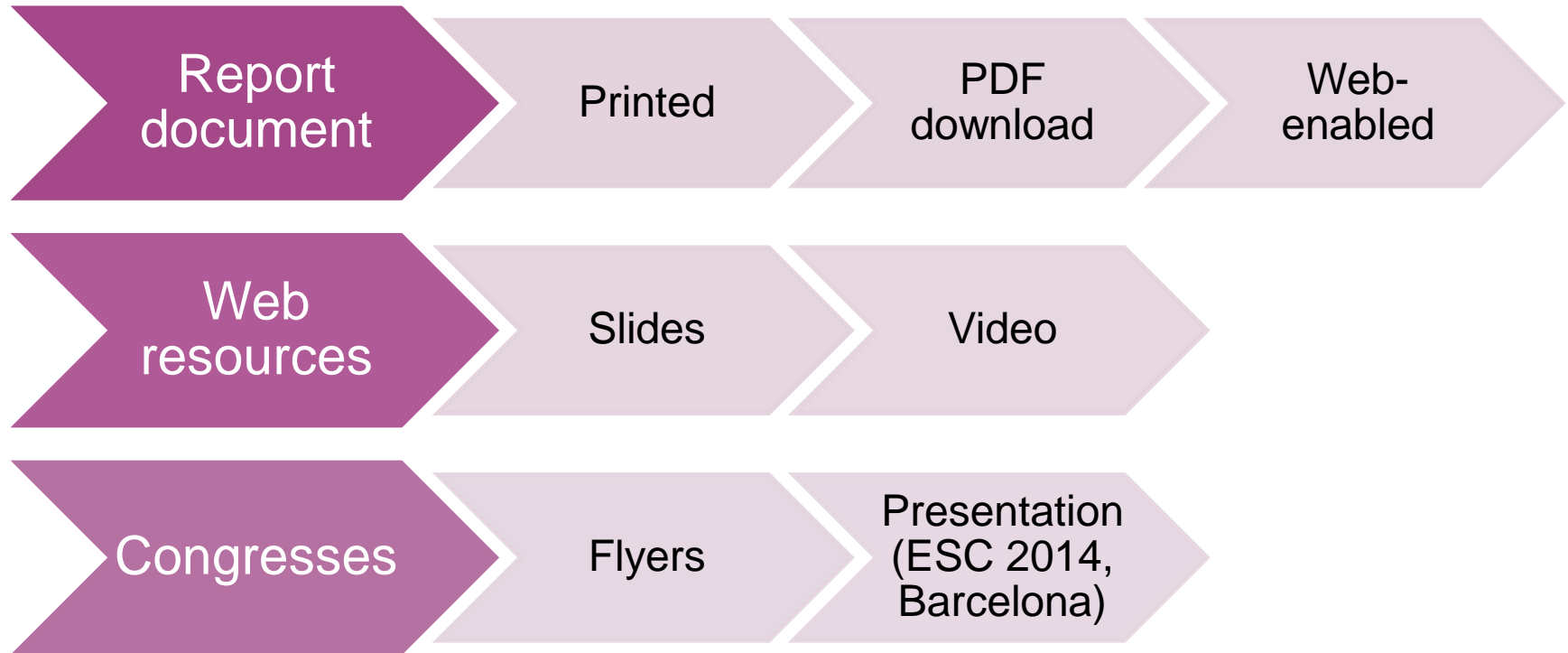
Improve patient education and support

Stimulate research into new therapies



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# How can we disseminate these recommendations widely and locally?



**Engage with policy-makers to drive uptake of recommendations**