The Global Heart Failure Awareness Programme is supported by Novartis Pharma AG and SERVIER, in the form of an unrestricted educational grant.

GLOBAL HEART FAILURE AWARENESS PROGRAMME

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

Policy report on acute heart failure

The Global Heart Failure Awareness Programme is supported by Novartis Pharma AG and SERVIER, in the form of an unrestricted educational grant.
Improving care for patients with acute heart failure
Before, during and after hospitalization

Professor Martin R Cowie
Imperial College London
(Royal Brompton Hospital)
London, UK

Slides funded by an educational grant from Novartis
Eight policy recommendations from US and European experts

- Martin R Cowie, UK
- Stefan D Anker, Germany
- John GF Cleland, UK
- G Michael Felker, USA
- Gerasimos Filippatos, Greece
- Tiny Jaarsma, Sweden
- Patrick Jourdain, France
- Eve Knight, UK
- Barry Massie, USA
- Piotr Ponikowski, Poland
- José López-Sendón, Spain
Acknowledgements

- These slides are based on a policy report and recommendations funded by educational grants from Novartis and Cardiorentis
  - 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.

www.oxfordhealthpolicyforum.org/AHFreport

© 2014 Oxford PharmaGenesis™
The burden of disease in Europe and North America
Heart failure is common and affects mainly older people

- 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

USA (2007) 2.9%
England (2011–12) 0.4–2.5%
Norway (2008) 1.1%
Sweden (2011) 2.2%
Netherlands (2010) 1.5%
Poland (2010) Lower Silesia region 1.5%
Germany (2007) 2.0%
Spain (2011) 1.8%
Switzerland (2011) 1.1%
Austria (2010) 2.0%

USA (2007) 2.9%
Sweden (2011) 2.2%
Netherlands (2010) 1.5%
Poland (2010) Lower Silesia region 1.5%
Spain (2011) 1.8%
Austria (2010) 2.0%
Death rates of patients admitted to hospital with heart failure

Death in hospital
Death within 1 year

VA health care system (USA)
OPTIMIZE-HF (USA)
ADHERE (USA)
Medicare (USA)
Worcester HF (USA)
Medicare (USA)
ESC-HF Pilot (Europe)
EHFS II (Europe)
EHFS (Europe)
NICOR (England/Wales)
FINN-AKVA (Finland)
OFICA (France)
IN-HF Outcome (Italy)
EAHFE (Spain)
High hospital readmission rates of patients with acute heart failure

Rehospitalization rate (%)

- Medicare (USA)
- Medicare (USA)
- VA health care system (USA)
- ADHERE (USA)
- Medicare (USA)
- EHFS (Europe)
- ESC-HF Pilot (Europe)
- IN-HF Outcome (Italy)
- EAHFE (Spain)

30 days
12 weeks
1 year
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
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

- **Patients with severe symptoms**
  - Emergency room
  - Cardiology input
  - Hospital admission
  - Inpatient care
  - Facilitated discharge
  - Cardiology input

- **Patients with mild/moderate symptoms**
  - General practice/family physician
  - Cardiology input
  - Outpatient visit/cardiology consultation
  - Treat and discharge
  - Chronic heart failure management services
  - Cardiology input

- **Treatment**
  - Day-care facility
  - Telemonitoring
  - Community HF services

- **Possible future provision**
  - Community HF services
  - Heart failure clinic
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’

Survival rate (%)

0 100 200 300 400

Time after discharge (days)

Survival rate (%)

Cardiology
General medicine
Other

Reproduced with permission from National Institute for Cardiovascular Outcomes Research (NICOR), University College London, UK.
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

**Maintenance**
- Sustaining physical and emotional stability

**Monitoring**
- Keeping watch on signs and symptoms

**Management**
- Responding to changes in signs and symptoms
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

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Patients showing good adherence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication adherence</td>
<td></td>
</tr>
<tr>
<td>Symptom monitoring</td>
<td></td>
</tr>
<tr>
<td>Smoking cessation</td>
<td></td>
</tr>
<tr>
<td>Low-salt diet</td>
<td></td>
</tr>
<tr>
<td>Alcohol cessation</td>
<td></td>
</tr>
<tr>
<td>Daily weighing</td>
<td></td>
</tr>
<tr>
<td>Low-fat diet</td>
<td></td>
</tr>
<tr>
<td>Regular exercise</td>
<td></td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote acute heart failure prevention</td>
</tr>
<tr>
<td>Optimize care transitions</td>
</tr>
<tr>
<td>Improve end-of-life care</td>
</tr>
<tr>
<td>Provide equity of care for all patients</td>
</tr>
<tr>
<td>Appoint experts to lead heart failure across disciplines</td>
</tr>
<tr>
<td>Develop and implement better measures of care quality</td>
</tr>
<tr>
<td>Improve patient education and support</td>
</tr>
<tr>
<td>Stimulate research into new therapies</td>
</tr>
</tbody>
</table>

www.oxfordhealthpolicyforum.org/AHFreport

© 2014 Oxford PharmaGenesis™
How can we disseminate these recommendations widely and locally?

- **Report document**
  - Printed
  - PDF download
  - Web-enabled

- **Web resources**
  - Slides
  - Video

- **Conferences**
  - Flyers
  - Presentation (ESC 2014, Barcelona)

Engage with policy-makers to drive uptake of recommendations