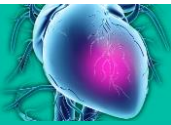
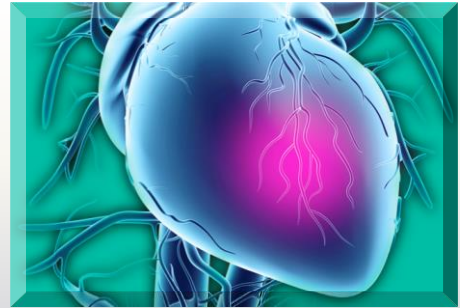


# Getting It Right: Applying Guideline-Directed Medical Therapy in Chronic Heart Failure

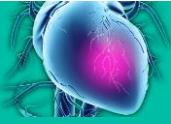
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*Effective Care Coordination:  
Collaboration Within the  
Multidisciplinary Team*



## Education for the Patient With Heart Failure

- At discharge and during treatment, patients need education on:
  - Rationale of the treatment regimen
    - When/how to take medications
    - Importance of adherence
  - Symptom recognition, weight monitoring, and signs of worsening heart failure (HF)
  - Diet and nutrition; weight loss/gain
  - Physical activity
  - Importance of follow-up care



## Role of the Interdisciplinary Team in Care Coordination

- Determine the appropriateness of admission, observation, or discharge
- Coordinate and facilitate treatment
  - Develop a clinical profile for use during inpatient treatment
  - Improve clinical pathways and transitions in the observation unit or hospital
- Coordinate discharge
  - Craft discharge orders
  - Ensure discharge orders are complete and well communicated to the patient, including the role of new treatment strategies
- Support effective self-management and communication
  - Engage in shared decision-making
  - Provide patient education
  - Assist with patient strategies for adhering to medications and improving self-care during treatment and after discharge

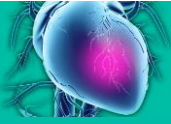


## Care Coordination

**Care Coordinator,  
Case Manager,  
Transitions Coordinator,  
Care Manager,  
Nurse Navigator,  
Advocate**

- Institute of Medicine definition: Key strategy with the potential to improve the effectiveness, safety, and efficiency of the US healthcare system
- Well-designed, targeted care coordination delivered to the right people can improve outcomes for everyone: patients, providers, and payers
- Main goal: Patients' needs and preferences are used to guide delivery of safe, appropriate, and effective care

US Department of Health and Human Services; Agency for Healthcare Research and Quality (AHRQ). Care Coordination. <https://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/index.html>. Updated August 2018. Accessed January 22, 2019.



## The HF Team: It Takes a Village

- Communication is key
- HF treatment team may include:
  - Nurses
  - Nurse practitioners
  - Clinical nurse specialists
  - Respiratory therapists
  - Health psychologists
  - Physicians
  - Dieticians
  - Pharmacists
  - Social workers
- Patient's family members can be a valuable source of information

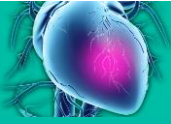


## HFSA: Proposed Definition of Advanced (stage D) Heart Failure

- Progressive and/or persistent severe signs and symptoms of HF despite optimized medical, surgical, and device therapy
- Generally accompanied by frequent hospitalization, severely limited exertional tolerance, and poor quality of life
- Associated with high morbidity and mortality
- Progressive decline primarily driven by the HF syndrome

HFSA, Heart Failure Society of America.

Fang JC, et al. *J Card Fail.* 2015;21(6):519-534.



## DECIDE-LVAD Trial

- Multicenter, randomized trial in patients being considered for DT LVAD placement (N=248)
- Intervention included clinician education and patient decision aid (DT LVAD pamphlet and video)
- Results:
  - Shared decision-making intervention improved patient decision quality (patient knowledge and concordance between stated values and patient-reported treatment choice)
  - Intervention did not improve concordance between stated values and treatment received
  - Rate of LVAD implantation by 6 months was higher in the control group (79.9%) than in the intervention group (53.9%;  $P=.008$ )

DT LVAD, destination therapy left ventricular assist device.

Allen LA. *JAMA Intern Med.* 2018;178(4):520-529.



## For Further Information

US Department of Health and Human Services; Agency for Healthcare Research and Quality (AHRQ). Care Coordination. <https://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/index.html>. Updated August 2018. Accessed January 22, 2019.

Fang JC, Ewald GA, Allen LA, et al. Advanced (stage D) heart failure: a statement from the Heart Failure Society of America Guidelines Committee. *J Card Fail.* 2015;21(6):519-534.

Allen LA, McIlvennan CK, Thompson JS, et al. Effectiveness of an intervention supporting shared decision making for destination therapy left ventricular assist device: the DECIDE-LVAD randomized clinical trial. *JAMA Intern Med.* 2018;178(4):520-529.