

CHF QUERI: Impacts, Contributions and Products 2008

| Description | Center Goal |
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| <u>IMPACTS</u> | |
| Process-of-care / performance improvements | |
| <ul style="list-style-type: none"> • Improved use of beta-blockers in appropriate patients with heart failure within the VA Palo Alto Health Care System and VISN21. Our randomized trial conducted at three sites within the VA Palo Alto Health Care System demonstrated an absolute increase of beta-blocker use by 8%. This reminder has now been implemented within the Palo Alto Health Care System. In addition, as part of our trial of national implementation five other sites have indicated they will start using this reminder following a single email. A previous intervention (nurse based initiation and titration of beta-blockers) has been implemented at several sites within VISN21 over the last 3 years. During this time recommended beta-blocker use (carvedilol or metoprolol succinate) in VISN21 has increased from 54% in 2003 to 81% in 2006. | Goal 1 |
| <ul style="list-style-type: none"> • National web-based teleconferences on processes of heart failure care with a specific focus on barriers and facilitators to improve the quality of care for heart failure patients. These discussions occur during the national live meetings and conference calls conducted for the HF Network. A multi-disciplinary team often co-moderated by Dr. Robert Jesse and QUERI Coordinators consists of Chiefs of Cardiology, Chiefs of Medicine, Chiefs of Staff, cardiologists, physicians, nurse practitioners, nurses, physician assistants, pharmacists, researchers and others. | Goals 1,2 |
| <ul style="list-style-type: none"> • Presentation of successful heart failure programs during the bi-monthly sessions conducted at the national level for the HF Network. These programs have been focusing on key areas like starting or reinventing HF programs, CHF guidelines, emergency department, pharmacy, medication titration, telehealth, continued education for providers, patient education, shared medical appointments, team approach and multi-disciplinary approach. | Goals 1,2 |
| <ul style="list-style-type: none"> • Screening of heart failure patients at the Palo Alto VA HCS for improvement in care and referral for home-monitoring, receiving patient education materials, or have a specialist review their medical chart and give recommendations to their primary care provider. As the next step ongoing discussions with VISN23 leadership to conduct the project for this VISN will be undertaken. | Goals 1,2 |
| <ul style="list-style-type: none"> • CHF QUERI has been actively promoting on the "Save 5-million Lives Campaign". During several bi-monthly HF Network live meetings and conference calls of the HF Network we have been emphasizing early follow-up which is at the core of the campaign. We have conducted a survey showing that a minority of VA's currently schedule the recommended 7 day in-person follow-up. A small majority are within 14 days. We have developed some evidence that an early follow-up strategy (14 day) works by showing that those that happen to get in person follow-up within 14 days of a HF discharge have less chance of being readmitted with HF to a VA compared to those that do not have follow-up within 14 days. (Abstract will | Goals 1,2 |

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| <p>be presented at the QUERI National Meeting). The “Save 5 Million Lives Campaign” also stresses current performance measures (Joint Commission, as well as some ACC/AHA) and the VA already has in place some of these performance measures. CHF QUERI has also been promoting beta-blocker use (not one of the VA performance measures, but recommended by the campaign) within the HF Network through several mechanisms.</p> | |
| <ul style="list-style-type: none"> VA/DoD follows the clinical practice guidelines recommended by the ACC/AHA for care of VA’s heart failure patients. Several of CHF QUERI’s Executive Committee Members are Chairs, Steering Committee Members, Task Force Members, etc. for the leading committees for ACC and AHA and advice about the process of care for heart failure patients. These members are Paul Heidenreich, Barry Massie, Greg Fonarow, Harlan Krumholz, Mary Goldstein and John Spertus. | Goals 1,2 |
| <ul style="list-style-type: none"> A field for the left ventricular ejection fraction is now available within CPRS (flowsheets package). The documentation of an LVEF is a Mission Critical Measure for inpatients with heart failure. | Goals 1,2 |
| Morbidity performance improvements | |
| <ul style="list-style-type: none"> Meta-analyses indicate that treatment of 100 patients with beta-blockers for one year prevents 11 hospitalizations. We estimate that between 110 and 220 hospitalizations have been prevented during 2006-2007 in VISN21 due to increased beta-blocker use. | ECHO REMINDBB Goal 1,2 |
| Mortality performance improvements | |
| <ul style="list-style-type: none"> Meta-analyses indicate that treatment of 100 patients with beta-blockers for one year prevents 2 deaths. We estimate that between 20 and 40 deaths have been prevented during 2006-2007 in VISN21 due to increased beta-blocker use. | ECHO REMINDBB Goal 1 |
| Quality of life improvements | |
| <ul style="list-style-type: none"> None documented though other studies have demonstrated improved quality of life with beta-blocker use. | Goal 1,2 |
| <ul style="list-style-type: none"> Screening of heart failure patients at the Palo Alto VA HCS has been targeted at improving the quality of life of these patients. The survey asks questions related to their quality of life, and if the patient is interested in patient education materials, home-monitoring, or have a specialist review their medical chart and give recommendations to their primary care provider. As the next step we are having ongoing discussions with VISN23 leadership to conduct the project for this VISN. | Goal 1,2 |
| Cost/utilization savings | |

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| <ul style="list-style-type: none"> Economic analyses from randomized trials indicate that treatment of 1 patient with beta-blockers for one year saves \$300. We estimate that \$300,000 has been saved during 2006 in VISN21 due to increased beta-blocker use. | ECHO REMINDBB Goal 1,2 |
| Other patient and system impacts | |
| <ul style="list-style-type: none"> An example of the network's success is the development of a patient medication sheet with pictures of the medications. This implementation effort started as a suggestion from one of the Heart Failure Network members. The rationale is that many patients are not aware of the appearance of their medications and working through existing online databases (e.g. Physician Desk Reference) is time consuming. We worked with Pharmacy Benefits Management and the Consolidated Mail Outpatient Pharmacy to modify an existing program. This option is now available to all VAs that will allow the creation of patient specific lists of mailed prescriptions with medication images. | MEDIMAGE Goals 1,2 |
| <ul style="list-style-type: none"> My Health E-Vet Heart Failure education materials created by CHF QUERI are now available for patients on My Health E-Vet and on the CHF QUERI Website. | HFPTED Goals 1,2 |
| <ul style="list-style-type: none"> Heart Failure Provider Network: CHF QUERI has continued to grow the network of Heart Failure Providers representing all VISNs and 167 VA centers. This network is a forum for providers consisting of clinicians, nurses, researchers, administrators, physician assistants, etc. to discuss successes, best practices, facilitators and barriers to better care. It also serves as conduit for implementing new interventions aimed at improving the quality of heart failure care. This forum has been partnering with Patient Care Services' Cardiology Systems Redesign to promote and implement IHI's Save 5 Million Lives Campaign with the VA. | HFNETOWRK Goals 1,2 |
| <ul style="list-style-type: none"> Reviewed, selected and posted heart failure-related patient education materials on CHF QUERI's website. These are materials developed at the various VA facilities. | HFPTED Goals 1,2 |