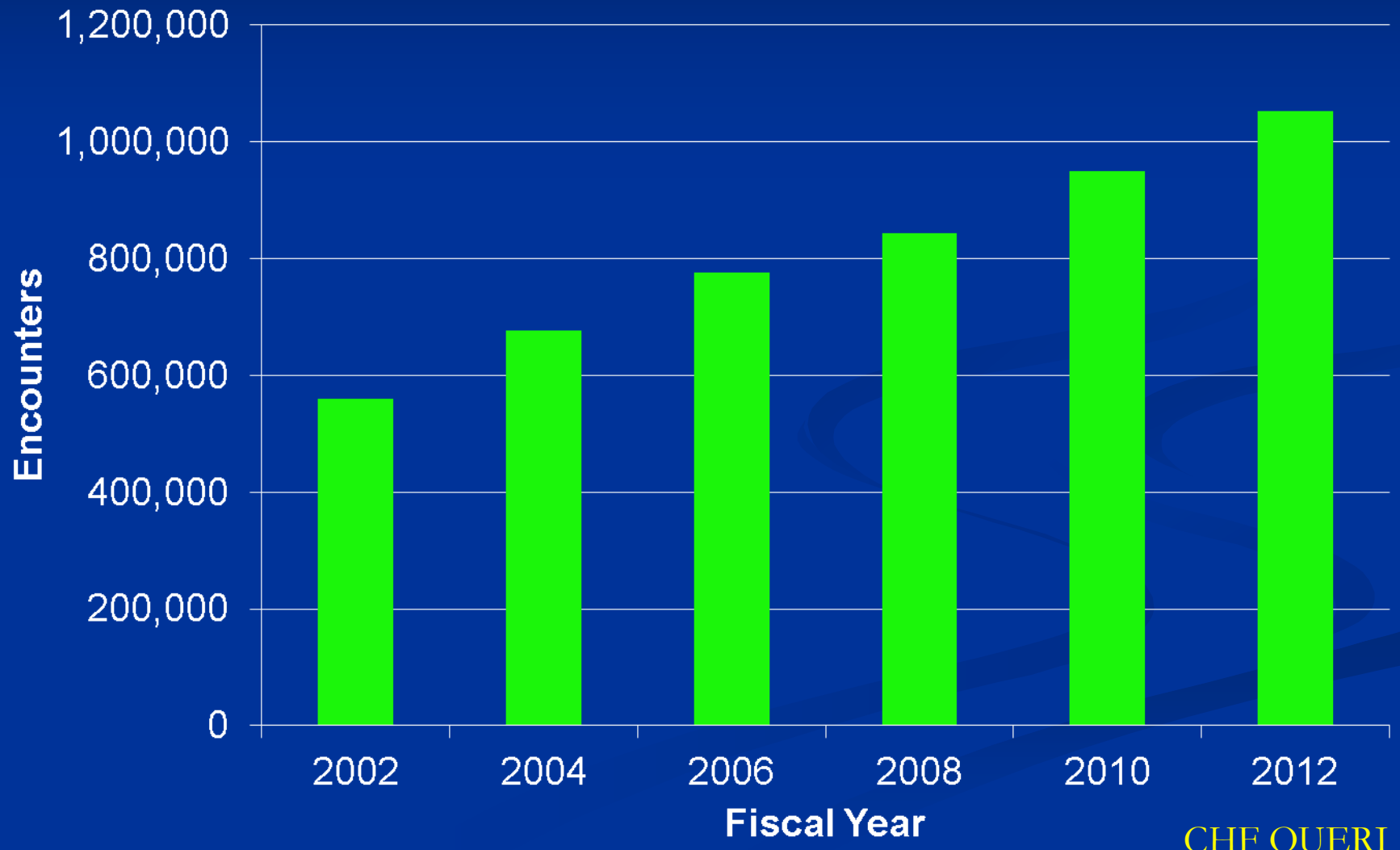
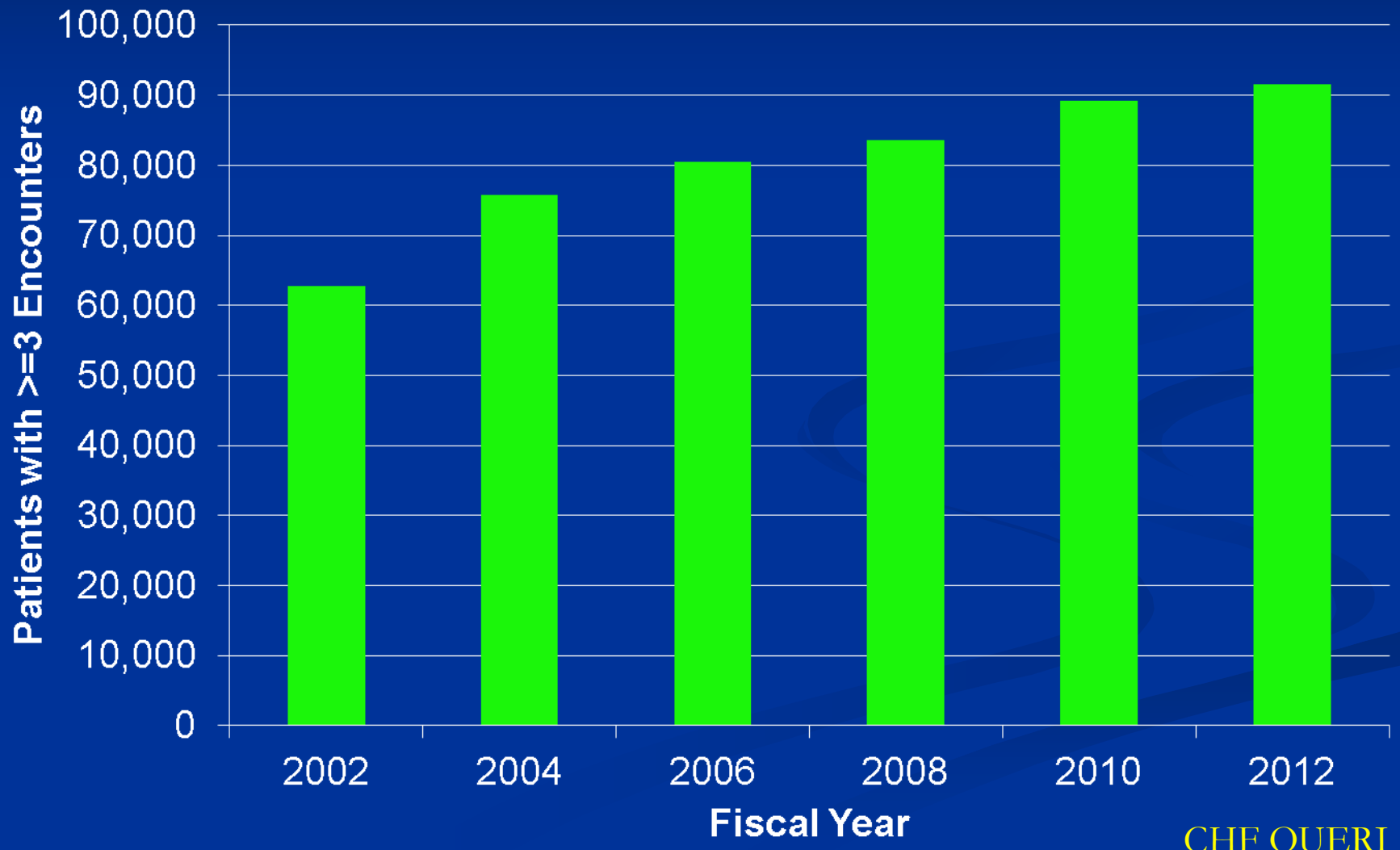
State of VA Heart Failure Care

Current Status of VA HF Care: Increasing Outpatient Encounters



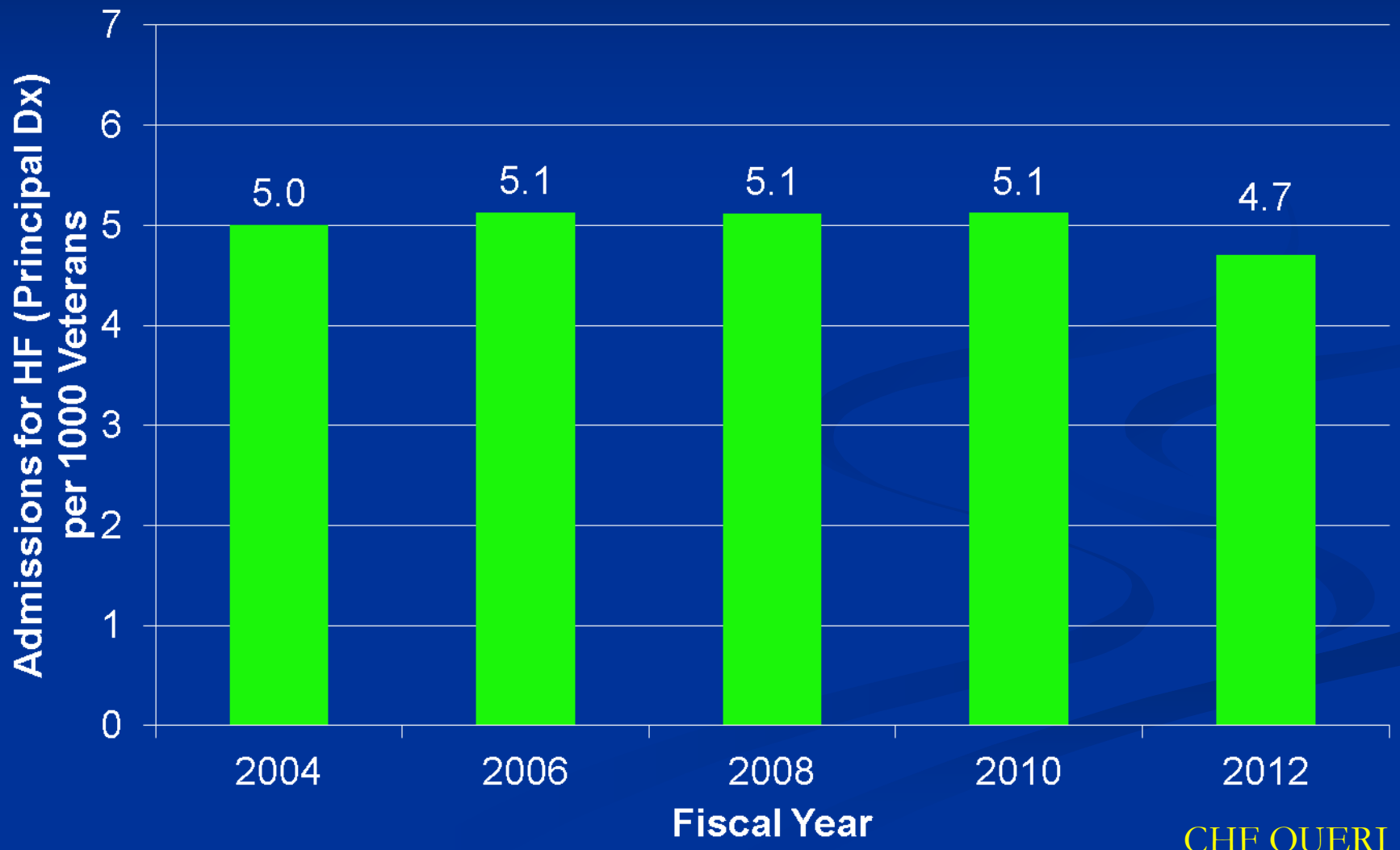
CHF QUERI

Current Status of VA HF Care: HF Patients With 3+ Visits/Yr



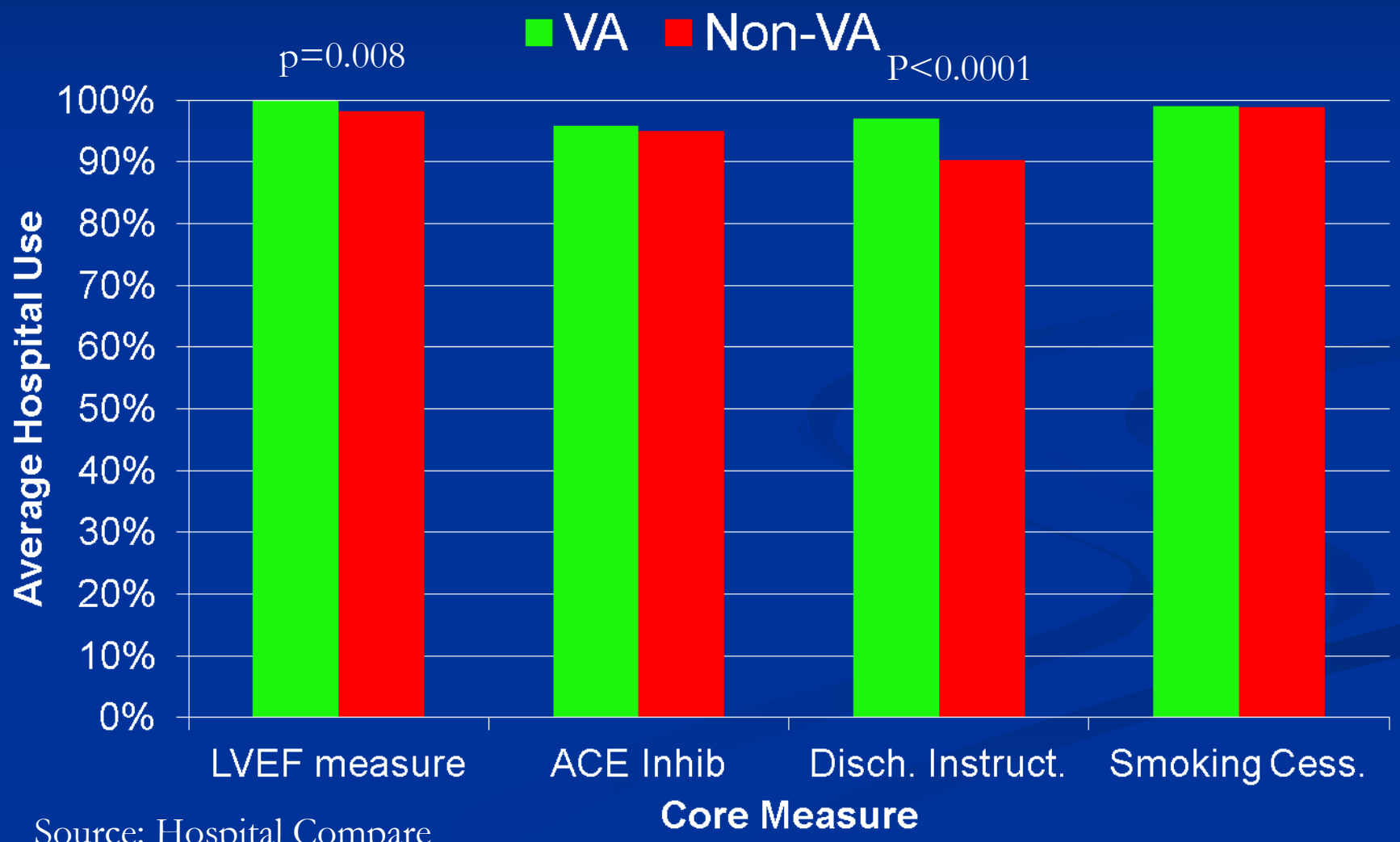
CHF QUERI

Current Status of VA HF Care: HF Admissions per 1000 Veterans



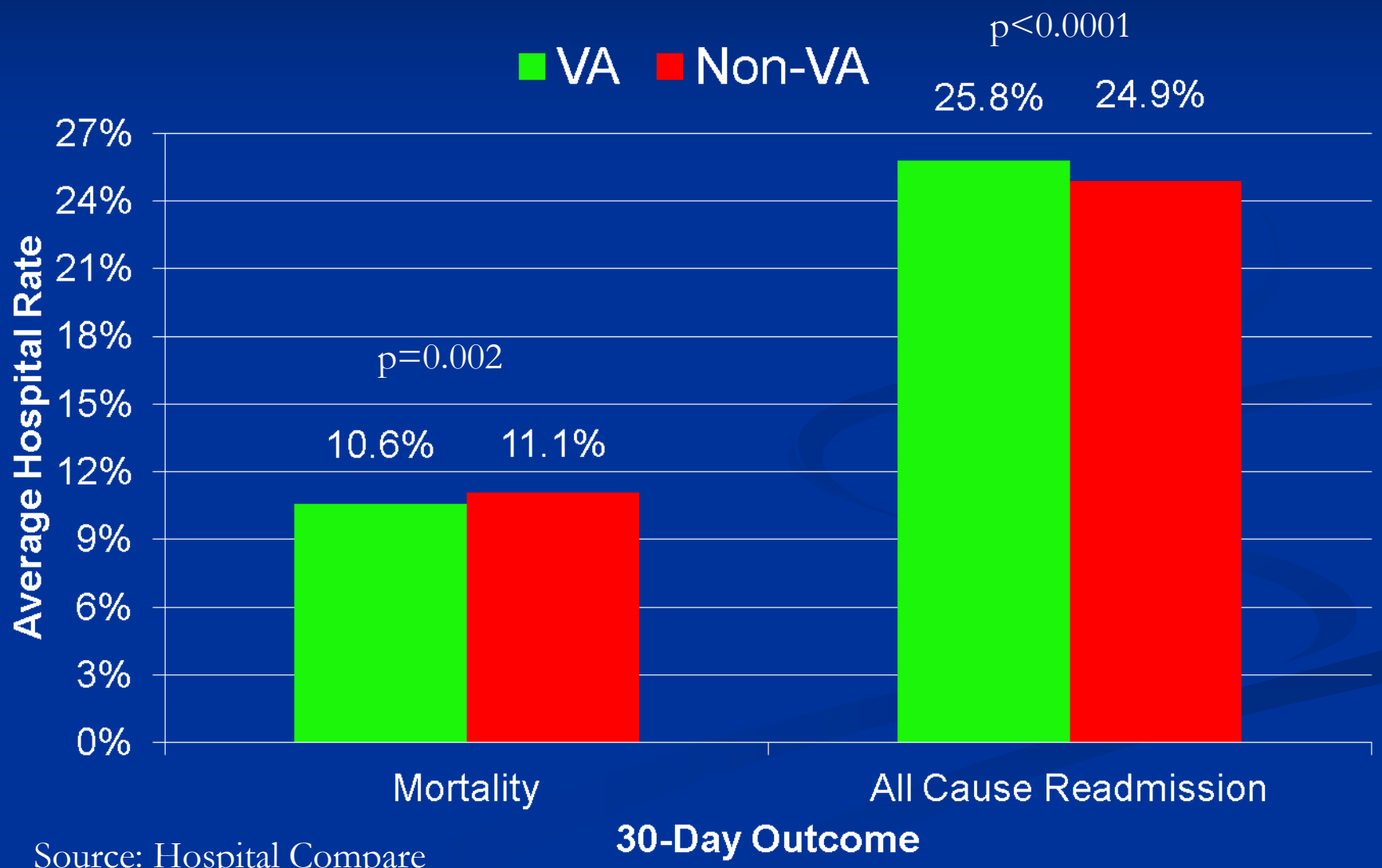
CHF QUERI

Inpatient Process of Care at a Ceiling per CMS



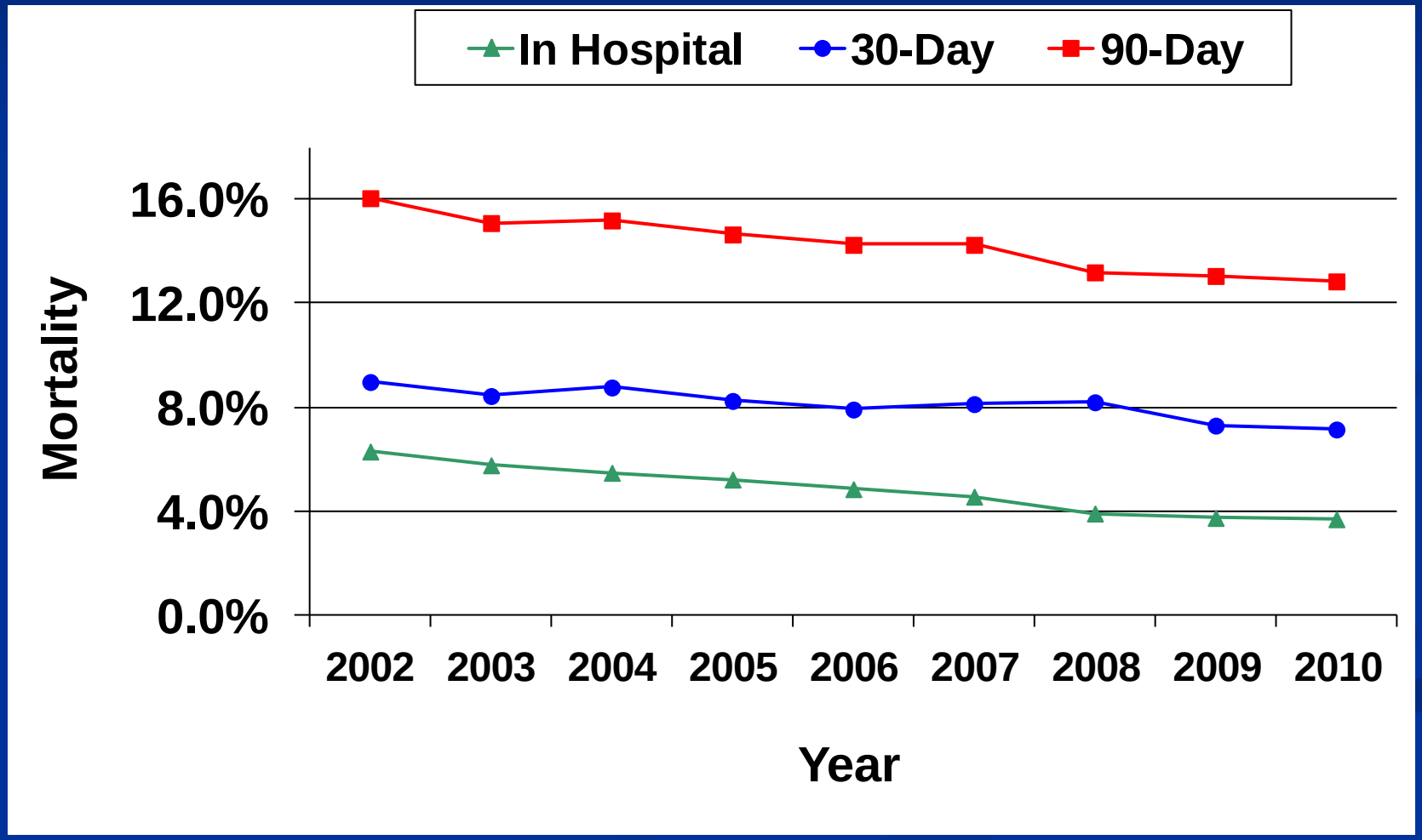
Source: Hospital Compare

Outcome 2012: Mortality Better, Readmission Worse than Medicare



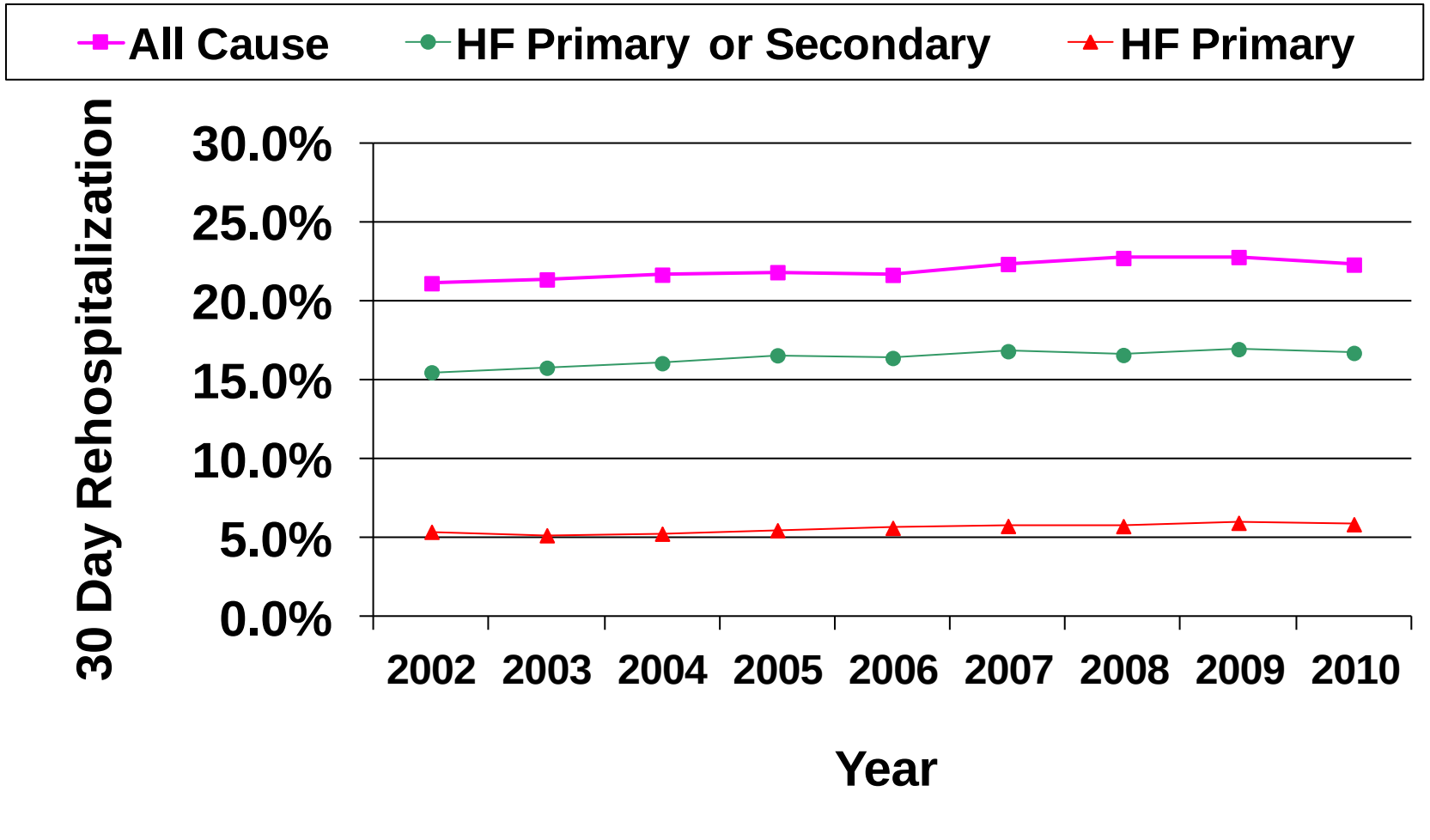
Source: Hospital Compare

VA Trends in Mortality
Following Hospital Discharge



CHF QUERI extension of Heidenreich JACC, 2010

VA Trends in Readmission



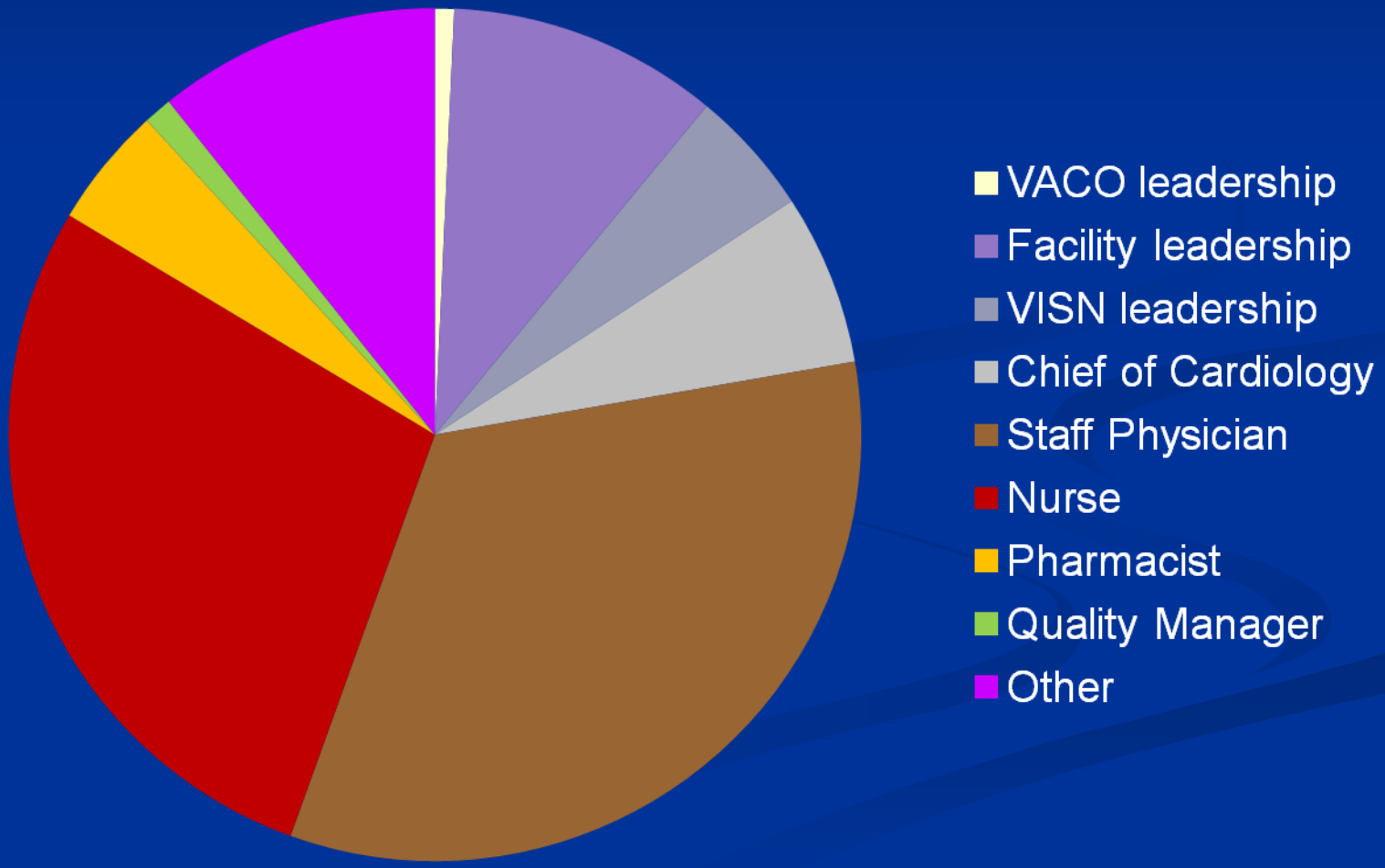
CHF QUERI extension of Heidenreich JACC, 2010

VA Heart Failure Network

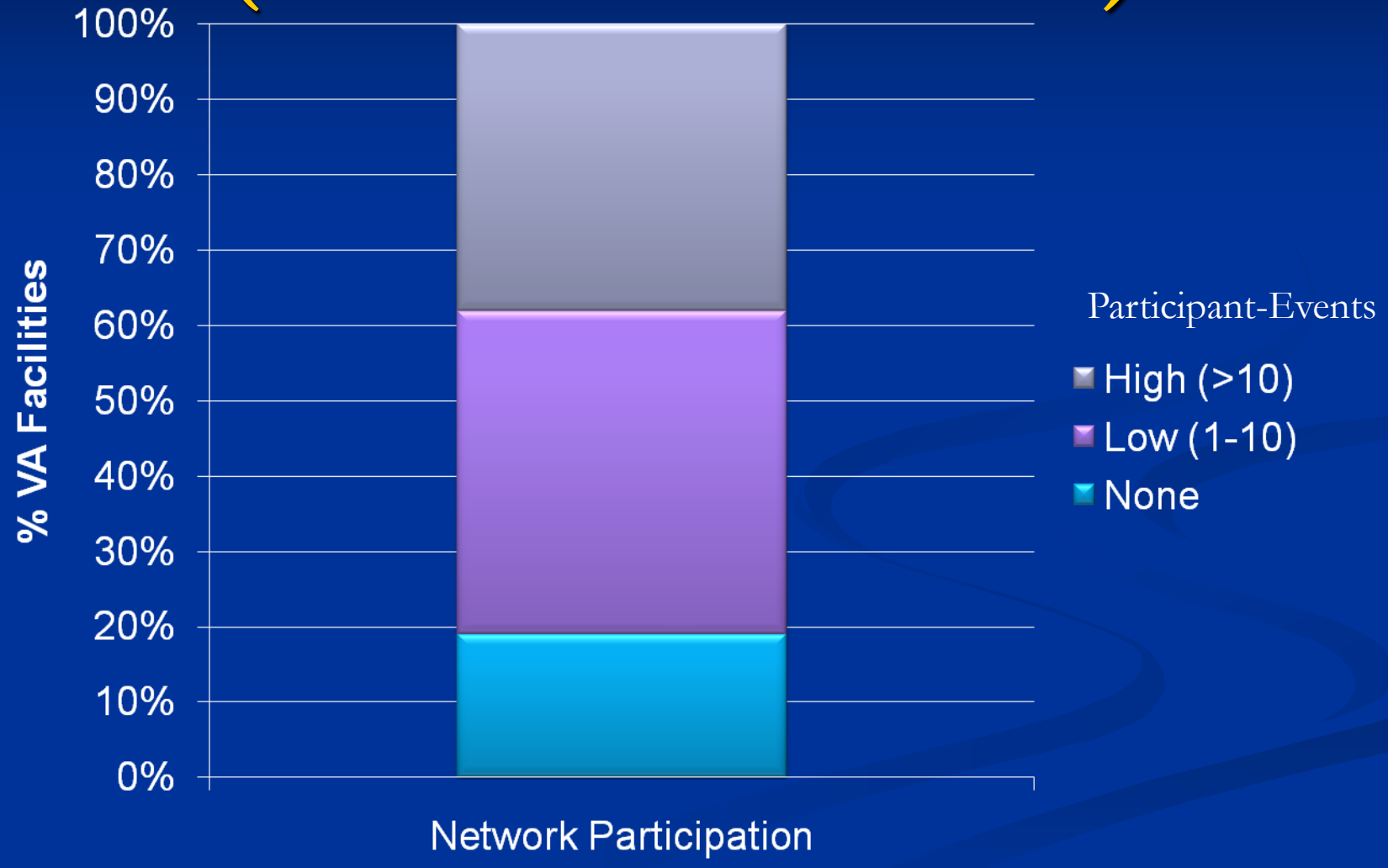
Current Membership

- 900+ members
- 150 facilities
- 1-13 members at each facility
- 1- 6 years of membership (from July 2006 onwards)

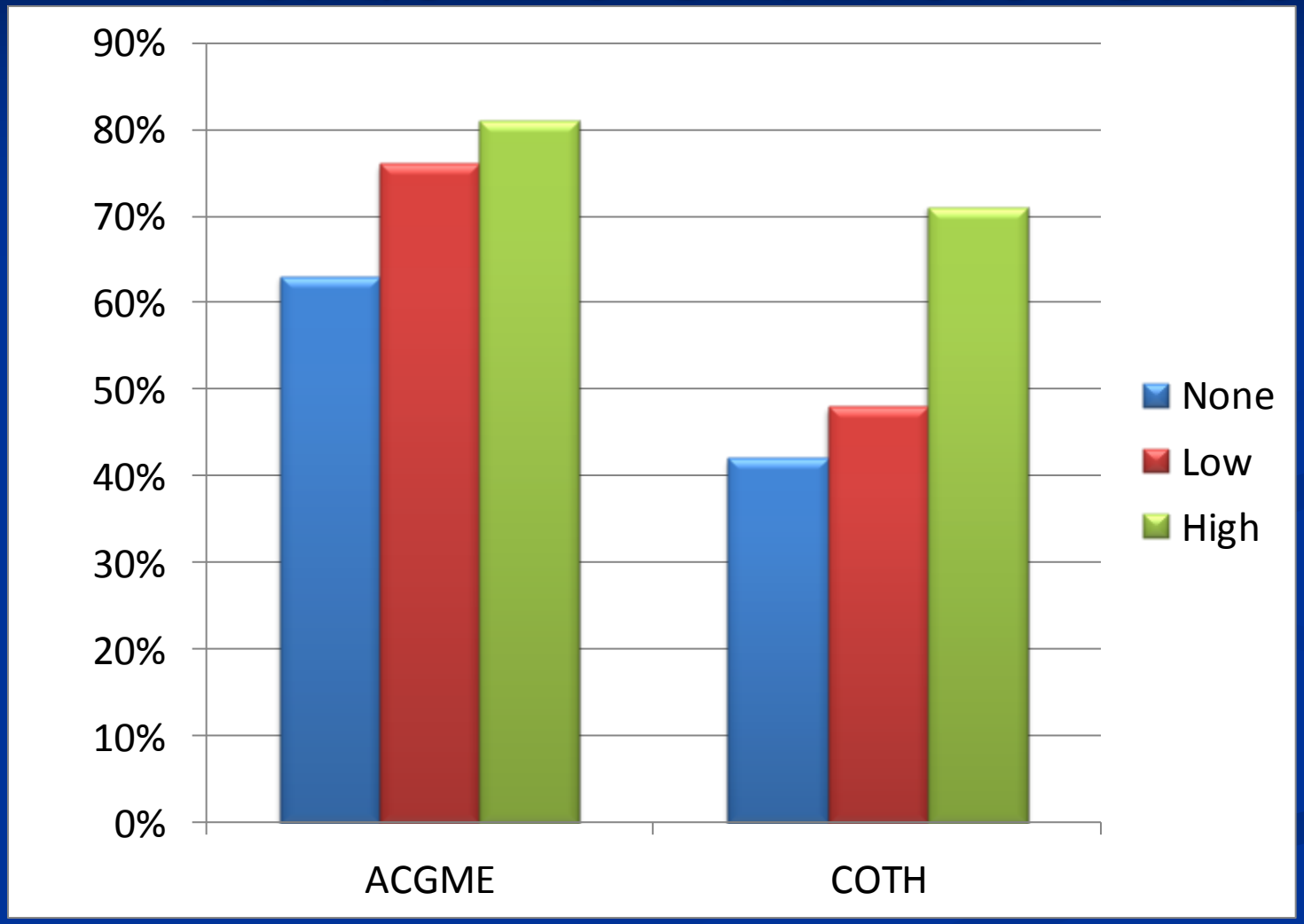
Types of Members



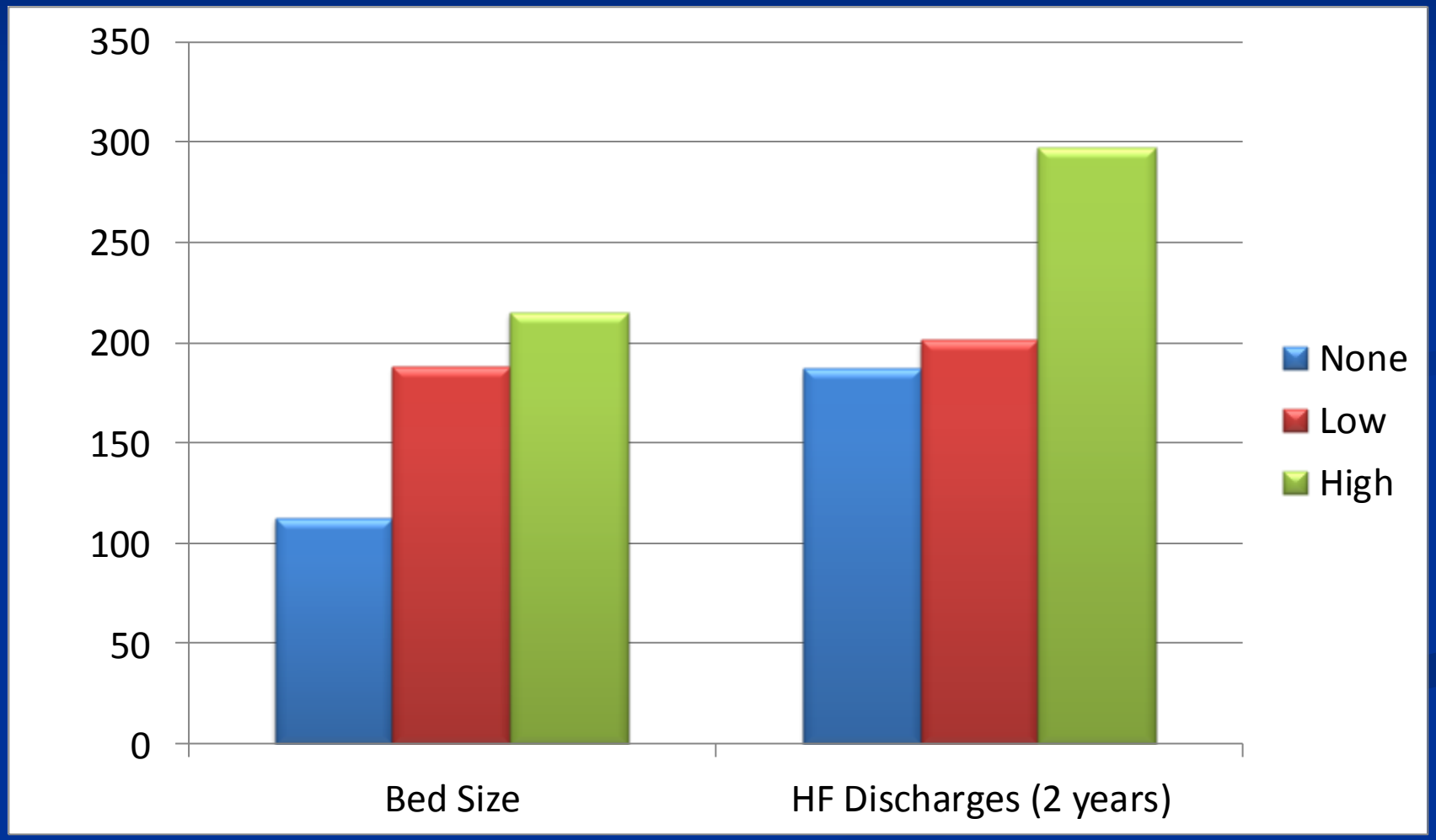
HF Network Participation (N=143 VA Facilities)



HF Network Participation and Academic Characteristics



HF Network Participation and Volume



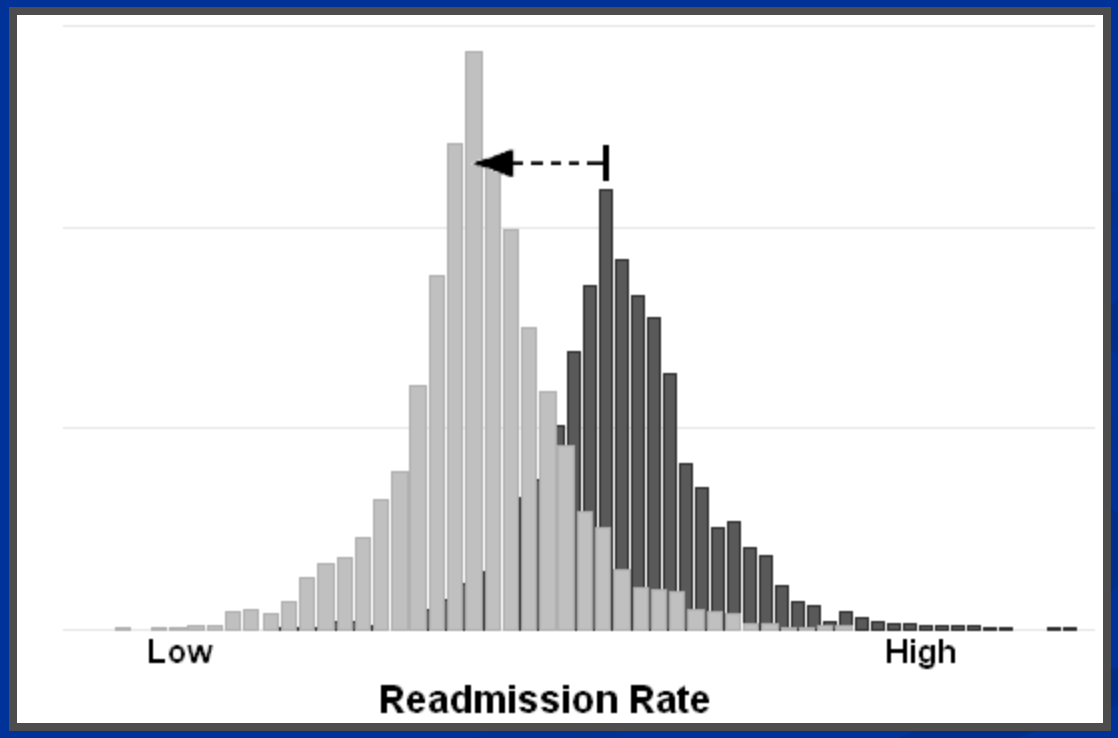
Hospital to Home (H2H)

National Initiative led by:

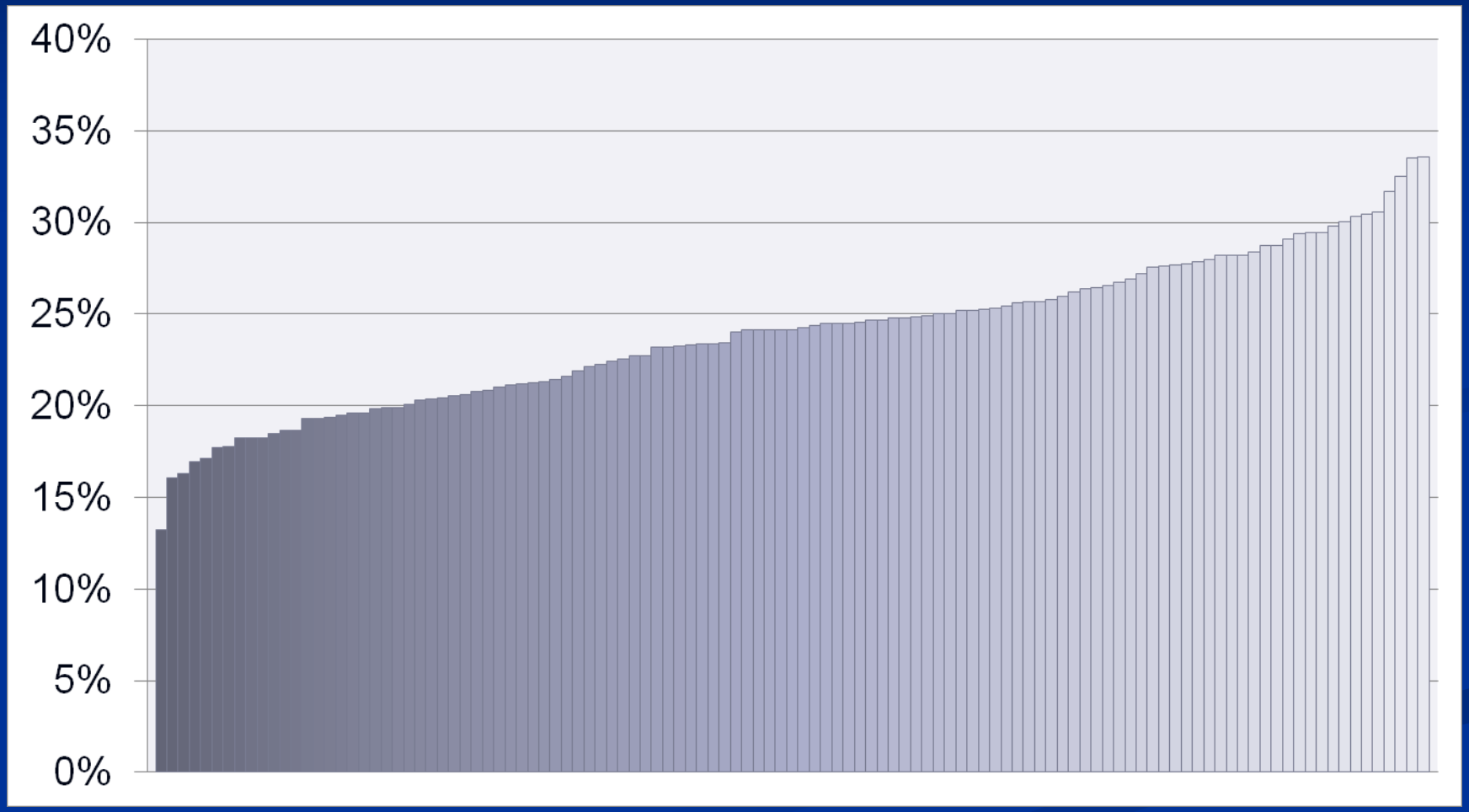
Institute for Healthcare Improvement

American College of Cardiology

H2H Goal: Reduction in All Cause 30-Day Readmission by 20% by 12/2012



30-Day Readmissions (All Cause) Distribution for VA Facilities



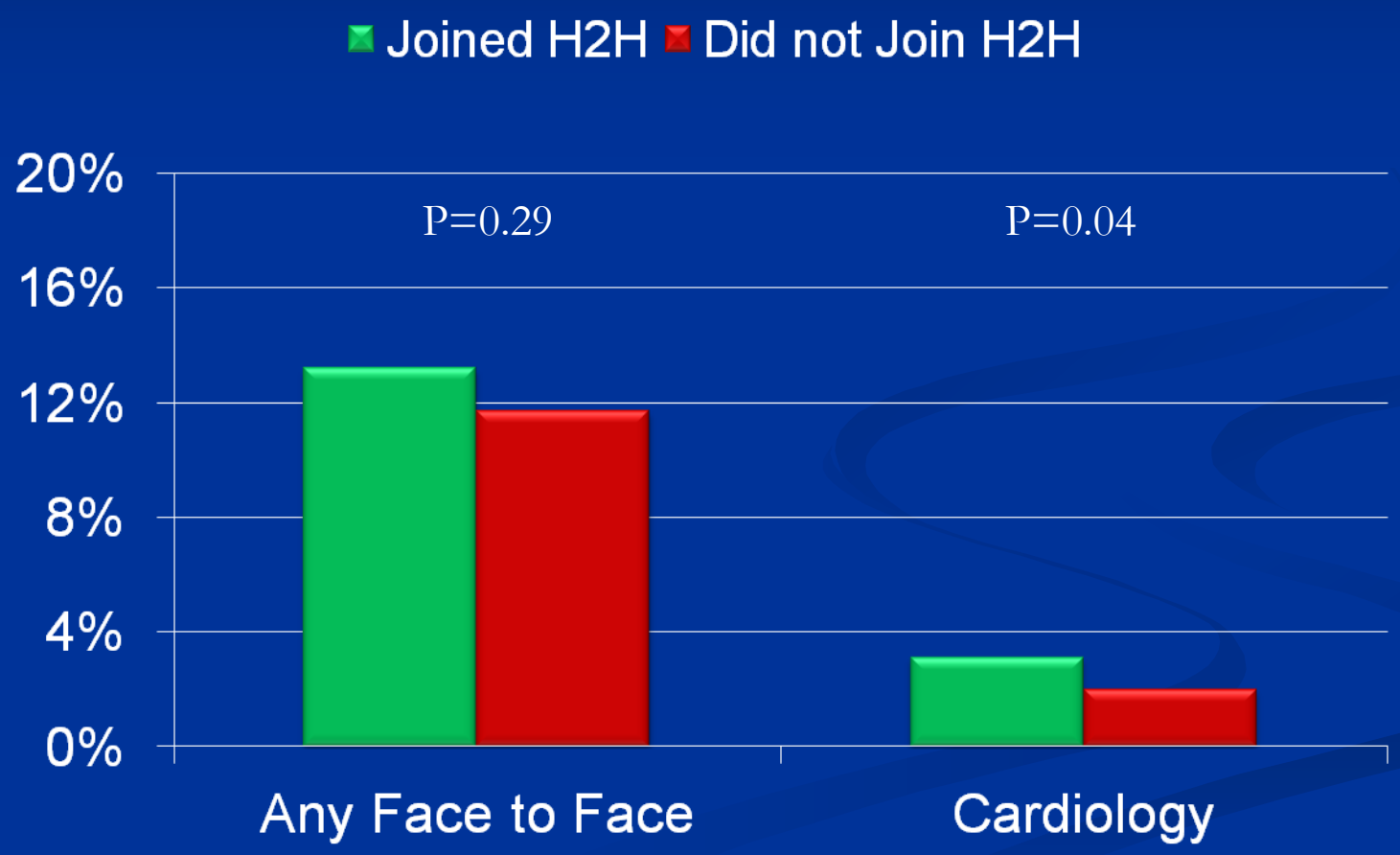
CHF QUERI 2011 analysis

Excludes Facilities with < 100 HF discharges over 2 years.

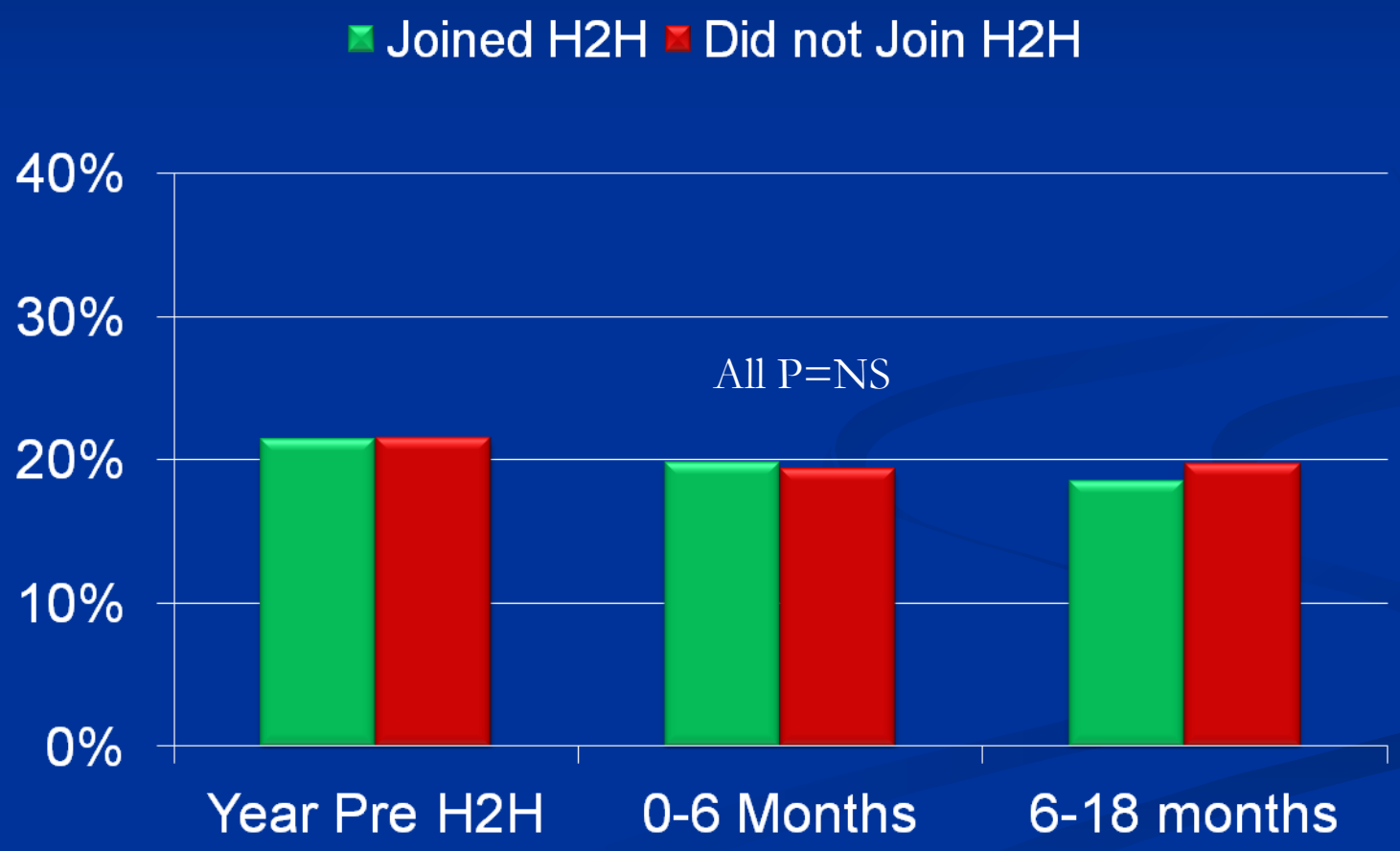
H2H 3 Question Framework

- **Medication Management Post-Discharge:** Is the patient familiar and competent with his or her medications and is there access to them?
- **Early Follow-Up:** Does the patient have a follow up appointment scheduled within a week of discharge and is he or she able to get there?
- **Symptom Management:** Does the patient fully comprehend the signs and symptoms that require medical attention and whom to contact if they occur?

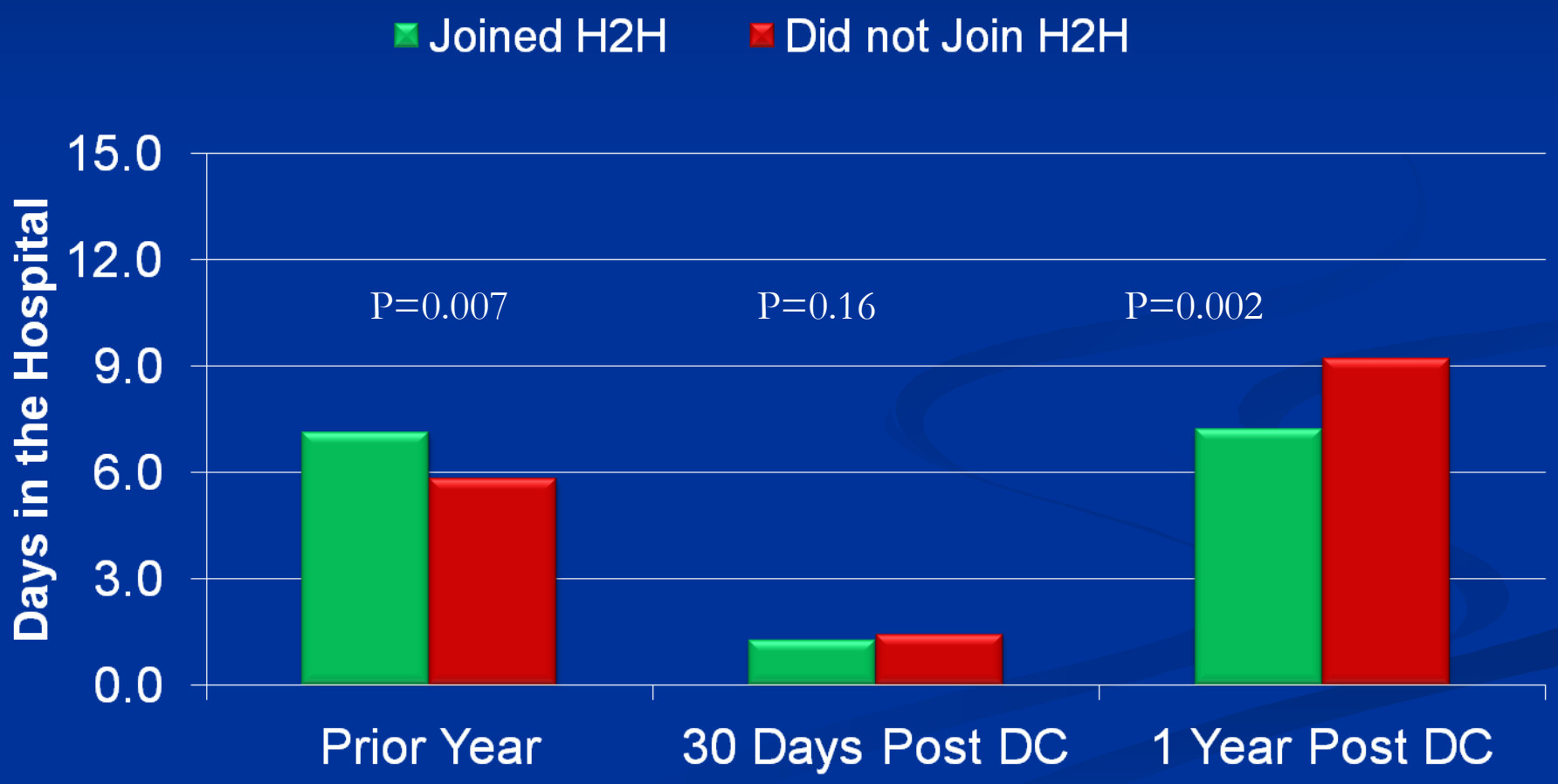
Did H2H Work?
7-Day Face to Face Follow-Up



VA 30-Day All Cause Readmission (Primary Outcome)

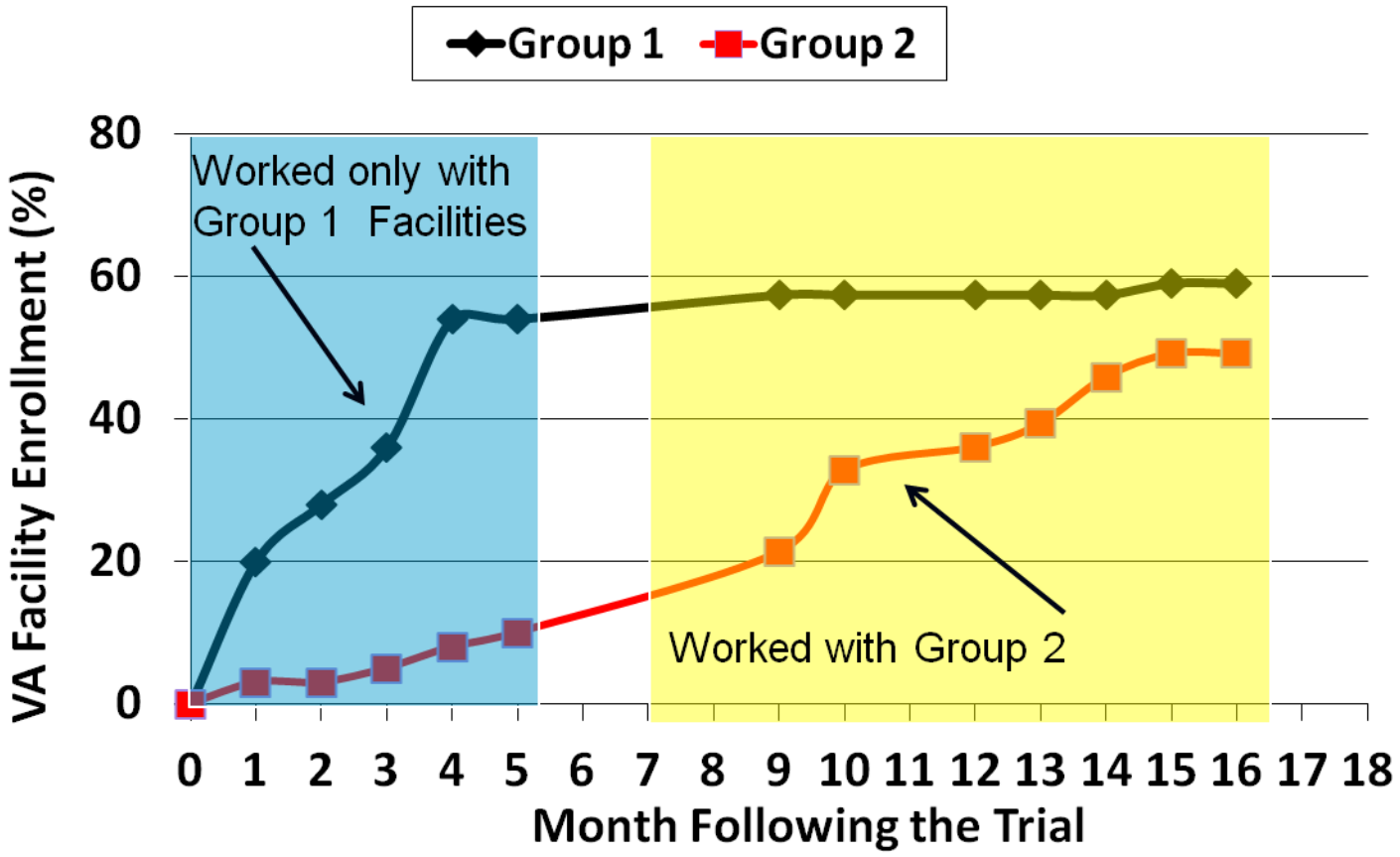


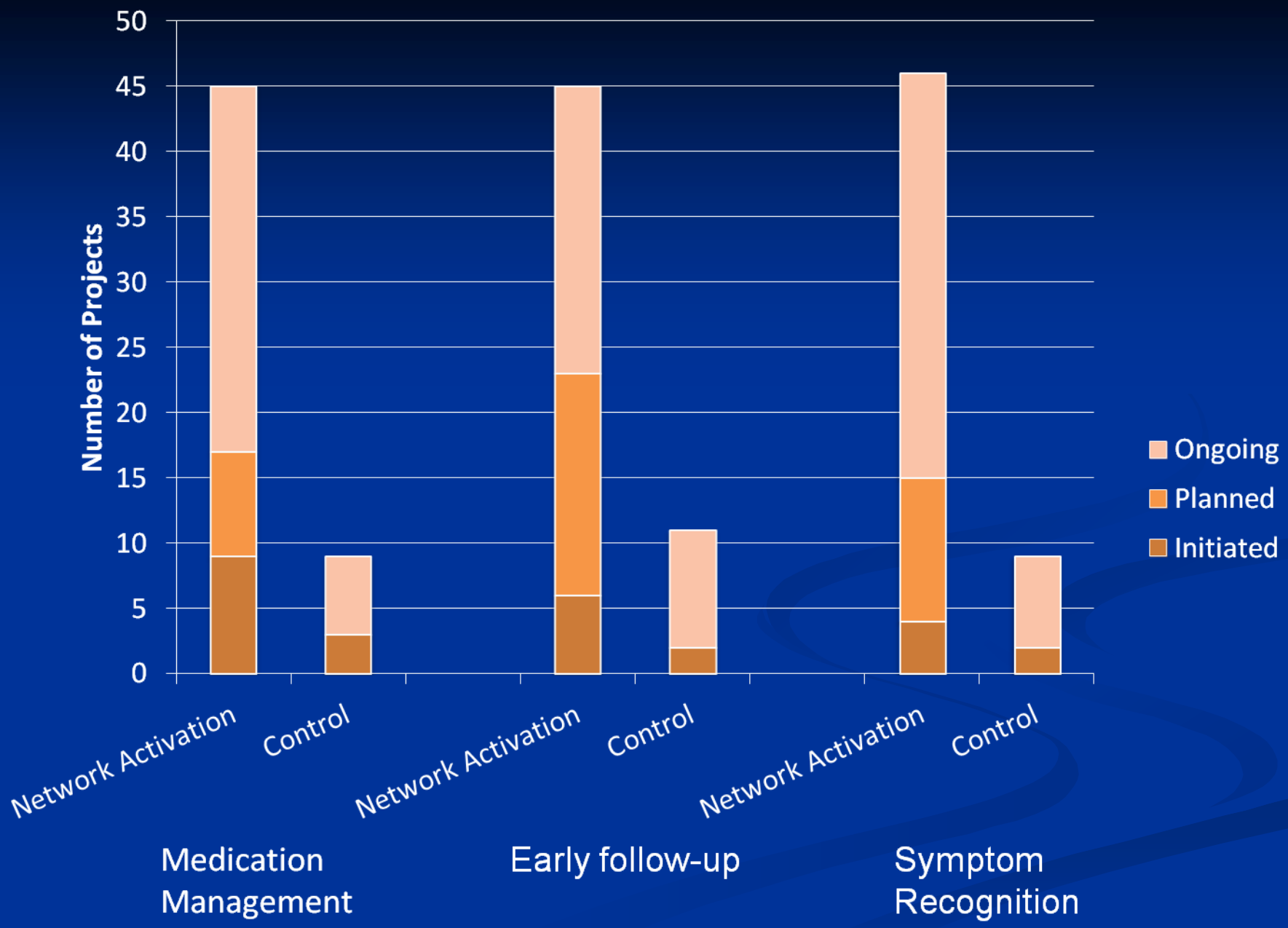
Hospital Days (All Cause) Following Discharge



Can Activation of the HF Network Increase H2H Enrollment and Activity?

Impact of CHF QUERI On VA H2H Enrollment Over Time




Number of Projects
50
45
40
35
30
25
20
15
10
5
0
Network Activation
Control
Network Activation
Control
Network Activation
Control
Medication Management
Early follow-up
Symptom Recognition
Ongoing
Planned
Initiated

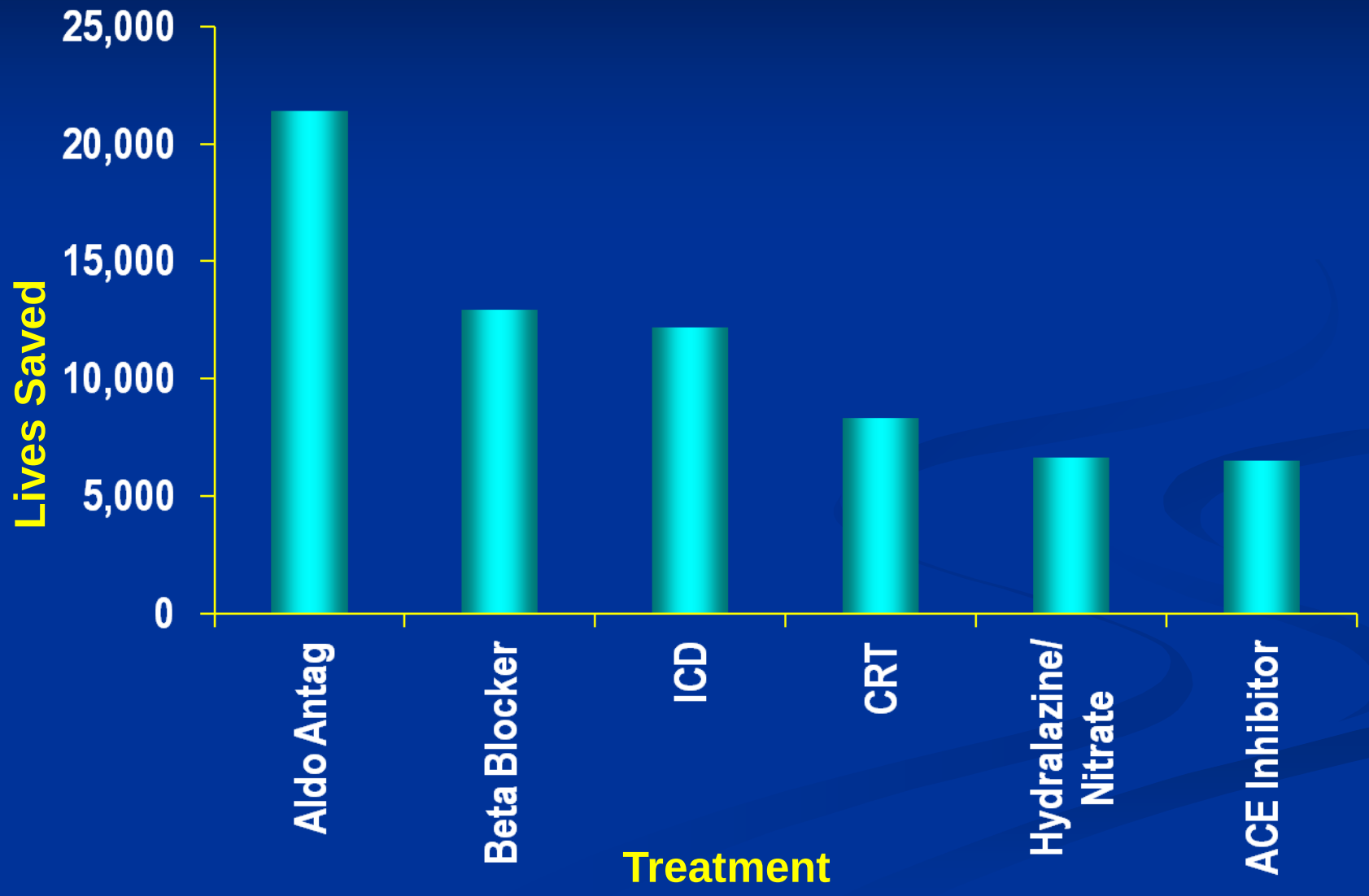
Cost of H2H

- $10,200 for CHF QUERI to activate the network
- Sites devoted 19 ± 18 hours per week (primarily nursing)
- 15% hired new staff
- 20% reassigned staff
- 75% received no staffing support
- 50% received space support

Aldosterone Antagonists

- Safety
- Increased Use

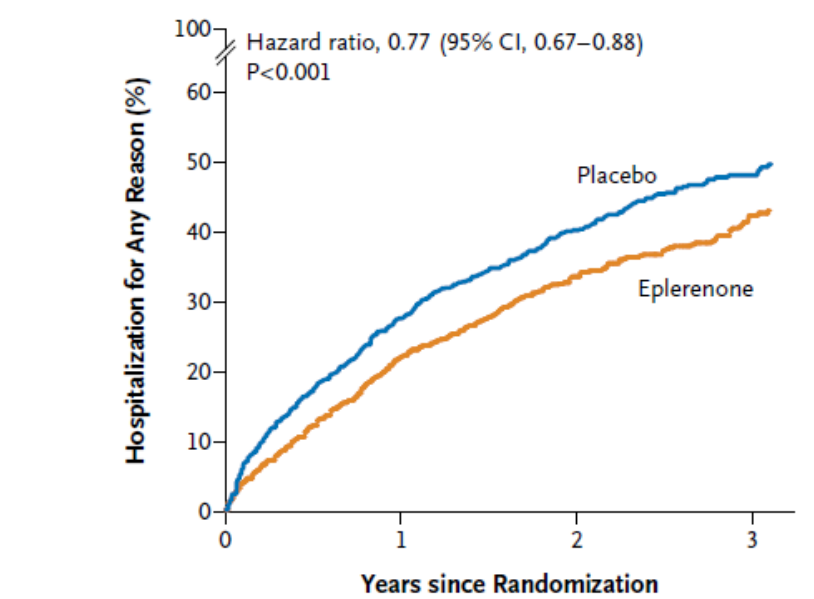
Impact if Treatments Reach Optimal Levels



Fonarow Am Heart 2011

Has the Clinical HF Evidence Base Changed?

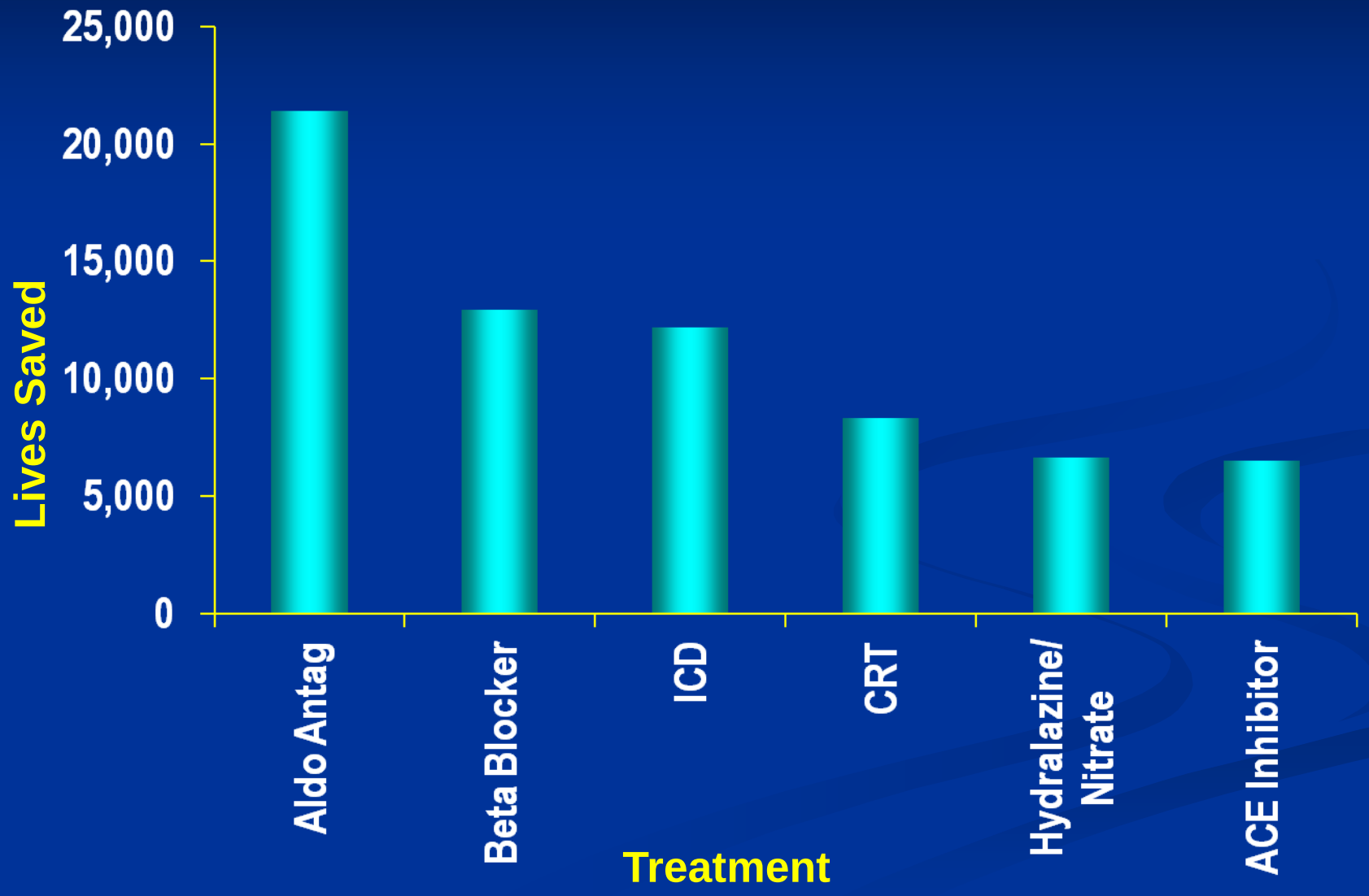
- Aldosterone antagonists shown to improve survival and decrease admissions for most patients with heart failure and reduced LVEF. (NEJM 2010)
- VA use <40%



No. at Risk				
Placebo	1373	742	403	146
Eplerenone	1364	795	451	179

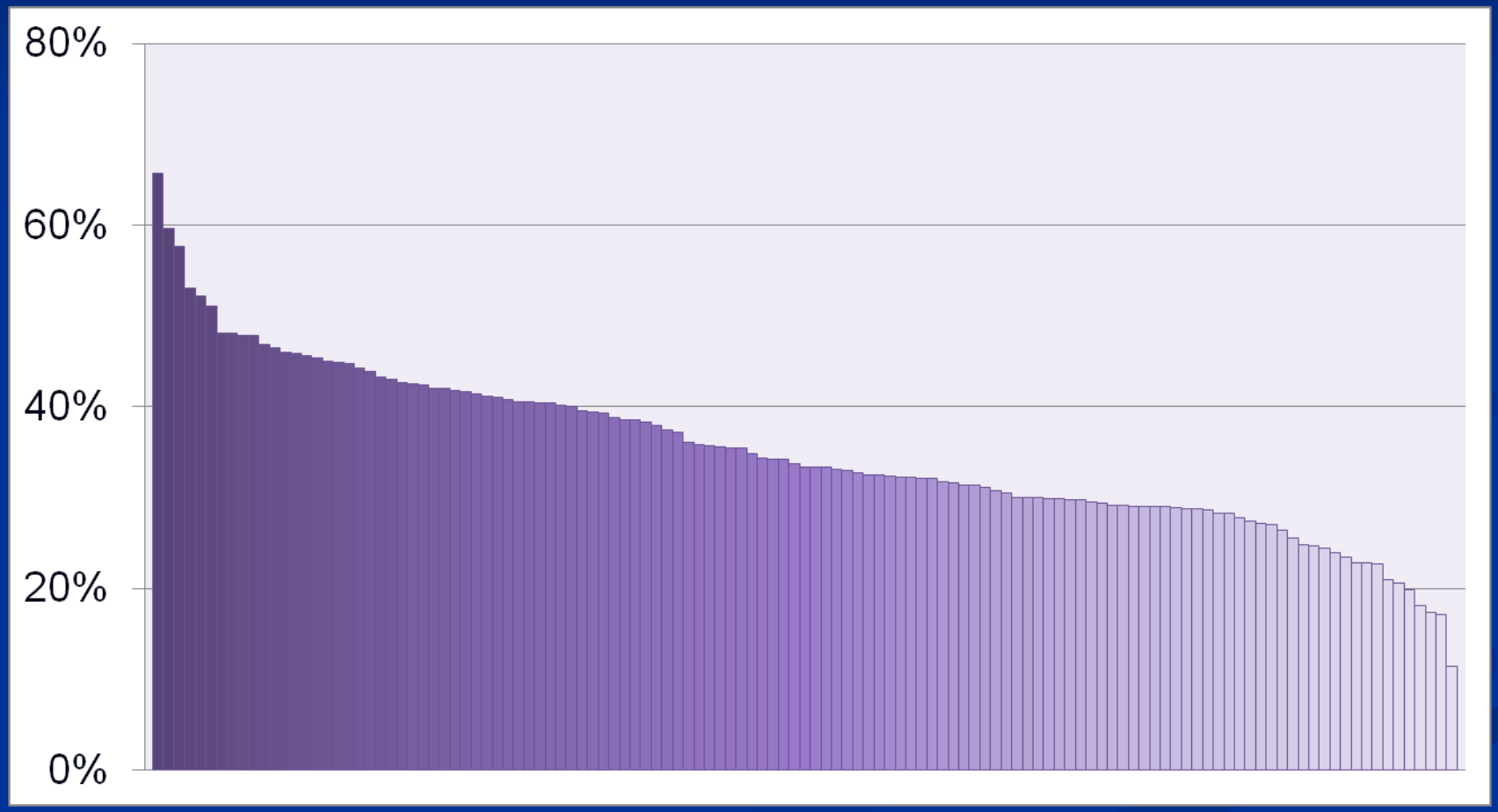
Zannad, NEJM 2010

Impact if Treatments Reach Optimal Levels



Fonarow Am Heart 2011

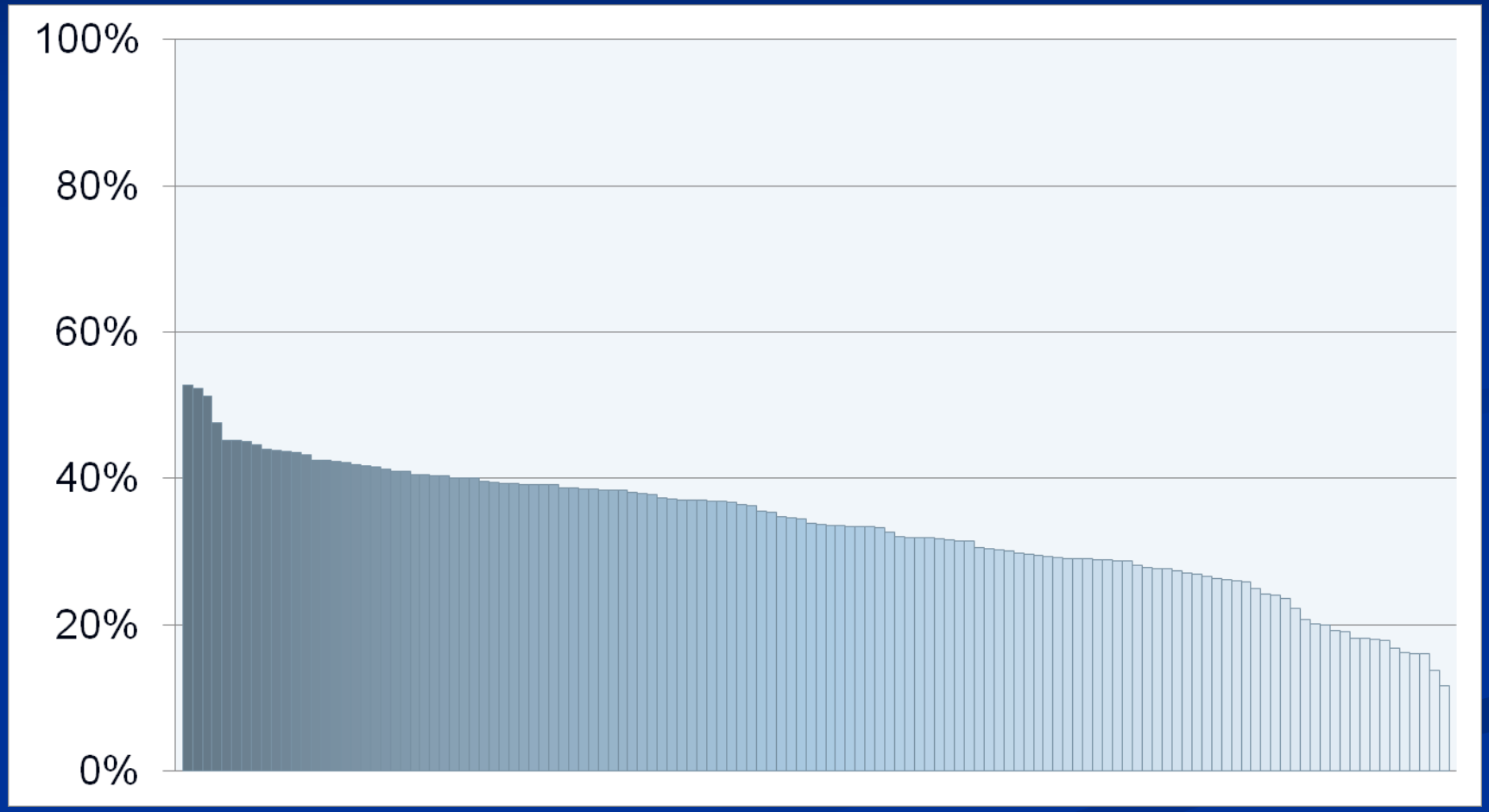
Facility Use of Aldosterone Antagonists in Heart Failure



Prior Admission or BNP > 250 and co-treatment with BB and ACEi and GFR > 30

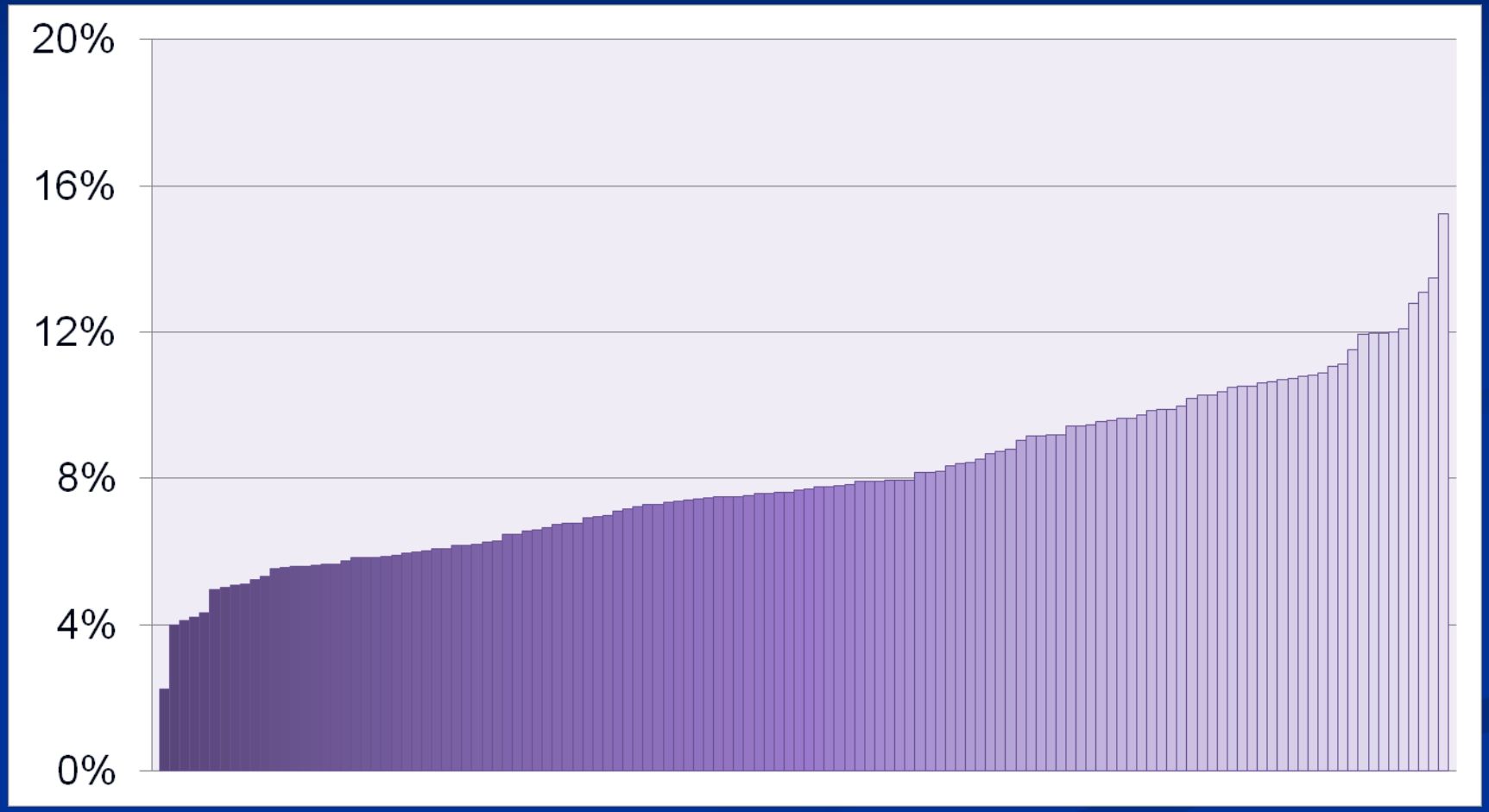
All Facilities had > 20 patients

14 Day Potassium Checks after a First Aldosterone Antagonist Prescription



All Facilities had > 200 first prescriptions

Potassium > 5.5 within 14 days (among those tested)



All Facilities had > 200 first prescriptions

Safety Project with Pharmacy Benefits Management

1) Identify new aldosterone antagonist prescriptions and no lab test in 2+ weeks.
2) Send list to local pharmacists for evaluation
3) Pharmacist contacts providers if appropriate.

Palliative / Hospice Care in HF

Carvedilol vs. Metoprolol Succinate

- VISN 21 is switching low LVEF patients from metoprolol succinate to carvedilol bid if no contraindications.

Additional Slides

ACC/AHA/PCPI HF Measures (1)

1) LVEF Documentation (inpatient)
2) LVEF Documentation (outpatient)
3) Standardized Symptom level assessment (
4) Standardized symptoms level assessment if symptom change.
5) Patient education (simplified)

ACC/AHA/PCPI HF Measures (2)

6. ACEi/ARB and BB if low LVEF
7. ACEi/ARB if low LVEF
8. BB if low LVEF
9. Overuse of echo (3 in one year if no clinical change)
10. ICD discussion if candidate
11. End of life Discussion if advanced heart failure