MUSC Health
Medical University of South Carolina

Putting Heart Into Heart Failure: Impacting Value With Care Delivery

Mark Clair, MS, RN, CCRP, FAACVPR, Patient Care Coordinator – Heart Failure
Amanda L. Davis, MPH, RD, CHES, Manager, Value Institute
Chakradhari Inampudi, MD, Assistant Professor, Cardiology (Heart Failure)
Medical University of South Carolina

Learning Objectives

1) Discuss the development of a multifaceted approach to care coordination during transitions of care for patients with heart failure.
2) Describe the impact of a multifaceted approach to care coordination for heart failure patients on readmissions.

Background

- Heart failure (HF) is a chronic, progressive condition affecting more than 6 million American adults
- Quadruple medication therapy (ARNI, beta blocker, MRA, SGLT2-inhibitor) drastically reduces risk of death and decreases HF hospitalizations
- Deferring initiation to outpatient (OP) setting exponentially increases chances that quadruple therapy will not be started

Intervention

A multi-pronged approach to reduce HF readmissions that included:

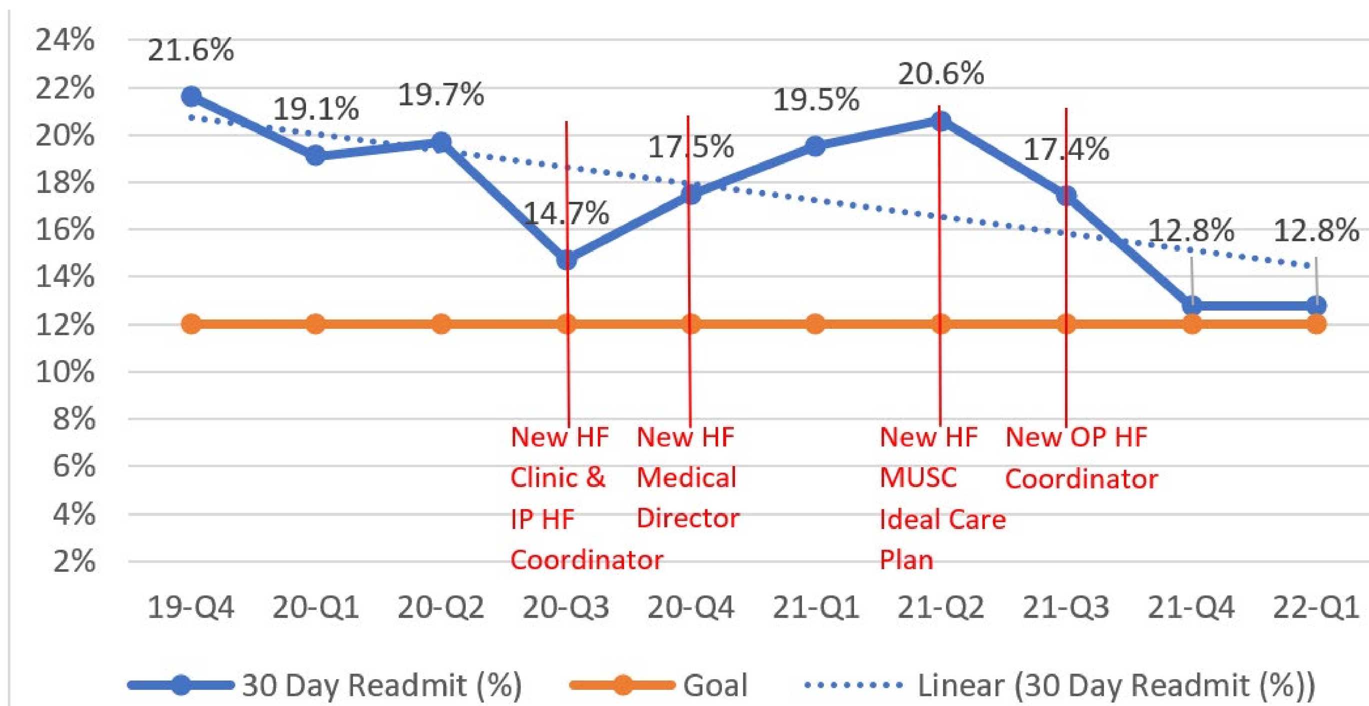
1) creating post-discharge APP HF clinic
2) hiring an IP coordinator (patient education & discharge appointments in HF clinic)
3) creating a new HF medical directorship
4) developing an MUSC Ideal Care Plan for HF exacerbation admission
5) hiring an OP coordinator (promote attendance at HF clinic appointments & assess outcomes)

Goal

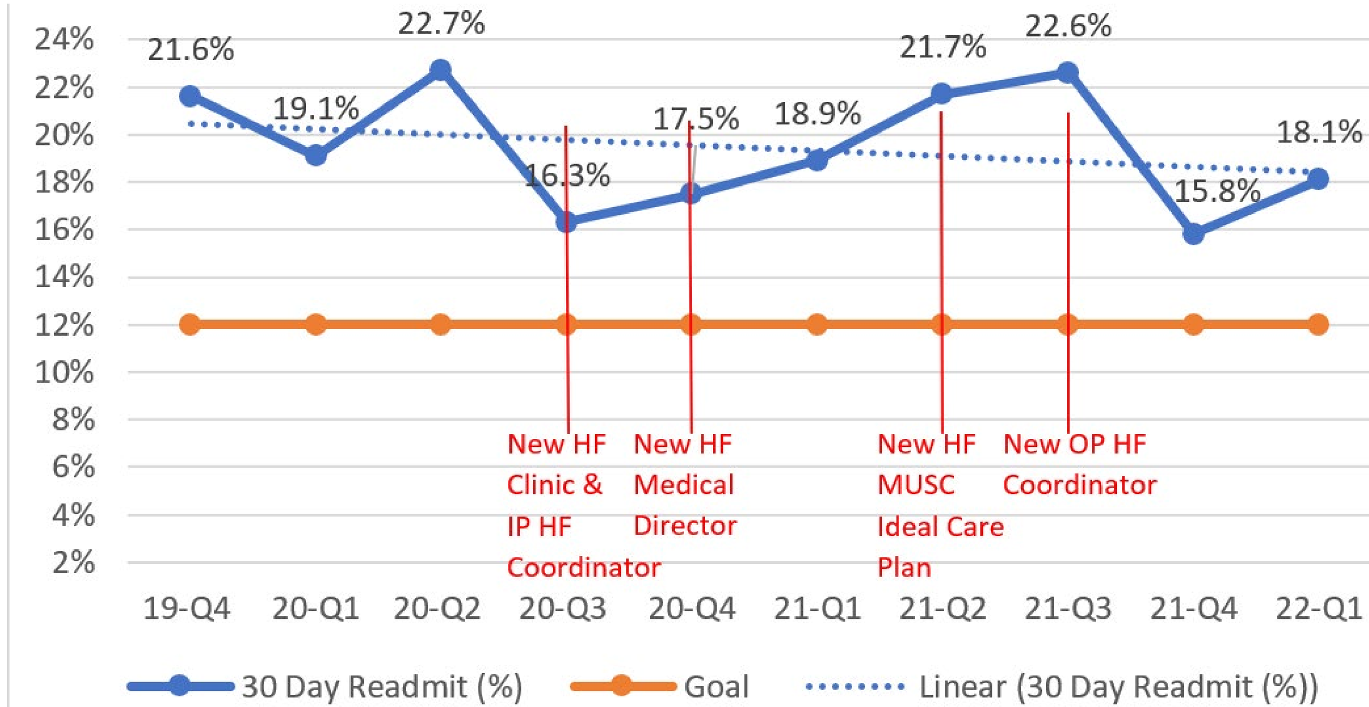
To decrease readmissions for patients hospitalized for HF exacerbation to < 12%.

Results

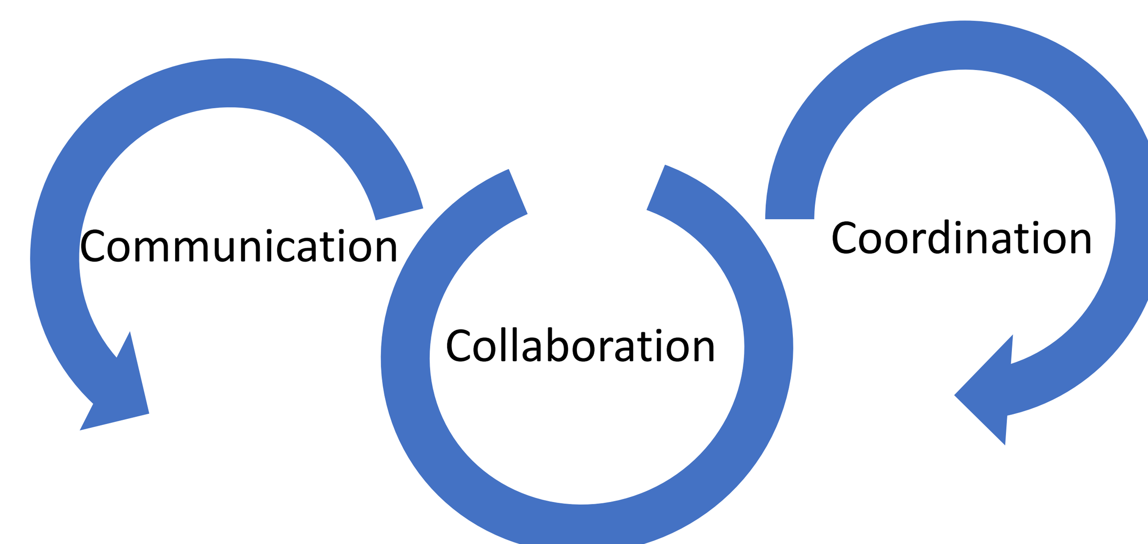
30-day Readmissions (65+ yo, all payer)



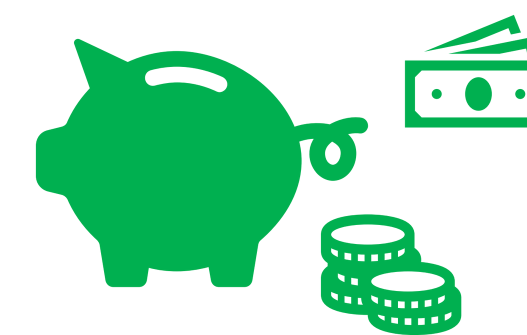
30-day Readmissions (18+ yo, all payer)



Creating an Impactful Delivery System

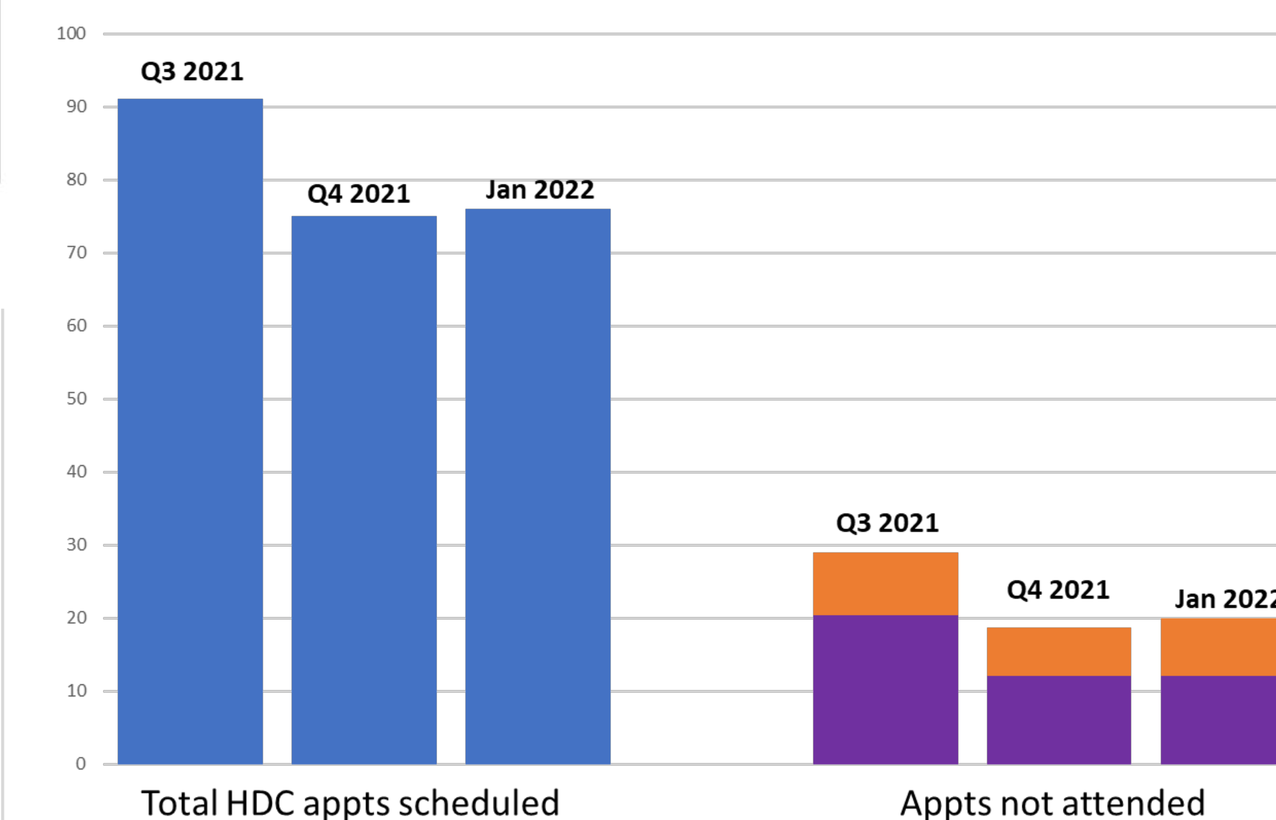


Impact on ACO Medical Costs

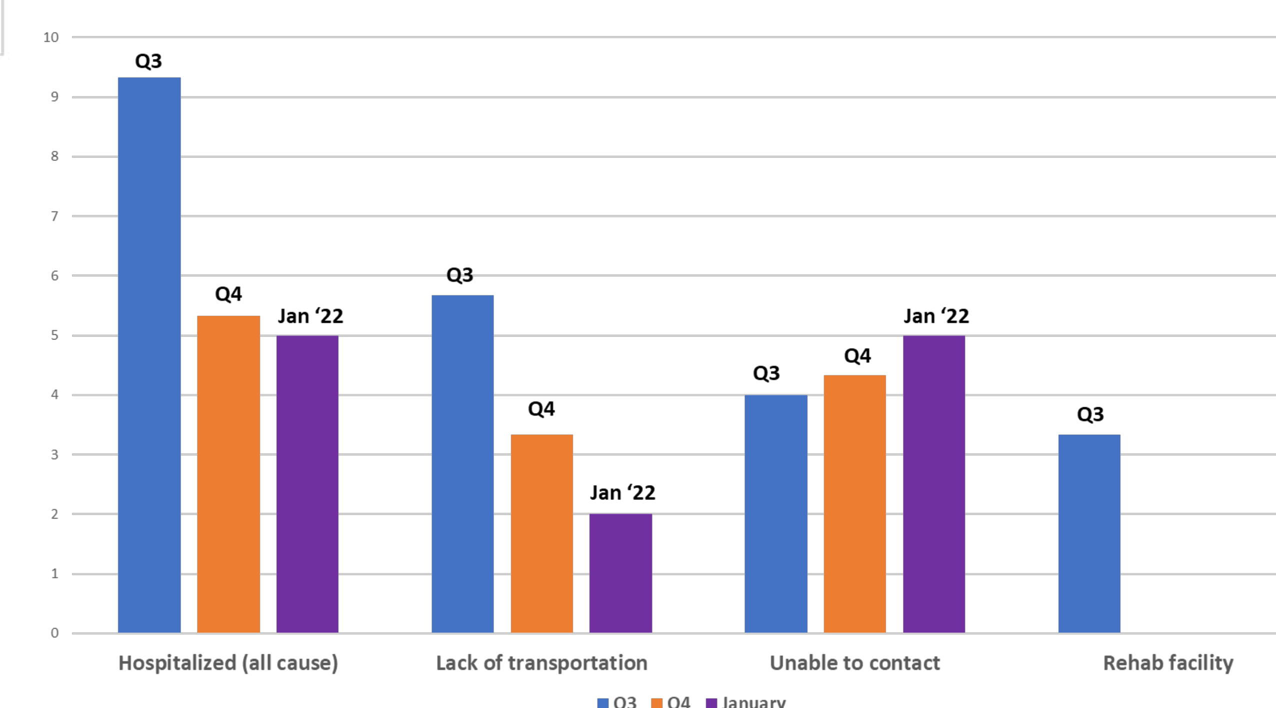


22.5% decrease per member per month FY21 – Q1 FY22

Cancellations/No Shows (Q3/Q4 2021 + Jan 2022)



Cancellation Reasons/No Shows (Q3/Q4 2021 + Jan 2022)



Lessons Learned

- A multi-pronged approach to reduce HF readmissions is effective
- The 3 C's of Impacting Value with Care Delivery used by the IP and OP care coordinators are:
  1) Coordination - shared patient lists in the EMR for scheduling of post-discharge APP HF Clinic
  2) Communication - standardized communication methods with staff regarding high-risk patients; multi-platform approaches to patient communication
  3) Collaboration – working together to ensure patient compliance

Next Steps

- Centralized IP HF services for teaching
- Integration of new HF exacerbation clinical pathways into the EMR
- Collaborate with IP administrative support to reconcile patient demographic information

Author Contact Info

Mark Clair, MS, RN (clairmj@musc.edu)
Amanda Davis, MPH (davisam@musc.edu)
Chakradhari Inampudi, MD (inampudi@musc.edu)

Author Disclosures

The authors have no relevant financial relationships to disclose

References

American Heart Association. (2017, May 31). What is Heart Failure? https://www.heart.org/en/health-topics/heart-failure/what-is-heart- failure. Accessed 2021, Feb 22.

Greene SJ, Butler J, Fonarow GC. Simultaneous or Rapid Sequence Initiation of Quadruple Medical Therapy for Heart Failure—Optimizing Therapy With the Need for Speed. JAMA Cardiology. Published Online: March 31, 2021. doi:10.1001/jamacardio.2021.0496

MUSC Health
Medical University of South Carolina

IMPACT OF THE 3 C's

Inpatient to Outpatient Care Coordination

Coordination – IP coordinator ensures that appropriates HF patients are scheduled in the HF APP clinic. The IP coordinator then "hands off" these patients using shared lists in the EMR to the OP coordinator to ensure they can arrive to the HF APP clinic appointment

Communication – IP and OP coordinator utilize standardized forms of communication in the EMR to relay issues to regarding high-risk patients. OP coordinator uses a multi-platform approach to patient communication (phone calls, EMR messages, text messages, emails, letters)

Collaboration – IP and OP coordinators working together to ensure patients compliance in the HF clinic, resulting in improved outcomes. IP and OP coordinators, along with the HF medical director, have weekly meetings to discuss high risk patients and opportunities to improve the care coordination process.

MUSC Health
Medical University of South Carolina

TIMELINE

Multi-Pronged Approach to Reduce HF Readmissions