

# IMPACT OF A COMMUNITY-BASED HEART FAILURE UNIT ON HOSPITALIZATIONS

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**We have no conflicts of  
interest**

# Background

- Heart failure (HF) is an enormous and ever-increasing financial burden on any health care system, and hospitalization accounts for the majority of the costs.
- *Titler M et al. Health Serv Res. 2008 April; 43(2): 635–655.*
- *Braunschweig F et al. Europace (2011) 13 (suppl 2): ii13-ii17.*
- Community-based care of patients with moderate-to-severe HF improves symptom management, reduces hospital admissions and emergency department (ED) visits.
- *Sochalski J et al. Health Aff 2009;28:179–189.*
- *McDonagh TA et al. Eur J Heart Fail 2011;13:235–241.*

# Background

- A new community-based heart failure unit (HFU) was inaugurated by the southern region of Clalit Health Services with a view to improving the treatment of patients with moderate to severe HF.

# Aims

- To investigate whether a new community-based HFU impacts on hospitalizations and reduces costs, in keeping with results previously described.

# Methods

- **Prospective follow-up of patients referred to the community-based HFU from its inauguration on 1.1.2012 to 30.11.2012.**
- **HF patients referred:**
  - in NYHA FC III-IV
  - with recurrent admissions
  - at risk of deterioration due to anaemia, renal failure, etc
  - needing drug titration
  - with significant ventricular dysfunction, for investigation (even if not severely symptomatic)

# Methods

- **Patients referred from:**
  - Community clinics
  - Internal medicine wards after discharge
  - Hospital cardiologists
  - Community cardiologists
  - Community-hospital nurse coordinator

# Methods

- Patients were assessed by a HF specialist nurse and physician.
- Nurse assessment: history including medications, vital signs, limited physical examination, 6 minute walk, Minnesota questionnaire. Detailed explanation on diet, medications, physical activity, etc.



# Methods

- A plan of investigation and treatment was instigated in each patient, including referral for further cardiac evaluation, need for device implantation if warranted.
- Therapy with intravenous frusemide and/or intravenous iron on site where deemed necessary.

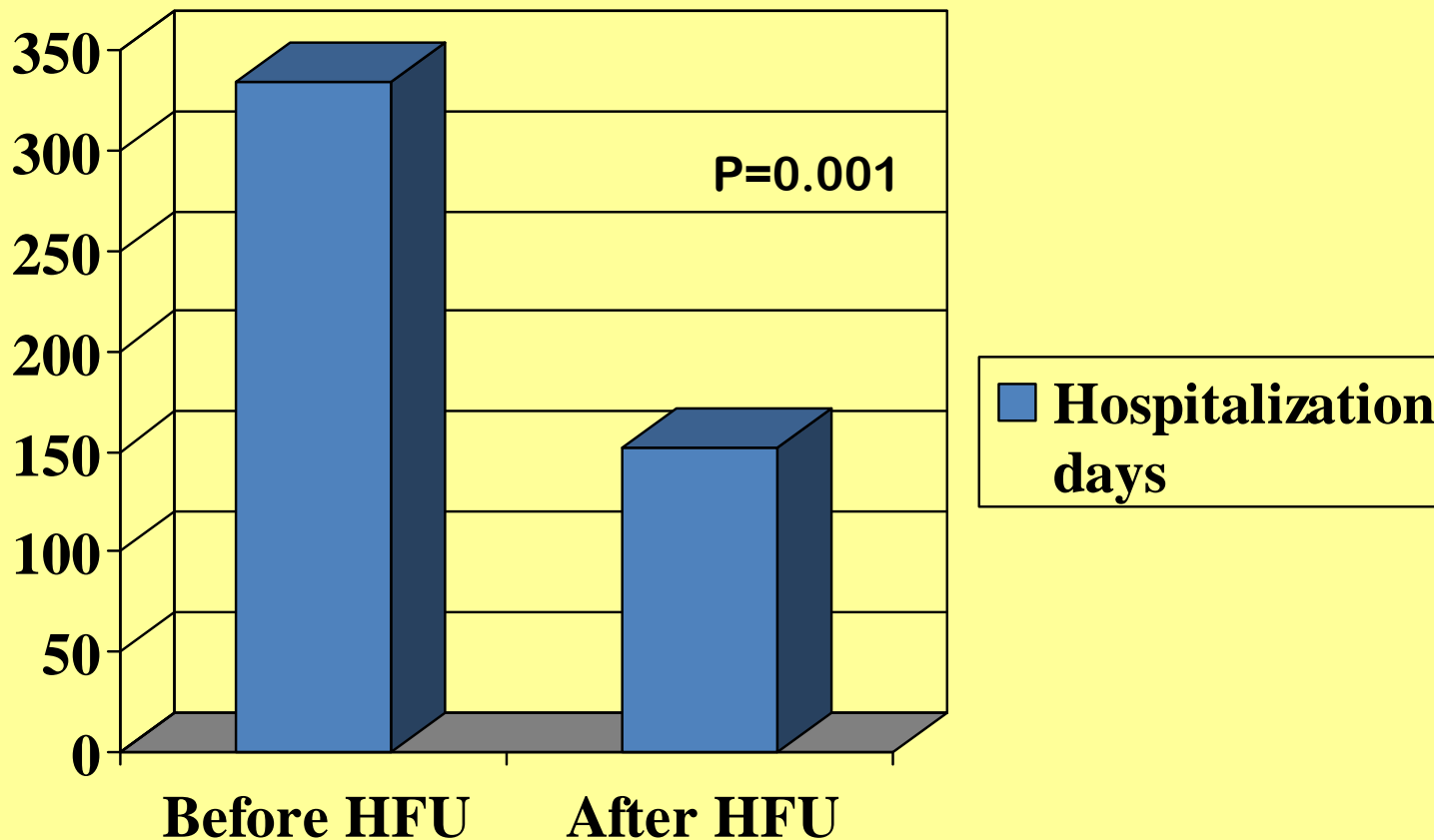
# Methods

- Amongst patients who were seen at least 3 times at the HFU during the first 11 months after inauguration, repeat hospitalizations and ED visits were recorded during the following 3 months and compared to the 3 months prior to initiation of treatment.

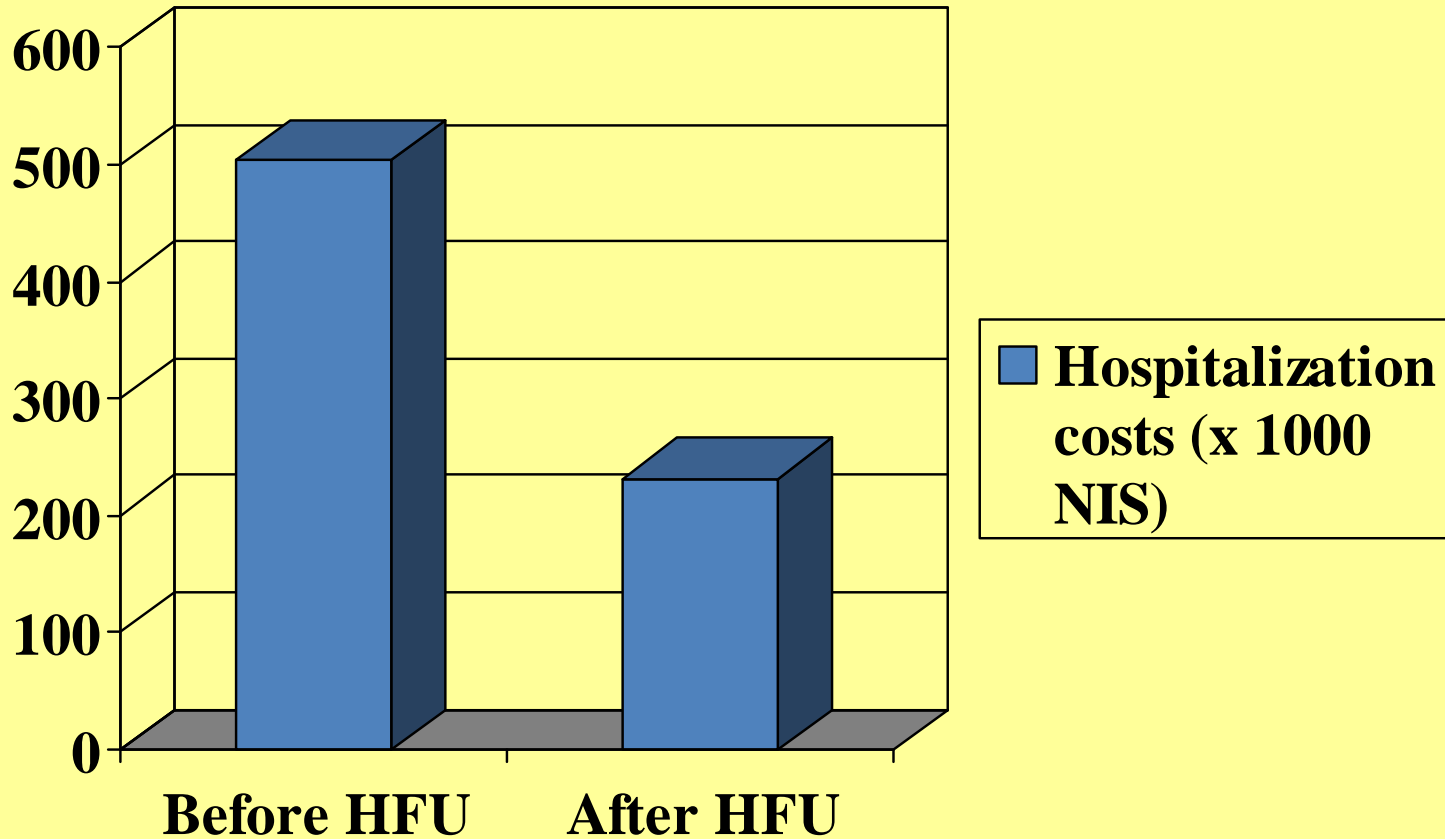
# Results

- During the study period, 108 patients were seen at least 3 times.
- Average age 70.6y (range 28-94)
- Gender: 70 male (65%), 38 female (35%)
- 16 died-> follow-up on 92 patients

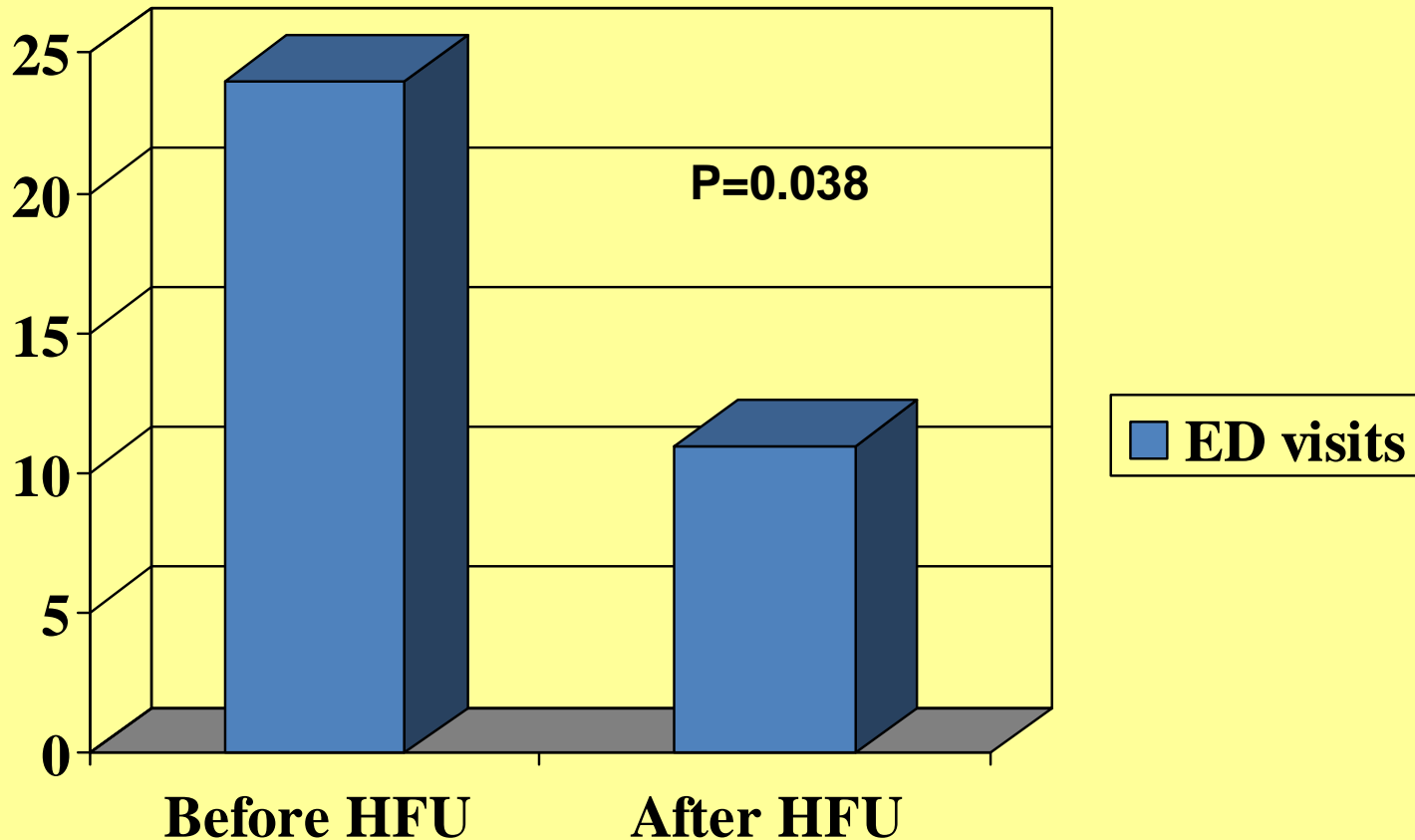
# Results- Hospitalization Days



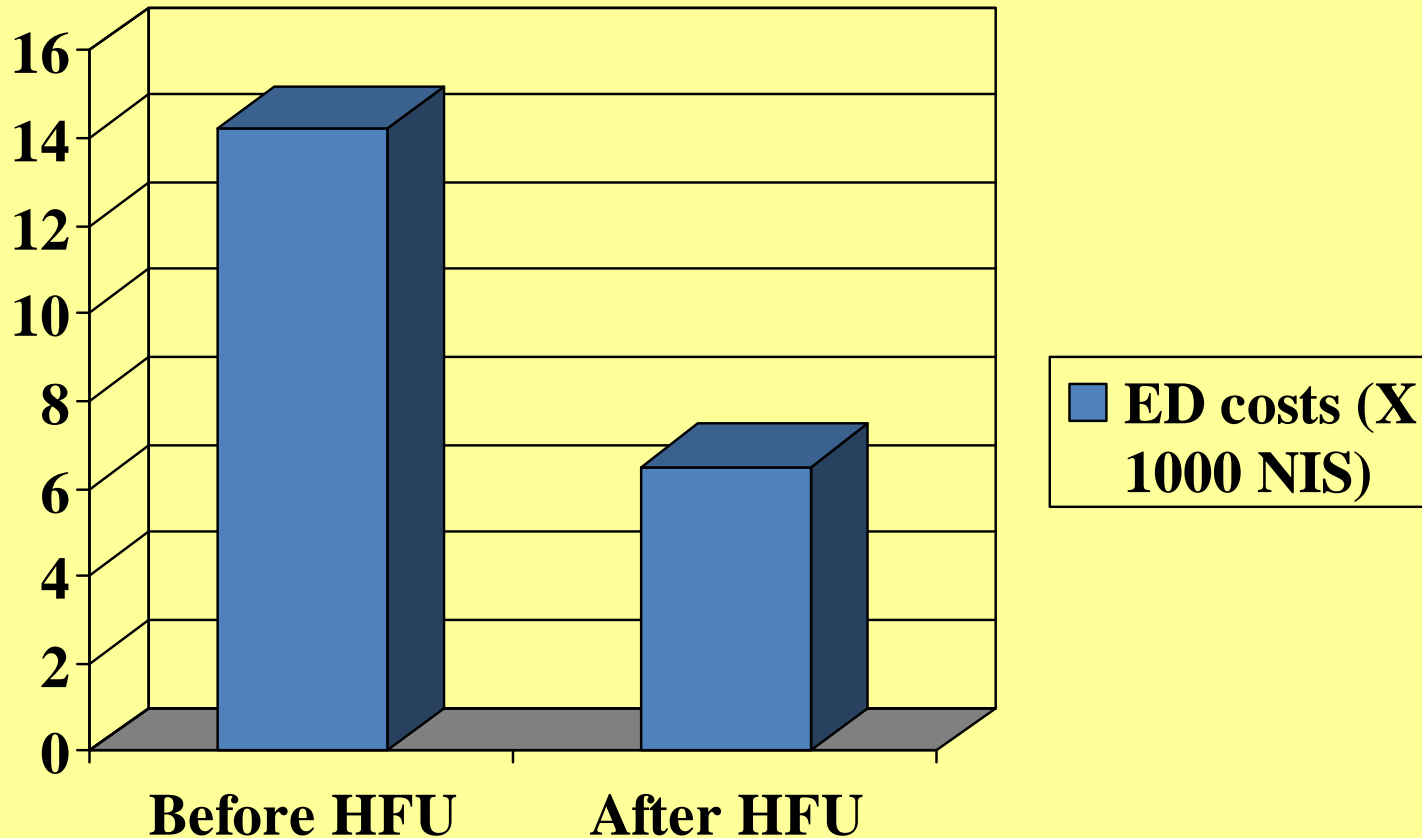
# Results- Hospitalization Costs



# Results- Emergency Department Visits



# Results- Emergency Department Costs



# Conclusions

- As proven in other settings, the instigation of a community-based heart failure service can significantly reduce hospitalization and ED visits.
- Whether there was a decrease in costs to the health service remains to be determined.