Improving Patient Outcomes by Improving the Coordination of Care and Changing Maladaptive Behaviors

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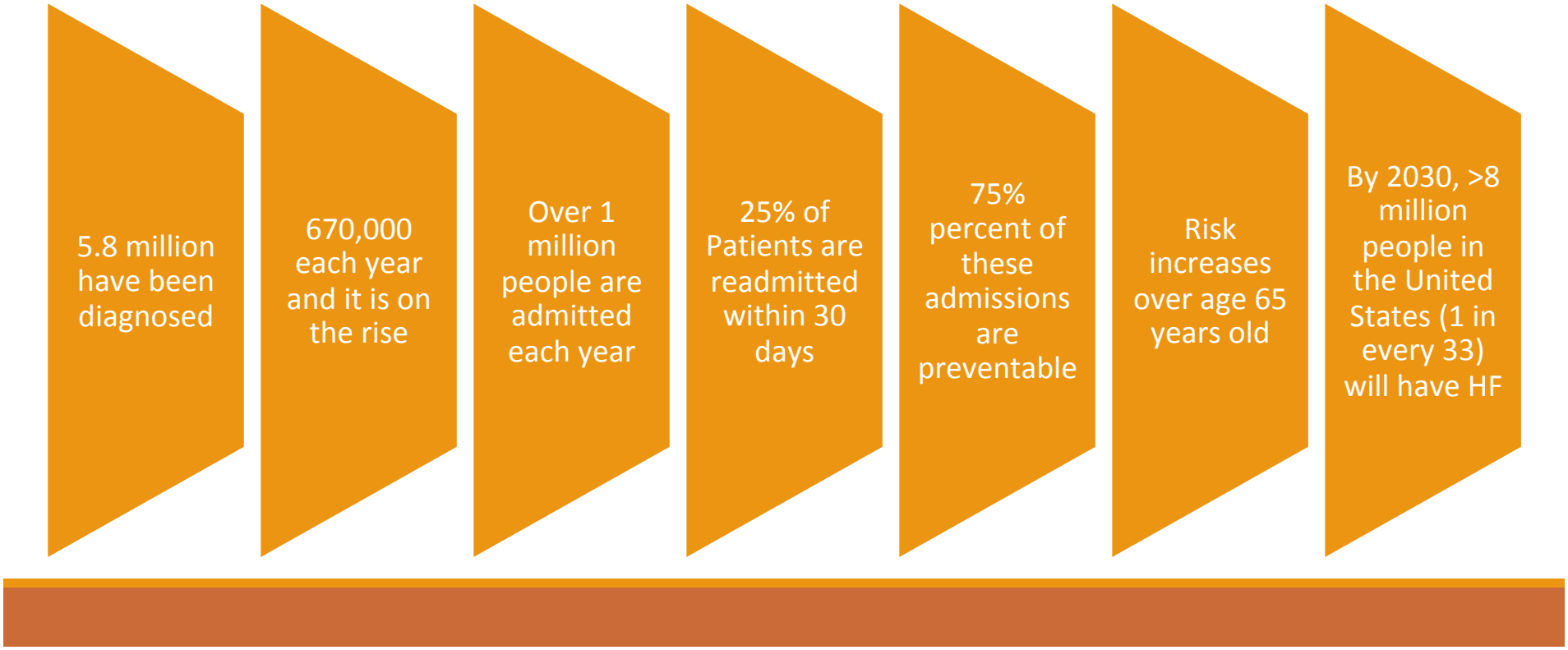
Heart Failure Statistics



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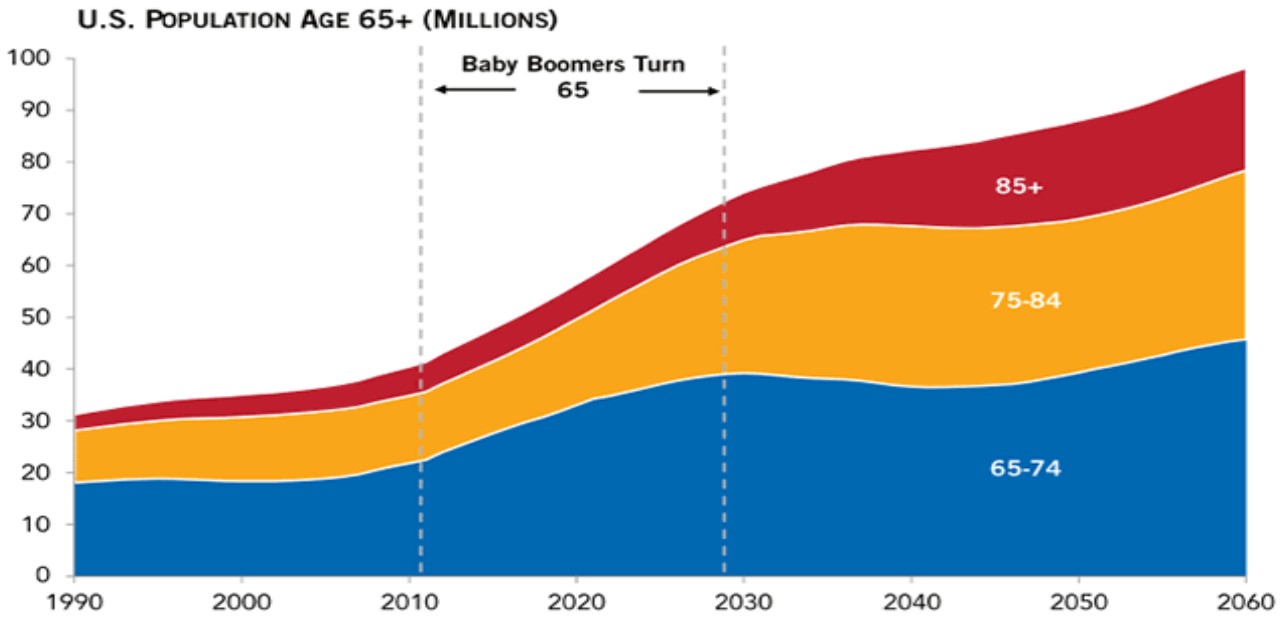
All segments of the elderly population are growing rapidly



SOURCE: U.S. Census Bureau, *National Intercensal Estimates*, and *2014 National Population Projections*, December 2014. Compiled by PGPF.

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Identifying the Problem

This highly concentrated spending is centered on patients >65 years of age with at least one chronic disease, heart disease being the most common

Nearly two-thirds of 30-day hospital readmissions are caused by poor discharge planning, noncompliance, lack of understanding the treatment plan, inadequate follow-up and delays in seeking treatment

Strategies to prevent HF and improve the efficiency of care are needed.

Heart Failure Program

Clinic inside the clinic- Riverside Medical Clinic (RMC)

Gap in access to care

Many patients seek care at the emergency room due to lack of understanding and confidence to handle their symptoms

RMC identified 13% of their patient population with heart failure readmit after 30 days

Initials goals for the heart failure clinic

- Improve heart failure outcomes
- Decrease hospital admissions
- Improve self-efficacy by improving patients ability to manage their symptoms
- Improve patients quality of life

Final Outcomes

- Weight : 275 lb
- Blood pressure: 142/78
- Symptoms Control:
  - Decreased SOB,
  - Decrease anxiety,
  - Decreased incident of cellulitis
  - Improved venous stasis ulcer wounds
- Hospitalizations visits:
  - No hospital visits for 1.5 years post heart failure program
- Urgent care/ Emergency room visits:
  - One ER visit for anxiety related chest pain over 1 year ago

Improved knowledge of:

- Disease process
- Diet and exercise
- Medication management
- Fluid management

Improved symptoms of:

- Fluid overload
- Obesity
- Blood sugar control
- Cellulitis and venous ulcers
- Depression

References

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