

# ANNUAL REPORT

## INTRODUCTION

N-HeFT continues to grow and expand its influence with many new initiatives. As the year comes to a close, we look forward to continued success. We welcome many new members to our network. This report provides a summary of our activities for 2005-2006 and our initiatives planned for 2006-2007. With the combined strength of the stakeholders in our network, we will continue in our success towards reaching our goal of improving the quality of care for heart failure patients and their families. Our list of stake holders includes our Executive Council, our Site Directors, Clinical Coordinators and Faculty, Continuing Medical Education with The School of Medicine at Case Western Reserve University, The Bolton School of Nursing and the Raabe School of Pharmacy at Ohio Northern University, our financial supporters in industry, our participating teams, heart failure patients and their families and many organizations who have recently joined us in collaborating on new projects that will have a direct impact on patient care.

## MISSION

The National Heart Failure Training Program seeks to educate physicians and other healthcare professionals in best practices for treating heart failure by providing both didactic sessions and preceptorships through its network of heart failure centers across the country.

## PURPOSE OF THE NETWORK

The purpose of this national network is two-fold:

- Maintain and disseminate best practices in the care and treatment of heart failure
- Continuously improve the quality of the program itself as an educational delivery system with the goal of improved patient outcomes

Resources are designed to encourage and/or reinforce practice behaviors with the goal of improved quality outcomes. Newer teaching techniques are continuously being developed and implemented.

## DESIRED OUTCOMES

Physicians will implement changes in their practice to improve the quality of care of their heart failure patients. Participants will identify 3 areas for change in their practice. N-HeFT host sites will facilitate 3 discussions with the participating sites within 90 days to monitor the progress of the areas identified for change.

## ACCOMPLISHMENTS

### *N-HeFT Host Summary*

Last year we redesigned our web site, taped our primary care core curriculum for the web, designed the Heart Failure Advocate Training with specialized curriculum, developed training for hospice groups, and implemented a number of initiatives to disseminate best practice heart fail-

ure education. Last year we provided 25 trainings. We have eleven confirmed scheduled trainings for this year and several that are in the process of being scheduled.

### ***Evaluation Summaries***

Participants complete a detailed evaluation survey at the end of each training that asks them to rank individual components of the training day as well as their overall impression of the training. Surveys are scored using a 5-point Likert scale with 1 labeled as strongly disagree and 5 as strongly agree. The group average is 4.7/5 overall. Since the goal is changing practice, we focus on documented plans to change practice. A sample of the types of changes mentioned is listed below.

### ***Sample comments***

At the end of each training participants are asked what they will **change in their practice**. Sample comments focused on areas of desired change include: increasing collaboration with cardiologists, closer monitoring of medications, improving medication management and patient and family education, creating simple tools for patients that explain information about medications that will help them take medications as prescribed, uptitrating ACE's/ARB's and Beta blockers, watching more closely for risk factors, avoiding over, using PCOSS order sets, feeling more comfortable as primary care managing heart failure patients, investigating more aggressive treatment for anemia, following up after discharge, using home telemonitoring, utilizing HFSA, AHA/ACC guidelines as program standard, feeling more connected to the team, referring for transplant earlier, using information to follow heart failure patients in an outpatient setting, accomplishing a heart failure specialty unit, administering BNP on admission and prior to discharge.

They are also asked what is **most valuable**. Sample comments include: information on self care, the role of The HF Advocate, survival percentages of patients taking appropriate medications, the review of protocols, pharmacologic therapy, the discussion of actual cases, interaction with clinical specialists, pathophysiology, newer therapies, touring the heart failure unit, questions and answers, seeing LVAD and transplant patients, establishing a relationship with the team for future patient referrals, discussing non-surgical patients, assessment pieces.

## **Curriculum Development**

### **N-HeFT Online**

### ***Conferences***

N-HeFT staff held individual and group meetings at the Heart Failure Society of America (HFSA) in September, The American Heart Association (AHA) in November, and the American College of Cardiology (ACC) in March. These meetings provided an opportunity to share ideas and resources. N-HeFT staff also used these opportunities to market the program. The annual meeting provided an update of the year and an opportunity for faculty development. We invited Ann Kelson, Faculty Emeritus at Southern Illinois University School of Medicine, to facilitate our workshop as we explored problem-based learning for N-HeFT. She worked closely with Dr. Howard Barrows for 15 years, and was responsible for curriculum design, faculty development and the design of assessment systems prior to her retirement and has provided consultations, presented papers and held workshops nationally and internationally.

### ***Web site links to N-HeFT***

Host sites were encouraged to add links to N-HeFT on their local sites if they have not already done so. New links were added by the University of Colorado and The Women's Health Initiative.

## **PARTNERSHIPS**

### **CHP**

Co-Investigators for The Catholic Healthcare Partners (CHP) Heart Failure GAP Partnership, which has been ongoing since October 2003, recently presented abstracts at the annual meetings for HFSA and AHA. N-HeFT has played an integral role in the partnership and contributed to the success by removing local and health system barriers and monitoring the outcomes. The project is well on target to reach its identified goals along with efforts to implement a dissemination and sustainability plan that expands beyond the project.

### **Advocate Summary**

Within its framework of 30 host sites across the nation, N-HeFT is well-poised to disseminate the HF Advocate role. Working closely with GAP partners and the current HF Advocates, N-HeFT leadership has evaluated the training provided to the HF Advocates and made adjustments based on the feedback received. Two hospitals within the Catholic Healthcare Partners Mercy System in the Cincinnati area have hired their HF Advocates with one more planned. They attended training in May which focused on the clinical aspects of their position. Based on feedback received from current advocates, we have strengthened the training and reinforced areas of perceived weakness such as end of life issues and data management. We have also taped the didactic portion of the training and will post it on the N-HeFT web site serving as reinforcement as it expands our audience. We have also created a planning workbook to use in conjunction with the tools created by the pilot group. Furthermore, all five HF Advocates have offered to mentor the newly hired group. New advocates will also have access to the expertise provided by the GAP partners and members of The Ohio Heart Failure Coalition (OHFC).

### **Ohio Heart Failure Coalition**

#### *Program Description*

#### **This partnership evolved into The Ohio Heart Failure Coalition(OHFC):**

Heart failure is the number one DRG diagnosis for Medicare patients and the single most common reason for hospitalization in the older population. The past decade has witnessed a wealth of new information. Organizations around the state of Ohio have sought to determine management techniques and patterns of implementation that appear to be particularly effective; however, management of these patients continues to be a challenge. This challenge calls for a statewide collaborative among organizations; simultaneously seeking to raise awareness and improve the continuum of heart failure care.

By consolidating resources and sharing best practices, the Ohio Heart Failure Coalition hopes to serve as a clearinghouse of information to both professionals and the general public, ultimately unifying expectations and reducing duplication of efforts.

**Mission:** To achieve transformational change across the continuum of heart failure care through innovative collaboration, dedicated to sharing best practices and resources:

### **Steering Committee**

The leadership committee that offers guidance and expertise to the development of the coalition includes the following organizations:

American Heart Association, Ohio Valley Affiliate

American College of Cardiology, Ohio Chapter

Case Western Reserve University

Catholic Healthcare Partners

Ohio Department of Health

Ohio Hospital Association

Ohio KePRO

National Heart Failure Training Program

### **Goals**

Increase awareness and knowledge of heart failure awareness in Ohioans

Improve health-related quality of life for people living with heart failure

Improve timeliness, efficiency, and effectiveness of heart failure care

Address socio-economic disparities in access to quality care

Increase adherence to published evidence-based guidelines

Develop capacity to monitor key quality indicators related to heart failure care and outcomes

### **Benefits of Participating for Organizations**

Exhibit organizational leadership in heart failure care and education in Ohio

Influence statewide policy for heart failure care and education

Create capacity to improve organizational performance in heart failure care

Improve communication among major stakeholders in heart failure care

Optimize organizational collaborative opportunities

### **Benefits of Participating for Individuals**

Provide a forum for professional development

Enhance knowledge of heart failure care

Increase access to latest resources for heart failure management

Optimize individual networking opportunities

### **What Participation Involves: Organizational commitment for representation at the following:**

Quarterly teleconferences

Annual planning conference

Participation in at least one work group as outlined below

Voting privileges

### **Pilot Projects**

### ***N-HeFT Adapted for Residents***

Now in its third year of the three year pilot Dr. George Kikano, Director of Family Medicine at Case Western Reserve University, and Dr. Ileana Piña completed Phase II this past year. Residents are taught using a spiraling approach over 3 years in order to build on skills gained the previous year. Response to the program is closely monitored through pre and post tests at each step. Participants are also asked to evaluate each aspect of the training. Performance is assessed by the attending faculty during their heart failure rotation in the hospital.

This joint venture between the Department of Family Medicine and N-HeFT at Case Western Reserve University is a great model for furthering our mission. First year interns learn the basics of heart failure diagnosis and management in lecture format and shadow faculty in the HF clinic. Second year residents discuss HF cases developed and presented by the heart failure faculty. During the second semester second year residents submit and present their own cases to develop diagnosis and treatment plans. In addition to the didactic sessions each year, residents spend two days in the heart failure clinic with HF faculty each semester.

Case-based learning is a key component to accomplish the learning objectives for the curriculum in the second year. Cases are used to illustrate each aspect of the training beginning with the diagnosis of HF, expanding to evidenced-based treatment utilizing national published guidelines, and then adding increasingly more complex cases. Residents are also encouraged to present and work through their own cases with peers and faculty.

All residents are scheduled in two different types of outpatient clinics: a group visit at the Cleveland VA and individual visits at the UHHS Heart & Vascular Center. Both settings utilize a multidisciplinary team approach in caring for HF patients. The family medicine residents are also encouraged to incorporate HF patients without primary care into their patient panels. In this way they can continue to co-manage HF patients with the HF specialist for the duration of their residency.

Phase III of this project begins in August 2006.

### **NEW INITIATIVES FOR 2006-2007**

- N-HeFT Online
  - Enhance the current N-HeFT web site
  - Add online CME to the N-HeFT web site
  - Add post assessments to measure outcomes to the web
  - Create web-based interactive case studies
  - Add cardiology, allied health, and electives
- Design full day specialty programs, such as Pulmonary Arterial Hypertension, Nursing Home, Home Care, and Hospice
- Partner in new projects to improve the quality of health care and disseminate to national host sites

- Develop Phase III of family medicine resident program adding HF cases for discussion
- Partner with Ohio Leaders to implement the OHIO HF Coalition (OHFC) to enhance awareness of HF in Ohio
- Roll out the HF Advocate training to hospitals outside Catholic Healthcare Partners
- Work with The VA to develop a residents training program in HF
- Implement the VNA TeleCare OHIO
- Coordinate the Think Tank for Cardiovascular Research in Women

## **FUNDING**

Achieving the goals and objectives of the N-HeFT Network with all of its activities requires a coordinated effort and substantial continuous funding utilizing government agencies, private organizations and commercial entities. N-HeFT is funded solely through educational grants. Our program combines several funding strategies that seek federal, state, local, and private money to sustain our efforts. Charitable grants, local, state and federal grants and unrestricted educational grants from outside private sources serve as resources for support. Given the current climate where funding from all sources is declining, it is increasingly important to create and implement a strong development plan.

### ***Current funding Sources***

Educational grants of various amounts from the following sources supported the program: Abbott Laboratories, Agency for Health Quality Research (AHRQ), Amgen, Estella's, AstraZeneca, CV Therapeutics, GlaxoSmithKline, Nitro Med, Honeywell, Novartis, Otsuka, and The Women's Health Initiative. The following additional companies have committed to supporting the program in the 2006-2007 year: Actelion, Astellas, Honeywell, Kos Pharmaceuticals, and Medtronic. Acceptance of funding in support of this program does not constitute endorsement of any product or manufacturer. We have also submitted proposals to several other potential funding sources.

### ***Funding goal***

To obtain the financial support necessary to maintain current program goals and finance pilot projects that will expand the target audience as well as improve patient outcomes by utilizing diversified revenue strategies to combat resource dependence.

### ***Funding Strategies***

- I. To obtain a solid foundation of funding from multiple sources
  - Ongoing research of funding sources
  - Continuous submission of proposals to funding sources
  - Securing substantial renewable grants to support operations
- II. To track all funding efforts

### ***Budget***

Our budget for 2005-2006 is \$ 616,345. A detailed budget is available. The budget includes new initiatives in addition to 50 live trainings.

- Disseminating HF Advocate training \$5000 per training totaling \$50,000.
  - Developing, taping and posting ten new online modules at \$56,500.
  - Supporting the Think Tank for Cardiovascular Research in Women \$20,000
- Family Medicine pilot phase I and phase II at the cost of \$26,000

## **STAFF**

To reach our goals we hired a part time Development Specialist, Eva Allen, MSW. We also reorganized and added an N-HeFT manager to oversee the web site, our tracking database and our marketing efforts as well as to assist Dr. Pina. Julie Gee, NP, will serve as the lead Clinical Coordinator at the Cleveland VA.

### **N-HeFT Executive Council/Planning Committee**

#### ***Co-Directors***

Ileana L. Pina, MD

Case Western Reserve University

Cleveland, Ohio

Hector Ventura, MD

Ochsner Clinic

New Orleans, LA

#### ***Curriculum Editor-in-Chief***

Mark Dunlap, MD

MetroHealth Medical Center

Cleveland, Ohio

#### ***Executive Director***

Jeanne A Hitch, MEd, MA, LPC

Case Western Reserve University

Cleveland, Ohio

#### ***Nursing***

Kathleen Montgomery

Julie Gee, NP

Case Western Reserve University

Cleveland, Ohio

#### ***Curriculum Editorial Review Board***

Mark Dunlap, MD, Srinivas Murali, MD, Douglas Schocken, MD, Jessica Spates, PA, Ginger Conway, MSN RN CNP, Kay Blum, PhD, RN and Jeanne Hitch, MEd, MA, LPC joined in reviewing the curriculum to make sure content is current, accurate and educationally sound.