

N-HEFT NEWS



Dr. Ileana Piña
Case Western Reserve University



Dr. Hector Ventura
Ochsner Clinic

LETTER FROM CO-DIRECTORS

Dear Colleagues,

In a recent article in the American Journal of Medicine, researchers from the University of Massachusetts Medical School in Boston published a study of 2600 men and women hospitalized with decompensated HF. Their results suggest a considerable population burden with HF. In the article they warn, "Given the aging of the US population and declining national death rates due to cardiovascular disease placing these individuals at increased risk for HF during their latter years of life, increasing trends in the magnitude and morbidity of HF are likely to continue for the foreseeable future." (*Am J Med* 2005;118:728-734.)

Our N-HeFT experts continue to work tirelessly to educate physicians and their teams to manage this increasing burden. We have included an article written by Rebecca Boxer, MD, with a focus on the older HF patient.

As we end the 2004 program year and begin 2005, we share

a summary of our annual report as we plan for the future. A quick scan of our activities highlights the breadth and depth of our influence as we continue to explore new ways to expand best-practice medicine. Our full annual report can be found on our website in the news section.

We are piloting new projects in medical school and residency programs that utilize the expertise and format of N-HeFT. We are also involved in a university scholars program and collaborative that have the potential to change the paradigm of chronic care. N-HeFT offers leading edge medical education at many levels to touch specialists, generalists, students and every member of the team. We plan to expand our format to include online curriculum that will allow us to customize our training further.

We offer continuing education credits for physicians, family medicine, pharmacy and nursing. We will soon gather at na-

tional meetings to share our wealth of resources to improve the content and delivery of our curriculum. This year we will incorporate problem-based learning in our preceptorship and will further update and revise our modules to meet the changing needs. We continue to look for a diverse array of financial sponsors.

As we move into a future of an expanding population of HF patients, we continue to seek new ways to meet their needs and measure our outcomes. We are as deliberate in our educational process as we are in the diagnosis and treatment of heart failure. How do we change the practice of medicine? Given the increasing demands on health care professionals, how do we not?

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site?

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on your web
site.

N-HeFT Planning Meetings

Amelia Island

Everyone is welcome to attend a curriculum working meeting that will take place on Friday, July 15, from 2:00-4:00 in the speaker workroom at The Amelia Island Conference Center. Small groups will gather to fine tune current cardiology and elective modules and discuss ideas for new topics to add. We will continue to review and revise all the curriculum in the next year. If you have any suggestions as you teach various modules, please email them to nheft@case.edu and we will forward them to the editors.

HFSA

Annual N-HeFT Meeting: Please join us to discuss the past and future of N-HeFT and learn about problem-based learning from an expert in the field. Saturday, September 17, 2:00-4:00 at the Boca Raton Resort. The executive board will meet in the same room from 1:00-2:00 to be followed by the general meeting for directors, coordinators and faculty. Watch for your invitation via email. If you don't receive your invitation by July 22, let us know at nheft@case.edu. Please respond to let us know if you will attend or not so that we can make arrangements.

Albany Medical Center

Edwin Philbin, MD

To Be Announced

Case Western Reserve University

Ileana Piña, MD

Kimberly Huck, ND, RN

Duke University Medical Center

Christopher O'Connor, MD

Laura Gaulden, RN

Emory University Hospital

Andrew Smith, MD

Pam Pursley, RN, CCRN, MN, ANP

Midwest Heart Specialists

Maria Rosa Costanzo, MD

To Be Announced

Ochsner Clinic

Hector Ventura, MD

Patricia Uber, PharmD

N-HeFT Summary: Annual Report 2004

Introduction: In the past year N-HeFT has made great progress towards its mission of disseminating best practices of heart failure care. Many activities initiated in 2004 have reached fruition. With the combined strength of all the stakeholders in our network, we will continue in our success towards reaching our goal. We take this opportunity to thank all of our stakeholders including our executive council, site directors, clinical coordinators and faculty, our sponsors: Continuing Medical Education, The School of Medicine and The Bolton School of Nursing at Case, the Raabe School of Pharmacy at Ohio Northern University, The American Academy of Family Physicians, our financial supporters, our participating teams, and most of all our heart failure patients whose numbers continue to increase.

DESIRED OUTCOMES: Physicians will implement changes in their practice to improve the quality of care of their heart failure patients and will identify three areas for change in their practice. N-HeFT host sites will facilitate three follow-up discussions with the participating sites to monitor progress in the areas identified for change.

Accreditation: We now offer continuing education credits in the following disciplines:

The Case School of Medicine -AMA Physician's Recognition Award 7 category 1 credits

Bolton School of Nursing at Case- 8.4contact hours

Raabe College of Pharmacy at Ohio Northern University -7 contact hours

The American Academy of Family Physicians-7 prescribed credits

N-HeFT Host Summary: Fifty-five trainings at 13 different sites have been completed since the last annual report. Detailed evaluations of trainings averaged 4.5/5. Sample plans for changing practice include the patient work up, medication use, documentation, patient education, evaluation and revision of the steps in the process of care for the HF patient.

Responses concerning most valuable aspect of the program mentioned small group size, personalized hands-on approach, current education on research, review of guidelines and medication uptitration, clinical experience and the opportunity to interact with experts.

STAFF: We added 19 clinical coordinators. Dr. Alfred Bovè became director at Temple University, Dr. Hector Ventura interim director at Ochsner and Dr. Philip B. Adamson joined as director of Oklahoma Cardiovascular Associates.

Curriculum Development: *Website:* The website is under continual review and updated as needed. This year objectives were added to all posted modules. New modules: Overview of Heart Failure, Patient Education and Psychosocial and Quality of Life Issues. Revised Modules: Pathophysiology, Clinical Assessment and Approaches to Therapy. Resources: Patient Education Booklets, Quality tools, forms, and the quarterly newsletters.

Marketing: *Newsletter:* The quarterly newsletter provided program updates and information about the sites and other educational opportunities they sponsored. Both primary care and cardiology brochures were updated and disseminated. N-HeFT staff met at HFSA, AHA, and ACC conferences to share ideas and resources and market the program. We added new links to sites on the web and sent out personal invitations.

Partnerships *Catholic Healthcare Partners (CHP):* N-HeFT has played an integral role in CHP Heart Failure GAP Partnership since it began in October 2003. They included N-HeFT in national publications and presentations at Scientific Sessions. Advocates placed in six CHP hospitals focus on improving HF care within their system by enhancing coordination of care after hospitalization resulting in reduction of mortality and hospitalizations.

Pilot Projects: *Case Medical School :* Working with a core team of undergraduate medical students and residents, Dr. Ileana L. Piña thoroughly integrated the latest evidence in heart failure diagnosis and treatment into the Case undergraduate medical curriculum working collaboratively with multidisciplinary faculty from Case and the N-HeFT sites to develop outcomes-based training for HF throughout the four year program.

Family Medicine at Case : Dr. George Kikano, Director of Family Medicine at Case and UHHS, and Dr. Ileana Piña, Director of the Heart and Vascular Center at University Hospitals of Cleveland, are working jointly with faculty from both disciplines to thoroughly integrate the latest evidence-based HF training into the three year curriculum for family medicine. The pilot, which involves didactic and clinical assessment of performance measures, is divided into three phases. Phase I was successfully completed; phase II and III are under development.

Would you like
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your site?
Contact the
National
Headquarters.
We will do it for
you!

nheft@case.edu

N-HeFT Summary: Annual Report Continued

Industry Training: The national office hosted customized training for industry to provide evidence-based information on diagnosis and treatment of heart failure. Volunteer patients enriched the training by discussing their personal journey.

Budget: Funding: We added two new sources of funding to help defray program costs and will continue to seek diverse sources of financial support for our standard training as well as our many initiatives designed to further our mission. Our current sponsors include Abbott Laboratories, AstraZeneca, CV Therapeutics, GlaxoSmithKline and SCIOS.

Sample initiatives for 2005

- Enhance the current N-HeFT website and add online CME
- Review and update all curriculum, and add new modules for non-physicians
- Continue to strengthen the site network by adding and training new sites in underserved areas
- Further develop and disseminate pilot projects to spread best practices

Mission Statement

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

Heart Failure and Older Patients

By Rebecca Boxer, MD

Heart failure is a major public health problem and the greatest burden in the older adult population. The increased prevalence of coronary artery disease and hypertension with advancing age is the primary cause of this phenomenon. Better treatment, improved survival, and the chronicity of heart failure also result in an older cohort with the disease.

The demographics of heart failure change in an older population. There is a greater prevalence in women than men. Hypertension plays a greater role than coronary disease, and preserved systolic function is more common. Patients often have multiple co-morbidities which complicate care. The combination of different demographics in this subset of the population and limited evidence based recommendations makes treatment more difficult.

Care for older patients with new onset heart failure or exacerbation can also be more complicated due to an atypical presentation. Frequent falls, confusion, or loss of appetite may be the only symptoms of decompensation. These patients can be without complaints of shortness of breath, orthopnea, or chest discomfort, but have greatly limited their physical activity and ability to perform activities of daily living. Physical signs can be clouded by other co-morbidities and make an exacerbation less obvious such as lower extremity edema from vascular insufficiency and pulmonary rales from chronic lung disease. The index of suspicion for heart failure should be high in patients with risk factors and atypical symptoms.

In general, older adults are under-treated for heart failure. This is not a new issue in the care of older adults where under-treatment has been found for other morbidities. Treatment guidelines should be applied to these patients with careful attention to co-morbid conditions and frequent monitoring. Education on disease management including medication adherence, weight monitoring, and diet restrictions is best provided to both the patient and caregiver. Patients should be provided with a heart failure management plan that is tailored for each patient's particular physical and social limitations.

Discussion of end of life issues and advanced directives is becoming increasingly important with older heart failure patients. Advancing technology of life-sustaining treatment with device implantation needs to be carefully considered and reviewed with the patient before being pursued.

[Oklahoma Cardiovascular Associates](#)

[Philip B. Adamson, MD, FACC](#)
[To Be Announced](#)

[South Florida Medical Institute](#)

[Gervasio Lamas, MD](#)

[Parandeh Alashti, PA-C](#)

[St Louis University](#)

[Paul Hauptman, MD](#)

[To Be Announced](#)

[St Luke's Episcopal Hospital](#)

[Reynolds Delgado, MD](#)

[Kimberly Albright, RN, MSN, APRN-BC.](#)

[Temple University Hospital](#)

[Alfred Bové, PhD, MD](#)

[Judith Moore, RN, BSN](#)

[Tufts New England Medical Center](#)

[David DeNofrio, MD](#)

[University of California San Diego Medical Center](#)

[Barry Greenberg, MD](#)

[Marcy Sagerian, RN, MSN, NP](#)

[University of California San](#)

[Francisco Medical Center](#)

[Theresa DeMarco, MD](#)

[To Be Announced](#)

[University of Cincinnati](#)

[Lynne Wagoner, MD](#)

[Ginger Conway, MSN, RN, CNP](#)

[University of Iowa Health Care](#)

[Ron Oren, MD](#)

[Carla Pies, RN, MSN](#)

[University of Kansas Hospital](#)

[Charles Porter, MD](#)

[Christy Russell, RN](#)

[University of Maryland School of Medicine](#)

[Stephen Gottlieb, MD](#)

[Kay Blum, PhD, CRNP](#)

[University of Minnesota](#)

[Leslie Miller, MD](#)

[Khris Monson, RN](#)

[University of New Mexico](#)

[Robert Taylor, MD](#)

[Elizabeth Shepherd, RN](#)

N-HEFT SITE VISITS!

University of North Carolina

Kirkwood Adams, MD

Valerie Johnson, RN
Jana Glotzer, RN, MSN, CCRN, ACNP

University of Pittsburgh Medical Center

Srinivas Murali, MD

Jessica Spates, PA

University of Rochester

John Bisognano, MD

Sheila McCart

University of South Florida

Douglas Schocken, MD

Mary Ann Yarborough, RN

University of Southwest Texas

Clyde Yancy, MD

Brenda Thompson, RN, MS, CCRN, CNS

University of Washington Medical Center

Carol Buchter, MD

Mary Stout, NP

Washington University

Gregory Ewald, MD

Cindy Pasque, RN



What's happening at our sites?

Congratulations!!! Our visits are expanding daily. We plan to add 6 more sites to cover the west, northwest, midwest, central, northeast and southeast.

Contact us if you need help marketing.

Dates not yet confirmed

Emory University Hospital, Temple University Hospital, and the University of Minnesota are working on setting mutual dates with participant groups for site visits.

Completed site visits this quarter.

Case Western Reserve University– April 13

Participant– MedCentral & CHP Heart Failure Advocates

May 10

Participant– Reading Hospital and Medical Center

June 3

Participant– CHP Physician Champions

July 1

Participant– Abbott Laboratories, Inc.

Tufts New England Medical Center

April 26

Participant– Heart Center of Metrowest

Temple University Hospital

May 12

Participant– Girgis Family Practice

June 9

UMDNJ Family Practice

University of California San Diego

April 21

Participant– Temeula Valley Cardiology

University of Maryland Medical Center– June 28

Participant- Holy Cross Hospital

University of North Carolina

May 4 & 5

Participant– Asheville Veterans Administration Medical Ctr.

May 18 & 19

Participant– Pitt County Memorial Hospital

University of Washington Medical Center

May 20

Participant– The Cardiologist Group

Upcoming Scheduled visits

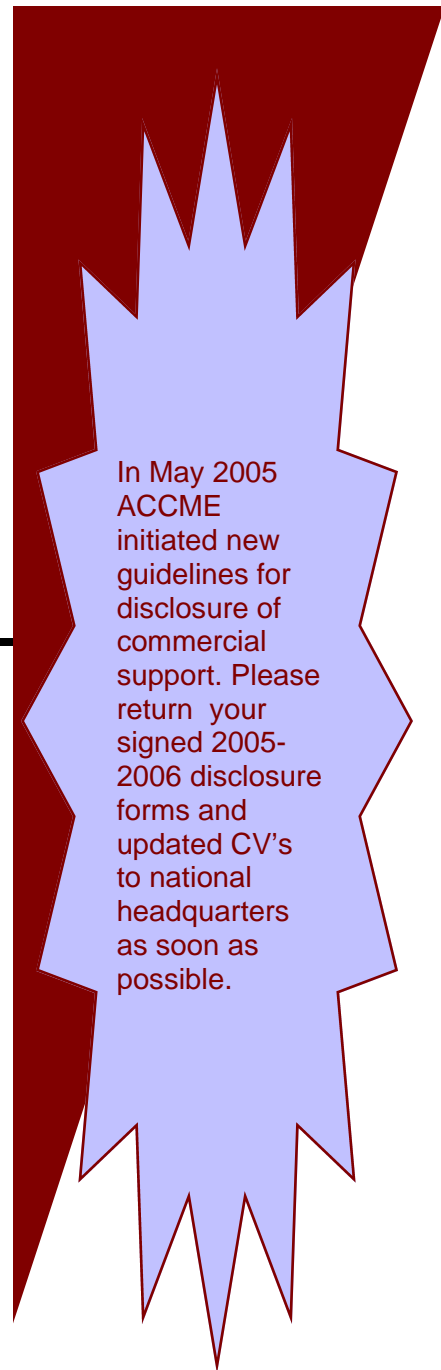
Residency Pilot– September 27
Participant– UHHS Family Practice Third Year Residents

August 2

Participant– UHHS Family Practice Second Year Residents

August 30

Participant– UHHS Family Practice First Year Residents



Website Update

We have added a short survey to determine the interest in online CME. Take a moment to visit the site and respond with your ideas. Click on welcome to N-HeFT "About the program" in either cardiology or primary care.

In the last 2 months we had 3050 visits to our site. 237 cardiology brochures were downloaded, 107 primary care brochures and 33 applications. Visitors are downloading our patient education booklets and tools. Look for the full annual report in the news section. What else would you like to see on the web for our visitors? Let us know.

CME Accreditation Approval

The American Academy of Family Physicians CME Accreditation Department and the Commission on Continuing Medical Education have determined approval for AAFP CME credit for The National Heart Failure Training Program. The activity has been reviewed and is acceptable for up to 7.0 prescribed credits by the American Academy of Family Physicians.