

N-HEFT NEWS



Dr. Ileana Piña
Case Western Reserve



Dr. Hector Ventura
Ochsner Clinic

Greetings to everyone. As research continues to lead us down new paths of scientific and clinical knowledge, we continue to explore better ways to apply that knowledge to practice and to improve the way we deliver our own educational model: N-HeFT.

Research has shown that success in managing heart failure requires multi-disciplinary teams across the continuum who actively engage the patient and caregivers in the treatment plan. In response, we continue on our journey to offer education for providers at each point of care through all four stages of HF.

Our accredited Home Care Program has reached seven agencies in nine sessions with 240 medical professionals since February, 2007. Credit is also available for physical and occupational therapists through April 2008.

N-HeFT is also working on a

special project with the VA to improve quality at its outpatient centers. Faculty travel to the C-BOC to offer N-HeFT *Live* on site. Following a morning didactic session, N-HeFT faculty work alongside with participants' own patients in the VA clinic. Faculty monitor charts and offer evidenced-based guidance. In the next few months our hospital program will be available.

To better meet the needs of our expanding audience for a versatile delivery system, we are also restructuring our program to allow more freedom to select individual courses. We have recently obtained nursing accreditation for 36 individual courses offered through N-HeFT *Live*.

Our website has had 5000 visitors in the last ten months and that number is increasing steadily. We are ready to take the next step and offer CME for N-HeFT *Online*. New and updated presentations will be offered for credit on N-HeFT *Online*. Faculty will participate in a three day taping session in July. We are in the process of obtaining funding to develop this important next step.

We are happy to announce our newest member of the N-HeFT network - The University of Utah Health Sciences Center and the VA Salt Lake City Health Care System. The proof of their commitment to excellence in education, research, and clinical care is evidenced by their selection as one of America's best hospitals by U.S. News & World Report for the last thirteen years. Dr Stehlik, Director of the Heart Failure and Transplant Programs, received his medical degree from Charles University in Prague, completed his residency and a fellowship at Hahnemann University, Pittsburgh, PA, and Cleveland Clinic Foundation, Cleveland. He also earned an MA and MPH at Harvard School of Public Health, Boston. His interests include heart failure and cardiac transplantation.

N-HeFT Live Update

Summary

To date N-HeFT *Live* has hosted 97 trainings educating more than six hundred participants: 65 in primary care and 32 in cardiology. Since July 2006, we have completed 37 sessions with 14 pending. Below is a list of programs completed so far.

2007 Trainings

Case Western Reserve University-

- 6/28/06 Hospice of the Western Reserve
- 8/10/06 Community Health Partners
- 12/14/06 Shashi K. Agarwal, MD
- 1/25/07 Albany Medical Center Hospital

- 2/6/07, 2/7/07 Lorain CBOC, V.A.
- 8/1/06, 9/26/06, 10/26/06, 2/13/07 UH Family Practice First, Second and Third Year
- 3/21/07 UH Richmond Medical Center
- 2/28/07, 3/15/07 Union Hospital
- 3/8/07 Putnam County Home Care and Hospice
- 3/13/07 Community Health Professionals, Inc.
- 3/29/07 VNA of Mid-Ohio
- 4/10/07 Home Reach
- 4/12/07 Genesis Home Care
- 4/19/07, 4/26/07 VNA Healthcare Partners of Ohio

Northwestern University

- 7/6/06 Medicine LTD.

Tufts N. England Medical Center

- 2/12/07 Catholic Medical Center/New England Heart Inst.
- 3/28/07 New England Quality Care Alliance

University of California San Francisco

- 7/17/06 UC Davis Medical Center Sacramento
- 08/28/06 Northstate Cardiology Consultants
- 1/22/07 University Medical Center

University of Maryland

- 1/24/07, 1/25/07 Otsuka Pharmaceuticals

University of North Carolina

- 9/20/06 Carilion New River Valley Medical Center

- 5/16/07 Heritage Hospital

UT Southwest Medical Center

- 9/15/06 Arlington Memorial Hospital
- 4/16/07 Monroe Clinic
- 4/26/07 University of Mississippi Medical Center
- 5/18/07 St. John Heart Institute

University of Washington Medical Center

- 1/9/07, 2/6/07 Good Samaritan Home Health Hospice
- 4/17/07 Inland Cardiology

Training Sites**Albany Medical Center**

Edward Philbin, MD

Allegheny General Hospital

Srinivas Murali, MD

Jessica Lazar, PA

Baylor University Medical Center

Clyde Yancy, MD

Mae Centeno, MS, RN,
CCRN, APRN, BC**Cardiovascular Consultants, Directors of Mid America Heart Institute**

Andrew Kao, MD

Felicia Menefee, RN,
MSN, CS, M-SCNS, ANP**Case Western Reserve University**

Ileana Piña, MD

Julie Gee, RN, MSN, CNP

Duke University Medical Center

Christopher O'Connor, MD

Emory University Hospital

Andrew Smith, MD

Rita Mehlan, RN, MSN, NP

Georgetown University Hospital

Leslie Miller, MD

Midwest Heart Specialists

Maria Rosa Costanzo, MD

Northwestern University

William Cotts, MD

Kathleen Grady, PhD, RN,
FAAN**Ochsner Clinic**

Hector Ventura, MD

Moriah Richie, PA

Oklahoma Cardiovascular Associates

Philip Adamson, MD

Quality Corner

By Ileana Piña, MD

“Reducing Heart Failure Hospitalizations and Readmissions with Heart Failure Advocates - A Call to Action for Nursing”

An abstract highlighting the results of the N-HeFT collaboration with Catholic Health Care Partners presented at the American Heart Association Quality Conference in Washington DC by Don Casey, the principal Investigator for the GAP project, highlights the role of N-HeFT as a resource to improve quality outcomes. The study found that nurses specially trained to promote guideline-based care can result in significant reductions in both HF hospitalizations and associated costs. These nurses were trained to be heart failure advocates through a special program developed by N-HeFT members: Kay Blum, PhD, CRNP, Ginger Conway, MSN, RN, CNP, Kimberly Huck, ND, and Jeanne Hitch, MEd, MA, LPC.

Six Heart Failure Advocates (HFA) were deployed in six different Catholic Healthcare Partners (CHP) hospitals beginning in 2004. Their training included evidence-based approaches to medication adherence (ACE-I & β Blockers), development of new skills and extensive patient-centered care coordination with special emphasis on post discharge follow up, communication with physicians, patients, and families to promote self-management; leadership and organizational skills, such as creative problem solving and conflict resolution. Patients under the care of the HF Advocates experienced a 66% reduction of hospitalizations with a reduction of 41% in all-cause 30-day readmissions compared to controls. Days without any readmissions (469) doubled in the post-enrollment period days compared with pre-enrollment period (211). 30-day all-cause readmission rate for HFA-enrolled patients consistently ranged between 1%-10%, compared to national readmission rates of 20%. Hospital costs were also 10-15% lower for the HFA cohort. The study found that disease management, coordinated by specially trained nurses, can make a significant impact on patient outcomes. It is most effective in combination with the comprehensive training and strong support of hospital administration and physician champions.

Presenter Information: Donald E Casey Jr., Atlantic Health, Morristown, NJ; William T. Abraham, Ohio State Univ, Columbus, OH; Lin Guo, Xavier Univ, Cincinnati, OH; Jeanne Hitch, Case Western Reserve Univ, Cleveland, OH; Kim Miller, Catholic Healthcare Partners, Cincinnati, OH; Margaret W. Namie, Mercy Health Partners, Cincinnati, OH; Ileana Piña, Case Western Reserve Univ, Cleveland, OH; Richard Snow, Applied Health Services, Columbus, OH.

Mission Statement

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.

Acknowledgements

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Upcoming Conferences

The University of North Carolina invites physicians and other health care professionals who care for patients with heart failure to attend **Heart Failure Management: Established Therapy and New Frontiers** on July 12-15, 2007.

This course is designed to provide a review of both the evolving strategies and newer approaches and will examine issues confronting providers who are managing patients with confirmed or suspected heart failure and help them in the decision-making process.

Think Tank Update

By Eileen Hsich, MD

The understanding of cardiovascular disease (CVD) has evolved rapidly over the last few decades with many advances regarding the recognition that sex-differences exist. However, there are still considerable gaps in knowledge regarding sex-differences in pathophysiology and optimal medical/surgical therapy. The Think Tank was organized to address these concerns and to stimulate research for women with CVD. The purpose of the Think Tank, co-directed by Drs. Eileen Hsich and Ileana Piña (Case Western Reserve University), is to identify areas where cardiovascular research for women is lacking, to become an active voice for adequate representation of women in clinical trials and prospective reporting of sex-specific data, and to work together to improve knowledge regarding sex-based differences and apply that knowledge to improve cardiovascular care for women. Participants include nationally recognized cardiologists, cardiothoracic surgeons, and scientists.

To date the Think Tank members have convened four times since their initial roundtable held in February 2006. The fourth roundtable, held on March 24, 2007, at the American College of Cardiology annual meeting, was dedicated to choosing research topics and discussing how to improve sex-specific reporting of data in medical journals.

All Think Tank participants agree that available evidence suggests that there are major differences between women and men regarding CV disease and that research is needed to make discoveries that will positively impact an over burdened public health system.

CVD, the #1 killer of women in the U.S., leads to more deaths than uterine and breast cancer combined. In contrast to men, mortality and hospitalizations for women with heart disease continue to increase. Aspects of the pathophysiology, epidemiology, and medical/surgical therapies that may be unique to women remain poorly understood. Despite known differences in outcomes between women and men [1], few studies have addressed these sex-differences. Furthermore, women are often underrepresented in research and trials that do include women often fail to analyze the results by sex except post-hoc. Research about CAD in women is

desperately needed.

Heart Failure (HF) remains the number one DRG diagnosis for Medicare patients who are hospitalized, substantially impacting healthcare resource utilization and cost in the US. Approximately 2.6 million of HF patients are women [2]. For more than a decade, more women have been hospitalized with HF than men. Furthermore, women are twice as likely as men to develop HF after a MI or revascularization as their male counterparts. In spite of the prevalence and significant morbidity seen in women, they are still under-represented in most HF trials. Furthermore, women are more likely than men to have HF with preserved systolic function [3,4] and little is known about this disease since clinical trials have focused on HF with impaired systolic function. Therefore, the importance of understanding the pathophysiology and sex differences in the presentation, diagnosis, therapy and prognosis needs to be fully explored.

After much study, analysis, and discussion in an intense effort to uncover a “unifying” theme, the group found it impossible. In fact, the heterogeneity of presentations emerges as the only “thread” that joins CV disease in women. New prospective studies need to be designed and sex specific data from ongoing multi-center studies need to be obtained.

1. Rosamond, W., et al., *Heart disease and stroke statistics–2007 update: a report from the American Heart Association Statistics Committee and Stroke Statistics Subcommittee*. *Circulation*, 2007. **115**(5): p. e69-171.
2. Owan, T.E., et al., *Trends in prevalence and outcome of heart failure with preserved ejection fraction*. *N Engl J Med*, 2006. **355** (3): p. 251-9.
3. Bhatia, R.S., et al., *Outcome of heart failure with preserved ejection fraction in a population-based study*. *N Engl J Med*, 2006. **355**(3): p. 260-9.

Training Sites Cont'd.

Rush University Medical Center

Stephanie Dunlap, DO

South Florida Medical Institute

Gervasio Lamas, MD
Parandeh Alashti, PA-C

St Luke's Episcopal Hospital

Reynolds Delgado, MD

St. Vincent Hospital

Mary Norine Walsh, MD

Temple University Hospital

Alfred Bové, PhD, MD
Judith Moore, RN, BSN

Tufts New England Medical Center

David DeNofrio, MD
Linda Ordway, RNC, MS, ANP

University of California San Diego Medical Center

Barry Greenberg, MD
Geoff van den Brande BA
BSc RN

University of California San Francisco Medical Center

Theresa DeMarco, MD
Amanda Brown, E.M., RN,
MS, CNS

University of Cincinnati

Lynne Wagoner, MD
Ginger Conway, MSN, RN,
CNP

University of Colorado Health Sciences Center

JoAnn Lindenfeld, MD

University of Florida Health Sciences Center

Douglas Chapman, MD
Erin James, PA

University of Kansas Hospital

Charles Porter, MD
Christy Russell, RN

Training Sites Cont'd.**University of Maryland School****of Medicine**

Stephen Gottlieb, MD
Cynthia Kerr Salmond, RN, MS, CRNP

University of New Mexico

Robert Taylor, MD
Elizabeth Shepherd, RN

University of North Carolina

Kirkwood Adams, Jr., MD
Jana Glotzer, RN, MSN, CCRN, ACNP

University of Rochester

John Bisognano, MD

University of South Florida

Douglas Schocken, MD
Mary Ann Yarborough, RN

University of Washington Medical Center

Carol Buchter, MD
Alison Wynne, RN, MS, ARNP

University of Utah Health Sciences Center

Josef Stehlik, MD
A. Kirk Volkman, FNP

George E. Whalen Veterans Affairs Medical Center

Josef Stehlik, MD
Mary E. Hagan, FNP

Washington University

Gregory Ewald, MD
Cindy Pasque, RN

Clinical Coordinator Corner

By Julie Gee, RN, MSN, CNP

Welcome to our new Clinical Coordinators. They bring a wealth of experience in clinical practice research and education truly enriching the N-HeFT Program.

Mary Elizabeth Hagan, MSN, CRNP, has been the Cardiac Transplant Coordinator and Heart Failure Nurse Practitioner at the VA Salt Lake City Health Care System since 1987.

Erin James, PA-C, University of Florida, has been practicing medicine in cardiology for two years.

Rita Mehlman, RN, MN, has been the Program Coordinator, Center for Heart Failure Therapy, Emory Crawford Long Hospital, Center for Heart Failure Therapy since 1996.

Cynthia Kerr Salmond, RN, MS, CRNP, Cardiomyopathy and Transplantation Program University of Maryland Medical Center.

Geoffrey van den Brande, BA, BSc, RN, CNRN, Research Coordinator for University of California San Diego Advanced Heart Failure Program since 2006.

A. Kirk Volkman, FNP, Nurse Practitioner, Heart Failure and Transplant Program, University of Utah

N-HeFT Live Goes Home

By Jeanne Hitch, MEd, MA, LPC

Through a strong partnership with the Visiting Nurse Association, entitled TeleCare Ohio, N-HeFT has had the opportunity to spread its wings and go on the road to seven home care agencies throughout the state in a series of ten trainings. A year of preparation and hard work have culminated in this day long continuing education program entitled "Heart Failure Patients in the Home Care Setting" offered for 6.2 contact hours through the Bolton School of Nursing. The first workshop was held February 28 at Union Hospital in Dover, Ohio. To date we have offered nine programs to 234 staff at these agencies. The program has been well-received by a variety of agencies - small and large, rural and city. All staff have also been invited to schedule individual preceptorships to experience the group visit model at the Louis B. Stokes VA Medical Center. The workshop includes the curriculum listed below and is now available for home care agencies through our N-HeFT sites. We have also taped the workshop for our online allied health curriculum which will be available on our web site later this year.

- HF101: Overview of HF
- HF101: Clinical Treatment for HF patients
- Quality and Published Guidelines
- Physician-Nurse Communication
- Case Application
- Medication Management
- Patient-Centered Care
- Multi-disciplinary Approach to End of Life/Palliative Care

All participants were asked to commit to at least one change they will make in their practice as a result of the program and



submit in writing for follow up. Changes listed included plans to be more proactive in working with their patients, and making improvements in a variety of areas related to patient care such as assessment of JVP, education, monitoring patient medication, improving communication with physicians, and helping patients set goals. Sample survey comments: "Able to apply to real life." "The program gave me tools to use." "Great resources." "I'm excited!" "Would like drug cards to carry." "Would like cases online to supplement."

We look forward to disseminating the program. Please contact us if you are interested in this program.