ABSTRACT

There are 915,000 new cases of heart failure (HF) each year in the United States. Evidence-based approaches, such as the frequency of touch points and optimization of evidence-based guidelines have shown to improve outcomes. This literature review summarizes the current state of heart failure management in the primary care settings.

Keywords: 1. Heart Failure 2. Primary Care 3. Population Health

INTRODUCTION

- About 5.7 million adults in the United States have HF and about half of people who develop HF die within 5 years of diagnosis.
- Heart failure costs the nation an estimated $30.7 billion each year. This total includes the cost of care, ambulatory care, guideline adherence, medication adherence, and disease management.
- The care for the vast majority of U.S. patients with HF remains in the hands of primary care providers (PCPs) and general cardiologists.
- Previous studies have described variations in care for individuals who are diagnosed with HF who are being followed in the outpatient cardiology setting.
- A population health management model uses a team-based approach to improve the coordination of care.

METHODS

- Articles related to “primary care management of heart failure patients” or “heart failure management in the primary care practice setting.”
- Keywords used in the search: heart failure, primary care, ambulatory care, guideline adherence, medication adherence, and disease management.

RESULTS

PCP Diagnosis with the Different Stages of HF

- **Stage A:** Patient exhibits any HF symptoms
  - The classic ones include dyspnea, rales, and peripheral edema
  - Pre-symptomatic and without structural heart disease but with “conditions strongly associated with the development of heart failure”

- **Stage B:** HF symptoms but with one or more risk factors (hypertension, diabetes, obesity, and cardiovascular disease) plus structural heart disease (such as cardiomyopathy or other forms of heart remodeling)
  - This could be an incidental finding on an Echocardiogram

- **Stage C:** Symptomatic HF
  - Mostly diagnosed by hospitalist or ED physicians because patient shows up in the ED with symptoms or in PCPs office
  - PCP: order an Echo and brain natriuretic protein (BNP) lab test to confirm diagnosis

PCP Management

- Diagnose early and counsel patients based on risk factors for cardiovascular disease.
- Management of comorbidities: diabetes, sleep apnea, chronic obstructive pulmonary disease, renal failure, and others.
- Referral to cardiologist when HF is reduced to 40% or lower
  - Initiation of ACE inhibitors and beta-blockers.
  - Coordination of care for the multispecialty care that such patients usually require.
- Referral to cardiologist when HF is reduced to 40% or lower
  - Initiation of aldosterone receptor antagonist (MRA), such as, spironolactone.
  - Evaluation for implantable cardioverter defibrillator (ICD) or cardiac resynchronization therapy device (CRT).
- Need for palliative care and management of end-of-life issues.

DISCUSSION

- As the number of heart failure cases increases with the aging population, primary care practices are left with majority of the responsibility of managing and coordinating care for these patients.
- Understanding the current evidence-based approaches in primary care settings can improve management and outcomes for patients with HF.

CONCLUSIONS

- The following is needed to decrease mortality and hospital readmissions for HF patients:
  - Greater use of evidence-based guideline recommendations
  - Effective self-management support programs.
  - Interdisciplinary approach to management.
  - Improved continuity of care out of the hospital.

REFERENCES


Anna Dermenchyan, MSN, RN, CCRN-K1,2; Lynn Doering, PhD, RN, FAAN2
1Department of Medicine, UCLA Health, 2UCLA School of Nursing

Anna Dermenchyan, MSN, RN, CCRN-K
Senior Clinical Quality Specialist
Department of Medicine, UCLA Health PhD Student, UCLA School of Nursing
adermenchyan@mednet.ucla.edu