Heart Failure Management in the Primary Care Practice Setting

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Background

There are at least 5.7 million adults living with heart failure in the United States with 550,000 new cases each year (CDC, 2016). The annual healthcare costs are estimated to be in the billions. Evidence-based approaches, such as the frequency of touch points with health care providers and optimization of evidence-based guidelines have shown to decrease mortality and improve outcomes in patients with heart failure (Yancy et al., 2013). However, it is not known to what extent individuals with heart failure actually receive these interventions in the primary care setting. The purpose of this study is to summarize the current state of heart failure management in primary care settings at an academic institution.

Methods

This study is a secondary analysis of a heart failure database that is used in tracking patients who have two or more diagnoses of heart failure and have seen at one of the clinics or hospitals at UCLA Health from May 2013 to April 2018. The data elements were obtained through a registry that pulls information from the electronic health record (i.e. CareConnect). The study sample is 22,985 patients, 12,092 males (52.6%) and 10,892 females (47.4%), with a mean age of 72.8 (SD 17.2). The variables of interest were: the number of patients with an ejection fraction (EF) determination within the last year, demographic and clinical characteristics (i.e., age, gender, race/ethnicity, diagnosis of depression), and counts of emergency department (ED) and hospital admissions in the last six months.

Results

In a sample of 22,985 cases, recent (within the last year) EF measurements were identified in 10,137 cases (44.1%). Among patients who had an EF on file, differences in race/ethnicity were identified. The following race/ethnicity categories were tracked: Non-Hispanic White or Caucasian (5590, 53.7%), Hispanic (1241, 10.08%), Black or African American (1248, 9.28%), Asian (798, 7.19%), Native Hawaiian or Pacific Islander (27, 0.22%) and Other (1233, 19.50%). From the total population, 5,588 (24.3%) were admitted in the ED and 2,829 (12.3%) were admitted to the hospital in the last 6 months. Overall, 7,521 patients (33%) had at least one visit with a primary care provider within the last 12 months.

Conclusion

As the number of heart failure cases increases with the aging population, primary care practices are left with the 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 heart failure.

Title:
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Keywords:
Evidence-based guidelines, Heart failure and Primary care management
Abstract Summary:
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Content Outline:
- Background on Heart Failure
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