

HEART FAILURE

MORE MEDICARE DOLLARS ARE SPENT ON HEART FAILURE THAN ANY OTHER DIAGNOSIS AND THE STATISTICS RELATED TO HEART FAILURE ARE STAGGERING:

- Approximately five million people in this country have diagnosed Heart Failure.
- Each year, an additional 550,000 are diagnosed.
- 1.1 million acute care admissions are related to Heart Failure.
- The one-year mortality with newly diagnosed Heart Failure is high: one in five.
- The five-year survival rate is about 50%.
- The readmission rate in 2009 was 35%, which was an increase from 2008 and 2007. This diagnosis represents the most problematic diagnosis for acute care hospitals to manage and has the highest readmission rate within 30 days of discharge.
- The total health care expenditure for this diagnosis is 39.2 billion dollars.

Heart Failure is a complex disease. There are structural, functional and humoral changes that contribute to a cascade of symptoms and a progressive course. It is primarily a condition of the elderly. Eighty percent (80%) of all patients hospitalized with heart failure are greater than 65 years of age.

Heart Failure is defined as impairment in the ability of the ventricle to fill (diastolic) or eject (systolic) blood. The cardinal symptoms are dyspnea, fatigue and fluid retention. Disorders of the myocardium, pericardium, endocardium, valves and great vessels can cause Heart Failure. The majority of patients have impaired left ventricular function. The size of the ventricle can vary from normal, dilated or hypertrophied. Most Heart Failure patients show both systolic and diastolic dysfunction regardless of the Ejection Fraction (EF). EF is defined simply as the percent of blood pumped per beat compared to the total when the left ventricle was filled. An EF of less than 55% is criteria for Heart Failure. Low EF represents the greatest subset of Heart Failure patients; however, there is a small subset of patients in which the EF remains normal. These patients are referred to as Preserved Ejection Fraction Heart Failure patients.

Heart Failure is progressive, chronic and incurable. It is linked to other cardiac risk factors: hypertension, obesity, smoking, metabolic syndrome, diabetes and inactivity. Symptoms fluctuate and the patient's experience of symptoms is an excellent benchmark of the disease course. Since the trajectory of this disease is long and begins in the pre-symptom phase, the staging of the illness has been refined into four stages: A through D. In 2005, the American Heart Association and American College of Cardiology issued the first evidence-based treatment guidelines for each of these stages. After the initiation of these guidelines, there were three successive years of decline in hospitalizations. The increase in 2009 is a major focus for CMS and there is no doubt that short-term acute care hospitals will be under a great deal of scrutiny for managing these patients and preventing readmissions.

STAGE A

High Risk: Hypertension, ASHD, Diabetes, Obesity, Metabolic Syndrome

STAGE B

Structural disease – no symptoms

STAGE C

Structural disease with current or previous symptoms

STAGE D

Refractory – requiring specialized interventions



OUR HOSPITALS ARE PART OF SELECT MEDICAL'S NETWORK OF MORE THAN 100 LONG-TERM ACUTE CARE HOSPITALS.

HEART FAILURE

(CONTINUED)

The focus of appropriate management is the implementation of all of the medications appropriate to the stage of Heart Failure, controlling predisposing factors, diet and sodium control, and lifestyle changes especially smoking cessation. The medication regimens are complicated and have side effects that make compliance difficult. The lifestyle changes are just as challenging, considering that these are generally elderly people with years of contributing habits. The difficulty in patient compliance contributes to the high readmission rate and the enormous dollars spent on this diagnosis.

An Inpatient Heart Failure Program can provide the intense education, physical exercise program, medication management and titration that best positions the patient to be successfully maintained in the community. Select Specialty and Regency hospitals provide a structured Heart Failure Program. This is accomplished by a skilled team led by a physician and including nursing, respiratory therapy, physical therapy, occupational therapy, dietary and pharmacy. The goal at the time of discharge is to have the patient and his or her family knowledgeable and competent to monitor symptoms and carry through with the medication, lifestyle, activity and diet plan. Appropriate referrals to outpatient programs and primary care physicians are made at the time of discharge. The Select Specialty and Regency Hospital Heart Failure Program is designed to be about a 20-day program.

An Inpatient Heart Failure Program referral should be considered when:

- Heart Failure is an initial diagnosis and the patient needs to be evaluated, placed and monitored in the appropriate medication regimen, as well as the lifestyle modifications.
- The patient has recurrent admissions for Heart Failure, and compliance and tolerance is assessed as a causative factor.
- The patient has complicated social support issues that are assessed as likely to contribute to non-compliance and recidivism to the acute care hospital.

When selecting an Inpatient Heart Failure Program, consideration should be given to:

- The need for daily medical assessment
- The skill level of the clinical team: Nursing, respiratory therapy, physical therapy, occupational therapy and dietary
- Monitoring and diagnostic testing capabilities

HEART FAILURE WILL CONTINUE TO ESCALATE AS A DIAGNOSIS. THE AGING OF THE POPULATION AND THE EPIDEMIC OF OBESITY, METABOLIC SYNDROME, DIABETES AND CORONARY ARTERY DISEASE GUARANTEE THE NEED FOR A MANAGEMENT STRATEGY THAT ALLOWS THE PATIENT TO DO WELL FOR AS LONG AS POSSIBLE WITHOUT A CONTINUOUS DRAIN ON ACUTE CARE RESOURCES.



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