THE ROLE OF ALLIED HEALTH IN HEART FAILURE CARE

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PRESENTER DISCLOSURE INFORMATION

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THE ROLE OF ALLIED HEALTH IN HEART FAILURE CARE

I HAVE NO FINANCIAL DISCLOSURES TO REPORT

GENERIC ORDER SETS

- ED and Direct Admit Order sets for Heart Failure
- Order sets include Ancillary Staff, nursing HF focused care plans
- Consult to evaluate and treat
- > 90% of HF patients that are admitted through the ED get these order sets
- It also helps direct HF patients to the Heart Failure Unit

CARDIAC REHABILITATION

- Phase I
  - Inpatient Education
  - Inpatient Walking post procedure/event
- Phase II
  - Telemetry Monitor
  - Clinically Supervised
  - Individualized Treatment Plan (Nutrition, Exercise, Psychosocial, Comorbidities, and Education)
  - Insurance reimbursed
  - Intensive Cardiac Rehabilitation vs Cardiac Rehabilitation
  - Certified Cardiac Rehabilitation
- Phase III
  - Insurance does not reimburse
  - Maintenance phase
  - Reserved EF Heart Failure Program

CARDIAC REHABILITATION ELIGIBILITY

- Stable, Chronic Heart Failure
- LVEF $\leq$ 35%
- NYHA class II-IV symptoms despite being on optimal heart failure therapy for at least 6 weeks
- Stable = no recent (< 6 weeks) or planned (< 6 months) major cardiovascular hospitalizations or procedures
- Typically not considered a major event: ICD, PPM, PCI, Observation status for diuresis and/or minor adjustment to meds
- Considered major event: Hospitalization for Worsening HF, LVAD, CABG
- CAD: PCI, CABG, MI(w/in 12 months), Heart Valve Replacement/Repair, Stable Angina

CARDIAC REHABILITATION ENROLLMENT

- Class I Indication for MI, PCI, CABG, chronic stable angina, and chronic systolic heart failure
- Increase Referrals
  - CAD 10% - 34% enrollment to Phase II Cardiac Rehabilitation
  - CHF 17% Attendance to Phase II Cardiac Rehabilitation
- Cardiac Rehabilitation Change Package
  - https://millionhearts.hhs.gov/tools-protocols/action-guides/cardiac-change-package/index.html
  - Goal: Increase participation to 70% of eligible patients
- Outside referral to Cardiac Rehabilitation Services

CARDIAC REHABILITATION BENEFITS

- Reduced all-cause mortality ranging from 12%-24%
- Reduced cardiac mortality from 26%-31%
- Reduced readmission rates to hospital
- A strong dose-response relationship between number of CR session and long-term outcomes
- Improved adherence with preventive medications
- Improved function and exercise capacity
- Improved mood and quality of life
- Improved modifiable risk factors

CASE STUDY

- 65 Year old Male, diagnosed with systolic Heart Failure in 2018, Echo revealed a LVEF 20%. Heart Failure physician referred patient to outpatient Cardiac Rehabilitation for 12 weeks. Exercise Rx was 20-25 minutes week 1, increasing by 10%-20% weekly when RPE, and target heart rate were with in range. Patient progressed to exercising 70 minutes at 7.0 METS and strength training. Heart Failure team did an repeat ECHO at the end of the program revealing a LVEF 50-55%. Patient continued into the Healthy Hearts Club, and exercises 90 minutes 3 days a week. He has resumed his monthly hikes on the scenic trails around Arkansas. Exercise is Medicine!

PULMONARY REHABILITATION

- COPD affects approximately one in three to one in seven of patients with Heart Failure.
- Phase I
  - Inpatient Education
  - Inpatient walking sometimes including a 6MWT
- Phase II
  - 36 sessions per referral for Medical Necessity with 72 lifetime visits
  - Individual Treatment Plan (Nutrition, Exercise, Psychosocial, Comorbidities, and Education)
  - Respiratory problem management and education
- Phase III
  - Pulmonary Rehabilitation is self pay
  - Option for Patient that have exceeded lifetime visits

PULMONARY REHABILITATION ELIGIBILITY

- COPD GOLD stages II- IV for coverage of COPD, Emphysema, Chronic Bronchitis, Bronchiectasis, Sarcoidosis, Pulmonary Hypertension, Pulmonary Fibrosis, Interstitial Lung disease, Lung Cancer, Lung volume reduction surgery before and after lung transplantation.
- Referral sent by physician treating chronic respirator disease.

PULMONARY REHABILITATION BENEFITS

- Decrease the symptoms of your disease or condition
- Ability to function better in your daily life
- Increase ability to exercise
- Decrease symptoms and better management of anxiety and depression

PHYSICAL THERAPY/OCCUPATIONAL THERAPY

- Inpatient Evaluation for placement (Home, Skilled nursing facility, rehabilitation center, or an outpatient setting.)
- Acute inpatient therapy placement before to transition home
- Home Health Therapy for deconditioned patients to improve ADL
- Frailty Assessment (exhaustion, physical inactivity, walking speed, grip strength and weight loss) is an independent predictor of mortality.
  - Frailty Phenotype, Modified Frailty Phenotype, and Comprehensive Geriatric Assessment

RESPIRATORY THERAPY

- Inpatient Home Oxygen Assessments/Discharge Planning
- Sleep Disordered Breathing in about half of CHF patients
- Consult for Smoking Cessation
- Patient Education in Pulmonary Rehabilitation

CHAPLAIN

- Work with family and patient to get advance directives completed
- Visit with patient and family pre-palliative stage
- Identify support for patient needs
- Work with family and patient to get advance directives completed

PATIENT SCENARIO

- Patient admits to ER and a HF is placed
- Patient Is directed to HF unit, and nursing begins HF focused care
- Weekly multidisciplinary rounds review patients with Heart Failure and evaluate for opportunities for improved care (MD, Pharmacist, RN, Case Management, Patient Edu, Chaplain, TOC, Home Health, Med to Bed)
- Discharge Home, MD follow up appointment with in 7 – 10 days
- TOC follows, Home Health Transition's, Cardiac Rehab follows until eligible to start Cardiac Rehabilitation. Attend Cardiac Rehabilitation for 12 weeks with the option of Healthy Hearts Club at completion.

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