

Health Care Growth Strategies

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Congestive Heart Failure Declared an Epidemic, Contributing to Over 250,000 Deaths Annually

Today nearly five million Americans suffer from heart failure and more than 400,000 new cases are diagnosed each year. Heart failure occurs when the heart is no longer able to pump enough blood through the body to meet its needs. Each year it is the cause of 39,000 deaths and a factor in the deaths of another 225,000 people. Between 1970 and 1990, there was a 64 percent increase in the death rate attributed to heart failure while the death rate from coronary heart disease declined by 49 percent.

Growth and Revenue Opportunities: Congestive Heart Failure Programs

Heart failure is a chronic, long-term condition that develops slowly and is closely associated with the major cardiac risk factors including smoking, high cholesterol levels, hypertension, diabetes, and obesity. The risk of heart failure increases by 200 percent for individuals with uncontrolled high blood pressure, and diabetics have a two- to eight-fold greater risk of heart failure. The presence of a single risk factor is enough to cause heart failure, but the risk increases significantly when a combination of factors is present.

The National Heart, Lung and Blood Institute considers congestive heart failure to be a new epidemic. Over the next five years, as the baby boomers continue to age, it is estimated that an additional 15 to 20 million people will develop the disease. However, because the most common symptoms of heart failure are often mistaken for normal signs of aging, many individuals with heart failure don't realize they have it.

The amount of pumping capacity that has been lost determines the severity of the condition and its impact on a person's life. But even the mildest form of heart failure is a serious health problem that must be treated. If left untreated, the five-year survival rate for patients with severe signs and symptoms is 25 to 50 percent. Reversing the damage to the heart's function is not often possible, but

medication and lifestyle changes can minimize the effects of heart failure.

Nationally, the 30-day readmission rate for patients with heart failure is over 20 percent. Due in part to the high readmission rates, heart failure admissions generated nearly \$7.7 billion in Medicare inpatient charges in 2000 making it the third costliest DRG.



Hospitals across the country have developed congestive heart failure clinics or programs to improve quality of life for patients who have been diagnosed with heart failure or those who are at risk of developing the condition and to reduce the need for hospital admissions.

The programs focus on teaching self-management skills such as monitoring daily weight and blood pressure, medication management, and dietary responsibility. Following the initial education sessions, the patient's condition is monitored through either regularly scheduled clinic visits or telephone calls by nurse coordinators. Support groups also provide reinforcement for patients.

There are several different models for congestive heart failure clinics depending upon the level of resources committed. Education and monitoring are the two major components in all programs, but some also include a clinical setting and medication management. Most congestive heart failure clinics are staffed by multidisciplinary teams that include physicians, nurses, social workers, home care staff, and nutritionists. A referral from a primary care physician or a cardiologist is required by most congestive heart failure clinics, although a few allow self-referrals.

Critical success factors for development of a congestive heart failure program include the involvement of a physician champion and corporate support for the program as well as information systems to build and maintain the patient database.

[continued on next page](#)

Methodist Medical Center of Oak Ridge, Tennessee, which is a member of Covenant Health, established its congestive heart failure program in 1998. The outpatient component of the program focuses on prevention, education and patient support through community programs, and weekly phone contacts with active patients. Since 1998 nearly 750 patients have graduated from the program, which currently has 113 active members, and there have been over 1,300 additional contacts with patients other than program participants. Methodist's program is supported, in part, by the hospital's foundation.

The length of stay for patients admitted to Methodist Medical Center with heart failure has declined by nearly a full day from 6.4 in 1998 to 5.5 in 2001. In 2001, readmission rates were 12.5 percent for patients active in the program and 11.3 percent for program graduates compared to 18 percent in 1999. The Institute for Healthcare Improvement awarded Methodist's program its highest award in July 2000 in recognition of the improvements in clinical outcomes it had achieved.



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