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Meeting the Needs of CHF Patients



# New Resource

- Collaborative effort between Drivers of Variation work group and Inventory of best practices work group
  - Understanding the Needs of CHF Patients

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## Understanding the Needs of Congestive Heart Failure Patients

### Creating Value for Patients: Meeting Needs and Reducing Suffering

All patients' needs are not the same. Some groups of patients—whether segmented by clinical condition, patient demographic or some other criteria—are better served by current care delivery models than others. Purposeful segmenting of health care data offers new perspectives on care by focusing on outcomes for condition-specific patient populations thus improving health care professionals' understanding of met and unmet needs for distinct groups. These insights enhance the ability to identify opportunities to re-design care around the needs of the patient in support of efforts to reduce patient suffering, improve clinical health, and provide impactful education and empathy.

This brief describes the met and unmet needs of Congestive Heart Failure (CHF) patients based on national findings. Further, it places these findings within the context of a discussion of what it is like to have CHF and be a patient with CHF. The purpose is to identify opportunities for improving care and to enhance staff empathy by discussing the care process from the patient point of view.

### What Should We Know About CHF?

People who suffer from heart failure (HF) have a heart that is less effective at pumping blood than normal. Conditions such as cardiovascular disease (CVD) and hypertension (HTN) weaken or stiffen the heart decreasing its ability to maintain adequate blood flow through the body. The heart muscle compensates by stretching or thickening to increase the cardiac output, helping in the short term, but weakening the heart muscle over time from the extra exertion required. The kidneys are next to respond by retaining fluid and sodium to increase circulatory volume and maintain blood pressure. When this fluid builds up in the extremities, lungs, or other organs the body is said to be congested. Maintaining a healthy fluid balance is essential for life. In HF patients this requires diligence and persistence.

Fatigue and shortness of breath are common symptoms of congestive heart failure (CHF). These symptoms occur with exertion in early stages; as the disease progresses, patients experience these symptoms at rest. Edema can become severe as fluid retention worsens in the later stages of the disease. Significant liver congestion may result in impaired liver function, jaundice, and even coagulopathy. Breathing becomes difficult when lying flat and patients have to sleep sitting up. Frequent trips to the bathroom during the night due to diuretic therapy or naturally occurring fluid shifts also interrupt healthy sleep patterns. Sleep deprivation, chronic fatigue, activity intolerance due to shortness of breath, and a daily focus on disease all contribute to a perceived lower quality of life.

Treatment varies depending on the underlying cause, and severity of symptoms. In people with stable, mild HF physicians commonly prescribe lifestyle modifications—such as smoking cessation, physical exercise, and dietary changes. Standard pharmacologic interventions in the early stages include diuretics, angiotensin converting enzyme inhibitors or angiotensin receptor blockers, and beta blockers. As the disease progresses aldosterone antagonists, or hydralazine plus a nitrate may be used. Sometimes, depending on the cause and severity, an implanted pacemaker or cardiac defibrillator may be recommended. Patients with advanced stages of the disease may also face decisions about cardiac resynchronization therapy, cardiac contractility modulation, or a ventricular assistive device.

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# What should we know about CHF?

## **Causes may be associated with other chronic conditions requiring ongoing treatment**

- Cardiovascular disease
- Hypertension

## **Symptoms worsen as the disease progresses**

- Dyspnea with exertion > dyspnea at rest > orthopnea
- Pedal edema > weeping lower extremity edema > abdominal and pulmonary edema > liver failure

# What should we know about CHF?

## Treatments change as the disease progresses

- Life style changes
  - Dietary restrictions, physical activity, smoking cessation
- Frequently adjusted polypharmacy
  - Diuretics, Digoxin, ACE Inhibitors or ARBs, Beta Blockers, Hydralazine, Nitrates
- Surgical procedures
  - Implantable devices, resynchronization, heart transplant

# What is it like to be a CHF patient?

- 5.8 million people in the United States have CHF
  - Affects men and women equally
  - Highest incidence in African Americans and Hispanics
- Rehab stays prior to returning home are likely as CHF patients reach age 65 and older
- 50% are readmitted within 60-Days!
- 24% are readmitted within 30-Days!

# What is it like to be a CHF patient?

## Unique fears, disappointments, and concerns

- A steady decline in health
- Shortened life expectancy
- Routine medical attention
- Abandoning favorite foods
- Unable to tolerate favorite activities
- *Where's the bathroom?* Diuretics increase anxiety over having facilities available
- Body image is negatively impacted
  - Edema, nagging cough, fatigue

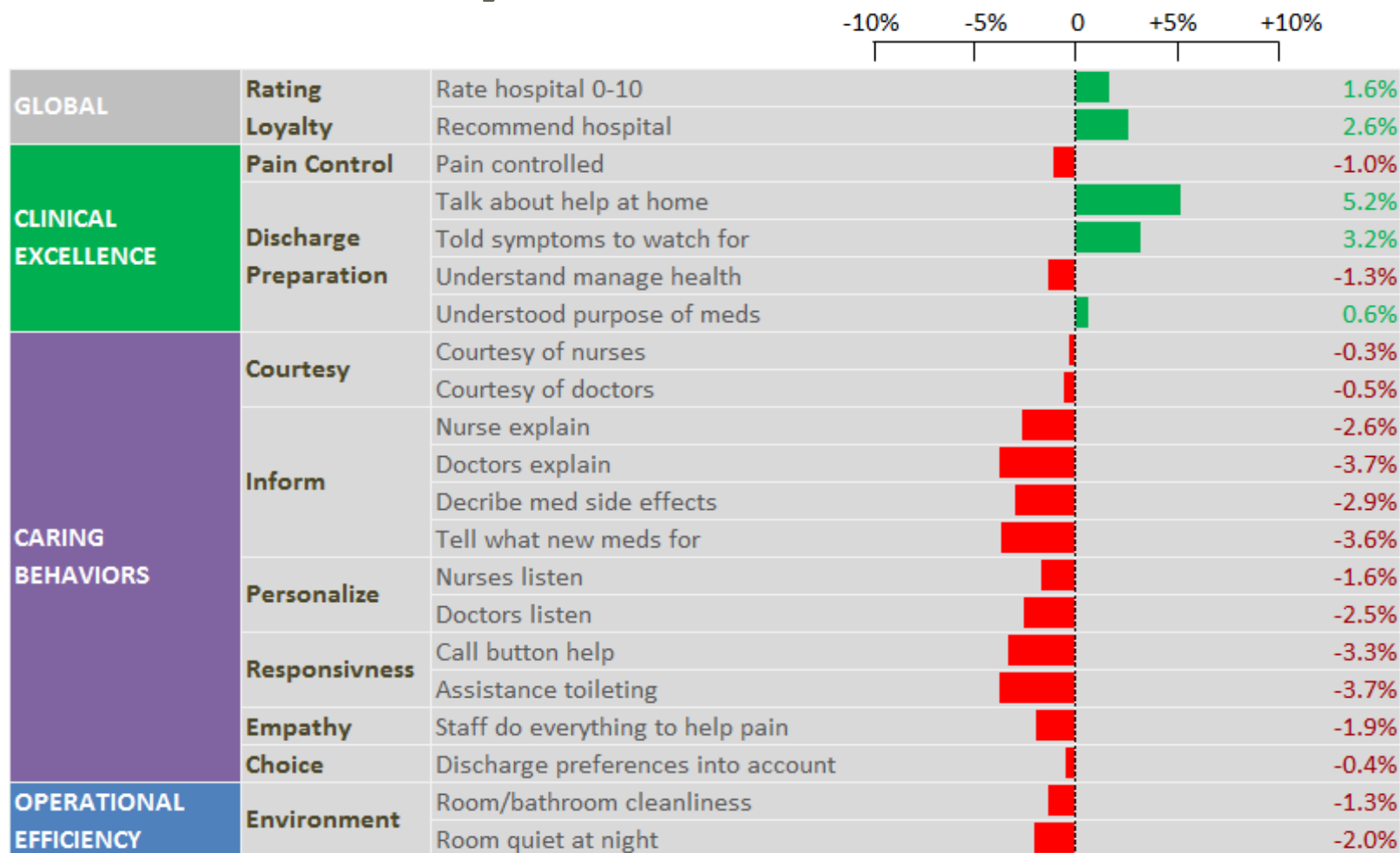
# What is it like to be a CHF patient?

## The complexity of medical treatment increases as the disease progresses

- Patients become more weary
- Complicated by drug side effects
  - Digoxin: anxiety, depression
  - Lisinopril: confusion
  - Lopressor: irritability, nervousness
  - Lasix: nausea, anorexia, abdominal pain

# How well do we meet the needs of CHF patients?

## What does the data say?





# Imagine

- 78 year old widower in the advanced stages of CHF is readmitted for the second time this year
  - He has one son visiting briefly who lives hundreds of miles away, he otherwise lives alone
  - Medication doses have been changed three times in six months
  - Home care aides and one nurse have been visiting him twice a week
  - He is unable to sleep through the night due to nocturia and orthopnea
  - He needs the bathroom hourly
  - He asks no questions

