Engaging Physicians as Partners

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Disclosures

• None
A Success Story
Objectives

• Identify and implement ways to engage physicians within the heart failure team and quality improvement initiatives, including aspects of team building among members of the team.
Let’s Discuss:

• Why is a heart failure team necessary?
• Why physician champions are necessary for a successful heart failure team?
• How can physicians be incorporated into the team?
Epidemiology of HF
The Scope of Heart Failure

Nearly 6 million Americans live with HF today

Estimated to increase by 22 percent by 2030

Total medical costs for HF $14.3 Billion in 2015
Hospitalization accounts for 80% of the HF medical costs
Death in HF is high

HF Mortality

- 30 Days: 12%
- 12 Months: 33%
- 5 Years: 50%

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AHA Policy Statement

Forecasting the Impact of Heart Failure in the United States
A Policy Statement From the American Heart Association

Paul A. Heidenreich, MD, MS, FAHA, Chair; Nancy M. Albert, PhD, RN, FAHA; Larry A. Allen, MD, MHS; David A. Bluemke, MD, PhD, FAHA; Javed Butler, MD, MPH, FAHA; Gregg C. Fonarow, MD, FAHA; John S. Ikonomidis, MD, PhD, FRCS(C), FAHA; Olga Khavjou, MA; Marvin A. Konstam, MD; Thomas M. Maddox, MD, MSc; Graham Nichol, MD, MPH, FRCP(C), FAHA; Michael Pham, MD, MPH; Ileana L. Piña, MD, MPH, FAHA; Justin G. Trogdon, PhD; on behalf

Table 1. Projections of the US Population With HF From 2010 to 2030 for Different Age Groups

<table>
<thead>
<tr>
<th>Year</th>
<th>All</th>
<th>18–44 y</th>
<th>45–64 y</th>
<th>65–79 y</th>
<th>≥80 y</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>5,813,262</td>
<td>3,965,578</td>
<td>1,907,141</td>
<td>2,192,233</td>
<td>1,317,310</td>
</tr>
<tr>
<td>2015</td>
<td>6,190,606</td>
<td>4,029,260</td>
<td>1,949,669</td>
<td>2,483,853</td>
<td>1,354,158</td>
</tr>
<tr>
<td>2020</td>
<td>6,859,623</td>
<td>4,176,000</td>
<td>1,974,585</td>
<td>3,004,002</td>
<td>1,463,436</td>
</tr>
<tr>
<td>2025</td>
<td>7,644,674</td>
<td>4,346,350</td>
<td>1,969,852</td>
<td>3,526,347</td>
<td>1,713,840</td>
</tr>
<tr>
<td>2030</td>
<td>8,489,428</td>
<td>4,502,750</td>
<td>2,000,896</td>
<td>3,857,729</td>
<td>2,180,528</td>
</tr>
</tbody>
</table>

(Circ Heart Fail. 2013;6:606-619.)
HF patients have lots of problems

<table>
<thead>
<tr>
<th>Comorbidity*</th>
<th>All Beneficiaries</th>
<th>HF Definition #1</th>
<th>HF Definition #2</th>
<th>HF Definition #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specified Heart Arrhythmias</td>
<td>13%</td>
<td>41%</td>
<td>54%</td>
<td>59%</td>
</tr>
<tr>
<td>Diabetes, any manifestation</td>
<td>21%</td>
<td>38%</td>
<td>47%</td>
<td>46%</td>
</tr>
<tr>
<td>COPD</td>
<td>13%</td>
<td>34%</td>
<td>43%</td>
<td>46%</td>
</tr>
<tr>
<td>Vascular Disease</td>
<td>14%</td>
<td>33%</td>
<td>37%</td>
<td>40%</td>
</tr>
<tr>
<td>Cardio-Respiratory Failure/Shock</td>
<td>4%</td>
<td>18%</td>
<td>24%</td>
<td>35%</td>
</tr>
<tr>
<td>Renal Failure</td>
<td>5%</td>
<td>17%</td>
<td>25%</td>
<td>32%</td>
</tr>
<tr>
<td>Angina Pectoris/Old MI</td>
<td>4%</td>
<td>10%</td>
<td>12%</td>
<td>11%</td>
</tr>
<tr>
<td>Ischemic or Unspecified Stroke</td>
<td>4%</td>
<td>11%</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Unstable Angina/Other Acute Ischemic</td>
<td>3%</td>
<td>9%</td>
<td>12%</td>
<td>15%</td>
</tr>
</tbody>
</table>

*Comorbidities were calculated using CMS HCC Risk Adjustment Model
Source: Analysis of 2005 5% sample standard analytic files
COPD: Chronic Obstructive Pulmonary Disease, MI: Myocardial Infarction
Frailty
• Impairments in multiple systems that lead to a decline in homeostatic reserve and resiliency

Comorbidity
• Two or more medical conditions

Disability
• Difficulty or dependency in daily living (ADL/IADL)
Multi-Disciplinary Heart Failure Team

Medical Directors
Program Manager
Administrative Directors
Quality Team
HF APPs/ APPs
HF Educators
HF Cardiologists/ Cardiologists
Social Workers
Research Nurses
VAD Coordinators
Home Health Nurses
Transition Call Nurses
Palliative Care Team

Transplant Coordinators
Hospitalists
Pharmacists
Unit Care Coordinators
HF Clinic Nurses
Inpatient Nurses
Dietitians
Surgeons
Emergency Room Physicians
Team-Based Care

“Team-based health care is provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers-to the extent preferred by each patient-to accomplish shared goals within and across settings to achieve coordinated, high-quality care.”
PRESERVATION

Action Will Be Taken to Prevent the Next Disaster as Soon as Possible After it has Occurred.
Challenge for Health Systems

- Older and sicker population of patients driving us to look for avenues for teamwork and efficiency
- Multiple providers/systems influencing care
- Goal- Maintain Excellence in Patient Outcomes

Current environment of fixed reimbursement
CMS penalties for excess readmissions

**COLLABORATION AND COORDINATION OF CARE IS THE KEY**
Commitment to Quality

Continuous team quality improvement efforts

We are challenged to meet measures that require collaboration with others

• Get with the Guidelines- track and benchmark
• The Joint Commission
Values of Team Based Care

• Honesty-transparency
• Discipline-carry out roles/responsibilities
• Creativity-tackling problems
• Humility-all members rely on each other
• Curiosity-lessons learned for continuous improvement
Principles of Team-Based Care

• Shared goals
• Clear roles
• Mutual trust
• Effective communication
• Measurable processes and outcomes, used to track and improve performance over time
Positively Influencing Physicians

• Influence, not control-create climate of commitment instead of compliance vs resistance

• Influence behavior relevant to design and delivery of health care, not attitudes
In general physicians

- Value autonomy
- Prefer data based arguments
- Make quick, fact based decisions
- Demonstrate little tolerance for “organizational politics”
- Focus on the best interests of patient/family
- Seek intrinsic and extrinsic rewards
- Struggle with the optimal way to provide resource efficient and high quality care
Core processes of change

• Consciousness-raising
• Emotional arousal
• Commitment
• Helping relationships
• Self-evaluation
• Reward
• Environmental control
Model for Influencing MD Behavior

• Set clear performance expectations
• Measure performance expectations
• Monitor performance and provide feedback
• Reward expected behavior, acknowledge
• If all else fails, try discipline
Creating Environment For Evidenced Based Practice

• Collaborate with general cardiologists, internal medicine and emergency room physicians to develop evidence based tools such as order sets to guide care.
  - Face to face meetings to share drafts
  - Communication by emails
  - Invitation to participate in HF committee
  - Presentation of Guidelines to staff
Team Expansion

• Know your hospital culture and who would be key to include in the larger team

• Incorporate key players to get their input, share goals and provide information - ED, Hospitalists, palliative care team
LIMITATIONS

Until you spread your wings,
You’ll have no idea how far you can walk.
Why Quality Hospital Care Alone Is No Longer Enough

Regulatory Agencies

Referrals for cardiology consult or testing

Community awareness of heart failure

Hospital with heart failure expertise

Cardiology clinic or heart failure clinic

Insurance

Social Obstacles

PATIENT Outcomes

HH
SNU
Home
PCP
Collaboration with referring MDs, PCPs and follow up providers

• Establishing relationships with referring takes time and effort
• Incorporate methods for clear communication during and after treating patients
• Don’t underestimate the impact of post-acute care providers
Outcomes from our Journey
(Work in Progress)

• Physicians are engaged members of the team working toward shared goals
• Environment of shared responsibility for quality and patient outcomes
• Structure to address ongoing changes and requirements