

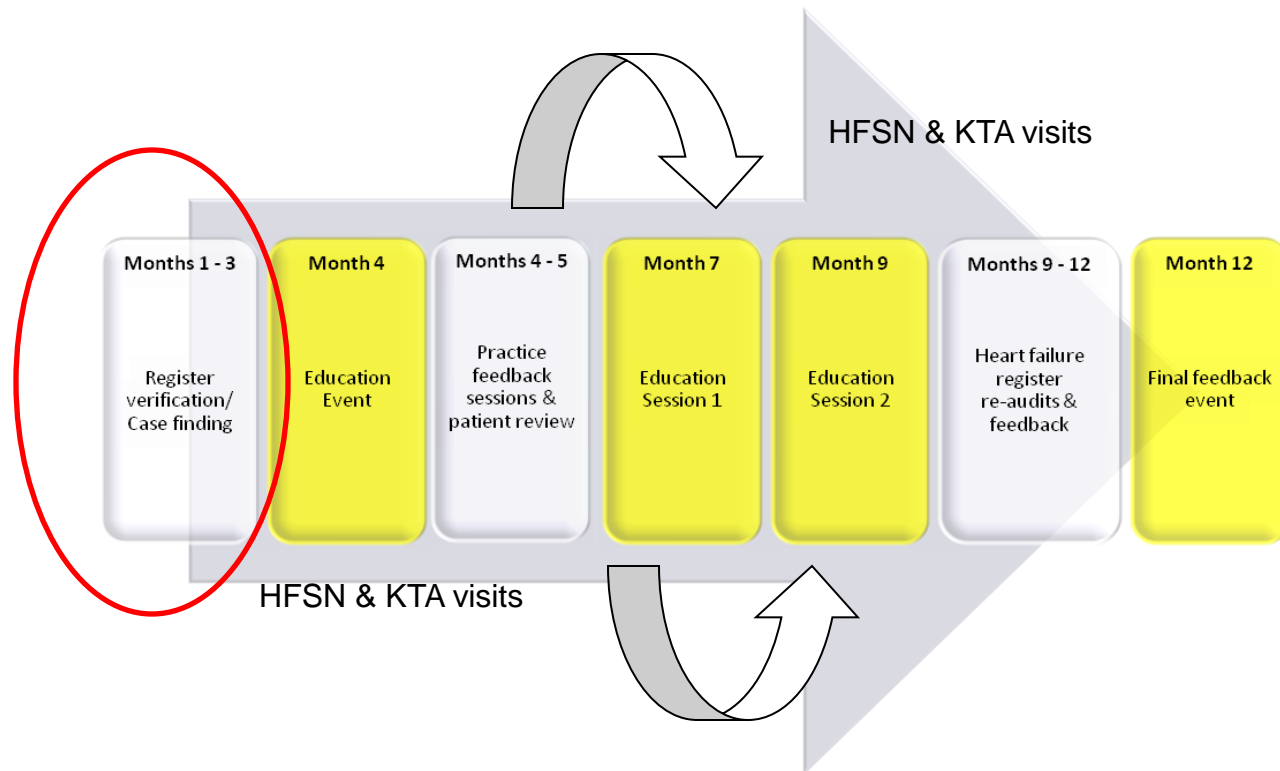
Are We Delivering Evidence-Based Care for Heart Failure in Primary Care?

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Background and Aims

- In the UK, much of the care of HF patients occurs in primary care, and NICE guidance reflects joint accountability with specialist services
- There is a potential for under-use of evidence-based care for HF in primary care; the Quality Outcomes Framework (QOF) incentivises primary care on achievement of only 4 indicators of care
- **Aims**
 - To determine if patients with HF are appropriately identified and managed in primary care practices
 - To compare characteristics and quality of evidence-based care for patients with HF managed only in primary care with HF patients co-managed by specialist services and primary care

GM-HFIT - Facilitated Model



Methods

- GM Heart Failure Investigation Tool (GM-HFIT) in first 13 practices
 - HF register validation
 - Case finding (19 discrete searches)
 - Skills audit of 21 indicators of care
- HFSN and KTA
- Anonymised data entered into SPSS

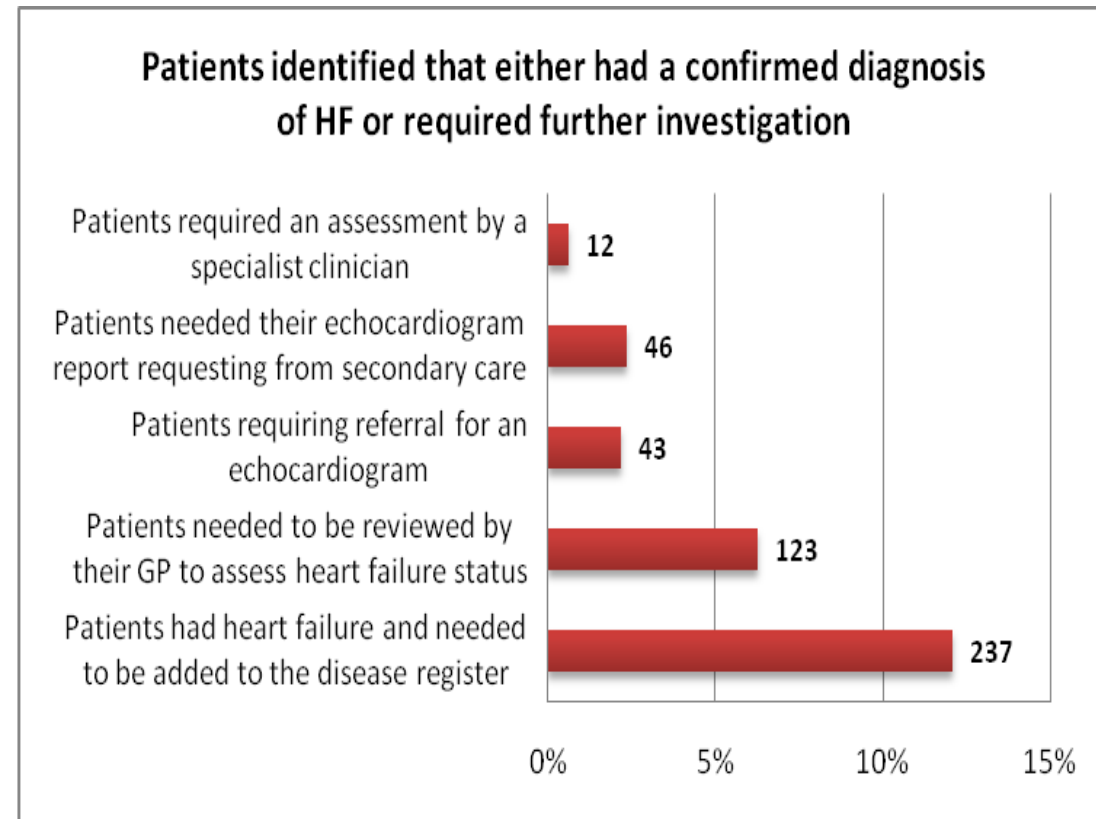
Figure 3

Audit data	<20%	20-39%	40-59%	60-79%	>=80%	
Diagnosis confirmed using echocardiogram	0	1	2	3	4	
Aetiology investigated / confirmed	0	1	2	3	4	
Functional capacity assessed/ severity using NYHA	0	1	2	3	4	
Heart failure review	0	1	2	3	4	
Weight done at review	<div style="background-color: yellow; padding: 5px; text-align: center;"> Gold (> 76) Providing outstanding quality of care </div> <div style="background-color: green; padding: 5px; text-align: center;"> Green (50-76) Providing a very high quality of care </div> <div style="background-color: orange; padding: 5px; text-align: center;"> Amber (25-49) Providing good care but you need to improve on certain areas </div> <div style="background-color: red; padding: 5px; text-align: center;"> Red (< 25) You are falling short and need to make major improvements </div>					4
Ankle oedema checked						4
BP recorded						4
Pulse rate checked						4
Pulse rhythm checked						4
Has an ECG been performed						4
ACE use or contraindicated in LVSD patients						4
Treated to target dose of ACE-I or ARB*						4
Beta blocker use or contraindicated in LVSD patients						4
Treated to target dose of BB*						4
Screening for depression	4					
Smoking status checked	0	1	2	3	4	
Alcohol intake checked	0	1	2	3	4	
Nutritional information given	0	1	2	3	4	
Flu vaccine given	0	0.5	1	1.5	2	
Pneumococcal vaccine given	0	0.5	1	1.5	2	
Self care/ education material given	0	1	2	3	4	
Total Score						

Practice traffic light scores ranged from 29.5 to 73

Results

- Case Finding
 - 2015 patients
- Register verification
 - 60% appropriate
 - 24% needed evaluation
 - 16% inappropriate



Results

Variable	All (n = 390)	PC only (n= 284)	PC + SC (n = 109)	p value
Mean age (sd)	73 (14)	74.5 (14)	70 (14)	.007
Median age	76			
Female	42%	46%	30%	.004
Comorbidities	HTN 64% AF 37% DM 31%			No diff by group
LVSD/HFPEF/ missing	69%/3.3%/25%	59%/3.9%/35%	95%/1.8%/0.9%	<.001
EF < 35% /missing	29%/41%	20.4%/50%	51.4%/18%	<.001
HR > 70 /missing	39%/30%	37%/34%	44%/19%	.015

Results

Variable	All (n = 390)	PC only (n= 284)	PC + SC (n = 109)	p value
Echo done*	82%	74%	100%	<.001
Self-care educ	16%	4%	43%	<.001
ACEI/ARB if LVSD or contra*	89%	88%	93%	.720
Target or up-titrating	59%	50%	74%	<.001
BB if LVSD or contra*	77%	71%	87.5%	.003
Target or up-titrating	43%	27%	69%	<.001

*Indicators incentivised by QOF, along with maintaining a HF Register

Conclusions

- Better identification of HF patients needed
- Room for improvement in HF management in primary care and collaboration with SC
 - High proportion with LVSD on ACEI & BB (incentivised) but lack of up-titration
 - QOF incentives did not improve overall care
- Patients co-managed (PC + SC) were more likely to receive evidence-based care
 - Older patients, women and EF > 35% were less likely to be seen by specialist services

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