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Variability in Victorian heart failure management programs

Abstract of Ms Driscoll's presentation
(see www.nicsl.com.au for PowerPoint presentation):

Background: Heart Failure Management programs (HFMPs) have proven to be cost-effective and minimise morbidity and mortality. As a consequence, HFMPs have been implemented widely throughout Victoria.

Method: In 2002, thirteen Victorian post-discharge HFMPs were identified through a systematic search and each was sent a nineteen-item questionnaire. The questionnaire examined the characteristics of HFMPs. All 13 HFMPs responded.

Results: Variability of HFMPs in Victoria is evident through their model of care and focus of the program. Results showed that 1500 post-discharge CHF patients are managed through HFMPs in Victoria. There were an estimated 10,000 CHF patients discharged from Victorian hospitals per annum which represent 15% of potential caseload for HFMPs with only one rural program. Models of HFMP varied with 77% of programs incorporating hospital and home visits, 15% specialist outpatient clinic, and 7% home visits only. In Victoria, 46% of HFMPs managed>100 CHF patients/annum. All of these programs consisted of a specialist outpatient clinic and home visit model of care with a multidisciplinary focus. These programs offered triple the number of interventions in their HFMP than smaller sized programs. All of the smaller programs (1<50 CHF patients/annum) had one focus, exercise program. Meta-analysis shows that specialist clinics or community-based models involving multidisciplinary management of CHF patients are the most effective in reducing hospital readmissions and prolonging survival.

Conclusion: Victorian HFMPs only manage 15% of their potential caseload. Approximately, 45% of HFMPs vary in their model of care and do not include multidisciplinary management. If HFMPs are to deliver effective programs that improve the health of CHF patients, it is imperative that programs include multidisciplinary management through a specialist clinic or community-based model of care.