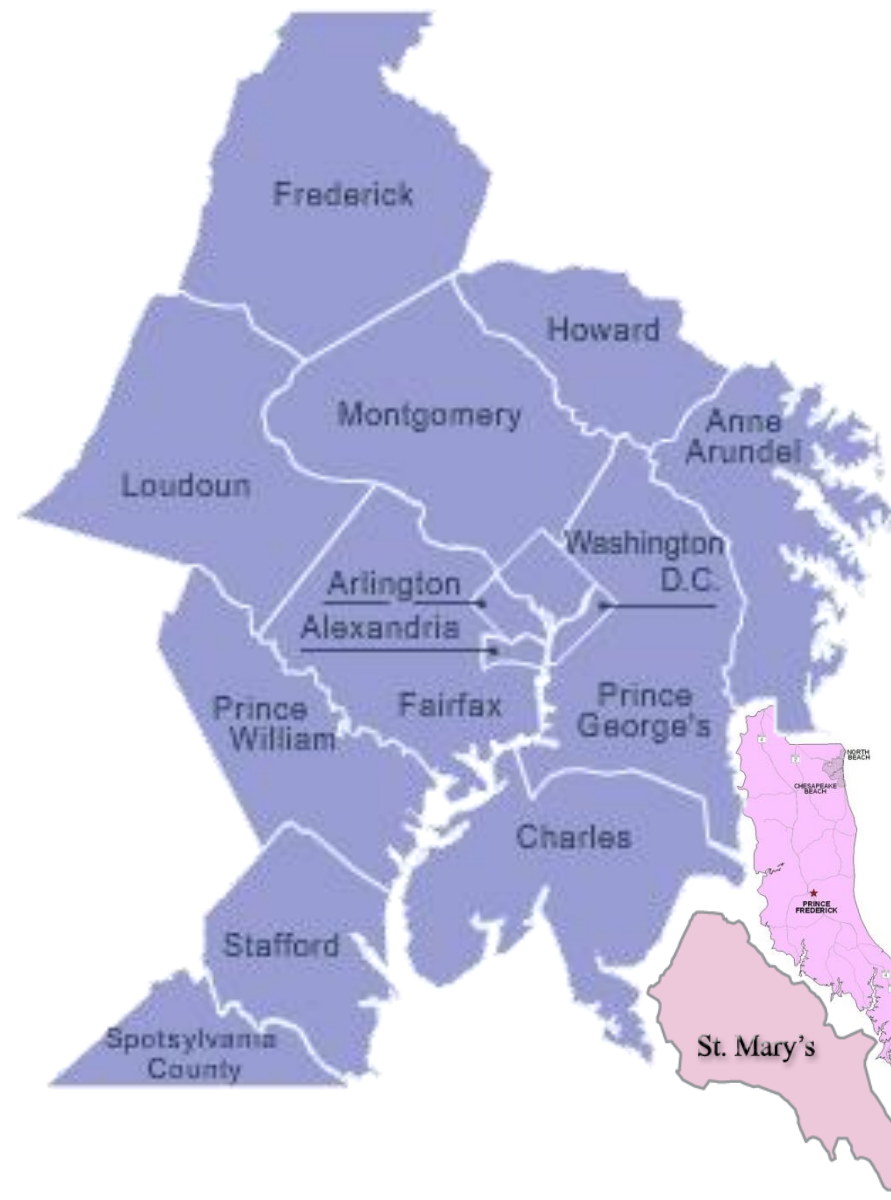


# Getting to the Heart of the Matter... Results from a Regional Survey of Hospice Providers Regarding the Care of Patients with Advanced Heart Failure

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## BACKGROUND



### Heart failure (HF)

- Leading cause of hospitalizations
- High symptom burden
- Poor disease state education
- Prognostication at all stages difficult
  - 20% of Stage D survival at 5 years
  - 1/3 HF deaths are sudden
  - 36% of patients die 1 year after hospital admission for HF
- Advanced therapies reduce mortality
  - Implantable cardiac defibrillator
  - IV inotrope therapy
  - Left-ventricular assist device

### MedStar Washington Hospital Center (MWHC)

- 926-bed tertiary care facility in metropolitan Washington, DC
- Serves greater area of DC, MD, and VA, including rural counties
- MedStar Heart and Vascular Institute provides supportive and interventional care for patients with advanced HF

## OBJECTIVE

To determine knowledge and attitudes of hospice providers regarding the perceived need of HF patients at the end of life

## METHODS

In May 2015, MWHC invited regional hospice stakeholders to a summit to discuss hospice care of patients with advanced HF

- Attendees were asked to complete a survey
- Those unable to attend completed an electronic survey
- Survey tool
  - 17-items
  - Respondent demographics
  - HF patient case mix and care providers
  - Barriers to care of HF patients
  - Timeliness of referrals

## Contact

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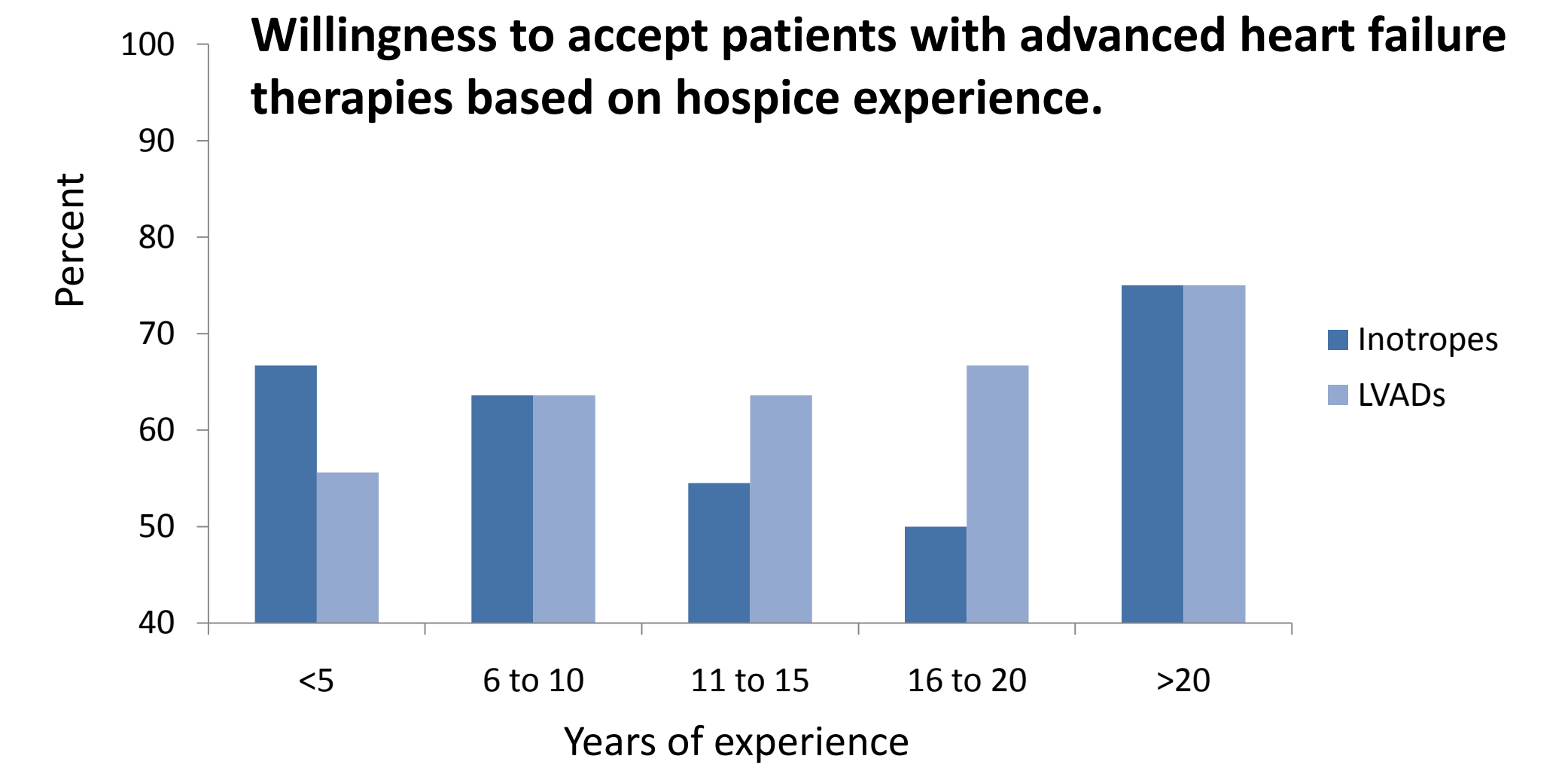


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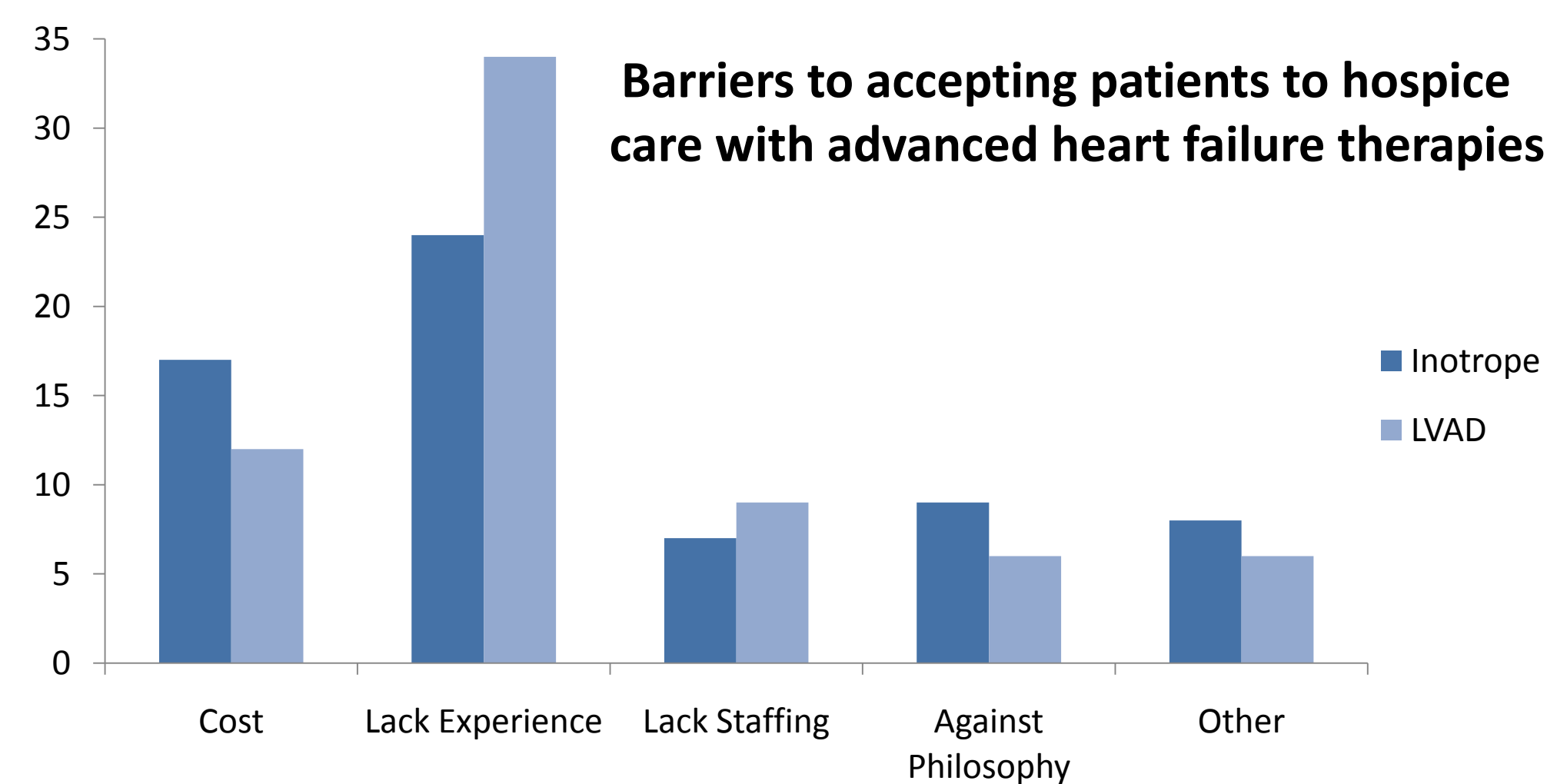
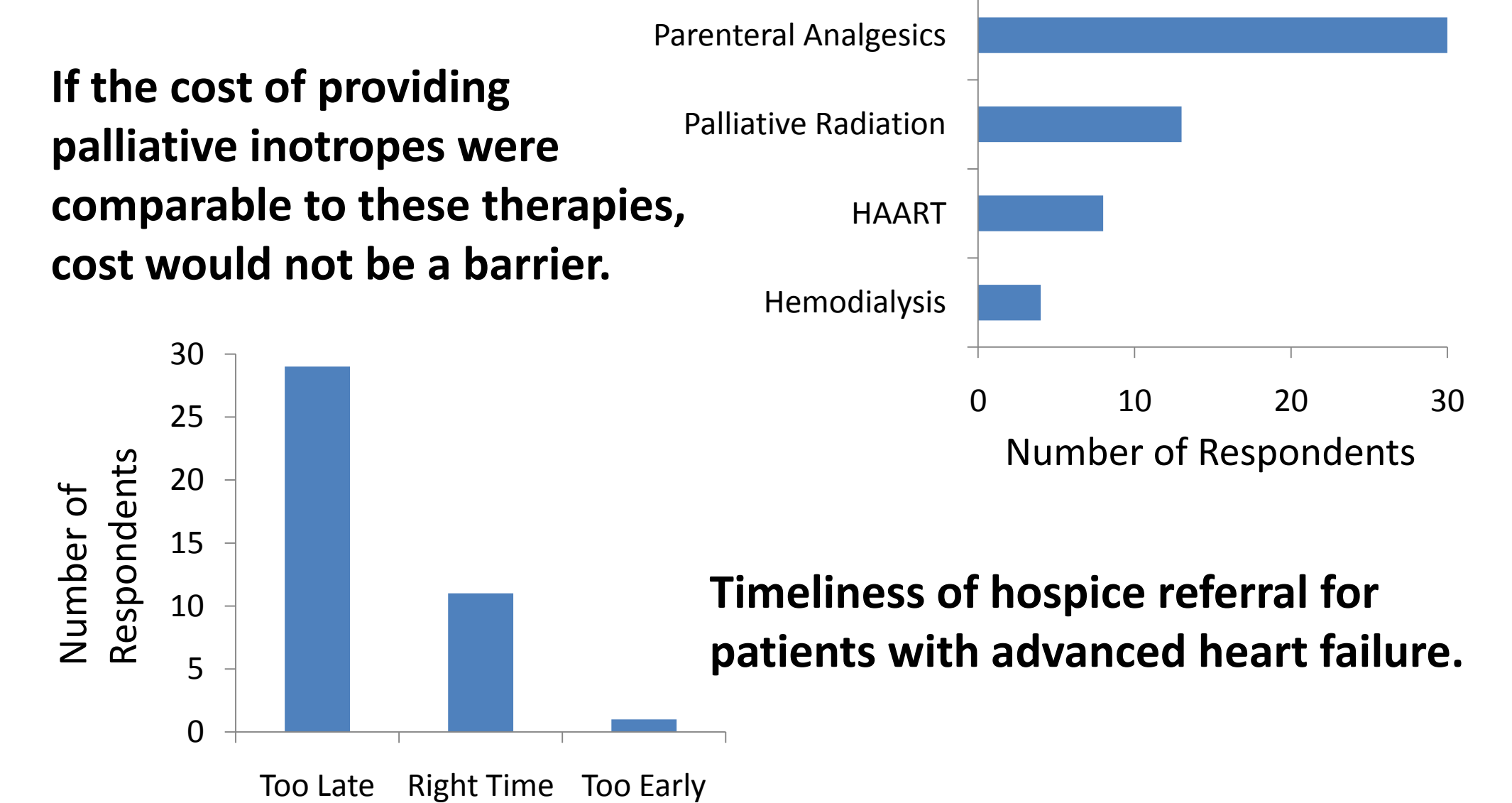
## RESULTS

### N=41 Respondents

Organizational Role, n (%)		
Leadership	23 (56)	
Clinical	20 (48.8)	
Other	1 (2.4)	
Experience (years)		
Less than 5	9	
6 to 10	11	
11 to 15	11	
16 to 20	6	
Greater than 20	4	
Providers involved in care	Attending (%)	Prescriber, n (%)
PCP	45	14 (34.1)
Cardiologist	23	15 (36.6)
HF Cardiologist	6	3 (7.3)
Hospice Medical Director	33	16 (39)
Organization has HF Management Algorithm, n (%)	11 (26.8)	
Implantable Cardiac Defibrillators		
Accepted for hospice, n (%)	41 (100)	
Deactivation policy, n (%)	30 (73.2)	
Palliative Inotropes, n (%)		
Accepted	25 (61)	
Not accepted	5 (12.2)	
No response	11 (26.8)	
Left Ventricular Assist Device, n (%)		
Accepted	26 (63.4)	
Not accepted	12 (29.3)	
No response	3 (7.3)	



If the cost of providing palliative inotropes were comparable to these therapies, cost would not be a barrier.



## DISCUSSION AND CONCLUSIONS

- Hospice care for patients with advanced heart failure can be difficult to coordinate based on poor prognostication and utilization of advanced, life-prolonging therapies.
- Two-thirds of hospice providers will accept patients with inotropes and LVADs; experience and cost are barriers.
- Most hospice providers would pay for palliative inotropes if the cost was comparable to parenteral opioid infusions.
- Opportunities exist to partner with and educate local hospice organizations on advanced heart failure therapies.

## References

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