

Assessing Educational Needs of Physicians in the Multi-Disciplinary Care of Patients with Chronic Heart Failure

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Educational Challenge

- Approximately 5 million patients in the US have heart failure (HF). Half of patients with HF live for only 5 years after diagnosis, and the care of patients with HF is estimated to cost \$32 billion per year. Management of patients with chronic HF is often complex and typically involves a multidisciplinary approach.
- Given the high prevalence of chronic HF and challenges in managing these patients, physicians of different specialties must collaborate effectively to achieve the best possible patient outcomes.
- The purpose of this study was to develop an independent assessment of physician needs (including knowledge, attitudes, and barriers) that lead to performance gaps and develop recommendations for CME to effectively address these needs.

Methodology

Survey development

- Collaboration with HF expert
- Case vignette survey designed to assess practice patterns
- Pilot tested with physicians via cognitive interviews

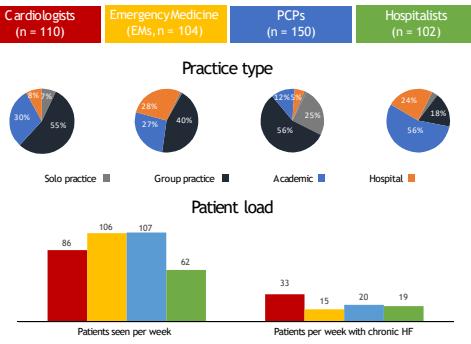
Data collection

- Survey invitations distributed via email in January 2016
- Survey respondents completed the survey online
- Data aggregated and analyzed

Analysis

- Practice patterns compared to guidelines
- Educational gaps identified and quantified
- Educational preferences determined

Respondent Demographics

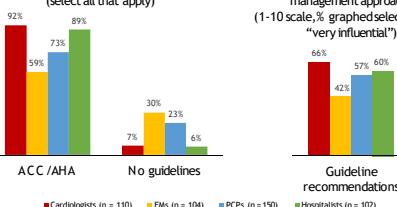


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Case vignette summary: 54-year-old Caucasian male with numerous CV risk factors; history of MI several years prior; self-reported nonadherence to medications; currently presenting with several signs and symptoms indicative of chronic HF.

The majority of physicians say they follow guidelines for chronic HF management.

Respondents were asked which guidelines they use when managing patients with chronic HF. (select all that apply)



Physicians had difficulty identifying factors which may contribute to the development of HF.

Respondents were asked to identify factors that may predispose this patient to symptomatic heart failure. (select all that apply)

Factors correctly identified by ≥ 80% of respondents

- Hypertension
- History of ischemia
- Diabetes
- Obesity

Factors correctly identified by < 80% of respondents

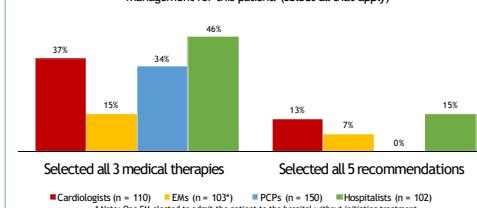
- Renovascular disease
- Tobacco use
- Recent infection
- Thyroid disease

Factors incorrectly identified by ≥ 20% of respondents

- Age
- Male gender

While most physicians reported using guidelines, the majority did not follow all guideline recommendations.

Respondents were asked to select which medications and nonpharmacologic interventions they would include in their initial management for this patient. (select all that apply)



The 2013 ACCF/AHA guidelines recommend 3 medical therapies along with 2 nonpharmacologic interventions for a Stage C patient with HFrEF.

The four physician specialties were aligned on CME topics of greatest need, but had different preferences for delivery format.

Respondents were asked to select three topics for CME related to chronic HF.

Top Topics	Cardiologists (n = 110)	EMs (n = 104)	PCPs (n = 150)	Hospitalists (n = 102)
#1	Guideline updates	Guideline updates	Guideline updates	Guideline updates
#2	Emerging therapies	Emerging therapies	Optimal management	Emerging therapies
#3	Clinical trial updates	Optimal management	Emerging therapies	Optimal management

Respondents were asked their preferred delivery format for CME related to chronic HF.

Delivery Format	Cardiologists (n = 110)	EMs (n = 104)	PCPs (n = 150)	Hospitalists (n = 102)
Live local/regional				
CME in a journal				
Grand rounds				

Summary and Recommendations

- Most physicians report that they use guidelines when managing patients with chronic HF; however most did not follow all guideline recommendations when completing the case vignette survey.
 - Future educational programs should aim to increase familiarity with evidence-based recommendations and improve physician attitudes towards HF guidelines.
- Communication between physicians managing patients with heart failure may be poor. These patients are frequently managed by all four of the surveyed physician specialties with the goal of preventing hospital readmission.
 - Utilizing a team-based approach for education may improve performance of multidisciplinary teams and care coordination.
- Physicians need tailored education on the importance of using short- and long-term management approaches.
 - Cardiologists and PCPs are responsible for long-term care of patients and underutilize guideline-recommended fast-acting therapies to resolve HF symptoms quickly.
 - Emergency medicine physicians and hospitalists are focused on acute care and are less likely to start a patient on long-term therapies.

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