

Case study: The importance of a robust heart failure system of care

Approximately six million Americans live with [heart failure](#) — a number expected to reach epidemic proportions as the population ages.¹ Heart failure ranks among the costliest health conditions to treat and takes a tremendous toll on patients' quality of life and longevity. In fact, it's one of the most common reasons people aged 65 and older go into the hospital.

Heart failure means that the heart isn't pumping as well as it should be, preventing the weakened heart from supplying the cells with enough blood. This results in fatigue and shortness of breath and, sometimes, coughing. Everyday activities such as walking, climbing stairs or carrying groceries can become very difficult. While there is no cure for heart failure, many people with this diagnosis can lead a full, enjoyable life when the condition is managed with medication and healthy lifestyle changes.

Himanshu Patel, MD, has been helping patients with heart failure for nearly two decades and says it is not "simply a death sentence," as many patients may think. Patel is a non-invasive cardiologist at the Harbin Clinic, in Rome, Georgia. He is the medical director of the Heart Failure Clinic at Atrium Health Floyd Medical Center, also in Rome, and has extensive experience in heart conditions, cardiac electrical system procedures and adult congenital heart conditions.

Atrium Health has done a lot of work to develop its overall heart failure system of care over the past few decades.

Nearly 15 years ago, Patel began working with the AdventHealth Redmond heart failure clinic and grew it from a 40-patient practice to now serving more than 1,000 patients. After seeing the success of that clinic, Atrium Health Floyd Medical Center — where Patel also had admitting privileges — opened its own heart failure clinic about five years ago. The clinic now sees about 700 patients, and the pandemic did not slow them down.

Even before COVID-19 hit, the Floyd clinic partnered with a home health company to hire nurses with cardiac experience to administer therapies and education for elderly patients and those in rural areas. Another program started at Floyd Medical Center engages EMS drivers who are dormant to work with high-frequency visiting patients — many of whom are experiencing socioeconomic challenges — and pick up their medicines for them, educate them on diet or go through their medication instructions with them.

Stephanie Durall, RN, is the Cardiac Center of Excellence coordinator at Atrium Health Floyd Medical Center and works with Patel. She notes that the Floyd heart failure clinic has continued to build on its success in the past two years, most recently by initiating Aquapheresis ultrafiltration therapy and acquiring heart failure kits, which include a blood pressure monitor, a pill organizer, a scale, and lots of heart failure education materials.

¹ Cardiomyopathy and Heart Failure (Chapter 21).
<https://www.ahajournals.org/doi/epub/10.1161/CIR.0000000000000950>.



Yet, despite rapid advancements over the past decades, Patel says many barriers remain to delivering guideline-directed heart failure care, with access chief among them.

“[Heart failure medications] are very expensive drugs. It’s hard for people to afford that. Access and affordability are by far the No. 1 barrier,” Patel says. “No. 2 would be education and having patients understand. Further, socioeconomic conditions don’t allow for proper diet sometimes, additional things like that.”

Durall agrees.

“The biggest challenges would be affordability of the best guideline-directed medications, as well as being able to attend the follow-up appointments,” she says. Floyd Medical Center offers a no-cost appointment transportation service for patients, called Collins Transport, among other resources, but some patients still struggle. “It’s really about making sure patients are aware that we offer this service. It’s helping these people know there are options available to get them access to the pharmacy or to their appointments,” Durall adds.

For rural areas in particular, collaboration and communication are important to ensure patients receive the most appropriate, guideline-directed care.

“We are a rural hospital — you don’t get much more rural than us. We work closely with Emory Health Care and Piedmont Health Care in Atlanta to send our really sick patients, our advanced heart failure patients, to get therapies we can’t offer,” Patel says. “And honestly, we bounce things off each other and learn things off each other to help patients. We stay in close contact when they evaluate our patients.”

Patel says providers also should never take for granted that patients understand their diagnoses or instructions.

“I would venture that more than half the time, patients are just trying to please you and say ‘yes’ and they don’t even [understand],” Patel says. “Taking the time to write things down for your patients and making sure the communication and understanding is there is pivotal to getting good outcomes.

“In heart failure care, communication is the key to success.”

Meanwhile, patients should not view heart failure simply as a death sentence.

“If you just take the time to understand your disease and how to manage it day-to-day, you’ll have a much better outcome than just taking a few pills and just living your life blindly,” Patel adds.

For more professional and patient resources on heart failure care, visit [heart.org/heartfailure](https://www.heart.org/heartfailure).