American Heart Association.

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Professional Reflections During Heart Failure Awareness Week
-or-
#HFWeek2023: Building a Heart Failure System of Care

As we celebrate Heart Failure Awareness Week, Feb. 12–18, Himanshu Patel, MD, and Stephanie Durall, RN, reflect on their professional journeys and the challenges heart failure professionals and patients still face.

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. He has extensive experience in heart conditions, cardiac electrical system procedures and adult congenital heart conditions. Durall is the Cardiac Center of Excellence coordinator at Atrium Health Floyd Medical Center, also in Rome.

1. **Why did you decide to become a health care professional? What drew you to cardiology and heart failure as your practice area?**

Patel: I was originally a chemical engineer. A chemical engineer works with pumps and pipes. Engineering is about figuring out problems, but as an engineer in the real world, you end up pushing a lot of paper.

A doctor is truly an engineer of the body, right? You have to figure out what's wrong based on some symptoms, so it was perfect for what I like to do. Then, when I was doing my training, I just kind of gravitated toward cardiology because it is like chemical engineering – it's a pump, and all the arteries and vessels, and you've got to troubleshoot the problems.

Durall: I have been with Floyd Medical Center since I graduated nursing school, my mom also worked at Floyd, my stepdad is also a physician who works at Floyd ... being a Floyd employee kind of runs in the family. I started on the cardiac step-down unit where most heart failure patients are when they are admitted. All I've ever done since graduating nursing school is cardiac [care]. For the past two years, I have been the Cardiac Center of Excellence coordinator, specifically over the heart failure program at the hospital, as well as the certification through The Joint Commission and Get With The Guidelines through the American Heart Association.

2. **How have heart failure care and services improved during your tenure?**

Patel: I've been in Rome [Georgia] for 16 years. The genesis of the Floyd Medical Center heart failure clinic actually starts at the other hospital in town [at AdventHealth Redmond]. I was probably here in Rome for two years when one of my senior partners told me to take over the Redmond heart failure clinic. I took it from there and I'm proud to say we've grown it so much. When I walked in, the clinic had maybe 30-40 patients. Now we have our own building and we probably have over 1,000 patients.

Because of the success of that first clinic, Floyd Medical Center wanted to do it, as well. So, we opened up the heart failure clinic there and it's probably got about 700 patients now after starting with zero patients five years ago.

Durall: At Floyd Medical Center, we have acquired heart failure care kits that include information we give to patients who are frequently readmitted or don't have insurance or are diagnosed with new-onset heart failure. This kit has a blood pressure monitor, a pill organizer, a scale, and lots of heart failure education information. We also recently initiated Aquapheresis ultrafiltration therapy here at the hospital ... I would say that since I've been in this role for about two years, those are probably our two biggest accomplishments.

3. **You have done a lot of work to develop your overall heart failure system of care. How does the clinic collaborate with the main campus and improve access for more rural, hard-to-reach patients? Conversely, how does the hospital collaborate with the clinic and community to improve follow-up care?**

Patel: Even pre-COVID we expanded our care to home health. We partnered with a home health company and made them hire nurses who have cardiac experience, and then these nurses go out to the houses and administer similar therapies and education that would be done in the clinic for elderly patients and those in rural areas. Following COVID, the virtual visits we've incorporated into the heart failure clinic also help our patients.

Another program started primarily by the Floyd Medical Center ... is that we get the EMS drivers who are dormant to go out and make visits to some of our really high-frequency visiting patients and a lot of them are just experiencing socioeconomic issues and they'll go out and pick up their medicines for them or just educate them on diet, going through their medication instructions with them, doing what they can with or without insurance. That's been a huge benefit for certain patients who are willing to accept help.

Importantly, I think we've made a big dent in the readmission rates [at Floyd] compared with 10 years ago.

Durall: We are more based in the hospital; we do some outpatient work with making follow-ups, we do community events, we coordinate with our on-site heart failure clinic for those patients who are discharged from the hospital to make sure they have that quick follow-up in the clinic, especially if they were here for an exacerbation.

Patel: Also, 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. 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.

4. **If you could prioritize one message for all heart failure professionals to receive this Heart Failure Awareness Week, what would it be? One key message for all heart failure patients?**

Patel: I would tell my colleagues: don't ever take for granted that your patient understands what you just told them. Spend extra time going over the basics and making sure they really understand the message ... I would venture that more than half the time, they are just trying to please you and say 'yes' and they don't even [understand]. Taking the time to write things down for your patient and making sure the communication and understanding is there is pivotal to getting good outcomes.

Try to keep an open forum with your patient. I think patients get embarrassed about talking about side effects, cost ... you know, they have to be very open and honest with their physicians about those things. Communication is the key to success.

On the patient side: Managing your heart failure is about education and understanding the disease. It's not simply 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.

5. **What challenges are top-of-mind for heart failure care today? What are the biggest barriers to delivering guideline-directed care?**

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

Durall: I agree it would be affordability of the best guideline-directed medications, as well as being able to attend the follow-up appointments we schedule for the patients. Atrium Health Floyd has a transport service, where if a patient has a scheduled appointment with a Floyd physician, whether it be at the heart failure clinic or with their primary care provider, we will provide them a ride for free to their appointment. So, it's really about making sure patients are aware that we offer this service. ... Really, it's helping patients know there are options available to get them access to the pharmacy or to their appointments.

For more professional and patient resources on heart failure care, visit heart.org/heartfailure.