

## 6 Chronic heart failure

### Goal

*To reduce morbidity and mortality from chronic heart failure through improved identification and management of people with this condition.*

### Rationale

#### Magnitude of the problem

It is estimated that at least 300,000 Australians have chronic heart failure<sup>3</sup> and about 30,000 new cases are diagnosed each year. In 2001-02, heart failure was the principal diagnosis in 41,874 hospitalisations and it contributed to 2 per cent of all deaths (AIHW 2003). Prevalence increases with age to more than 10 per cent among those aged 65 years or older.

In Australia, the direct health costs of heart failure amounted to \$416 million in 1993-94 (AIHW 2001). Much of the high cost of caring for heart failure patients relates to hospital readmissions, many of which might be prevented by better management at and following discharge.

Despite a reduction in deaths associated with heart, stroke and vascular disease, based on extrapolations from overseas the prevalence of heart failure is rising and is expected to increase markedly with the ageing of the population, decreased fatality rates after heart attack and more sensitive techniques for diagnosis.

People with chronic heart failure may have a poorer quality of life than people with most other common medical conditions. Many people with heart failure experience severe and prolonged depressive illness. A palliative approach needs to emphasise the quality of life, promoting physical and psychosocial well-being.

#### Opportunities

Clinical trials investigating pharmacological and non-pharmacological treatments have demonstrated that treatment of heart failure is effective in improving symptoms. However, in practice proven pharmacological interventions are often not used or are not used at the appropriate dose. Also there is under-use of appropriate diagnostic testing for heart failure (specifically, echocardiography) in Australia (Krum et al 2001).

Consumer involvement in managing heart failure has been shown to improve concordance with medication regimes and attendance of therapy sessions, leading to a reduction in unnecessary hospital admissions. Home visits by a nurse and pharmacist following a hospital admission for heart failure significantly reduces the number of unplanned readmissions (Stewart et al, 1999, Stewart & Horowitz, 2003)

There is potential to improve clinical diagnosis and management of heart failure by developing and disseminating targeted educational and information tools.

<sup>3</sup> There are no national data on the number of Australians who have heart failure, so figures have been derived by extrapolating overseas information.

## Strategies

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- Promote measures to prevent rheumatic fever and improve management of people with rheumatic heart disease to prevent heart failure.
- Develop a minimum data set enabling the correct diagnosis, improved management and monitoring of heart failure patients to enable monitoring and evaluation of current practice and outcomes.
- Implement best-practice guidelines and protocols for diagnosing and managing heart failure in acute and primary care settings and ensure that there is a process to update the guidelines so that they remain current.
- Develop better communication systems and networks to strengthen partnerships between hospitals, specialists and general practitioners.
- Develop and identify models to ensure quality of care for patients in non-urban areas that incorporate measures to support health professionals and patients, particularly those supporting self-management.
- Develop processes to improve out-of-hospital patient care and prevent unnecessary hospital readmissions — this may include care planning, post-discharge follow-up and support of self-management.

## Priorities for national action

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- *Improve the diagnosis, assessment, management and monitoring of heart failure patients.*
- *Ensure best-practice management of chronic heart failure through multidisciplinary care and care planning.*
- *Support use of self-management and home-based care of patients with chronic heart failure.*