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Measuring the Shift: From Admission to Prevention

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Craig Beavers, PharmD:
This is CE with GLC, and I'm Dr. Craig Beavers, and here again with me today is Stephanie Barnes on this episode.

Stephanie, another meaningful question I have for you to think through and discuss: How do you determine whether your outpatient heart failure decongestion strategy is making a meaningful difference for patients? And which quality metrics do you find the most valuable for measuring success?

Stephanie Barnes, DNP:
I'll start by saying one of the more important questions that should be asked by either clinicians, leaders, clinics, hospitals, or health system is what problem are you trying to solve? And when you're solving that problem, how will you measure the impact?

And so what we want to know is if we are administering subcutaneous furosemide to patients in the ambulatory setting, are we actually improving outcomes for our patients? And some other questions are, are we being good stewards of the care that we're providing through using less hospital resources?

So I like to think about this in several categories. First are clinical and utilization outcomes, and there were actually already some clinical and utilization outcomes that have been published related to subcutaneous furosemide. First, for anybody that's interested in looking the FREEDOM-HF trial, the study was evaluating the economic impact and safety of hospital avoidance in heart failure patients presenting to the emergency department with worsening congestion who were treated with subcutaneous furosemide outside of the hospital.

And that study looked at healthcare costs and safety, and they showed that there was less hospital utilization and improved costs for patients who were using subcutaneous diuretics. So those are 2 great measures to consider using: hospital utilization and cost avoidance.

But to get a little bit more in detail for that for this group in particular, is thinking about reducing heart failure admissions as a whole. We just talked about ED visits, but also thinking through whether you're seeing fewer patients progress to hospitalization because we were able to intervene earlier.

I'd like to give a nod for bed-day avoidance, which can be particularly meaningful metric because it captures the impact of successfully

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managing congestion without requiring an inpatient stay. And yes, in this case, we're talking about bed-day avoidance for congestion, but bed-day avoidance could also be particularly helpful if you were looking at items like remote monitoring.

And the way to do that is choose your intervention and look at whether or not patients were hospitalized in a time period prior to the intervention. You could do 30 days, 60 days, 90 days, a year, and then look at the same period of time after the intervention is provided. And so bed-day avoidance certainly can be very helpful.

And I would certainly say that we all probably hope that we are making life easier for patients. And so your patient satisfaction scores that are obtained in the clinic can often be very helpful. But things that are targeted like caregiver or care partner experience, treatment burden, confidence in managing their symptoms at home are all really important measures of whether or not this strategy is truly patient-centered and could be explored in projects hopefully that people are thinking of putting together now.

And finally, I think it's really important to measure the process itself. When you are launching a program to use this therapy, it's good to identify, one, how quickly you can identify a patient who is becoming congested, how quickly the treatment is able to be initiated, and whether or not follow-up was completed, were lab results reviewed, and when the patient didn't respond as expected, which may happen, did we escalate care appropriately?

So just briefly, reduction in admissions, avoiding hospital bed days, improved patient or care partner experience, or even a successful workflow improvement to be able to help demonstrate the value of these programs and support continued investment in these products that may be helpful to patients.

Craig Beavers, PharmD:
That was great, Stephanie. What an outstanding overview.

I think a couple things for people to realize is we definitely need to be following some form of metrics. Now, that can be the traditional things you're alluding to, readmissions, length of stay, etc. I love how you also included commentary about patient-centric metrics and how the patient is doing, both from what their experience is and I think even alluding to how they're doing in terms of their own quality of life and outcomes, because I think when I talk to patients at clinic, it's amazing how many people are very much concerned about quality of life.

And while mortality is important, the day-to-day is really what they're thinking about, right, from that standpoint. Then as an implementation scientist, you really nailed what I care about too, is we've got to measure the processes. Not just what are the outcomes, but how are we doing and improving?

And so I really love how you've put that all together, and obviously you have to be deliberate in deciding what you're going to do, but just really thinking through what a strategy of that is going to be. And so I think you really nailed some great points.

Well, our time is up, and what a great overview. And we hope we gave you something to really think about as you continue to design your program and pathway, and thank you for listening

Stephanie Barnes, DNP:
Thanks, Craig

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