

The Value of CV Team Members

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Disclosure

- No significant disclosures for this presentation

Why a CV Team?

- By 2030, 40% of all the US will have CV disease
- Am Association of Medical Colleges
 - 2015 Report
 - Shortage of 90,000 physicians
 - 12,000 shortage of specialists in 2025
- Current Shortage
 - 1600
 - 16,00 by 2025

Why

- But....
 - Note that CV deaths have decreased from 10.7% to 7.5%
 - They are living but with damaged hearts or increased disease
 - We need to focus on prevention
 - We need to increase HF providers
 - Higher focus on Preventative Care
 - New Scrutiny of Readmissions
 - MI
 - HF
 - CV Surgery

What

- CV Team
 - Comprised of all those who help optimize the care of this complex population
 - MD
 - CV
 - PCP
 - CV Surgeons
 - Palliative Care
 - Hospitalist
 - APC's – in all areas of their care
 - RN
 - MOA
 - Dietician
 - Genetic Specialists
 - Social Workers
 - Financial Coordinators
 - etc

How to Sell Yourself

- Study Results
 - **NO** difference in the quality of care delivered by APN's and PA, compared to physicians in the care of patients with CAD, HF and Afib
- No studies have found that nurse practitioners provide inferior quality of care as compared to their physician counterparts

Virani SS, Maddox TM, Chan PS, et al. Provider Type and Quality of Outpatient Cardiovascular Disease Care, Implications for the Affordable Care Act: *Insights from the NCDR®PINNACLE Registry*. *Journal of the American College of Cardiology*. 2015;66(16):1803-1812. doi:10.1016/j.jacc.2015.08.017.

More Good News

- A [2011 systematic review](#) of 37 studies found that nurse practitioners provided care equivalent to physicians in all these measures.
- If more care was given by NP (presumptive for PA's) there would be a \$16.1 billion in immediate savings, which would continue to increase over time.

How To Make a Difference

- Study of PA's in CV care
 - Added \$300,000 in revenue to a practice
 - (Wish we got paid that much!)
- Study of NP's in CV care (Wharton Business School)
 - Cost- effectiveness analysis from payer, societal, and hospital and employer stakeholder perspectives supports the substitution of nurse practitioners for physicians in their overlapping scopes of practice, as nurse practitioners provide cost-effective care in primary and acute care settings.

RN's

- Studied in their role in a transition clinic for CV care
 - Discharge class involving education in group sessions
 - Cost \$243.58 per patient
- Results
 - 33% decrease in re-hospitalization over a 12 month period
 - (way more than \$243.58)
- A total of 18 randomized studies comparing heart failure clinics using nurse intervention with conventional care have been published to date, and the majority of these have shown either a reduction in hospital readmissions or shortening of hospitalizations in the intervention group

Dietician

- Dietitian-administered counseling was more effective than providing literature in reducing dietary sodium intake in patients with stable HF.
 - (Am Heart J 2005;150:716.e1-716.e5.)
- Dietitian education resulted in a significant decrease in sodium intake at 3 months. In contrast, there was no change in sodium intake in the usual care group
- Guidelines require dietary education and information – Everyone is busy! Let the experts do their job!

ACC Councils Evaluate the Role of Clinical Pharmacists on the CV Care Team

- As a result of advanced training, clinical pharmacists have been associated with decreased costs of care, hospital mortality, drug costs, length of stay and medication error rates. Including pharmacists on cardiovascular care teams also improves medication adherence in at-risk patients, through direct consultation or education-related activities.

Pharmacist's and Cost

- Canadian Study when they let pharmacists manage antihypertensives
- **Results:** For a systolic blood pressure reduction of 18.3 mmHg, the estimated impact is 0.21 fewer cardiovascular events per person and, discounted at 5% per year, 0.3 additional life-years, 0.4 additional quality-adjusted life-years and \$6,364 cost savings over a lifetime.

How Can We Put This In Practice

- **1). Become excellent at what you do**
 - Selling the role to those that are non-believers is sometimes hindered by those that have been a bad example
 - Ask for a chance to do it
 - Prove you can do it
 - Look for ways to add to the patients care and keep record of your results
 - Administrator like data, not hunches
 - Ask the patients what they need or would appreciate
 - Professional meetings and organizations

Collaboration

- Team Players
 - One person can not do it all
 - Know your limits and know when to engage others
- Team Meetings
 - Use a multidisciplinary team meeting on the complex patients
 - Look for input that would make a successful discharge or patient experience
 - Communication in all areas of their care
 - Inpatient to Outpt
 - Outpatient to Inpt

Making It Personal

- Your Job is Not Really Your Career
 - Your Job pays the bills
 - Your Job gives you a chance to increase your knowledge and gain confidence
- Your Job Alone Will Not Advance a Career
 - Become involved in a local or national organization
 - Volunteer your time and knowledge
 - There are seasons in life, is this your time?
 - Find a local or national organization that you feel fits your goals/desires

Who Am I, Why Do I Think This is Important?

- 24 years at the same job in the same hospital
 - 23 of those years in HF with transition to only Adv HF
 - Very satisfied with what I did but suddenly realized that I wanted to do more
 - Developed a passion for the Adv HF patient and their experience
 - In the midst of this lost my dad to Adv HF
 - Wanted to make a bigger difference
 - Saw that the bedside Nurse could offer more than we let them, decided I would do something about it
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My Journey

- Networked in the HF arena
 - Joined AAHFN, saw a gap and when asked, volunteered to help fill that gap
 - What can you do? Where can you volunteer?
 - Realized we (AAHFN) weren't involving the care of the Adv HF patient
 - Where do you see gaps? Have you looked outside your institution?
 - Started an APC group that revolved around education (no CME) but provided great networking in the area (Industry happy to provide dinner!)

- Where did all this eventually lead?
 - ACC Global Nursing Heart Failure Education
 - Dubai, Manila, Bogota

Take Away

- Only you can forward your career
 - No one hands it to you!
- Studies have been done to show your value
- Do YOU value yourself and what you have to offer?
- Look for ways to stretch yourself and volunteer