

Actions to improve chronic heart failure management in Paris and its suburbs, preliminary results

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Background:

Chronic Heart Failure treatment requires close collaboration between multiple health professionals (hospitals, general practitioners, cardiologists, nurses, pharmacists,...). Guidelines for management of chronic heart failure patients after hospitalization for heart failure were published in France in 2014.

In Paris and its suburbs (Ile de France) several indicators show that improvement of processes is required especially regarding linkage between hospital and ambulatory care (for example admission rate in emergency unit was 59,7% in 2014).

Actions:

Since 2015 Regional Health Agency and Social Insurance have conducted several actions to improve patients care pathway: feed back to providers on their own results, support patients after hospital discharge, commitment of several hospitals to organize meetings with field professionals, setting up semi-urgent consultations in hospitals, bundled payment experience...

Preliminary Results:

Indicators evolution from 2014 to 2017 is favorable for rate of admission in emergency unit (57,8% versus 59,7%), 6 months mortality (20,7% versus 23,1%), hospital readmission 6 months after index admission (24,4% versus 25,2%), but unfavorable for ambulatory clinical follow up rates (general practitioner consultation within fourteen days after hospital discharge (46,1% versus 52,5%), cardiologist consultation within sixty days after hospital discharge (47,1% versus 52,8%).

Conclusions:

It is too early to assess the impact of each action and it will be difficult to conclude, because of interaction between actions. The evolution of outcome care indicators is satisfactory, which suggests the interest of acting on a whole care process. The worsening clinical follow up indicators leads to wonder about access to health care and requires an analysis by territory to adapt the actions.

Key messages:

- Actions to improve chronic heart failure management in Paris and its suburbs firsts outcomes are satisfactory.
- Action adaptations are necessary and should be assessed in 2019/2020.