



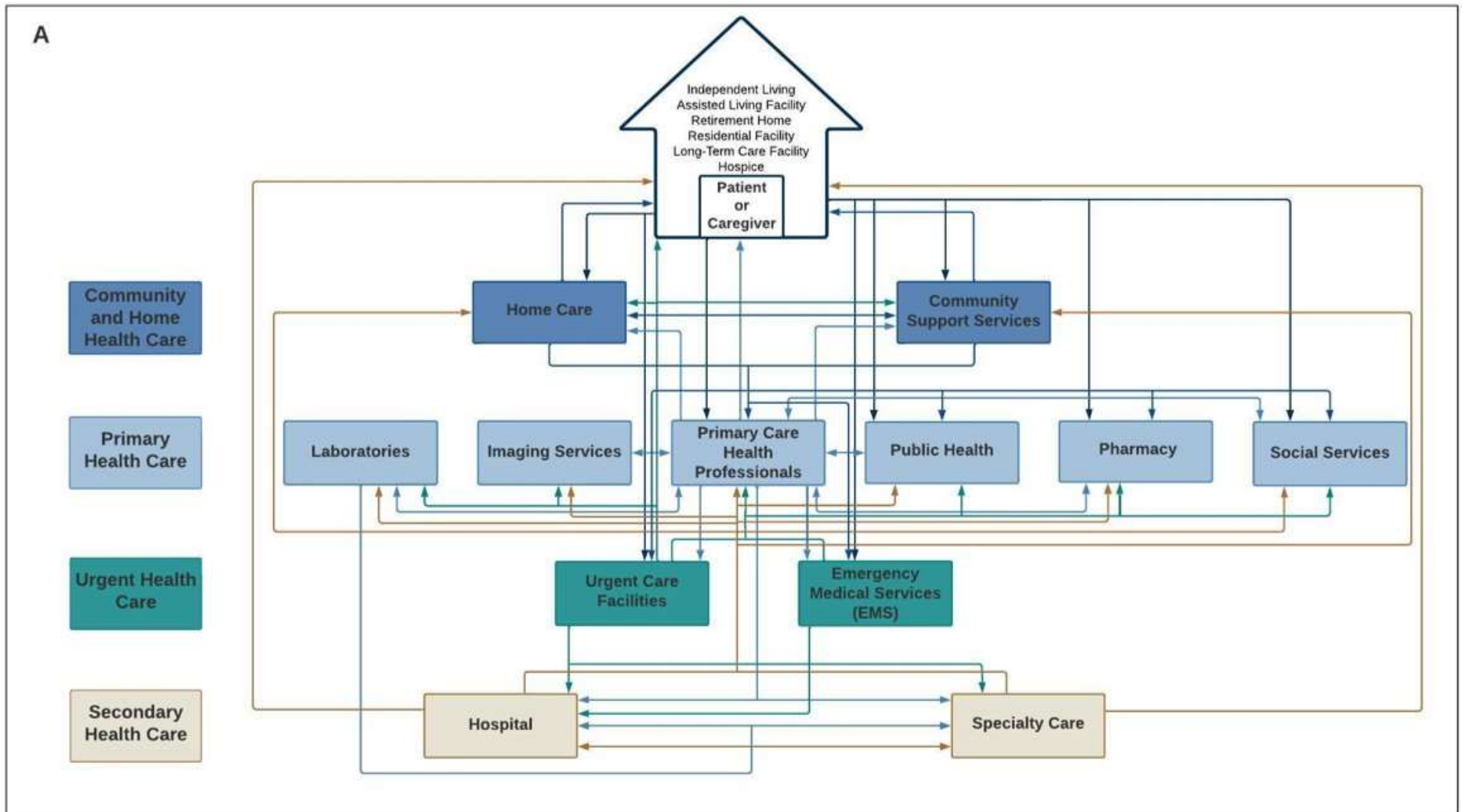
HOPE HF CIHR GRANT

In partnership with the CHFA

Executive Team

- **Dr. Robert McKelvie**- Lead, Cardiologist, HF Specialist, Professor of Medicine at Western University
- **Dr. George Heckman**- Geriatrician, Associate Professor, School of Public Health Sciences, University of Waterloo
- **Dr. Catherine Demers**- Cardiologist, HF Specialist, and Professor of Medicine at McMaster University
- **Dr. Christopher Liczkai**- Respiriologist, Professor of Medicine at Western University, CEO and Medical Director of Best Care
- **Dr. Tim O'Callahan**- Lead Family Physician at Amherstburg FHT
- **Dr. Karen Harkness**- Assistant Clinical Professor, Nursing at McMaster University
- **Madonna Ferrone**- Director of Best Care
- **Anna Hussey**- Evaluation Lead & Epidemiologist for Best Care
- **Alyson Hergott**- Project Manager





Hussey, A. J., Sibbald, S. et al (2021). Confronting complexity and supporting transformation through health systems mapping : a case study. *BMC Health Services Research*, 8, 1–15.



Improving Heart Failure Care in the Community

- Building integrated and supported HF care in primary care is crucial to improving HF management in the community, especially in settings where access to a HF clinic is limited
- **Heart Outcomes Prevention Evaluation in Heart Failure (HOPE-HF)**

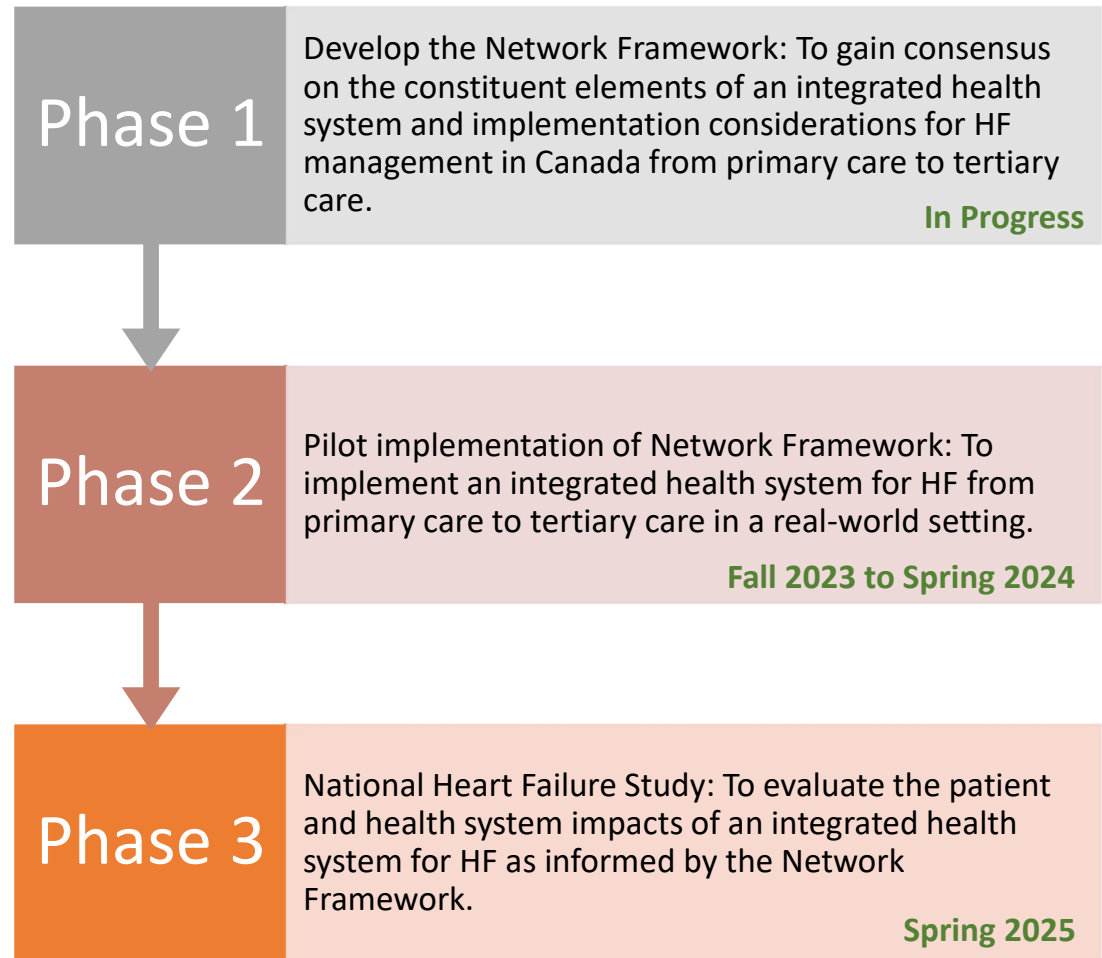
Hypothesis

We hypothesize that a Non-Physician Healthcare Professional led HF management program (in collaboration with the primary care physician; the Best Care model) delivered in primary care and centrally supported from tertiary and secondary care centres will improve HF management and outcomes as compared to usual care.

We will integrate VIRTUES HF, a novel technology platform developed for patients and providers as an e-health record.

(Non-Physician Healthcare Professional = nurse practitioners, pharmacists, registered nurse, or allied health with specialized certification)

AIMS of HOPE-HF (CIHR Grant)



Proposal – Phase 1

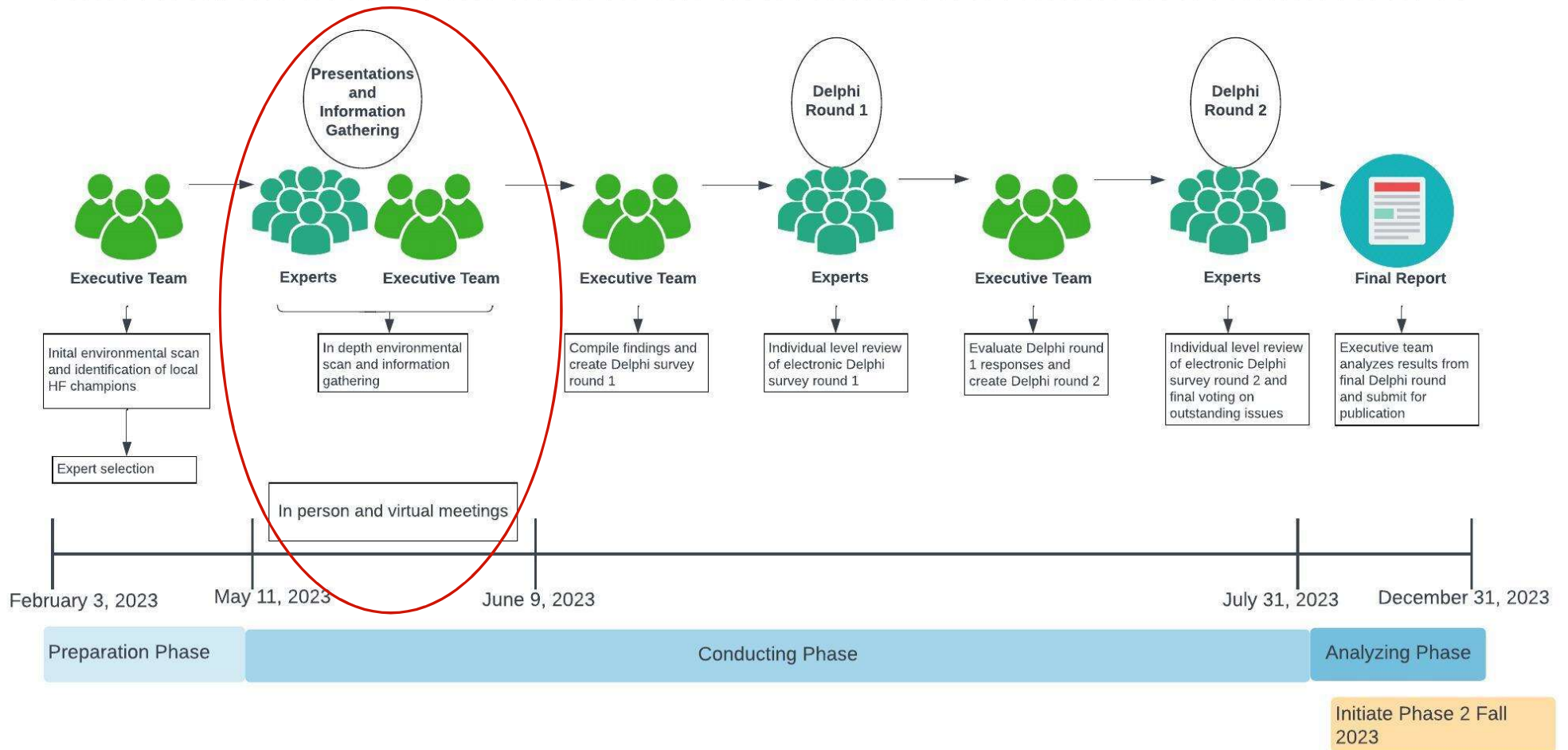
Outline a standardized approach (Network Framework) to operationalize and evaluate integrated services for persons living with HF

Deliverables for this phase include:

- The environmental scan of system-level initiatives for the care of persons living with HF – **Complete**
- Information gathering and collaborative development of the Network Framework and implementation guide – **In Progress**
- Peer-reviewed publication

HOPE-HF PHASE 1

Delphi Method: Systematically structure a group communication process among experts




Environmental Scan Across 5 Provinces

- 5 Cardiologists
- 2 HF Nurse Practitioners
- 12 HF Case Manager/Educators
- 2 Patient and Caregiver Representatives
- 1 Indigenous Leader
- 1 Representative from Doctors of BC



Environmental Scan – Gaps Identified

- System structure is provider centred and not person centred
- High amount of unattached patients
- Need for integrated health records
- Primary and specialty care currently working as silos
- Early and timely access to diagnostic testing - Echo and BNP
- Increased awareness regarding HF symptoms at physician and community level - know when to escalate and send for diagnostic tests
- Patients not managed appropriately to their level of care or needs
- Many initiatives not connected – lack of integration and coordination
- Attempts to build and sustain working relationships tend to be ad hoc or initiative dependent



Environmental Scan – Potential Solutions

- Shared care model to support primary care and connect primary and specialty care
- Integrated health records
- Digital platforms to support rural communities
- Human resources – primary care providers, specialists, nursing, and allied health team members (especially in rural/remote regions)
- A system that is designed for quality and is person centred
- Increased knowledge at the physician and community level of HF
- Care pathway development and real-world implementation with concurrent evaluation cycles to inform quality improvement measures
- Data – to know where the people with HF are receiving care within the health care system to inform quality improvement strategies
- Formal pathways for escalation and de-escalation across the levels of care
- System level engagement to help build and sustain the formal pathways

Information Gathering

- Today's meeting
 - Heart Failure specialists
- Virtual meetings June 5, 6, 13
 - Primary care providers
 - Nurses
 - Allied health
 - Government officials/health administrators
 - Indigenous representatives and healthcare providers
 - Patients and caregivers

Questions