

Heart Failure SIG

Thursday, March 4, 2010
Hynes Convention Center, Boston MA
Meeting Notes

Introduction

Sarah Goodlin, MD, Chair of the Heart Failure SIG, introduced herself and welcomed the attendees. Steve Smith, AAHPM Executive Director attended the meeting as the staff representative. A sign-in sheet was passed around the room (participant list attached). Most attendees indicated it was the first time they had attended the Heart Failure SIG meeting.

Goals of Heart Failure SIG

We reviewed and agreed upon the general goals and the purpose statement of the Heart Failure SIG with participants.

Goals include:

- Establishing expectations for palliative care related to the treatment of heart failure
- Collaborate to develop approaches to provide quality HF palliative care
- Disseminate knowledge and these approaches to HF palliative care to SIG members for use with the broader healthcare community

The stated purpose of the Heart Failure SIG is to:

- Identify current knowledge and practice regarding Palliative and Hospice care for persons with Heart Failure
- Share resources for education about heart failure management
- Encourage research to improve symptom management in patients with advanced Heart Failure

Projects in 2009; Priorities for 2010

Guidelines for HF Palliative and EOL Care:

Sarah Goodlin participated in a rewrite of the Heart Failure Society of America (HFSA) End of Life Care Guidelines. She offered a formal review and endorsement by AAHPM (via the SIG), which the chairman of the HFSA Guidelines committee was enthused about. HFSA chose to not pursue this, so unfortunately we did not have formal input into these guidelines. We can consider creating our own guidelines and sending those through the quality committee to the AAHPM Board if people are interested.

Sarah Goodlin represented the AAHPM on the working group for the AMA/AHA/ACC Physician Consortium for Performance Improvement (PCPI), and at the chair's request developed measures for symptom assessment and for EOL plan of care. After the public comments the symptom management was converted to a quality improvement measure and the EOL plan measure was eliminated, as there is inadequate evidence base to support them. Goodlin urged the HF SIG to create the evidence base that says these make a difference to patient and family outcomes.

Triggers for palliative care referral in HF patients

Last year a group of 3 SIG members collaborated and compiled data from inpatient palliative care consultation services. The data was presented last year, and at the SIG meeting, there was interest in working additionally on this. Several individuals felt there was value in collaborating on a project that would involve evaluation of heart failure triggers prospectively through collection and analysis of a large or combined data set. Although no additional work has been completed to date, the data tool used and several related documents are posted in the HF SIG group at the www.pc-heart.org Web site.

No officially endorsed SIG symposia sessions were submitted on behalf of the Heart Failure SIG for the 2010 Annual Assembly. SIGs are permitted to submit 3 proposals for the 2011 Annual Assembly in Vancouver which are due May 3. Several individuals are interested in working on the Heart Failure SIG, and participating in presentations. We will solicit input and form a group to create the 3 proposals. Endorsement and sign-off from the SIG Chair is required for all SIG symposia.

The group identified the following ideas as potential SIG projects in 2010:

- Conduct/publish a literature review on aspects of HF palliative care, such as management of cardiac devices. These could be brief for SIG members' use or could be submitted for publication.
- Create/maintain an online clearinghouse with links to key published articles on heart failure and palliative care
- Develop a consensus statement on palliative care and cardiac devices
- Review hospice eligibility criteria; develop updated guidelines related to heart failure patients
- Collect/share data on heart failure re-admission rates following a palliative care consultation
- Assess the clinical needs, roles and palliative care interests of cardiologists related to heart failure; develop an educational session or materials together; identify cardiology "champions" to collaborate with.
- Identify SIG members that are interested in collaborating on various research projects; identify/share funding resources

A survey listing all options will be distributed following the Annual Assembly. SIG members will be asked to identify 3-4 projects they feel would be most important and beneficial. Individuals will also be asked to identify which projects they would be interested in participating in.

SIG Structure & Leadership

Dr. Goodlin mentioned that there were numerous opportunities for Heart Failure SIG members to get involved in leadership and project work. The Academy is developing new processes for leadership succession planning within all SIG. SIGs have followed several models for leadership; some have several co-chairs, others have a chair & a vice-chair. We will ask HF SIG members to consider a leadership structure of 2-3 Co-Chairs or Chair and Chair-Elect. AAHPM leadership has decided that because the Academy is a physician organization, with other disciplines being affiliate members, the SIG leaders should be physicians. We can identify other leadership roles for specific projects, that would be open to all physician and affiliate SIG members.

We invited members to consider volunteering for a position. If individuals are identified, an electronic election will take place. If no one expresses interest, Sarah Goodlin offered to continue serving in the chair role for another year.

AAHPM will be providing expanded opportunities for the HF SIG, including online resource sharing, planning conference calls and online interaction throughout the year. Dr. Goodlin reminded participants that there are already a number of helpful resources available on the pc-heart web site, including a Palliative care- hospice clinicians group and a specific working group for the HF SIG. This allows us to post and share documents and to plan and conduct projects. To participate, go to www.pc-heart.org and then email Sarah Goodlin (sig-pcer@comcast.net) and tell her you are in the SIG and interested in being added to the group. There is a link on the PC-HEART home page to the review article on Palliative Care in HF (Sarah Goodlin) published in J American College of Cardiology.

Attendees at the Meeting:

Jeffrey Brown, MD
Jatin Dave, MD
Edgar W. Hull, MD
Tina Smusz, MD
Tanya Stewart, MD
Charles Stephen Stinson, MD
Terence Gutgsell, MD
Michol Negron, MD
Mary McWilliams, CNP
Keith Swetz, MD
Martha Darby, RPN
Maria Blahey, MD
Tom Rodgers, MD
Alyssa Luddy, MD
Elizabeth McCormick, MD
Kathleen Doyle, MD

Catherine Duffy, APRN
Elaine Berry, MD
Faith Holmes, MD
John Lynch, MD
Sandy Schellinger, NP
Ed Martin, MD
Nancy Long, MD
Nora Reznickova, MD
Monica Freeman, LCSW
Bret R. Benally Thompson, MD
Julia Gallagher, MD
Joseph Cyriac, MD
Kellie Mayfield, MD
Shavon Tapper, MD
Elizabeth Brennan, MD
Gregory Sonn, MD
Deb Levy, MD