

Efficacy of a pharmacist-led remote management of heart failure patients in primary care settings

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Background

- Heart failure is a long-term condition affecting 920,000 people in the UK and at high risk of hospital admission with an average 10-day inpatient stay.
- The Covid-19 pandemic severely restricted access to those patients.
- An innovative pharmacist clinic was rapidly established with a patient-centred approach.
- This case note audit aims to investigate the efficacy of a pharmacist-led remote heart failure clinic on reducing hospitalisation and mortality within defined HF patient cohort in primary care during the Covid-19 pandemic.

Methods

- A retrospective case note audit was undertaken of heart failure patients registered with a single general practice in the North East of England.
- Eligible patients: New York Heart Association class II and III with a confirmed left ventricular ejection fraction (LVEF) of 40% or lower.
- Patients were remotely managed using either telephone consultations or video consultation using **AccuRx** system by the clinical pharmacist.
- Data on hospital admissions and cardiovascular mortality were collected and compared to a similar cohort of patients who had traditional face to face management in the previous year.

Results



Between 15/3/ 2020 and 1/2/2021, eligible heart failure patients within a general practice (N= 84: 52 males & 32 females with mean age of 77.8) were remotely managed by the practice clinical pharmacist.

Findings were compared against those of the same time period the previous year with usual face to face care (N=88: 47 males & 41 females with mean age of 76.2) as a control group.

Discussion

This case notes audit of heart failure patients showed no significant difference between patients managed remotely and those in face to face clinics in cardiovascular hospital admissions and mortality suggesting no additional risk or compromise in care. Further work is needed to see if these findings are generalisable.

References:

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