

2nd International Conference on
Cardiovascular Diseases & Therapeutics

August 12-13, 2019 | Amsterdam, Netherlands

Reducing Heart Failure Readmission

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The cost of heart failure care is 1-2% overall healthcare spending in developed countries. In the United States, heart failure consumes more Medicare in dollars than any other diagnosis. Diabetes mellitus and preserved ejection fraction are independent predictors of higher lifetime costs. Costs are accrued more rapidly at the time of initial diagnosis and in the final months of life. The incidence of heart failure is high and increases with age. Readmission is an issue with heart failure where the burden of hospitalization is increasing. Heart failure is deadly and costly – with much of the cost due to the burden of hospitalization. Effective evidence-based interventions should address gaps in care and promote effective transitions across sites and clinicians (e.g., single point person throughout episode of illness, transfer of information, focused patient/family caregiver education, coordinated follow-up services), and root causes” of poor outcomes with a focus on longer-term value for both the patient and health care system. A Heart Failure Readmission checklist before admission, during hospitalization, and related to discharge. In summary a checklist and disease management program is key to reducing heart failure hospital readmission.