

## Heart Failure Clinic: the Value of Teamwork

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**Background and Purpose:** The influence of home and clinic-based caring system on the economical burden of heart failure remains unknown.

**Methods:** From Jan 2004 to Dec 2004, chronic heart failure patients who followed by specialist nurse-led telephone visiting regularly were enrolled. Clinical and economic data half year before enrollment was collected as control.

**Results:** A total of 247 patients (168 males and 79 females; age  $60 \pm 17$  years-old) were enrolled. The mean follow-up period was  $139 \pm 96$  days. The left ventricular ejection fraction was  $35 \pm 15\%$ . There were 1618 times of specialist nurse-led telephone visiting (average  $8 \pm 6$  times/patient). The mortality was 5.7%. Before enrollment, the total admission fees were 624,020 US dollars. After enrollment, the cost was reduced to 362,722 US dollars (41.8% reduction). The mean duration of hospital stay due to heart failure reduced 5.3 days (26.2% decrement). The total numbers of admission were reduced 32 times (35% decrement). The unexpected admission rate reduced from 15.9% to 7.7%. The total fees of visiting emergency station were reduced from 6,528 to 6,101 US dollars (6.5% decrement). On the other hand, the frequency of visiting OPD increased from  $5.2 \pm 3.2$  to  $6.6 \pm 4.1$  time/patient ( $p < 0.001$ ). The total fees of visiting OPD increased from 90,783 to 94,855 US dollars (4.4% increment).

**Conclusions:** The home and clinic-based caring system is capable of decreasing adverse outcome, most notably hospital admission and length of stay, could trigger significant cost savings in the management of heart failure.

**Key Words:** Heart failure, economic burden, home and clinic-based caring system