
CONFERENCE ABSTRACT

Heart Failure Virtual Consult

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Introduction: Many challenges remain in the management of heart failure (HF) with suboptimal implementation of guideline-recommended therapies, a changing profile of patients who are older and have multiple comorbidities and a high rate of early re-hospitalization for HF. Use of modern communications systems has the potential to revolutionize primary care-secondary care interactions.

Practice change: We have recently deployed a GP-specialist on line, real time interaction to discuss patient's problems in heart failure. This application, which we refer to as "Virtual Consultation" (VC), can host at one sitting up to 25 GP practices, enabling specific case discussion but also a dissemination of practical tips in heart failure care. This strategy offers an alternative to standard clinic assessment, can provide the general practitioner with all the information that he / she requires, reduce need for onward direct referral and thereby can reduce "unnecessary" travel for the patient and family, a very meaningful bonus for this type of interaction given the age and frailty of many patients with heart failure. This intervention also provides a user-friendly method to update the care strategy for a patient without necessarily requiring the patient to travel and provide facilitated access for GPs to specialist diagnostics in a timely manner.

Aim: To reduce need for referral to outpatient department, increase confidence of general practitioners in managing heart failure in the community and improve GP-specialist team interaction

Targeted population and stakeholders: Cardiologists, General Practitioners, Nurses, Patients and their carers

Highlights: Over the 18 month period 142 patients were referred to the service. Only 17% required review in the outpatient department with the majority of issues dealt with through the VC service. The travel distance saved for patients referred to this service was 10,552km. A total of 30 GP practices utilized the service during the study and 17 participated in a mixed methods study of the service. Usability and improvements in self reported efficacy were high for the GPs involved.

Sustainability and transferability: Resourcing of this method of integrated care is required to ensure that both specialist and GP teams can participate fully without compromising other patient care. The use of webconferencing is easily transferable to settings internationally.

Conclusions: These data from an initial experience with VC present a very positive impact of this strategy on the provision of heart failure care in the community and acceptability to users. In addition, it is likely that this strategy will have benefits in the management of other chronic illnesses, and therefore increased focus on and resourcing of such efforts may have a significant impact on the development of chronic disease strategies in the future. Further research on this strategy focusing on patient outcomes and acceptability, implementation science approaches and economic evaluations are required.

Keywords: heart failure; web conferencing; specialist-gp interaction
