Letters to the Editor

Heart Failure Programs / Units. A Multidisciplinary Approach

Los programas/unidades de insuficiencia cardiaca. Una visión multidisciplinaria

To the Editor,

Revista Española de Cardiología has published a consensus document developed by the Spanish Society of Cardiology on the quality standards to be met by heart failure (HF) units within the framework of the SEC-Excellence project.¹ On behalf of the Heart Failure and Atrial Fibrillation Working Group of the Spanish Society of Internal Medicine, we would like to congratulate the authors of this document, which rigorously defines the categories of HF units (community, specialized, and advanced) and the resources and indicators needed for their proper functioning.¹

Currently, HF is one of the most important health problems faced by Spanish cardiology and internal medicine (IM) services. The Resources and Quality in Internal Medicine report, published in 2015, reported that HF was the main diagnosis at admission in IM services.² According to the Minimum Basic Data Set, in 2013, there were more than 63,000 admissions to IM services for HF, which was almost 10% of total admissions.³ Undoubtedly, the marked increase in the volume of health care for HF in IM is not only a consequence of the higher prevalence of the disease, but also of the change in the profile and complexity of the patients: advanced age with significant comorbidity and preserved ejection fraction.³

Given the high prevalence of HF in patients admitted to IM services, the Spanish Society of Internal Medicine created the Integrated Management Units for Patients with Heart Failure (UMIPIC) in 2011. The basic objectives of these units are integrated care, continuity of care, and coordination with primary care.⁴ The typical profile of patients within these units is predominantly elderly (82 years), with ejection fraction > 35% (70% of patients), multiple disease, and previous admission for HF.⁵ The program provides a report that specifies patient inclusion criteria, infrastructure and human resources, among which nurses are fundamental, and the main indicators to be measured. The activity of the units within the UMIPIC program is reported in the Spanish National Registry of Heart Failure of the Spanish Society of Internal Medicine.⁶ Currently, 25 IM units distributed throughout Spain are within the UMIPIC program. The units achieved significant reductions in admissions and emergency visits for HF at 1 year of follow-up (85% and 73%, respectively, compared with the year prior to their inclusion in the units).⁵

It is clear that, taking into account the magnitude of the HF problem, multidisciplinary collaboration programs should be implemented to provide HF patients with the best possible health care. Based on the article by Anguita Sánchez et al.,¹ and the experience of the UMIPIC program,⁴ the Spanish Society of Cardiology and the Spanish Society of Internal Medicine have very recently approved a consensus proposal whose basic objective is the creation and development of HF programs/units shared between cardiology and IM in all Spanish hospitals.⁷

We would like to reiterate our congratulations to the authors of the consensus document on HF within the SEC-Excellence program and to the Spanish Society of Cardiology and the Spanish Society of Internal Medicine for the agreements reached on the joint creation of programs/units, which will certainly improve the quality of care of all patients with HF.

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