

# Leitlinien

## DMP Herzinsuffizienz

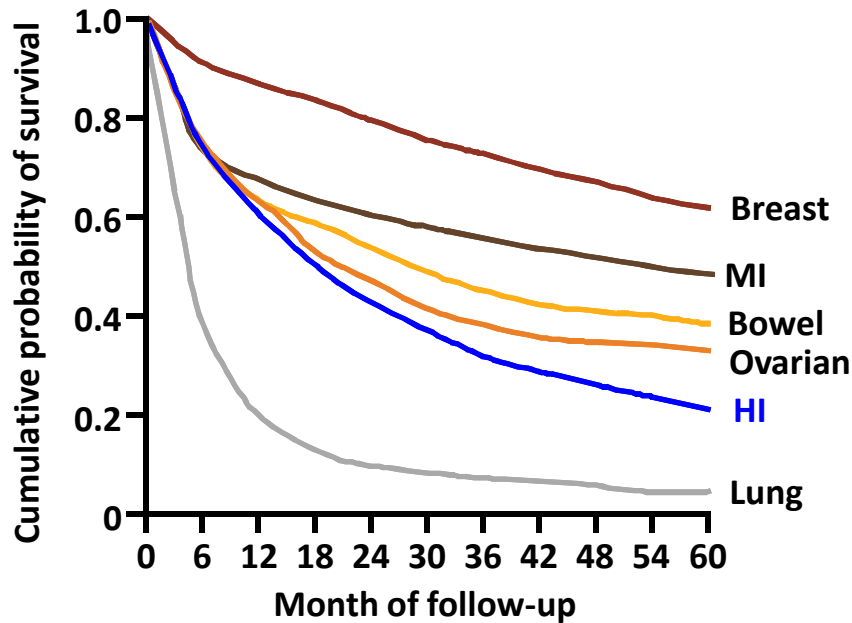
### HerzMobil Tirol

**Alpbach 21-8-2017**

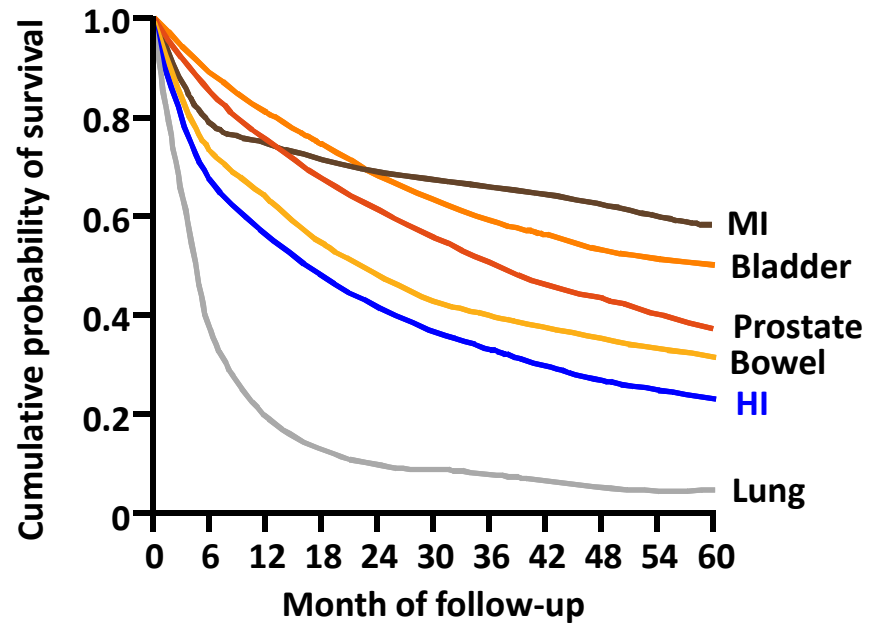
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Univ. Klinik f. Innere Med. III  
Kardiologie u. Angiologie  
Med. Univ. Innsbruck

# Herzinsuffizienz - Mortalität

Überlebensraten bei Frauen (%):  
 HI, MI und Malignome

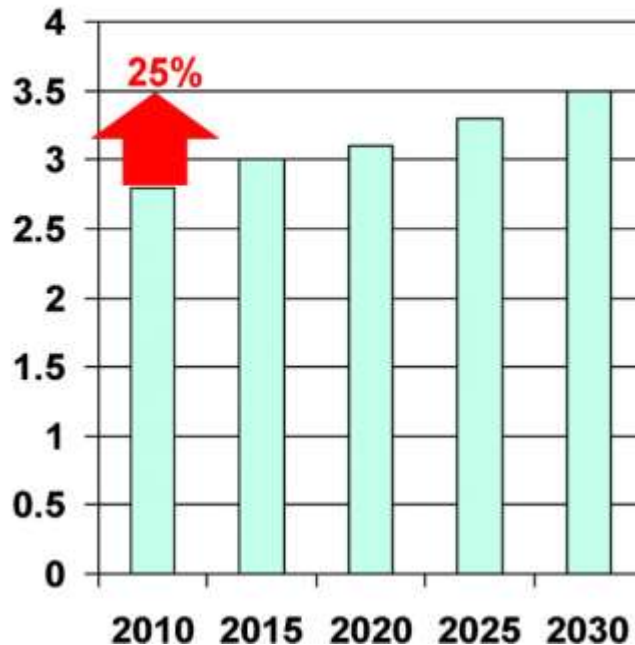


Überlebensraten bei Männern (%):  
 HI, MI und Malignome

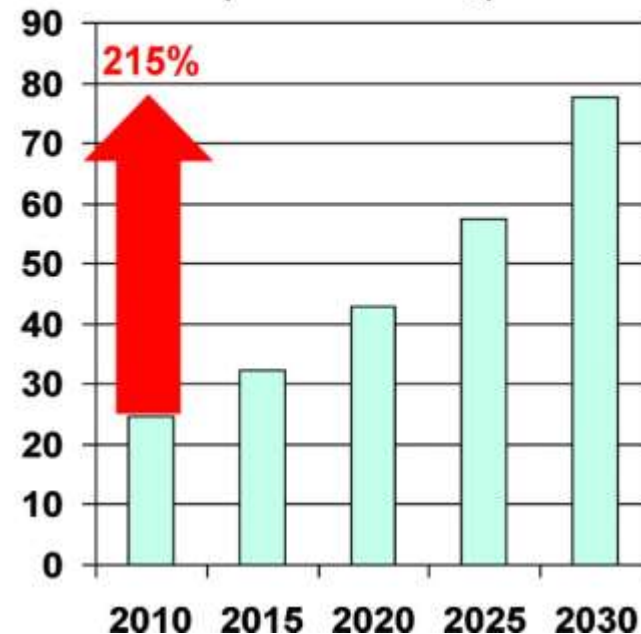


## Zunahme von Prävalenz/Kosten

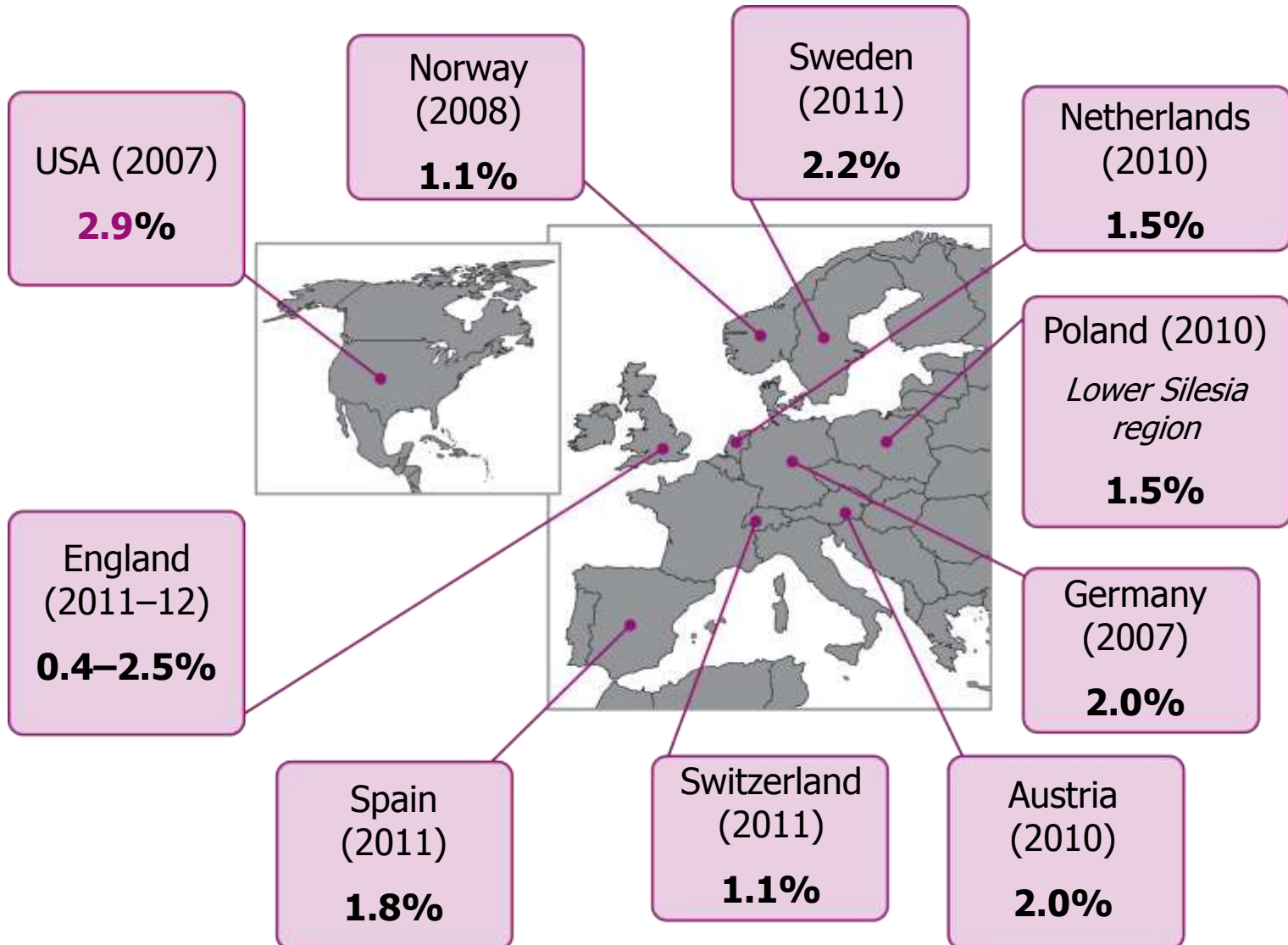
**Projected US Prevalence of Heart Failure (%)**



**Projected US Direct Costs for Heart Failure (billions 2008\$)**

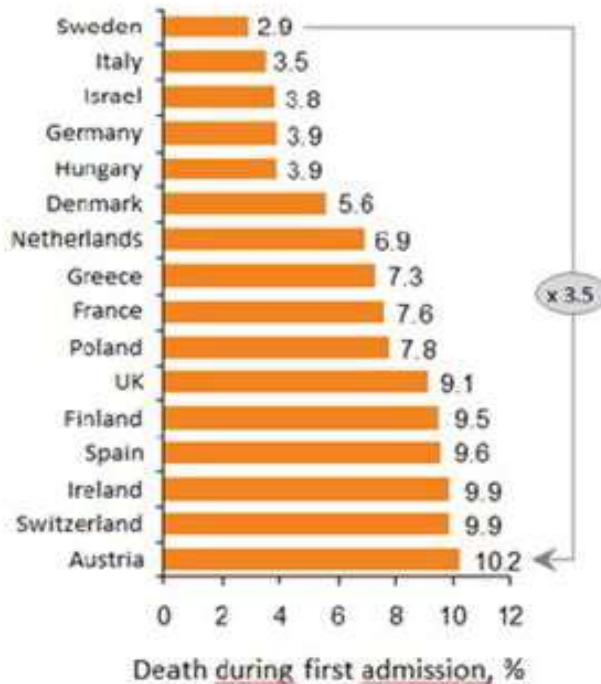


## HI-Aufnahmen in % der gesamten KH Aufnahmen

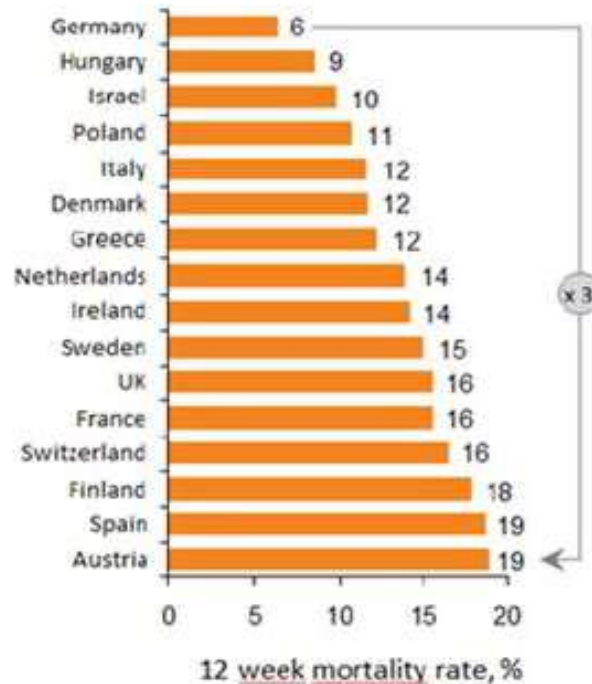


# Example: Variation of heart failure outcomes across European countries

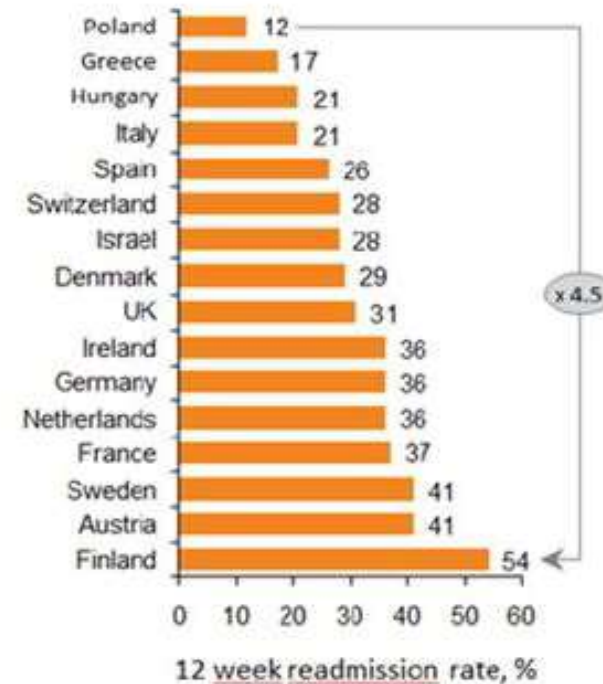
> 3x variation in death during first HF admission



3x variation in 12 week mortality rate for HF



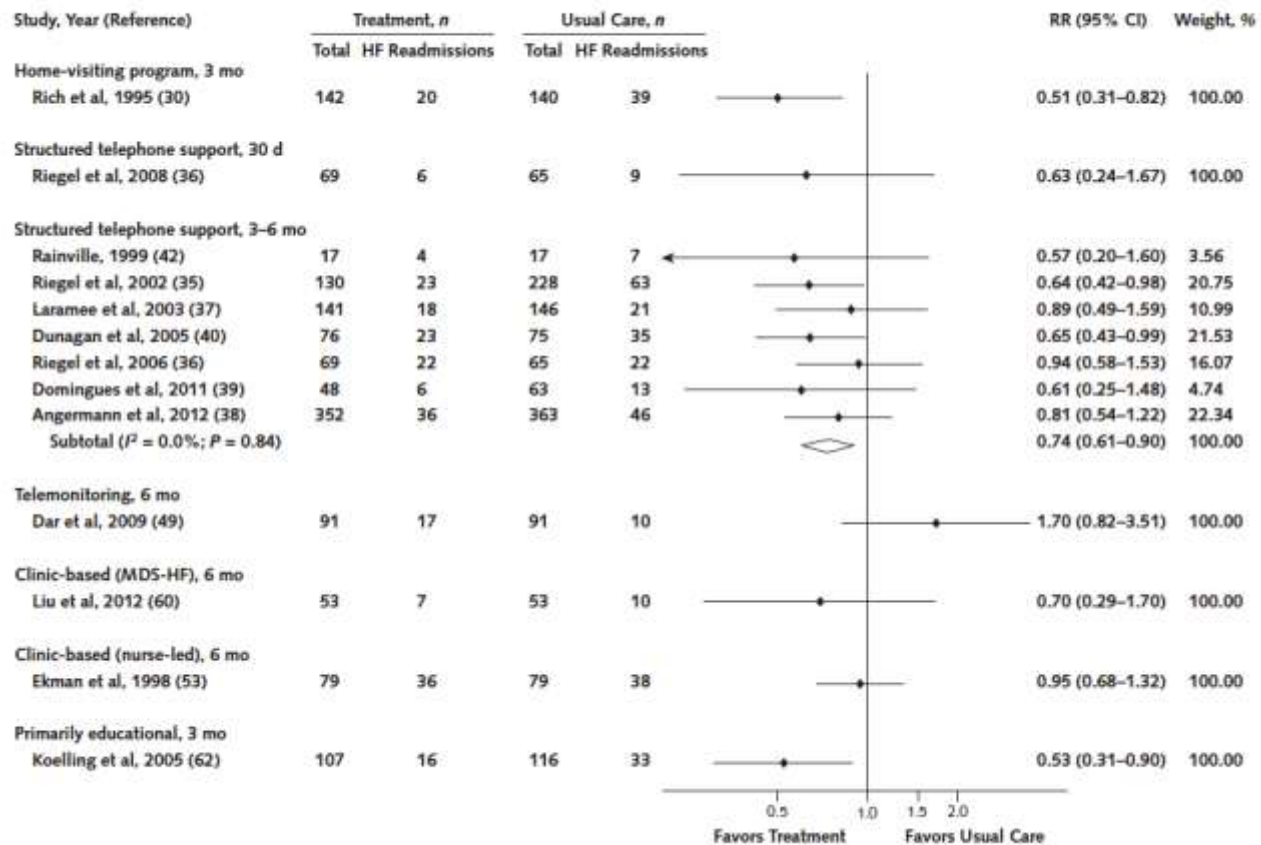
>4x variation in 12 week readmission rate for HF



Note: The survey was conducted during 2000–2001 in 115 hospitals from 24 countries belonging to the European Society of Cardiology. A total of 46,788 deaths and discharges were screened from which 11,327 (24%) patients were enrolled with suspected or confirmed heart failure. The study ensured quality of data for comparability through different measures: clusters of hospitals were formed that generally included one University hospital and one or more community hospitals in order to obtain a more representative sample of hospital deaths and discharges, cases had to fulfill four criteria to be more comparable, large sample sizes provide substantial protection from random error. Source: The EuroHeart Failure survey programme, European Heart Journal (2003) 24, 442–463

# Reduktion der KH Aufnahmen mit DMPs

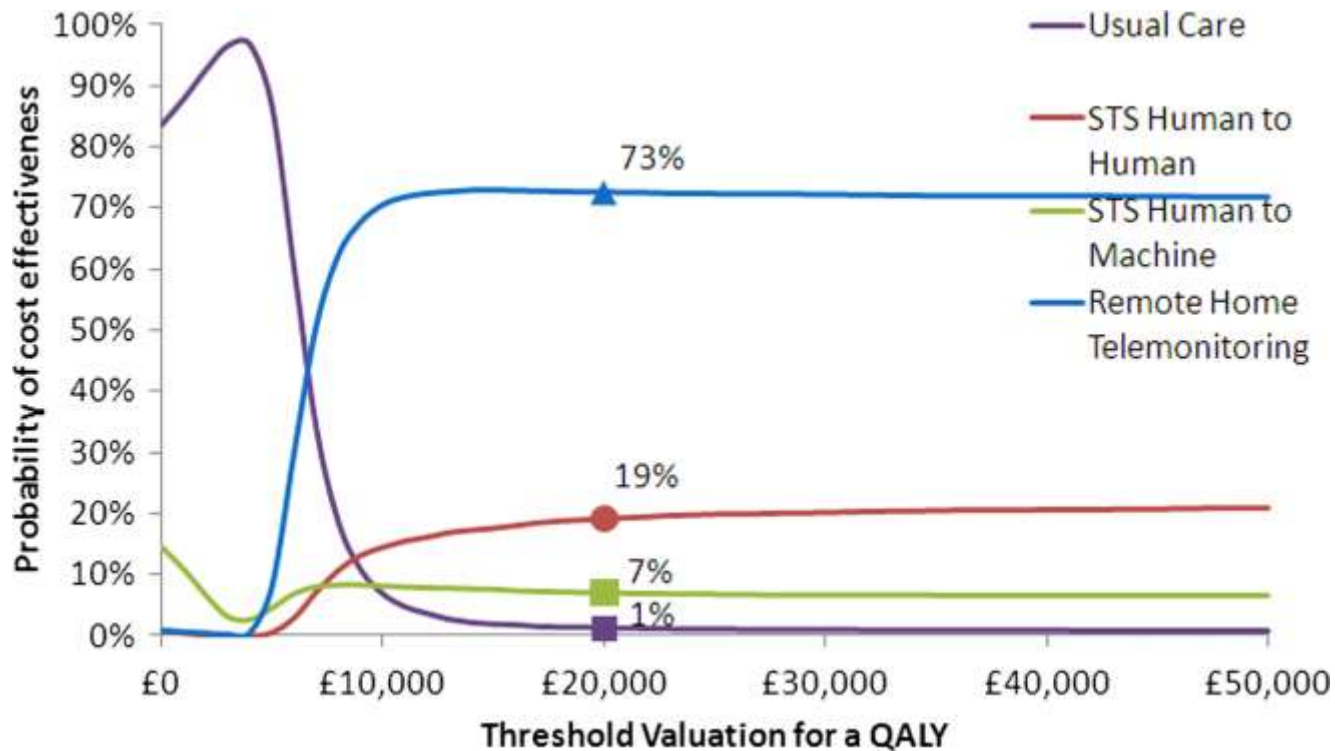
Appendix Figure 2. HF readmissions for transitional care interventions compared with usual care, by intervention category and outcome timing.



Weights are from random-effects analysis. HF = heart failure; MDS = multidisciplinary; RR = risk ratio.



## Telemonitoring: Kosteneffektivität





EUROPEAN  
SOCIETY OF  
CARDIOLOGY®

## ESC Heart Failure Guidelines 2016

Recommendations	Class <sup>a</sup>	Level <sup>b</sup>	Ref <sup>c</sup>
It is recommended that patients with HF are enrolled in a multidisciplinary care management programme to reduce the risk of HF hospitalization and mortality.	I	A	622–625

Ponikowski P. et al. EHJ 2016



# **Disease management programs in chronic heart failure**

Position statement of the Heart Failure Working Group and the Working Group of the Cardiological Assistance and Care Personnel of the Austrian Society of Cardiology

Mörzl D, et al. WiKliWo 2017, in press



## 4 Säulen zur Verbesserung des HI-Managements

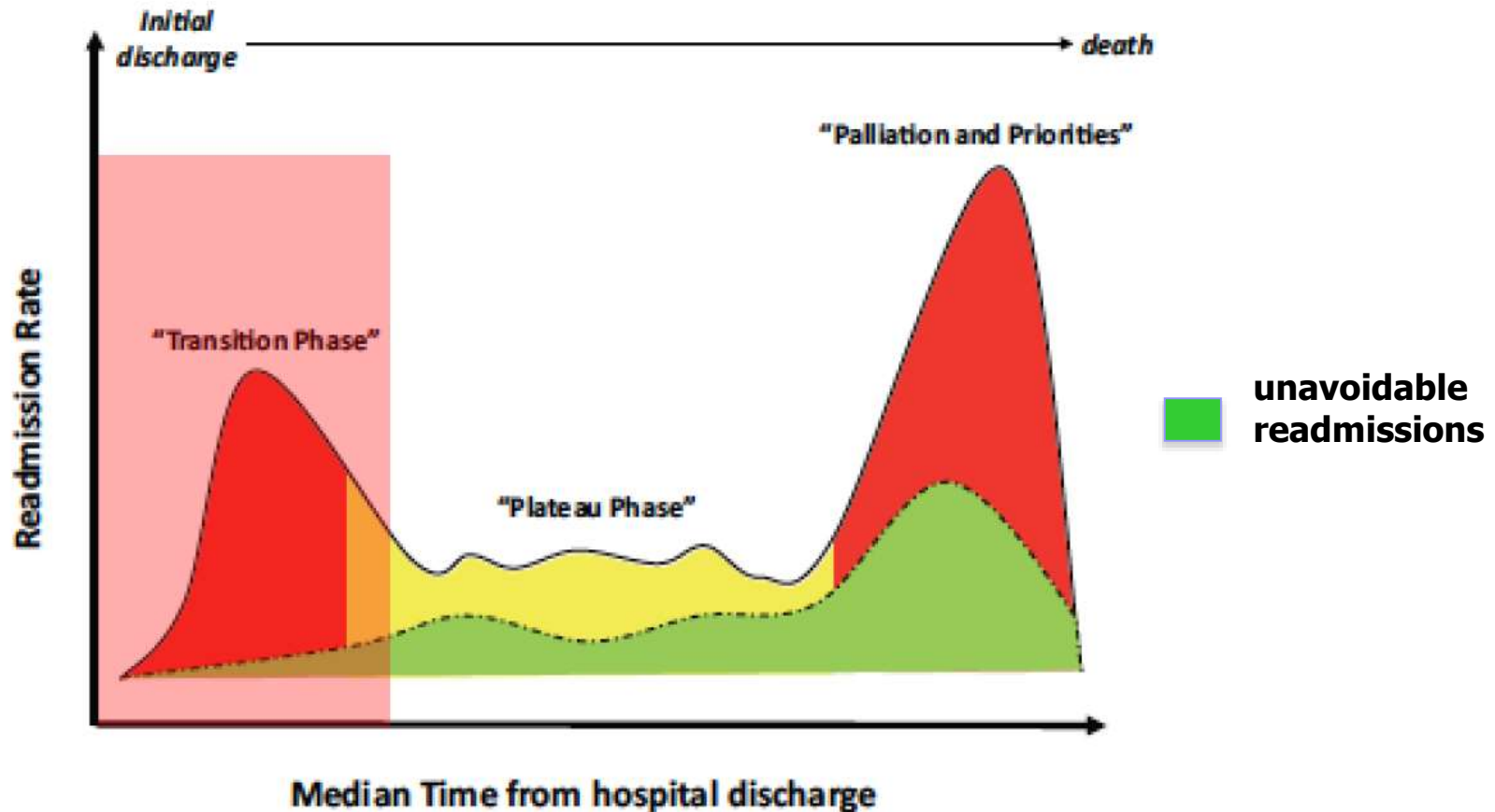
**Patientenschulung** zur  
Stärkung der Eigenkompetenz von Patienten  
und damit Sicherstellung der Nachhaltigkeit  
des Programms

**Monitoring** zur frühzeitigen  
Erkennung einer drohenden Dekompensation  
und damit Sicherstellung einer rechtzeitigen  
Intervention

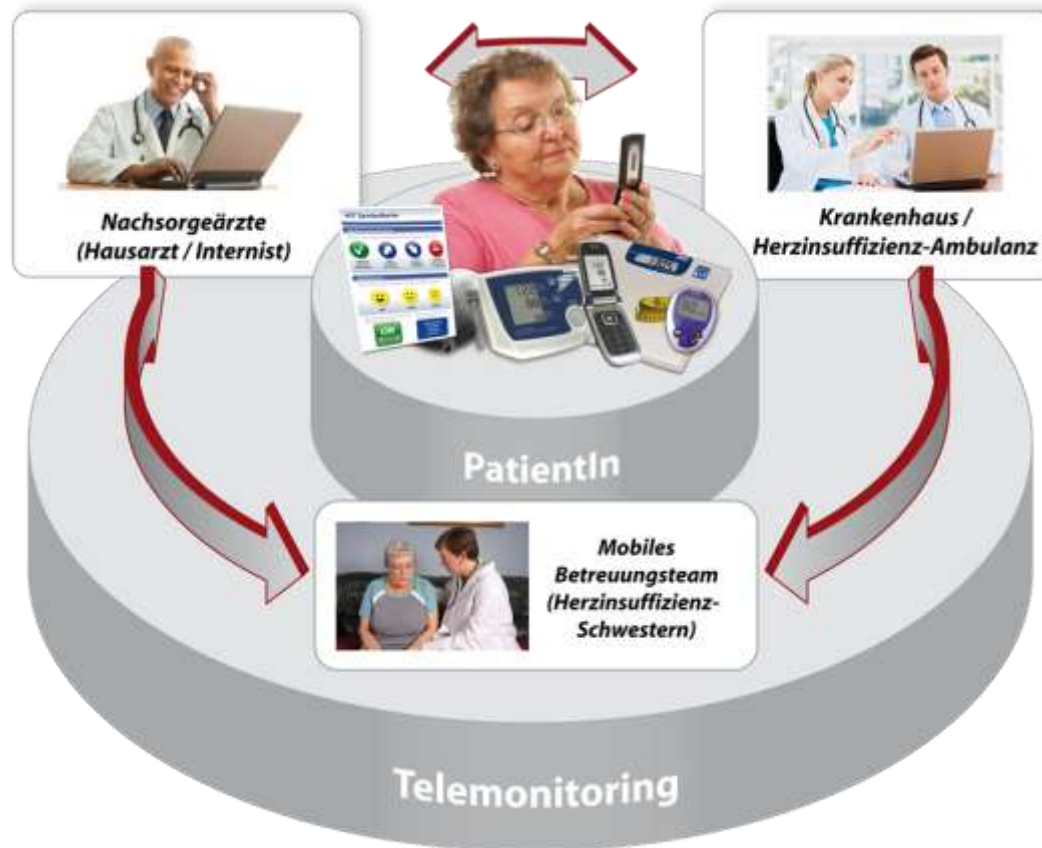
Kontinuierliche, zeitnahe  
**Therapieoptimierung** zur  
längerfristigen Stabilisierung der Erkrankung

**Verbesserung der  
Kommunikation** zwischen den  
Gesundheitsversorgern

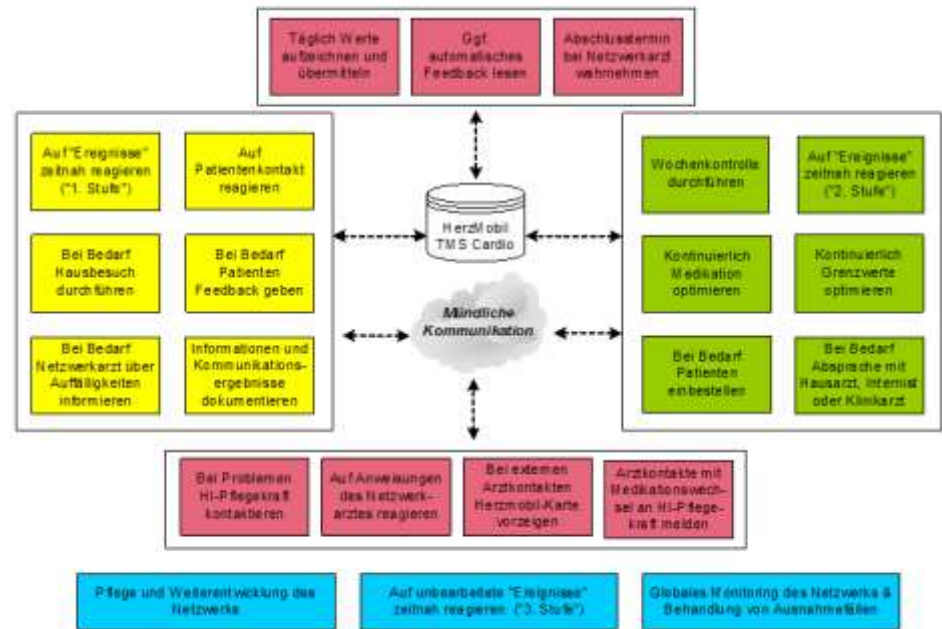
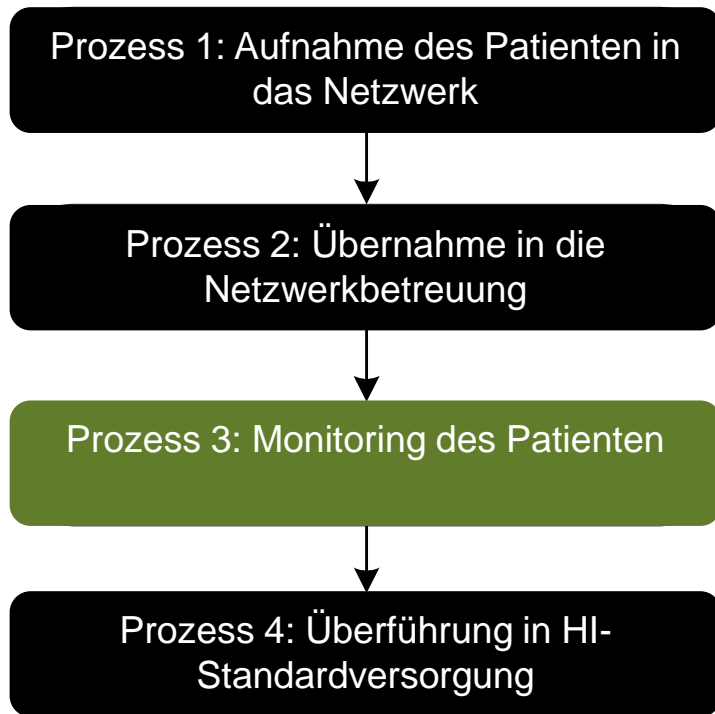
## 2 Gipfel bei KH-Aufnahmen wg. HI



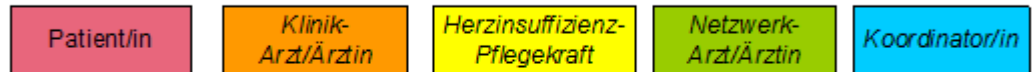
## Kollaborative **Herz**insuffizienz-Versorgung mit **mobil**funkbasiertem Telemonitoring in **Tirol**





## Behandlungspfad



Legende:



 Reihenfolge der Aktivitäten

 HerzMobil-System TMS Cardio