7th Advances in Heart Failure 2024
10 e 11 de Outubro
FACULDADE DE MEDICINA DA UNIVERSIDADE DO PORTO

ICFEP: Consenso Português de 2024

Organização de Cuidados

Joana Pimenta

S. Medicina Interna – H E. Santos Silva - ULS Gaia e Espinho

Unidade de Investigação Cardiovascular – FMUP

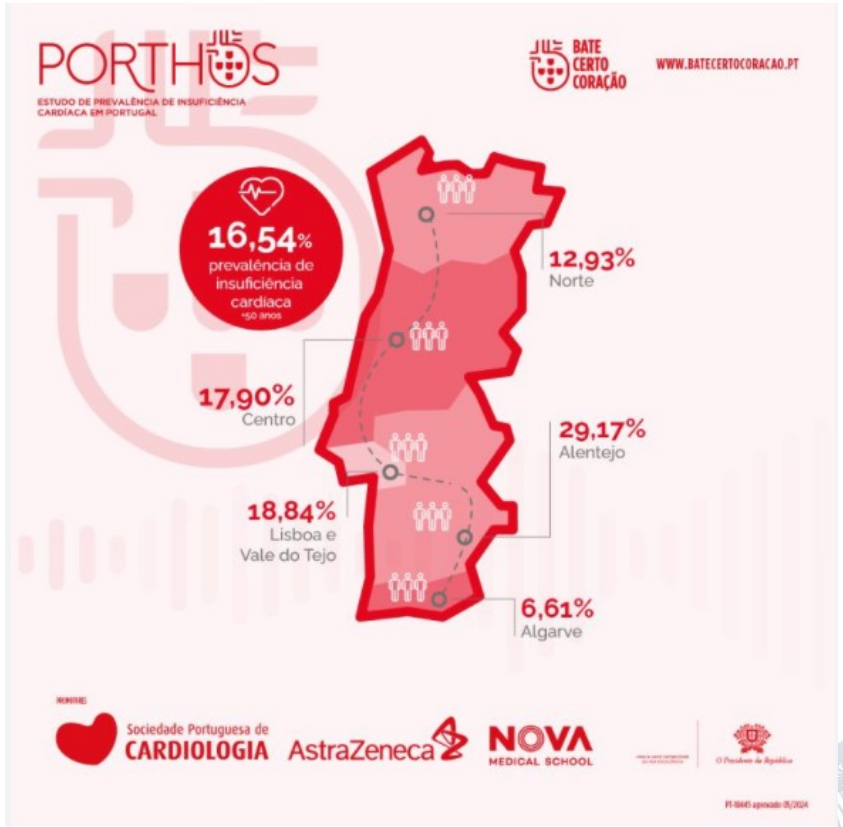
Quem são o(a)s portuguese(a)s com IC Fep?

PORTHOS
ESTUDO DE PREVALÊNCIA DE INSUFICIÊNCIA CARDÍACA EM PORTUGAL

	IC FE preservada (FE>=50%) N=1061
Idade 70+ (%)	**74.2%**
Sexo Masculino (%)	25.4%)
Obesidade	**30.5%)**
DM tipo 2	**25.4%**
HTA	**76.0%**
EAM prévio	6.5%
FA	7.4%
NYHA III-IV	**24.1%**

Quem são o(a)s portuguese(a)s com IC Fep?

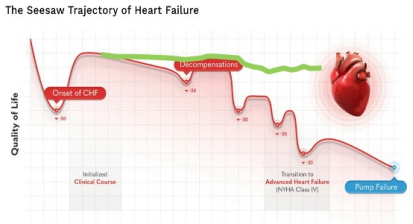
PORTHOS
ESTUDO DE PREVALÊNCIA DE INSUFICIÊNCIA CARDÍACA EM PORTUGAL

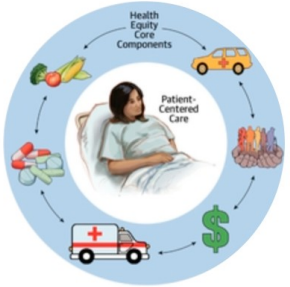


Organização de cuidados na IC (Fep) em PT

Objectivos:

Doente





Sistema de saúde

Organização de cuidados na IC (FEp) em PT: lacunas

Equipas multidisciplinares

Diagnóstico precoce
Integração de cuidados
Rede de referenciação

Monitorização da qualidade e promoção de melhoria contínua: Indicadores; registos

Reabilitação cardíaca
Cuidados paliativos
Acesso a terapêuticas específicas

Envolvimento de decisores políticos, associações de doentes, sociedades científicas

Formação de profissionais
Educação de doentes/cuidadores
Literacia da população

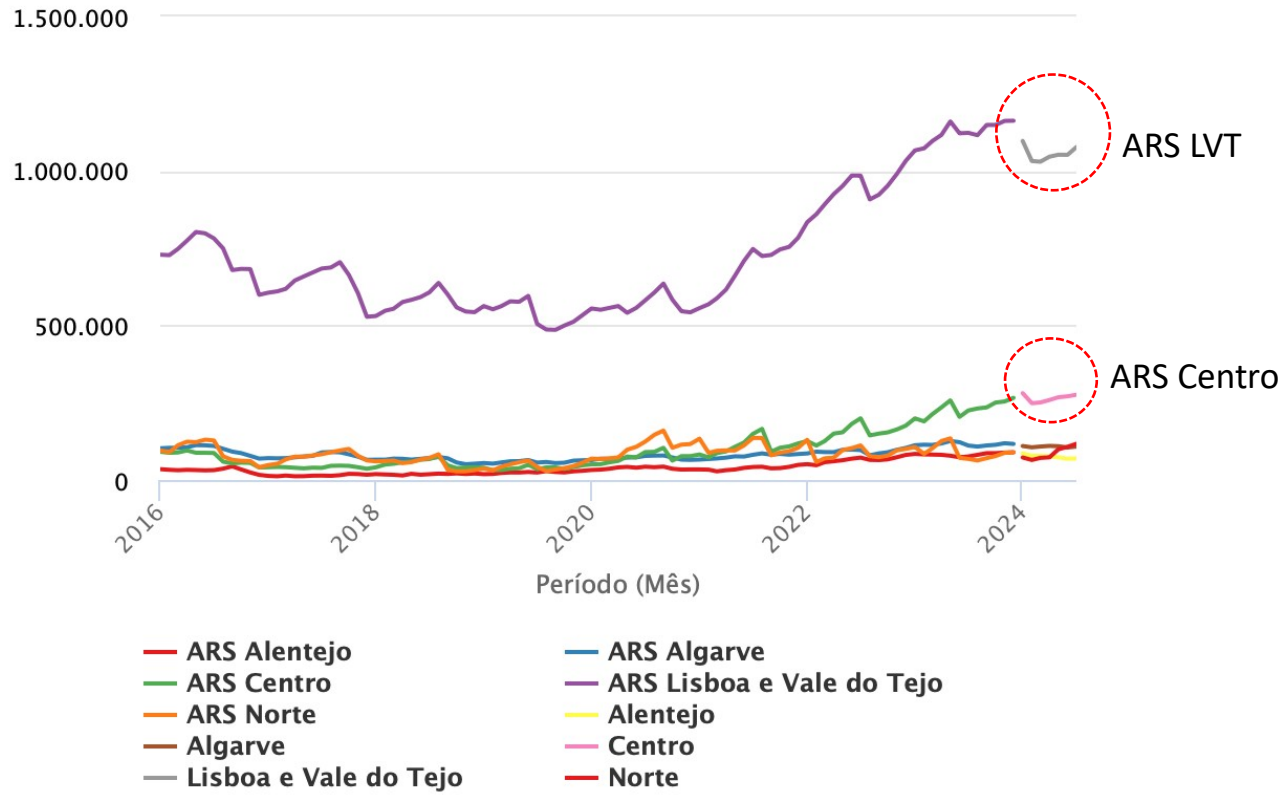
Organização de cuidados: Diagnóstico

Acesso a CSP

Total Utentes sem MdF Atribuído

Julho 2024
Soma Total Utentes sem MdF Atribuído **1.648.330**

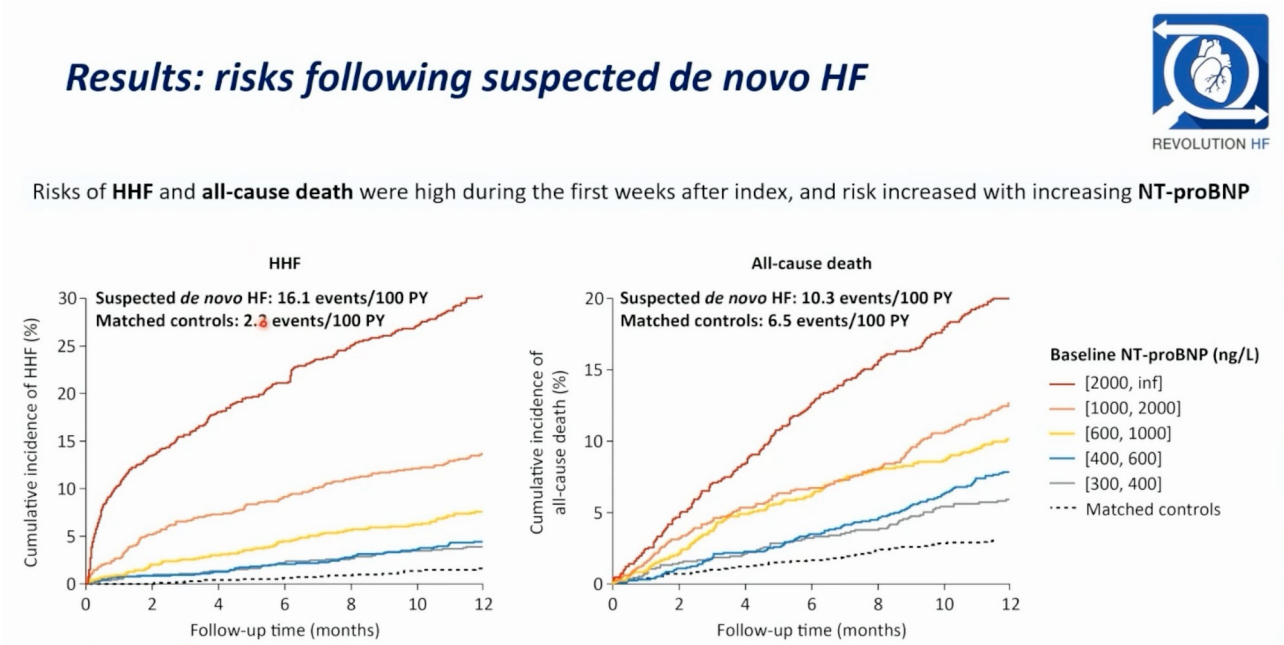
BI-CSP
Bilhete de Identidade dos Cuidados de Saúde Primários

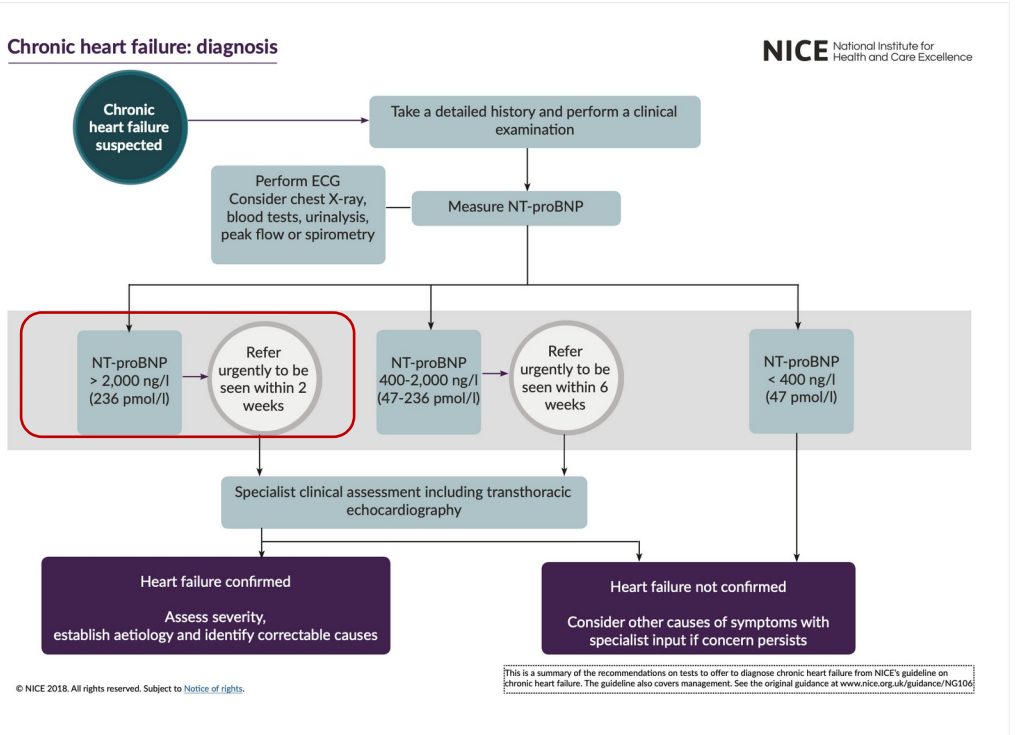


https://transparencia.sns.gov.pt/

Diagnóstico de IC: peptídeos natriuréticos

Identificação de doentes de alto risco (NT-proBNP)





Equipas multidisciplinares

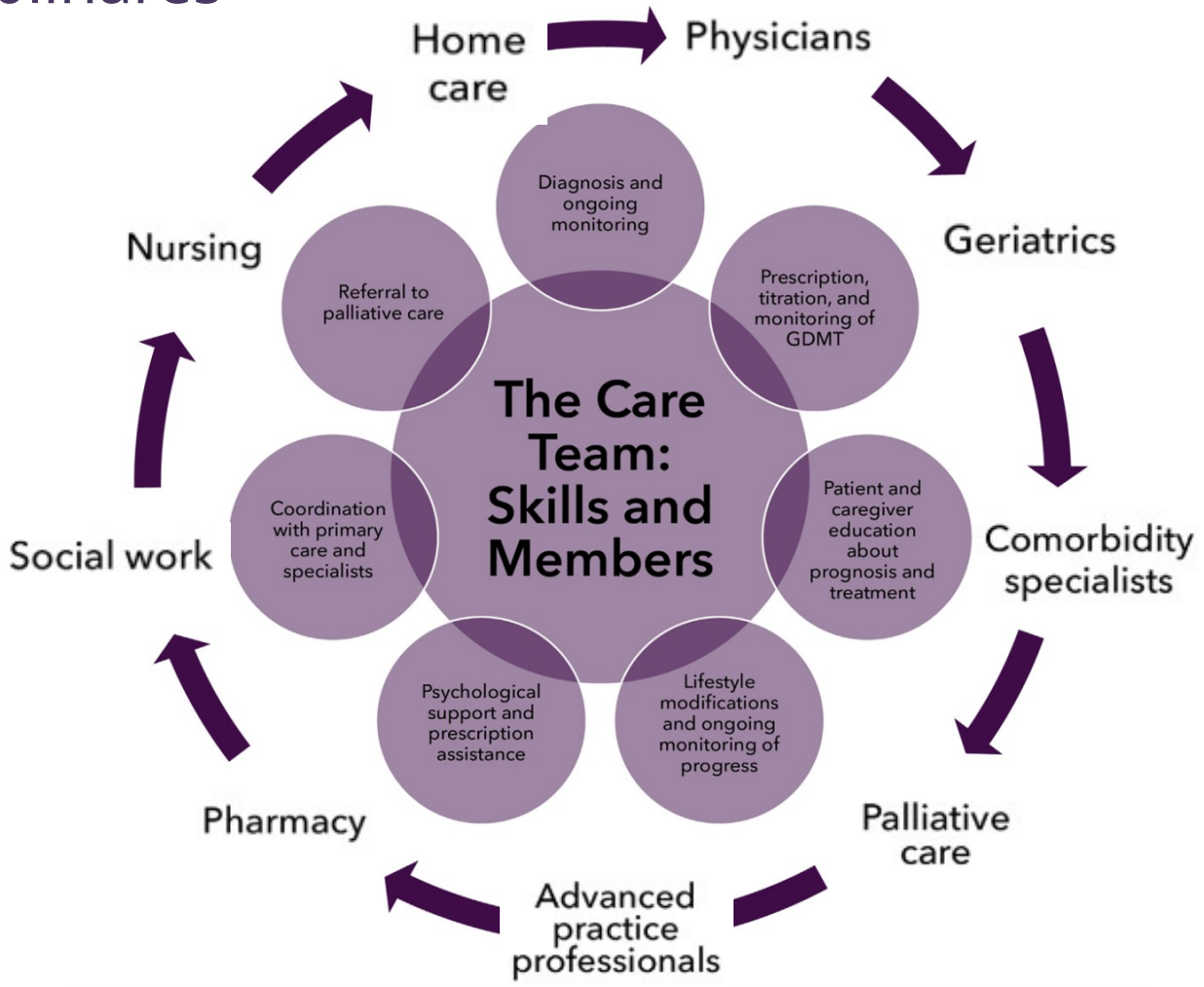
Multidisciplinary interventions recommended for the management of chronic heart failure

ESC

Recommendations	Class	Level
It is recommended that HF patients are enrolled in a multidisciplinary HF management programme to reduce the risk of HF hospitalization and mortality	I	A
Self-management strategies are recommended to reduce the risk of HF hospitalization and mortality.	I	A
Either home-based and/or clinic-based programmes improve outcomes and are recommended to reduce the risk of HF hospitalization and mortality.	I	A
Influenza and pneumococcal vaccinations should be considered in order to prevent HF hospitalizations.	IIa	B

HF=heart failure.

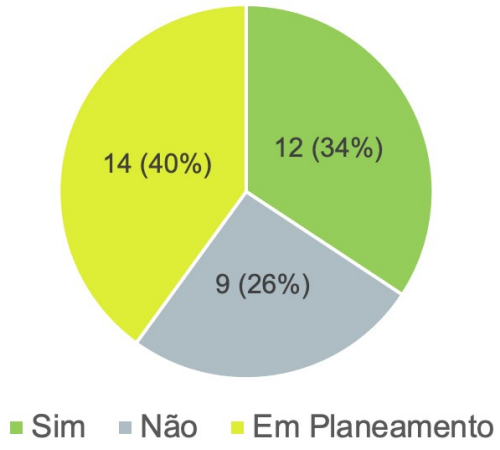
Equipas multidisciplinares



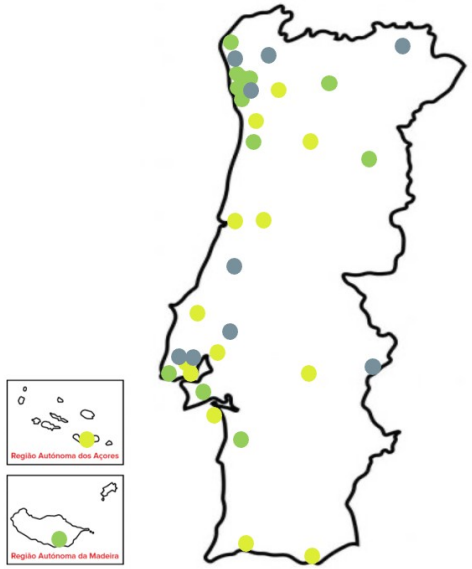
Kittleson et al ACC Expert Consensus Decision Pathway on Management of HFpEF , JACC 2023

Equipas multidisciplinares: realidade dos SMI em PT (questionário NEIC 2024)

Programas de IC nos Serviços de Medicina Interna



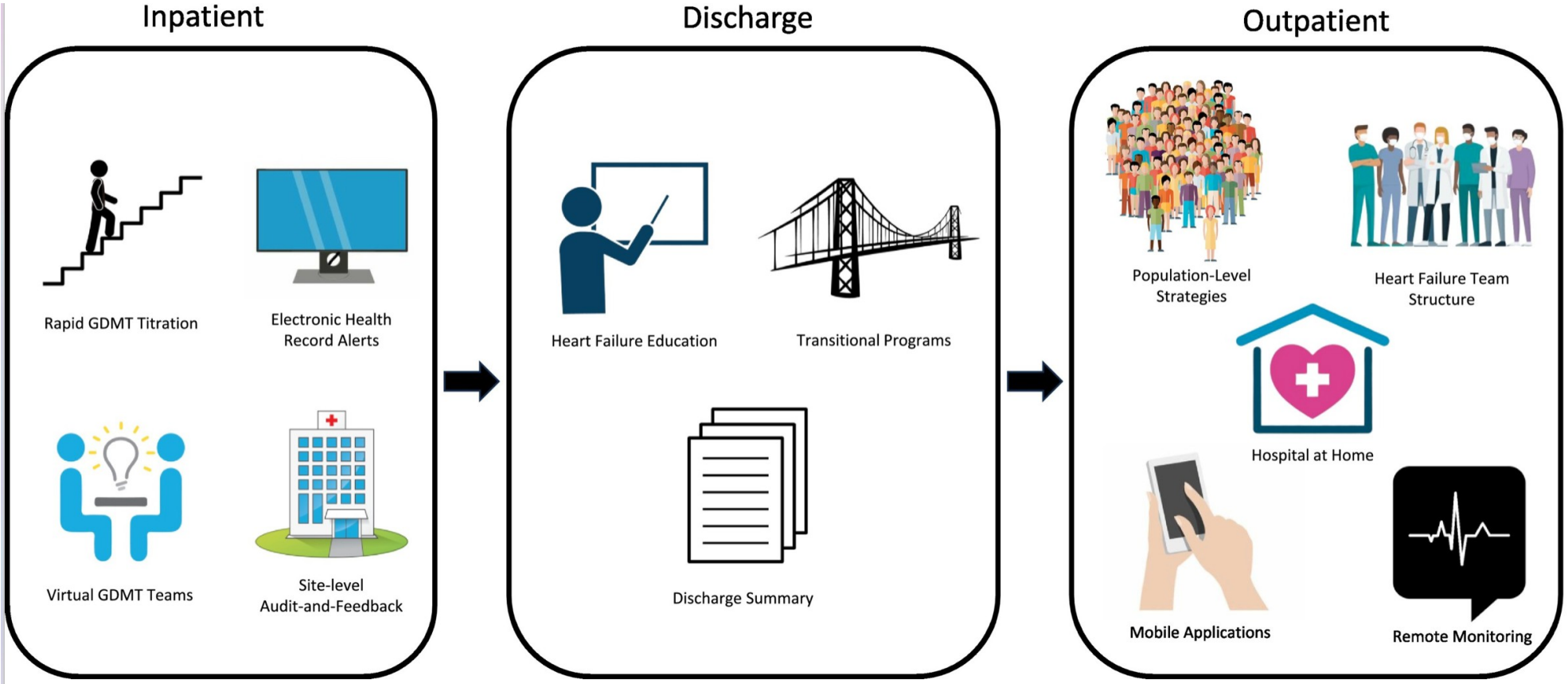
N=35 Serviços de Medicina Interna



A gestão dos doentes e implementação do **programa estruturado** é realizada por que **tipo e número de profissionais**:

	Nº de SMI	Profissonais
Médicos e enfermeiros	8	3-6 médicos/equipa 3-4 enfermeiros/equipa
Multidisciplinar: Médicos, enfermeiros e outros profissionais	4	**Medicina Interna (4 equipas)** – 3 coordenadores Cardiologia (3 equipas) – 1 coordenador Nefrologia (3 equipas) MFR/FT (3 equipas) MGF (1 equipa) Pneumologia (1 equipa) Psiquiatria (1 equipa) C. Paliativos (1 equipa) **Enfermagem (4 equipas)** **Nutricionista (4 equipas)** **Assistente Social (4 equipas)** Farmacêutico (2 equipas) Psicólogo (1 equipa)

Organização de cuidados: modelos

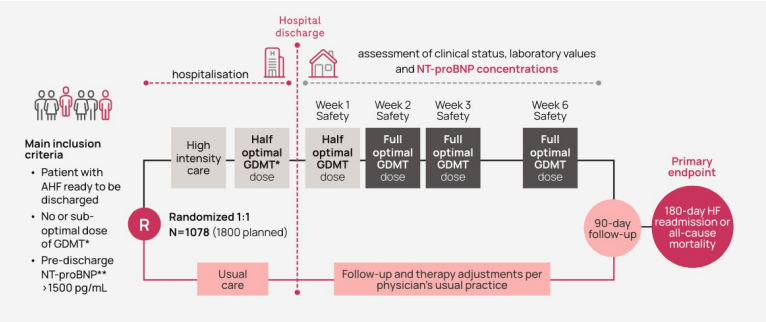


Heart failure implementation strategies at different stages of heart failure patient care.

Xia J et al, Prog Cardiovasc Med 2024

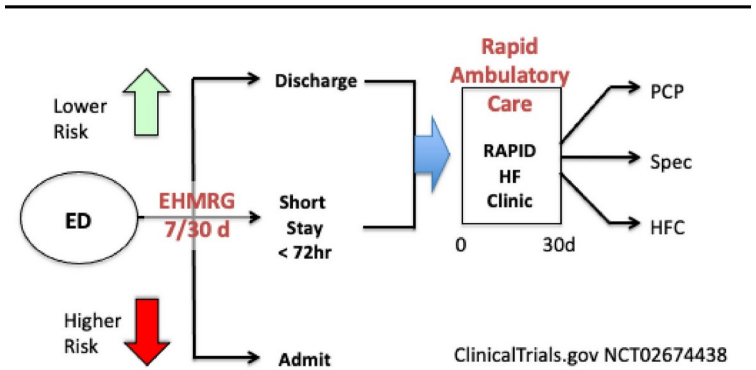
Organização de cuidados: modelos

Optimização GDMT (pós-internamento)

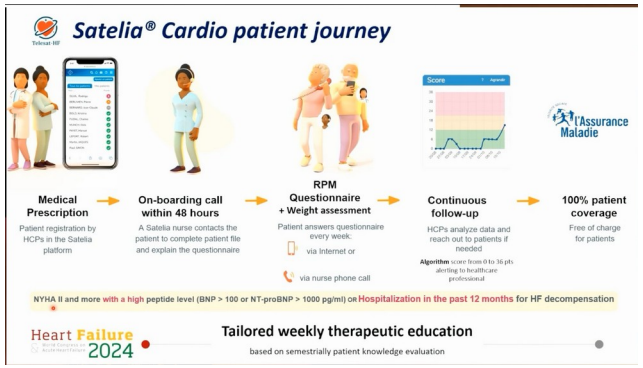


Mebazaa A, et al. Lancet. 2022;
https://cardiothinklab.com/strong-hf-study-highlighting-benefits-of-treatment-optimisation/.

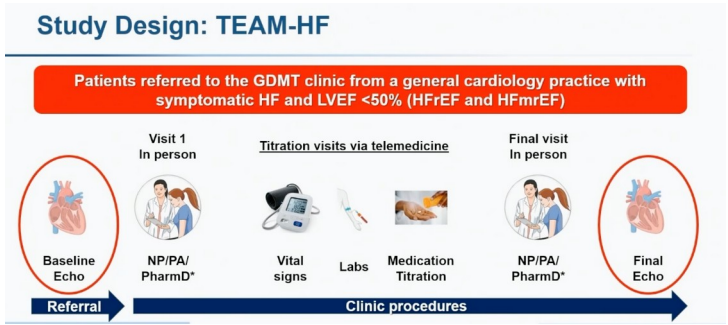
Gestão ambulatória ICA -estratificação de risco



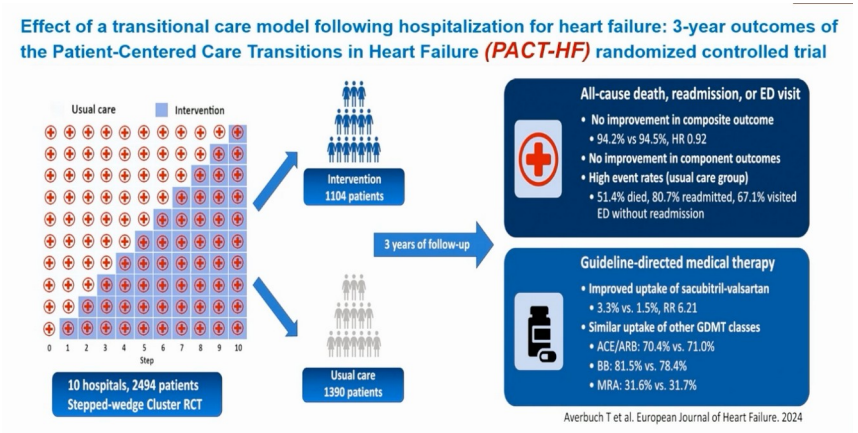
Monitorização remota "básica" (estudo observacional)- Telesat-HF



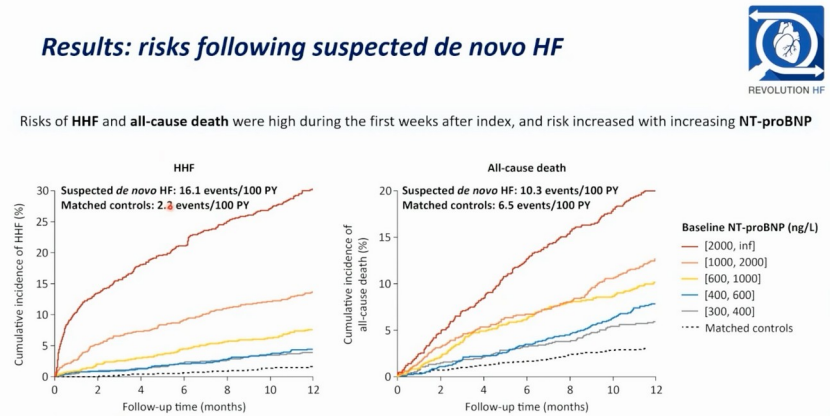
Optimização GDMT (IC crónica, ambulatório)



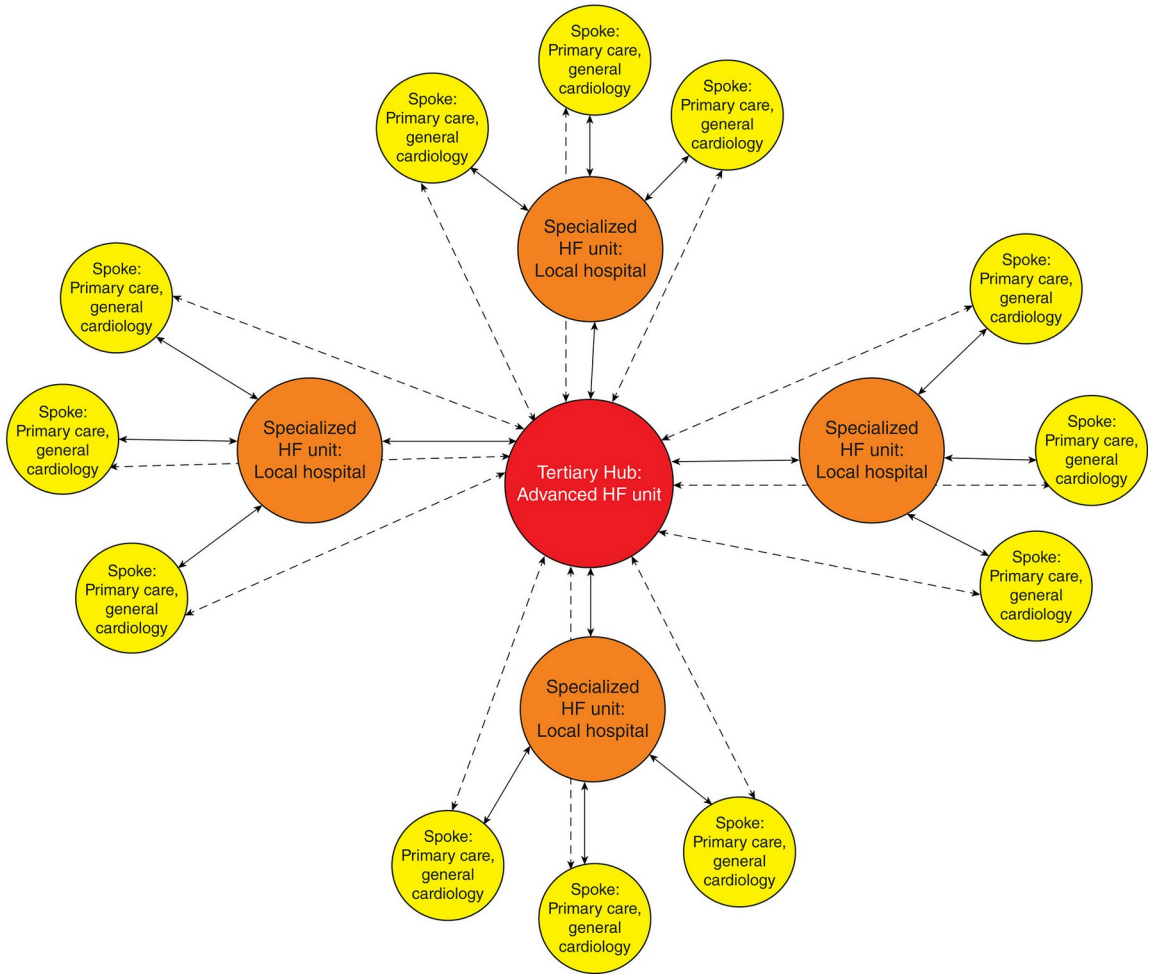
Cuidados de transição



Diagnóstico IC doentes alto risco



Organização em centros de cuidados: proposta HFA da ESC



European Journal of Heart Failure, 2018, DOI: (10.1002/ejhf.1236)

COMMUNITY QCC	SPECIALIZED QCC	ADVANCED QCC
• **TARGET PATIENTS:** • Chronic outpatients / rehabilitation; • Acute, not severe HF / mildly decompensated.	• **TARGET PATIENTS:** • HF patients of moderate complexity • New-onset HF / after recent hospitalization	• **TARGET PATIENTS:** • Severe / advanced HF patients • HTx / MCS candidates / recipients
• **SETTING:** • Primary care; • Cardiology / rehabilitation; • Community hospital.	• **SETTING:** • CCU/ ICU/chest pain unit and specialized wards in district hospitals.	• **SETTING:** • As in specialized QCC + Heart surgery
• **ACCESSIBILITY:** • Elective; • Prompt (<48h) access if needed.	• **ACCESSIBILITY:** • On-duty cardiologist 24 h / 7 days + CCU/ICU dedicated beds	• **ACCESSIBILITY:** • As in specialized QCC + Cardiac surgery in a heart team + ICU dedicated beds.
• **SERVICE PORTFOLIO/EQUIPMENT:** • Therapeutic optimization • Patient and caregiver education; • Rehabilitation • ECG, TTE, 24 h ECG/BP Holter, laboratory tests • Referral to higher level centres.	• **SERVICE PORTFOLIO/EQUIPMENT:** • Aetiological diagnostic assessment • Therapeutic optimization • Cardiac catheterization; arrhythmia ablation, • ICD/CRT implantation, • TOE, CMR, CPET • Renal replacement therapy.	• **SERVICE PORTFOLIO/EQUIPMENT:** • As in specialized QCC + Circulatory support + HTx/MCS implantation and follow-up + Cardiac surgery + Valve interventions + EMB, genetic testing
• **HUMAN RESOURCES:** • Primary care / internists /cardiologists, nurses	• **HUMAN RESOURCES:** • Cardiologist, 24 h / 7 days + HF nurses, other specialties.	• **HUMAN RESOURCES:** • As in specialized QCC + Cardiac surgeons, 24 h / 7 days + Heart team

Figure 1 Proposed classification of the Heart Failure Association of the European Society of Cardiology quality of care centres (QCCs).

Sferovic PM *et al*. Eur J Heart Fail 2020

Critérios de referenciação entre centros de cuidados na IC FEp

Referenciação CSP - Hospital

When to Refer a Patient with Suspected or Known HFpEF: Primary Care Clinician to Cardiovascular Specialist

Acronym to assist in decision making for cardiology referral: CHECK-IN

C	H	E	C	K	– I	N
Collaboration	**H**igh-risk features	**E**xtensive evaluation needed	**C**ardiorenal syndrome	**K**nowledge of HFpEF mimics	**I**ncreased need for diuretic agents	**N**YHA Class III or IV symptoms
Need for specialist care to manage comorbidities, including AF, HTN, DM, CAD	HF hospitalizations, pulmonary hypertension, RV dysfunction	Need for exercise testing, invasive hemodynamic assessment, CMR		Valvular disease, HCM, amyloid, pericardial disease		

Referenciação Unidade IC avançada

When to Refer: Cardiovascular Specialist to Advanced Heart Failure Specialist

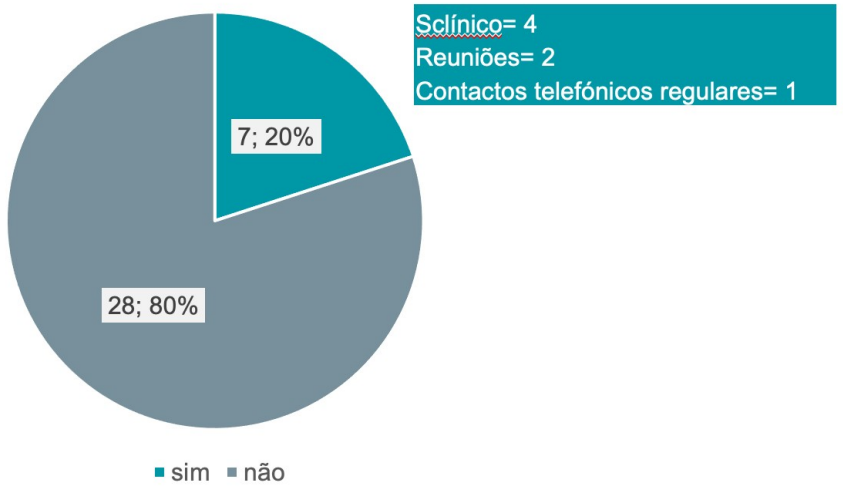
Acronym to assist in decision making for HF specialist referral: INHALE

I	N	H	A	L	E
In need of diagnosis	**N**onresponsive to diuretic agents or medical therapy; **N**atriuretic peptides extremely high	**H**ospitalized frequently for HF	**A**cute or chronic end-organ dysfunction	**L**ow blood pressure	**E**vidence of HFpEF mimics
Lack of conventional HFpEF risk factors; exercise-intolerant-only phenotype	Resistance to diuretic agents or medical therapy; progressive symptoms; NT-proBNP >3,000 pg/mL, BNP >1,000 pg/mL	2 or more HF hospitalizations in the past year	Worsening kidney or liver function; cardiac cachexia	Systolic blood pressure <100 mm Hg	Management of rare or unusual cardiomyopathies

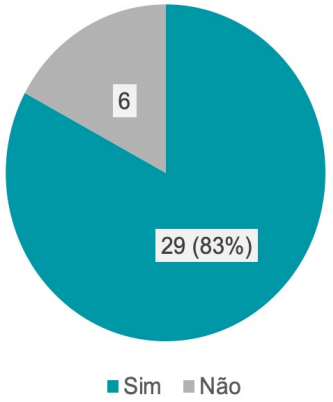
Kittleson et al ACC Expert Consensus Decision Pathway on Management of

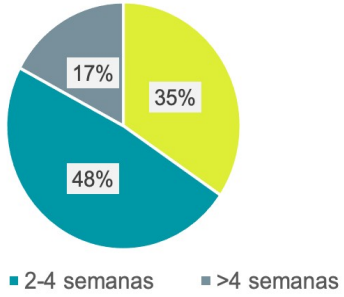
Transição e integração de cuidados: realidade dos SMI em PT (questionário NEIC 2024)

O seu Serviço tem uma **forma oficial de integração de cuidados com a Medicina Geral e Familiar**?



É uma prática habitual agendar uma **visita presencial (consulta ou outra) após a alta aos doentes internados por IC** no seu serviço, para reavaliação da IC?





	total	< 2 Semanas	2-4 Semanas	>4 S
Consulta Externa	N=17	------	78,6%	100%
Hospital Dia	N=10	90%	14,3%	-----
H.Dia/CE	N=2	10%	7,1%	-----

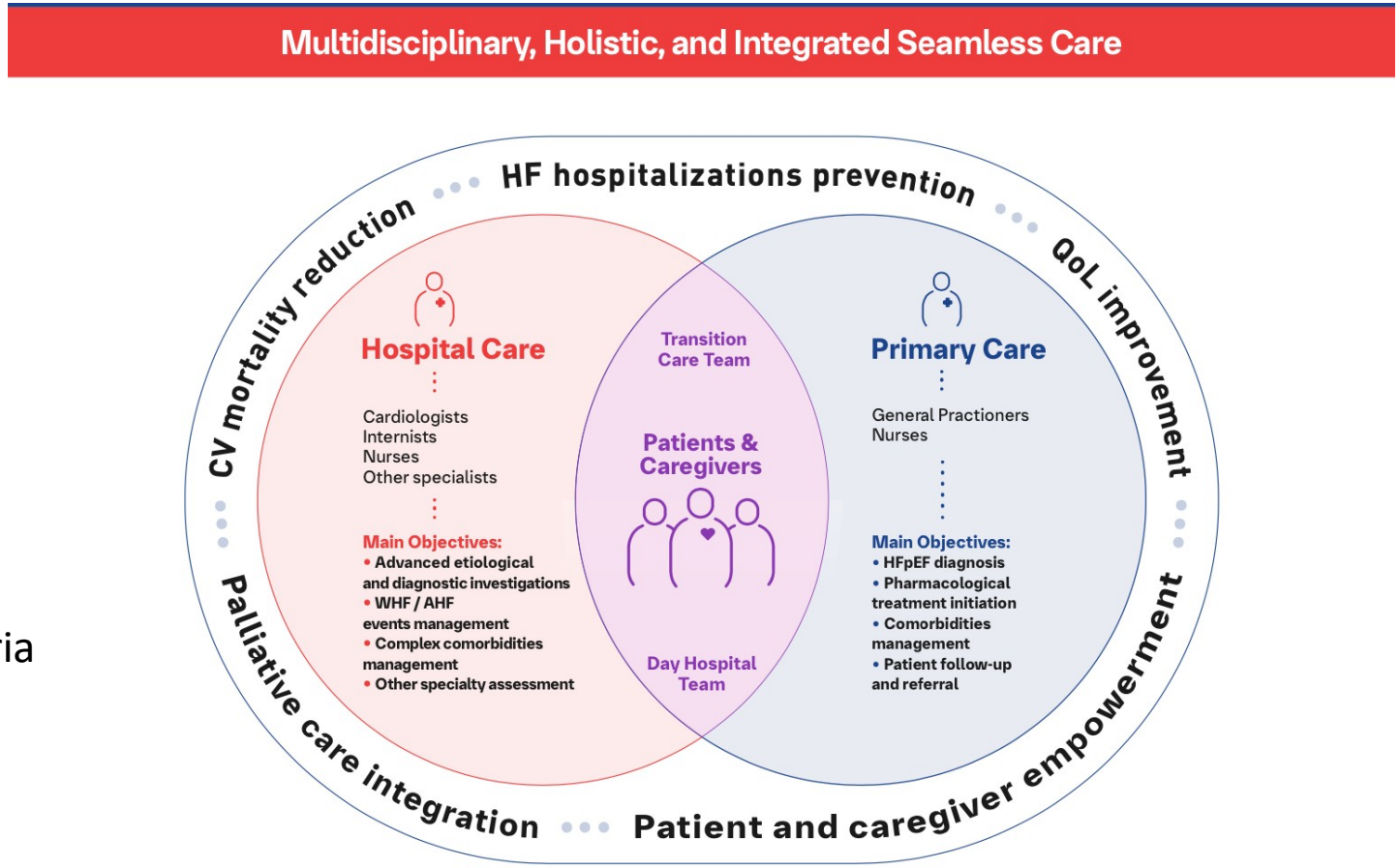
Organização de cuidados: proposta PT

Consulta

Hospital de Dia

Internamento

Hospitalização domiciliária



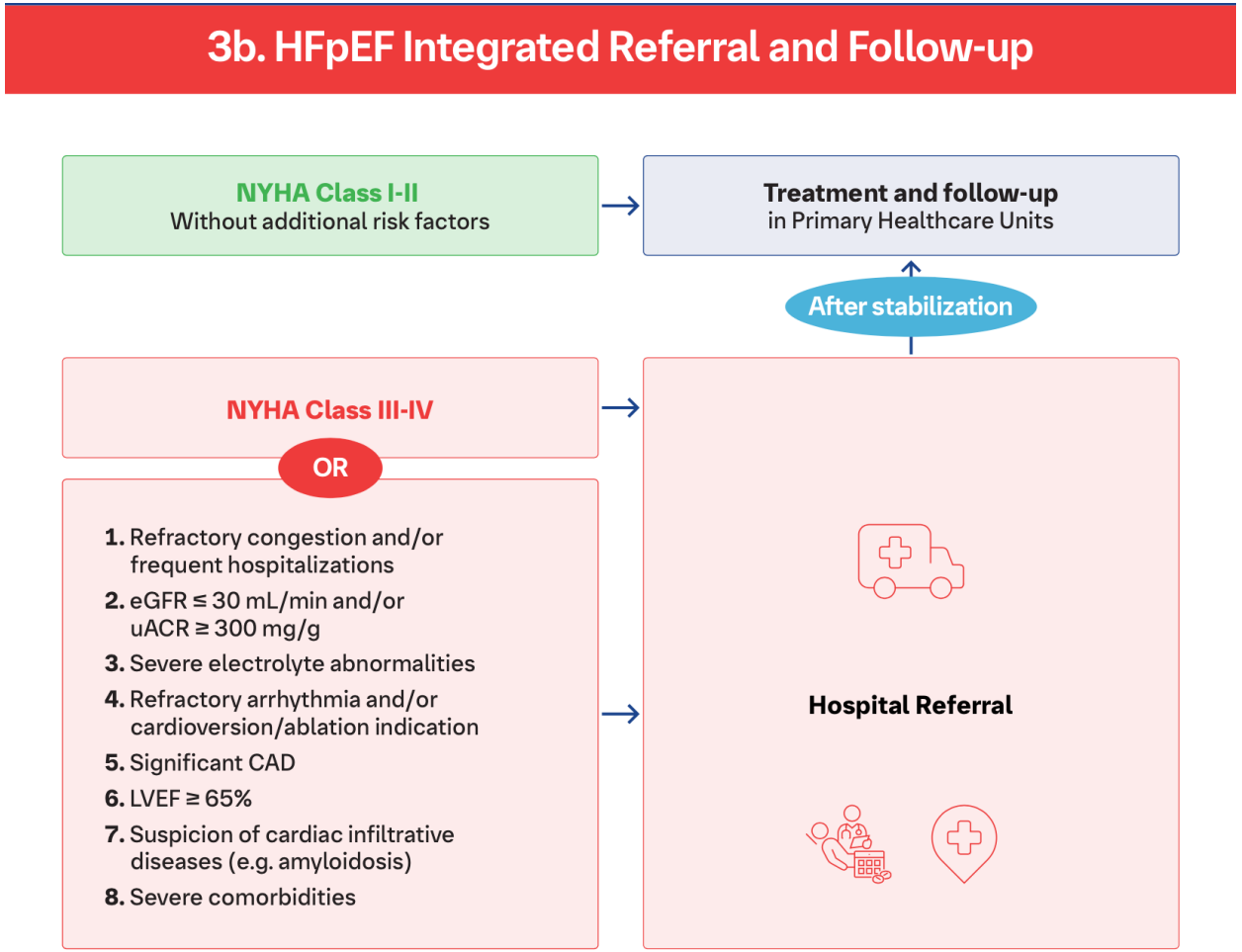
Consulta

Consulta domiciliária

Equipa comunitária de Cuidados Paliativos

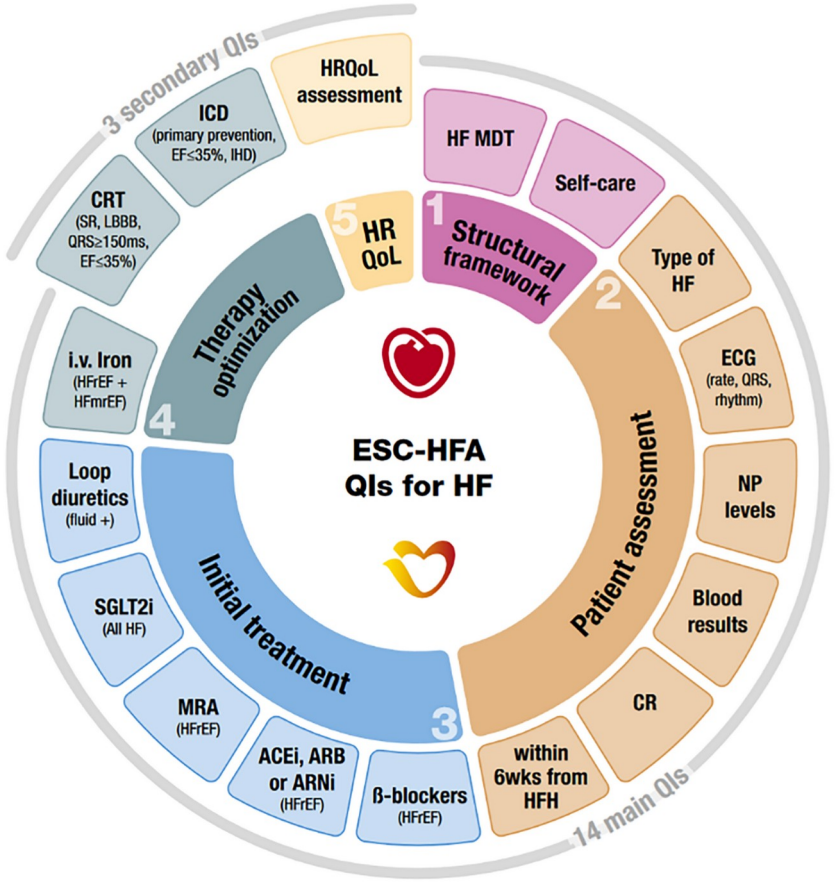
A Portuguese Expert Panel Position Paper on HFpEF Management

Organização de cuidados em PT: seguimento e referenciação



A Portuguese Expert Panel Position Paper on HFpEF Management

Organização de cuidados na IC: Indicadores de qualidade



Abdin A et al, Eur J Heart Fail 2024

Registo Português de Insuficiência Cardíaca - REPICA

CNCDC Centro Nacional de Colecção de Dados em Cardiologia

GEIC Grupo de Estudo de Insuficiência Cardíaca
Sociedade Portuguesa de CARDIOLOGIA

SPMI NEIC NÚCLEO DE ESTUDOS DE INSUFICIÊNCIA CARDÍACA

SPMI Sociedade Portuguesa de Medicina Interna

SEMI SOCIEDAD ESPAÑOLA DE MEDICINA INTERNA

RICA-2

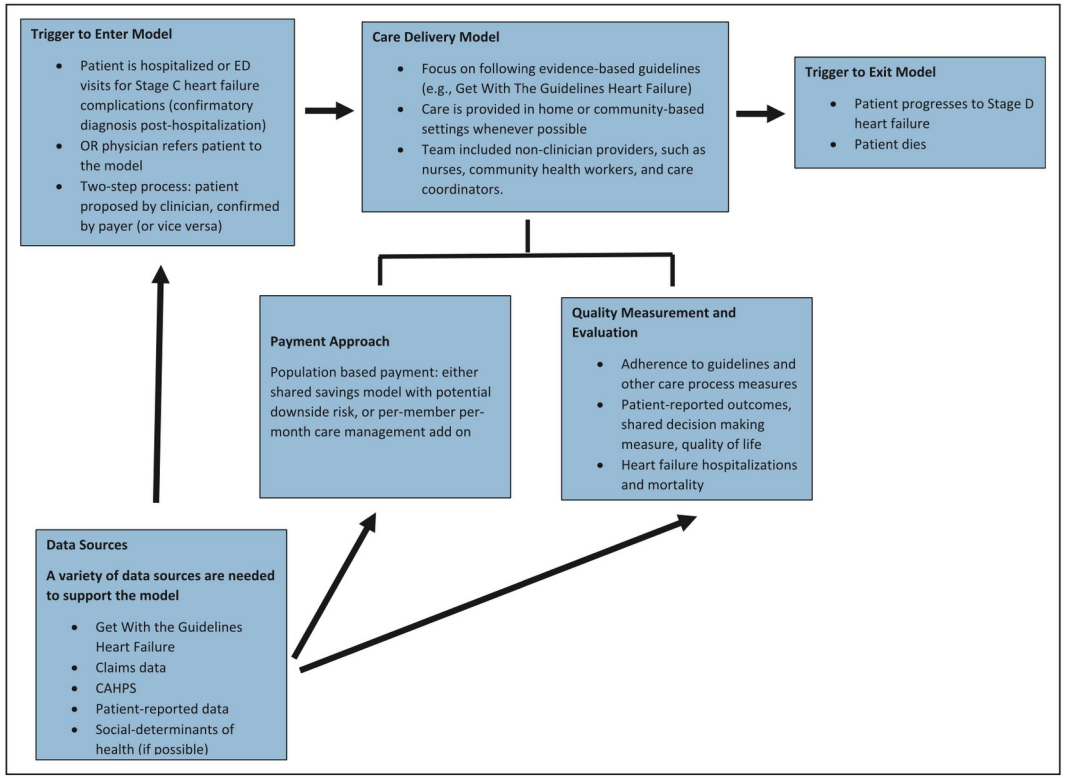
Medicina baseada em valor: a IC como modelo

Circulation: Cardiovascular Quality and Outcomes

FRONTIERS IN CARDIOVASCULAR QUALITY AND OUTCOMES

Advancing Value-Based Models for Heart Failure

A Call to Action From the Value in Healthcare Initiative's Value-Based Models Learning Collaborative



Maddox KJ et al, *Circ Cardiovasc Qual Outcomes.* 2020

ESC European Society of Cardiology

Placing patient-reported outcomes at the centre of cardiovascular clinical practice: implications for quality of care and management

Moons P et al, *Eur Heart J.* 2023

Organização de cuidados na IC: PAI

3. ORGANIZACIÓN DO PROCESO ASISTENCIAL DE INSUFICIENCIA CARDÍACA

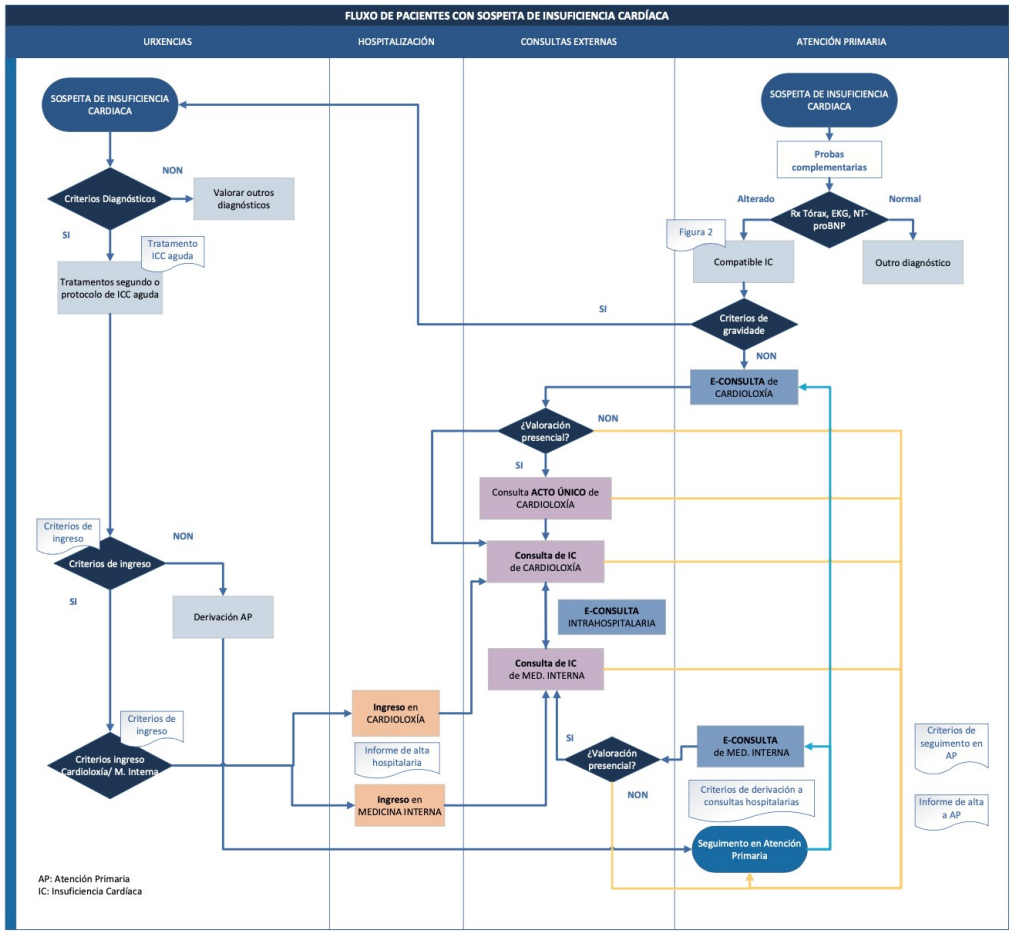
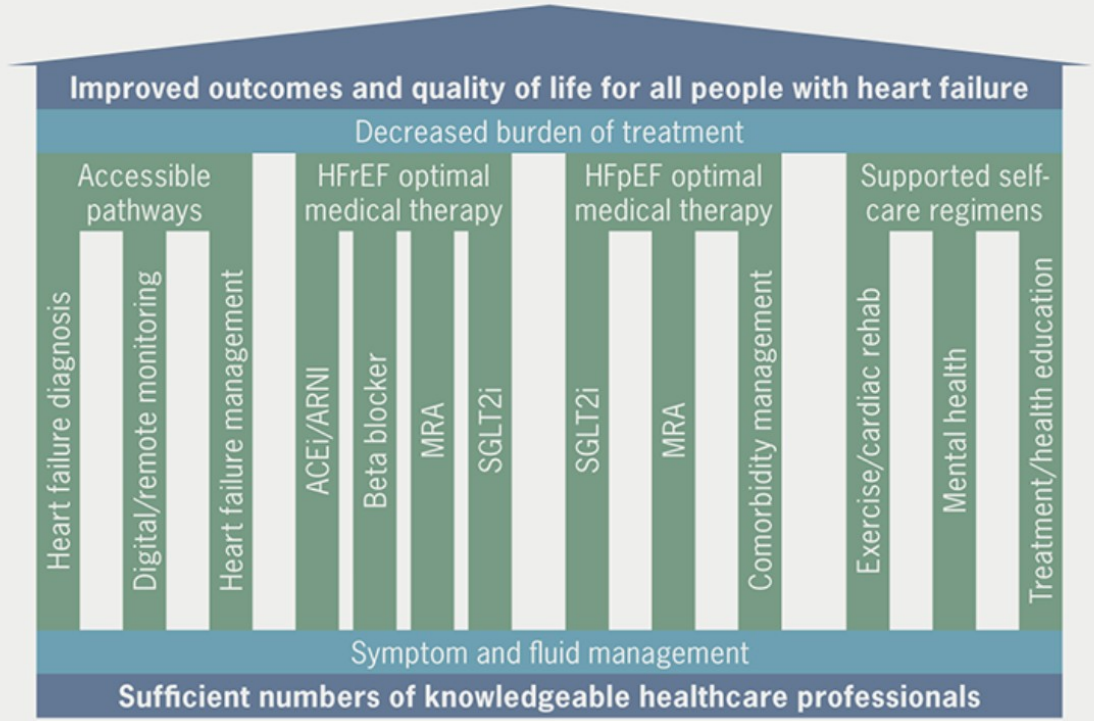


FIGURA 1. FLUXO DE PACIENTES CON SOSPEITA DE INSUFICIENCIA CARDÍACA (IC).

https://extranet.sergas.es/catpb/Docs/gal/Publicaciones/Docs/AtEspecializada/PDF-3211-ga.pdf

Rewriting the heart failure pillars toward less burdensome heart failure care pathways

Figure 1. Proposed inclusive patient-centred pillars of care for all types of heart failure



Austin RC. Br J Cardiol 2024

7th Advances in Heart Failure 2024

10 e 11 de Outubro

FACULDADE DE MEDICINA DA UNIVERSIDADE DO PORTO

OBRIGADA!

José Silva-Cardoso[a], Emília Moreira[b], Carlos Aguiar[c], Aurora Andrade[d], Inês Araújo[e], Rui Baptista[f] Dulce Brito[g], Nuno Cardim[h], Rui Cernadas[i], João Pedro Ferreira[j], Cândida Fonseca[k], Manuela Fonseca[l], Ricardo Fontes-Carvalho[m], Fátima Franco[n], Cristina Gavina[o], Lino Gonçalves[p], Jorge Ferreira[q], Adelino Leite-Moreira[r], Carolina Lourenço[s], Irene Marques[t], Elisabete Martins[u], Rachel Melo[v], Pedro Moraes-Sarmento[w], Brenda Moura[x], Mário Oliveira[y], Hélder Pereira[z], Marisa Peres[aa], Jonathan dos Santos [ab], Mário Santos[ac], Paulo Santos[ad], Joana Pimenta[a]