

HEART FAILURE TSUNAMI

WHEN THE GOVERNMENT FAILS, DOCTORS INNOVATE



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As the number of elderly increase in Canada, so will the rate of chronic diseases. Alberta Health Services considers the highest priority chronic diseases in Alberta to be (in alphabetical order):

- Arthritis
- Asthma
- COPD (Chronic Obstructive Pulmonary Disease)
- CAD (Coronary Artery Disease)
- Depression
- Diabetes
- **Heart Failure**
- Hypertension
- Obesity

In Canada, heart disease is the second leading cause of death, only second behind cancer. Heart Failure (HF) is a complex chronic condition, where the heart is unable to pump enough blood to meet the demands of the body. This results in poor exercise tolerance, difficulty breathing, reductions in the quality of life and survival. HF has become a major public health concern, and more Canadians are now living with HF. As a result of these increasing number of HF cases, the economic impact of this disease on the health care system is staggering. Approximately 500,000 Canadians are living with heart failure and 50,000 new patients are diagnosed each year.

The **CHARM** (Community Heart Failure Assessment, Rehabilitation and Management) clinic at Advanced Cardiology Consultants and Diagnostics (ACCD) is Alberta's **ONLY** community based, outpatient clinic which is run on charitable basis with the support and donations from DIL Walk Foundation and ACCD. The clinic is physician directed, but patient care is managed by Nurses. The Heart Failure team consists of a Heart Failure and Heart Transplant Specialist, Cardiologist, Internal Medicine, Heart Function Nurse, Respiratory Therapist, Echocardiogram and Stress Test Technicians.

The clinic is located in Northeast Calgary, which has a high



number of visible minorities, with many having English as their second language. The clinic is located close to a CTRAIN/bus route, and provides free parking. The clinic is also close to Calgary Lab Services, The clinic also provides services to the surrounding township of Chestermere, Strathmore, and Airdrie. The total number of family physicians that the clinic serves is over 200, with a service area of over 400 000.

At present, when a family physician suspects HF, they refer the patient to a Heart Failure specialist. However, the appointment with the Specialist can often take unto 6 months. In this time, the patient's condition can worsen, and the patient may end up in hospital. In another scenario, there are many heart failure patients that live in the community do not have access to heart failure clinics in hospital. They rely on their family doctors and intermittent care by their Cardiologists, and when their condition gets worse (i.e. develop symptoms of shortness of breath or worsening heart failure) they present themselves to emergency rooms. When they get admitted to hospital, it does costs to healthcare system and at the same time negatively impacts survival of heart failure patients.

The **CHARM** Clinic's goal is to help keep the patient in the community and out of the hospital. The family physician can refer directly to the **CHARM** clinic when HF is suspected.

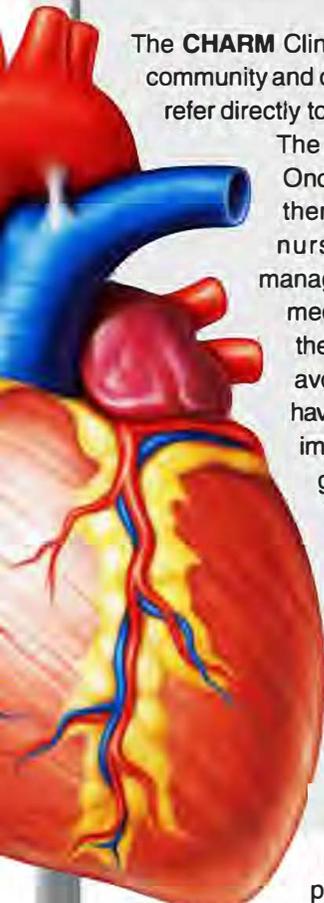
The patient will be seen by the Cardiologist. Once diagnosis is confirmed, the patient is then given a second appointment with a HF nurse to provide assistance with self-management, patient education and help with medications. The patient also gets followed by the HF specialist to optimize medications and avoid hospitalizations. Patients who do not have a HF diagnosis or if their heart function improves will receive continued care in the general cardiology clinic. During this process, patients can also be referred to other specialties within the clinic to address their other co-morbidities and/or risk factors.

At **CHARM** clinic, patients are taught self-care by providing them with a 1:1 session with a nurse, who teaches them about daily weights, fluid /sodium restrictions, warning signs that HF is getting worse. In addition, patients are provided with patient handouts. Also, patients are given a clear and concise action plan or goals which they should focus on until their next visit. These goals are mutually agreed upon between the nurse and patient. Again, adopting the notion that care should be patient focused, which helps to improve patient outcomes.

At present, **CHARM** clinic is working at bare minimum on a charitable basis without any funding. Proceeds raised from

donations and DIL Walk fundraising events, help to support the **CHARM** clinic. If you are interested to make a donation, please visit www.dilwalk.ca. All donations will receive a income tax receipt.

We hope that one day, the Government of Alberta/Alberta Health would be able to provide funding for nurse salaries and other clinic expenses in the community. It should be noted that the Specialists in Alberta DO NOT have access to Nurses, Dietitians, Physiotherapists, Exercise specialists etc. in their clinics as compared to primary care physicians. All family physicians in Alberta can access various resources through various primary care networks but not heart specialists. This discrepancy of care in the community needs to be urgently addressed if the Govt. of Alberta. This would not only help save healthcare dollars but would also help improve quality of life and help reduce hospitalizations due to heart failure. Please do talk to your MLAs and MPs and help us give a helping hand to heart failure patients.



EPIDEMIC

THE IMPACT OF HEART FAILURE



DIL Walk
from our heart to yours