Best Poster Award

Topic: 1. Clinical Cardiology

Impact of an Integral Assistance on the Management of Patients with Chronic Heart Diseases

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Introduction and Objectives

Conventional care model between cardiology and primary care has many limitations (i.e. inadequate communication and coordination between healthcare levels). A change in healthcare model is mandatory. The objective of this study is to analyze the impact of implementing a program integrating cardiology and primary care in clinical practice.

Materials and Methods

In the integrated care model, every cardiologist was integrated in each specific primary care center, attending patients weekly, participating in the discussion of clinical cases, virtual visits and ongoing medical education. In this observational study, number of visits and delay to cardiologist consultation were determined. LDL-cholesterol control rates in patients with ischemic heart disease and antithrombotic therapy in patients with atrial fibrillation (AF) were also studied. The new model was progressively implemented since December 2013.

Results

The implementation of the new care model was associated with a significant reduction of 31.2 % ($p<0.05$) in the request of the first visits. In addition, the delay to the cardiologist consultation significantly decreased in 55 days (54.5 %) for the first visits, and 112 days (57.1 %) for the follow-up visits ($p<0.05$). Between 2013 and 2016 the proportion of patients that achieved recommended LDL-cholesterol goals significantly increased from 20.8 % to 29.6 %, respectively (OR 1.61; 95 % CI 1.47-1.75). The proportion of anticoagulated patients significantly increased from 62.2 % to 72.8 % ($p<0.05$), respectively. Among anticoagulated patients, the proportion of patients taking direct oral anticoagulants significantly increased from 7.7 % in 2013 to 27.2 % in 2016 ($p<0.05$).

Conclusions

Implementing an integrated care model is feasible, reduces the number of visits, the delay to cardiologist consultation and improves surrogate variables, such as LDL cholesterol control rates and the proportion of AF patients receiving anticoagulation. ■

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