Title: Heart Failure Case Management Program in an Integrated Delivery System

Background

Nearly 5 million Americans have heart failure with over 500,000 patients newly diagnosed each year. Over 250,000 people die annually with heart failure as the primary cause. Heart failure is the most frequent cause of hospitalizations for the elderly and Medicare spends $38 billion annually, more than for any other diagnosis.

As many as two thirds of hospitalizations may be preventable by increasing patient adherence to prescribed drug and diet regimens and by seeking early treatment for escalating symptoms.

“Usual care” is inadequate for most heart failure patients and clinicians have tested a number of models over the years to improve the outcomes. Case management is one model that has demonstrated positive outcomes for patients with heart failure. Both randomized and nonrandomized controlled studies have linked heart failure case management to decreased readmissions and improved outcomes.

Objective and Hypothesis

Previous studies have linked heart failure case management to decreased readmissions and improved outcomes in controlled settings with homogeneous patient populations. The objective of this non-randomized, observational, pretest-posttest design is to study the effect of standardized care provided by nurse practitioners on key clinical outcomes for a heterogeneous patient population with heart failure.

The primary hypothesis is that consistent application of treatment algorithms by multiple nurse practitioners across multiple sites will produce similar improvement of pre vs. post outcomes for the following key indicators over a 12-month period:

- Post-intervention hospital and emergency room admission rates will be lower than pre-intervention.
- Assessment of left ventricular function and use of ACE inhibitors and Beta-blockers will be higher than national norms.

Goals

This study will include a review of relevant research and document the organizational processes used to achieve clinical outcomes. The impact of practice management and lessons learned will also be discussed.
SAMPLE #3 – Research outline (continued)

Heart Failure Case Management Program in an Integrated Delivery System
OUTLINE

I. INTRODUCTION

II. BACKGROUND INFORMATION
   A. Literature Review
   B. Limitations of current models across large systems

III. METHODOLOGY
   A. Health system description
   B. Study design and sample
   C. Providers and patients
   D. Interventions
   E. Outcomes measures
   F. Data collection

IV. FINDINGS
   A. Discussion of findings
   B. Limitations

V. CONCLUSIONS
   A. Impact of research on practice management
   B. Lessons learned

VI. REFERENCES