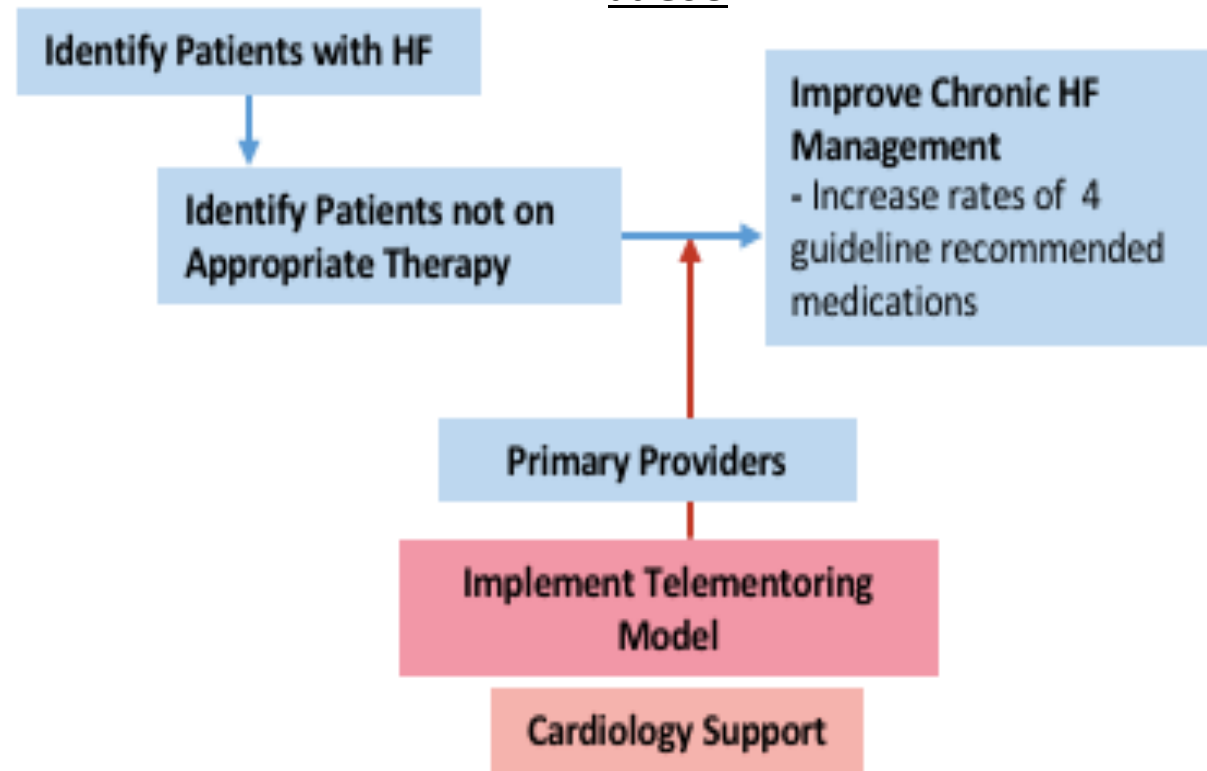


IMPROVING  
QUALITY OF  
HEART FAILURE  
CARE FOR  
PATIENTS  
RECEIVING CARE  
THROUGH THE  
GALLUP SERVICE  
UNIT



# Heart Failure Care Delivery Model: Overview

**Figure 1. Overview of Model to Improve Heart Failure Care at GSU**



Designed a PROACTIVE model to reach out to patients, initiate and titrate therapy remotely, and offload burden from primary care physicians

# Implementation of HF Care Delivery Model

- Design: We implemented a QI model to all primary providers caring for HF patients at ambulatory GIMC + THC clinic

Identify patients with HFrEF (ICD 9/10 codes) who are receiving outpatient HF care at GSU ambulatory clinic

Patient receives call from trained Navajo speaking NA explaining project and requesting enrollment

Evaluate EMR to see if patients on appropriate medical therapy

If med should be initiated:  
■ Medication therapy initiation by study team based on designed flowcharts

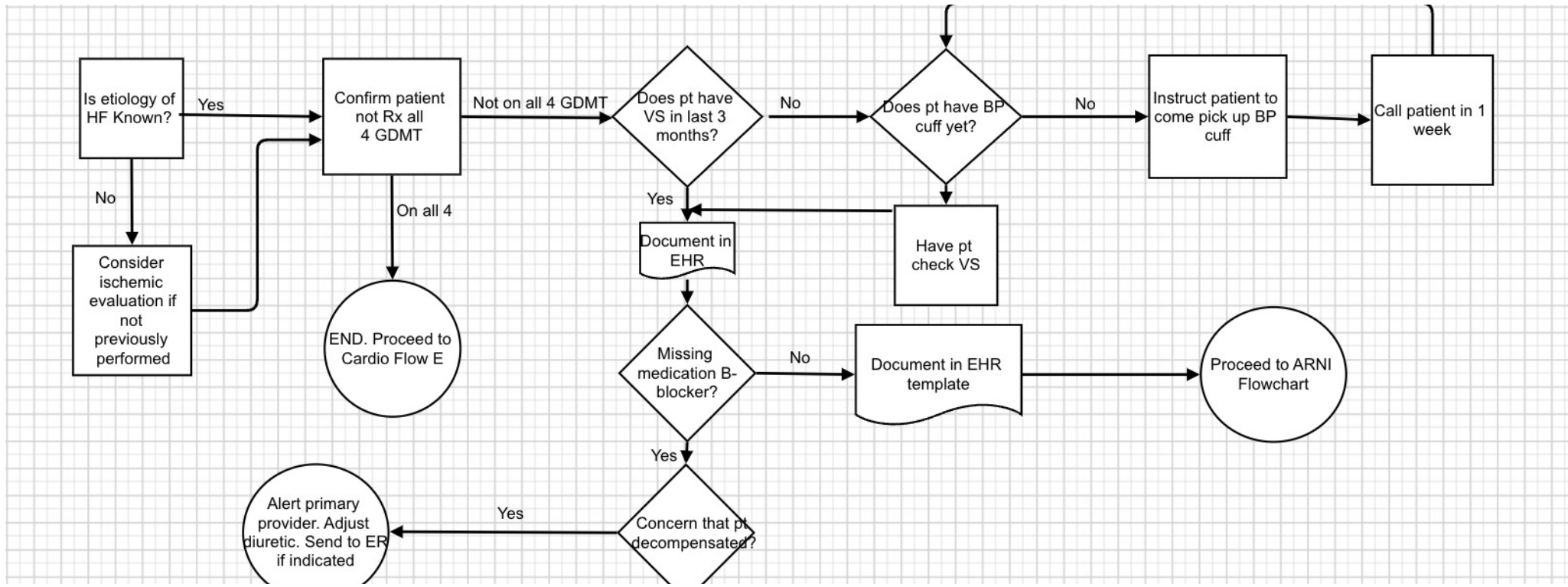
■ Follow up calls for ongoing monitoring and med titration

■ At least 1 clinic visit in past 12 months

Pt given BP cuff for monitoring and medication titration

■ If not on appropriate therapy, review why not and see if contraindications

■ Recommendation discussed with patient and pts started on missing medication if in agreement (PCP copied in EHR)  
■ Appropriate F/u lab testing and monitoring discussed & scheduled



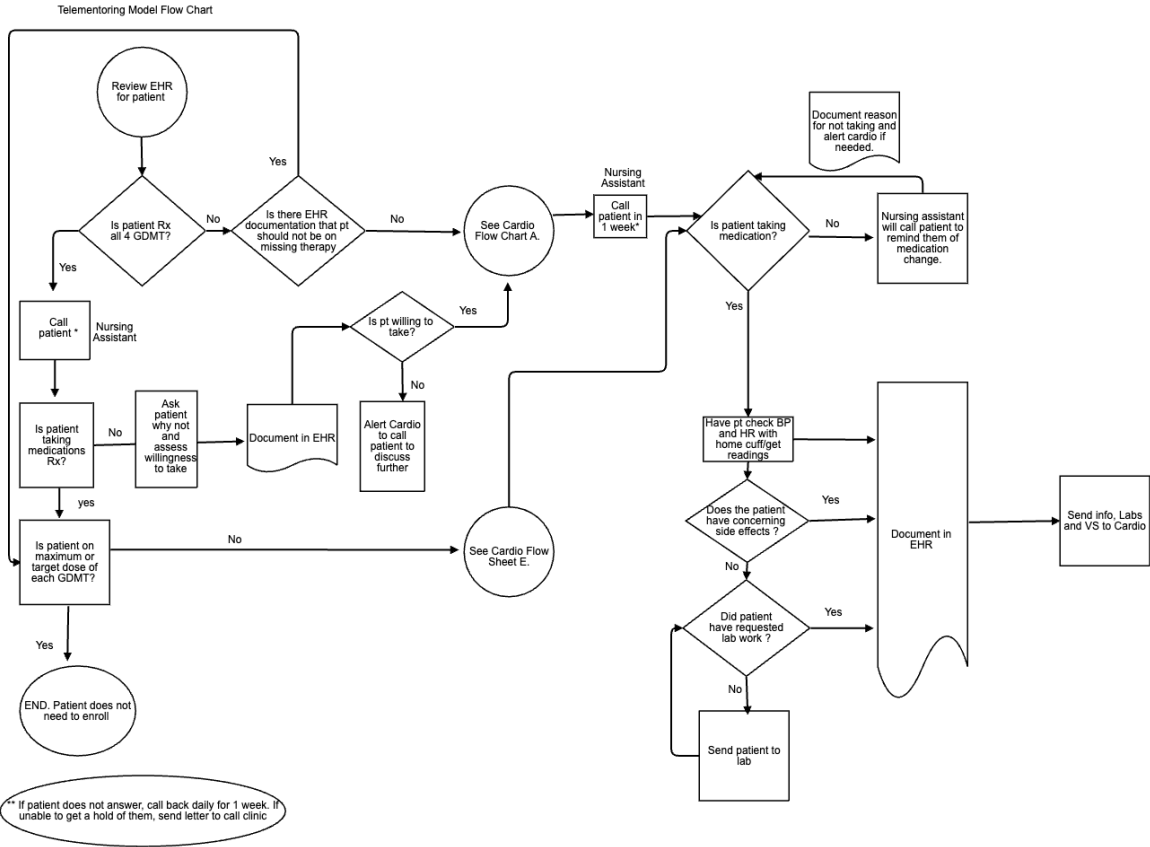
# Medication Initiation and Titration

# Developed Detailed Flowcharts to Guide Care

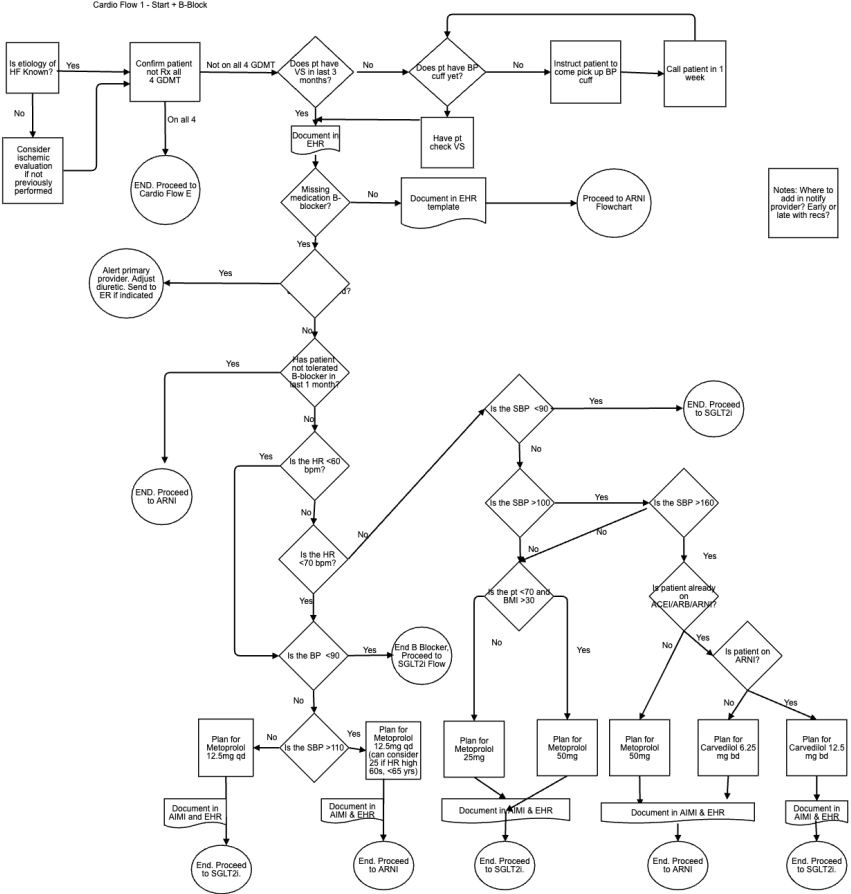
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1. Telementoring Model
2. Cardio Flow A: Start + Beta-blocker
3. Cardio Flow B: ARNI
4. Cardio Flow C: SGLT2i
5. Cardio Flow D: MRA
6. Cardio Flow E. Titration

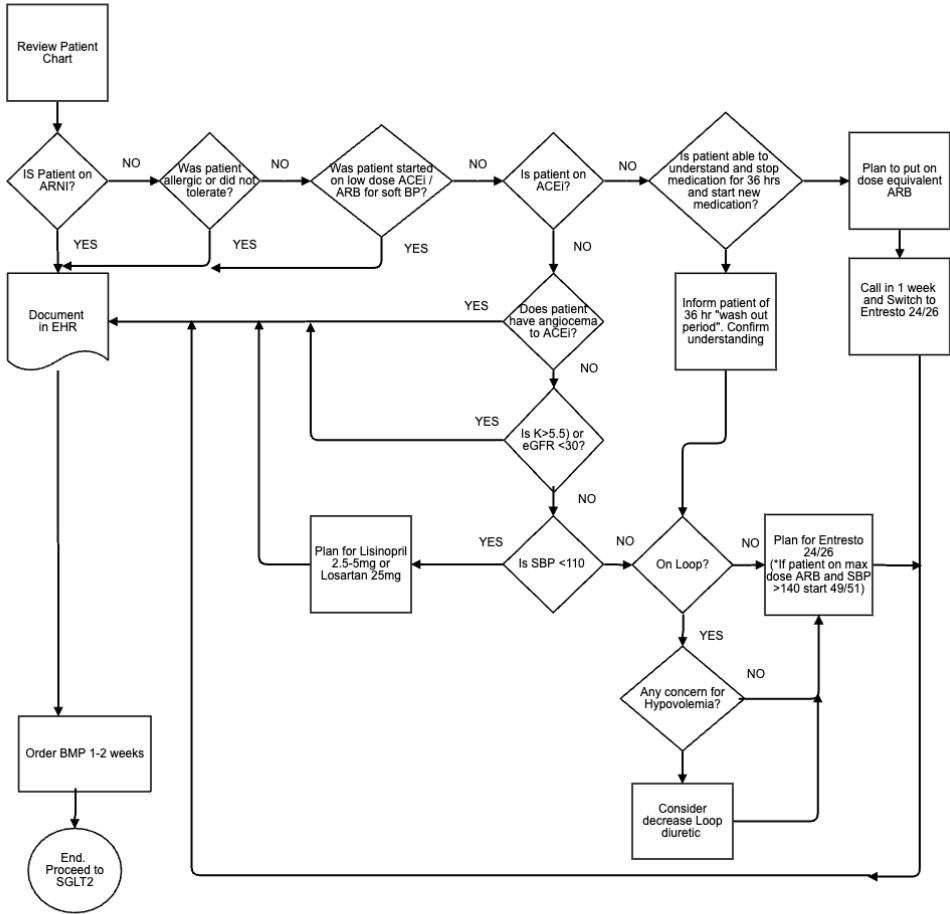
# Flowchart: Telementoring Model



# Flowchart A: Start + Beta-blocker



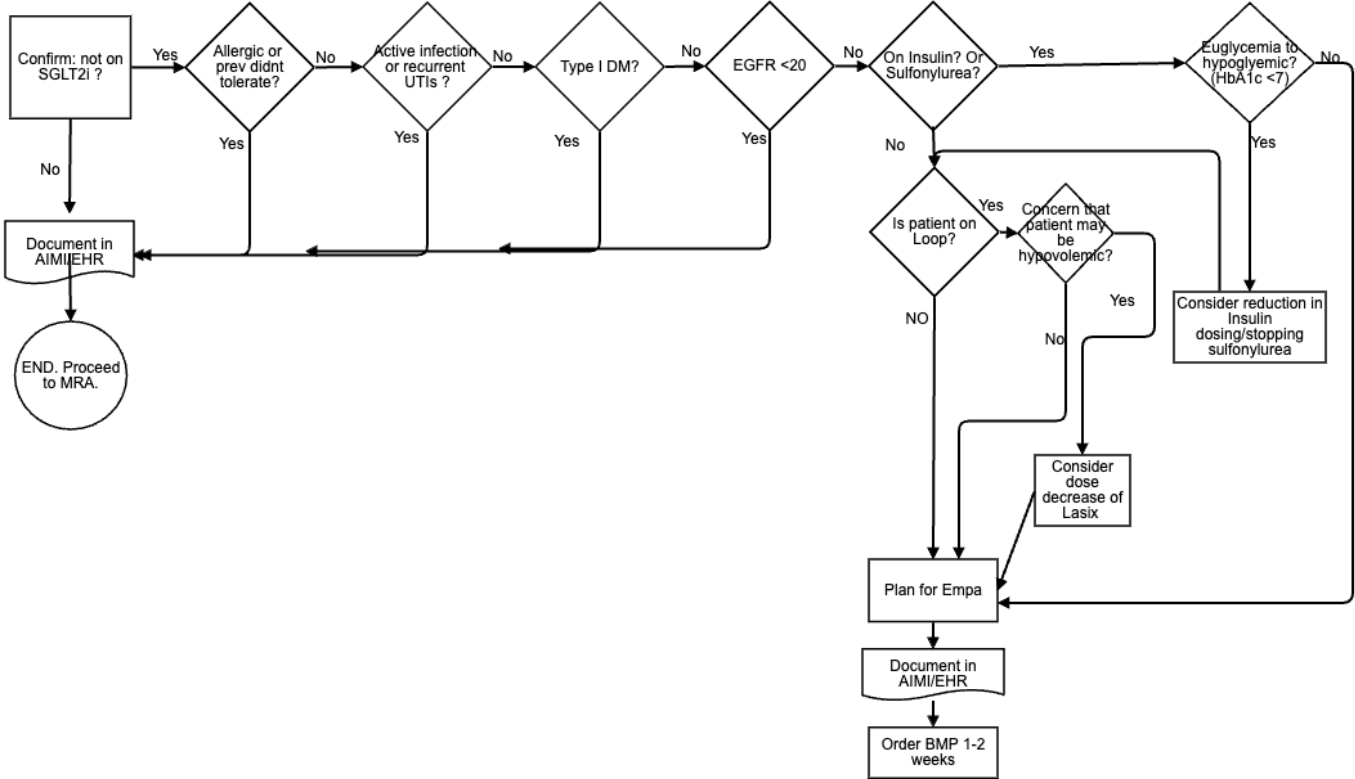
# Flowchart B: ARNI





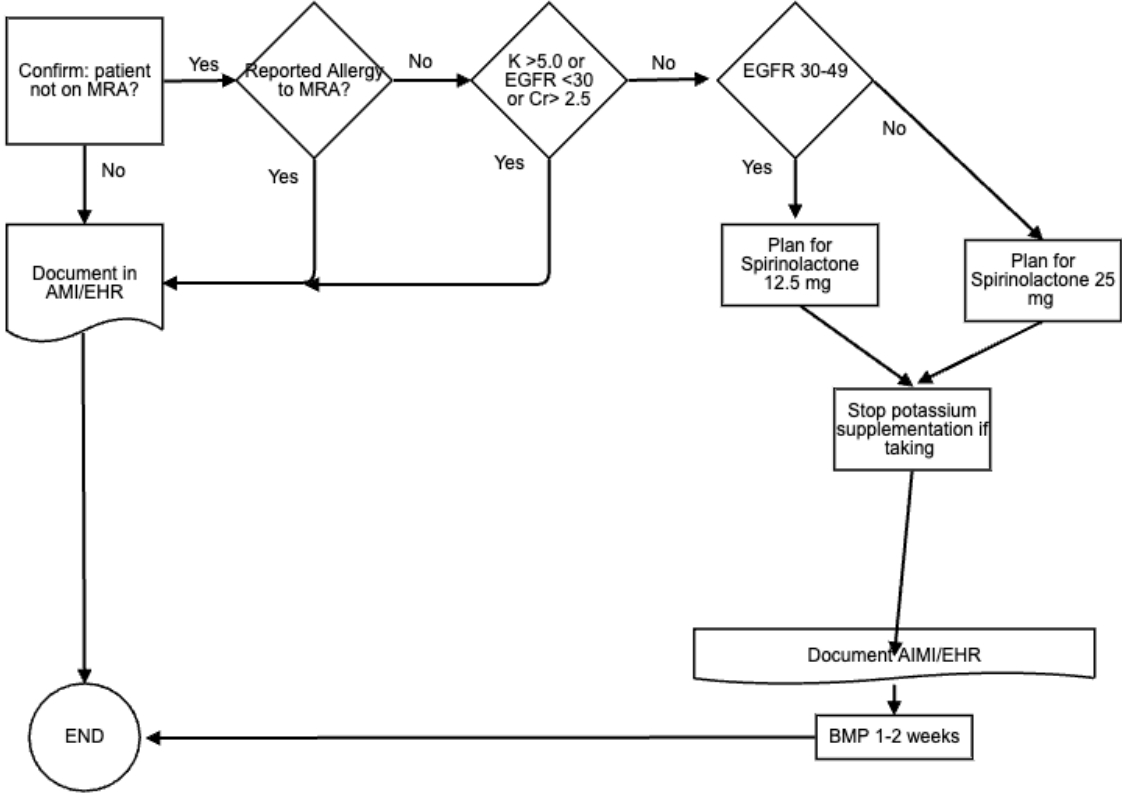
# Flowchart C: SGLT2i

CARDIO FLOW C: SGLT2i

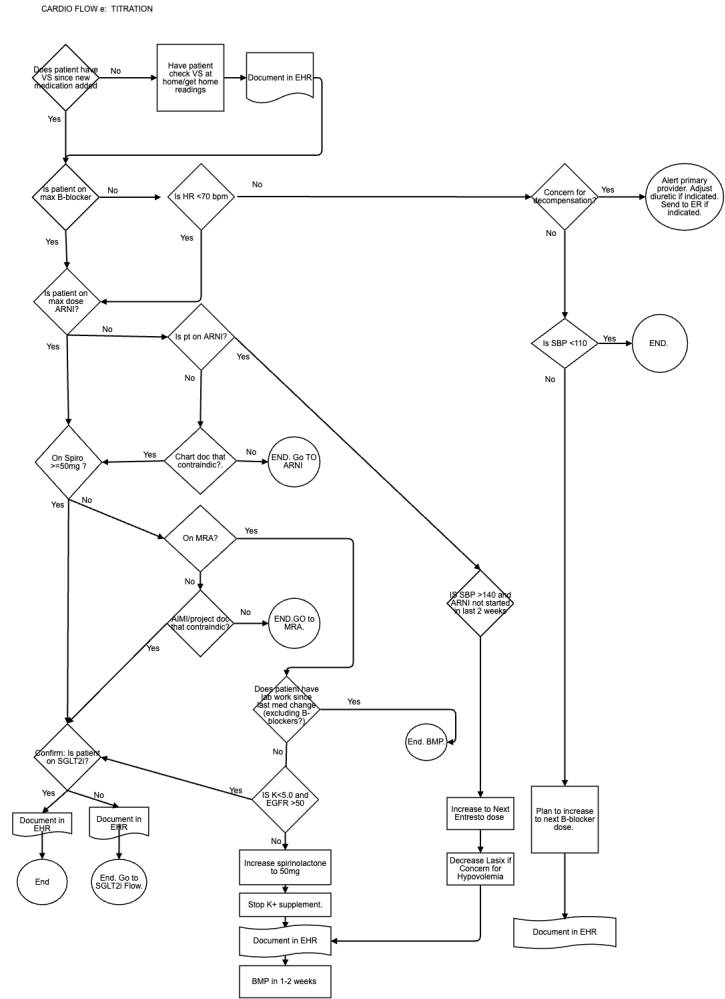


# Flowchart D: MRA

CARDIO FLOW D MRA



# Flowchart E: Titration





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