A Tale of Two Countries: Comparing Healthcare for Heart Failure Patients in the United States and France

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Systems Engineering in Health Care Coordination
A COE Global Engineering Leadership Program (GELP)

GELP focus area: faculty-led trips for students to participate in significant and relevant projects abroad
Overview: Heart Failure

- Internationally, rates of heart failure are on the rise
- World Health Organization has begun to evaluate heart disease data more systematically
- Future global impact - “emerging pandemic”
- HF impacts 22 million people worldwide
American Participants
French Participants
Methods

- Collection of HF statistics
- Assessment of Chronic Illness Care Questionnaire
- In-situ observations
- Semi-structured interviews
- Focus groups with key stakeholders
## Statistics

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>Incidence</td>
<td>Nearly 6 million Americans are living with HF, and this number is expected to increase. 158 per 100,000 for men (mean of 267) 92 in 100,000 in women (mean 175)</td>
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<td>Mortality</td>
<td>375,000 deaths per year. 138,168 (25.9% of all deaths)</td>
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<td>Costs</td>
<td>$39 billion dollars in healthcare expenditures annually for HF, $260 billion for all cardiovascular disease. 27.8 billion € (government cost) 17% of all healthcare costs</td>
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<td>Hospitalizations</td>
<td>Over one million hospitalizations annually for heart failure. 126 million hospitalizations for cardiac disease 268.5 million working days in hospital</td>
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<td>Common Relevant Topics</td>
<td>System Design</td>
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| **System Design**     | Primarily private system made of for-profit hospitals
Patients rely on insurance, government subsidization, or self funding to pay for healthcare | Primarily a public service independent of patient payment
Private hospitals rely on patient payment to remain financially solvent | Heart Failure ICU almost always at capacity
Divided into units based on severity of condition | Care is managed between settings within the hospital network
Out-of-network coordination can be complicated | Online portals where patients can review their own records
Standardized process for transfer of information |
| **Patient Capacity**  |               | Move patients to inappropriate units if discharge is not possible
Decreasing length of stay while increasing capacity of resources | Little care coordination across range of chronic diseases
Currently focuses mostly on cancer patients | | Preventive care not necessarily prioritized |
| **Care Transitions**  |               |                  |                  |                |                |
| **Patient Records**   |               |                  |                  |                |                |
| **Preventive Care**   |               |                  |                  |                |                |
Results

- Staffing ratios: Nursing
- Medicare penalties for readmissions
- Focus on tertiary care
- Use of specialty physicians (i.e. cardiologist)

- Staffing ratios: Physicians
- Lack of midlevel providers
- Overcrowding in hospitals
- Different role/education for nurses
Emergency Care
Implications

Common Theme: Lack of Care Coordination!!