

# “Teach a Man to Fish”

How do Aliko doctors achieve dramatically low rates of hospital readmission for patients with heart failure? By teaching them how to take care of themselves.

What is it about congestive heart failure that makes people who have it keep needing to go back to the hospital? The readmission rates are high, nationwide. It may be easier to understand why if, for a moment, we picture ourselves in the hospital slippers of someone who has this condition:

We feel bad, our ankles are swollen, we don't have much energy, maybe it's a little hard to breathe. And some dietician comes in with – ta-da! Our new, life-changing, heart failure diet plan. What does heart failure mean, anyway? That our heart is going to stop? It sure is beating hard right now, with this news. All of a sudden, our daily list of life chores must include monitoring our “fluid intake volume.” What the heck is that? How much salt do we get every day? How should we know – and now we're expected to read every single label of every can of soup we buy for the rest of our life? It's overwhelming.

Statistics agree. “About one out of every five people who are discharged after being in the hospital with heart failure has to be readmitted within 30 days,” says Roy Ziegelstein, M.D., The Sarah Miller Coulson and Frank L. Coulson, Jr., Professor of Medicine, and co-chair of the Aliko Initiative. This unplanned readmission is a huge problem, one that is becoming a national health priority, in large part simply for financial reasons (see side story).

What's the best way to fix it? “A cardiologist might say that it's pretty clear what the problem is,” says Ziegelstein, who is a cardiologist, “that these people need to be readmitted because they weren't optimally cared for during their hospitalization.” In heart-doctor talk, that would be because the patient didn't get “dried out.” Heart failure is all about fluid volume. “If they're volume-overloaded, they're ‘wet,’ they have shortness of breath, leg swelling – all the symptoms and signs related to having too much fluid,” he explains. When someone in this boat comes to the hospital, this drying-out process can happen in a tightly monitored setting, with every cubic centimeter going in or coming out accounted for. “Many cardiologists would say, ‘the bottom line is that the majority of people who are hospitalized are on a general medical service; they're not under the care of a cardiologist. They're discharged still volume-up, because there's this push to get people home, to shorten the length of stay.’”

One fairly common solution is a disease-management program, involving calling the patients at home, and asking them to weigh themselves faithfully, to make sure they're staying on their “dry” weight. “Then, if they develop any symptoms, they get seen promptly in the office, to make sure they don't need more diuretics, but by hell or high water, the goal is to make sure they don't come back to the hospital,” says Ziegelstein.

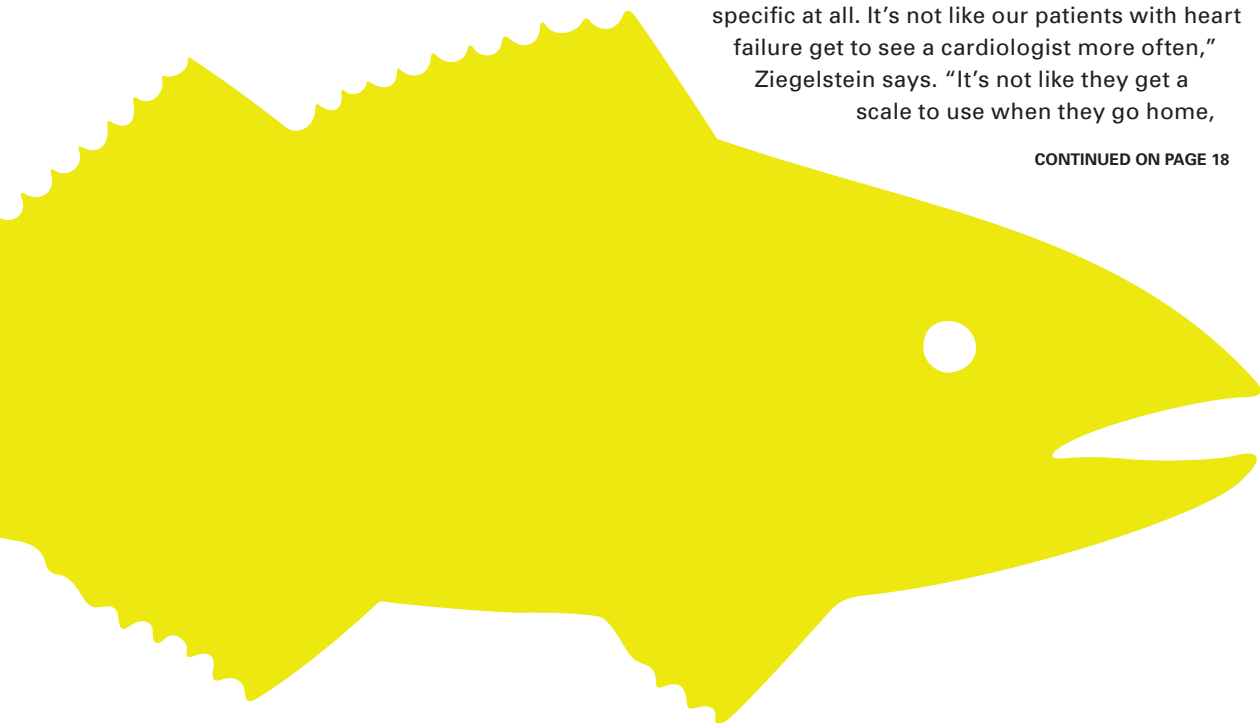
## It's the Chinese proverb: Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime.

This kind of intensive management program works, he adds, but it seems to work best only while the management is intensive. Without that rigorous oversight from a nurse or doctor, without those regular phone calls, the temptation is to slack off, to become less vigilant, get discouraged – and maybe wind up back in the hospital. Also, disease management programs tend to address a single illness, but “most patients with heart failure have other health conditions that require ongoing care, and that may require readmission to the hospital if not managed appropriately – even if their heart failure is,” he notes.

And then there is the Aliko Service. Faculty, residents, interns, and medical students on this teaching service, named for its benefactress, Mrs. Aliko Perroti, have fewer patients under their care at any one time, and as a result get to spend more time getting to know them. Recently, Ziegelstein, with co-chair Cindy Rand, Ph.D., internist Janet Record, M.D., and colleagues compared patients on the Aliko service with patients on the other three general medical teaching services at Johns Hopkins Bayview, admitted over a period of nearly two years. “We divided them into two groups, Aliko and non-Aliko,” Ziegelstein says. “Of the patients admitted with the principal diagnosis of heart failure, 14 percent on the non-Aliko teams were readmitted within 30 days for the same diagnosis, compared to only 4 percent on the Aliko team. We thought this was pretty striking, because this is actually a 70-percent relative risk reduction in the need for heart failure readmissions.” Their results were just published in the *Archives of Internal Medicine*.

The Aliko Service doesn't have a disease-management program for heart failure. “In fact, I would say that we don't do anything that's heart failure-specific at all. It's not like our patients with heart failure get to see a cardiologist more often,” Ziegelstein says. “It's not like they get a scale to use when they go home,

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and other patients don't, it's not that they get routine phone calls from the nursing staff. It's none of that. Instead, our focus is really on empowering patients; that's a buzzword now, but our goal is to stay patient-centered."

Patient-centered care, in this case, is not so much education itself, as in making sure the patient understands it. Mr. X could go home with the greatest, most user-friendly educational materials available, but they will just become clutter on his bedside table if he doesn't make the connection between what's in there and how he needs to change his life.

The key difference, Ziegelstein believes, is not trying to watch the patients like a hawk after they leave the hospital, but teaching them how to watch over themselves. It's the Chinese proverb: Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime. Another study, currently under way, is looking at whether the Alike patients will turn out to have lower rates of readmission for other causes, too, not just heart failure. "Our hypothesis is, if you

One word: Money. Heart failure is, by and large, a diagnosis of older people – the Medicare population – and unplanned readmissions for heart failure account for an estimated \$17 billion in Medicare payments each year. "Rehospitalization is a huge target now of medical centers around the country," says Roy Ziegelstein, M.D. "You might say it should always have been a big target, but if you think about it, the financial incentives for hospitals have not been aligned with trying to prevent readmissions. Now, in President Obama's health care reform, there will be financial incentives for hospitals to reduce readmissions, and financial penalties if they need to be readmitted."

This has met with across-the-board grumbling from the health care industry, Ziegelstein adds, "but I think most of us would say this makes some degree of sense. Particularly if it's something that could have been avoided with better care."

Already, action is being taken on the state level to attempt to lower costs. The Maryland Health Services Cost Review Commission is launching a new initiative, called Maryland Hospital Preventable Re-Admissions, to "reward those efforts that reduce the number of readmissions and that also increase the quality of care and decrease cost," according to a recent state policy paper. "While not all readmissions are avoidable, many clearly are," said the paper. This initiative would provide a system of payment incentives based on a hospital's number of readmissions, as compared to a state target rate.

empower people, and make it clear to them what they need to do to stay healthy, if you explain the importance of adhering to specific medications, diet, exercise, activities, and explain what the risks and consequences might be of not doing it, if you very carefully try to identify the things that would facilitate those healthy behaviors, and also the barriers to them that might be approachable, then we believe the effects that we observe will be noted outside of just heart failure and readmission." ■