

## **Heart Failure Post-Acute Care (HF-PAC)— a multi-disciplinary integrated case management program in Taiwan**

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Heart failure (HF), the final common pathway of various cardiac diseases, is characterized by not only high mortality but also recurrent hospitalization and thus becomes a heavy medical economic burden. Moreover, patients with HF are commonly associated with multiple comorbidities that make their medical care be complicate. The conventional silo/fragmented, procedure-oriented health service system is not competent enough to combat the growing medical problem.

We firstly initiated a multi-disciplinary integrated case management program for HF patients in 2003 at the Cardiology Division, National Taiwan University Hospital. The treatment was coordinated by case managers specialized in HF and received the preceptorship in disease management. In addition to cardiologist or cardiovascular surgeon devoted in the treatment of HF, rehabilitation physician, clinical pharmacist, physiotherapist, dietitian, social worker, and clinical psychologist were included in the team. Through the cordination of case manager, the treatments offered by various medical professionals could be integrated and the family-patient education could be implied in daily self-care. This investigator initiated program demonstrated that both rehospitalization rate and medical expense for HF could be significantly reduced. Moreover, the similar program could be reproduced in regional hospitals with success.

Since 2017, the case management program has been enrolled in the post-acute care (PAC) plan reimbursed for 6 months after discharge by the National Health Insurance administration (NHIA) in Taiwan. Patients will be screened by the case manager for the eligibility during the index hospitalization for HF. Once enrolled, assessments and instructions will be implied by multi-disciplinary medical professionals. The guide-line directed medical therapy (GDMT) and cardiac rehabilitation will be reinforced in pre-discharge planning.

Through these efforts, the adherence to GDMT and cardiopulmonary rehabilitation after the index hospitalization improved. Moreover, the 6-month readmission rate and the 1-year all-cause mortality rate, the functional class, exercise tolerance, and quality of life all improved at the end of 6-month HF-PAC.