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

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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

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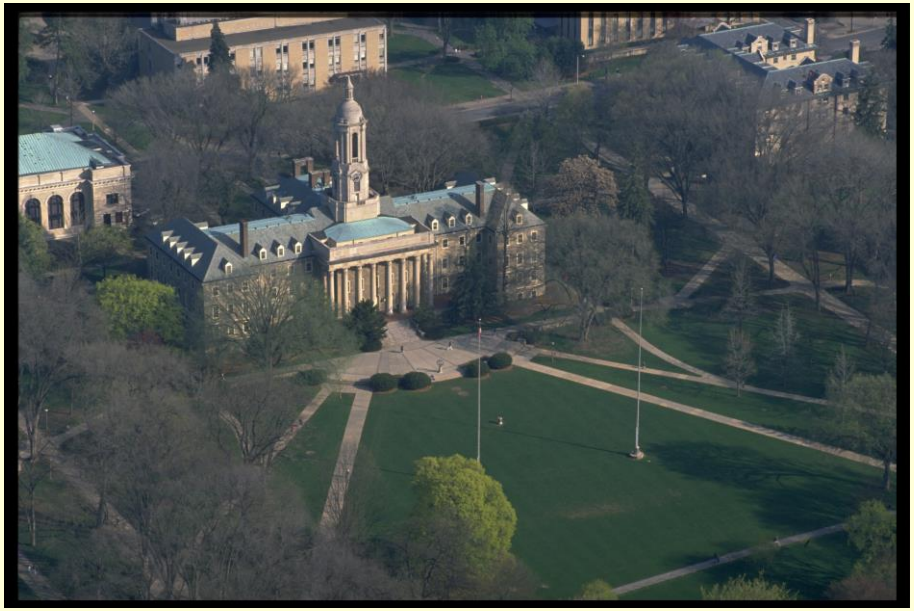
American Participants



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French Participants

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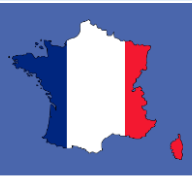
Methods

- Collection of HF statistics
- Assessment of Chronic Illness Care Questionnaire

- In-situ observations
- Semi-structured interviews
- Focus groups with key stakeholders

Statistics

		
Incidence	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)
Mortality	375,000 deaths per year	138,168 (25.9% of all deaths)
Costs	$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
Hospitalizations	Over one million hospitalizations annually for heart failure	126 million hospitalizations for cardiac disease 268.5 million working days in hospital

Preliminary Findings

Common Relevant Topics		
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
Patient Capacity	Heart Failure ICU almost always at capacity Divided into units based on severity of condition	Move patients to inappropriate units if discharge is not possible Decreasing length of stay while increasing capacity of resources
Care Transitions	Care is managed between settings within the hospital network Out-of-network coordination can be complicated	Little care coordination across range of chronic diseases Currently focuses mostly on cancer patients
Patient Records	Online portals where patients can review their own records Standardized process for transfer of information	Electronic records are limited for public hospitals Challenges in transfer of information between settings
Preventive Care	Insurance plans encourage a yearly checkup	Preventive care not necessarily prioritized

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!!

GELP Team

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