

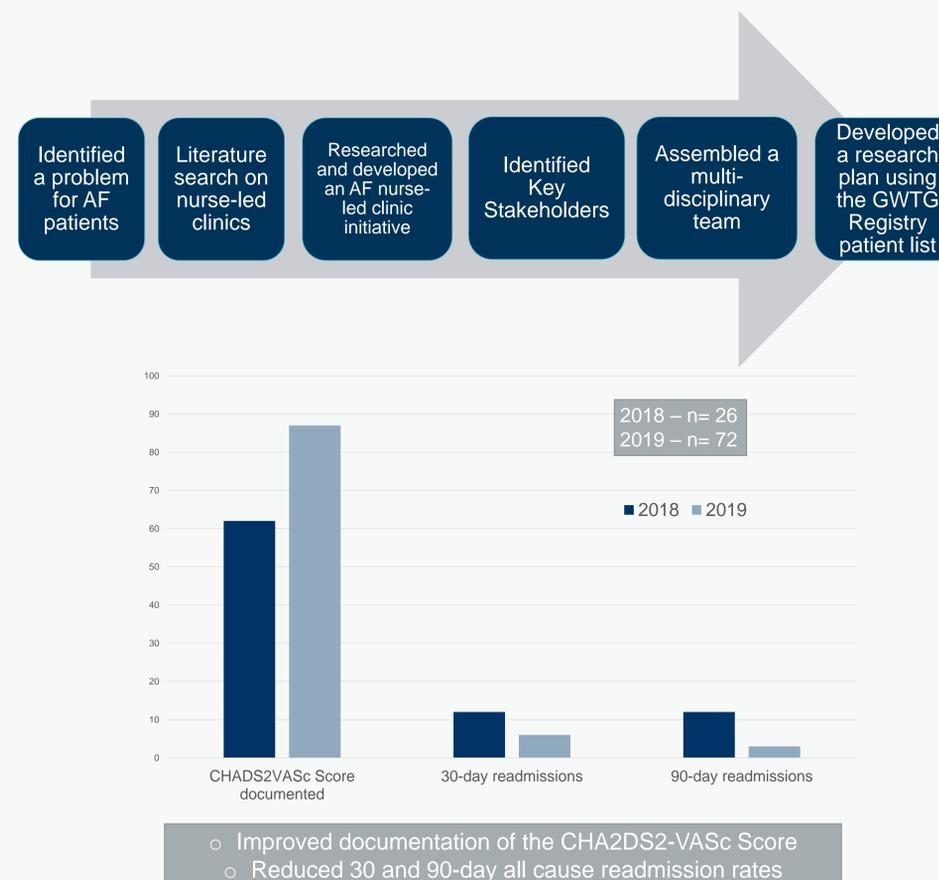
## SIGNIFICANCE/BACKGROUND

- Atrial fibrillation (AF) is an increasingly common chronic condition that is estimated to cost over \$800 million per year.<sup>1</sup>
- AF is also costly in terms of its mortality, morbidity, and reduced quality of life.<sup>2</sup>
- Despite the complexity of AF, patients discharged from Augusta University Medical Center (AUMC) often do not comprehend its complications, the importance of medication adherence, and improved outcomes with lifestyle modifications.
- Discharge education – including information about medications prescribed, procedures and tests performed, and lifestyle modifications – is performed, but this information is often not comprehended due to the vast amount of education provided at time of patient discharge.
- Existing literature shows nurse-led clinics that can provide further information and education on specific disease states improve patient outcomes, reduce hospitalizations, and provide cost-savings for the institution.<sup>2</sup>
- The goal of this study was to show the positive impact of an AF nurse coordinator on patient outcomes and determine the potential value and impact of a nurse-led AF clinic.

## PROJECT/METHODS

- Used Get with the Guidelines®-AFIB database to identify areas of improvement with documentation, transition of care follow-up, and adherence to guideline driven medical therapy (GDMT).
- Get with the Guidelines®-AFIB achievement measures and hospital quality measures analyzed include:
  - Documentation of CHA<sub>2</sub>DS<sub>2</sub>-VASc score
  - 30 and 90 day all-cause readmission
- Compared patients discharged from hospital September – December 2018 (control group) and patients discharged January – December 2019 after training and integration of AF nurse coordinator.
- AF nurse coordinator performed literature search, researched and developed AF nurse clinic initiative, identified key stakeholders, and assembled multidisciplinary team that includes Chief Nursing Office (CNO), nurse leadership, electrophysiology physicians, and pharmacy.
- Multidisciplinary team developed a research plan to examine financial implications and determine potential cost-savings/revenue generation associated with development of nurse-led AF clinic.

## RESULTS



## VALUE PROPOSITION

### Patient

- Reduces emergency department visits & hospital admissions
- Improves access/quicker appointments
- Receives one on one education
- Lower cost
- Risk factor & lifestyle modification
- Improves clinical outcomes

### Providers

- Improves patient satisfaction
- Improves HCAHPS scores
- Higher quality care and easier access
- Better care efficiencies
- Reduces cost
- Increases reimbursements

### Payors

- Stronger cost controls
- Reduces risks and complications
- Goal of reduced readmissions to be confirmed with future research
- Transitional care management (TCM)

### Society

- Reduces economic & social burden
- Reduces spending
- Better overall health
- Better quality of life

## CONCLUSION

- Access to a structured nurse-led AF clinic would provide patients the needed education to better understand the disease complexity, along with the importance of medication adherence and lifestyle modification.
- A nurse-led AF clinic would allow a rapid follow-up post hospital or ER discharge, thus preventing potential 30 or 90 day readmissions.
- Documentation of the CHA<sub>2</sub>DS<sub>2</sub>-VASc score increased from 2018 to 2019 thus ensuring patients are discharged on proper antithrombotic therapy.
- As this patient population continues to grow, a nurse-led AF clinic can improve the economic and social burden and enhance the quality of life.
- Nurse-led AF clinic could provide opportunity for revenue generation and improved transitions of care through TCM billing codes (CPT 99495 and 99496) with incorporation of a nurse practitioner.

## FUTURE RESEARCH

- An IRB approved research project titled “Nurse-led Afib Clinic on Health and Cost Outcomes” is currently in progress. This data will help to identify key components of a nurse-led AF clinic to improve health outcomes.
- Data collected will help to identify any gaps in knowledge for post-discharge care of AF patients.
- Future research will continue to monitor the clinical impact of a nurse-led AF clinic on patient outcomes.
  - Are emergency department visits and readmissions decreased?
  - Are patient satisfaction and HCAHPS scores increased?
  - Are costs reduced?

## REFERENCES

1. Minakakis, T. (2016). Easing the economic burden of atrial fibrillation: making the case for a structured clinical nurse specialist-led outpatient clinic. *Canadian Journal of Cardiovascular Nursing*, 26(3), 15-21.
2. Jacob, L. (2017). Nurse-led clinics for atrial fibrillation: managing risk factors. *British Journal of Nursing*, 26(22), 1245-1248. <https://doi-org.wgu.idm.oclc.org/10.12968/bjon.2017.26.22.1245>

## DISCLOSURES

None of the authors have conflicts of interest to disclose