

ACCPIN11: HEART FAILURE: PATIENT SELF CARE EDUCATION (ACC/Veradigm)	
<b>NQS Domain:</b> Communication and Care Coordination <b>Meaningful Measure Area:</b> Management of Chronic Conditions	<b>Measure Type:</b> Process, Proportional, High Priority (Care Coordination)
<b>Measure Description</b>	Percentage of patients aged $\geq 18$ years with a diagnosis of heart failure who were provided with self-care education on $\geq 3$ elements of education during $\geq 1$ visit within a 12-month period.
<b>Numerator</b>	Patients who were provided with self-care education on three or more elements of education during one or more visits within a 12-month periods. Elements include: 1. Weight monitoring, 2. Diet (Sodium Restriction), 3. Symptom Management, 4. Physical Activity, 5. Smoking Cessation, 6. Medication Instruction, 7. Prognosis/End of life issues, 8. Minimizing or avoiding use of NSAIDs or 9. Referral or visiting nurse of specific education or management programs
<b>Denominator</b>	All patients aged 18 years and older with a diagnosis of heart failure who were seen at least once for any visit within a 12-month period
<b>Exceptions and exclusions of the measure (if applicable)</b>	None
<b>Proportion measure scoring</b>	Yes
<b>Data Source</b>	EHR/Registry
<b>Rationale</b>	<p>The self-care regimen for patients with HF is complex and multifaceted. Patients need to understand how to monitor their symptoms and weight fluctuations, restrict their sodium intake, take their medications as prescribed, and stay physically active. Education regarding these recommendations is necessary, albeit not always sufficient, to significantly improve outcomes. A systematic review of 35 educational intervention studies for patients with HF demonstrated that education improved knowledge, self-monitoring, and medication adherence, time to hospitalization, and days in the hospital. Patients who receive in-hospital education have higher knowledge scores at discharge and 1 year later when compared with those who did not receive in-hospital education. Dietary sodium restriction is commonly recommended to patients with HF and is endorsed by many guidelines. The data on which this recommendation is drawn upon, however, are modest, and variances in protocols, fluid intake, measurement of sodium intake and compliance, and other clinical and therapeutic characteristics among these studies make it challenging to compare data and draw definitive conclusions.</p> <p>Guideline Recommendations: 2013 ACCF/AHA Guideline for the Management of Heart Failure Patients with HF should receive specific education to facilitate HF self-care (Class I: Level of Evidence: B) Sodium restriction is reasonable for patients with symptomatic HF to reduce congestive symptoms. (Class I: Level of Evidence: C) Exercise training (or regular physical activity) is recommended as safe and effective for patients with HF who are able to participate to improve functional status. (Class I: Level of Evidence: A)</p>

\*The measures listed above are calculated based on the 1<sup>st</sup> performance rate, traditional (unless indicated differently under *Measure Type*) and are NOT risk adjusted. The measure listed above does NOT include telehealth and is for Ambulatory Care: Clinician Office/Clinic care settings.  
Updated on 01/01/2021