

Title: A Longitudinal Comparison of Palliative Care Consult in HFpEF and HFrEF Patients

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Background: Palliative Care is a holistic approach to improve quality of life in patients with potentially life-limiting conditions and is recommended for advanced heart failure patients. However, palliative care is still underutilized in this population. Additionally, care and prognostication differences exist between heart failure with preserved fraction (HFpEF) patients and heart failure with reduced ejection fraction (HFrEF) patients. Therefore, this study explored the trajectory of inpatient palliative care consults between these two groups.

Methods: This study examined data from one healthcare system in the Southeastern United States. Data were analyzed from i2b2, which is an open source technology system to query de-identified data from electronic health records. Data were examined from 2011- 2018 and included presence of palliative care consults, type of heart failure, demographics (age, sex, and race), and mortality. Analyses included descriptive statistics and comparisons between groups.

Results: A total of 37,665 encounters were analyzed (19,384 HFrEF and 18,281 HFpEF). Palliative care consults were lower in patients with HFpEF than HFrEF with 11.49% of patients receiving consults vs. 17.87% in 2018 respectively ($p < .001$). Palliative care consults also appear to be declining overall, after peaking in 2015 for HFpEF at 17.35% and HFrEF at 22.24% (Figure 1). There were no significant differences over time when factoring in race or sex. The mortality rate, as expected, was higher in patients who received palliative care, although overall mortality from heart failure is decreasing.

Conclusions: This study found that differences exist in palliative care consult rates between patients with HFpEF and HFrEF. Future research should explore why these differences in care provision exist, and the impact on patients' quality of life such as symptom management, advance directive completion, and caregiver support. Additional investigation into the decline of palliative care consults is also warranted.

Figure 1: Palliative Care Consults in Heart Failure Patients 2011-2018

