



Understanding heart failure guidelines

The multidisciplinary team

What is this guide, and who is it for?

The Heart Failure Policy Network has developed this guide as a lay summary of key principles in the European Society of Cardiology (ESC) guidelines, England's National Institute for Health and Care Excellence (NICE) guidelines and position statements by the Heart Failure Association of the ESC. The guide seeks to raise awareness of key elements of best practice in the care and management of heart failure (HF). It will be of interest to non-specialist audiences such as people with HF, patient advocates, non-cardiology healthcare professionals, clinical advocates of best practice and health system reform, organisational leaders, and political or public officials.

Guidelines are documents with suggestions or recommendations for care that derive from scientific evidence to aid patients and healthcare professionals in their decision-making – they are not prescriptive documents. Care must be tailored to each person's needs through careful collaboration between the person with HF, their family/carers and the HF care team.

This document neither replicates nor supersedes established clinical guidelines for the purpose of formal professional training or accreditation, patient therapeutic education or clinical decision-making. Clinicians, patients and service managers should consult European and national guidance as appropriate.

The multidisciplinary team

Heart failure (HF) management is best delivered by a multidisciplinary team – health and social care professionals from multiple disciplines, preferably led by an HF specialist.¹ This is crucial in meeting the often varied and changing needs of people with HF and their families/carers. It helps ensure a seamless care journey across multiple settings.^{1 2}



Heart failure facts

The multidisciplinary care approach to HF management reduces hospitalisations and mortality in people with HF.³

Who is involved in multidisciplinary HF care?

Key roles outlined in HF guidelines and expert commentary include:

- cardiologists (heart specialists)
- nurses (HF specialists, primary care and hospital-based nurses)
- primary care physicians
- physiotherapists, particularly those with a cardiac rehabilitation speciality.^{1 4 5}

Other important roles include:

- internists (internal medicine specialists)
- emergency room physicians
- pharmacists
- geriatricians (elderly care specialists)
- palliative care specialists (who focus on maintaining quality of life and wellbeing, reducing suffering and supporting families/carers)
- dietitians
- psychologists
- social workers.^{1 4 6}

According to need, other disease specialists may be involved in care, such as endocrinologists (diabetes specialists) and nephrologists (kidney specialists).¹ The person with HF and their family/carers also have a crucial role in managing HF.⁷ Despite not being mentioned in clinical guidelines, expert patients – people who are particularly skilled and knowledgeable in managing their HF – can have a role in supporting other people with HF.⁸

Information about the role of people with HF in their own care is included in [Understanding heart failure guidelines: Patient empowerment and self-care](#).





What do the guidelines say?

The guidelines offer concrete advice about the roles and responsibilities of cardiologists, nurses, primary care physicians and emergency room physicians in HF care.^{1 4 6 9} Information about the role of other professionals, such as psychologists and dietitians, is less extensive.

Cardiologists



Heart failure facts

Cardiologists oversee HF diagnosis and care.⁹

The main responsibilities of cardiologists include establishing or reviewing HF diagnoses, identifying the causes of HF (aetiology), starting and adjusting HF treatment, and planning HF care with relevant health and social care professionals.⁴

Nurses



Heart failure facts

Nurses provide care, education and support for people with HF and their families/carers, both in hospital and in the community.^{4 6 10}

HF nurses provide specialist support for people with HF and their families/carers, often through nurse-led clinics, telephone/online contact and home visits.⁴ They may review and adjust medication to optimise treatment and educate people with HF, their families/carers and other healthcare professionals about HF and HF care. HF nurses are important for all people with HF, in particular those recently admitted to hospital or at high risk of hospitalisation.⁴

Primary care nurses help provide community-based HF care, for example in the routine monitoring and follow-up of people with stable HF, but limited information on their role is included in guidelines.⁹ Primary care nurses typically hold consultations at local practices or carry out home visits for people unable to attend appointments elsewhere.¹⁰

Hospital-based nurses are crucial for people with acute HF.⁶ They refer people for appropriate care based on symptoms (triage), monitor treatment response in people hospitalised for acute HF, support people with HF and their families/carers with hospital discharge, and can provide educational and emotional support.⁶

Primary care physicians



Heart failure facts

Primary care physicians are often the first point of contact for people presenting with HF symptoms, and they have a crucial role in HF diagnosis and management.⁴

When people first present with HF symptoms, primary care physicians should determine whether HF is the likely cause of the symptoms and, if so, refer people for specialist-led diagnosis and support.¹

Following an HF diagnosis, primary care physicians should work closely with HF specialists, such as cardiologists and HF nurses, to provide follow-up care to people with HF in the community.^{1 2 9} This may include routine management through regular appointments and referrals back to specialist care if needed.

Information on diagnosis of HF is included in [Understanding heart failure guidelines: Diagnosis](#).

Emergency room physicians



Heart failure facts

Emergency room physicians diagnose and treat people with acute HF, which is the rapid onset or worsening of HF symptoms.⁶

Acute HF is a life-threatening condition that requires immediate medical attention and often leads to hospital admission.¹ The main responsibility of emergency room physicians is to diagnose and treat acute HF as quickly as possible to stabilise the person's condition and prevent further damage to the heart.⁶

Emergency room physicians work closely with other healthcare professionals, such as ambulance staff and internists, to support people with acute HF as they enter the emergency room and transition to hospital wards.⁶

Information on diagnosis of HF is included in [Understanding heart failure guidelines: Diagnosis](#).





Internists



Heart failure facts

Internists may diagnose and manage HF, especially when access to specialist HF care is limited.²

HF guidelines include limited information on the role of internists, but these physicians diagnose and treat a variety of health conditions, including HF.¹¹ They typically work in acute care settings, managing care for people who present with sudden and life-threatening symptoms. They refer people to relevant specialists, including cardiologists, and collaborate with other hospital departments to support people admitted under different specialties.^{10 11}

Pharmacists



Heart failure facts

Pharmacists can offer medication-specific expertise to people with HF, their families/carers and the HF care team.⁵

HF guidelines mention pharmacists as a member of the HF multidisciplinary care team, but further information on their role is limited.¹ Expert commentary states that pharmacists can educate people about HF medicines, review and adjust medication plans, address medication-related questions/concerns and provide medication-related expertise to the HF care team.^{5 10}

Geriatricians



Heart failure facts

Geriatricians can provide additional support for older people with HF.^{1 10}

Geriatricians can work with the HF care team to support older people with HF with age-related syndromes, such as frailty, dementia and mobility issues. Where needed, specialist dementia support teams may also be involved.^{1 10}

Palliative care specialists



Heart failure facts

Palliative care specialists support the planning and delivery of palliative care for people with HF.⁵

Palliative care is physical, psychological and spiritual care focused on managing and relieving symptoms, improving quality of life and providing emotional and family support.¹² It should be provided by a multidisciplinary team, involving both health and social care professionals to provide optimal care.¹³

Palliative care specialists can lead or support the palliative care process.^{5 13} Their input is particularly valuable in complex cases, such as people with HF and cognitive impairment, other life-threatening conditions or certain cardiac devices.

More information about palliative care for HF is included in [Understanding heart failure guidelines: Advance care planning](#).





Dietitians



Heart failure facts

Dietitians can help people with HF maintain a healthy diet.¹

HF guidelines have limited information on the role of dietitians in HF care; however, they mention that dietary advice should be tailored to a person's nutritional status, physical needs and additional health conditions (comorbidities).¹ Expert commentary states that dietitians can educate people with HF and their families/carers about the impact of diet on HF, specifically that of salt and fluid intake.⁵

More information about diet in HF is included in [Understanding heart failure guidelines: Patient empowerment and self-care](#).

Physiotherapists



Heart failure facts

Physiotherapists can help people with HF maintain an exercise routine.¹⁴

Physiotherapists design exercise programmes that are safe and effective for people with HF based on the person's age, daily routine, preferences, abilities and comorbidities.¹⁴ These programmes are an important part of cardiac rehabilitation, along with educational and counselling sessions about HF.¹⁵

More information about exercise and cardiac rehabilitation in HF is included in [Understanding heart failure guidelines: Patient empowerment and self-care](#) and [Understanding heart failure guidelines: Clinical management](#).

Psychologists and social workers



Heart failure facts

Psychologists and social workers can support people with HF and their families/carers with psychosocial needs.^{5,10}

Psychologists can diagnose and treat depression or anxiety, and teach other health and social care professionals to identify signs of psychological distress.⁵ Key components of HF care, such as palliative care or smoking cessation, may also incorporate psychological support.¹

HF guidelines include limited information on the role of social workers, who may help people with HF and their families/carers identify community-based support.^{5,10} This may include directing people to legal and financial advice, arranging formal assistance at home and supporting carers.

Best practice from key European guidelines

Management of HF should be multidisciplinary and tailored to the needs of the person with HF across all phases of HF care.^{1,2} Effective communication is a crucial component of multidisciplinary care – between health and social care professionals and with the person with HF.

Information about the different roles in HF care can also be found on the Heart Failure Matters website (<https://www.heartfailurematters.org>).





References

1. Ponikowski P, Voors AA, Anker SD, et al. 2016. 2016 ESC guidelines for the diagnosis and treatment of acute and chronic heart failure. *Eur J Heart Fail* 18(8): 891-975
2. The Heart Failure Policy Network. 2018. *The handbook of multidisciplinary and integrated heart failure care*. London: The Heart Failure Policy Network
3. Gandhi S, Mosleh W, Sharma UC, et al. 2017. Multidisciplinary heart failure clinics are associated with lower heart failure hospitalization and mortality: systematic review and meta-analysis. *Can J Cardiol* 33(10): 1237-44
4. McDonagh TA, Blue L, Clark AL, et al. 2011. European Society of Cardiology Heart Failure Association standards for delivering heart failure care. *Eur J Heart Fail* 13(3): 235-41
5. Jaarsma T. 2005. Health care professionals in a heart failure team. *Eur J Heart Fail* 7(3): 343-9
6. Mebazaa A, Yilmaz MB, Levy P, et al. 2015. Recommendations on pre-hospital & early hospital management of acute heart failure: a consensus paper from the Heart Failure Association of the European Society of Cardiology, the European Society of Emergency Medicine and the Society of Academic Emergency Medicine. *Eur J Heart Fail* 17(6): 544-58
7. Lainscak M, Blue L, Clark AL, et al. 2011. Self-care management of heart failure: practical recommendations from the Patient Care Committee of the Heart Failure Association of the European Society of Cardiology. *Eur J Heart Fail* 13(2): 115-26
8. Cordier J-F. 2014. The expert patient: towards a novel definition. *Eur Respir J* 44(4): 853-57
9. National Institute for Health and Care Excellence. 2018. *Chronic heart failure in adults: diagnosis and management*. London: NICE
10. Heart Failure Association. Heart Failure Matters: people that may be involved in your care. Available from: https://www.heartfailurematters.org/en_GB/What-can-your-doctor-do/People-that-may-be-involved-in-your-care [Accessed 01/07/19]
11. NHS Health Education England. General internal medicine. Available from: <https://www.healthcareers.nhs.uk/explore-roles/doctors/roles-doctors/medicine/general-internal-medicine> [Accessed 24/07/19]
12. World Health Organization. WHO definition of palliative care. Available from: <https://www.who.int/cancer/palliative/definition/en/> [Accessed 03/07/19]

13. Jaarsma T, Beattie JM, Ryder M, *et al.* 2009. Palliative care in heart failure: a position statement from the palliative care workshop of the Heart Failure Association of the European Society of Cardiology. *Eur J Heart Fail* 11(5): 433-43
14. Piepoli MF, Conraads V, Corra U, *et al.* 2011. Exercise training in heart failure: from theory to practice. A consensus document of the Heart Failure Association and the European Association for Cardiovascular Prevention and Rehabilitation. *Eur J Heart Fail* 13(4): 347-57
15. Piepoli MF, Corrà U, Adamopoulos S, *et al.* 2014. Secondary prevention in the clinical management of patients with cardiovascular diseases. Core components, standards and outcome measures for referral and delivery: a policy statement from the Cardiac Rehabilitation Section of the European Association for Cardiovascular Prevention & Rehabilitation. Endorsed by the Committee for Practice Guidelines of the European Society of Cardiology. *Eur J Prev Cardiol* 21(6): 664-81





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About the Heart Failure Policy Network

The Heart Failure Policy Network is an independent, multidisciplinary group of healthcare professionals, patient advocacy groups, policymakers and other stakeholders from across Europe whose goal is to raise awareness of the unmet needs surrounding heart failure and its care. All Network content is non-promotional and non-commercial. The Secretariat is provided by The Health Policy Partnership Ltd, an independent health policy consultancy based in London.

The multidisciplinary team



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