Letters to the Editor
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Heart failure management: how much COACH-ing is needed?

We were glad to find two interesting articles and an editorial in the September 2004 issue of the European Heart Journal on management of patients with heart failure (HF) in specialized programmes, e.g. HF clinics or home-based HF programmes.1-3 HF management programmes are increasingly implemented and considered as a promising method of improving the quality of HF care.4 Both papers and the editorial note that HF management programmes can be effective in improving patient outcomes with regard to readmission.1-3 The authors also point out that there still is a lack of clarity on the necessary components of an HF management programme. Most interventions described in the meta-analysis, and in the review, are heterogeneous and report on combined interventions as one treatment modality comparing this with a ‘care as usual group’. The authors of both papers conclude that ‘clinical trials in future should be conducted to compare different interventions directly’2 and that effectiveness remains to be proved in a clinical trial comparing usual HF clinic care with the combination of HF clinic with home care.5

We are happy to inform the authors that at this moment such information is gathered in a large multi-centre study conducted in the Netherlands evaluating Outcomes of Advising and Counselling in Heart Failure (COACH), financed by the Netherlands Heart Foundation.4 Patients included in COACH are randomized in (i) care as usual (regular follow-up without HF nurse); (ii) an HF clinic (scheduled visits at the HF clinic with an HF nurse added to follow-up by a cardiologist); or (iii) an HF clinic + home care (care at the HF clinic, a multidisciplinary approach, and scheduled home visits).4 Patients are recruited from 17 centres in the Netherlands and patients are followed up for 18 months after discharge. Endpoints of the study are time to first event, readmission, mortality, costs, and quality of life. At this moment (October 2004), more than 900 patients are included in the study and final results are expected at the end of 2006. With this large-scale trial we hope to contribute further to the unanswered questions noted by the groups of Gustafsson3 and Gonseth2 regarding the dose of the intervention, and thereby contribute to the development of an optimal approach for chronic HF patients.

References

T. Jaarsma
Department of Cardiology
Thoraxcenter
University Hospital Groningen
PO Box 30.001
9700 RB Groningen
The Netherlands
Tel: +31 50 3612355
Fax: +31 50 3614391
E-mail address: t.jaarsma@thorax.azg.nl

D.J. van Veldhuisen
Department of Cardiology
Thoraxcenter
University Hospital Groningen
On behalf of the COACH research group
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COACHes, players, and heart failure teams: reply

In response to our discussion of outpatient heart failure (HF) management,1 Jaarsma and Veldhuisen2 very appropriately draw attention to the ongoing COACH study. The COACH study is an ambitious and important ‘dose–response’ study, which will answer some of the critical questions presently troubling the designers of HF management programmes. The study should provide information about how much nurse-directed intervention is needed to optimize outpatient HF management and may give insight to the relative importance of specific components of care programmes in HF, such as the use of home visits. However, it remains critical that the specific components of care in the study are accurately defined and monitored such that others can duplicate them. This has generally been a major problem in many preceding studies of multidisciplinary intervention in outpatient HF management. The results of the COACH study, when available, will be most easily generalized to healthcare systems very similar to that of the Netherlands. The ‘care as usual’ arm of the study, in particular, may be different from what ‘usual care’ represents in other healthcare systems. Accessibility to cardiologists, for instance, may vary considerably between countries or even regions.2 Hence, the feasibility of any programme may differ countries, and similar trials may need to be conducted in a wide variety of healthcare delivery systems building on the knowledge gained from COACH.

As discussed in our review, we believe that, if this trial or others are positive for different approaches, it remains of critical importance that healthcare providers implement the new proven strategies with concomitant quality assurance assessments as the process of care is not as easily packaged as a drug and many sources of variability can intrude. To accomplish this, we encourage healthcare regions and countries to consider national registries to monitor the effectiveness of HF provision of care based on implementation of new clinical trial evidence. Together with well-performed randomized clinical trials of care delivery, data from such registries would help refine the design of HF management programmes and optimize implementation in individual healthcare systems. We look forward to the results of COACH and the appearance of many more skilled HF coaches and players in different countries.

References
2. Jaarsma T, van der Wal MH, Hogenhuis J et al. Design and methodology of the