Correspondence

Letter by McAlister and Ezekowitz Regarding Article, “Temporal Trends and Variation in Early Scheduled Follow-Up After a Hospitalization for Heart Failure: Findings From Get With the Guidelines-Heart Failure”

To the Editor:

In their recent publication, DeVore et al demonstrated an increase between 2009 and 2012 in the proportion of heart failure patients who were scheduled for outpatient follow-up within 7 days of discharge.1 Because continuity of care has been shown to be associated with less healthcare utilization (hospitalizations, emergency department visits) and better patient outcomes,2,3 it seems reasonable to hypothesize that one of the factors contributing to continued poor outcomes for patients with chronic diseases such as heart failure is fragmentation. We have previously shown that (in Canada) early follow-up after a hospitalization or emergency department visit for heart failure with physicians familiar with a particular patient is associated with lower readmission rates than early follow-up with any physician.4,5 Are the investigators able to determine what proportion of early follow-up appointments in Get With The Guidelines-Heart Failure hospitals were planned to be with a physician who had been involved with the patient’s care either before or during the index hospitalization? We think that continuity of care is one of the fundamental building blocks for any high-performing healthcare system and that the current guideline’s emphasis on prompt follow-up after hospitalizations or emergency department visits may lead to system changes that neglect the importance of continuity.

Disclosures

None.

Finlay A. McAlister, MD, MSc
Division of General Internal Medicine
University of Alberta
Edmonton, Alberta, Canada

References


Letter by McAlister and Ezekowitz Regarding Article, "Temporal Trends and Variation in Early Scheduled Follow-Up After a Hospitalization for Heart Failure: Findings From Get With the Guidelines-Heart Failure"
Finlay A. McAlister and Justin A. Ezekowitz

Circ Heart Fail. 2016;9:
doi: 10.1161/CIRCHEARTFAILURE.116.002980
Circulation: Heart Failure is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 2016 American Heart Association, Inc. All rights reserved.
Print ISSN: 1941-3289. Online ISSN: 1941-3297

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://circheartfailure.ahajournals.org/content/9/6/e002980

Permissions: Requests for permissions to reproduce figures, tables, or portions of articles originally published in Circulation: Heart Failure can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office. Once the online version of the published article for which permission is being requested is located, click Request Permissions in the middle column of the Web page under Services. Further information about this process is available in the Permissions and Rights Question and Answer document.

Reprints: Information about reprints can be found online at:
http://www.lww.com/reprints

Subscriptions: Information about subscribing to Circulation: Heart Failure is online at:
http://circheartfailure.ahajournals.org//subscriptions/