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Heart Failure and Cardiomyopathies

PHYSICIAN ESTIMATES OF PROGNOSIS IN HEART FAILURE

Poster Contributions
Hall C
Monday, March 31, 2014, 9:45 a.m.-10:30 a.m.

Session Title: Heart Failure and Cardiomyopathies: Prognostic Factors and Determinants of Outcomes in Heart Failure Patients
Abstract Category: 12. Heart Failure and Cardiomyopathies: Clinical
Presentation Number: 1261-188

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Background: Anticipating adverse outcomes guides timely decisions, helping patients plan, but can be challenging in heart failure (HF).

Methods: All faculty and trainees in internal medicine and cardiology at our institution were surveyed about palliative care and asked to estimate survival for standardized patients: 1) a 59 year old male with stage IV lung cancer; 2) a 79 year-old woman with New York Heart Association (NYHA) class 4 HF symptoms and preserved ejection fraction (HFpEF); 3) a 40 year-old man with NYHA class 3 HF symptoms and reduced EF of 20% (HFrEF). Physician predictions were compared to model predictions from the SEER-Medicare database and the Seattle Heart Failure Score.

Results: Of 381 surveyed, 293 (77%) responded. Physicians were more accurate in prognostication for lung cancer than for HF (estimates within two-fold for 72% vs. 48%, respectively; p<0.001). Cardiology faculty were most optimistic about survival in both HFpEF and HFrEF but not lung cancer compared to other physicians (Table). Compared to objective models, cardiologists were more accurate than others for HFpEF mortality but no different than others for HFrEF mortality. In HF compared to lung cancer, all physicians were less comfortable discussing palliative care (1-5 Likert scale: mean 2.7±1.0 vs 2.0±0.9, p<0.0001) and prognosis (3.1±1.0 vs 2.6±1.1, p<0.0001).

Conclusions: Less than half of physicians accurately predict HF survival, with cardiologists most likely to predict longer survival in HF.

Comparison of 1-year and 5-year mortality prediction. Values are median% and interquartile range%.

	Lung Cancer 1 Year Mortality	Lung Cancer 5 Year Mortality	HFpEF 1 Year Mortality	HFpEF 5 Year Mortality	HFrEF 1 Year Mortality	HFrEF 5 Year Mortality
Interns (n=77)	70, 50-80	95, 89-99	30, 20-53	80, 60-90	27.5, 15-50	60, 40-80
Residents (n=78)	75, 50-84	98, 90-100	40, 24-61	80, 60-95	37, 20-60	70.5, 50-90
PCPs (n=34)	70, 50-85	95, 89-99	38, 22-54	80, 70-90	49, 24-77	75, 51-94
Hospitalists (n=21)	65, 50-75	95, 95-100	50, 30-60	85, 79-95	30, 25-41	70, 50-83
Cardiology Fellows (n=21)	60, 30-75	90, 80-98	30, 16-50	75, 50-90	30, 13-50	55, 40-83
Cardiology Faculty (n=20)	67.5, 49-80	95.5, 91-99	25, 10-50	60, 41-80	20, 10-30	50, 40-60
Overall (n=254)	70, 50-80	95, 90-100	36, 20-51	80, 60-90	30, 19-50	65, 47-85
Model Predicted	80	99	35	88	17	61

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