



Can Peer Support Keep You Out of the Hospital?

What new studies reveal about the effect of Mended Hearts programs on heart failure readmission rates

By Maria Carter

SPENDING ANOTHER NIGHT ON A HOSPITAL GURNEY IS the last thing a heart failure patient wants, yet nearly 25 percent of people hospitalized with heart failure are readmitted within 30 days.¹ If you're keen to keep the cardiologist at bay, there's good news: a little peer pressure may do the trick.

A recent analysis of data from thousands of hospitals concludes that hospitals with organized Mended Hearts visiting programs are significantly more likely to have better readmission rates for heart failure patients than other U.S. hospitals. In other words, the report, called *Quantifying*

the Impact of the Mended Hearts, showed that heart failure patients at Mended Hearts hospitals are less likely to return to the hospital within 30 days post-procedure than their counterparts at other hospitals.

The findings confirm what many Mended Hearts members, as well as cardiologists and researchers, have long surmised. "We're excited to have empirical data that supports what we've known for a while, which is that a peer-to-peer support network makes a big difference in the outcomes for patients," says Michele Packard-Milam, CAE, executive director of Mended Hearts.

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How Do Support Programs Make a Difference?

The correlation between Mended Hearts and patient success may stem from the fact that heart failure is a chronic illness. Managing it requires patients to alter their daily habits, some of which they’ve acquired over a lifetime.

“It’s much easier to take a pill than to make these changes in the way you live,” says Brenda J. Hott, M.D., a cardiologist at The Heart Center of Northeast Georgia Medical Center who is board certified in advanced heart failure and transplant cardiology.

The number one reason for heart failure readmission, according to Hott, is patient indiscretion. “They may have had a high load of sodium, stopped doing their daily weights, or had some other sort of falling off with the program,” she says. “When we have a chronic illness that needs to be managed every single day, we need support from other people to help us stay on the right path.”

Recent similar studies also confirm the value of peer support groups for heart failure patients: An August 2014 study in *Heart & Lung: The Journal of Acute and Critical Care* concluded that “self-management peer support programs” provided heart failure patients with comfort, restored confidence, and offered practical solutions.

‘If They Made It, I Can.’

Tom Southwell, visiting chairman of the Evansville, Indiana, Mended Hearts chapter, spends three days a week visiting patients at The Heart Hospital at Deaconess Gateway. He says patients find particular encouragement in hearing from volunteers who’ve been where they are. “We tell them what we eat, how we try to follow the diet, and we talk about cardiac rehab,” says Southwell, who had a heart attack at age 41 and triple bypass surgery at 57.

“We hit on the same bases as the people who work for the hospital; the only difference is we personally follow these habits, each one of us, and that’s what keeps us from having to go through another procedure. We’ve been there, but the dietitians, the nurses and the doctors — they haven’t.”

A new diagnosis of heart failure can be frightening, says

Methodology

How researchers analyzed hospital comparative data from Mended Hearts hospitals and other hospitals

Researchers used data from the Centers for Medicare & Medicaid Services (CMS) to quantify the impact Mended Hearts has on patient outcomes. They compared mortality and readmission rates for heart attack and heart failure patients among hospitals with organized Mended Hearts visiting programs (“Mended Hearts hospitals”) versus other U.S. hospitals.

The study used reported data from 4,805 hospitals that participate in the CMS public reporting program — 164 Mended Hearts hospitals and 4,641 other U.S. hospitals. It examined patient outcomes in four areas: 1) 30-day mortality rates for heart attack; 2) 30-day readmission rates for heart attack; 3) 30-day mortality rates for heart failure; and 4) 30-day readmission rates for heart failure.

Mended Hearts hospitals are more likely to have “better than U.S. national rate” readmission rates for heart failure patients than other U.S. hospitals. Mended Hearts hospitals are no different than other U.S. hospitals in heart attack mortality and readmission rates and heart failure mortality rates, after adjusted hospital characteristics.

Hott, but Mended Hearts volunteers can offer hope. “It’s good for patients to see someone who has been living well with chronic disease and having quality of life,” she says.

Southwell and fellow volunteers from his chapter aim to visit each patient three times during their stay. Recently he bumped into a patient he had visited 10 weeks prior, a woman who had undergone open-heart surgery. “She remembered me and told me she was impressed with our visits,” says Southwell. “She said, ‘It’s nice seeing someone at the foot of your bed that’s been through the same experience. It gives you a kind of hope: If they made it, I can.’”

What Does Mended Hearts Mean to Patients?

Following the comparative analysis, Mended Hearts and the American College of Cardiology conducted a field survey that looked at how cardiovascular patients were recovering 30 days after discharge from a hospital stay in which they were visited by a Mended Hearts volunteer.

Overall, patients said they found Mended Hearts helpful and were very satisfied with both the visit from volunteers and the educational materials. Southwell says the patients he’s visited appreciate the clear-cut, short-and-sweet nature of



Tom Southwell

the organization's info packets, a welcome alternative to the "overwhelming" three-ring binder the hospital provides.

The survey also found that:

- More than 90 percent of patients are "very likely" to recommend Mended Hearts to another patient like themselves.
- More than 50 percent have become Mended Hearts members since their visit.
- Less than 20 percent were readmitted to the hospital after their earlier stay in which they met with a Mended Hearts volunteer.

Southwell had never heard of the organization until 2011 when he had triple bypass surgery and a Mended Hearts volunteer spoke with his wife while he was in the operating room. After returning home, he attended a few meetings and decided to join. He finds the social aspect of meetings especially important: "It helps to talk to someone 10, 15 or 20 years down the road [post-surgery] and to see them up and going," he says. "It gives me a lot of confidence."

In turn, Southwell tries to impart some of that confidence to the younger patients he comes across. He sees denial and depression in some, "especially the younger ones," he says. "I have a hard time getting through to them because they think it's over." Indeed, the ACC patient survey found that 28 percent of patients have suffered from depression recently. Of that 28 percent, half said they're dealing with the emotional side effect by talking with friends and family, while another 35 percent said they'd joined a support group to help them cope.

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Hott notes that Mended Hearts has had a tremendous impact at her hospital. "Several of my patients are also Mended Hearts volunteers," she says. "They're very good about talking to the new heart failure patients and telling them how important the lifestyle changes (cutting back on sodium and fluids, getting exercise) are. We've gotten a lot of positive feedback from patients."

Following a Hunch

Proof of the effectiveness of peer-to-peer cardiac support networks has been largely anecdotal up until now, which is part of the reason Mended Hearts commissioned the comparative analysis of hospitals with Mended Hearts programs versus



those without. Mended Hearts wanted to assess the impact of its support programs on patient outcomes.

The study's conclusions aren't exactly surprising, given Mended Hearts' beginning. The organization started in 1951 when heart surgeon Dr. Dwight E. Harken asked four of his post-surgery patients, some of the first people to ever have open-heart surgery, to meet.

Patient Survey Objectives and Methodology

The Mended Hearts Patient Survey was conducted in two phases from February 15 to August 20, 2014. For Phase I, Mended Hearts volunteers asked the patients they visited to complete an online survey. A total of 294 patients completed the Phase I survey, providing insight into their perceptions regarding their experience in meeting with a Mended Hearts volunteer at the hospital or care facility.

Phase II consisted of a follow-up survey approximately 30 days after patients' discharge from the hospital or care facility. This survey gathered information on how patients were recovering and their impressions of Mended Hearts. A total of 94 patients completed the Phase II survey, a 39 percent response rate.

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“Instinct told him that people would do better if they could share the experience,” says Packard-Milam. The patients found they had more in common than medical history; they also shared newfound feelings and challenges that had emerged post-surgery. They decided they wanted to help others dealing with heart disease and enlisted Dr. Harken to help them form Mended Hearts.

The organization’s reach has grown exponentially since then — its 20,000 members visited more than 200,000 heart patients last year — but Packard-Milam says awareness of Mended Hearts and its many benefits hasn’t yet reached critical mass. This latest data, she hopes, will expand the network’s visibility to heart patients throughout the country.

What the Study Results Mean for Mended Hearts

Packard-Milam plans to take the study’s data to hospital systems to show how Mended Hearts can help with their unplanned readmission rate. This is especially important in light of Medicare’s new Hospital Readmissions Reduction Program, which penalizes hospitals for heart failure, heart attack, and pneumonia patients who return within 30 days of discharge. Hospitals can lose up to 3 percent of their Medicare payments under the program, which is monitored by the Centers for Medicare & Medicaid Services (CMS).

“Some hospitals see [support programs] as a nicety and not a necessity,” says Packard-Milam. “I would argue that, given the changes in CMS policy regarding early readmission, everybody needs to do everything they can to make sure patients are being managed as they transition from hospital to home so they don’t come back to the hospital too soon.”

She’d also like to use the research to increase the organization’s visibility with cardiac patients. “We have about 4,000 visitor volunteers, each of them trained and accredited — that’s a wonderful point of difference Mended Hearts has that is not duplicated anywhere else,” she says. “We are the largest heart patient peer-to-peer network in the world, with 300 chapters, 20,000 members, and monthly meetings in almost every chapter, but that support system isn’t being tapped into because most patients have never heard of us.”

Mended Hearts’ patient visitors would like to see the data used to expand the organization’s visiting program. Southwell says Mended Hearts has a great relationship

Chapters win prizes for survey participation

The Mended Hearts Patient Survey would not have been possible without the generous support from local chapters. To drum up as many survey responses as possible, Mended Hearts national offered some incentives. Chapters were eligible to win \$50, \$100 or the grand prize—a four-night stay at the 2015 Conference hotel for one attendee.

As expected, our chapters delivered. With nearly 300 respondents to the Phase I survey and nearly 100 for the Phase II study, we were thrilled with the participation rate. Mended Hearts national is grateful for the work chapters did on this project and what they continue to do each day in their communities.

At long last, here’s a look at the survey-incentive winners:


Grand Prize

- Gastonia, North Carolina (Chapter 379)

These chapters received either \$100 or \$50 incentives

- Temple, Texas (Chapter 12)
- Charlotte, North Carolina (Chapter 372)
- Cookeville, Tennessee (Chapter 127)
- Lynchburg, Virginia (Chapter 16)
- Boise, Idaho (Chapter 380)
- Oak Ridge, Tennessee (Chapter 299)
- Orlando, Florida (Chapter 296)
- Evansville, Indiana (Chapter 107)
- Scottsdale, Arizona (Chapter 126)
- Northern Virginia (Chapter 200)

with its Evansville, Indiana-area hospitals, particularly the Heart Hospital at Deaconess Gateway (“they are more or less giving us a key...we couldn’t do what we do without them”), and hopes his chapter can use the study’s findings to gain entry into new hospitals where they can build the same kind of rapport.

The more hospitals Mended Hearts can gain entrance into, the more good it can do. “We can help their patients feel more in control and be more optimistic, which will help the patients be more compliant with directions they’re getting from their healthcare providers,” says Packard-Milam. “It’s a win-win all the way around if we can help people be more successful in their heart journeys.” 

Maria Carter is a health and lifestyle writer living in New York City. She has contributed to more than 40 different publications including *Vegetarian Times*, the *L.A. Times*, *MensJournal.com* and more. Visit her online at mariacarter.net.

¹ According to “Transitional Care Interventions to Prevent Readmissions for Persons With Heart Failure,” *Annals of Internal Medicine*: <http://annals.org/data/Journals/AIM/930291/0000605-201406030-00005.pdf>



Proving Our Worth

By *Heartbeat* Editors

WHEN MENDED HEARTS VOLUNTEERS TALK ABOUT the value of our organization, we're preaching to the choir. We know how valuable peer-to-peer support is because we live it day in and day out.

But our personal experiences need to be backed by evidence — and now we have it, thanks to a two-part survey given to cardiovascular patients. Here's a look at how the survey was conducted, along with highlights from the survey results.

Survey Objectives and Methodology

The Mended Hearts Patient Surveys were designed to:

- Understand the perceptions of cardiovascular patients regarding their experience in meeting with a Mended Hearts volunteer at the hospital or care facility (Phase I field study)
- Enroll them in a follow up survey concerning their impressions of Mended Hearts to take place approximately 30 days after their discharge from the hospital or care facility (Phase I field study)

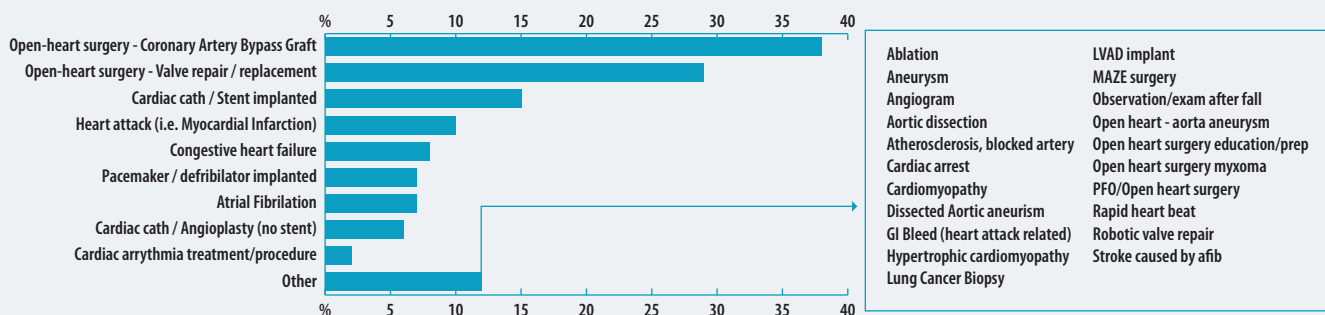
- Understand how the Phase I patients were recovering approximately 30 days post-discharge from the hospital or care facility stay in which they were visited by a Mended Hearts volunteer (Phase II study)
- Gather their perceptions about the Mended Hearts organization after the initial visit from the Mended Hearts volunteer (Phase II study)

The patient survey was conducted in two phases from February 15 to August 20, 2014. For Phase I, Mended Hearts volunteers asked the patients they visited to complete an online survey. A total of 294 patients completed the Phase I survey, providing insight into their perceptions regarding their experience in meeting with a Mended Hearts volunteer at the hospital or care facility.

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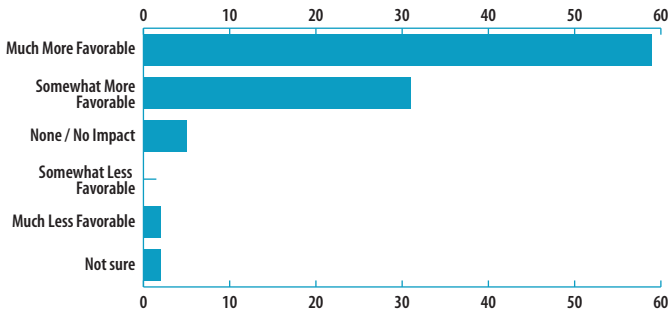
Patient Heart Procedure/Condition Resulting in Hospital Treatment

Most patients who met with a Mended Hearts volunteer were recovering from open-heart surgery, either coronary artery bypass graft or valve repair/replacement



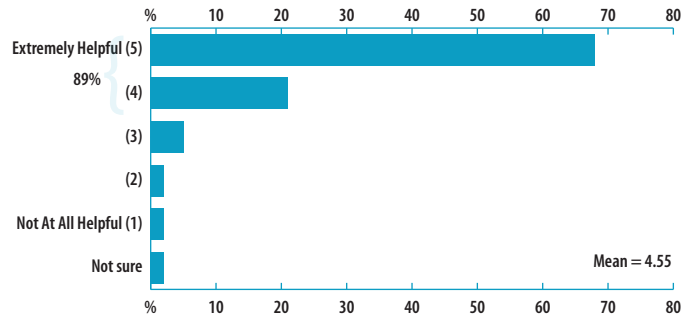
Impact of Mended Hearts Volunteer Visit on Patient Experience

Nine out of 10 patients said that their visit with the Mended Hearts volunteer had a favorable impact on their experience at the hospital/office where they received their care.



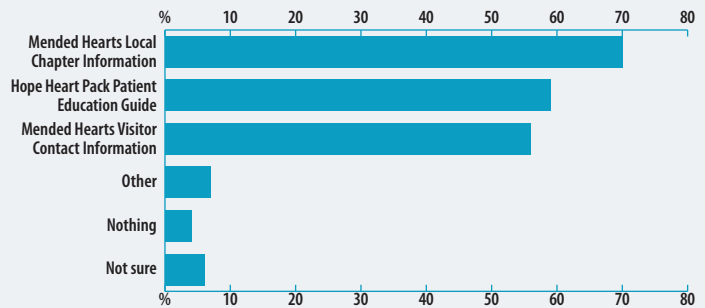
Helpfulness of Mended Hearts Volunteer

Eighty-nine percent of patients felt that the Mended Hearts volunteer was helpful to them.



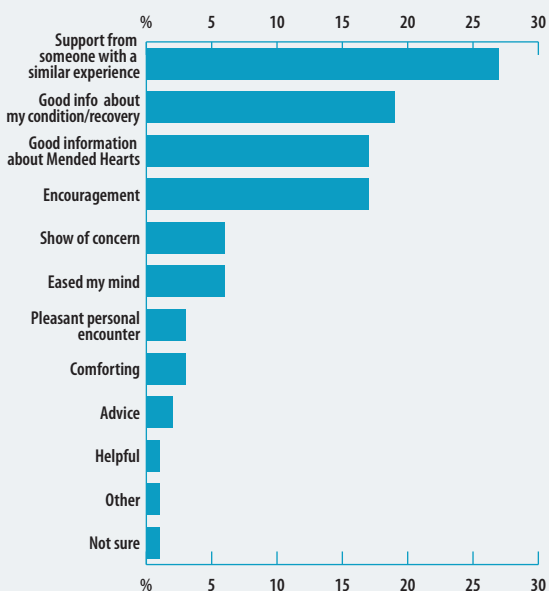
Resources/Support Networks Provided by Mended Hearts Visitor

Almost all patients (90%) recall receiving resources from the Mended Hearts visitor, with local Mended Hearts Chapter information (70%) being the most popular.



In What Way Was Your Mended Hearts Volunteer Helpful?

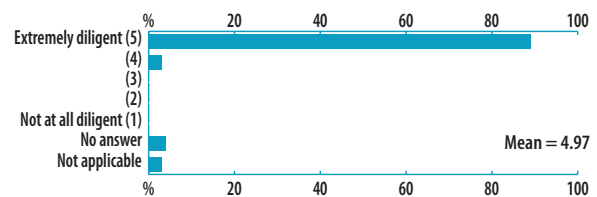
Patients perceived their Mended Hearts volunteer visitors to be helpful in a number of ways.



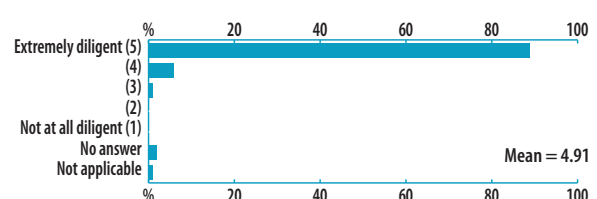
Patient Evaluation of Diligence with Self Care

Patients evaluate themselves extremely high in terms of following their medical regimen.

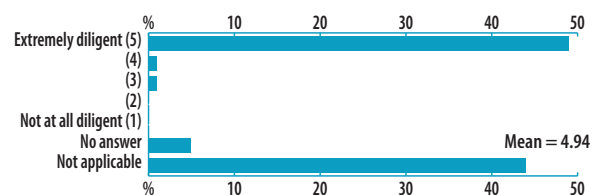
Making sure you are taking the right medications



Being diligent about taking all medications as prescribed



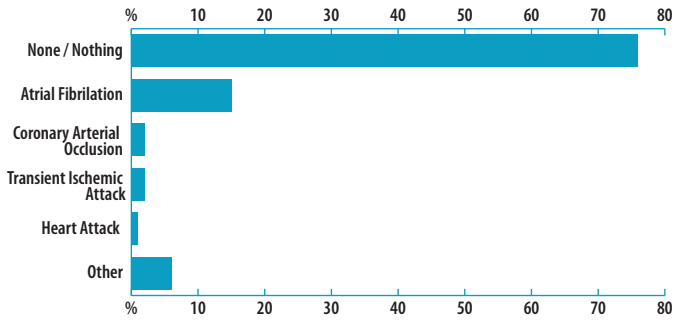
Taking diuretics as prescribed





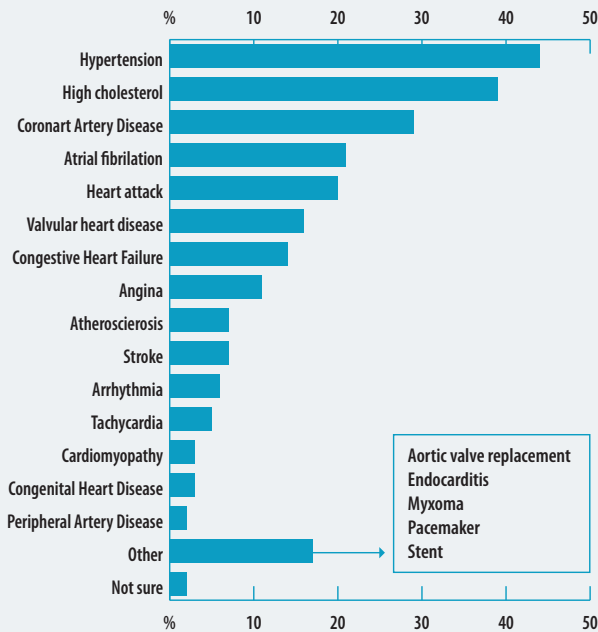
Patient Post-Discharge Conditions

Most patients (76%) have not experienced any new conditions after they were discharged from the hospital. However, approximately 24% of patients have experienced one of these conditions.



Patient Heart Condition Resulting in Treatment

Among patients who responded to the Phase II study, which was done approximately 30 days post-discharge, most were being treated for hypertension.



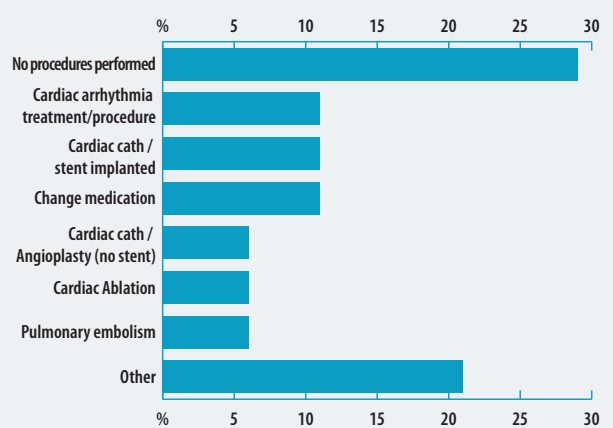
Patient Readmission and Treatment Procedures

About 19% of patients were readmitted to the hospital after their earlier hospital visit in which they met with a Mended Hearts visitor. For more than 1 out of 4 of those readmitted patients, no procedures were performed.

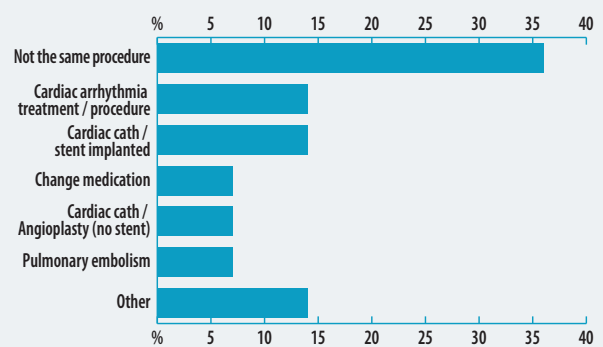
Post-discharge Hospital Readmission? (n=94)



Which Procedures Performed on Readmission? (n=18)



Which Procedures Also Performed During Prior Hospitalization?

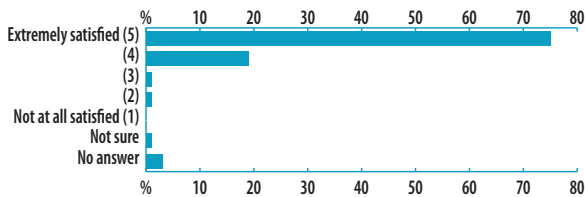




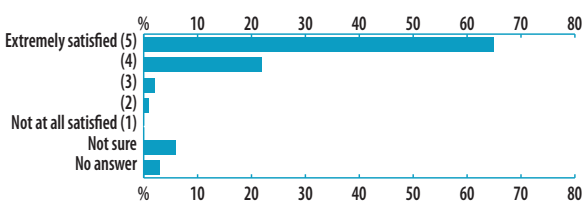
Patient Satisfaction with Mended Hearts

Approximately 30 days post-discharge from the visit where they met with the Mended Hearts visitor, patients are overall very satisfied with Mended Hearts. This is true for both the encounter with their Mended Hearts visitor, as well as for the Mended Hearts educational materials that they received. More than 9 out of 10 patients (92%) are extremely/very likely to recommend Mended Hearts to another patient like themselves.

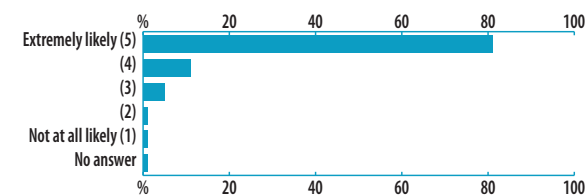
Your Visit With Mended Hearts Volunteer



Mended Hearts Educational Materials



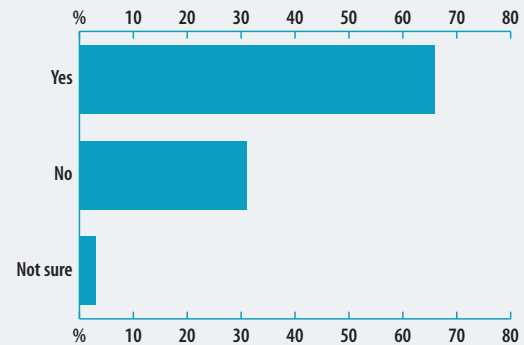
Likelihood to Recommend Mended Hearts



Patient Engagement with Mended Hearts

Sixty-six percent of respondents have been contacted by Mended Hearts after their discharge. Slightly more than half (52%) have become a member of Mended Hearts.

Contact by Mended Hearts After Discharge?



Become a Member of Mended Hearts?

