

Heart Failure Programs / Units. A Multidisciplinary Approach. Response



Los programas/unidades de insuficiencia cardiaca. Una visión multidisciplinaria. Respuesta

To the Editor,

We are grateful for the interest shown by Manzano et al. in our article published in *Revista Española de Cardiología* on the nomenclature and quality standards of heart failure (HF) units.¹ We also thank them for their positive and favorable comments on the need to clearly define the characteristics of the different types of HF units and their requirements, which were expressed in the consensus document of the Spanish Society of Cardiology within the SEC-Excellent project. We agree with the view that HF is one of the most important health problems in Western countries, including Spain, and on the need to improve health care for HF patients.

A key part of the strategy to achieve this aim is the changeover to a chronic management model based on specialized HF units and programs and the coordinated and integrated participation of the various professionals and services involved in the treatment of HF patients. Cardiology and internal medicine play a fundamental role among these services (without, of course, forgetting primary and urgent care services). As reported by Manzano et al., it has been shown that models based on HF units improve prognosis and the quality of life of HF patients, and reduce the readmission rate and even patient mortality, both within cardiology units² and in internal medicine services, such as those within the Integrated Management Units for Patients with Heart Failure program.³ The next logical step is to move toward a coordinated organization shared between cardiology and internal medicine, as proposed in the recent consensus document signed by the Spanish Society of Cardiology and the Spanish Society of Internal Medicine. This document recommends the creation of HF programs/units shared between cardiology and internal medicine in all Spanish hospitals.⁴ Finally, the idea of our 2 societies is to complete the HF process or clinical pathway with the participation in these management models of primary care physicians and the scientific societies that represent them.

In conclusion, we would like to take advantage of the opportunity offered by the letter by Manzano et al. to settle an old controversy, already happily resolved, on who should treat HF: cardiologists or internists?^{5,6} The answer is: cardiologists and

internists, working together in these HF programs and units. The “who” matters less than the “how”. What is important is to provide patients with health care under the best quality standards in an integrated and coordinated manner, as recommended in the position statements of our 2 societies.^{1,4}

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Available online 9 March 2017

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