

Letters to the Editor

**Heart Failure Programs / Units.
A Multidisciplinary Approach****Los programas/unidades de insuficiencia cardiaca. Una visión multidisciplinaria****To the Editor,**

Revista Española de Cardiología has published a consensus document developed by the Spanish Society of Cardiology on the quality standards to be met by heart failure (HF) units within the framework of the SEC-Excellence project.¹ On behalf of the Heart Failure and Atrial Fibrillation Working Group of the Spanish Society of Internal Medicine, we would like to congratulate the authors of this document, which rigorously defines the categories of HF units (community, specialized, and advanced) and the resources and indicators needed for their proper functioning.¹

Currently, HF is one of the most important health problems faced by Spanish cardiology and internal medicine (IM) services. The Resources and Quality in Internal Medicine report, published in 2015, reported that HF was the main diagnosis at admission in IM services.² According to the Minimum Basic Data Set, in 2013, there were more than 63 000 admissions to IM services for HF, which was almost 10% of total admissions.² Undoubtedly, the marked increase in the volume of health care for HF in IM is not only a consequence of the higher prevalence of the disease, but also of the change in the profile and complexity of the patients: advanced age with significant comorbidity and preserved ejection fraction.³

Given the high prevalence of HF in patients admitted to IM services, the Spanish Society of Internal Medicine created the Integrated Management Units for Patients with Heart Failure (UMIPIC) in 2011. The basic objectives of these units are integrated care, continuity of care, and coordination with primary care.⁴ The typical profile of patients within these units is predominantly elderly (82 years), with ejection fraction > 35% (70% of patients), multiple disease, and previous admission for HF.⁵ The program provides a report that specifies patient inclusion criteria, infrastructure and human resources, among which nurses are fundamental, and the main indicators to be measured. The activity of the units within the UMIPIC program is reported in the Spanish National Registry of Heart Failure of the Spanish Society of Internal Medicine.⁶ Currently, 25 IM units distributed throughout Spain are within the UMIPIC program. The units achieved significant reductions in admissions and emergency visits for HF at 1 year of follow-up (85% and 73%, respectively, compared with the year prior to their inclusion in the units).⁵

It is clear that, taking into account the magnitude of the HF problem, multidisciplinary collaboration programs should be implemented to provide HF patients with the best possible health care. Based on the article by Anguita Sánchez et al.¹ and the experience of the UMIPIC program,⁴ the Spanish Society of Cardiology and the Spanish Society of Internal Medicine have very recently approved a consensus proposal whose basic objective

is the creation and development of HF programs/units shared between cardiology and IM in all Spanish hospitals.⁷

We would like to reiterate our congratulations to the authors of the consensus document on HF within the SEC-Excellence program and to the Spanish Society of Cardiology and the Spanish Society of Internal Medicine for the agreements reached on the joint creation of programs/units, which will certainly improve the quality of care of all patients with HF.

Luis Manzano,^{a,*} Álvaro González-Franco,^b José Manuel Cerqueiro,^c and Manuel Montero Pérez-Barquero^d

^aServicio de Medicina Interna, Hospital Universitario Ramón y Cajal, Universidad de Alcalá (IRYCIS), Madrid, Spain

^bServicio de Medicina Interna, Hospital Universitario Central de Asturias, Oviedo, Asturias, Spain

^cServicio de Medicina Interna, Hospital Universitario Lucus Augusti, Lugo, Spain

^dServicio de Medicina Interna, IMIBIC/Hospital Universitario Reina Sofía, Universidad de Córdoba, Córdoba, Spain

* Corresponding author:

E-mail address: luis.manzano@uah.es (L. Manzano).

Available online 28 March 2017

REFERENCES

1. Anguita Sánchez M, Lambert Rodríguez JL, Bover Freire R, et al. Tipología y estándares de calidad de las unidades de insuficiencia cardiaca: consenso científico de la Sociedad Española de Cardiología. *Rev Esp Cardiol*. 2016;69:940–950.
2. RECALMIN. Recursos y calidad en Medicina Interna. Madrid: Sociedad Española de Medicina Interna; 2015 [accessed 20 Nov 2016]. Available from: <https://www.fesemi.org/sites/default/files/documentos/proyectos/recalmin/recalmin-informe-final.pdf>.
3. Ruiz-Laiglesia FJ, Sánchez-Martel M, Pérez-Calvo JI, et al. Comorbidity in heart failure. Results of the Spanish RICA Registry. *QJM*. 2014;107:989–994.
4. Grupo de trabajo de insuficiencia cardiaca y fibrilación auricular. Programa UMIPIC. Madrid: Sociedad Española de Medicina Interna; 2015 [accessed 20 Nov 2016]. Available from: <https://www.fesemi.org/grupos/cardiaca/umipic/programa>.
5. Cerqueiro JM, González-Franco A, Montero-Pérez-Barquero, et al. Reducción de ingresos y visitas a urgencias en pacientes frágiles con insuficiencia cardíaca: resultados del programa asistencial UMIPIC. *Rev Clin Esp*. 2016;216:8–14.
6. Registro RICA [accessed 20 Nov 2016]. Available from: <https://www.registrorica.org/>.
7. Propuesta conjunta SEC-SEMI para la organización compartida de nuevos modelos de atención al paciente con insuficiencia cardíaca en base a programas y unidades de insuficiencia cardíaca. Madrid: Sociedad Española de Cardiología; 2016 [accessed 20 Nov 2016]. Available from: <http://secardiologia.es/publicaciones/catalogo/documentos-de-consenso/8131-documento-de-consenso-sec-semi>.

SEE RELATED CONTENT:

<http://dx.doi.org/10.1016/j.rec.2016.06.006>

<http://dx.doi.org/10.1016/j.rec.2017.02.007>

<http://dx.doi.org/10.1016/j.rec.2017.03.005>

1885-5857/

© 2016 Sociedad Española de Cardiología. Published by Elsevier España, S.L.U. All rights reserved.