

HEART FAILURE

Heart failure is one of the fastest growing cardiovascular conditions in the world. More than 100,000 Canadians are diagnosed with heart failure each year and over 750,000 people are living with this complex condition. **In New Brunswick, heart failure ranks 3rd as one of the top reasons for hospital admission.**

As our population ages, the number of heart failure cases is expected to rise, placing even more strain on the healthcare system. Despite advancements in treatment, gaps in diagnosis, care, and support persist. Many cases go undiagnosed or are misdiagnosed, (ranging from 16-69%, depending on the setting), which can lead to delayed or inappropriate treatments and worsening patient outcomes; frequent hospital visits and readmissions; and higher mortality rates. This chronic condition not only diminishes the quality of life for patients and their families but also imposes a substantial burden on the healthcare system. **By 2030, the associated healthcare costs are projected to reach \$2.8 billion per year.**

*We urge you to take action to prioritize heart failure care and support initiatives that promote integrated, high-quality, and evidence-based care for all New Brunswickers through a **NB Heart Failure strategy** that includes:*

1. Coordinated Care and Awareness

New Brunswick must **prioritize heart failure** care by fostering regional coordination, collaboration and redesigning healthcare models. Strengthening community awareness and provider expertise is key to early diagnosis and managing the growing patient population effectively.

2. Specialized High-Quality Care

Access to specialized heart failure care is limited due to a shortage of trained experts and advanced diagnostic services. Facilitating the availability and better defining the appropriate utilization of specialized care is crucial to improve diagnosis and better outcomes.

3. Evidence-Based, Guideline-Driven Care

Healthcare professionals need better training in clinical guidelines, pathways, and referrals. Enhancing virtual healthcare delivery models and ensuring community readiness to manage heart failure needs is imperative. Barriers to advanced therapies—such as cost and availability—must also be addressed.

4. Seamless Transitions and Integrated Care

People with heart failure experience a fluctuating clinical course which requires unpredictable but timely/consistent access to various levels of care. Strengthening communication and information exchange at transition points is vital to ensure patient safety and seamless continuity of care.

5. Patient and Caregiver Support

Heart failure's emotional and cognitive toll is often overlooked, leading to poor outcomes. Resources for self-management, mental health, and caregiver support must be expanded to improve overall well-being.