ECHO Idaho: Managing Heart Failure in Primary Care
CASE RECOMMENDATION FORM

Project ECHO Idaho (ECHO) case presenters are responsible for ensuring that no personally identifiable information (PII) nor protected health information (PHI) is shared during an ECHO session, in compliance with HIPAA privacy laws, to ensure patient privacy and confidentiality. Panelists and participants involved in reviewing the case may provide recommendations, suggestions, or considerations based on the information presented during an ECHO session. The professional practitioner presenting the case is free to accept or reject the advice and remains in control of the patient's care. ECHO case presentations are informal consultations that do not create or otherwise establish a provider-patient relationship between any ECHO clinician and any patient whose case is being presented in an ECHO session.

ECHO Session Date: 10/2/25 **Presenter Credential**: DNP, FNP

Thank you for presenting your patient at ECHO Idaho –Managing Heart Failure in Primary Care session.

Summary:
This is a 58-year-old female patient with hypothyroidism, rheumatoid arthritis, complicated abdominal tuberculosis, and DVTs who was hospitalized in April 2025 with ascites, pleural effusions, and peripheral edema, at which time she was presumed to have heart failure and started on furosemide, losartan, and metoprolol. BNP was 547 pg/mL, CXR suggested mild cardiomegaly and pulmonary vascular congestion, and a hospitalist note referenced "known HF with EF 39%." Since TB treatment and improved thyroid control, she has had no recurrent dyspnea or edema outside of DVT-related swelling, but does experience presyncope with a resting BP around 98/68 and HR in the upper 80s. Current medications include losartan 25 mg daily, metoprolol succinate 50 mg daily, and levothyroxine; spironolactone and loop diuretics were discontinued due to hyponatremia. She is uninsured, financially strained, and wishes to minimize unnecessary medications while maintaining safety and function.

Questions:

- Should this patient be maintained on lisinopril and metoprolol (started due to suspected heart failure exacerbation in the context of complicated extrapulmonary TB) or can these meds be discontinued?
- What workup should be done to ensure this is done in a safe manner while minimizing cost for patient?

Thank you for the excellent ongoing and thoughtful care you are providing this patient!

After review of the case presentation and discussion of this patient's case among the ECHO Community of Practice, the following suggestions have been made:

Clinical Management of Heart Failure

1. We suggest getting more data before withdrawing GDMT medications as a single echo during acute illness is insufficient to make long-term treatment decisions.
2. POCUS (Point-of-Care Ultrasound) is recommended as a cost-effective alternative to formal echocardiogram.
3. BNP (or NT-proBNP) level can be used to assess ongoing heart failure activity.
4. Consider cause of heart failure:
    - TB-related stress/sepsis or medication-related cardiomyopathy is possible.
    - If EF has normalized and patient is truly asymptomatic (NYHA Class I) with a normal BNP and normal POCUS findings, careful weaning of GDMT may be considered, especially if side effects or financial burden is high.
    - Still, withdrawal should be done cautiously and with monitoring.
5. Data from small trials suggest high relapse risk when GDMT is stopped, even in patients with recovered EF.
6. If medications are withdrawn, beta blockers are often the last to be removed.

Access to Medications

1. Explore prescription assistance programs:
    - SGLT2 inhibitors (like empagliflozin) might be affordable through manufacturer assistance programs or grants, sometimes as low as $5/month.
    - 340B pharmacies can offer significant discounts.
    - Local FQHCs or pharmacies may assist with enrollment into these programs.

Financial and Social Support

1. Ensure patient is connected with patient financial advocates:
    - Hospitals may offer charity care, sliding scale assistance, or debt forgiveness, especially for uninsured or underinsured patients.
    - These programs may be underutilized due to fear, lack of awareness, or immigration concerns.
2. Health insurance navigation:
    - Explore Marketplace coverage, especially during open enrollment.
    - Medicaid was ruled out for this patient, but further assistance might still be available through free/low-cost clinics.
3. Encourage use of food banks and nutrition education (available in Spanish).

Language & Cultural Considerations

1. Resources (e.g., the American Heart Association and the Academy of Nutrition and Dietetics) are available in Spanish for heart failure education and low-sodium and heart-healthy dietary recommendations.