

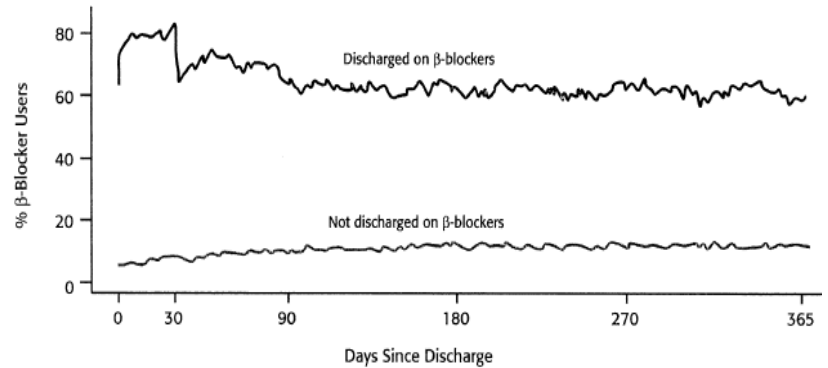
Heart Failure: Transitions of Care

Inpatient Initiation of Guideline-Directed Medical Therapy (GDMT)

Context: Hospitalists care for patients with heart failure (HF).

Current: Evidence suggests that patients who are not started on GDMT during admission are less likely to receive indicated therapy during the following year.¹

Cutting edge: Getting the best medications on each HF patient's medication list at discharge can improve adherence to GDMT. Outpatient *titration* is much easier after inpatient *initiation* of GDMT.

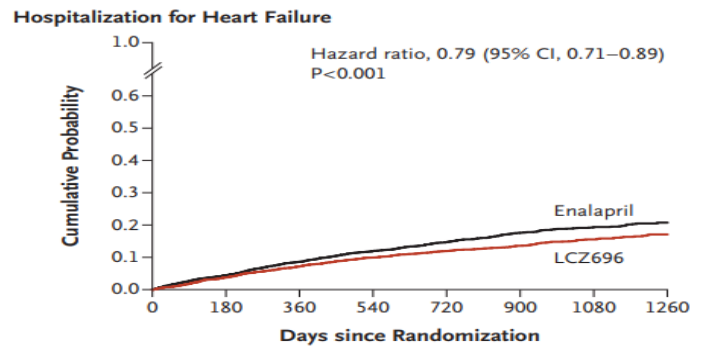


Angiotensin Receptor-Neprilysin Inhibitors (ARNIs)

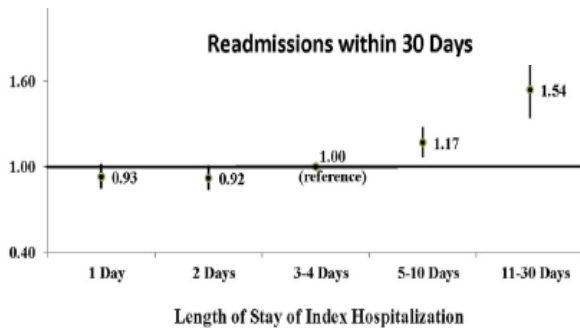
Context: ARNIs are unfamiliar to many hospitalists.

Current: ARNIs can improve outcomes and reduce hospitalizations for HF.²

Cutting Edge: Evidence and experience is accumulating to show ARNIs can be safely started and titrating during hospitalization for HF.



Optimal Length of Stay (LOS)



Context: ACC/AHA/HFSA Guidelines for HF mention diuresing to euvolemia prior to discharge.³ No references are provided to support this concept.

Current: Longer LOS has been correlated with higher risk for readmission and mortality within 30 days.⁴

Cutting Edge: Initiating optimal therapy and ensuring that the discharge regimen will achieve ongoing diuresis is probably optimal for patients admitted with HF.

CardioMEMS™

Context: Monitoring volume status is a constant struggle that relies heavily on surrogate measures.

Current: Continuous pulmonary artery pressure monitoring via an implanted pressure sensor (CardioMEMS™) can achieve reductions in HF admissions.⁵

Cutting Edge: Hospitalists can be crucial in identifying patients likely to benefit from implanted pressure devices and can help create clinical systems to ensure appropriate responses to the data from such devices.

References:

1. Fonarow GC, Gheorghide M, Abraham WT. Importance of In-Hospital Initiation of Evidence-Based Medical Therapies for Heart Failure – A Review. *Am J Cardiol.* 2004;94:1155-1160.
2. The PARADIGM-HF Investigators. Angiotensin-Neprilysin Inhibition versus Enalapril in Heart Failure. *NEJM.* 2014;371:993-1004.
3. ACC/AHA Guideline for the Management of Heart Failure: Executive Summary. *Circulation.* 2013;128(16):1810-1852.
4. Reynolds K, Butler MG, et al. Relation of Acute Heart Failure Hospital Length of Stay to Subsequent Readmission and All-Cause Mortality. *Am J Cardiol.* 2015;116:400
5. Abraham WT, Stevenson LW, et al. Sustained efficacy of pulmonary artery pressure to guide adjustment of chronic heart failure therapy. *Lancet.* 2016;387:453-461.