IMPACT OF A MULTI-DISCIPLINARY HEART FAILURE POST-DISCHARGE MANAGEMENT CLINIC ON MEDICATION ADHERENCE

Poster Contributions
Hall C
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Authors: Lingyun Lu, Cynthia Jackevicius, Noelle de Leon, Alberta Warner, Donald Chang, Freny Mody, VA Greater Los Angeles HealthCare System, Los Angeles, CA, USA, Western University of Health Sciences, Pomona, CA, USA

Background: Specialized clinics have been associated with improved medication adherence to evidence-based heart failure (HF) therapies. We evaluated a structured multi-disciplinary HF clinic focused specifically on those recently discharged after a HF hospitalization. In addition to reducing readmissions, one of the clinic’s goals was to improve medication adherence, which is critical to obtaining benefit from prescribed guideline therapies.

Methods: In this retrospective cohort study, patients discharged with a primary HF diagnosis who attended the HF post-discharge clinic in 2010-12 were compared with historical controls from 2009. Within an average of 6 clinic visits, patients were seen by a physician assistant, a clinical pharmacist and a nurse educator, with care overseen by an attending cardiologist. The main outcome was adherence to evidence-based HF therapies within 90 days of discharge, assessed by proportion of days covered (PDC-90), which was defined as the ratio of total days’ supply of medication divided by total days prescribed, within 90 days of discharge and proportion of patients with PDC-90≥0.80.

Results: Among 277 patients (144 clinic/133 control), 11 patients were excluded due to lack of medication record. There was no difference between groups in HF medication prescribing within 90 days post-discharge, except for angiotensin-receptor blockers (11.2% vs 21.5%, p=0.01). Both univariate and multivariate analysis showed the clinic improved medication adherence, with the most significant increase in adherence to ACE inhibitors (PDC-90: 0.84 vs 0.93, p=0.008; PDC-90≥0.80: 69% vs 86.5%, p=0.005) and aldosterone antagonists (AA, PDC-90: 0.72 vs 0.94, p=0.0002; PDC-90≥0.80: 45.8% vs 84.6%, p=0.001). Adherence to beta-blockers (BB) trended towards the clinic group (PDC-90: 0.85 vs 0.92, p=0.02; PDC-90≥0.80: 72.8% vs 83.1%, p=0.06).

Conclusions: The multidisciplinary HF post-discharge clinic was associated with a significant increase in 90-day adherence to ACE inhibitors and AA, with a trend towards increased adherence to BB. Improved medication adherence is critical to obtaining benefit of reduced readmission and mortality from evidence-based HF therapy.