



ACC.14

TCT@ACC-12 | innovation in intervention

A745

JACC April 1, 2014

Volume 63, Issue 12



## Heart Failure and Cardiomyopathies

### TEMPORAL TRENDS IN EARLY FOLLOW-UP AFTER HOSPITALIZATION FOR HEART FAILURE: DATA FROM GET WITH THE GUIDELINES-HEART FAILURE

Oral Contributions

Room 145 B

Saturday, March 29, 2014, 9:15 a.m.-9:30 a.m.

Session Title: Heart Failure Admissions: Recent Trends and Challenges

Abstract Category: 12. Heart Failure and Cardiomyopathies: Clinical

Presentation Number: 905-08

Authors: Adam DeVore, Margueritte Cox, Zubin Eapen, Clyde Yancy, Deepak Bhatt, Paul Heidenreich, Eric Peterson, Gregg Fonarow, Adrian Hernandez, Duke University Medical Center, Durham, NC, USA

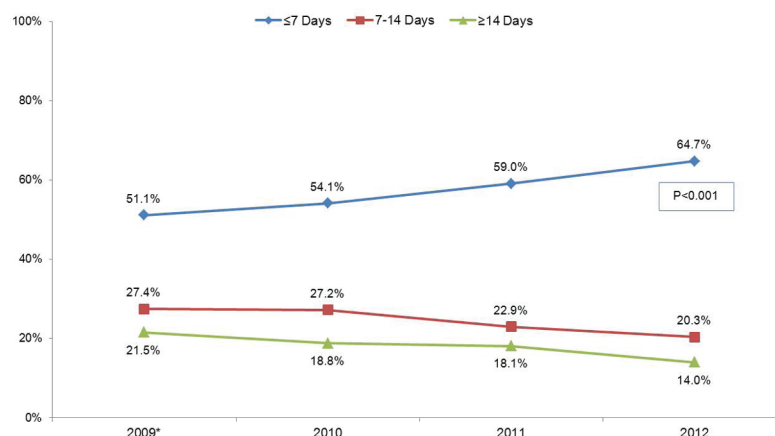
**Background:** Previous studies showed early outpatient clinic follow-up after a hospitalization for heart failure (HF) was associated with a lower risk of readmission, yet was uncommon and varied widely across hospitals. Little data exist, however, on whether use of early follow-up after discharge has improved over time.

**Methods:** We examined trends in early follow-up ( $\leq 7$  days) from February 1, 2009 to January 31, 2013 among 52,438 patients with HF discharged from 239 hospitals participating in the GWTG-HF quality improvement program. Patient and hospital characteristics were examined for associations with early follow-up using Pearson chi-square and Kruskal-Wallis tests.

**Results:** The study population had a median age of 69 years, 45% were female, 62% were white, and the median ejection fraction (EF) was 38%. Scheduled early follow-up rose from 51% to 65% over time (Figure). Patients with older age, preserved EF, Medicare insurance, and co-morbidities were more likely to have early follow-up while black patients were not ( $P < 0.001$ ). At a hospital level, the median rate of early follow-up was 60% (interquartile range 47-76%). Hospitals with more beds and capabilities such as ability to perform bypass surgery were associated with better rates of early follow-up ( $P < 0.05$ ).

**Conclusion:** From 2009 to 2012, there was a trend in improvement related to early outpatient follow-up for hospitalized HF patients, but opportunities remain to improve transitional care for certain groups of patients and hospitals.

Figure: Temporal Trends in Early Follow-up After Hospitalization for Heart Failure



\*2009 includes data from Feb 1, 2009 to Jan 31, 2010. Similarly, 2010=Feb 1, 2010-Jan 31, 2011; 2011=Feb 1, 2011-Jan 31, 2012; 2012=Feb 1, 2012-Jan 31, 2013.