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

Oral Contributions
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Session Title: Heart Failure Admissions: Recent Trends and Challenges
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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 (≤ 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