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EVALUATION OF GUIDELINE DIRECTED MEDICAL THERAPY IN A PHARMACIST-LED HEART FAILURE CLINIC

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Heart Failure and Cardiomyopathies

EVALUATION OF GUIDELINE DIRECTED MEDICAL THERAPY IN A PHARMACIST-LED HEART FAILURE CLINIC

Moderated Poster Contributions

Heart Failure and Cardiomyopathies Moderated Poster Theater 1_Hall C

Sunday, April 3, 2022, 1:00 p.m.-1:10 p.m.

Session Title: "Effect" Size: Cost Effectiveness and Effective Health Care Delivery

Abstract Category: 08. Heart Failure and Cardiomyopathies: Clinical Science

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Background: Guideline directed medical therapy (GDMT) for the treatment of heart failure with reduced ejection fraction (HFrEF) improves morbidity and mortality. According to the CHAMP-HF registry, only 15% of patients with HFrEF achieve target dosing. Published literature reports increased achievement of GDMT by 25-40% through a multidisciplinary approach. However, the pharmacists' role on the impact of GDMT is not well described. The purpose of this study is to evaluate the impact that the CVD Ambulatory Care Pharmacy Clinic has on achievement of GDMT for patients with HFrEF.

Methods: This is the interim analysis of an IRB approved retrospective cohort study. This study compares achievement of GDMT in HFrEF patients managed by the pharmacy clinic versus the control group. GDMT is defined as achievement of target dosing or maximum tolerated doses. Control group represents those not seen by CVD Pharmacy clinic. Inclusion criteria includes adult patients with EF \leq 45%, hospitalization in the previous 12 months, followed by a cardiologist within the health system, and not on maximum tolerated doses of GDMT. The primary outcome is the number of patients on GDMT 12 months after the initial visit. Secondary outcomes include days from initial visit until GDMT, number of patients on moderate dosing of GDMT and change in EF after GDMT. Patients were enrolled from October 1, 2019 through September 30, 2020.

Results: Achievement of GDMT at 12 months was 67.2% (39/58) in the intervention group compared to 16.2% (7/43) in the control (P <0.001). Days to GDMT was a median of 95.5 [57-175.5] days and 143 [64-214] days for the intervention and control group respectively (P = 0.493). In the intervention group, 50% (29/58) of patients achieved moderate dosing at 12 months compared to 11.6% (5/43) in the control group (P<0.001). Patients in the intervention group who had an echo after achieving GDMT had a median increase in EF of 12% [5-20] after GDMT achievement. For all patients who achieved GDMT, 32.6% (15/46) achieved target dosing of medications.

Conclusion: The CVD Ambulatory Care Pharmacy Clinic was associated with higher rates of GDMT achievement compared to the control and a shorter time to GDMT achievement.