



AMERICAN
COLLEGE of
CARDIOLOGY®

BETTER CARE-HF

Building Electronic Tools to Enhance and Reinforce Cardiovascular Recommendations For Heart Failure

Three-Arm, Pragmatic, Cluster-Randomized Trial

OBJECTIVE: To compare the effectiveness of two automated, electronic health record (EHR)-embedded tools vs. usual care on mineralocorticoid receptor antagonist (MRA) prescribing in eligible patients with heart failure and reduced ejection fraction (HFrEF).

2,211
PATIENTS

INCLUSION CRITERIA: Patients >18 years old, ejection fraction $\leq 40\%$, not currently on MRA therapy, and seen by a cardiologist during the study.



EHR ALERTS
(N=755)

VS.



EHR MESSAGES
(N=812)

VS.



USUAL CARE
(N=644)

PRIMARY ENDPOINT

THE PRIMARY OUTCOME OF THE PROPORTION OF PATIENTS WITH NEW MRA PRESCRIPTION WAS 29.6% IN EHR ALERT ARM, 15.6% IN EHR MESSAGE ARM AND 11.7% IN USUAL CARE ARM.

CONCLUSION

An automated, patient-specific, EHR-embedded alert more than doubled MRA prescribing for ambulatory patients with HFrEF compared to both EHR-embedded messages and usual care. The number of patients needed to alert to result in new MRA prescription was 5.6, and the number for a message was 25.6.