AMERICAN COLLEGE of CARDIOLOGY®

IMPLEMENT-HF

Virtual Care Team-Guided Therapeutic Optimization During Hospitalization in Patients With Heart Failure

Prospective, Multicenter, Randomized, Controlled Trial

OBJECTIVE: To assess the safety and effectiveness of a virtual care team-guided strategy on guideline-directed medical therapy (GDMT) use in hospitalized patients with heart failure with reduced ejection fraction (HFrEF).

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PATIENTS

INCLUSION CRITERIA: Patients with previously or newly diagnosed HFrEF (LVEF ≤40%) admitted to non-ICU medical or surgical service with acute HF or other indications

VIRTUAL CARE TEAM (N=82 PATIENTS, 107 ENCOUNTERS)

VS.

USUAL CARE (N=115 PATIENTS, 145 ENCOUNTERS)

PRIMARY ENDPOINT

THE PRIMARY ENDPOINT OF COMPOSITE GDMT SCORE AT DISCHARGE (SUM OF CARE OPTIMIZATION CHANGES) WAS IMPROVED WITH VIRTUAL CARE TEAM vs. USUAL CARE (ADJUSTED DIFFERENCE +1.2; P<0.001).

CONCLUSION

Among hospitalized participants with HFrEF, a virtual care team-guided strategy on GDMT optimization improved GDMT use during hospitalization and at the time of discharge.

Bhatt AS, Varshney A, Moscone A, et al. Virtual Care Team-Guided Therapeutic Optimization During Hospitalization in Patients with Heart Failure: The IMPLEMENT-HF Study. *J Am Coll Cardiol* 2023; Mar. 6: [Epub ahead of print]

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