

# Patient engagement program for heart failure patients improved outcomes

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Human heart. Credit: copyright American Heart Association

A novel patient engagement tool led one in five patients with heart failure to a more effective treatment regimen of generic medications, according to late-breaking research presented today at the American Heart Association's Scientific Sessions 2020. The meeting is virtual,

Friday, November 13-Tuesday, November 17, 2020, and is a premier global exchange of the latest scientific advancements, research and evidence-based clinical practice updates in cardiovascular science for health care. The manuscript for this study is published simultaneously today in *Circulation*, the American Heart Association's flagship journal.

In the study, "Electronically Delivered Patient-Activation Tool for Intensification of Medications for Chronic Heart Failure with Reduced Ejection Fraction: The EPIC-HF Trial," patients were randomized into two groups—those who had a regularly scheduled cardiology clinic visit versus those who received an additional engagement and education tool before the visit. The patients assigned to the patient engagement tool, called EPIC-HF, received access to a three-minute video and a one-page checklist, delivered electronically by text or email, at one week, three days and 24 hours prior to a cardiology clinic visit.

Patients with [heart failure](#) with reduced [ejection fraction](#) (HFrEF) have a weak left ventricle, so the body is receiving less blood than needed. Multiple medications have been shown to improve heart function, and when used together at doses that can help them meet treatment goals, these medicines may help people with HFrEF feel better, live longer and improve their condition. Unfortunately, most people with HFrEF are not getting all of medications at the right doses. Often, the ones prescribed are dosed too low.

EPIC-HF's goal was to help patients understand their medication options and encourage them to collaborate with their [health care](#) professionals to "make one positive change" in their HFrEF treatment.

Research analyzed the outcomes of 290 patients, of whom half received the patient EPIC-HF education tools. Average patient age was 65 years, and 29% were female. Average left ventricular ejection fraction was 32%. At the beginning of the study, none of the 290 patients were

receiving optimal HFrEF treatment (current standard of care for HFrEF includes goal doses of a beta-blocker; sacubitril/valsartan; and spironolactone or eplerenone).

The study's results show:

- Nearly half (49%) of the EPIC-HF intervention group had a change in their medications for HFrEF to improve therapy compared to 29.7% in the control group.
- Most changes were increases in the doses of generic HFrEF medications already prescribed, not new medications.
- Increase in medication doses did not cause obvious problems in the 30 days after the clinical visit.

"We are pleasantly surprised that this fairly simple [tool](#) lead so many patients to better care. It's promising that patients were able get better treatment," said the lead study author Larry A. Allen, M.D., M.H.S., the associate division head for Clinical Affairs in Cardiology and co-director of the Colorado Program for Patient-Centered Decision at the University of Colorado School of Medicine in Aurora, Colorado. "This approach validates and promotes a culture of collaboration between patients and their doctors and leads to more productive clinic visits with optimized [medication](#) prescribing, which can ultimately improve patient outcomes."

The researchers believe patient-centered tools that inform and encourage people to become active participants in their health will improve overall care and outcomes.

**More information:** Larry A. Allen et al. An Electronically Delivered, Patient-Activation Tool for Intensification of Medications for Chronic Heart Failure with Reduced Ejection Fraction: The EPIC-HF Trial, *Circulation* (2020). [DOI: 10.1161/CIRCULATIONAHA.120.051863](https://doi.org/10.1161/CIRCULATIONAHA.120.051863)

Provided by American Heart Association

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