A Clinical Decision Support Tool to Advance Guideline-Directed Medical Therapy in Patients with Heart Failure

Authors: Kirsten F. Dunn, MD, Kaitlyn Greenberg, MSN, FNP-BC, and Sameer Kirtane, MD, MBA   Author Info & Affiliations

Summary

Heart failure (HF) is a high-morbidity, high-cost condition that is expected to increase in prevalence. Although hospital admissions and readmissions are common in HF, research consistently shows that guideline-directed medical therapy (GDMT) reduces mortality, hospitalizations, and symptom burden. Because of outdated practice patterns, delays in educational updates, and unclear sharing of medical management responsibilities, health care providers have struggled to successfully implement GDMT. Care for patients with HF should be improved by empowering primary care teams and hospitalists to implement GDMT rather than deferring to cardiology specialists. To improve adoption of GDMT, Mercy Health System (a St. Louis, Missouri–based system with $7.5 billion operating revenue) created a clinical decision support tool for use in the natural workflow and integrated it into the HF-focused care provided by a growing number of clinicians. The program initially leveraged telehealth infrastructure and virtual visits, and eventually it spread to general medical and cardiology providers throughout the health system. The tool was broadly used in the HF population, was easy to use on the basis of clinician feedback using the Systems Usability Scale survey, and was associated with an increased percentage of patients on sodium/glucose cotransporter-2 inhibitors and mineralocorticoid receptor antagonists across all categories of HF.

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