CONNECT-HF
Care Optimization Through Patient and Hospital Engagement Clinical Trial for Heart Failure

Purpose: To evaluate the effect of a customized, multifaceted, health system-level quality-improvement (QI) program compared with usual care on heart failure (HF) outcomes and HF quality-of-care metrics.

Trial Design: Large-scale, cluster-randomized clinical trial, included 161 hospitals and 5,647 patients randomized to new intervention or usual care. Quality-of-life assessments were collected up to 12 months post-discharge.

Primary Endpoints: Time to first HF rehospitalization or death; change in an opportunity-based composite score for HF quality.

Secondary Endpoints: Improvement in an opportunity-based composite score for adherence to HF discharge quality measures; if a significant positive effect on at least 1 of the primary endpoints, then participant-level healthcare expenditures; cumulative number of primary composite events of death and total HF hospitalizations.

Endpoints	HR (95% CI)	p-value
HF rehospitalization or death	0.92 (0.81-1.05)	0.21
Composite quality score Change in composite quality score	+2.3% vs -1.0%, between-group difference of +3.3% (-0.8 to 7.3)	
Adjusted OR of higher score	1.06 (0.93 to 1.21)	0.35

Results: Extending existing hospital-based quality improvement efforts through audit, feedback, and education did not improve clinical outcomes or quality of care for patients with heart failure with reduced left ventricular ejection fraction.

** Results reflect the data available at the time of presentation.*

Presented by: Adam D. DeVore, MD, MHS, Duke Clinical Research Institute