Remote Patient Management After Discharge of Hospitalized Heart Failure Patients: The Better Effectiveness After Transition - Heart Failure Study

Michael K Ong, UCLA, Los Angeles, CA; Patrick S Romano, UC Davis, Sacramento, CA; Sarah Edgington, UCLA, Los Angeles, CA; Andrew D Auerbach, UCSF, San Francisco, CA; Harriet U Aronow, Jeanne T Black, Cedars-Sinai Medical Ctr, Los Angeles, CA; Teresa De Marco, UCSF, San Francisco, CA; Jose J Escarce, UCLA, Los Angeles, CA; Lorraine Evangelista, UC Irvine, Orange, CA; Theodore G Ganiats, Univ of Miami, Miami, FL; Barry Greenberg, UCSD, San Diego, CA; Sheldon Greenfield, Sherrie H Kaplan, UC Irvine, Irvine, CA; Asher Kimchi, Cedars-Sinai Medical Ctr, Los Angeles, CA; Honghu Liu, UCLA, Los Angeles, CA; Dawn Lombardo, UC Irvine, Orange, CA; Carol M Mangione, Majid Sarrafzadeh, UCLA, Los Angeles, CA; Kathleen Tong, UC Davis, Sacramento, CA; Gregg C Fonarow, UCLA, Los Angeles, CA; BEAT-HF Research Group

Introduction: Heart failure is a prevalent health problem associated with costly hospital readmissions. Transitional care programs have been shown to reduce readmissions but are costly to implement. Evidence regarding the effectiveness of telemonitoring in managing the care of this chronic condition is mixed. The Better Effectiveness After Transition - Heart Failure (BEAT-HF) study is a comparative effectiveness study designed to evaluate an intervention that combines a telephonic adaptation of care transition programs with telemonitoring.

Hypothesis: a care transition intervention that includes pre-discharge education about heart failure and post-discharge telephone nurse coaching combined with home telemonitoring of weight, blood pressure, heart rate, and symptoms will reduce all-cause 180-day hospital readmissions for older adults hospitalized with heart failure.

Methods: 1437 individuals admitted between October 2011 and September 2013 were enrolled in a multi-center, randomized controlled trial conducted at six academic health systems in California. Patients in the intervention group received intensive patient education using the 'teach-back' method and received instruction in using telemonitoring equipment. Following hospital discharge, they received up to nine scheduled health coaching telephone calls over 6 months from nurses located in a centralized call center. The nurses also called patients and patients' physicians in response to alerts generated by the telemonitoring system, based on predetermined parameters.

Results: This presentation will report on the study primary outcome, readmission for any cause within 180 days, and on secondary outcomes including 30-day readmission, 30-day mortality, and 180-day mortality.

Conclusions: BEAT-HF is one of the largest randomized controlled trials of telemonitoring in patients with heart failure, and the first explicitly to adapt the care transition approach and combine it with remote telemonitoring. The study population also includes patients with a wide range of demographic and socioeconomic characteristics.

Disclosure:
Consultant/Advisory Board; Modest; Medtronic, Amgen, Janssen, Bayer, Boston Scientific. Other; Modest; Abbott. Research Grant; Significant; NIH, PCORI, AHRQ. Consultant/Advisory Board; Significant; Novartis.