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## Successful Pharmacist Intervention To Optimize Guideline **Directed Medical Therapy in Heart Failure Patients**

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## **Heart Failure and Cardiomyopathies**

# SUCCESSFUL PHARMACIST INTERVENTION TO OPTIMIZE GUIDELINE DIRECTED MEDICAL THERAPY IN HEART FAILURE PATIENTS

Poster Contributions
Posters Hall\_Hall A
Sunday, March 29, 2020, 3:45 p.m.-4:30 p.m.

Session Title: Heart Failure and Cardiomyopathies: Therapy 6 Abstract Category: 14. Heart Failure and Cardiomyopathies: Therapy

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**Background:** Optimal use of Guideline Directed Medical Therapy (GDMT) is the cornerstone of reducing mortality and morbidity in heart failure patients with reduced ejection fraction (HFrEF). This study evaluated the impact of a pharmacist directed intervention to improve GDMT for HFrEF patients.

**Methods:** A retrospective study of 15 cardiology clinics in one health system included patients: 18 years or older, on Medicare or Medicare replacement, with EF %It; 40, and who had one or more clinic visits from 1/1/18 to 7/1/19. Primary outcome: compliance for 1) ACEI, ARB, or ARNI, 2) beta-blocker, and 3) MRA.

One clinic (intervention) installed pharmacists in 2018, after which they were available for patient visits and consults with providers. Patients were in one of 3 groups: 1) control clinic, 2) intervention clinic, 3) intervention clinic + pharmacist visit.

The sample contained 867 unique patients (569 pre intervention and 645 post intervention phase). A logistic generalized linear mixed model was used to predict GDMT compliance from 3-level study group variable for the post intervention phase.

**Results:** The proportion of GDMT compliance differed between control clinic and intervention clinic + pharmacist visit groups. No other comparison of groups showed a significant difference in GDMT compliance.

**Conclusion:** Our findings suggest the pharmacist directed intervention substantially impacted GDMT in HFrEF patients. HF clinics should consider a team approach to optimize GDMT to improve clinical outcomes.

Table 1. Estimated proportions of composite GDMT compliance by study group (n=645) during post-intervention period

Group	Estimated	95% Confidence	
	Proportion (%)	Interval	
Control Clinic	21.51ª	17.83, 25.72	
Intervention Clinic	28.00 <sup>ab</sup>	21.80, 35.15	
Intervention Clinic + Pharmacist Visit	34.74 <sup>b</sup>	23.66, 47.77	

Note: Estimated proportions with different superscripts indicate a significant (p < .05) difference