

Managed Care Interventions for Improving Outcomes in Acute Heart Failure Syndromes

Acute heart failure syndrome (AHFS) patients represent the most severely ill and undermanaged subpopulation of patients with heart failure (HF). Causing significant concern in managed care, the percentage of patients hospitalized for HF is dramatically on the rise despite the advent of modern managed care—up 171% from 1979 (400,000) to 2005 (>1 million). The increasing prevalence of AHFS becomes even more alarming considering the overwhelming morbidity and mortality associated with the condition. In addition to the significant morbidity of AHFS in terms of hospitalizations, the disease is characterized by chronic persistence, since approximately 30% of patients with AHFS discharged from the hospital are readmitted within 60 to 90 days. Likewise, mortality associated with AHFS is significant, with approximately 10% of patients dying within 60 to 90 days of discharge. Despite the rising prevalence and costs associated with AHFS, the disease remains largely undermanaged, partially as a result of a failure to initiate treatment with life-saving therapies during hospitalization or soon after discharge. Although professional organizations have been striving to improve the state of care for AHFS by providing at least some level of consensus and evidence-based treatment recommendations, the gap between the clinical evidence and actual practice is growing. This supplement will define the appropriate course of therapy in AHFS and establish treatment goals. In addition, a review of current literature will assist in analyzing the current state of care for AHFS and identifying potential shortcomings. Finally, this supplement will propose and evaluate novel managed care interventions to improve the quality of care for AHFS and manage the financial burden of the disease; this latter portion will include a review of emerging therapies such as vasopressin antagonists, which have demonstrated promise in clinical trials for treating the hyponatremia associated with worsening outcomes in AHFS.