VA Heart Failure Network

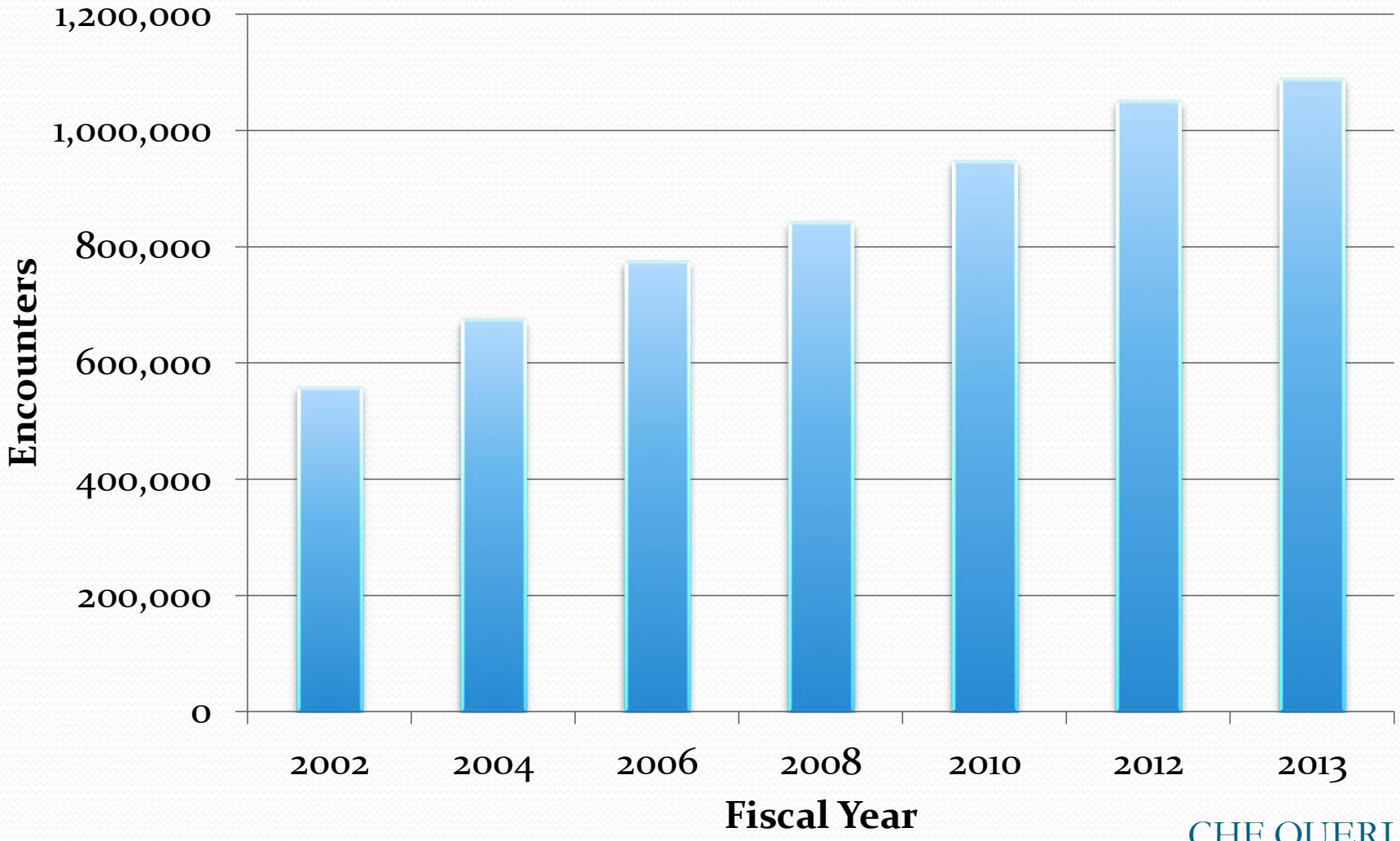
9/15/2014

Paul Heidenreich
CHF QUERI

Outline

- VA HF Quality Measures
- Angiotensin-Neprilysin Inhibition

Current Status of VA HF Care: Increasing Outpatient Encounters



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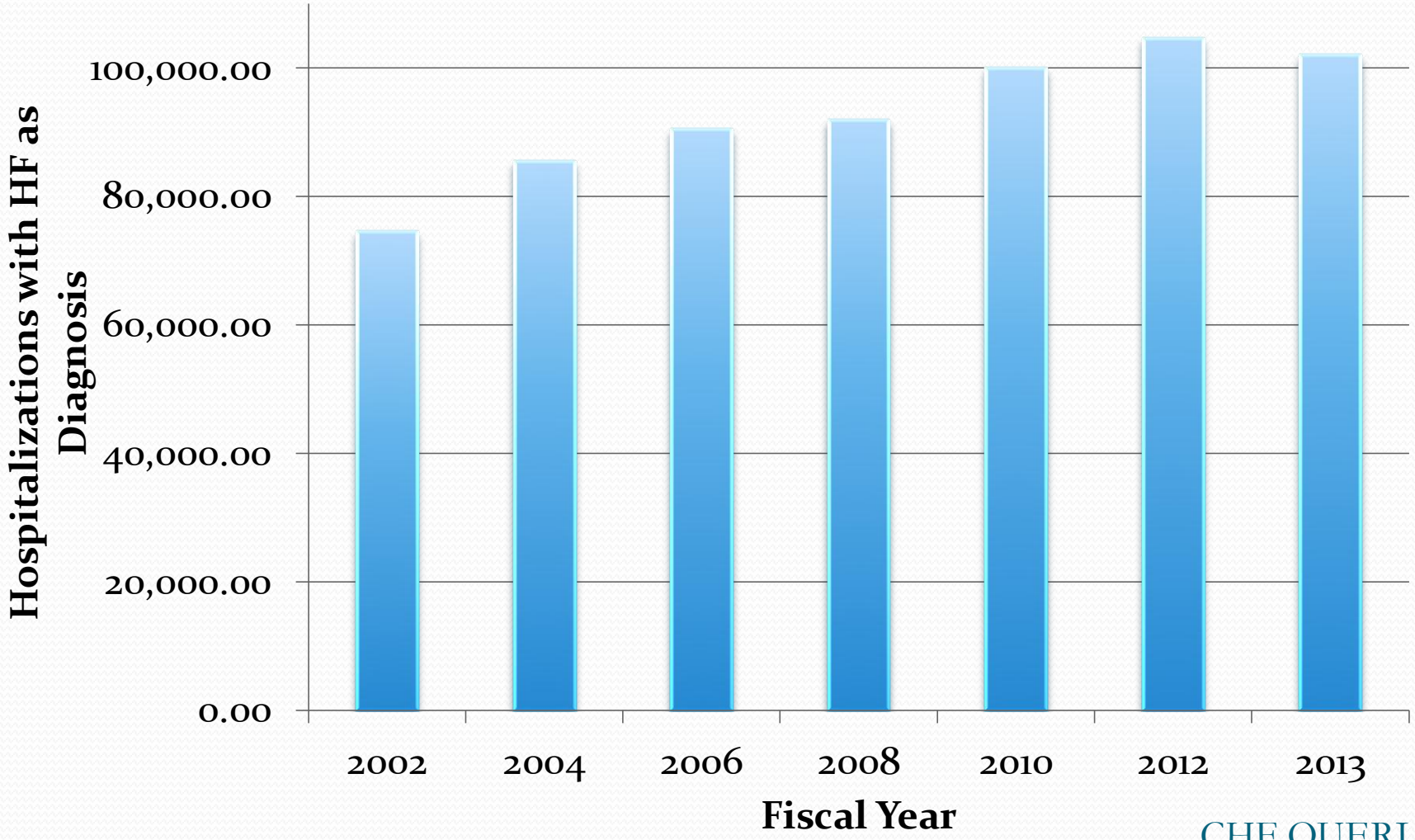
HF Hospitalizations



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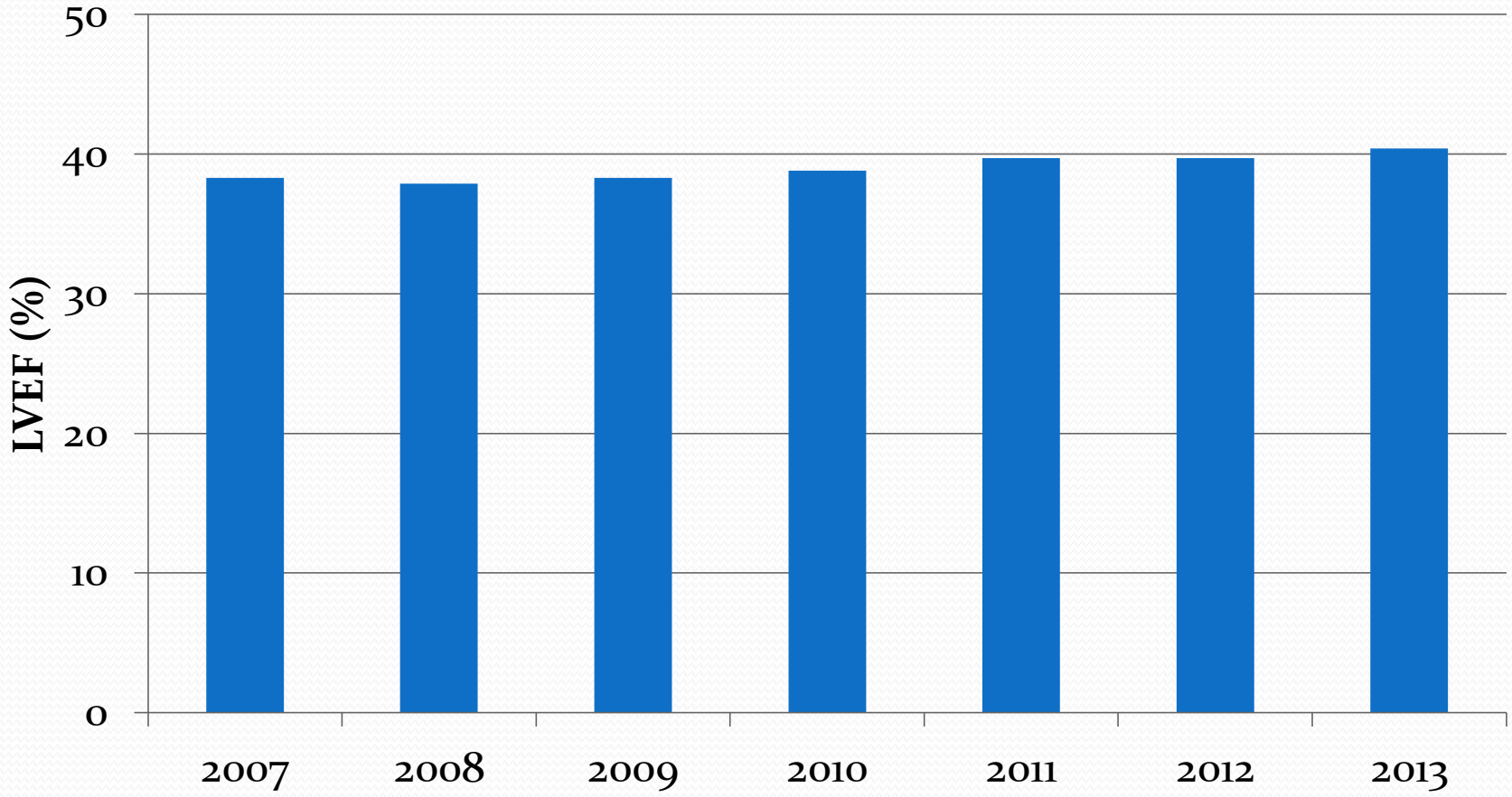
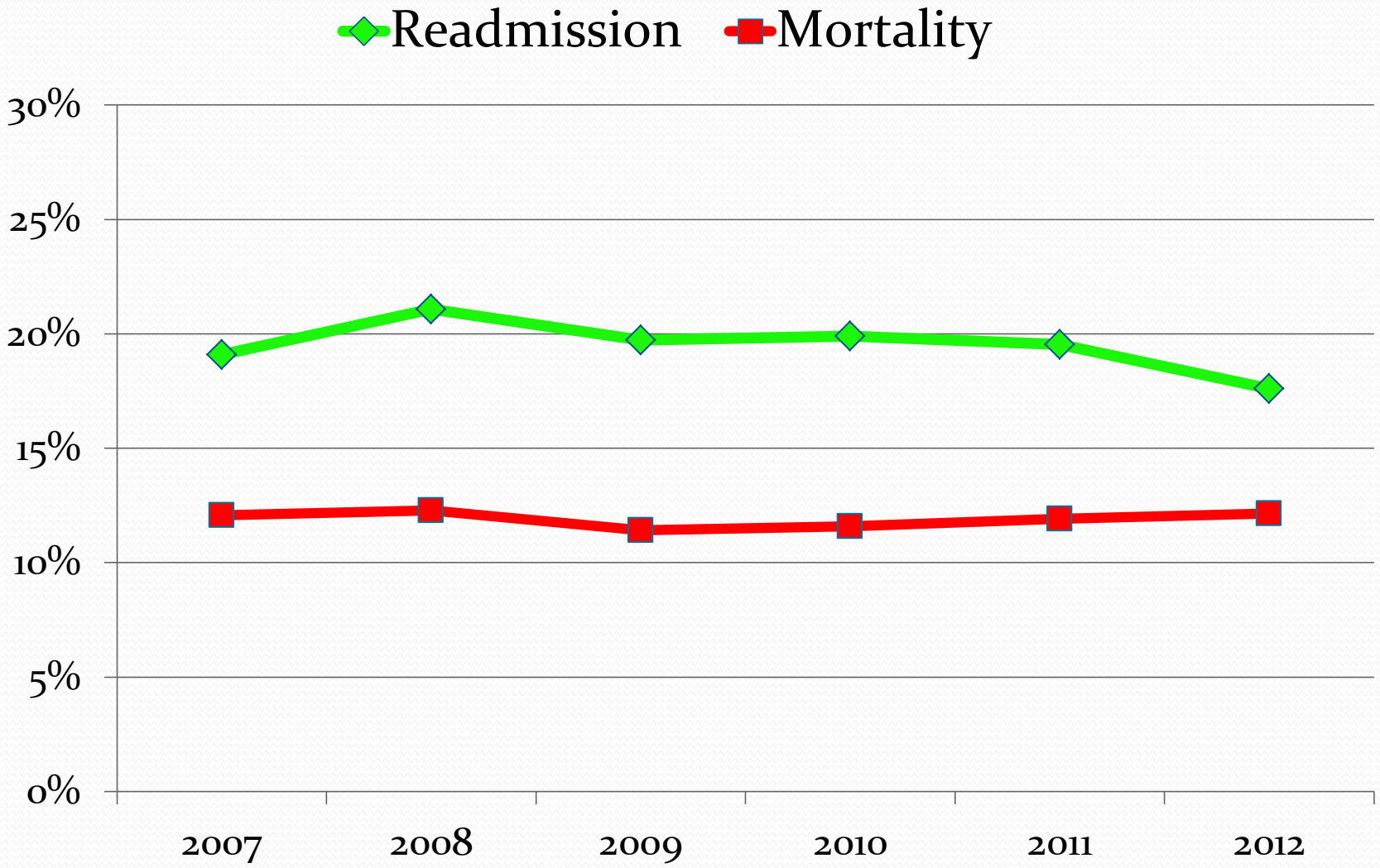
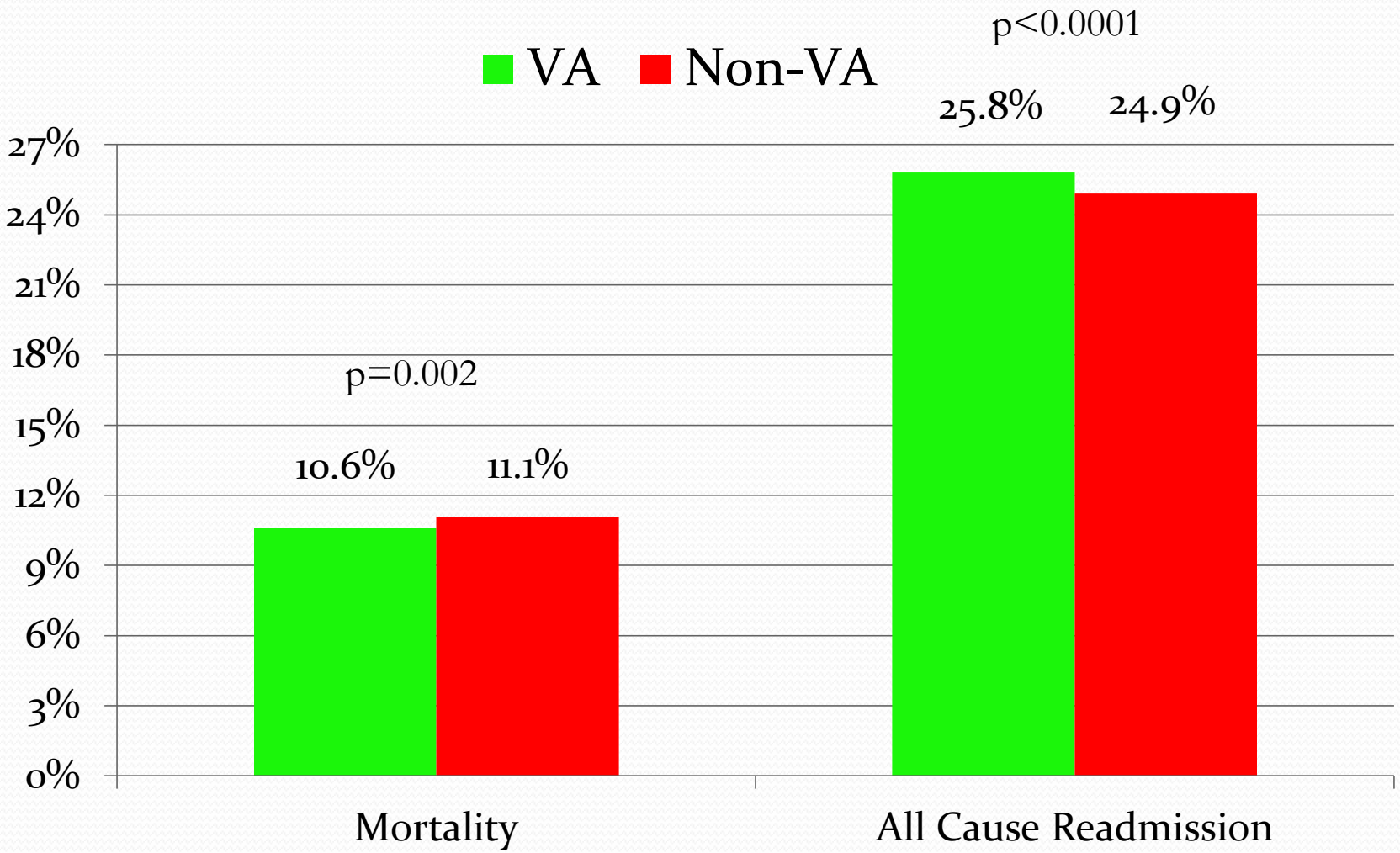
Mean LVEF Among Hospitalized HF Patients



Trends in Readmission and Mortality Following a HF Admission

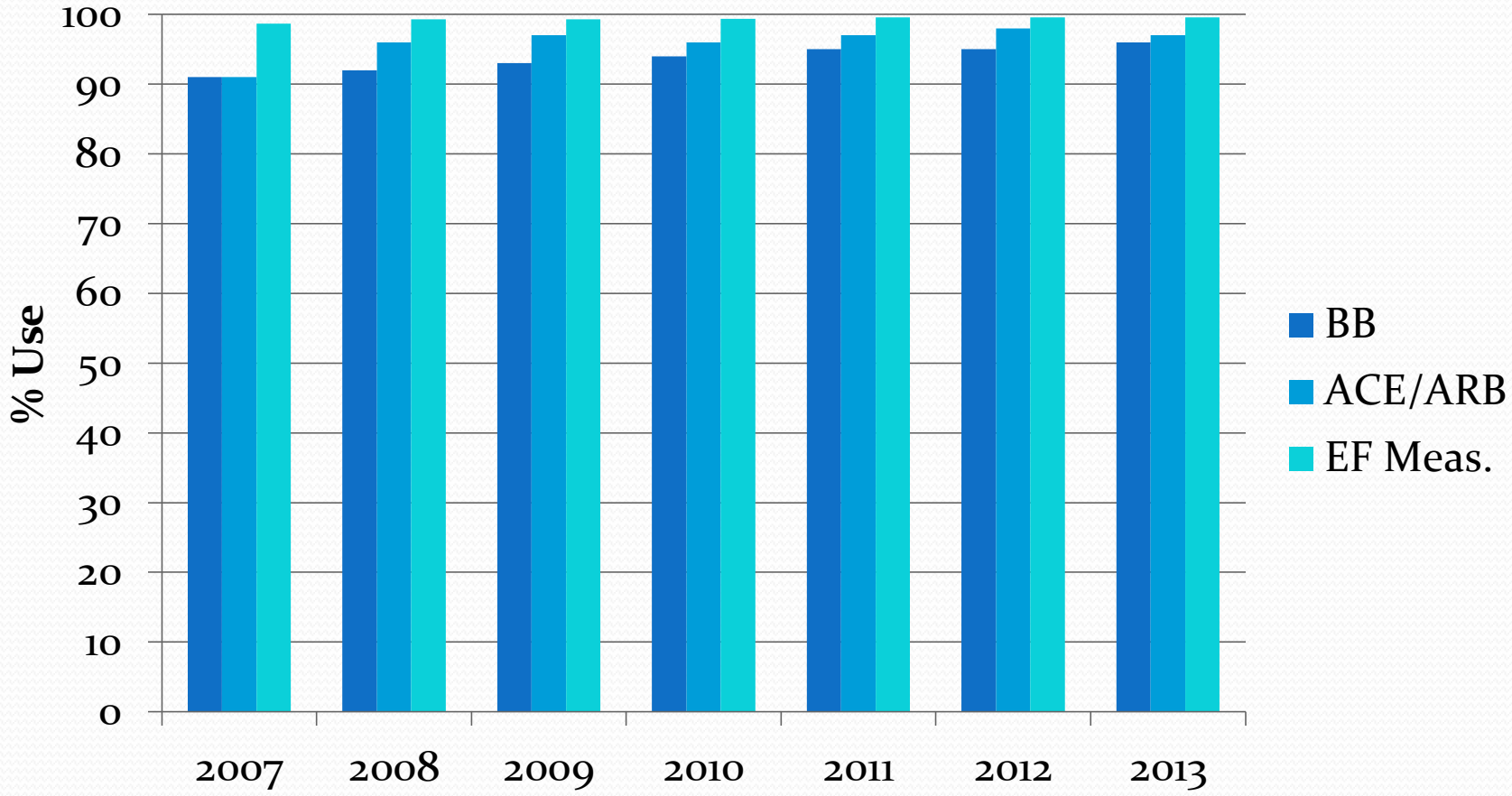


Outcome 2012: Mortality Better, Readmission Worse than Medicare

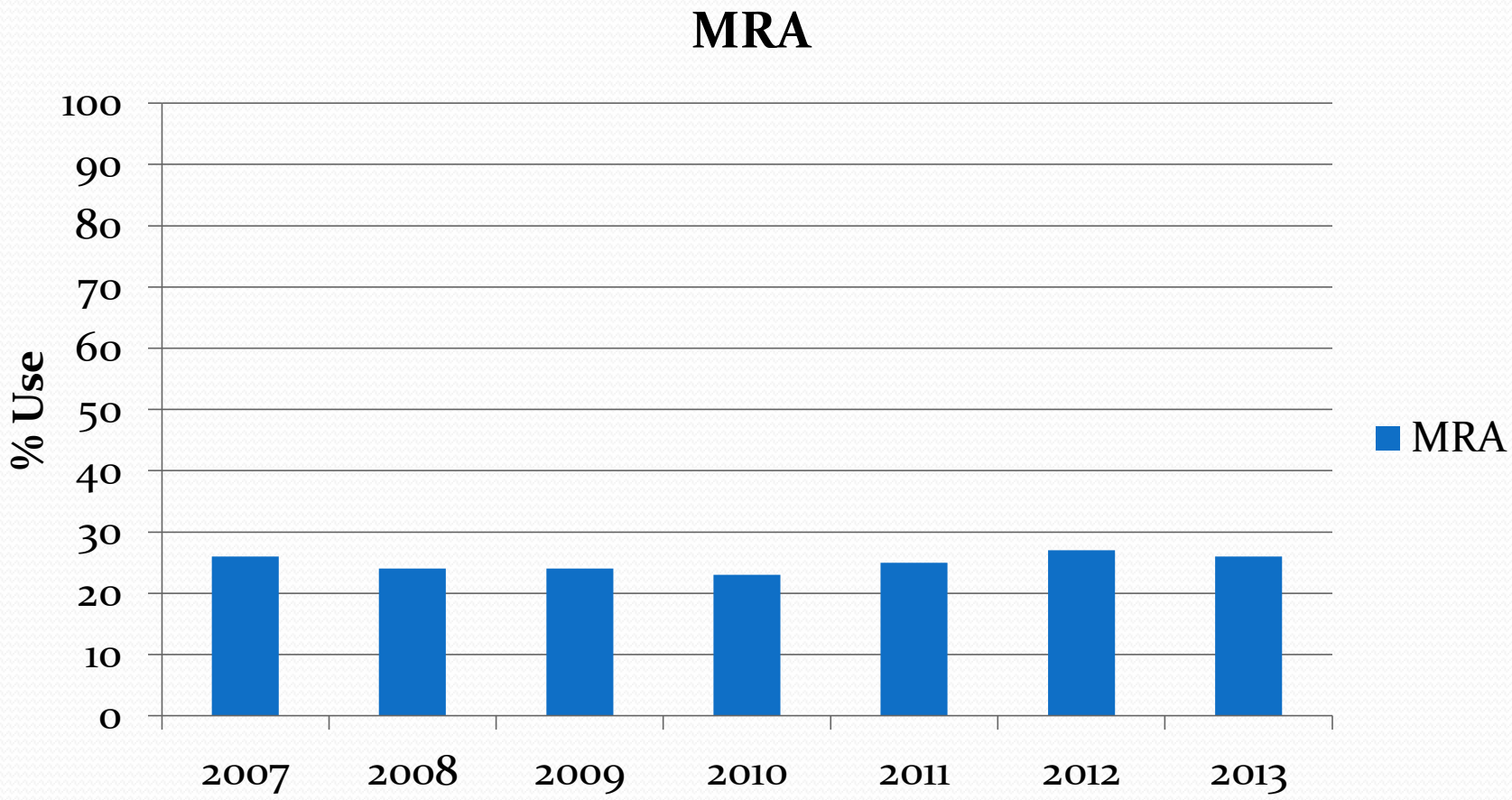


Source: Hospital Compare

Beta Blockers and ACE/ARB at a High Level Among Ideal Candidates



MRAs (e.g. spironlactone) Among Candidates



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Angiotensin–Neprilysin Inhibition versus Enalapril in Heart Failure

John J.V. McMurray, M.D., Milton Packer, M.D., Akshay S. Desai, M.D., M.P.H., Jianjian Gong, Ph.D., Martin P. Lefkowitz, M.D., Adel R. Rizkala, Pharm.D., Jean L. Rouleau, M.D., Victor C. Shi, M.D., Scott D. Solomon, M.D., Karl Swedberg, M.D., Ph.D., and Michael R. Zile, M.D., for the PARADIGM-HF Investigators and Committees*

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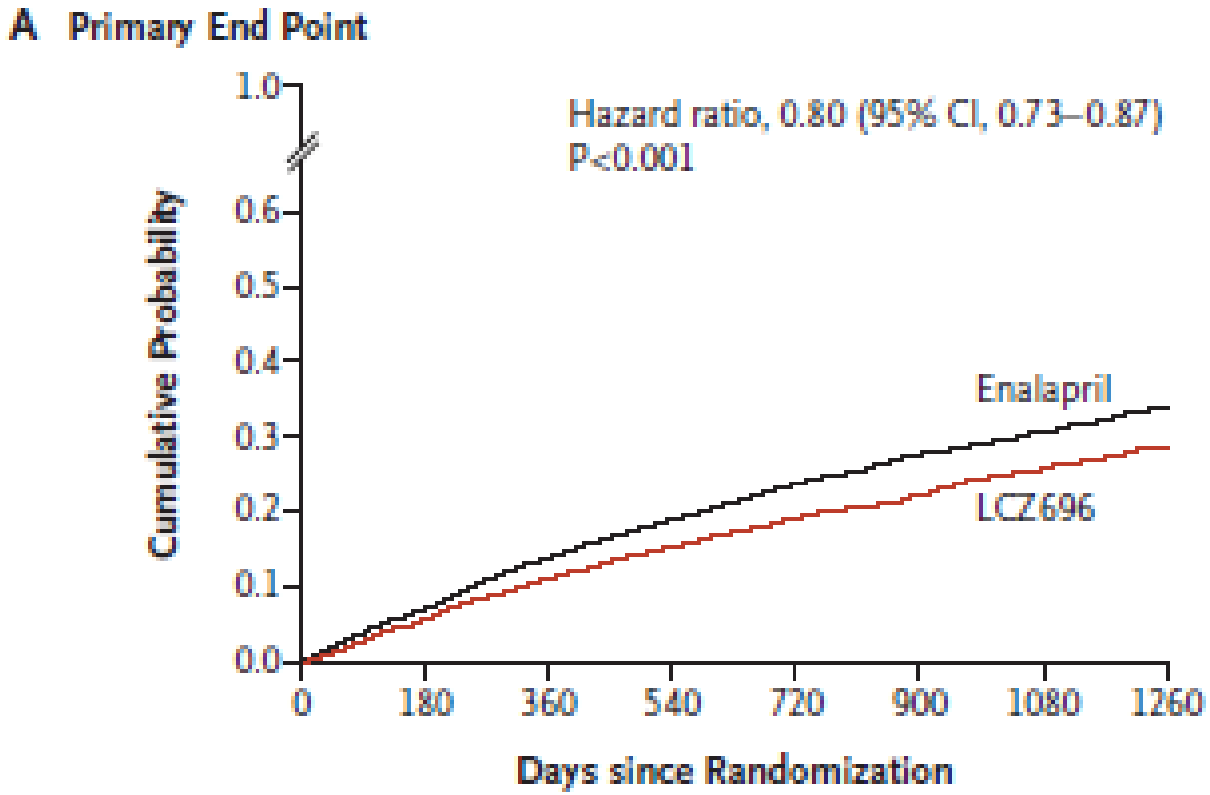
Patient Population

- NYHA Class II-IV
- LVEF<=40% (later changed to <= 35%)
- BNP >=150 pg/ml or NT prBNP>=600 pg/ml
  - If Hospitalized in the last 12 months then
    - BNP >=100 pg/ml or NT prBNP>=400 pg/ml\
- Tolerate 10 mg of enalapril daily for 4 weeks

- Exclusions: SBP<100 mmHg, eGFR < 30 ml/1.73 BSA, decrease in eGFR of 25%, K > 5.2 mmmol/l

McMurray, NEJM 2014

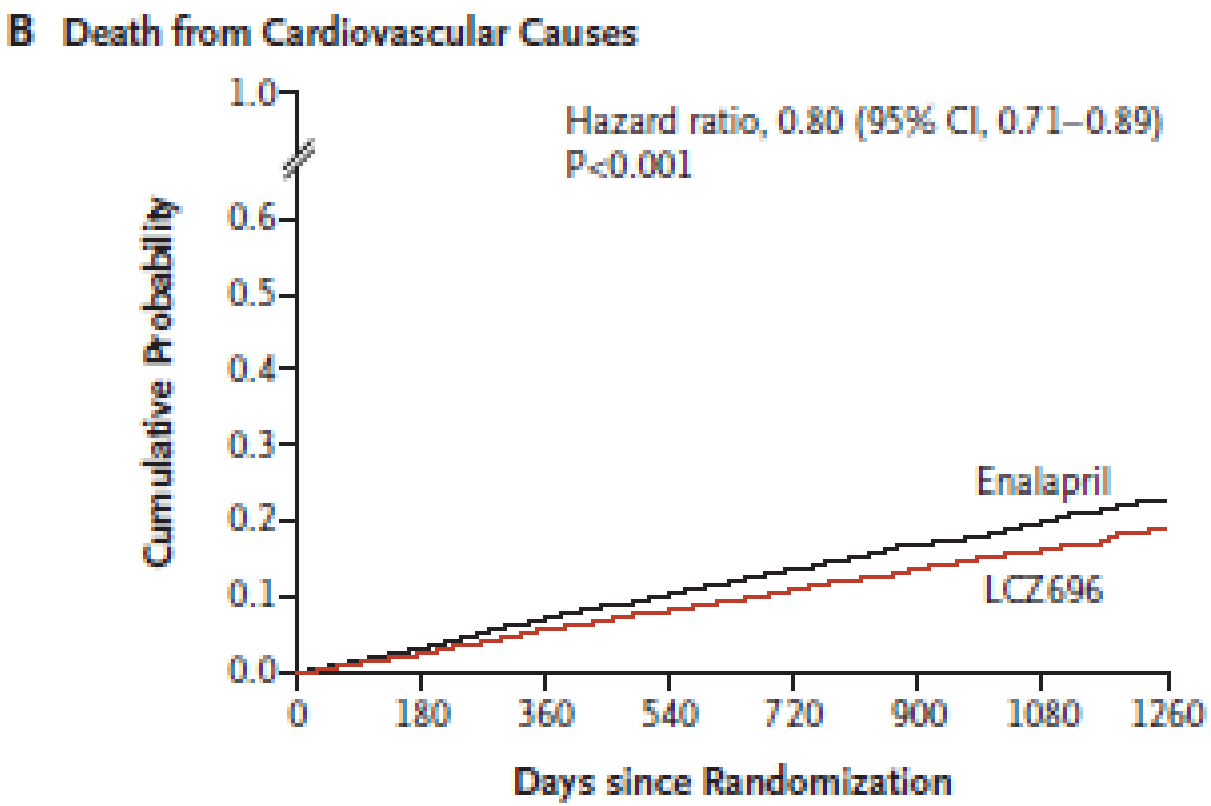
Primary Outcome



No. at Risk								
LCZ696	4187	3922	3663	3018	2257	1544	896	249
Enalapril	4212	3883	3579	2922	2123	1488	853	236

McMurray, NEJM 2014

CV Death



No. at Risk

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Enalapril	4212	4051	3860	3231	2410	1726	994	279

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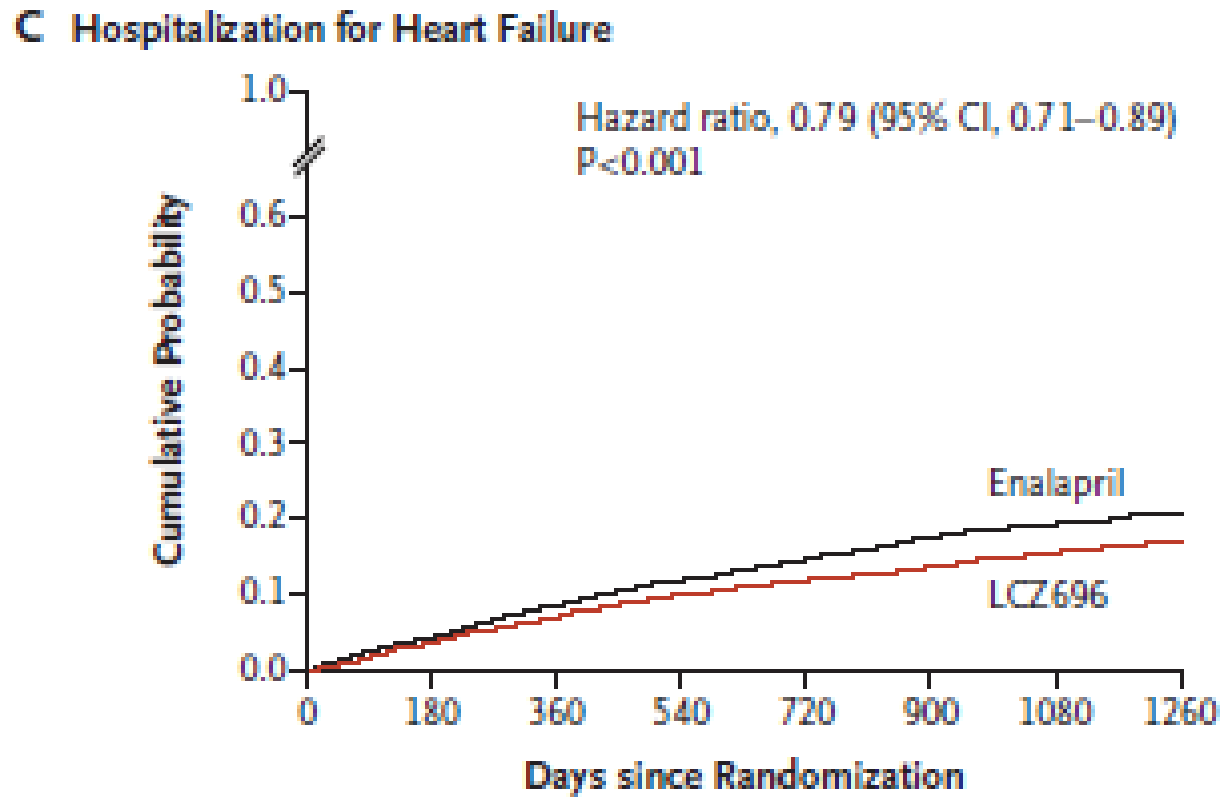
Hospitalization



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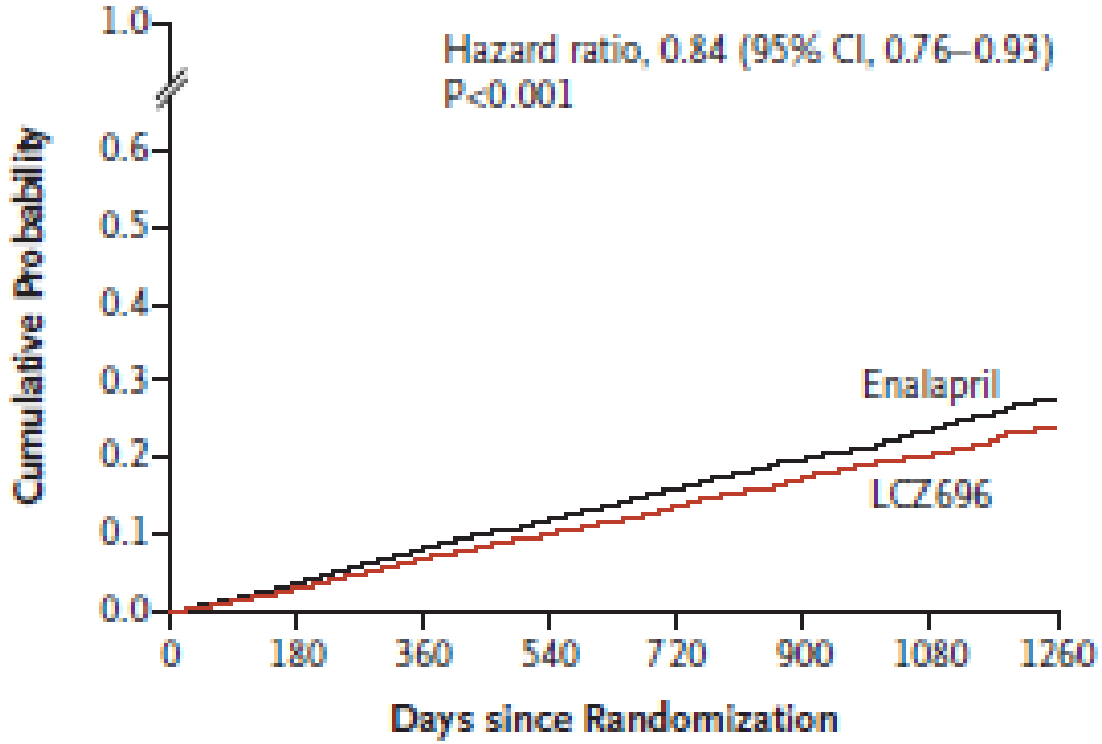
Total Mortality



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McMurray, NEJM 2014

Health Status Also Improved

- KCCQ 0-100 higher better
  - Increased with LCZ696 (survivors)
  - Decreased with enalapril (survivors)
  - Difference 1%, p=0.004

    NYHA Class III> II often 15 point change

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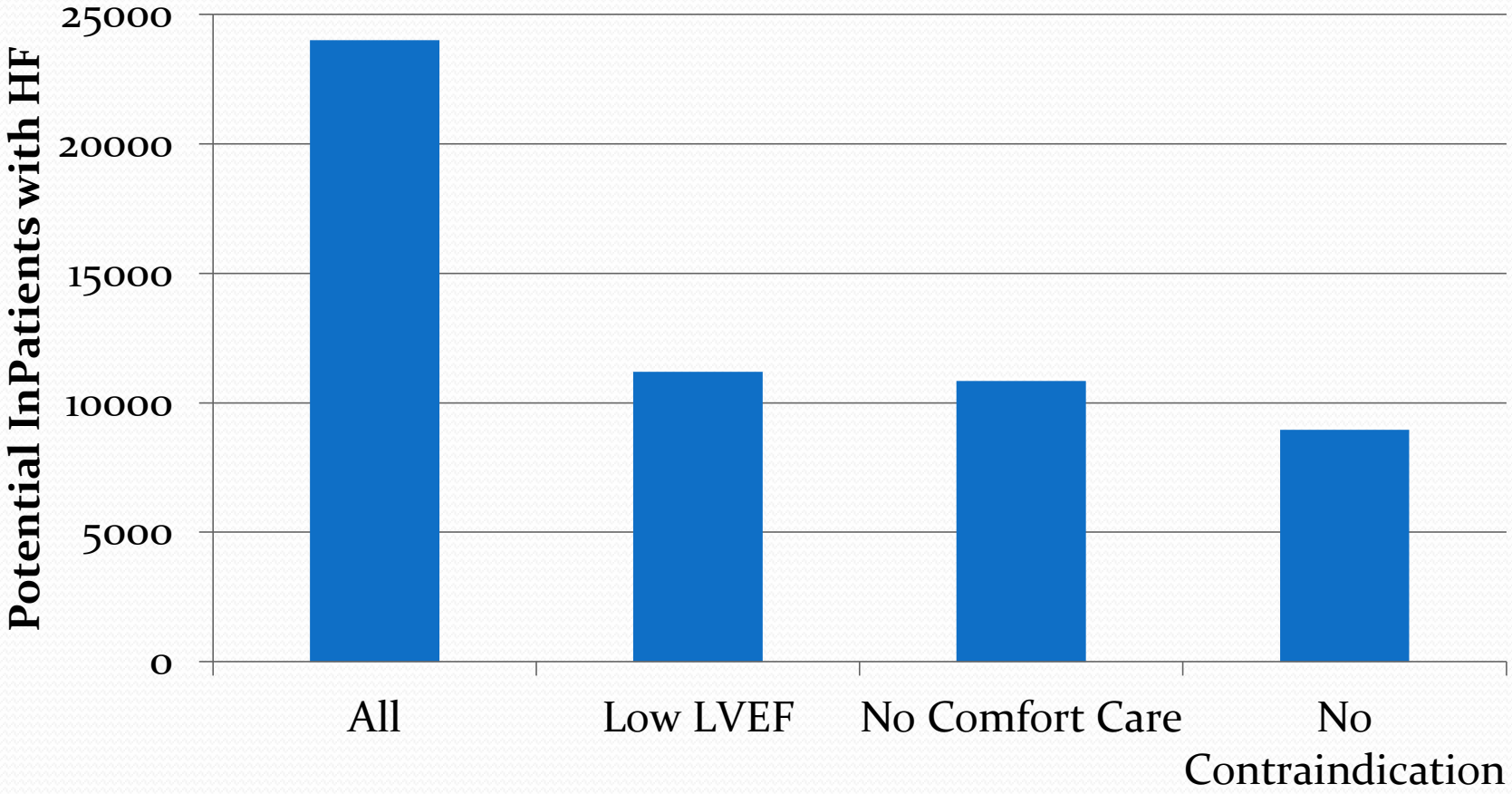
Potential VA Candidates for Angiotensin-Neprilysin Inhibition



Potential Candidates for Angiotensin-Neprilysin Inhibition

- Total patients 5 x inpatient N
- 50,000 potential veteran candidates in Year 1

Potential VA Impact

- For 50,000 treated 2500 more veterans will be alive at 5 years.
- If
  - Drug cost $4/day
  - Savings from reduced HF hospitalizations
  - Increased cost of survivors
- Then
  - Increased cost of treating 10,000 patients is $280 million over 5 years
- Life time cost-effectiveness: $30,000 per life year gained.