**Outcomes of a Multidisciplinary Heart Failure Self-management Group Clinic Appointments Intervention**

**Background**

Heart failure affects nearly 6-million Americans and is associated with frequent and costly acute care hospitalizations. Although current guidelines emphasize the importance of implementing systems to coordinate and deliver effective care, hospital readmission rates in the heart failure population have remained virtually unchanged for the past 20 years.

**Purpose**

The aim of this randomized controlled clinical trial was to test the effects of a multidisciplinary group clinic appointments intervention on the combined primary outcome of time to first heart failure re-hospitalization or death.

**Methods**

198 patients with NYHA III or IV class heart failure who had had left ventricular ejection fraction < 40% were randomly assigned to either standard care or standard care plus multidisciplinary group clinic appointments and followed for 12 months. The group clinic intervention consisted of 4 weekly clinic appointments and 1 booster clinic at 6 months, where multidisciplinary professionals engaged patients in heart failure self-management skills and problem-solving of group-initiated concerns. Repeated measures were collected during the follow-up period.

**Results**

The standard care and intervention groups were equivalent on demographic and severity of illness variables (Charlson Comorbidity scores). The group clinic intervention was associated with greater adherence to recommended vasodilator medications (*P*=0.04). During the study period, 22 (24%) patients in the intervention group and 30 (28%) patients in standard care group died or had a heart failure hospitalization. Total heart failure-related hospitalizations, including repeat hospitalizations after the first hospitalization were 28 and 45 in the intervention group and in the standard care group, respectively. Effects of the intervention on re-hospitalization varied significantly over time. From 2 to 7 months post-randomization, there was a significantly longer hospitalization-free time in the intervention group, compared to the standard care group (Cox proportional hazard ratio=0.45 (95% confidence interval, 0.21–0.98; *P*=0.04). No significant difference between groups was found from month 8 to month 12 (hazard ratio=1.7; 95% confidence interval, 0.7–4.1).

**Conclusions**

Multidisciplinary group clinic appointments were associated with greater adherence to selected medications used in the treatment of heart failure and longer hospitalization-free survival during the time of the treatment intervention. Larger studies are needed to confirm the benefits found in this clinical trial and to identify methods to sustain these benefits.