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Author Disclosure: Dr. Hayatdavoudi is the Co-Founder and Chief Medical Officer of Presidium Health Corp, a value-based provider of comprehensive care services in a technology-enabled home-delivery model. Presidium Health's mission is to deliver concierge-level care, specifically tailored to the 1% highest utilizing patients in underserved populations, while driving value to stakeholders in an incentive-aligned model.

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Best Practices

Improving Heart Failure Outcomes Must Begin With Addressing Disparities in Care

The United States spends more on health care than any other high-income country. We strive to provide the best care possible to patients. What's the catch? Too frequently, comprehensive care is not accessible to Americans with low socioeconomic status.

The past 2 years have magnified how societal inequities impact underserved populations. This is particularly prevalent in the health care system, where lack of access to quality care is a major issue for patients on the lower end of the economic scale.

An example of health disparities in the United States is seen in heart failure (HF). Black Americans have a higher chance of developing HF and are affected at an earlier age than White Americans. In 1 study, HF before the age of 50 was 20 times more common in the Black population than in the White population.[1]

Additionally, Black Americans face a 45% greater risk of death or decline in functional status when hospitalized for HF and have higher rates of recurrent hospitalizations than White Americans.[1]

To alleviate disparities, there are actions cardiologists, primary care providers, and other health care professionals can take to better support patients.

Invest in representative employees and supportive partnerships

An important way to advocate for your patients is to make hires within your practice that are culturally, socially, and economically representative of the patient population. They will be able to establish trust and educate other staff members on how to approach situations with greater understanding of the various factors affecting these patients.

Additionally, medical and legal partnerships can ease the burden patients face navigating the complexities of the health care system. These partnerships can share how to access Medicare and Medicaid, safe housing, and quality caregiving, to improve health outcomes for these patient populations.

Communicate clearly and consider your HF patients' practical needs to keep them out of the hospital

Re-admissions to the hospital—specifically for HF patients—are a major sign that a patient's condition is worsening. However, Black, Indigenous, and People of Color communities, first-generation immigrants, or rural patients often find themselves in the hospital repeatedly. One reason is difficulty adhering to discharge instructions, which may not be written in a way patients can easily understand.

The simple act of having your patients repeat your instructions to confirm understanding can help, as can discussing practical considerations. *Do they have a home to go to? Do they have a pharmacy where prescriptions can be sent? Can they afford their medication? Do they have transport to the pharmacy and for follow-up appointments? Do they have a primary care provider and a good rapport with that provider? Do they have social support or a caregiver?*

The system is not designed for a clinician to cover all these bases with their patients, but it is crucial for providers to help connect underserved populations with resources that can help them follow care instructions.

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Advocate for increased access to first-line, guideline-recommended therapies

Our organization, Presidium Health, provides concierge-level care to underserved populations that may not otherwise receive such care. This includes facilitating access to first-line therapies for our patients. As a result of providing this access, our patients benefit from improved quality indicators not traditionally seen in patients of similar underserved demographics. Further, the system, as a whole, benefits from decreased unnecessary utilization and improved cost efficiency.

In particular, HF can be managed through lifestyle changes and access to proper treatment plans. In my own experience, I've seen HF patients with access to quality care frequently prescribed first-line therapies such as ENTRESTO® (sacubitril/valsartan), which helps improve the heart's ability to pump blood to the body. ENTRESTO is indicated to reduce the risk of cardiovascular death and hospitalization for heart failure in adult patients with chronic heart failure.[2] Benefits are most clearly evident in patients with left ventricular ejection fraction (LVEF) below normal.[2] ENTRESTO was recently recommended as the preferred renin-angiotensin-aldosterone system inhibitor for all appropriate patients with HF with reduced ejection fraction.[3]

I was able to appreciate the benefits of a first-line therapy on a personal level. My stepfather was prescribed ENTRESTO as a first-line therapy and saw his yearly hospitalizations decrease, which improved his quality of life. It is important to note that, as with all medicines, individual results may vary.

We as prescribers have an active role in ensuring all patients receive comprehensive care—regardless of economic, racial, or geographic background. The thesis is sound—remove barriers to access, particularly when it comes to first-line therapies, and quality indicators improve. Health care is a fundamental human right—not a privilege for the wealthy few.

References

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INDICATION

ENTRESTO is indicated to reduce the risk of cardiovascular death and hospitalization for heart failure in adult patients with chronic heart failure. Benefits are most clearly evident in patients with left ventricular ejection fraction (LVEF) below normal.

LVEF is a variable measure, so use clinical judgment in deciding whom to treat.

IMPORTANT SAFETY INFORMATION

WARNING: FETAL TOXICITY

- **When pregnancy is detected, discontinue ENTRESTO as soon as possible**
- **Drugs that act directly on the renin-angiotensin system can cause injury and death to the developing fetus**

ENTRESTO is contraindicated in patients with hypersensitivity to any component.

ENTRESTO is contraindicated in patients with a history of angioedema related to previous angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy.

ENTRESTO is contraindicated with concomitant use of ACE inhibitors. Do not administer within 36 hours of switching from or to an ACE inhibitor. ENTRESTO is contraindicated with concomitant use of aliskiren in patients with diabetes.

Angioedema: ENTRESTO may cause angioedema. Angioedema associated with laryngeal edema may be fatal. ENTRESTO has been associated with a higher rate of angioedema in Black patients and in patients with a prior history of angioedema. ENTRESTO should not be used in patients with hereditary angioedema. If angioedema occurs, discontinue ENTRESTO immediately, provide appropriate therapy, and monitor for airway compromise. ENTRESTO must not be re-administered.

Hypotension: ENTRESTO lowers blood pressure and may cause symptomatic hypotension. Patients with an activated renin-angiotensin system, such as volume-and/or salt-depleted patients (e.g., those being treated with high doses of diuretics), are at greater risk. Correct volume or salt depletion prior to administration of ENTRESTO or start at a lower dose. If hypotension persists despite dose adjustment of diuretics, concomitant antihypertensive drugs, and treatment of other causes of hypotension (e.g., hypovolemia), reduce the dosage or temporarily discontinue ENTRESTO. Permanent discontinuation of therapy is usually not required.

Impaired Renal Function: Decreases in renal function may be anticipated in susceptible individuals treated with ENTRESTO. In patients whose renal function depends upon the activity of the renin-angiotensin-aldosterone system (e.g., patients with severe congestive heart failure), treatment with ACE inhibitors and angiotensin receptor antagonists has been associated with oliguria, progressive azotemia and, rarely, acute renal failure and death. Closely monitor serum creatinine, and down-titrate or interrupt ENTRESTO in patients who develop a clinically significant decrease in renal function.

ENTRESTO may increase blood urea and serum creatinine levels in patients with bilateral or unilateral renal artery stenosis. In patients with renal artery stenosis, monitor renal function. Avoid use with aliskiren in patients with renal impairment (eGFR < 60 mL/min/1.73 m^2).

In patients who are elderly, volume-depleted (including those on diuretic therapy), or with compromised renal function, concomitant use of non-steroidal anti-inflammatory drugs (NSAIDs), including COX-2 inhibitors, with ENTRESTO may result in worsening of renal function, including possible acute renal failure. These effects are usually reversible. Monitor renal function periodically.

Hyperkalemia: Hyperkalemia may occur with ENTRESTO. Monitor serum potassium periodically and treat appropriately, especially in patients with risk factors for hyperkalemia such as severe renal impairment, diabetes, hypoaldosteronism, or a high potassium diet. Dosage reduction or interruption of ENTRESTO may be required.

Concomitant use of potassium-sparing diuretics (e.g., spironolactone, triamterene, amiloride), potassium supplements, or salt substitutes containing potassium, may lead to increases in serum potassium.

ARBs: Avoid use of ENTRESTO with an ARB, because ENTRESTO contains the angiotensin II receptor blocker valsartan.

Lithium: Increases in serum lithium concentrations and lithium toxicity have been reported during concomitant administration of lithium with angiotensin II receptor antagonists. Monitor serum lithium levels during concomitant use with ENTRESTO.

Common Adverse Events: In a clinical trial of patients with heart failure with reduced ejection fraction, the most commonly observed adverse events with ENTRESTO vs enalapril, occurring at a frequency of at least 5% in either group, were hypotension (18%, 12%), hyperkalemia (12%, 14%), cough (9%, 13%), dizziness (6%, 5%), and renal failure/acute renal failure (5%, 5%). No new adverse reactions were identified in a trial of the remaining indicated population.

Please see full Prescribing Information, including **Boxed WARNING,** available at https://www.novartis.us/sites/www.novartis.us/files/entresto.pdf