

# Risk Score-Guided Care Reduces Death Rate in Heart Failure Patients by Nearly 50 Percent, Study Finds

SALT LAKE CITY, UT, USA , November 26, 2018 /EINPresswire.com/ -- New team-based care guided by a personalized risk score for heart failure patients reduced the mortality rate of high-risk heart failure patients by nearly 50 percent, according to new research from the Intermountain Medical Center Heart Institute in Salt Lake City.

Risk-score guided care uses a precision medicine approach, which is based on team-based care activated by the personalized outcomes of a daily set of clinical risk scores. Researchers say it improves healthcare delivery by getting the right amount of care to the right patient at the right time and in the right way.

Researchers observed a 48 percent lower mortality rate and a 25 percent lower 30-day readmission rate when the risk score-guided pathway was used in high-risk heart failure patients admitted to Intermountain Healthcare hospitals.



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*Dr. Benjamin Horne,  
Intermountain Medical Center  
Heart Institute*

The study of more than 6,100 patients found the multidisciplinary team care pathway allows physicians to provide the level of care heart failure patients need, based on their individualized medical information.

This improvement addresses a care improvement goal of the Centers for Medicare and Medicaid Services called the Hospital Readmissions Reduction Program, which was established by the Affordable Care Act.

“Using new and unique approaches that deliver healthcare to heart failure patients based on the best information we have for their individual needs improves patient outcomes,” said Benjamin Horne, PhD, researcher with the

Intermountain Medical Center Heart Institute and lead author of the study. “Rather than providing standard treatment protocols to all patients, the study is helping us provide the necessary expanded level of care for patients who are at higher risk for hospital readmissions or death.”

Results of the study were presented earlier this month during the American Heart Association Scientific Sessions in Chicago.

During a nearly four-year period (Jan 2013–Nov 2016), 6,182 heart failure patients were admitted to one of 20 Intermountain Healthcare hospitals participating in the study. In February 2014, the new precision medicine approach was gradually implemented across eight of Intermountain Healthcare’s largest hospitals.

Beginning within 24 hours of a patient being admitted, a daily report was generated that provided multiple risk score calculations to clinicians. Patients at higher risk for 30-day readmission or death were directed to the pathway that outlined advanced levels of care from the multidisciplinary team.

“Other studies have shown that reducing hospital readmissions has led to higher mortality rates,” said Dr. Horne. “Our study showed that even though deaths were reduced, meaning more critically-ill patients with heart failure were still alive to potentially be readmitted to the hospital, we still saw the readmission rates decrease by 25 percent.”

Three of Intermountain’s largest hospitals, which were part of the study, have been repeatedly recognized among the 20 hospitals in the country with the lowest readmission rates for heart failure patients. The decreases seen as part of this study were in addition to the already low readmission rates observed over the past decade.

The study, in part, was supported by the Intermountain Foundry innovation program. The new program is part of Intermountain’s commitment to systematically identify and implement ideas that may improve healthcare regionally and nationally.

“Going forward, we’ll work to maintain the improvements we’ve made in 30-day readmission and mortality rates using this new model and look for additional ways to improve outcomes for heart failure patients,” said Dr. Horne.

Members of the Intermountain Heart Institute team involved in the study include Colleen Roberts, RN, MS; Kismet Rasmusson, DNP, FNP; Jason Buckway, RN, MBA; Rami Alharethi, MD; Jalisa Cruz; R. Scott Evans, PhD, MS; James F. Lloyd; Tami Bair, RN; Abdallah Kfoury, MD; and Donald Lappe, MD.

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