Impact of a structured educational intervention on attitudes and clinical practices in heart failure among physicians in Argentina

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Introduction: It is necessary to identify areas for improvement in the care of patients with heart failure (HF), and thus implement educational interventions to optimize the quality of care and their clinical outcomes.

Objective: The aim of this study was to evaluate the attitudes, knowledge, confidence and care pathways of patients with HF among physicians in Argentina and their subsequent changes after an educational intervention.

Methods: We conducted a cross-sectional study using a self-administered survey to evaluate clinical practice patterns and attitudes/perceptions regarding the diagnosis, treatment and follow-up of HF patients in the outpatient and inpatient settings. Survey respondents were physicians from 22 centers in Argentina who participated in a comprehensive educational programme for the care of HF patients conducted between March and July 2021. The educational intervention was based on a 30-hour training programme in heart failure clinics and a final examination. Simple road maps were created to address the knowledge gaps identified in the pre-intervention phase.

Results: A total of 50 physicians were surveyed; the mean age was 41±8 years and 86% were cardiologists. The educational intervention significantly increased physicians’ confidence in diagnosing HFpEF, with 52% feeling “confident” or “very confident” before and 84% after the intervention (p<0.001). In outpatients with HFrEF, more physicians reported prioritizing quadruple therapy with SLGT-2i, mineralocorticoid receptor antagonists (MRA), beta-blockers and angiotensin receptor neprylisin inhibitors (ARNI) in the post-intervention period (p<0.05, figure 2). No differences were found in the reported time to optimal medical treatment (p=0.7). After the intervention, the proportion of physicians who felt “confident” or “very confident” in identifying patients who could benefit from an implantable cardioverter-defibrillator increased from 70% to 96% (p=0.01). After the intervention, more doctors considered “relevant” and “very relevant” the administration of hypertonic saline (22% to 52%; p=0.01), and intravenous iron (56% to 80%; p=0.041). Compared to the pre-intervention period, more physicians prioritized quadruple therapy with beta-blockers, MRA, ARNI and SGLT2i (p<0.05, figure 2) at hospital discharge. There was a significant increase in the use of the discharge checklist from 26% to 48% (p=0.05).

Conclusions: A multifaceted structured educational intervention was effective in improving knowledge and attitudes about the diagnosis and management of patients with HF among physicians in Argentina. The results of the present study demonstrate that an educational intervention can increase knowledge and improve clinical attitudes in the diagnosis of HFpEF and management of outpatients and hospitalized patients with HFrEF. Further studies are needed to determine the impact of such programmes in other countries.
![Graph showing the percentage of patients on different classes of medication before and after intervention.](https://example.com/graph.png)

- **Hospitalized HFrEF**
  - Beta blockers
  - MRA
  - ACE/ARB II
  - SGLT2i
  - ARNI

- **Outpatient HFrEF**
  - Beta blockers
  - MRA
  - ACE/ARB II
  - SGLT2i
  - ARNI

*Pre intervention* vs *Post intervention* (p<0.05)