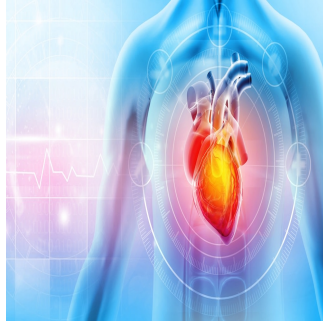


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## IMPLEMENT-HF: Improving Quadruple Medical Therapy for Heart Failure



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Approximately 6.7 million adults in the U.S. are currently living with heart failure, a number projected to exceed 8 million by 2030.

A recent study published in *Circulation: Heart Failure* highlights the success of the American Heart Association's IMPLEMENT-HF™ initiative, a multiregional quality improvement effort that significantly boosted adherence to guideline-directed medical therapy for patients hospitalised with heart failure with reduced ejection fraction (HFrEF).

Launched in 2021, the three-year initiative aimed to increase the use of quadruple medical therapy—comprising an angiotensin receptor–neprilysin inhibitor (ARNI), a guideline-recommended  $\beta$ -blocker, a mineralocorticoid receptor antagonist (MRA), and a sodium-glucose cotransporter 2 inhibitor (SGLT2i)—and to incorporate health-related social needs assessments into routine care. Over 100 U.S. hospitals participated, building on the Association's Get With The Guidelines® – Heart Failure programme.

The study analysed data from over 43,000 patients across 67 hospitals.

The primary objectives of this analysis were to characterise baseline patient and hospital demographics across participating regions, to evaluate whether participation in IMPLEMENT-HF is linked to increased use of guideline-directed care over time, as measured by key process-focused metrics, and to examine variations in the adoption and adherence to these measures based on age, sex, race and ethnicity, and geographic region.

Fourteen Get With The Guidelines–Heart Failure (GWTG-HF) process measures identified as key focus areas for the IMPLEMENT-HF initiative were evaluated and stratified by geographic region, age, sex, and race and ethnicity. These measures included prescription of an ACE inhibitor, ARB, or ARNI at discharge, use of an evidence-based beta blocker, MRA at discharge, ARNI at discharge, defect-free care for quadruple medical therapy (QMT), SGLT2 inhibitor at discharge, assessment of health-related social needs at discharge, 30-day prescription of ACE inhibitor/ARB/ARNI, 30-day use of an evidence-based beta blocker, 30-day MRA use, 30-day ARNI use, 30-day defect-free care for QMT, 30-day SGLT2i use and 30-day health-related social needs assessment.

The analysis showed that the use of all four recommended drug classes for HFrEF rose from 4.7% to 44.6% at discharge, and from 0% to 44.8% within 30 days post-discharge. These improvements were consistent across race, ethnicity, and gender. Hospitals substantially increased assessments of patients' social needs—an essential step toward equitable care.

HFrEF affects nearly half of all patients hospitalised for [heart failure](#) and is associated with a 75% five-year mortality rate. This initiative marks a significant advance in closing the heart failure treatment gap by promoting collaboration and real-time data use.

Despite evidence that quadruple therapy improves survival, nationwide adoption remains low, particularly among underserved populations. The IMPLEMENT-HF initiative addressed this by fostering an “all-teach, all-learn” environment, enabling hospitals to identify gaps, share solutions, and track progress.

The improvements seen through IMPLEMENT-HF reflect the transformative power of collaboration.

Source: [American Heart Association; Circulation: Heart Failure](#)

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