



MOLINA HEALTHCARE OF WASHINGTON

CHRONIC HEART FAILURE CLINICAL PRACTICE GUIDELINE

Molina Healthcare of Washington has reviewed its Chronic Heart Failure Clinical Practice Guideline. The current guideline is based on the 2013 ACCF/AHA Guidelines for the Management of Heart Failure. The recommendations were adopted by the Molina Healthcare of Washington Clinical Quality Improvement Committee on January 12, 2005, October 25, 2006, September 25, 2008, September 2, 2010, September 6, 2012, and September 4, 2014. The Clinical Practice Guideline may be accessed from: <http://circ.ahajournals.org/content/128/16/e240.full.pdf+html>

2014 Important Points on Chronic Heart Failure Guideline

Recommendations within each heart failure stage consist of:

Assessment

- 1) BNP assessment now a class I recommendation
- 2) BNP used in guiding therapy increased from 2b to 2a recommendation
- 3) Introduction of Risk Score as Class I recommendation – recommending Seattle Heart Failure Model

Treatment

Stage A

- 1) Recommendations decreased from 12 to 2
- 2) Only 2 class I rocs – treat HTN, lipids and other disorders

Stage B

- 1) No comment about digoxin which was listed as Harmful in 2009

Stage C

- 1) Sodium restriction changed from 1 to 2a recommendation
- 2) Introduction of CPAP as 2a recommendation in patients with HF and Sleep Apnea
- 3) Discussion about hyperkalemia in patients in aldosterone antagonists
- 4) New recommendations for anticoagulation in patients with HF and Atrial Fibrillation
- 5) Statins have no benefit
- 6) Omega-3 fatty acids introduced as a 2a recommendation
- 7) Expanded section on Cardiac Resynchronization Therapy

Class D

- 1) Fluid restriction changed from 1 to 2a recommendation
- 2) Expansion of inotrope recommendations – now 2a if used as bridge to transplant