

Medication Titration

Project Summary



Objectives

- To increase the percentage of patients who are on goal doses of consensus recommendations for heart failure therapies
- To provide a consistent framework for which patients undergo medication titration
- To ensure that this framework is consistent with existing professional evidence-based and consensus recommendations regarding HF medication titration
- To generate real-world data that can be used to learn about opportunities for improving care and drive rapid change
- To describe the current use of consensus recommended heart failure medication therapies

Inclusion

- Patients whose clinicians will use consensus recommendations to achieve maximally tolerated doses of ACEi/ARB/ARNI, BB, MRA, and SGLT2-inhibitors

Enrollment Timing

- Discharge from first heart failure admission OR first clinic visit

Exclusion

- No dystrophinopathy patients
- No patients with a history of heart transplant

FAQs

Q. How did we come up with these?

- During 2020 and 2021 experts from multiple ACTION sites shared their titration plans for patients. We used these, in conjunction with published adult guidelines, to create a set of goals, tempo and safety measures. These are definitely at the level of expert opinion.

Q. Do I have to follow your recommendations?

- Not at all! We recognize that every patient is different, and different programs have different styles. The main point is that a focus on the tempo of titration and using all of our team members and tools can be a way to more quickly get patients to more classes and more therapeutic doses of heart failure medications. Skip steps, combine steps, assess labs or vitals at your discretion—the worksheets present a way that may be common to many sites. We will gauge at 6 months and 1 year where patients are in relationship to the ACTION consensus recommendation, and may change goals from that.

Q. What do max doses mean?

- “Goal dose minimums” are doses we believe are in the therapeutic range, but some patients may require more (at your discretion). We will later assess our success in achieving these doses. “Dose maximums” are doses that our pharmacy reviewers felt were true maximal doses without knowing patient specifics, and again, are not meant to be a cap on your individual practice.

Q. What are goal HR and BPs?

- As patients are all very different, and with different etiologies of disease, we felt that providing these may be too restrictive. Each titration worksheet will have a spot for clinicians to write in vital signs with which they would want to have more caution with further uptitration for that patient.

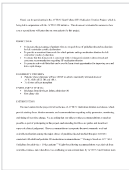
Resource Documents



[Project Charter](#)

A thumbnail image of a document titled "Outpatient Titration Dosing Recommendations". It features a large table with multiple columns and rows, color-coded in shades of green and pink.

[Outpatient
Titration Dosing
Recommendations](#)



[Instruction Manual](#)