**EFFECTIVENESS OF REMOTE PATIENT MONITORING AFTER DISCHARGE OF HOSPITALIZED PATIENTS WITH HEART FAILURE: THE BETTER EFFECTIVENESS AFTER TRANSITION-HEART FAILURE (BEAT-HF) RANDOMIZED CLINICAL TRIAL**

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*Importance*: It remains unclear if telemonitoring approaches provide benefits for heart failure (HF) patients following hospitalization.

*Objective*: Evaluate the effectiveness of a care transition intervention using remote patient monitoring at reducing 180-day all-cause readmissions among a broad population of older adults hospitalized with HF.

*Design*: We randomized between October 2011 and September 2013 1,437 patients age 50 or older who were hospitalized and received active treatment for decompensated HF at 6 academic medical centers in California to either intervention (715 patients) or usual care (722 patients) arms of the Better Effectiveness After Transition – Heart Failure (BEAT-HF) study and followed them for 180 days.

*Intervention*: The intervention combined health coaching calls and telemonitoring. Telemonitoring used Bluetooth-enabled equipment that collected daily information about blood pressure, heart rate, symptoms, and weight; centralized registered nurses conducted telemonitoring reviews, protocolized actions, and calls.

*Main Outcomes*: The primary outcome was readmission for any cause within 180 days after discharge. Secondary outcomes were all cause readmission within 30 days, all cause mortality at 30 and 180 days, and quality of life at 30 and 180 days.

Results: Median age of participants was 73 years; 45.6% were female, and 22.2% were African American. The intervention and usual care groups did not differ significantly on the primary end point, which occurred in 52.2% and 50.1% of patients, respectively (adjusted hazard ratio, AHR, 1.03; 95% confidence interval [CI], 0.88–1.20; P=0.74). In secondary analyses there were no significant differences on 30 day readmission or 180 day mortality, but there was a significant difference on 180 day quality of life between the intervention and usual care groups.

*Conclusions and Relevance*: Among patients hospitalized for HF, combined health coaching and telemonitoring did not reduce 180-day readmissions. The results suggest further studies are needed to evaluate potential quality of life benefits.