**CONGESTIVE HEART FAILURE CLINICS: HOW TO MAKE THEM WORK IN A COMMUNITY-BASED HOSPITAL SYSTEM**

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*Background*: Congestive heart failure (CHF) accounts for over $32 billion in health care costs per year. It remains a major cause of hospitalizations. Missed opportunities to treat CHF are associated with higher mortality and morbidity. CHF disease management programs have emerged as a potential solution to the CHF epidemic. The paradox remains that CHF disease management programs still cluster in tertiary hospital systems. The impact of CHF specialists and specialty teams in community health systems is less well understood. Currently there are not enough CHF-trained teams in the community setting to address this unmet health need.

*Methods*: We explored the impact of CHF clinics in a community-based hospital on readmission rates, mortality, and symptomatic relief. A total of 384 patients were enrolled between 2012 and 2015. Data collected included age, sex, New York Heart Association class, ejection fraction, serum creatinine and brain natriuretic peptide. Readmission and mortality rates within 30 days, 3 months, 6 months, and 1 year were compared between patients who were followed up in the CHF clinic versus those who were not.

*Results*: A statistically significant difference was demonstrated in readmission rates between patients who were followed up in the CHF clinic versus those who did not visit the CHF clinic for up to 1 year of follow-up.

*Conclusion*: CHF community hospital clinics that use a rapid and frequent follow-up format with CHF-trained teams effectively reduce rehospitalization rates up to 1 year.