Closing the Evidence-to-Practice Gap in Obesity Management for Heart Failure With Preserved Ejection Fraction: Outcomes From a Large-Scale Multimodal Educational Initiative

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Background

More than 80% of people with heart failure with preserved ejection fraction (HFpEF) have overweight or obesity. Although evidence supports intentional weight loss and pharmacologic obesity treatment, integration into routine cardiology practice remains inconsistent. This initiative evaluated healthcare professional (HCP) competence and implementation of obesity-focused HFpEF care.

Methods

A nationwide, case-based, CME-certified program for cardiology HCPs included 3 chapter meetings, 3 local live meetings, a text module, an expert commentary, and downloadable slides. Pooled pre-education/posteducation responses were analyzed using chi-square tests and effect sizes. Learners also reported practice intentions and barriers.

Results

All 3 assessed domains improved (P <.001). Posteducation scores ranged from 77% to 97%, with gains of 24-35 percentage points. Intent to change practice was reported by 51% of evaluation respondents; implementation barriers persisted.

Conclusions

Multimodal education improved HCP competence in obesity management for HFpEF. Closing the remaining evidence-to-practice gap requires strategies addressing access, affordability, and sustained patient engagement.

Interpretation

Practice intentions are self-reported and do not establish observed practice change or patient-level benefit.

Education Improved HCP Competence in Obesity Management for HFpEF

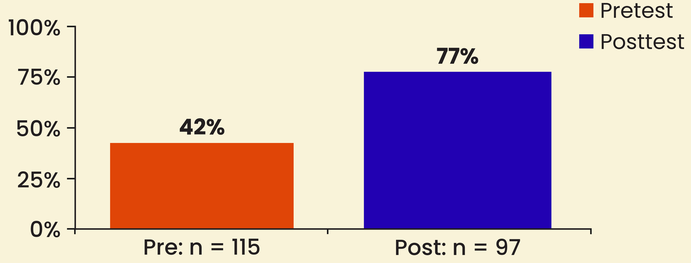
Live meeting outcomes: pre- to posteducation percentage correct

Understand weight loss rationale

Rationale and recommendations for weight loss in HFpEF

+35 percentage points

Effect size: 0.73

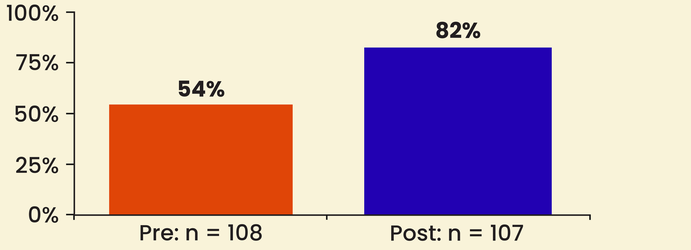


Individualize treatment plans

Patient-centered decisions based on individual needs

+28 percentage points

Effect size: 0.61

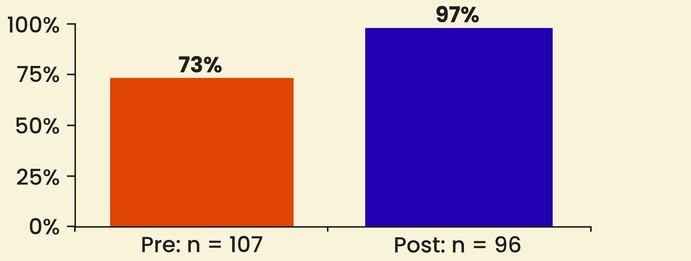


Interpret obesity treatment data

Pharmacologic efficacy and safety in HFpEF with obesity

+24 percentage points

Effect size: 0.74



All 3 domains improved significantly (P < .001)

Live meeting data; pooled pre-education/posteducation responses.
Sample sizes vary by question. Gains are absolute percentage-point differences, not relative percentage increases.

Program Reach

5369 cumulative learnings

4430 activity completions

Practice Intentions

51% of evaluation respondents reported intent to change practice (477/942)

78% were confident in ability to implement changes (n = 935)

Self-Reported Treatment Consideration

62% Pretest → **81%** Posttest

reported "frequently" or "always" considering obesity treatment for patients with heart failure

ClinicalThought: pretest n = 107; posttest n = 21. Pooled self-reported responses, not observed practice change. Percentages combine rounded chart values

Barriers to Implementation

Cost restrictions	**41% enduring; 67% live**
Limited access to therapies	**31% enduring**
Patient adherence challenges	**26% enduring**

Live respondents: n = 30; enduring respondents: n = 912. Access and adherence percentages reflect enduring respondents. Multiple selections were permitted.

Practice-Change Priorities

- Apply current guidelines and research
- Improve team-based care processes
- Collaborate across healthcare teams

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