Humana value-based care issue brief

New Humana data shows better adherence to evidence-based medicine for heart failure patients in value-based care



The challenge and the opportunity

Heart failure: a growing burden

Heart failure affects more than *6.7 million* Americans today—a number expected to *grow to 11.4 million by 2050*.[1] It is one of the top reasons older adults are hospitalized and contributes significantly to poor quality of life and rising healthcare costs.[2]

The burden of heart failure[3]

4.6x
Hospitalizations

2x
More ED visits

3x
Higher cost per member

Spotlight on HFrEF

This issue focuses on *heart failure with reduced ejection fraction* (HFrEF), a condition where the heart can't pump efficiently. Fortunately, we have effective, evidence-based treatments.

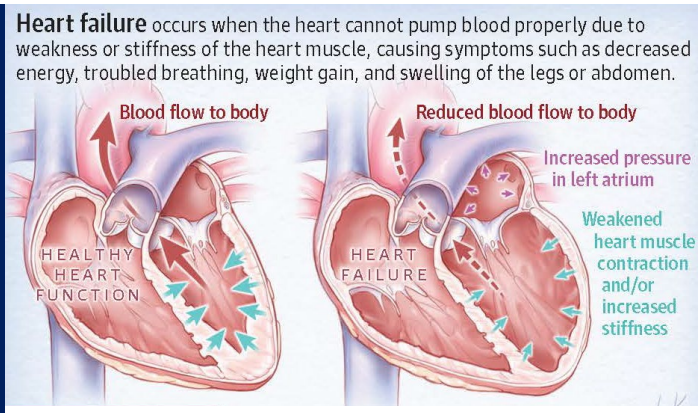


Image from Heart Failure - JAMA, August 2020

References

1. Bozkurt B, et al. HF STATS 2024: Heart Failure Epidemiology and Outcomes Statistics An Updated 2024 Report from the Heart Failure Society of America. J Card Fail. 2025;31(1):66-116.
2. Butrous H, Hummel S. Heart Failure in Older Adults. Can J Cardiol. 2016;32(9):1140-1147.
3. Internal analysis of Humana 2022-2024 claims data.

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What works and what's missing

Guideline-directed medical therapy (GDMT)

Current evidence-based medicine recommends quadruple therapy for patients diagnosed with HFrEF. Quadruple therapy is recommended under a consensus guideline published by the American Heart Association, American College of Cardiology and Heart Failure Society of America.[1]

The 4 pillars of quadruple therapy for HFrEF



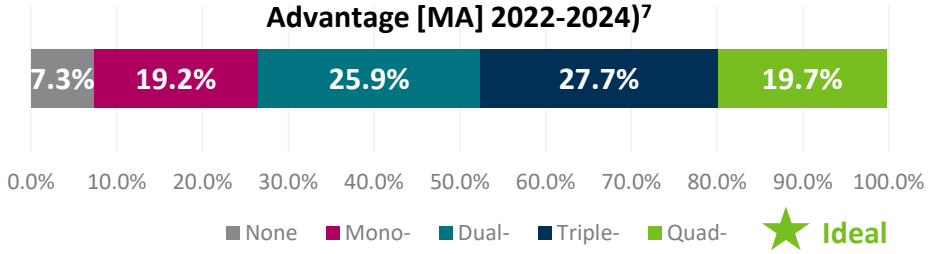
Cumulative reduction in 90-day, all-cause mortality if all 4 evidence-based medical therapies are used.[2-4]

73%
Relative risk reduction

25.5%
Absolute risk reduction

When taken regularly, quadruple medication therapy may help patients with HFrEF experience an improved quality of life. Patients may notice they feel better, stay out of the hospital more and live longer.[1] But despite strong evidence and robust guidelines, literature shows **fewer than 1 in 6 patients** hospitalized with HFrEF are on this full regimen within 6 months of discharge.[5,6] Humana's own data show **fewer than 1 in 5** patients on quadruple therapy. We further stratify distribution of GDMT in the graph below:

Distribution of HFrEF medication regimens at 180 days post-hospitalization (Humana Medicare Advantage [MA] 2022-2024)[7]



Why aren't more patients getting full GDMT?

- Frailty and comorbidities
- Side effects
- Limited access to care (especially rural areas)
- Pill burden
- Therapeutic inertia
- Time constraints in primary care
- Cost and affordability

"We recognize the importance of guideline-directed medical therapy—it's lifesaving care grounded in the best available evidence. In value-based care, we have the right incentives and support to ensure patients actually receive it. By aligning payment models with outcomes, VBC gives us the tools to overcome the inertia and barriers that often prevent patients from getting the full benefit of therapy. For heart failure, this means more lives saved, fewer hospitalizations and better quality of life."

Susan Mani, M.D., Cardiologist and Associate Vice President, Clinical Strategy, Humana



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2. Fonarow GC, et al. Potential impact of optimal implementation of evidence-based heart failure therapies on mortality. Am Heart J. 2011;161(6):1024-1030.
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5. Segev A, Moghaddam N. Breaking Prescription Patterns: The Persistent Challenge of Guideline-directed Medical Therapy Underuse. J Card Fail. 2025;31(4):648-650.
6. Greene SJ, et al. Eligibility and Projected Benefits of Rapid Initiation of Quadruple Therapy for Newly Diagnosed Heart Failure. JACC Heart Fail. 2024;12(8):1365-1377.
7. Internal analysis of Humana 2022-2024 claims data.

Value-based care improves adherence to best medical therapy

How does value-based care (VBC) improve guideline adherence?

VBC shifts the focus from volume to outcomes, rewarding providers for keeping patients healthier, managing disease and mitigating acute complications. For heart failure patients, this means practices are incentivized to follow guideline-recommended care, including the timely and complete use of GDMT.

New from Humana Healthcare Research[1]

Humana analyzed post-hospitalization data for 2,328 MA heart failure patients, using claims data from 2022-2024.

Patients treated in VBC practices were nearly

28%

more likely to receive full quadruple GDMT therapy[2]

Even within 90 days of hospitalization, patients in VBC were

23%

more likely to be on full therapy[3]

Data supports the premise that practices in VBC are more likely to have patients on GDMT, possibly due to the noted incentives. Given the relationship between GDMT and reduced morbidity and mortality, our findings suggest that heart failure patients in VBC practices are more likely to have improved quality of life and reduced risk of heart failure exacerbations and death. In our population, these findings are especially relevant, as roughly 70% of Humana MA members are treated by VBC primary care providers.[4]

Other key findings[1]

- Older adults, 85-89 years-old, were **58% less likely** to receive full therapy (relative to older adults 65-74 years old), likely related to patient factors including frailty, comorbidities, side effects and pill burden.[2]
- Rural residents were **33% less likely** to receive full therapy than urban patients, corroborating access issues as a burden to GDMT implementation.[2]
- Patients with low-income subsidies were **48% more likely** to receive full therapy, suggesting the importance of cost and affordability to access.[2]



"Heart failure has such a big impact on senior population. We have been tracking the use of these important and helpful medications for the last few years and have been very encouraged to see that the use of these therapies has been increasing (although slowly) and that good primary care can make such a meaningful difference—a statistically significant improvement of almost 30% is not something that we see often."

Rich Sheer, Lead Research Scientist at Humana Healthcare Research

References

1. Internal analysis of Humana 2022-2024 claims data
2. Statistically significant at p<0.05, adjusted for patient population differences between VBC and non-VBC providers. For patients within 180 days after hospitalization.
3. Trending toward statistical significance (p=0.1149), adjusted for patient population differences between VBC and non-VBC providers. For patients within 90 days after hospitalization.
4. Humana Annual Value-Based Care Report 2025 (available at humana.com/VBC)

VBC makes a difference



Practices and clinicians in VBC models play a powerful role in delivering improved and more optimal outcomes for heart failure patients. Supporting their success is key to the future of health outcomes-based healthcare.

To close the treatment gap for patients with HFrEF, we must:

- Empower care teams with actionable data and integrated support systems
- Expand access to VBC, especially in underserved and rural areas
- Prioritize care models that reward evidence-based, patient-centered outcomes
- Advocate for policy and coverage changes that reduce cost barriers to GDMT

Health plans, providers and care delivery organizations, clinicians, and policy leaders can build an ecosystem that consistently delivers the highest standards of care for heart failure patients. Now is the time to act—because when VBC succeeds, patients get the most up-to-date, evidence-based treatment and live longer, healthier lives.



"Partnering with health plans in value arrangements empowers physicians to do what they do best—deliver the highest quality care for their patients."

Frederick Bloom, M.D., Chief Population Health Officer at The Guthrie Clinic

Our methodology is available as an addendum here.

About the authors:
The analytical results presented in this report were generated by Humana Healthcare Research. The mission of Humana Healthcare Research is to deliver high-quality scientific research and contribute to real-world evidence in healthcare for improving quality of care and population health. Humana Healthcare Research frequently publishes its studies in peer-reviewed journals, including Health Affairs, the JAMA family of journals, American Journal of Managed Care and many others. The analysis was conducted by Rich Sheer with scientific oversight by Brandon Suehs, Pharm.D., Ph.D. Editorial support was provided by Suzanne Dixon, Laurie Taylor, Sheri Downer and Alexander Ding, M.D.