**Presentation title**

Barriers to guideline-advocated management of hospitalised heart failure in the community

**Explain why your paper is relevant, important and of interest to GP22 participants**

The findings may facilitate quality improvement of providing guideline-advocated heart failure treatment post-discharge in primary care.

**Take home message**

System-, provider- and patient -level barriers were identified.

**Background**

The use of guideline-advocated treatment of heart failure (HF) has been improved in primary care; however, it is still underused. Minimal data are available on the barriers to guideline-advocated treatment from the perspective of patients, clinicians and health administrators.

**Aim / Hypothesis**

To explore the barriers to guideline-advocated treatment of HF post-discharge in primary care

**Method**

We conducted a qualitative study based on 6 semi-structured focus groups and 11 interviews face-to-face or online with 4 clinicians and 4 executives in primary care, 9 clinicians and 2 executives in tertiary care and 14 patients between October 2020 to February 2021. Qualitative data were interpreted using thematic analysis.

**Results**

We identified 12 barriers to underuse of guideline-advocated HF treatment in primary care in 3 categories: system-level (not access to HF tests, lack evidence-based mode of care, difficulty with delivering care in remote areas, funding model), provider-level (unclear responsibility, unclear

handover and discharge instructions, provider time constraint, poor communication between general practitioners (GPs) and cardiologists, varying level of clinicians’ knowledge on HF, lack effective patient education), and patient-level (patient non-compliance with medications, challenge to fluid restriction).

**Discussion**

This study explored qualitatively system-, provider-, and patient-level barriers of post-discharge HF care in the context of Australia as experience by patients and in health care providers and executives in primary and tertiary care. Elucidation of these barriers is important to inform efforts to tailor strategies to improve HF care and outcomes.

**Conclusion**

The reason of HF management gap is complex and interconnected. We suggest to use the identifying barriers to implement quality improvement for HF management.