

Congestive Heart Failure (CHF): The Impact*

In 2005, 5.3 million adults were diagnosed with congestive heart failure (CHF). One in eight deaths has CHF mentioned in the death certificate. Although its prevalence is less than half of the prevalence of COPD, its total expenditures are almost the same. Total healthcare expenditures for CHF are \$34.8 billion, which includes \$31.7 billion in direct costs (hospitals, physicians, nursing homes, drug expenses, etc.) and \$3.1 billion in indirect costs associated with lost productivity due to mortality.

Program Overview: A Healthier Approach

The LifeMasters Congestive Heart Failure (CHF) program encourages participants to monitor their Heart Failure symptoms and report their information via telephone or web. Participants are sent CHF-specific monitoring journals. Participants are taught to proactively manage their CHF symptoms to avoid emergencies, and to adopt healthy lifestyle behaviors consistent with their condition. A *Health Alert* is sent to the physician if the participant has confirmed weight gain of 5 or more pounds in one week, a treatment plan was initiated and a desired response was not achieved within 48 hours.

The LifeMasters Difference

LifeMasters' CHF program is participant-focused and holistic, with the explicit aim of focusing on the emotional as well as clinical needs of participants and their families. A personal relationship with a trusted, experienced nurse who assesses participants' motivation and ability to self-manage, as well as the clinical needs of disease management, is the basis of this program. LifeMasters' goal is to increase participants' knowledge and self-confidence to proactively manage their CHF and work toward greater health.

Program Benefits

- Increases adherence to cost-efficient treatments including medication management
- Reduces individual and population risks by teaching health lifestyle behaviors
- Prevents avoidable hospitalizations and emergency department visits
- Reduces net cost of care

Clinical Rationale

The clinical strategy for the CHF program involves motivating participants to:

- Monitor their CHF symptoms
- Increase communication of symptoms with their physicians
- Take proactive steps to manage their CHF symptoms to avoid emergencies, and to adopt healthy lifestyle behaviors consistent with their condition.

Target Population

Who is eligible for the program?

The target population includes participants 18 year and older with a diagnosis of CHF.

Identification and Stratification

How are participants identified?

- Claims Data: Claims data is used

to identify participants whose diagnosis is included among a set of diagnosis codes LifeMasters will manage for the client.

- Care Coordination: Over the course of the program, LifeMasters takes direct referrals from client staff to quickly bring participants to the appropriate intervention.

How is participant risk determined?

A complete *health history* is conducted on all participants and combined with claims data. Participants are stratified into high-, moderate-, and low-risk categories based on participants' diseases, utilization of resources, and symptoms. High-risk participants and those with co-morbidities and complex diseases are quickly identified to expedite enrollment.

During subsequent interactions, the LifeMasters healthcare professional reviews changes in health status, readiness to change, medication, and care utilization. Risk stratification is reviewed and adjusted as needed.

The health history covers clinical issues as well as behavioral and psychosocial issues. This information provides a complete clinical picture, including co-morbidities that may not be evident from the claims, and is a key component in risk assessment and management. One-on-one interviews are conducted by telephone and are used to develop individualized action plans based on participants' disease state, risk level, and individual challenges.

Program Components

What are the program objectives?

- Empower individuals to take more responsibility for and better manage their health
- Teach individuals to learn how to track vital signs and symptoms
- Engage physicians in the disease management solution

- Lower medical costs and improve quality indicators for clients
- Address gaps in care using evidence-based guidelines to prevent avoidable hospitalizations and emergency department visits

Who delivers the program?

A clinical team consisting of nurses and health educators supported by physicians.

What is the program content?

Participants are taught to be aware of early warning signs of a heart failure exacerbation and how to avoid them whenever possible. LifeMasters encourages participants to have their physician review what they should do if they feel an exacerbation is present. Participants are taught about medication management. LifeMasters health professionals stress the importance of nutrition and reducing the intake of cholesterol, fat and sodium. Smoking cessation and avoidance of second-hand smoke are also discussed as needed. Daily activity is encouraged at all levels of heart failure. Telephonic education is supported by additional channels of communication: education materials and LifeMasters' quarterly magazine, *Living Well*, are sent; and participants are invited to use the *My LifeMasters* web portal.

What types of interventions are delivered?

Program for high- and moderate-risk participants

- A health history call that gathers information on baseline clinical and psychosocial factors.
- Participants receive condition-specific equipment with training provided as appropriate (blood pressure cuffs for individuals with co-morbid hypertension and scales for those with co-morbid CHF). If they need other equipment such as a blood glucose-monitoring device or peak flow meter, LifeMasters assists them in working with their primary care provider to obtain the device through their health plan.
- Regularly scheduled outbound telephonic nurse coaching. The number of calls and content differs based on the participant's distinct needs.
- Nurse validation follow-up calls to monitored participants who provide their data to LifeMasters when reported symptom data is outside physician-designated parameters.
- Faxed *Health Alert* notifying the physician of clinically-validated events that are generated due to a

clinical exacerbation that is out-of-bounds of accepted evidence-based guidelines.

- Educational mailings including the LifeMasters quarterly health education magazine, *Living Well*, and condition-specific education literature.
- 24/7 access to the *My LifeMasters* participant web portal.
- Access to lifemasters.gather.com – online community support group that links participants with other participants and provides authoritative health content from Harvard Health.

Program for low-risk participants

- Welcome call, health history and periodic health review calls to assess risk level and appropriate level of intervention.
- Periodic health review by ongoing monitoring of claims activity and other tools to confirm risk and appropriate program intervention level.
- The LifeMasters quarterly health education magazine, *Living Well*.
- 24/7 access to the *My LifeMasters* participant web portal.
- Access to lifemasters.gather.com – online community support group that links participants with other participants.

*References

- American Heart Association, Heart Disease and Stroke Statistics, 2008 Update

LifeMasters' risk stratification model and clinical interventions for CHF are based upon the following evidence-based guidelines:

- ACC/AHA 2005 Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult (2005)
- Adult Treatment Program (ATP) III Full Report (2002)
- Managing Abnormal Blood Lipids: A Collaborative Approach (2005)
- The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) Full Report (2004)
- Reference Card from the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) (2003)

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