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Health Plan Heart Failure Program Description

Program Objective

The Heart Failure program provides telephonic outreach, education and support services to promote participant adherence to heart disease treatment guidelines, prevent subsequent cardiac events and optimize functional status.

Eligibility Criteria

An individual is considered medically eligible for the program if the following conditions are met: Age ≥30 and any of the following:

- 1 or more primary or secondary heart failure claims
- 1 or more heart failure ER visits or inpatient days

Individuals with more than one eligible condition will be enrolled in the appropriate program based on the Envolve PeopleCare's Hierarchy of Disease algorithm.

Enrollment

Eligible members may be identified for enrollment in a variety of ways including claims data (i.e. medical, behavioral, pharmacy, etc.), encounter data, health appraisal results, referrals from the health plan (i.e. Utilization Management, Case/Care Management, etc.), physician (i.e. lab values, etc.), a current or previous program participant, eligible individual list from client organizations (i.e. Population Health Category 5a Health Coaching Report), data from wellness or health coaching programs, and advanced data sources such as EDW. An introductory mailing is sent to targeted Members with program information and informing Members they will receive a phone call. Several attempts to contact the Member by telephone are made. Members who do not respond to telephone outreach are sent a post card encouraging enrollment.

Once contact is made, the Program is explained to Members, eligibility is confirmed and a health assessment is initiated to identify clinical risk, education needs and assign the Member to the appropriate Health Coach (a Registered Nurse).

Ongoing Coaching

The Health Coach will complete the assessment and develop an individualized care plan based on the participant's knowledge of their condition, lifestyle behaviors, and readiness to change. Internal clinical guidelines are developed from nationally recognized evidence based guidelines published by the American Heart Association and American College of Cardiology. Components of the program include but are not limited to:

- Telephonic behavior change health coaching with a licensed Primary Health Coach with clinical experience matched to the participant's needs
- Medication education and compliance management

- Self- monitoring for signs of decompensation (fluid overload)
- Fluid and sodium restrictions (as recommended by treating physician)
- Blood pressure and cholesterol management
- Heart healthy nutrition and weight management health coaching
- Optimizing physical activity levels to meet recommended guidelines
- Supporting tobacco cessation
- Education materials to enhance understanding and compliance.
- Individualized goal setting and management to minimize modifiable risk factors
- Depression screening
- Preventive care (i.e. Flu and pneumonia vaccinations, preventative screenings, etc)
- Unlimited in bound calls

Throughout the program, the Health Coach will work with the participant to identify social determinants of health/barriers to care plan compliance and will address questions regarding condition management.

Defined Program Goals

- Increase the percentage of members who report or have evidence of receiving an annual flu vaccination during the reporting period by 10% compared to the previous year; and
- Increase the percentage of members who report or have evidence of a low-density lipoprotein cholesterol (LDL-C) screening within the past 12 months within the reporting period by 5% compared to the previous year

Program Length

Members may participate in the Program as long as they remain medically eligible, are receiving primary health care coverage with the HMO and have not requested to be disenrolled from the program

Disenrollment or Exclusion

Members may be Disenrolled or Excluded from the Program under the following circumstances:

- Member dies;
- Members with serious or life-threatening medical conditions including mental health will be referred to case management.
- Members health care coverage with HMO terminates or HMO no longer provides the Members primary coverage as determined under applicable coordination of benefits rules by HMO and communicated PROVIDER;

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- Member is no longer capable of participation in the Program, in the reasonable determination of PROVIDER.