



Heart Failure Programs
Disease Management
Provider Guide

Updated 11/2008

Program Description

Disease Management (DM) refers to programs and services that support health care delivery for the chronically ill patient population. Disease Management programs target a wide range of chronic conditions, such as heart failure, diabetes and kidney disease. Successful DM programs lower net healthcare costs, improve clinical quality, and improve disease-specific utilization.

UCare's Heart Failure (HF) programs are a multi-disciplinary continuum-based approach to improve the health of members with Heart Failure by:

- supporting the primary care provider (PCP) – patient relationship and place of care,
- emphasizing prevention of exacerbations and complications utilizing cost effective evidence-based practice, and patient empowerment strategies such as self-management, member education, and member & provider reminder systems, and
- continuously evaluating the clinical, humanistic, and economic outcomes with the goal of improving overall health.

Program Design

Eligible members participate in 1 of 2 programs: Healthy Hearts or Cardiocom.

Healthy Hearts is for members identified as low-risk by UCare. Program members receive a bathroom scale, HF management tools, and telephonic education. This program is managed by UCare's disease management staff.

Cardiocom is for members identified as high-risk by UCare. Program members receive daily biometric monitoring via Telescale[®], "a talking scale", and telephonic nurse support. As an option for non-weight bearing members, CareStar[®] (a symptom monitoring device) is available. Members in this program are managed by vendor-partner Cardiocom.

Goal

The overall goal of UCare's HF programs is to provide guideline-based care for HF members, primarily by encouraging symptom and weight monitoring in order to prevent future emergency department (ED) and/or hospital admissions (IP). The methods to achieve the goal include a focus on condition monitoring, member self-management, member education, and member & provider reminder systems.

Identifying & Referring Members

Using claims-based data and modeled after ICSI's (Institute of Clinical Systems Improvement) Heart Failure Registry specifications, UCare generates a report of members eligible for program participation.

In addition to claims identification, physicians or clinic staff may refer appropriate patients to be considered for the program at any time using the [Enrollment Form](#).

Program Eligibility

Healthy Hearts

Members with heart failure eligible for this program include:

- Members 18 & older who are weight-bearing.
- Members in any UCare product except Select and MSHO.
- Members with ≤ 1 ED/IP events for heart failure in the last 15 months.
- NYHA Class I/II: No/slight limitation of physical activity.

Cardiocom

Members with heart failure eligible for this program include:

- Members 18 & older regardless of weight-bearing status.
- Members in any UCare product except Select.
- Members with ≥ 2 ED/IP events for heart failure in the last 15 months.
- NYHA Class III/IV: Moderate/severe limitation of physical activity.
- Members with cardiac devices (ICD's, Bi-ventricular pacers).

Members with the following services or conditions are not eligible to participate in either program:

- *Members receiving hospice services*
- *Members receiving dialysis*
- *Institutionalized members*

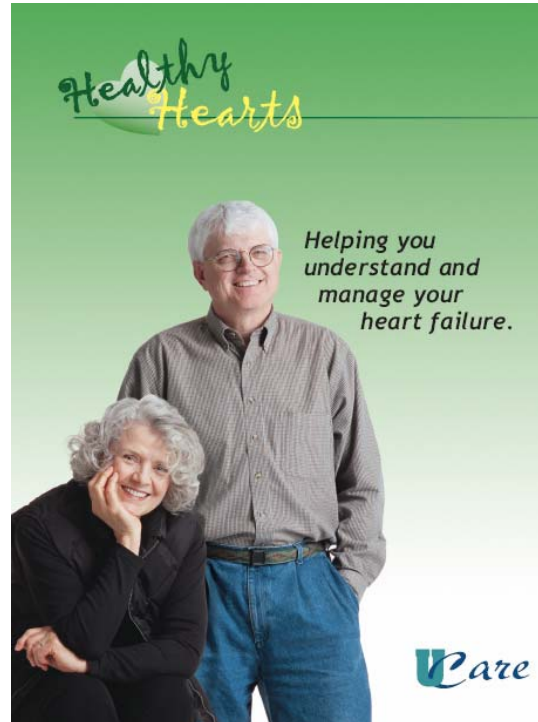
Members with a history of chronic noncompliance should be carefully evaluated to determine eligibility.

Healthy Hearts

Program Basics

Members enrolled in the Healthy Hearts program will be contacted by UCare's Complex Care Nurse. Members must choose to participate and may opt-out of the program at any time. Members receive an initial assessment, bathroom scale, education materials, telephonic education, and periodic condition monitoring.

Members will also receive a bi-annual mailing of the Healthy Heart Herald Newsletter. This newsletter is produced by UCare and covers a wide range of HF education topics.



Heart Failure Action Plan

Healthy Hearts program members are provided with a Heart Failure Action Plan (HFAP) – a written tool guide for members to self-manage common signs of HF at home. The tool is designed to support the provider-patient relationship and individualized plan of care. The HFAP allows for the healthcare provider to specify weight parameters. Members are eligible for an incentive for a completed HFAP.

Access to UCare-based programs

Members will also have access to UCare's Smoking Cessation Program and/or Health Promotion programs depending on the member's product coverage.

Communication with Health Care Providers

The Complex Care Nurse will communicate with the participating member's PCP, cardiologist, and/or case manager. Providers will be notified upon program enrollment. The Complex Care Nurse will also work with both internal and external case management entities to address psychosocial and co-morbid medical issues.

Cardiocom

Cardiocom® Telescale®

Members enrolled in the Cardiocom program are provided with an electronic scale integrated with a simple visual and audio display. The Telescale® is placed in the member's home to measure their weight and ask a series of symptom-based questions

Monitor

- Sturdy display integrated with scale for stability
- Simple "Yes" / "No" questions
- Very bright, large character display
- Spoken questions
- English, Spanish and Hmong languages available
- Large keypad
- Braille keys



Scale

- Consistent and accurate weight measurement (± 0.1 lbs.)
- 500 lb. maximum weight capacity
- Designed for hard surface or carpet
- Provides daily motivational feedback to patient, including current weight, variance from previous weight, and maximum allowed weight to guide self-management

Cardiocom® CARESTAR®

For non-weight bearing patients, the CARESTAR® is available as an option. As with the TELESCALE®, patients will use their Cardiocom CARESTAR® at home to answer the series of questions about their current symptoms each day. The CARESTAR utilizes the same advanced scoring system as the TELESCALE to identify "exception" patients who may be in need of intervention.



Program Basics

- Each morning, program members will use the Cardiocom Telescale[®] or CARESTAR[®] at home to measure their weight and/or answer symptom-based questions. This is referred to as a daily “Health Check”. The Telescale provides instant feedback to the member about their current weight, variance from previous weight, and maximum allowed weight. The weight parameters may be customized to the provider’s specifications. The Health Check is automatically transmitted over the member’s telephone line directly to a nurse at Cardiocom.
- If indicated, the Cardiocom nurse will call the member to verify the reported weight and/or symptoms and gather additional relevant information from the member. If there is a weight gain or loss above or below the parameters the provider has specified for that particular member, a detailed [Exception Report](#) is faxed by Cardiocom to the provider’s clinic. The provider then determines the best course of treatment. **Members with Exception Reports that indicate a serious concern will receive a follow-up phone call by the Cardiocom nurse to verify that provider intervention has occurred.**
- Providers will only receive Exception Reports when the weights or symptoms fall outside the established parameters. Providers may also request symptom and weight updates on members that are unstable, have recently been hospitalized, are undergoing medication titration or have a routine office visit scheduled. To request a report, call the Cardiocom nurse at **1-800-518-1854**.

Enrollment

During the enrollment process, the Cardiocom nurse will work with the provider’s office and member to obtain:

- Current medications
- Key co-morbidities
- EF% and NYHA class
- Patient’s Maximum Allowed Weight (Dry Weight), Trended Weight (X lbs in Y days), and Minimum Weight
- Sodium and fluid restrictions.

Daily Monitoring

- Members are instructed to weigh in each day by 10 a.m. Exception reports will be faxed or phoned into the clinic during regular business hours between 8 a.m. and 5 p.m. Central Standard Time (CST), Monday through Friday. Members are advised that if their weight or symptoms increase after hours or during the weekend, they are to contact their provider's office for after-hours-care instructions.
- Members are also advised that the HF program does not take the place of their healthcare provider and that the program is not intended to be an emergency service. Members are encouraged to continue regular follow-up with their provider and to contact their clinics or 911 with any urgent concerns.
- Cardiocom's normal office hours are between 8 a.m. and 5 p.m. CST, Monday through Friday. Cardiocom's after-hours phone line is monitored 24-hours-a-day, and calls will be returned as soon as possible.

Reports

In addition to Exception Reports, a periodic summary of members' weight and symptom information may be faxed to the provider upon request. A provider may choose not to receive any additional reports if preferred. Available reports include: 21-day weight, symptom and hospitalization summary or Summary of symptoms and weight to date.

Clinic groups may choose to receive aggregate reports that outline:

- Hospital admissions
- ED admissions
- Reported symptoms
- Weight variations

Contact Cardiocom

Cardiocom representatives are available from 8 a.m. to 5 p.m., Monday through Friday CST at: **Toll Free Telephone: 1-800-518-1854; Fax: 1-800-215-2281**

Additional Information

For more information about Cardiocom, please refer to the following links:

[Frequently Asked Questions](#)
[Sample Exception Report](#)
[Enrollment Form](#)

Exception Report Sample

Patient's Demographic information

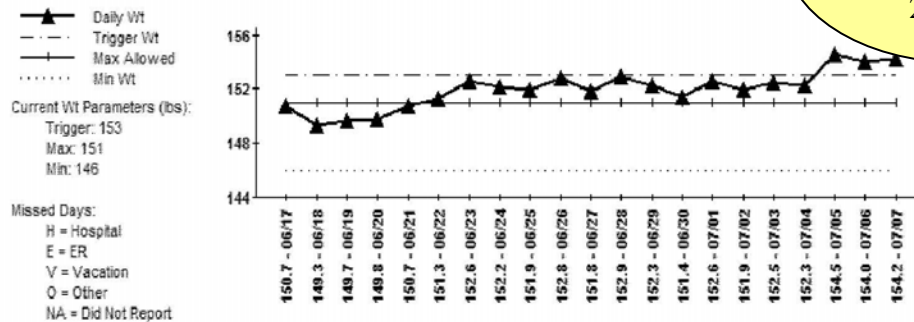
CARDIOCOM[®] **Exception Report** **Date: 7/7/2003**
Time: 14:14

Appleman, Andrea

Patient ID 000000001 **SS Number** 723-50-0001 **Physician** Jeanne Maxwell (763) 555-8743
Phone (763) 543-1212 **DOB** 8/10/1925 **Case Manager** Brenda Anderson (952) 877-9...
Cardiologist Adrian Johnson (612)-9...

Weight fluctuation within the last 21 days

21 Day Weight Graph



Reported symptoms within the last 21 days

Symptom Detail	06-17	06-18	06-19	06-20	06-21	06-22	06-23	06-24	06-25	06-26	06-27	06-28	06-29	06-30	07-01	07-02	07-03	07-04	07-05	07-06	07-07	
Ankles Or Feet More Swollen																						
Stomach Feels More Bloating																						
Dizzy Or Lightheaded																						
More Tired Than Usual																						
Increased Sodium Intake																						
Missed Exercise Yesterday																						

Medication	This List May Not Be Complete And Must Be Verified With Patient					Provider Comments
Actos	8 mg	qd	Allegra	180 tab	PRN	
Aspirin	325 mg	qd	Celexa	20 mg	qd	
Coreg	12.5 mg	bid	Cozaar	50 mg	qd	
Demadox	10 mg	qd	Humalog	15 units	bid	
Lisinopril	5 mg	bid	Neurontin	300 mg	tid	
Prednisone	10 mg	bid	Ranitidine	150 mg	bid	
Zaroxolyn	2.5 mg	PRN				

Medication Summary

Notes

7/6/2003 - 08:23 pt wt is 154.0, -0.5 lbs from previous weight. pt has high wt alert. pt reports Ankles Or Feet More Swollen, More Tired Than Usual, sx. pt transmit time was 07:50. 08:24 called pt for attempted verify, No answer, Unable to leave a message. 10:21 Spoke with patient who reports feeling like she is still retaining fluid. She does feel more fatigued today with her ADL's. She notes the edema in her legs and ankles is more than usual. Is slightly less than yesterday, but not resolved. She denies other symptoms at this time. Continues to deny sob, pnd, or orthopnea. Reports she did take pm zaroxolyn yesterday as instructed. Report faxed and phoned to Dr Johnson for review. KP, RN 11:15 Recieved a call from triage nurse at Dr Johnson's office. Nurse reports patient was instructed to take zaroxolyn 2.5mg again today. KP, RN

7/5/2003 - 08:17 pt wt is 154.5, +2.2 lbs from previous weight. pt has high wt alert. pt reports Increased Sodium Intake sx. pt transmit time was 07:58. 08:18 called pt for attempted verify, No answer, Unable to leave a message. 09:21 Spoke with patient who reports feeling like she is starting to retain fluid. She notes a little more edema in her legs and ankles than usual. Pt does admit to eating chinese food last night when she went out for dinner. Educated re: high sodium content of chinese food and she verbalized understanding. She denies other symptoms at this time. Denies sob, pnd, or orthopnea. Admits that urine output may be a little less today-nocturia

Cardiocom's narrative summary

Frequently Asked Questions

Q: Is there any charge to the patient?

A: No, there is absolutely **no charge to the patient.**

Q: Does the patient need an additional telephone line?

A: No, the patient **does not need an additional telephone line.** All required cords and adapters are provided by Cardiocom. It takes **less than 30 seconds** for the Telescale to transmit your patient's data.

Q: How long does it take for the patient to use the Cardiocom Telescale each day?

A: It takes just a **few minutes each day for the patient** to use the Telescale.

Q: Can **visually or hearing impaired patients** participate in the program?

A: Yes, the **Telescale both speaks and displays all questions** for the patient.

Q: Can the patient **travel with the Cardiocom Telescale?**

A: Yes. The **Telescale will automatically transmit the patient's Health Check to the toll-free number at Cardiocom.** The Telescale folds for travel.

Q: What is the maximum weight the Cardiocom Telescale can support?

A: The Telescale can support a **maximum weight of 500 lbs.**

Q: What prevents other family members from using the Cardiocom Telescale?

A: Any person who weighs 10% more or less than the patient's current weight will not be allowed to take the Health Check. Their data will not be transmitted to UCare Minnesota.