



*Better care coordination
should be this simple.*

New Recommendations by the American Heart Association Focus on Self-care for Heart Failure

by Dr. Randall E. Williams, CEO, Pharos Innovations

Healthcare costs are out of control. According to the Partnership to Fight Chronic Disease, we as Americans, spend two trillion dollars a year on healthcare, and according to the American Heart Association (AHA), much of this cost is due to heart failure (HF) related care. The AHA estimates that there are more than three million ambulatory care and emergency department visits and one million hospitalizations for HF every year.

As with many chronic conditions, the majority of HF care, such as taking medications as prescribed, monitoring and interpreting symptoms, engaging in appropriate preventive behaviors, etc., is the patient's responsibility. Done right, patient self-care (PSC) can prevent the majority of costly hospitalizations. But, who is working to ensure that patients understand their self-care responsibilities and have the support they need to succeed?

The AHA recently released a scientific statement that summarizes current evidence on PSC and also emphasizes the importance of it. The AHA statement also makes evidence-based recommendations to clinicians for the promotion of self-care by their HF patients.

Definition of self-care

In the AHA statement, the authors outline self-care behaviors as:

- 🚩 Medication and dietary adherence
- 🚩 Active monitoring for signs and symptoms
- 🚩 Fluid and alcohol restriction
- 🚩 Weight loss and exercise
- 🚩 Smoking cessation
- 🚩 Engagement in other preventive behaviors including hand washing, dental health and maintenance of scheduled immunizations

Factors that interfere with self-care

The authors acknowledge that PSC is not always easy to encourage and engage in and that there are specific factors that can interfere with implementing self-care. They define these factors as depression, sleep problems, impaired cognition in older adults and co-morbid conditions. Additionally, they highlight numerous failures in the healthcare system that discourage PSC, such as lack of patient education, inadequacy of performance measures addressing PSC after hospital discharge and guidelines that do not account for the fact that most HF patients have multiple co-morbid conditions.

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Self-care recommendations

The good news is that the AHA statement doesn't stop at defining the problem. It begins to work toward the solution by detailing specific interventions that promote PSC and makes recommendations for physicians and other healthcare providers.

Interventions that promote self-care:

- ✦ Skill development - the knowledge of and skill in performing routine self-care maintenance, such as understanding how to prepare and order low-salt meals, recognizing symptoms and knowing what to do when they arise, etc.
- ✦ Behavior change - providing interventions that encourage active decision making and concerted behavior change.
- ✦ Family support - proven to reduce depression and improve outcomes.
- ✦ Systems of care - such as chronic care management, telehealth and care coordination programs designed to focus on facilitating transitions across settings.

AHA recommendations for physicians and other healthcare providers:

- ✦ Provide structured and individually reinforced education during all clinical encounters. Teach skills rather than simply providing information.
- ✦ Simplify the medication regimen whenever possible. Use once-daily medicines and fixed-dose combinations whenever possible.
- ✦ Assess for use of OTC medications and herbal remedies.
- ✦ Treat co-morbid conditions aggressively.
- ✦ Screen routinely for depression and anxiety
- ✦ Screen routinely for barriers to self-care (e.g., inability to afford medicines).
- ✦ Refer patients who report poor sleep, who are obese, and whose bed partner reports snoring for screening for sleep-disordered breathing. Strongly encourage use of CPAP in patients with sleep-disordered breathing.
- ✦ Assess cognitive abilities on an ongoing, routine basis using an approach that is sensitive to known defects in memory, executive function, and processing speed.
- ✦ Consider ways to create a more seamless system from inpatient to outpatient care.

The significance

The AHA statement places significant emphasis on teaching patients how to recognize condition symptoms and what to do with that information, how to make appropriate behavior changes and the importance of transitions of care and depression screening. Additionally, the statement acknowledges that systems of care, such as care coordination and telehealth, hold promise for improving the self-care abilities of persons with HF.

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These recommendations are directly aligned with the new paradigm of physician- and patient-centric care coordination that Pharos created through Tel-Assurance[®], our device-free remote patient monitoring platform. In 1995, Tel-Assurance was designed by a Johns Hopkins trained cardiologist to transform chronic care.

Tel-Assurance maximizes PSC through its unique device-free approach that does not require special equipment. Participants use the equipment they already use everyday - any available telephone (land line, cell phone or payphone) or Internet connection - and basic health measurement tools, such as a generic bathroom scale or glucometer, to gather and report basic symptom information. Our elegantly simple solution also provides a complete feedback loop, as recommended by the Agency for Healthcare Research and Quality (AHRQ) (<http://www.pharosinnovations.com/pdfs/articles/AHRQ-Technology-Assessment.pdf>), as care managers monitor and interpret health status, adjust care plans as needed and communicate back to their members/patients. Our system is designed to maximize PSC through high access and ease of use by participants and care managers.

Like the AHA, Pharos believes that engaging patients more consistently in their daily self-care is the optimal path to reducing medical cost. A rapidly scalable enabling technology, Tel-Assurance:

- ✦ Supports and encourages meaningful and lasting behavior change
- ✦ Monitors daily clinical status to aid patients in identifying condition symptoms and provides real-time information to care managers for appropriate intervention
- ✦ Supports patients in transition from the hospital to home care
- ✦ Regularly screens for depression

Tel-Assurance has a long track record of consistently delivering value across various organizations and populations served, including rural, underserved and mobile populations. Some examples of this success include an estimated \$13,000 savings per Medicaid member as part of Iowa Medicaid Enterprise's heart failure program, a 36% reduction in hospital admissions at Henry Ford Health System in Michigan, a 75% reduction in hospital admissions at Inova Mount Vernon hospital in Virginia and an estimated 50% reduction in hospital admissions and \$3 million Medicare savings at both Park Nicollet Health Services in Minnesota and Billings Clinic in Montana.

You can read the AHA report at [State of the Science: Promoting Self-Care in Persons with Heart Failure: A Scientific Statement from the American Heart Association](#). For more information about Pharos' new paradigm of chronic care management, contact us at bkaplan@pharosinnovations.com or call (847) 790-7649.

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