

Heart Failure SolutionsSM Program Overview

Physician directed,
nurse mediated,
patient managed

Communication and guidance
focused on the patient,
not just the disease

Increased patient compliance,
significant outcomes

The For Your Health Care Management program for heart failure is designed to educate patients about their condition and follow their prescribed care plan. Through education, motivation and assistance, we strive to reduce emergency room visits, hospital admissions and improve quality of life.

Our physician-directed, nurse-mediated, patient-managed approach is based on our proven MULTIFITSM methodology developed at Stanford University. It matches levels of care with symptom severity, allowing the best clinical strategies to help patients make healthy lifestyle adjustments.

We believe true behavior modification is key to lasting results. Change begins with knowledge and understanding. Our program promotes the changes that lead to better health and provide specific interventions for each patient.

Frequency and convenience of patient interactions are hallmarks of the Heart FailureSM Solutions program. An integral part is the personal attention from registered nurses through telephone checkups and assessments. Patients can call our 24-hour support line and speak to a registered nurse for guidance on their condition.

Patients (and their caregivers) are also given access to information through a wide array of educational media. In addition to telephone support, we provide educational materials based on nationally recognized guidelines and an interactive web site: www.bcbsal.com

The For Your Health Care Management services and systems are based on research showing that patients with access to information make better decisions about their care. We provide assistance to those patients who have difficulty complying with their treatment plans. By working together, we can provide the kind of quality education and support that helps your patients feel better and have a higher quality of life, while strengthening their relationship with you.



Care Management
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General measures for heart failure management

1. Decrease the risk of further cardiac injury, including
 - Control of hypertension, hyperlipidemia, and diabetes mellitus
 - Smoking Cessation
 - Weight reduction on obese patients
 - Strict limitation or discontinuation of alcohol.
2. Maintain fluid balance by limiting intake of salt to less than three grams a day and measuring weight daily.
3. Promote physical conditioning by encouraging moderate physical activity as tolerated.
4. Control ventricular heart rate response in patients with atrial fibrillation or other supraventricular tachycardias.
5. Consider anticoagulation in patients with atrial fibrillation, or a history of an embolic event.
6. Consider coronary revascularization in patients with angina or ischemic but viable myocardium.
7. Avoid certain pharmacologic agents, including:
 - Anti-arrhythmic agents to suppress symptomatic ventricular arrhythmias
 - Calcium antagonists (except amlodipine)
 - Nonsteroidal anti-inflammatory agents
8. Administer influenza and pneumococcal immunizations.

Pharmacologic therapy for Congestive Heart Failure

Use of Digitalis

- Digoxin is recommended to improve the clinical status of patients with heart failure due to left ventricular systolic dysfunction and may be initiated at any time. It should be used in conjunction with a diuretic, ACE inhibitor and beta blocker.
- Digoxin is recommended to control ventricular response in atrial fib as needed in diastolic dysfunction to minimize the symptoms of heart failure.

Use of Diuretics

- Diuretics should be prescribed for all patients with symptoms of heart failure who experience fluid retention. Dosage is best regulated using daily body weight measurements.
- Diuretics should not be used alone even if the symptoms are well controlled, but should generally be combined with an ACE Inhibitor and beta blocker.
- Under dosing of diuretics can lead to fluid retention, which may diminish the response to ACE I and increase the risk of treatment with beta blockers. Overdosing can lead to volume depletion, which may increase the likelihood of hypotension and renal insufficiency from ACE I treatment.
- It is recommended that diuretics be used to control pulmonary congestion and peripheral edema in diastolic dysfunction.

Use of Ace Inhibitors

- All patients with a recent or remote history of MI, regardless of EF, and all patients with a reduced EF, whether or not they have experienced a MI, should receive an ACE Inhibitor unless they have been shown to be intolerant or have a contraindication to the use of this class of drugs.
- ACE Inhibitors are also recommended as needed in diastolic dysfunction, when hypertension is controlled, to minimize the symptoms of heart failure.

Use of Beta Blockers

- All patients with heart failure due to left ventricular systolic dysfunction should receive a beta blocker unless they have been shown to be intolerant or have a contraindication to the use of this class of drugs. These recommendations include all patients with a recent or a remote history of MI, regardless of EF; and all patients with a reduced EF, whether or not they have experienced a MI.
- Beta Blockers are also recommended as needed in diastolic dysfunction, when hypertension is controlled, to minimize the symptoms of heart failure.

Role of other pharmacological agents

- Angiotensin II receptor antagonists are not superior to ACE Inhibitors in the treatment of heart failure, and should not be substituted in patients who are tolerating ACE I without difficulty.
- It is reasonable to prescribe ARBs instead of ACE I in patients who are intolerant of ACE I due to angioedema or intractable cough. ARBs appear as likely as ACE I to produce hypotension, worsening renal function and hyperkalemia.
- Patients with LV systolic dysfunction who cannot tolerate an ACE Inhibitor because of hypotension or renal insufficiency may be treated with a hydralazine and nitrate combination.
- Spironolactone has been shown to reduce mortality in patients with current or recent symptoms at rest (NYHA Class IV), and merits consideration in patients with advanced heart failure.

Adapted from the ACC/AHA guidelines for the Evaluation and Management of Chronic Heart Failure in the Adult, 2001