

The HeartPartnersSM Demonstration Project

Overview

June 2004

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- Disease Management Demonstration Project awarded by the Centers for Medicare and Medicaid Services (CMS) to PacifiCare Health Systems, QMed, Alere Medical and Prescription Solutions working in collaboration as “HeartPartners”
- Provides Medicare FFS beneficiaries (Part A & B) and their physicians with services and technology that will empower them to better manage Congestive Heart Failure (CHF)
- HeartPartners also offers enrollees a comprehensive prescription drug plan to offset the high costs of medication for heart disease
- Fully engages physicians with true EBM decision support and pays them for administrative services

Who Is Eligible

- Offered to Medicare fee for service (FFS) beneficiaries (Part A & B) with Stage C CHF
- Eligible participants may also have Coronary Artery Disease and/or Diabetes
- Medicaid recipients including those in Medicaid managed care plans are eligible as long as they are Medicare FFS
- Exclusions include:
 - ESRD, transplant recipient, nursing home residency, hospice
 - M+C or PPO demonstration
 - Loss of Part B benefits
 - Moving out of designated states

Program Highlights

- Comprehensive medical chart review to establish baseline profile
- Daily monitoring of weight and symptoms
- Evidence-based [recommendations](#) by consulting cardiologists generated via algorithms provided to treating physicians, who remain in charge of patient care
- Patient education by cardiac nurses
- Case management when appropriate
- Customer service center access via toll-free number
- Physician payment for administrative services

Scope of the Demo

- HeartPartners is one of the largest controlled trials for Disease Management ever conducted
- Ultimate enrollment goal is 21,000 Medicare FFS CHF patients, randomized to:
 - 15,000 for Treatment Group (TG) in HeartPartners program
 - 6,000 for Control Group (CG) with usual FFS care
- Enrollment began January 9, 2004
- Three-year project duration
- Multi-state: CA (50,000 prospects) & AZ (8,000 prospects)
- Urban and rural mix and diverse ethnic population

Prescription Drug Plan

- Three-tiered prescription drug plan with modest copayments
 - Formulary generic medication (\$5 co-payment for 30 day retail supply; \$10 co-payment for mail order 90-day supply)
 - Any formulary brand medication (\$15 co-payment for 30-day retail supply; \$30 co-payment for mail order 90-day supply)
 - All other non-formulary medication (\$35 co-payment for 30-day retail supply; \$90 co-payment for a 90-day mail order supply) subject to prior authorization for medical necessity
- No other patient costs involved for Rx
- Mail service required for maintenance medications
- National pharmacy network available for 1st Rx fill of maintenance, and for all non-maintenance medications

HIPAA Compliant, IRB Waivered

- HeartPartners is a designated CMS “Business Associate”
- Business Associate agreement approved by CMS is available for list and data sharing with other organizations supporting the Demo
- Patient authorization is not required to obtain Personal Health Information necessary to identify and provide disease management and prescription drug services to eligible Medicare FFS beneficiaries (Part A & B)
- IRB review by referring providers and entities not required
- Informed consent from patients and their attending physicians obtained prior to enrollment

Expected Benefits

- Improved medication compliance with reduced OOP cost for vulnerable patients often on multiple, expensive meds
- Reliable information resource to optimize medical therapies and augment MD, office staff
- For patients, improved knowledge, self-care skills, mastery
- For caregivers and spouses, greater sense of security through daily monitoring, nurse oversight
- Clinical improvements include increased ACE/ARB and beta-blocker usage, lower use of contraindicated meds
- Significantly reduced utilization of ER, in-patient services
 - for comparable M+C CHF populations, hospitalization rates reduced 50-60% with similar program

Case for Physician Support

- Physicians continue to care for HeartPartners enrollees
- Enrollees receive a valuable prescription drug benefit to offset the high cost of their Rx
- The program promotes timely physician office visits to avoid hospitalizations when symptoms/weight escalate
- In-home technology and a nurse call center help physicians monitor patients between office visits
- Physicians are compensated for administrative time and receive decision support
- Hospitals typically lose money on the DRG for CHF and would also benefit from HeartPartners program

Extending Physician Reach

- In-home telemetric monitoring for CHF captures changes in a patient's weight and related symptoms
- Monitoring designed to catch CHF decompensation early and avert hospitalization whenever possible through timely ambulatory care
- Selective ambulatory ischemia monitoring for CAD to assess and titrate treatment interventions
- Comprehensive oversight of changes in status by RN to detect problems early and educate patients in self-care
- MD feedback on weight, symptoms, medication compliance, gaps between current treatment and EBM

Enhancing Physician Practice

- Real evidence accessed through patient chart extraction
- Best practice recommendations specific to each patient through chart evidence and claims then select right medical therapies
- Lab reminders through algorithm reiteration trigger titration for optimized therapeutic effect
- This process produces very high physician best practice compliance
- Patients remain in and reinforce physician practice
- Physician is a key player in chronic care improvement