

# Healthways, Inc.

## Coronary Artery Disease Product

### Product Need:

According to the American Heart Association (AHA) *2009 Heart Disease and Stroke Statistics, Update At-a-Glance*, an estimated one in three Americans have some form of cardiovascular disease (CVD). Hypertension (73 million) and coronary heart disease (16.8 million) including myocardial infarction and angina pectoris are the leading conditions associated with CVD. Cardiovascular disease is the number one killer in the United States. The estimated direct and indirect cost of CVD in the United States for 2008 is 475.3 billion dollars<sup>1</sup>.

### Product Goal:

This product is designed to reduce the impact of Coronary Artery Disease (CAD) on the development of cardiovascular events (angina, heart attack) or heart failure by:

- Educating member on early identification of changes in symptoms
- Encouraging routine follow up with their care provider
- Encouraging the proper use of medications based on symptoms and a provider-developed action plan
- Fostering adherence to a medication regimen and treatment plan including standards of care
- Promoting flu and pneumonia vaccination as appropriate

### Target Population:

Members 18 years of age or older diagnosed with coronary artery disease or myocardial infarction or those with a history of coronary artery intervention or cardiac bypass surgery are candidates for the CAD program. The program's interventions are **not** targeted to members diagnosed *exclusively* with hypertension or high cholesterol who do not have a diagnosis of CAD.

### Participant Identification:

Members can join the program through Healthways' claims identification process or through provider or health plan referrals.

- **Claims Assessment:** Healthways identifies members with CAD through claims assessment.
- **Provider/Health Plan Referral:** A member's provider or health plan can refer them.
- **Member must be 18 years of age or older.**

### Value of the Program:

- Educating members about early recognition and treatment of cardiac symptoms and presence of an action plan developed in conjunction with healthcare provider.
- Increasing compliance with medical therapies (aspirin, statins, beta blockers and ace inhibitors) and promoting healthy lifestyle behaviors.
- Reducing the incidence of reinfarction, repeat cardiac procedures, or post-infarction heart failure
- Screening for depression assuring appropriate follow-up
- Educating members about modifiable cardiovascular risk factors
- Encouraging smoking cessation
- Screening for depression assuring appropriate follow-up
- Educating members about modifiable cardiovascular risk factors
- Reducing the incidence of hospitalizations for reinfarction, repeat cardiac procedures, or post-infarction heart failure

**Program  
Features for  
Members:**

- :
- Introduction Letter and Cardiac Workbook
- Engagement Calls
- Care Calls Based on Member Delivery Segment
- Flu and Pneumonia Vaccine Reminders
- Lifestyle Management Survey
- CAD Specific Assessment/Intervention
- Depression Screening
- Quarterly Newsletter
- Educational Topic Sheets
- Customized Goal Development
- Toll-Free Telephone Service Website Access

**Product  
Clinical  
Cornerstone:**

**Clinical Guidelines from:**

- American College of Cardiology (ACC) / American Heart Association (AHA) Guidelines for Preventing Heart Attack and Death in Patients with Atherosclerotic Cardiovascular Disease.
- ACC/AHA Practice Guidelines for the Management of Patients with Chronic Stable Angina.
- Joint National Committee for the Treatment of Hypertension.
- National Cholesterol Education Program (NCEP) Guidelines.
- United States Department of Health and Human Services. Centers for Disease Control and Prevention. MMWR. Prevention of Pneumococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP).
- United States Department of Health and Human Services. Centers for Disease Control and Prevention. MMWR. Prevention and Control of Influenza.

**Clinical  
and Risk  
Mitigation**

**Clinical Improvement:**

- Appropriate medication use: ACE Inhibitors, beta-blockers, aspirin, cholesterol lowering agents
- Standard of Care met
- Flu and pneumonia vaccinations

**Risk Mitigation:**

- Reduction in total health care costs
- Reduction in hospital admissions; emergency room visits

**Case Study:**

Bill, a member with a history of CAD and Diabetes, had a recent stent placement. Cindy, one of the Care Enhancement Center team clinicians, reviewed medications with Bill and found that he was not on an ACE Inhibitor and had no knowledge of the importance of ACE Inhibitors.

**Intervention:** Cindy discussed the importance of ACE Inhibitors and set a goal with Bill. She asked him to discuss this medication with his physician during his next appointment.

**Outcome:** Bill received a copy of the written goal in the mail and took it to his physician who then prescribed Avapro. Bill stated that he “would not have even thought of discussing this with his doctor if Cindy had not told him about ACE Inhibitors, their importance, and then followed up with a written goal.”

The outcome stresses the importance of medication review and education with the member. It also demonstrates the effectiveness of goal setting with members regarding pharmacy issues.

*Source: All names are fictitious for confidentiality.*