

in the US each year. CHF is the number one cause for hospital admissions in the United States with over 1.5 million hospital admissions per year. The estimated total cost of CHF in the US for health services and loss of productivity is over \$22.5 billion per year.

The PacifiCare CHF program, "Taking Charge of Your Heart Health", was implemented in California in 1999 to provide patients with coaching, education, and reinforcement of self-care management skills.

The "Taking Charge of Your Heart Health" program, powered-by Health Hero's Internet based platform and Health Buddy appliance, serves as the vehicle for delivering structured communications between PacifiCare care managers and their in-home CHF patients. Through this daily interaction care managers receive timely information about their patients allowing for timely intervention and communication with physicians.

Results from an initial six month analysis showed cost reductions for hospitalizations and ER visits of 50.6% and total savings in claims paid of \$5,271 PMPY.

program, the patient is provided with coaching, education, and reinforcement of self-care management skills. The program features in-home daily monitoring using the Health Hero® Health Buddy® personal information appliance, and timely care manager intervention and physician feedback via the Health Hero® iCare Desktop™.

There are approximately 400 patients in the "Taking Charge of Your Heart Health" program. Patients enrolled in the program receive a Health Buddy appliance to receive and respond to daily sessions of questions, and educational information sent from their care manager using the Health Hero iCare Desktop. The interactive sessions provide coaching and reinforce self-care management with the patients. The Health Hero iCare Desktop is a web-based application that enables remote monitoring of patients by telephonic support staff and nurses, and regular communication with physicians.

Results from an initial six-month data analysis of the "Taking Charge of Your Heart Health" program, powered-by Health Hero, showed reductions in costs for hospitalizations and ER visits of 50.6% and total savings in claims paid of \$5,271 Per-Member-Per-Year (PMPY). The program effectively reduced inpatient hospitalizations by 49.6% (p-value < 0.001) and reduced ER Visits by 73.0% (p-value < 0.001). With enrollment similar to current levels, net annualized savings are approximately \$2.7 million and return on investment is close to 200%.

Congestive Heart Failure

Congestive heart failure (CHF) is a progressive disease that affects 4.6 million individuals in the United States with 400,000 to 700,000 new cases each year (American Heart Association 1997). This translates to an overall incidence rate of 1.5% to 2.0%, and an incidence rate of 6% to 10% in the 65-year and older age group. Heart failure is the only cardiovascular condition that is increasing in prevalence and incidence. CHF is the number one cause for hospital admissions in the United States with over 1.5 million hospital admissions per year.

In 1998, there were 727,523 discharges for CHF in the Medicare population in the U.S. Associated charges to Medicare were \$7.2 billion averaging \$9,831 per discharge. The estimated total cost of CHF in the US for health services and loss of productivity is over \$22.5 billion per year.



hospital costs.

to reduce re-admissions and
ous studies have demonstrated
the number of hospitalizations
Hutchinson (1999), West et al.
d reductions in the number of

n in utilization. First, the case
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f any abnormality in a timely
the patient to improve their
t self-manage their compliance
ange, knowledge building and
management of CHF.

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nd reinforcement of self-care
educational support, in-home
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of patients by the telephonic
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F patients

selected Northern California
ough 10/99, with a total of 52
of fairly even gender-ratio and

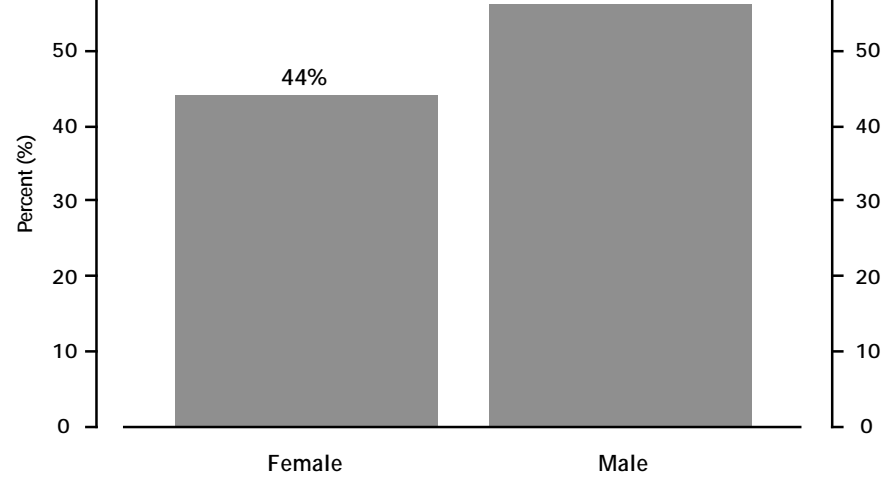


Figure 1. Gender Distribution

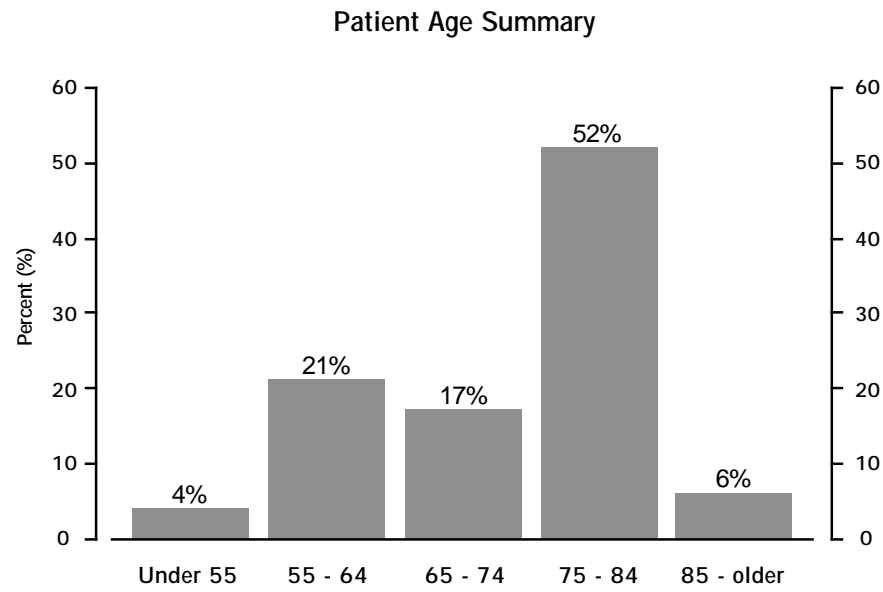


Figure 2. Age Distribution

Desktop which hosts a series of monitoring tools. The Patient Monitoring Appliance - an easy-to-use device that allows patients to monitor their at-home patients, while providing real-time monitoring.

In addition, care managers use the system to track patient responses, analyze patient trends, and identify patients in need of care.

Benefits:

• High-risk populations

• Disease progress

• Care management systems

• “Your Heart Health” program,

• All causes

• Cases

Patients included in “Taking Charge of Your Heart Health” program were included in the intervention group for the “Your Heart Health” program for these patients from 11/1/99 to 4/1/99. Patients were eligible for inclusion in the intervention group if they had three or more ER visits in the prior year.

Patients were included in the intervention group for the period 11/1/97 to 4/1/99 in six states for which patients would be included in the intervention group. A total of 638 patients were included in the intervention group. This included the intervention population. Inpatient, outpatient, and ER visits were recorded.

are given in Table 1 and Figures 3-1.

The average cost per IP hospitalization was \$7,690 and the average ER costs were \$859 per visit. With enrollment similar to current levels, savings are approximately \$2.7 million and return on investment is approximately 200%.

Utilization Measure	Baseline N=638	Intervention N=43	Utilization Reduction	Z, ^[1] p-value	Estimated Cost Savings
Hospitalizations PMPY All Causes	1.29	0.65	49.6%	Z=3.60, p<.001	\$4,882
ER Visitations PMPY All Causes	0.63	0.17	73.0%	Z=3.65, p<.001	\$389
Total Costs PMPY All Causes	\$10,427	\$5,156	50.6%		\$5,271
Reporting Period (approx.)	11/97-04/99	11/99-04/00			

Notes
[1] Z test for Proportions used

Table 1. Utilization Reduction

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