



Healthy Outlook Program — Chronic Heart Failure Disease Management Program

AETNA

Purpose

To reduce complications associated with chronic heart failure

Target Population

Members with or at risk for chronic heart failure (CHF)

Goals

- Reduce costs associated with the high incidence of repeat hospital admissions among heart failure patients
- Improve the level and type of communication between patients and their providers
- Help patients follow treatment plans, and promote lifestyle changes such as smoking cessation and weight loss to improve health

Years in Operation

1998 – present

Results

Ninety-six percent of members surveyed in 2004 said they were satisfied with the program, and 92 percent of physicians said they were satisfied with it.

In 2003, Aetna's Caring for Chronic Heart Failure program won the Best Disease Management Care Award from the Disease Management Association of America.

Aetna's internal in-depth analysis of members with CHF in plans based in health maintenance organizations found that full participation in the CHF program for at least six months was associated with significantly improved compliance with an appropriate treatment regimen and lower medical costs.

The study also showed that participants in the program had significantly shorter lengths of stay for admissions for heart failure, significantly fewer heart-failure-related emergency department visits, and significantly more days' supply of angiotensin-converting enzyme (ACE) inhibitors and beta blockers than members who did not participate for six months.²¹

Funding

The program is funded by Aetna.

Key Partners

Aetna; LifeMasters Supported SelfCare

What Works and Why

- Aetna's program reflected an organizational commitment to improving disease management capabilities, which bolstered the CHF program.
- The program was founded on evidence-based data demonstrating both the magnitude of CHF as a problem and the capacity for positive change to occur when care is coordinated between patients and providers.
- Program implementation among members was given just as much importance as the initial conceptual design period.

Structure and Operations

AetInfo, Aetna's performance and outcomes measurement subsidiary, integrates and extracts key information from their data warehouses containing member utilization data sourced by Aetna's medical, dental, laboratory, pharmacy and group/life claims.²²

Aetna's Disease-Specific Risk Stratification Model identifies members with chronic diseases and stratifies them according to severity levels. Risk stratification uses statistical algorithms based primarily on demographics, comorbidities, pharmaceutical use, and members' previous health care utilization. Assigning members to severity levels helps identify those members with the greatest potential for improvement. Stratification also allows Aetna's disease management staff to tailor interactions such as education and related assistance for low-risk members and case management services for high-risk members.²³

Barriers to Success

Although Aetna's program is designed to create lasting involvement between CHF patients and their network of providers, some members' participation in the program was short-lived and not long enough to establish regular communication around health improvement.

For More Information

Additional information is available online:
http://www.aetna.com/news/2003/pr_20031015.htm

