Heart Failure – Envolve PeopleCare (EPC) Clinical Guidelines

Topic	Optimal Goal	Clinical Intervention Provided - modifiable based on participant's readiness to change and address specific goals
1. Blood Pressure	<130/80 mm Hg (In individuals with an elevated diastolic BP who have CAD and HF with evidence of myocardial ischemia, the BP should be lowered slowly and with caution. It is important for individuals to discuss personal BP goals with the provider as there may be other considerations)	• Obtain current BP measure during coaching sessions • Share recommended BP target • Discuss pathophysiology of heart failure (HF), high blood pressure and increased cardiovascular risk • Review potential for risk factor reduction: o Tobacco Status, see tobacco cessation intervention o BMI, see BMI intervention o Physical Activity, see physical activity intervention o Nutrition, see nutrition intervention • Review acute BP values with participant: o If systolic BP is ≥180 or diastolic BP is ≥100 recommend participant notify doctor o If systolic BP is ≤90 or diastolic BP is ≤60 recommend participant notify doctor o Health Coach to reference EPC.DM.46 Medical Emergency Incident Reporting as indicated • Review need for BP monitoring: o Educate on importance of self-monitoring between visits with provider o Education on proper technique o Encourage participant to keep a log of BP values to take back to the provider
2. Lipids	Total Chol <200mg/dL LDL: preferred value for each individual should be defined by the provider based on the individual's level of risk HDL minimum goals >40mg/dL Male >50mg/dL Female HDL optimal goal for all >60mg/dL TG<150mg/dL	• Obtain current baseline lipid values during coaching sessions at baseline and annually • Discuss pathophysiology of abnormal lipids and increased cardiovascular risk • Share recommended target for total cholesterol, HDL, and triglycerides • Concerning LDL, assess participant's status in relation to the 'four major statin benefit groups' o Individuals with clinical ASCVD o Individuals with primary elevations of LDL 190 or greater o Individuals 40 to 75 years of age with diabetes with LDL 70-189 o Individuals without clinical ASCVD or diabetes who are 40-75 years of age with LDL 70-189 and an estimated 10-year ASCVD risk of 7.5% or higher • Educate participant to follow up with their provider about recommendations to estimate individual risk level using a risk calculator. Explain that based on their personal risk the participant and their provider can determine if current treatment continues to be appropriate or if any further or new treatment might be warranted. • Review risk factor(s) if present: o Tobacco Status, see tobacco cessation intervention o BMI, see BMI intervention o Physical Activity, see physical activity intervention o Nutrition, see nutrition intervention
3. Medication	Compliance	• Assess for compliance and discuss medications appropriate for diagnosis and as specified in evidence-based guidelines

		• Provide education on purpose, major side effects, appropriate timing and consistency of medication administration o Beta blocker (i.e., bisoprolol, carvedilol, or sustained release metoprolol succinate) o Angiotensin Converting Enzyme Inhibitors (ACE) as first line therapy o Angiotensin Receptor Blockers (ARB) if ACE not tolerated o Angiotensin Receptor Neprilysin Inhibitor (ARNI) o Aldosterone inhibitors as indicated (LVEF ≤ 35%) o Diuretics o Antiplatelet agents s/p myocardial infarction, ACS or stent placement: ▪ Clopidogrel ▪ Prasugrel ▪ Ticagrelor ▪ Aspirin (in combination with other antiplatelet for secondary prevention) o Anticoagulant (i.e., warfarin, dabigatran, apixaban, or rivaroxaban) when Atrial Fibrillation and additional risk factors are present o Statin o Fibrates, Bile Acid Sequestrants, Cholesterol Absorptions Inhibitors, and Omega-3 Fatty Acids as indicated
4. Tobacco Cessation	Life-long Abstinence	• Obtain tobacco use status and history during assessment • Advise to avoid exposure to environmental tobacco smoke at work, home, and public places • If currently using tobacco products: o Determine readiness to quit. o Provide education and motivational counseling for those not ready to quit. o Provide cessation coaching for those committed to setting quit date. • If former tobacco user: o Offer relapse prevention coaching as needed
5. Physical Activity	Moderate intensity physical activity ≥150 minutes per week (It is reasonable to have physical activity performed in episodes of at least 10 minutes with increments adding up to the total goal)	• Obtain current physical activity status upon assessment. o If less than goal (modify based on physical/medical limitations) • Assess for stage of heart failure based upon the NYHA Classification • Provide specific recommendations to initiate, increase, and/or maintain a physical activity program as tolerated.
6. Cardiac Rehabilitation	Completion of Cardiac Rehabilitation program	• Encourage participation in cardiac rehabilitation program for persons with ACS, CABG, PCI, chronic angina, and/or PAD within the past year
7. BMI	18.5-24.9	• Calculate BMI during assessment and monitor for change* o If BMI is ≥25 initiate nutritional counseling and encourage physical activity as tolerated to achieve

		a sustainable weight loss of up to 10% o If BMI is 18.5 – 24.9, provide education on weight gain prevention * Assessment includes weight changes related to fluid status
8. Nutrition	Heart Healthy	• Obtain nutritional intake patterns during routine coaching sessions • Review weight and clinical measures • Provide individualized instruction based on sodium and fluid restrictions recommended by physician • Instruct on appropriate dietary guidelines based on diagnosis, co-morbidities and clinical parameters o DASH diet, USDA Food Patterns, or AHA Diet o Aim for a dietary pattern that achieves 5% to 6% of calories from saturated fat o Reduce percent of calories from saturated and trans fats o Limit added sugars to less than 10% of calories per day o Consume a diet rich in dietary potassium ▪ It is important for the individual to discuss dietary potassium intake with the provider as there may be other considerations o Lower Sodium intake ▪ It is important for the individual to discuss sodium intake with the provider as there may be other considerations
9. Signs & Symptoms	Reduce or eliminate	• Review history of warning signs and symptoms of decompensation such as shortness of breath, weight gain secondary to fluid retention and angina • Educate on warning signs and symptoms, proper response and when to seek medical treatment • Review acute weight values with participant o Weight gain of two or more pounds within 24 hours or five pounds within a week, recommend participant notify provider o Health Coach to reference EPC.DM.46 Medical Emergency Incident Reporting as indicated
10. Preventive Care	Compliance	• Recommend annual influenza vaccine and pneumococcal vaccines per CDC guidelines • Discuss importance of routine physician office visits and lab work • Review need for daily weight monitoring o Educate on importance o Educate on proper technique o Encourage to keep a log of weight values to take back to the provider • Review importance of limiting/monitoring sodium and fluid intake as recommended by physician
11. Co-Morbidity Screening	Screening, Treatment and Compliance	• If participant has a diagnosis of Diabetes, counsel on importance of compliance with Diabetes treatment • If participant has a diagnosis of Obstructive Sleep Apnea (OSA), counsel on importance of CPAP compliance • Refer to physician if member reports current treatment for any comorbid condition is not effective • Offer referral for Specialty Assessment with appropriate Specialty Health Coach (i.e., CDE, RT, etc.)

12. Therapeutic Lifestyle Behaviors	Limit Alcohol Consumption Stress Management	• Discuss recommended limits on alcohol consumption if participants drinks, if participant abstains, do not recommend initiating consumption o Limit to ≤ 2 drinks per day for males and ≤ 1 drink per day for females • Discuss importance of stress management o Provide instruction on stress management techniques including deep breathing and visualization and offer appropriate behavioral health referrals as indicated

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I have reviewed and approved the EPC Clinical Guidelines for Heart Failure and agree with the use in supporting the clinical staff in providing Disease Management services as outlines in the Standards of Care.

Frank Crociata- Signature on File 1/4/2018
Medical Director Signature and Credentials Date

James Crager- Signature via Email 1/19/2018
External Cardiologist Signature and Credentials Date

Approved by the Quality Management Committee

Jeremy Corbett- Signature on File 12/11/2017
QMC Chairperson Date

REVISION LOG

Date	Description	Author(s) Initials	Reviewers	Review Schedule	Comments/overview of changes
12/08/07	2007 annual review	CP/JG	Carol Peckham Jill Goldstein, RN MSN Frank Crociata, DO Vincent J Vivona DO, JD, FACP, FCLM	Annual	
2/25/09	2008 annual review	CP/JG	Carol Peckham Jill Goldstein, RN MSN Frank Crociata, DO Michael S Fowler MD FACC	Annual	
11/10/09	2009 annual review	CP/JG	Carol Peckham Jill Goldstein, RN MSN Frank Crociata, DO Michael S Fowler MD FACC	Annual	

4/7/2012	2012 annual review and update	PP	Peggy Parrent, RN MS Frank Crociata, DO Woody Kageler, MD	Annual	Updated to reflect AHA/ACCF Secondary Prevention and Risk reduction Therapy for Patient With Coronary and Other Atherosclerotic Vascular Disease: 2011 (See form QM SF-11//0040)
6/11/2013	2013 Annual Review	TF	Tiffany Falls, MSN, RN Frank Crociata, DO	Annual	*Updated to reflect 2013 ACCF/AHA Guideline for the Management of Heart Failure : A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines, and HFSA 2010 Comprehensive Heart Failure Practice Guideline *Updated language for OSA to reflect current Nurtur procedure.
1/24/2014	2014 Annual Review	TF/PP/FC/ WK/JC	Tiffany Falls, RN, MSN Peggy Parrent RN, MS Frank Crociata, DO Woody Kageler, MD Jeremy Corbett, MD	Annual	• Updated to reflect guideline information included in the following core documents: o 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Circulation. 2013; cir.0000437738.63853.7a) o 2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk: A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Circulation. 2013; cir.0000437741.48606.98) o USDA 2010 Dietary Guidelines for Americans, Department of Health and Human Services o Physical Activity Guidelines, Advisory Committee Report 2008, Department of Health and Human Services • Updated grammar and formatting
1/14/2015	2015 Annual Review	TF/PP/FC/ JC/JC	Tiffany Falls, RN, MSN Peggy Parrent RN, MS Frank Crociata, DO Jeremy Corbett, MD James Crager, MD, FACC	Annual	• Updated alert BP values to read greater than or equal to/less than or equal to (≥/≤) • Added guideline directed parameters to Anticoagulant and Beta Blocker recommendations • Verified that all information is reflective of most current core guideline documents listed in HF Standards of Care • Added unit of measurement behind BP and lipid targets • Changed the term ‘counseling’ to ‘coaching’ throughout • Added info about management of Diabetes co-morbidity to section 11 ‘Co-morbidity Screening’ • Updated info about pneumonia vaccines to reflect 2015

					CDC recommendations
4/21/2015	2015 additional update	TF/PP/FC/ JC/JC	Tiffany Falls, RN, MSN Peggy Parrent RN, MS Frank Crociata, DO Jeremy Corbett, MD James Crager, MD, FACC	Mid-year update	• Adjusted target BP goal and added supporting scientific statement titled "Treatment of Hypertension in Patients with Coronary Artery Disease' released by the AHA/ACC on 3/31/2015.
1/20/2016	2016 Annual Review	JW/FC/JC /JC	Judith Wanyoike, RN, MSN Frank Crociata, DO Jeremy Corbett, MD James Crager, MD, FACC	Annual	• Updated to reflect guideline information included in the following core document: o USDA 2015 – 2020 Dietary Guidelines for Americans, Department of Health and Human Services. • Added guideline directed parameters to Aldosterone Inhibitors • Removed Digitalis since it is a class II recommendation • Removed Niacin since it is not a class I recommendation • Verified that all information is reflective of most current core guideline documents listed in HF Standards of Care • Updated formatting and corrected any grammatical errors
1/4/17	2017 Annual Review	JW/JC/FC /PK/JC	Judith Wanyoike MHRM, MSN, RN Jeremy Corbett, MD Frank Crociata, DO Pat Kristen, MS, RDN James Crager, MD, FACC	Annual	• Updated company name to Envolve PeopleCare (EPC), updated formatting, minor grammatical changes • Updated to reflect information in the following focused update: o 2016 ACC/AHA/HFSA Focused Update on New Pharmacological Therapy for Heart Failure: An Update of the 2013 ACC/AHA Guideline for the Management of Heart Failure • Added additional information concerning HDL optimal goal for all >60mg/dL • Updated HDL values to read HDL minimum goals >40mg/dL Male >50mg/dL Female • Verified that all information is reflective of most current core guideline documents listed in HF Standards of Care
5/8/17	2017 additional update	JW/JC/PK /FC/JC	Judith Wanyoike MHRM, MSN, RN Jeremy Corbett, MD Pat Kristen, MS, RDN Frank Crociata, DO James Crager, MD, FACC	Mid-year update	• Adjusted target BP goal to reflect information in the following focused update: o 2017 ACC/AHA/HFSA Focused Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure • Updated formatting

12/11/17	2017 additional update (December)	JW/JC/PK /FC/FC	Judith Wanyoike MHRM, MSN, RN Jeremy Corbett, MD Pat Kristen, MS, RDN Frank Crociata, DO James Crager, MD, FACC	Decem ber update	• Added the following new core document: o 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/A SPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults • Revised physical activity recommendation to reconcile physical activity level reference from minutes per day to minutes per week • Revised the sodium intake recommendation and added dietary potassium recommendation to reflect more accurate information about heart healthy diet recommendations stated in guidelines • Verified that all information is reflective of most current core guideline documents listed in HF Standards of Care • Updated formatting