Heart Failure:

Take Control of Your Health

HEALTH NET FEDERAL SERVICES
A Wholly-Owned Subsidiary of Centene Corporation

TRICARE®

Heart Failure: *Take Control of Your Health*

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Introduction

Health Net Federal Services, LLC (HNFS) invites you to participate in our Chronic Care/Disease Management (DM) program. This program is one of several clinical education programs HNFS has developed to enhance our health services for TRICARE West Region beneficiaries.

Through your participation in the DM program, you will learn self-management skills to help you better manage your health condition.

This program does not replace your health care provider. It is a clinical education coaching program that will provide you with information, strategies and support for you to make the changes necessary to improve your quality of life. For example, if you apply certain techniques that have been researched and proven to work over time, positive change is likely.

As a participant in the DM program, you will receive personalized follow-up telephone calls from a licensed health professional to discuss and implement the materials that will be provided to you for support throughout this program.

Patient Bill of Rights and Responsibilities

When you participate in the DM program, you have certain rights and responsibilities.

You have the right to:

- Know the philosophy and characteristics of the DM program.
- Have personally identifiable health information shared by the DM program only in accordance with state and federal law.
- Know the identity and job title of staff members and speak with a supervisor upon request.
- Receive accurate information from the DM program.
- Receive DM program information based on individual needs and preferences.
- Receive administrative information regarding changes in or termination of the DM program.
- Decline participation, revoke consent, disenroll, or submit a complaint at any point in time.

You have the responsibility to:

- Submit any forms that are necessary to participate in the DM program to the extent required by law.
- Give accurate clinical and contact information and notify the DM program of changes in this information.
- Follow an agreed upon plan to address targeted clinical conditions, comorbidities and risk factors.
- Notify your treating provider of your participation in the DM program (if applicable).
- Provide input on experiences, care and services related to the DM program.

Chronic Care/Disease Management Program – Frequently Asked Questions

The philosophy of the HNFS DM program is to empower TRICARE beneficiaries to become active partners in their health care to achieve improved health outcomes.

How did TRICARE select me?

HNFS delivers the Military Health System DM program in partnership with the Department of Defense (DoD) Defense Health Agency (DHA). You were selected based upon your claims and treatment history.
This includes emergency department visits, inpatient hospitalizations, outpatient visits, and medication usage.

In some cases, you may have been referred directly to the DM program through family, hospital discharge planner, treating physician, case management staff, HNFS staff, or military hospitals and clinics.

Do I have to participate?

While there are numerous benefits to participating in this program, you are not obligated to participate. The DM program is an opt-out program, which means beneficiaries identified or referred for participation are considered enrolled unless they decline participation or lose TRICARE eligibility.

Will any of my existing TRICARE benefits change if I participate in this program?

All of your existing TRICARE benefits stay the same regardless of your participation in this program. Participation in this program will not affect any of your TRICARE benefits.

What is the cost of this program?

This program is provided at no cost to you.

What are the benefits of this program?

There are many. For example:

- **Convenience.** You do not have to drive anywhere or sit in a waiting room. You can talk with one of our state licensed, condition-specific specialists at home or wherever you decide is convenient for you.
- **Cost.** This program is provided at no cost.
- **Anonymity/privacy.** You can participate in this program in the privacy of your own home.
- **Homebound/limited access.** There is no travel required so your physical ability or location will not limit your access to the help you need.
- **Flexibility.** We have appointments from 8 a.m. – 6 p.m. local time, so we are sure to find a time that works for you.

What is a DM specialist?

A DM specialist is a licensed mental health, nursing or other health professional who specializes in the management and treatment of certain health conditions. DM specialists include:

- registered nurses (RN)
- licensed clinical social workers (LCSW)
- marriage and family therapists (MFT)
- respiratory therapists (RT)
- certified diabetes educators (CDE)
- registered dietitian nutritionists (RDN)
- certified asthma educators (AE-C)
- exercise physiologists (EP)

Our programs cover the following conditions: anxiety disorders, asthma, chronic obstructive pulmonary disease, depression, diabetes, and heart disease, which includes coronary artery disease and heart failure.

I see a specialist for my condition. Will this program interfere with my care from my specialist or primary care manager?

This program will not interfere with the care you receive from your specialist or primary care manager (PCM). This program is not meant to replace any treatment you already receive. It is meant to provide you with clinical education, information, support, and guidance. Additionally, with your permission, we can coordinate health care with your specialist or PCM through an online portal, mail or telephone to keep him or her updated on your goals and progress in this program.

How do I know this will work for me?

Our specialists have years of experience in applying the principles of our program to meet your specific needs. If you are willing to make changes, learn new skills and start taking a more active role in your health, it is likely you will find our program helpful.

What can I expect from this program?

This is typically a six-month program. You can expect to spend between 30–45 minutes once a month with your specialist discussing your condition. Your specialist will assess your needs and teach you the skills needed to help you better manage your condition. Your specialist can also:

- Educate and empower you, so you can better monitor your condition and live a healthier lifestyle.
- Identify roadblocks and obstacles to treatment.
- Improve your understanding of your condition.
- Assist you in understanding your medication and the importance of taking it as prescribed.
- Discuss what to expect from treatment.

- Coach you on how to communicate effectively with your health care providers.
- Provide resources and recommendations and coordinate referrals to address unmet needs.
- Initiate collaboration with your health care providers to better meet your needs.
- Provide you with patient-friendly education materials.
- Help you identify local or national resources available to assist you with the management of your condition.

How do I get started?

It is easy to get started. Call our toll-free telephone number, 1-844-732-2436, and one of our representatives will be happy to set up your first telephone appointment when it is convenient for you. We are here from 8 a.m. – 6 p.m. local time.

Is this program confidential?

Absolutely. We value your trust and handle your personal information according to the strictest industry standards and in accordance with federal HIPAA regulations. We will never discuss your information without your permission unless allowed or required by law.

Is this program available in other languages?

Yes. We contract with an interpreter service to offer our program in various languages as well as providing relay services to the deaf and hard of hearing.

If I decline now, can I participate at a later date?

Yes. If you maintain your TRICARE benefits, remain in the TRICARE West Region and do not have other health insurance, you can contact us at any time to enroll in the program.

How do I contact DM?

Our toll-free telephone number is 1-844-732-2436. You may contact the DM Department for any questions you may have or to contact your specialist. If you are experiencing an urgent situation, call your treating provider or emergency services, 911, immediately. For all non-urgent situations, please contact our department during our hours of operation, 8 a.m. – 6 p.m. local time. If you leave a message on our voicemail during or after business hours, a member of our staff will contact you as soon as possible or the next business day. You may also contact us in writing at the address below or via email at HNFS.4DM@healthnet.com. To verify your identity, please include your full name, address and date of birth in your request.

Health Net Federal Services, LLC
Chronic Care/Disease Management
PO Box 2808
Virginia Beach, VA 23450-2808

Heart Failure Symptoms and Treatment

Heart failure, also called congestive heart failure or CHF, means your heart muscle does not pump as much blood as your body needs. Heart failure does not mean your heart has stopped working; it only means your heartis either pumping with less force or is too thick or stiff to relax and fill with enough blood. Heart failure is a chronic health problem, many people are able to lead normal, active lives.

Symptoms

Some of the most important things you can do to control your heart failure is to know the symptoms and how to respond to them. This can help you get treatment quickly and can also help slow down the progression of the disease. Symptoms of heart failure can show up quickly and include:

- Increased fatigue, even when doing simple, everyday tasks.
- Shortness of breath that feels new or different.
- Increased swelling (edema), which is most common in the ankles or lower legs, but may be in your abdomen or hands.

Treatment

The keys to living well with heart failure include knowing the warning signs, taking your medication as directed, following a healthy low-sodium diet, exercising regularly and working with your health care provider to create a treatment plan that works for you.

Medication

There are three different types of medication to treat heart failure: ace inhibitors, beta blockers and diuretics. Your doctor will decide which medications are best for you. The benefits of these medications include:

- Lowering blood pressure to reduce the strain on the heart. This makes it easier for the heart to pump more blood with each heartbeat.
- Adjusting your heart rate to optimize function by giving the heart more time to rest between beats. This lets the heart pump more blood with more force with each heartbeat.
- Helping the body get rid of extra fluid that can cause swelling. This also reduces the amount of fluid the heart has to pump, making it easier on the heart.

Taking your medication consistently can improve the heart's pumping action over time.

Exercise

Exercise and activity can be helpful for people with heart failure. Aerobic exercise, such as walking, biking or swimming, helps your heart get stronger. Even a little activity every day can help keep your muscles strong and improve your strength. Ask your doctor what exercise is right for you.

Even though your heart can benefit from exercise, it can also benefit from rest. Pace yourself by taking rest periods between activities and breaking large tasks into smaller ones. Napping is a good way to rest your heart and balance activity in your day.

Sodium Intake

The American Heart Association guideline for people with heart failure is to consume 1500 mg of sodium only. Talk with your doctor about how much is right for you. Learn to read food labels to find the amount of sodium and the serving size.

Tobacco Cessation

Tobacco use causes health problems and can make existing problems worse. For more information on quitting tobacco, take our Time to Quit online program or listen to a recorded class on Preparing to Quit Tobacco on our website at **www.tricare-west.com/go/learningcenter.** We are committed to helping people quit smoking (and quit other forms of tobacco use) in a nonjudgmental, informational manner that includes resources available to TRICARE beneficiaries.

Visit us online at **www.tricare-west.com/go/wellness** to learn more about how we can help you.

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Writing SMART Goals

Most people start with an outcome goal. An example of an outcome goal is:

"The overall goal I want to reach is to live healthier and lose two inches around my waist."

To reach an outcome, you must have behavior goals. For example: "I want to walk five days a week for 30-60 minutes a day."

The chart below shows a brainstorming process to break this behavior goal down into a weekly, achievable SMART goal. This is the final weekly SMART goal: "This week I will walk 15 minutes a day at 3.0 mph (brisk pace) for three days."

M

Goal Component	Example
Specific What, when, where, and how will the behavior be done?	I want to walk regularly (at least five days a week) in the morning to help me reduce inches around my waist.
Measurable How much, how many, how often will you do the behavior?	I want to walk 30–45 minutes a day at a brisk pace (3.0 mph) five days a week.
Attainable What are your steps to realistically meet or reach your goal?	I will start walking 15 minutes a day for three days a week and work up to 30 minutes a day for five days a week. I will increase my time by five minutes each week until I reach 30 minutes. I will add an extra day every two to four weeks.
Realistic Set your goal low enough to be reached, but high enough to be a challenge.	Seven days might be too high (no room for unexpected events or illness). One day is too low and not enough to help me lose inches. My morning schedule does not allow for walking more than 45 minutes.
Time-bound Make sure your goal includes a specific time frame in which you will achieve it.	Now that my children are back in school and the holidays are over I can work up to walking five days a week within three months. Now I have time in the morning to walk.

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Now it's your turn. Write and track your own SMART goal.

Program Telephone Calls and Materials

First Call: Initial Health Assessment

During this initial telephone call, you will speak with a Chronic Care/Disease Management specialist for the first time. Allow plenty of time for this first call as it will be longer than your other calls. This is a good time to ask any questions you may have. Please remember to have your list of medications and contact information for the provider who manages your heart failure. It will be helpful to have a pen handy so you can take notes in this welcome booklet during the call. You and your specialist will cover a lot of material during this conversation, and you will have plenty of time to explain things in more detail during later calls.

During this call, you can expect to:

- Complete a comprehensive health assessment.
- Identify possible gaps in the management of your congestive heart failure.
- Receive information on resources to improve your health.
- Develop goals to improve control of your congestive heart failure.
- Learn about the educational packet that will be mailed out after this call and how to prepare for the next call.

Notes:

Questions to Ask Your Provider:

My Goal Tracking Form

Set **S**pecific, **M**easurable, **A**ttainable, **R**elevant, and **T**ime-bound goals.

Refer to Writing SMART Goals on page 9 for help with writing SMART goals.

Directions: Fill in your weekly behavior goal at the beginning of the week. At the end of the week, complete the last three sections. Identifying your successes, obstacles and solutions for overcoming barriers will help you achieve your future goals.

Date:	Week #:
Weekly behavior goal:	
Write down how successful you were this week:	
List anything that may have prevented you from reaching your goal:	
Write down possible solutions to overcome the obstacles listed above:	

Education Call 1: Understanding Heart Failure

We will begin by having a thorough discussion of how your body works and how it may be affected by heart failure. This understanding helps you with the later discussion of ways to manage your heart failure. Have your workbook available for this call so you can view the materials as we talk. Additionally, your specialist can assist you in setting goals that will improve your knowledge and management of your heart failure.

During this call, you can expect to:

- Understand how your heart pumps blood to deliver oxygen to the body.
- Understand what happens when your heart is not pumping as effectively as it could.
- Review treatment options to improve control of your heart failure.
- Understand how your medications improve control of your heart failure.
- Understand the purpose of monitoring your heart failure symptoms.
- Set goals to improve management of your heart failure.

Notes:

Questions to Ask Your Provider:

My Goal Tracking Form 1

Set **S**pecific, **M**easurable, **A**ttainable, **R**elevant, and **T**ime-bound goals.

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Directions: Fill in your weekly behavior goal at the beginning of the week. At the end of the week, complete the last three sections. Identifying your successes, obstacles and solutions for overcoming barriers will help you achieve your future goals.

Date:	Week #:
Weekly behavior goal:	
Write down how successful you were this week:	
List anything that may have prevented you from reaching your goal:	
Write down possible solutions to overcome the obstacles listed above:	

Education Call 2: Improving Your Health (Monitoring, Medication, Meal Planning, and Physical Activity)

During this call, we will discuss effective ways to manage your heart failure through monitoring, medications, diet, and exercise. We will review your current routines and help you develop strategies to make self-care more effective.

During this call, you can expect to:

- Review methods of monitoring your weight, blood pressure and heart failure symptoms.
- Review the main categories of medication recommended for people with heart failure.
- Discuss how to take medications effectively, including timing of medication and how it works to improve your heart failure.
- Learn the basics of a low-sodium diet and how it can improve the management of your heart failure.

Notes:

Questions to Ask Your Provider:

My Goal Tracking Form 2

Set **S**pecific, **M**easurable, **A**ttainable, **R**elevant, and **T**ime-bound goals.

Refer to Writing SMART Goals on page 9 for help with writing SMART goals.

Directions: Fill in your weekly behavior goal at the beginning of the week. At the end of the week, complete the last three sections. Identifying your successes, obstacles and solutions for overcoming barriers will help you achieve your future goals.

Date:	Week #:
Weekly behavior goal:	
Write down how successful you were this week:	
List anything that may have prevented you from reaching your goal:	
Write down possible solutions to overcome the obstacles listed above:	

Education Call 3: Improving your Health

During this call, you may speak with a clinical specialist within the Chronic Care/ Disease Management program, or with a Health Net Federal Services Registered Dietitian. The specialist will review your current diet and share strategies for lowering your sodium intake. We will focus on developing a sodium goal, identifying foods that are high in sodium and devising strategies to reach your sodium target.

During this call, you can expect to expand on previous education.
For example:

- Review methods of monitoring your weight, blood pressure and heart failure symptoms.
- Review the main categories of medication recommended for people with heart failure.
- Discuss how to take medication effectively, including proper timing and how it works to improve your heart failure.
- Learn the basics of a low-sodium diet and how it can improve the management of your heart failure.

Notes:

Questions to Ask Your Provider:

My Goal Tracking Form 3

Set **S**pecific, **M**easurable, **A**ttainable, **R**elevant, and **T**ime-bound goals.

Refer to Writing SMART Goals on page 9 for help with writing SMART goals.

Directions: Fill in your weekly behavior goal at the beginning of the week. At the end of the week, complete the last three sections. Identifying your successes, obstacles and solutions for overcoming barriers will help you achieve your future goals.

Date:	Week #:
Weekly behavior goal:	
Write down how successful you were this week:	
List anything that may have prevented you from reaching your goal:	
Write down possible solutions to overcome the obstacles listed above:	

Education Call 4: Improving your Health and Problem Solving

During this call, we will review your current activity level and compare it with the standard recommendations for exercise from the American Heart Association. Based on your results, we will strategize ways to maintain or improve your level of activity.

During this call, you can expect to expand on previous education.

For example:

- Share your current activity level and any physical limitations to exercise you may have.
- Review the importance of having a medical clearance to exercise.
- Review standard exercise recommendations from the American Heart Association.
- Explore ways to maintain or increase activity.
- Review local resources for exercise.
- Discuss how to balance exercise with rest.
- Set a SMART goal for exercise.

Notes:

Questions to Ask Your Provider:

My Goal Tracking Form 4

Set **S**pecific, **M**easurable, **A**ttainable, **R**elevant, and **T**ime-bound goals.

Refer to Writing SMART Goals on page 9 for help with writing SMART goals.

Directions: Fill in your weekly behavior goal at the beginning of the week. At the end of the week, complete the last three sections. Identifying your successes, obstacles and solutions for overcoming barriers will help you achieve your future goals.

Date:	Week #:
Weekly behavior goal:	
Write down how successful you were this week:	
List anything that may have prevented you from reaching your goal:	
Write down possible solutions to overcome the obstacles listed above:	

Education Call 5: Problem Solving

During this call, we will review the Heart Failure Action Plan to guide your decision making if you have a change in symptoms. We will review past experiences you may have had and how you managed the situation. The goal of this call is to help you decide when to call your provider to help you address the situation before symptoms become more serious.

During this call, you can expect to:

- Understand how using the Heart Failure Action Plan can decrease emergencies.
- Understand how to identify symptoms that require action to manage an increase in heart failure symptoms.
- Receive help with deciding how to access resources, such as your provider, if you have an increase in symptoms of your heart failure.
- Understand what constitutes an emergency and when to go to the ER or call 911.
- Gain confidence in putting the action plan into action.

Notes:

Questions to Ask Your Provider:

My Goal Tracking Form 5

Set **S**pecific, **M**easurable, **A**ttainable, **R**elevant, and **T**ime-bound goals.

Refer to Writing SMART Goals on page 9 for help with writing SMART goals.

Directions: Fill in your weekly behavior goal at the beginning of the week. At the end of the week, complete the last three sections. Identifying your successes, obstacles and solutions for overcoming barriers will help you achieve your future goals.

Date:	Week #:
Weekly behavior goal:	
Write down how successful you were this week:	
List anything that may have prevented you from reaching your goal:	
Write down possible solutions to overcome the obstacles listed above:	

Education Call 6: Maintaining Overall Health

During this call, we will discuss how to avoid illness and what to do if you do become ill. We will review recommendations for routine testing and appointments to assess the status of your heart failure.

During this call, you can expect to:

- Review a disease-specific sick plan.
- Discuss routine immunizations and how to avoid illness.
- Determine how often to visit your provider for routine check ups and testing.
- Review strategies for avoiding and dealing with routine illnesses, such as cold and flu.

Notes:

Questions to Ask Your Provider:

My Goal Tracking Form 6

Set **S**pecific, **M**easurable, **A**ttainable, **R**elevant, and **T**ime-bound goals.

Refer to Writing SMART Goals on page 9 for help with writing SMART goals.

Directions: Fill in your weekly behavior goal at the beginning of the week. At the end of the week, complete the last three sections. Identifying your successes, obstacles and solutions for overcoming barriers will help you achieve your future goals.

Date:	Week #:
Weekly behavior goal:	
Write down how successful you were this week:	
List anything that may have prevented you from reaching your goal:	
Write down possible solutions to overcome the obstacles listed above:	

Last Call: Final Health Assessment and Discharge

This is our final call of the program. You and your specialist will review the progress you have made, acknowledge your success and address any concerns you may have.

During this call, you can expect to:

Complete a modified health assessment that includes some of the questions from the initial call.

Review your overall goal for the program.

Review short-term or SMART goals in each module.

Identify ongoing goals to continue management of your heart failure.

Notes:

Questions to Ask Your Provider:

My Goal Tracking Form

Set **S**pecific, **M**easurable, **A**ttainable, **R**elevant, and **T**ime-bound goals.

Refer to Writing SMART Goals on page 9 for help with writing SMART goals.

Directions: Fill in your weekly behavior goal at the beginning of the week. At the end of the week, complete the last three sections. Identifying your successes, obstacles and solutions for overcoming barriers will help you achieve your future goals.

Date:	Week #:
Weekly behavior goal:	
Write down how successful you were this week:	
List anything that may have prevented you from reaching your goal:	
Write down possible solutions to overcome the obstacles listed above:	

Notes:

Notes:

Your health is important, so we have made managing it easier for YOU!

No matter who you are or what you do, whether you are a mother or father, single or married, working, proudly serving in the military or retired, our job at Health Net Federal Services, LLC is to make health care work for YOU. Our online Health and Wellness Center was developed with you in mind.

You can:

- Journey through our e-learning programs covering topics such as asthma management, self-care, tobacco cessation, and weight management.
- Take an anxiety, depression, diabetes, heart health, making healthy changes, stress management, or tobacco cessation class. View a schedule of live and recorded classes by visiting **www.tricare-west.com/go/learningcenter**.
- Manage health conditions like anxiety, asthma, chronic obstructive pulmonary disease, depression, diabetes, and heart disease, including coronary artery disease and heart failure, with our health education tools and resources.

Visit us online at **www.tricare-west.com/go/wellness** to learn more about how we can help you.

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