

CONNECTIONSSM HEALTH MANAGEMENT PROGRAM SUPPORTS THE DOCTOR/PATIENT RELATIONSHIP BY:

- providing patients with reliable, evidence-based information so they can understand their diagnoses and treatment options;
- promoting meaningful dialogue and active patient participation in care decisions;
- supporting self-care education and adherence to the physician care plan;
- providing physicians with information on opportunities to improve the effectiveness of testing and treatment for their patients.

CONSIDER A REFERRAL TO CONNECTIONS FOR ELIGIBLE INDEPENDENCE BLUE CROSS MEMBERS WHO:

- have been diagnosed with one or more chronic conditions (asthma, CHD, HF, chronic obstructive pulmonary disease, diabetes, gastroesophageal reflux disease, peptic ulcer disease, migraines, or hypertension) and need education and support;
- are at high risk for Emergency Room visits, hospital admissions, or readmissions;
- are non-adherent with your treatment plan, medications, or testing;
- need to make decisions about important health conditions (e.g., back pain, osteoarthritis, benign prostatic hyperplasia, abnormal uterine bleeding, fibroids, atrial fibrillation);
- may benefit from support on a case-by-case basis (e.g., end-of-life decisions).

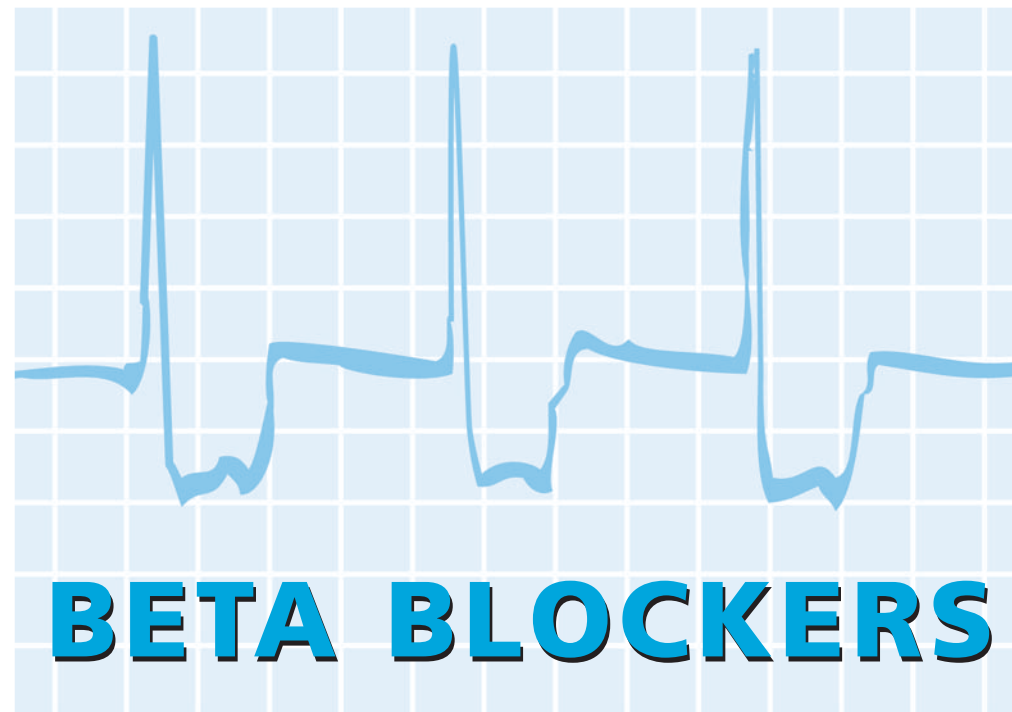
FOUR EASY WAYS TO REFER YOUR INDEPENDENCE BLUE CROSS PATIENTS:

- Complete a **Connections fax referral form** and fax to 1-800-276-3075.
- Give your patient a **Connections referral slip**, encouraging him or her to call a Health Coach directly.
- Complete the referral section on the individual patient report in your **Connections SMART[®] Registry** and fax to 1-800-276-3075.
- Call the **Connections Provider Support Line** at 1-866-866-4694 with patient name, phone number, and reason for referral.

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CORONARY
HEART
DISEASE



HEART
FAILURE

ConnectionsSM
HEALTH MANAGEMENT PROGRAM



! Important information

Beta blockers are indicated in the following situations:

- acute coronary syndrome (ACS) and/or heart failure if no contraindications.¹⁻³
- perioperatively for vascular surgery in patients already on long-term beta blocker treatment. Hemodynamic monitoring and dosage titration may be required.⁴

Perioperative beta blockers in other patients with cardiovascular risk is controversial.⁴

Absolute cardiac contraindications for the use of beta blockers include:²

- severe bradycardia
- pre-existing high-grade A-V block
- sick sinus syndrome
- severe, unstable heart failure

Asthma and bronchospasm are relative contraindications.²

Antiplatelet agents, statins, beta blockers, and ACE inhibitors reduce secondary cardiovascular events in patients with ACS.

Combination medical therapy can reduce 6 month mortality by 72 to 87 percent.²

Risks of increased fatigue and sexual dysfunction are small.

Increased risks of depressive symptoms have not been noted.⁵

Adverse effects of beta blockers may resolve with continuing therapy, lowering the dose, or switching to a different beta blocker agent.⁶

Consider this...

During each office visit with your patients who have coronary heart disease (CHD) and/or heart failure (HF), please consider reviewing the following:

WRITTEN ACTION PLAN

A written plan for responding to new, recurring, or worsening symptoms (e.g., angina or shortness of breath)

MEDICATIONS

Including statins, antiplatelet agents, anticoagulants, beta blockers, other antianginal drugs, and/or other antihypertensive drugs

BLOOD PRESSURE SCREENING

- Goal for patients with CHD: < 140/90
- Goal for patients with HF or CHD coexisting with diabetes: < 130/80^{7,8}

LIPID MANAGEMENT

- LDL-C goal: 30 to 40 percent reduction to reduce CHD and HF risk significantly
- High risk (CHD): LDL-C goal: < 100 mg/dl; very high risk goal: < 70 mg/dl⁹

WEIGHT MANAGEMENT

- Goal for patients with CHD: BMI < 25. Reduce body weight by about 10 percent from baseline if weight loss is needed; waist measurement of < 40 inches (males) or < 35 inches (females)
- Goal for patients with diabetes: weight loss equal to ~5 percent to 10 percent of body weight
- Goal for patients with HF: BMI < 30⁷

EXERCISE

- 30-60 minutes of activity at least five days/week, as tolerated for patients with CHD
- 20-45 minutes of activity at least three days/week, as tolerated for patients with HF

SMOKING CESSATION — All patients

DEPRESSION SCREENING

Using two simple questions:

- "Over the past two weeks, have you felt down, depressed, or hopeless?"
- "Over the past two weeks, have you felt little interest or pleasure in doing things?"

PNEUMOCOCCAL VACCINE

- All adults age 65 years and older;
- All patients, age 2 years and older, with chronic cardiovascular conditions (including CHD and/or HF);
- A one-time revaccination is recommended five years after the first for some patients including those with chronic kidney disease, those who are immunocompromised, and those vaccinated before age 65.

INFLUENZA VACCINE

Annually for all patients age 6 months and older with chronic cardiovascular conditions (including CHD and/or HF) and for household contacts and caregivers of adults or children with chronic cardiovascular conditions (including CHD and/or HF).

¹ Acute coronary syndrome (ACS) includes unstable angina, non-ST-segment elevation myocardial infarction, and ST-segment elevation myocardial infarction. Mukherjee D. et al. *Circulation*. 2004;109:745-749.

² Mukherjee D. et al. *Circulation*. 2004;109:745-749.

³ Gheorghade M. et al. *Circulation*. 2003;107:1570-1575.

⁴ Fleisher LA, Poldermans, D. *Lancet*. 2008;371(9627):1813-1814.

⁵ Ko D. et al. *JAMA*. 2002;288:351-357.

⁶ Everly M. et al. *Ann Pharmacotherapy*. 2004;38:286-293.

⁷ Adams K. et al. *Journal of Cardiac Failure*. 2006;12:e1-e122.

⁸ Smith S. et al. *Circulation*. 2006;113:2363-2372.

⁹ Fletcher B. et al. *Circulation*. 2005;112:3184-3209.

Adapted from Clinical Insights: Effective Care for Patients with Chronic Conditions 2008-2009.