



*The Care Factor*

EBMC Care Programs are designed to identify and reach out to plan participants with chronic illness and make positive impact on their lives and well-being. By assisting participants in the managing of their illnesses in compliance with the standards of care, we will afford all employers the most value from our Care Programs while helping their plan participants achieve their optimum health status.

**We are different.**

**We can prove it.**

## Heart Failure Care Program

Heart failure is a condition in which the heart becomes progressively weaker and cannot pump well enough to meet the body's need for blood and oxygen. The resulting fatigue and shortness of breath has a negative impact on everyday activities.



Heart Failure Care Program participants receive:

- Education on effective ways to monitor and improve symptoms
- Support and guidance in making positive lifestyle changes
- Assistance with prescription costs to help participants remain compliant with their physician prescribed treatment plan

Learning to manage Heart Failure can help participants slow down the progression of their disease and improve the quality of their life. The Heart Failure Care Program teaches participants how to do this through education. Program participants receive the benefit of saving money on Heart Failure medications (see page 2 for details). Participation in the program is voluntary and confidential. There is no cost to participate.

**To sign up for the program, please call a Nurse Care Coordinator at 1-877-304-0761 or locally 1-614-932-6374.**

## Participant Requirements

*Interaction with a Nurse Care Coordinator*

- Details of the participant's condition, course of treatment, and specific needs are discussed.

*Annual Doctor Visit with Participant's Doctor*

- Complete an annual doctor office visit to ensure the appropriate treatments and medications are being used.

*Heart Failure Testing*

- Basic Metabolic Panel laboratory test at appropriate times throughout the course of the program and submission of the test results to the Nurse Care Coordinator.

*Heart Failure Education*

- A home health nurse will visit the participant's home at a date and time convenient for them and provide education on optimizing their health status.