

Congestive Heart Active Management Program (CHAMP®)

CATEGORY	√ Prevent and/or Reduce Diseases and Disorders
GOALS <ul style="list-style-type: none"> To reduce the length of inpatient stay/costs To reduce the number and frequency of hospital admissions To improve the quality of life and activity level for patients To reduce variation in physician practice patterns of care 	BACKGROUND <ol style="list-style-type: none"> Prevalence of CHFis expected to double in the next five years.¹ Hospital discharges for CHF increased 165% from 1979 to 2000.² Half or more of heart failure admissions are thought to be preventable. ACE inhibitors and beta blockers, drugs shown to reduce hospitalization and mortality, are underutilized. <p>¹ American Heart Association. <i>2002 Heart & Stroke Statistical Update</i>. Dallas, Texas: American Heart Association 2000. ² American Heart Association. <i>Heart Disease and Stroke Statistics – Update 2003</i>.</p>

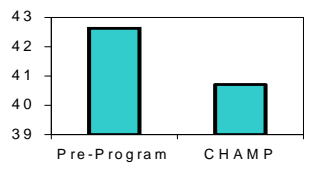
SOLUTION

CHAMP® was instituted to: 1) provide patients with a vital link to the medical world after they leave the hospital through regular phone interaction and educational classes, 2) **improve patient understanding and management of congestive heart failure to reduce hospital admissions/readmissions**, and 3) monitor patient symptoms or complications and provide recommendations on diet changes, medicine modifications or physician visits. The team consists of Physicians, Registered Nurses, Clinical Nurse Specialists, Social Workers, Pharmacists, Cardiac Exercise Specialists, and Dietitians. **CHAMP® began in May 1997 and continues to function today.** The key resource requirements are: 1) Professionally credentialed staff, 2) Electronic transactional computer database, and 3) Office equipment; ie. computers, phones, faxes. The program’s critical success factors include: 85% enrolled patients on ACEI or ARB, 40% enrolled patients on Beta Blocker, >70% reduction in CHF inpatient admissions, and <5% DRG 127 30-day readmission rate enrolled patients. **Key implementation steps are:** 1) buy-in and support of hospital administration and physician leadership, 2) a comprehensive policy and procedure along with a detailed standardized procedure, 3) integrated referral process tied to inpatient and outpatient activity, and **4) program training for case managers.** The risk lies in not including comprehensive continuity of care for the management of CHF in the organizational business plan for controlling 30-day readmissions in the current reimbursement environment.

QUANTIFIABLE IMPACT *FY 2002-03 - 818 patients enrolled; 80% reduction in discharges per patient*

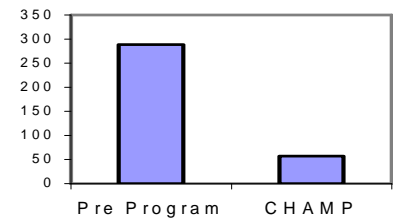
- 80% decrease in number of inpatient episodes per patient pre- and post- CHAMP®
- 85% reduction in cost of inpatient episodes per patient pre- and post- CHAMP®
- 86% reduction in readmits/patient day per patient pre- and post- CHAMP®
- Improvement in Quality of Life/Functional Status
- Physician Satisfaction rating of “Very Good” for overall program

Quality of Life/Functional Status



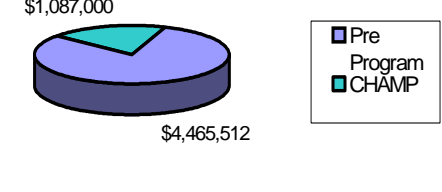
Category	Score
Pre-Program	~42.5
CHAMP	~40.5

Inpatient Admissions



Category	Admissions
Pre Program	~290
CHAMP	~50

Inpatient Variable Costs for Patients Before & After CHAMP Intervention



Category	Cost
Pre Program	\$1,087,000
CHAMP	\$4,465,512

Lower Score = Improved Status

Inpatient Admissions Reduced by 80%

\$3,378,512 Variable Cost Difference

KEY LESSONS <p>Since its inception in 1997, representatives from 9 different health-related organizations from across the state and from as far away as Australia have attended preceptorships to learn how to implement the CHAMP® program. Administrators, managers, nurses and pharmacists leave the training with all the tools and information they need to create, develop and implement a Congestive Heart Failure program in their own facilities.</p>	CONTACT <p>Joyce Higley, Manager Mercy Heart Institute (916) 851-2873</p>
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