

TeleHealth

Care Coordination

Avera McKenna Health and Disease Management is offering a care coordination program to individuals with a chronic disease, more specifically chronic heart failure or diabetes. The Program is a two year program ending August 31, 2006.* The program is designed to augment the physician's plan of care utilizing the tools of home monitoring and video technology**. The program's guidelines are in accordance with national standards***.

The goals of the Care Coordination Services include:

- Support for physician's Plan of Care between physician office visits.
- Identify educational needs and provide appropriate teaching interventions
- Facilitate lifestyle changes and behavior modeling
- Provide positive reinforcement and support for optimal compliance
- Monitor and report changes in physical status
- Identify resources in both the community and health care settings

Please see the reverse side of this brochure for specific inclusion criteria. If you have a patient who meets the criteria and you would like to have them participate in the program, please fill in the necessary information at the bottom and FAX to (605) 322-3858. For further information, please contact Avera McKenna Health and Disease Management at (605) 322-6580.

*This project is supported in part through a grant from the Federal Office for the Advancement of Telehealth (DHHS/HRSA).

**Monitoring options include: Weight, Blood Pressure, Pulse, Temperature, and Blood Glucose. The video component meets further needs such as wound management, education and measuring peripheral edema. This program is not meant to replace acute or emergency situations. The patient is encouraged to contact their physician or Emergency Department after hours and weekends.

***Institute for Clinical Systems Improvement (ICSI) www.icsi.org, The American Heart Association www.aha.org, and the American Diabetes Association guidelines www.ada.org

*Office for the Advancement of TeleHealth Grant (OAT)
Referral Form*

CONGESTIVE HEART FAILURE		<i>(Check)</i>
	<p style="text-align: center;">Inclusion Criteria</p> <ul style="list-style-type: none"> • Men and women >/= 55 year old (does not need to be enrolled in Medicare) • Primary diagnosis of CHF (per ICD-9 coding) • Primary care physician agrees to participate in the care coordination management of patient • Patient is willing and able to use a home monitoring device for daily weight, vital signs and symptom reporting • Patient is willing and able to use a video component for communication and as extension of monitoring • Signed informed consent completed by the TeleHealth staff <p style="text-align: center;">Exclusion Criteria</p> <ul style="list-style-type: none"> • Life expectancy, <6 months as a result of a condition other than CHF • Living in a skilled nursing facility • Renal disease requiring dialysis • Persons with active psychiatric disorders 	<i>(Check)</i>

DIABETES		<i>(Check)</i>
	<p style="text-align: center;">Inclusion Criteria</p> <ul style="list-style-type: none"> • Men and women: 45-65 years of age • Diagnosis of Type 1 or Type 2 Diabetes (per ICD-9 coding) • Individuals present with a diabetes complication/deficit • Primary care physician agrees to participate in the care coordination management of patient • Patient is willing and able to use a home monitoring device for daily weight, vital signs and symptom reporting • Patient is willing and able to use a video component for communication and as extension of monitoring. • Signed informed consent completed by the TeleHealth staff <p style="text-align: center;">Exclusion Criteria</p> <ul style="list-style-type: none"> • Life expectancy, <6 months as a result of a condition • Living in a skilled nursing facility • Renal disease requiring dialysis • Persons with active psychiatric disorders 	<i>(Check)</i>

Patient Information: _____ (Last) _____ (First) _____ (MI)

Name _____

Telephone#: () _____ - _____ - _____ (Family Member)

Medicare ID#: _____

Date of Birth: _____ **Diagnosis** _____

Physician or Staff Signature: _____ **Date:** _____

Clinic/Address: _____ **Phone:** () _____

This application is for (circle one): Congestive Heart Failure / Diabetes
If you need further information, please contact Avera McKennan Health & Disease Management at (605) 322-6580 or (866) 205-1005.
Please Return by Fax to: (605) 322-3858