Disease Management Services

envolve™
PeopleCare

Overview

- Who We Are
- What We Do
- How We Help Members
- How We Help Providers

Prepared for:

mhs health wisconsin™

Healthy Solutions for Life – Who We Are

Disease Management Program: "Healthy Solutions for Life"

Healthy Solutions for Life is the brand name of our disease management program, which includes telephonic coaching and member education to improve lives and support healthy behavior change.

Programs

- Disease management
- TeleCare monitoring

Our Programs – What We Do

Disease Management

- Asthma (pediatric & adult)
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Artery Disease (CAD)
- Diabetes (pediatric & adult)
- Heart Failure

TeleCare Monitoring

Combining the latest technology with our best-in-class health coaching, TeleCare Monitoring enables us to watch your health at home if you have diabetes or heart failure and offer real-time health interventions.

What Is Disease Management?

Program goal

Disease management is designed to support, encourage, and inspire people with chronic conditions to take stock of their health, change their lives for the better, and become active self-managers of their health.

Member benefits

- Coaching over the phone with licensed professionals.
- Help addressing life barriers that get in the way of good health.
- Making sure you get to suggested screenings and office visits.
- Educating you about your medications and side effects.
- Promoting healthy eating habits and regular exercise.

Proven outcomes

- Reduce unnecessary healthcare use.
- Increase screenings and physician visits.
- Improve exercise and eating habits.
- Reduce BMI.
- Reduce bad cholesterol.
- Reduce blood pressure.
- Getting member to quit tobacco.

What is Telephone Coaching?

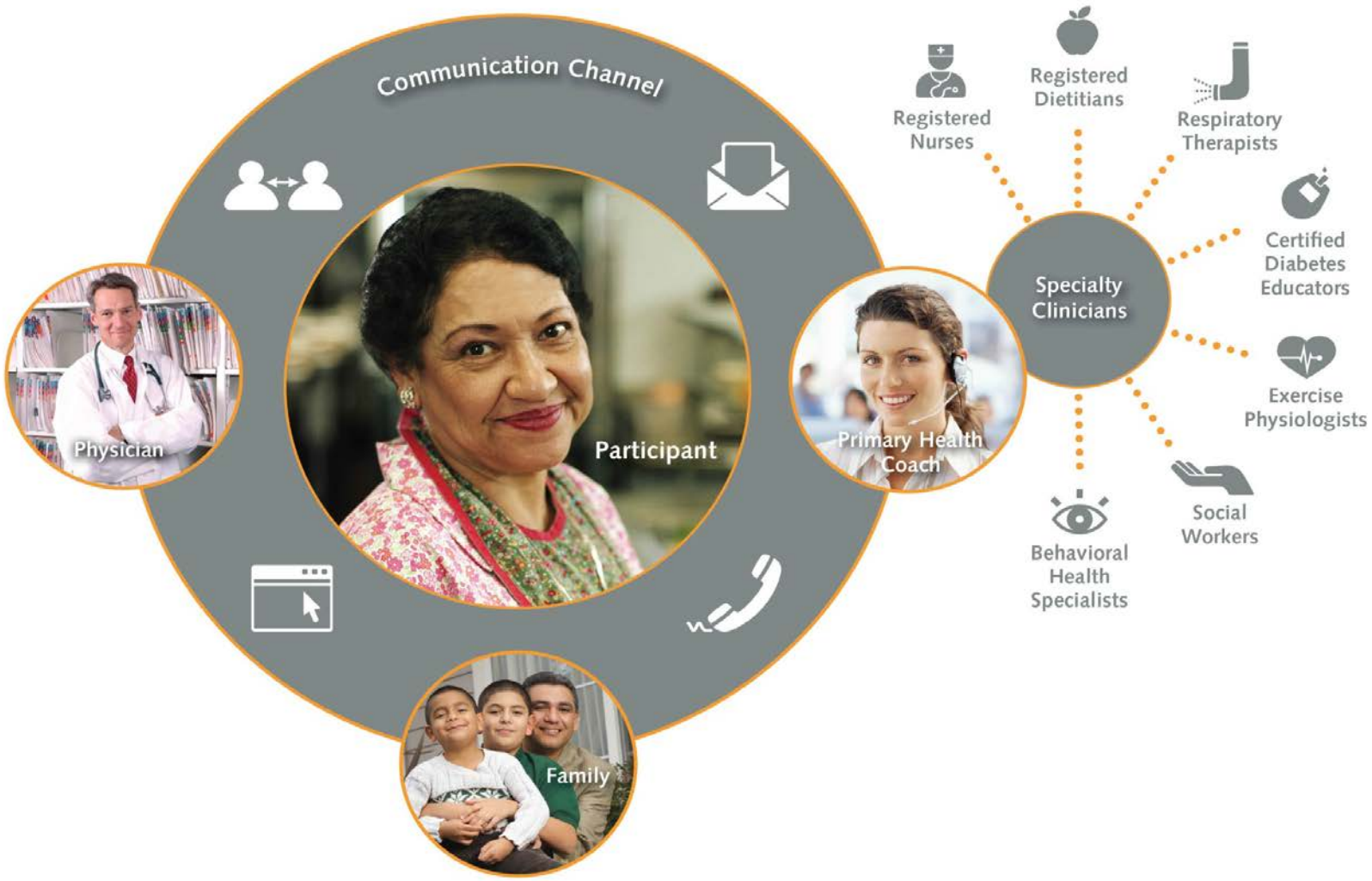
Program goal

By having access to a personal health coach, the program teaches members to better manage their health issues and to work together with their doctor and health plan to improve their health overall.

How it works

- You'll begin by talking on the phone with a health coach. Our team of coaches includes experienced registered nurses, diabetes educators, dietitians, exercise physiologists, respiratory therapists, and more.
- You'll talk to your coach about your health history and any challenges you may have. Then you'll set some health goals together.
- After that, your health coach will call you on a regular basis to work on those health goals. Most calls last about 15 minutes.

People-centered coaching model



Cardiac

Program goal

For people with heart disease or heart failure the focus is on controlling blood pressure, learning more about taking care of the heart, healthy eating, and finding ways to be more active.

Program highlights

- Telephone coaching with health care staff who specialize in heart disease or heart failure.
- If you have heart disease or heart failure, you can learn about how to manage your condition and symptoms.
- If you need to keep your blood pressure low, you can learn about the DASH diet.
- You may also get special educational materials that are written specifically for your condition.

Diabetes

Program goal

For children and adults with diabetes, the focus is on learning to test blood sugar and what the numbers mean, knowing when blood sugar levels are too high or low and what to do, and finding ways to eat better and stay at a healthy weight.

Program highlights

- Telephone coaching with health care staff who specialize in diabetes.
- Understanding how to use your testing equipment.
- Ways to keep your eyes, feet, heart, and kidneys healthy.
- Special educational materials that are written specifically for your condition.

Respiratory

Program goal

This covers adults and children with asthma, and adults with Chronic Obstructive Pulmonary Disease (COPD). The focus here is on improving lung function, using breathing machines and medication correctly, being physically active, and following the doctor's care plan.

Program highlights

- Telephone coaching with health care staff who specialize in breathing problems.
- Proven steps to use your inhaler less often and stay out of the hospital.
- Ways to do things you need to do without getting out of breath.
- Special educational materials that are written specifically for your condition.

TeleCare Management

Using the latest technology for better health

Members with diabetes or heart failure may be eligible to participate in our TeleCare Management program.

Program highlights

- One or more easy-to-use tools or pieces of equipment that collect details about your health will be installed at your home at no cost. The devices will record such things as your blood pressure, pulse, and more. All of that happens in the comfort of your own home.
- Each piece of equipment will send details to your health coach. The process is quick, safe, and completely private.
- Your health coach will look at your health details. If something doesn't look right, he or she will call you to make sure you get the help you need.

Providers are our Partners

- Healthy Solutions for Life is meant to increase collaboration between providers, members, and the health plan.
- Ongoing communication — through letters, faxes, and digital resources — is key to our care model.
- Providers have access to clinical training teams that provide high-quality programs to exceed the needs of our health plans and continually improve the knowledge, skills, and performance of the healthcare professionals who attend.
- Training is offered across the country both in person and via webinars.

TeleCare – A Special Provider Benefit

- TeleCare Management offers more efficient patient management and more effective interventions.
- Providers can adjust treatment based on readings, which are easy to access.
- Providers can also respond immediately to out-of-range readings.
- Health coaches send readings to show alerts and biometric data before follow-up appointments.

Integrated Care Management (ICM)

- Traditionally, case management at the Health Plan has been fragmented with case managers from multiple disciplines each focusing on a member's behavioral, physical, and social needs. This can lead to inconsistent messages, lack of information shared between care managers, and missed opportunities for better outcomes.
- With ICM, you have a member-centric model that sees the member as a whole individual, not just a disease or condition.

Integrated Care Management (ICM)

ICM model

One care manager, known as the primary care manager, will work with a member for all of the member's needs (physical, behavioral, and social).

Program goals

- Improve member experience.
- Ensures that member experiences are similar regardless of program/account.
- Standardizes care management process.
- Promotes information sharing (unified communication) among care providers.
- Provides care management services by a single care manager.

Expected outcomes

- Less outreach to member from multiple sources, which can otherwise result in confusion or frustration on the part of the member.
- Provides more focused and effective care to improve the member's health.

Building Relationships Improves Success

By developing trusted relationships with our members and providers, we can:

- Promote lasting health behavior change.
- Make our communities healthier overall.
- Recognize that our members have specific barriers and meet them where they are.
- Ensure that our providers are well trained and that their valuable time is spent productively.

Questions?

Call 1-800-905-6989

or contact your account management team