1) Patients with or without LV dysfunction and/or diagnosis of heart failure are triaged by chart review and/or consult and categorized as high, medium, or low risk. Echos and PFTs ordered as indicated.

2) Patients are identified via echo as asymptomatic LV dysfunction

High-risk: Intensively managed by HF Staff and may be referred back to Primary Care after stabilization>1 year. Some patients will need to be followed by the HF Clinic indefinitely. Class III/IV HF with at least 1 of the following:
- Heart failure hospitalization in the last 6 months
- Acute MI
- AS; valve <1.0cm2
- Moderate to Severe MR or TR
- Cor pulmonale
- Creatinine >2.0; requiring titration of medication
- Systolic BP >180 or <100
- New onset atrial fibrillation
- Clinically unstable; requiring phone calls >2x/week or having frequent changes in health status
- New diagnosis of heart failure

Medium-risk: Titration performed by Pharmacy Staff/Primary Care RN; may be discharged after post-titration echo and ICD consideration has been performed.
- Absence of high-risk criteria
- Creatinine 1.4-2.0; requiring titration of medication OR current or history of electrolyte imbalance (ie hyperkalemia)

Low risk: Managed by Pharmacy Staff/Primary Care RN
- Absence of high or medium-risk criteria, requires titration of medication
Meets criteria for Viterion 100 equipment

- Multiple hospitalizations or 1 admission with at least 1 UC/ER visits (either for CHF or ARF/dehydration); or requires daily monitoring/has failed telephone monitoring as clinically determined by heart failure staff
- Able to use equipment (cognitively, functionally, motivated, +family support for initial set-up and trouble-shooting if patient unable to do, patient or active family member able to give accurate assessment of heart failure, room for equipment in home, analog phone line).
- Will include self-management and CHF group classes

Do not meet above criteria for Viterion equipment, but meets criteria for telephone management

- Able to give accurate assessment of heart failure symptoms, stable heart failure, capable of using scale and blood pressure cuff, intended short-term nursing home placement, patient agreeable to being followed on phone.
- If patient meets criteria for Viterion 100 equipment with the exception of analog phone line, room for equipment, or functional ability (that can be overcome with using phone follow-up), may be placed on telephone management as well.
- Will include self-management and CHF group classes

Criteria for discharge back to primary care:

- Optimally titrated and stable heart failure for 12 months. Weaned to telephone or in-clinic visits as indicated.
- Some patients may need to be in a heart failure clinic indefinitely or referred to hospice.

Do not meet criteria for Viterion equipment or telephone follow-up

- Will include self-management and CHF group classes (involving NPs, RNs, dietician, pharmacist, exercise therapist)

High risk

→In-clinic visits
Indication for Referral back to CDM Heart Failure Staff:
- Patients being followed in or co-managed with primary care who meet high-risk criteria or who the Primary Care Team identifies as needing more intensive management.
- Patients being followed in the General Heart Failure Clinic who have been hospitalized or have frequent ER visits, and are telehealth candidates.

Refer to high-risk algorithm; will be intensively followed by CDM Heart Failure Staff.

Indication for Referral from HF Telehealth Clinic to General HF Clinic:
- Patients identified as requiring indefinite, in-clinic follow-up by a HF Clinic as determined by CDM Heart Failure Staff.

CDM Heart Failure Staff will send consult to Heart Failure Clinic.

Note: Patients who have a current or past history of medication or visit non-compliance will be followed closely by clinic staff for 6 weeks. If patient does not utilize the telehealth equipment, clinic staff are unable to reach patient by phone, or the patient “no-shows” twice, they will be discharged back to primary care. A notification will be sent to the primary care provider via e-mail, consult reply, or letter. Other exclusion criteria are those with cognitive deficits who are unable to make safe medication adjustments, hospice patients, and those on dialysis.