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SUPERIOR HEALTH
Quality Alliance

Exploring Best Practices Related to the ABCS of Heart Health: A Structured Collaborative

Session 5: Cardiac Rehab and Next Steps

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Introductions

- Name
- Title
- Clinic/Organization, location
- What have you implemented from the topics we've discussed so far?

Objectives

- Understand cardiac rehabilitation (cardiac rehab).
- Identify patients who are eligible for cardiac rehab.
- Realize the value cardiac rehab holds in the secondary prevention of cardiovascular disease
- Review “Next Steps” for the ABCS collaborative.

Polling Question 1

How often does your facility make referrals to cardiac rehab?

- Never
- Some of the time
- Most of the time
- Always

Polling Question 2

How easy is it for your facility to make cardiac rehab referrals?

- Very easy
- Somewhat easy
- A little difficult
- Very difficult

Cardiac Rehab

- Provides a comprehensive, interdisciplinary, team-based approach to care.
- Reduces the risk of death.
- Controls cardiac symptoms.
- Stabilizes atherosclerosis.
- Enhances social and emotional wellbeing.
- Supports a patient's return to desired level of functioning.

Cardiac Rehab Data - MN Dept. of Health (state.mn.us)

Importance of Cardiac Rehabilitation

- Cardiovascular disease (CVD) is one of the leading causes of death worldwide, and the leading cause of death in the U.S.
- Cardiac rehab programs aim to:
  - Limit the psychological and physiological stresses associated with cardiovascular disease.
  - Reduce the risk of associated mortality and improve cardiovascular function to help patients optimize their quality of life.
  - Decrease hospital readmissions.

Cardiac Rehabilitation Change Package | Million Hearts® (hhs.gov)

Cardiac Rehab Benefits

- Reduces:
  - Death from all causes by 13%.
  - Death from cardiac causes by 26%.
  - Hospitalization by 31%.
- Improves:
  - Medication adherence, functional status, mood and quality of life.

Cardiac Rehab Data - MN Dept. of Health (state.mn.us)

Eligibility for Cardiac Rehab

- Individuals with cardiovascular disease who have:
  - Had a heart attack.
  - Received a stent.
  - Undergone bypass or heart transplant surgery.
  - Stable heart failure.
  - Stable angina.

Cardiac Rehab Data - MN Dept. of Health (state.mn.us)

Cardiac Rehab Team Members

- Cardiologist
- Exercise physiologist
- Registered nurse
- Physical therapist
- Dietitian
- Social worker

Cardiac Rehab Data - MN Dept. of Health (state.mn.us)

Cardiac Rehab Sessions

- Take place over a period of time – typically three months.
- One hour in length.
- May include up to 36 sessions.
- Sessions include:
  - Supervised exercise
  - Nutrition education
  - Lifestyle education
  - Stress management
  - Patient counseling

Cardiac Rehab Data - MN Dept. of Health (state.mn.us)

The Four Phases of Cardiac Rehab

1. The Acute Phase
   - Occurs soon after the cardiac event.
   - Most likely is inpatient.
2. The Subacute Phase
   - Occurs at an outpatient facility.
   - Lasts approximately 3-6 weeks.
   - This phase centers around the patient's safe return to functional mobility while monitoring heart rate and exertion.

The Four Phases of Cardiac Rehab (cont'd)

3. Intensive Outpatient Therapy
   - Involves more independent group exercise.
   - Therapists tailor a program of exercises, including flexibility, strengthening and aerobic exercise
4. Independent Ongoing Conditioning
   - Independent maintenance with the support of the rehab team.

Cardiac Rehab Participation

- Only one in four cardiac rehab-eligible Medicare beneficiaries participated in cardiac rehab in 2020.
- Disparities exist:
  - By sex
  - By race and ethnicity
  - By qualifying condition
  - By geography

Tracking Cardiac Rehabilitation Participation and Completion Among Medicare Beneficiaries to Inform the Efforts of a National Initiative | Circulation: Cardiovascular Quality and Outcomes (ahajournals.org)

Factors That Impact Cardiac Rehabilitation Participation and Completion

- Participation decreased with increasing age.
- Lower participation in women compared with men.
- Non-Hispanic whites had the highest participation rate, then Hispanics (13.2%) and non-Hispanic Blacks (13.6%).
- Rates were considerably lower among beneficiaries with ≥ 5 comorbidities compared with zero to two comorbidities.

MD Ritchey. *Circulation:* Cardiovascular Quality and Outcomes. Tracking Cardiac Rehabilitation Participation and Completion Among Medicare Beneficiaries to Inform the Efforts of a National Initiative, Volume: 13, Issue: 1, DOI: (10.1161/CIRCOUTCOMES.119.005902)

Barriers to Participation in Cardiac Rehab

Socioeconomic barriers

- Out-of-pocket/co-pay costs, transportation, time commitment, caregiving responsibilities, employment and travel distance.

Psychological barriers

- Grief and loss related to changes in health status, anxiety and fear about health and physical activity.

Physical barriers

- Physical limitations (fatigue, shortness of breath) compromise ability to engage in regular daily activities, difficult to engage in exercise.

Motivation:

- Limited understanding of benefits of cardiac rehab, lack of personalization.

Lee, M., Wood, T., Chan, S., Marziali, E., Tang, T., Banner, D. et al. (2022) Cardiac rehabilitation program: An exploration of patient experiences and perspectives on program dropout. Worldviews on Evidence-Based Nursing, 19, 56– 63. https://doi.org/10.1111/wvn.12554

Strategies to Reduce Barriers to Cardiac Rehab (CR)

Strategy	Description
Automatic CR referral system.	CR referral is automatic electronic medical record (EMR) order for all eligible patients.
“Liaison” to help educate and refer patients to CR.	Liaison or coach meets with eligible patients, provides education about CR and guides enrollment.
Limit or eliminate patient out-of-pocket expenses.	Negotiate with insurance companies to limit or eliminate co-payments and other out-of-pocket expenses for CR.
Home-based or virtual CR option	Protocol-driven, nurse-manages home-based CR program for low- to moderate risk patients.
Flexible hours of operation.	Increased flexibility of CR center hours.
Early appointment established before hospital discharge.	Establish CR enrollment appointment for each eligible patient within 12 days of hospital discharge.
Use referral and enrollment performance measures.	Assess, report, and act upon data on referrals and enrollment in systematic quality improvement (QI) program.

Ades PA, Keteyian SJ, Wright JS, Hamm LF, Lui K, Newlin K, Shepard DS, Thomas RJ. Increasing Cardiac Rehabilitation Participation From 20% to 70%: A Road Map From the Million Hearts Cardiac Rehabilitation Collaborative. Mayo Clin Proc. 2017 Feb;92(2):234-242. doi: 10.1016/j.mayocp.2016.10.014. Epub 2016 Nov 15. PMID: 27855953; PMCID: PMC5292280.

Lessons Learned

- It starts with the provider. Providers who talk with their patients about cardiac rehab have better participation from their patients.
- Important to get primary care providers (PCPs) involved for heart failure and unstable angina patients that may not be hospitalized and qualify for cardiac rehab.
- Treatment plans often don’t get signed by the referring provider.
  - Keep signing-off-on plans internal – example: the Medical Director. This can alleviate concerns.
- Follow-up with patients is needed to see if patients have attended their cardiac rehab sessions.

Capturing Patient Experience

- Finding ways to include patient feedback may be critical to improving rates of enrollment and completion.
- Plan ways to capture informal patient feedback you receive.
- Structured ways to capture feedback: Follow-up surveys, questionnaires or patient interviews.
- Patient Advisory Group.
- Important to capture experience and perspective of:
  1. Those who received a referral but did not enroll.
  2. Those who enrolled but did not complete program.
  3. Those who enrolled and completed program.
- Patient stories can be motivating to staff, providers and prospective patients.

Billing for Cardiac Rehab

- Medicare Part B covers cardiac rehab for patients with cardiovascular disease and one or more qualifying events as noted on Slide 9.
- Cardiac rehab is to take place in a physician's office or a hospital outpatient setting. Both settings must have a physician immediately available and accessible for medical consultations and emergencies.
- Cardiac rehab programs must include all the following components:
  - Physician-prescribed exercise.
  - Cardiac risk factor modification.
  - Psychosocial assessment.
  - Outcomes assessment.
  - Individualized treatment plan.
- Medicare limits the number of sessions to a maximum of two, 60-minute sessions/day for up to 36 sessions for a period no more than 36 weeks.

MLN7561577 - Conditions of Coverage for Outpatient Cardiac (hhs.gov)

Patient Story

Cardiac Rehab Resources

- Cardiac Rehab Program Directory (aacvpr.org)
- Chronic Disease Management Resources: Cardiac Rehabilitation - Superior Health Quality Alliance (superiorhealthqa.org)
- Centers for Disease Control and Prevention (CDC) US/Department of Health and Human Services (HHS)
  - Cardiac Rehabilitation Change Package, second edition
  - Million Hearts Outpatient Cardiac Rehabilitation Use Surveillance Methodology (February 2023)
  - Cardiac Rehab Billing
    - MLN7561577 - Conditions of Coverage for Outpatient Cardiac (hhs.gov)

ABCS Collaborative Next Steps

Collaborative Follow-up Activities

- A Superior Health Quality Improvement Advisor (QIA) will reach out to each organization's contact to schedule 1:1 follow-up calls. Calls will begin in July 2024.
- As soon as able, each organization is asked to share the following monthly data with their QIA as part of the monthly calls.
  - Number of staff trained for their Self-Measured Blood Pressure (SMBP) monitoring program.
  - Number of patients enrolled in their SMBP program.
    - Current number of active patient participants.
    - Number of patients that have dropped from the program.

Putting It All Together

Summary: Implementing a SMBP Program

- Strong scientific evidence shows that SMBP monitoring programs, plus clinical support, help patients with hypertension lower their blood pressure.
  - SMBP can also be used to confirm a suspected diagnosis of hypertension based on BP measurements obtained in an office setting.
- Identify at least one provider and one care team member to serve as champions; these individuals will help to train staff.
- Develop SMBP program processes and workflows that involve a variety of staff roles. Staff training of roles is crucial.
- When identifying patients who are likely to benefit from a SMBP program, remember patients are more likely to remain engaged when clinic staff discuss program requirements with the patient and ensure they have the capacity to participate.
- Use only blood pressure devices that have been validated for clinical accuracy for your SMBP program.

Summary: Aspirin Use and Cholesterol Management

- The United States Preventive Services Task Force (USPSTF) recommends against initiating the use of low-dose aspirin in most cases for patients over 60 years of age for the primary prevention of atherosclerotic cardiovascular disease (ASCVD).
- Decisions should be based on clinical judgment and long-term antiplatelet strategy when identifying patient who may benefit from aspirin therapy.
- Risk factors for elevated cholesterol that patients can control include dietary choices, physical activity, maintaining a healthy weight, tobacco cessation, limiting alcohol intake and stress management.
- Statin medications are used to lower Low-Density Lipoprotein (LDL) cholesterol by slowing liver production of and increasing removal of cholesterol from blood.
- Patient education and shared decision-making are important components in helping patients manage their cholesterol.

Summary: Tobacco Cessation

- Health care providers have a professional obligation to help patients improve their health. This includes addressing tobacco use and helping patients to quit.
- If a patient asks you whether you use tobacco or have used tobacco in the past, be honest.
- Prior to providing tobacco cessation assistance to patients, it is helpful to assess each patient's readiness to quit.
- Change is a process. There are five stages in the overall process of change:
  - **Precontemplation:** not thinking about changing in the next six months.
  - **Contemplation:** considering changing in the next six months, but not in the next 30 days.
  - **Preparation:** ready to change in the next month.
  - **Action:** in the process of change (but implemented the change less than six months ago).
  - **Maintenance:** has fully implemented the change for more than six months.

Summary: Cardiac Rehab

- Cardiac rehab provides a comprehensive, interdisciplinary, team-based approach to care for patients with cardiovascular disease and a qualifying event.
- Cardiac rehab can reduce the risk of associated mortality and improve cardiovascular function to help patients optimize their quality of life.
- Providers who talk with their patients first about cardiac rehab have better participation from their patients.
- Involve PCPs in the referral process, especially for heart failure and unstable angina patients that may not be hospitalized but still qualify for cardiac rehab.
- Medicare Part B covers cardiac rehab for patients with a qualifying event and when all program components are met.

Questions?

Evaluation Polling Question 1

I learned something useful as part of this collaborative.

- Yes, and I'm going to put it into practice and share it with my colleagues.
- No, I will not use this information in practice or share with my colleagues.
- I am unsure.

Evaluation Polling Question 2

Overall, how satisfied were you with the information provided as part of this collaborative?

- Very satisfied
- Satisfied
- Partly Satisfied
- Not satisfied

Continue the Conversation in

Superior Health Connect

Connect is a shared learning environment for Superior Health participants to come together to foster and promote an all-teach-all-learn climate that provides the framework to improve and sustain mutual health care quality improvement initiatives locally, regionally, and nationally.

https://superiorqio.mn.co/spaces/9165488/feed

Other Superior Health Services

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  - Dietary resources (i.e., CKD, DASH diet/diabetes)
  - Cancer screening
  - Mobility resources/falls
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  - And more!

For more information contact immunizations@superiorhealthqa.org and get your Health Fair Request started today!

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