TAKE heart
AHRQ's Initiative To Increase Use of Cardiac Rehabilitation

EVENT SUMMARY

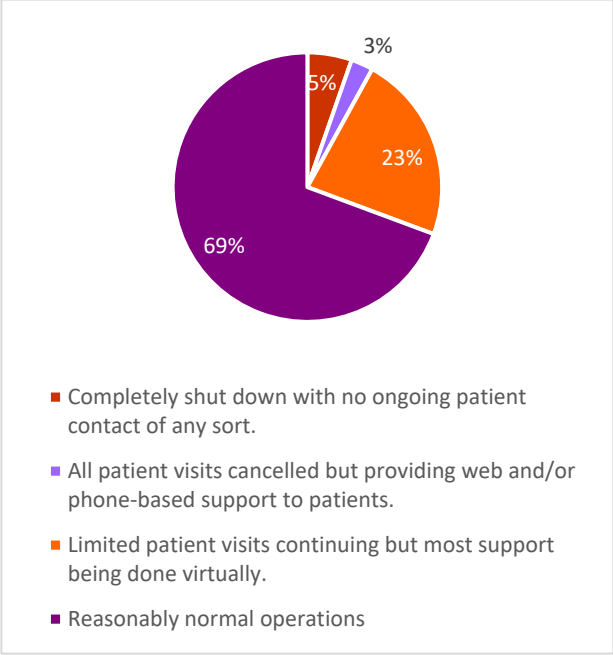
AFFINITY GROUP DETAILS AT-A-GLANCE

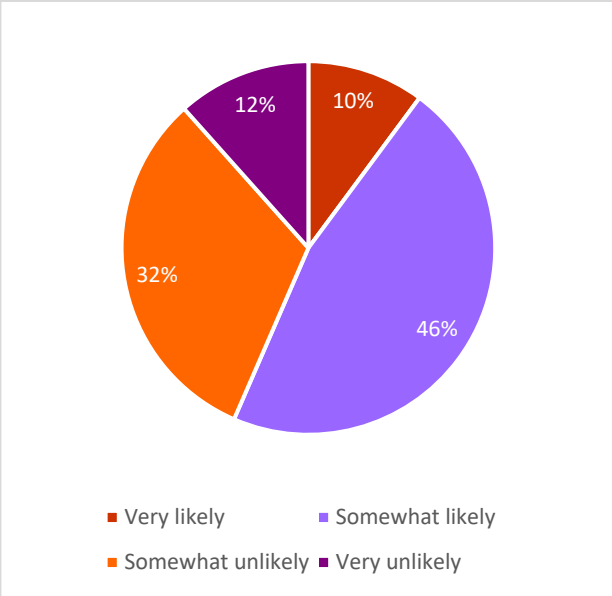
Title	**Emerging Strategies for Supporting CR Patients between Onsite Visits** **August 13, 2020**
Purpose	• To provide an opportunity for peer-to-peer sharing related to how CR programs are supporting patients in between onsite visits
Format	• A moderated panel discussion with five panelists, with additional input from the 129 event participants
Special Thanks to our Moderator and Panelists	**Moderator:** • **Hicham Skali, MD, MSc**, TAKEheart's Principal Investigator and Director of the Cardiac Rehabilitation program at Brigham and Women's Hospital **Panelists:** • **Jessi Hyduk, RN, RCEP,** Cardiopulmonary Rehab Supervisor, Saint Joseph Regional Medical Center (SJRMC), South Bend, IN • **Karen Lui, RN, MS, MAACVPR GRQ, LLC,** Regulatory Analyst • **Tricia McNair,** Cardiac Rehabilitation Graduate • **Randal Thomas, MD,** Medical Director for the Mayo Clinic Cardiac Rehabilitation Program • **Laura N Vaughn, BS**, McLaren Greater Lansing Cardiac Rehabilitation, Lansing, MI
Resource Link	**Slides** and a **recording** of the event along with **links** to other relevant resources for addressing COVID-19 are available online at: https://takeheart.ahrq.gov.

ASSESSING THE CURRENT AND FUTURE STATUS OF CR PROGRAM OPERATION

STATUS AT-A-GLANCE

Current State	Future State
Participants in this event responded to a polling question about their CR program's status as of Aug. 13, 2020. Results from the 75 responses are shown below.	Over half the respondents thought it was somewhat or very likely that their programs would need to curtail operations again before the end of 2020 due to a COVID-19 resurgence in their area.





OVERALL EVENT THEMES

"DISCUSSION HIGHLIGHTS" below provide panelist suggestions and recommended resources related to each theme

- **A Proposed CMS Rule Change May Allow CR Programs to Bill for Remote Services**

  A proposed rule change by CMS may allow CR programs to bill for some patient support provided remotely but some aspects are unclear. The proposed rule and a link to provide comments is provided below.

- **Reduced Capacity is Part of the "New Normal"**

  While 69% of programs report a return to reasonably normal operations, the "new normal" includes reduced capacity to accommodate greater physical distance between patients. Adding more CR sessions and reducing the frequency of onsite CR visits are parts of the "new normal" for many programs.

- **Onsite Visits are Evolving**

  Reduced capacity, increased cleaning needs and less frequent onsite visits are affecting how CR programs operate their onsite CR sessions.

- **Strategies Exist to Enhance Support for CR Patients between their Onsite Visits**

  Panelists described a range of strategies they have implemented to support their patients between visits using calls, web-based resources and monitoring and/or exercising equipment.

- **Support and Connections Matter**

  Both patients and CR programs think it's essential for CR programs to provide the encouragement and social support patients need. Panelists shared methods they are using to preserve this vital aspect of CR.

- **Learn from and Improve on Your Innovations**

  Every panelist identified changes they have made to refine their responses to COVID-19. Assume every adjustment you make can be improved on and that input from patients and staff are key to continuous improvement.

DISCUSSION HIGHLIGHTS

Potential Changes in Medicare Billability

Karen Lui, who focuses on legislative and regulatory issues specific to cardiac care, commented on Medicare billing changes that are under consideration.

- **Background**: In response to the COVID-19 emergency, CMS expanded remote services for which hospitals and clinicians could bill, but CR services were not included in this expansion. This limitation has significantly impacted many CR programs forced to limit onsite patient visits.

- **Proposed Rule Change:** The proposed change may allow CR programs to bill for services provided by phone or the web but CMS has not provided guidance regarding *where* the clinical "procedure" can be delivered. Whether a patient's home can be formally considered a site of care during the pandemic remains unclear.

- **Next Steps:** CMS has invited comments on the proposed rule. These can be submitted online until Oct. 5. The rule could go into effect on Jan. 1, 2021.

RESOURCES WORTH REVIEW

CMS Proposed Rule and Opportunity for Comment:
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https://www.federalregister.gov/documents/2020/08/12/2020-17086/medicare-program-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment

AACVPR Summary:
https://aacvpr.informz.net/informzdataservice/onlineversion/pub/bWFpbGluZ0luc3RhbmNlSWQ9MzA0MzQzNQ==

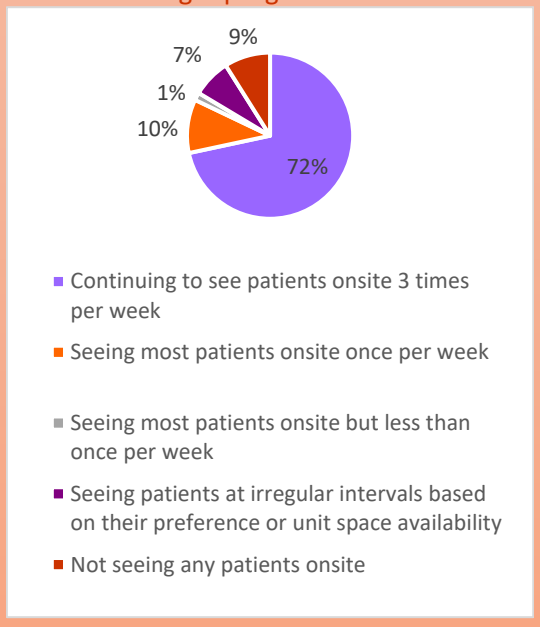
Coping with Reduced Capacity

Panelists shared a variety of strategies for coping with reduced capacity, including:

- To cope with the need to cut capacity in half, SJRMC now has patients come for a **91-minute session twice a week** for the first 30 days and then go to 1 session per week. Participation is on a **first-come, first-serve basis** unless a physician specifically prioritizes a patient.
- McLaren Greater Lansing Cardiac Rehabilitation is opting for a **more individualized approach**. Patients who are independent or healthier may only be seen once a week or every other week while those who need more support or have more complications may be seen more often. The frequency of onsite visits is guided by the specific needs of each CR patient.
- While onsite care at the Mayo Clinic Cardiac Rehabilitation Program in Rochester, MN remains suspended, they are **using the home-based program** they already had in place to provide virtual support to all their patients. While they have found their home-based model to be "particularly helpful for low-risk patients who are otherwise stable," since the pandemic they have also been **offering remote services to non-local patients** who ordinarily would be referred to a CR program closer to their homes.

FREQUENCY OF ONSITE CR VISITS

Most programs report seeing CR patients three times weekly, but additional data (not shown) indicate that this pattern is less common in larger programs.



PATIENT PERSPECTIVE

- **Tricia McNair**, a CR graduate from Massachusetts General Hospital, initially thought she "didn't have time for CR." But she now sees the **tremendous benefit of her nutrition classes** (which helped her lose 60 pounds in 8 sessions), as well as the psychosocial assessment. She also acknowledged her "life-saving" nurse case manager, who routed Tricia to the ER one day when it was evident that she needed emergency care.
- Tricia stressed the need for all CR programs to educate all their patients on how important CR is to recovery and health. Even if patients are seen less frequently or remotely it is still critical that they all understand that **CR is more than exercise** and that learning about nutrition, lifestyle changes and getting social support from staff and other patients is essential.

Adjusting the Onsite Patient Experience

Panelists shared adjustments they have made to their onsite CR sessions in response to seeing their patients less frequently. These included:

- At McLaren Greater Lansing Cardiac Rehabilitation, **Laura Vaughn** noted that the pandemic was a **catalyst for programmatic change**s that had been under consideration for years. For instance, the CR program now utilizes less monitored sessions for low-risk patients, while spending more "quality time" educating patients in a 1:1 format.
- According to **Jessi Hyduk**, the transition from 60 minutes twice a week to 90 minutes once per week "allows **more focus on education**". The program used to conduct education sessions in a group format; now, they are shorter, more "concentrated," and involve videos from Baylor Medical School that have "prompted some great discussions among patients, who have taken the reins, rather than the clinicians to be the lecturers." For instance, one lesson allows patients to fill a grocery cart virtually. Meanwhile, the education department has experienced **a transition from "more fragmented staff" to "concentrated staff who are full-time**."
- According to **Dr. Thomas**, the Mayo clinic where he is based has plans for patients to return to onsite visits once per week with minimal face-to-face interactions. They will also continue to **support remote connections with patients at least once per week**. His team is waiting for the appropriate time to implement this change and continue with careful and efficient planning.
- CR graduate **Tricia McNair** believes that more frequent CR participation (in any capacity) makes the "program seem more legitimate," and she hopes that any reduction in sessions doesn't "cause patients to think that this is just an exercise program."

PARTICIPANT INSIGHTS

From the Chat Comments:

Q: *How are you conducting **education** since **group classes** are not encouraged at this time?*

A: *For education in group settings, I would ask your infection control if you can use a large space and masking to do group education sessions. We are doing it right in the gym, sometimes simultaneous to exercise, and sometimes after.*

We continue to do group education classes in an area where patients are seated at least 6ft apart and ensure masks (as always) are worn at all times.

We moved our group orientation to zoom format either patients can call in or join in via link.

We have been emailing links to videos to patients. We have much smaller groups and more clinics. We have small groups of four that rotate into education sessions in a large room after exercise.

Supporting CR Patients between Onsite Sessions

Panelists shared adjustments they have made to their onsite CR sessions in response to seeing their patients less frequently. These included:

- **Laura Vaughn** noted that patients actually "have more contact with the physicians" as a result of telehealth, and that **all clinicians encourage patients to contact them** (as necessary) in between visits. Frequently, clinicians email resources and videos to patients as part of their homework.
- The program in South Bend, IN where **Jessi Hyduk** works refers patients to "**Thrive**" (a 12-week goal-setting program run by the Cardiovascular Prevention & Rehabilitation Program at Toronto Rehab). This virtual program "puts more accountability on patients" and can be combined with homework concepts from the primary CR program.
- According to **Dr. Thomas**, Mayo Clinic's protocol is "center-based," with a **maintenance program to help patients continue** their progress after they graduate. Mayo has noticed that, with a home-based approach, patients are more disciplined and exercising every day.
- Based on her own experience**, Tricia McNair** emphasized the **importance of creating social connections** at CR, even if the appointments are limited during the pandemic. Specifically, the first few weeks of CR are "about getting to know other patients… because we talk to each other about things we don't talk to the staff about." Tricia urged CR staff to **foster a sense of community virtually**, which might involve distributing patients' contact information (if privacy rules allow or permission is given).

PATIENT SUPPORT RESOURCES

- *The Body Coach TV on YouTube- Joe Wick*
  https://www.youtube.com/channel/UCAxW1XT0iEJo0TYlRfn6rYQ
- *Strength Workout For Seniors - An Introduction To Weights For Seniors*
  https://www.youtube.com/watch?v=Wa8Fk8TaXPk
- *10 Minute Core Strengthening Workout For Seniors*
  https://www.youtube.com/watch?v=6Ts-deSDnRM
- *YMCA Health and Fitness Videos on Demand*
  https://ymca360.org/on-demand/category/20
- *Refer to Diabetes Education at YMCA*
  https://www.mssny.org/Documents/Enews/2015/January/Jan%2023/AMA%20guide-to-refer-Medicare-patients-to-the-ymca-diabetes-prevention-program.pdf
- *Baylor Link for Education*
  https://www.bcm.edu/centers/cancer-center/sugar-heart-life/im_wii.htm
- *Link to the 12-week program utilized by Jessi*
  https://www.healtheuniversity.ca/EN/CardiacCollege/THRIVE/

Lessons Learned about Required Adjustments to COVID-19

Panelists shared lessons they have learned about adjustments required in response to COVID-19. CR programs need to adjust to evolving patient needs and patients need to adapt to necessary program changes. Examples of program and patient adjustments included:

- Almost **every change you make will require further adjustments**. So make plans, implement them, and be prepared to adjust them based on what you learn.
- **Observing and listening** to your patients is essential to make sure that your changes meet their needs and will foster the important connections CR programs need to have with them.
- According to **Laura Vaughn**: "If you're still hanging back from bringing patients in, don't hesitate. The time from discharge to enrollment is important, and we want to **get people in as quickly as possible**."

KEY PATIENT INSIGHT

"Trust the staff and understand that they are there for you. You are in good hands".

—Tricia McNair, CR Program Graduate

- **Jessi Hyduk** and her colleagues were surprised to learn that not all insurance covers two CR visits per day (to allow for a 90 minute class). Confirming in advance which insurers will and won't cover this has been important.

FOSTERING SOCIAL SUPPORT: LESSONS LEARNED

- Assigning patients to smaller groups fosters connections and helps manage COVID-19 risks
- Encouraging patients to connect with each other between onsite sessions
- Checking in with patients by phone and the web between onsite sessions
- Communicating support options to patients coping with depression, anxiety or loneliness
- Not neglecting social support even though it's definitely harder now

- **Dr. Thomas** is hopeful that the pandemic will **encourage CR programs to continue to evolve** as they have for the past three decades. Better methods to support CR patients in their homes can benefit all CR patients and expand the benefits of CR to patients that would benefit from it but find onsite CR logistically challenging.
- While some programs are assigning staff based on where they are needed most, **Dr. Thomas'** CR program is **making assignments that play to staff strengths**, with staff that enjoy doing onsite sessions doing more of them while staff that enjoy providing virtual patient care spending more of their time providing phone- and web-based support.