

AFFINITY GROUP DETAILS AT-A-GLANCE

<p>Title</p>	<p>Maximizing Physician Support for Cardiac Rehabilitation</p> <p>June 16, 2022</p>
<p>Purpose</p>	<ul style="list-style-type: none"> To share evidence-based insights and practical solutions that effectively engage with physicians and encourage them to serve as active advocates for your cardiac rehabilitation (CR) program. The session addressed approaches for making contact, using data, addressing objections, and collaborating to expand CR participation by underrepresented populations. This affinity group featured a panel of CR program leaders that have experienced success in engaging with physicians to promote CR.
<p>Format</p>	<ul style="list-style-type: none"> A moderated panel discussion with three panelists, with additional input from over 70 event participants
<p>Special Thanks to our Moderator and Panelists</p>	<p>Moderator:</p> <ul style="list-style-type: none"> Stephen Hines, PhD- TAKEheart’s Training and Technical Assistance Lead, Principal Associate, Abt Associates <p>Panelists:</p> <ul style="list-style-type: none"> Katelyn King, MSEP, CCRP- Transitions of Care Coordinator, Cardiovascular Critical Care Services, University of Kentucky Healthcare Christine L. Bryant, BSN, RN- Cardiac Rehabilitation/Heart Failure Nurse Manager, Prairie Heart Institute at HSHS St. John’s Hospital, ISCHR Board- Membership/Retention Chair. Marion Harris-Barter, RN, BSN, M.Ed., CCRP- System Director, Cardiac Rehabilitation, Lee Health
<p>Resource Link</p>	<p>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.</p>

OVERALL EVENT THEMES

Engagement with physicians in person provides the best opportunities to make the case for CR

Connecting with physicians either in the hospital or in the cardiac rehab unit is an effective method for achieving buy in and support for CR.

- In the hospital, CR staff can address benefits to specific patients and discuss strategies to support the patient's particular needs.
- Physician visits to CR programs allow them to see how the program is addressing each patient's needs, the range of services provided, and also presents an opportunity for real-time patient feedback on how participation is helping them reach their heart health goals.
- Complementing in-person engagement with regular updates on the status CR patients under their care reinforces the value of CR for both the patient and the physician office practice.

Data is an important tool to engage physicians on the benefits of CR

Providing data on improved heart health and reduced readmissions due to enrollment and engagement in CR to physicians is an effective strategy to achieve buy in.

- Physicians are guided by research data when implementing existing and new treatment approaches that improve the lives of their patients. Publications documenting the value of CR for eligible patients, its particular value for frail, elderly patients or those with heart failure, and the underrepresentation of women, minorities, and low-income patients all can be shared with physicians to reinforce the importance of promoting participation with these groups.
- Physicians are committed to the improvement of the health of their patients. Therefore, sharing information captured during CR sessions and alerting physicians to any danger signs or changes in status is an effective strategy.
- Comparative data that allows physicians to see the rates of enrollment, attendance, and completion for their patients and those of other physicians or practices can generate beneficial competition to perform better than they currently are.

Engaging providers and foundations in meeting the CR needs of underrepresented populations may help to close treatment gaps

Underrepresented populations have unique challenges that serve as barriers to accessing care. Meeting the needs of these populations is important in achieving health equity and closing the treatment gaps.

- Seeking out resources and other supports to engage underrepresented populations requires additional time and a commitment to improve services and outcomes.
- Researching and collaborating with foundations and community-based organizations addressing the needs of these populations may provide the supports needed to engage these patients in treatment and help to close treatment gaps.

DISCUSSION HIGHLIGHTS

Making Contact and Engaging with Physicians

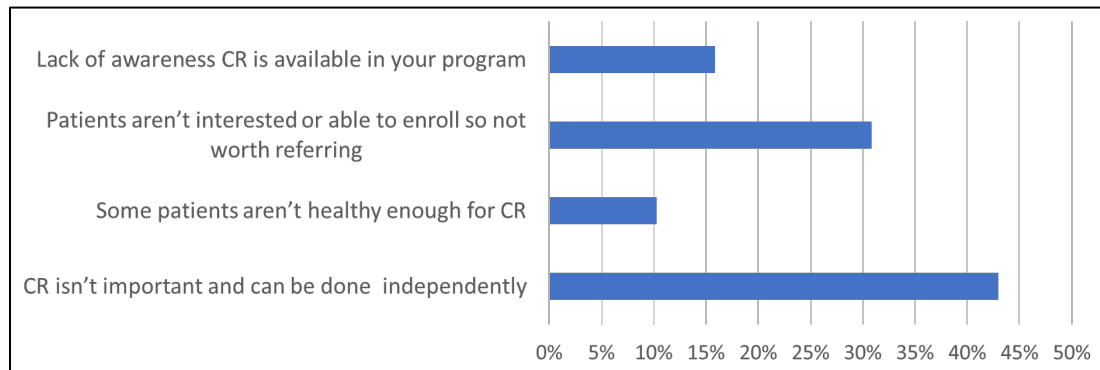
- Marion Harris-Barter indicated that face-to-face contact with physicians is highly effective
 - Additionally, she and her team do follow-up calls with physicians once patients have been discharged, which has also been successful.
 - The surgical patients in her hospital meet with a CR nurse twice, even after they've scheduled their outpatient appointment; this helps convince patients who were originally on the fence about CR and to secure their outpatient appointment.
 - Lastly, their medical directors have been highly supportive about CR and are willing to approach the cardiologists and surgeons and solicit information they need from them.
- Christine Bryant added to the value of face-to-face contact with physicians to convey patients' thoughts about CR.
 - Physicians appreciate her team taking the initiative to communicate with them.
 - Also, she publicizes CR services during the department of cardiology meetings, when the opportunity arises, which our CEO attends.
- Katelyn King stressed the value of attending quarterly meetings.
 - Her team uses these meetings to convey to their physicians that CR is proven to reduce hospital readmissions and highlight that CR is not just exercise but rather a comprehensive program.
 - When their new residents and fellows onboard in July, they make sure that CR is included in their rounding.

Using Data to Help Make the Case for CR

- Marion Harris-Barter shared that they share data with their medical director monthly and post their outcomes for the whole department (and patients) to see.
 - While data often holds more weight, the anecdotal outcomes that patients share with their physicians have also been influential; this is especially true for patients with heart failure.
- Christine Bryant shows enrollment data comparisons from one year to the next with her physicians as she has limited time with them and wants to provide them with straightforward data.
 - She indicated that while they don't currently share comparative data with their physicians, it would be interesting to look at comparative data among all their system's CR programs.
- Katelyn King shared their approach to benchmarking referral and attendance data against national averages has been highly effective for highlighting their CR engagement rates.

Addressing Common Objections Among Physicians

The below graph shows the results of participant responses to the question, “The biggest physician objection to CR that we have to address is....” There are multiple approaches that can be used to address physician resistance to CR.



- Marion Harris-Barter shared that while hospital leadership is highly supportive of CR, there’s always room for improvement.
 - She believes that informing physicians of the full range of services provided in CR, including education and behavior modification is the strongest defense to address misconceptions.
 - Additionally, she identified an important role that patients play by reinforcing the importance of CR to their recovery when following up with their physicians.
- Christine Bryant noted that the best way to address resistance is through education and to expand this to other providers.
 - While some physicians still perceive CR as solely an exercise program, she feels it’s critical to enhance their knowledge with the full range of services offered in CR.
 - This education needs to expand well beyond physicians, starting with mid-level providers, who often spend more time with patients at the bedside.
 - Lastly, she identified the need for nursing students to gain exposure to CR.
- Katelyn King highlighted the importance of leadership support in addressing physician resistance.
 - While she’s encountered physicians at her hospital who refuse to refer to CR, often due to misunderstandings about the goals and outcomes, the overall leadership support has helped to mitigate this resistance.
 - Additionally she feels that engaging case managers is critical given their role in enrolling patients in CR.

Encouraging Productive Physician Visits to the CR Facility

Visiting CR facilities provides an opportunity for physicians to view the range of services provided in real time.

- Marion Harris-Barter shared that frequent visits by leadership presents opportunities but there is still work to be done.
 - Her team encouraged medical directors to visit during the actual CR sessions, so they can see the patients in real time.
 - While they host open houses whenever a new facility is opened, they haven't been as successful at engaging their other physicians into the centers.
- Christine Bryant indicated that physician visits to CR programs that are not centrally located in the hospital need greater visibility.
 - As her CR program is located in the back of the building, her team encourages physicians, especially those newer to the hospital, to visit the facility to ensure they are fully aware of the CR services available.
 - During these visits, not only do physicians develop a greater appreciation of the full range of services provided but also learn of the benefits of exercising in the gym after hours.
- Katelyn King highlighted the value of positive feedback to physicians.
 - During physician visits to their outpatient CR facilities, her team shows them a patient success story book; testimonials that include quality care received from their providers.
 - The physicians are always pleased to read praise their patients expressed about care delivered by them.

Expanding Referrals of Traditionally Underrepresented Populations

- Katelyn King shared that access to a philanthropy group can be helpful in assisting patients with high co-pays.
 - First and foremost, she stresses to her physicians the need to refer all eligible patients to CR.
 - Once the referral is made, her team will contact the patient and work with them through any barriers to treatment they are facing.
 - As needed, she'll connect patients to the philanthropy group to assist with financial barriers to treatment.
- Christine Bryan's CR program is increasing engagement of underrepresented populations in CR by providing bus passes and gas cards to patients with transportation barriers. They evaluate their current pool of patients to understand who is not represented in CR.
- Marion Harris-Barter's system is meeting the needs of underserved populations by providing transportation through a contract with a taxi service as well as developing a heart health group specifically to support women in CR.

Additional Relevant Resources:

Additional resources related to maximizing physician support for CR included:

- Million Hearts resources on [physician engagement](#)
- TAKEheart information on enhancing the coordination of your patients and getting physician buy-in (especially the slides and implementation guides for [modules 6, 8 & 9](#))

Additional Details

Event slides and a recording of the event provide additional details that complement the insights shared in this document and are available online at: TAKEheart.ahrq.gov