



AHRQ's Initiative To Increase Use of Cardiac Rehabilitation



## Implementation Guide - Module 1

Welcome to the TAKEheart Initiative and an Overview of the Benefits of Increasing Cardiac Rehabilitation Participation	
<b>Module Purpose</b>	In this module, we introduce AHRQ's TAKEheart initiative, whose goal is to help hospitals and health systems implement evidence-based strategies to increase cardiac rehabilitation (CR) participation among eligible patients by implementing automatic referral with care coordination support -- two strategies that have been proven to increase cardiac rehabilitation participation by eligible patients. We review the strong evidence base for the benefits of this approach to increasing CR; the reasons for current low CR participation and associated low referral rates; and highlight the opportunity and benefits to hospitals/health systems, patients and payers to closing the gap between evidence and practice in CR. This module's purpose is to enable hospitals and health systems to <i>make the case</i> to their teams and leadership that implementing CR is worthwhile from patient, provider and hospital/systems' perspectives.
<b>Target Audience</b>	<p><i>Primary audience:</i> CR Team implementing automatic referral with care coordination (liaison)</p> <p><i>Secondary audiences:</i> Non-team cardiac clinicians, discharge planners, care coordinators, hospital leaders</p>
<b>Learning Objectives*</b>	<p>Upon completion of this module, you should be able to:</p> <ul style="list-style-type: none"> <li>• <b>Understand the evidence</b> base for the benefits of cardiac rehabilitation and the gaps in access and uptake, especially among underserved populations</li> <li>• <b>Make the case to your leadership</b> for taking active steps to increase CR participation by implementing automatic referral and care coordination support and <b>begin to build buy-in</b> among other members of your implementation team</li> <li>• <b>Feel confident</b> that the TAKEheart curriculum will provide you with practical tips and tools to implement an automatic referral and care coordination plan for cardiac rehabilitation patients and their families</li> </ul>
<b>Key Takeaways from the Module</b>	<ul style="list-style-type: none"> <li>• There is overwhelming evidence that CR is effective but underutilized               <ul style="list-style-type: none"> <li>○ National guidelines include CR as a class 1a recommendation (AHA/ACC) for MI &amp; CABG<sup>i</sup></li> <li>○ Only 50-70% of referred patients actually participate in CR<sup>iiii</sup></li> <li>○ Increasing CR participation from 20% to 70% could save 25,000 lives and prevent 180,000 hospitalizations annually in the United States<sup>iv</sup></li> </ul> </li> <li>• Two evidence-based strategies—automatic referral and care coordination- effectively increase cardiac rehabilitation participation but they have not been widely implemented               <ul style="list-style-type: none"> <li>○ Automatic referral with care coordination support increased participation to 86%<sup>v</sup></li> </ul> </li> </ul>

- There is ample evidence that CR is beneficial for patients, hospitals/health systems and payers<sup>vi vii</sup>
  - CR reduces mortality over 1-3 years after a cardiac event
  - CR reduces re- hospitalization and adverse events, such as subsequent MI
  - CR can help patients with medication adherence, and management of multiple chronic conditions, diabetes, depression, mental stress and improves quality of life after an adverse event
- Payers are increasingly rewarding care that is better managed and that helps patients achieve these positive outcomes, as evidenced by quality measures scores and value-based payment programs
- TAKEheart is building on this evidence base to support Partner Hospitals to implement automatic referral with care coordination support

### Action Steps: Putting Knowledge into Practice

- ***Make the case to your leadership and implementation team about why CR is worth investing in, using evidence presented in this Module.***
- This may involve some or all of the following actions:
  - **Know your audiences** -- people or groups who can affect your implementation efforts -- and prepare to tailor your message to them. Be sure to identify differences in the priorities and concerns of key leaders in different functional areas -- clinical, operational, quality and safety, IT, and financial. Note important differences between the concerns and priorities of departmental, service line and mid-management, and senior executives.
  - Make a table or list showing the **main people or groups in your system whose cooperation you will need.**
    - Specify the benefits of CR that are most likely to appeal to each audience
    - Select information from Module 1 that highlights benefits that will appeal to each audience
    - Identify any concerns or sources of opposition that influential people or groups may have
    - Think of ways to reduce or avoid these sources of resistance

For example:

<b><u>Audience</u></b>	<b>CR Benefits</b>	<b>Evidence of Benefits</b>	<b>Potential Barrier/Opposition</b>	<b>Ways to Reduce Barrier/Opposition</b>
<i>Clinical manager</i>	-Improving patient health  -Reducing adverse events	- CR reduces morbidity and mortality and improves quality of life  -CR reduces avoidable re-hospitalizations	Knowing/ making time to decide which patients to refer to CR	Implementing an automatic referral (specifics of HOW to do this will be covered as part of the TAKEheart Learning Community) allows patients to be automatically identified based on their characteristics and their care management can be subsequently tracked electronically

<i>Finance team/billing manager</i>	-Revenue optimization  -Clear billing procedures	- CR participation, reporting of quality metrics can drive value-based payment  - CR covered by Medicare Part B and most private insurance; CPT codes: 93798, 93797	Cost of implementation	Generally, CR has a high return on investment given improved patient health, and reduced adverse events – which are metrics tracked and incentivized by payers
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- **Review the information presented in Module 1 materials** to ensure understanding and identify some key points you can cite in “elevator speeches” tailored to your most important audiences about the importance of CR and, for Partner Hospitals, why your team is committed to implement it
- **Learn to make the case;** find colleagues on whom to try out your elevator speeches
- **Find opportunities to make the case;** arrange to talk with colleagues in each of your key audiences and make the case to them
- **Disseminate this Implementation Guide** and/or the associated one-pager Fact Sheet (see below) to members of your team and/or your leadership, **modifying or adding to it as needed for your hospital or health system context and your audiences (see above)**
  - Refer to the Key Resources list below, notably #1, the *Cardiac Rehabilitation Change Package*, should your leadership want additional information and case studies from other hospitals across the country about increasing CR
- Build confidence in yourself, your team and patients that this information and forthcoming information will support successful implementation of CR
- **Begin to think though what operational and workflow changes will be needed to implement automatic referral with care coordination** and whose support will be needed to make these changes; this topic will be covered in more detail in subsequent Modules

### Key Resources

1. Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. *Cardiac Rehabilitation Change Package*. 2018. Available at: <https://millionhearts.hhs.gov/tools-protocols/action-guides/cardiac-change-package/index.html>  
  
*The Cardiac Rehabilitation Change Package includes change concepts, change ideas, tools and resources to help hospitals put strategies in place to improve cardiac care for their eligible patients.*
2. Centers for Disease Control and Prevention: Million Hearts. *Cardiac Rehabilitation: Saving Lives, Restoring Health, Preventing Disease*” 2018. Available at: [https://millionhearts.hhs.gov/files/Cardiac\\_Rehab\\_Infographic-508.pdf](https://millionhearts.hhs.gov/files/Cardiac_Rehab_Infographic-508.pdf)

*The CDC's Million Hearts "Saving Lives, Restoring Health, Preventing Disease" infographic provides an overview of the individual and systemic benefits of cardiac rehabilitation, the common barriers to referral and enrollment, and some potential interventions for reducing this gap.*

3. American Association of Cardiovascular and Pulmonary Rehabilitation. *Vital Conversations with Medical Teams & Hospital Administrators About Cardiac Rehabilitation Services Delivering Value Based Care*. 2018. Available at: [https://www.aacvpr.org/Portals/0/Million Hearts Change Package/4.24.2018 Files/SC-2-5-CRCP-Crucial Conversations with Med Providers and Hosp Admins.pptx](https://www.aacvpr.org/Portals/0/Million%20Hearts%20Change%20Package/4.24.2018%20Files/SC-2-5-CRCP-Crucial%20Conversations%20with%20Med%20Providers%20and%20Hosp%20Admins.pptx)

*This PowerPoint presentation suggests approaches for presenting the benefits of cardiac rehabilitation to service line medical teams and hospital administration to promote system changes; and discusses referral, enrollment, and adherence strategies to improve the value proposition of CR services.*

4. P.A. Ades, S.J. Keteyian, J.S. Wright, et al. *Increasing cardiac rehabilitation participation from 20% to 70%: a road map from the million hearts cardiac rehabilitation collaborative*. *Mayo Clin Proc*, 92 (2) (2017), pp. 234-242. Available at: <http://dx.doi.org/10.1016/j.mayocp.2016.10.014>

*This article highlights two interventions — electronic medical record-based prompts and care coordination — that can increase enrollment in and adherence to cardiac rehabilitation.*

5. S L. Grace, K L. Russell, R D Reid, et al *Effect of Cardiac Rehabilitation Referral Strategies on Utilization Rates: A Prospective, Controlled Study*. *Arch Intern Med*. 2011; 171(3):235-241. Available at: <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/416448>

*This article presents findings that automatic referral combined with a liaison is more effective at increasing CR referral rates as compared with either intervention on its own.*

6. R J. Thomas, G Balady, G Banka, et al. *2018 ACC/AHA Clinical Performance and Quality Measures for Cardiac Rehabilitation*. *J Am Coll Cardiol*. 2018 Apr, 71 (16) 1814-1837. Available at: [http://www.onlinejacc.org/content/71/16/1814#targetText=The%20American%20College%20of%20Cardiology%20\(ACC\)%2FAmerican%20Heart%20Association,scientific%20evidence%20into%20clinical%20practice.&targetText=The%20ACC%2FAHA%20Task%20Force,quality%20measures%20from%20performance%20measures](http://www.onlinejacc.org/content/71/16/1814#targetText=The%20American%20College%20of%20Cardiology%20(ACC)%2FAmerican%20Heart%20Association,scientific%20evidence%20into%20clinical%20practice.&targetText=The%20ACC%2FAHA%20Task%20Force,quality%20measures%20from%20performance%20measures)

*This report by the American College of Cardiology summarizes performance and quality measures for cardiac rehabilitation. Its goal is to provide practitioners and institutions with tools to measure quality of care and identify opportunities for improvement.*

\*This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical education through the joint providership of the American Board of Quality Assurance and Utilization Review Physicians, Inc. (ABQAURP) and the American Hospital Association (AHA). ABQAURP is accredited by the ACCME to provide continuing medical education for physicians.

The American Board of Quality Assurance and Utilization Review Physicians, Inc. designates this live activity for a maximum of **1.0 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ABQAURP is an approved provider of continuing education for nurses. This activity is designated for 1.0 contact hours through the Florida Board of Nursing, Provider # 50-94.

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<sup>i</sup> Centers for Disease Control and Prevention. *Million Hearts: Costs & Consequences*. Available at: <https://millionhearts.hhs.gov/learn-prevent/cost-consequences.html>.

<sup>ii</sup> Chui, P.W. et al. Hospital Performance on Percutaneous Coronary Intervention Process and Outcomes Measures. *J Am Heart Assoc*. 2017; 6:e004276. DOI: 10.1161/JAHA.116.004276

<sup>iii</sup> Spertus et al. Cardiac Performance Measure Compliance in Outpatients. *Journal of the American College of Cardiology*. 2010; Vol. 56, No. 1, 2010

<sup>iv</sup> Ades PA, Keteyian SJ, Wright JS, et al. Increasing cardiac rehabilitation participation from 20% to 70%: a road map from the Million Hearts Cardiac Rehabilitation Collaborative. *Mayo Clin Proc*. 2017;92(2):234–42.

<sup>v</sup> Grace, S.L. et al. Effect of cardiac rehabilitation referral strategies on utilization rates: a prospective, controlled study. *Arch Intern Med*. 2011 Feb 14;171(3):235-41. doi: 10.1001/archinternmed.2010.501.

<sup>vi</sup> Centers for Disease Control and Prevention: Million Hearts. Cardiac Rehabilitation: Saving Lives, Restoring Health, Preventing Disease” 2018. Available at: [https://millionhearts.hhs.gov/files/Cardiac\\_Rehab\\_Infographic-508.pdf](https://millionhearts.hhs.gov/files/Cardiac_Rehab_Infographic-508.pdf)

<sup>vii</sup> American Association of Cardiovascular and Pulmonary Rehabilitation. *Vital Conversations with Medical Teams & Hospital Administrators About Cardiac Rehabilitation Services Delivering Value Based Care*. 2018. Available at: [https://www.aacvpr.org/Portals/0/Million Hearts Change Package/4.24.2018 Files/SC-2-5-CRCP-Crucial Conversations with Med Providers and Hosp Admins.pptx](https://www.aacvpr.org/Portals/0/Million%20Hearts%20Change%20Package/4.24.2018%20Files/SC-2-5-CRCP-Crucial%20Conversations%20with%20Med%20Providers%20and%20Hosp%20Admins.pptx)