TAKE heart

AHRQ's Initiative To Increase Use of Cardiac Rehabilitation

Welcome to the TAKEheart Initiative and the Benefits of Increasing Cardiac Rehabilitation Participation

Learning Community Webinar Series:

Module 1

Randal Thomas, MD MS
Karen Lui, RN, MS
Greg Merritt, PhD

DEPARTMENT OF HEALTH & HUMAN SERVICES • USA

AHRQ
Agency for Healthcare Research and Quality

American Hospital Association (AHA)/Health Research and Education Trust (HRET): TAKEheart AHRQ's Initiative to Increase Use of Cardiac Rehabilitation

TAKEheart Initiative and the Benefits of Increasing Cardiac Rehabilitation Participation: Learning Community Webinar Series: Module 1

January 30, 2020

The planners and faculty of TAKEheart Initiative Module 1 indicated no relevant financial relationships to disclose in regard to the content of their presentations with the exception of:

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 American Hospital Association (AHA)/Health Research and Education Trust (HRET). 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.

Today's Webinar Presenters

Randal Thomas

MD, MS
Director, Cardiac Rehab Program - Division of Preventive Cardiology, Mayo Clinic

Karen Lui

RN, MS
GRQ Consulting, Legislative analyst for AACVPR

Greg Merritt

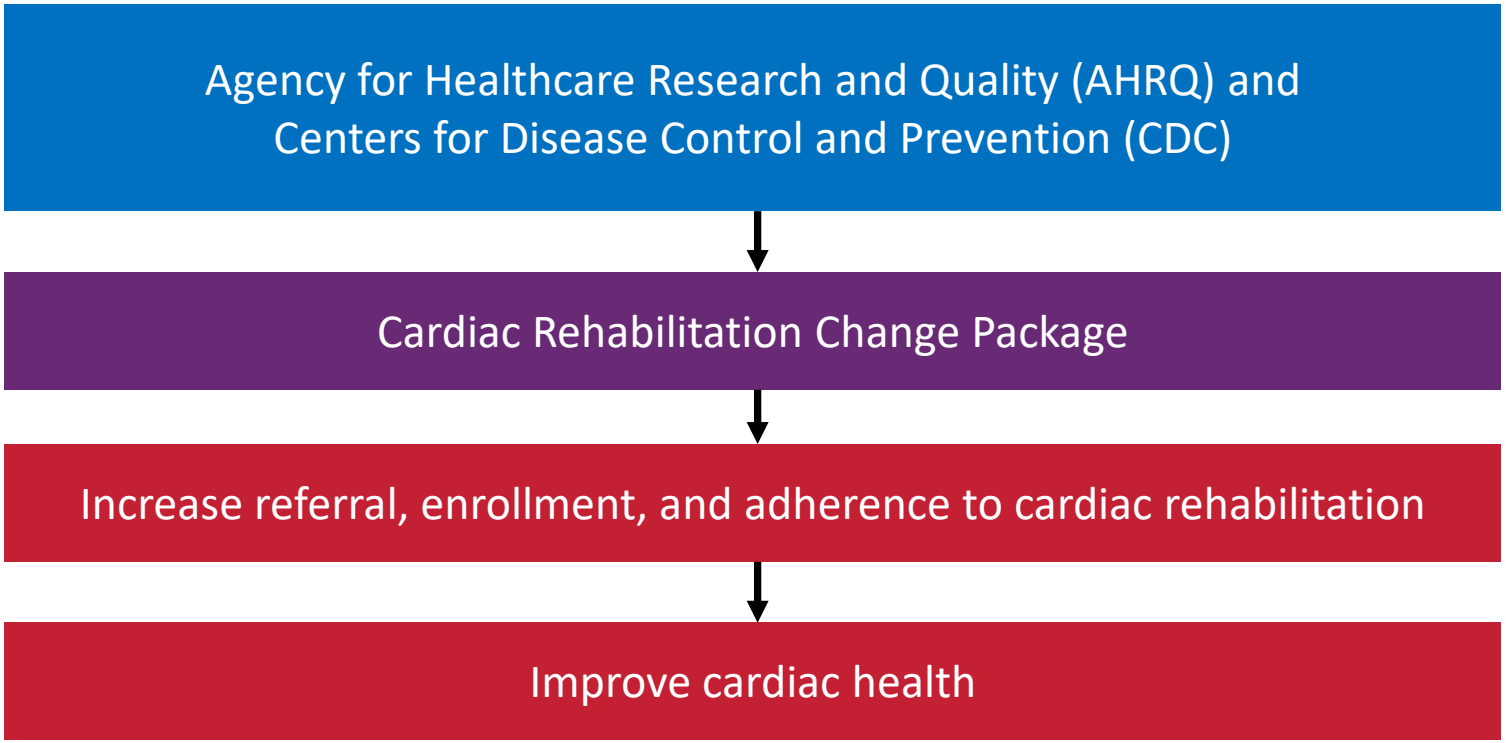
PhD
Founder, Patient Is Partner and CR graduate

Patient Story

Greg Merritt

What is TAKEheart?

TAKEheart applies strategies from the Million Hearts®/AACVPR Cardiac Rehabilitation Change Package (CRCP) to help hospitals improve cardiac rehabilitation (CR) participation for more of their eligible patients.



Welcome to TAKEheart!

TAKE heart

AHRQ's Initiative To Increase Use of Cardiac Rehabilitation

automatic referral

+

care coordination

=

increased use of cardiac rehabilitation

TAKEheart Training

WEBINARS

1 2 3 4 5 6 7 8 9 10

- Overall: Walk through the steps and considerations to implementing automatic cardiac rehabilitation referral with care coordination (liaison)
- Today:
  - First of 10 webinars
  - Focus on the evidence and making the case for CR implementation

Overview of Presentation

1. Learning Goals
2. What is CR?
3. Importance of CR and Opportunity to Close the Gap
4. Barriers to Patient Participation in CR
5. Evidence for CR: Making the Case
6. Summary and Discussion

Learning Goals

Upon completion of this module, you should be able to:

1. **Understand the evidence** base on the benefits of cardiac rehabilitation and the gaps in access and uptake, especially among underserved populations.

2. **Make the case to your leadership** for taking active steps to increase CR participation by implementing automatic referral and care coordination support and **begin to build buy-in** among other members of your implementation team

3. **Feel confident** 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

What is Cardiac Rehabilitation?

DEFINITION

Cardiac rehabilitation (CR) is a comprehensive secondary prevention program used to improve cardiovascular health and prevent subsequent cardiovascular events.

Importance of CR

THE GAP

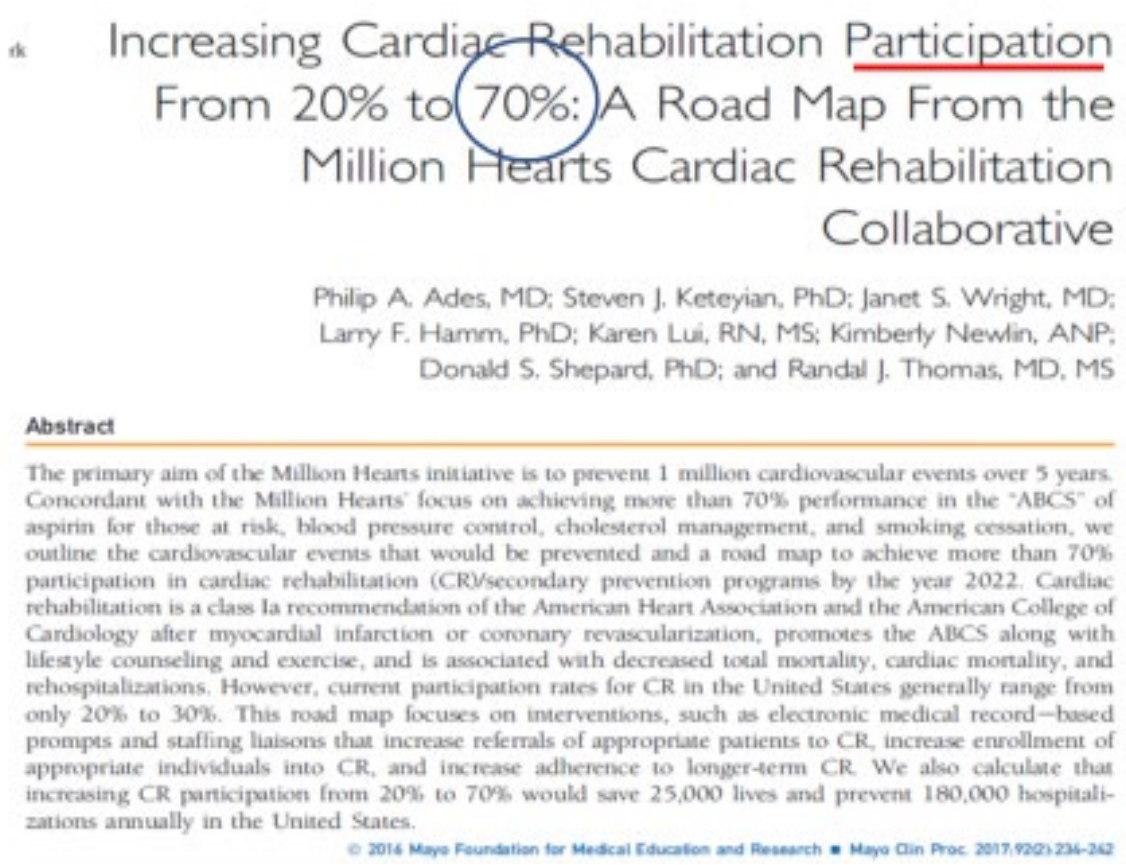
- Overwhelming evidence has led to numerous national guidelines and specialty societies supporting the use of CR.
- Yet, there is a large gap between recommended enrollment and actual participation rates in CR.
- According to a 2019 study, 24.4% of beneficiaries eligible for CR participated, of whom 24.3% participated in CR within 21 days and 26.9% completed 36 or more sessions

★ ***The purpose of TAKEheart is to close the gap between CR evidence and practice.***

The Opportunity: How to Close the Gap

EVIDENCE-BASED APPROACH

Increasing CR participation from 20% to 70% could save 25,000 lives and prevent 180,000 hospitalizations annually in the United States.



Increasing Cardiac Rehabilitation Participation From 20% to 70%: A Road Map From the Million Hearts Cardiac Rehabilitation Collaborative

Philip A. Ades, MD; Steven J. Keteyian, PhD; Janet S. Wright, MD; Larry F. Hamm, PhD; Karen Lui, RN, MS; Kimberly Newlin, ANP; Donald S. Shepard, PhD; and Randal J. Thomas, MD, MS

Abstract

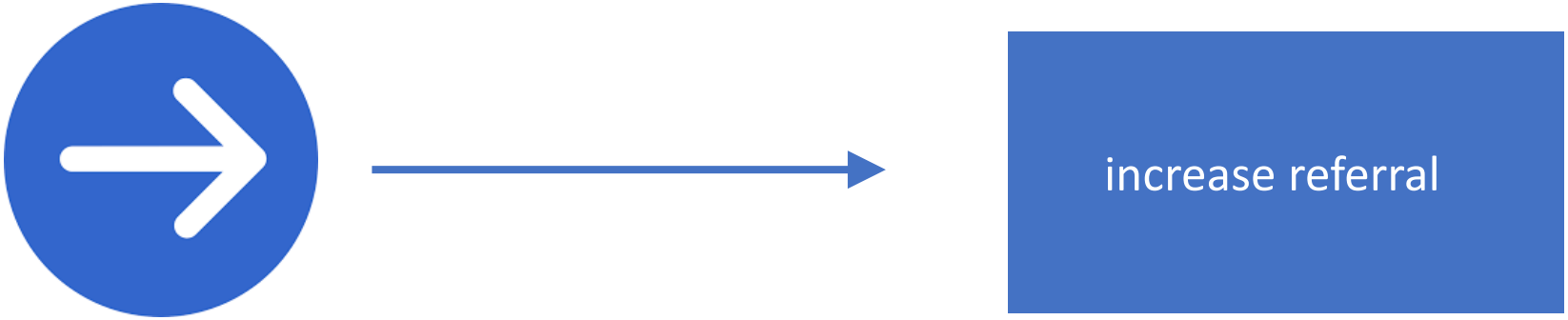
The primary aim of the Million Hearts initiative is to prevent 1 million cardiovascular events over 5 years. Concordant with the Million Hearts' focus on achieving more than 70% performance in the "ABCS" of aspirin for those at risk, blood pressure control, cholesterol management, and smoking cessation, we outline the cardiovascular events that would be prevented and a road map to achieve more than 70% participation in cardiac rehabilitation (CR)/secondary prevention programs by the year 2022. Cardiac rehabilitation is a class Ia recommendation of the American Heart Association and the American College of Cardiology after myocardial infarction or coronary revascularization, promotes the ABCS along with lifestyle counseling and exercise, and is associated with decreased total mortality, cardiac mortality, and rehospitalizations. However, current participation rates for CR in the United States generally range from only 20% to 30%. This road map focuses on interventions, such as electronic medical record–based prompts and staffing liaisons that increase referrals of appropriate patients to CR, increase enrollment of appropriate individuals into CR, and increase adherence to longer-term CR. We also calculate that increasing CR participation from 20% to 70% would save 25,000 lives and prevent 180,000 hospitalizations annually in the United States.

 ■ Mayo Clin Proc. 2017;92(2):234-242

The Opportunity: How to Close the Gap

EVIDENCE-BASED APPROACH

- ***Automatic referral***: EMR based referral built into order set, default, opt-out model where ALL patients with qualifying diagnoses are referred and relevant providers are notified



automatic referral

The Opportunity: How to Close the Gap

EVIDENCE-BASED APPROACH

- ***Care coordination support ("liaison")***: Can be dedicated staff or someone in-house taking on role with appropriate training on program. Meets with patient to introduce CR and coordinate referral.

care coordination

increase enrollment
increase adherence

The Opportunity: How to Close the Gap

EVIDENCE-BASED APPROACH

- In a 2011 study, implementing automatic referral to CR increased participation to 70% compared to control (32%). ***Automatic referral <u>with</u> care coordination support increased participation to 86%.***

automatic referral

+

care coordination

=

increase referral
increase enrollment
increase adherence

improve cardiac health

Barriers to CR Participation: Why So Low?

FOR PROVIDERS

- ***Fail to promptly and consistently identify and refer patients who are eligible for CR***
- ***Focus on inpatient care***
- ***Do not understand the importance, benefits, and operations of CR***

Barriers to CR Participation: Why So Low?

FOR PATIENTS

- ***Do not get referred to CR; lack of care coordination for CR even if referred.***
- ***Lack of understanding of importance, scope and benefits of CR***
- ***Significant patient barriers to attending CR – time, motivation, support, financial (co-payments), transportation – especially for up to 36 separate sessions.***

Barriers to CR Participation: Why So Low?

FOR PATIENTS- SIGNIFICANT DISPARITIES

- ***Lack of CR referral disproportionally affects women, people of color and non-native English speakers. In a recent study***
  - ***18.9% of women participated in CR compared to 28.6% of men***
  - ***Non-Hispanic Whites participated at a rate of 25.8% compared to < 17% for other races/ethnicities***

- ***In areas of the country where cardiac events are disproportionately high, CR uptake is lower***
- ***Individuals with multiple chronic conditions are also less likely to be referred to CR.***

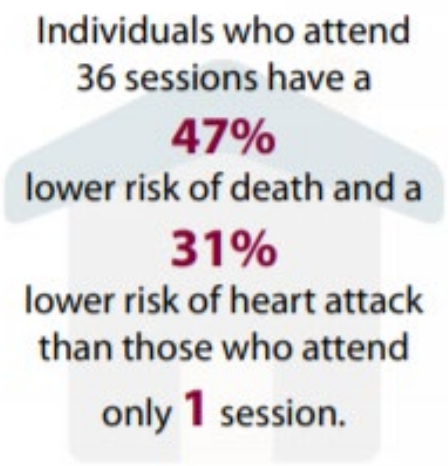
Barriers to CR Participation: Why So Low?

FOR HOSPITALS/HEALTH SYSTEMS

- ***Outpatient CR is challenging to coordinate and sustain from an inpatient referral: without an automatic referral patients not as easily identified***
- ***Lack of coordinated operational and IT (electronic medical record) platforms and staff serving both settings.***
- ***Need for hospital leadership support; CR not traditionally seen as acutely important.***

Making the Case for Cardiac Rehabilitation

FOR PATIENTS



- CR **reduces mortality over 1-3 years.** CR participation is associated with a 13-24% reduction in total mortality over 1-3 years
- **CR reduces avoidable re- hospitalization,** up to 30%
- **CR is clinically effective** for people who have or have had:
  - A heart attack
  - A percutaneous coronary intervention (PCI)
  - CABG surgery, heart valve replacement or repair, or a heart or heart-lung transplant
  - Chronic stable angina
  - Chronic stable heart failure

Making the Case for Cardiac Rehabilitation

FOR PATIENTS

- **Care coordination role of CR** is central to this patient-centered service
- **CR can help patients with** medication adherence; management of weight loss, smoking cessation, hypertension, diabetes, depression, mental stress and improves quality of life after an adverse event.
  - What matters the most to the patient?
  - Help the patient (& family) find the motivating factor that drives participation in CR
  - CR focuses on each patient's behavior change goal(s)

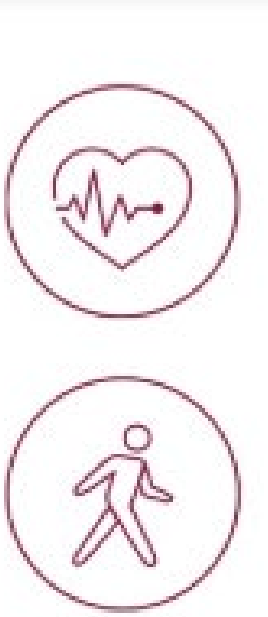
Making the Case for Cardiac Rehabilitation

FOR HOSPITALS/HEALTH SYSTEMS

- National guidelines indicate that CR is a class 1a recommendation (AHA/ACC) for MI & CABG
- CR promotes better quality, care management and limits avoidable adverse events
  - CR has reduced emergency department, avoidable hospitalizations and long-term care utilization
- CR is a relatively low-cost intervention compared to inpatient treatments for acute cardiac conditions, and provides a high return on investment given the impact of its benefits

Making the Case for Cardiac Rehabilitation

FOR HOSPITALS/HEALTH SYSTEMS: Reimbursement Overview



- Medicare Part B (Medical, vs. Inpatient Hospital, Insurance) and most private insurance provide coverage for cardiac rehabilitation.
- CMS has increased reimbursement over time.
- Two CPT codes for CR:
  1. 93798
  2. 93797

Making the Case for Cardiac Rehabilitation

FOR HOSPITALS/HEALTH SYSTEMS: Data for Quality Improvement, Reporting

- Tracking data as part of TAKEheart can support quality improvement
- Increasingly, CR metrics (referral, enrollment, adherence rates; time to refer, etc.) are also being incorporated into quality performance programs and can drive reimbursement
- Reporting performance and quality metrics promotes health systems' ability to work in a value-based, risk-taking environment, increasingly prevalent among payers.

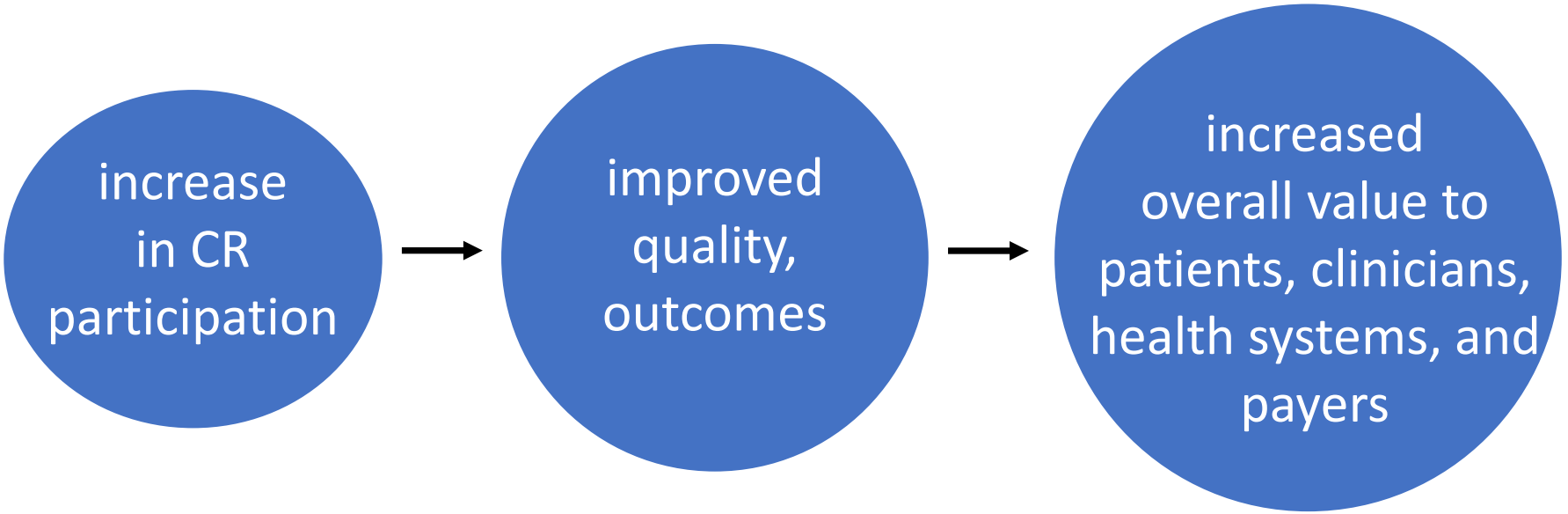
Making the Case for Cardiac Rehabilitation

FOR HOSPITALS/HEALTH SYSTEMS: Preparing for Value-Based Care

- **Payers recognizing importance of managing cardiac care, while highlighting the importance of CR:**
  - One example of a value based program that incentivizes better outcomes and reducing unnecessary expenditures in cardiac care is the CMS Bundled Payments for Care Improvement (Advanced) **[BPCI-A]**
  - While improving cardiac care overall is incentivized, CR is not counted as a cost for the BPCI payment calculations. That means that hospitals get the benefit of better outcomes when they more often refer to CR, without the costs showing up in the BP cost calculation.
    - *CMS recognizes that CR utilization incentivizes good outcomes.*

Putting it All Together: The Value Equation

CARDIAC REHABILITATION IS WORTH INVESTING IN



Putting it All Together

NEXT STEPS

- **Action step:** Prepare to make the case to your team and your leadership about why CR is worth investing in, using evidence presented here.

Putting it All Together

RESOURCES (Abridged)

- Refer to the Module 1 Implementation Guide and Fact Sheet that may be used to communicate the value of CR to different stakeholders. See the Module 1 page on the TAKEheart website.
- Some key resources are linked below:

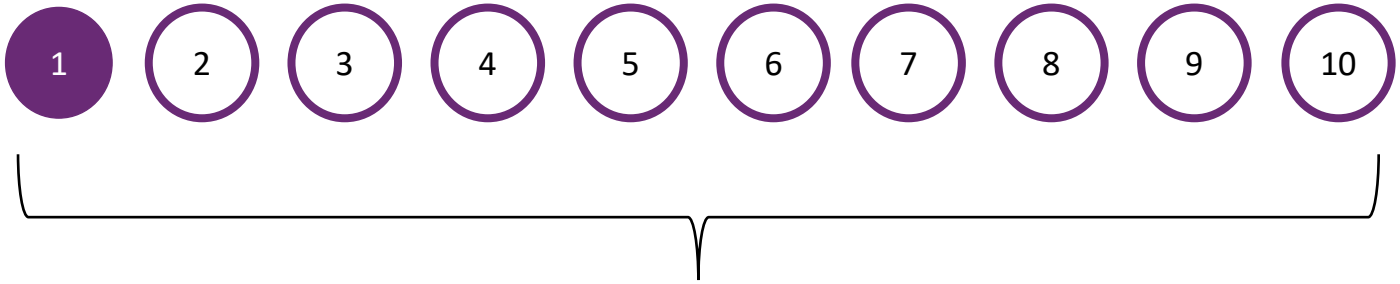
Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. *Cardiac Rehabilitation Change Package*. 2018. Available at: https://millionhearts.hhs.gov/tools-protocols/action-guides/cardiac-change-package/index.html

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

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

Future TAKEheart Training Topics

WEBINARS



In future webinars, we will discuss:

- change-management strategies
- developing an action plan
- modifying workflows
- developing the role of a care coordinator
- engaging ALL patients
- ensuring access to ALL patients
- & more!

Questions and Comments

To Ask a Question, Please Use the Comment Box


TAKE heart
AHRQ's Initiative To Increase Use of Cardiac Rehabilitation
TRAINING
AWARENESS
KNOWLEDGE
ENGAGEMENT