



Cardiac Rehabilitation: An Underutilized Service



Only one in five Americans who qualify for Cardiac Rehab gets the life-saving intervention.



For every day a person waits to start cardiac rehab, that person is 1% less likely to enroll.



Patients who live outside of a metropolitan area are 30% less likely to participate in CR programs.

Annually, over one million Americans have a coronary event or undergo a cardiac-related procedure that qualifies them to be referred to cardiac rehab (CR). Although there are many benefits associated with CR (lower risk of death, lower risk of heart attack, cost savings to the healthcare system, and reduction in hospital readmissions), many eligible patients do not receive a referral. Women, minorities, and people with low incomes and education levels are even less likely to be given a referral to a CR program. Physician awareness of CR services and benefits, eligibility criteria, inconsistency in referral patterns, and the absence of automatic referrals for eligible patients are all contributors to low utilization.

What are the barriers to cardiac rehabilitation?

- Long wait times between discharge and CR enrollment.
- Some patients do not understand the important benefits of the intervention to their immediate and long-term health.
- Practical or logistical challenges such as lack of transportation or inconvenient hours of operation.
- Some patients need help with completing the enrollment process.
- The cost of CR is also an enrollment deterrent for some patients as many patients cannot afford the out-of-pocket costs such as co-pays and deductibles.



Only 24.4% of Medicare-eligible heart attack patients attend at least one CR session; a mere 6.5% complete the recommended 36 sessions despite its proven benefits.



Automatic referral alone can increase referral of eligible patients from 32% to 70%.



The combination of care coordination with automatic referral can boost CR referral to 86%, and enrollment to almost 74%.



Patients who attend all 36 sessions have a 47% lower risk of death and a 31% lower risk of heart attack, compared with patients who take part in only one session.

What issues may negatively impact patient engagement in cardiac rehabilitation (CR)?

- Many patients who enroll in CR programs do not complete the recommended course of 36 one-hour sessions.
- Some patients have competing work or home responsibilities and transportation concerns that limit their availability to attend the recommended course.
- Some programs do not meet the needs of all patients and do not take language and cultural considerations into account.

What strategies can increase CR referrals?

- Implementation of automatic referral for all qualifying patients via the electronic health record.
- Care coordinators or patient navigators can reduce the barriers of CR enrollment by working with the patient after discharge to ensure they have the information and resources they need to get started. Care coordinators can help with insurance coverage, transportation concerns, appointment set-up and more.
- Coordination among inpatient, home health, and outpatient cardiac rehab programs.
- Other effective strategies are addressing patient cost barriers via payment plans or other means, developing motivational videos and educational materials to encourage enrollment, and notifying referring physicians when patients fail to enroll.

What are other opportunities to increase CR participation?

- Discussion between the provider and patient on the importance of participation.
- Offer flexible hours for CR services.
- Provide incentives for completion of the 36-session CR program.
- Automatic appointment reminders delivered to the patient via their preferred method (call, text, email, etc.).
- Encourage the patient to connect with other patients participating in a CR program for support and encouragement.
- Provide progress reports to the referring physician regarding the patient's progress.
- Design culturally and linguistically appropriate programs.

Sources:

Agency for Healthcare Research and Quality . (2022). The Case for Cardiac Rehabilitation. Retrieved from Take Heart: AHRQ's Initiative to Increase Use of Cardiac Rehab: <https://takeheart.ahrq.gov/case-cardiac-rehabilitation>

Million Hearts. (2020). Retrieved from Million Hearts: Cardiac Rehabilitation at a Glance: <https://millionhearts.hhs.gov/data-reports/factsheets/cardiac.html>

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