

# Welcome!

*We will get started promptly at 12 noon*

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# Partnering Beyond COVID-19: Prevention and Management of Patients with Chronic Conditions

*Today's Focus: Cardiac Rehabilitation*



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# The IPRO QIN-QIO

## The IPRO QIN-QIO

- A federally-funded Medicare Quality Innovation Network – Quality Improvement Organization (QIN-QIO) in contract with the Centers for Medicare & Medicaid Services (CMS)
- 12 regional CMS QIN-QIOs nationally

### IPRO:

New York, New Jersey, and Ohio

### Healthcentric Advisors:

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

### Qlarant:

Maryland, Delaware, and the District of Columbia

Working to ensure high-quality, safe healthcare for  
**20% of the nation's Medicare FFS beneficiaries**



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# Welcome!

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- Today's session is being recorded.
- Although we want active participation, we ask that you please keep yourself on 'mute' during the presentation.
- Please introduce yourself (name, organization & role, location) using the Chat feature.



# Managing Chronic Conditions Learning Series

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- Prevention and Management focus
- Hypertension, Chronic Kidney Disease, and Diabetes
- **Cardiac Rehab**



# Learning Objectives for Today's Session

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Upon completion of this session, participants will be able to:

- Recognize best practices to reduce barriers to cardiac rehabilitation participation for patients
- Learn about evidence-based interventions from Million Hearts and TAKEHeart to increase referrals to cardiac rehabilitation
- Build awareness about disparities in accessing cardiac rehabilitation and identify potential strategies for addressing these disparities
- Learn about IPRO QIN-QIO Cardiac Rehab Resources that are available

# What is Cardiac Rehabilitation (CR)?

- **Medically-supervised, secondary prevention program**
- **Typically administered in 36 sessions over about 12 weeks to:**
  - Limit the effects of cardiac illness
  - Reduce the risk for sudden death or repeat cardiovascular event
  - Control cardiac symptoms
  - Stabilize or reverse the atherosclerotic process
  - Improve health and vocational status of patients



# CR Eligibility

## There is strong evidence to support the benefits of CR participation for eligible patients

- Heart attack (myocardial infarction)
- Coronary artery disease (CAD), angina, or heart failure with reduced ejection fraction
- Coronary artery bypass graft (CABG) surgery
- Percutaneous coronary intervention (coronary or balloon angioplasty and stenting)
- Valve replacement
- Pacemaker or implantable cardioverter defibrillator (ICD) placement
- Heart or heart/lung transplant surgery

<https://www.heart.org/en/health-topics/cardiac-rehab/am-i-eligible-for-cardiac-rehab>

Amsterdam EA, et al. J Am Coll Cardiol. 2014;64(24):e139-e228.

O'Gara PT, et al. Circulation. 2013;127(4):e362-e425.

Lawton, J.S., et al. Circulation. 2022;145(18):e895-e1032.

Sibiltz KL, Berg SK, Tang LH, et al. Cochrane Database Syst Rev. 2016;3:CD010876.

Rosenbaum AN, Kremers WK, Schirger JA, et al. Mayo Clin Proc. 2016;91(2):149-156.



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# Benefits of CR: More than Exercise

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- **Includes a multidisciplinary team of professionals, such as:**
  - Supervising clinicians
  - Exercise physiologists and/or nurses
  - Pharmacists
  - Nutritionists/dieticians
  - Counselors
- **Peer-to-peer sharing and social support**
- **Participation reduces the risk of death from any cause and from cardiac causes, and decreases hospital readmissions**
- **Also improves functional status, quality of life, mood, and medication adherence**

<https://millionhearts.hhs.gov/about-million-hearts/optimizing-care/cardiac-rehabilitation.html>



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## CARDIAC REHABILITATION IS UNDERUSED

**Cardiac Rehabilitation Enrollment, Engagement, and Completion  
Among Medicare Beneficiaries Aged 65 and Over**  
who had a primary qualifying event\* in 2017:



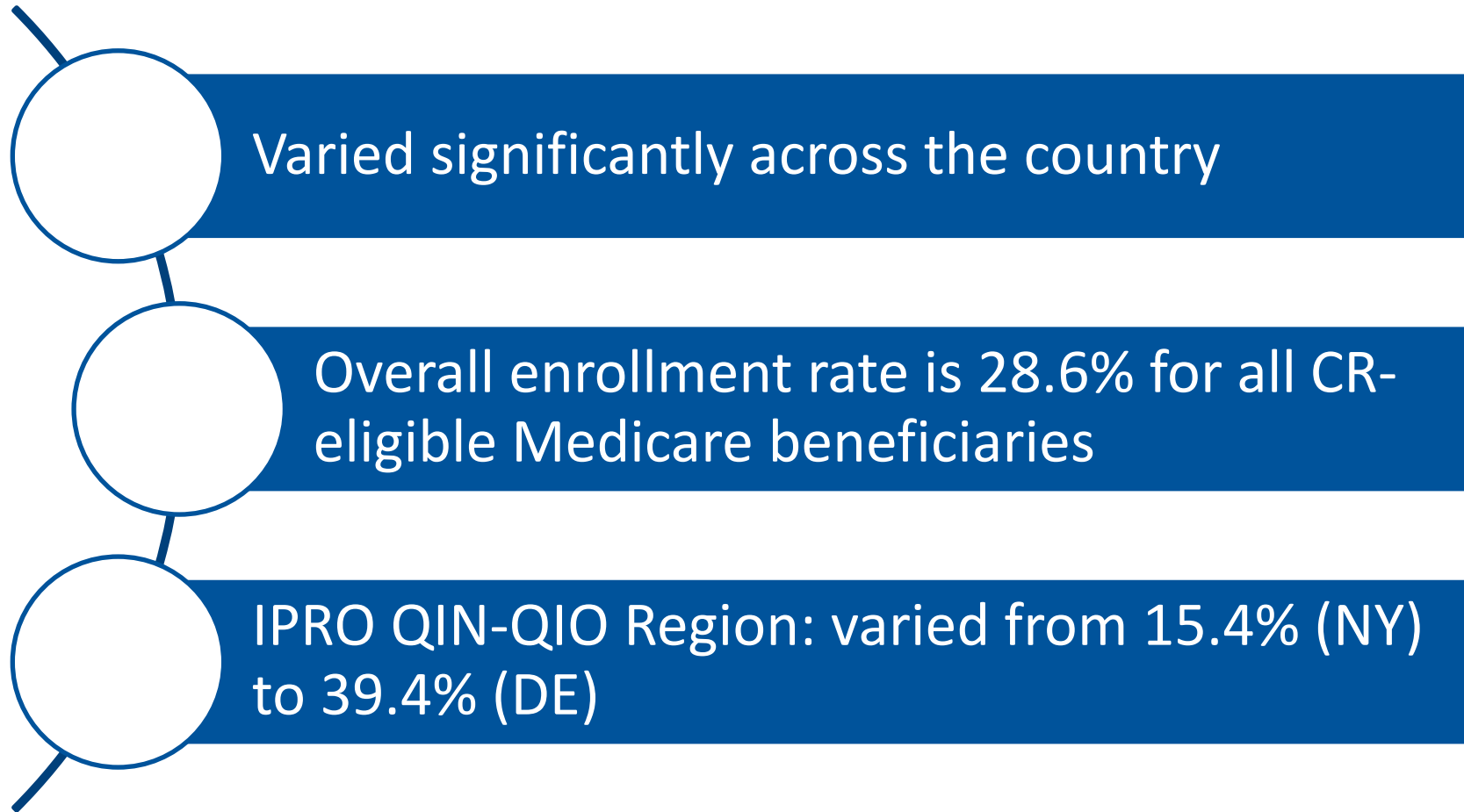
<https://millionhearts.hhs.gov/about-million-hearts/optimizing-care/cardiac-rehabilitation-infographic.html>



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# CR Enrollment for Medicare Part B FFS Beneficiaries (2017-2019 Data)



# Expert from the Field

Taking a Closer Look at Enhancing Referrals and Participation



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# Kate Traynor, RN, MS, MAACVPR

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Director, Massachusetts General Hospital Cardiovascular Disease Prevention Center, leading 2 certified CR Programs (traditional and ICR models).

AACVPR Past President and Master of AACVPR.

Administered projects in the MGH CR Program focused on improving referral patterns as well as use of mobile health technology to improve cardiovascular risk factor management.



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# Discussion

Please “chat in”



We want to hear from you:

- Questions?
- Comments?
- Successes or challenges?

# Cardiac Rehab and Health Equity

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# CR Enrollment Disparities

## Enrollment rates by sex:



number of **men vs. women** who initiated CR sessions.

## Enrollment rates by race/ethnicity:



number of **non-Hispanic White vs. non-Hispanic Black people** who initiated CR sessions.

<https://millionhearts.hhs.gov/about-million-hearts/optimizing-care/cardiac-rehabilitation-infographic.html>



# A Closer Look at the Data

## Race and Gender Matters

- Black women are 60% less likely than white women to be referred and enroll
- Probability of attending CR is 31% lower for Asian individuals, 19% lower for Black individuals and 43% lower for Hispanic individuals, compared to White individuals
- Compared to White individuals, the time to attendance in the first CR session averaged 9 days longer for Asian and Black people and 10 days longer for Hispanic people

**Cardiac Rehab Participation Rates by Race**  
(601,000 Medicare Patients)

**19.6%**  
of eligible  
white  
patients  
participate



**7.8%**  
of eligible  
black  
patients  
participate

# Other Barriers to CR Referral and Participation

## Location and Income

- People who live outside of metropolitan areas are 30% less likely to participate.
- Those who make more than \$75,000 per year are twice as likely to participate as individuals with annual incomes below \$15,000.

## Age and Language Barriers

- Older adults and are typically under-referred
- One of the best predictors of referral is whether the eligible person speaks English; *Asian Americans are 18 times more likely to speak limited English*

# Strategies to Consider for Enhancing Access

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- Screening and addressing social drivers of health
  - Gas cards/parking vouchers, support w/ co-pays, virtual options, etc.
- Using Shared Decision-Making tools
- Person-centered and culturally-informed communication
  - CLAS standards, health literacy considerations
- Women-Focused CR programs
  - International Council of Cardiovascular Prevention and Rehabilitation  
Guidelines and Resources: <https://globalcardiacrehab.com/Women-Focused-CR-CPG>
- Building connections with trusted community-based organizations
  - Barbershops and salons, community centers, faith organizations

# From the IPRO QIN-QIO Resource Library

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## Cardiac Rehab LINKS Portfolio

- Fact sheet, presentation slides and suggestions for how to use the materials: <https://qi-library.ipro.org/2023/03/28/cardiac-rehabilitation-links-portfolio/>

## Quick Guide for Connecting Patients to Cardiac Rehabilitation

- <https://qi-library.ipro.org/2023/02/23/quick-guide-to-standards-of-care-for-chronic-disease-screening-connect-patients-eligible-for-cardiac-rehabilitation-to-life-saving-services/>

## Guide for Enhancing CR Referrals

- <https://qi-library.ipro.org/2023/01/31/cardiac-rehabilitation-implementation-guide-to-enhance-patient-referrals-engagement/>

## New England CR Program List

- <https://qi-library.ipro.org/2023/01/31/cardiac-rehabilitation-programs-in-new-england/>

## Cardiac Rehabilitation

### Implementation Guide to Enhance Patient Referrals & Engagement



#### Table of Contents

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- What is Cardiac Rehabilitation?	- Other Tips for Success
- Why is it Important?	- Screening for and Meeting Social Needs
- The Purpose of this Guide	<b>After Referral and Enrollment – Participation</b> . . . . . 9
- Getting Started	- Assessing Patient Engagement
<b>Communicating with Patients</b> . . . . . 3	<b>Alternative Options for CR Delivery</b> . . . . . 11
- Patient-centered Approach	- Terminology
- Strategies for Motivating and Educating Patients . . . 4	- Virtual CR Considerations
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	Additional Resources

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- Tips for Motivational Interviewing and Communicating with Patients
- Enhancing Referrals
- Patient Engagement & Participation
- Reimbursement
- Patient Education Resources



## Cardiac Rehabilitation LINKS Portfolio

### LINKS (Local Interactive Network of Knowledge Sharers)

#### Cardiac Rehabilitation Education Materials and Guidance

The IPRO QIN-QIO has prepared educational materials to help spread awareness about health topics relevant to your community members and to support population health. Each LINKS portfolio introduces a health-related topic and resources for more information. Our goal is to help organizations like yours start the conversation with your community members.

This LINKS portfolio focuses on cardiac rehabilitation. As with all IPRO QIN-QIO LINKS portfolios, materials are designed for consumers/patients/residents and can be tailored to fit the needs of your specific audience or community.

#### Resources

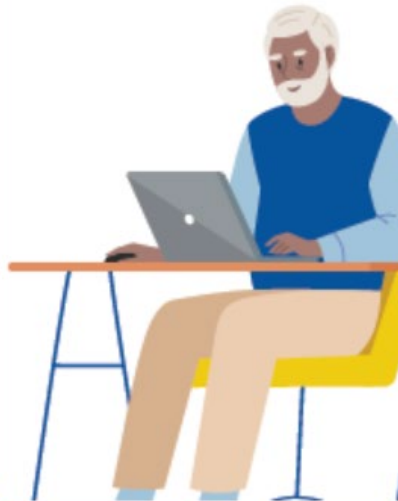
The following educational materials, available on the IPRO QIN-QIO resource library, are intended to be adopted/adapted and shared in order to increase awareness about cardiac rehabilitation and enhance the health of your community.

- Cardiac Rehabilitation Fact Sheet: Cardiac Rehabilitation: What You Need To Know
- PowerPoint slide presentation: Cardiac Rehabilitation: Building Awareness and Restoring Heart Health
- Hypertension LINKS Portfolio
- MyHealth Plan: Taking Care of Heart Health patient education booklet  
<https://n.library.iowa.org/2022/07/07/my-health-plan-taking-care-of-heart-health/>
- Infographic: How to Measure Your Blood Pressure:  
<https://n.library.iowa.org/2022/07/27/how-to-measure-your-blood-pressure/>
- Short educational videos: Million Hearts® Cardiac Rehabilitation Collaborative (CRC) - YouTube
- Help your consumers in New England find a program near them with the list of CR programs (updated 2022) [Cardiac Rehabilitation Programs in New England – IPRO QIN-QIO Resource Library](#)

### Using the LINKS Resources

These materials are designed for a lay audience. The following are suggestions for distributing or presenting the LINKS resources:

- PowerPoint slides may be presented at local community or senior centers, assisted living facilities, supportive housing sites, congregational dining sites, community health centers/federally qualified health centers, and others. The slides can be adapted to fit your organization's needs and audience. The presentation might also be useful for educating consumers remotely/virtually.
- The fact sheet could be posted on your organization's website and shared via social media to build awareness, such as during Heart Health Month (February). Paper copies could be distributed during home-delivered meal visits or case management visits, or at community centers similar to the above list.



## Cardiac Rehabilitation: What You Need to Know

### What Is Cardiac Rehabilitation?

Cardiac rehabilitation (CR) is a structured wellness program designed to improve your heart health. CR is usually offered at hospitals or outpatient centers and includes supervised exercise with heart monitoring, counseling on stress or anxiety, for example, and lifestyle and nutrition education designed to help people recover from cardiac events and manage heart failure. CR includes four phases and is delivered by nutritionists, clinical exercise physiologists, counselors, and/or other health professionals. The initial, acute phase of CR starts shortly after a cardiac event, during an inpatient hospital stay. It is followed by Phase 2, which is several weeks of monitored outpatient therapy.

Phase 3 involves more independent and group exercise, to prepare for the final phase, which focuses on maintaining the goals already reached. A complete CR program includes 36 one-hour sessions, over the course of several months.

[Cardiac Rehabilitation | Million Hearts® \(hsa.gov\)](#)

<https://millionhearts.hhs.gov/what-we-do/what-we-do/cr/cr.html>

<https://www.heart.org/-/media/0/0/0/Health-Topics/Answers-by-Heart/What-Is-Cardiac-Rehabilitation.pdf>

### Who Is Eligible for Cardiac Rehabilitation?

Ask your doctor about cardiac rehabilitation:

- If you are recovering from a heart attack (myocardial infarction)
- If you have been diagnosed with a heart condition, such as coronary artery disease (CAD), angina or heart failure with reduced ejection fraction
- If you had a heart procedure or surgery, including:
  - Coronary artery bypass graft (CABG) surgery
  - Percutaneous coronary intervention (coronary or balloon angioplasty and stenting)
  - Valve replacement
  - Pacemaker or implantable cardioverter defibrillator (ICD) placement
  - Heart or heart/lung transplant surgery  
<https://www.heart.org/en/health-topics/cardiac-rehabilitation/eligibility-for-cardiac-rehab>

### Why It Matters

There is strong evidence that participation in CR programs can reduce the risk of death from cardiac causes.

The Million Hearts® Initiative reports that eligible individuals who attend 36 sessions of CR have a 47% lower risk of death and a 31% lower risk of heart attack than those who attend only one session.

CR programs include peer support, education about new medications, and encouragement and guidance for healthy lifestyle changes, which can all help improve mood, physical functioning, and quality of life. Participation in CR also helps prevent hospital readmissions, which in turn, reduces out-of-pocket costs for patients and leads to better health outcomes.

[https://millionhearts.hhs.gov/files/Cardiac\\_Rehab\\_Infographic\\_508.pdf](https://millionhearts.hhs.gov/files/Cardiac_Rehab_Infographic_508.pdf)

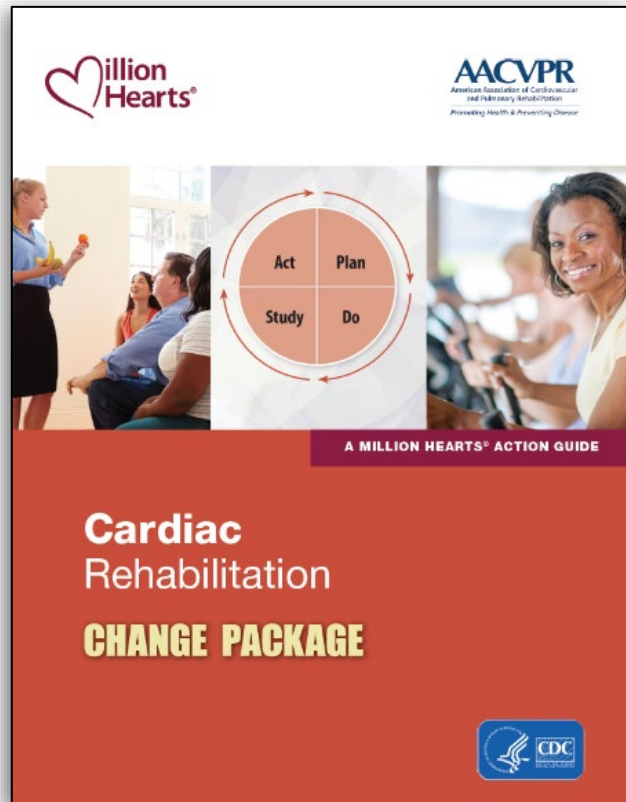


# Additional Resources

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- [PRAPARE Tool – IPRO QIN-QIO Resource Library](#)
- [Social Determinants of Health \(SDoH\) – A Guide for Getting Started – IPRO QIN-QIO Resource Library](#)
- [A Guide to Screening for Transportation Barriers – IPRO QIN-QIO Resource Library](#)
- [Decision Worksheets | MGH Health Decision Sciences Center \(mghdecisionsciences.org\)](#)
- [Health Equity: Resources – IPRO NQIIC \(qi-ipro.tempurl.host\)](#)

# Million Hearts Change Package



<https://millionhearts.hhs.gov/tools-protocols/action-guides/cardiac-change-package/index.html>



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# TAKEHeart from AHRQ

## TAKEheart Focus Areas



### Getting Started

Review the steps necessary for laying the foundation for implementing process change, including making the case to your leadership, mapping your hospital's current processes, and collecting baseline data.



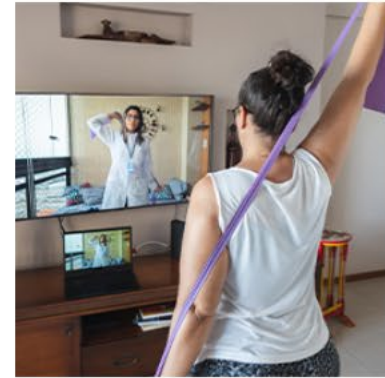
### Implementing Automatic Referral

Learn how to design, test, implement, and troubleshoot an automatic referral for CR within your hospital's electronic health record system.



### Enhancing Care Coordination

Explore ways to establish or enhance your hospital's care coordination system, address the needs and concerns of patients, and facilitate CR enrollment and participation.



### Implementing Hybrid CR To Expand Access and Capacity

Discover innovative approaches to drive enrollment in your hospital's CR program and assess whether to implement hybrid CR to reach more patients.

<https://www.ahrq.gov/takeheart/training/index.html>



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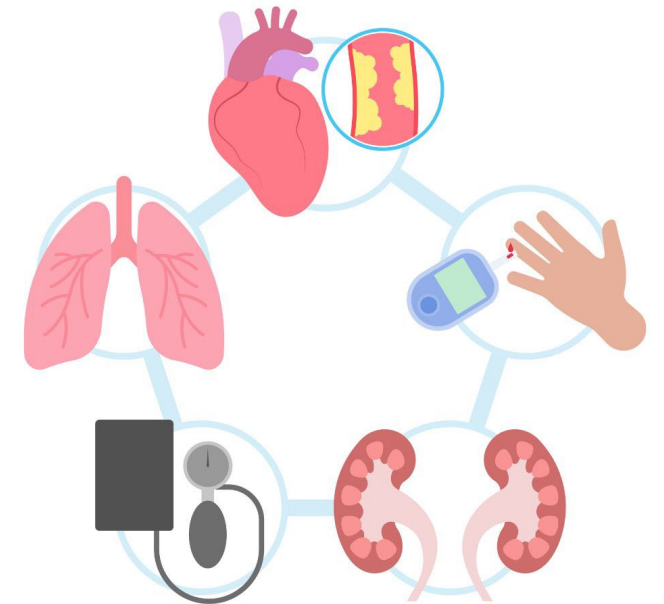
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# Upcoming Sessions

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**Coming up in August:**  
***Health Equity Integration***  
**and**  
**6-part webinar series on *The Role of Nutrition***

**Learn more and register for IPRO QIN-QIO educational events here:**

**<https://qi.ipro.org/upcoming-events/>**



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# Let Us Know More...

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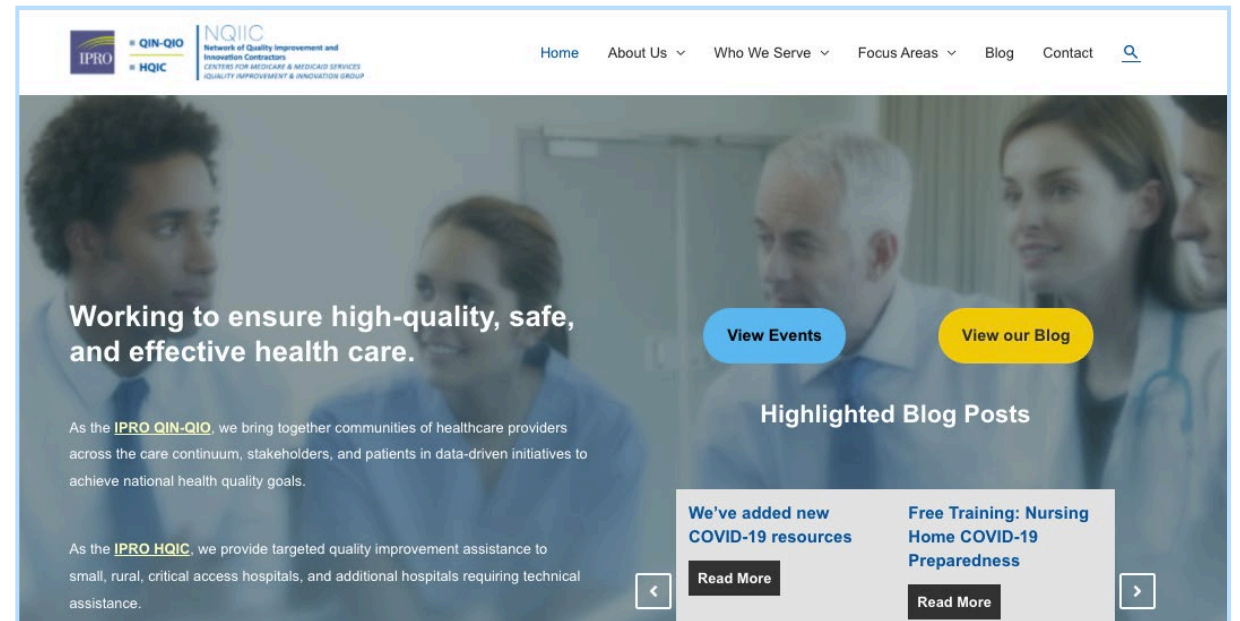


Your feedback is critically important and will help guide us as we prepare future educational sessions for you.

Please take just a few minutes to complete our brief evaluation that will be sent out after this session. Thank you!



# Learn More & Stay Connected



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# Thank You

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**Thank you for your  
continued  
partnership and  
commitment to  
quality  
improvement.**

