Cardiac Rehabilitation

Saving Lives ♥ Restoring Health ♥ Preventing Disease

Benefits of Cardiac Rehabilitation

Benefits to People

Those who attend 36 sessions have a

47%

lower risk of death and

31%

lower risk of heart attack than those who attend only one session.

Benefits to Health Systems

Costs per year of life saved range from

$4,950 to $9,200

per person.

Cardiac rehab participation also reduces hospital readmissions.

Referral

Many People Who Can Benefit Are Not Being Referred

♥

We Know What Works To Improve Referral Rates

Minority status predicts lower referral and participation rates.

Women, minorities, older people and those with other medical conditions are under-referred to cardiac rehab

One of the best predictors of cardiac rehab referral is if the eligible person speaks English.

Asian Americans are 18 times more likely to have limited English, compared to whites.

Black women are 60% less likely to be referred and enroll in cardiac rehab programs, compared to white women.

Automatic, systematic referral to cardiac rehab at discharge can help connect eligible people with these programs.

Strong coordination between inpatient, home health, and outpatient cardiac rehab programs boosts referral rates, as well as participation rates and outcomes.

Patients' medical teams -- and families -- can support and encourage participation in cardiac rehab programs.

Awareness campaigns should be targeted to people and caregivers.

Only **20%** of eligible patients are referred...

... and only half of referred patients actually participate

Participation and Completion

Reaching the 36 Session Threshold Is Challenging

Longer wait times following discharge reduce cardiac rehab enrollment.

For every day a person waits to start cardiac rehab, they are 1% less likely to enroll in cardiac rehab.

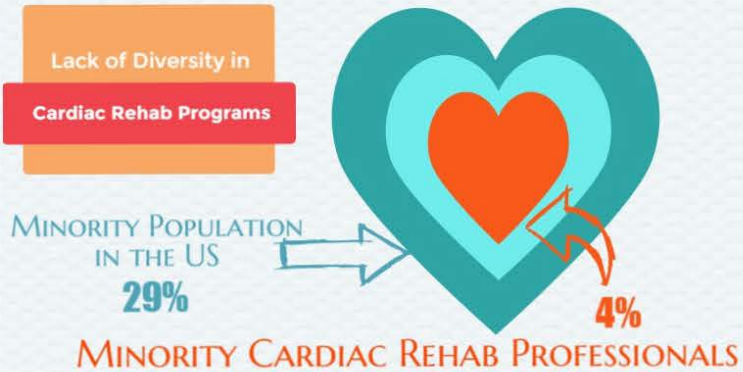
People who live outside of metropolitian areas are 30% less likely to participate in cardiac rehab programs.

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

19.6% of eligible white patients participate

7.8% of eligible black patients participate

People who make more than $75,000 per year are 2x more likely to participate than individuals with annual income below $15,000.



We Know from Research How To Eliminate Barriers

The greatest predictor of participation is the strength of the physician's recommendation.

Reduce the interval between hospital discharge and cardiac rehab program orientation by formalizing enrollment practices.

Ensure access to services, through transportation options and extended hours.

Where possible, reduce or eliminate financial burden on cardiac rehab participants.

Support participation in cardiac rehab through community health workers, home health aides, and visiting nurses.

Design culturally and linguistically appropriate programs.

Increase use of translation services by physicians and participants.

Diversify cardiac rehab teams.

Research shows that minority physicians are more likely to care for minority, poor, uninsured, and underserved people, compared with white physicians.

Innovation

Other strategies are being considered to improve participation and completion:

- **Create web-based or home-based programs in rural areas.**
- **Develop telemedicine-monitored cardiac rehab programs for people unable to access traditional programs.**
- **For people unable to attend all 36 sessions in a cardiac rehab facility, conduct baseline assessment in a cardiac rehab clinic followed by a nurse-monitored home exercise program.**

Cardiac Rehab Program Viability and Sustainability

Limited Capacity, Limited Number of Eligible People Served

Although cardiac rehab programs are underutilized, some fear that the existing number of programs would be insufficient to serve all eligible people.

Geographic variations in...

- the number of cardiac rehab programs
- the number of eligible people, and
- the number of referred and participating people

complicate the story of program capacity.

New Delivery Models and Other Strategies Have Promise

Reward eligible people for completing cardiac rehab programs.

Reward programs with high completion rates.

Share best practices and lessons learned, including innovations.

Sources

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