Effective Care Coordination for Cardiac Rehabilitation-Eligible Patients

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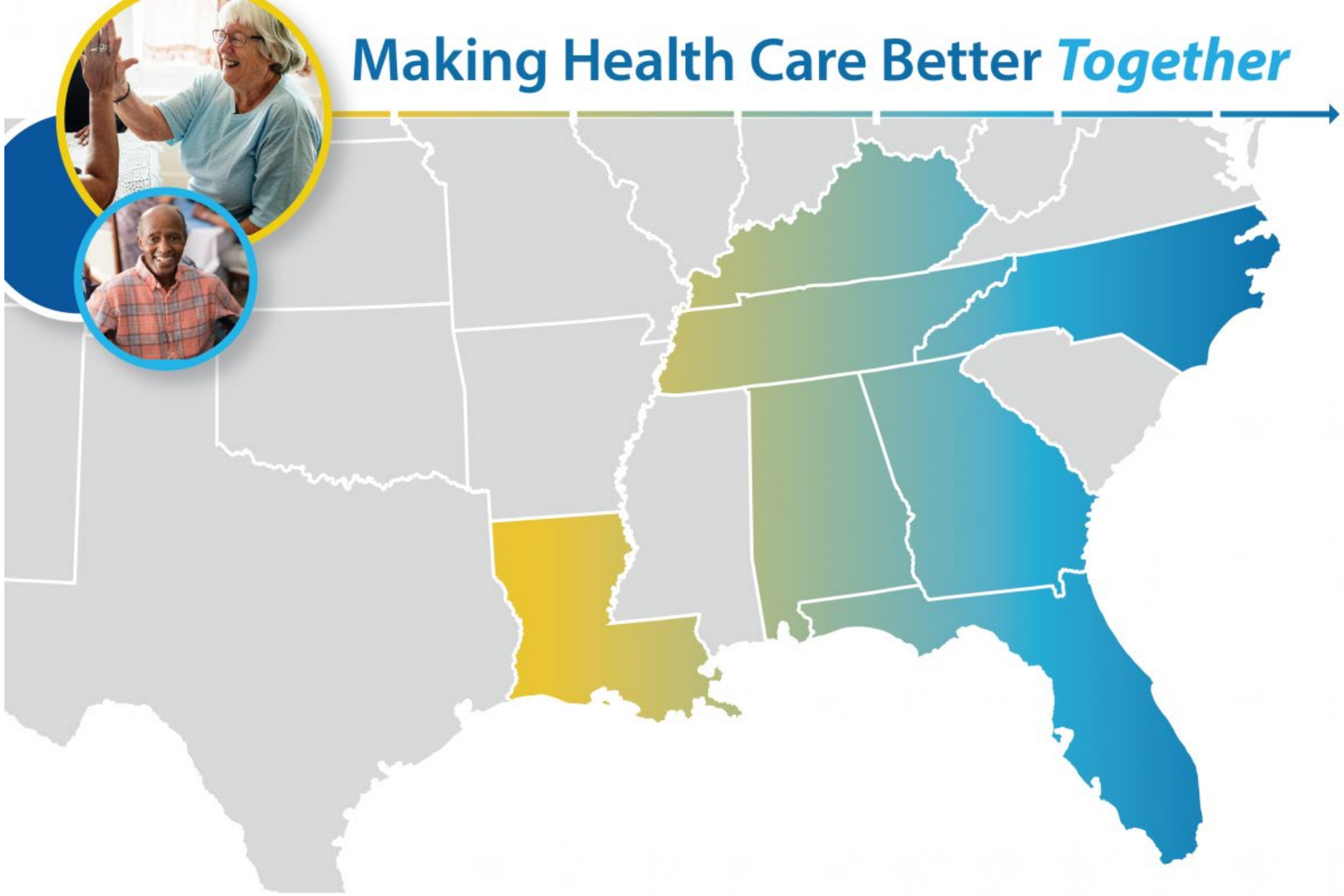

About Alliant Health Solutions

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Kathe Briggs, MS, ACSM-CEP, FAACVPR

REGISTERED CLINICAL EXERCISE PHYSIOLOGIST
MANAGER CARDIAC & PULMONARY REHABILITATION

Kathe is a past president of the Southern Association for Cardiac and Pulmonary Rehabilitation and serves on the SACPR Board as the Alabama state representative. In addition, she is on the AACVPR Membership and Affiliate Relations Committee and served on the AACVPR Leadership Committee. Kathe is the manager of Cardiac and Pulmonary Rehabilitation Services at East Alabama Medical Center (EAMC) in Opelika, Alabama. She manages multiple programs, including inpatient and outpatient cardiac rehabilitation, heart failure telehealth services, and outpatient pulmonary rehabilitation. At EAMC, Kathe has managed many different departments and physician practices, implemented tobacco cessation, pulmonary rehabilitation, medical nutrition therapy and diabetes disease management services, and achieved ongoing AACVPR program certification for the EAMC cardiac rehabilitation services. For 11 years, she managed the hospital's diabetes and clinical nutrition services and led a multidisciplinary hospital team that successfully achieved Advanced Inpatient Diabetes Certification by the Joint Commission. She also served as a board member for the Alabama Wellness Alliance and co-wrote an Alabama Physical Activity and Nutrition Plan.

Learning Objectives

- Learn how AHRQ's TAKEheart initiative and workflow process mapping can be used to identify situations where cardiac rehabilitation automatic referral and care coordination processes are not firmly established.
- Understand the benefits of performing pre-op cardiothoracic surgery education to include post-discharge outpatient appointment scheduling.
- Learn strategies for integrating workflow into the facility's electronic health record.
- Recognize how the Cardiac Rehab Change package can provide a framework for improving processes in the four focus areas of system change, referrals, enrollment and participation and adherence to increase outpatient cardiac rehab participation.

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East Alabama Health's Journey to Improve Cardiac Rehabilitation Participation Rates

Goal:
Identify situations where cardiac rehabilitation automatic referral and care coordination processes were not firmly established and improve inpatient documentation while participating in the TAKEheart initiative (2020-2022) to increase patient participation rates.

https://www.ahrq.gov/takeheart

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Automatic Referrals and Care Coordination

Automatic Referral (AR)

Effective Care Coordination (CC)

Increased CR utilization

- Cerner/EMR "Consult to Cardiac Rehab" is included on all cardiovascular patient order sets – Pre and Post CT Surgery, PCI, AMI, HF
- Task list "worked" by a CR clinician daily and documented on an Ad Hoc form in Cerner
- Cerner process available to allow CR clinician to send a referral form to physician inbox in Cerner for signature

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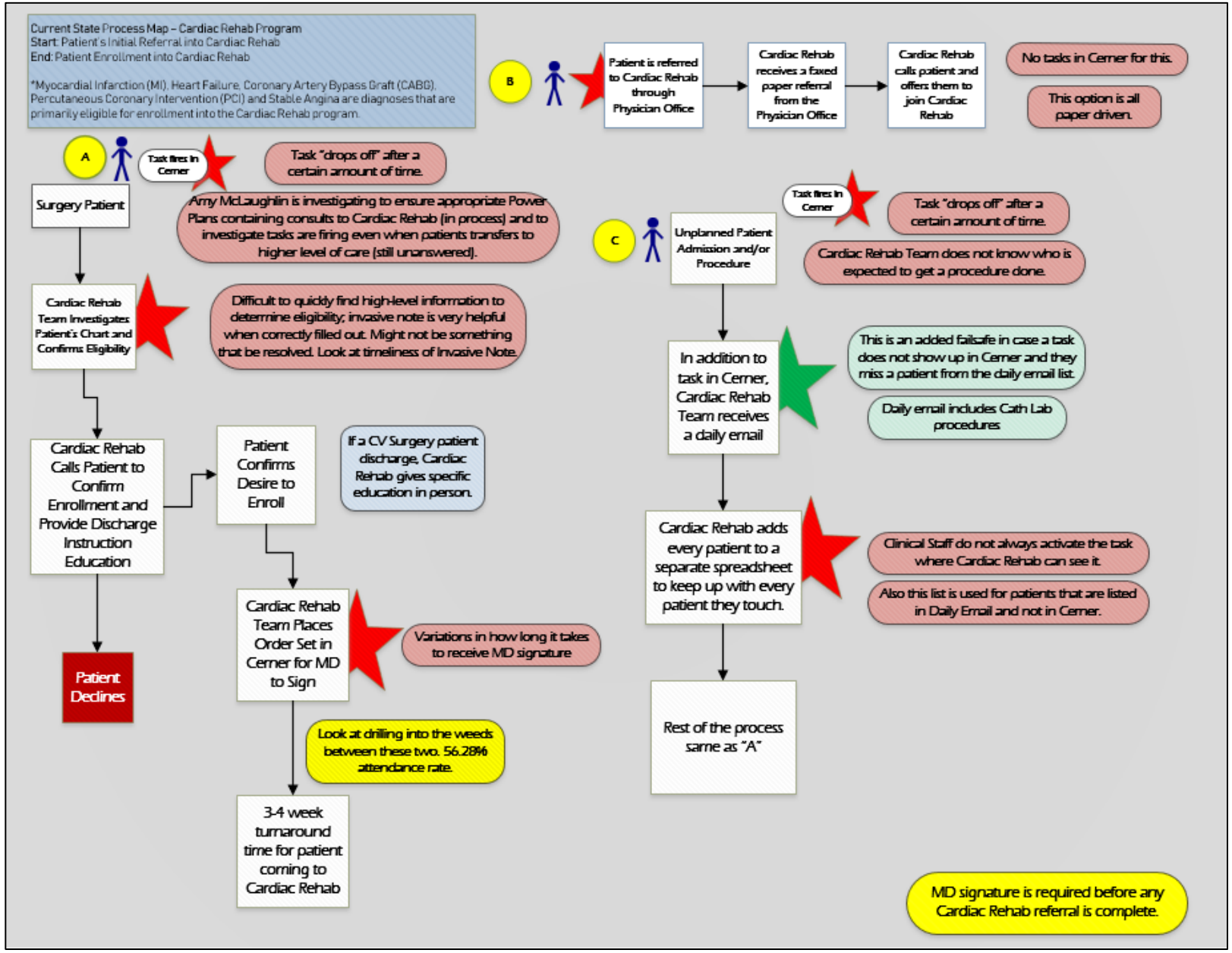
Work-flow process mapping to identify and improve processes



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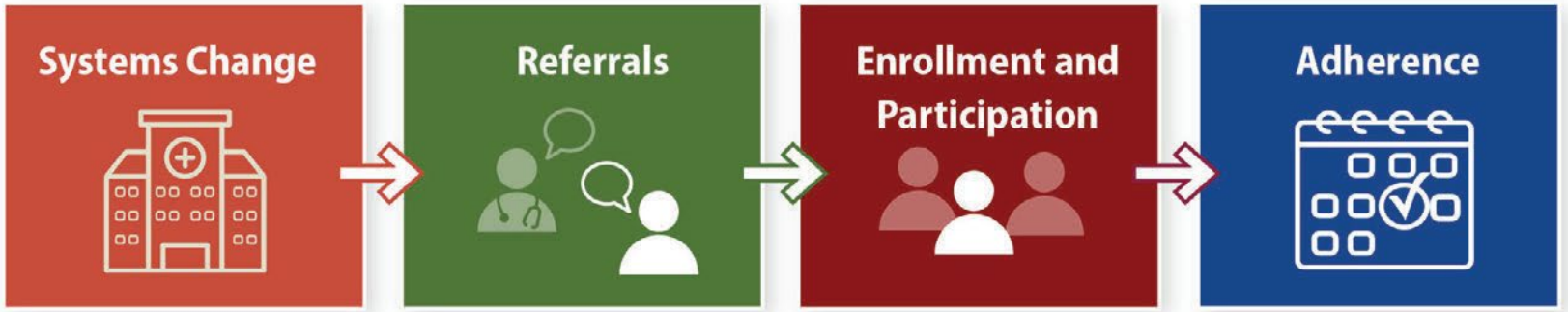
Care Coordination and Workflow

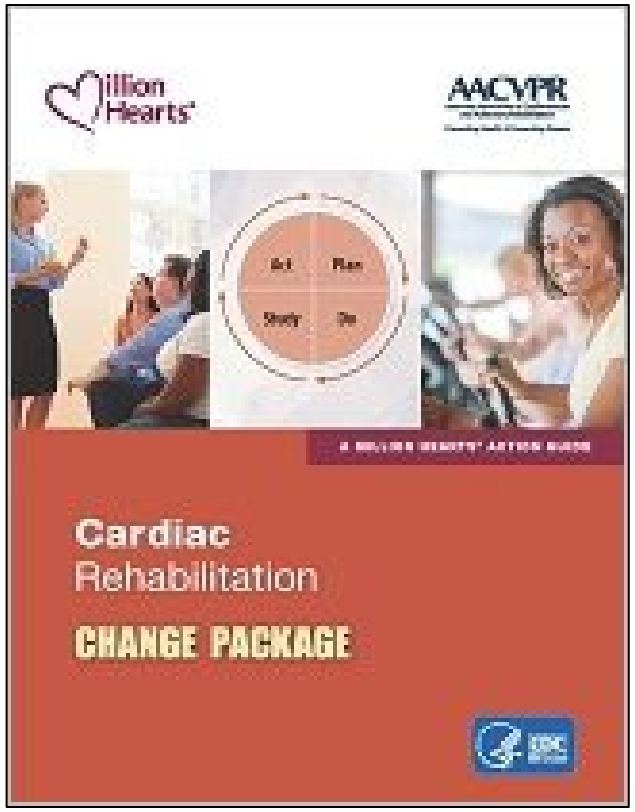
- One Cardiac Rehabilitation staff person is assigned daily to "work" the Cerner task list
- Cardiac Rehabilitation staff process the Cerner referral forms, check for eligible diagnosis, physician signature, and follow-up if needed
- Cardiac Rehabilitation staff contact all referred patients to offer and schedule them for outpatient services plus provide "survival skills" education
- Patients who live in other areas are referred to the closest CR program
- Cardiac Rehabilitation staff perform pre-op cardiothoracic surgery education and schedule the patient's outpatient appointment during the visit

East Alabama Health's Journey to Improve Cardiac Rehabilitation Participation Rates

Million Hearts® / AACVPR 2018 Change Package

Four focus areas:





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Make CR a Health System Priority

Change Idea:

- Engage the care team in CR and ensure their buy-in to CR

EAMC Actions:

- Increase CR staff interactions with physicians & inpatient staff
- Continue CR involvement in hospital readmission, HF patient navigation & call back efforts
- Set outpatient cardiac rehab start date during pre-op CT surgery visit

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Use Data to Drive Improvement in Referrals to CR

Change Idea:

- Regularly provide a dashboard with CR referral metrics, goals, and performance

EAMC Actions:

- Add referral statistic to CR metric board
- Report CR metrics to VP monthly
- Report data on referrals to Cardiology & CT Surgery Sections

Develop Flexible Models That Better Accommodate Patient Needs

Change Idea(s):

- Modify program structure and hours of operation to match patient preferences to accommodate more patients
- Incorporate group orientations/modify our current groups to include a past-patient experience, bigger size, paperwork only, and online paperwork.

EAMC Actions:

- Added T-Th 7:30 am class – allows flexibility to attend up to five days/week
- Work to add M-W-F 11:15 am class – a total of seven classes/day
- Increased current T-Th group orientation size to 10+ patients – non-billed

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Improve Patient Engagement

Change Idea(s):

- Connect enrolled patients with a graduate/past participant Patient Ambassador or "sponsor."

EAMC Actions:

- Engage a new leader and revitalize Mended Hearts
- Mended Hearts leader/member to visit OPCR classes regularly
- Invite Mended Hearts leader to speak at monthly community Risk Factor Prevention class

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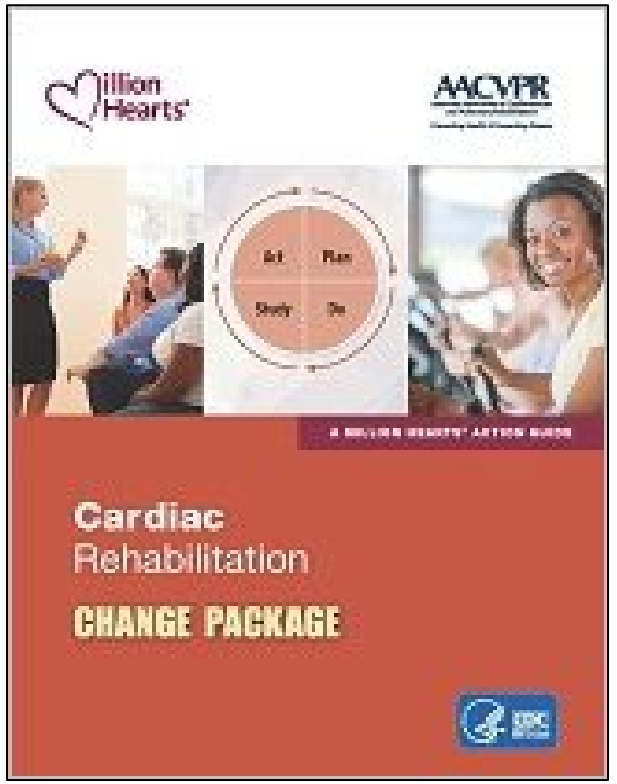
Million Hearts®/AACVPR Cardiac Rehabilitation

Change Package, 2nd Edition coming late June – early July!

What's new:

- Making the business case for CR
- CR program staffing models
- More tools for implementing automatic referrals with care coordination
- Strategies to build equity in CR enrollment
- New tools for hybrid CR programs
- Strategies to increase CR participation among people with qualifying heart failure



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Success, Challenges and Lessons Learned

- No report readily available to show CR patient re-admission data
- Challenging to get data for participation and referral rates
- If one staff person is out, all staff are needed to work outpatients, leaving no staff available to work the Cerner task list and perform inpatient consults/education
- Limited space and staff resources in the department

Inability to relocate or open a new program offsite without significant financial impact due to Section 603 of the 2015 Budget Act, which mandated that hospitals would no longer be reimbursed under the hospital outpatient methodology if an existing campus service moves to a new location off-campus (beyond 250 yards). If CR/PR was moved, the hospital would be played at a "physician fee schedule-equivalent" rate rather than the hospital outpatient rate, causing a significant drop in payment.

- Data from 2018 showed an 88.5% decrease in Medicare patients if our program moved offsite.
- It takes "an act of Congress" to change this issue. (https://www.aacvpr.org/Advocate)

Impact of the public health emergency waiver discontinuation: Unable to perform virtual delivery of services for reimbursement after the PHE expires on May 11, 2023.

Questions?

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Nursing Home and Partnership for Community Health:
CMS 12th SOW GOALS

OPIOID UTILIZATION AND MISUSE

Promote opioid best practices

•

Reduce opioid adverse drug events in all settings

PATIENT SAFETY

Reduce hospitalizations due to c. diff

•

Reduce adverse drug events

•

Reduce facility acquired infections

CHRONIC DISEASE SELF-MANAGEMENT

Increase instances of adequately diagnosed and controlled hypertension

•

Increase use of cardiac rehabilitation programs

•

Reduce instances of uncontrolled diabetes

•

Identify patients at high-risk for kidney disease and improve outcomes

CARE COORDINATION

Convene community coalitions

•

Reduce avoidable readmissions, admissions to hospitals and preventable emergency department visits

•

Identify and promote optimal care for super utilizers

COVID-19

Support nursing homes by establishing a safe visitor policy and cohort plan

•

Provide virtual events to support infection control and prevention

•

Support nursing homes and community coalitions with emergency preparedness plans

IMMUNIZATION

Increase influenza, pneumococcal, and COVID-19 vaccination rates

TRAINING

Encourage completion of infection control and prevention trainings by front line clinical and management staff

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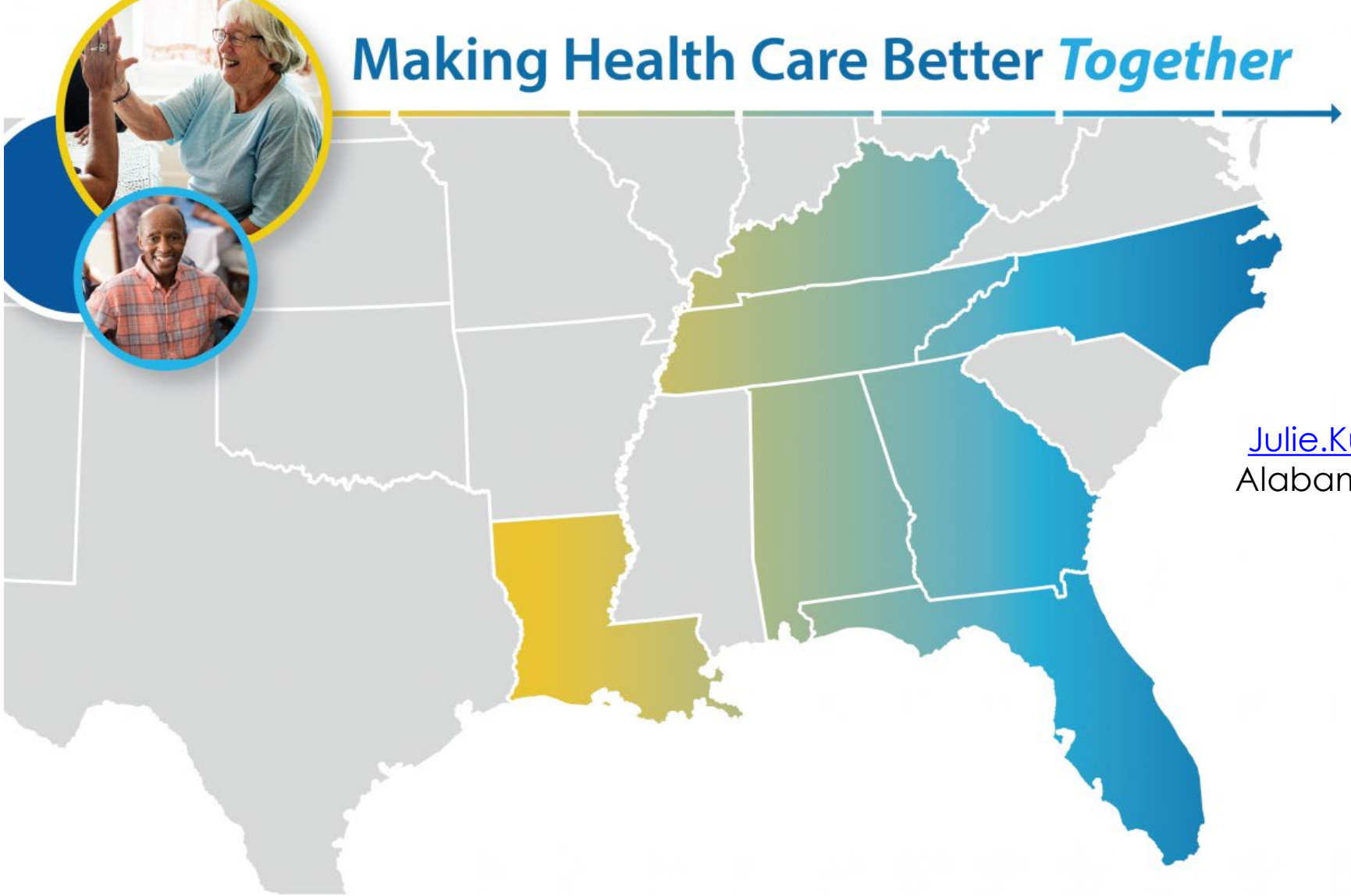

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