

Introduction to the AHRQ TAKEheart Initiative to Improve Participation in Cardiac Rehabilitation Services

Session #4



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Ingris is a bilingual registered dietitian nutritionist (RDN), New York state-certified dietitian nutritionist (CDN), certified professional in healthcare quality (CPHQ), and certified diabetes care and education specialist (CDCES) with a clinical background in medical nutrition therapy and community nutrition education.

Her work as an RDN in a 615-bed specialty long-term care (LTC) and rehabilitation facility catering to individuals with chronic conditions and genetic disorders inspired her transition into the quality improvement (QI) sector to influence changes in patient care and support population health initiatives on a larger scale.

Ingris currently contributes to our chronic disease management efforts and monthly QIN-QIO Newsletter.



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What is TAKEheart?

TAKEheart® is an initiative funded by the Agency for Healthcare Research and Quality (AHRQ) to develop training materials and educational resources for CR programs based on the strategies outlined in the Million Hearts®/AACVPR Cardiac Rehabilitation Change Package (CRCP).



Automatic Referral (AR)

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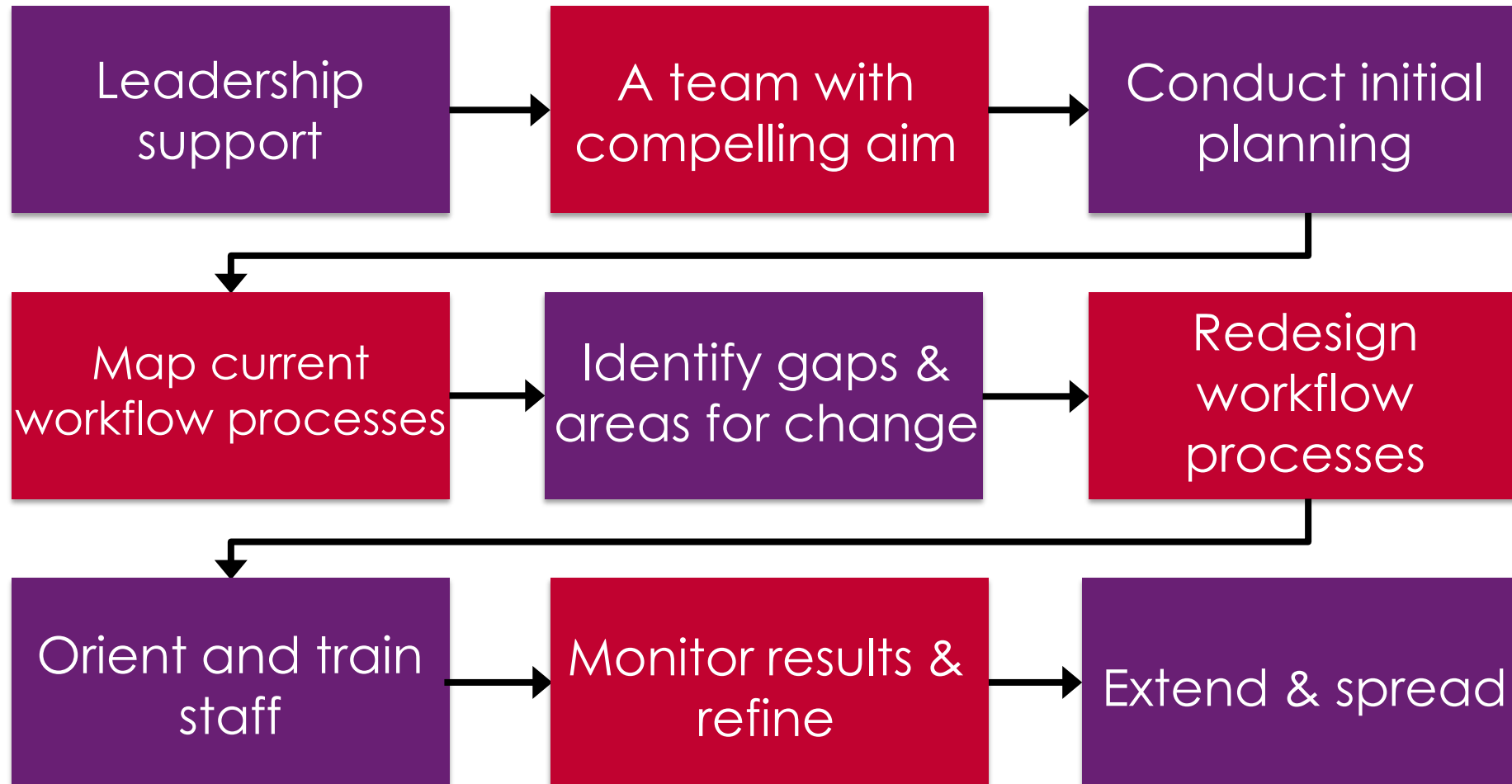
Effective Care Coordination (CC)

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Increased CR utilization

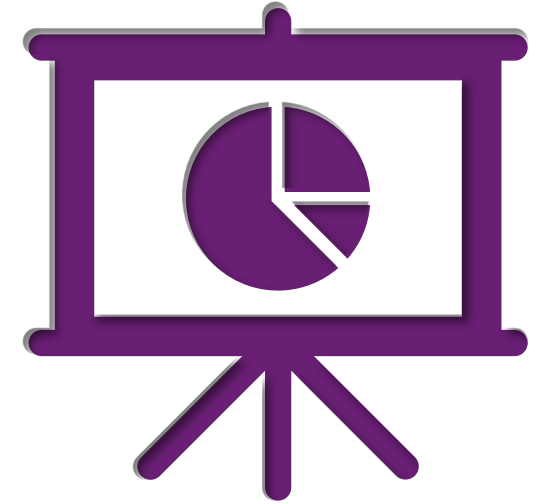
Quality Improvement Project Overview



The Role of Data

Data is used to:

- Establish the need for the project and the starting point.
- Identify gaps, errors, discrepancies and areas for improvement.
- Help set targets for the future.
- Inform the implementation of a workable AR system as well as the structuring and monitoring of CC activities.
- Provide objective evidence.
- Track improvement progress and identify continuing needs.



Build a Data Team

Who should be involved?

People to include on the QI team for their data needs or data expertise:

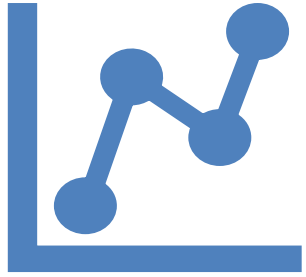
- IT Department Staff
- CR Staff Responsible for Patient Tracking
- Care Coordinators
- Unit Managers
- Unit- or System-level Leadership
- Other CR Staff
- Others with Data Expertise

Periodically, you'll need input from:

- Cardiologists
- Nurses
- Other Clinicians



Data: Determine Who, What and Where



Mapping the data collection process helps the team understand what reports and program information can be generated and who can access it.

Know:

- Where your data resides
- What it takes to capture the data you need
- Whether new data capture processes are needed
- Who oversees different aspects of data collection

Types of Data

Patient-level Data: Patient-Specific

- Age
- Gender
- Zip code
- Diagnosis
- CR referral, enrollment, and participation

Aggregate Data: Population-Specific

- # of patients eligible for CR
- # of patients referred to CR
- # of patients enrolled in CR
- CR referral, enrollment and participation **overall and in** underrepresented groups

Questions Data Can Answer By Data Type

Data Type	What does it show?
Patient-level: age, gender, etc.	Shows the characteristics of patients who enroll or don't enroll
Patient-level	Shows which specific patients were (or were not) referred or enrolled
Patient-level: referral source	Shows which providers are referring or not referring
Aggregate	Can show where in the workflow process patients are dropping out
Aggregate	It can be used to show what portion of eligible patients were or were not referred or enrolled
Aggregate: referral source	It can be used to show which providers are referring a smaller proportion of eligible patients

Sample Questions To Explore With Data

Who are the referral sources?

- Several providers
- One or two providers

What is the referral profile?

- Majority of referred patients come from one or two providers
- Equal distribution from a variety of providers

What is the profile of the primary participant?

- E.g., 68 y.o., Caucasian male w/CABG

What is the profile of the common non-participant?

- E.g., 57 y.o. Hispanic working woman w/AMI

Future Data Capture Plan

GOAL: Create capacity to track changes and manage eligible patients as you implement AR and enhance CC

Questions to Consider as You Create a Data Capture Plan:

- Are new processes required?
- How will you plan for an increase in referrals and enrollment?
- Are additional resources required, software?
- Who will handle monitoring and reporting?
- How will you fill the roles?
- How will missing data to support AR and CC be recovered?
- When will you have roles and responsibilities assigned?
- When will you start using the new processes?

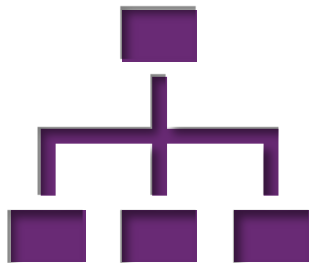
Measure Change



Increasingly, CR metrics (referral, enrollment, adherence rates, time to refer, etc.) are being incorporated into quality performance programs and can drive reimbursement.



Measuring results over time lets the team know whether the changes are working or adjustments are needed, thereby informing decisions and actions.



Progress can be tracked and communicated throughout the organization to drive continued improvement efforts.



Measuring results can maintain accountability and promote the sustainability of change efforts.

Example: Inpatient Referral Measure

Numerator: Number of eligible inpatients referred to outpatient CR program

Denominator: Number of inpatients discharged with appropriate ICD-10 codes



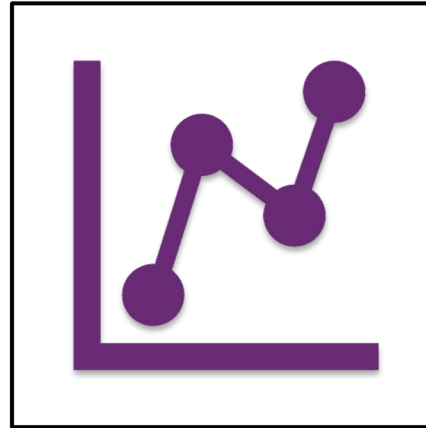
Time Period:
Monthly to start

Exclusions

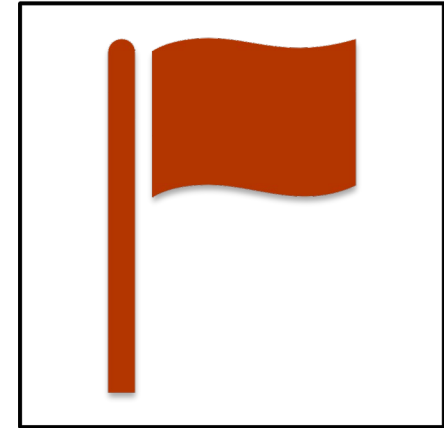
Tell a Story: Data Visualization



Provides a clear idea of what the information means by giving it a visual context (charts or graphs)



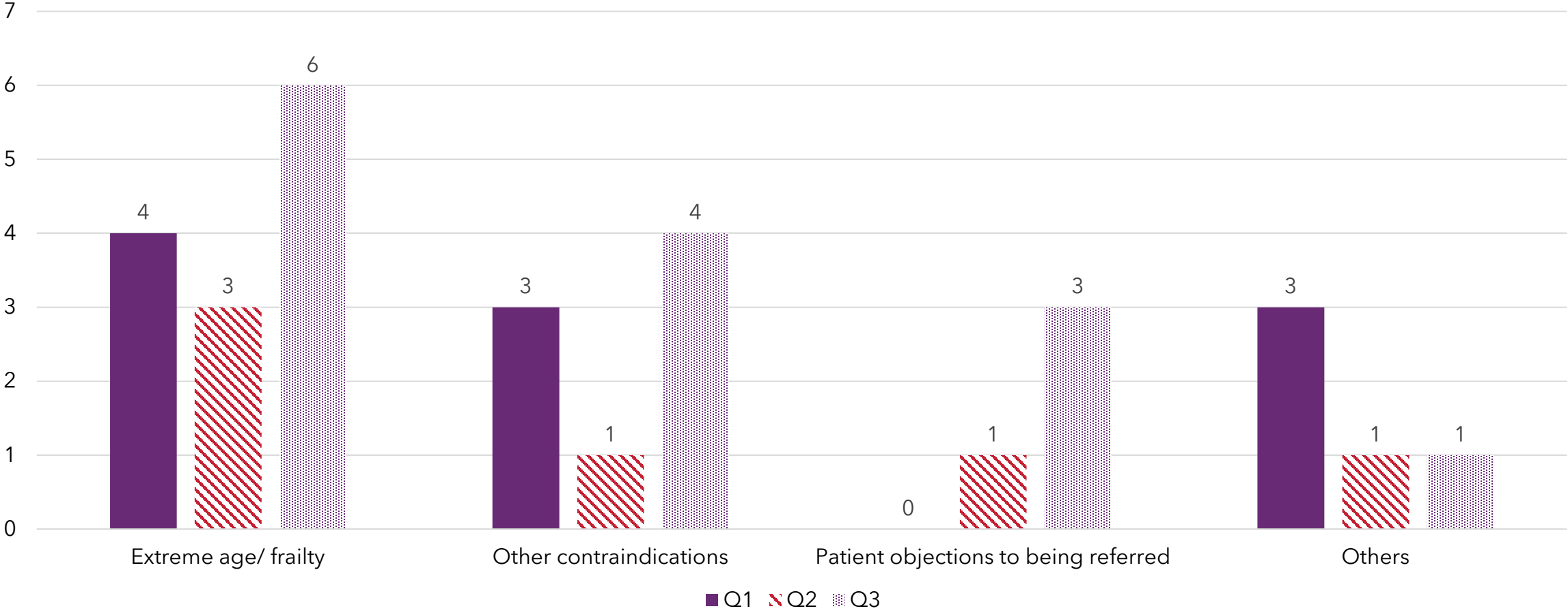
Renders data more natural to comprehend and easier to identify trends, patterns and outliers



Helps users pay attention to areas that indicate red flags or progress

Example of Data Visualization

Leading Reasons for Physician Opt-Outs of Eligible Patients



Tips For Success

- Start small and expand over time
- Create measures that allow monitoring of highest priority changes
- Keep data collection simple. Maybe join a registry to manage/track patients
- Measure frequently to assess progress over time
- Discuss progress and celebrate success
- If there is no success, revisit the process workflows, adjust and try again

Do It For You! Do It For Your Heart!

Say Yes to Cardiac Rehabilitation (Cardiac Rehab) Flyer

**Do It For You!
Do It For Your Heart!**
SAY YES TO CARDIAC REHABILITATION

Who couldn't use a little heart health right now?

A healthier heart will help you:

- Increase your independence
- Spend more time doing what you enjoy
- Learn ways to pace and adjust your physical activities to help you do more and recover faster
- Be less winded or short of breath as you go about your daily routine

Getting started is simple
Make the call!

- ✓ Call the cardiac rehab program your care team referred you to.
- ✓ If you can't find your referral paperwork or did not get a referral, call your primary care provider or cardiologist and tell them you are interested in cardiac rehab. You can go to an outpatient clinic or hospital rehab center. You may also be able to do virtual or home sessions.

Cardiac rehab is more than exercise! Here's what to expect:
An initial evaluation to tailor a program just for you. The evaluation may include:

- Medically supervised heart-healthy exercises, like walking, riding a stationary bike or using a step trainer
- Activities to strengthen your muscles, like lifting free weights or resistance bands.
- Strategies for healthy eating and information about programs that can help you get healthy food within your budget
- Help with quitting smoking
- Help with managing stress

It's better than your regular exercise routine

- Cardiac rehab provides a **team of experts** who will ensure you progress toward your goals and support you if you feel you're doing too much or not enough. Continuing at-home exercises is important, but cardiac rehab is the first step to improving your heart health.

What will it cost?
Most insurance companies, Medicaid and Medicare Part B will pay for cardiac rehab to help you safely exercise and learn heart-healthy habits. Call the number on the back of your insurance card to find out if you have co-pays or deductibles. Some hospitals and community agencies have staff to help you understand your benefits or arrange transportation.

Sources:
American Heart Association, Centers for Disease Control, CardiacSmart.org, TAKEheart Program, Medicare.gov

"Cardiac Rehab changed my life!"

At 75, Joyce was working full time and walking eight miles a day when her heart problems happened and "all of a sudden," she "couldn't do anything."

When Joyce started cardiac rehab, she could only walk 660 steps in six minutes. After completing her program, she could walk 1100 steps in that same amount of time.

Joyce says that cardiac rehab gave her **confidence**. Her message to you?

"JUST GIVE IT A TRY!"

SCAN ME

Scan QR Code to watch this video to learn more about Cardiac Rehab.

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- This one-page patient-facing resource is intended to help patients understand the benefits of participating in cardiac rehab.
- The flyer also links to a powerful patient testimonial that helps explain cardiac rehab from the patient's perspective.

https://quality.allianthealth.org/media_library/do-it-for-you-do-it-for-your-heart-say-yes-to-cardiac-rehabilitation-cardiac-rehab-flyer/

What's Holding You Back From Going to Cardiac Rehab?

What's Holding You Back From Going to Cardiac Rehab?

Cardiac rehab can be life-changing! We've compiled some tips to help you overcome any obstacles you may have. Scan the QR codes with your phone to access the websites listed below.

I need a way to get to cardiac rehab
Enter your zip code into the [Area Office on Aging Eldercare locator](#) or call 1-800-677-1116 to find transportation services in your area. Ask if your hospital or physician's office has a patient navigator or case manager who can offer additional recommendations.

I need to find a cardiac rehab program in my area!
Check for programs in your area using the [Cardiac Rehab search](#). Search by zip code or county.

I need help with my caregiver duties!
To find caregiver resources in your area, including adult daycare, try the [Eldercare Locator](#). You can also call the Eldercare Locator at 800-677-1116 or email at eldercarelocator@n4a.org.

Visit the [Well Spouse Association](#) website to connect with other caregivers with experience planning and managing their health care needs. You can also email the Well Spouse Association at info@wellspouse.org or call 800-838-0879.

How do I fit cardiac rehab into my workday?
Visit the [Family and Medical Leave \(FMLA\)](#) website to learn how to talk with your employer about taking job-protected leave for your medical care. If you're unsure FMLA applies to you, call the Wage and Hour Division's toll-free helpline at 1-866-487-9243.

Who pays for cardiac rehab?
Visit the [Medicare Coverage - Cardiac Rehab](#) website to learn about eligibility and co-pays (if you have additional insurance or Medicaid, your co-pays might be covered). You pay 20% of the Medicare-approved amount if you get these services in your doctor's office. In a hospital outpatient setting, you also pay the hospital a co-payment. The Part B deductible applies.

Do I really need cardiac rehab?
Yes! If your doctor recommended Cardiac Rehab, your heart needs the chance to recover. Visit [Do It For You!](#) to learn why you should say yes to cardiac rehab.

Watch Joyce share her story about how cardiac rehab has changed her life.

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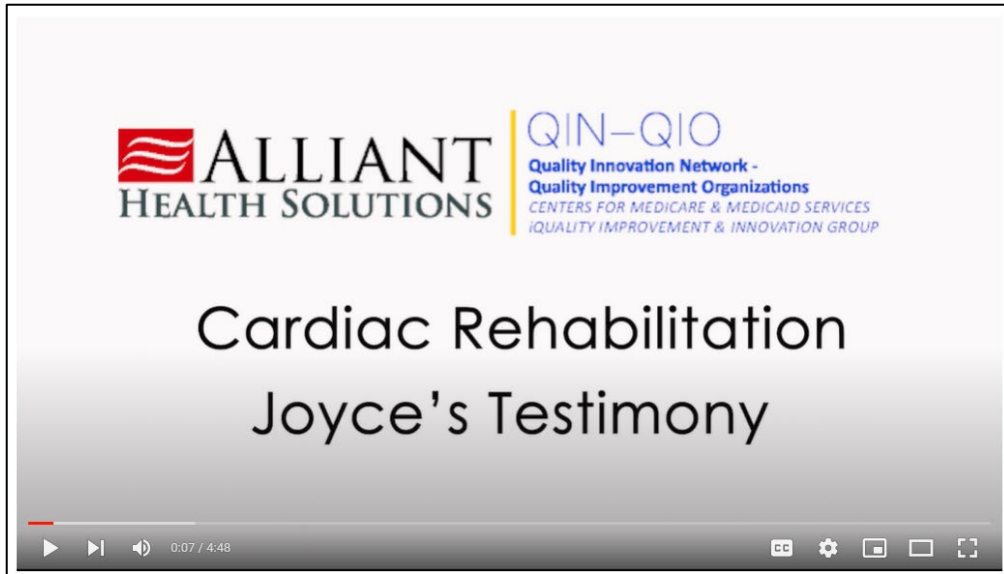
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This patient-facing flyer provides resources and tips that may help individuals work through the challenges of cardiac rehab, including:

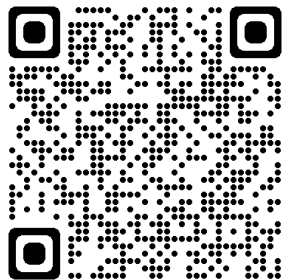
- Locating a local program
- Transportation
- Scheduling around work and/ or caregiving responsibilities
- Payment
- Understanding the need and benefits of cardiac rehab

https://quality.allianthealth.org/wp-content/uploads/2023/05/Cardiac-Rehab-Barriers-Flyer-FINAL_508.pdf

Empowering Patients, Families, Care Partners and Communities



<https://www.youtube.com/watch?v=MwSDi6BIfOM>



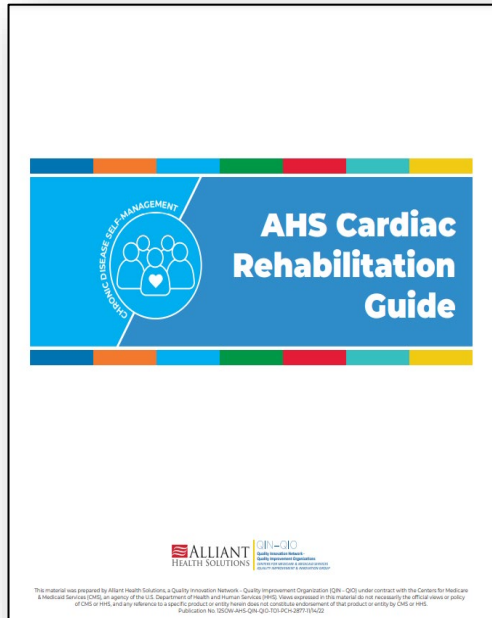
Take a picture of this QR code to access the video on your smartphone!

This five-minute YouTube video features a Beneficiary and Family Advisory Council member sharing her experience participating in cardiac rehab and how it changed her life.

You can use this video on a variety of channels:

- Patient education and discharge planning communications with patients and care partners.
- Broadcast on your patient TV channels, waiting room and lobby TVs.
- Add a link to the testimonial video to your patient discharge materials, cardiac rehab webpage, and media platforms.


AHS Cardiac Rehabilitation Guide



AHS CARDIAC REHABILITATION GUIDE

AHS CARDIAC REHABILITATION GUIDE OUTLINE
 The Million Hearts® Cardiac Rehabilitation Change Package (CRCP) is a great tool to guide your quality improvement initiatives. It is centered on raising awareness, bolstering referrals, and promoting the utilization of cardiac rehabilitation within your practice setting, across your networks, and through community partnerships. Although Cardiac rehabilitation (CR) reduces hospital readmissions and saves thousands of dollars in health care expenditures, it is a grossly underutilized secondary prevention program. Use the strategies in this compendium to help connect the 90% of eligible patients who are not accessing vital cardiac rehabilitation services due to a lack of timely referrals.

I. What is Cardiac Rehabilitation?



Cardiac rehabilitation (CR) is a structured program of supervised exercise, patient counseling, and lifestyle and nutrition education designed to help patients recover from cardiac events and manage heart failure.

Cardiac Rehabilitation Referral Eligibility	
Cardiac-related conditions or events	Cardiac procedures
<ul style="list-style-type: none"> • Heart attack in the past 12 months • Stable chronic heart failure • Current stable angina 	<ul style="list-style-type: none"> • Coronary angioplasty or stent • Bypass surgery • Heart valve replacement or repair • Heart or heart-lung transplant

The Importance of Cardiac Rehab from the Agency for Healthcare Research and Quality (AHRQ) TakeHeart® Initiative		
Core Cardiac Rehab Components	Patient Benefits	Cardiac Rehab Hospital Benefits
<ul style="list-style-type: none"> ✓ Supervised exercise training ✓ Education and skills development ✓ Psychosocial counseling 	<ul style="list-style-type: none"> ✓ Reduced risk of death ✓ Fewer symptoms, such as angina and fatigue ✓ Decreased heart attack recurrence ✓ Better medication adherence ✓ Improved exercise performance ✓ Increased quality of life and ability to perform daily living activities ✓ Better patient understanding of heart disease and its management ✓ Improved patient mood 	<ul style="list-style-type: none"> ✓ Improved quality of care and outcomes ✓ Reduced readmissions ✓ Improved quality metrics ✓ Increased readiness for value-based payment initiatives

This provider-facing resource is a guide to cardiac rehabilitation services that include:

- The importance of cardiac rehab.
- Cardiac rehabilitation referral eligibility.
- Effective cardiac rehab referral and care coordination practices.
- Billing and reimbursement information.
- Evidence-informed resources for cardiac rehab delivery models.

Connect Patients Eligible for Cardiac Rehabilitation to Life-Saving Services Handout

Cardiac Rehab Referral Eligibility	
Cardiac-related conditions or events	Cardiac procedures
<ul style="list-style-type: none"> Heart attack in the past 12 months Current stable angina Stable Chronic Heart Failure, defined as: <ul style="list-style-type: none"> Patients with left ventricular ejection fraction of 35% or less New York Heart Association (NYHA) class II to IV symptoms (see breakdown below) despite being on optimal heart failure therapy 	<ul style="list-style-type: none"> Coronary angioplasty or stent Bypass surgery Heart valve replacement or repair Heart or heart-lung transplant

NYHA Functional Classification (Adapted from the American Heart Association Classes of Heart Failure)			
Class	Patient Symptoms	Class	Objective Assessment
I	No limitation on physical activity. Ordinary physical activity does not cause undue fatigue, palpitation or dyspnea (shortness of breath).	A	No objective evidence of cardiovascular disease. No symptoms and no limitations in ordinary physical activity.
II	Slight limitation of physical activity. Comfortable at rest. Ordinary physical activity results in fatigue, palpitation or dyspnea (shortness of breath).	B	Objective evidence of minimal cardiovascular disease. Mild symptoms and slight limitation during ordinary activity. Comfortable at rest.
III	Marked limitation of physical activity. Comfortable at rest. Less than ordinary activity causes fatigue, palpitation or dyspnea (shortness of breath).	C	Objective evidence of moderately severe cardiovascular disease. Marked limitation in activity due to symptoms, even during less-than-ordinary activity. Comfortable only at rest.
IV	Unable to carry on any physical activity without discomfort. Symptoms of heart failure at rest. If any physical activity is undertaken, discomfort increases.	D	Objective evidence of severe cardiovascular disease. Severe limitations. Experiences symptoms even while at rest.

The Importance of Cardiac Rehab From the Agency for Healthcare Research and Quality (AHRQ) TakeHeart® Initiative		
Core Cardiac Rehab Components	Patient Benefits	Cardiac Rehab Hospital Benefits
<ul style="list-style-type: none"> Supervised exercise training Education and skills development Psychosocial counseling 	<ul style="list-style-type: none"> Reduced risk of death Fewer symptoms, such as angina and fatigue Decreased heart attack recurrence Better medication adherence Improved exercise performance Increased quality of life and ability to perform daily living activities Better patient understanding of heart disease and its management Improved patient mood 	<ul style="list-style-type: none"> Improved quality of care and outcomes Reduced readmissions Improved quality metrics Increased readiness for value-based payment initiatives

This provider-facing resource outlines the eligibility criteria, key components, benefits and procedure codes for cardiac rehab and intensive cardiac rehab services.

https://quality.allianthealth.org/wp-content/uploads/2022/10/Document-7-Connect-Patients-Eligible-for-Cardiac-Rehabilitation-to-Life-Saving-Services_508.pdf

Questions?



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