Implementing PCOR to Increase Referral, Enrollment and Retention in Cardiac Rehabilitation through Automatic Referral with Care Coordination Support

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September 19, 2019
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• Has nothing to disclose.
AHRQ’s TAKEheart Initiative

- Designed to enable hospitals and health systems to increase cardiac rehabilitation referrals, enrollment and retention.

- Applies strategies from the new Million Hearts®/AACVPR Cardiac Rehabilitation Change Package (CRCP), an action guide to help hospitals institute an automatic referral process with care coordination support to improve the rates of cardiac rehabilitation for more of their eligible patients.
What is Cardiac Rehab?

- Cardiac rehabilitation (CR) is a comprehensive secondary prevention program used to improve cardiovascular health and prevent subsequent cardiovascular events.
Automatic referral and care coordination support: AR+CCS model as intervention in TAKEheart

• **Automated referral**: EMR based referral built into order set model where patient with qualifying diagnoses result in referral and notification of relevant providers

• **Care coordination support (“liaison”)**: Can be dedicated staff or someone in-house taking on role with appropriate training on program. Meets with patient to introduce CR and coordinate referral
Importance of CR: Clinical Evidence

• Participation in CR has been shown to reduce cardiovascular disease morbidity and mortality by approximately 20%, with some studies showing reductions of up to 50% compared to individuals without CR participation.

• CR has been shown to increase medication adherence; management of weight loss, smoking cessation, hypertension, diabetes, depression, mental stress.

• Every recent major evidence-based guideline from the AHA and ACC regarding management of coronary heart disease provides a Class 1A level recommendation for referral to CR.
Barriers to CR Adoption: The Missed Opportunity

• Current participation rates for CR in the United States generally range from only 20% to 30%; Million Hearts national goal set at 70% so the gap is wide with opportunity to improve.

• Increasing CR participation from 20% to 70% would save 25,000 lives and prevent 180,000 hospitalizations annually in the United States.
If evidence is so strong and widespread, why is enrollment in CR so low?

Administrative, day-to-day clinical, IT, and financial barriers persist.

• Outpatient CR challenging to coordinate and sustain from inpatient referral.

• Hospital leadership support is important; CR not traditionally seen as acutely important against competing priorities.

• Several patient barriers exist including time, motivation, support, and financial barriers.
The Business Case for CR

- CR has reduced long-term health service utilization expenditures; past US analyses have suggested costs for every year of life saved ranging from $4,950 to $9,200.
- CR reduces the risk of hospital admissions by 28% and reduces the risk for long-term readmissions by 25-30%.
- Medicare Part B (Medical Insurance) and most private insurance provides coverage for a cardiac rehabilitation.
What are the next steps?

✓ Gap in healthcare practices identified
✓ Evidence-based solution available to close the gap (AR+CCS)
✓ Business case established to justify implementation effort
✓ MillionHearts/AACVPR CR Change Package available
• 3-year project funded by the Agency for Healthcare Research and Quality (AHRQ)
• Designed to save lives by increasing patient participation in cardiac rehabilitation
• Will engage receptive hospitals to adopt two strategies proven to increase cardiac rehabilitation participation (AA+CCS)
How will we scale and spread the initiative?

1. Recruit partner hospitals to implement AA+CCS and a broader learning community of hospitals to share their experiences
2. Provide education, training and technical assistance to support use of available tools and materials
3. Create a public CR website to raise awareness nationally; house these tools
4. Actively engage a Technical Expert Panel (TEP) throughout to ensure lessons learned are infused into all activities
5. Evaluate implementation to identify best practices and refine materials
1) Recruit Hospitals: Partner vs. Learning Community

- **TAKEheart Partner Hospitals**: those interested and ready to implement AA+CCS.
  - Achieve *diversity in types of hospitals* (e.g. geographic location, communities/populations served, size, degree of system integration) to ensure *breadth in the types of experiences, needs, challenges and solutions that are observed in order to identify ways that the CRCP might be enhanced or modified to serve the broadest possible needs.*
  - 2 cohorts of ~50 hospitals each (n=100 total) to serve as Partner Hospitals

- **TAKEheart Learning Community Hospital**: those who are interested in learning more but unable to commit to operational change (or have already made change and want to see if they can continue to improve)
  - Up to ~200 hospitals into a Learning Community
2) Provide Education, Training and Technical Assistance

Equip Partner Hospital teams with:

- Individualized coaching and technical support in developing their own action plan for increasing cardiac rehabilitation referral, enrollment and retention in your hospital;

- Access to a high-impact, 12-month virtual training program providing guidance on how to implement an evidence-based strategy (automatic referral with patient care coordination support) to achieve this goal;

- Access to leading cardiac rehabilitation experts; and

- Peer-to-peer knowledge sharing, coaching and tools
2) Provide Education, Training and Technical Assistance

Provide **Learning Community** hospitals with:

- CR evidence
- Information and strategies to improve CR rates
- Opportunities for peer to peer learning
- Design all training, educational resources and TA to support the implementation of interventions contained in the Million Hearts®/AACVPR Cardiac Rehabilitation Change Package (CRCP)
### Education, Training and TA Components

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<thead>
<tr>
<th>Training curriculum (12 modules)</th>
<th>Partner Hospitals</th>
<th>Learning Community</th>
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<tbody>
<tr>
<td>Webinars specific to intervention (live and recorded)</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Companion guide for each module</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>CRCP Tools and Resources</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>New materials and resources developed for the project</td>
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<tr>
<th>Optional Action Learning Groups</th>
<th>Partner Hospitals</th>
<th>Learning Community</th>
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<tbody>
<tr>
<td>Coach to support improvement activities</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>Action Plan completed by each hospital team</td>
<td>✔</td>
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<tr>
<td>Technical Assistance (SMEs, office hours, materials)</td>
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<tr>
<td>Peer group meetings</td>
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<tr>
<th>Affinity Groups</th>
<th>Partner Hospitals</th>
<th>Learning Community</th>
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<tr>
<td>Groups focused on a specific issue</td>
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<tr>
<th>Optional In-person meetings</th>
<th>Partner Hospitals</th>
<th>Learning Community</th>
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<tr>
<td>Optional in-person half-day meeting in conjunction with AACVPR (or other heart health) national meeting</td>
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3) Create a Public CR Website and Raise Awareness Nationwide

- Raise awareness, demonstrate value and life-saving benefits of CR
- Promote existing resources on CR referral, enrollment, and retention
- House educational and training materials and other resources developed through the project, including webinar slides, training modules with companion guide, and sample materials such as team exercises.
4) Convene a Technical Expert Panel (TEP)

- Provide advice on technical approach
- Promote hospital recruitment and awareness building
- Review materials and revise
- Provide input on evaluation design and interpretation of results
- Serve as conduits to personal CR networks and share information
- Serve as SMEs to deliver training content or TA
5) Evaluate Dissemination and Implementation Efforts

• How effective was the website in disseminating trainings and other resources supportive of CR?
• Did hospitals have the materials, training and support needed to implement AA+CCS?
• What and how did hospitals adopt systems changes and processes to increase CR referral?
• What hospital or CR program characteristics and implementation strategies are associated with improvement in CR rates?
• Did participation in the Learning Community boost Partner Hospital’s ability to implement?
• TAKEheart: AHRQ’s Initiative to Increase Use of Cardiac Rehabilitation
TAKEheart Team

• Abt Associates
• Brigham and Women’s Hospital
• Crosby Communications
• Health Education and Research Trust (HRET)
• WomenHeart
Thank You!

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September 19, 2019