Facility Name: Mercyhealth Cardiac Rehab
Program/Project Name: Journey to Health Exercise Program
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Does your Institution operate an AACVPR Certified Program (Cardiac or Pulmonary)?
Yes

We believe our program is unique and innovative because it provides an additional option for patients who have insurance limitations for the traditional Phase II or early outpatient rehab program.
Q10: Specify and describe the unique population selected for this program or service. Examples include:
- Clinical populations currently served (CR, PR, and VR)
- Subgroup within CR / PR / VR (i.e. dyslipidemia)
- Primary prevention group
- Other Clinical conditions or populations (Obese, cancer, osteoporosis, etc)
- Children, elderly, women, minorities, underserved (rural), etc

This program will service any patient population and is not limited to patients with cardiovascular or pulmonary disease. This program is for any health condition or disease where exercise therapy can aid in treatment.

Q11: Please specify how this population was identified and how their needs were identified:

Exercise is medicine. Exercise can aid in the treatment of many disease states. Clinical exercise physiologists are specifically trained to provide exercise prescriptions that improve health. We had the staff to provide this type of program and now our physicians have a place to refer their patients for medically supervised exercise therapy as part of the patient’s treatment plan.

Q12: Please identify other opportunities within this target population (referrals or procedures):

None.

Q13: Please explain considerations given to undeserved or rural populations:

We have expanded this program to our 2 other hospital locations to make it more available to the communities our health system serves.

PAGE 6: Research basis for program (up to 5 points)

Q14: Does your program have a research basis: No

Q15: If "yes", please indicate the specific guideline(s), scientific evidence, or research articles used in planning this program. Also include, research that supports that this type of innovative program can be/is effective.

None.

PAGE 7: Collaborative Practice Model (broad community of caregivers) (up to 10 points)

Q16: Describe in detail your model of collaboration; how have you worked to include a variety of caregivers into your program?

Physician referral required.
Patient intake and treatment plan conducted/facilitated by staff exercise physiologist.
Treatment plan sent to referring physician.
Progress notes sent to the referring physician.
Registered dietician contacted for individual consultations when part of the treatment plan.
This program can be reimbursed through our employers HMO stay healthy benefit.

Q17: Who are the caregivers involved in this collaborative process? (identify members of the team): CR/PR staff, Physician, Health Plan Providers, Other Health Care Professionals

Q18: Describe (or show evidence of) how participant results are shared among all team members and provide examples of this communication process:

Progress and discharge reports are sent to the referring physician via an electronic process through our electronic medical record. Progress is reviewed with the patient at the completion of each Step of this program.
Q19: Are patient self-management strategies included? (including primary prevention, behavior modification, compliance and surveillance)
Yes

Q20: If yes: Provide details of the education process used and explain how it encourages patient self-management.
State the process for identifying barriers to learning, determining state of readiness for learning, and identifying patient's preferred learning style. Identify by what means education information is provided to the patient/participant:
This program emphasizes on exercise therapy as a means to manage health and subsequently the education provided is to help the patient learn how to safely and efficaciously exercise - to meet their goals and to treat the disease for which they were referred.

Q21: If yes: Describe behavior modification techniques or interventions used. Explain how patient / participant compliance to treatment plans is tracked and how issues of non-compliance are addressed:
This program is broken down into three Steps. Each session of Step I and II is documented in the EMR. Home exercise is a big component of this program and patients are asked to provide a home exercise recall at the start of each session. At the conclusion of each step, we sit down with the patient to individually review their progress. We will counsel patients at this time on behavior mod techniques to help them be more successful.

Q22: What is evaluated in your patient outcomes tracking system:
- Lipids
- Smoking status
- FBS
- HgA1C
- Body Weight
- BMI
- Body Composition
- Nutrition Assessment
- Blood pressure
- METS
- Exercise duration
- Exercise frequency
- PHQ-9

Q23: How is your patient outcomes tracking system measured?
We do not currently enter this data into a data system. The data is collected and reviewed with the patient and referring physician only at this time.

Q24: Describe your outcomes to date (provide "n," pre- & post-values, %change, & supporting narrative):
We do not currently review this data from an aggregate standpoint.

Q25: Describe your program/ process-related outcomes - how do you know your program is successful (how did your patients do)? Describe outcomes to date (provide pre- & post-values, %change, & supporting narrative):
We do not currently review this data from an aggregate standpoint. This is something we are looking to do in the near future. We have observed improvements and have received positive feedback from the patient and physician.

Q26: Describe the evidence of Operational Benefit gained from this program (e.g., growth documented by increased visits or patients; enhanced efficiency and process as evident by improved productivity; improved customer and/or physician satisfaction):
Respondent skipped this question
### Q27: Describe the evidence of Financial Benefit gained from this program (e.g., return on investment (how it is measured); description of revenue or reimbursement sources; indication of cost savings, in-direct revenue enhancement elsewhere in organization; any evidence of payer cooperation or support):

*Respondent skipped this question*

### Q28: Describe the evidence of Health Benefit gained from this program (e.g., increased health awareness and/or decreased health risk; improved health of community (or population targeted) as evidence by improved health knowledge and/or behavior; decreased hospital, physician or ER visits):

*Respondent skipped this question*