Patient Perceptions of Cardiac Rehabilitation within Veterans Health Administration (VHA) Facilities with High Versus Low Program Utilization.

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Cardiac rehabilitation (CR) has been shown to reduce mortality, morbidity, and costs, and improves risk factors, quality of life, and self-management skills.

CR is Class 1-recommended treatment for patients with CVD.

CR is underutilized among Medicare beneficiaries (14-31%).
Cardiac Rehabilitation within the VHA Network

On average only 8-10% of eligible people attend CR within the VHA network.

Only about $\frac{1}{4}$ of VA medical centers have an onsite CR program.

However, there is a wide range of enrollment in VA’s with onsite program from 1%-30%.

What are the reasons enrollment can be so much higher in one VA site vs another?

Schopfer DW, et al. JAMA
What factors impact the patients decision whether or not to enroll in CR within the VHA network?
Methods

Qualitative Study Design

- Setting: 6 VAs: 3 high- and 3-low –enrollment sites
- Patient selection: National databases were used to query patients at the 6-sites based on CR eligible diagnosis codes.
- Mailings were sent to 30 patients at each site until enough patients responded as interested.

Data Collection

- Semi-structured telephone interviews
- audio-recorded & transcribed
- Asked patients about: experiences with cardiology services & CR programs, rationale for enrolling in CR & barriers/facilitators to enrollment
Methods

Analysis

Rapid thematic analysis of interview transcripts

site summaries for each site

Compared findings from high- & low-enrolling sites to identify key patient factors that impact enrollment
Results

Participants, enrolled in:

1. Enrolled in onsite CR@ VA (N=6)
2. Non-VA care (N=5)
3. No CR (N=5)

Base on High vs Low-enrollment
High-enrollment site: 6 onsite, 3 non-VA care, 2 No CR
Low-enrollment site: 0 onsite, 2 non-VA care, 3 No CR

Males
All Veterans
Varied education level (some high school through multiple graduate degrees)

Varied cardiac diagnosis: Stents, CABG, MI
Results: Themes Identified in the High-Enrolling Sites

- MD and Staff perceived as having emphasized the importance of CR.
- CR programs perceived as welcoming, flexible, and accommodating to unique patient needs.
- Several patients at high sites described distance as a barrier however this was offset by the patient’s perception of the importance and benefit of CR which were influenced by education about CR, and providers endorsement of CR.
“They [VA cardiology] thought it [CR] was a good idea. “

“ They [the VA] set up the first appointment [to CR]... After my heart attack they [VA cardiology] recommended cardiac rehab.”

“ The VA is very flexible in that [working to accommodate patient’s schedules].”

“ Oh yes, definitely [it was worth it to drive 55 miles to have CR at the VA hospital].”
Results: Themes Identified in the Low-Enrolling Sites

- Pts at low enrolling sites experienced that...providers spoke little of the CR program, in most cases the patient initiated questions regarding CR.
- In some cases patients pursued CR independent of providers through Non-VA care.
Results: Pt Quotes from Low-Enrolling Sites

“Oh no, nothing at all like that [CR], nothing. Actually I had very minimal exposure to cardiology after the heart attack.”

“Nobody said anything about going to rehab so I contacted my doctor [PCP] and said, “Am I supposed to be going through some type of an exercise program, you know, to build up my heart and lungs?” - Completed Non-VA care CR
Conclusions

Impediments to CR include distance, cost, time, scheduling, fear, etc.

But we show these can be offset by:

- Providers emphasizing the importance of CR and educating patients on CR.

- CR programs being accommodating to patient needs (frequency, duration, scheduling)
VA Pittsburgh Healthcare System CR Program: *Putting Results into Practice*

Development of the program
Stakeholder Engagement
- Education of hospital staff (MD, PA, nurse, etc.)
- Imbedded consult in discharge orders.
- Educational talks grand rounds and VISIN talks
- Physician, surgeon and staff buy in to talk to patients

Program Flexibility
- Facilitated transition from inpatient to outpatient
- Program flexibility (on-site, home, hybrid, non-VA)
- Flexible days and number of sessions
Team

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Questions?

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