Medication Interventions During a Home-Based Cardiac Rehabilitation Program

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Access to cardiac rehabilitation (CR) is limited for a majority of Veterans who use Veterans Affairs Medical Centers (VAMCs). Many VAMCs do not offer on-site CR and Veterans frequently face attendance barriers to non-VA center-based CR. A home-based CR model was developed at the Iowa City VAMC (funded by VA Office of Rural Health) to address this need and was subsequently disseminated to 28 additional VA sites. Patients receive telephone or video calls from a cardiac rehab professional for 12 weeks regarding lifestyle modifications in exercise, nutrition, stress management, and smoking cessation. During the program, patients are educated on the importance of medication adherence. Concerns about medications are addressed in consultation with the patients’ providers and/or pharmacist.

Introduction

A significant number of patients enrolled in the home-based CR program had at least one medication intervention. Low and moderate impact interventions have an important effect on patient’s daily function and health maintenance and may have prevented worsening clinical condition. The program allowed for more frequent contact with the patients, especially in the early phase following a cardiac event. Frequent contact led to early recognition of medication-related problems and a prompt connection between patients and their providers. This program is an example of a health coach model assisting in the prevention of worsened symptoms and avoiding potential hospitalizations.

Methods

A standardized data collection form was used to review all enrollment and weekly home-based cardiac rehab appointments of all patients. For each patient enrolled, the number of appointments completed and brief comprehensive description of all medication interventions was collected. Medication interventions were defined as instances where the cardiac rehab provider contacted the patient’s provider, case manager or pharmacist with a question or concern about medication-related issues.

Results

- 188 patients were enrolled between December 2012 - February 2017
  - Almost half (n=83; 44%) of patients enrolled had at least 1 medication intervention
  - Two patients had 4 interventions.
- Out of 1,981 encounters, 106 (5.3%) resulted in a medication intervention
  - Of the 106 medication interventions, 47 (44%) were classified as low, 51 (48%) as moderate, and 8 (8%) as high impact.

Conclusions

- A significant number of patients enrolled in the home-based CR program had at least one medication intervention.
- Low and moderate impact interventions have an important effect on patient’s daily function and health maintenance and may have prevented worsening clinical condition.
- The program allowed for more frequent contact with the patients, especially in the early phase following a cardiac event.
- Frequent contact led to early recognition of medication-related problems and a prompt connection between patients and their providers.
- This program is an example of a health coach model assisting in the prevention of worsened symptoms and avoiding potential hospitalizations.