Do High Referral Rates Translate to High Participation Rates in Cardiac Rehabilitation? A Regional Experience

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Introduction

Million Hearts® is a national initiative co-led by the Centers for Disease Control and Prevention and the Centers for Medicare and Medicaid Services.

It is well known that Cardiac Rehab reduces cardiovascular mortality, decreases hospital admissions and improves quality of life. (2)

Wait time has a negative effect on CR enrollment. (3)

Design

531 eligible patients identified in a prior study that were either status post Percutaneous Coronary Intervention (PCI) or CABG/Valve surgery were referred by DHMC to outpatient CR programs between January 1, 2015 and June 30, 2016.

Methods

27 Regional CR programs, including DHMC, were contacted and sent a secure list of patients referred to their program. Questions asked:
- Did patient enroll?
- How many sessions attended?
- Date of starting program?
- Reason for not attending (if known)?
- Pre-entry stress test required?
- Was program happy with DHMC referral process?

Results

- National Cardiac Rehabilitation participation rates from 2015 to 2016:
  - 25%< 65 years: 63%
  - Male: 63%
  - Female: 56%
  - < 65 years: 59%
  - ≥ 65 years: 62%
  - CT surgery: 64%

- Waiting time has a negative effect on CR enrollment.

- It is well known that Cardiac Rehab reduces cardiovascular mortality, decreases hospital admissions and improves quality of life.

- Program happy with DHMC referral process:

- Programs were very satisfied with DHMC referral process.

Conclusions

- DHMC’s high referral process translates in to higher CR participation rates possibly because of quick access to program.

- There is variation in participation rates between the regional programs; longer wait times decrease participation rate.

- A pre-entry stress test had a statistically significantly higher median number of days to start CR.

- Programs were very satisfied with DHMC referral process.

- No statistically significant difference in participation rates based on age, gender or between patients after Cardiac Surgery vs PCI.