Innovative Delivery Model Collaborative Charter

Background:

Cardiac rehabilitation is a multidisciplinary and comprehensive secondary prevention program that reduces the morbidity and mortality of patients with cardiovascular disease. Traditionally, this intervention has been delivered in hospital outpatient or physician office settings. However, despite a strong evidence base, cardiac rehabilitation is grossly underutilized in the United States.

One factor that limits participation in traditionally delivered programs is that many patients are unable to attend any or all of their prescribed sessions due to numerous factors such as cost, transportation, work conflicts, etc. Although the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) believes that traditional, center-based delivery is preferable in those able to attend, we recognize that this is not feasible for many patients. In addition, a recent AACVPR, American Heart Association, and American College of Cardiology Scientific Statement concluded that a home based delivery model may be a reasonable option for low to moderate risk patients who are unable to attend traditional programs.¹

The successful implementation of innovative cardiac rehabilitation delivery will depend upon the close collaboration of cardiac rehabilitation professionals and industry partners to ensure that established standards of delivery that are proven to be successful in traditional delivery are replicated in a home based or other innovative delivery environment. As a result, AACVPR has established the Innovative Delivery Model Collaborative (IDMC) to foster this communication and provide a mechanism for this collaboration.

Collaborative Charges:

1. Create a research repository of evidence-based studies supporting the use of innovative cardiac rehabilitation delivery models which can be shared with the AACVPR Board of Directors, legislative consultants, and payors as needed.

2. Engage in open and consistent dialogue about the challenges, opportunities, and approaches to the real world implementation of innovative cardiac rehabilitation delivery models. This dialogue will be critical as AACVPR considers how to operationalize these delivery models.

3. Engage in open and consistent dialogue about the challenges, opportunities, and approaches to reimbursement for innovative cardiac rehabilitation delivery models. The IDMC will collaborate with representatives from CMS and other payors as needed to advocate for increased reimbursement for innovative cardiac rehabilitation delivery models.

4. Identify evidence gaps and provide recommendations for industry or volunteer surveys, white papers, position statements, etc. related to the efficacy, implementation, or reimbursement of innovative cardiac rehabilitation delivery models.

5. Identify opportunities for innovative cardiac rehabilitation delivery model data elements to be included in the AACVPR Cardiac Rehabilitation National Registry.

6. Identify opportunities to promote research in innovative delivery such as by sponsoring a travel grant to present an abstract on innovative delivery at the AACVPR Annual Meeting.
Collaborative Membership and Requirements:

1. The IDMC will consist of AACVPR member cardiac rehabilitation professionals as well as any interested industry representatives.

2. Industry participation will require an annual financial contribution of $5,000.

3. There will be at least four conference calls of the IDMC membership which will be scheduled by the AACVPR Director of Corporate Relations. These calls may also include non-IDMC members such as additional subject matter experts, legislative analysts, payors, or other vested parties as deemed necessary by the IDMC.

4. At least one in-person meeting will be scheduled by the AACVPR Director of Corporate Relations which will coincide with the AACVPR Annual Meeting.

Benefits of Participation:

1. Opportunity to interact and dialogue with AACVPR leaders, subject matter experts, legislative analysts, and other parties who are highly vested in home based and other forms of innovative cardiac rehabilitation delivery. Receive consistent, timely updates on educational initiatives, scientific statement dissemination, legislative activities, reimbursement updates, and more AACVPR-driven efforts that will directly impact the adoption and success of innovative cardiac rehabilitation delivery.

2. Invitation to attend and participate in teleconferences, webcasts, and at least one in-person meeting in conjunction with the AACVPR Annual Meeting, as described above.

3. Access to IDMC member-only dedicated webpage on AACVPR site containing all applicable AACVPR resources, including templates, value-based care collateral materials, webcasts, scientific statements, and more.

4. Opportunity to publicize participation on future collateral materials, websites, social media outlets, and more as follows: “Proud member of the AACVPR Innovative Delivery Model Collaborative” (use subject to AACVPR approval).

5. Opportunity to participate in development of future surveys of AACVPR members, payors, and others with a vested interest, as well as access to survey results.

6. Opportunity to share evidence-based research with AACVPR and contribute to furthering the scientific case for the efficacy of innovative cardiac rehabilitation delivery. Access to research index and subject matter expert opinion on research gaps.

7. IDMC vendor participants will be recognized as Bronze Level Sponsors with their $5,000 contribution, entitling members to additional benefits as outlined in the AACVPR partnership brochure (enclosed).

8. Logo recognition on all future promotional materials where the IDMC is recognized or mentioned.

9. Logo recognition on AACVPR website with hyperlink to vendor website.
Collaborative Limitations:

1. The IDMC will serve as a forum for the exchange of ideas and foster collaboration between AACVPR and industry representatives interested in the innovative delivery of cardiac rehabilitation. However, any scientific statements, position papers, guidelines, etc. that are developed as a result of a recommendation of this collaborative will be done under the direction of the AACVPR Board of Directors and without input from the IDMC industry representatives.

2. Neither the IDMC nor AACVPR will endorse the use of any products or services as a result of participation (or lack thereof) in this collaborative.

Other Considerations:

1. This will be a one-year pilot project. The decision to continue or dissolve the IDMC after the first year will be at the sole discretion of the AACVPR Board of Directors.

2. This opportunity will be publicized to all industry partners at the same time. There are no restrictions on participation aside from the $5,000 commitment.