

**AACVPR Case Study: Christiana Care Health System**

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**Title:** Reduce Cost-Sharing Barriers for CR Services with Creative Options

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**Motivation and Operations**

**1. What was your motivation for implementing these changes in your program?**

Patients may feel the burden of cost for the Cardiac Rehabilitation/Secondary Prevention Program because of insurance co-pays, deductibles, and out of pocket expenses that need to be met. They may also lack insurance or their plan may not cover cardiac rehabilitation, leaving the entire cost for the patient to absorb. As a class I treatment for most cardiac diagnoses, the value of program participation is evident. However, the potential barrier created by the patient's financial burden cannot be ignored. There is a need for creative ways to minimize this financial burden, while simultaneously ensuring that the patient is armed with the skills and tools to manage their disease.

**2. How long did it take to implement these changes?**

Implementation of these changes was immediate, as we tapped into opportunities that already existed within our Health System.

**3. What staffing changes did you have to make in order to achieve these changes?**

The support staff needed to become more comfortable with insurance verifications. Clinical staff needed to be aware of opportunities that existed and how to facilitate those opportunities.

**Reflection on Process**

**4. What worked well?**

Although they have not resolved all of our patients' financial barriers, these measures have had some success.

**5. What were the opportunities for improvement?**

The cost of the program is typically one of the first questions that patients ask about cardiac rehabilitation, and is believed to be one of the greatest barriers to program participation. Insurance coverage is verified on all patients with the advisement that patients also verify their insurance coverage themselves.

Because finances can be a difficult issue for patients, we found it best to inform our patients immediately when their cost would be greater than 20% of the total cost of the program. Patients are then made aware of this prior to the initial assessment, to allow time for financial planning and to maintain good patient relations.

At initial interview, patients are made aware of the extent of their insurance coverage. All patients for whom coverage is less than 100% are made aware that the billing department will set up a payment program (upon request) after the first cardiac rehabilitation bill is generated. To initiate this, patients must contact the billing department to request this plan. They must then agree upon a monthly payment amount that they will be comfortable paying until the balance is resolved.

Patients may also choose to limit the number of sessions that they attend, thereby reducing their cost. This is done on an individual basis and choices vary widely based on individuals' specific needs. For example, some patients may wish to attend 3 sessions per week for 2 consecutive weeks, whereas some may choose to attend only once or twice per week for a longer period of time (1 to 3 months). A strong emphasis is placed on ensuring that the standard cardiac rehabilitation education program is incorporated into the duration of time chosen by each patient.

Patients with severe financial need or who have no insurance are referred to a Health System Health Guide (an employee from the Patient Support Services department), who can facilitate financial assistance.

**6. How long have you been implementing these changes?**

This has been our ongoing process for many years.

**Future/Next Steps**

**7. Do you anticipate making any changes in the future to your current process?**

At present, we do not see any need for changes in our immediate future. However, the Cardiac Rehabilitation/Secondary Prevention Program is constantly changing to meet our patients' needs.

**8. Do you have any supplemental materials you would be willing to share?**

[Christiana Care Health System Health Guide](#)

[Christiana Care Health System Financial Assistance Program Summary](#)