



HEALTHCARE SYSTEM
GENESIS
Where you're treated well

Heart & Vascular Rehab Group Orientations

Group Orientations: Are they right for my program?

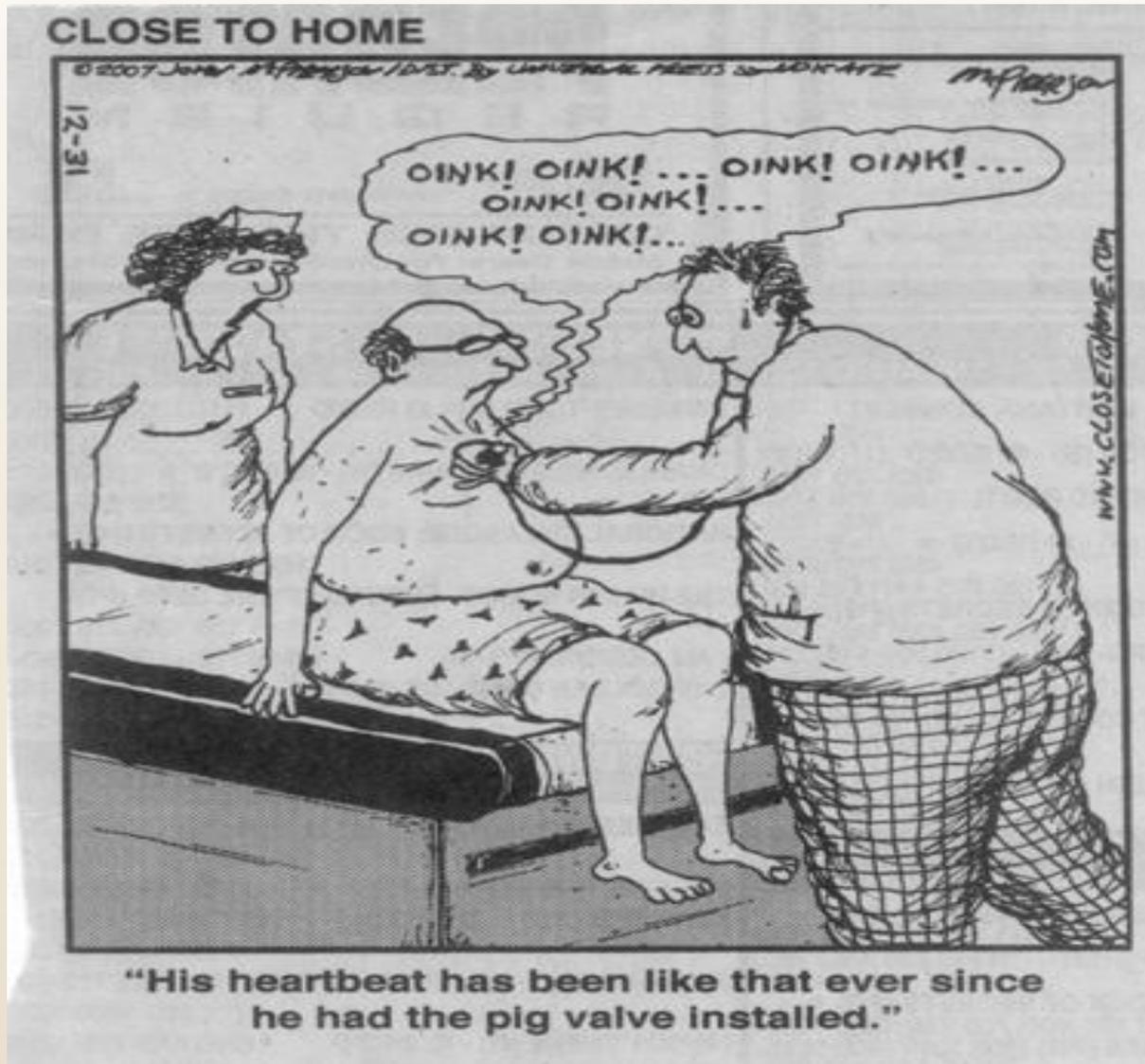
1. Do you have patients who need to get started but you don't have immediate appointments?
2. Do you have the need for more revenue with less work?
3. Do you have the space and staff to implement group orientations?



Benefits of Group Orientations

- Group appointments promote efficiency in busy offices with many chronically ill patients, and give patients peer support and a venue to exchange ideas, problems and successes
- “Shown to create positive peer pressure in helping patients manage chronic conditions...”
(Boston Globe, 2011)





Research behind this theory...

- Circulation, Jan 2013: “Outpatient cardiac rehabilitation (CR) decreases mortality rates but is underutilized. Current median time from hospital discharge to enrollment is 35 days. **We hypothesized that an appointment within 10 days would improve attendance at CR orientation.**”
- Circulation, 2012: The secret to getting cardiac patients into outpatient rehabilitation programs may be as simple as scheduling their first appointment soon after they leave the hospital.
 - Attendance was 77% for patients enrolled early and 59% for patients enrolled late (median time to enrollment was 8.5 and 42 days, respectively). This translated into a significant 18% absolute and 56% relative improvement in attendance when patients were scheduled for early appointments.
 - Consequently, the only firm conclusion that can be drawn from this trial is that a strategy of early appointments to cardiac rehabilitation increases attendance at orientation

Cardiac Rehab
should be **FUN!**

Don't make your
patients dread it!

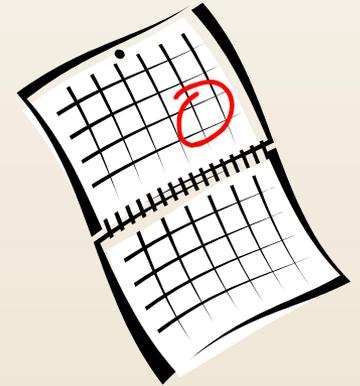


1. Population Selection:

- Are you going to exclude certain patients from group orientations? (i.e. illerit, Repeat patients etc.)
- ❖ Genesis HVR – All patients are welcome to our Group Orientations

2. Schedule Selection:

- Non-CR days?
- Add “repeat offenders” to CR days
- ❖ Genesis HVR:
 - Tues and Thursdays – 9:30am and 12:30pm Groups
 - Will do individual orientations for “repeat offenders” and new patients on CR days too.
 - Scripting is KEY! Don't give the patient an out – They'll take it every time!





**“What fits your busy schedule better,
exercising 30 minutes a day or
being dead 24 hours a day?”**

3. Staffing

- How many staff are needed for group orientations?
 - How many patients?
 - What is the acuity level of the patients?
 - What roles will my disciplines play?
 - What can my program afford?

❖ Genesis HVR:

- Groups 1-4 patients = 1 RN, 1 EP
- Groups 5-8 patients = 2 RN, 1 EP



4. Billing

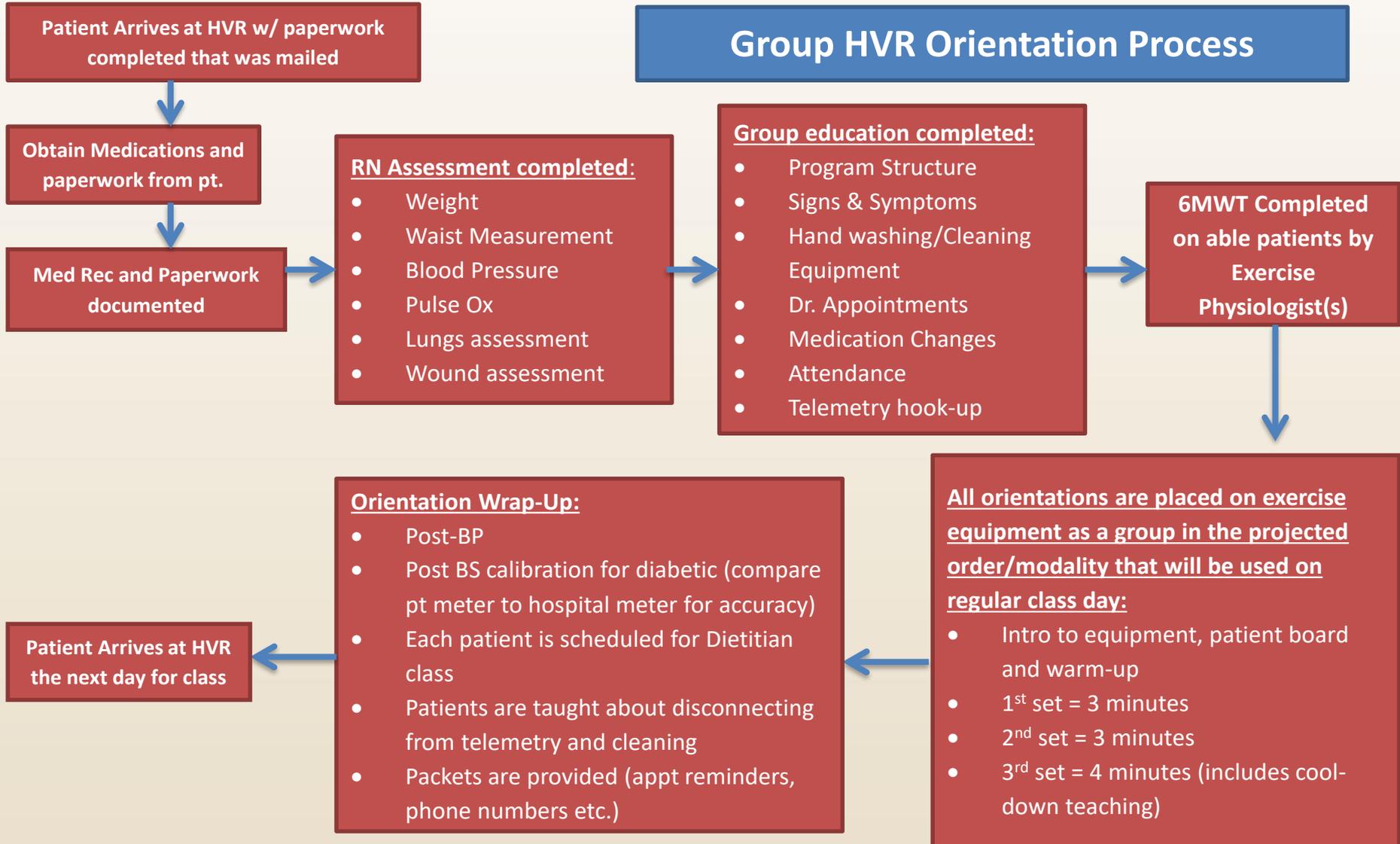
- Will we charge two sessions?
- Documentation?

❖ Genesis HVR:

- If patient is there over 91 minutes – YES, we place two charges
 - 93798 AND 93797 (2 of their 36 sessions)
- If patient is there less than 91 minutes – NO, we only place one charge
 - 93798 Only!
- Documentation:
 - ScottCare shows continuous ECG for 93798 justification
 - RN/EP include educational sessions provided within orientation as part of their ITP and session note for 93797 justification



Group HVR Orientation Process



Group HVR Post-Orientation Process

Verify ScottCare forms are completed:

- Demographics
- Medical History
- Exercise Prescription



RN and EP session notes are completed in ScottCare



Enter Post-It notes in ScottCare for any questions/concerns that need addressed with patient at first visit.



Grade Surveys:

- Ferrans & Powers (ScottCare)
- Rate Your Plate (ScottCare)
- DAS1
- Knowledge Test



Complete Chart Forms:

- Risk Stratification
- Exercise Prescription (EP)
- Pre-discharge Summary



Complete Initial ITP - Print for MD signature



Place patient in attendance and coaching book



Place Completed chart in file cabinet.

Review with Patient during HVR:

- Risk Stratification with their personal labs/values (RN)
- Exercise Prescription and set goals (EP)
- Knowledge Test (EP or RN)

“Learning from the experiences of fellow patients and getting peer support likely accounted for the effectiveness of the SMA model. And being able to share what they know about their disease with others gives patients a sense of confidence and of being useful”

"Enabling patients to give information to other patients and letting them interact with one another allows them to become experts in a way..."

Gea Drost, MD, PhD, Johannes Groenewoud, MSc, Gert Jan van der Wilt, Professor and Baziel G.M. van Engelen, MD, Professor*, journal of american academy of neurology*