



Cardiac Rehabilitation Enrollment Strategy

Cardiac Rehabilitation Timeline and Program Structure: Spotlight on Mount Carmel Health System

Subject	Content
Definition/Description	Allow for more flexible scheduling of cardiac rehabilitation sessions to accommodate patients' availability.
Key Terms/ Abbreviations	<ul style="list-style-type: none"> • CABG = coronary artery bypass graft • CR = cardiac rehabilitation • CSA = chronic stable angina • HFrEF = heart failure with reduced ejection fraction • MI = myocardial infarction • PCI = percutaneous coronary intervention
Background and Purpose	CR traditionally is a three day a week program lasting up to 12 weeks. This allows the patient to use their allotted 36 billable sessions. With the time challenges that many patients face, consider providing other program and schedule options that offer more flexibility to patients who otherwise might not be able to attend.
Relevant Metric(s)	<p>Patient enrollment and utilization measures:²</p> <ul style="list-style-type: none"> • PM-5A Cardiac Rehabilitation Enrollment (Claims-Based): Percentage of patients, age ≥ 18y, with a qualifying event/diagnosis for CR including: MI, PCI, CABG, CSA, valve repair/replacement, or heart transplantation, who attend at least 1 session in a CR program. • PM-5B Cardiac Rehabilitation Enrollment (Medical Records and/or Databases/Registries): Percentage of patients, age ≥ 18y, with a qualifying event/diagnosis for CR including: MI, PCI, CABG, CSA, valve repair/replacement, or heart transplantation, who attend at least 1 session in a CR program. • QM-1 Time to Enrollment: Percentage of patients, age ≥ 18y, with a qualifying event/diagnosis including MI, PCI, CABG, heart valve surgery/repair, and/or heart transplantation, who enroll in CR within 21 d of hospital discharge. • QM-2 Cardiac Rehabilitation Adherence (≥36 session): Percentage of patients, age ≥ 18y, with a qualifying event/diagnosis for CR including: MI, PCI, CABG, heart valve

	repair/replacement, heart transplantation, or HF/EF, who have enrolled in CR and have participated in ≥36 sessions.
Process Description/ Processes Impacted	<ol style="list-style-type: none"> 1. Days: <ul style="list-style-type: none"> • Patients can participate in CR up to seven days per week. • A two day per week program (M/W, T/R) can increase the number of patients enrolled in the program, especially if patient volume is dependent on availability of telemetry monitors. • A one-time per week program (for 36 weeks) might help those patients with strict work hours or those at higher risk to become non-compliant to healthy behaviors soon after discontinuing regular contact with the staff/program. • A four to five day per week program accelerates program delivery to allow the patient to attend the most sessions prior to a planned trip or their return to work. • Weekends allow some patients to attend CR without the interference of their profession. 2. Hours: <ul style="list-style-type: none"> • Expanding session hours to early in the morning or early evening allows participation for some working professionals or those dependent on transportation from working individuals. • Focus hours of service on the needs of the patient rather than the needs of the staff. • Not closing at lunch time also offers additional opportunities for patient participation.
Key People/ Departments to Engage	<ul style="list-style-type: none"> • CR staff • Current patients • Scheduling department
Data Sources	Not applicable.
Cost Concerns	Cost concern may be additional staffing. This may be off-set with additional captured revenue and decreased readmissions.
Timeline	3-6 months to modify current processes and system education.
Supporting Material	<ul style="list-style-type: none"> • Sample Flexible CR Program Schedule (see below) • Example: Mount Carmel Health System CR Program Schedule (see below)
References	<ol style="list-style-type: none"> 1. Balady GJ, Ades PA, Bittner VA, et al. Referral, enrollment, and delivery of cardiac rehabilitation/secondary prevention programs at clinical centers and beyond: a presidential advisory from the American Heart Association. <i>Circulation</i>. 2011;124(25):2951-60.

	2. Thomas RJ, Balady G, Banka G, et al. 2018 ACC/AHA clinical performance and quality measure for cardiac rehabilitation: a report of the American College of Cardiology/American Heart Association Task Force on Performance Measure. <i>J Am Coll Cardiol</i> . 2018, epub ahead of print.
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Questions should be directed to: aacvpr@aacvpr.org

Sample Flexible Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
5 am							
6							
7							
8							
9							
10							
11							
12 pm							
1							
2							
3							
4							
5							
6							
7							
8							

Green indicates the hours that the rehab program is open. Depending on the facility, patients may come at scheduled times within the hours of operation or as convenient if the facility has an open gym concept.

A patient is able to attend as many times per week that accommodates their schedule.

Example: Mount Carmel Health System CR Program Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
6 am					
7					
8					
9					
10					
11					
12 pm					
1					
2					
3					
4					
5					
6					
7					

At Mount Carmel Health System, a phase II patient is able to attend during the grey scheduled times. They are able to attend up to four days per week. Most patients choose either a Monday/Wednesday or Tuesday/Thursday schedule. The maintenance program is open during any of the green times.