Quarter 3 Cardiac Rehab Collaborative Meeting

Getting to 70% CR Participation by 2022

August 10, 2017
11:30AM – 1:00PM ET
• Welcome
• Introductions of MH 2022 Partners
• Best Practices and “Issues of the Quarter”
  • NYU Langone Medical Center Tobacco Cessation Programs
  • Excellence in Enrollment
  • New Opportunity to work with AHRQ
• Progress Reports
• Federal Partner Updates
• CRC Announcements “For the Good of the CRC”
Introductions of MH 2022 Partners

- **American Council On Exercise (ACE)**
  - Todd Galati (Todd.Galati@acefitness.org)

- **American College of Sports Medicine (ACSM)**
  - Dr. Adrian Hutber (AHutber@acsm.org)

- **Walk with a Doc**
  - Dr. David Sabgir (david@walkwithadoc.org)

- **GirlTrek**
  - T. Morgan Dixon (morgan@girltrek.org)
Best Practices and “Issues of the Quarter”

NYU Langone Medical Center
Tobacco Cessation Programs

Ana Mola, PhD, RN
Jonathan Whiteson, MD
Ryan Sullivan
NYU LANGONE HEALTH SYSTEM- COMPREHENSIVE PLAN TO IMPROVE TOBACCO CESSATION INTERVENTIONS

Ana Mola, PhD, RN, ANP-C- Director of Care Transitions & Population Health Management
Ryan Sullivan- Quality Improvement Project Manager, Department of Clinical Quality
Jonathan Whiteson, MD- Assistant Professor and Vice Chair, Clinical Operations, Rusk Rehabilitation, NYU Langone Health
Introduction

NYU Langone Health System (NYULHS) includes 3 hospitals with a combined total of 1519 beds, and Faculty Group Medical Practices (FGP) which have more than 1,800 physicians (+NPs and PAs) in more than 200 sites.

Why Tobacco Cessation Engagement -

- 14.3% of NYC residents (<950,000 adults) smoke.
- Tobacco use kills estimated 12,000 New Yorkers a year and many more suffer daily tobacco-related illnesses.
- More than two-thirds of NYC smokers try to quit every year.

NYULHS combined and optimized hospital resources for National Quality Measures of Tobacco Use and participation in NYC Tobacco-Free Hospitals Campaign (TFHC) to expand tobacco cessation services.

The overarching goal of the TFHC was to provide a framework to assist hospitals in self-evaluating and upgrading tobacco policies and cessation systems.
# National Initiatives for Tobacco Cessation

<table>
<thead>
<tr>
<th>Tobacco Core Competency Areas</th>
<th>Meaningful Use</th>
<th>CMS</th>
<th>Joint Commission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening as a vital sign</td>
<td>≥13 ✔</td>
<td></td>
<td>≥18 ✔</td>
</tr>
<tr>
<td>Discuss tobacco use/advocate cessation</td>
<td>(not required)</td>
<td>(reimbursement only)</td>
<td>✔</td>
</tr>
<tr>
<td>Offer medications/counseling inpatient</td>
<td>(not required)</td>
<td>(reimbursement only)</td>
<td>✔</td>
</tr>
<tr>
<td>At discharge, offered meds &amp; counseling (multiple options)</td>
<td>✔ ✔ ✔</td>
<td>✔ ✔ ✔</td>
<td>✔ ✔ ✔</td>
</tr>
<tr>
<td>Up to 30 days post discharge follow-up</td>
<td>✔ ✔ ✔</td>
<td>✔ ✔ ✔</td>
<td>✔ ✔ ✔</td>
</tr>
</tbody>
</table>
NYC Dept of Health- Tobacco Free Hospital Campaign

Goals of the campaign was to develop and implement strategies to achieve recognition for:
• Comprehensive campus TC policies & clinical practices
• Robust employee cessation services
• Standards for healthy worksites

The NYU Team engaged various departments within 3 hospitals and Faculty Group Medical Practices.
• Executive Leadership
• Human Resource Teams
• Operations (Facilities, Security)
• Clinical Leadership-Medical and Nursing
• Clinical Quality Effectiveness Staff
• Medical Center Information Technology
• NYC DOH and North Carolina Prevention Partners

1st Academic Medical Center member of the NYC Tobacco-Free Hospitals Campaign.

• 2014-2015: First NYC Hospital to achieve:
  • Bronze (Employee TC Program)
  • Silver Award Status (Inpatient TC Program)
• 2016: Gold Award Status (Outpatient TC Program)
Strategies and Innovations

Shared common goals with Executive Leadership:

- Focused on local, regional and national hospital industry regulatory and quality requirements
- Collaboration/coordination of tobacco cessation services with Medical Center Departments
- Evaluated and optimized the national healthcare reform delivery of care opportunities to promote tobacco cessation services to increase quality of care, reduce hospital readmission, enhance patient experience, and lower cost of care
- Used a systems approach to evaluating current tobacco policies

Clinical Education, Practice and Research:

- Technical Assistance with the NYS and NYC Health Departments and Hospital IT
- Webinars with local, regional & national experts (Health Departments, other hospitals)
- Resources to promote quality improvement- alignment with Hospital IT, Care Management and Clinical Quality Effectiveness
- Periodic staff in-services on tobacco registry metrics to raise awareness of tobacco cessation services with Cardiology, Vascular, Pulmonary, Medicine, Orthopedics, Obstetrics, Rehabilitation, and Nursing Services
- Published information on intranet and in employee news outlets
Strategies and Innovations

Environmental Alignment:

• Worked to enforce campus/environmental policies
• Security officers and staff have been in serviced on the tobacco-free policy to reinforce with visitors, patient and employees to increase compliance at property line
• Assessed and upgraded signage which are posted on NYU Hospitals Center properties for cessation resource help line connected to our Physician Referral Service
Inpatient Evidence Based Practice Innovations of the TFHC within NYULHS

Alignment with CMS/Joint Commission
Tobacco Use Core Measures
✓ Screening
✓ TC Medications offered at admission and discharge
✓ Education & Counseling
✓ Referral to TC Outpatient Services
<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/1/12</td>
<td>Automated Nicotine Replacement Therapy on Admission</td>
<td>Nicotine Replacement Therapy added to admission order set for providers for patients documented as tobacco users</td>
</tr>
<tr>
<td>6/14/16</td>
<td>Optimization of Outpatient Tobacco Cessation Order Set</td>
<td>Medication order set is modified to include non-nrt medications (bupropion and varenicline).</td>
</tr>
<tr>
<td>2/8/17</td>
<td>NRT discharge prompt added</td>
<td>NRT discharged order added to the provider’s checklist. If properly documented the prescription for NRT or a reason for no prescription is ordered and documented.</td>
</tr>
<tr>
<td>12/1/13</td>
<td>Tobacco Cessation Counseling Added to Nursing Patient Care Plan</td>
<td>Comprehensive counseling for tobacco cessation added to nursing patient care plan for patients documented as tobacco users</td>
</tr>
<tr>
<td>2/1/15</td>
<td>Introduction of Weekly Tobacco Session</td>
<td>Weekly tobacco session for discharged patients offered and documented in the AVS.</td>
</tr>
<tr>
<td>2/1/17</td>
<td>iDevelop Implemented for Nursing Education EPIC Workflows</td>
<td>iDevelop educational tool implemented for all nurses to educate smoking cessation for patients and what is required for CMS/JC.</td>
</tr>
<tr>
<td>2/10/16</td>
<td>Referral to NYS Opt to Quit</td>
<td>Adoption of electronic New York State Quitline referral system to Tisch encounters.</td>
</tr>
<tr>
<td>8/1/16</td>
<td>Quitline Expansion to Ambulatory Care Facilities</td>
<td>Adoption of electronic New York state Quitline referral system to Ambulatory care encounters.</td>
</tr>
<tr>
<td>9/1/16</td>
<td>Hospitalist Dashboard</td>
<td>Patients smoking status available on the hospitalist dashboard.</td>
</tr>
<tr>
<td>2/1/14</td>
<td>Formation of the NYU Tobacco Collaborative</td>
<td>Staff from IT, Population Health, Transitions Care and CQE were formed to create an electronic report to track compliance of measures and potential barriers.</td>
</tr>
<tr>
<td>8/28/16</td>
<td>Tobacco Interventions Expanded to NYULH Hospital-Brooklyn</td>
<td>As Epic went live at NYULHS-Brooklyn and tobacco cessation interventions implemented, including nursing education and ordering of NRTs upon admission and discharge.</td>
</tr>
</tbody>
</table>
# Tobacco Cessation Services at NYU Langone Health

<table>
<thead>
<tr>
<th>Provider(s)</th>
<th>Services</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MDs/NPs/PAs/RNs</td>
<td>NRT Order Sets/Tobacco Education &amp; Counseling/ Opt to Quit Referral to NY State Quitline</td>
<td>Tisch and Lutheran (HJD Pending-e-Opt to Quit)</td>
</tr>
<tr>
<td>1 LCSW</td>
<td>Integrative Health Bedside Consults for Tobacco Cessation</td>
<td>Tisch Integrative Health</td>
</tr>
<tr>
<td>Ambulatory and FGP Providers</td>
<td>Tobacco Cessation Order Set includes Opt to Quit Referral to NY State Quitline</td>
<td>Tisch Ambulatory &amp; FGP; Lutheran FGP &amp; FHC</td>
</tr>
<tr>
<td>1 NP &amp; 2 LCSWs (Pilot Program*)</td>
<td>Pre-Surgical Orthopaedic Tobacco Cessation Program</td>
<td>Tisch Care Transitions, Social Work, &amp; Integrative Health</td>
</tr>
<tr>
<td>1 NP &amp; 2 LCSWs</td>
<td>TC Weekly Information Group</td>
<td>Tisch Care Transitions, Social Work, &amp; Integrative Health</td>
</tr>
<tr>
<td>1 NP</td>
<td>TC Counseling &amp; TC Medications for NYU Langone Health Employees</td>
<td>Tisch Care Transitions</td>
</tr>
<tr>
<td>1 LCSW</td>
<td>TC Counseling</td>
<td>Tisch Integrative Health</td>
</tr>
<tr>
<td>Dr. Jonathon Whiteson</td>
<td>TC Counseling &amp; TC Medications-Cardiopulmonary Rehabilitation and General Physiatry Services a</td>
<td>Ambulatory Care Center</td>
</tr>
<tr>
<td>Dr. Donna Shelley</td>
<td>TC Counseling &amp; TC Medications</td>
<td>Cancer Center</td>
</tr>
<tr>
<td>NYC Treats Tobacco Program (Dr. Donna Shelley)</td>
<td>Implement policies and system changes that integrate routine screening and evidence-based treatment for tobacco use, with a focus on communities</td>
<td>NYU School of Medicine-Department of Population Health</td>
</tr>
</tbody>
</table>
Opportunities and Sustainability

**System Wide:**

- Established a NYU Langone Health Tobacco Steering Committee to develop a working agenda for expansion and evaluation of tobacco services to a 4th hospital and Faculty Group Medical Practices in Florida.
- Revision of EHR NRT order sets to standardize and include more aggressive nicotine replacement including combination therapy guidelines and non-NRT medication.
- Continued staff, patient, visitor education on tobacco cessation and community resources available to be measured by increased number of patients with successful quit attempts before surgery and post hospital discharges.

**Inpatient:**

- Increase compliance of providers prescribing discharge tobacco cessation medications.
- Increase referrals to electronic NYS Smokers Quitline.
Continued Collaboration between NYC Dept of Health TFHC and NYU Langone Health System

System Wide across care settings:

• Provide webinars with local, regional & national experts for innovation and strategic articulation of program enhancement (staff).
• Explore continued technical assistance between Health Department and hospital IT (environment & staff).
• Continued alignment with the NYS Smoker’s Quitline to promote Wellness Campaigns (staff & patients).
**Million Hearts® 2022**

*Priorities*

<table>
<thead>
<tr>
<th>Keeping People Healthy</th>
<th>Optimizing Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce Sodium Intake</td>
<td>Improve ABCS*</td>
</tr>
<tr>
<td>Decrease Tobacco Use</td>
<td>Increase Use of Cardiac Rehab</td>
</tr>
<tr>
<td>Increase Physical Activity</td>
<td>Engage Patients in Heart-healthy Behaviors</td>
</tr>
</tbody>
</table>

20%  

80%  

70%  

**Improving Outcomes for Priority Populations**

- Blacks/African Americans
- 35- to 64-year-olds
- People who have had a heart attack or stroke
- People with mental illness or substance use disorders

*Aspirin use when appropriate, Blood pressure control, Cholesterol management, Smoking cessation*
Any Questions?
THANK YOU
Best Practices and “Issues of the Quarter”

Excellence in Enrollment

Discussion Lead:
Janice Anderson, RN, BSN, CCRP
Christiana Care Health System
Facility Accuracy in Referral & Enrollment Data Collection

• How to accurately collect Cardiac Rehabilitation (CR) Referral and Enrollment (R&E) data driven by a purely automated system, eliminating the potential for human error.

• How to track data regarding R&E to other CR facilities (which ultimately reflects upon the referring institution).

• Accurate R&E data affords the opportunity to self-monitor achievement towards the CR Collaborative’s goal of 70% enrollment in 2022.
• Hospital order sets include CR.
• Phase 1 staff is provided 7 days per week.
• Phase 1 hospital discharge information includes list of all local (4 state area) CR programs. Additionally, contact information is provided for CR programs in other states as needed.
• Skype/Facetime hand off from VNA nurse to CR nurse is conducted with the patient present at discharge.
• Comprehensive non-enrollment letters are faxed to cardiologists, per policy.
• Financial assistance is available for patients with severe need.
• Payment plan is available for patients with co-pays.
Best Practices and “Issues of the Quarter”

Emerging Opportunity at AHRQ

Tess Miller, DrPH
Agency for Healthcare Research and Quality (AHRQ)
Progress Reports
ADVANCING HEALTH IN AMERICA
THE PATH FORWARD

Our vision: A society of healthy communities where all individuals reach their highest potential for health.

Our commitment:

Access: Access to affordable, equitable health, behavioral and social services
Value: The best care that adds value to lives
Partners: Embrace diversity of individuals and serve as partners in their health
Well-being: Focus on well-being and partnership with community resources
Coordination: Seamless care propelled by teams, technology, innovation and data

Our role: The ‘H’ of the future = Hospitals, Health systems, and Health organizations that are:

- Partnering and leading in our communities
- Striving toward the vision to advance health in America
- Helping our communities beyond the four walls of the hospital
- Creating new models of care, services and collaborators

Our Mission
To advance the health of individuals and communities. The AHA leads, represents and serves hospitals, health systems and other related organizations that are accountable to the community and committed to health improvement.

Driving Forces
- Affordability
- Coverage
- Consumerism
- Payment for Value
- New Technologies
- Chronic Care Management
- Consolidation
- Community Benefit

Strategic Priorities
- Performance Improvement
- Payment and Delivery Reforms
- Shaping Future Workforce
- Advocating for Access and Coverage
- Telling the Story

American Hospital Association aha.org
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Improving care transitions across the continuum. Stories for you, by you.

www.huddleforcare.org
## Stories by Topics

### Program Challenges
- Motivating the team
- Building commitment for care transitions
- Coordinating care across the whole team
- Coordinating with outpatient care
- Making follow-up calls or home visits

### Patient and Family Challenges
- Going to follow-up appointments
- Patient empowerment
- Not receptive to home visits
- Not receptive to our help
- Next steps after leaving hospital
- Medication instructions
- Social challenges
- Low health literacy

### Getting Started
- After-hospital care
- Effective teamwork
- Establishing a program
- Identifying causes of readmission
- Measuring and improving
- Organizational buy-in
- Patient engagement
Questions?

Jennie Situ, MPH
Program Manager
Huddle for Care
jsitu@aha.org

www.huddleforcare.org

Become a member
Pitch a success story
Craft the story together
Publish and promote
The ACC/AHA Task Force on Performance Measures issued a draft 2018 ACC/AHA Cardiac Rehabilitation Performance Measure Set.

Open comment is open from now until **September 6, 2017**.

Go [HERE](#) to review the draft 2018 ACC/AHA CR Performance Measure Set and submit your comments.
Progress Reports
NIH Funding Opportunity Announcements

• Increasing Use of Cardiovascular and Pulmonary Rehabilitation in Traditional and Community Settings (R61/R33)
    • Open Date (Earliest Submission Date): Sept 19, 2017
    • Letter of Intent Due Date: Sept 19, 2017
    • Application Due Date: Oct 19, 2017 by 5:00PM ET
    • Earliest Start Date: Jul 2018

• Tailoring Cardiac Rehabilitation to Enhance Participation of Older Adults (R01)
    • Open Date (Earliest Submission Date): Oct 8, 2017
    • Letter of Intent Due Date: Oct 8, 2017
    • Application Due Date: Nov 8, 2017 by 5:00PM ET
    • Earliest Start Date: Jul 2018
Progress Reports
Federal Updates
Background Information on Prescribing of CR


  
  (a) Definitions. As used in this section:

  Cardiac rehabilitation (CR) means a physician-supervised program that furnishes physician prescribed exercise, cardiac risk factor modification, psychosocial assessment, and outcomes assessment.

  Physician means a doctor of medicine or osteopathy as defined in section 1861(r)(1) of the Act.

  Physician-prescribed exercise means aerobic exercise combined with other types of exercise (that is, strengthening, stretching) as determined to be appropriate for individual patients by a physician.
<table>
<thead>
<tr>
<th>Change Concept</th>
<th>Change Idea</th>
<th>Tools and Resources</th>
</tr>
</thead>
</table>
| Limit or eliminate out-of-pocket-costs to patients for CR services | Establish philanthropic fund to partly underwrite CR costs for patients with high co-payments or without insurance (*Roadmap*) | AACVPR Roadmap to Reform Cardiac Rehabilitation  
Enrollment/Adherence Strategy - Establish a Philanthropic Fund  
Henry Ford Hospital Cardiac Rehabilitation Program - Fund for Free Care |
|                                                    | Negotiate with insurance companies to limit or eliminate co-payments and other out-of-pocket expenses for patients enrolled in CR (*Roadmap*)  | TBD  
AACVPR Commercial Insurance Pre-Authorization Template for Cardiac Rehabilitation |
| Develop a payment program                          |                                                                                 | TBD – payment program policy                                                        |
| Develop a waiver program                           |                                                                                 | TBD – waiver program policy                                                          |
Federal Updates
CRC Announcements

“For the Good of CRC”
CRC Member Roster

CR participants and family members: Robert Goodman, Jan and Calvin Goldschmiedt, Shareen and John Wagner

<table>
<thead>
<tr>
<th>Organization</th>
<th>Agency (if applicable)</th>
<th>Representatives</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Academy of Family Practice</td>
<td>AAFP</td>
<td>Julie Wood, MD</td>
<td><a href="mailto:jwood@aaap.org">jwood@aaap.org</a></td>
</tr>
<tr>
<td>American Association of Cardiovascular and Pulmonary Rehabilitation</td>
<td>AACVPR</td>
<td>Anna Mola, PhD, RN</td>
<td><a href="mailto:annamola@myamc.com">annamola@myamc.com</a></td>
</tr>
<tr>
<td>American College of Cardiology</td>
<td>ACC</td>
<td>Kelli Bohannon</td>
<td><a href="mailto:kbohannon@acc.org">kbohannon@acc.org</a></td>
</tr>
<tr>
<td>American College of Cardiology</td>
<td>ACC, Indiana Chapter</td>
<td>Edward Fry, MD</td>
<td><a href="mailto:efry@broncourt.net">efry@broncourt.net</a></td>
</tr>
<tr>
<td>American College of Sports Medicine</td>
<td>ACSM</td>
<td>Adrian Huber, PhD, MS</td>
<td>Athletesoncare.org</td>
</tr>
<tr>
<td>American Council on Exercise</td>
<td>ACE</td>
<td>Cedric Bryant, PhD</td>
<td><a href="mailto:cedric@acefitness.org">cedric@acefitness.org</a></td>
</tr>
<tr>
<td>American Heart Association</td>
<td>AHA</td>
<td>Benjamin Levine, MD</td>
<td><a href="mailto:benjaminlevine@texashealth.org">benjaminlevine@texashealth.org</a></td>
</tr>
</tbody>
</table>

Please send revisions to Haley Stolp (Hstolp@cdc.gov) or Erica Hamilton (EHamilton2@cdc.gov)
2018 CRC Action Plan

• Q4 CRC Meeting: Tentatively November 8, 2017
  • Issue of the Quarter: 2018 CRC Action Plan

• Keep a look out for the DRAFT 2018 CRC Action Plan in mid-September

• Send your revisions to Haley Stolp (Hstolp@cdc.gov) by COB October 13, 2017
New Resources

- Million Hearts® 2022 web content
  - Particle Pollution: https://millionhearts.hhs.gov/tools-protocols/tools/particle-pollution.html
  - Physical Activity: https://millionhearts.hhs.gov/tools-protocols/tools/physical-activity.html
  - Tobacco Use: https://millionhearts.hhs.gov/tools-protocols/tools/tobacco-use.html
  - Partner Opportunities: https://millionhearts.hhs.gov/partners-progress/partners/partner-opportunities.html
  - Cardiac Rehab: Coming Fall 2017!

- EPA’s citizen science mobile app: Smoke Sense
  - epa.gov/air-research/smoke-sense
CRC Announcements

“For the Good of CRC”
Thank You!

Presentation materials, CRC action items, and additional follow up content to be sent following this meeting.

Plan now to join the Q4 Meeting on
Nov 8\textsuperscript{th}, 12-1:30pm eastern!

Contact Haley Stolp (Hstolp@cdc.gov) for questions, comments, or feedback.