AACVPR Cardiac Rehabilitation Outpatient Registry Enhancements – Now Live

The Cardiac Rehabilitation Registry Enhancements outlined below have been selected to both update the registry to reflect the recently released updated Performance Measures for Program Certification and to add and adjust fields based on registry user requests and recommendation from CR Experts.

Performance Measure Enhancements for Program Certification with AACVPR Registry

In the enhancements, we have included updates to align the registry with the new Performance Measures needed for program Certification starting with the 2018 application. The 2018 Program Certification Application is now available for review here: http://www.aacvpr.org/Program-Certification. The Performance Measures are available here: http://www.aacvpr.org/pmresources.

1. **Optimal Blood Pressure Control**
   The Registry continues to track pre and post blood pressure results. Programs will now be able to check a box to indicate that the measurements cannot be collected from the patient, and these patients will be excluded from the performance measure calculations. For a full list of contraindications, please review the specific performance measure language. The registry-program certification integration applet will allow programs using the registry to easily pull and calculate this performance measure. To view the full Performance Measure, denominator exclusions and supporting documentation for Optimal Blood Pressure Control at Completion of CR, please visit the Performance Measure Resource Page here: http://www.aacvpr.org/pmresources.

2. **Improvement in Depression**
   HADS, the Hospital Anxiety and Depression Scale, will be added as depression screening tool. Programs will now be able to check a box to indicate that the assessments cannot or were not completed for the patient, and these patients will be excluded from the Performance Measure calculations. The updated calculations for the Performance Measures will classify the results as mild, moderate or severe depression for the PHQ9, BDI II, PRFS and HADS as defined by the Performance Measure specifications. The registry-program certification integration applet will allow programs using the registry to easily pull and calculate this performance measure. To view the full Performance Measure, denominator exclusions and supporting documentation for Improvement in Depression at Completion of CR, please visit the PM Resource Page here: http://www.aacvpr.org/pmresources.

3. **Improvement in Functional Capacity**
   The Registry continues to track Max METS, Peak METS and 6 minute walk test results. Programs will now be able to check a box to indicate that the assessments cannot or were not completed for the patient, and these patients will be excluded from Performance Measure calculations. The registry-program certification integration applet will allow programs using the registry to easily pull and calculate this performance measure. To view the full Performance Measure, denominator exclusions and supporting documentation for Improvement in Functional Capacity at Completion of CR, please visit the PM Resource Page here: http://www.aacvpr.org/pmresources.

4. **Tobacco Use Intervention**
The Registry continues to track tobacco history with an update to the options for tobacco status. The status options are now defined as “Current (< 1 month), “Recent (1-6 months), “Former (> 6 months)” and “Never”. A new field has been added for Tobacco Intervention with the following options: “Counseling,” “Pharmacotherapy,” “Referral to Specialist,” “Tobacco Intervention not indicated” and “None.” The Performance Measure calculations will exclude patients where the smoking status was indicated to be “Former,” “Never,” and for patients where in the intervention type dropdown, “Intervention is Not Indicated” was selected. The registry-program certification integration applet will allow programs using the registry to easily pull and calculate this performance measure. To view the full Performance Measure, denominator exclusions and supporting documentation for Tobacco Use Intervention for CR, please visit the PM Resource Page here: http://www.aacvpr.org/pmresources

Additional Registry Enhancements

New Page - Heart Failure Patients Referred to Cardiac Rehab
A new Heart Failure page has been added to the Registry. Under the “Clinical/Tools”, programs will be able to track specific heart failure type (systolic, diastolic, combined or unknown), ejection fraction % and NYHA heart failure class. Programs will also be able to collect outcomes for the Kansas City Cardiomyopathy Questionnaire (KCCQ) and the Minnesota Living with Heart Failure Questionnaire (MLHFQ). Links to the sources for these new assessments are available on the AACVPR Registry Assessment Tool page here. A new Heart Failure section will also be added to all reports.

“Lock-Out” removed from Medications page
Currently on the Medication page, when select “no – exception” at Intake for any medication, the Discharge and Follow-up controls are locked from entry. This lock out feature has been removed and programs will have the ability to select a response at Intake, Discharge and Follow-up.

New Tracking Cardiac Rehab Session Co-pays
Insurance co-pays can indicate why patients do not enroll or complete less sessions of cardiac rehab. Programs will now be able to track the amount of the co-pay per session. Located in the Insurers Section of the Patient Demographics page, programs can entry co-pay values from 0-99. This may help programs identify a quality project to determine a process to provide patients with a modified program.

New Tracking Non-Center based Cardiac Rehab Sessions
To capture more patients and provide them with the information needed after a cardiac event, programs are developing non-traditional cardiac rehab programs. Non-Center Based Sessions is defined as the number of exercise sessions from the total above that were not performed in the CR center but were still under the aegis of the CR program, eg, in tele-rehab models, where the patient is being monitored/surveilled while exercising. The session must be billable by the CR program to be counted. This new field is available on the Program Information page to track the number of “non-center” based sessions a patient had completed.