Cillion Cardiac Rehabilitation

Saving Lives • Restoring Health • Preventing Disease



Referral

Many People Who Can Benefit Are Not Being Referred



Minority status predicts lower referral and participation rates.

Women, minorities, older people, and those with other medical conditions are under-referred to cardiac rehab.



One of the best predictors of cardiac rehab referral is whether the eligible person speaks English.

Asian Americans are 18 times more likely to speak limited English, compared to white people.



Black women are 60% less likely to be referred and enroll in cardiac rehab programs, compared to white women.

Only **20%**

of eligible patients

are referred

We Know What Works to Improve Referral Rates



Automatic, systematic referral to cardiac rehab at discharge can help connect eligible people with these programs.



Strong coordination among inpatient, home health, and outpatient cardiac rehab programs boosts referral rates as well as participation rates and outcomes.



Patients' medical teams and families can support and encourage participation in cardiac rehab programs.

Awareness campaigns should be aimed at people and caregivers.



... and only half of referred patients actually participate.

Participation and Completion

Reaching the Threshold of 36 Sessions Is Challenging

We Know from Research How to Eliminate Barriers



Longer wait times following discharge reduce cardiac rehab enrollment.

For every day a person waits to start cardiac rehab, that person is 1% less likely to enroll.



The greatest predictor of participation is the strength of the physician's recommendation.

Reduce the interval between

hospital discharge and cardiac

rehab program orientation by

formalizing enrollment practices.



People who live outside of metropolitan areas are 30% less likely to participate in cardiac rehab programs.

Cardiac Rehab Participation Rates by Race (601,000 Medicare Patients)





of eligible patients participate



People who make more than \$75,000 per year are twice as likely to participate than individuals with annual incomes below \$15,000.

Lack of Diversity in Cardiac Rehab Programs



Minority cardiac rehab professionals 4%



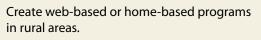
Diversify cardiac rehab teams.

Research shows that minority physicians are more likely to care for minority, poor, uninsured, and underserved people, compared to white physicians.



Other strategies are being considered to improve participation and completion:





Develop telemedicine-monitored cardiac rehab programs for people unable to access traditional programs.



For people unable to attend all 36 sessions in a cardiac rehab facility, conduct baseline assessment in a cardiac rehab clinic followed by a nurse-monitored home exercise program.

Support participation in cardiac rehab through community health workers, home health aides, and visiting nurses.



Design culturally and linguistically

Increase use of translation services by physicians and participants.

Ensure access to services through

burden on cardiac rehab participants.

transportation options and extended hours.

Where possible, reduce or eliminate financial

appropriate programs.

Viability and Sustainability

Limited Capacity, Limited Number of Eligible People Served

Although cardiac rehab programs are underutilized, some fear that the existing number of programs would be insufficient to serve all eligible people.

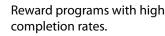
Geographic variations in the number of

- cardiac rehab programs,
- eligible people, and
- referred and participating people
- complicate the story of program capacity.

New Delivery Models and Other Strategies Have Promise



Reward eligible people for completing cardiac rehab programs.





Share best practices and lessons learned, including innovations.

Sources

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