



AHRQ's Initiative To Increase Use of Cardiac Rehabilitation



## **TAKEheart Affinity Group: *Enhancing Care for Heart Failure Patients in Cardiac Rehabilitation***

Hicham Skali, MD, MSc  
Steven Keteyian, PhD  
Daniel Forman, MD  
Michelle Young, MSN, ANP-BC

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# Welcome and Background for Today's Event

## Welcome and greetings from TAKEheart, AHRQ and CDC

- ❖ Learning Community Affinity Groups will continue to be offered regularly on priority topics. Events are open to anyone. Information on past events is available at:  
<https://takeheart.ahrq.gov/resource-center/trainings-webinars>
- ❖ Focus of today's conversation: explore how CR programs can better recruit and support the needs of heart failure patients
- ❖ Format: Moderated panel discussion using the chat and polling features to dialogue with participants and allow peer-to-peer sharing

# Today's Experts



## Moderator

### **Hicham Skali, MD, MSc**

TAKEheart Principal Investigator,  
Associate Director of the Cardiac Rehab  
Program at Brigham and Women's  
Hospital, Division of Cardiovascular  
Medicine

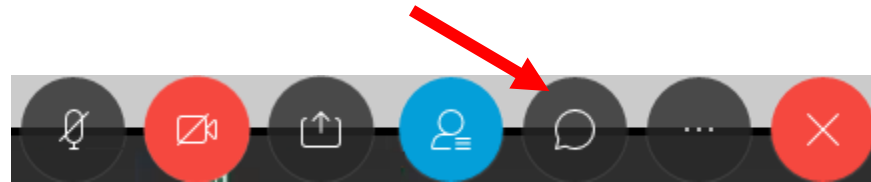
## Panelists

- Steven Keteyian, PhD, Director Preventive Cardiology Unit at Henry Ford Hospital
- Michelle Young, MSN, APN-BC, Adult Nurse Practitioner in the Cardiovascular Division at Brigham and Women's Hospital
- Daniel Forman, MD, Cardiologist at UPMC Presbyterian and UPMC East

# Chat Function

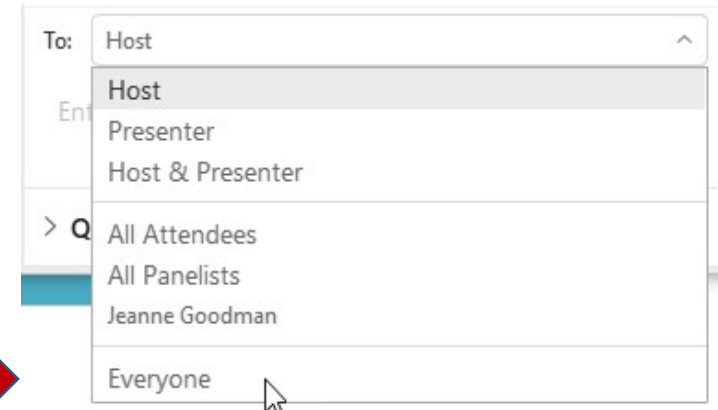
## HOW TO ASK QUESTIONS

To ask a question or make a comment open the chat box



Set the TO: field to **Everyone** so that we can all see your question

Try the chat function now by sharing one thing you hope to learn during today's event.



# Polling Function

## HOW TO POLL

**TAKE heart**  
AHRQ's Initiative To Increase Use of Cardiac Rehabilitation

Time elapsed:Time limit:

Poll Questions:

1. Which is best?



A. Cats

B. Dogs

C. Fish

Submit

Your answer may be recorded.

# Audience Question 1

**Question 1: How would you describe the involvement of heart failure (HF) patients in your CR program?**

Please select your answer here



Remember to click **SUBMIT** when complete

# Audience Question 2

**Question 2: What is your top priority for improving the care of heart failure patients in your CR program?**

Please select your answer here



Remember to click **SUBMIT** when complete

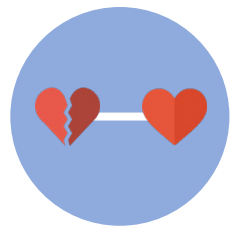
# Topic Categories



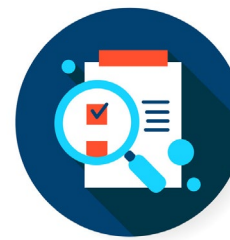
Encouraging more referrals of eligible HF patients



Successfully enrolling more eligible HF patients



Helping HF patients be safe and successful in your CR program



Evaluating your success supporting HF patients



# Encouraging More Referrals 1

- Addressing misconceptions that discourage referrals
  - Misconceptions about eligibility

*What Medicare beneficiaries with heart failure are eligible for CR?\**

## **What's clear:**

- Beneficiaries that meet the eligibility criteria based on another qualifying condition (AMI, CABG, heart valve repair/replacement, etc.) are eligible.
- Beneficiaries must be stable for six weeks with an LVEF of 35% or less and heart failure class II-IV to be eligible.
- Eligibility does not require a prior hospitalization.

## **What's fuzzy:**

- Exactly what triggers the start of the six-week window (i.e. a 6-week waiting period) doesn't apply if the beneficiary isn't hospitalized or if they're readmitted for something minor or unrelated.

*\*Our thanks to Karen Lui, RN, MS of AdvocateforAction for her assistance clarifying Medicare beneficiary heart failure CR eligibility criteria*

# What Medicare beneficiaries with heart failure are eligible for CR?\*

## More of what's fuzzy:

- If there is significant improvement in LVEF to  $> 35\%$  in a post-hospitalization remeasurement then it's possible the beneficiary is not eligible.
- If the beneficiary has completed a CR course in the past, but has evidence of worsening HF (for example, lower LVEF and/or re-hospitalization for exacerbation of HF), this beneficiary could be eligible to repeat a CR course. Note that Medicare doesn't preauthorize so there is some financial risk and the MD and CR medical director should review the timing and level of medical supervision needed.

## How to respond:

- Don't let fuzziness deter you or your providers from referring HF patients to CR. "I think you're eligible for CR but our billing experts will verify this" avoids harming anyone's credibility.
- Even patients that aren't eligible (yet) benefit from learning about CR and the activities it includes and that they should pursue on their own or with resources you provide.
- Many HF patients benefit from beginning CR-like activities (exercise, diet change, etc.) DURING the six week window

# Encouraging More Referrals 2

- Addressing misconceptions that discourage referrals
  - Misconceptions about eligibility
  - Misconceptions about benefits
  - Misconceptions about risks/suitability
- Broadening your outreach to engage with more clinicians caring for HF patients
- Strategies for ensuring referrals despite the 6-week gap
- Other practical advice or audience questions

# Encouraging More HF Patients to Enroll/Attend

- Tailoring messaging and addressing concerns of older, frailer HF patients
- Other practical advice or audience questions

# Audience Question 3

**Question 3: When HF patients participate in your CR program, what is your primary focus:**

Please select your answer here



Remember to click **SUBMIT** when complete

# Supporting HF Patients in Your CR Program

- Focusing on improving ADLs (activities of daily living)
- Alterations or support HF patients can benefit from
  - Related to physical rehab
  - Related to nutrition, counseling or monitoring
- Supporting older, frailer CR patients (with or without HF)
- Recommending patients exercise on their own at home
  - Hybrid or virtual CR as an option
- Other practical advice or audience questions

# Evaluating HF Patients in Your CR Program

- Difficulty in assessing the denominator (# of eligible HF patients that are being referred to cardiac rehab)
- Analyzing outcomes separately for HF patients
- Success recruiting and graduating HF patients
- Choosing suitable outcome measures

# Resources

[A Review of the Design and Implementation of a Hybrid Cardiac Rehabilitation Program: AN EXPANDING OPPORTUNITY FOR OPTIMIZING CARDIOVASCULAR CARE](#)

[Cardiac Rehabilitation in Older Adults](#)

[Cardiac Rehabilitation in Frail Older Adults With Cardiovascular Disease: A NEW DIAGNOSTIC AND TREATMENT PARADIGM](#)

[Cardiac Rehabilitation for Patients With Heart Failure: JACC Expert Panel](#)

[Dementia can complicate heart recovery and treatment](#)

[Out-of-hospital cardiac arrest survivors need both cardiological and neurological rehabilitation!](#)



# Affinity Group Wrap-Up

- ❖ **Next call:** Date and topic to be announced shortly
- ❖ **Continue discussions** of key topics with peers at: <https://takeheart.ahrq.gov/collaboration>
- ❖ **Today's slides** and an event summary will be emailed to event participants and posted online at: <https://takeheart.ahrq.gov>
- ❖ Please **complete the popup feedback questions** so we can see what worked well and where we can improve.