



AHRQ's Initiative To Increase Use of Cardiac Rehabilitation



Maximizing Physician Support for Cardiac Rehabilitation

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Welcome and Background

Welcome and greetings from TAKEheart, AHRQ, and CDC

Update on TAKEheart Initiative:

- ❖ Third group of programs working to improve care coordination to maximize participation in CR
- ❖ Workgroup of 15 programs involved with hybrid CR has begun discussions and is producing an Implementation Guide focused on how to successfully create and support a hybrid CR option
- ❖ TAKEheart website contains extensive information about all TAKEheart activities and resources (<https://takeheart.ahrq.gov>)

Today's Event

- ❖ Background: TAKEheart affinity groups (AG) provide forums for participants to learn from and share with each other on priority topics. Everyone **LEARNS**, everyone **SHARES**, everyone **SUPPORTS**.
- ❖ Purpose of Today's Call:
 - ❖ Continue process of learning and sharing with each other
 - ❖ Focus of today's conversation: strategies for maximizing physician engagement in CR
- ❖ Format: Moderated panel discussion using the chat feature to dialogue with participants and foster peer-to-peer sharing

Chat Function

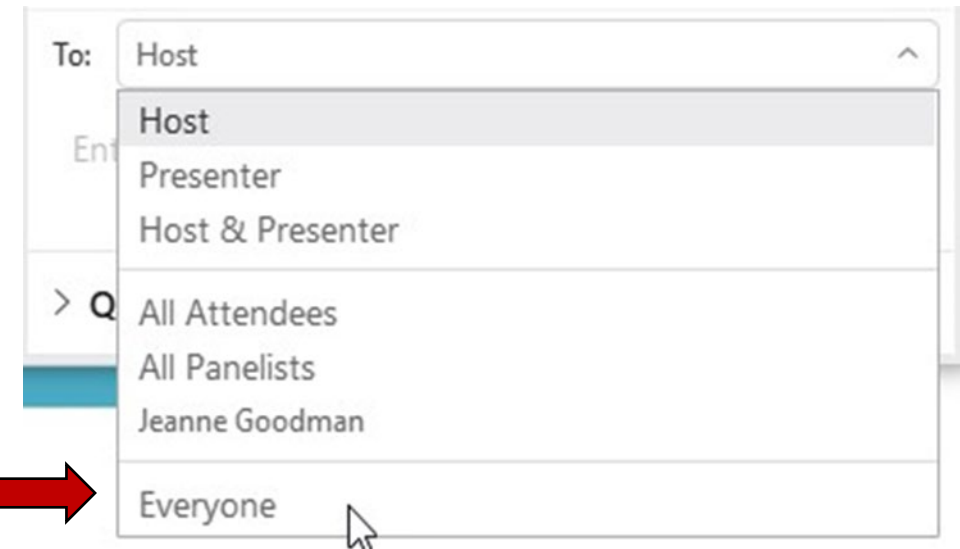
HOW TO ASK QUESTIONS

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 goal you have for participating in this affinity group.

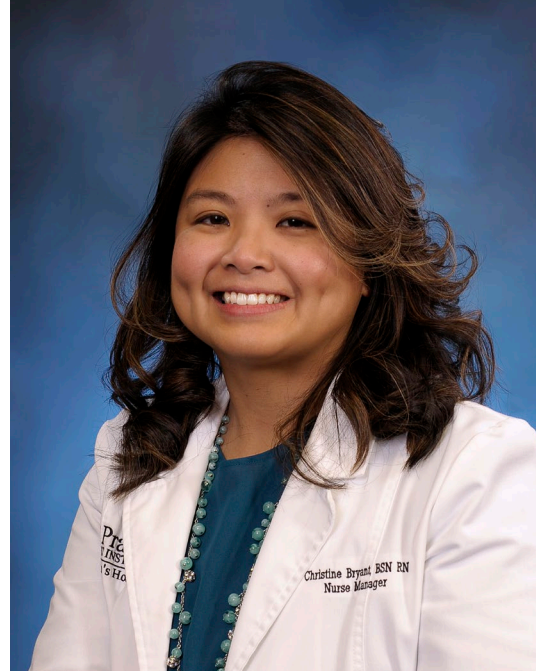


Today's Panel



Katelyn King, MSEP, CCRP

Transitions of Care Coordinator
Cardiovascular Critical Care Services
University of Kentucky Healthcare



Christine L. Bryant, BSN RN

Cardiac Rehab/Heart Failure Nurse Manager
Prairie Heart Institute at
HSHS St. John's Hospital
ISCHR Board- Membership/Retention Chair



Marion Harris-Barter

RN, BSN, M.Ed., CCRP
System Director
Cardiac Rehabilitation
Lee Health

Panelist Backgrounds and Perceptions of Physician Support

- What's your CR program like
- How would you describe the level of physician support for your CR program

Strategies to Maximize Physician Engagement

- 1 For making contact and engaging with physicians**
- 2 For using data to help make the case for CR to physicians**
- 3 For responding to common objections**
- 4 For encouraging productive physician visits to your facility**
- 5 For expanding referrals of traditionally underrepresented populations**

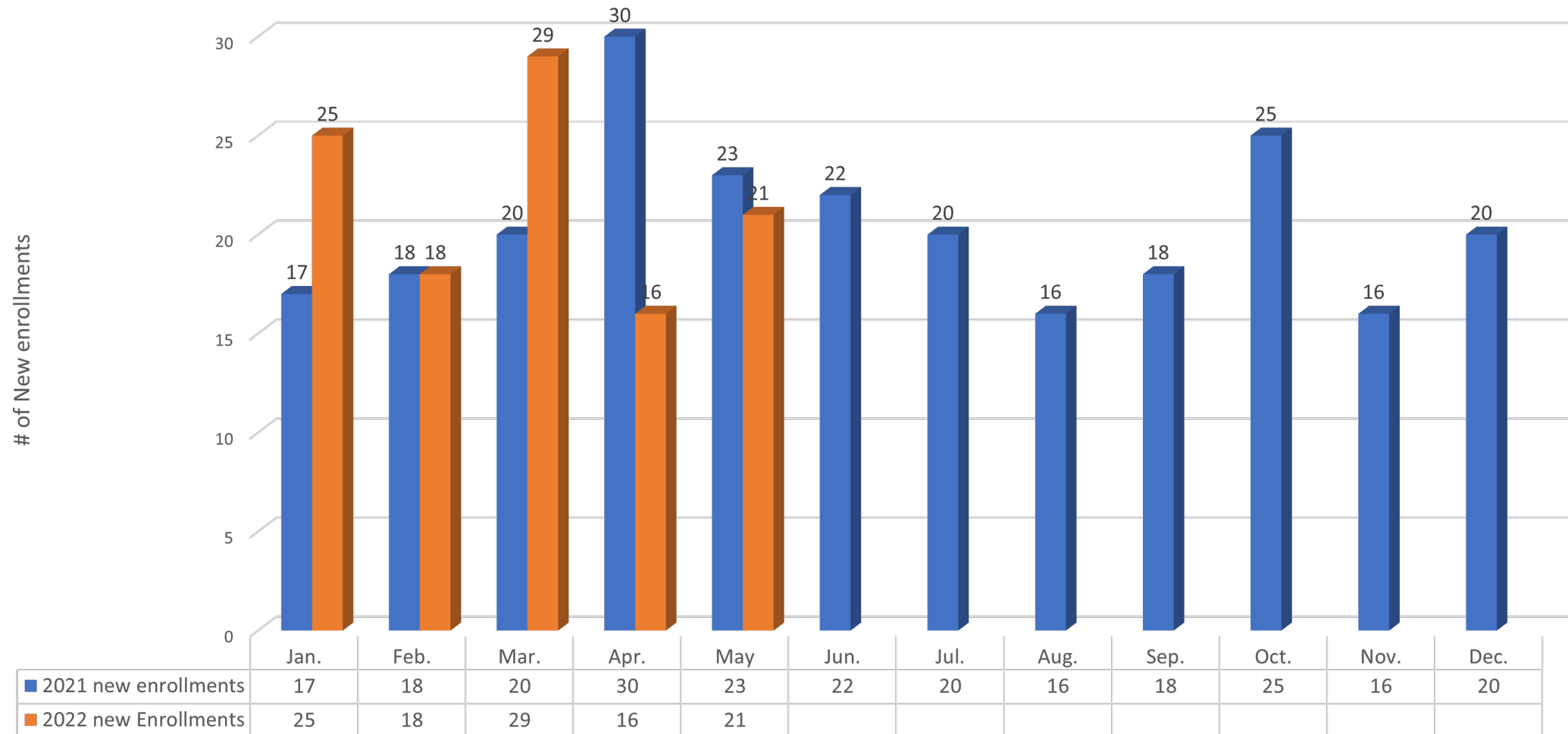
1 Strategies for making contact and engaging with physicians

- Who does this best?
- What methods work best?
- When and where is outreach most (and least) effective?

- What data is most influential?
- What methods for sharing data work best?
- Visually, how can data be most influential?

Example Data Sharing: Enrollment Comparison

Phase 2 Enrollment Comparison CY21-CY22



Example Data Sharing: Enrollment Comparison

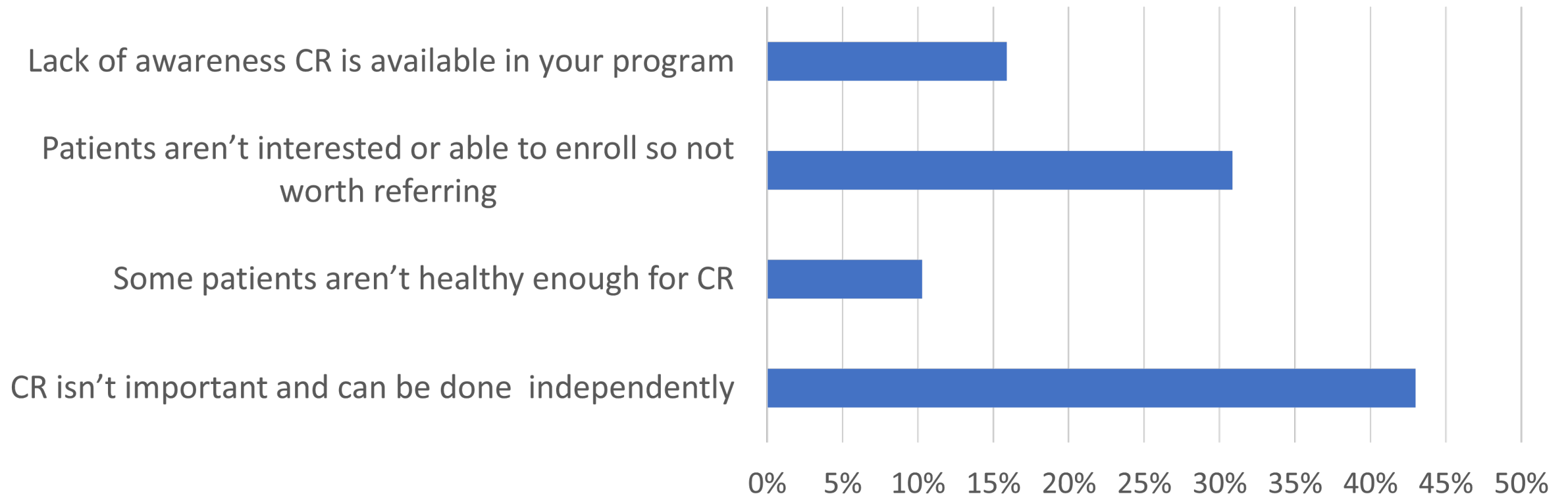
Month	2021 New Enrollments	2022 New Enrollments
January	17	25
February	18	18
March	20	29
April	30	16
May	23	21
June	22	--
July	20	--
August	16	--
September	18	--
October	25	--
November	16	--
December	20	--
Total	245	109

Example Data Sharing: Total CY21 by Month

Class Time	January	February	March	April	May	June	July	August	Sept	Oct	Nov	Dec	Total
700	3	3	4	4	4	--	--	--	--	--	--	--	18
830	5	6	6	4	6	--	--	--	--	--	--	--	27
1030	7	4	7	3	4	--	--	--	--	--	--	--	25
1300	3	3	9	2	2	--	--	--	--	--	--	--	19
1500	7	2	3	3	5	--	--	--	--	--	--	--	20
Total	25	18	29	16	21	0	0	0	0	0	0	0	109
	--	--	--	--	--	--	--	--	--	--	-	--	--
No call, no shows	4	4	5	6	7	--	--	--	--	--	--	--	--
Rescheduled	3	1	--	--	3	--	--	--	--	--	--	--	--
<i>Last updated 5/23/22</i>													

Physician Objections to CR

The biggest physician objections to CR that we have to address is:



- Deciding where to focus your efforts
- Most common objections and how to respond to them
- Leveraging peers or leaders to address common objections
- Ways to reinforce supportive physicians

Reactions



Reactions: In the chat box, please share physician objections you have encountered and how you addressed them.

Strategies for encouraging productive physician visits to your facility

- How to encourage facility visits
- Key things to show visiting physicians
- Key messages to convey during visits
- Pitfalls to avoid

Underrepresentation in CR is a serious problem

If You Are

A young or older adult

Female

Black

Hispanic


Less educated

Lacking insurance

**Less Likely to
Participate in CR**

Underrepresentation in CR is a serious problem

Sex and Racial Disparities in Cardiac Rehabilitation Referral at Hospital Discharge and Gaps in Long-Term Mortality

Shanshan Li , Gregg C. Fonarow, Kenneth Mukamal, Haolin Xu, Roland A. Matsouaka, Adam D. Devore and Deepak L. Bhatt

Originally published 6 Apr 2018 | <https://doi.org/10.1161/JAHA.117.008088> | Journal of the American Heart Association. 2018;7:e008088

Abstract

Background

Cardiac rehabilitation (CR) referral is recommended for eligible patients, regardless of sex or race. It is unclear whether inequality in CR referral practices was associated with patients' long-term survival.

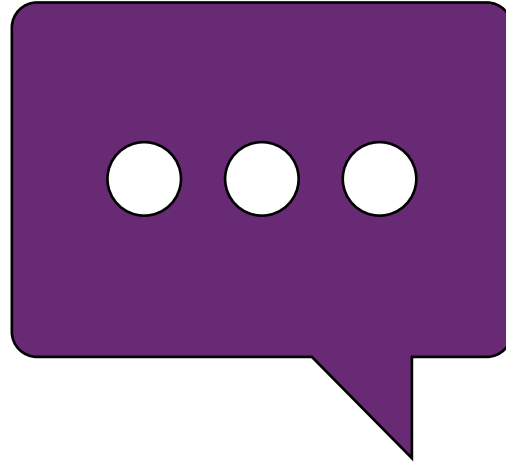
Methods and Results

We linked the American Heart Association Get With The Guidelines Coronary Artery Disease registry with Medicare claims data for 48 993 coronary artery disease patients from 365 hospitals across the United States between 2003 and 2009. We used generalized estimation equations to estimate the association between CR referral and mortality accounting for clustering within hospitals. Between 2003 and 2009, only 40% of eligible patients received CR referrals. Females were 12% less likely to receive CR referral compared with males. Black, Hispanic, and Asian patients were 20%, 36%, and 50% less likely, respectively, to receive CR referral than white patients. CR referral was associated with 40% lower 3-year all-cause mortality. Women and minorities who received CR referral at hospital discharge had significantly lower mortality compared with those who did not (odds ratios=0.61 [95% confidence interval, 0.56–0.66] for women, 0.75 [95% confidence interval, 0.63–0.88] for black, 0.62 [95% confidence interval, 0.50–0.79] for Hispanic, and 0.63 [95% confidence interval, 0.46–0.85] for Asian patients). Seven percent of the black versus white mortality gap could potentially be reduced by equitable CR referral.

Strategies for expanding referrals of traditionally underrepresented populations

- Raising the issue of underrepresentation with physicians
- Methods for expanding involvement of underrepresented persons in your program
- Additional outreach activities to promote referrals and participation from these groups

Questions and Comments



Questions: In the chat box, please share any questions or comments you have for the panelists.

Additional Resources

- ❖ Million Hearts resources on physician engagement at: <https://millionhearts.hhs.gov/tools-protocols/action-guides/cardiac-change-package/enroll-participate.html>
- ❖ TAKEheart information on enhancing the coordination of your patients and getting physician buy-in available at: <https://takeheart.ahrq.gov/takeheart-initiative/training> (especially modules 6, 8 & 9—review both the slides and the Implementation Guides)

Next Steps

- ❖ **Event Materials:** Slides and other resources mentioned on today's call will be circulated to participants
- ❖ **Forthcoming Affinity Groups** will address hybrid and other topics
- ❖ **Additional Input:** We welcome your input on how future sessions can be improved, what topics are of most interest, and any resources or strategies you're using that are working well
- ❖ **Feedback on Today's Event:** Please respond to the feedback questions before you exit today's event