

# Strategies to Increase the Use of CR in Patients with Heart Failure

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# Disclosures

No relevant conflicts

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Among patients with HF, what are the non-patient challenges/barriers impacting enrollment/participation in CR?

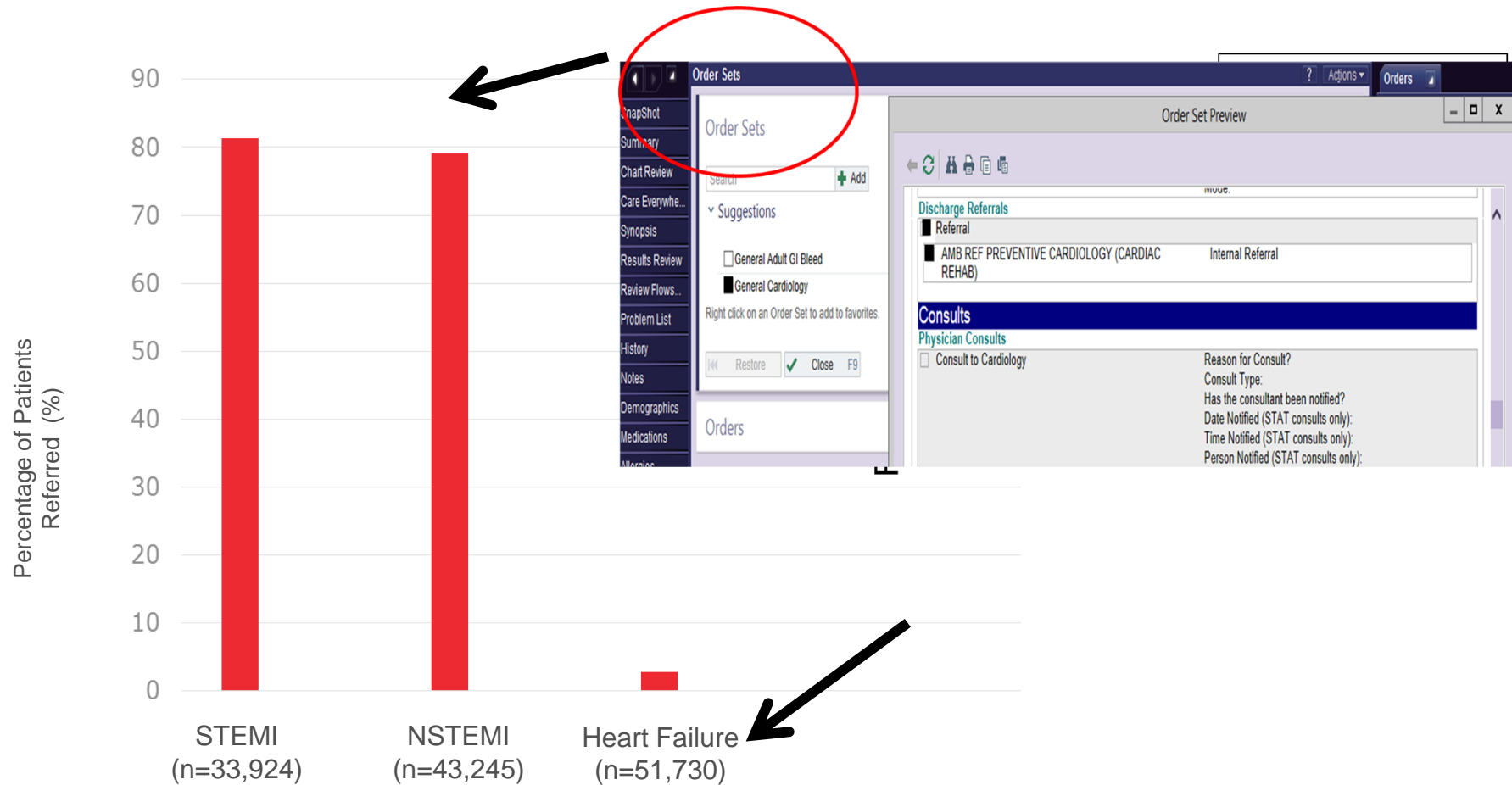
## Health care system / CR programs

- **Absence of referral, referral type and initial engagement (e.g., passive vs. liaison facilitated)**
- **Provider endorsement**
- **Program operations (e.g., long discharge to start times)**

## Policy and payers

- **Non-coverage (HFpEF for Medicare)**
- **Medicare policy: 6 wk wait time before first visit**
- **High deductibles and co-payments**

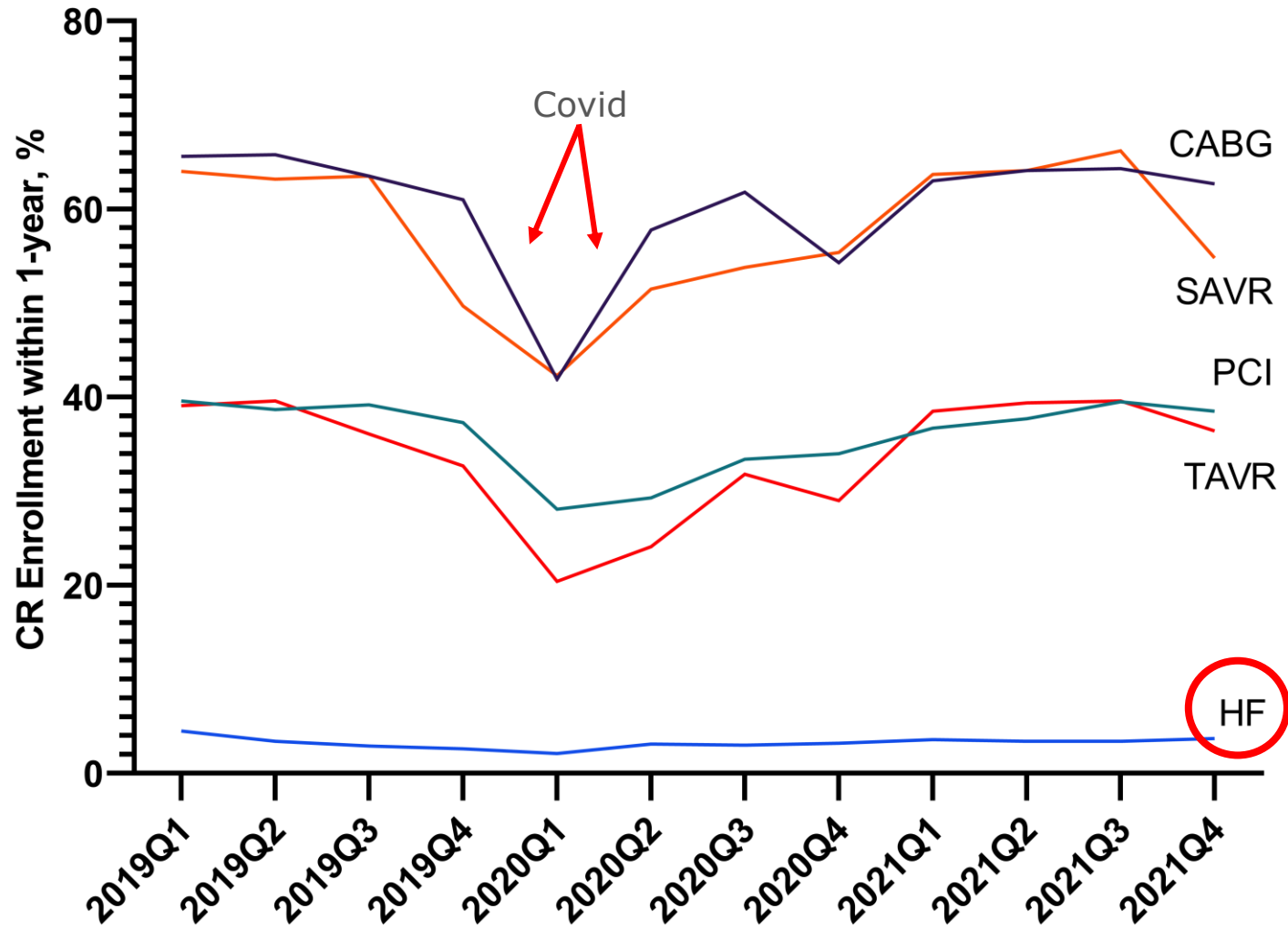
# 2018 GWTG Data for Cardiac Rehabil Referrals following; STEMI (n=41,727), NSTEMI (n=54,646), and Heart Failure (n=186,287)



# Michigan Cardiac Rehabilitation Network and Enrollment into CR

(95 hospitals, 84 CR programs)

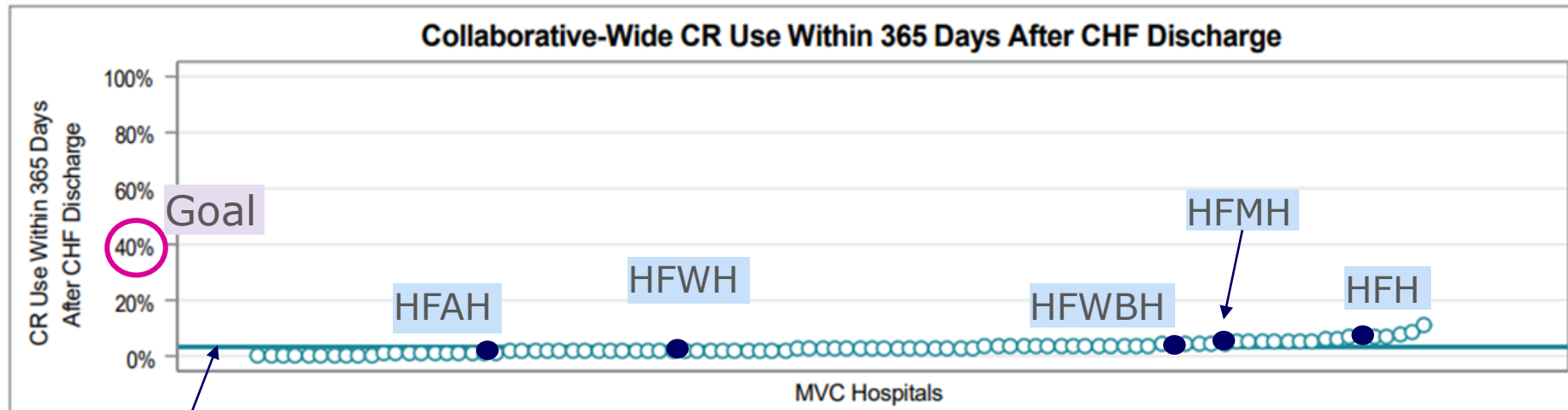
Statewide Quarterly Trends in Cardiac Rehab Enrollment



Data source = Michigan Value Collaborative Claims data base of Medicare FFS, BCBSM PPO, BCN, and Medicare Advantage for PCI in 100 non-federal acute care hospitals (including 48 that provide PCI) and 40 physician organizations.  
 Enrollment criteria = at least 1 cardiac rehabilitation claim within 90 days after hospital discharge



CR use among patients with HF in  
Henry Ford Health Hospitals  
1/1/19 – 12/31/2021



Average CR use rate for all hospitals in MI = 3.2%

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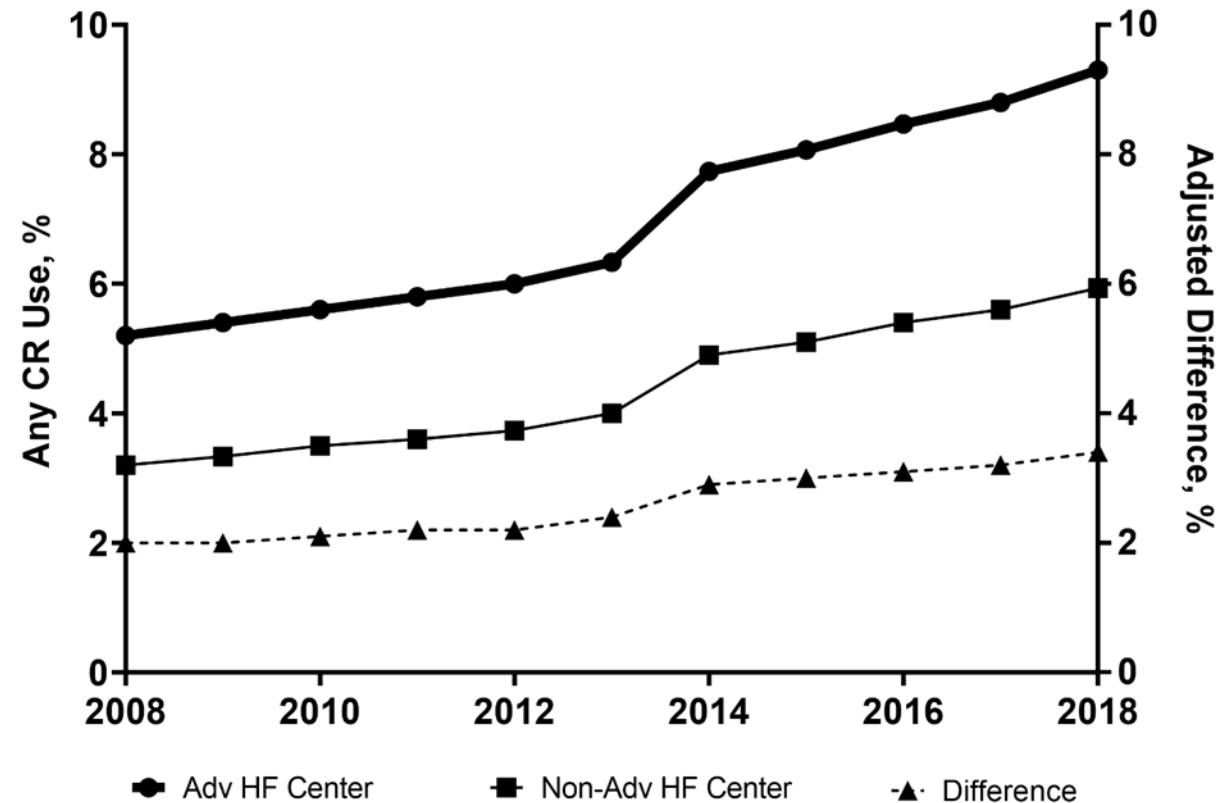
# Health System/Provider-Level Strategies for Improving Enrollment into CR ... if the shoe fits ...

- ✓ Find and connect with your nearby HF specialist(s)/clinic

# Health System/Provider-Level Strategies for Improving Enrollment into CR ... if the shoe fits ...

✓ Connect with your advanced HF specialist(s)/clinic

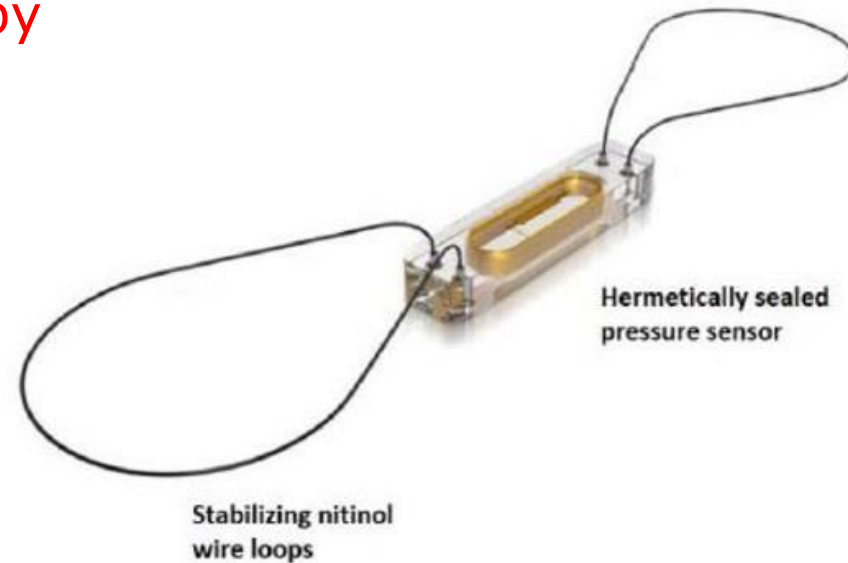
Comparison of CR use among Medicare beneficiaries cared for at advanced HF centers (n=76,174) to non-advanced HF centers (n=351,822)





# Health System/Provider-Level Strategies for Improving Enrollment into CR ... if the shoe fits ...

- Find and connect with a nearby Cardiomems clinic:



# Health System/Provider-Level Strategies for Improving Enrollment into CR ... if the shoe fits ...

- ✓ Leverage the 6 wk wait period to the patient's advantage
  - Why 6 wk wait period per Medicare
  - Medicare does not say don't contact the patient
  - Opportunity for disease management

# Health System/Provider-Level Strategies for Improving Enrollment into CR ... if the shoe fits ...

- ✓ Establish/maintain a development fund to support CR care for HF
  - Use for HFrEF and HFpEF
- ✓ Run weekly/monthly searches in EHR
  - Do it with data



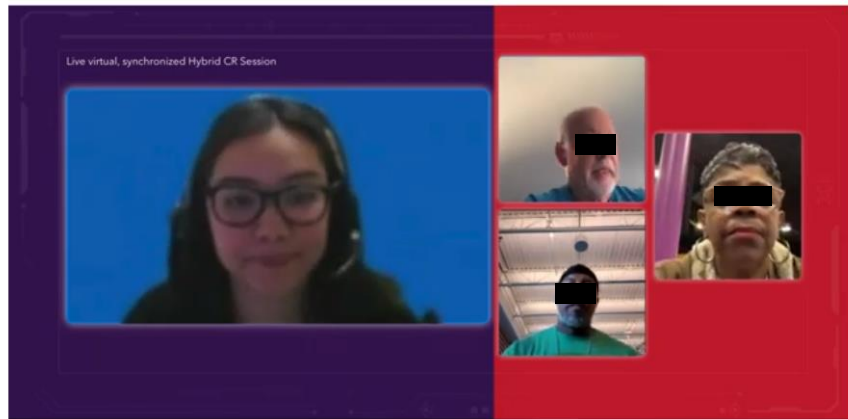
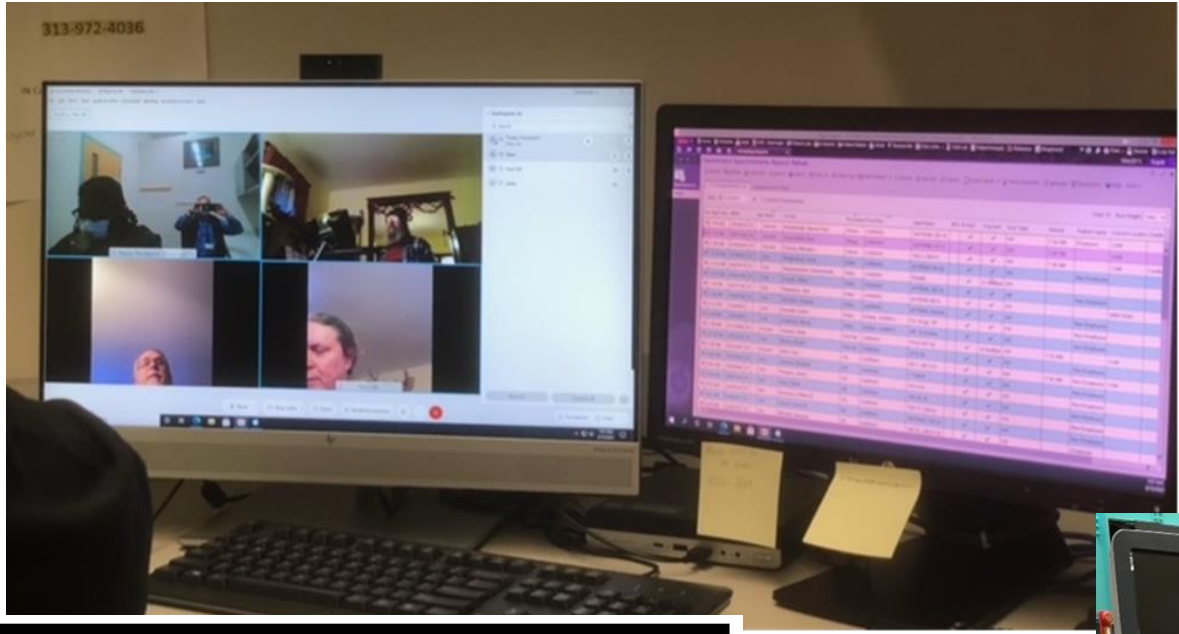
# Health System/Provider-Level Strategies for Improving Enrollment into CR ... if the shoe fits ...

- ✓ EMR-driven automatic referral (w/opt-out mechanism)
- ✓ Establish inpatient CR liaison process for CR
  - In larger hospitals, this includes your general medicine floors too
- ✓ Overtly-stated provider endorsement
  - Have physician champion present to medicine/cardiology staff
- ✓ Don't forget HFpEF = early-onset fatigue, ADL limitations, DOE ... exercise CR is the proven strategy

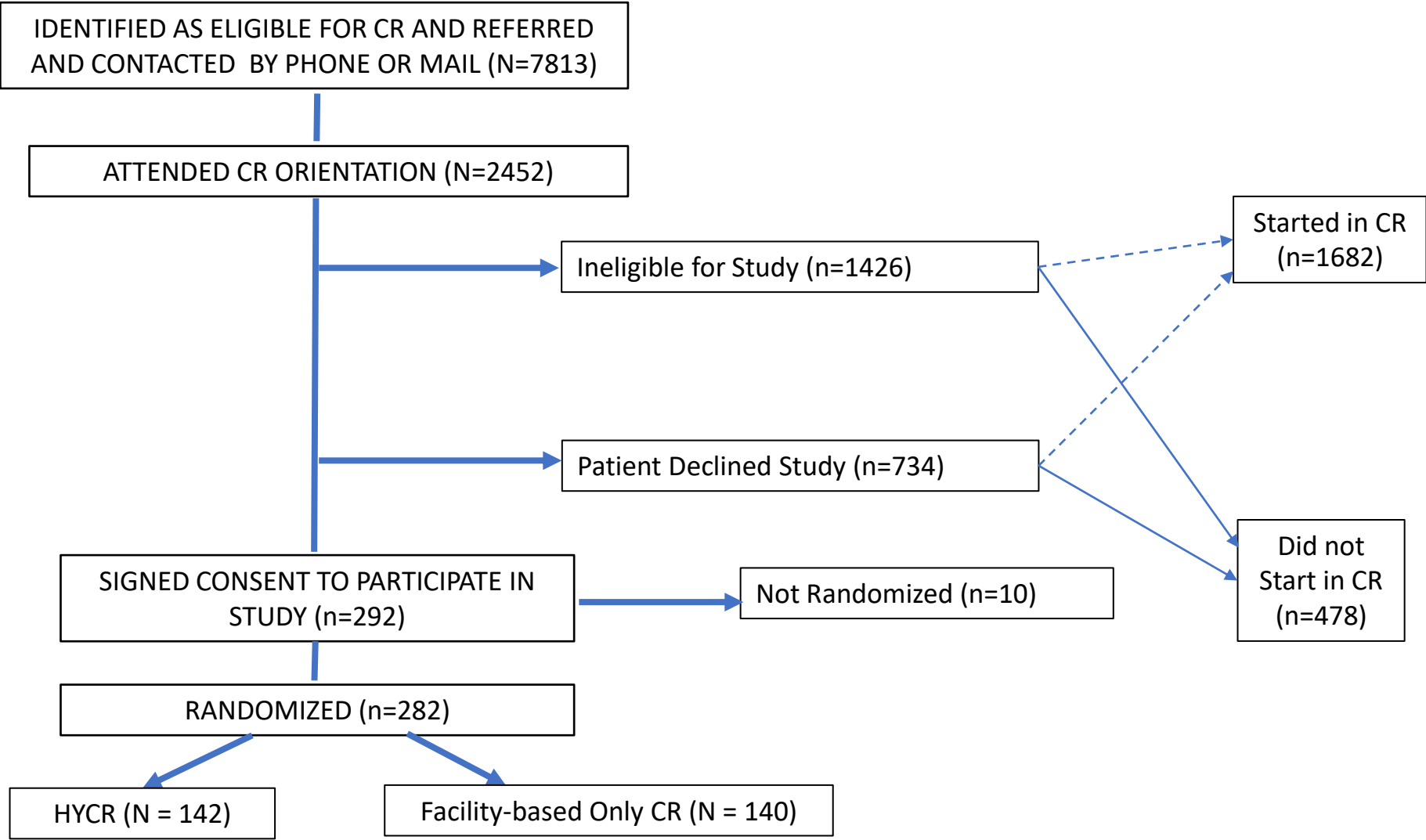
## What is the status of Medicare, **HFpEF** and cardiac rehabilitation as a covered benefit?

- Draft request for NCD reconsideration submitted: early spring 2023  
–AACVPR, HFSA, AHA, ACC, AAHFN, ABC
- F/up meeting with CAG at CMS on: July 7, 2023
- Re-convene later this fall

# Non-traditional models needed to fill in the many gaps ... consider Hybrid CR via Telehealth



CONSORT Diagram for iATTEND Trial (March 2019 – December 2022)



## Selected Subject Characteristics at Baseline for IATTEND Trial (Enrollment ended December 31, 2022, n = 282)

Age (yr)	59.1 $\pm$ 11.9	CR Qualifying Events	
( $\geq$ 65 yr, n=95)	<b>71.0<math>\pm</math>5.3</b>	STEMI/NSTEMI	35%
		<b>HF</b>	<b>23%</b>
<b>Women</b>	<b>32%</b>	CABG	12%
		PCI only	14%
<b>Black</b>	<b>53%</b>	Other	16%
$\leq$ HS degree/GED	18%	Part- or Full-time Employed	59%
Married	62%	Annual Income < \$50,000	34%
		Peak VO <sub>2</sub> (mL/kg/min, n=267)	18.2 $\pm$ 5.2



## Two common barriers among CR staff relative to engaging in process/quality improvement

- Too busy
- Not empowered

Start small, stay focused