



# No Heart Left Behind

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## Purpose:

To provide outpatient Cardiac Rehabilitation (CR) to patients recently hospitalized at Trinity Regional Medical Center (TRMC) with Heart Failure (HF) as a means to reduce HF readmissions and improve quality of life regardless of whether they meet the current criteria provided by The Centers for Medicare and Medicaid Services (CMS).

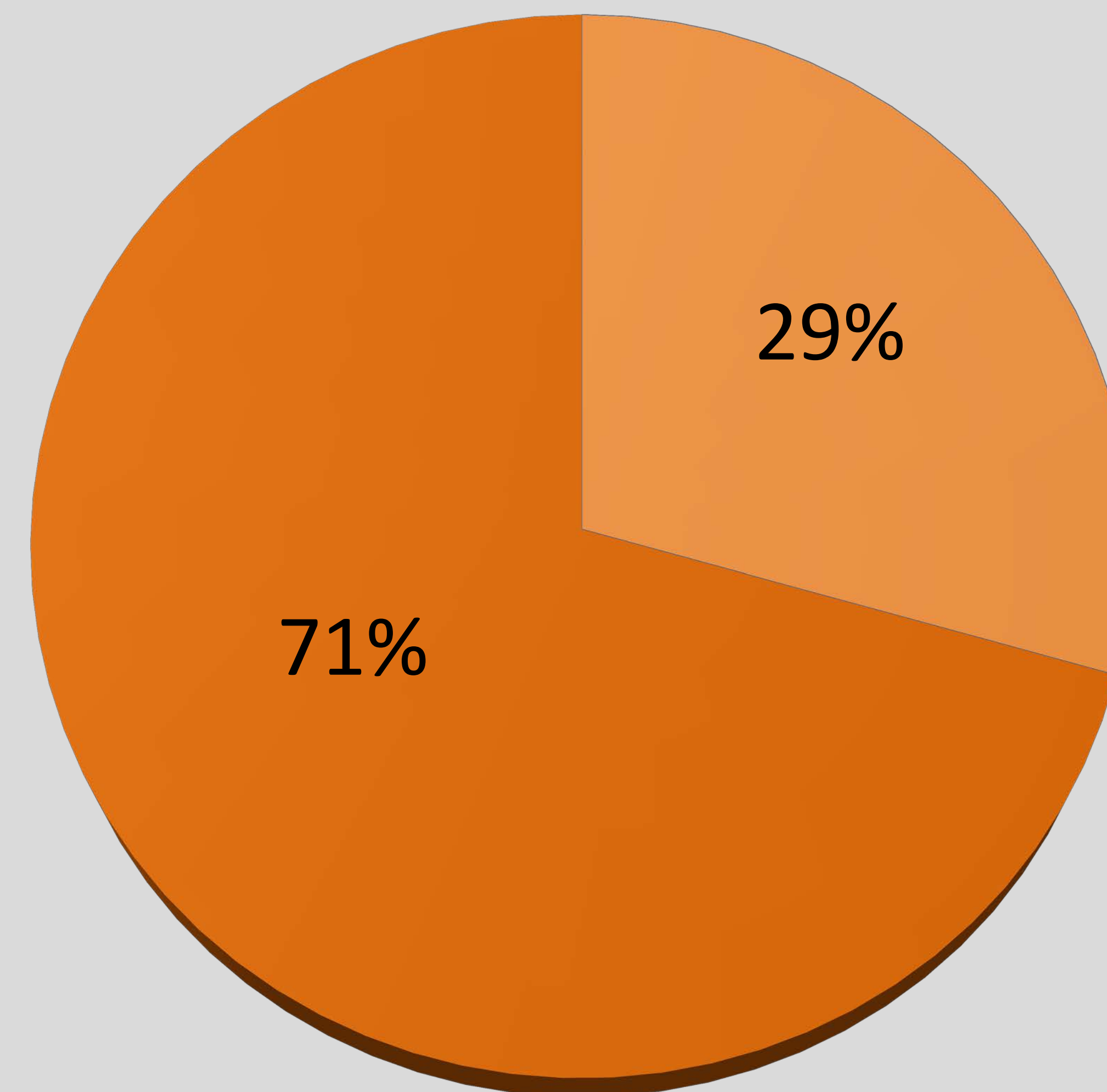
## Background:

- Evidence shows that Cardiac Rehabilitation for patients with chronic HF significantly improves health outcomes by means of routine exercise and education.
- Recently, CMS has announced approved coverage starting in 2014 for patients with an ejection fraction (EF) of 35% or less and New York Heart Association (NYHA) class II-IV symptoms despite being on optimal HF therapy for at least 6 weeks.
- 50% of HF patients have preserved ejection fraction, (EF greater than 50%) which means they would not qualify for rehab.

## Interventions:

- Reviewed EF data compiled by CPI specialist on 2013 HF inpatients at TRMC
- Collaborated with CPI specialist to review TRMC HF readmission rates and format business proposal
- Investigated all cause readmission rate for 2013 phase 2 Cardiac Rehab patients at TRMC
- Examined cost of Cardiac Rehab vs. cost of HF hospitalization
- Reviewed existing equipment, staff, tools to support HF rehab and need for any additional support.
- Prepared business plan to submit to hospital administration and cardiac rehab managers
- Developed plan for integrating HF patients into existing outpatient Cardiac Rehab routine

- Patients that meet criteria for CR
- Patients that do not meet criteria for CR



### New York Heart Association Functional Classification

#### Class I

Patients with cardiac disease but resulting in no limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea or anginal pain.

#### Class II

Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea or anginal pain.

#### Class III

Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea or anginal pain.

#### Class IV

Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure may be present even at rest. If any physical activity is undertaken, discomfort increases.

## Lessons Learned:

- Only 29% of patients hospitalized for HF at Trinity in 2013 had an EF of 35% or less that would qualify them for outpatient Cardiac Rehabilitation based on CMS criteria.
- Average cost of heart failure admission at TRMC=\$4800.00
- If a patient is readmitted within 30 days, Medicare will not pay for the first hospitalization or the readmission, plus our hospital pays a penalty at the end of the year.
- Average cost of 18 sessions Cardiac Rehab = \$3600.00
- All cause readmission rate for 2013 Cardiac Rehab patients = 1%

## Next Steps:

- Present business proposal to hospital administration and Cardiac Rehab managers
- Collaborate with Iowa Heart physicians and other physicians and staff to encourage referrals to rehab
- Implement Phase 2 Cardiac Rehab for all patients recently hospitalized at TRMC with acute HF diagnosis
- Continue tracking readmission rates of HF patients both attending and not attending outpatient rehab

## References:

- <http://www.heart.org>
- Lavie, Carl. "Formal Cardiac Rehabilitation and Exercise Training Programs in Heart Failure." *Journal of Cardiopulmonary Rehabilitation and Prevention*. 33.July/August (2013): 209-211. Print.
- <http://circ.ahajournals.org> ( "2013 ACCF/AHA Guideline for the Management of Heart Failure)



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