



# **Michigan Cardiac Rehab Network**

**March 15, 2022**

# Meeting Objectives

## Introduce

Introduce the Michigan Cardiac Rehab Network

## Discuss

Discuss Cardiac Rehab goals for the State of Michigan

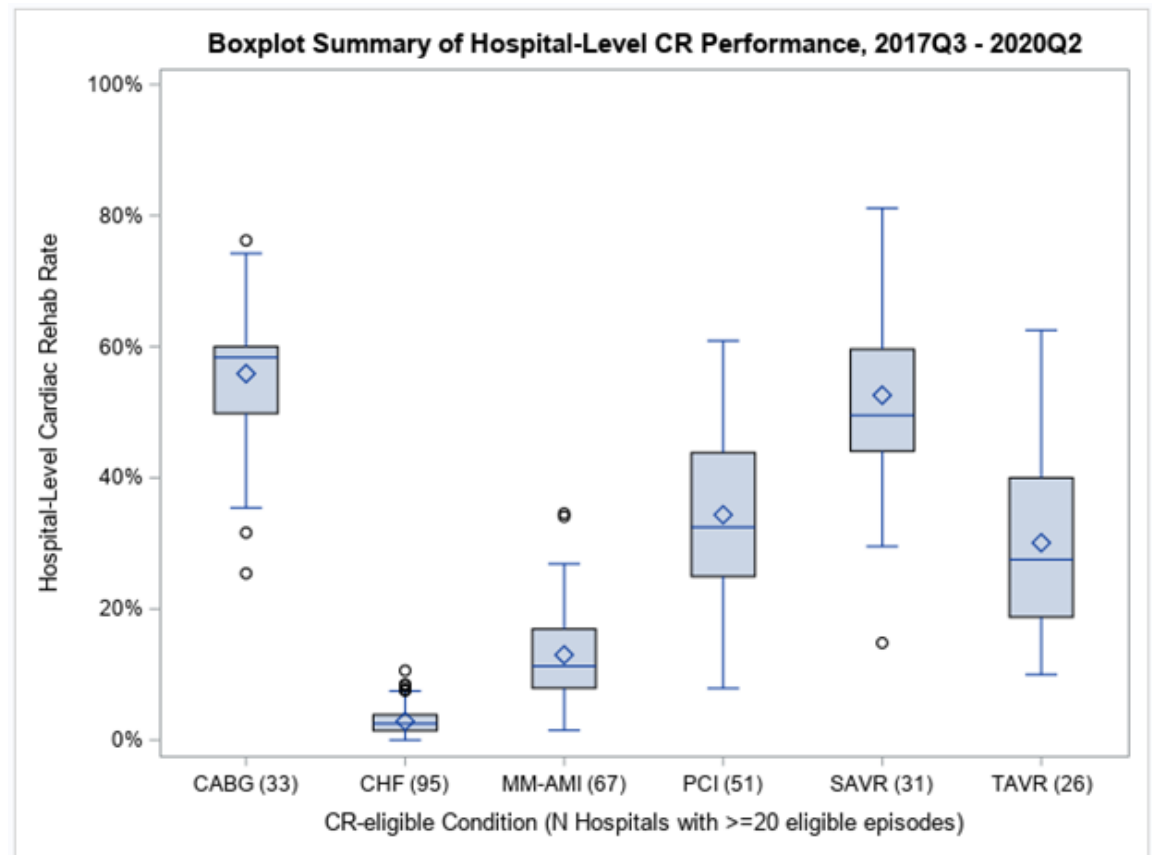
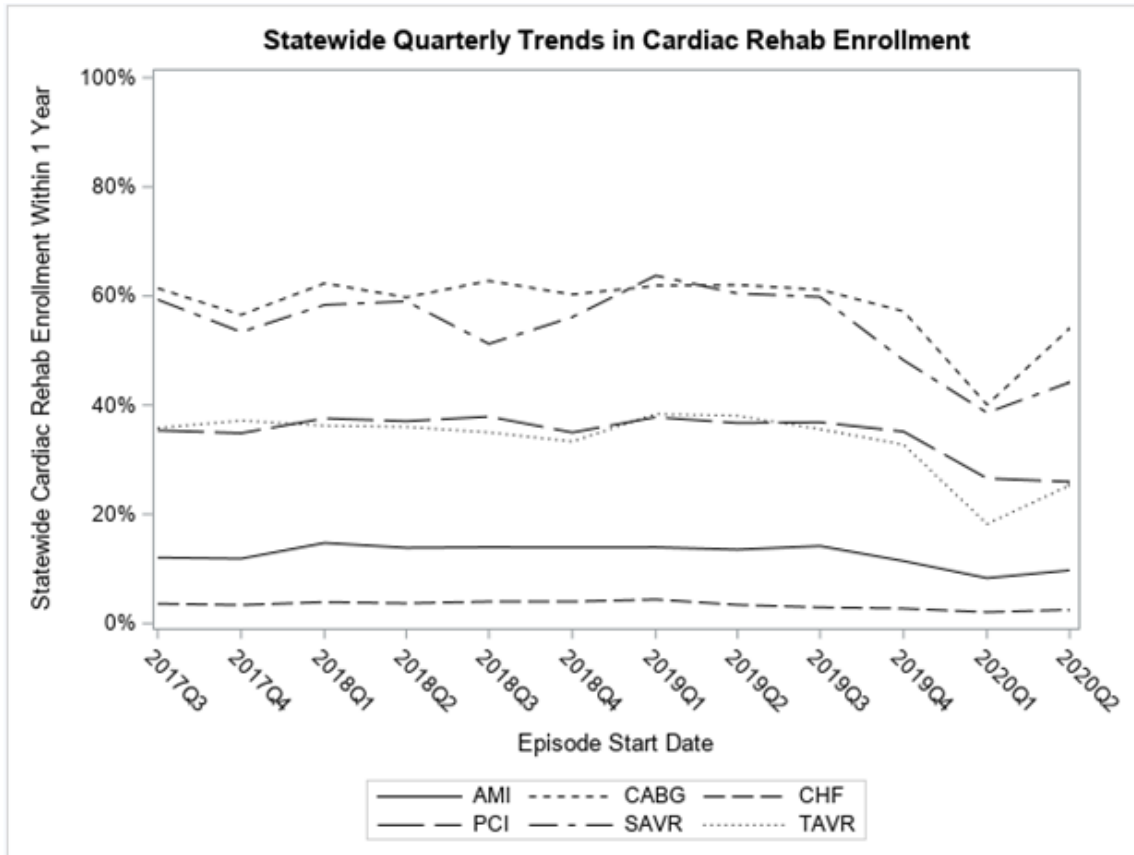
## Review

Review available and up-and-coming resources to support improving utilization of Cardiac Rehab

## Feedback

Get your feedback on these activities!

# Statewide trends and variation in CR participation across Michigan hospitals



# Site visit insights

## Build Capacity

Capacity constraints from limited staff, physical space, and other resources lead to inability of CR facilities to meet demand.

## Communication is Key

Early patient contact, the use of CR liaisons, and automatic referrals all boost CR enrollment.

## Some Patients Need Help!

Patients face additional barriers to CR participation, including costs of attending CR and transportation challenges.

## Leaders Accelerate CR Use

Strong physician endorsement and support from administrative leadership can help a program flourish.

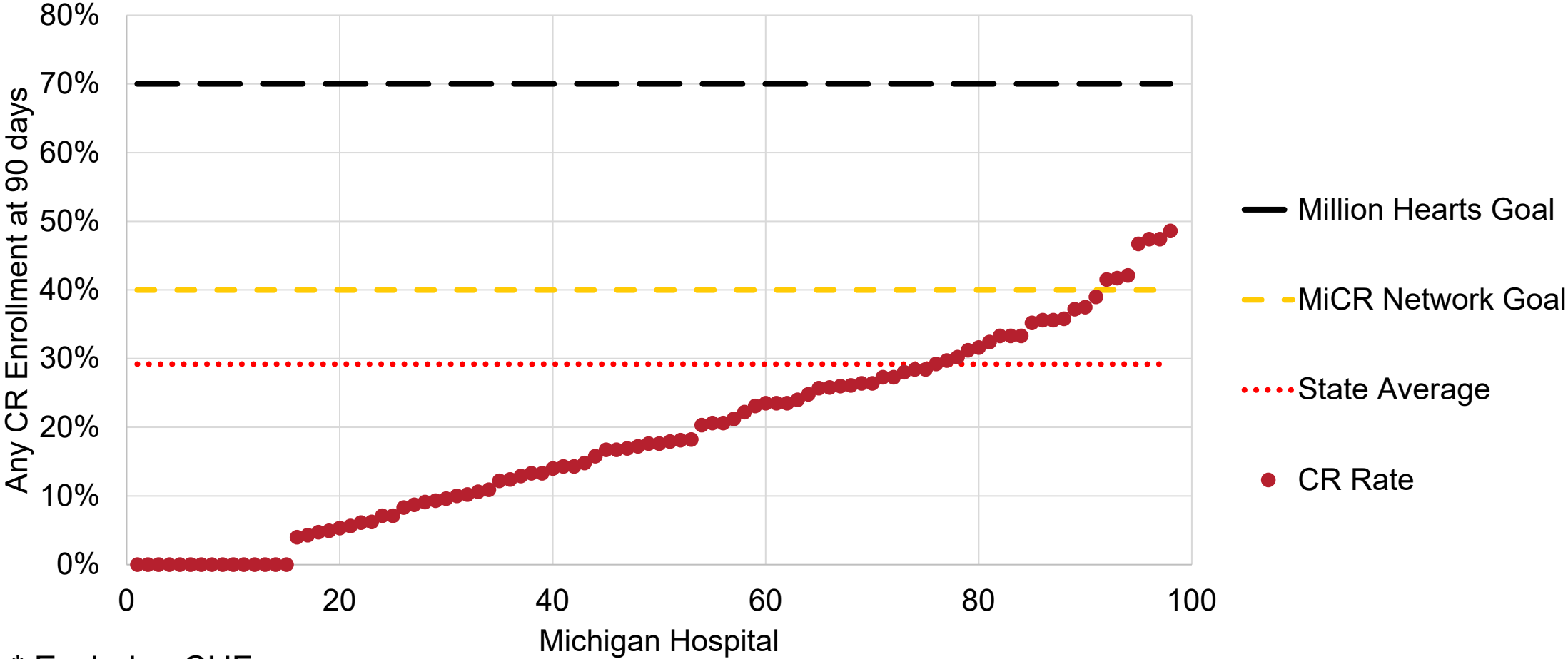
# Collaboration in action: Michigan Cardiac Rehab (MiCR) Network



*To equitably increase participation in cardiac rehabilitation for all eligible individuals in Michigan.*



# Our goal is to get CR participation to 40% by 2024 for all eligible conditions\*



\* Excludes CHF

# Resources



**MVC CR REPORTS**



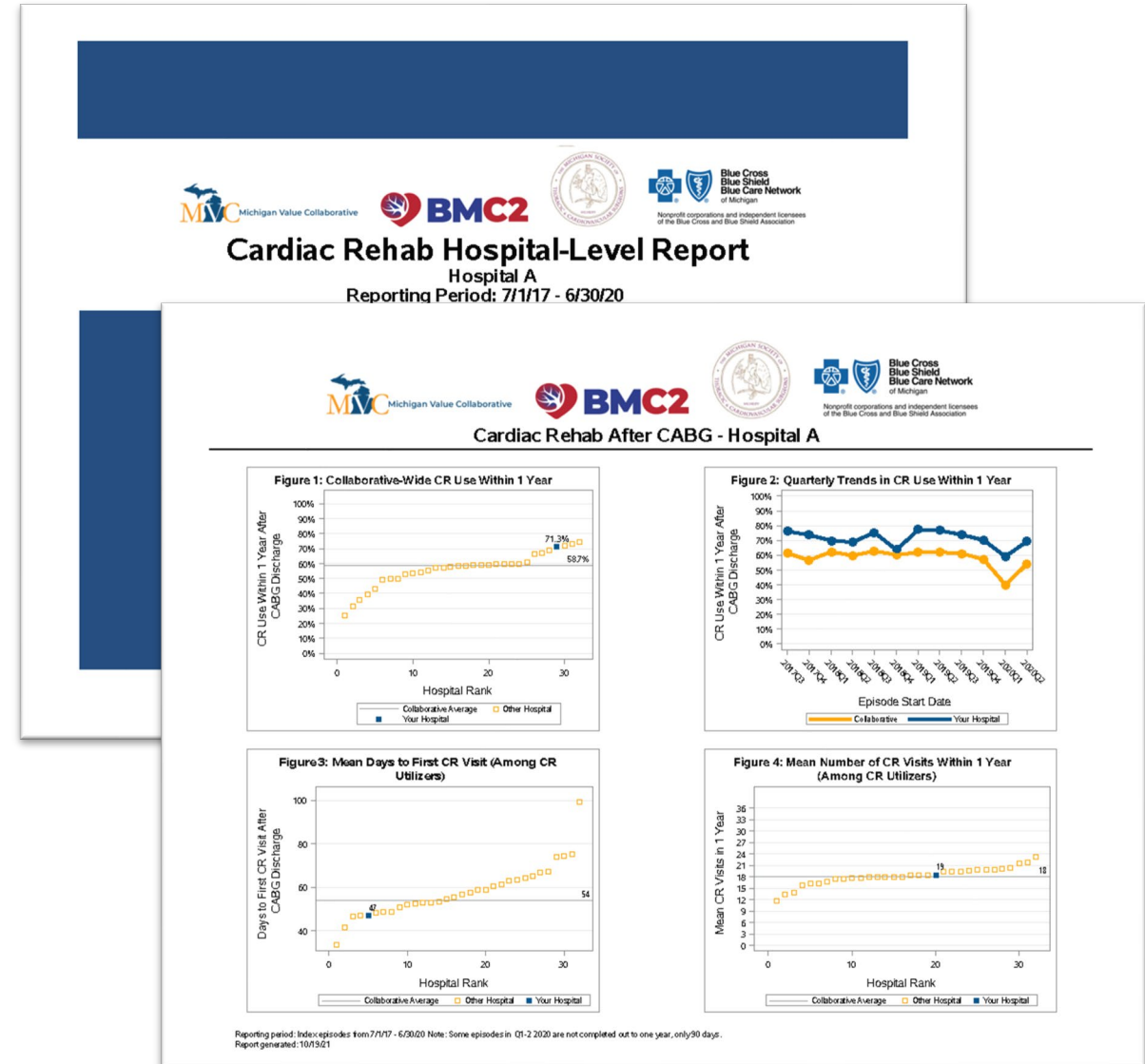
**BEST PRACTICES  
TOOLKIT**



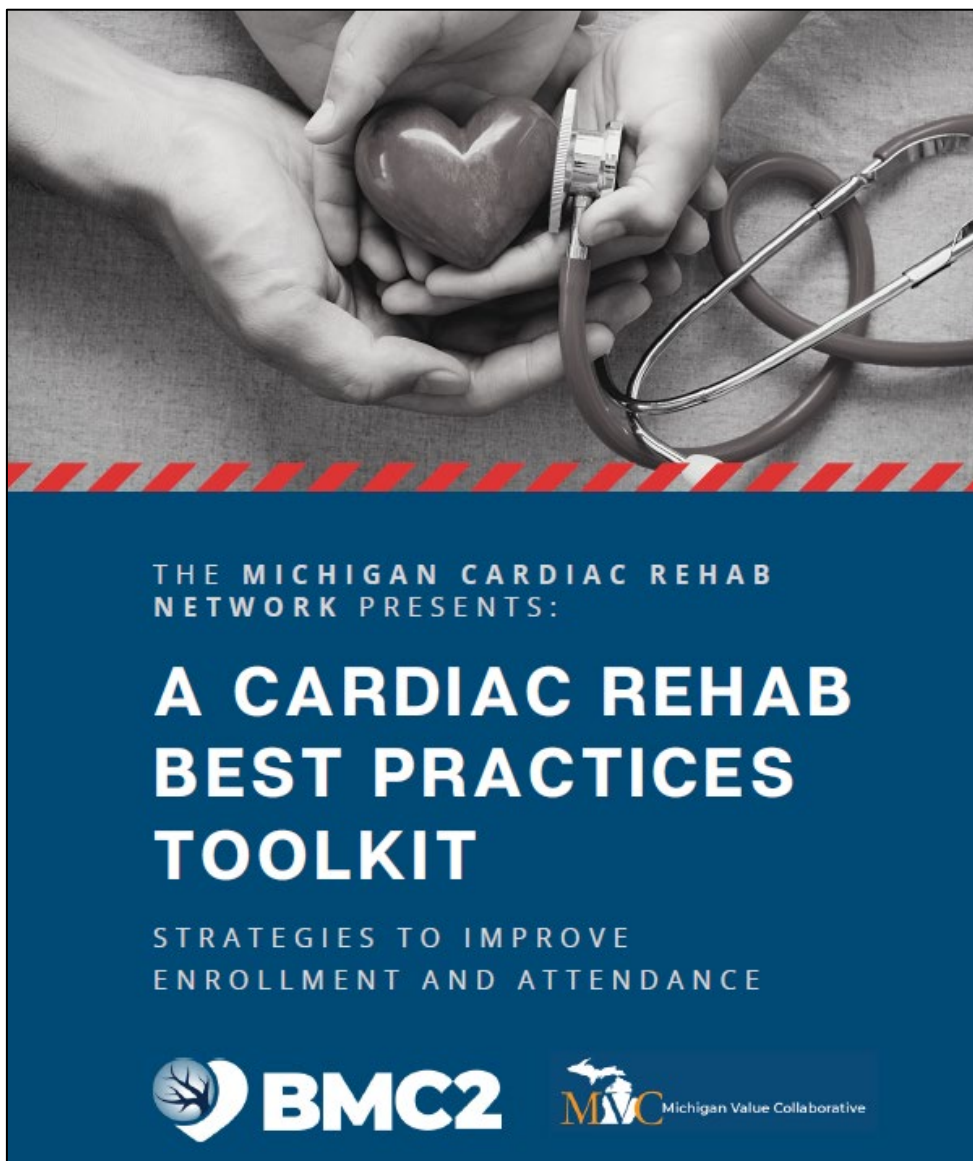
**DEDICATED CR  
RESOURCES WEBSITE**

# CR Reports

- Conditions included: PCI, CABG, SAVR, TAVR, AMI, and CHF
- Last sent October 20, 2021
  - 173 individuals
  - 95 hospitals
- Next report: March 2022
- Data included:
  - Collaborative-wide CR use within 1 year
  - Quarterly trends
  - Mean days to first CR visit
  - Mean number of CR visits within 1 year







# Developing CR best practices documents to aid statewide quality improvement efforts

- Details a menu of strategies that improve enrollment and attendance in CR
- Allows teams to select the specific interventions that will be most valuable to their site
- Start by assembling the QI team to discuss the aspects of CR utilization that are most in need of improvement

- Focuses on different phases of CR utilization
- Includes a glossary, links to associated resources, and metrics for evaluating QI success

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### INITIATION

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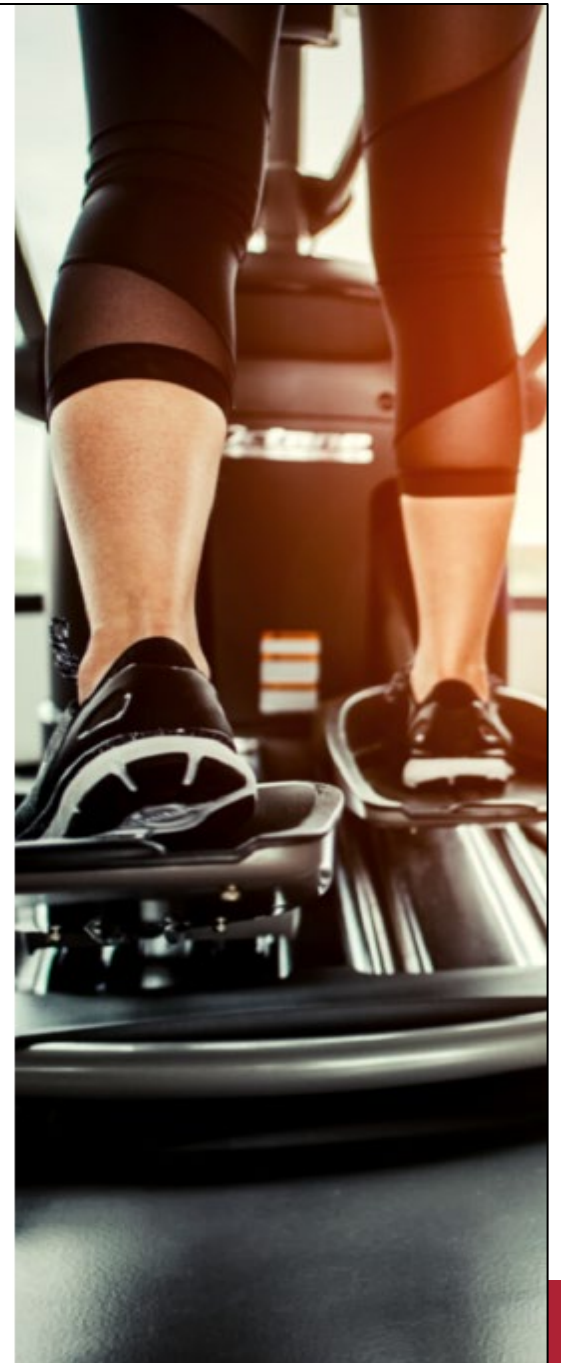
### INNOVATION

- 20 Innovative Cardiac Rehab Models
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### GLOSSARY

### RESOURCES

### METRICS





# Reducing Delay Between Discharge & Enrollment

## ENROLLING PATIENTS WITHIN 14-17 DAYS

It is recognized that an inverse relationship exists between time to enrollment in outpatient CR and participation. It has been estimated that participation in CR decreases every day that enrollment is prolonged beyond discharge. Delays to enrollment should be minimized so patients can receive the maximum benefit from participation.

## METRICS OR RESOURCES NEEDED

- Current average time to enrollment appointment
- Identify number of enrollment slots available

### KEY STAKEHOLDERS

- Scheduling support staff
- Supervisors/program managers
- CR staff
- Referring providers
- Administrative assistants

### DIRECT CONTACTS FOR QUESTIONS

- **Steven Keteyian**  
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### REFERENCES

- [Referral, Enrollment, and Delivery of CR](#)
- [CR wait times](#)
- [Affordability, accountability, and accessibility in CR](#)
- [Early appointment to outpatient CR at hospital discharge](#)

## PROCESS DESCRIPTION

- 1 Identify the current interval between discharge or referral and the patient's first CR appointment (both the range and average).
- 2 Determine a goal interval.
- 3 Identify areas to target improvement by mapping out the current process from referral/discharge to appointment.
- 4 Identify any patient, program, or system barriers, such as transportation issues, staffing or volume concerns, or technical considerations.
- 5 Brainstorm how to address those issues to reach the goal interval.

## COMMON BARRIERS

## POTENTIAL SOLUTIONS

### What is the cause of no-shows and cancellations?

Patient barriers to consider:

- Preauthorization
- Insurance
- Transportation
- Language, culture
- Availability
- Lack of social support



Potential solutions to patient barriers:

- Reminder phone calls
- Identification of social support network
- Financial incentives
- Transportation reimbursement

### Does current volume allow for more patients?

Program barriers to consider:

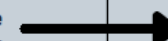
- Hours of operation
- Appointment length
- Appointment times
- Adequate staffing



Potential solutions to program barriers:

- Set appointment while in hospital
- Facilitated referral utilizing CR staff
- Process patient intake in a timely manner

### Is medical information from the referring site provided in a timely manner? (system barrier)



Work with referring providers to send medical information at time of referral

# Thank you to our contributors

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# Best Practices Toolkit

- Final version available in April 2022
- Welcome feedback and suggested modifications

# Cardiac Rehab Resources website

*coming soon!*

- One-stop shop for Michigan Cardiac Rehab Network resources and links to external resources
- Both provider and patient pathways



# Thank you!

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