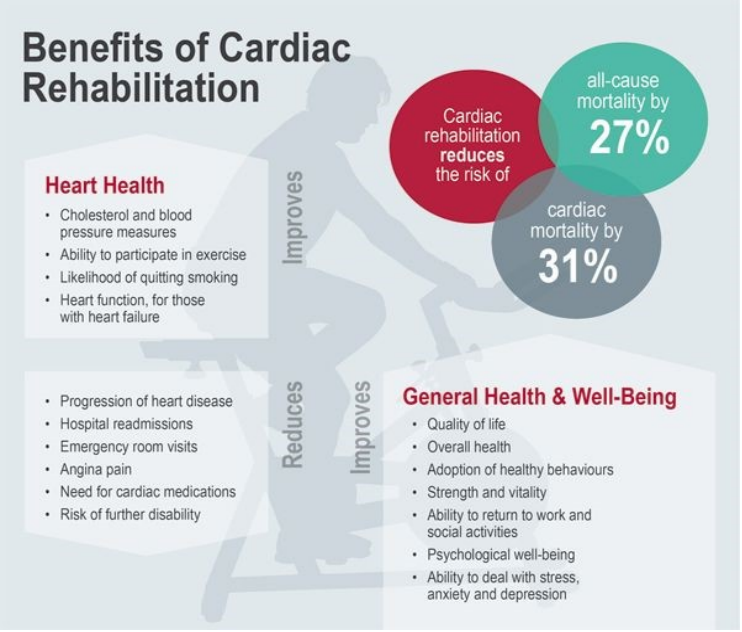
Mended Hearts™

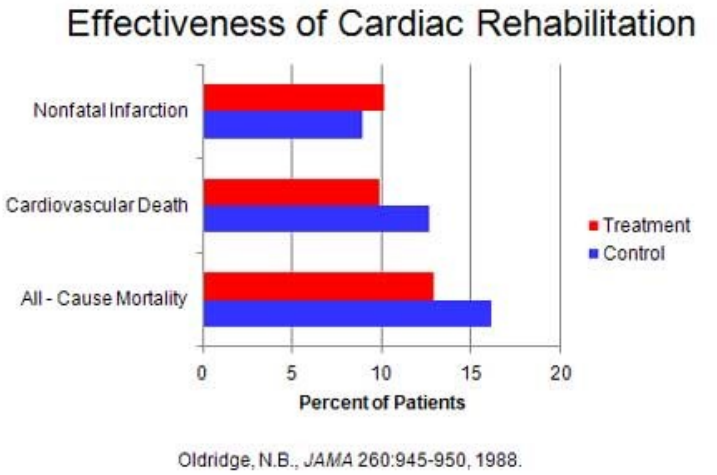
Eliminating Barriers to Cardiac Rehabilitation

power of the patient voice
PATIENT ADVOCACY NETWORK

Cardiac rehabilitation is an exercise and education program that helps improve the health and well-being of people who have heart problems. Programs utilize supervised exercise, risk factor modification, education, counseling, behavioral modification, psychosocial assessment and outcomes assessment. Cardiac rehab helps patients recover more quickly, return to an active lifestyle, and reduces the risk of a future cardiac event. Cardiac rehab is recommended for patients following a heart attack, angioplasty, open heart surgery, chronic chest pain, and heart failure. The benefits of cardiac rehabilitation programs are numerous. Participants who enroll in cardiac rehabilitation experience reduced all-cause mortality, improved adherence with preventive medications, improved heart function and exercise capacity, as well as improved mood and quality of life[1]. Additionally, research shows that cardiac rehab reduces mortality more than 30 percent and reduces the likelihood of hospital readmissions by 25 percent[2].

Despite the program's benefits, patients often don't enroll in a cardiac rehab program. It is estimated that among eligible patients, only one in five enroll in a cardiac rehab program[3]. Barriers to enrollment include the lack of referral from a patient's physician, limited or no health care coverage, high out-of-pocket costs for patients, and the scarcity of programs especially in rural and medically underserved areas.





Mended Hearts will work to promote, ensure access to, and expand the use of cardiac rehabilitation through the following steps:

- ◊ Target state and federal policies that create barriers to cardiac rehab
- ◊ Support and encourage adherence through communication and awareness of the benefits
- ◊ Focused education and cardiac rehab support programs

1. Geol K., Lennon RJ, Tilbury RT et al, Impact of Cardiac Rehabilitation on Mortality Following PCI. Circulation. 2011;123:2344-2352.

2. Taylor RS, Unal B, Critchley JA, Capewell S. Mortality reductions in patients receiving exercise-based cardiac rehabilitation: how much can be attributed to cardiovascular risk factor improvements? Eur J Cardiovasc Prev Rehabil. 2006;13(3):369-374

3. Centers for Disease Control and Prevention (CDC). Receipt of outpatient cardiac rehabilitation among heart attack survivors—United States, 2003. MMWR Morb Mortal Wkly Rep. 2008;57:89 –94

"Direct Supervision" Requirement

Current laws governing Medicare requires "direct physician supervision", which requires a physician to be immediately available for each session. This requirement is inappropriately and unnecessarily more stringent than other outpatient services, including the staffing requirements for emergency rooms. This limitation can reduce access to cardiac rehabilitation services, particularly in physician shortage areas, and adds unnecessary costs for these high-quality programs.

AMI and CABG Model Program Rule Waivers: Definition of Qualified Physician for Three Functions Related to Cardiac Rehabilitation

- Services provided under cardiac rehabilitation (CR)/intensive cardiac rehabilitation (ICR) programs may be furnished to eligible beneficiaries during a proposed AMI or CABG model episode.
- CR and ICR services must be furnished under the supervision of a qualified physician.
- CMS is proposing to provide a waiver to the definition of a qualified physician to include a nonphysician practitioner (defined for the purposes of this waiver as a physician assistant, nurse practitioner, or clinical nurse specialist) to perform the specific functions of supervisory physician; prescribing exercise; and establishing, reviewing, and signing an individualized treatment plan.
- This waiver is available for a provider or supplier of CR and ICR services furnished to an eligible beneficiary during a proposed AMI or CABG model episode.

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CMS Innovation Center http://innovation.cms.gov

The safety of cardiac rehabilitation programs in a medically supervised, community-based program is well established. Additionally, non-physician providers are already utilized in a number of critical care environments, including emergency departments, hospitals and hospital clinics, intensive care units, recovery rooms, cardiac catheterization laboratories, heart failure and arrhythmia clinics, community clinics, health centers, urgent care centers, walk-in clinics, and many other sites. Non-physician providers are highly trained to respond should emergencies arise.

Incentive Payments for Cardiac Rehabilitation

In July 2016, the Centers for Medicare and Medicaid (CMS) proposed incentive payments to encourage the use of cardiac rehabilitation for Medicare beneficiaries. To encourage doctors to refer more patients to cardiac rehabilitation, Medicare would pay an additional $25 per session for the first 11 sessions and an additional $175 per session thereafter.

Mended Hearts Inc. submitted comments to the CMS in support of the Cardiac Rehabilitation Incentive Payment Model in August 2016. The comments highlighted the importance of cardiac rehab to our members and cardiovascular patients. They encouraged CMS to continue to promote the use of cardiac rehabilitation and reduce barriers of enrollment for beneficiaries. The comments supported the incentive payments and called for their broad implementation.