



**Event Summary-at-a-Glance:
Addressing Challenges with Cardiac Rehabilitation amid the COVID-19
Pandemic
April 3, 2020**

Event Purpose and Overview

This event was designed to generate discussion among participants about challenges the COVID-19 pandemic is posing for Cardiac Rehabilitation (CR) programs and how programs are responding to them and preparing for the future. It featured three expert panelists, comments from AHRQ and CDC representatives and Chat comments and questions submitted by the 70+ TAKEheart participants that attended the event.

Slides and a recording of the event along with links to other relevant resources for addressing COVID-19 are available online at:

<https://takeheart.ahrq.gov/coronavirus>.

TAKEheart participants can also participate in on-line group discussions around the impact of the COVID-19 pandemic on Cardiac Rehabilitation (CR) programs at: <https://takeheart.ahrq.gov/collaboration>. If you need assistance gaining access to the collaboration site please email TAKEheart@abtassoc.com. Information on an affinity group that will continue to discuss pandemic-related challenges for CR programs is also posted on the TAKEheart website.

Slides and a **recording** of the event along with **links** to other relevant resources for addressing COVID-19 are available online at: <https://takeheart.ahrq.gov/coronavirus>.

Panelists

- **Steven Keteyian**, PhD: Director, Preventive Cardiology/Cardiac Rehabilitation Unit, Henry Ford Hospital
- **Kathleen Traynor**, RN, MS, FAACVPR: Director, Cardiovascular Disease Prevention Center, Massachusetts General Hospital
- **Greg Merritt**, PhD: CR program graduate, Founder and CEO of *Patient is Partner*
- **Dina Moss**, M.P.Aff and **Michael Harrison**, PhD from AHRQ also shared observations and **Hilary Wall**, MPH from CDC responded to questions related to payment for virtual CR support

Assessing the Current and Future Status of CR Program Operations

| Status at a Glance | | | | | | | | | | | |
|--|----------------------|------------|--|-----|---|-----|---|-----|--|----|---|
| <i>Present</i> | <i>Future</i> | | | | | | | | | | |
| <p>Participants of this event responding to a polling question about their CR program’s status as of April 3, 2020. Results from the 52 responses are shown below.</p> <div style="border: 1px solid gray; padding: 10px; margin: 10px 0;"> <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>CR Program Status Data</caption> <thead> <tr> <th>Status</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>All patient visits cancelled but CR program still providing web and/or phone-based support to patients</td> <td>73%</td> </tr> <tr> <td>CR program continuing to support limited number of patient visits</td> <td>12%</td> </tr> <tr> <td>CR program completely inactive with no continuing patient support</td> <td>10%</td> </tr> <tr> <td>CR program continuing reasonably normal operations</td> <td>4%</td> </tr> </tbody> </table> </div> | Status | Percentage | All patient visits cancelled but CR program still providing web and/or phone-based support to patients | 73% | CR program continuing to support limited number of patient visits | 12% | CR program completely inactive with no continuing patient support | 10% | CR program continuing reasonably normal operations | 4% | <ul style="list-style-type: none"> • The future is unpredictable, likely to vary considerably across communities and dependent on how pandemic is managed nationally, regionally and locally • Resurgences coupled with seasonal flu may result in future closings in hard-hit areas • Rapid changes in program status should be anticipated and planned for • Learning from other programs experiencing different challenges will help prepare for an unpredictable future • The “new normal” may never be the same as pre-pandemic normal • When you reopen and when patients return may not be the same. |
| Status | Percentage | | | | | | | | | | |
| All patient visits cancelled but CR program still providing web and/or phone-based support to patients | 73% | | | | | | | | | | |
| CR program continuing to support limited number of patient visits | 12% | | | | | | | | | | |
| CR program completely inactive with no continuing patient support | 10% | | | | | | | | | | |
| CR program continuing reasonably normal operations | 4% | | | | | | | | | | |

Additional panelist insights related to the closing and opening of cardiac rehabilitation programs included:

- Your present and planned CR patients continue to need support even though on-site activities may not be possible.
- CR programs need to support current CR patients as well as those “in the queue” for the duration of the pandemic.
- The objectives for CR care are still the same regardless of the pandemic. Exercise, good nutrition and learning about all relevant major topics can still be done virtually until onsite CR program operations resume.

Strategies for Supporting Patients during the Pandemic

Patient Perspectives on CR Program Adjustments

Greg Merritt, PhD

CR Program Graduate

- CR patients need information as well as emotional and social support and these needs are even greater during the pandemic.
- The pandemic raises new questions from CR patients about what to do and avoid doing and patients continue to need answers to common questions normally addressed by program staff.
- Isolation and cancelled CR visits make social support even more essential but CR programs must adapt to provide social support using virtual visits. This applies to CR patients at all levels, those who are just out of the hospital and newly referred to the program, patients just starting the program, and patients in the middle or towards the
- It's even more important now than at other times for CR program staff to be working with their patients to understand their needs and to identify ways they may be able to empower patients to support each other.
- Patients need reassurance that they can continue exercise, good nutrition and continue to receive social support from providers and peers even without attending in-person sessions.
- Patient worry may arise from not understanding what types of activities can be done at home, and also how the pandemic and need for social distancing may affect basic tasks like going to the grocery store or refilling prescriptions.
- Patients may be afraid to go to hospitals during this pandemic even if they have medical needs or other health conditions that may arise during this time. CR professionals should be attuned to this and provide reassurance and advice about when hospital or physician visits may be needed.
- CR programs should consider inviting someone who is a phase 3 patient in their program to help brainstorm what types of support specific to patients may be most effective during this unique time.

Other panelists also shared their strategies for ensuring CR patients get the information and support that they need. Ideas included:

- Using **conference calls or webinars** with groups of patients in lieu of in-person CR sessions, and including other team members such as nutritionists in some of these group sessions.
- **Group orientation sessions** allow patients to gain knowledge by hearing from peers who are going through similar experiences (if privacy requirements allow) as well as hearing from CR program staff.
- **Leveraging electronic health records** can make contacting patients more efficient and reliable. Setting up distribution lists to share updated resources or call attention to online resources also may be helpful.

- Regularly scheduled **conference calls throughout the day** can be offered by staff members that patients are familiar with to follow the regular curriculum. Offering the same information at several different times can allow patients to call in at a time that is convenient for them.
- **Encouraging patients to connect or reconnect with peers** to obtain and provide social support.
- Sharing **information packets and links** to online resources is an emerging practice. Examples, including 25+ educational videos used at Henry Ford are available at: <https://takeheart.ahrq.gov/coronavirus>

Event participants shared strategies they are using **to continue to support their patients** such as:

- Cross-training staff and exploring doing telephone-based evaluations so that we aren't as backed up on this when we get back to normal. We are also touching base through this staff member with our patients every once in a while to check on them and talk about importance of diet and exercise.
- Using phone calls and email to reach out to patients and provide resources; looking at ways to incorporate a physical activity tracker on smart phones and smart watches for incorporating virtual home cardiac rehab down the line.
- Calling patients 2 to 3 times weekly.
- Emailing daily education handouts (M,W,F) as well as links for exercise videos to do at home.
- Doing exercise classes via Zoom with a question/answer time after exercise is over. Questions are directed to RN, EP, or RD. For those who don't have internet access or are not comfortable with technology we are contacting them by phone—initially 3 days a week and now 1-2 days a week. We are also sending those patients information via snail mail. We are charting on each patient information that can be transferred to ITP.
- Calling patients weekly, utilizing email for a weekly newsletter, and encouraging them to follow our Facebook page where we post encouraging messages and heart healthy tips.
- As programs move toward home-based programs driven by telemedicine, it is essential to track outcomes in order to push for reimbursement.
- Providing updated home exercise prescriptions; calling and checking in with patients weekly.
- Asking patients for their vitals. HR, BP, weight, blood sugars and any exercise they have done since we last talked. Emailing balance, resistance dumbbell and resistance band exercises for them to complete and track.
- Doing weekly phone calls and pushing out emails to those that are on our email list. We are also hoping to utilize a home based rehab tool once we get it approved through our organization.
- Following our normal education schedule—Nutrition, fats, portions, CAD, MI, angina, etc.

Emerging Best Practices for Supporting Patients during the Pandemic

- Regular calls or web sessions with CR patients have become a widely accepted norm. At Henry Ford, initial contacts occurred twice weekly but now occur once weekly for patients without special needs. Regular contact with patients is the norm in many other CR programs as well.
- Using electronic health records and creating templates to guide calls with patients is highly desirable to support them as efficiently as possible.
- Creating FAQ sheets and making sure that staff contacting patients can provide them with beneficial information and web links is key to maximizing the value of their interactions with patients.
- Documenting the substance of patient calls is key and capturing the value of the support you're providing to patients is essential. Administrators need to see that supporting CR patients is preventing avoidable ED visits and readmissions since avoiding costs is important to them. Panelist Traynor regards this as critical for their program at Massachusetts General Hospital.
- Maintaining contact with cardiologists to keep them informed about their patients is very beneficial and lays important groundwork with them for when CR programs begin admitting new patients.

A participant asked: *Are we fearful about the impact of programs going to a full home-based model during this time as setting a precedent to CMS and our systems? If so, how can we mitigate that risk?*

Dr. Larry Sperling from Million Hearts responded: *This is the time for us to be looking at these alternative delivery models and getting a sense through data gathering: what is the patient's experience, what differences does this make for patients, what is their perspective. This is an opportunity to inform our practice. Which patients do well using these strategies, which patients still need center-based face-to-face interactions? Data will always drive good decisions.*

Preparing for the Future: Addressing New Referrals and Resuming Operations

Panelists Traynor and Keteyian made a number of observations about **onboarding new CR patients** during the pandemic, including:

- It is vital to maintain connections with patients that are nearing entry into your CR program. The cardiology team needs to know that you are accepting referrals and actively following up with those referrals. Continue to reach out to all new referrals to let them know about weekly conference calls that they can participate in or other steps they can be taking during the interim.
- Cardiology leadership generally has a touch point with hospital-based patients in the morning. Make sure they know you are still operational. These new patients perhaps need you the most as they have not had a touch point yet with cardiac rehab.
- Provide prospective patients with access to online resources and encourage their use.

- Build a template for what you want to cover during these initial discussions including patient education, medication compliance, and exercise and weight management. Templates can often be built directly into the EHR. The treatment plan will guide this template.
- Invite a patient who has been through your program to take a look at the template with you and talk about their experience, what mattered to them, and what pieces were specifically helpful.

Payment Issues

Several participants expressed concern about their inability to bill Medicare for CR services provided using telehealth.

Hilary Wall, MPH, from CDC responded: *During the COVID-19 pandemic, CMS has temporarily allowed reimbursement for telehealth visits for a number of clinical services, of the 190 codes that CMS initially approved for telehealth visits, cardiac rehabilitation and pulmonary rehabilitation codes were not on that list. CDC is participating in conversations with CMS and other key stakeholders about this issue and will continue to update TAKEheart participants about this very important issue.*

Participants on the call also noted last year's expansion of **coverage for ambulatory blood pressure monitoring**. Programs providing blood pressure cuffs to CR program patients may be able to bill Medicare for this service (<https://www.cms.gov/newsroom/press-releases/cms-expands-coverage-ambulatory-blood-pressure-monitoring-abpm>).

While the timeline for resuming operations is unknown and likely to vary between communities panelists encouraged everyone to **begin thinking and planning** about resuming operations and to use any available staff time to support your preparations. Specific ideas included:

- Programs can use available staff time to update and improve learning materials, policies and procedures.
- Capture the data for current activities including how many new patients have been contacted, and tracking patient data as best as you can. Many patients have blood pressure cuffs at home, scales, etc. There may be elements in your practice that you are including during the pandemic that may not previously have been part of your care but that you find to be helpful. Consider including these aspects when the physical doors reopen.
- Maintain relationships with cardiologists to lay groundwork for resuming full operations with their active support.
- Establish channels for eliciting patient input on CR program resumption to ensure the emerging needs and preferences of patients are understood and respected.

The TAKEheart team is working with AHRQ and CDC to respond to questions and requests for resources or other support from TAKEheart participants. Resources and question responses will be posted online along with event summaries and other TAKEheart project materials.