Addressing Challenges with Cardiac Rehabilitation amid the COVID-19 Pandemic

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AHRQ Welcome: Dina Moss, M.P.Aff

Update on status of TAKEheart:

- Postponing TAKEheart hospital activities to allow focus on COVID-19 but still developing modules for use once hospital TAKEheart activities resume
- TAKEheart website remains available with added information or links to COVID-19 resources
Publicly Available COVID-19 Resources


- CDC Clinician Outreach and Community Activity (COCA) Page: https://emergency.cdc.gov/coca/calls/index.asp?deliveryName=USCDC_1052%20DM23404&deliveryName=FCP_5_DM8025


- Monitor COVID-19 status and guidance information from state and local Public Health Departments
Today’s Event

❖ Purpose: Provide insights from experts and peers on how to support CR programs and patients during the pandemic

❖ Format: Moderated discussion with panel using the chat and polling features to dialogue with participants and allow peer-to-peer sharing
   ❖ Opportunity to ask panelists questions using the chat feature
   ❖ Opportunities to share your insights on what’s working with your peers
Chat Function

How to ask questions:

To ask a question open the chat box.

Set the TO: field to All Panelists so that we can all see your question.
Polling Function

Welcome to the TAKEheart Initiative and the Benefits of Increasing Cardiac Rehabilitation Participation

Learning Community Webinar Series:

AHRQ's Initiative To Increase Use of Cardiac Rehabilitation
Question 1: What best describes the current status of your hospital’s CR program?

a. Completely shut down with no ongoing patient contact of any sort.

b. All patient visits cancelled but providing web and/or phone-based support to patients.

c. Limited patient visits continuing but most support being done virtually.

d. Reasonably normal operations.
Using the chat function, please share what topics are most important to you related to supporting your CR program and its patients during the COVID-19 pandemic.
Today’s Panelists

Steve Keteyian, PhD
Director, Preventive Cardiology/Cardiac Rehabilitation Unit, Henry Ford Hospital, Detroit

Greg Merritt, PhD
CR program graduate, Founder and CEO of Patient is Partner

Kathleen Traynor, RN, MS FAACVPR
Director, Cardiovascular Disease Prevention Center, Massachusetts General Hospital

Event Moderator: Steve Hines, PhD
What should your hospital’s CR program be doing in response to COVID-19?
It depends—on:

- Your location and extent of COVID-19 outbreak
- Timing: appropriate responses have changed radically and may continue to change as COVID-19 peaks, stabilizes or drops in your area
- Guidance from state, local and hospital leaders
- Emerging consensus regarding best practices or things to avoid

Implications:

- Some ideas may be useful in future even if they’re not relevant now
- Need for continuous sharing and learning from peers around the country
How long before things return to normal?
Unanswerable Question 2 Responses

- No one knows but likely to be different answers in different places
- “New normal” may never be the same as the “old normal”
- Need to plan for wide range of options
- Need to support current CR patients as well as those “in the cue” for the duration of the pandemic
Question 3

How has COVID-19 impacted what CR patients need?
COVID-19 pandemic makes it even more important to remember CR patients have informational, emotional and social support needs

- Need clear information about what to do and not do
- Concerns about COVID-19 and cancelled CR visits make some patients even more fearful
- Isolation and cancelled CR visits make social support even more essential (and harder)

CR programs need to help directly meet these needs and may be able to leverage CR patients and graduates to assist in informing and supporting each other
How can CR programs stay engaged with and support their CR patients despite reduced or eliminated physical contact with their patients?
Question 4 Responses

- Regular, twice-weekly calls to CR patients at Henry Ford and elsewhere
- Leveraging EHR to prompt calls and highlight topics to raise
- FAQ sheets and links to relevant information provided to staff making the calls

- Documenting substance of calls is essential
- Capture value of support you’re providing to patients to justify the value of your program to leadership
- Keep cardiologists informed about your calls with their patients
Question 4 Responses: Patient’s Perspective

- Regular contact calls very valuable and important source or reassurance to patients feeling isolated
- Need reassurance that they can continue exercising, eating well and connecting to others
- Important for patients to sense that their hospital and caregivers are just as concerned about helping with their recovery as they ever were
Beyond regular phone calls, what other options are there for getting patients the information and support they need?
Question 5 Responses

- Conference calls with groups of patients
- Sending informational packets to patients
- Encouraging CR patients to connect or reconnect with other CR patients for mutual support
- Explore feasibility of having patients contact other patients or participate in calls or conference calls
- Pointing patients to available online resources
Publicly Available Link to Educational Videos:
https://www.henryford.com/services/cardiology/support/cardiac-rehab/home-based-cardiac-rehabilitation
Link is also available on the TAKEheart website
Using the chat function, please share what strategies or resources you are using to successfully maintain virtual connections to your CR patients.
Question 6

How are you handling or preparing to handle the onboarding of new CR patients that haven’t started CR yet?
Question 6 Responses

- Insights from Partners

- Insights from Henry Ford Health System
As the pandemic eases, what can CR programs be doing so they are prepared to resume operations?
Question 7 Responses

- Using staff time now to review and update learning materials and policy and procedure manuals
- Maintain relationships with cardiologists to reinforce ongoing value of CR
- Collect and share data with executive leadership on value of ongoing CR efforts during the pandemic
- Seek out patient input on program resumption and potential changes or enhancements
- Don’t forget the value of in-person contact between CR patients and providers as well as between CR patients and each other
Question 4: Based on your experience at your facility, what’s one piece of advice you’d give to your peers based on your experiences so far?

Question 5: What other informational resources or question answers would be the most useful to you to help your CR program cope with the COVID-19 pandemic?
Event Wrap-Up

- **AHRQ Reflections:** Michael Harrison, Ph.D.

- **CDC Reflections:** Hilary Wall, MPH

- Event materials will be sent following today’s presentation
  - Check back to the [TAKEheart COVID-19 Resource Page](#) for a link to the recording and a follow up FAQ document.

- Please complete the popup feedback questions so we can see what worked well and where we can improve.