Inpatient outreach, reimbursement for heart failure patients

Cardiac Rehab Program Continues to Drum up Support

By Tyler Smith

With the health care system increasing its emphasis on disease prevention and health maintenance, University of Colorado Hospital has revitalized its inpatient cardiac rehabilitation program.

It might seem a given that an academic hospital performing a wide range of surgical and minimally invasive cardiac procedures would guide inpatients to heart-strengthening post-discharge exercises, but until recently UCH’s Cardiac Rehabilitation program lacked the staff to do so consistently. When the program earned its three-year certification from the American Association of Cardiovascular and Pulmonary Rehabilitation in August 2012, however, it set its sights on upgrading the piecemeal inpatient education it provided.

In the past year, the team accomplished that mission. Today, when physicians order an inpatient cardiac rehabilitation consultation with post-operative patients, a dedicated staffer, either Jennifer Holschuh, RN, or exercise physiologist Andrew Smith, MS, RCEP, visits the unit to meet with the patient, said Jennifer Holder, lead exercise physiologist for Cardiac Rehab.

During this first phase of cardiac rehabilitation, Holschuh and Smith discuss with patients the importance of exercise, identify their physical limitations, encourage them to make healthy lifestyle changes, and determine how much activity they can handle safely, Holder said. Patients also start light physical activity on the unit.

“We try to provide a supportive environment for them,” Holder said.

In to out. Importantly, the inpatient work provides a pipeline to the hospital’s growing outpatient cardiac rehabilitation program, which currently offers classes Mondays, Wednesdays and Fridays. It serves 30 to 40 patients a week, with more on a waiting list, Holder said.

The gym will have additional capacity this summer to handle the demand. Cardiac Rehab and Pulmonary Rehab now share the space in AIP 2, but the Pulmonary program – which is also growing rapidly – is slated to move to the old Cardiac Rehab space in AIP 1. Holder said her program will purchase additional equipment, such as telemetry units, to handle patient volume.

“Right now, we can’t take any new patients until someone graduates or drops out,” Holder said.

The demand for cardiac rehabilitation is on the rise as the Centers for Medicare and Medicaid Services (CMS) attempts to rein in soaring health care costs by reducing reimbursement to hospitals with higher-than-average 30-day readmission rates and scrutinizes the medical necessity for inpatient stays. A growing body of evidence suggests that cardiac rehabilitation can put a dent in readmission rates and drive down costs. A study published in the February issue of the American Journal of Medicine considered...
patients who suffered acute myocardial infarctions, concluding that cardiac rehabilitation reduced readmissions for all causes by 25 percent and readmissions for cardiovascular issues by 20 percent.

A key factor in the reduced risk is the regular contact cardiac rehab patients have with providers, said CU School of Medicine cardiologist Eugene Wolfel, MD, who directs the Cardiac Rehabilitation program.

“Patients in these programs are followed closely,” he said. During regular exercise regimens, providers can pick up warning signals, such as increased blood pressure and heart rate or fluid imbalances, and direct patients to additional care from their primary care physician or cardiologist earlier, Wolfel said. The result: patients who complete regular cardiac rehabilitation tend to live longer than those who don’t and have lower rates of revascularization procedures and readmissions, he said.

“It’s been shown to be an important aspect of patient care,” Wolfel said.

New payment source. In addition, CMS announced in February that it would reimburse hospitals for cardiac rehabilitation for patients with chronic heart failure. Patients must meet a host of criteria (see box), but the decision highlights the agency’s focus on trimming the 30-day readmission rate for heart failure patients, a major driver of Medicare health care expenditures.

The CMS announcement promises to provide another boost to Cardiac Rehab’s outpatient volume, Holder said.

“Getting reimbursement for cardiac rehabilitation for heart failure cases opens the door for a lot of patients,” she said.

Until the change, CMS had ruled that the evidence did not support the benefits of cardiac rehab for heart failure patients, Wolfel said, and the agency worried that paying for it would add to the burden of health care costs. But heart failure is the leading cause of hospital readmissions for Medicare patients, which collectively cost CMS some $17 billion annually.

“The question of rehospitalizations in heart failure patients is a huge one,” Wolfel said.

A slowly accumulating body of evidence points to the benefits of cardiac rehabilitation in heart failure patients, he noted. For example, a randomized, multi-center trial of more than 2,300 patients with chronic heart failure published in the Journal of the American Medical Association in 2009 concluded that exercise training was associated with reductions in all-cause and cardiovascular mortality and heart failure hospitalizations.

Wolfel said he was “pleasantly surprised” that CMS decided in favor of reimbursing for cardiac rehabilitation services for heart failure patients. But he added that he’s concerned by the stipulation that patients must complete six weeks of therapy before they are eligible for exercise programs. Waiting too long to start cardiac exercise, he believes, could negate the opportunity to reduce the number of 30-day readmissions. “That’s a problem,” he said.

Such questions aside, the hospital’s Cardiac Rehab program expects to grow once the additional gym space and equipment are available, Holder said. Opening classes on Tuesdays and Thursdays is a possibility, as is adding staff, if the volume justifies it. She believes the inpatient program will be an important contributor to the growth and a boon for patients.

“It’s a funnel to our outpatient program,” she said. “It helps get more patients care and follow-up, and helps with their recovery process.”
The Hoops of Rehab for Heart Failure Patients

The Centers for Medicare and Medicaid Services now reimburses providers for outpatient cardiac rehabilitation services for chronic heart failure patients. However, patients must meet eligibility criteria to receive the services.

According to CMS, chronic heart failure patients are those with a left ventricular ejection fraction of 35 percent or less and New York Heart Association (NYHA) class II to IV symptoms despite being on “optimal” heart failure therapy for at least six weeks.

Medicare beneficiaries approved for cardiac rehabilitation also must be “stable,” defined as not having “recent” (within the past six weeks) cardiovascular hospitalizations or procedures or planned hospitalizations or procedures within the past six months.