### AREA CARDIAC REHAB PROGRAMS BY COUNTY

**Alamance – T,P,HF**  
Heart Track CRP  
Burlington – (336) 538-8120 / FAX (336) 538-7529

**Chatham – T,P,HF**  
Chatham Hospital CRP  
Siler City – (919) 799-4650 / FAX (919) 799-4651

**Durham**  
Duke Center for Living CRP – P, HF  
Durham – (919) 660-6724/FAX (919) 668-1064

Durham Regional Hospital’s Wellness Institute - P  
Durham – (919) 470-8150 / FAX (919) 470-8156

**Lee – T,P,HF**  
Central Carolina Hospital CRP  
Sanford – (919) 774-2384 / FAX (919) 774-2397

**Nash – P, HF**  
Nash Day Hospital CRP  
Rocky Mount – (252) 962-3468 / FAX (252) 451-3485

**Orange**  
UNC Hospitals CRP  
UNC Wellness Center at Meadowmont  
Chapel Hill – (919) 843-2185 / FAX (919) 843-2191

**Person – T**  
Making Tracks CRP  
Roxboro – (336) 503-5723 / FAX (336) 598-7221

**Randolph – T,P,HF**  
Randolph Hospital CRP  
Asheboro – (336) 633-7752 / FAX (336) 633-7750

**Robeson – T,P,HF**  
Southeastern CRP  
Lumberton – (910) 738-5403 / FAX (910) 671-1439

**Wake**  
Rex CRP  
Raleigh and Cary locations – (919) 784-3756 / FAX (919) 784-3442

WakeMed CRP  
Raleigh – (919) 350-8602 / FAX (919) 350-2969

Duke Health Raleigh Hospital CRP – T,P

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**Universal Referral**

**North Carolina Cardiac Rehabilitation Referral Network**

Available to everyone – simple download from the North Carolina Cardiopulmonary Rehabilitation Association web site:

http://nccraonline.org/
RATIONALE FOR A NORTH CAROLINA CARDIAC REHABILITATION REFERRAL NETWORK

The population and complexity of patients with known cardiovascular disease is growing.

Growing evidence supports the high value of cardiac rehabilitation:
- Improved outcomes
- Improved functional status
- Improved CVD risk factor control
- Improved Quality of life
- Reduced re-hospitalization rates
- Reduced recurrent CVD events
- Mortality
- Reduced CVD and all-cause mortality
- Benefits apply to all:
  - Younger, older, men, women, varied racial/ethnic groups
  - Following MI, PCI, CABG, Heart valve surgery, or Heart transplantation, or with stable angina
  - Excellent safety record
  - Patient-centered service delivery
  - Excellent cost-benefit ratio

2010 AACVPR/ACC/AHA Performance Measures Referral to Cardiac Rehabilitation

- Health care systems and providers who care for patients during and/or after CVD events are accountable for these performance measures:
- All hospitalized patients with a qualifying CVD event are referred to outpatient cardiac rehab prior to hospital discharge
- All outpatients with a qualifying diagnosis within the past year who have not already participated in cardiac rehab should be referred

CR therapies—effective and valued as they are—are vastly underutilized, resulting in a large gap in care for eligible patients

There is a growing expectation and urgency in the U.S. healthcare field to reduce gaps in effective care, such as with CR therapies.

To address gaps in CR service delivery, new delivery methods are needed.

New delivery methods for CR services will address the following:

- Improve the cardiovascular health of Americans with known cardiovascular disease
- Reduce mortality and morbidity from CVD in persons with CVD

Who should be referred to Cardiac Rehab?

Cardiac Rehab offers medically supervised exercise, nutrition counseling, stress management, smoking cessation, and patient education. Patients attend classes on MWF for 12 weeks (36 sessions). Each session lasts 90 minutes. The program is designed for patients who have had:

MI with or without PCI – post 12 months
CABG – post 12 months
PCI without MI
Valve repair/replacement
Pacemaker/ICD
CHF
Heart transplant
Stable angina*

*If symptoms of angina are stabilized with interventions or medications, explicit documentation of stable angina must support the diagnosis.

Reimbursement

Diagnoses reimbursed by Medicare and most third party payors:

- MI – post 12 months
- PCI
- CABG
- Valve repair/replacement
- Heart or heart/lung transplant
- Stable angina*

Diagnoses not reimbursed by Medicare:

CHF
Pacemaker/ICD