



## Partner Hospital Frequently Asked Questions

### What is the TAKEheart initiative and why is it important?

The TAKEheart initiative is an AHRQ-funded program designed to help hospitals and health systems implement evidence-based strategies to improve rates of cardiac rehabilitation use for appropriate patients. Referral to cardiac rehabilitation is a class 1 recommendation for patients following heart surgery, myocardial infarction, or coronary intervention and for stable angina or heart failure.<sup>1</sup> Participation in cardiac rehabilitation can help reduce symptoms and other cardiac episodes, improve adherence with preventive medications, and improve the health and quality of life of cardiac patients.<sup>2</sup> This improvement in clinical outcomes translates into a reduction in length-of-stay, readmissions and the use of other medical services.<sup>3,4</sup> In fact, evidence shows that patient participation in cardiac rehabilitation reduces cardiovascular disease morbidity and mortality by approximately 20%, reduces risk of hospital admissions by 28% and reduces risk for long-term readmissions by 25%.<sup>3</sup>

The TAKEheart initiative will provide individualized technical assistance, coaching, and step-by-step training on implementing automatic referral with care coordination - a proven means of increasing cardiac rehabilitation among eligible patients. This support will be available to hospitals interested in improving patient outcomes, reducing their 30-day hospital readmissions, and positioning themselves for measurement and reporting of cardiac rehabilitation referral rates for data registries and bundled payment programs in cardiac care.

### What is automatic referral with care coordination support and what are its benefits?

**Automatic referral** is an electronic medical record (EMR)-based cardiac rehabilitation referral built into an order set in such a way that all patients with a qualifying diagnosis for cardiac rehabilitation are referred by default unless the clinical provider takes action to remove the order.

**Care coordination for referred patients** are a group of workflow processes and activities designed and systematically executed to help ensure eligible patients get referred, enroll and participate fully in CR. Care coordination occurs throughout the continuum of care, from the time the patient is identified as eligible to completion of CR. It includes: educating patients about CR, including developing materials to be shared, coordinating referrals to CR, identifying patient needs and concerns and linking patients to community resources to facilitate their participation in CR.

Research indicates that automatic referral combined with care coordination support to help patients navigate their transition to rehabilitation and can potentially nearly triple the rate of cardiac rehabilitation referral: in one prospective, controlled study, automatic referral combined with care

coordination attained an 86% referral rate as compared to 32% in controls who received neither intervention.<sup>1</sup>

### **Why should my hospital apply to participate in the TAKEheart initiative?**

By being selected to become a TAKEheart Partner Hospital, you will receive step-by-step training on implementing a proven means of increasing cardiac rehabilitation among your eligible patients. More specifically, hospitals participating in this program will receive:

- Individualized coaching and technical support in developing your own action plan for increasing cardiac rehabilitation referral, enrollment and retention
- Access to a 10-month virtual training program providing guidance on how to implement an evidence-based strategy (automatic referral with patient care coordination support) to achieve this goal
- Insights from leading cardiac rehabilitation experts and
- Peer-to-peer knowledge sharing, coaching and tools

### **Is my hospital eligible to participate in TAKEheart?**

Your hospital is eligible to participate if you are interested in pursuing the implementation of a cardiac rehabilitation referral pathway that includes the use of an automatic referral process with care coordination support.

### **What are the requirements for participating as a Partner Hospital?**

- Submit an application for your hospital at <https://cma.ahrq.gov/takeheart>.
- Upload an executed letter of intent. In the letter of intent you will be asked to agree to:
  - Participate in a 10-month, web-based training curriculum
  - Assign a champion and create a dedicated team to receive monthly training and implement the cardiac rehabilitation quality improvement project
  - Implement an automatic referral process (for example, using your EMR or another, electronic care coordination system)
  - Provide care coordination support to facilitate patient referrals to cardiac rehabilitation services
  - Participate in two online surveys as part of the initiative's evaluation

Space is limited. Application does not guarantee automatic admission to participate as a Partner Hospital in the TAKEheart initiative.

### **How much does participation in the program cost?**

There is no charge for training and technical assistance activities for hospitals participating in TAKEheart but you will need to invest resources to implement automatic referral and enhance care coordination to benefit your patients and program.

### **Will data sharing be required for participating hospitals?**

While it is not a requirement for participating hospitals to share aggregate level, de-identified data on its CR referrals, it is encouraged. By sharing the aggregate data, the TAKEheart Team can better understand how your CR program compared to benchmarks at the start of TAKEheart, and any changes over the

course of the project. If aggregate data is provided, individual hospital data will not be made public, sent to any other staff at your hospital including hospital leadership, or provided to any agency. For the benefit of Partner Hospitals, TAKEheart will provide a template that participating hospitals can use to track patients through referral and, if they choose, participation in cardiac rehabilitation. (Any personally identifiable information will be removed before hospitals submit referral data to TAKEheart.) The template can be modified based on the hospital's interest in tracking patients beyond referral or tracking by referring cardiologist.

### **Will there be opportunities to share best practices with other facilities?**

Yes. As part of this initiative, your hospital will have an opportunity to interact virtually with similar facilities to support each other with peer-to-peer sharing and learning.

### **Who/which staff from our hospital should be involved in the TAKEheart initiative?**

The exact composition of your dedicated, interdisciplinary team will depend on how you decide to modify your current practices in order to ensure automatic referral to rehabilitation and adequate care coordination of referred patients. In addition to a project lead or champion, team members should minimally include staff with expertise in IT/electronic health record configuration and in care coordination/discharge planning. Expertise with quality improvement is also highly recommended.

### **How do I apply?**

Your hospital can apply at <https://cma.ahrq.gov/takeheart> today.

### **What is the deadline for applications?**

Applications to participate as a Partner Hospital in the fall 2021 Cohort are due no later than **September 15, 2021**.

### **How and when will I know if my facility is selected to participate in the TAKEheart initiative as a Partner Hospital?**

You will be contacted via email by the AHA and notified of admission prior to the start of the program in October 2021.

### **If I have additional questions or want to speak with someone about the program, who should I contact?**

Please reach out to our team at [cardiac.rehab@aha.org](mailto:cardiac.rehab@aha.org) and we will be happy to answer your questions or schedule a time to talk.

1. Grace, S. L., Russell, K. L., Reid, R. D., Oh, P., Anand, S., Rush, J., Williamson, K., Gupta, M., Alter, D., Stewart, D. Effect of Cardiac Rehabilitation Referral Strategies on Utilization Rates: A Prospective, Controlled Study. Arch Intern Med, 171(3), 235-241. <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/416448>. Accessed July 22, 2019.
2. [https://www.heart.org/idc/groups/ahaecc-public/@wcm/@adv/documents/downloadable/ucm\\_473083.pdf](https://www.heart.org/idc/groups/ahaecc-public/@wcm/@adv/documents/downloadable/ucm_473083.pdf)
3. [AACVPR Cardiac Rehabilitation Summary for Payers](#)
4. [https://millionhearts.hhs.gov/files/Cardiac\\_Rehab\\_Change\\_Pkg.pdf](https://millionhearts.hhs.gov/files/Cardiac_Rehab_Change_Pkg.pdf)