



AHRQ's Initiative To Increase Use of Cardiac Rehabilitation

TRAINING • AWARENESS • KNOWLEDGE • ENGAGEMENT

## Program Overview

**TAKEheart is an Agency for Healthcare Research and Quality (AHRQ) initiative designed to enable hospitals and health systems to increase cardiac rehabilitation referrals, enrollment and retention.**

Hospitals are being rewarded for providing care that improves outcomes and lowers costs for patients. Cardiac rehabilitation is a key component of high value, coordinated care for your facility's cardiac patients. Patients who participate in cardiac rehabilitation attain:

- 20% reduction in cardiovascular morbidity and mortality<sup>1</sup>
- 28% lower risk for hospital admission<sup>1</sup>
- 25% lower rate of readmission<sup>1</sup>
- Improved quality of life<sup>2</sup>

***Yet research shows that only 1 in 5 eligible patients are routinely referred to cardiac rehabilitation services after an acute event.***

Improvement in clinical outcomes translates into reductions in length-of-stay, readmissions, and the use of other medical services.<sup>3,4</sup> These improvements in turn support hospitals performance in value-based reimbursement programs, including bundled payment programs for cardiac care.

**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 high-impact, 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

**These resources will be provided to participating hospitals at no cost.**

### How It Works

This unique program applies strategies from the new [Million Hearts®/AACVPR Cardiac Rehabilitation Change Package](#), a quality improvement action guide developed by the Centers for Disease Control and Prevention and the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) to

help hospitals develop systems and strategies to ensure cardiac rehabilitation participation for more of their eligible patients.

Hospitals will implement a quality improvement program to adopt two proven practices:

1. Automatic referrals of patients who qualify for cardiac rehab through use of an electronic medical record-based system where the standard (default) option is for referral.
2. Care coordination for referred patients provided at the bedside or by telephone shortly after discharge, provided by one or more hospital staff (e.g. trained liaisons) and/or peer volunteers (e.g. peer CR graduates/ambassadors).

### **Apply to Participate**

To participate, apply at <https://cma.ahrq.gov/takeheart>.

Partner hospitals must agree to:

- Provide a signed Letter of Intent prior to program start
- Participate in the 10-month, web-based training curriculum
- 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 and

\* Care coordination refers to support services for referred patients that can occur at the bedside or by telephone shortly after discharge, and could include reminders about appointments, sharing information about the availability of services, answering questions and providing encouragement. Successful models have included use of both hospital staff (e.g. trained liaisons) and/or volunteers (e.g. peer CR graduates/ambassadors).

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.

The application period for the Fall 2021 Cohort is currently open through **September 1, 2021**. Space is limited and application does not guarantee acceptance for participation. Hospitals will be notified of admission into the Fall 2021 Cohort by late September and the program will begin in October 2021.

For more information on participating in the TAKEheart initiative, please visit:

<https://takeheart.ahrq.gov/takeheart-initiative>

<sup>1</sup> [AACVPR Cardiac Rehabilitation Summary for Payers](#)

<sup>2</sup> <https://www.ahrq.gov/pcor/dissemination-of-pcor/cardiac-rehabilitation.html>

<sup>3</sup> [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)

<sup>4</sup> [https://millionhearts.hhs.gov/files/Cardiac\\_Rehab\\_Change\\_Pkg.pdf](https://millionhearts.hhs.gov/files/Cardiac_Rehab_Change_Pkg.pdf)<sup>1</sup>