

What's the Value of What I Do?

The Future of Cardiac & Pulmonary Rehabilitation

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Disclosures?

No Disclosures

- VBC Overview
- VBC in Cardiac & Pulmonary Rehabilitation
- Staff Roles and Opportunities

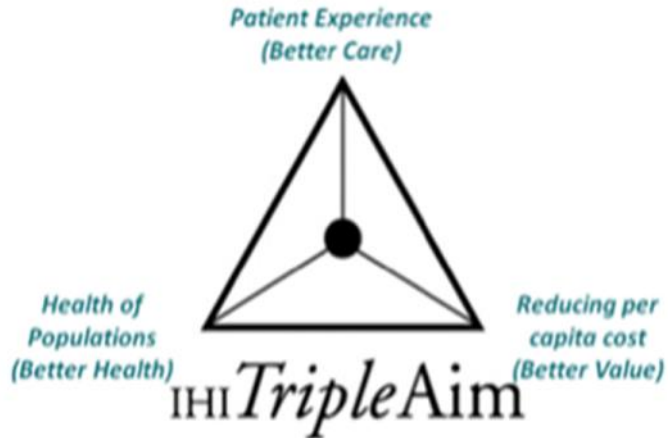
- Define Value Based Care and how it relates to Cardiac and Pulmonary Rehabilitation
- Explore how effective outcome management leads to the implementation of quality initiatives in support of a Value based Care Model
- Identify opportunities to add quality as well as maximize outcomes and participation

Why Shift from Fee for Service to a Value Based care Model

- Due to concerns about **rising costs and poor performance on quality indicators**, employers, health plans, and government purchasers of health care are pushing for a transition to value based care (VBC) payment models
- In VBC models, an emphasis is on generating **value**, improving **quality** and decreasing **cost** in an evidence based manner. The premise of value-based payments is to align physician and hospital bonuses and penalties with cost, quality, and outcomes measures
- Value-based care is evolving as a **solution** to address rising health care costs, clinical inefficiency and duplication of services

Wendy Gerhardt et al. 2015, The road to value-based care

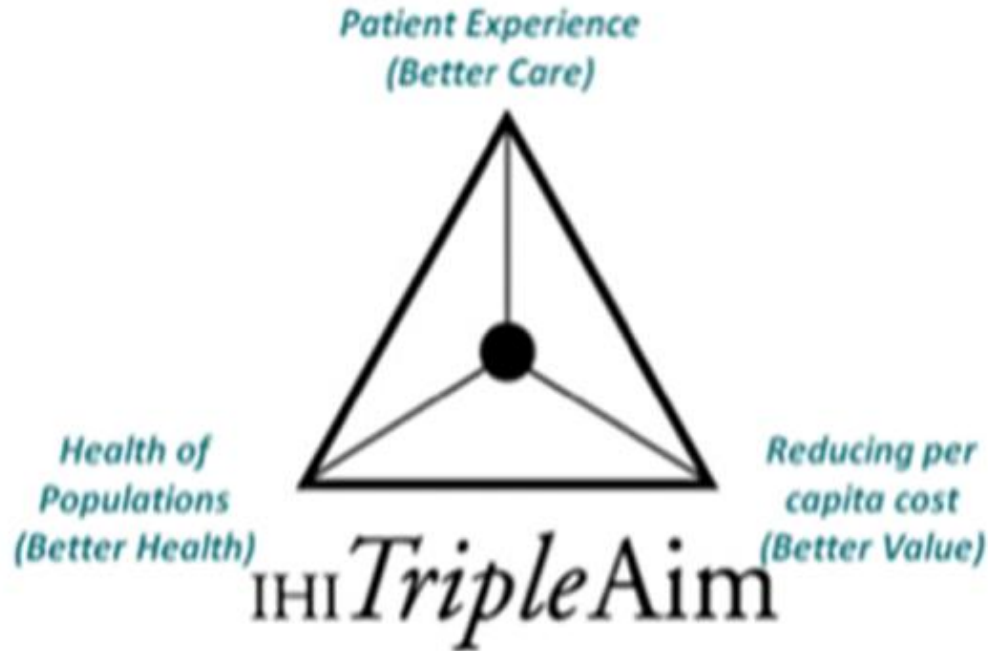
WHY - Value Based Care



$$\text{Value} = \frac{\text{Quality}}{\text{Cost}}$$

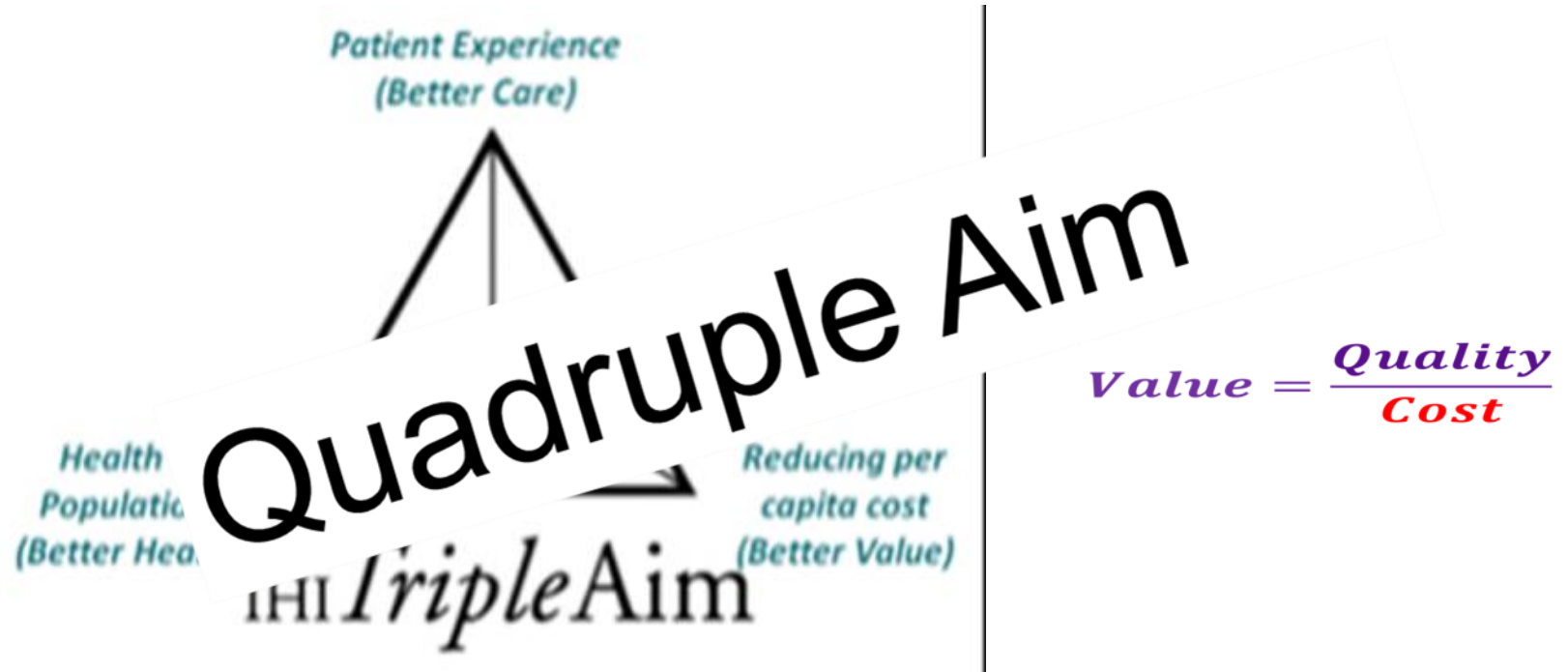
- **Health care reform has attempted to drive major health care policy (creation or changes) to governmental policy that affects health care delivery.**
- **Broaden the population that receives health care coverage** through either public sector insurance programs or private sector insurance companies
- Improve the access to health care specialists
- Improve the **quality** of health care
- Give **more care** to citizens
- **Decrease the cost** of health care

Is the Triple Aim Enough?



$$\text{Value} = \frac{\text{Quality}}{\text{Cost}}$$

Is the Triple Aim Enough?



From Triple Aim to Quadruple Aim

- Focus of the triple aim is to improve the lives of patients
- Add 4th dimension- improving experience of providing care
 - *Offset the impact of physical and psychological demands and threats*
 - *Determined through teammate engagement and teammate safety*

Fee for Service vs Value Based Care

❑ Fee For Service

- *Productivity*
- *Billable units*

❑ Value Based Care

- *Value = Quality/Cost*



- Defined as a management model based on ensuring that all activities carried out by a hospital/program/personnel are justified by **adding value to the healthcare encounter and patient experience.**
- VBC emphasizes the importance of accountability to deliver good process to improve clinical practice skills (**VBC is the value counterpart of Evidence-based Practice**).
- **VBC is more than just an initiative** – it has become (healthcare practice purpose + healthcare values), who we are as an organization.

Value-based care is delivering the **best quality** patient care with regards to the **cost** of that care through **data-driven analysis and service improvement**.

How can we modify or tailor the way we are currently delivering care to Cardiac & Pulmonary patients to:

- *Optimize program outcomes*
- *Maintain costs*
- *Optimize efficiencies*
- *Improve patient & staff experience?*

WHAT is Value Based Care

Value-based care is delivering the best quality patient care with regards to the cost of that care through data-driven analysis and service improvement. To this end the Value Base Care Initiative will create resources which will assist cardiac & pulmonary rehabilitation professions:

- Assign accountability
- Target efficiencies
- Strategize operational transformation
- Restructure the care delivery model
- Effective technology solutions in management
- Ultimately improve the patient and practitioner experience

www.aacvpr.org/VBC-Value-Based-Care



Value Based Care (VBC) Cardiovascular & Pulmonary Continuum of Care

***VBC- CV and
Pulmonary
Services is no
longer provided in
silos – Shifting to
episodic
continuum of care
as part of
population health
management***

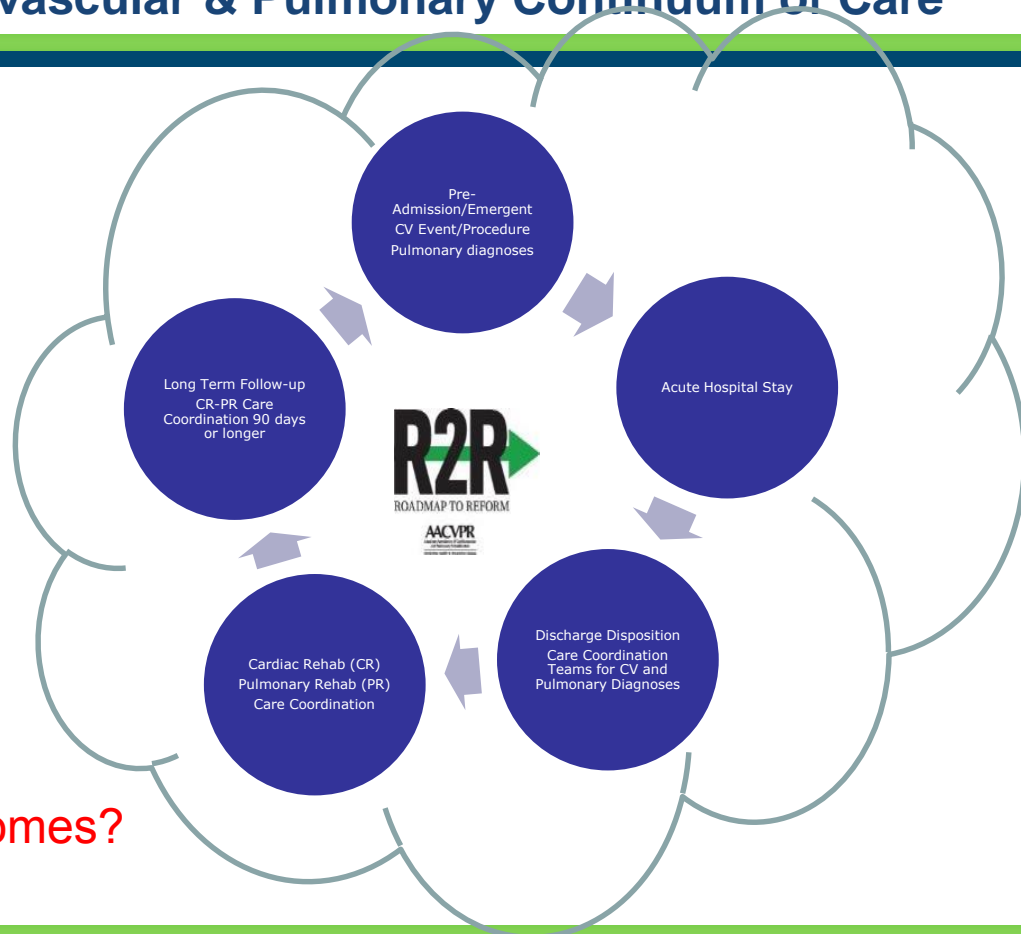


Value Based Care (VBC) Cardiovascular & Pulmonary Continuum of Care

Cardiac Utilization has shown:

- Readmission rate 35%
- 58% mortality @ 1 yr
- Improved medication adherence
- RF reduction
- Reduced health expenditure
- \$900/pt decrease in hospital costs

Do you know your program's outcomes?



Association Priorities

Affiliate Link

- Joint Affiliate membership
- Outstanding Affiliate Award

Strategic Relationships

- **Million Hearts Campaign CR Collaborative- strengthen partnerships to advocate increasing CR Referral, Enrollment & Adherence**

Advocacy

- Accessibility
- Fiscal viability
- Regulatory impact
- Value Based Care
- Roadmap To Reform (R2R)
- Education
 - Lawmakers
 - Providers
 - Consumers

Education

- Webcasts
- Best Practice Essentials series
- Annual Meeting
- Web site

Certification/Registry/PM

- Online cert application
- Experts panels
- National registry development
- Outcomes tracking
- Performance Measures

Research and Innovation

- Evidence-based care
- Define standards
- Credibility
- Instigating change
- Position papers
- Innovation Award

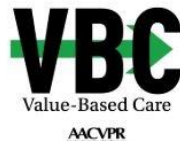
Goal #2: Value Based Care

AACVPR will identify and promote patient centric, efficacious, outcomes-based and efficient care delivery models in cardiovascular and pulmonary rehabilitation services to integrate and enhance alignment with value-based care initiatives.

- Objective 2.1
 - *AACVPR will create resources designed to help programs redesign and become more efficient to better align with value-based care (VBC).*
- Objective 2.2
 - *AACVPR will investigate non-traditional models of cardiac and pulmonary rehabilitation and how they complement traditional delivery models.*
- Objective 2.3
 - *AACVPR will explore incorporating delivery reform into program certification requirements that would be aligned with the registries.*
- Objective 2.4
 - *AACVPR will explore non-traditional CR/PR populations that could benefit from services currently provided in cardiac and pulmonary rehabilitation program settings. (PAD, diabetes, cardio oncology)*

- **RESOURCE REPOSITORY:** <http://www.aacvpr.org/VBC-Value-Based-Care>
- **AFFILIATE LEADER PARTNERSHIP:** The 2018 Affiliate Leadership Forum was held on Saturday June 9 - Sunday June 10, 2018 in Chicago, IL.
- **VBC WEBINARS:**
 - *June 4 | Facilitating the Referral and Participation of Eligible Patients to Outpatient Cardiac and Pulmonary Rehabilitation presented by Jonathan Whiteson and Tammy Garwick*
 - *June 27 | Group Screening Through Value Based Management Principles– Heather Shuster and Emily O'Shaughnessy*
 - *July 24 | Continuous ECG Telemetry Monitoring in Cardiac Rehabilitation: Matching the Need to the Patient – Robert Berry and Clare Lamorte*
- **ANNUAL MEETING EDUCATIONAL OPPORTUNITIES:**

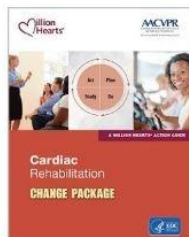
Value Base Care Repository



Quality patient care is at the core of all we do. Value-based care is delivering the best quality patient care with regards to the cost of that care through data-driven analysis and service improvement. The Value-based care Initiative provides resources which assist cardiac & pulmonary rehabilitation professionals to:

- Assign accountability.
- Target efficiencies.
- Strategize operational transformation.
- Restructure the care delivery model.
- Implement effective technology solutions in management.
- Ultimately improve the patient and practitioner experience.

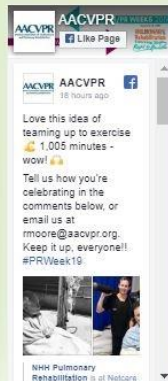
Our partnership with Million Hearts, a branch of the Center for Disease Control, has resulted in the new Cardiac Rehabilitation Change Package, released at the 33rd AACVPR Annual Meeting.



[PDF Download](#) | [Website](#)

View all previously-posted resources on the [VBC Resource Repository](#).

Recent Webcasts



📅 **Events & Education**
- VBC Resource Repository

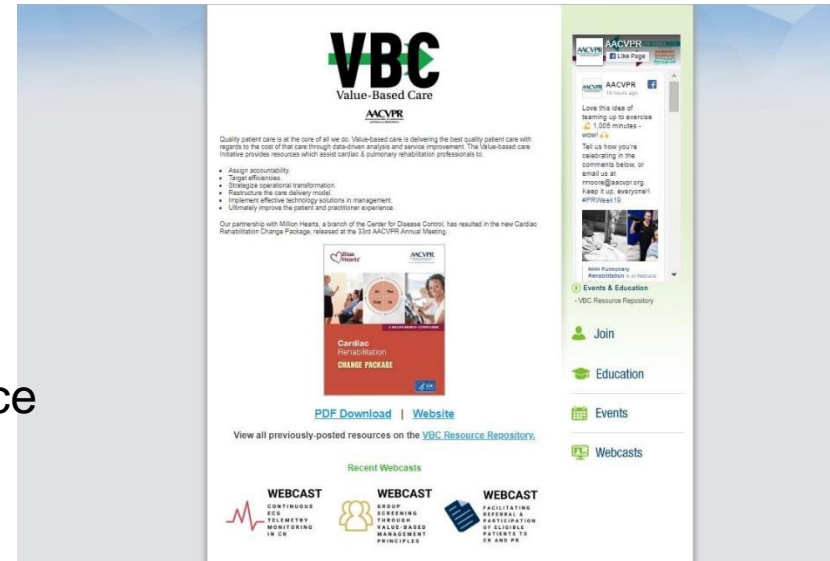
👤 **Join**

🎓 **Education**

📅 **Events**

📺 **Webcasts**

- Assign accountability
- Target efficiencies
- Strategize operational transformation
- Restructure the care delivery model
- Implement effective technology solutions
- Improve the patient and practitioner experience



AACVPR Website: Value Based Care Turnkey Enrollment and Adherence Strategies



Admin

- [12-Month Cardiovascular Condition Episode \(Bundle\)](#)
- [Connecting with Psychosocial Providers](#)
- [CR Referral Performance Measures in a Quality Improvement System](#)
- [Establish a Philanthropic Fund](#)
- [Group Screening](#)
- [Inpatient Liaison for Outpatient CR](#) [*inpatient tracking form*]
- [Reduce the Delay from Discharge to Enrollment](#)



Exercise

- [Accelerated Use of CR](#) [*sample schedule*]
- [ECG Monitoring Based on Clinical Need](#)
- [Open Gym](#) [*sample schedule*]
- [Safe Start Self-Pay](#)



Behavior

- [Diabetes Education](#)
- [Establish Standard of Care for Anxiety and Depression](#)
- [Medication Adherence](#)
- [Motivational Interviewing](#)
- [Self-Management](#)
- [Use of Text Messaging and Mobile Apps](#)
- [Use of Video](#)



Nutrition

- [Incorporating RDNs into CR](#)
- [Nutrition Assessment in CR](#)



<http://www.aacvpr.org/VBCRepository>

VBC Committee 2019

- **RESOURCE REPOSITORY:** <http://www.aacvpr.org/VBC-Value-Based-Care>
- **AFFILIATE LEADER PARTNERSHIP:** Shark Tank II—June 22 & 23 in Chicago, IL.
- **VBC TURNKEY STRATEGIES**
 - *The Data and Value of PR, Utilizing the EMR for Automatic Referrals, Maximizing Referrals & Enrollments to PR*
 - *Anxiety & Depression in PR, ExRx for PR*
- **VBC WEBINARS:**
 - *Nutrition in CR & PR*
 - *Medication Adherence in CR & PR*
 - *The data and value of Pulmonary Rehabilitation*
- **BEST PRACTICE PROJECT AT EACH AFFILIATE SOCIETY MEETING**
 - *IL, WI, MO-KS, Upper Plains, NY, OH, MN, OK, Northwest*
 - *Interactive discussion/identifying needs and best practice to help direct future resources*
- **ANNUAL MEETING EDUCATIONAL OPPORTUNITIES:**
 - *Breakout and Roundtable discussion*
- Commitment to identifying opportunities in pulmonary as well as cardiac rehabilitation

- **What Metrics are Important?**
- **To Whom and Why?**
- **Do you know your program's metrics?**
- **What's your elevator speech?**

■ Payers/Hospital Administration

- *Cost per patient episode*
- *Readmission Rate*
- *Excess Days in Acute Care (readmission, ED, observation)*
- *HCAHPS*
- *Mortality*

■ Cardiac Rehab Programs

- *Number of referrals (including source) vs number enrolled*
- *Time to enrollment (wait time)*
- *Number of visits*
- **Clinical Outcomes/Performance Measures (CR & PR)**

■ Patients

- *Satisfaction with healthcare experience*
- *Morbidity / Mortality (are they getting better)*
- *Excess Days in Acute Care (EDAC)*
- *Meaningful Clinical Outcomes (Performance Measures)*
 - **CR:** FC, BP control, Depression, Tobacco Intervention
 - **PR:** Dyspnea, FC, QOL
 - Success with **self management strategies**

~The point is, all are intertwined but priorities do not perfectly align~

Value Based Care Attempts to Link These Metrics

- Reform programs to enhance patient experience—
 - *Referral, enrollment, participation, outcomes*
- Individualize treatment
- Explore new methods of delivery
- Confirm the efficacy of CR/PR in reducing the impact of cardiovascular disease

- What are your biggest obstacles to change at your facility?
 - *Where would you begin your efforts?*
 - *Who is responsible for change in your organization?*
 - *Where can you go for ideas?*
 - *Who is your champion?*

Who has more trouble changing?

Staff

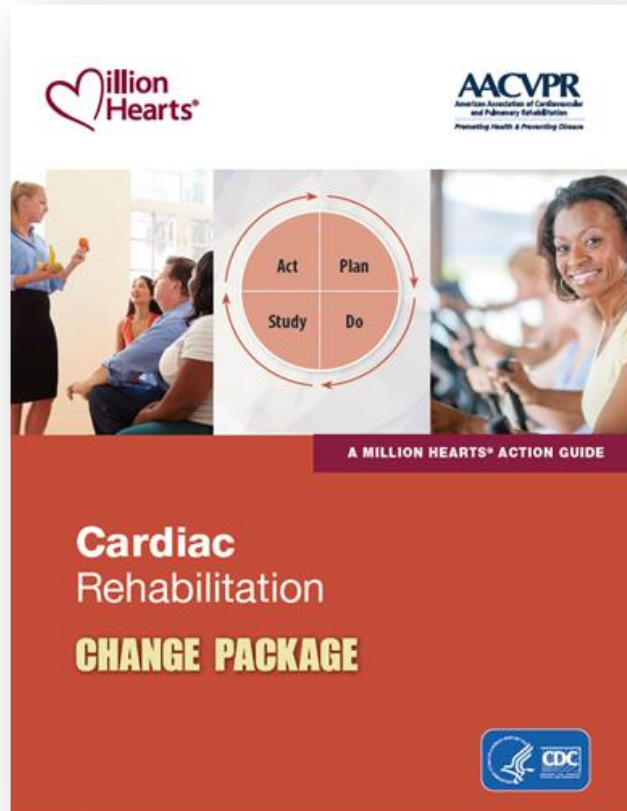


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Patients



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Million Hearts/AACVPR Cardiac Rehabilitation Change Package

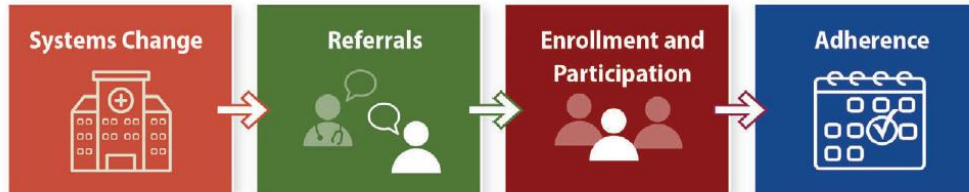
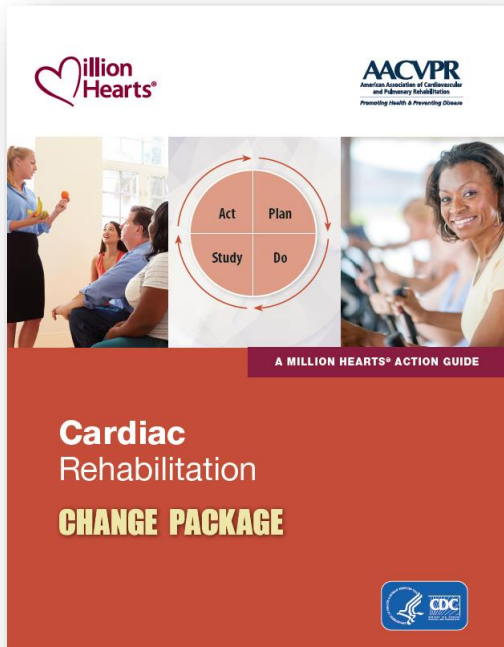


Table 1. Cardiac Rehabilitation Change Package—Systems Change

Change Concept	Change Ideas	Tools and Resources
Make CR a Health System Priority	Establish a hospital champion, such as a quality of care leader or a CR administrator	<ul style="list-style-type: none"> • Lake Regional Health System—Cardiopulmonary Rehabilitation: Presentation for Board of Trustees • Liverpool Hospital—Clinical Champions PowerPoint • AACVPR—Crucial Conversations with Medical Providers & Hospital Administrators About Cardiac Rehabilitation Services Delivering Value Based Care • Million Hearts—Getting to 70% Cardiac Rehabilitation Participation: Action Steps for Hospitals
	Engage the care team in CR and ensure their buy-in in CR	<ul style="list-style-type: none"> • AACVPR—Crucial Conversations with Medical Providers & Hospital Administrators About Cardiac Rehabilitation Services Delivering Value Based Care • Lake Regional Health System—Cardiopulmonary Rehabilitation: Update to Department Managers • Million Hearts—Cardiac Rehabilitation Infographic
	Use CR referral, enrollment, and participation as quality of care indicators	<ul style="list-style-type: none"> • 2018 ACC/AHA Clinical Performance and Quality Measure for Cardiac Rehabilitation. Thomas RJ, et al. 2018.¹⁹ • AACVPR Cardiac Rehabilitation Systems Change Strategy—Using Cardiac Rehabilitation Referral Performance Measures in a Quality Improvement System • AACVPR—Sample Performance Measures Letter for Physicians and Providers

Access the Change Package at: https://millionhearts.hhs.gov/files/Cardiac_Rehab_Change_Pkg.pdf

CRCP--*Change Concepts*

Systems Change



- Make CR a Health System Priority
(Includes 3 Change ideas)

Referrals



- Incorporate Referral to CR into Hospital Standardized Processes of Care for Eligible Patients
- Standardize the CR Referral Process
- Use Data to Drive improvement in Referrals to CR
(Includes 17 changes ideas)

CRCP--*Change Concepts*

Enrollment and Participation



- Educate Patients About the Benefits of Outpatient CR
- Reduce Delay from Discharge to First CR Appointment
- Use Data to Drive Improvement in Enrollment or Participation
- Reduce Cost-Sharing Barriers for CR Services
- Improve Efficiency of Enrollment
- Develop Flexible Models That Better Accommodate Patient Needs
- Modify Some Program Procedures Based on Clinical Need
- Use Clinician Follow-up to Bolster Enrollment or Participation

(Includes 17 Change ideas)

Adherence



- Identify Populations at Risk for Low Engagement
- Improve Patient Engagement

(Includes 4 Change ideas)

CR Success Stories

CR Change Package Case Studies:

- Massachusetts General Hospital - [Referral of Patient to External CR Program](#), [Self-Referral of Patient to a CR Program](#)
- Emory Healthcare – [Multidisciplinary-Developed CR Referral](#)
- Penn Medicine – [A Systematic Approach to Increasing CR Referrals](#)
- Memorial Hospital of Carbondale – [Phase 1 CR](#)
- Christiana Care Health System – [Reducing Cost-Sharing Barriers for CR Services with Creative Options](#)
- Genesis HealthCare System – [Group Orientation](#)
- Rochester Regional – [Group Orientation](#)
- University of Alabama at Birmingham – [Increase Enrollment and Session Adherence](#)
- Southwest Florida Heart Group – [Open Gym Model](#)
- Mount Carmel Health System – [CR Open Gym](#)
- Henry Ford Health System – [Electrocardiography Monitoring Based on Clinical Need](#)
- NYU Langone Health – [A Value-Based Management Approach to Efficient Blood Pressure Monitoring During Outpatient CR](#)

- Christiana Care Health System – [Use Clinician Follow-up to Bolster Enrollment](#)
- University of Vermont Medical Center – [Financial Incentives to Improve CR Attendance Among Medicaid Enrollees](#)
- Miriam Hospital – [Patient Ambassador Program](#)

American Hospital Association/Health Research & Educational Trust “Huddle for Care” Success Stories:

- Dartmouth Hitchcock Medical Center – [Referral Process Improves CR Participation Rates](#)
- Penn State Health St. Joseph – [Improving Patient Recovery Through CR](#)
- Michigan Medicine – [Bridging CR and Patient-Centered Care](#)

Submit your transition in cardiac care success stories at: <https://www.huddleforcare.org/submit-a-story/>

Million Hearts® partners across the country are taking on the charge to optimize use of the Change Package and to test new innovative approaches to improve the care provided to patients with a cardiac rehabilitation-qualifying condition or procedure.

- AACVPR State Affiliates: <https://www.aacvpr.org/About-AACVPR/Affiliate-Societies-Resources/Affiliate-Contact-List>
 - *AACVPR Challenge- affiliates work with state and regional programs to execute at least 1 change*
 - *Affiliate leaders should communicate with each other to identify opportunities to help their programs obtain success in VBC*

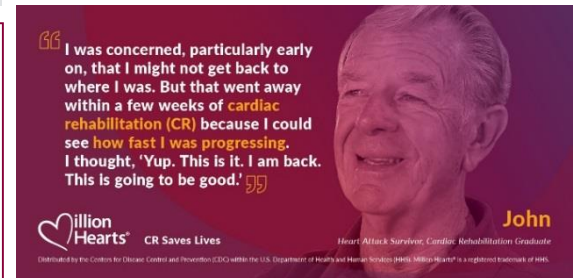
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- State and Local Health Departments
 - *CDC Division for Heart Disease and Stroke Prevention Innovation Grantees:*
<https://www.cdc.gov/chronicdisease/about/foa/1817/index.htm>
 - Included language in their innovation grant funding to engage health departments in implementing “innovative ways to enhance referral, participation, and adherence in cardiac rehabilitation programs in traditional and community settings, including home-based.” (Awards-to-date listed in link above)
 - *National Association of Chronic Disease Directors – representative directory:*
<https://www.chronicdisease.org/page/RepDirectory>
 - May also be a source of support in the implementation of these interventions. You can located your state’s Chronic Disease Director via this link to their directory.

Million Hearts® partners across the country are taking on the charge to optimize use of the Change Package and to test new innovative approaches to improve the care provided to patients with a cardiac rehabilitation-qualifying condition or procedure.

- Local Y's: <http://www.ymca.net/find-your-y/>
 - *Across the country, local YMCAs are partnering with cardiac rehab programs to help cardiac rehab graduates maintain their healthy lifestyles as part of a Phase 3 program.*
 - *The YMCA of the USA offers 2,700 YMCAs with approximately 19,000 fulltime staff in 10,000 communities across the country.*
- Agency for Healthcare Research and Quality (AHRQ) ACTION III Task Order Awardee and 6-50 recruited entities
 - *Accelerating Change and Transformation in Organizations and Networks or ACTION III Task Order in 2018*
 - *\$6 million to one of their 13 ACTION prime organizations to “support hospitals nationwide in increasing referral, enrollment, and retention in cardiac rehabilitation and to increase knowledge to inform future efforts.”*
 - *Awardee announced and body of work initiated in February 2019*

- Disseminate key messages, infographics and factsheets
- Post social media content using [#CRSavesLives](https://twitter.com/CRSavesLives)
- Embed Million Hearts web content into your webpages
- Spread the word about the services and benefits you provide your community
- Send the reach of your communications to MillionHeartsCRC@cdc.gov



Access the Cardiac Rehabilitation Communications Toolkit at:
<https://millionhearts.hhs.gov/partners-progress/partners/cardiac-rehab-toolkit.html>

Million Hearts® CR Collaborative

Participating Organizations

- Agency for Healthcare Research and Quality
- Alliant Quality
- American Assoc of Cardiovascular and Pulmonary Rehabilitation
- American Asso of Nurse Practitioners
- American Academy of Family Practice
- American College of Cardiology
- American College of Physicians
- American College of Sports Medicine
- American Council on Exercise
- America's Essential Hospitals
- American Heart Association
- American Hospital Association/HRET
- Atrium Health
- Blue Cross Blue Shield Association
- Chanl Health
- Christiana Care
- Cleveland Clinic
- Clinical Exercise Physiology Assoc.
- CR Participants & Caregivers
- Duke University Health Systems
- Emory University/Emory Healthcare
- Enloe Medical Center
- Essentia Health
- Health Management Associates
- Healthcentric Advisors
- HealthInsight
- Heart Failure Society of America
- Home Health Quality Improvement
- Hospital of the University of PA
- Howard University
- Intelli Heart Services Inc.
- Johns Hopkins
- Kentucky Department of Health
- Lake Regional Health System
- Mended Hearts
- MedStar Health System
- Minnesota Department of Health
- Mission Health
- Missouri Department of Health and Senior Services
- Montana Department of Public Health
- Morehouse School of Medicine
- Mountain-Pacific Quality Health
- Moving Analytics
- National Institute on Aging
- National Heart, Lung, and Blood Institute
- National Medical Association
- National Minority Quality Forum
- NextGenRPM
- New York Department of Health
- Ohio State University
- U.S. Office of Personnel Management
- Patient is Partner
- PCORI
- Preventive CV Nurses Assoc.
- Qalldigm
- Relevante Health Group
- Relias
- Rush University Medical Center
- Seton Hall University
- St. Joseph Hospital
- Sustainable Healthy Communities, LLC
- Sutter Health
- TMF Health Quality Institute
- University Hospitals
- UC Davis
- UC Los Angeles
- U of Pennsylvania
- U of Pittsburgh
- U of Vermont Health Network
- Vanderbilt University
- Veterans Health Administration
- Visiting Nurse Service of NY
- WomenHeart

275

CR professionals, clinicians and health care team members, QI specialists, hospital and health system administrators, CR participants and their family members, payer representatives, and innovators.

Email MillionHeartsCRC@cdc.gov to join the Million Hearts® CRC

Roundtable Discussions

Identify key turnkey strategies
Discuss successes, lessons learned

- Key messages/lessons learned
- Opportunities for change/improvement
- Barriers to success?
- Resources (people & documents)
- What are YOU going to do Monday?

Questions/Comments

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