

Program management pearls – tips from the front line

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NORTH CAROLINA CARDIOPULMONARY REHABILITATION ASSOCIATION

Standards for Quality Cardiopulmonary Rehabilitation Programs Statewide



Disclosures

I have no disclosures

Objectives

1. Department metrics pearls
 1. Provide an introduction to the department metrics that are helpful to collect and regularly review
 2. Identify how to use those metrics within your department and your hospital
2. Administrative pearls
 1. Demonstrate the importance of your contact list
 2. Define CVP rehab sources of truth
 3. Learn how to advocate for your program – internally and externally
3. Staffing pearls
 1. Identify ways to better engage your staff



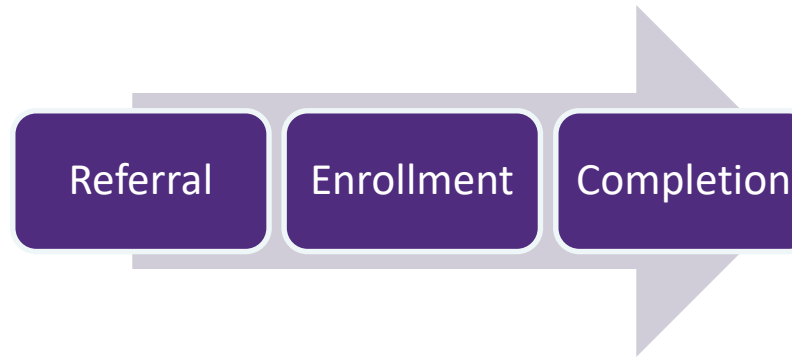
Department metrics pearls

Department metric considerations

- What metrics are you currently collecting?
- What are you curious about regarding how your department runs?
- What problems are you trying to solve within your department?
- What is your health system/hospital focusing on?
- How are you currently collecting data? Is there a way to automate it?
- Who are your partners in your hospital that can help you with this?



Patient throughput



- Do you know how many patients who come through your hospital qualify for cardiac or pulmonary rehab services?
- Do you know how many of those patients are referred? Are enrolled? Complete the program?
 - Be prepared to give a list of procedures and ICD codes to your IS or quality department
 - Use the AHA/ACC, ATS guidelines or the Cardiac Rehab change package as the reason for the inquiry
 - Consider initially asking for data around a population that is being looked at by your quality or population health management office

Data Collection – what does your data tell you?

Total referrals
Enrolled
Patient refused
Unable to contact
Deceased
Schedule/Pt no show or cancelled
No F/U completed
Medically deferred
Average Monthly Enrollment
Av. # of days from referral to assessment
Av # of days from assessment to d/c
Completed
Completion rate

- Are patients receiving appropriate follow up in a timely fashion?
- Is the number of patients that we are unable to contact increasing? Is there something changing about our process?
- Are you seeing an increase in patient no show rate for initial intake?
- Are you achieving the optimal time goal: <21 days from referral to enrollment

For every day a person waits to start cardiac rehab, that person is 1% less likely to enroll.

HEDIS Measure for cardiac rehab

Quality of Care

Cardiac Rehabilitation: A New HEDIS Measure for Heart Health

October 4, 2021 · NCQA Communications

“Cardiac rehabilitation doesn’t change your past, but it can help you improve your heart’s future.”

—The American Heart Association



Cardiac Rehabilitation: The Measure

September 29 is World Heart Day. On October 1, 2021, NCQA’s new HEDIS Cardiac Rehabilitation (CRE) measure was approved for public reporting for HEDIS Measurement Year 2021. NCQA worked with the [Centers for Disease Control and Prevention Million Hearts](#) program and NCQA expert panels to develop the measure to address the gaps in care and opportunities for improvement.

- Initiation. Members who attended 2 or more sessions of cardiac rehabilitation within 30 days after a cardiac event.
- Engagement 1. Members who attended 12 or more sessions of cardiac rehabilitation within 90 days after a cardiac event.
- Engagement 2. Members who attended 24 or more sessions of cardiac rehabilitation within 180 days after a cardiac event.
- Achievement. Members who attended 36 or more sessions of cardiac rehabilitation within 180 days after a cardiac event.

Data Collection – deeper dive

	Referred	Enrolled	Rate	Completed	Rate
# of black patients	21				
black females	7	4	57.1%	2	50.0%
black males	14	6	42.9%	3	50.0%
# of white patients	40				
white females	20	8	40.0%	5	62.5%
white males	20	13	65.0%	9	69.2%
# of asian					
asian males					
asian females					
# of hispanic/latino					
hispanic males					
hispanic females					
# of unknown/other	2	0			
unknown males	2	0			
unknown females					
# of black, two or more races	1	0			
females					
males	1	0			

- Take a deeper dive into the diversity of your patient population.
- What is your referral, enrollment and completion rate for different ethnic groups?

Cardiac Rehab Participation Rates by Race (601,000 Medicare Patients)

19.6%
of eligible
white
patients
participate



7.8%
of eligible
black
patients
participate

Program and Patient outcomes

Patient and programmatic outcomes are important because it allows you to:

- Evaluate areas of opportunity
- Assess the impact of changes that you've made
- Discuss with a patient their individual progress or compare their progress with patients similar to them
- To share with referring physicians, administration and marketing
- To compare to other programs (if participating in the AACVPR outcomes registry)

How do I get started with outcomes?

Ideas for Cardiac rehab (pre and post measurements)

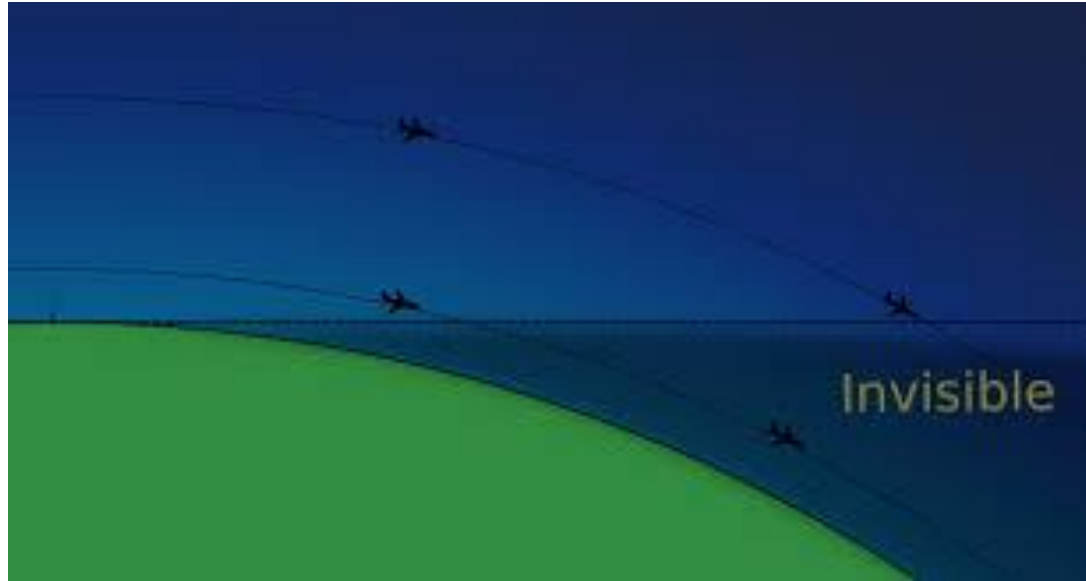
- 6MWT
- Quality of life
- Depression/Anxiety
- # of sessions completed / # of monitored sessions
- Dietary questionnaire scores
- Weight
- Waist circumference
- Patient satisfaction
- Tobacco use status
- Home exercise (days/week and minutes per session)

Ideas for Pulmonary Rehab (pre and post measurements)

- 6MWT
- Modified Medical Research Council (MMRC) Dyspnea Scale or SOB Questionnaire
- Quality of life
- Depression/Anxiety
- CAT scale
- # of sessions completed
- Dietary questionnaire scores
- Weight
- Patient satisfaction
- Tobacco use status

Administrative pearls

Flying below the radar ~~≡~~ Safety



Financial pearls

- Who are the contacts in finance that need to be in your Rolodex?
 - Coding/Compliance/Accts receivable – to discuss denials, patients that need a KX modifier, documentation needs
 - Charge master – to discuss changes to codes, the pulmonary rehab tool kit, completing cost accounting for new charges
 - Charity care/Hospital foundation – to develop a plan for patients that are under- or uninsured and those with high copays
- What you need to understand
 - Department operating report – Revenue (make sure it's reimbursement not charges), Expenses, Contributing margin
 - What are your administration's expectations (contributing margin to be positive?, should you be evaluating your impact on readmissions instead?)



Sources of Truth

- The latest NCD (national coverage determination) or LCD (local coverage determination)
 - Pulmonary rehab
 - SET
 - Cardiac rehab
 - Respiratory therapy services
- Medical policies for private insurance coverage and Medicaid (specific to CR)
- AACVPR Health Policy & Reimbursement updates
- HOPPS and PFS for the current year



CMS.gov



Advocacy

- Are you an advocate for your program? For your profession?
- Advocacy
 - To referring physicians
 - To your administration
 - To the public
 - To your government representatives
- No one knows your business and outcomes better than you do
- Practice your spiel, have patient stories ready, share information
- Advocating can also include asking to be at the table when you can see a connection to CVP rehabilitation



Staffing pearls

Staffing pearls

- Communicate the need for the staff to look at the program through the patient's eye
- Don't be afraid to try something new!
- Have staff attend webinars, conferences, and other trainings to stay up to date
- Start a journal club
- Plan to visit another CVP rehab program
- Get connected with your state and national organizations



Let your staff lead the way

- Invite team members to bring ideas for process improvement – the people who do the work (along with our patients) make the best suggestions
- If there are directives that are pass down – lay out the end goal but let the staff help decide how to achieve it
- Create opportunities for one-on-one meetings with your staff members
 - What would keep you enthusiastic about your job?
 - What is something new you would like to learn in the coming year?
 - What can I (leadership team) do to best support you?

Resources

- <https://millionhearts.hhs.gov/tools-protocols/action-guides/cardiac-change-package/index.html>
- <https://www.acc.org/guidelines>
- <https://www.thoracic.org/statements/resources/copd/PRStatementrccm-2E201309-1634st.pdf>
- <https://www.aacvpr.org/Portals/0/Million%20Hearts%20Change%20Package/4.18.2018%20Files/EP-13-CRCP-Turnkey-Reduce%20Delay%20Discharge%20to%20Enrollment.pdf>
- https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjEj_KM4If6AhU2FVkFHevDAmQQFnoECAoQAQ&url=https%3A%2F%2Fwww.aacvpr.org%2FPortals%2F0%2F2017_AACVPR_PR-Outcomes-Guide_Toolkit.pdf&usg=AOvVaw1cwcvcv-JetcU1wS3xPIryhY
- <https://www.palmettogba.com/palmetto/jja.nsf/DID/AU2RZN5188>
- <https://takeheart.ahrq.gov/>



Thank you for having me!

Questions/Comments

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