



# *Outperform the Performance Measures:*

## *Increase Your Program's Enrollment & Adherence*

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**Program Supervisor, Cardiopulmonary Rehab - MacNeal & Loyola Hospital**

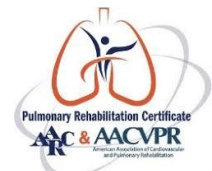
**University Internship Site Supervisor**

**Past-President - ISCHR 2025-2026**

**Chair - AACVPR Member Affiliation Relations Committee**

**Faculty – AACVPR Leadership Academy**

**Course Director – AACVPR CCRP Certification**



# Disclosures

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MacNeal Hospital has received grants from *Million Hearts*<sup>®</sup> and the *National Association of Chronic Disease Directors (NACDD)*

This funding is unrelated to the content of this presentation

No other conflicts of interest

# Learning Objectives:

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## **Reduce Wait Times**

Recognize strategies to streamline the process from order to enrollment.

Identify bottlenecks and implement solutions to decrease delays in program entry.

## **Redesign Staffing**

Explain how to analyze current staffing roles and responsibilities.

Learn methods to customize staff schedules to optimize workflow and patient care.

## **Increase Patient Engagement**

Recognize the importance of patient engagement in cardiac and pulmonary rehab.

Use data-driven goal-setting techniques to motivate and empower patients.

## **Flexible Classes**

Explore options for flexible scheduling and varied education formats.

Adapt class offerings to better meet patient needs and improve attendance.

## **Bonus: Marketing Your Program**

Identify effective marketing strategies to increase program visibility and referrals.

Utilize community outreach and communication tools to grow your patient base.

# About us: MacNeal Hospital



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## Class Sizes

10-16 patients per class

## Equipment

16 Channel Telemetry System

## Staffing

5 Exercise Physiologists

Student Interns



## Class Schedule & Volume

Phase II & SET (Mon/Wed/Fri): 6 classes per day

Phase III (Tues/Thurs): 4 classes per day day)

New Patient Orientations (Tues/Thurs)



# MacNeal Hospital



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**10,121**

Billable Visits (2025)

**86%**

Adherence Rate (2025)

**80%**

Referral Rate (2025)

**70%**

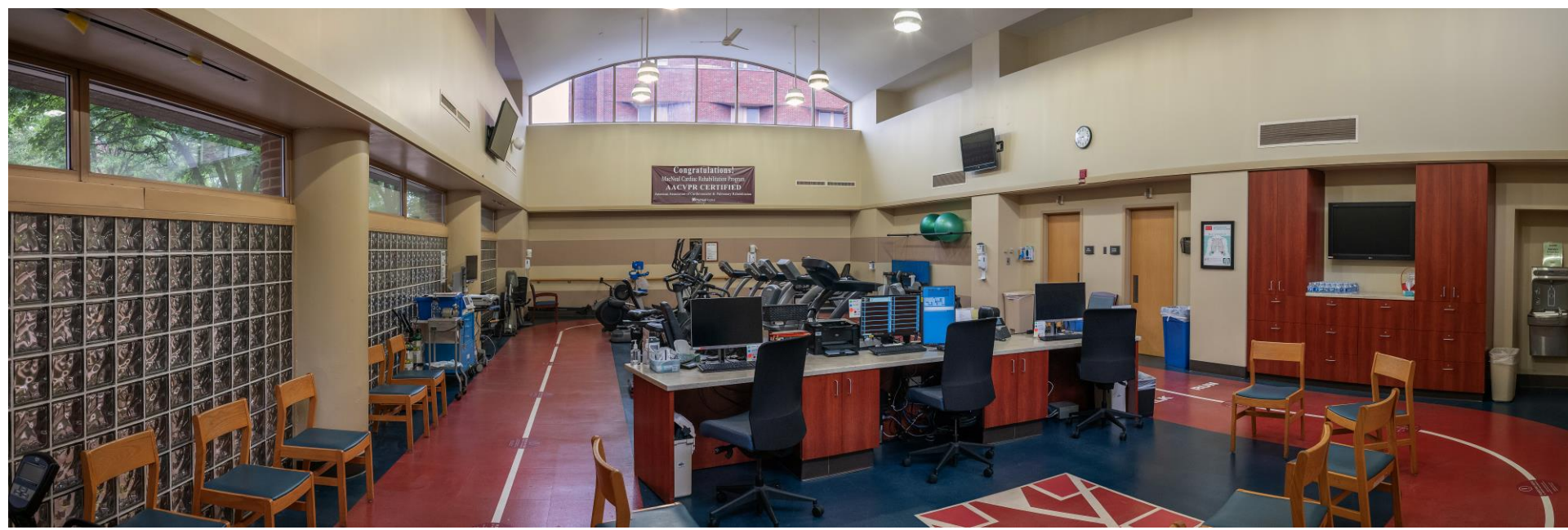
Graduation Rate (36 Sessions) (2025)

**94%**

Enrollment Rate (2025)

**264**

New Phase II Patients (2025)



# Are you open to change?



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- “That won't work here”
- “We don't have enough staff/time”
- “Our staff is already overwhelmed”
- “Our hospital won't allow us to.....”
- “Our hospital requires ...”
- “We don't have the space to...”
- “Our administration doesn't let us....”
- “Our EMR won't let us...”
- “My Medical Director says...”



.....Not YET!!!!



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# The Overarching Theme: Change is Good



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Change is good, but it's inherently uncomfortable

From a patient learning to walk again to a new workflow, discomfort precedes progress

Change forces us to look at things in a new way

To improve your performance, both individually and as a program, you *must* embrace change

**CHANGE**  
**=**  
**GOOD**

Our brains prefer routine and predictability

## Common Emotions:

- Excitement
- Hope
- Relief
- Anxiety
- Fear
- Resistance
- Frustration
- Loss
- Conflicted
- Pressure



# Why Change Makes Us Look at Things in a New Way



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Why do we do it this way?

Is there a better way?

Reveals blind spots: What were we missing because we were so focused on the usual

Encourages creativity: Problem-solving when the old ways don't fit the new challenge

In healthcare, resistance to change often reflects unfamiliarity - not opposition.



# AACVPR Performance Measures

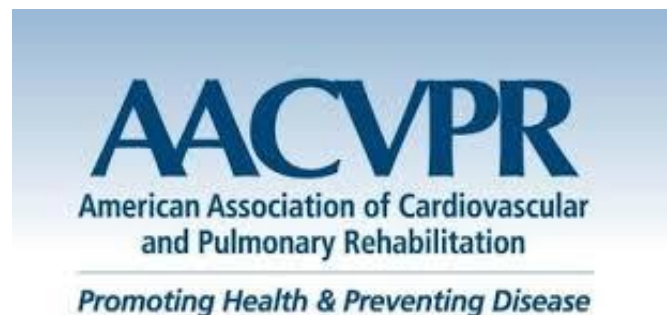


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*Enrollment:* The number of eligible patients enrolled in a cardiac or pulmonary rehabilitation program divided by the total number of eligible patients referred during the measurement period.

*Adherence:* The percentage of enrolled patients who complete a defined minimum number or percentage of prescribed rehabilitation sessions.

[FAQs for CRPR Enrollment and Adherence Measures 7.6.2022.pdf](#)



# Wait Times



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# Enrollment: Reduce Wait Times



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## Automated Order Generation

EMR reports by diagnosis  
Requesting orders from physicians

## Streamlined Scheduling Process

CR/PR STAFF SCHEDULE ALL NEW PATIENTS  
Flexible orientation times  
Schedule orientations during smaller classes  
Group Orientations

## Enhanced Physician Engagement

Monthly physician referral reports  
Office manager partnerships  
Order confirmation with physician teach-back  
Celebrating top referring physicians



# Enrollment: Redesigning Staffing Roles



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## Cross-Training Benefits

- ALL STAFF perform Orientations
- Shared responsibilities RN/EP/RT
- Universal coverage for absence

## The Dedicated Recruiter Model

- Recruit new patients, obtain orders, prep charts
- Provide in-class coverage as needed

## Scheduling Optimization

- Orientations = 91 minutes (Bill for 2 sessions)
- Phase II and III patients exercising together
- Cardiac and pulmonary rehab combined classes
- Double session for motivated patients
- Double sessions for high copays/transportation issues/return to work





## Enrollment - Streamlined Scheduling Process: Hire a Dedicated *Recruiter/Exercise Specialist*

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### **Avoid using Admin Assistant/Central Scheduling**

Limited by a non-clinical role

### **Exercise Specialist (Recruiter)**

Administrative & Clinical Role

Conducts new patient orientations

Can cover CR classes during vacation, illness, emergencies, or overflow

### **Recruiter Responsibilities**

Enroll new patients and secure authorizations

Request medical records

### **Shared Responsibilities Across the Team**

Charting, billing, and follow-up phone calls

Data entry for outcomes



# Enrollment - Enhanced Physician Engagement: Distribute Top Referring Physician Monthly Report



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Create Friendly Competition

Loop in Office Managers

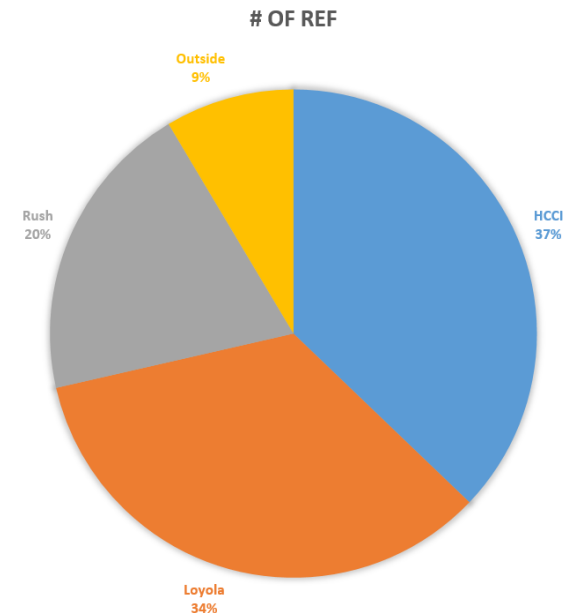
Celebrate Top Referrers

Track Trends

December 2024 MD Referral Breakdown

HCCI MD	# of Ref
Cusick	5
Stella	3
Ramani	1
Bane	2
Iqbal	1
Camba	1

Loyola MD	# of Ref
Lewis	5
Darki	3
Tanis	2
Lopez	2



# Adherence: Data-Driven Patient Engagement



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## Goal Setting Strategies

Pre and post-stress tests

Weekly METS report cards

12/24/36 visit ITP goal reviews with the patient

## Adherence Enhancement

Early intervention calls after 1 missed session (visits 1-12)

Follow-up calls after 2 consecutive missed sessions (visits 13-36)

Targeted outreach to high-risk populations

Flexible completion timeline (up to 36 weeks for 36 sessions)

## Patient Empowerment

Set the expectation that all patients will complete 36 sessions

Make-up sessions available

Double sessions for faster completion and reduced copays

Patient testimonials shared with referring physicians



# Adherence: Flexible Class Times & Education Models



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## Revenue-Optimizing Strategies

Double sessions for motivated patients (91+ minutes = 2 billable sessions)

Monitored and unmonitored CR/PR billing (93797 reimbursement)

Education lectures offered between class times

Flexible class structures

## Efficiency Improvements

Eliminate unnecessary tasks

Technology integration (EMR/telemetry/AACVPR Registry integration)

## Collaborative Education Team

Exercise Physiologists

Registered Nurses and Dietitians

Behavioral Health Specialists

Pharmacists and Resident Physicians

Student interns from multiple disciplines



# Collaborate with other disciplines in your education team



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Exercise Physiologist

Nurse

Respiratory Therapist

Registered Dietitian

BHS

Pharmacist

Residents

Interns

Chaplain



**What are you doing for staffing education?**

# Tips to Increase Patient's Adherence:



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**Be Flexible with Scheduling**

**Set Expectations Early:** 36 sessions

**New Patient Orientation:** 91-minute visit

**ITP Goal Reviews:** Complete reviews with the patient

**Pre & Post Stress Tests:** Measure progress

**Weekly METs Report Card**

**Offer Double Sessions**

**Offer Makeup Sessions**


**Extend Timeframe if Needed:** CMS allows 36 weeks

**Follow-Up on Missed Visits**



# METS Report Cards: Increase Adherence



 **MacNeal Hospital**  
A Member of Trinity Health

## METs Report Card

**Name:** \_\_\_\_\_

What is METs?

- ♥ **Metabolic Equivalent of Task**
- ♥ Tells us how hard you are exercising
- ♥ The **HIGHER** your MET value = **STRONGER** your heart is

**LOW** risk: > 7 METs; **MODERATE** Risk: < 5 METs;  
**HIGH** risk: < 3 METs

**Equipment:** \_\_\_\_\_

**Session #3:** \_\_\_\_\_ workload = \_\_\_\_\_ METs

**Session #12:** \_\_\_\_\_ workload = \_\_\_\_\_ METs

**Session #24:** \_\_\_\_\_ workload = \_\_\_\_\_ METs

**Session #36:** \_\_\_\_\_ workload = \_\_\_\_\_ METs

**METs Improvement:** Pre: \_\_\_\_\_ to Post: \_\_\_\_\_



**Flexibility Flex: What have you tried in your clinic?**

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## Adherence: Execute early interventions through patient follow-up phone calls



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### **You Did So Much Work to Get Them Here - Let's Keep Them!**

Early Intervention Phone Call: 1 missed session (Sessions 1–12)

Follow-Up Phone Call: 2 missed sessions (Sessions 13–36)

### **Data-Driven Action:**

Analyze which population has the highest dropout rates

Targeted Quality Improvement Plan

Populations at Higher Risk of Dropping Out:

- Female patients
- Patients with depression
- Younger patients
- Lower socioeconomic backgrounds
- Frail patients



**Share a Strategy Story –  
What have you done to prevent drop out in a target group?**

# Adherence: Be Efficient and Effective Don't give your work away for free!



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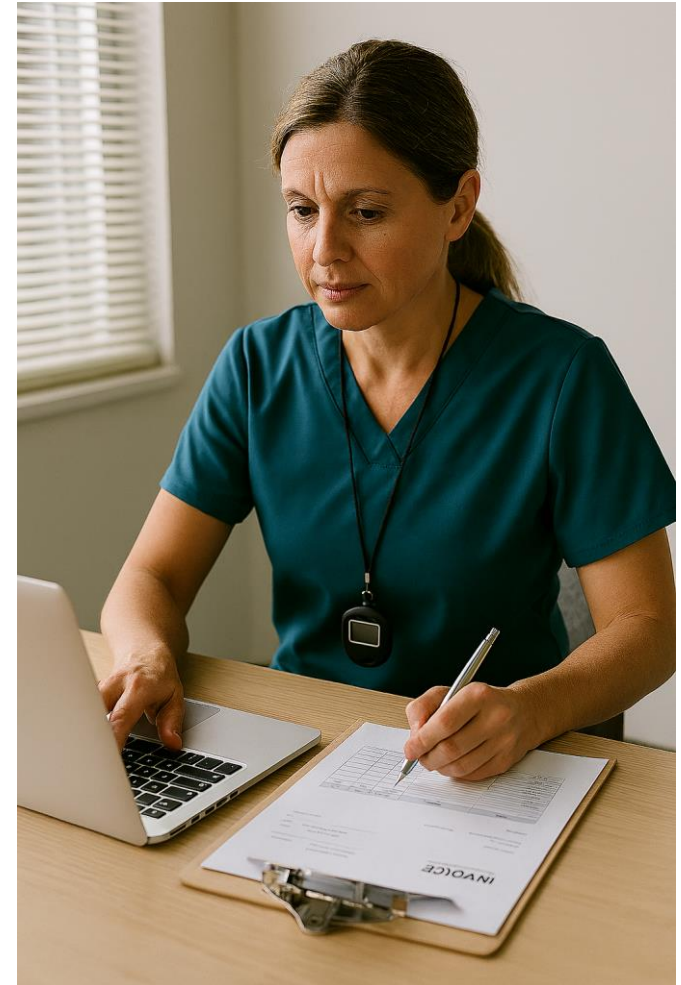
**Orientation:** Are you charging for it?

**91-Minute Sessions:** Are you documenting and billing appropriately?

**Patient Education:** Education is valuable and reimbursable.

**Revenue Supports Staffing:** Increased billing = justification for increased staff.

## Stop doing valuable work for free



# Adherence: Twice the Value, Half the Hassle



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- **Offer double sessions to any patient, anytime they're interested**
  - Be flexible and encourage the option!
- **Bill for 2 sessions when patients attend 91+ minutes**
  - Maximize time, maximize reimbursement.
- **Schedule education lectures between classes**
  - Improve flow and staff efficiency.
- **Bill for both monitored & unmonitored CR/PR**
  - Ideal for programs with limited telemetry monitors.
- **Reminder: 93797 reimburses the SAME as 93798**
  - Most insurances, including Medicare, cover it.



## Review: Eliminate What Doesn't Add Value



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**Blood Pressures**

**Telemetry**

**Paperwork**

**Double Data Entry**

**Excel Sheet Data Benchmarking**



# Interns: The Answer to All Your Problems 😊



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**This is how you get everything done with limited staff!**

**Don't have an internship program? Start one NOW!**

**Reach out to local universities:** Ask to set up a clinical internship contract.

**Interns = Future Hires:** Built-in pipeline for recruiting staff.

**Accept full-time & part-time students together :** More flexibility, more help.

## Interns add value

- Keep staff accountable & energized
- Bring fresh ideas & enthusiasm
- Strengthen your program in real time

## Interns can assist with:

- Patient education
- Data entry
- ITP coaching & goal reviews



# Exercise Science & Exercise Physiology Programs in North Carolina



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## **UNDERGRADATE PROGRAMS (B.S./B.A.)**

- UNC–Chapel Hill – *Exercise & Sport Science*
- UNC Charlotte – *Exercise Science*
- UNC Wilmington – *Exercise Science*
- UNC Greensboro – *Kinesiology (Exercise Science)*
- East Carolina University – *Kinesiology*
- UNC Pembroke – *Exercise & Sport Science*
- NC A&T State University – *Kinesiology: Exercise Science*
- North Carolina Wesleyan University – *Exercise Science*
- Montreat College – *Exercise Science*

## **GRADUATE PROGRAMS (M.S./M.A.)**

- UNC–Chapel Hill – *Exercise Physiology (M.A.)*
- UNC Charlotte – *Kinesiology (Clinical Exercise Physiology track)*
- UNC Greensboro – *Kinesiology: Exercise Physiology (M.S.)*
- East Carolina University – *Kinesiology: Exercise Physiology (M.S.)*

# Marketing: Market your program to Referring Physician offices



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Do physicians have your Brochure?

Can a patient “walk in” and sign up in person?

Current patients are your BEST marketing strategy

- Request that they provide feedback to their referring physician on their CR/PR experience
- Ask the patient to thank the physician for referring them
- If physicians repeatedly hear how awesome you are, it’s hard to forget to send future patients to you!

Collaborate with physicians on the accuracy of orders

- When an order is placed with the wrong Dx code, reaching out to correct it is a great teaching moment

**How am I monitored?**  
Our staff will monitor your heart rhythm (EKG), heart rate, blood pressure, and weight each day you attend. If you have any signs or symptoms of expanding difficulties or heart problems, we will assist you in obtaining the appropriate care.

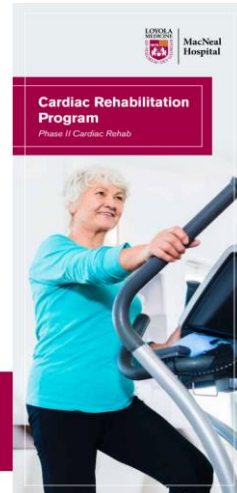
Call your insurance provider to check on Cardiac Rehabilitation as a covered benefit!

**Current class times**  
Classes are offered Mondays, Wednesdays and Fridays.

**Current Phase II Class Times:**

• 8 am	• 12:45 pm
• 9:15 am	• 2 pm
• 10:30 am	• 3 pm

For more information regarding Phase II Cardiac Rehabilitation please call us at:  
**708-783-2005**  
Fax number: 708-783-0044



**When will Supervised Exercise Therapy (SET) take place?**

Classes are offered Mondays, Wednesdays and Fridays.

You can pick from the following class times offered:

**Current Class Times:**

• 8 am	• 11 am
• 9 am	• 3 pm
• 10 am	• 5 pm

**How long is the program?**

Supervised Exercise Therapy is covered by most insurance plans for 36 sessions of therapy over 12 weeks.

For more information on Supervised Exercise Therapy (SET), call  
**708-783-2005**

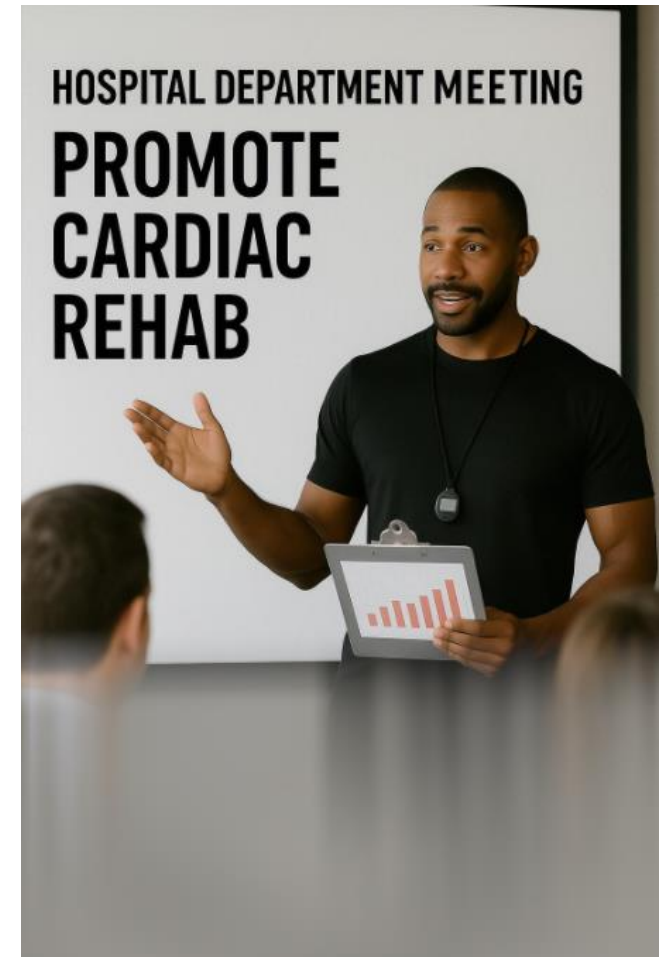


## Marketing: Promote your program at department meetings



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Medical Staff Meetings  
RN Leadership Rounds  
Resident Noon Conference  
Hospital Administration Meetings  
Hospital Readmission Committee  
Cardiology Dept. Meetings  
Cath Lab Dept. Meetings  
Residents  
RN Students



## Marketing: Review all current Charts for additional Qualifying Dx



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How many of your CAD patients also have PAD?

How many CAD patients also have CHF?

How many PCI patients had to have another PCI in the middle or near the end of CR?

- They all qualify for another 36 visits
- You are not giving them something they don't deserve
- What patient would not benefit from more exercise
- What physician does not want their patient to exercise
- Repeat patients are easier for staff to onboard



How easy is it to make an appointment?  
Have you googled your program lately?  
Have you tried to make an appointment?



# Marketing: Social Media



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facebook

Video Home Live Reels Shows Explore

**Faces of Loyola: Cardiac rehab**

Like Comment Share

6 comments · 1.8K views

in Search

You are viewing this page as a member

**MacNeal Cardiac Rehab**  
MacNeal's Cardiac Rehabilitation department is AACVPR Certified for 15 years in a row!  
Hospitals and Health Care - Berwyn, Illinois · 78 followers

Mark & 74 other connections follow this page

Message Following

Follow other organizations as your Page to grow visibility for MacNeal Cardiac Rehab. Get started →

Home About Posts

**Overview**  
Welcome to the official account for MacNeal's Cardiac Rehabilitation department.  
Website: <https://www.loyolamedicine.org/services/heart-and-vascular/heart-vascular-support-services/cardiac-rehab>  
Phone: 708-783-2005  
Industry: Hospitals and Health Care  
Company size: 51-200 employees

**Affiliated pages**  
Loyola Medicine Hospitals and Health Care  
Health & 29 other connections  
Following

**People also follow**  
British Journal of Sports Medicine (BJSM) Book and Periodical Publishing  
Health & 93 other connections  
UVA Health Hospitals and Health Care  
Health works here

Settings

Post

**Loyola Medicine MD**  
@LoyolaMedMD

About 800,000 people in the United States have a heart attack each year. Loyola's dedicated cardiac rehab team helps patients recover and prevent future complications. During Cardiac Rehabilitation Week we honor their commitment to our patients and their families.  
#CRWeek2024

3:10 PM · Feb 15, 2024 · 168 Views

Peggy Norton Rosko · 1st  
Chief Nurse Executive  
11mo · Edited

Great work from our Cardiac Rehab team!

**Betsy Hart, MS, AC...**  
Doctorate Clinical Exercise Physiology Student UIC, Supervisor MacNeal Hospital...  
Oak Park, Illinois  
MacNeal Hospital

Grow your career and get ahead  
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Profile viewers: 340  
Post impressions: 1,090

**Betsy Hart, MS, ACSM-CEP, CCRP, FAACVPR** · You  
Doctorate Clinical Exercise Physiology Student UIC, Supervisor MacNeal Hospital...  
11mo

Time to celebrate! 🎉 Our Loyola Medicine MacNeal Hospital #cardiacrehab program submitted our American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) Program Recertification application today and we couldn't be prouder. Congratulations to our amazing team! 🎉 Megan Bung, Clair Fron, CCEP, Emma Dunderdale, Betsy Hart, MS, ACSM-CEP, CCRP, FAACVPR, Caitlyn Muhlig, MS, ACSM-CEP, Joam Reed

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# Marketing: Company Newsletter



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## MacNeal Cardiac Rehab Wins Innovative Scientific Poster of the Year at National Conference

Betsy Hart, the lead clinical exercise physiologist, and Clair Fron, an exercise specialist, both from MacNeal cardiac rehab, collaborated on a scientific poster highlighting their efforts to increase enrollment numbers in PH II Cardiac Rehab at MacNeal. The poster was featured at AACVPR's National Conference in Anaheim, CA in September. MacNeal's poster was selected as the "Innovative Poster of the Year" at the Cardiac Rehab National Conference. You can stop by the cardiac rehab department at MacNeal to see the poster, which is currently on display.

Betsy Hart was also chosen to present a session "Breaking out of the Silo: Networking Within Your Hospital System" at the AACVPR National Conference. Betsy is also the president of the Illinois Society of Cardiopulmonary Health and Rehab (ISCHR) and accepted the award for Affiliate Society of the year.

[Congratulations](#), Betsy and Clair!



## Team of the Week: MacNeal Cardiac Rehab

In honor of World Exercise Physiology Day on Sept. 23, we shine a spotlight on MacNeal's Cardiac Rehab Team. This exceptional team of exercise professionals, health care providers and academics is dedicated to promoting health and wellness. Their efforts highlight the crucial role clinical exercise physiologists play in enhancing health outcomes and educating the community about the benefits of exercise. Let's recognize and appreciate their valuable contributions as they continue to make a positive impact on public health. Thank you, Betsy Hart, Clair Fron, Caitlyn Muhlig, Grace Tylutki and Joey Leduc! [Let's thank our colleagues on Spirit!](#)

## MacNeal's Cardiac Rehab Team Wears Red in Support of Women's Cardiovascular Health

 Kathryn Schmah  
COMMUNICATIONS MANAGER

### MacNeal's Cardiac Rehab Team Wears Red in Support of Women's Cardiovascular Health

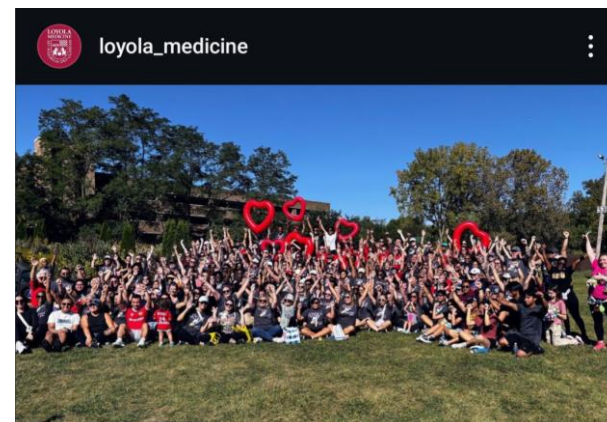
MacNeal's cardiac rehab team wore red on Feb. 7 to raise awareness about cardiovascular disease. Cardiovascular disease is the No. 1 killer of women. We wear RED to be seen, to be counted, to be heard and to make an impact. Women at every age, stage and season of life need our support as we take on our greatest health threat – cardiovascular disease.

Thank our cardiac rehab team in the comments!

Submit a story like this one, a milestone or a celebration [here](#). Nominate a Team of the Week [here](#). Interested in other news at Loyola Medicine this week? Read [Loyola Medicine Weekly](#).



MacNeal's Cardiac Rehab Team Wears Red



# Ways to Grow



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LEADERSHIP DEVELOPMENT  
**ACADEMY**

Join Our *New*

**Quality  
Improvement  
Cohort**



# What is one CHANGE you can implement next week?



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# Performance Measures bingo



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**B**

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**O**

Referral report to MDs

Include Allied Health Staff in Education Classes

AACVPR Program Certified

Quality projects

Track Adherence & Enrollment

AACVPR Registry

Group orientations

Incentive program

Automatic Referrals

Monthly Staff Meeting

Dept Ph # on Website

Cross Train Staff



Internship program

93797

Monthly Reviews Conducted w/ patient

Bilingual materials

Double Sessions 91+ Minutes

Social Media

Promote your program at other hospital dept meetings

Patient Satisfaction surveys

Double Sessions

Outreach to low-referral MDs

CR/PR Staff schedule all new patients

Eliminate unnecessary BPs

# Performance Measures Bingo



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**B**

**I**

**N**

**G**

**O**

Referral report to MDs

Include Allied Health Staff in Education Classes

AACVPR Certified Program

Quality projects

Track Adherence & Enrollment

AACVPR Registry

Group orientations

Attendance Incentive program

Automatic Referrals

Monthly Staff Meeting

Dept Ph # on Website

Cross Train Staff



Internship program

Charge 93797 Unmonitored

Monthly ITP Reviews Conducted w/ patient

Bilingual materials

Double Sessions 91+ Minutes

Social Media

Promote your program at hospital dept meetings

Patient Satisfaction surveys

AACVPR CCRP Certified Staff

Outreach to low-referral MDs

CR/PR Staff schedule all new patients

Eliminate unnecessary BPs

# Questions?



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**Betsy Hart, MS, ACSM-CEP, CCRP, CDCES, FAACVPR**

**Program Supervisor, Cardiopulmonary Rehab - MacNeal & Loyola Hospitals**

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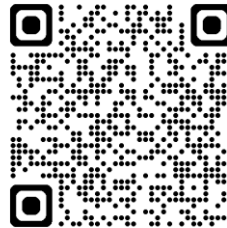
**Faculty – AACVPR Leadership Academy**

**Course Director – AACVPR CCRP Certification**

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LinkedIn Betsy Hart



MacNeal CR LinkedIn



MacNeal Internship