Michigan Value Collaborative

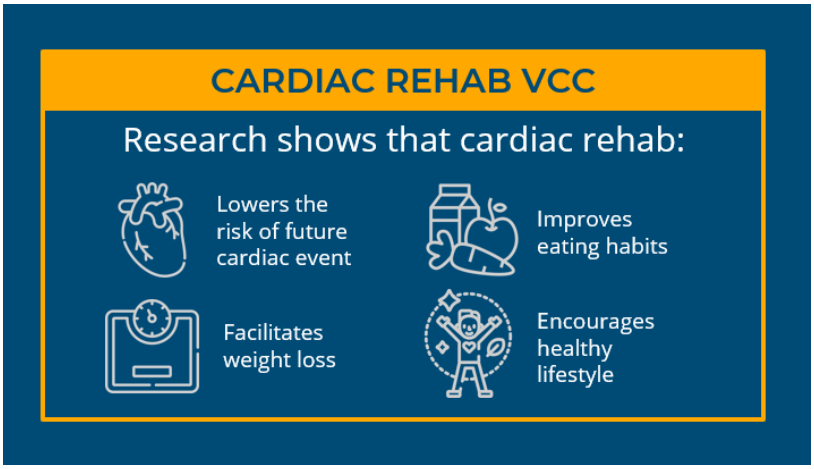
MVC Value Coalition Campaign: Cardiac Rehab
Frequently Asked Questions

What is the purpose of MVC's Cardiac Rehab Value Coalition Campaign (VCC)?

MVC's Cardiac Rehab VCC aims to increase participation in outpatient cardiac rehabilitation (phase II) for all eligible individuals in Michigan.

Why is cardiac rehab important?

Cardiac rehabilitation (CR) has a Class IA indication, meaning there is high-quality evidence that it is beneficial. Nevertheless, CR is widely underused, with utilization rates only 20-30% nationally. The MVC Coordinating Center is aiming to equitably increase participation in CR for all eligible individuals in Michigan. We will accomplish this by leveraging claims data to provide time-specific hospital-level information on CR enrollment and completed visits, and by partnering with the Blue Cross Blue Shield Cardiovascular Consortium (BMC2) and Michigan Society of Thoracic and Cardiovascular Surgeons Quality Collaborative (MSTCVS-QC).



Where can I find cardiac rehab data and information for my institution?

The MVC Coordinating Center regularly disseminates CR push reports to members for the following conditions: percutaneous coronary intervention (PCI), transcatheter aortic valve replacement (TAVR), surgical aortic valve replacement (SAVR), coronary artery bypass grafting (CABG), chronic heart failure (CHF), and acute myocardial infarction (AMI). These reports display hospital-level CR utilization rates, as well as mean number of visits and time to treatment. These reports have been developed in partnership with BMC2 and MSTCVS-QC.

The MVC Coordinating Center is also in the process of developing new CR dashboards for the MVC registry. This will allow members to track their metrics over time and monitor improvement outside of the regular push reports.

With respect to cardiac rehab, do we know if referral for rehab differs by race or socioeconomic status, or can you only assess paid claims?

The MVC Coordinating Center measures CR utilization rather than referral, and we are unable to see if utilization rates differ by race or socioeconomic status. We are committed to increasing the level of meaningful, timely, benchmarked performance data that is available to aid our member's quality improvement activities and, as part of this, are exploring ways in which this information can be integrated with our current data offering.

How do you calculate distance traveled to cardiac rehab?

The MVC registry contains information on a patient's home zip code and where they received CR services. We take the centroid of each zip code and calculate the straight-line distance between those two points. While this may underestimate the actual driving distance in rural areas with larger zip codes, it gives an approximation of distance between patients and CR facilities.

Does episode spending tend to be lower for patients utilizing cardiac rehab?

We compared 90-day total episode spending in those who did and did not go to CR and found that those who attended CR had lower total episode spending. However, most of this was due to lower readmission and post-acute care spending. Hospital readmission and facility-based post-acute care utilization would likely delay someone from enrolling in CR. The benefits of CR lie beyond the short-term episode window, as patients who attend CR experience lower risk of recurrent cardiovascular event, fewer readmissions, and better rates of survival.

Does MVC show my attributed patient population?

The MVC data is at the hospital level. If you are attributed to a hospital, you will see all patients discharged from that hospital, not just those that are treated by a physician affiliated with your PO.

What if a patient attends cardiac rehab outside of the 90-day episode window?

The standard MVC episode window is 90 days and begins the day of discharge from an index event. However, a full CR program consists of 36 sessions, which are often not feasible to complete within 90 days. Therefore, beginning in October 2021, we expanded the time horizon from 90 days to one year (365 days) beyond the index event to calculate CR utilization rates and number of visits. Reports sent prior to October 2021 slightly undercounted the number of CR visits and show 90-day utilization rates rather than 365-day utilization rates.

Can MVC identify if a patient was not referred for cardiac rehab because they met denominator exception criteria (as defined in the ACC/AHA criteria) documented by the hospital or are we only seeing raw numbers?

MVC data are unable to measure rates of referral to CR, as referrals are not captured within administrative claims. MVC-calculated CR rates do exclude from the denominator patients who died in-hospital or were discharged to hospice, but all other patients are included in the denominator. The ACC/AHA criteria specify broader denominator exceptions which are difficult to identify in claims data.

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How can I get involved with this VCC?

The MVC Coordinating Center has developed a quarterly member working group to inform ongoing activity related to CR. If you or someone from your institution is interested in participating in these discussions, please reach out to the MVC Coordinating Center for more information (michiganvaluecollaborative@gmail.com).