

Cardiac Rehab Referral- After the Click

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- No Disclosures

Learning Objectives



Understand the impact *referring and receiving sites* have on patient access to Cardiac Rehab



Define *Data Perspective* and how it can potentially impact our decision making



Understand the role that delivery of *quality Cardiac Rehab* may impact participation and utilization

Million Hearts Focus Areas ⁽¹⁾

- System Change
- Referrals
- Enrollment and Participation
- Adherence

Cardiac Rehabilitation Change Package (Second Edition) | Million Hearts®

Referral Participation Rates

- 2024 MVC Referral Rate
- 2019 MVC Referral Rate
- 2023 MVC Participation Rate - 34%
- 2019 MVC Participation Rate - 31%
- *2019 indicated 30% more cases than 2023*

- Cardiovascular Services
- Leadership
- Surgeons/Providers

- Cardiac Rehab

- System Change
- Referral

• Enrollment
• Participation

- Adherence

<https://www.fox2detroit.com/news/gordie-howe-bridge-85-feet-short-from-being-connected-as-2025-finish-line-comes-into-focus>



Closing the Gap

- Multi-Facet problem
 - Unintended/unknown hidden barriers between referral and enrollment
 - Variability in Cardiac Rehab quality (2)

What defines a referral

- A referral indicating Phase II Cardiac Rehab
- A referral that contains a Dx that is an indicator for Cardiac Rehab
- Signed or Co-signed by MD/DO

- An acute myocardial infarction
 - within the preceding 12 months
- Coronary artery bypass surgery
- Current stable angina pectoris
- Heart valve repair or replacement
- Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting
- A heart or heart-lung transplant
- Stable, chronic heart failure

Action Required Referrals

■ Phase I – Inpatient – Consult Orders

Order Requisition

Patient Care

Order: Cardiac Rehab Phase I Eval and Treat (Inpatient)

■ No Signature

Referral Details

Medical Service: Cardiac Rehab (External)

Referral Reason: post TAVR

Codified Reason: Z95.2 s/p tavr

Refer from Provider:

Refer from Location:

Referral Written Date: 08/11/2025

Requested Start Date: 08/11/2025

Priority: Routine

Instructions to Staff: please send to MyMichigan Alpena cardiac rehab.

- Discharge Summary/Notes
- Inpatient Face Sheet

- NPP w/o Co-signer (MD/DO)

Authorizing Provider: [REDACTED] PA-C

- Dx

Ambulatory referral to Cardiac Rehab [REDACTED]

Diagnosis: Chest pain, unspecified type (R07.9); Unstable angina pectoris (CMS/HCC) (I20.0)

Referred to:

Priority: Routine

Referral Type: Rehabilitation - Outpatient

Referral Reason: Specialty Services Required

NOTE: This is not exclusive to outbound referrals, you may be providing these to your own Cardiac Rehabs

Outbound Referral Delivery

Internal

- Fully Electronic?
- Contain all required components?
- Dedicated staff managing referrals?

External

- Who is processing these referrals?
 - Inpatient
 - Cardiac Rehab
- Contain all required components?
 - Different from internal?
- CR site selection process?
- Delivery method
 - Electronic
 - Fax (Batched)
 - Mail
 - Having the patient call

Inbound Referral

- How are inbound referrals managed?
 - Central Scheduling
 - In-Department
 - Admin Assistance
 - Clinical Staff

Referring Site



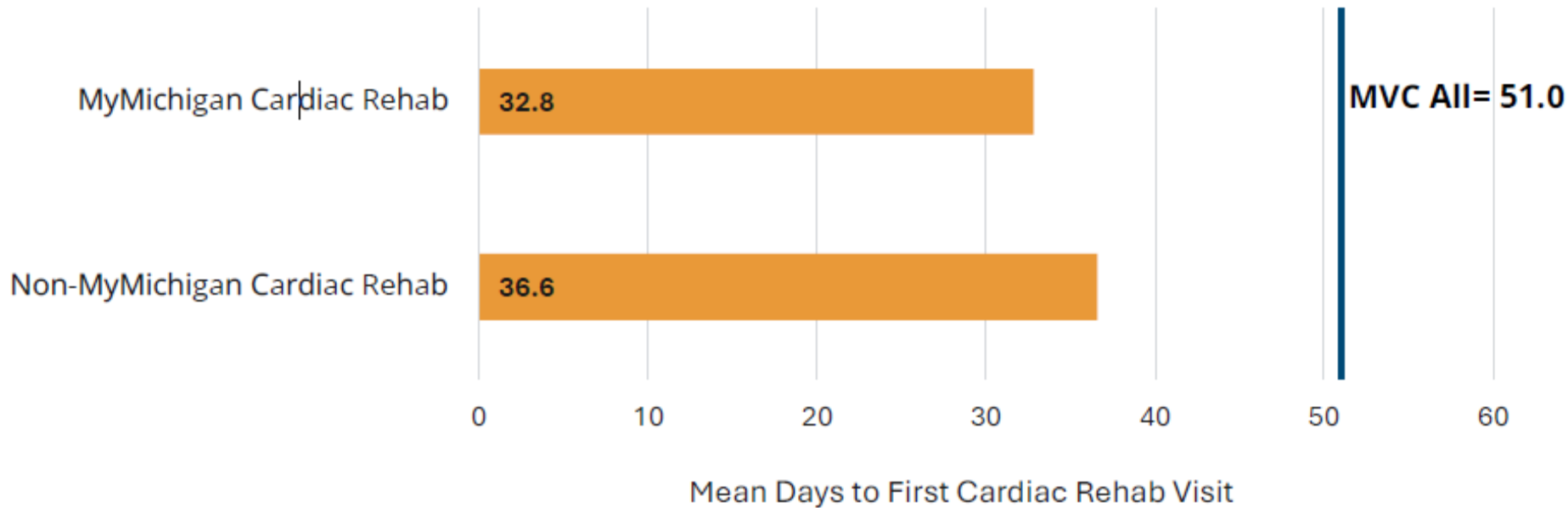
<https://www.mlive.com/lions/2021/12/qb-jared-goff-back-at-detroit-lions-practice-as-team-continues-to-play-it-safe-with-illness-issues.htm>

Where are your patients receiving CR

Table 2. Distribution of CR Locations Utilized by Patients Discharged from MyMichigan Medical Center Midland for any MiCR Main 5 Condition (July 1, 2021 – June 30, 2024)

NPI Number	CR Location Name	Percentage
1902841414	MyMichigan Medical Center - Midland	30.1%
1568414589	MyMichigan Medical Center - Clare	11.9%
1023097771	MyMichigan Medical Center - Alma	11.6%
1619914652	MyMichigan Medical Center - Alpena	8.4%
1376973149	MyMichigan Medical Center - Midland	7.3%
1235248071	MyMichigan Medical Center - Gladwin	6.9%
1538566765	MyMichigan Medical Center - West Branch	5.5%
[REDACTED]	[REDACTED]	2.8%
[REDACTED]	[REDACTED]	1.7%
[REDACTED]	[REDACTED]	1.5%

Figure 1. Mean Days to First CR Visit for Patients Discharged from MyMichigan Medical Center Midland for any MiCR Main 5 Condition, by CR Location (July 1, 2021 – June 30, 2024)



Receiving Site



<https://a57.foxnews.com/static.foxnews.com/foxnews.com/content/uploads/2023/10/1200/675/Jahmyr-Gibbs-1.jpg?ve=1&tl=1>

<https://img.apmcdn.org/22688c5761ad14a5ae111493bbbe158c4ef9cddb/widescreen/47db26-20220923-aptopix-commanders-lions-football-webp2000.webp>

Figure 5. Distribution of Index Event Hospital System of Patients Attending MyMichigan Cardiac Rehab Within 90 Days Post-Discharge from Cardiac Care Encounter for any MiCR Main 5 Condition, by Cardiac Rehab Location

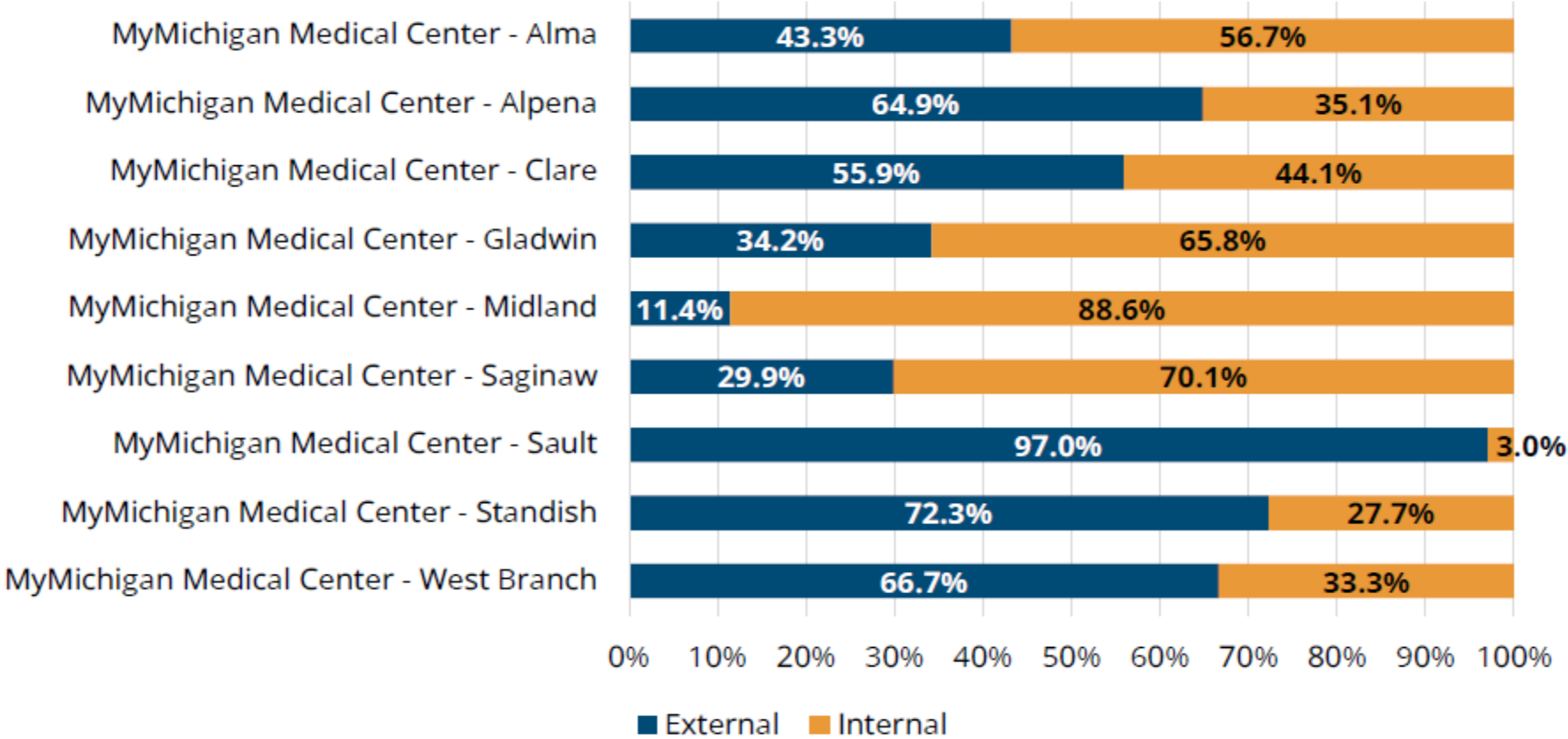
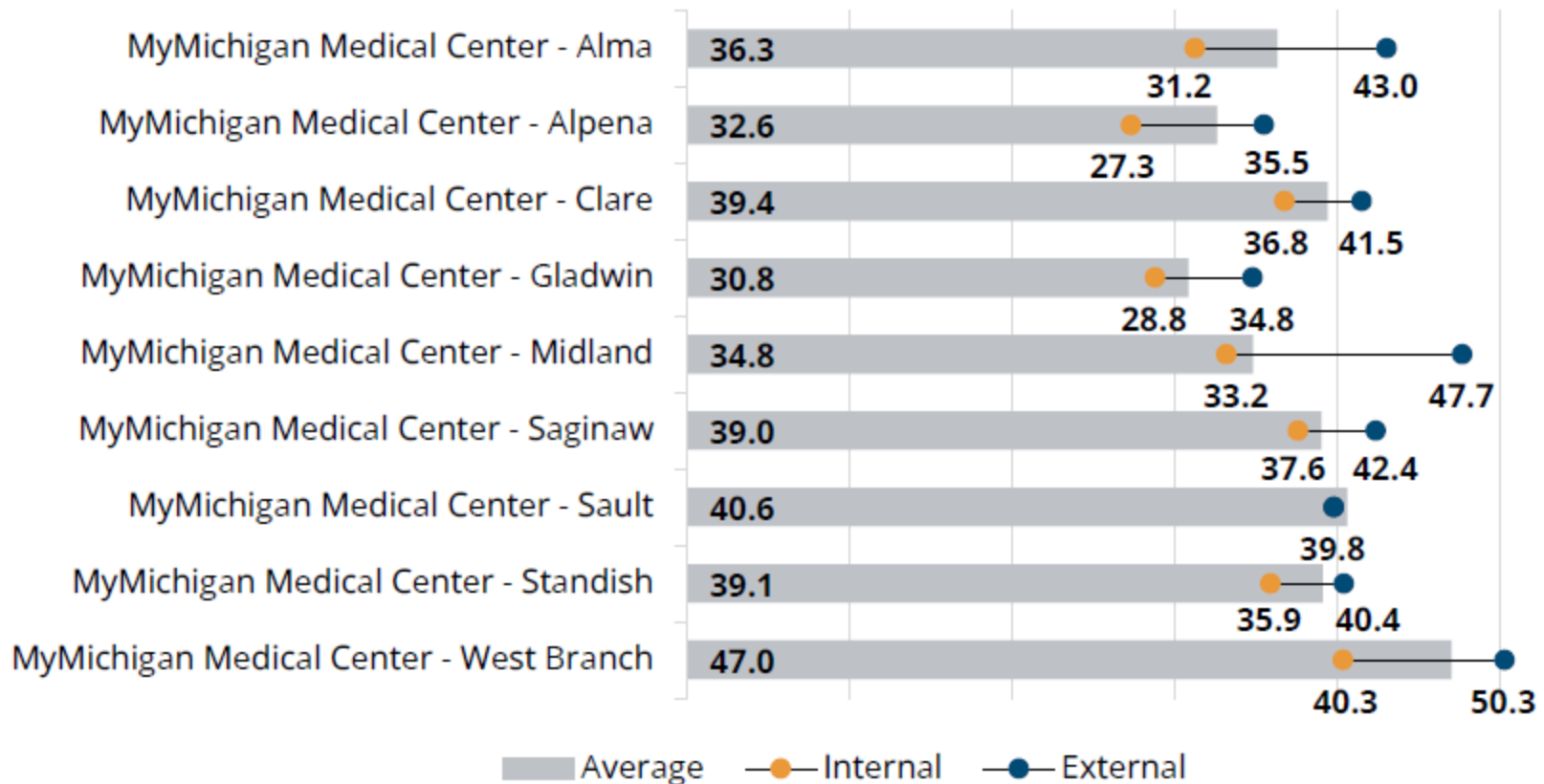


Table 3. Distribution of Index Event Hospital System of Patients Attending MyMichigan Cardiac Rehab Within 90 Days Post-Discharge from Cardiac Care Encounter for any MiCR Main 5 Condition, by Index Condition (July 1, 2021 – June 30, 2024)


Conditions	Proportion of MyMichigan CR Patients	Distribution of Index Event Location, by Condition	
		External	Internal
AMI	33.4%	33.0%	67.0%
CABG	19.5%	60.6%	39.4%
PCI	28.6%	34.6%	65.4%
TAVR	11.0%	39.9%	60.1%
SAVR	7.6%	54.4%	45.6%
Main 5	100%	41.2%	58.8%

Figure 8. Mean Days to First CR Visit of Patients Attending MyMichigan Cardiac Rehab Within 90 Days Post-Discharge from Cardiac Care Encounter for any MiCR Main 5 Condition, by MyMichigan Cardiac Rehab Location and Patient Origin (July 1, 2021 – June 30, 2024)



Where are the referrals coming from?

Table 4. Distribution of External Index Hospitals Among Patients Attending MyMichigan Cardiac Rehab Within 90 Days Post-Discharge from Cardiac Care Encounter for any MiCR Main 5 Condition (July 1, 2021 - June 30, 2024)

Hospital Name	Percentage
	27.7%
	20.1%
	16.5%
	10.1%
	9.2%
	3.4%
	2.0%
	1.9%
	1.5%
	7.7%
Other Hospitals	

Take Aways

- Understand all the positions in the Cardiac Rehab Access Playbook
- Review your referral process from **start to FINISH** assessing for barriers and process improvements
- Use your available resources/data
 - All of the data used in the presentation was created by the MVC Analytics Team per request

Variability in Quality Cardiac Rehab (2)

Adherence to Guidelines

- Inconstant guidelines and benchmarking

Data collection

- Inefficient process of collection
- Lack of data outside of clinical trials

Workforce Challenges

- Turnover
- Staffing levels
- Compensation
- Clinical expertise

Leveraging Technology

- Access

Call To Action

“Cardiac rehabilitation can transform patients' lives, especially if it is of high quality and delivered universally. Currently, many CR programs lack systematic data collection processes, and most have varying adherence to established standards, which limits their effectiveness. Ensuring that all patients can access evidence-based, comprehensive CR services is essential. Addressing the inconsistencies in CR delivery is a necessary step to fully leverage its benefits in reducing the global burden of heart disease. The focus should now be on prioritizing quality improvement in CR. The question is not whether we can afford to improve the quality of CR, but whether we can afford not to.” (2)

References

- (1) Centers for Disease Control and Prevention. Cardiac Rehabilitation Change Package, Second Edition. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2023.
- (2) Candelaria, Dion PhD, RN; Keteyian, Steven J. PhD; Gallagher, Robyn PhD, RN; Pack, Quinn R. MD, MSc. Cardiac Rehabilitation Quality Matters: Promoting Standards, Optimizing Outcomes. Journal of Cardiopulmonary Rehabilitation and Prevention 45(5):p 308-310, September 2025. | DOI: 10.1097/HCR.0000000000000984