



Cardiac Rehab Hospital-Level Report

Hospital A

Reporting Period: 7/1/18 - 6/30/21

Michigan Cardiac Rehab Network (MiCR) partners and contributors:



Cardiac Rehab Hospital-Level Report

What is this report?

Through the Michigan Cardiac Rehab (MiCR) Network, the Michigan Value Collaborative (MVC) is partnering with the Blue Cross Blue Shield of Michigan Cardiovascular Consortium (BMC2) and the Michigan Society of Thoracic and Cardiovascular Surgeons (MSTCVS) to equitably increase participation in cardiac rehabilitation for all eligible individuals in Michigan. This report provides measures of your patient population's participation in cardiac rehabilitation (CR) based on administrative claims data from MVC. Cardiac rehabilitation is a highly valuable secondary prevention program for patients who have had a heart attack (AMI), chronic stable angina, congestive heart failure (CHF), or have undergone a percutaneous coronary intervention (PCI), heart valve repair or replacement (SAVR or TAVR), or coronary artery bypass procedure (CABG). Cardiac rehabilitation has been shown to reduce the risk of all-cause and cardiovascular-specific mortality, reduce the risk of hospital readmissions, and improve functional status and quality of life¹⁻⁵. Despite these benefits, this report shows that Michigan currently falls short of the 70% participation goal set by the American College of Cardiology (ACC), American Heart Association (AHA), and Million Hearts⁶. For more information about the benefits of cardiac rehab and resources for improving enrollment, please see the MiCR Cardiac Rehab Toolkit.

What is the patient population, and how are cardiac rehab rates calculated?

Patients in MVC's AMI, TAVR, SAVR, CABG, PCI, and CHF episodes from 7/1/2018 to 6/30/2021 are eligible to be in this report. All patients were insured by plans from Medicare FFS, BCBSM PPO Commercial, BCBSM Medicare Advantage, Blue Care Network (BCN) HMO, or BCN Medicare Advantage. The eligibility threshold was set at 20 cases over the reporting period, and hospitals that did not meet this threshold for a certain procedure will not receive a page of cardiac rehab metrics on that condition. The collaborative average to which your hospital is being compared is composed of all other hospitals that met the 20 case count threshold for that particular condition. If your hospital met the 20 case count threshold but none of those patients attended CR, Figures 3 and 4 will not populate with hospital-specific information. CR variables were derived from administrative claims based on Current Procedural Terminology codes (93797 and 93798), Healthcare Common Procedure Coding System codes (G0422 and G0423), and revenue center code 943. Inpatient deaths and discharges to hospice are excluded from the denominator.

How do I use this report?

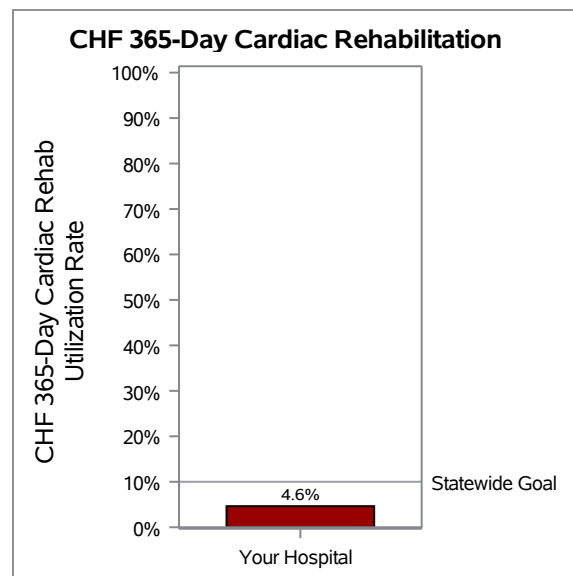
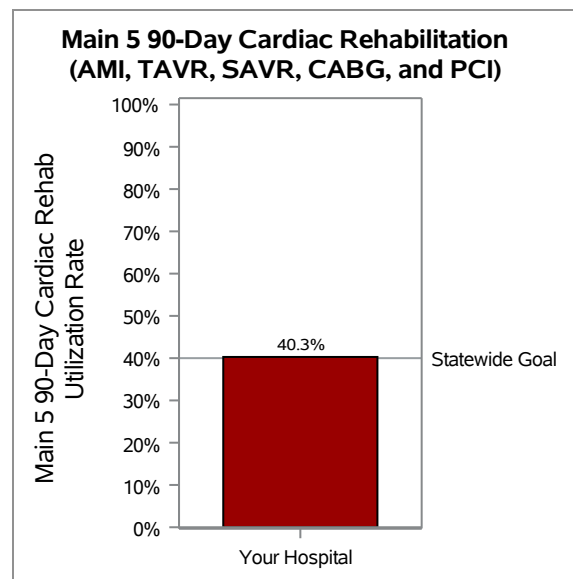
- Disseminate to and discuss with your local cardiac rehab team(s)
- Identify champions for this cause at your institution
- Compare to your own institutional data

References

1. Heran BS, Chen JM, Ebrahim S, Moxham T, Oldridge N, Rees K, Thompson DR, Taylor RS. Exercise-based cardiac rehabilitation for coronary heart disease. *Cochrane Database Syst Rev*. 2011 Jul 6;(7):CD001800. PMID: PMC4229995
2. Taylor RS, Brown A, Ebrahim S, Jolliffe J, Noorani H, Rees K, Skidmore B, Stone JA, Thompson DR, Oldridge N. Exercise-based rehabilitation for patients with coronary heart disease: systematic review and meta-analysis of randomized controlled trials. *Am J Med*. 2004 May 15;116(10):682-692. PMID: 15121495
3. Taylor RS, Long L, Mordi IR, Madsen MT, Davies EJ, Dalal H, Rees K, Singh SJ, Gluud C, Zwisler A-D. Exercise-Based Rehabilitation for Heart Failure: Cochrane Systematic Review, Meta-Analysis, and Trial Sequential Analysis. *JACC Heart Fail*. 2019 Aug;7(8):691-705. PMID: 31302050
4. Anderson L, Thompson DR, Oldridge N, Zwisler A, Rees K, Martin N, Taylor RS. Exercise-based cardiac rehabilitation for coronary heart disease. *Cochrane Database Syst Rev* [Internet]. John Wiley & Sons, Ltd; 2016 [cited 2021 Jan 25];(1). Available from: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001800.pub3/abstract>
5. Rejeski WJ, Foy CG, Brawley LR, Brubaker PH, Focht BC, Norris JL 3rd, Smith ML. Older adults in cardiac rehabilitation: a new strategy for enhancing physical function. *Med Sci Sports Exerc*. 2002 Nov;34(11):1705-1713. PMID: 12439072
6. Thomas RJ, Balady G, Banka G, Beckie TM, Chiu J, Gokak S, Ho PM, Keteyian SJ, King M, Lui K, Pack Q, Sanderson BK, Wang TY. 2018 ACC/AHA clinical performance and quality measures for cardiac rehabilitation: report of the American College of Cardiology/American Heart Association Task Force on Performance Measures. *Circ Cardiovasc Qual Outcomes*. 2018;11:e000037. doi: 10.1161/HCQ.0000000000000037

Cardiac Rehab Overall - Hospital A

In 2022, the Michigan Cardiac Rehab Network set two statewide goals around cardiac rehabilitation. The first goal is for at least 40% of all eligible AMI, TAVR, SAVR, CABG, and PCI patients to attend at least one cardiac rehabilitation session within 90 days of their hospital discharge. This group of conditions is referred to as the “Main 5” conditions (AMI, TAVR, SAVR, CABG, and PCI). The second goal is for at least 10% of all eligible CHF patients to attend a single cardiac rehabilitation session within 1 year of a CHF-related hospitalization. Because these are statewide goals, your hospital's cardiac rehab utilization rates contribute to the broader pool. The graphs below show where your hospital stands in relation to these statewide goals. Even if your hospital's rate is already above target, further improvement will continue to count toward the statewide goals. No case count thresholds are applied to the two graphs below, which means it is possible to have the “Main 5” graph populated below but not receive any of the corresponding AMI, TAVR, SAVR, CABG, or PCI pages if your hospital's case count was greater than 0 but less than 20 for any of those conditions.



Cardiac Rehab After TAVR - Hospital A

Figure 1: Collaborative-Wide CR Use Within 90 Days

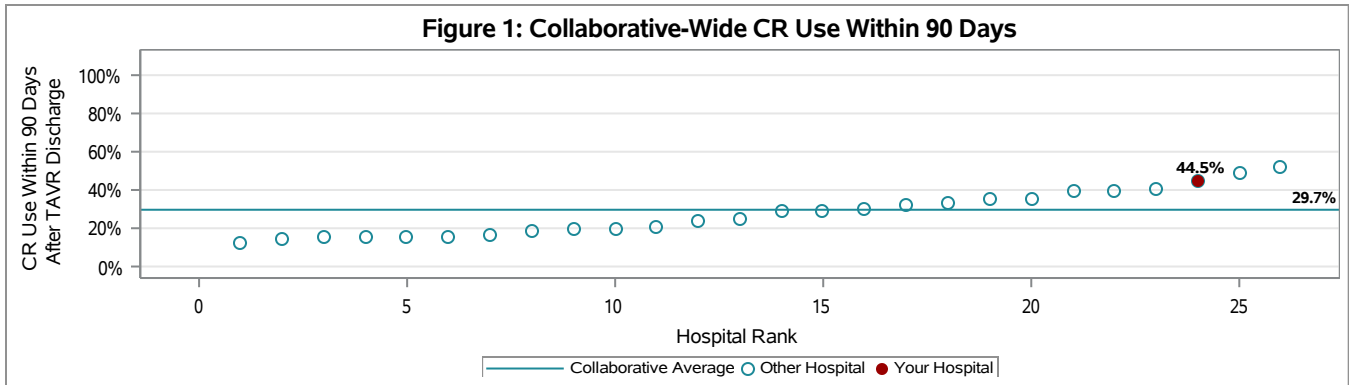


Figure 2: Quarterly Trends in CR Use Within 90 Days

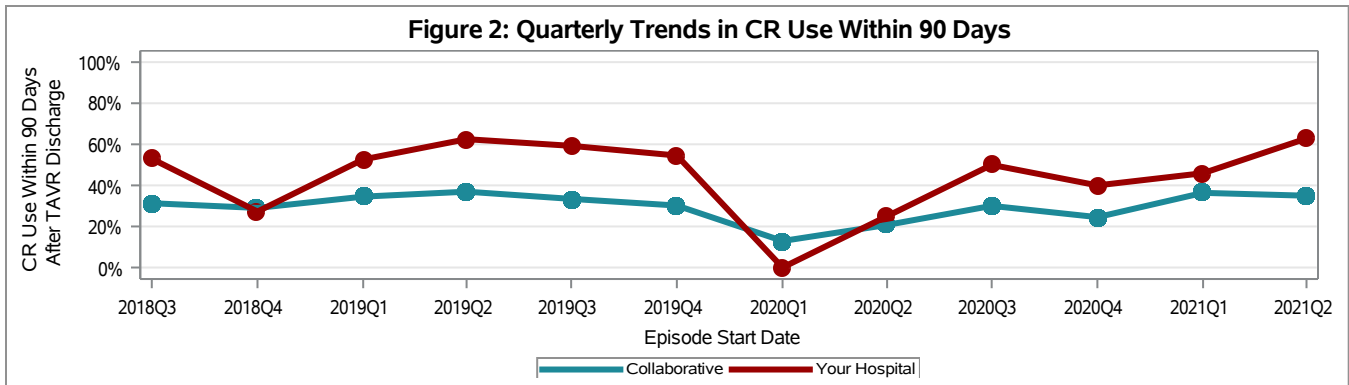


Figure 3: Mean Days to First CR Visit (Among CR Utilizers)

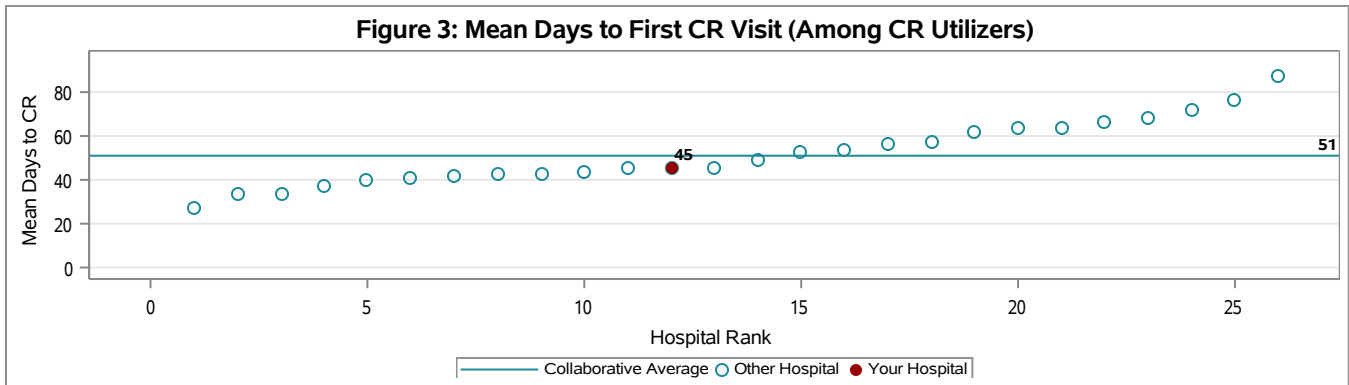
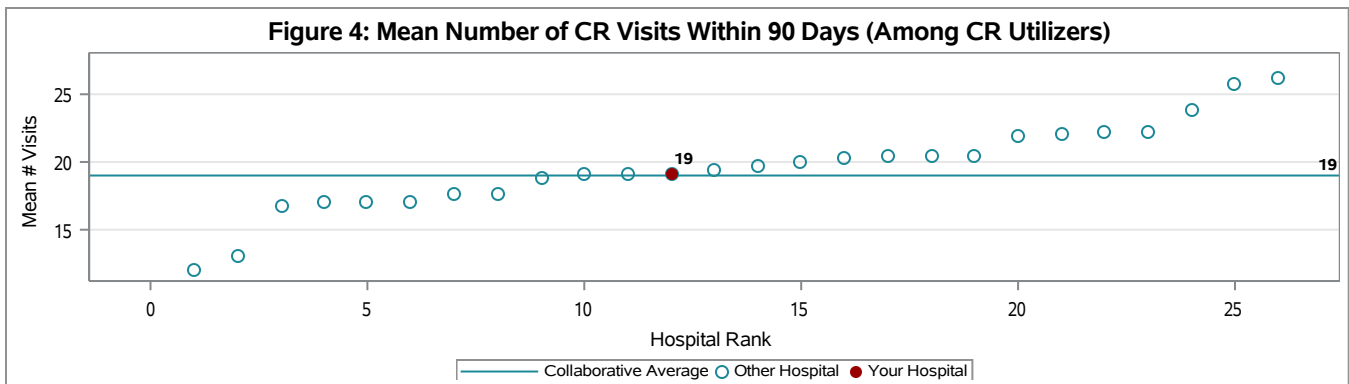


Figure 4: Mean Number of CR Visits Within 90 Days (Among CR Utilizers)



Cardiac Rehab After SAVR - Hospital A

Figure 1: Collaborative-Wide CR Use Within 90 Days

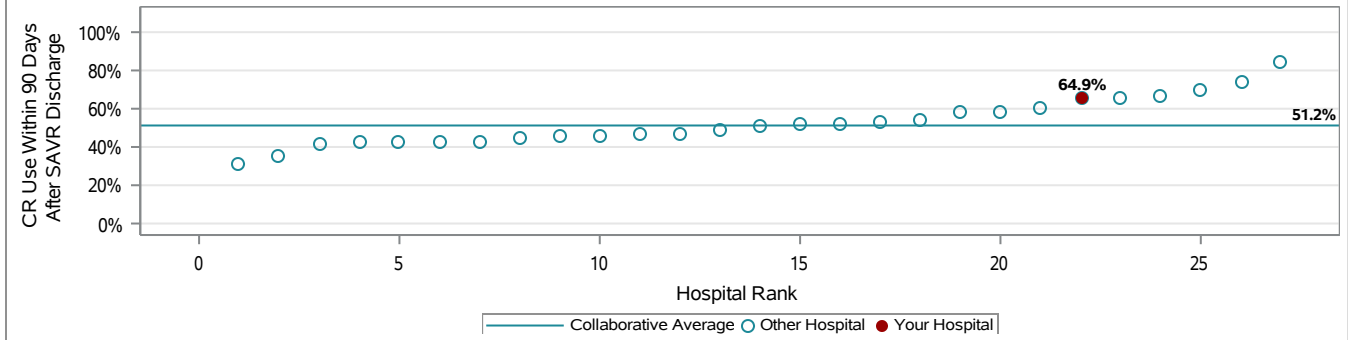


Figure 2: Quarterly Trends in CR Use Within 90 Days

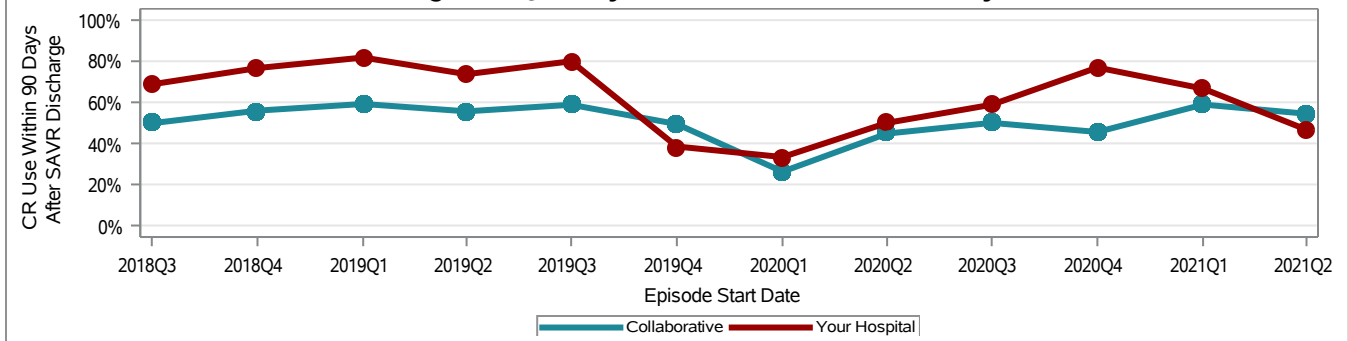


Figure 3: Mean Days to First CR Visit (Among CR Utilizers)

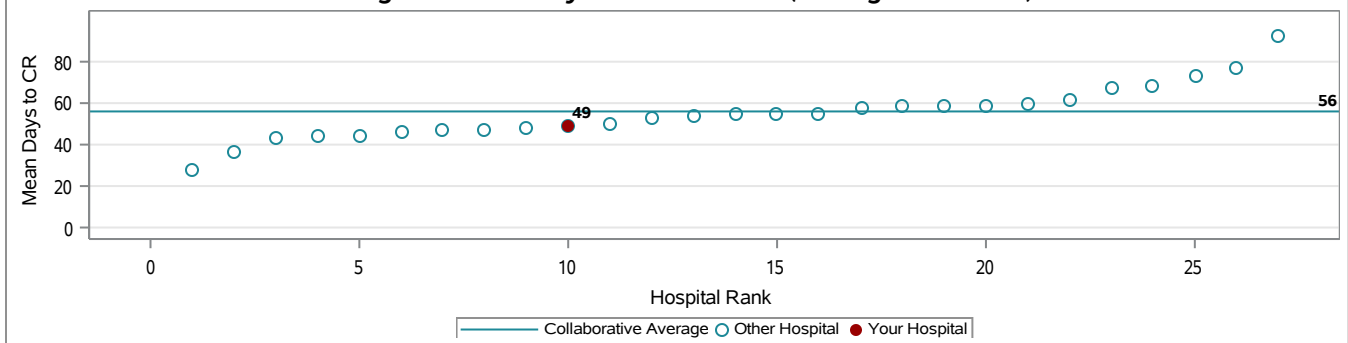
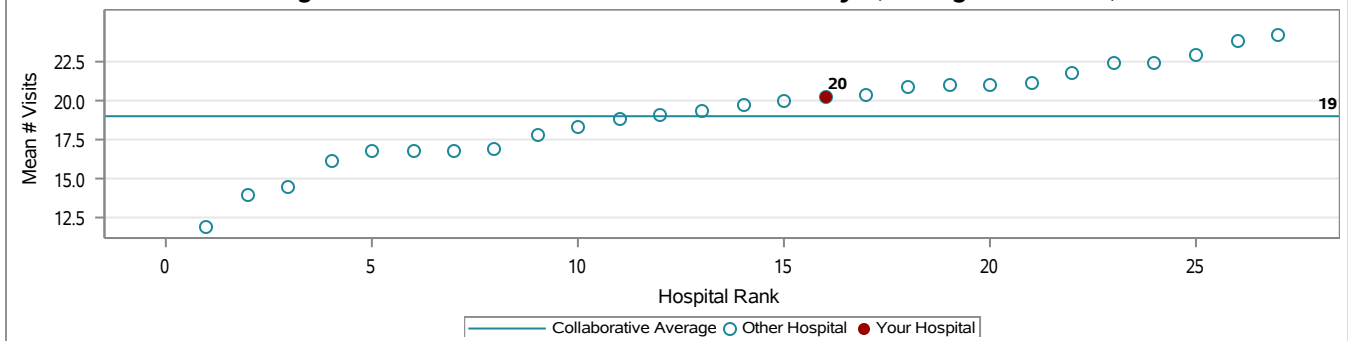
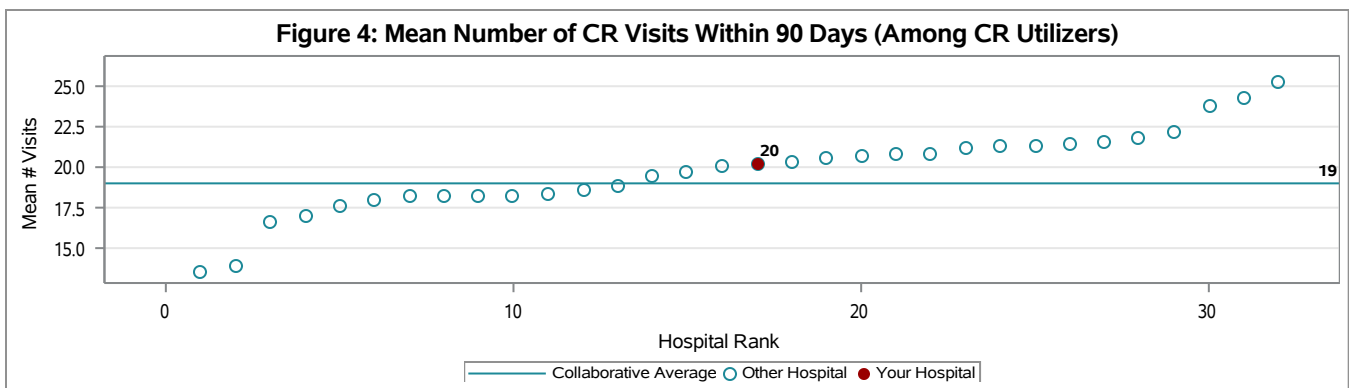
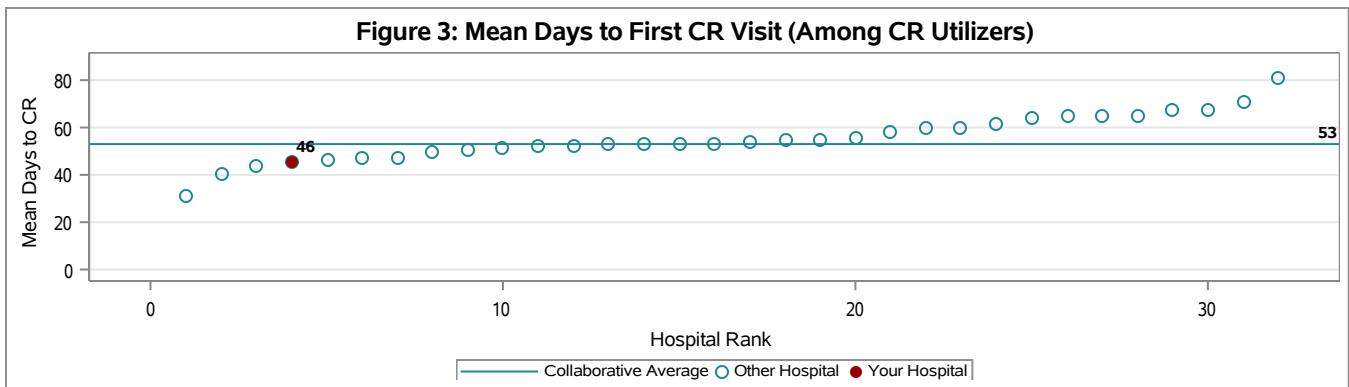
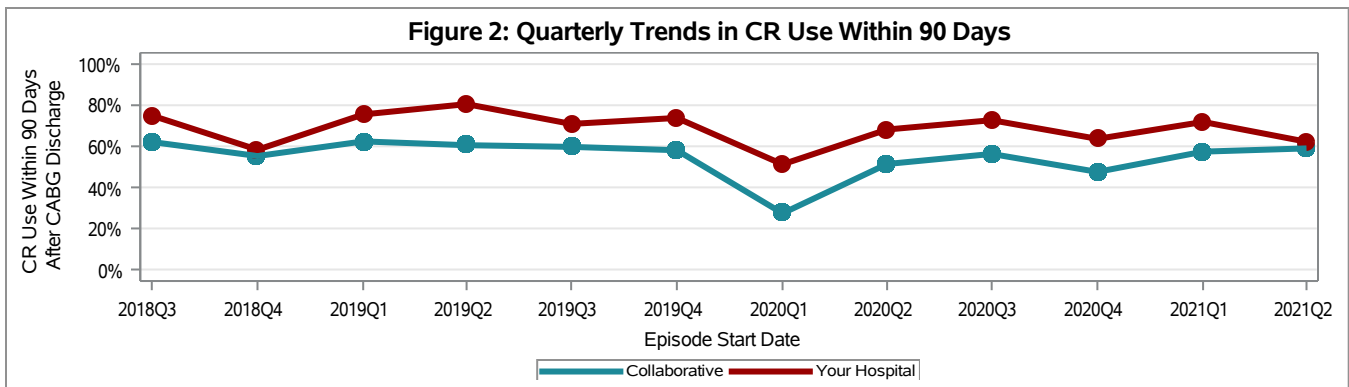
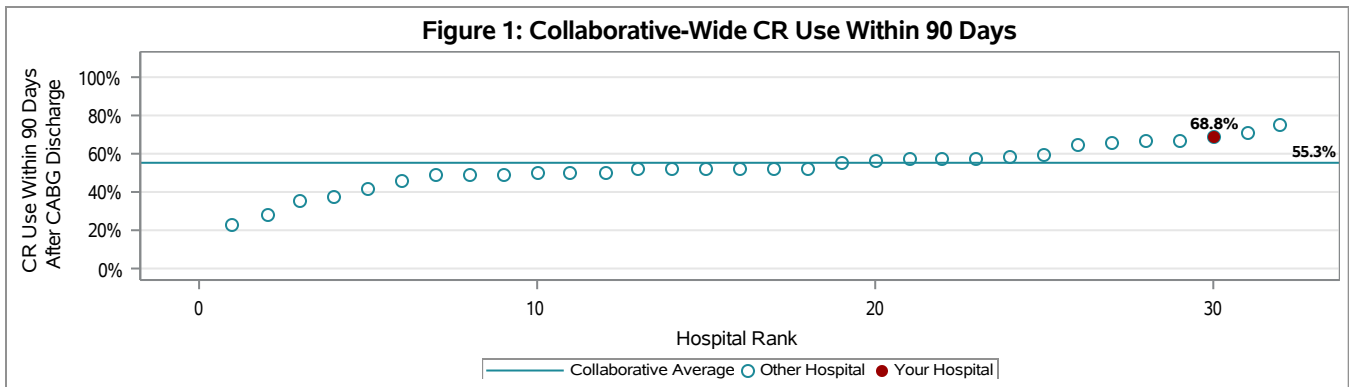


Figure 4: Mean Number of CR Visits Within 90 Days (Among CR Utilizers)



Cardiac Rehab After CABG - Hospital A



Cardiac Rehab After PCI - Hospital A

Figure 1: Collaborative-Wide CR Use Within 90 Days

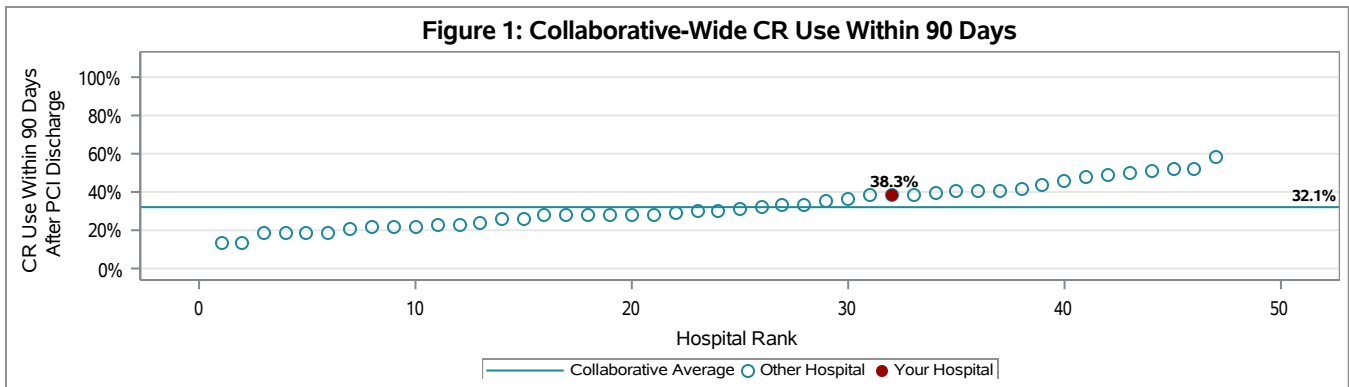


Figure 2: Quarterly Trends in CR Use Within 90 Days

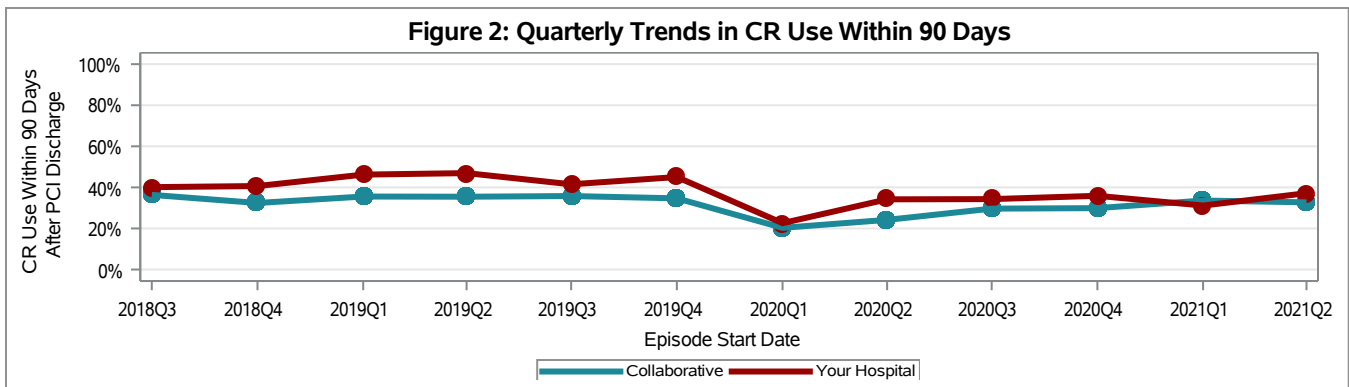


Figure 3: Mean Days to First CR Visit (Among CR Utilizers)

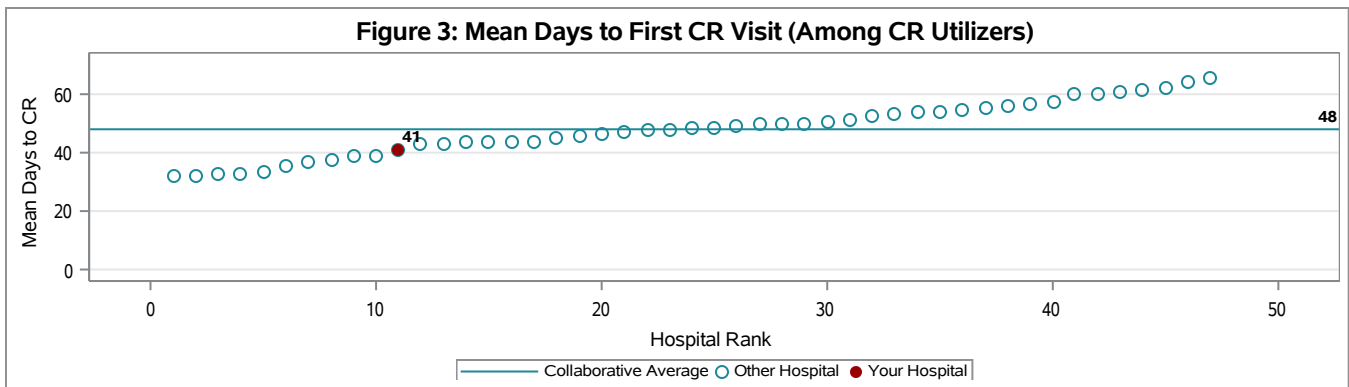
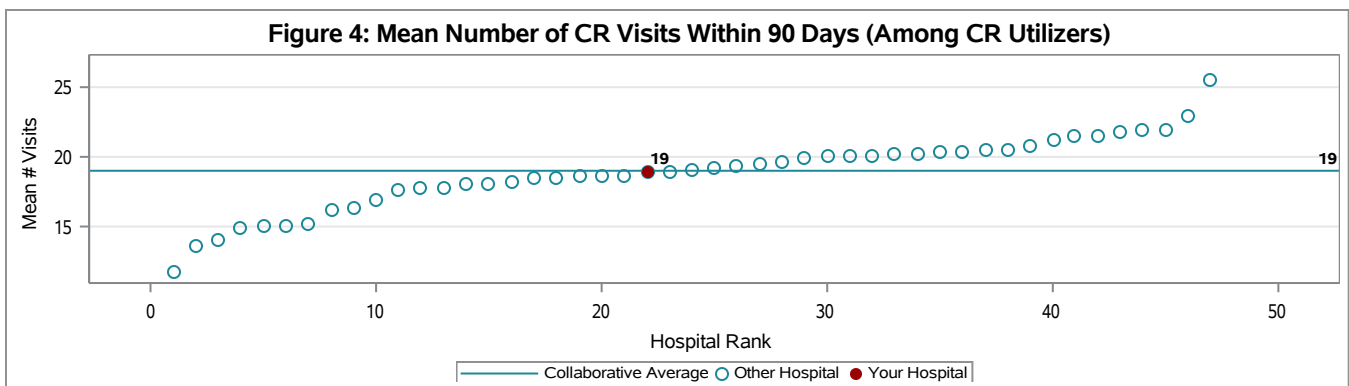


Figure 4: Mean Number of CR Visits Within 90 Days (Among CR Utilizers)



Cardiac Rehab After AMI - Hospital A

Figure 1: Collaborative-Wide CR Use Within 90 Days

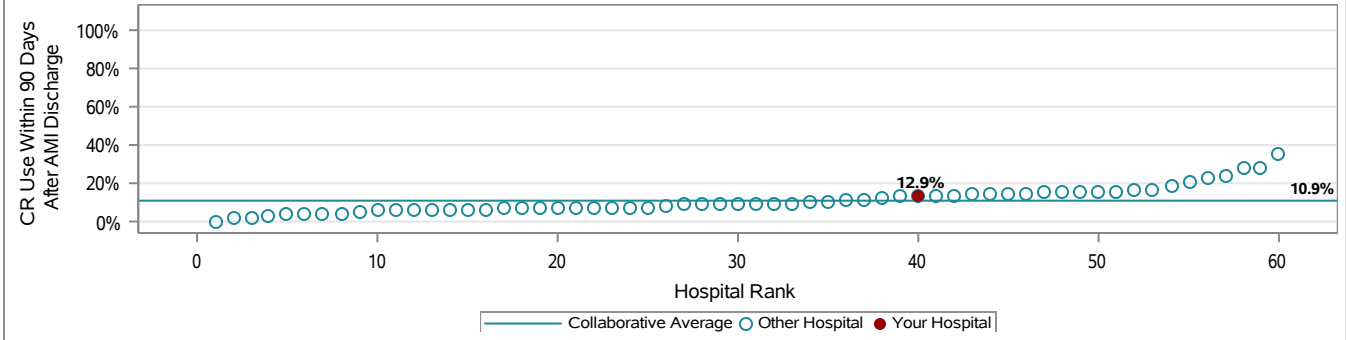


Figure 2: Quarterly Trends in CR Use Within 90 Days

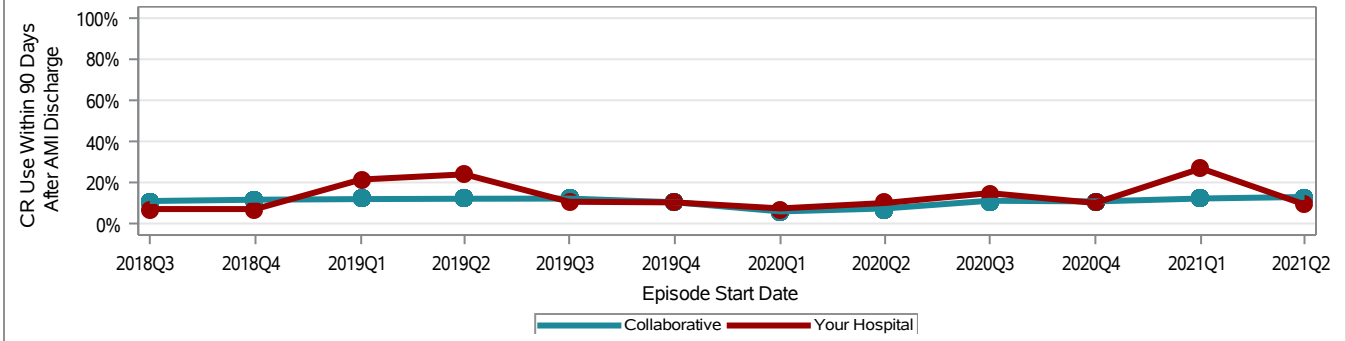


Figure 3: Mean Days to First CR Visit (Among CR Utilizers)

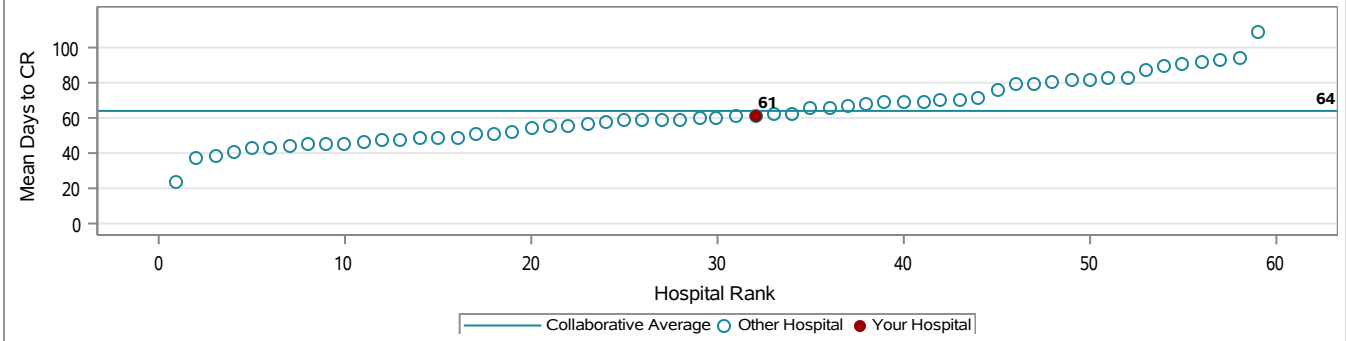
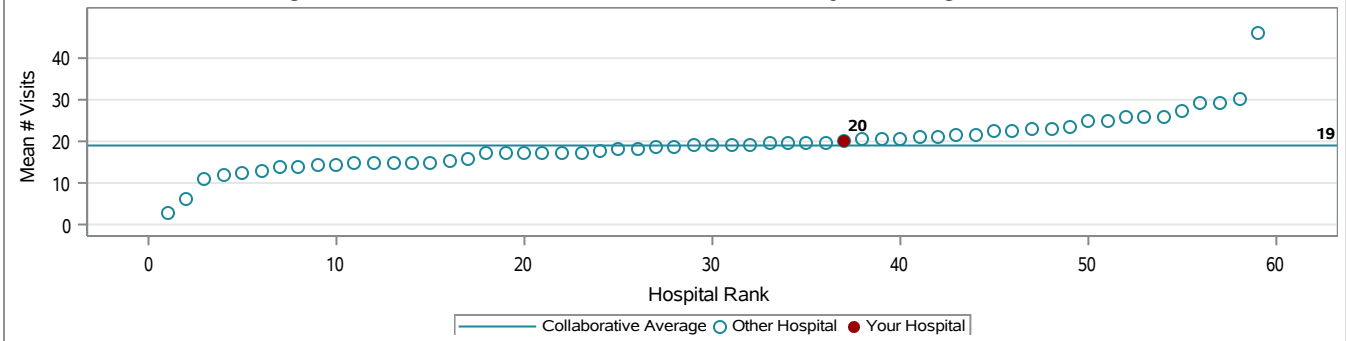


Figure 4: Mean Number of CR Visits Within 90 Days (Among CR Utilizers)



Cardiac Rehab After CHF - Hospital A

Figure 1: Collaborative-Wide CR Use Within 365 Days

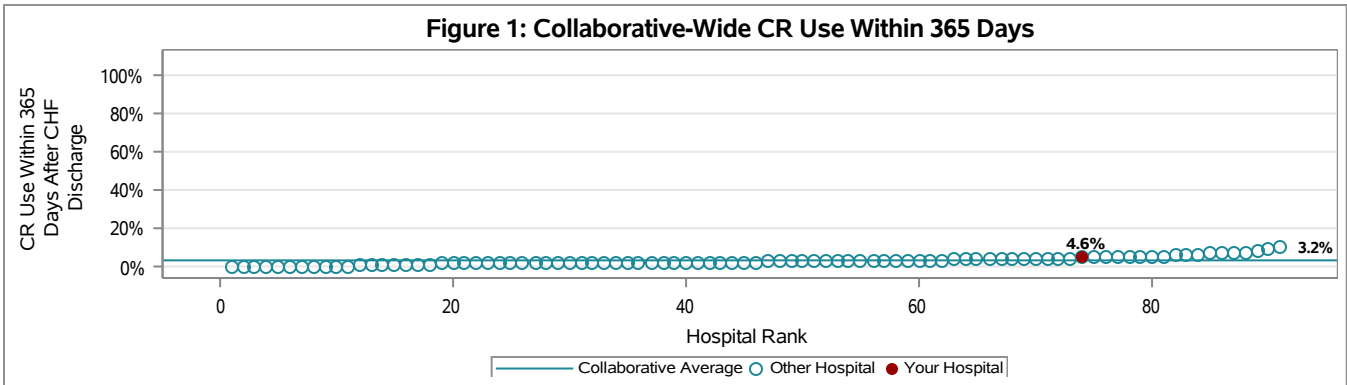


Figure 2: Quarterly Trends in CR Use Within 365 Days

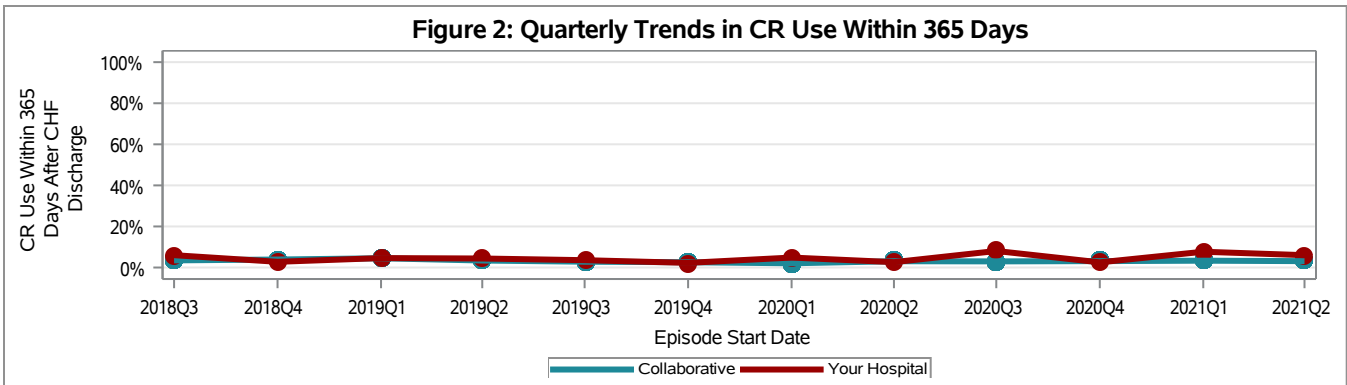


Figure 3: Mean Days to First CR Visit (Among CR Utilizers)

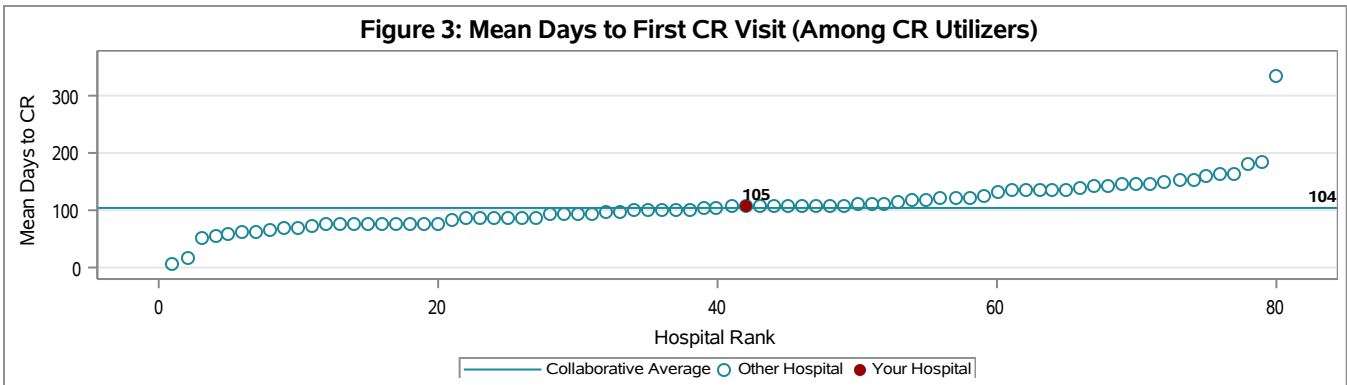


Figure 4: Mean Number of CR Visits Within 365 Days (Among CR Utilizers)

