Oklahoma Rural Health Conference Ignite Session Remote Monitored Cardiac Rehab

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Serving as a united voice for Oklahomans in the promotion of rural health issues through advocacy, education, and leadership.

Phase II Outpatient Cardiac Rehab Benefits

- 47% lower risk for death
- 31% lower risk of repeat heart attack
- Health Systems save between $4,900 to $9,200 per person per year of life saved
- Reduces hospitalizations

Low Participation in Phase II Cardiac Rehab

- 34.7% heart attack survivors receive OP cardiac rehab
- Persons who live outside Metropolitan areas 30% less likely to participate
- Every day a person waits to start CR that person is 1% less likely
- Persons who commute greater than 30 minutes to CR 60% less likely to complete all 36 sessions
- Minorities, lower educated and younger persons less likely to receive cardiac rehab
  - Unable or unwilling to be off work for to attend sessions

Remote Monitoring should be a solution

- Technology is now available to support remote monitoring
- Widely used in other countries by very little usage in US
- Keiser Permanente utilizes remote monitoring in the State of Washington
- VA pilot program of remote monitored cardiac rehab in Georgia
- Moving Analytics, Stanford University developed virtual cardiac rehab program

AARP Community Challenge Grant

- Provided funding for
  - 15 wearable fitness devices
  - 15 Bluetooth weight scales
  - 15 Bluetooth blood pressure monitors
  - 1 year software support for reporting links
  - Training for staff

FAIRVIEW REGIONAL MEDICAL CENTER

AARP

AARP COMMUNITY CHALLENGE

Grants to make communities livable for people of all ages
aarp.org/CommunityChallenge

Stated Grant Goals

- 80% of referrals will participate in cardiac rehab
- 80% of those will complete all 12 weeks
- Documented improvement between initial assessment and graduation assessment in at least 2 parameters
- 0 adverse outcomes during the period of rehab
- Proof of concept the remote monitoring is safe and effective
- Reproducible program to expand cardiac rehab into rural areas
- Demonstrate outcomes to support change to reimbursement methodologies to include remote monitoring cardiac rehab

Implantation

- Patient has face to face to check out equipment and be assessed
- Appropriate for only low to moderate risk patients
- Patient portal has informational modules
- Patient enters activity daily into portal as well as any symptoms comments
- Staff check portal daily and respond to patient. Any concerning comment or symptom is reviewed with Medical Director and communicated back to patient.
- Staff utilize portal to assist motivation as well as a weekly phone call on progress
- Final visit patient returns equipment and is assessed for progress

Barriers to Success

- Staff reluctance
  - Fear of putting their AACVPR certification at risk
- Staffing
  - Had to reassign CR staff to floor care in COVID surg losing momentum
- Regulatory restrictions
  - Phase II still requires physician under the same roof
  - Even with the COVID waiver required real time monitoring via ZOOM
- Reimbursement strategies
  - Currently can only be reimbursed under Chronic Care Management Codes

Barriers to Success

- Provider resistance
  - Provider hesitant of not real time monitoring
  - Risk adverse for nontraditional service
- Patient resistance
  - Some had technology anxiety
  - Wanted the in person rather than virtual encounter
  - Maybe the real reason people don't participate in cardiac rehab is they don't want to make a lifestyle change

Next Steps

- Refocus the program into a chronic conditions management program rather than cardiac rehab program
- Provide this option as a Phase III Cardiac Rehab for someone who has graduated Phase II or lives remote

Lessons Learned

- I underestimated the power of the barriers to success.
- Medicare is calling for innovation and the “hospital without walls” concept.
- Regulations and reimbursement are firmly planted in the Status Quo.
- Because of the statements above the non-traditional disrupters will be taking the lead in healthcare.