

ABSTRACT

Introduction: Participation in a cardiac rehabilitation (CR) program leads to better cardiovascular outcomes. The time required to travel to a CR program location is a barrier to participation, and tertiary referral centers often care for patients living at a distance.

Purpose: We sought to determine the value of referring patients to a CR program closer to patients' homes on overall participation rate in CR

Design: A survey was conducted through phone encounters for the purpose of improving the standard of CR practice.

Methods: Patients discharged from and referred to the CR program in 2015 and 2016 at the University of Michigan who declined participation due to distance from the CR site were identified by CR staff, who then coordinated a referral to a CR program closer to the patient's home. Trained research assistants made telephone calls to these patients (N=1900) during the summer of 2017 to conduct a brief survey regarding their CR participation.

Results: Over 65% (1237/1900) of patients contacted agreed to participate in the survey. Patients were predominantly white (1085/1237, 88%) and male (806/1237, 65%), with an average age of 64 years. The majority of patients surveyed were married (812/1237, 66%). Most (1107/1237, 89%) had at least one co-morbid condition, with 862 (70%) patients having greater than one co-morbid condition. Out of 1083 (88%) of patients who recalled being referred to a CR program closer to their home, 77% (834/1083) reported that they attended that program. An additional 1.4% (15/1083) attended CR, but not the program to which they were referred. Of those who attended CR 469/849 (55%) stated that they would not have attended CR had they not been referred to a program closer to their home.

Conclusions: Coordinating CR referrals from the discharging facility to local facilities is an effective means for increasing CR participation.

Disclosures: None
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BACKGROUND

- Participation in cardiac rehabilitation (CR) is associated with:
 - Lower mortality risk
 - Fewer hospitalizations
 - Improved quality of life, medication adherence, and ability to perform ADLs
- Referrals to CR have historically been low
- Distance patients travel to their CR center is a key factor in CR attendance
- Million Hearts Cardiac Rehabilitation Collaborative targets 70% CR participation by 2022
- Large, tertiary care centers often receive CR referrals for patients who do not live locally

OBJECTIVE

- To determine if there would be an increase in cardiac rehabilitation participation if patients were referred to a cardiac rehabilitation program closer to their home.

METHODS

- From 2015-2016, CR staff identified patients referred to the University of Michigan CR program that declined participation due to distance from program location
 - Staff then coordinated a referral closer to their home.
- Telephone survey conducted in 2017 by trained research assistants to inquire about CR program attendance

RESULTS

Participant Demographics (N=1237)

- Average age: 64

	N
Male	806/1237 (65%)
White	1085/1237 (88%)
Black	86/1237 (7%)

Marital Status

	N
Married	812/1237 (66%)
Single	204/1237 (16%)
Divorced	77/1237 (6%)

Comorbidities

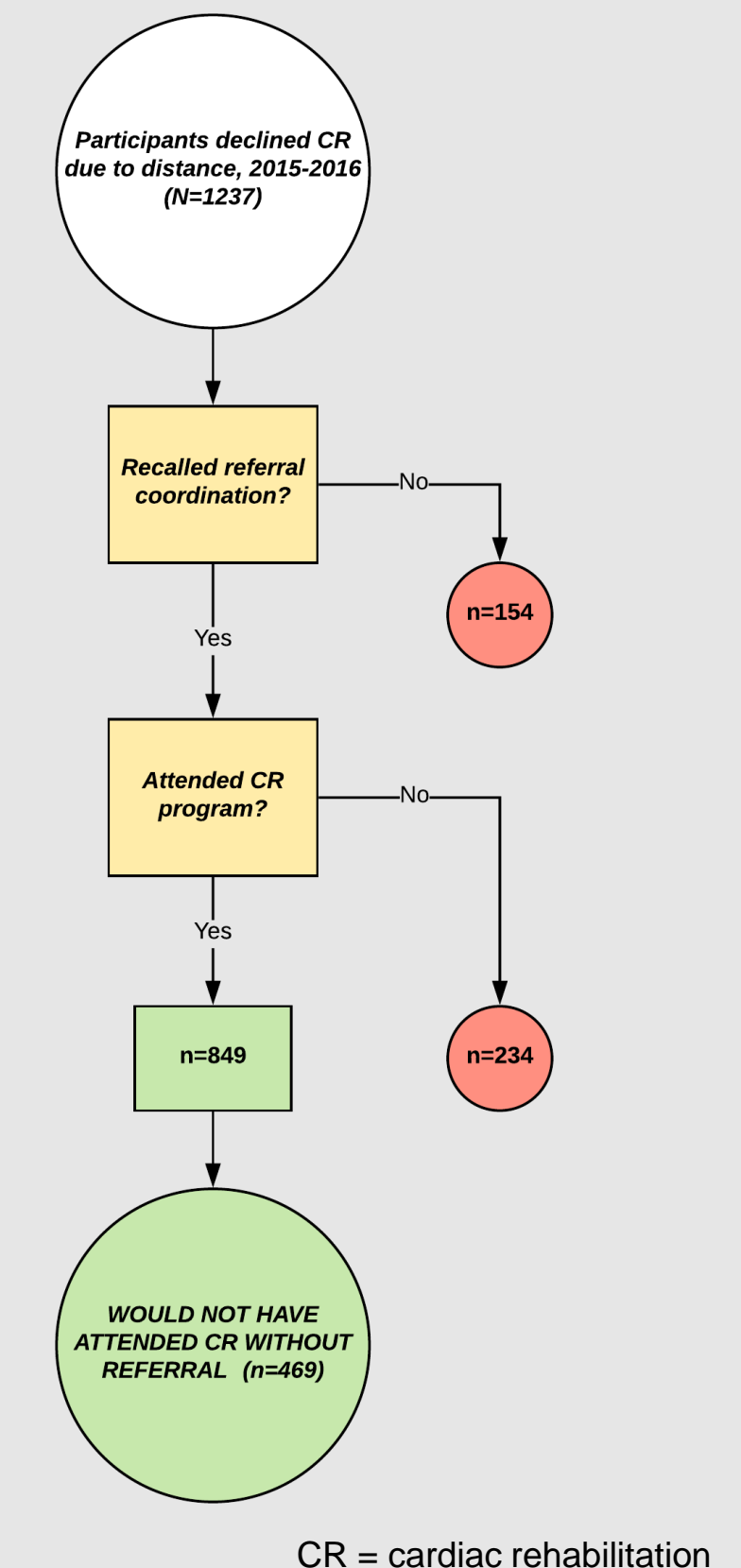
	N
0	130/1237 (11%)
1	245/1237 (20%)
≥2	862/1237 (69%)

Survey Results

- Most (88%) patients surveyed recalled clinic staff coordinating their referral to CR
- Of those, 78% attended a CR program
- **469/849 (55%) of patients who attended CR would NOT have attended CR without the referral to a closer rehab center**

RESULTS

Figure 1: Survey Question Flow



CONCLUSION

- **Distance to CR center was the limiting factor in over half of surveyed patients who attended a rehab program**
- **Referring patients to a local cardiac rehabilitation program is an effective way to increase cardiac rehabilitation participation**