Michigan Cardiac Rehab Network
Getting Buy-In from Clinicians and Administrators:
A Provider’s View

October 7, 2022

Frank A. Smith, M.D.
Medical Director, ICR
Trinity St. Joseph Mercy Hospital Ann Arbor
Trinity St. Joseph Mercy Hospital Livingston
Background: Challenges

- Cardiac Rehab is traditionally undervalued by both providers and administration.
- Not seen as a strongly positive financial contributor.
- Many providers unfamiliar with program benefits and content – so tend to not offer support.
- Cumbersome referral processes may frustrate busy referring providers.
Key Points

• 5 stakeholders in any CR Program:
  – Patients
  – Staff
  – Insurers
  – Referring Providers
  – Hospital Administration

• All must be considered and involved in the starting, restarting, expansion, or maintenance of a program

• This process is both a challenge and an opportunity; an opportunity to relook at old ways and to update, motivate, and innovate.
Obtaining Buy-In for a CR Program

1. Identify and secure hospital administrative support
2. Develop a rigorous financial pro-forma
3. Develop provider support and buy in
4. Patient and community marketing
1. Identify and secure hospital administrative support

Depending on your structure a ”top-down” or “bottom up” approach may be better

Administration will want:

- Big Picture financial analysis;
  although the more details the better
- Benefits to the health system
- Form a Dyad of CR manager with physician champion
- National Quality Standard for Cardiovascular Program
- Indication of support from the providers
- Benefits to the patients
2. Develop a rigorous financial pro-forma

Can be one of the easiest or most difficult steps, depending on your level of institutional financial support

- For a new program, will need to estimate anticipated volumes and use these to establish space and personnel needs
- For expansion of existing program, can use existing data and build in your expected volume and expense changes
- With either method, extend proforma to at least 3-5 years, building in conservative yearly volume increases
2. Develop a rigorous financial pro-forma

- Without this, administrative buy in for your program or expansion will likely not occur
- The proforma should be realistic, based on conservative estimates
- If you have access to costs for re-admissions for the CR eligible diagnoses, you can point out cost savings for the institution or insurers as a supplement to the document
Then, after initial approval, REMIND!

- Keep your Program in their minds
- Add several CR metrics to Service Line dashboards
- Invite them to tour the facility during classes
- Remind administration by informing them of your clinical successes
- Proactively update them with any favorable volume or financial achievements
3. Develop provider support and buy in

• **Be inclusive in your definition of “provider”:**
  – Practicing physicians—Family Practice, Internal Medicine, Cardiology, Hospitalists, Thoracic Surgery, Vasc. Surgery
  – Residents - the sooner in their training the better
  – APP’s in above departments
  – Nurses/social workers on CV and vascular inpatient units

• **Make it easy to order CR!**
3. Develop provider support and buy in

How to develop support? EDUCATE and RE-EDUCATE!

- Demonstrate the established medical benefits
- Emphasize CR as a Best Practice / Standard of Care
- Patient Satisfaction data if available
- Use local outcomes/cases if available; research
- Patient testimonials
3. Develop provider support and buy in

**EDUCATION Options:**
- Short but informative e-mails at frequent intervals
- Department/Section Meetings: IM, FP, Cardiology, T-Surgery, Vasc Surgery
- Office visits (FP/IM) either early AM or noon with short (10-15 min max) presentation
- Resident Lectures
- Resident Rotations through the facilities
- Floor huddles or meetings for nurses/APP’s

**REPEAT**
**REPEAT**
**REPEAT**
4. **Patient and community marketing**

- Should always involve Marketing at an early stage of a program’s development, but....
- Also use them to maintain interest in the program and to celebrate successes in an ongoing fashion
- E-mail, print, radio, TV, facility website, community talks
- Patient testimonials
Patient Comments

- "I feel pain in my shoulder disappear with body awareness scan & home study.
- Reduced my Statin by 70%.
- I lost 12 pounds.
- Love you guys! Love you mom!" - Richard
- "Tried to lose weight & gained muscle. I began to feel better."
- "I learned so much in those classes! Thank you!"
- "I like every thing I’ve tasted."
- "Great program, very nice people."
- "I’m losing weight & feeling good."
- "Loves the program."
- "Loves the program."
- "Smoke Free."
- "I lost 22 lbs & I’m not even trying to lose it."
- "Good program."
- "Thank you for all the great healthy recipes."
- "Really felt relaxation through yoga nidra meditation."
- "Meditation is going very well."
- "This program is saving my life."
- "Life has been changed.
- "Just started.
- "Top 3 goals:"
- "Smoke free."
- "Nov 20th."
- "6 months.
- "Karen."
- "By week 3 I was more relaxed, my thinking was clearer, & my sleep was better."
- "Tried tofu and loved it! This is a wonderful program!"
- "I like it so much! Thank you!"
- "I lost 33 lbs."
- "Thanks to you all."
- "Hard work pays off."
- "Chris"
- "Had a lot of support."
- "Loves the program."
- "Thank you for everything."
- "Great food!
- "I’m happy now."
- "Loving the program.
- "Lovely!"
- "Enjoy!"
Closing Observations

1. Obtaining buy-in for Cardiac Rehab is often difficult, especially considering its demonstrated value

2. Need clear data regarding costs and benefits to convince administration

3. Providers need education on benefits, and an streamlined, easy ordering process

3. Both referring providers and administration need to be notified and reminded of the Program’s value--on multiple occasions
Questions?