

Michigan Cardiac Rehab Network Getting Buy-In from Clinicians and Administrators: A Provider's View October 7, 2022

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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
- <u>All</u> 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.

- 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

Obtaining Provider Buy-In for a CR Program

- 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!



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Obtaining Provider Buy-In for a CR Program

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

Obtaining Provider Buy-In for a CR Program

3. Develop provider support and buy in

EDUCATION Options:

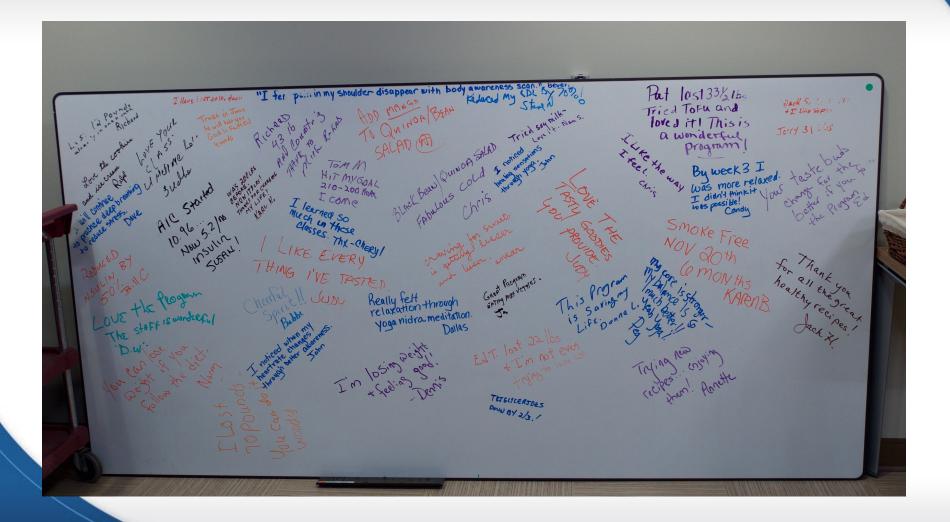
- Short but informative e-mails at frequent intervals
- Department/Section Meetings: IM, FP, Cardiology, T-Surgery, Vasc Surgery
- Office visits (FP/IM) either early AM or noon with short (10-15 min max) presentation
- Resident Lectures
- Resident Rotations through the facilities
- Floor huddles or meetings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

REPEAT REPEAT

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



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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?

