Michigan Cardiac Rehab Network 1st Annual Meeting
October 7th, 2022
Disclosures

- I receive funding from Blue Cross Blue Shield of Michigan for my role as Co-Director of the Michigan Value Collaborative

- I receive grant funding from the Agency for Healthcare Research and Quality (K01HS027830, R01HS028397)
Agenda

1:00pm – Welcome & Introduction

1:15pm – Getting Buy-in from Clinicians and Administrators
  - Frank Smith, MD; Jacqueline Harris, BS, CCEP; Rob Snyder, EP, MSA; Steven Keteyian, PhD (Moderator)

2:15pm – Break

2:30pm – Navigating Insurance Challenges
  - Jackie Evans; Robert Berry, MS; Devraj Sukul, MD, MSc (Moderator)

3:15pm – Developing Patient & Provider Resources
  - Greg Merritt; Tom Cascino, MD, MS; Larrea Young; Mike Thompson, PhD (Moderator)

3:55pm – Wrap up & Adjourn
Collaborative Quality Initiatives

- Funded by BCBSM through its Value Partnerships Initiatives
  - 23 CQIs spanning the clinical spectrum
- Coordinating centers support collaborative learning and data sharing
- Pay-for-performance incentives support improvement

“...In Michigan, payers, providers, and patients have benefited from this collaborative approach for over two decades through reduced costs, improved quality, and higher patient satisfaction.”
Collaborative Quality Initiative (CQI)

Established in 2013

Team Members

100 Hospitals

40 POs

19

MVC Michigan Value Collaborative

Physician Organizations
- Region 1
- Region 2
- Region 3
- Region 4

Hospitals
- Region 1
- Region 2
- Region 3
- Region 4
Purpose
To improve the health of Michigan through sustainable, high-value healthcare

Vision
People accessing the right care, at the right time, at the right cost
To equitably increase CR participation for all eligible individuals in Michigan
<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
<th>Affiliation</th>
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<tbody>
<tr>
<td>Steven Keteyian</td>
<td>Director, Preventive Cardiology</td>
<td>Henry Ford Health System</td>
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<tr>
<td>Frank Smith</td>
<td>Regional Director, Cardiac Rehabilitation</td>
<td>St Joseph Mercy Hospital Ann Arbor</td>
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<td>Bryan Foster</td>
<td>Director, Cardiac Rehabilitation</td>
<td>St Joseph Mercy Hospital Ann Arbor</td>
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<td>Rob Snyder</td>
<td>Cardiac Rehabilitation Lead</td>
<td>McLaren Greater Lansing</td>
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<td>Jennifer Eberhard</td>
<td>Cardiovascular Services Quality Manager</td>
<td>UP Health System-Marquette</td>
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<td>Gregory Scharf</td>
<td>CardioPulmonary Rehab Manager</td>
<td>MidMichigan Health</td>
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<td>Jackie Evans</td>
<td>Cardiac Pulmonary Rehab Supervisor</td>
<td>MidMichigan Health</td>
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<tr>
<td>Diane Perry</td>
<td>Clinical Exercise Physiologist</td>
<td>Michigan Medicine</td>
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<tr>
<td>Al Delucia III</td>
<td>Cardiothoracic Surgeon</td>
<td>Bronson Methodist Healthcare</td>
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<td>Patty Theurer</td>
<td>Program Manager</td>
<td>MSTCVS-QC</td>
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<tr>
<td>Diane Hamilton</td>
<td>Cardiac Rehab Coordinator</td>
<td>Beaumont Health Trenton</td>
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<tr>
<td>Taylor Cowles</td>
<td>President</td>
<td>MSCVPR</td>
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<tr>
<td>Jenna Scott</td>
<td>President-Elect</td>
<td>MSCVPR</td>
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Our goal is to get CR participation to 40% by 2024 for all eligible conditions*

* Excludes CHF
2,237
Additional Michiganders receiving CR per year

~11,000,000$
Annual costs saved

60
Deaths avoided
How will we get there?

1. **CR Participation Benchmarking**
   MVC registry data are used to create hospital-specific reports to track and benchmark CR participation.

2. **Dissemination of Best-Practices**
   Development and dissemination of best-practices designed to aid quality improvement efforts to improve CR participation.

3. **Collaborative Learning**
   A combination of site engagement and peer-to-peer networking will foster a community of trust and learning.
Hospital-level CR Benchmarking Reports

Biannual reports are provided for PCI, CABG, SAVR, TAVR, AMI, and heart failure to help track hospital CR performance.
Cardiac Rehab Best-Practices Toolkit

MiCR members worked to develop a CR best practices document to improve enrollment and adherence.
Cardiac Rehab Referrals

IMPROVING INPATIENT/OUTPATIENT REFERRALS

CR is a Class I recommended therapy. When the provider encourages the patient to attend cardiac rehabilitation, the likelihood of enrollment significantly increases. All patients who are hospitalized with a primary diagnosis of acute myocardial infarction or have undergone coronary artery bypass graft surgery, a percutaneous intervention (PCI), cardiac valve surgery, or cardiac transplantation are to be referred to an early outpatient cardiac rehab program. Patients with chronic stable angina or heart failure that meet Medicare guidelines should also be referred.

DIRECT CONTACTS FOR QUESTIONS
- Jodi Rudko, RN-C, BSN
  - jrudko@hmc.net
- Frank Smith, MD
  - fsmit@hmc.net

REFERENCES
- Guidelines for Cardiac Rehabilitation and Secondary Prevention Programs, 5th Edition
- Million Hearts

METRICS OR RESOURCES NEEDED
- Automatic inpatient referrals
- Inpatient liaison
- Standards for when a patient should be scheduled to start CR

PROCESS DESCRIPTION

1. Educate providers at in-services, department meetings, and office presentations. Target cardiologists, advanced practice providers, cardiothoracic surgeons, and new residents with evidence of CR benefits.
2. For inpatient referrals, include the referral in the order sets following open-heart surgery and PCI. Outpatient referrals can be provided through EPIC, Cerner, or paper discharge instructions.
3. Develop patient education materials on the “need to know” information for discharge.
4. Determine a plan for engaging patients who decline to set an initial appointment or are going to a skilled nursing facility, such as providing the location and phone number of the nearest CR facility.
5. Determine a plan for eligible patients who are identified without a referral, such as contacting the attending physician (or APP) to write a referral.
6. Meet with relevant stakeholders to discuss the steps to complete insurance verification for referred patients.
7. Identify a dedicated liaison to meet with the patient to set an initial CR appointment at the nearest facility.
8. Work with Health IT and the CR liaison to include the appointment details on the patient’s discharge instructions. The liaison should notify the receiving CR facility about the appointment.
9. Develop a process to notify the liaison of the referral. For same-day discharges, the liaison will be paged; otherwise, they will be notified via EMR or printed referral.
10. Early education and improved messaging for patients are critical. Consider developing a brief video featuring a patient testimonial that describes what CR entails: not just supervised exercise, a confidence-builder, a community of people going through the same thing, and holistic support.
Engagement Activities

- Virtual sessions
  - 2–3x per year
  - Combination of content experts and quality improvement sharing
- Peer-to-peer networking
- Annual in-person meeting
  - Today!
Any questions?
Getting Buy-in from Clinicians and Administrators

Frank Smith, MD
Trinity St Joseph Mercy Ann Arbor

Jacqueline Harris, BS, CCEP
McLaren Northern Michigan

Rob Snyder, EP, MSA
McLaren Greater Lansing

Steven Keteyian, PhD (Moderator)
Henry Ford Health System
Insert session slides here
Group Activity Prompts

- What challenges do you experience in engaging with providers or administrators?
- How have you achieved success in getting buy-in?
- Are there resources or information that have helped improve buy-in?
- What are ways we can support each other to improve buy-in across Michigan?
Break

Reconvene at 2:30pm
Navigating Insurance Challenges

Jackie Evans
Covenant HealthCare

Robert Berry, MS
Henry Ford Health System

Devraj Sukul, MD, MSc
Michigan Medicine, BMC2
(Moderator)
Insert session slides here
Patient and Provider Resources

Greg Merritt
Patient is Partner

Tom Cascino, MD, MSc
Michigan Medicine, HBOM

Larrea Young
HBOM

Mike Thompson, PhD
Michigan Medicine, MVC
(Moderator)
Insert session slides here
What resources could we develop that would help engage patients/providers?
Closing

- Follow up items
- Claiming CME Credit
  - Please fill out the survey!
- Next virtual meeting – TBD, info coming soon
Required: Confirm attendance by claiming CME/CEU

1) Go to: www.eeds.com
2) Click the “Sign In” button
3) Enter the Activity Code

91SUMS

Scan this QR Code

OR

The activity code for this meeting expires 10/14/22 at 12:00 pm
Thank you!