"Updates on the AACVPR Strategic Plan, Value Based Care & Million Hearts Cardiac Rehabilitation Change Package"

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Learning Objectives

- *Discuss AACVPR 2018/2019 strategic plan and association **value based program** updates.*

- *Describe the **value based care** approaches using the Million Hearts Cardiac Rehab Change Package.*

Financial Disclosure

No financial disclosures.

Mission, Vision & Value

Mission: *To reduce morbidity, mortality, and disability from cardiovascular and pulmonary disease through education, prevention, rehabilitation, research, and disease management.*

Vision: *3 Year Strategic Plan (Evolving Membership, Implementing Value Based Care -VBC, Creating Science Discovery)*

Value: *Enrich each members' professional development to deliver VBC to patient populations which we serve.*

AACVPR
American Association of Cardiovascular and Pulmonary Rehabilitation

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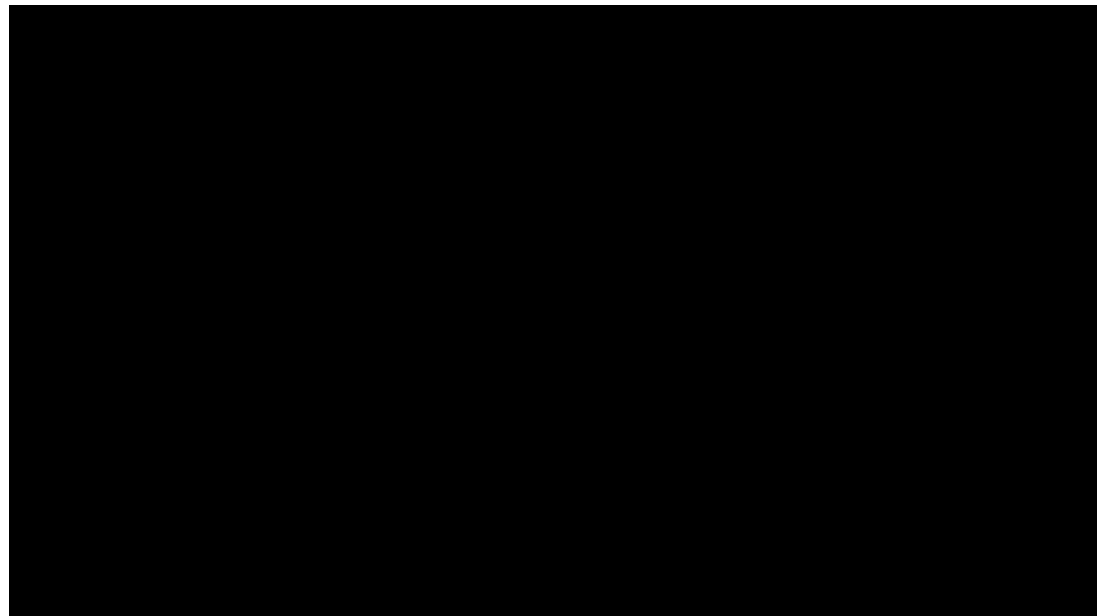Director

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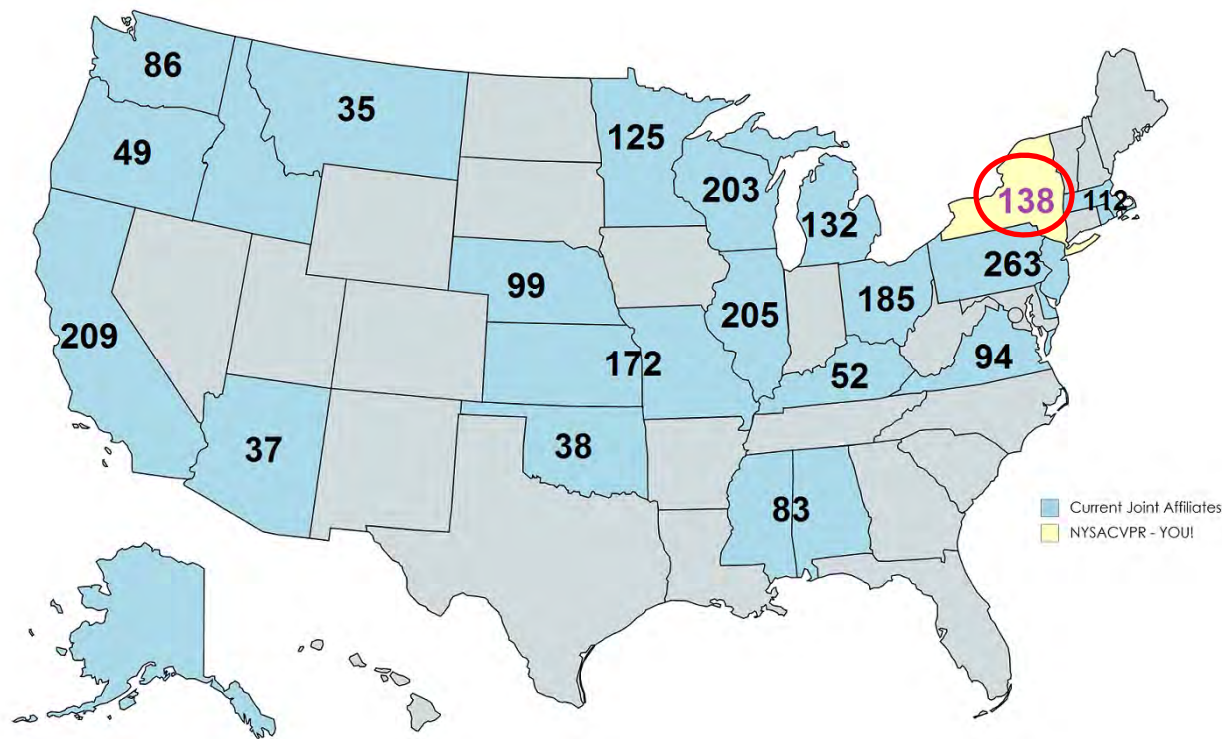
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AACVPR
American Association of Cardiovascular
and Pulmonary Rehabilitation

- Membership 3,500+
- Masters & Fellows: 400+
- 35 Active Local Affiliates
  - *19 Joint Affiliates*

The Value & Benefits to NYSACVPR Members

- **EducationAdvantage** membership at highly discounted rate

  - *10+ webinars & CE*

  - *$650+ worth of education annually*

  - *NYSACVPR + National AACVPR membership covered in one dues payment*

  - *Subsequent Annual Dues will be equal to the set rate by AACVPR for Joint Affiliate Members (currently $220)*

- Access to AACVPR website & resources

- Legislative Updates

- Eligibility for AACVPR certification, volunteerism and Registries

- *JCRP* and *News & Views*

- Discounted educational products and Annual Meeting registration
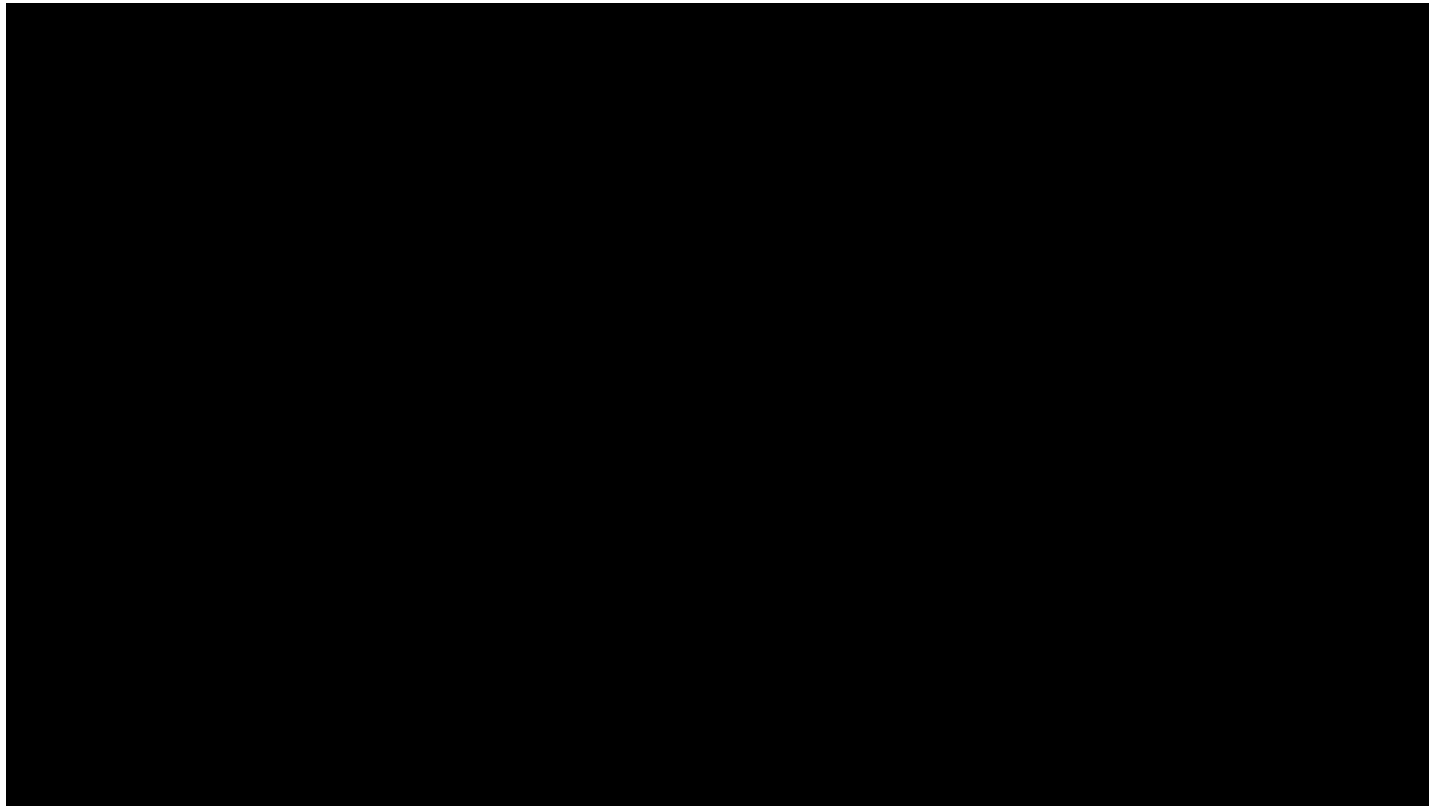
Goal #1: Membership

- *Assess value of membership and assure compelling member value proposition.*

- *Develop and enhance models of membership.*

- *Focus on the following three strategies to increase membership retention and recruitment: recruiting emerging professionals, improving retention rate, working with vendors to market membership.*

- *Target emerging professionals to increase membership and involvement in the organization.*

2018-2020 Strategic Initiatives

- ## Goal #1: Membership ACTIONS
  - *Recent Membership Needs Assessment Survey*

  - *Evaluation of new ways to offer membership (eg. Program Membership, Bundling, Enhanced Joint Affiliation Offerings)*

  - *Development of new, targeted campaigns*

  - *Task Force dedicated to defining and engaging Emerging Professionals in cardiac and Pulmonary Rehab*

  - *Board Actions to be taken FY2019 and beyond*

Membership Enhancements

- **<u>Coming Soon</u>!**
  - *New Opportunities for recruiting students and new-to-the field professionals*
  - *Enhanced Online Education Access*
  - *Easier access to AACVPR CEs through Local NYSACVPR programming*
  - *And coming soon….*

Coming Soon… NYSACPR Web Site

Value Based Association Priorities

Advocacy
- **Accessibility**
- **Fiscal viability**
- **Regulatory impact**
- **Value Based Care**
- **Education**
  - **Lawmakers**
  - **Providers**
  - **Consumers**

Affiliate Link
- Joint Affiliate membership
  Outstanding Affiliate
  Award

Certification/Registry/PM
- Online cert application
- Experts panels
- National registry development
- Outcomes tracking
- Performance Measures

Strategic Relationships
- **Million Hearts Campaign CR Collaborative- strengthen partnerships to advocate increasing CR Referral, Enrollment & Adherence**
- **CDC Office of Smoking Health 2019 Year of Cessation**

Education
- Webcasts
- Best Practice Essentials series
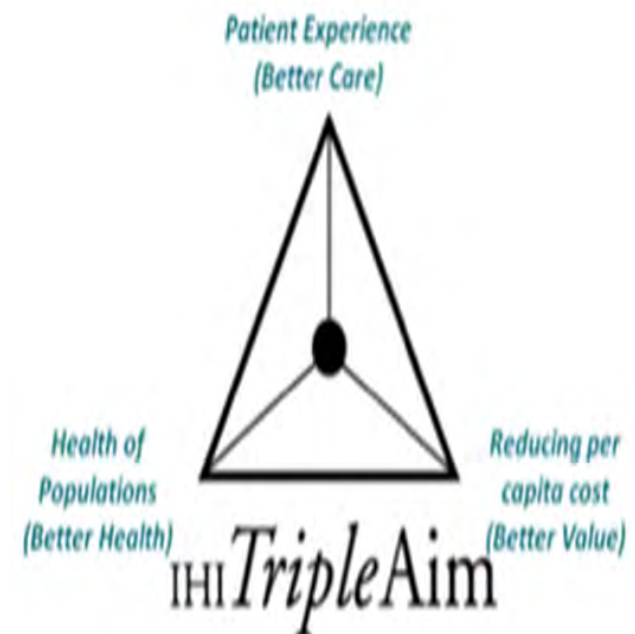- Annual Meeting
- Web site

Research and Innovation
- Data Analytics Center
- Evidence-based care
- Define standards
- Credibility
- Instigating change
- Position papers
- Innovation Award
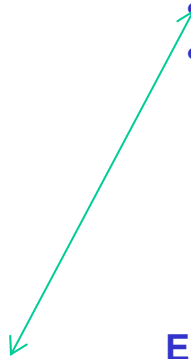
WHY - Value Based Care (VBC)

- **Health care reform has attempted to drive major health care policy (creation or changes) to governmental policy that affects health care delivery.**

- **Broaden the population that receives health care coverage** through either public sector insurance programs or private sector insurance companies
- Improve the access to health care specialists
- Improve the **quality** of health care
- Give **more care** to citizens
- **Decrease the cost** of health care

$$Value = \frac{Quality}{Cost}$$

Patient Experience
(Better Care)

Health of Populations
(Better Health)

Reducing per capita cost
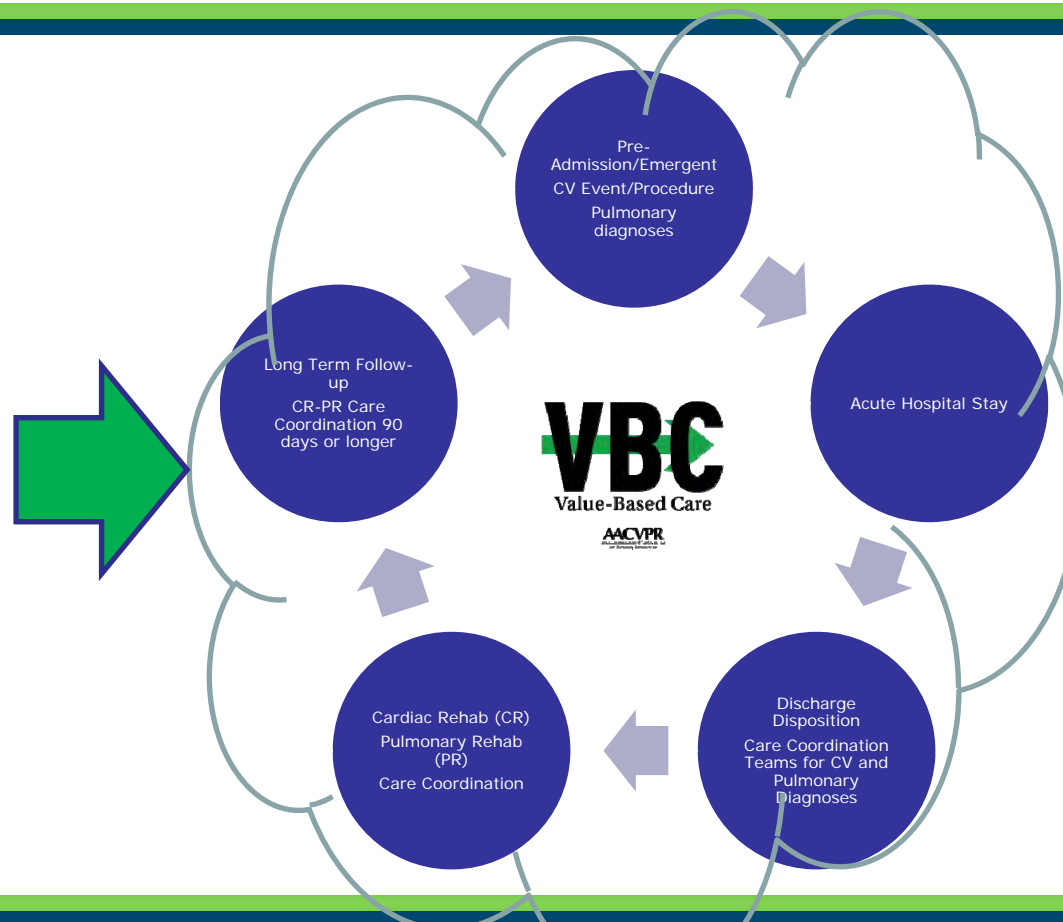(Better Value)

IHI *TripleAim*

VBC Management

- Defined as a management model based on ensuring that all activities carried out by a hospital/program/personnel are justified by **adding value to the healthcare encounter and patient experience.**

- VBC emphasizes the importance of accountability to deliver good process to improve clinical practice skills (**VBC is the value counterpart of Evidence Based Practice).**

- **VBC is more than just an initiative** – it has become (healthcare practice purpose + healthcare values), who we are as an organization.

http://www.valuebasedmanagement.net/faq_what_is_value_based_management.html

VBC Cardiovascular & Pulmonary Continuum of Care

AACVPR
American Association of Cardiovascular
and Pulmonary Rehabilitation

VBC- CV and Pulmonary Services is no longer provided in silos – Shifting to episodic continuum of care as part of population health management

VBC
Value-Based Care
AACVPR

- Pre-Admission/Emergent CV Event/Procedure Pulmonary diagnoses
- Acute Hospital Stay
- Discharge Disposition — Care Coordination Teams for CV and Pulmonary Diagnoses
- Cardiac Rehab (CR) Pulmonary Rehab (PR) Care Coordination
- Long Term Follow-up CR-PR Care Coordination 90 days or longer

WHAT is Value Based Care

Value-based care is delivering the best quality patient care with regards to the cost of that care through data-driven analysis and service improvement. To this end the Value Base Care Initiative will create resources which will assist cardiac & pulmonary rehabilitation professions:

- Assign accountability
- Target efficiencies
- Strategize operational transformation
- Restructure the care delivery model
- Effective technology solutions in management
- Ultimately improve the patient and practitioner experience
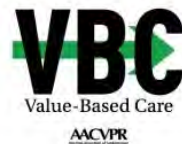

www.aacvpr.org/VBC-Value-Based-Care

Goal #2: Value Based Care

- *Create resources designed to help programs redesign and become more efficient to better align with value-based care (VBC).*

- *Investigate non-traditional models of cardiac and pulmonary rehabilitation and how they complement traditional delivery models.*

- *Explore incorporating delivery reform into program certification requirements that would be aligned with the registries.*

- *Explore non-traditional CR/PR populations that could benefit from services currently provided in cardiac and pulmonary rehabilitation program settings. (PAD, diabetes, cardio onc)*

- **Goal #2: Value Based Care ACTIONS**
  - *Ongoing resource development with dedicated website section*
    - **http://www.aacvpr.org/VBCRepository**
  - *Education at the local and national level, targeted education for state leadership*
  - *Advocacy work with regulatory agencies (eg. CMMI)*
  - *Collaboration with like-minded organizations*

Value Base Care Repository

AACVPR Website: Value Based Care
## Turnkey Enrollment and Adherence Strategies

AACVPR Admin

- 12-Month Cardiovascular Condition Episode (Bundle)
- Connecting with Psychosocial Providers
- CR Referral Performance Measures in a Quality Improvement System
- Establish a Philanthropic Fund
- Group Screening
- Inpatient Liaison for Outpatient CR [*inpatient tracking form*]
- Reduce the Delay from Discharge to Enrollment

✓ Behavior

- Diabetes Education
- Establish Standard of Care for Anxiety and Depression
- Medication Adherence
- Motivational Interviewing
- Self-Management
- Use of Text Messaging and Mobile Apps
- Use of Video

⟷ Exercise

- Accelerated Use of CR [*sample schedule*]
- ECG Monitoring Based on Clinical Need
- Open Gym [*sample schedule*]
- Safe Start Self-Pay
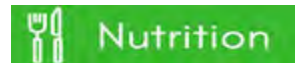
Nutrition

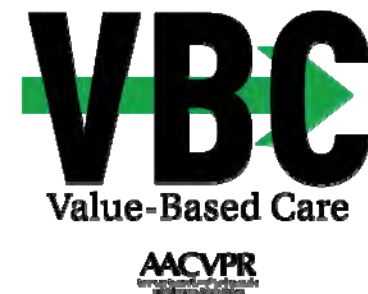- Incorporating RDNs into CR
- Nutrition Assessment in CR

http://www.aacvpr.org/VBCRepository

VBC
Value-Based Care
AACVPR

VBC Committee 2019

- **RESOURCE REPOSITORY**: http://www.aacvpr.org/VBC-Value-Based-Care
- **AFFILIATE LEADER PARTNERSHIP:** Shark Tank II—June 22 & 23 in Chicago, IL.
- **VBC TURNKEY STRATEGIES**
  - *The Data and Value of PR, Utilizing the EMR for Automatic Referrals, Maximizing Referrals & Enrollments to PR*
  - *Anxiety & Depression in PR, ExRx for PR*
- **VBC WEBINARS**:
  - *Nutrition in CR & PR*
  - *Medication Adherence in CR & PR*
  - *The data and value of Pulmonary Rehabilitation*
- **BEST PRACTICE PROJECT AT EACH AFFILIATE SOCIETY MEETING**
  - *IL, WI, MO-KS, Upper Plains, NY, OH, MN, OK, Northwest*
  - *Interactive discussion/identifying needs and best practice to help direct future resources*
- **ANNUAL MEETING EDUCATIONAL OPPORTUNITIES**:
  - *Breakout and Roundtable discussion*
- Commitment to identifying opportunities in pulmonary as well as cardiac rehabilitation

What is Your Role in VBC?

- Share the scientific data of the clinical benefits of CR/PR
- Obtain Administration Buy-In with data leverage
- Articulate & leverage patient benefits of CR & PR- know your registries outcomes
- Understand Financial Impact of these services
- Engage your CV/Pulmonary Inpatient & Outpatient Teams (Physicians, NPs, PAs, Care Managers, Social Workers, etc)
- Apply the TurnKey Strategies
- Always collaborate with a wide net of stakeholders- you never know who will be champions of CR/PR

What Metrics are Important, to Whom and Why?

- **Payers/Hospital Administration**
    - *Cost per patient episode*
    - *Readmission Rate*
    - *Excess Days in Acute Care (readmission, ED, observation)*
    - *HCAHPS*
    - *Mortality*

- **Cardiac Rehab Programs**
    - *Number of referrals (including source) vs number enrolled*
    - *Time to enrollment (wait time)*
    - *Number of visits*
    - **Clinical Outcomes/Performance Measures (CR & PR)**

What Metrics are Important, to Whom and Why?

- **Patients**
  - *Satisfaction with healthcare experience*
  - *Morbidity / Mortality (are they getting better)*
  - *Excess Days in Acute Care*
  - *Meaningful Clinical Outcomes (Performance Measures)*
    - **CR:** FC, BP control, Depression, Tobacco Intervention
    - **PR:** Dyspnea, FC, QOL
    - Success with **self management strategies**

~The point is, all are intertwined but priorities do not perfectly align~

Value Based Payment Attempts to Link These Metrics

Bundled Payments for Care Improvement
Advanced "BPCI-A"

- New version of BPCI began in October, 2018 next cycle 2020
- 90-day episode bundled payment based on CMS "target price"
- Payment is tied to performance on quality measures, such as
  - *All-cause hospital readmission measure*
  - *30-day all cause mortality*
  - *patient satisfaction*
- *You will want to be involved if your hospital is considering participation-you have a service of value to offer episodic care of cardiovascular &pulmonary chronic disease.*
- https://innovation.cms.gov/initiatives/bpci-advanced

Million Hearts® 2022
Priorities and Goals

Keeping People Healthy
Reduce Sodium Intake
Decrease Tobacco Use
Increase Physical Activity

Optimizing Care
Improve ABCS*
Increase Use of Cardiac Rehab
Engage Patients in Heart-healthy Behaviors

Improving Outcomes for Priority Populations
Blacks/African-Americans with Hypertension
35-64 year olds due to rising event rates
People who have had a heart attack or stroke
People with mental and/or substance use disorders who smoke

*Aspirin, Blood pressure control, Cholesterol management, Smoking cessation

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2022 Targets: 20% improvement in sodium, tobacco, physical activity; 80% on the ABCS; 70% participation in cardiac rehab

Million Hearts CR Collaborative

- In November 2015 ….
- Million Hearts, CDC and 50+ other organizations and individuals established the Cardiac Rehabilitation Collaborative (CRC), with the expressed mission to enact initiatives to increase cardiac rehabilitation
    - *Referral*
    - *Enrollment …. Targeting 70% enrollment by 2022!*
    - *Compliance*

Road map to 70% CR participation

Cardiac rehabilitation adherence
- Set 36 CR sessions as goal
- Home-based CR option
- Flexible CR hours
- Work to minimize CR co-pays

Cardiac rehabilitation enrollment
- CR staff liaison
- Early appointment at CR
- CR enrollment as performance measure
- Work to minimize co-pays

Cardiac rehabilitation referral
- EMR-based referral
- CR staff liaison
- CR referral as performance measure

*Ades et al., Mayo Clin Proc 2016

Million Hearts® CR Collaborative
Participating Organizations

- Agency for Healthcare Research and Quality
- Alliant Quality
- American Assoc of Cardiovascular and Pulmonary Rehabilitation
- American Asso of Nurse Practitioners
- American Academy of Family Practice
- American College of Cardiology
- American College of Physicians
- American College of Sports Medicine
- American Council on Exercise
- America's Essential Hospitals
- American Heart Association
- American Hospital Association/HRET
- Atrium Health
- Blue Cross Blue Shield Association
- Chanl Health
- Christiana Care
- Cleveland Clinic
- Clinical Exercise Physiology Assoc.

- CR Participants & Caregivers
- Duke University Health Systems
- Emory University/Emory Healthcare
- Enloe Medical Center
- Essentia Health
- Health Management Associates
- Healthcentric Advisors
- HealthInsight
- Heart Failure Society of America
- Home Health Quality Improvement
- Hospital of the University of PA
- Howard University
- Intelli Heart Services Inc.
- Johns Hopkins
- Kentucky Department of Health
- Lake Regional Health System
- Mended Hearts
- MedStar Health System
- Minnesota Department of Health
- Mission Health
- Missouri Department of Health and Senior Services

- Montana Department of Public Health
- Morehouse School of Medicine
- Mountain-Pacific Quality Health
- Moving Analytics
- National Institute on Aging
- National Heart. Lung, and Blood Institute
- National Medical Association
- National Minority Quality Forum
- NextGenRPM
- New York Department of Health
- Ohio State University
- U,S, Office of Personnel Management
- Patient is Partner
- PCORI
- Preventive CV Nurses Assoc.
- Qualdigm
- Relevate Health Group
- Relias
- Rush University Medical Center
- Seton Hall University
- St. Joseph Hospital

- Sustainable Healthy Communities, LLC
- Sutter Health
- TMF Health Quality Institute
- University Hospitals
- UC Davis
- UC Los Angeles
- U of Pennsylvania
- U of Pittsburg
- U of Vermont Health Network
- Vanderbilt University
- Veterans Health Administration
- Visiting Nurse Service of NY
- WomenHeart

275
CR professionals, clinicians and health care team members, QI specialists, hospital and health system administrators, CR participants and their family members, payer representatives, and innovators.

Email MillionHeartsCRC@cdc.gov to join the Million Hearts® CRC

Million Hearts®/AACVPR
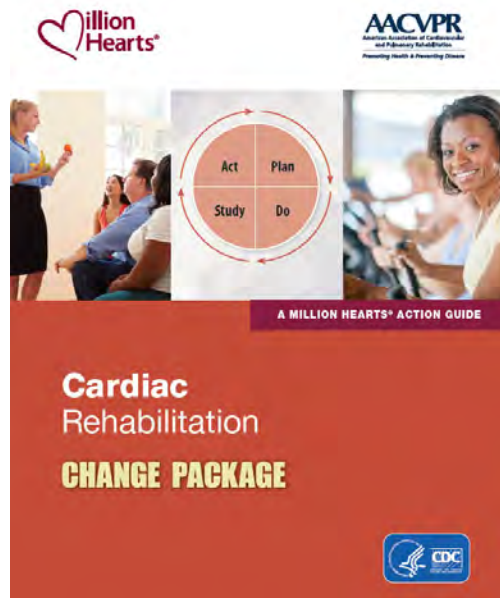# Cardiac Rehabilitation Change Package

Access the Change Package at:
https://millionhearts.hhs.gov/files/Cardiac_Rehab_Change_Pkg.pdf

CRCP--*Change Concepts*

- Make CR a Health System Priority

- Incorporate Referral to CR into Hospital Standardized Processes of Care for Eligible Patients
- Standardize the CR Referral Process
- Use Data to Drive improvement in Referrals to CR

Cardiac Rehabilitation Change Package
Change Concepts

Enrollment and Participation

- Educate Patients About the Benefits of Outpatient CR
- Reduce Delay from Discharge to First CR Appointment
- Use Data to Drive Improvement in Enrollment or Participation
- Reduce Cost-Sharing Barriers for CR Services
- Improve Efficiency of Enrollment
- Develop Flexible Models That Better Accommodate Patient Needs
- Modify Some Program Procedures Based on Clinical Need
- Use Clinician Follow-up to Bolster Enrollment or Participation

Adherence

- Identify Populations at Risk for Low Engagement
- Improve Patient Engagement

Cardiac Rehabilitation Change Package
Implementation Partners in the US

- AACVPR State Affiliates: https://www.aacvpr.org/About-AACVPR/Affiliate-Societies-Resources/Affiliate-Contact-List

- State and Local Health Departments
  - CDC Division for Heart Disease and Stroke Prevention Innovation Grantees: https://www.cdc.gov/chronicdisease/about/foa/1817/index.htm
  - National Association of Chronic Disease Directors – representative directory: https://www.chronicdisease.org/page/RepDirectory

- Local Y's: http://www.ymca.net/find-your-y/

- Agency for Healthcare Research and Quality (AHRQ) ACTION III Task Order Awardee and 6-50 recruited entities (February 2019)

illion Hearts®

- **Goal #3: Science and Outcomes**
  - *Establish a data analytic center to assist in the management of and perform analyses on data from the AACVPR registries*

  - *Secure funding to support a select number of research projects*

  - *Reengage the scientific community*

Million Hearts Advocated Scientific Funding for CR Grants

- **NIH's RFA-HL-18-019 and RFA-AG-18-016:**

- Improving Participation in Cardiac Rehabilitation among Lower-Socioeconomic Status Patients: Efficacy of Early Case Management and Financial Incentives

- The improving ATTENDance to Cardiac Rehabilitation (iATTEND) Trial

- Enhancing cardiac and pulmonary rehabilitation adherence through home-based rehabilitation and behavioral nudges: ERA Nudge

- Modified application of cardiac rehabilitation (CR) for older adults (MACRO)

- Increasing Adherence to Pulmonary Rehabilitation after COPD-related Hospitalizations (PR)

- Comprehensive Health Informatics Engagement Framework for Pulmonary Rehab (PR)

- AHRQ's CR Initiative to support hospitals (with $6M) in increasing referral, enrollment, and retention in CR and to increase knowledge and inform future efforts. This body of work is captured in the 2019 CRC Action Plan I sent out in my last email. They plan to award an ACTION III partner to lead this work later this month or early March.

- **Goal #3: Science and Outcomes ACTIONS**
  - *Data Center development*
  - *Enhanced live education offerings (Annual Meeting/Workshops)*
  - *Scientific Research project application submission and selection*

Keys to Success

Be open to change

Refer to, and share, best practices

Re-design program to accommodate more patients

Stay informed (AACVPR website, webinars, regional workshops and Reimbursement Updates)

Educate Your Team

Who has more trouble changing?

Staff

Patients

AACVPR
American Association of Cardiovascular and Pulmonary Rehabilitation

2019 Annual Meeting

SAVE THE DATE!

34th Annual Meeting

September 18-21, 2019
Portland, Oregon

Appendix Section

CR and PR Benefits

Cardiac Rehab
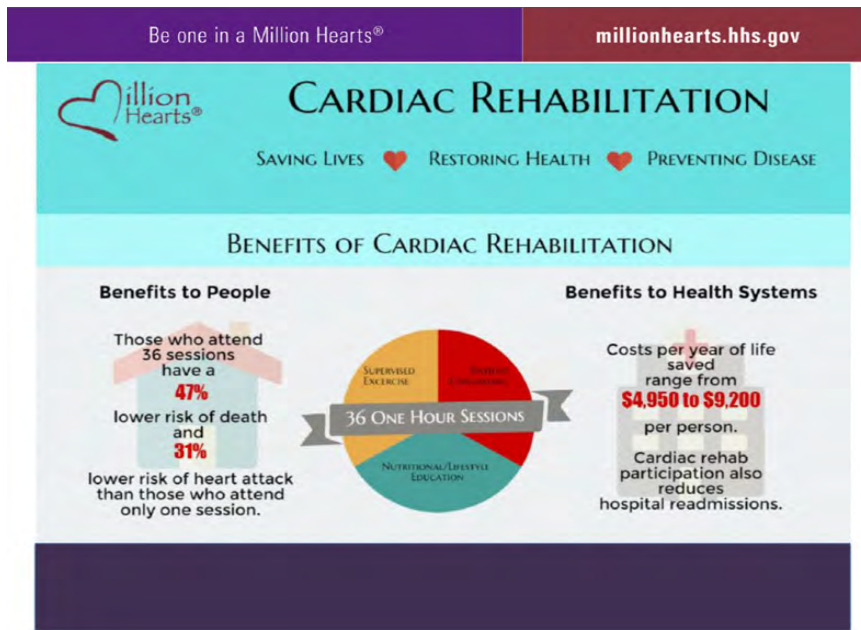
Pulmonary Rehab

Puhan MA, Gimeno-Santos E, Scharplatz M, et al. Pulmonary rehabilitation following exacerbations of chronic obstructive pulmonary disease. Cochrane Database Syst Rev 2011.
Global Strategy for Diagnosis, Management and Prevention of COPD 2013, © Global Initiative for Chronic Obstructive Lung Disease (GOLD), all rights reserved. Available from http://www.goldcopd.org
Celli B. Pulmonary Rehabilitation. Up to Date: February 16,2017. Available at https://www.uptodate.com/contents/pulmonary-rehabilitation. Accessed April 6, 2018.

Cardiac Rehabilitation Success Stories

CR Change Package Case Studies:

- Massachusetts General Hospital - Referral of Patient to External CR Program, Self-Referral of Patient to a CR Program

- Emory Healthcare – Multidisciplinary-Developed CR Referral

- Penn Medicine – A Systematic Approach to Increasing CR Referrals

- Memorial Hospital of Carbondale – Phase 1 CR

- Christiana Care Health System – Reducing Cost-Sharing Barriers for CR Services with Creative Options

- Genesis HealthCare System – Group Orientation

- Rochester Regional – Group Orientation

- University of Alabama at Birmingham – Increase Enrollment and Session Adherence

- Southwest Florida Heart Group – Open Gym Model

- Mount Carmel Health System – CR Open Gym

- Henry Ford Health System – Electrocardiography Monitoring Based on Clinical Need

- NYU Langone Health – A Value-Based Management Approach to Efficient Blood Pressure Monitoring During Outpatient CR

- Christiana Care Health System – Use Clinician Follow-up to Bolster Enrollment

- University of Vermont Medical Center – Financial Incentives to Improve CR Attendance Among Medicaid Enrollees

- Miriam Hospital – Patient Ambassador Program

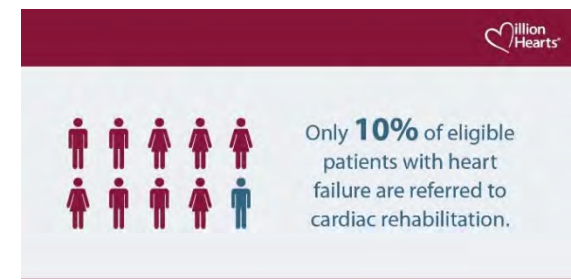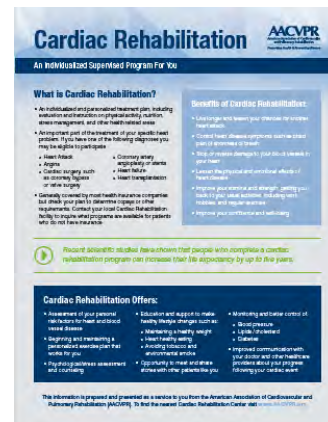American Hospital Association/Health Research & Educational Trust "Huddle for Care" Success Stories:

- Dartmouth Hitchcock Medical Center – Referral Process Improves CR Participation Rates

- Penn State Health St. Joseph – Improving Patient Recovery Through CR

- Michigan Medicine – Bridging CR and Patient-Centered Care

Submit your transition in cardiac care success stories at: https://www.huddleforcare.org/submit-a-story/

Cardiac Rehabilitation Communications Toolkit Implementation

- Disseminate key messages, infographics and factsheets

- Post social media content using #CRSavesLives

- Embed Million Hearts web content into your webpages

- Spread the word about the services and benefits you provide your community

- Send the reach of your communications to MillionHeartsCRC@cdc.gov

Access the Cardiac Rehabilitation Communications Toolkit at: https://millionhearts.hhs.gov/partners-progress/partners/cardiac-rehab-toolkit.html

Q + A