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

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AACVPR President Elect 2018-2019
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.
2018-2019 Board of Directors

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Immed. Past President
The Value of the Association Services

- Membership 3,500+
- Masters & Fellows: 400+
- 35 Active Local Affiliates
  - 19 Joint Affiliates
In good company…

63% of all current AACVPR members hold Joint Affiliate membership.
The Value & Benefits to NYSACVPR Members

- **Education Advantage** 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.
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

- **Coming Soon!**
  - 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

**Research and Innovation**
- Data Analytics Center
- Evidence-based care
- Define standards
- Credibility
- Instigating change
- Position papers
- Innovation Award

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

**Affiliate Link**
- Joint Affiliate membership
- Outstanding Affiliate Award

**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
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

\[ \text{Value} = \frac{\text{Quality}}{\text{Cost}} \]
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

VBC- CV and Pulmonary Services is no longer provided in silos – Shifting to episodic continuum of care as part of population health management.
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
2018-2020 Strategic Initiatives

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
<table>
<thead>
<tr>
<th>Admin</th>
<th>Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-Month Cardiovascular Condition Episode (Bundle)</td>
<td>Diabetes Education</td>
</tr>
<tr>
<td>Connecting with Psychosocial Providers</td>
<td>Establish Standard of Care for Anxiety and Depression</td>
</tr>
<tr>
<td>CR Referral Performance Measures in a Quality Improvement System</td>
<td>Medication Adherence</td>
</tr>
<tr>
<td>Establish a Philanthropic Fund</td>
<td>Motivational Interviewing</td>
</tr>
<tr>
<td>Group Screening</td>
<td>Self-Management</td>
</tr>
<tr>
<td>Inpatient Liaison for Outpatient CR [inpatient tracking form]</td>
<td>Use of Text Messaging and Mobile Apps</td>
</tr>
<tr>
<td>Reduce the Delay from Discharge to Enrollment</td>
<td>Use of Video</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exercise</th>
<th>Nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accelerated Use of CR [sample schedule]</td>
<td>Incorporating RDNs into CR</td>
</tr>
<tr>
<td>ECG Monitoring Based on Clinical Need</td>
<td>Nutrition Assessment in CR</td>
</tr>
<tr>
<td>Open Gym [sample schedule]</td>
<td></td>
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<tr>
<td>Safe Start Self-Pay</td>
<td></td>
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</tbody>
</table>

http://www.aacvpr.org/VBCRepository
VBC Committee 2019

- **RESOURCE REPOSITORY:** [http://www.aacvpr.org/VBC-Value-Based-Care](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)*
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 Aim:
3 priorities to prevent a Million CV deaths in 5 yr

Keeping People Healthy

Optimizing Care

Priority Populations
# 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

**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

*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
- Inteli 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.
- Qualidigm
- 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

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*

- 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

- 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](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](https://www.cdc.gov/chronicdisease/about/foa/1817/index.htm)

- Local Y’s: [http://www.ymca.net/find-your-y/](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)
2018-2020 Strategic Initiatives

• 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

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2019 Annual Meeting

SAVE THE DATE!

34th Annual Meeting

September 18-21, 2019
Portland, Oregon
Appendix Section
CR and PR Benefits

Cardiac Rehab

Benefits of Cardiac Rehabilitation

- Benefits to People
  - Those who attend 36 sessions have a 47% lower risk of death and 31% lower risk of heart attack than those who attend only one session.

- Benefits to Health Systems
  - 36 One Hour Sessions
  - Lowering hospital readmissions
  - Costs per year of life saved range from $4,950 to $9,200 per person.


Pulmonary Rehab

- Improves Dyspnea, muscle fatigue and QOL
- 6-12 weeks produces benefits
- PR is safe and can be started 3 weeks post Exacerbation
- Reduces hospitalizations and days in the hospital
- Improves recovery post hospitalization
- Reduces the perceived intensity of breathlessness

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
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