



# Liaison-Mediated Referral Strategy and Cardiac Rehab Participation after PCI

Devraj Sukul, MD, MSc

MiCR / BMC2



# Referral Methods Impact Patient Participation



Systematic (automatic referral in EMR): 19-54%



Liaison facilitated: 35-56%



Systematic + liaison facilitated: 53-78%



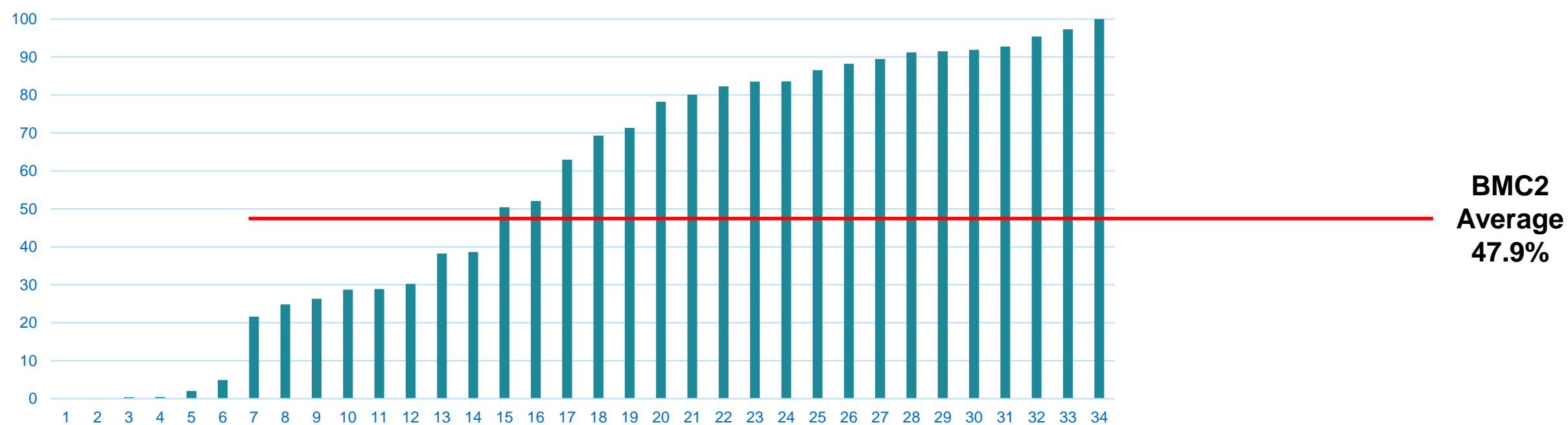
Systematic + liaison facilitated + motivational letter: 58-86%

- Patient readiness to attend cardiac rehab is affected by multiple conversations about CR before enrolling
- An established hospital staff person, or CR liaison, dedicated to patient recruitment and enrollment can serve to
  - Collect and organize all new patient referrals
  - Speak with patients and families prior to discharge
  - Describe the CR program and set expectations
  - Enroll patients and schedule appointments
  - Manage referral database
  - Work with financial services to confirm insurance
- The CR liaison can maintain follow up, encouraging patients to enroll, and act as a liaison between the inpatient and outpatient settings



# Current CR Liaison Use in BMC2 PCI

- Wide variation among sites
- Average just under 50%





## BMC2 Liaison Definition

A CR liaison was defined as a healthcare professional who explains CR's benefits, places a CR referral, assists with CR scheduling and may explore barriers to participation face-to-face with the patient before discharge from the PCI hospitalization.



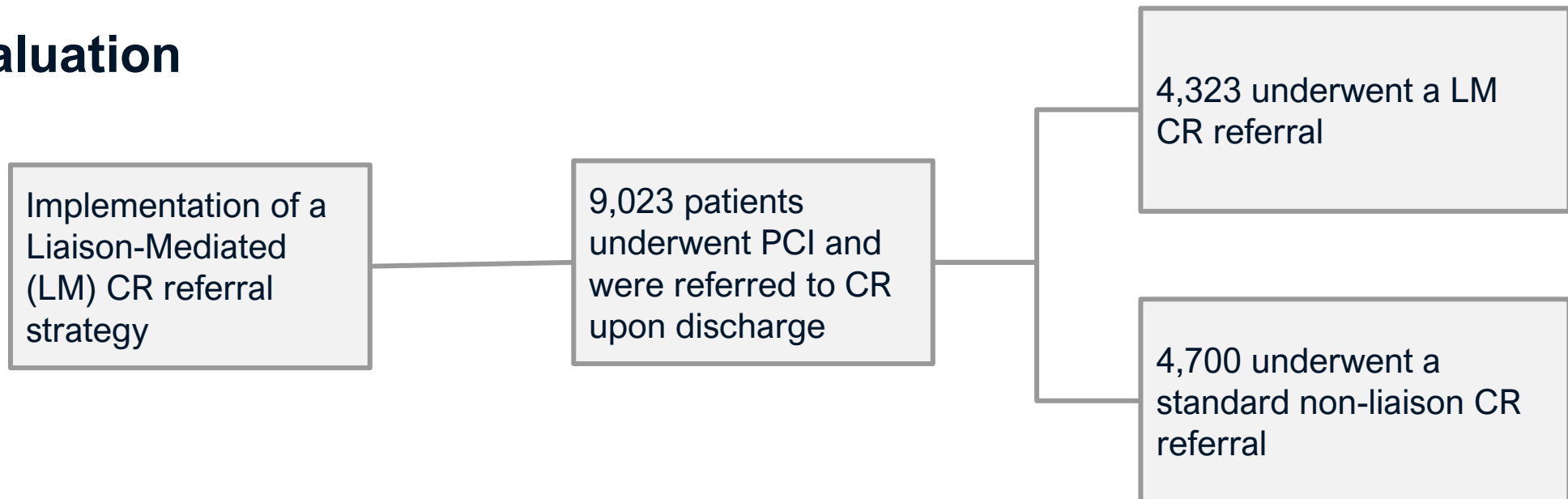


# Objective & Evaluation

## Objective

To evaluate whether a liaison-mediated CR referral strategy is associated with improved CR participation after PCI within 90 days of hospital discharge.

## Evaluation





# Objective and Evaluation

## Supplemental Evaluation

- 2-question survey sent to BMC2 PCI sites with a >40% LM implementation rate
- **Goal:** to understand the liaisons' range of responsibilities across the consortium and to learn what clinical roles carry out the liaison duties



BMC2 defines a CR Liaison as **a trained individual(s) responsible for engaging in face to face-to-face communication with a patient regarding CR participation prior to discharge**. We understand not all sites utilize the title "liaison" when defining this role, and not all sites have an FTE devoted to this specific task. As you respond to the survey questions, please select your answers based on the definition above regardless of whether the title or position description includes the specific term "liaison".

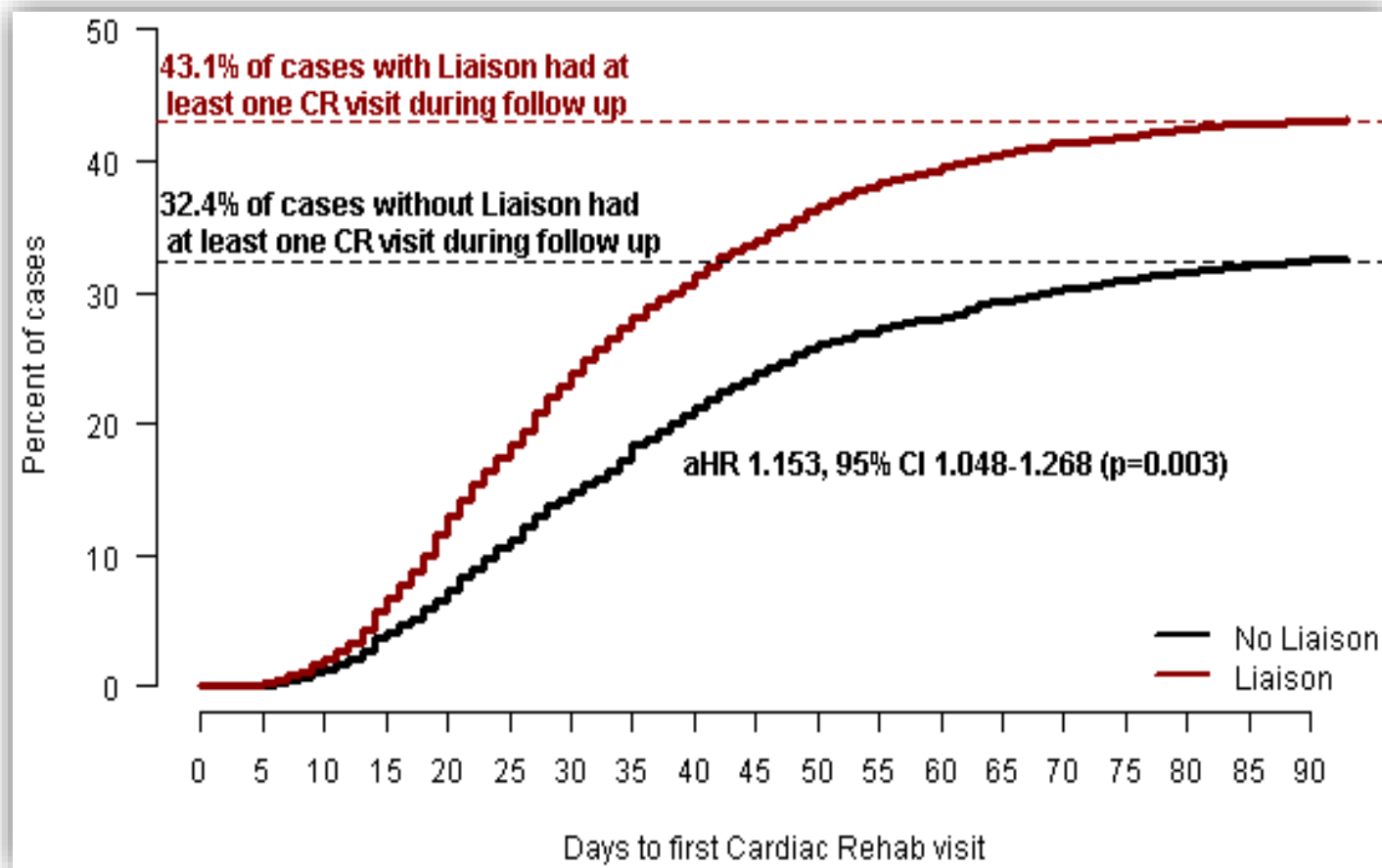
Review the list below and select the statement(s) that describe the responsibilities of the Cardiac Rehabilitation (CR) Liaison at your site. **Please select all that apply.**

*Our site's CR Liaison is responsible for...*

- Initiating a discussion of the benefits of CR with patients and families prior to discharge
- Assisting patients in identifying an appropriate CR location
- Scheduling an initial outpatient CR evaluation appointment
- Following up to reschedule initial CR appointment if patient cancels or does not attend
- Confirming patient insurance benefits through site's financial services
- Completing pre-authorization process as required by insurance provider



# Results



**Figure 1:** Kaplan-Meier curve describing the time to the first CR session within the 90-day follow-up period between liaison and non-liaison cohorts.



The LM cohort had a 10.7% greater unadjusted 90-day CR participation rate than the non-LM cohort



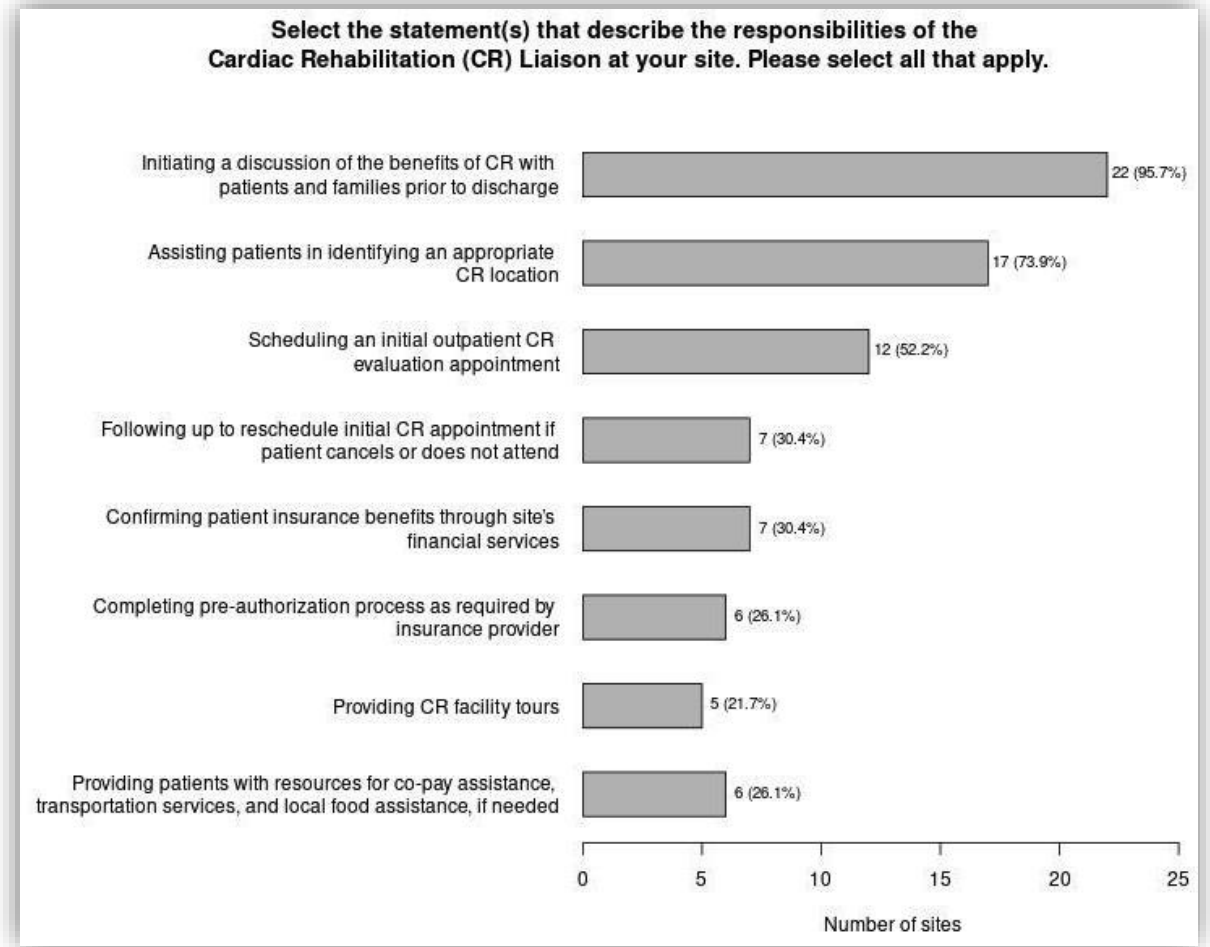
The median days to the first CR session was 28 versus 33 for the liaison and non-LM cohorts, respectively ( $p < 0.001$ )



# Results

**Most** sites reported the liaison was responsible for patient education, locating facility and scheduling first appointment.

**Some** sites reported that liaisons provided additional services, like locating transportation resources and completing insurance pre-authorization.



**Figure 4:** Survey results assessing the specific responsibilities of the CR liaison across hospital sites. Multiple choice prompts are provided verbatim within the distributed survey.

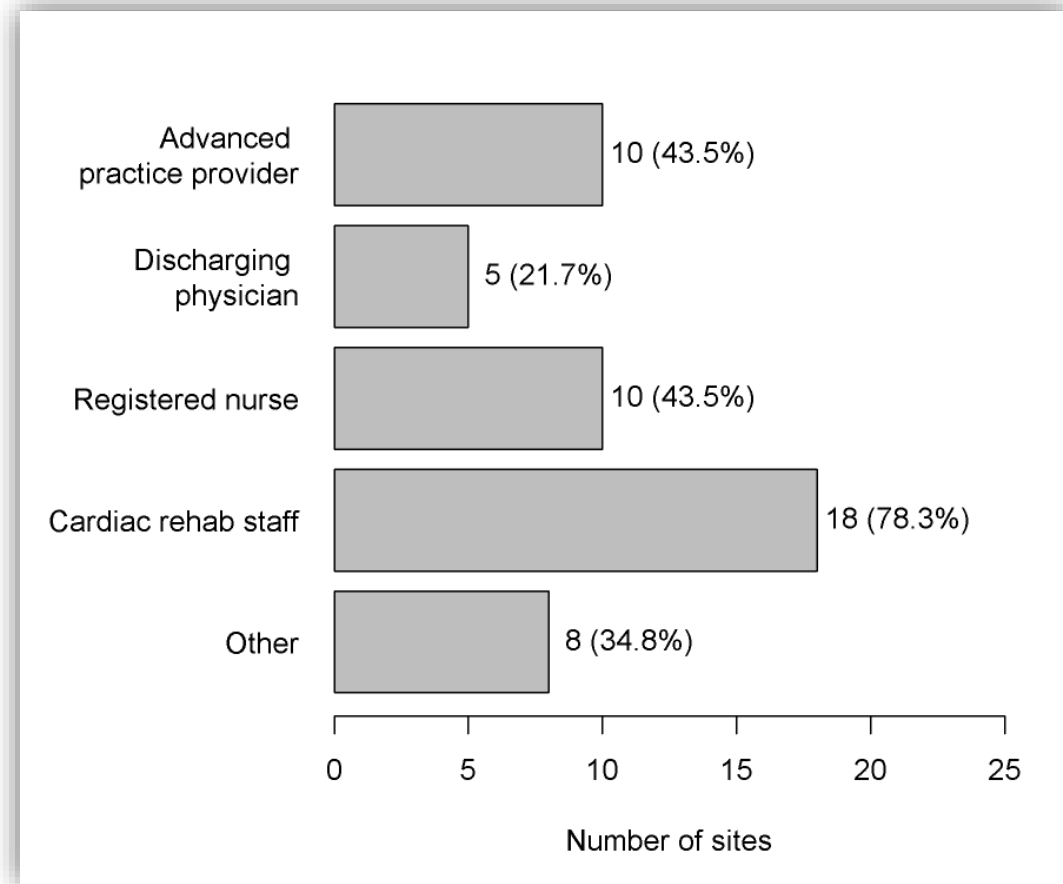




# Results

Clinical roles performing the CR liaison duties varied across surveyed sites.

Some sites reported liaison duties being shared by a team, not just one dedicated role



**Figure 5:** Survey results assessing the specific role of the clinical staff member performing the CR liaison encounter across hospital sites. Multiple choice prompts are provided verbatim within the distributed survey. Of note, sites could select more than one answer choice.



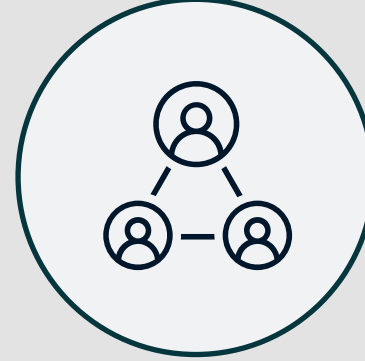
# Lessons Learned



LM referral associated with higher odds of CR participation w/in 90 days of discharge.



CR liaison role included patient education and assisting with barriers to participation.



Implementation doesn't require a dedicated FTE. Liaison duties were frequently incorporated into existing workflows.



Significant hospital-level variation in participation provides an opportunity for future evaluation.