



Cardiac Rehab as a BMC2 and MVC Pay-for-Performance (P4P) Metric

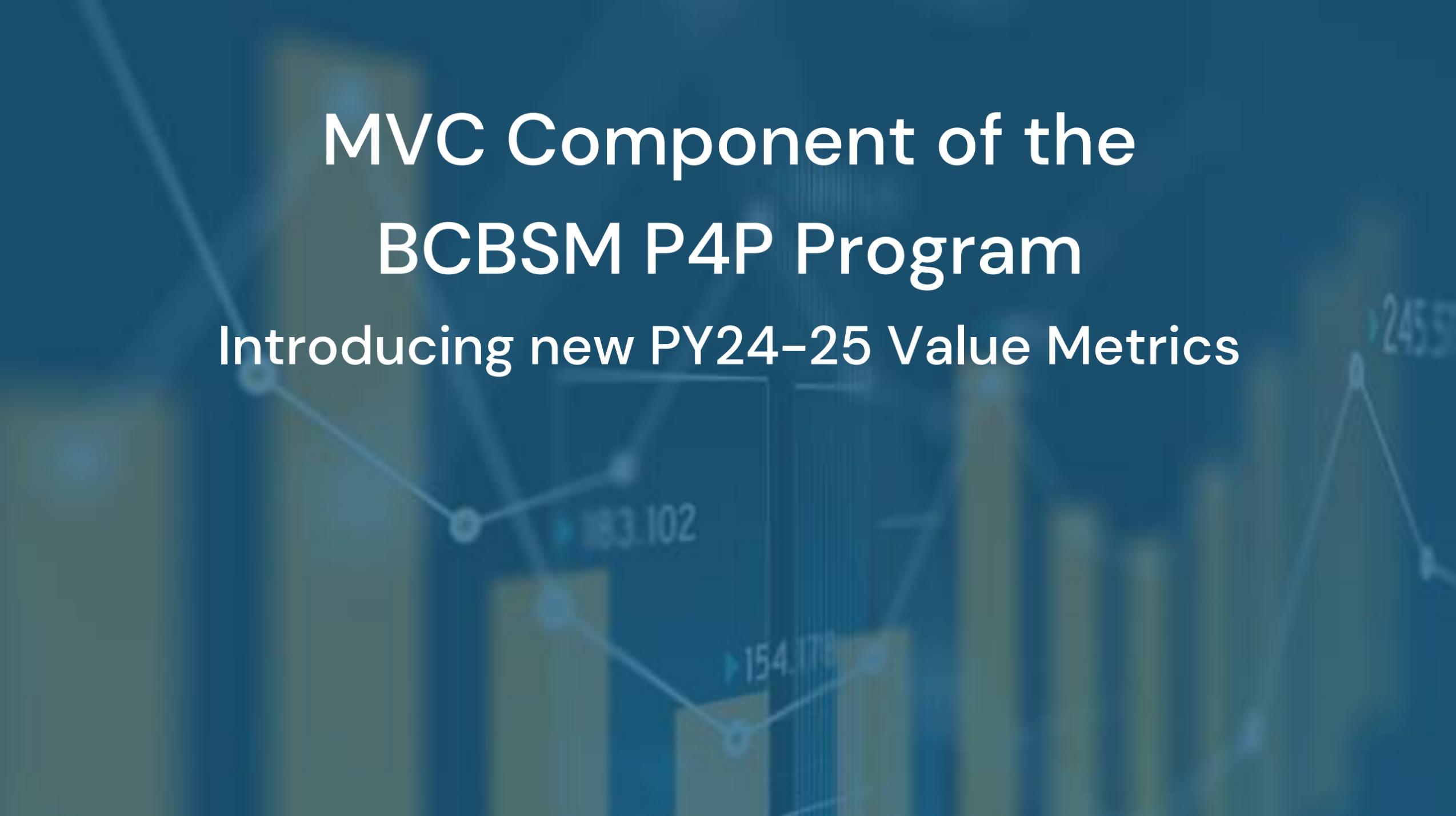
Mike Thompson, PhD, MPH

MiCR / MVC



What We'll Cover

- MVC's new cardiac rehab value metric for Program Years 2024 and 2025
- BMC2's new cardiac rehab metric for 2024
- Resources available to support sites
- Panelist presentations from 3 sites currently being scored on MVC cardiac rehab value metric
- Panel Discussion / Q&A



MVC Component of the
BCBSM P4P Program
Introducing new PY24–25 Value Metrics

MVC P4P Program Structure

Program Years 2022-2023 -

Maximum Score = 10 Points

Episode Spending
(10 points)

Questionnaire
(2 bonus points)

Program Years 2024-2025

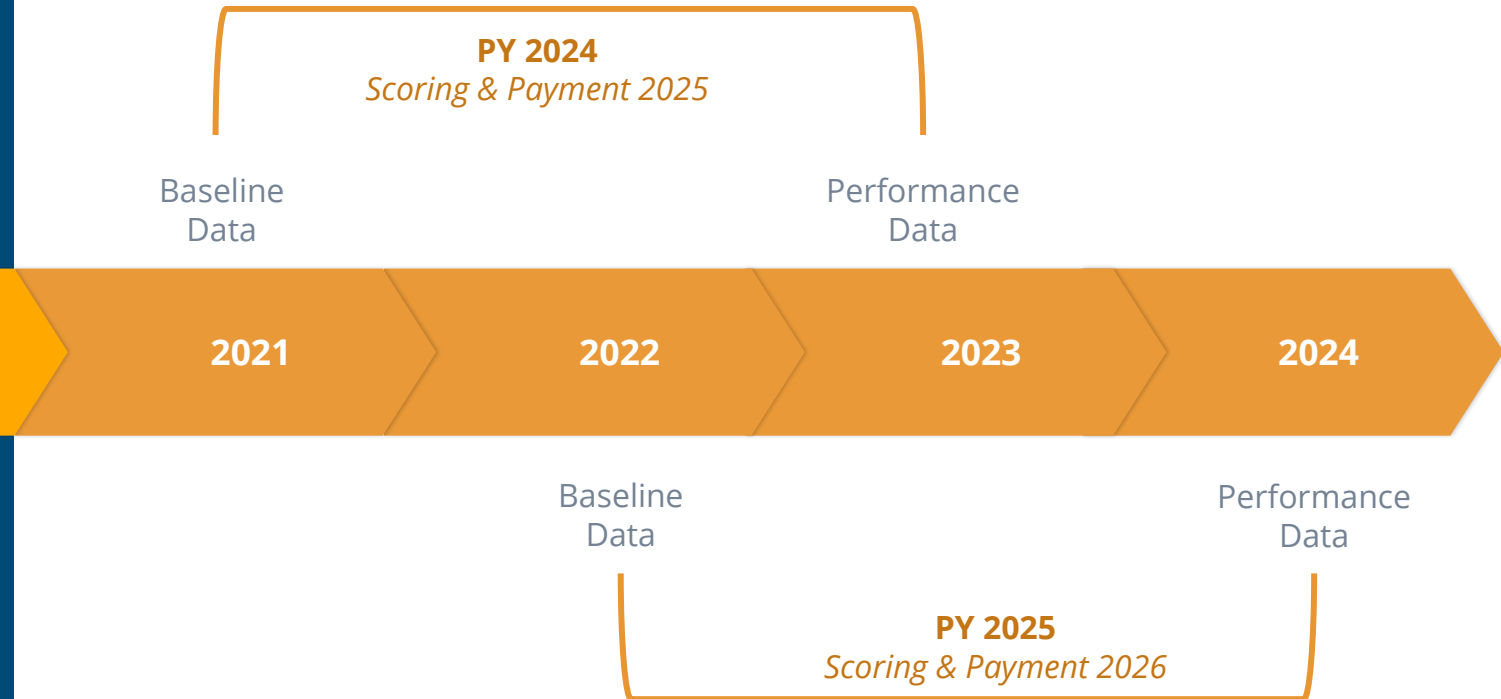
Maximum Score = 10 Points

Episode
Payment
(4 points)

Value Metrics
(4 points)

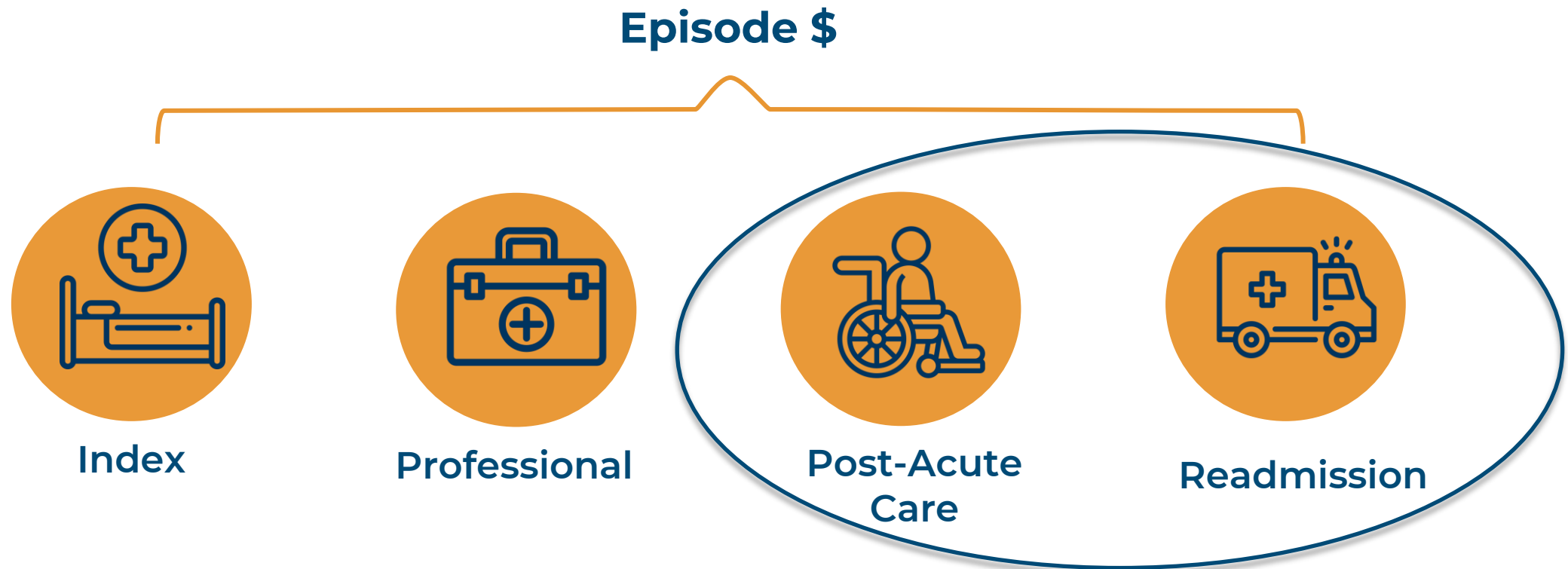
Engagement
Activities
(2 points)

Program Year Timelines



Value Metrics

- Zero in on specific parts of an episode under specific contexts
- Evidence-based, actionable items that improve patient care and are cost effective



Value Metric Options

**Reward *high*
rates of *high-*
value services**

Follow-up rates after COPD hospitalization
Follow-up rates after pneumonia hospitalization
Follow-up rates after CHF hospitalization

Cardiac rehab utilization after PCI
Cardiac rehab utilization after CABG

**Reward *low*
rates of *low-*
value services**

Preoperative testing rates for low-risk surgeries
Risk-adjusted readmissions after sepsis

**Hospitals chose 1 value metric to be
scored on from a menu of 7 options.**

Metric Definitions

Cardiac Rehabilitation Value Metric

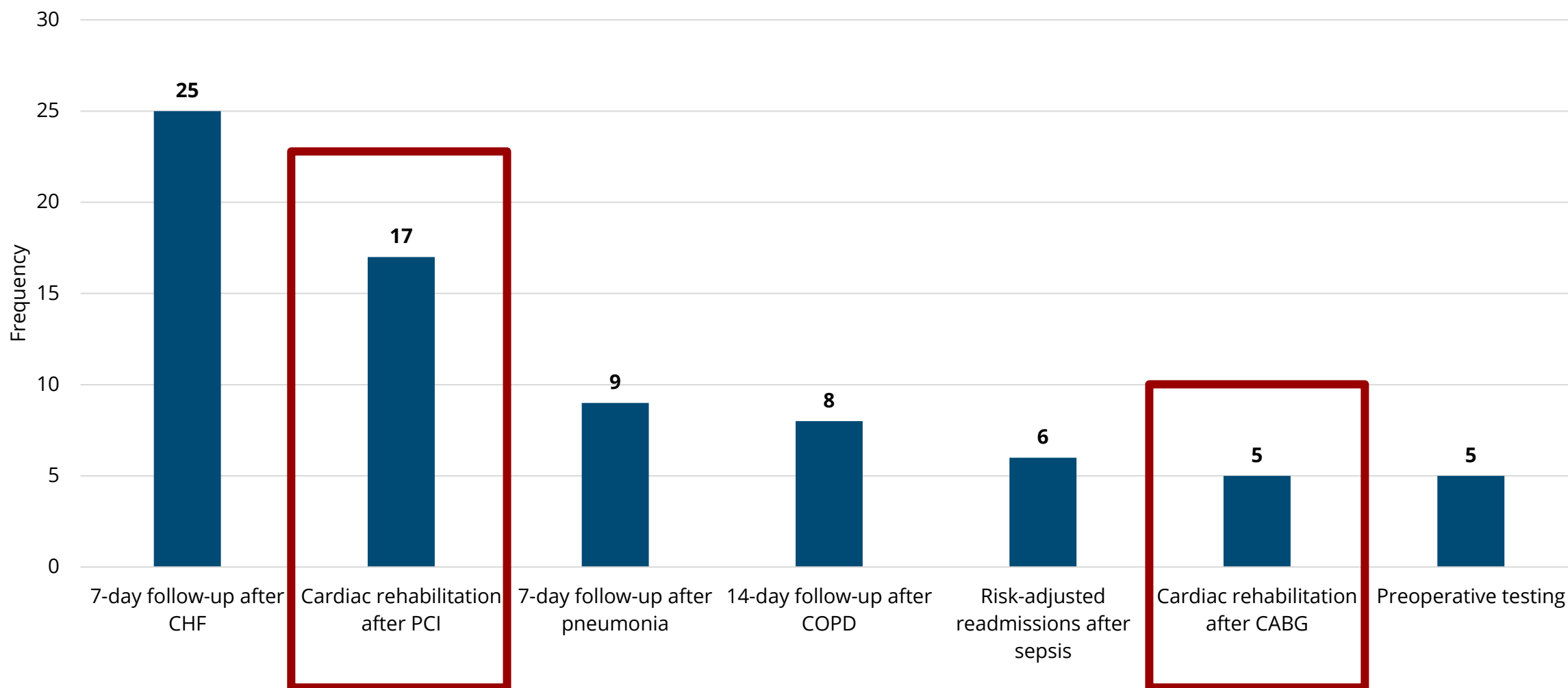
PY 2024 – 2025 of MVC Component of BCBSM P4P Program

Value Metric	What Counts?	Reward
Cardiac rehabilitation after CABG	Episodes that included one cardiac rehabilitation visit within 90 days of discharge	High Rates
Cardiac rehabilitation after percutaneous coronary intervention (PCI)		

Cardiac rehab after CABG: Includes all MVC-defined CABG episodes.

Cardiac rehab after PCI: Includes all MVC-defined PCI episodes and acute myocardial infarction episodes with a PCI DRG (246, 247, 248, 249, 250, 251).

MVC Value Metric Selections by Hospitals





Cardiac Rehabilitation P4P Measure



2024 PCI Composite measure includes Referral to CR

Numerator includes discharges with documented cardiac rehabilitation referral

Denominator includes all discharges with a successfully treated lesion discharged alive to home

25	PCI Performance Goal - Outcomes and Process Composite, inclusive of risk-adjusted mortality, risk-adjusted AKI, risk-adjusted major bleeding, guideline medications prescription at discharge (aspirin, statin, P2Y12), and referral to cardiac rehab.	
	Risk-adjusted mortality	
	A/P ≤ 1	5
	A/P $>1, \leq 1.5$	3
	A/P >1.5	0
	Risk-adjusted acute kidney injury	
	A/P ≤ 1	5
	A/P $>1, \leq 1.5$	3
	A/P >1.5	0
	Risk-adjusted major bleeding	
	A/P ≤ 1	5
	A/P $>1, \leq 1.5$	3
	A/P >1.5	0
	Guideline medications prescription at discharge	
	$\geq 95\%$	5
	90% - <95%	3
	<90%	0
	Referral to cardiac rehabilitation	
	$\geq 95\%$	5
	90% - <95%	3
	<90%	0



Cardiac Rehabilitation P4P Measure



2024 Performance Goal –

Cardiac rehabilitation utilization within 90 days after PCI discharge

Site performance $\geq 40\%$ or absolute increase of ≥ 5 points from baseline site performance.	10 points
Site performance $> 37\% - < 40\%$ or absolute increase of > 3 points from baseline site performance	5 points
Site performance $< 37\%$ and absolute increase of < 3 points from baseline site performance.	0 points



Supporting Your Success

How does MiCR support successful implementation of Cardiac Rehab QI efforts?

1

Cardiac Rehab Participation
Benchmarking

2

Dissemination of Best Practices

3

Collaborative Learning



Supporting Your Success

1

Cardiac Rehab Participation
Benchmarking



+



MVC Hospital
Site Coordinators



+



+



PCI Data
Coordinators




MISHC Data
Coordinators



The Michigan Society of Thoracic and
Cardiovascular Surgeons and
The MSTCVS Quality Collaborative



MSTCVS QC Data
Managers



**Engage your full team for
success: cath lab,
cardiac rehab staff, and
QI specialists**

To learn your site's key
players, please contact:

Annemarie Forrest
BMC2 Managing Director
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Supporting Your Success

2

Dissemination of Best Practices

- MiCR CR Toolkit
- Million Hearts Change Package
- New MiCR website with patient and provider resources
- Cardiac Rehab QI Mini-Grant Program*

*Planned for 2024

3

Collaborative Learning

- MiCR Stakeholder Meetings
 - Spring (webinar)
 - Fall (in-person)
- MVC Cardiac Rehab Virtual Workgroups
 - Quarterly
- BMC2 PCI Coordinator & Collaborative Meetings
 - Agenda topics vary



Meet Our Panelists



Dennis W. Hoy,
MSA, BSN, RN
Director of
Cardiovascular Services
& Ancillary Nursing
Corewell Health
Dearborn Hospital



Haley
Rugenstein, BS-EP
Exercise Physiologist
Hurley Medical Center



Diane Perry, MS,
ACSM-CEP, CHWC
Clinical Exercise
Physiologist
Michigan Medicine



Dennis W. Hoy, MSA, BSN, RN

Director of Cardiovascular Services & Ancillary Nursing

Corewell Health Dearborn Hospital

Site and Patient Profile

- P4P CABG procedure selected
- Cardiac Rehabilitation, H&V Center, 22060 Beech Street, Dearborn 48124
- Serving Dearborn and surrounding communities
- AACVPR certified
- Majority of patients originate from Corewell Health, Dearborn
- Currently offering Phase 2 Cardiac Rehab only
- Structural Heart Volume increasing, open heart volume decreasing, new Ambulatory Surgery Center for PCI in Dearborn
- Male 71.4%, Female 28.6%, 82% White, 7.3% Black

Dearborn Cardiac Rehab Volume

2021–YTD October 2023

		2021	2022	YTD Oct 2023	
PCI		939	978	810	
Open-Heart		295	268	177	
TAVR		58	61	72	

Quality Data (rolling Q4)

	Collaborative			Hospital		
	n	Denom	Pct.	n	Denom	Pct.
Cardiac Rehabilitation Referral	23,130	25,640	90.2%	806	827	97.5%
Cardiac Rehab Liaison	12,992	25,591	50.8%	715	826	86.6%

Site and Patient Profile

Site Staffing Information

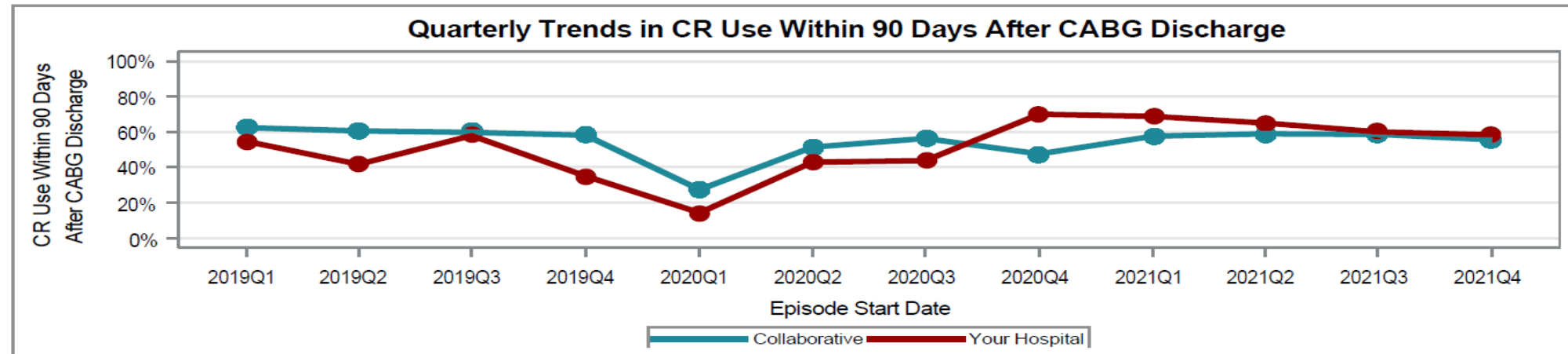
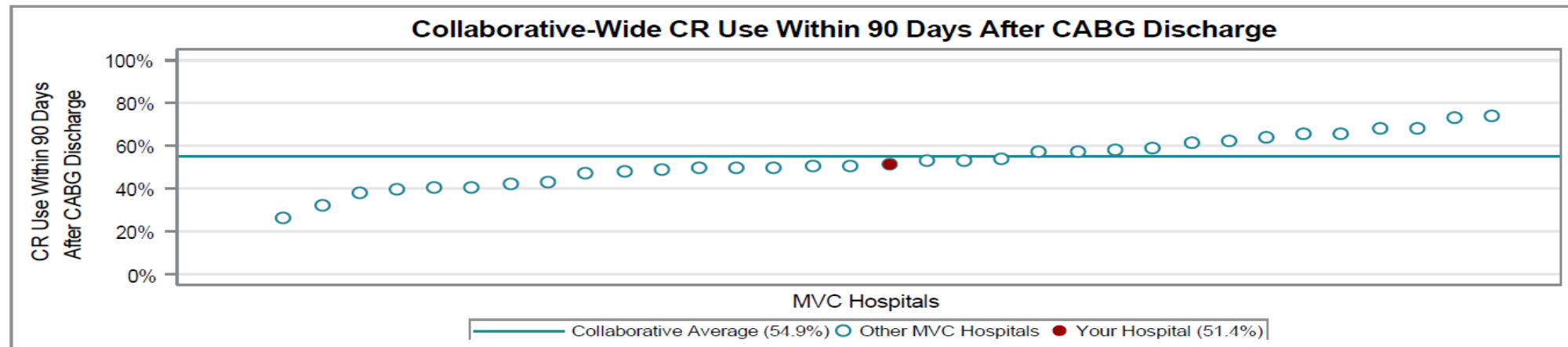
	Total Number
Interventional Cardiologists (for PCI selection)	37
Cardiovascular Surgeons (for CABG selection)	3
Trainees (Residents/Fellows)	9 General Cardiology Fellows at the Hospital
Case Managers	Inpatient only at the Hospital
Advance Practice Practitioners	None
Exercise Physiologists	5FTE

Quality Improvement Team

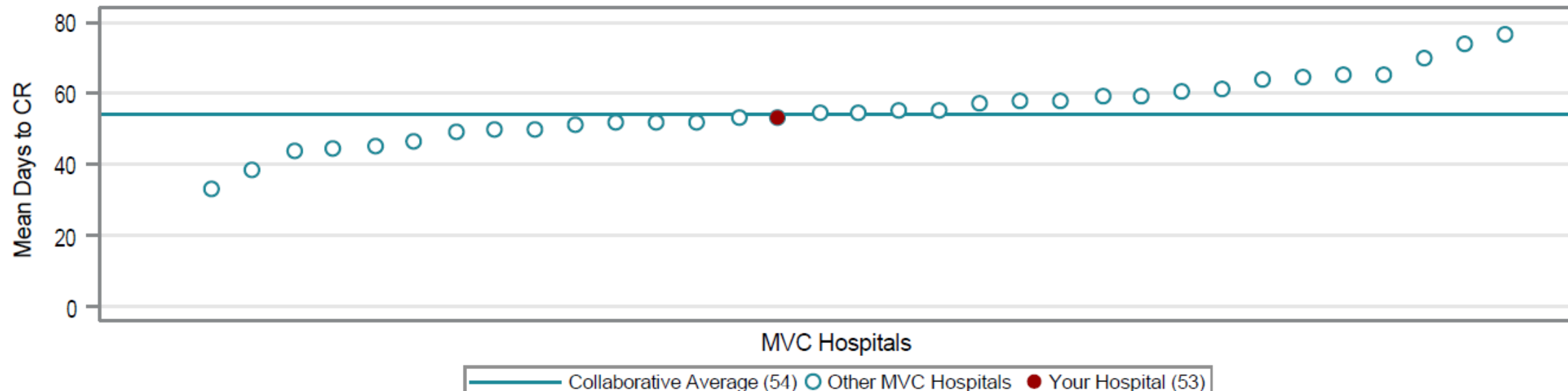
- Registry Physician Champion (PCI Physician Champion)
- CR Physician Champion (Medical Director of the cath Lab)
- BMC2 Site Coordinator (Corporate Quality)
- Site QI Director
- Cardiovascular Director
- Cardiac Rehab Staff
- Structural Heart Nurse Navigator

Collaboration & Engagement

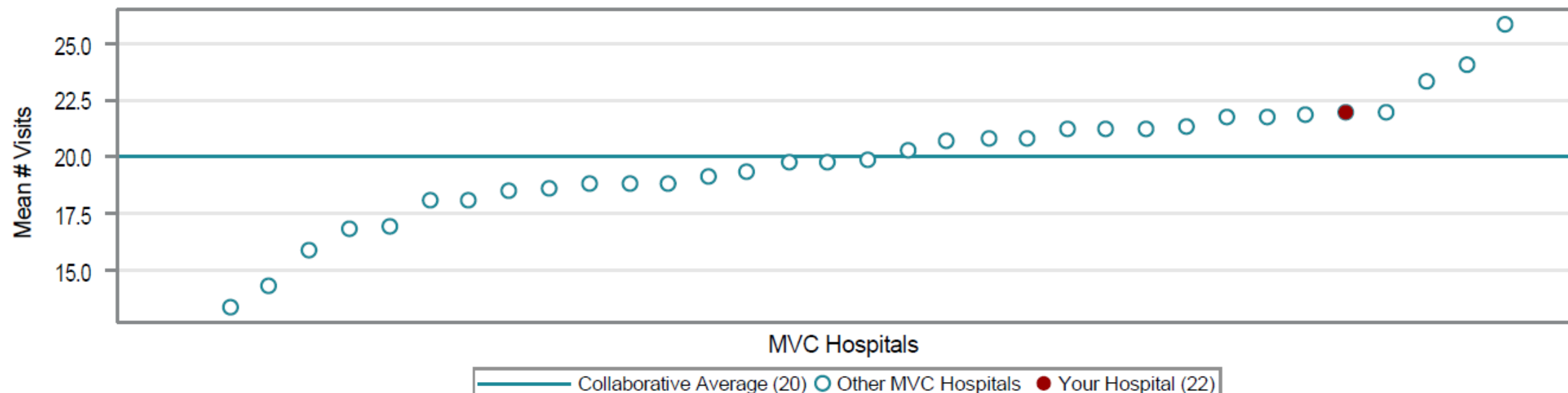
Cardiac Rehab After CABG



Mean Days to First CR Visit (Among CR Utilizers) After CABG Discharge



Mean Number of CR Visits Within 90 Days (Among CR Utilizers) After CABG Discharge



Collaboration and Engagement

- P4P Goal for CR post CABG: Goal to increase our rates over time (improvement), compare favorably against our cohort (achievement). Goal to yield a Z-score (value metric component).
- The hospital baseline year rate, hospital performance year rate and each cohort's baseline year rate are inputted into the improvement and achievement equations. These equations yield a Z-score, a statistical value describing the distance from the mean of a distribution.

Actions:

- Including P4P metric/data in our PCI workgroup meetings with physician champion
- Measure discussed in CVQI, CABG readmission task force meetings
- CV Surgery physician and APP education for CR orders
- Enrollment and adherence monitoring at CR

Barriers / Challenges

Problem:

- Physician coverage (later in the day)
- Decreasing resources
- Lost Cardiology Rehab manager October 2022 (content expert with 31 years of experience)
- June 2023, lost Cath Lab NP

Plan:

- Utilized Cath Lab NP to see inhouse patients to at Dearborn Hospital before discharge
- Staff education, inpatient and cath lab for same day discharges
- Pulled in Structural Heart Nurse Navigator to see inhouse patients
- Utilize APP coverage in January 2024 (TBD)
- Partner with ASC for post-PCI CR follow up

Lessons Learned

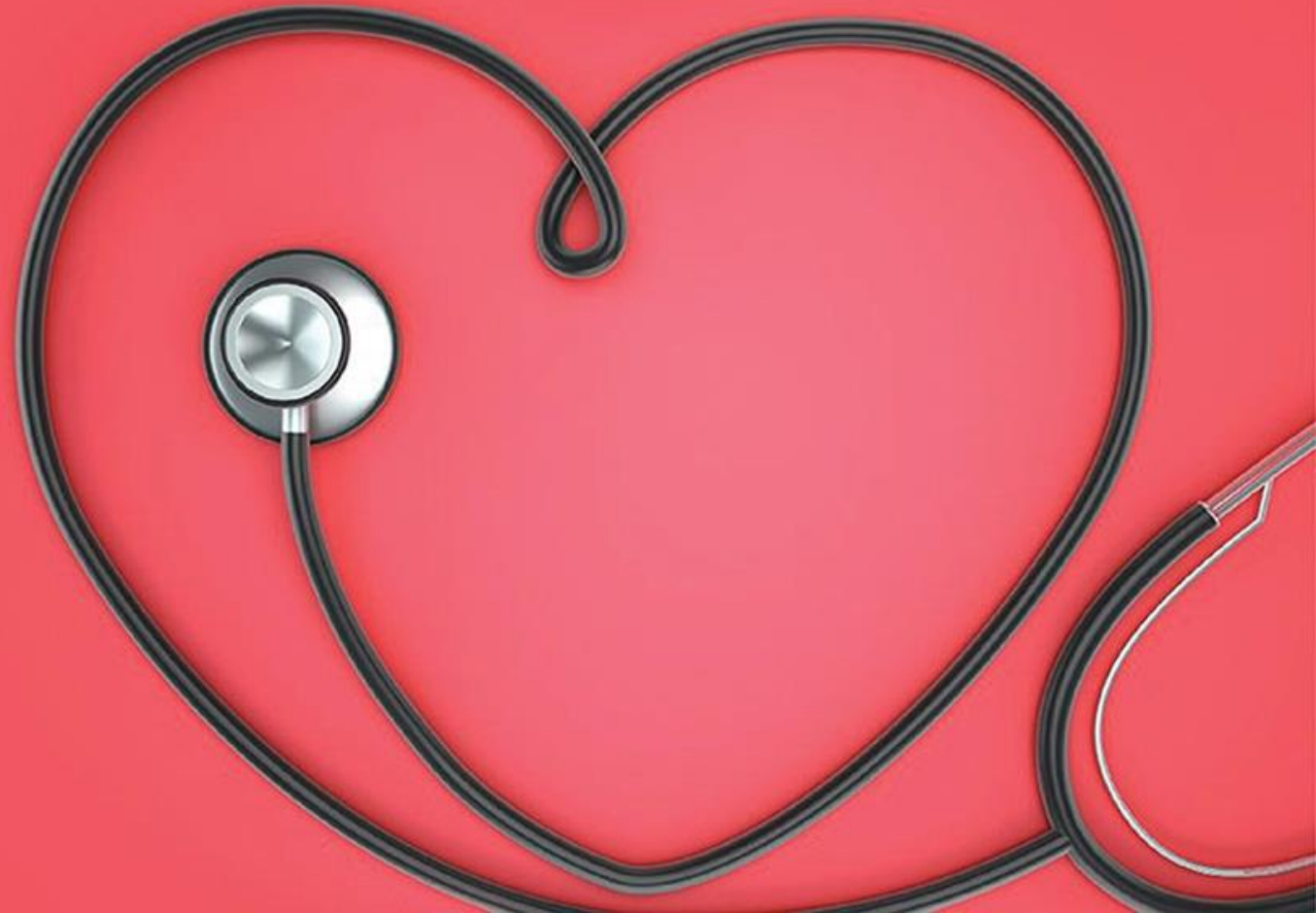
- Education with cardiologists on what is required for a referral. Completed at the Cardiology Section Meeting. (patients tend to utilize CR more when recommended by their cardiologist)
- Utilizing every resource possible within H&V
- Networking with “sister sites”, other health system hospitals
- Utilize content experts and AACVPR resources

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**YOUR HEART'S IN
THE RIGHT PLACE.**



HURLEY
MEDICAL CENTER



Site and Patient Profile

- We selected PCI as a MVC value metric
- Hurley's Cardiac Rehab program is located at Hurley Medical Center in Flint, Michigan
- Our program recently became AACVPR certified this year
- PCI procedure volume:
 - From July 2022-July 2023: 282 PCI's
 - From July 2023-October 2023: 94 PCI's



Site and Patient Profile

	Total Number
Interventional Cardiologists	11
Residents	4
Cath Lab Nurses	11
Cardiac Rehab Providers	2
Medical Director	Dr. Abdul Alawwa, MD, FACC
Administrator	Cathy Metz, PT MBA Service Line Administrator

Quality Improvement Team

Key Players

Physicians

Cath Lab Nurses

Cardiac Rehab Providers



Collaboration and Engagement

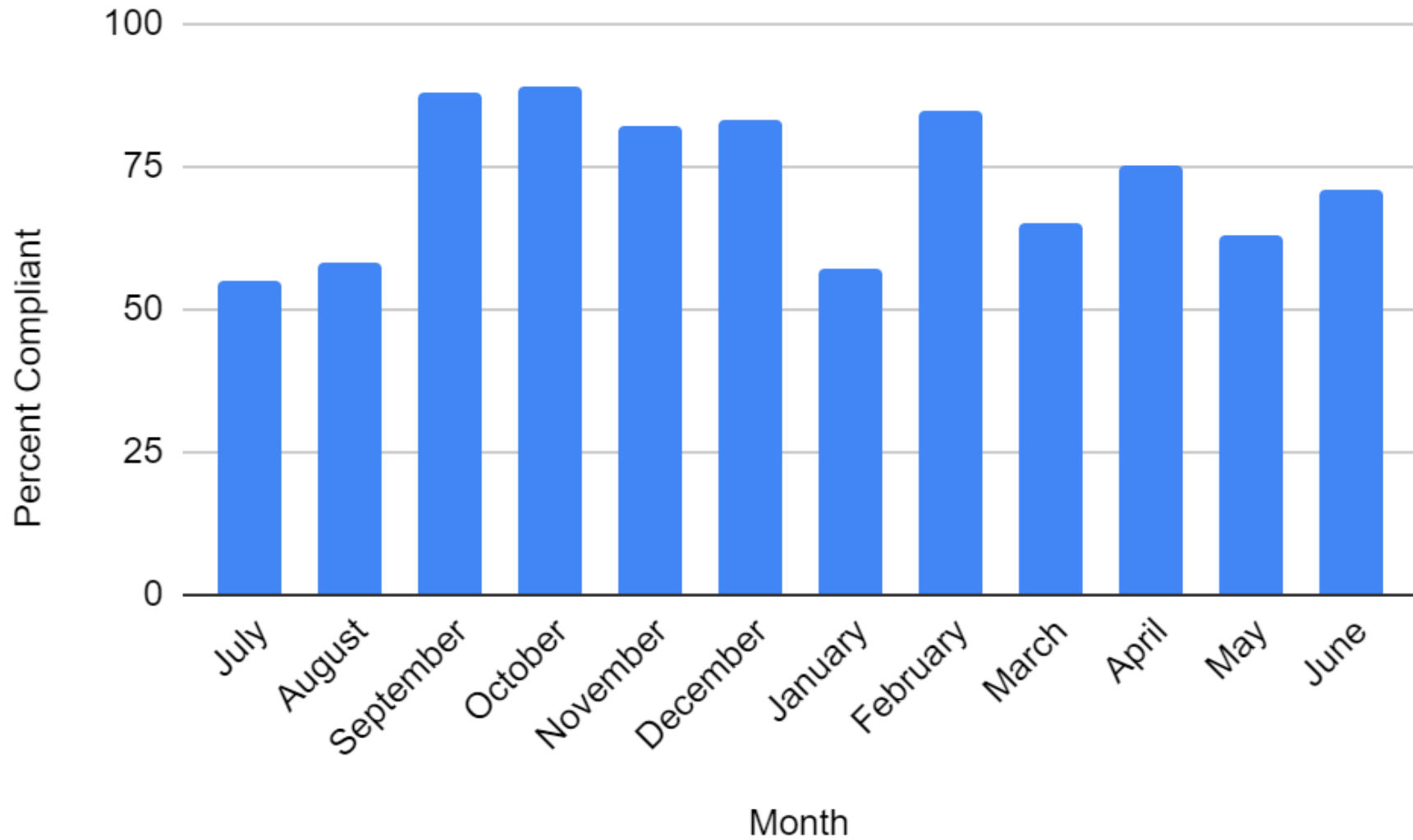
Challenges

- Getting physicians to place an automatic referral when patient gets PCI

Action Plan

- We receive a daily report of all catheterizations done each day
- At the end of each month we go through the report to see which patients had PCI's, and which ones did not. For the patients that received a PCI, we check to see if a phase II order was placed via EHR (Epic)
- If phase II order was not placed we fill out referral to have physician sign or have cath lab nurse manager place order via EHR
- At each cardiology department meeting we present the compliance data

Percent Compliant vs. Month



July 2022-July 2023

Barriers / Challenges

Referrals

- Physicians are not placing an automatic PCI referral
 - Physicians are not understanding the importance of cardiac rehab

Social

- Transportation
- Money
- Food accessibility

Lessons Learned / Conclusion

- Physicians need better education on the benefits of cardiac rehab
 - Reach out to physicians that are lacking compliance in PCI referrals and provide data that shows cardiac rehab is beneficial
 - Data includes AACVPR performance measures
- Providing programs like the HURLEY FOOD PHARMACY help patients with the affordability of rehab and daily necessities (65% of our patients use program)



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**MM Cardiovascular PFAC
Coordinator**
Patient Family Advisory
Council



INDIANA UNIVERSITY

wellcoaches®
SCHOOL of COACHING

AACVPR

MSCVPR

C.E.P.A





Sharing best practices

Program Director: Samantha Fink

Cardiac Rehab Lead: Joseph Bryant

1. Michigan Medicine Cardiac Rehab
CR Program structure and Patient Profile
2. Quality Improvement Team
Leadership/Staffing
3. Improvement Process Referral to Enrollment
4. Barriers and Challenges
5. Lessons learned

Site and Patient Profile

- P4P procedure selected: PCI/CABG for performance year 2024-2025.
- Michigan Medicine has two service areas:
 - Cardiovascular Medicine at Domino's Farms in Ann Arbor
 - Brighton Center for Specialty Care in Brighton
- Rural/Urban hospital? Urban
- Procedure volume: Total patient enrollment is 492 per year
 - 173 PCI (35%)
 - 75 CABG (15%)
 - Mean age 66.9 years
 - 66% male, 34% female
 - 81.3% Caucasian, 6.3% African America, 4.5% Asian

Quality Improvement Team

CR Medical Director – Dr. Sarah Kohnstamm

CR Program Director – Samantha Fink

CR Lead – Joseph Bryant

Interim Chief of the Division of Cardiovascular Medicine – Dr. John Bisognano

Interim Director of Preventive Cardiology – Dr. Eric Brandt

Frankel CVC Quality and Safety Program Manager – Leanne Cacovean

Clinical Info Analyst – Structural Heart Quality Specialist – Brittany Powell

Clinical Info Analyst – Cardiac Surgery – Amy Geltz

Interventional Cardiology Quality Specialist - Sztandera, Ewa

Administrative Dir Healthcare – Clinical Quality – Jaime Beach

Interim Chief Medical Officer – Dr. Hitinder Gurm

Other supporting physicians – Dr. Chetcuti, Dr. Sukul

Cardiac Surgery Ambulatory Care Clinical Chief – Dr. Romano

Cardiac Rehab Staffing

- Combined total of 13 Certified Clinical Exercise Physiologist Case Managers
- 3 Registered Nurses
- 2 Social Workers
- 2 Registered Dietitians



Referral/Enrollment Challenges

- Process Improvement:
 - Event date to start date
 - Identifying appropriate patients
 - Staff education/turnover

Examples:

- Event date to CR start date
 - PCI 38.9 days
 - CABG 68.7 days
- Appropriate patients
 - Fall risk / frail / multiple comorbidities (A3 process)

Improving time to Enrollment

- Automatic referral system on 7 d/c order sets- established in 2014 (excludes cardiac surgery)
 - 2015 changed automatic referral to opt out
- **New Goal:** Cardiac surgery to refer at discharge **NOT** after the 4-week follow up visit
- **Implementation of a Phase 1 Liaison**
 - Quality team working to create inpatient list that identifies appropriate order sets for PCI and TAVR
 - CR information flyers handed out to eligible patients and their families
 - Implement in-house staff/patient education and PFAC support to promote cardiac rehab
- ***Re-design of referral coordinators scheduling workflow**
 - CR sessions are now scheduled by the referral coordinators at initial contact call

Barriers and Challenges in-patient side

- High Volume of cardiac rehab orders: ~ 3,000/year
 - 2,000 live too far. (> 45 miles).
 - Filtering between MM patients vs. distance vs. appropriate orders
- Phase 1 (in-patient Barriers)
 - Provider Education: High staff turnover
 - Lack of understanding of CR as a comprehensive multi-disciplinary program
 - Insufficient staff and time to identify appropriate patients and close the referral loop
 - Lack of resources: Program marketing

Barriers and Challenges for patients

Physical limitations/illness

Psychological disorders

Access

Environment

Support system

Education

Trauma

Need for in-patient case management approach to identify barriers that may prevent patients from enrolling. Provide timely referral to other ancillary care before starting outpatient cardiac rehab

Other comorbidities requiring immediate care prior to starting outpatient CR

Referral to:

- Home Health
- Physical Therapy
- GAP services

Program Challenges

- Historically CR is seen as not revenue generating
 - Resulting in lack of investment for staffing, facility expansion, updated telemetry, exercise equipment, patient education and staff development
- Cardiac Rehab Programs are **LEAN** champions
 - We have learned to do more with less through A3 processes
 - With increased patient volume and new initiatives for enrollment and adherence on the horizon, more money needs to be invested

Downstream revenue and community buy-in

- Follow up program (generates approx. \$3,500)
- Phase 3 Fitness Center (110 participants @ \$40/mos.= \$4,400)
- Exercise Consultations

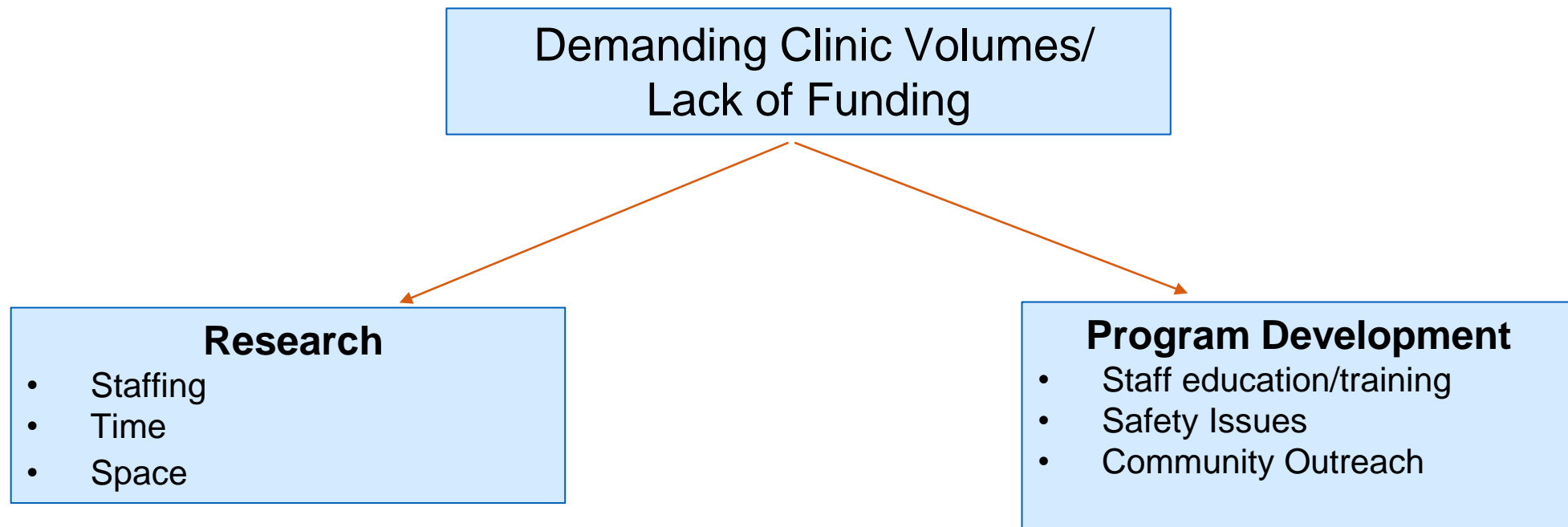
New initiatives stretch programs too far to
provide safe quality care



"I suppose I'll be the one
to mention the elephant in the room."

Staffing Challenges

- Lack of qualified CR professionals for hire
- Lack of recognition by insurers for Clinical Exercise Physiologists as healthcare providers
- Shared Multi-disciplinary staff restraints (RD/SW increased in-patient initiatives)
- Fewer students looking to pursue careers in cardiac rehabilitation

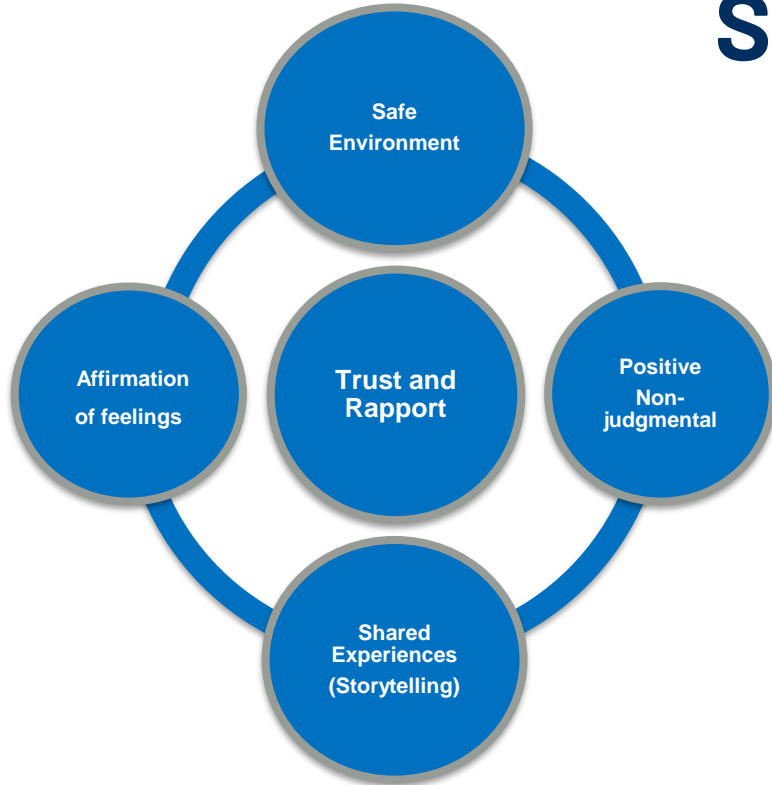


Cardiac Rehab Adherence

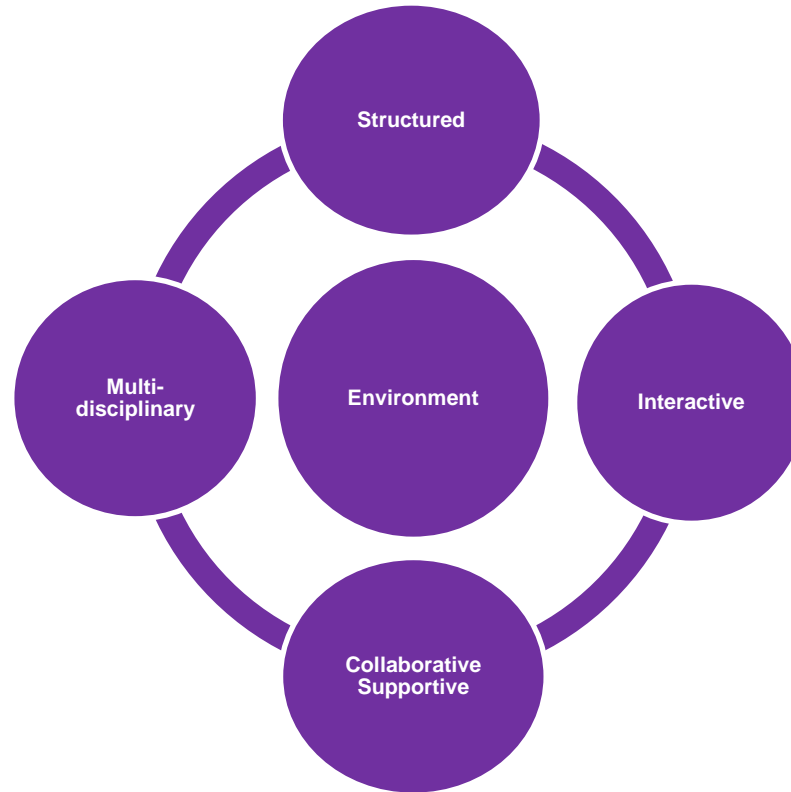
AACVPR identifies adherence as the number of patients who attend at least 12 cardiac rehab sessions divided by the number of total patients actively enrolled in the CR program

- Michigan Medicine CR has a 70% graduation/completion rate
- We identify graduation/completion rate as 75% of the total prescribed sessions
- Average prescribed sessions: 28.57
- Average sessions completed: 22.37
- **Our adherence per the AACVPR algorithm is 82.9%**

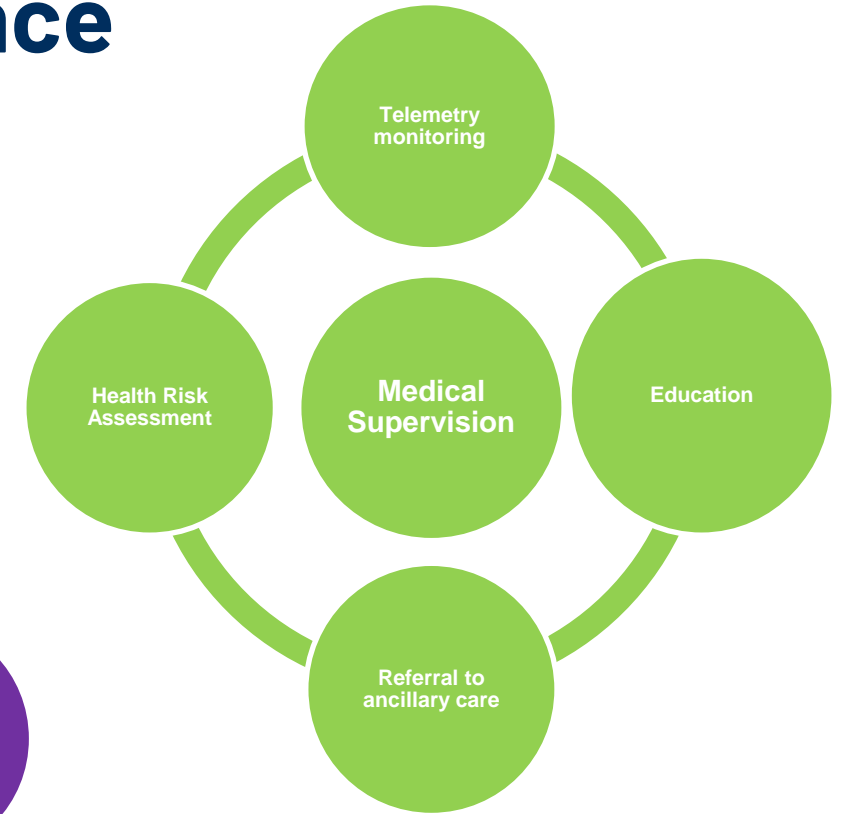
Successful Adherence



EMOTIONAL
SUPPORT



EDUCATION/COACHING



AUTONOMY/CONFIDENCE

Lessons Learned

- Recognize and value our champions (Staff, Physicians, Leadership, Patient/family advisory council (PFAC))
- Importance of networking, BMC2/MiCR sharing best practices to ensure continued success
- Increase budgetary allowances/funding to improve program access and adherence
- Maintain our patient family centered focus through a CR case management model and group orientation
- Increase Phase 1 Presence to improve referral to enrollment rates
- Improved staff satisfaction/retention (A3 process)
- Support research and legislation for improved patient access through telehealth CR
- Support flexible thinking/partnering for community outreach
 - Collaboration with HBOM (Healthy Behaviors of Michigan)/American Heart Association
 - Experiential school site/family programming
 - Cooking classes and supermarket tours

Patient needs/wants as our guidepost for change

THANK YOU



We're all in this together!!