



AHRQ's Initiative To Increase Use of Cardiac Rehabilitation



## **TAKEheart Affinity Group: *Innovations that Can Improve Your Cardiac Rehabilitation Program***

Hicham Skali, MD, MSc

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# Welcome and Background

**Welcome and greetings from TAKEheart, AHRQ and CDC**

**Update on status of TAKEheart:**

- ❖ TAKEheart Partner Hospital activities have re-started!
  - ❖ First combined training module is ***Ready, Set, Go! Getting (Re)Started with TAKEheart*** on Thursday, May 27 @ 3pm ET.
  - ❖ Register for the event:  
<https://abtassociates.webex.com/abtassociates/onstage/g.php?MTID=e69538fba81a0a3d9e137af47794f0c98>
- ❖ Recruiting for a second group of Partner Hospitals to start in late 2021; contact [TAKEheart@abtassoc.com](mailto:TAKEheart@abtassoc.com), if interested.
- ❖ Learning Community Affinity Groups will continue to be offered regularly on priority topics. Events are open to anyone but participants are encouraged to join the TAKEheart Learning Community at: <https://takeheart.ahrq.gov/join-takeheart>

# Today's Event

- ❖ Background: TAKEheart affinity groups (AG) provide forums for participants to learn from and share with each other on priority topics. Everyone **LEARNS**, everyone **SHARES**, everyone **SUPPORTS**.
- ❖ Purpose of Today's Call:
  - ❖ Continue process of learning and sharing with each other
  - ❖ Focus of today's conversation: explore how CR programs permanently incorporated changes made in response to the pandemic that have benefited their programs and patients (including helping expand the number of eligible patients that might not have been enrolled before the pandemic)
- ❖ Format: Moderated panel discussion using the chat and polling features to dialogue with participants and allow peer-to-peer sharing

# Today's Experts



## Moderator

### **Hicham Skali, MD, MSc**

TAKEheart Principal Investigator,  
Associate Director of the Cardiac Rehab  
Program at Brigham and Women's  
Hospital, Division of Cardiovascular  
Medicine

## Panelists

**Heidi Haglin, MS, CCRP**, Essentia Health in Duluth, MN

**Jessi Hyduk, RN, RCEP**, Cardiopulmonary Rehab  
Supervisor, Saint Joseph Regional Medical Center  
(SJPMC), South Bend, IN

**Sara Schaub, MSEP, CCRP**, Cardiac Coordinator, Aultman  
Deuble Heart and Vascular Hospital, Canton, OH

**Matt Thomas, MS, MBA, ACSM-CEP**, Cardiopulmonary  
Rehab and Employee Fitness, CHI – Memorial Hospital,  
Chattanooga, TN

# Audience Question 1

**Question 1: What best describes how your CR program is operating compared to before the pandemic?**

Please select your answer here



Remember to click **SUBMIT** when complete

# Audience Question 2

**Question 2: How would you describe the patients participating in your CR program compared to before the pandemic?**

Please select your answer here



Remember to click **SUBMIT** when complete

# Innovations CR Programs are Making Permanent



## Changes in Patient Intake and Orientation Processes



## Changes in Onsite Program Operations

- Session scheduling and structure
- Changes in physical rehab activities
- Changes in patient counseling and education



## Expanded Uses of Virtual Cardiac Rehab and Virtual Patient Supports

- Expanding use of virtual CR
- Increasing availability of online educational resources
- Increasing access to virtual support services

# Innovations Worth Making Permanent

## Changes in Patient Intake and Orientation Processes

- ❖ Intake Changes
- ❖ Orientation Process Changes



**Please use the chat to share CR start up activities that you have used that improved recruitment, intake or onboarding procedures.**





# Innovations Worth Making Permanent

## Changes in Onsite Program Operations

- ❖ Changes in Scheduling and Session Structure
- ❖ Changes in Physical Rehab Sessions



**Please use the chat to share any changes you've made to improve scheduling, session structure or physical rehab sessions.**



# Innovations Worth Making Permanent

## Changes in Onsite Program Operations

- ❖ Changes in patient counseling, education, and monitoring



**Please use the chat to share any changes you've made to improve patient counseling or educational sessions.**



# Innovations Worth Making Permanent

## Expanded Uses of Virtual Cardiac Rehab and Virtual Patient Supports

- ❖ Expanding use of virtual CR
- ❖ Increasing availability of online educational resources
- ❖ Increasing access to virtual support services



**Please use the chat to share any expansions to virtual supports that your program has made.**

# Final Advice from Panelists

**Changes don't always work. What's one piece of advice you'd offer your peers considering making one or more of the changes they've heard about today?**

# Audience Question #3

**Question 3: TAKEheart is planning to facilitate smaller groups of interested participants that will meet several times collaborating with each other to learn more and implement changes related to a specific topic.**

**Which of the following small groups might you be interested in participating in (check all that are of interest):**

Please select your answer(s) here



Remember to click **SUBMIT** when complete

# Resources Mentioned in Today's Event

[Cardiac Rehabilitation Change Package | Million Hearts® \(hhs.gov\)](#)

[Focus Area: Enrollment and Participation | Million Hearts® \(hhs.gov\)](#), Improve Efficiency in Enrollment and Modify Some Program Procedures Based on Clinical Need

# Affinity Group Wrap-Up

- ❖ **Next call:** Date and topic to be announced shortly
- ❖ **Continue discussions** of key topics with peers at: <https://takeheart.ahrq.gov/collaboration>
- ❖ **Today's slides** and an event summary will be emailed to event participants and posted online at: <https://takeheart.ahrq.gov>
- ❖ Please **complete the popup feedback questions** so we can see what worked well and where we can improve.