



It's All About the Heart; Opportunities for Cardiac Care in the Dakotas



Dee Kaser, RN, CDCES
Quality Improvement
Advisor
Great Plains Quality
Innovation Network



Stephanie Hanson, RN, BSN
Quality Improvement Advisor
South Dakota Foundation for
Medical Care
Great Plains Quality Innovation
Network



Tim Nikolai
Sr Rural Health Director
American Heart Association

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Objectives

- Understand the landscape of Cardiac Rehab (CR) in the Dakotas from a recently completed environmental scan
- Recognize opportunities to increase the quality of care that cardiac patients receive in the communities where they live
- Gain insight on targeted quality improvement support to improve outcomes of cardiovascular disease

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Why the Focus on Cardiac Rehab??

It is Underutilized!!

CARDIAC REHABILITATION IS UNDERUSED

Cardiac Rehabilitation Enrollment, Engagement, and Completion Among Medicare Beneficiaries Aged 65 and Over
 who had a primary qualifying event* in 2017:

29%
of patients initiated CR sessions

23%
of patients attended up to 12 sessions

17%
of patients attended up to 24 sessions

8%
of patients attended up to 36 sessions (considered to be a full dose of CR)

Enrollment rates by sex:

3:2 **number of men vs. women** who initiated CR sessions.

Enrollment rates by race/ethnicity:

2:1 **number of non-Hispanic White vs. non-Hispanic Black people** who initiated CR sessions.

* hospitalization for acute myocardial infarction; coronary artery bypass graft surgery; heart valve repair or replacement; percutaneous coronary intervention; or heart or heart-lung transplant.

Keteyian SJ, Jackson SL, Chang A, et al. Tracking Cardiac Rehabilitation Utilization in Medicare Beneficiaries: 2017 Update. *J Cardiopulm Rehabil Prev.* 2022;42(4):235-245.

Environmental Scan: 82 Sites Across the Dakotas

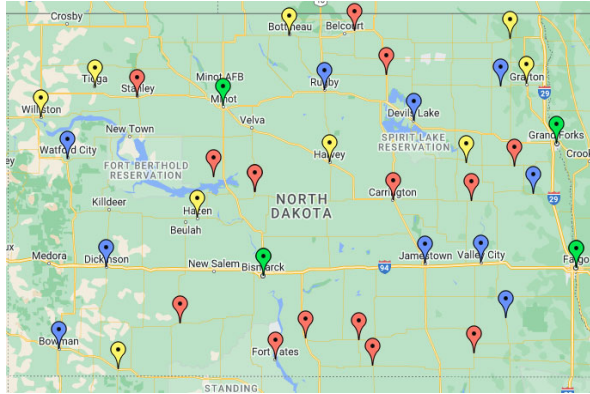
Do You Offer Cardiac Rehab Services?

■ Yes ■ No

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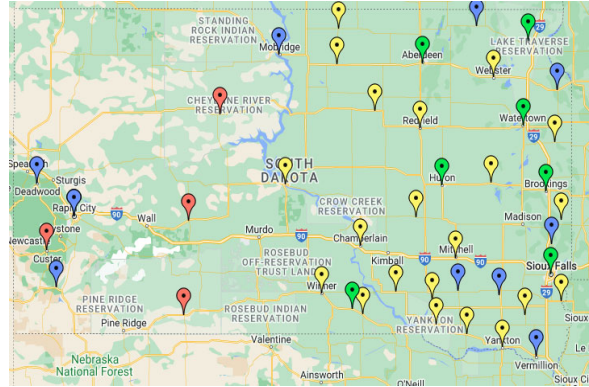
Cardiac Rehab Landscape | 82 sites

North Dakota



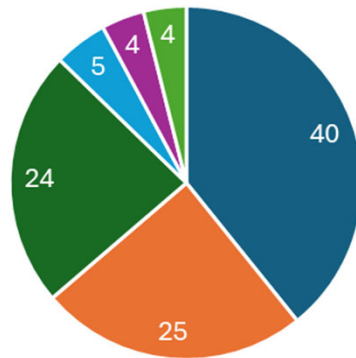
- All 3 phases
- Phases 2 & 3

South Dakota



- Phase 2 only
- Closed

Barriers Identified for Low CR Utilization



- Transportation
- No Shows
- Cost/Lack of Insurance
- Enrollment is cumbersome for facility
- Provider buy-in
- Enrollement is cumbersome for patient

Additional Barriers

- Patients don't think they need CR
- Hours CR is offered/missing work
- Patient health is poor/co-morbidities
- Lack of staffing for CR
- No MD or DO supervision

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Successes | CR Utilization

- Care Coordination
- Provider Champions
- Community Knowledge/Promotion
- Several staff trained to lead CR
- Flexibility with CR days/times
- Small class size
- **NEW** -NP/PA/CNS can now supervise instead of only MD/DO

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Next Steps

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Provider and Public awareness of CR locations and the phases they offer

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Offer resources/tools to help sites that have closed to re-open

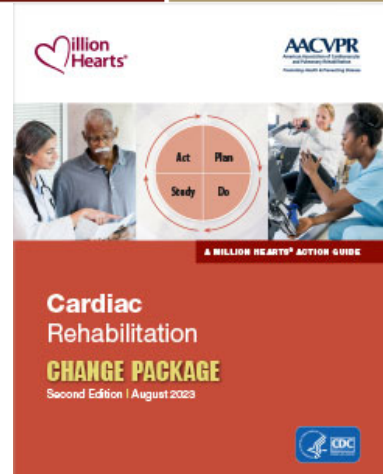
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Continue to spread awareness of CR underutilization

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Resources

- [Cardiac Rehabilitation Change Package \(CRCP\) | Second Edition Million Hearts®](#)



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Thank You!

Questions?



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