

Measure # 54: Cardiac Rehabilitation Patient Referral from an Outpatient Setting

Contact Information:

- For questions regarding this measure and for permission to use it, contact:
Jensen S. Chiu, MHA
Specialist (Project Manager) Clinical Performance Measures
Staff Liaison / ACCF/AHA Task Force on Performance Measures
American College of Cardiology Foundation
Heart House
2400 N. Street, NW
Washington, DC 20037
P: 202-375-6285
F: 202-375-6847
jensen.chiu@acc.org

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Performance Measure A-2

A-2. Cardiac Rehabilitation Patient Referral From an Outpatient Setting

All patients evaluated in an outpatient setting who within the past 12 months have experienced an acute myocardial infarction (MI), coronary artery bypass graft (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery, or cardiac transplantation, or who have chronic stable angina (CSA) and have not already participated in an early outpatient cardiac rehabilitation/secondary prevention (CR) program for the qualifying event/diagnosis are to be referred to such a program.

Numerator	<p>Number of patients in an outpatient clinical practice who have had a qualifying event/diagnosis during the previous 12 months, who have been referred to an outpatient CR program.</p> <p>(Note: The program may include a traditional CR program based on face-to-face interactions and training sessions or other options that include home-based approaches. If alternative CR approaches are used, they should be designed to meet appropriate safety standards.)</p> <p>A referral is defined as an official communication between the healthcare provider and the patient to recommend and carry out a referral order to an outpatient CR program. This includes the provision of all necessary information to the patient that will allow the patient to enroll in an outpatient CR program. This also includes a written or electronic communication between the healthcare provider or healthcare system and the cardiac rehabilitation program that includes the patient's enrollment information for the program. A hospital discharge summary or office note may potentially be formatted to include the necessary patient information to communicate to the CR program (e.g., the patient's cardiovascular history, testing, and treatments). According to standards of practice for cardiac rehabilitation programs, care coordination communications are sent to the referring provider, including any issues regarding treatment changes, adverse treatment responses, or new nonemergency condition (new symptoms, patient care questions, etc.) that need attention by the referring provider. These communications also include a progress report once the patient has completed the program. All communications must maintain an appropriate level of confidentiality as outlined by the 1996 Health Insurance Portability and Accountability Act (HIPAA).</p> <p><i>Exclusion criteria:</i></p> <ul style="list-style-type: none"> • Patient factors (e.g., patient resides in a long-term nursing care facility). • Medical factors (e.g., patient deemed by provider to have a medically unstable, life-threatening condition). • Health care system factors (e.g., no cardiac rehabilitation program available within 60 min of travel time from the patient's home).
Denominator	Number of patients in an outpatient clinical practice who have had a qualifying event/diagnosis during the previous 12 months and who do not meet any of the exclusion criteria mentioned in the Numerator section, and who have not participated in an outpatient cardiac rehabilitation program since the qualifying event/diagnosis.
Period of Assessment	Twelve months following a qualifying event/diagnosis.
Method of Reporting	Proportion of patients in an outpatient practice who have had a qualifying event/diagnosis during the past 12 months and have been referred to a CR program.
Sources of Data	Administrative data and/or medical records.
Attribution/Aggregation	This measure should be reported by the clinician who provides the primary cardiovascular-related care for the patient. In general, this would be the patient's cardiologist, but in some cases it might be a family physician, internist, nurse practitioner, or other health-care provider. The level of "aggregation" (clinician versus practice) will depend upon the availability of adequate sample sizes to provide stable estimates of performance.

Rationale

Cardiac rehabilitation services have been shown to help reduce morbidity and mortality in persons who have experienced a recent coronary artery disease event, but these services are used in less than 30% of eligible patients (19). A key component to CR utilization is the appropriate and timely referral of patients to an outpatient CR program. While referral takes place generally while the patient is hospitalized for a qualifying event (MI, CSA, CABG, PCI, cardiac valve surgery, or heart transplantation), there are many instances in which a patient can and should be referred from an outpatient clinical practice setting (e.g., when a patient does not receive such a referral while in the hospital, or when the patient fails to follow through with the referral for whatever reason).

This performance measure has been developed to help healthcare systems implement effective steps in their systems of care that will optimize the appropriate referral of a patient to an outpatient CR program.

This measure is designed to serve as a stand-alone measure or, preferably, to be included within other performance measurement sets that involve disease states or other conditions for which CR services have been found to be appropriate and beneficial (e.g., following MI, CABG surgery). This performance measure is provided in a format that is meant to allow easy and flexible inclusion into such performance measurement sets.

Referral of appropriate outpatients to a CR program is the responsibility of the healthcare provider within a healthcare system that is providing the primary cardiovascular care to the patient in the outpatient setting.

Corresponding Guidelines and Clinical Recommendations

See Clinical Recommendations section from Performance Measure A-1.

Challenges to Implementation

Identification all eligible patients in an outpatient clinical practice will require that a timely, accurate, and effective system be in place. Communication of referral information by the outpatient clinical practice team to the outpatient CR program represents a potential challenge to the implementation of this performance measure.