Effects of COVID-19 on Cardiac and Pulmonary Rehab Services among Montana Outcomes Project Participants and Montana Association of Cardiovascular and Pulmonary Rehab Members

At the beginning of April 2020, the Montana Cardiovascular Health (CVH) Program at the Montana Department of Public Health and Human Services (DPHHS) sent a survey to the 105 programs participating in the Montana Outcomes Project and the Montana Association of Cardiovascular and Pulmonary Rehab (MACVPR) to ascertain the immediate impacts of the COVID-19 pandemic on these cardiac rehab (CR) and pulmonary rehab (PR) programs. Following are the results of this survey.

Report Highlights

This survey had a 79% response rate (83 of 105 sites); 11 of 13 states responded. Of responding programs:

- 96% are hospital-based; 45% perform interventional procedures
- 36% perform CR-only services, 1% PR-only, 63% both CR and PR
- 8% of sites are seeing patients on a regular, full-time basis
- 92% of sites are closed completely or are exploring a variety of part-time options, including home-based CR and PR.
- 34% of responding sites are offering home-based services to current patients; 25% are offering them to new patients.

Of 83 responding sites, 92% discussed handling of new referrals.

59 sites (71%) have had staff reassigned to a variety of other settings.

25 of 41 sites' staff are still receiving regular pay. 25 of 40 sites are able to use paid-time off. Only 15 sites reported being able to work from home in many capacities.

Overview

Eighty-three (79%) programs responded to the survey from 11 of the 13 states participating in the Montana Outcomes Project and MACVPR (Figure 1). (Please note that some questions received fewer than 83 responses; therefore, the ability to compare response percentages is limited.)

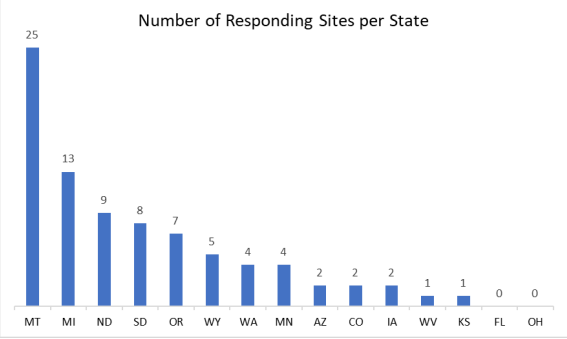

Figure 1. States with facilities responding to cardiac and pulmonary rehab COVID-19 reaction survey.

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Program and Service Characteristics

Of the responding facilities (82), 79 (96%) are hospital-based programs; three (4%) are off-site programs. Almost half (45%) of responding sites are affiliated with hospitals that perform cardiac interventional procedures. Thirty (36%) responding facilities provide cardiac rehab-only services; one (1%) provides pulmonary rehab-only services; 52 (63%) provide both cardiac and pulmonary rehab services.

Only seven responding facilities (8%) are still seeing patients on a regular, full-time basis during the COVID-19 public health emergency. Of the 76 sites offering partial services, nine (11%) are seeing Phase II patients only; five (6%) are holding classes with reduced class sizes focusing on social distancing; and five (6%) are providing one-on-one services with no other patients in attendance (Figure 2).

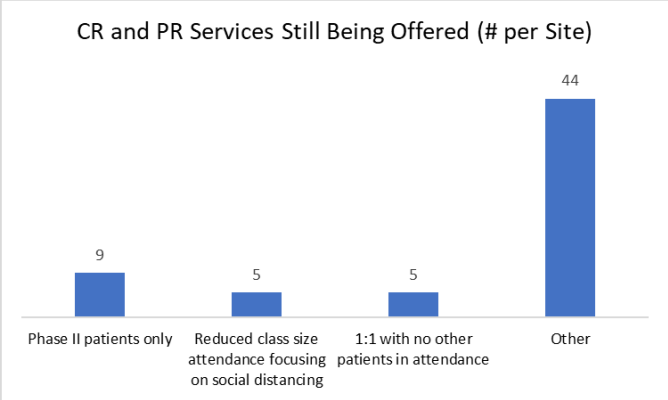

Figure 2. Cardiac rehab (CR) and pulmonary rehab (PR) services still being offered by responding sites during the COVID-19 outbreak.

Of the 44 respondents indicating they are offering other services, only 28 are offering altered CR and PR services. These services primarily consist of follow-up phone calls, although email, Zoom check-ins, and a weekly blog with exercise and nutrition tips also were mentioned. One site is looking into using the Better Hearts app by Chanl Health. Some sites are targeting phone calls to specific patients, with Phase II patients receiving the most communication and Phase III patients receiving occasional check-ins. Two sites are doing new patient intakes. Sixteen sites (19%) are closed and offering no alternative interactions. One of these sites is considering reopening due to low COVID-19 infection numbers; four sites indicated that patients have chosen not to come in, leading to temporary site closure.

Home-Based Cardiac and Pulmonary Rehab Services

When asked whether they are offering home-based cardiac rehab (HBCR) or home-based pulmonary rehab (HBPR), 28 of 82 responding sites (34%) said they are offering a home-based option to current patients and 20 of 80 responding sites (25%) said they are offering a home-based option to new patients. Home-based options are primarily being offered by phone, while three sites are using two-way audio/video (platforms include VA Video Connect), four are using a combination of phone and two-way audio/video, and one is using a combination of phone and a smartphone app (no platforms listed).

Most sites are contacting their HBCR and HBPR patients once a week (Figure 3).

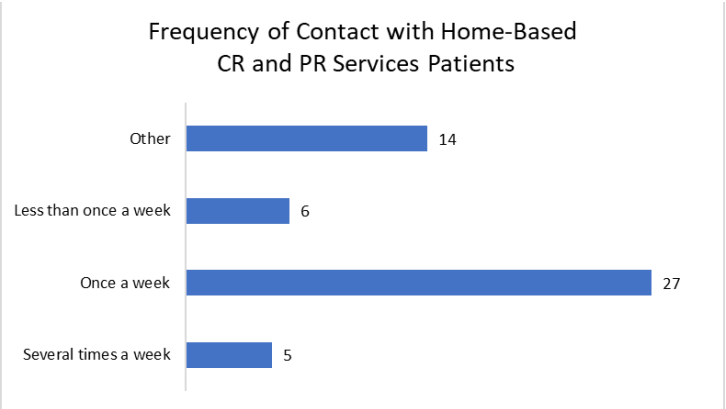

Figure 3. Reported frequency of contact by CR and PR sites to home-based patients.

A minority of sites are reaching out to patients either several times a week or less than once a week. Many sites reported other frequencies, such as one initial call with follow-up paperwork; two contacts total for new patients and one to two contacts for existing patients; and no contact at all due to the department being closed or due to administrative direction.

Of those sites offering HBCR and HBPR services, 17 are not requiring home-based patients to do periodic in-person visits. Only one site is requiring in-person visits, once per month. Fifty-two respondents wanted further information on Montana's HBCR efforts. This information will accompany delivery of this report.

New Referrals

Of the 83 respondents, 76 (92%) discussed their handling of new referrals. Ten reported they are not taking new referrals because their programs are fully closed or considered "on hold." Three reported no new referrals received. Five reported they are contacting patients and letting them make the decision whether to come in for assessment or not. Four are operating as they were pre-COVID-19, although some have patients reluctant to attend. One reports they are seeing Phase I patients only to establish care and only in a 1:1 setting. One is enthusiastically using home-based cardiac rehab, and one will be offering telehealth "soon" via Centurawide CR/PR.

Most respondents indicated they are calling, emailing, or sending letters to new referrals. These communications sometimes serve to tell patients the service is not open but will be in contact once they are reopened. Many sites call new referrals to do patient intake and to offer them a choice to begin rehab or to wait until the COVID-19 threat has diminished. During these calls, patients learn about the risks of waiting versus coming in. Many sites call new referrals weekly to check in and offer guidance, encouragement, and advice.

Staff Reassignment and Impacts on Pay

Of the 83 respondents, 59 sites (71%) indicated they or their staff have been reassigned to other areas of the hospital. These reassignments are shown in Figure 4 ordered highest to lowest by number of mentions. One site reported a split in staff reassignment, with one member being reassigned and the rest going home.

Figure 4. Places where cardiac and pulmonary rehab staff have been reassigned during the COVID-19 public health emergency, in order of number of mentions.

Forty-one sites responded to whether their staff are still receiving pay: 25 (61%) sites' staff are still receiving regular pay; 16 sites' staff (39%) are not. Of 40 sites responding to whether staff is using paid time off (PTO), 25 sites (62%) are and 15 sites (38%) are not. Only 15 of 80 responding sites (19%) indicated they are able to work from home (WFH). Of those WFH sites, 43% are performing CR services, 22% are performing PR services, and 35% are performing other services, including respiratory therapy, scheduling stress tests, performing diabetes education over the phone, program certification, data-

related projects, physical therapy calls and webinars, phone consults with patients, and assisting with hospital communications.

Other Comments

Many respondents took time to elaborate on their current departmental practices, indicating a variety of responses by CR and PR programs and their healthcare systems to the COVID-19 outbreak:

"We are running our dept as before with one on one exercise time and cleaning well between patients with staff masked at all times. We have had patients drop out due to the virus concerns and recommendations from their surgeon. We have others that stay with one on one exercise. We are usually leaving our shift early though due to low census and have to utilize PTO. Our system has agreed to pay 3 months of medical insurance if we have it through them....Our pulmonary program usually crosses over with CR, but at present the patient has decided to remain home and exercise later when all has settled down."

"[O]ur closure happened very fast....I had no time to work out a home-based program."

"[D]ifficult time, don't have enough vacation time."

"We closed our department entirely. After we made our initial calls to notify people, we scheduled all of our cardiac and pulmonary phase II patients for weekly appointments. During this time, we also established some home exercises and stretches accompanied by an informative sheet (tips to stay safe, explaining workout terms, phone numbers, etc.) and mailed this to all of our patients. Due to the success of the mailings, we further modified those documents for our referrals."

In particular, many programs are looking more vigorously at the logistics and payment potential of home-based CR and PR:

"Very hard to run a true home-based program with team being pulled to other areas regularly. We are all losing hours fast and looking at potential of how CR/PR starts in the future with us seeing the highest risk population for COVID, a lot of work needs done but no one really to focus on it at this time."

"Wondering about reimbursement for home-based CR (as our PT's are being denied for home based)."

This situation is "really forcing us to look at a home-based program in future; suspect hospital-based CR program is going to have long and slow recovery once restrictions to are lifted to operate group classes once again; very difficult situation for everyone."

Conclusion

This survey received an enthusiastic response from MACVPR and Montana Outcomes Project participants. As we move through this challenging time in center-based CR and PR practice, there are many opportunities for our programs to learn from each other and to try out new practices, including home-based CR and PR work. The Montana Outcomes Project and MACVPR, as well as the Montana CVH Program, are excited to help with this transitional process. The Montana CVH Program is planning future surveys to track the programming progression of CR and PR programs through COVID-19. We appreciate everyone for taking part in this information-gathering process.

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