

Hybrid Cardiac Rehabilitation (HyCR): A Montana Pilot Project

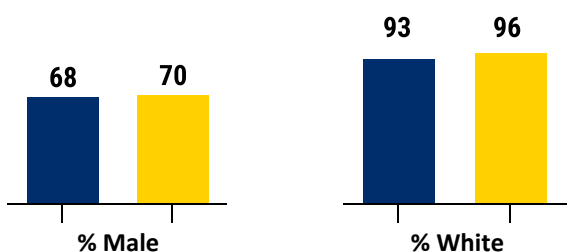


- HyCR incorporates primarily home-based cardiac rehabilitation (HBCR) and some center-based CR (CBCR) sessions for patients who qualify for CR but can't do CBCR for various reasons.
- The Montana Cardiovascular Health (CVH) Program piloted HyCR to compare health outcomes with CBCR patients and to determine revenue generation capacity.
- Three years of patient data (2020-2023) and four years of program progress data (2019-2023) are available for analysis.

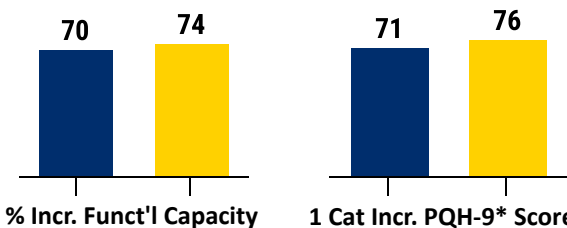
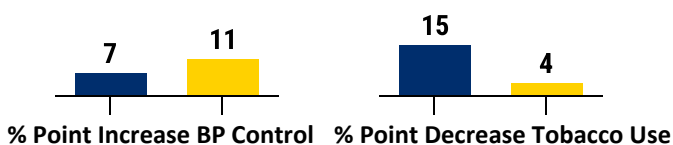


Results for 5 CR Facilities

Patients:
296 HyCR / 5045 CBCR



66 69
Average Age (Years)



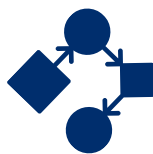
*PQH-9 measures depression. 1 category increase = improvement.

\$ 24,705 average per site per year in revenue generation

👍 88% patient satisfaction

🌱 All sites intend to sustain HyCR post-grant. One site will expand recruitment to Tribal Members.

Workflow and Process Changes



- Addition of HyCR policies and tool to select patients for HyCR
- Addition of end-of CR reminders so patients fill out exit surveys
- Administrative approval to document HyCR programming hours for staff productivity numbers; IT approval to use a mobile app (Chanl Care by Chanl Health)
- Pre-project trials help sites prepare to incorporate phone- and app-based visits
- Learning new methods for telehealth exercise coaching

Major Barriers



- Lack of reimbursement for the home-based portion of HyCR
- Beginning a new project just as COVID-19 was ramping up
- Some interested patients didn't qualify due to diagnosis
- Staff resistance to perceptions of extra time needed for project
- Keeping patients engaged to completion

Major Facilitators



- Very high patient and site satisfaction
- Peer-to-peer sharing
- Most barriers relatively easy to address
- Providers buy-in to refer to HyCR
- Staff champions to encourage provider referrals and keep patients engaged
- No extra staff time, equipment costs, or other expenses after 1st implementation year (equipment provided by CVH won't be available post-grant)

Major Successes



- Increased patient comfort and confidence post-HyCR
- Staff was able to catch health concerns via phone or app visits, refer patients to doctors, and prevent readmission
- Revenue generation per site
- Improved patient readmission rates
- Patients who may not have attended otherwise received benefits of CR
- CR could continue during COVID-19 shut-downs
- Most outcomes similar between CBCR and HyCR patients

DPHHS complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-406-444-1386 (TTY: 1-800-833-8503). ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-406-444-1386 (TTY: 1-800-833-8503).

This publication was supported by the Cooperative Agreement Number CDC-RFA-DP18-1817 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.