



Cardiac Rehabilitation after AMI: Performance Measures and Coverage

A study in Michigan revealed that more than a third of patients undergoing PCI are not referred for cardiac rehabilitation (CR). These referral rates are below the rates of other AMI quality-of-care performance measures and appear to be more variable across sites.¹

Below is a summary of the recently updated performance measures for assessing the referral of patients to cardiac rehabilitation or a secondary prevention program. This document highlights what is being asked of clinicians to satisfy these measures and which patients are eligible for insurance coverage for these programs.

Performance Measures for Cardiac Rehabilitation

Highlights from *AACVPR/ACCF/AHA Performance Measures on Cardiac Rehabilitation for Referral to Cardiac Rehabilitation/Secondary Prevention Services (2010 Update)*

For access to full-version: <http://content.onlinejacc.org/cgi/content/full/j.jacc.2010.06.006>

Cardiac Rehabilitation Patient Referral from an Inpatient Setting

All patients hospitalized with a primary diagnosis of an AMI are to be referred to an early outpatient CR program. The most important time for an appropriate and timely referral to an outpatient CR program is generally while the patient is hospitalized for a qualifying event/diagnosis.

What's being measured

The percentage of eligible patients hospitalized with a diagnosis of AMI that receive a referral to a cardiac rehabilitation program.

Note: Eligible patients are those with a qualifying event/diagnosis that do not have a valid exclusion factor for being referred. *Exclusion Factors include:* patient factors, medical factors, health system factors.

How to satisfy this measure

Refer and document the referral of each eligible patient to an outpatient CR program prior to hospital discharge

OR

Document why such a referral was not made (eg, patient factors, medical factors, health system factors).

Cardiac Rehabilitation Patient Referral from an Outpatient Setting

All patients evaluated in an outpatient setting who within the past 12 months have experienced an AMI...and have not already participated in an early outpatient CR program are to be referred to such a program. While referral ideally takes place during a patient's hospitalization, there are many instances in which a patient can and should be referred from an outpatient setting.

What's being measured

The percentage of eligible patients in an outpatient clinical practice that have been referred to an outpatient CR program.

Note: Eligible patients are those who have had a qualifying event/diagnosis in the previous 12 months, do not meet any exclusion criteria (eg, patient, medical, or system factors), and have not yet participated in a CR program since the qualifying event/diagnosis.

How to satisfy this measure

Refer and document the referral of each eligible patient to an outpatient CR program.



Insurance Coverage for Cardiac Rehabilitation

CMS currently provides 18 weeks of CR coverage for the following 6 clinical conditions:

1. Documented diagnosis of acute MI within the preceding 12 months
2. Coronary bypass surgery
3. Stable angina pectoris
4. Heart valve repair/replacement
5. Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting
6. Heart or heart-lung transplant

NOTE: Although health insurers often do not provide the necessary coverage for patients with HF to participate in cardiac rehabilitation/secondary prevention programs, these patients can also benefit greatly from attending when appropriate.

¹ Aragam, KG et al. 2011. *Trends and disparities in referral to cardiac rehabilitation after percutaneous coronary intervention*. American Heart Journal, Vol. 161, Iss. 3, p. 544-551.e2.