State Heart Disease and Stroke Prevention Program Addresses Cardiac Rehabilitation

Cardiac Rehabilitation Facts

- Each year about 1 million people survive heart attacks in the United States.[1] Additionally, more than 7 million people have stable angina, more than 1 million patients have angioplasty, a procedure to unblock coronary arteries, and almost half a million patients have bypass surgery.[1]
- All of these persons with heart disease could benefit from cardiac rehabilitation (rehab).[1] The purpose of cardiac rehab is to modify a person's coronary risk factors and to reduce morbidity, mortality, and functional disability due to cardiovascular illness.[2-4]

Goals of Cardiac Rehabilitation[6]

- Improve functional capacity and quality of life
- Reduce risk of sudden death and subsequent heart attack
- Ease angina pectoris symptoms
- Prevent progression of underlying disease

- In 2001, 19 states and the District of Columbia included questions in the state-based Behavioral Risk Factor Surveillance System (BRFSS) survey regarding receipt of cardiac rehab services following a heart attack.[5] The findings indicated that less than a third of heart disease patients had participated in cardiac rehab even though most might have benefited from these services.
- Other studies suggest that women who have suffered a recent heart attack or had bypass surgery are less likely to be referred to or participate in a cardiac rehab program.[6,7] Patients aged 70 years or older are much less likely to participate in cardiac rehab in comparison to younger patients.
- Recent research demonstrates that physician referral is the most powerful predictor for cardiac rehab enrollment.[7,8] Clinical practice guidelines for cardiac rehab were released and widely disseminated to health professionals in 1995 by the Agency for Health Care Research and Quality.[2]
- Comprehensive cardiac rehab has been shown to reduce re-hospitalization rates, reduce recurrent sudden cardiac death, lessen the need for cardiac medications, and increase the rate of persons returning to work.
- Including cardiac rehab in intervention plans for patients with heart disease remains a key strategy for reducing further disability and death.

State Heart Disease and Stroke Prevention Programs Take Action

Prevention through medical and public education is vital for improved physician referrals and patient enrollment in cardiac rehabilitation. Examples of activities to implement in health care settings and the community include:

- Promoting health care environments that improve quality of care by increasing adherence to guidelines for heart attack survivors, persons with stable angina, and persons with coronary artery disease. ***Potential Partners:*** primary care associations, federally-qualified health centers, managed care organizations, Medicare Quality Improvement Organization, American Heart Association (AHA), rehabilitation, medical associations, nursing associations, and healthcare provider associations.
- Promoting policies for diagnostic evaluation to refer eligible patients to cardiac rehabilitation and appropriate follow-up. ***Potential Partners:*** hospitals, managed care organizations, federally-qualified

health centers, medical associations, nursing associations, healthcare provider associations, and AHA affiliate.

- Strengthening secondary prevention through increased awareness and education about the benefits of cardiac rehabilitation that promote heart healthy lifestyles. ***Potential Partners:*** AHA affiliate, faith and community organizations, local minority nursing association, and local health departments.

- Advocating for health care coverage that includes cardiac rehabilitation services for persons that have coronary artery disease or have had a previous heart attack. ***Potential Partners:*** AHA affiliate, business and human resource management, employee associations, unions, third party payers, health care providers, local policy makers.

- Advocating for equality in access to rehabilitation services for all persons, including women and members of diverse populations. ***Potential Partners:*** primary care associations, federally-qualified health centers, managed care organizations, Medicare Quality Improvement Organization, American Heart Association (AHA), rehabilitation and medical associations.

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