



AHRQ's Initiative To Increase Use of Cardiac Rehabilitation

TRAINING • AWARENESS • KNOWLEDGE • ENGAGEMENT

Program Frequently Asked Questions

What is the TAKEheart initiative and why is it important?

The TAKEheart initiative is an [AHRQ](#)-funded program designed to help hospitals and health systems implement evidence-based strategies to improve rates of cardiac rehabilitation use for appropriate patients. Referral to cardiac rehabilitation is a class 1 recommendation for patients following heart surgery, myocardial infarction, or coronary intervention and for stable angina or heart failure.¹ Participation in cardiac rehabilitation can help reduce symptoms and other cardiac episodes, improve adherence with preventive medications, and improve the health and quality of life of cardiac patients.² This improvement in clinical outcomes translates into a reduction in length-of-stay, readmissions and the use of other medical services.^{3,4} In fact, evidence shows that patient participation in cardiac rehabilitation reduces cardiovascular disease morbidity and mortality by approximately 20%, reduces risk of hospital admissions by 28% and reduces risk for long-term readmissions by 25%.³

The TAKEheart initiative will provide individualized technical assistance, coaching, and step-by-step training on implementing *automatic referral with care coordination* - a proven means of increasing cardiac rehabilitation among eligible patients. This support will be available to 100 hospitals interested in improving patient outcomes, reducing their 30-day hospital readmissions, and positioning themselves for measurement and reporting of cardiac rehabilitation referral rates for data registries and bundled payment programs in cardiac care.

What is automatic referral with care coordination support and what are its benefits?

Automatic referral refers to use of an electronic medical record-based system where the standard (default) option is for referral.

Care coordination refers to support services for referred patients that can occur at the bedside or by telephone shortly after discharge, and could include reminders about appointments, sharing information about the availability of services, answering questions and providing encouragement. Care coordination services can be provided by one or more people and successful models have included use of both hospital staff (e.g. trained liaisons) and/or volunteers (e.g. peer CR graduates/ambassadors).

Research indicates that automatic referral combined with care coordination support to help patients navigate their transition to rehabilitation can potentially nearly triple the rate of cardiac rehabilitation referral: in one prospective, controlled study, automatic referral combined with care coordination attained an 86% referral rate as compared to 32% in controls who received neither intervention.¹

Why should my hospital apply to participate in the TAKEheart initiative?

By being selected to become a TAKEheart Partner Hospital, you will receive step-by-step training on implementing a proven means of increasing cardiac rehabilitation among your eligible patients. More specifically, hospitals participating in this program will receive:

- Individualized coaching and technical support in developing your own action plan for increasing cardiac rehabilitation referral, enrollment and retention
- Access to a high-impact, 12-month virtual training program providing guidance on how to implement an evidence-based strategy (automatic referral with patient care coordination support) to achieve this goal
- Insights from leading cardiac rehabilitation experts and
- Peer-to-peer knowledge sharing, coaching and tools

Is my hospital eligible to participate in TAKEheart?

Your hospital is eligible to participate if you are interested in pursuing the implementation of a cardiac rehabilitation referral pathway that includes the use of an automatic referral process with care coordination support.

What are the requirements for participating as a Partner Hospital?

- Submit an application for your hospital at <https://cma.ahrq.gov/takeheart>.
- Upload an executed [letter of intent](#). In the letter of intent you will be asked to agree to:
 - Participate in a 12-month, web-based training curriculum
 - Assign a champion and create a dedicated team to receive monthly training and implement the cardiac rehabilitation quality improvement project
 - Implement an automatic referral process (for example, using your EMR or another, electronic care coordination system)
 - Provide care coordination support to facilitate patient referrals to cardiac rehabilitation services
 - Share de-identified data on program implementation and patient referral rates and
 - Participate in two online surveys as part of the initiative's evaluation

These benefits are offered at no additional charge to your hospital. Space is limited. Application does not guarantee automatic admission to participate as a Partner Hospital in the TAKEheart initiative.

How much does participation in the program cost?

There is no charge for training and technical assistance activities for hospitals participating in TAKEheart.

Will data sharing be required for participating hospitals?

Yes. TAKEheart will provide a template that participating hospitals can use to track patients through referral and, if they choose, participation in cardiac rehabilitation. (Any personally identifiable information will be removed before hospitals submit referral data to TAKEheart.) The template can be modified based on the hospital's interest in tracking patients beyond referral or tracking by referring cardiologist. If your hospital already has a tracking systems in place, TAKEheart will work with your staff to determine how they can most readily provide the referral data.

What other reports will we need to complete as part of this program?

No other reports are required.

Will there be opportunities to share best practices with other facilities?

Yes. As part of this initiative, your hospital will have an opportunity to interact virtually with similar facilities to support each other with peer sharing and learning.

Who/which staff from our hospital should be involved in the TAKEheart initiative?

The exact composition of your dedicated, interdisciplinary team will depend on how you decide to modify your current practices in order to ensure automatic referral to rehabilitation and adequate care coordination of referred patients. In addition to a project lead or champion, team members should minimally include staff with expertise in IT/electronic health record configuration and in care coordination/discharge planning. Expertise with quality improvement is also highly recommended.

How do I apply?

Your hospital can apply at <https://cma.ahrq.gov/takeheart> and upload an executed [letter of intent](#).

What is the deadline for applications?

Applications close on **October 15, 2019**.

How and when will I know if my facility is selected to participate in the TAKEheart initiative as a Partner Hospital?

You will be contacted via email by the AHA and notified of admission by **November 1, 2019**. The program will begin in January of 2020.

If I have additional questions or want to speak with someone about the program, who should I contact?

Please reach out to our team at cardiac.rehab@aha.org and we will be happy to answer your questions or schedule a time to talk.

1. Grace, S. L., Russell, K. L., Reid, R. D., Oh, P., Anand, S., Rush, J., Williamson, K., Gupta, M., Alter, D., Stewart, D. Effect of Cardiac Rehabilitation Referral Strategies on Utilization Rates: A Prospective, Controlled Study. Arch Intern Med, 171(3), 235-241. <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/416448>. Accessed July 22, 2019.
2. https://www.heart.org/idc/groups/ahaec-public/@wcm/@adv/documents/downloadable/ucm_473083.pdf
3. [AACVPR Cardiac Rehabilitation Summary for Payers](#)
4. https://millionhearts.hhs.gov/files/Cardiac_Rehab_Change_Pkg.pdf