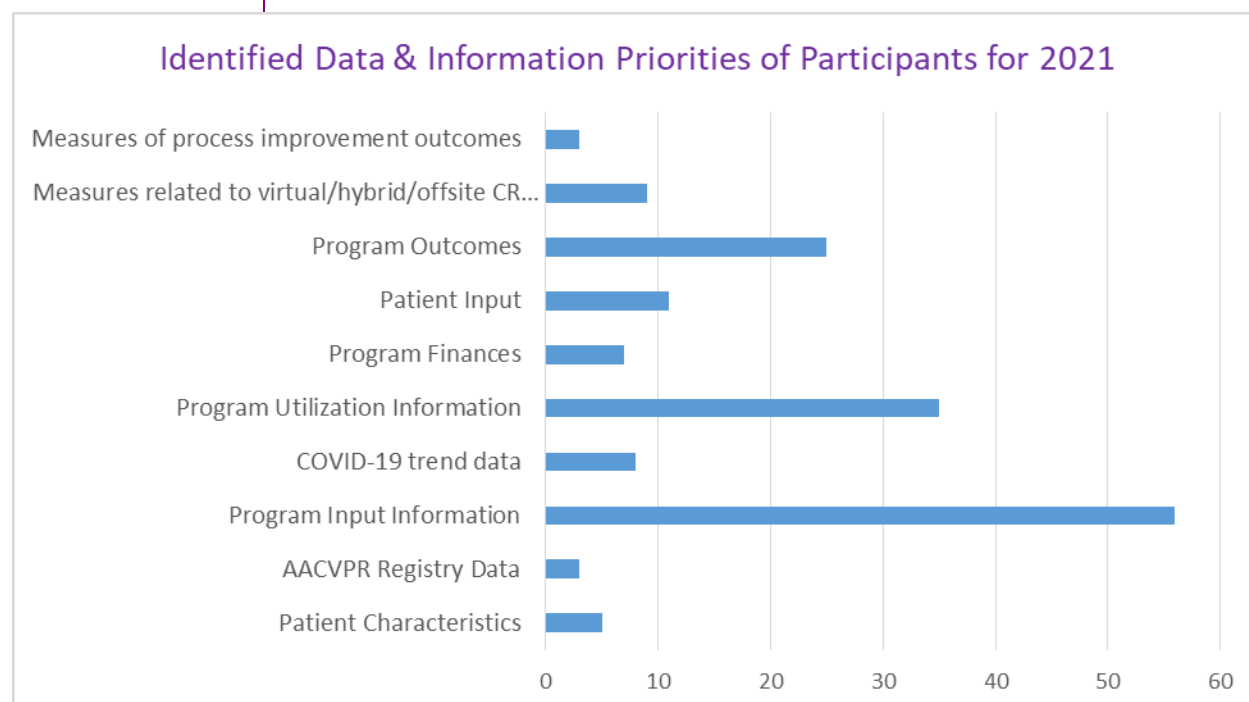


AFFINITY GROUP DETAILS AT-A-GLANCE

Title	<p>Leveraging Data to Enhance Your CR Program</p> <p>November 12, 2020</p>
Purpose	<ul style="list-style-type: none"> To explore how CR programs are effectively accessing, monitoring and using data to benefit their patients and operations
Format	<ul style="list-style-type: none"> A moderated panel discussion with two panelists, with additional input from the 120 event participants
Special Thanks to our Moderator and Panelists	<p>Moderator:</p> <ul style="list-style-type: none"> Hicham Skali, MD, MSc, TAKEheart's Principal Investigator and Director of the Cardiac Rehabilitation program at Brigham and Women's Hospital <p>Panelists:</p> <ul style="list-style-type: none"> Matt Thomas, MS, MBA, ACSM-CEP, Cardiopulmonary Rehab and Employee Fitness, CHI – Memorial Hospital, Chattanooga, TN Julianne DeAngelis, MS CCRP, CEP, Lifespan Cardiovascular Institute, Miriam and Newport Hospitals, Providence, RI
Resource Link	<p>Slides and a recording of the event along with links to other relevant resources for addressing COVID-19 are available online at: https://takeheart.ahrq.gov.</p>



ASSESSING THE CURRENT AND LEVEL OF CERTAINTY OF CR PROGRAM OPERATION

STATUS AT-A-GLANCE

Current State	Level of Uncertainty
Participants in this event responded to a polling question about their CR program's status as of Nov. 12, 2020. Almost 90% of question respondents reported reasonably normal operations but modest-to-large reductions in patient capacity.	In response to a polling question about the level of financial and operational uncertainties programs were expecting in 2021, 78% of respondents indicated these uncertainties were high or moderate.

OVERALL EVENT THEMES

- Data access:**

In order to maximize CR enrollment and successful completion, every CR program ought to have key information about their patients and operations. This data may come through an EMR system, through information compiled on basic spreadsheets or from relevant external sources like the AACVPR registry. Data should be readily accessible about both individual patients and patient groups. The processes of obtaining data and improving its quality are incremental and require persistent effort over time. Start with what matters most and go from there.

- Data reports and queries**

Data reports and simple queries make the data you possess useful. Without them data has little value. Reports should allow you to track the status of individual patients from eligibility determination to CR program graduation. They should also provide key overall metrics related to recruitment sources and levels of success, as well as patient enrollment, participation and program completion. Effective data reporting should also support your ability to examine your goals in specific patient groups (e.g. those with specific cardiac conditions and those frequently underrepresented in CR such as women and persons of color). Such reports can both help improve CR program operations and support the growing need to account to senior leadership for CR program resources.

- Maximizing the value of CR program data**

Examining your data can provide evidence that enhances your recruitment and completion goals and supports your efforts to improve outcomes of underrepresented patient groups. Benchmarks linked to prior performance in your program or to outcomes from other programs reporting into the AACVPR registry can help you track progress over time and set program improvement priorities. Specific examples of leveraging data included:

- Using it to identify outcomes on which women were performing poorly and developing some women-only sessions to address the underlying causes
- Observing delays in enrollment times for patients from underserved populations, calling staff attention to the issue, and reducing these delays significantly

Additional examples are included below.

DISCUSSION HIGHLIGHTS

Assessing the Data You Have

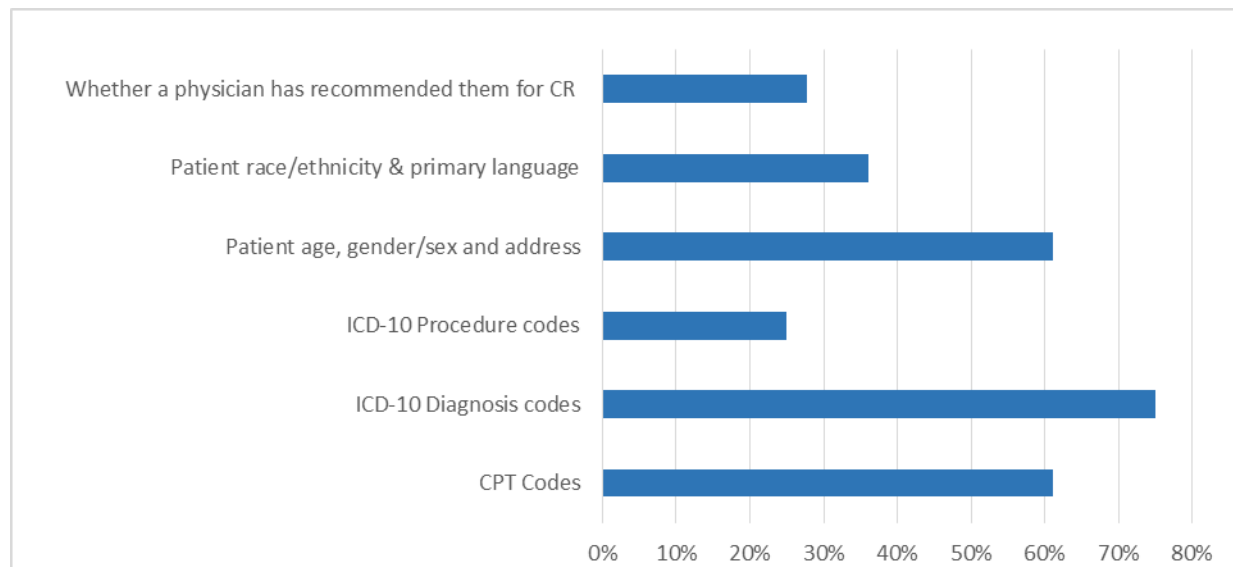
Different data platforms can be utilized by different organizations and programs often use a combination of methods. Getting good data is a process that can take time, but can be done incrementally—it's not all or nothing. Julianne DeAngelis described how the staff at her organization utilize the AACVPR Registry, which has been integrated into their daily documentation system. This allows for viewing programmatic and demographic information related to clinical outcomes. They utilize their EMR system, Epic, to pull reports illustrating access to care and combine this with a manual excel spreadsheet to track the utilization of ancillary services (e.g. dieticians).

Matt Thomas's organization also uses Epic, in tandem with a manual spreadsheet that tracks information not captured in their EMR. They are also working to incorporate registry data they already submit to AACVPR. In addition, Matt's organization pulls information from collaborative registries to make sure that the data being collected is consistent across different service lines.

Electronic medical record (EMR) systems in use in participating hospitals

- ❖ Epic (47%)
- ❖ Cerner (27%)
- ❖ MEDITECH (13%)
- ❖ A different EMR (13%)

Percent of Affinity Group Respondents Accurately Collecting Types of Patient-Level Data



Matt likes “to make everything a big picture for my team, so they know that what they’re doing is working. We know the value of our work, but if we can’t show that, it’s hard to make our case.”

The data elements noted in the table above are common for CR programs to collect but not an exhaustive list. Programs using the AACVPR registry typically capture and report this information. There can be advantages to examining data at the patient level as well as at an aggregate level. Examples of these data types are included in the table.

Tracking Underrepresented patients

Most programs did not report accurately capturing race, ethnicity and language data. This information is essential to better support underrepresented patient groups.

Assessing the Reports You Can Generate

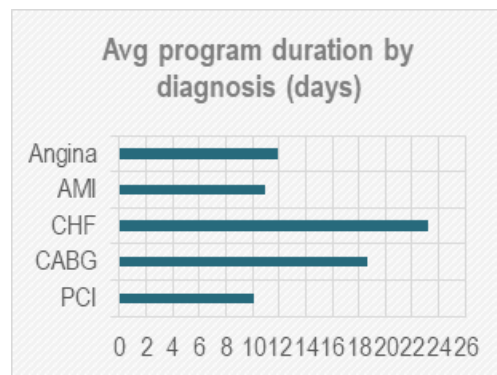
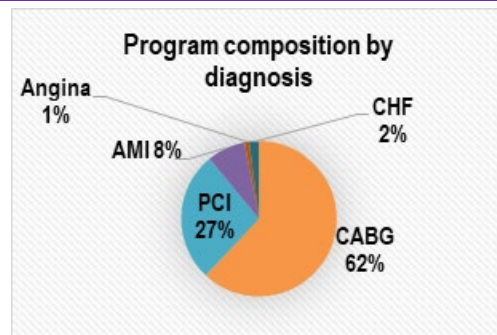
Data reports should have a clear and important reason to exist such as improving care coordination, supporting strategic planning, or monitoring progress towards CR program goals.

Matt highlighted how his team is able to review the patients enrolled in their program by diagnoses (see examples on right). Examining these patterns allows his team to tailor their outreach based on diagnosis type and have a better understanding of the average number of sessions patients attend.

Julianne presented an example of an AACVPR Registry report, which compares a program’s aggregate outcomes to a similar-sized program over time. These reports highlight demographic, programmatic, and clinical information that enable them to benchmark against prior performance and against national norms.

Julianne also presented one of her team’s excel spreadsheets, which tracks utilization of dieticians and psychologists in relation to patients’ weight loss goals. This spreadsheet has evolved over time; over the years, her team has narrowed down the categories to include information on the goal, if they were referred to the appropriate ancillary services, and the number of sessions attended. Her team has also developed a patient assessment summary report in an access database in order to highlight overall patient-specific information including physical functioning, social functioning and mental health.

Leveraging Insights about Patient Diagnoses



Maximizing the Value of Your Data and Reports

The Panelists shared insights around successfully utilizing data reports in order to drive change. Some of these include:

- Enrollment and outcome variability across patient subgroups. Julianne's team used AACVPR Registry data to determine that their female patients were doing well psychosocially, but not in terms of weight and medications. In response they created some women's-only sessions that worked well. They also used Epic reports to determine which patients were not joining CR and then created action plans to address those disparities. At one point, the team saw a spike in patients discontinuing CR, so they created an ambassador program that drastically reduced their dropout rates.
- Matt's program used their data to identify underserved patient groups by looking at how long it was taking patients to start CR. The interventions they implemented to reduce observed disparities reduced their average time to start the program (from discharge to first interview) from about 21 days to about 10 days.
- Program participation by zip code identifies geographic disparities in participation. Matt noted that a CR team may need to consider geography, weather, and how far people are willing to drive when looking at these disparities. Matt took this data to his marketing team, and they made adjustments to advertise to underserved patients.
- Productivity. Reports that compared staff hours worked to the number of patient visits helped Matt's administrative team make rapid staffing adjustments in response to drastic changes in patient volume caused by the pandemic. These reports also enhanced their ability to adjust to reduced gym capacity while scheduling patient visits.
- Examining specific outcomes in the facility, such as the number of times patients are falling and the location of the falls, can allow for improvement to facility conditions and safety in order to avoid those types of instances. Matt's team traced increased falls back to changes in the gym and track layout that allowed them to make basic changes that reduced patient falls.

Panelist Insights

"We know that the quicker we can engage with patients after discharge, the likelier they are to participate in cardiac rehab."

"Start small and don't let yourself be intimidated. Get a picture of who your populations are. If you don't know the patient profiles of folks in your center, you're likely underutilizing your data."

Interested in Assessing Your Data Capabilities and Working to Enhance Them?

Download the TAKEheart Data Planning Activity at <https://takeheart.ahrq.gov/collaboration> or request it directly from TAKEheart at: TAKEheart@abtassoc.com.