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Growing Your Cardiac or Pulmonary Rehab Program

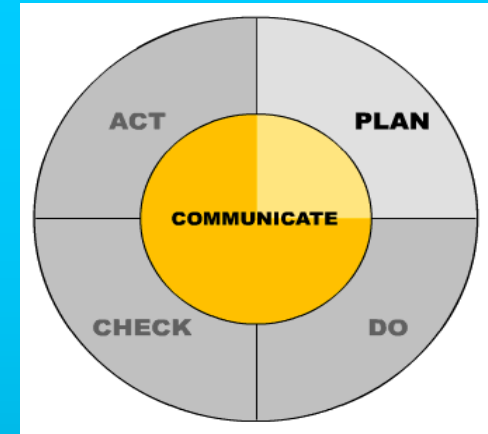
WHERE THE RUBBER MEETS THE ROAD

Size Matters

- Increased program offerings
- Multiple class times and locations
 - enhancing further growth
- Specialized offerings
- Foster staff career development and growth
- Larger programs will help market themselves
- Enhanced finances
 - Fixed costs are spread over more patients, increasing margin



Planning for Growth



- **Program Vision/Mission/Goals**

- Target Population

- Patients hospitalized with acute cardiac or pulmonary diagnoses
 - Health System
 - Regional

- **SWOT Analysis**

- Strengths, Weaknesses, Opportunities, Threats

Build It So They Will Come

Practical ideas that lead to program growth

- Program Organization
- Internal Marketing
- Sales-Screening Patients
- External Marketing
- Remove Barriers to Rehab
- Retention
- Physician Relations
- Database

Program Organization

- Make CR/PR a distinct section for **visibility** and identity
- Program sites should be at **geographically convenient** locations for patients
- **Think scale:** larger programs are more likely to be financially viable
- **Liaise with other departments** to optimize programming/patient education
 - Dietary/Nutrition
 - Pharmacy
 - Psychology/Behavioral Health
 - Respiratory Therapy

Marketing Your Cardiac and Pulmonary Rehab Programs

- **Step 1: Note Target Population**
Inpatient/Outpatient/Hospital(s)/Physician Groups(s)
- **Step 2: Review SWOT Analysis**
Take advantage of strengths and opportunities

Internal Marketing

- **Grand Rounds**
 - Divisional (Specialty) and Department
- **Email Blasts/Updates/Infomercials**
- **Incorporate CR and PR info into D/C Education**
 - Include “non rehab” diagnoses (e.g. pneumonia, chf)
- **Meet and Greet**
 - Physicians (attending and resident/fellows)
 - Nurses
 - Office Staff
 - “My place or yours?”
 - Breakfast or Lunch “Show and Tell” in Rehab Center
- **Outpatient nurses (RNs and Advanced Practice)**
- **Inpatient Multidisciplinary Rounds/Meetings**
- **Meet with administrators regularly**

Internal Marketing

- **Become the “go-to” resource** for secondary prevention and “Exercise is Medicine”
- **Get on the radar screen**
 - Section/Division/Center designation
 - Regular written reports with other entities (e.g. cath lab, CICU)
 - Brief presentations at appropriate meetings
 - Updates in newsletters
 - Infomercials/displays at staff (physician and nurse) events
 - Celebrate milestones and events (Heart Month, Rehab weeks)



Sample letter to physicians

Dear Colleagues:

As we move forward into a new year, we would like to give you an update on University Hospitals Cardiovascular and Pulmonary Rehabilitation programs and thank you for your support of our services over the past year.

Over the last 11 months our department has experienced significant growth and expansion of numerous services. The following are a few highlights of the cardiovascular and pulmonary rehabilitation services:

- Seventeen percent growth in overall outpatient visits in cardiac and pulmonary rehabilitation compared to 2007 and the highest volume growth over the last 5 years.
- Initiated outpatient phase II & III Pulmonary Rehabilitation at both Case Medical Center and Chagrin Highlands Health Center in October of 2008.
- Installation of new ECG telemetry equipment and exercise equipment at both sites. In addition, collecting program and patient outcomes in a variety of domains (Clinical, Behavioral, Health and Service) to provide valuable data for quality improvement, accreditation and reimbursement.
- Started work on a new system wide integrated and comprehensive approach to organizing cardiovascular and pulmonary rehabilitation services throughout the UH system.

These highlights and programmatic growth would not be possible without the support of University Hospital Physicians. We appreciate your continued support in the upcoming year and welcome any recommendations or suggestions to help enhance the quality of our programs.

To refer patients you can download our phase II referral form from the intranet –HVI tab or contact us via e-mail at CardiacRehabilitation@UHhospitals.org or call (216) 839-4515.

Have a Happy and Healthy New Year.

Sincerely,

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Medical Director, Cardiovascular
and Pulmonary Rehabilitation
(216) 844-2775

Richard Sukeena, MA, MBA
Manager, Cardiovascular and Pulmonary
Rehabilitation
(216) 844-2814

Sales- Cardiac Rehab Screening

- **Rehab staff member rounds regularly on cardiac units**
 - CICU/CCU and telemetry/step down
 - Catheterization laboratory/recovery area
 - Cardiothoracic Surgery
 - Units and CT staff
- **Provide patients with written material and business cards** (program or individual)

Sales-Enhancing Enrollment in CR/PR

- **Weekly info sessions for prospective patients and/or families**
 - In hospital/one location/multiple locations
 - Increases efficiency
 - Group information sessions
 - Easy to refer
 - May be less intimidating

Inpatient Appointment Card

- **CARDIAC REHAB ORIENTATION**
- **95 ARCH STREET,**
- **GROUND FLOOR, SUITE G-25**
- **AKRON, OHIO**
- ***Your appointment is:***
- _____ **11:30 am**
- **Telephone: 330-375-4472 or 330-375-7124**
- **DO NOT REGISTER!!!!!!!!!!**

- **FREE PARKING BEHIND BUILDING**

External Marketing

- **Celebrate Milestones and Events**
- Wellness/ Recovery make great human interest stories
- **Publicity** involving individual patients or **overall services** can emphasize the continuum of care (CPR to cath lab to surgery to rehab)
- Meet with “outside” physicians/groups

Annual Events

INVITATION

The 25th Anniversary Celebration Summa Cardiac Rehab Department

Friday, February 12, 2010

**Professional Center South
55 Arch Street - Basement Level
(Free Parking in South Deck)**

Social Hour 6 to 7 p.m.

Dinner 7 p.m.

Program 7:30 p.m.

\$15.00 Per Person

Dinner Prepared by Summa Executive Chefs

Limited Seating (if planning to attend please make your reservations by calling:)

Remove Barriers

- CR/PR consults similar to other consults
- CR/PR referral as part of EHR/EMR
- CR/PR referral as inpatient
- Phone #/Individuals to contact in CR/PR
- Email
 - cardiacrehabilitation@uhhospitals.org
 - pulmonaryrehabilitation@uhhospitals.org
 - vascularrehabilitation@uhhospital.org
- Web site access/referral

Remove Barriers-EMR Order

Cardiac Rehab Referral - EHRIPDEMO, MINNIEMOUSE

Order: Cardiac Rehab Referral Order ID: 001BTC940

Requested By: Blazek, Heather Template Name:

Messages:

ConditionalOrder
Max # of activations: [dropdown]

Height (cm) [input] Weight (kg) [input] BSA [input]

Relevant Results [input] Health Issues [input]

Diagnosis [input] Onset Date [calendar]

* [input] Clear

413.9 Stable Angina
 V42.2, V43.3 Heart Valve Repair/Replacement
 V45.82 PTCA (Percutaneous Transmural Coronary Angioplasty)
 V42.1 Heart / Heart Lung Transplant
 410.00 MI (within the past 12 months)
 V45.81 Coronary Bypass (within past 12 months)
 Other (Please provide additional info in the field below)

Please select from the following:

Defer the patient's ITP and exercise prescription to be developed by the staff for my review and approval (see physician portal for guidelines and resources). Clear

Defer the patient's ITP and exercise prescription to be developed by the staff for my review and approval (see physician portal for guidelines and resources).

Request the Medical Director to share responsibility for developing and ITP and exercise program for my patient only during enrollment in the phase II program.

Establish my own ITP and exercise prescription (Document recommendations below)

Comments / Instructions:

I authorize the Cardiac Rehab Dept to:

Schedule a symptom limited graded exercise test with 12 lead ECG prior to starting cardiac rehabilitation and at discharge, if needed. Current lab values are helpful in order to assess the lipid status and individualized diet therapy. One or more fasting venous blood samples may be drawn per policy and lipids analyzed at the UH laboratory.

Consent

I consent to have my patient participate in the cardiac rehabilitation program. I will continue regular medical care of my patient throughout his/her participation in the program. I agree to have my patient participate in the outpatient (phase III) cardiac rehabilitation program after completion of the phase II program.

Remove Barriers

- **Presumption of referral and enrollment**
 - Endorsed by physician team
- **Enroll early**
 - Start prior to f/u with all physicians
 - 1 week in uncomplicated patients
 - Can start education program prior to exercise
- **Standardized referral forms requesting minimal information (name/ID/dx)**
 - Opt out of stress testing, PFTs, and/or lipid panel
 - Secure email ok with JCAHO/Insurance
 - Rehab staff obtains required info and insurance ok
- **Copays—present as one fee (\$10/visit may sound worse than \$360 program copay fee).**

MI Order Set Increases CR Referral and Enrollment

- **Standard Order Set availability** based up GWTG resulted in a referral rate of 55% and ultimately 19% enrollment rate
- **Actual use** of the order set **doubled referral**
- **Phase I CR** (by physical therapy) **increased referral**
- **Ethnic minorities** had **lower enrollment rate**

Retention

- Insurance approval for < desired # of sessions
- Intermittent absences
- Transition from Phase II to Phase III/IV
- Patients do not complete initially prescribed course
 - Successful early completion (achieved goals)
 - Unsuccessful early completion
 - Medical issues
 - Behavioral/social issues
 - Financial issues (co-pay/parking/transportation cost)
 - Insurance

Retention

- Patient Agreement/Contract
 - Describes attendance expectations/dismissal
 - Orientation includes review and signature
- Individual Case Manager
 - Staff are accountable for and to individual patients, and allows for a more personal rehab experience
- Phone or email f/u with Patients, +/- Docs
- Document in chart and on 30 day report

Physician Relations

- Keep it **simple** (KISS)
- Keep it **easy**
- **Requests for referral and prescriptions** should be at **opportune times**
 - When other inpatient orders are written
 - When discharge planning/orders are written
 - When outpatient records are being reviewed

CR and PR Helps Physicians!

- **CR/PR augments physicians care plans**
- **CR/PR diminishes physician work**
 - Patient Education
 - Drug/Device/Disease Explanation
 - Decreases patient anxiety and “minor” calls
- **CR/PR improves patient outcome**
- **Increases likelihood of achieving P4P goals**

Physician Relations

- **Communicate** with all relevant physicians
- Have (multiple) **standard care plans**
- Communicate re. significant interim issues
- Use **email if appropriate**
- **Leave message to be returned** at physicians convenience (with suggested times)
- **Communicate with RNs, NPs, PAs**



Physician Referral / Phase II Cardiac Rehab Program

My patient _____ may participate in Summa Health System's Phase II Cardiac Rehabilitation program.

I authorize the Cardiac Rehab department to:

- Perform a symptom limited volitional peak graded exercise test with 12 lead ECG monitoring prior to and at discharge from the program for the diagnosis I have entered below.
- Acquire a Summa lab "**stat**" blood draw in the event of finger stick blood glucose < 40 or > 400 mg/dl. (**Results reported to diabetes managing physician**)

Current lab values are very helpful in order to assess lipid status and individualize diet therapy. A venous sample will be drawn and lipids analyzed at the hospital lab. A copy of the results will be forwarded to your office.

If you would prefer that lipid analysis or exercise testing not be done please signify below.

- DO NOT WISH ENTRY STRESS TEST DO NOT WISH DISCHARGE STRESS TEST
 DO NOT WISH LABORATORY LIPID ANALYSIS

Diagnosis _____ **Physician Signature** _____

Medical Director Signature _____

Dr. Smith MD

Date _____ **Patient to begin Rehab in** _____ **weeks.**

To speed processing: Please fax to (330)-375-4980

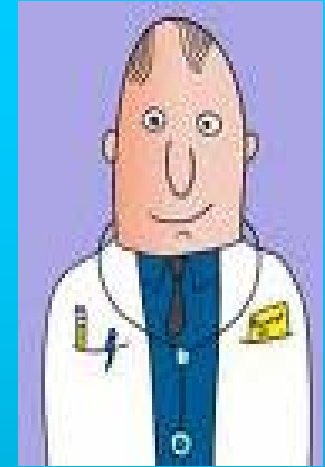
Attention Cardiac Rehab Department
or send to:

EVAL ON _____, @ _____

C GXT / SGXT, w/ _____

Cardiac Rehab Department
Summa Health System
525 E. Market Street
Akron, Ohio 44309, Phone (330) 375-4472

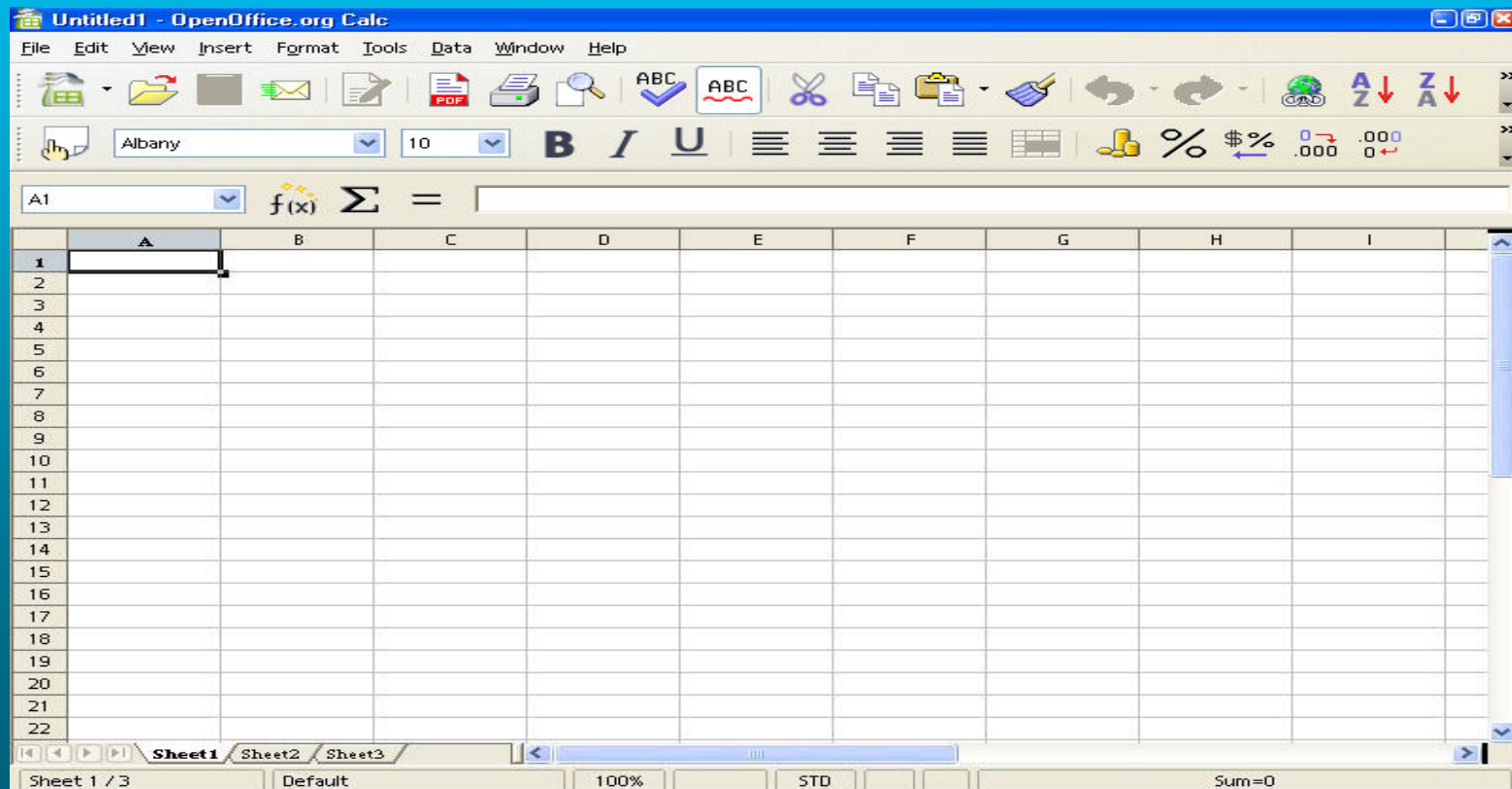
Medical Director



- All **politics are local**
- Should serve as the **liaison to other physicians** when needed
- Must “**play well with others**”
 - Non-threatening resource person
 - Provide “direct service” (e.g. sign ITP) when needed
 - Offer suggested care considerations (e.g. adjust beta blocker dosage, adjust pacemaker)
 - Communicate, communicate, communicate
- **Compensation** for role is almost essential

Database-Essential for Success

You can't manage what you don't measure!



Database-Track Source of Patients

- **Diagnoses** (include index procedures)
- **Referrals by specialty, group, physician**
- **Referrals by unit** (cath lab, CICU, PFT lab)
- **Patient home and work** (Zip Code, town)
- **Reason for non-enrollment**
 - \$\$
 - Location
 - Time
 - Intimidation
 - “I’m too healthy”
 - “I’m too sick”
 - Other (keep track)

Database-Track Patient Flow

- **Patients who meet criteria**
- **Patients who are informed re. CR/PR**
 - Informed by rehab staff vs. other
- **Patients who go to info/orientation**
- **Patients who start**
- **Premature program exit (Retention)**
- **Use Performance Measures as reference**

Database-Other Info

- **Potential patients/referrals**
- **“Not suitable for CR/PR” and reason(s)**
- **Insurance Issues**
 - Primary and Secondary
 - Develop standardized response for each insurance
 - Monitor session limits and co-pays
- **Location** of patient home and work
- **Referring and “affiliated”**
(primary/surgeon/endocrinologist) physicians



Database Inpatient Rounding Record

PatientRound [-] [Maximize] [X]

Commands Maintenance Round List

Last Name: First Name: MI: Medical Rec:

Demographics

Street: Home Phone: Work Phone:

City: State: Zip Code: CR Personnel:

DOB:

Diagnosis Date:

Floor contact Date:

Referral Date:

Medical Complications:

Room No:

Gender:

Social Security No:

Email:

Patient Discharged from Rounding

Diagnosis	Doctor	Type	Insurance Company
▶ PTCA	▶ Kenneth Berkovitz		▶ SUPERMED PLUS
* <input type="text"/>	* <input type="text"/>		* <input type="text"/>

Record: 1558

start | 5 Wind... | 3 Micro... | Growing R... | 2 WELL... | Microsoft ... | PatientRo... | 5:39 PM

Database

You can't manage what you don't measure

- **Fill referral gaps**
- **Proactive response to insurance**
 - Central database of policies and responses
 - Secondary insurance
 - Foundations (disadvantaged)
 - Some patients will pay!
- Regular **review of data** -at least quarterly
- Regular **review with administration**
- **Benchmark**- nationally and historically
- Provide **feedback** to staff and referral sources

Summary

- Program Vision/Mission/Goals
- Know Your Target Population
- SWOT Analysis
- Plan-Do-Check-Act
- Internal & External Marketing
- Sales
- Retention
- Remove Barriers
- Database



Thank You

Special Thanks to:

Richard Sukeena & James Rosneck

**Colleagues, Friends, and Extraordinary
Program Directors!**