

The Role of the Medical Director in Cardiac Rehabilitation

Seoul, Korea, TCT April 2009

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Primary Roles of Medical Director

- I. Ensures that CR is safe, comprehensive, cost-effective and medically appropriate for individual patients
- II. The Medical Director is a Physician (Cardiologist) with expertise in Cardiovascular Disease Prevention, Exercise Testing and Training, and Exercise Physiology
- III. The Medical Director leads the multi-disciplinary CR team

King MJ, Williams MA, Fletcher GF et al. Medical Director Responsibilities for Outpatient Cardiac Rehabilitation. *Circulation* 2005;112;3354 (AHA,ACC,AACVPR)
Ades PA The role of the physician-Medical Director in Cardiac Rehabilitation, In *Cardiac Rehabilitation*. Eds Kraus and Ketevian 2007. Humana Press.

Roles of the Medical Director

1. Design and Coordinate CR Policies and Procedures
2. Designs and Performs Intake Evaluation
3. Monitor Patient Progress and Treatment Plan
4. Coordinate Program Safety Parameters and Emergency Management
5. Communicates and Interface with Referring MD
6. Coordinate Regulatory and Reimbursement Issues

1. Design and Coordinate Policies and Procedures

- Set Diagnostic Eligibility Criteria for Patients
- Set up Systematic Processes for Patient Referral
- Design Components of Intake Evaluation
- Set up Exercise Training Modalities and Risk Factor Treatment Modules
- Identify Clinical Outcome Measures (Patient and Program)
- Processes for Emergency Management
- Processes for Documentation of Daily Treatment Routines and Medical Management Issues

2. Design and Perform Intake Evaluation

- Assess Clinical Stability of Patient (Medical History and Exercise Test)
- Assess Risk Factors and Exercise Response
- Design Exercise Training Protocol
- Take an Active Stance to Risk Factor Treatment
- Communicate Results to Referring Physician

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“What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?”

3. Monitor Patient Progress and Treatment Plan

- In Collaboration with Program Personnel, Assess
 - Progress with Exercise Capacity
 - Progress with Lifestyle Changes (weight reduction, dietary changes, home physical activity, return to work)
 - Report Results to Patient and Referring MD
 - Commonly performed half-way through program

4. Coordinate Program Safety Parameters and Emergency Management

- Close Monitoring of High Risk Patients
- Have patients exercise within target heart rates
- Exclude highest risk patients until stabilized:
 - Unstable angina
 - Severe Aortic Stenosis
 - Hypertrophic Cardiomyopathy
 - Class IV Heart Failure
 - Systolic BP > 200, Diastolic > 110
 - Uncontrolled Arrhythmias
 - Glucose <80, > 300 in treated diabetic
- Plans for Cardiac Emergencies (“Mock Codes”)

5. Communicate and Interface with Referring MD

- If you do not do this well, behavior changes and risk factor management will not be sustained and your program will fail.
- Baseline Evaluation and Plan of Care
- Progress Report(s) and updates of events
- Final Summary and plans for Long-Term Preventive Care

6. Coordinate Regulatory and Reimbursement Issues

- Physician Involvement is Required in U.S. for Reimbursement
- Diagnostic Categories: Acute MI, CABG, Post-PCI/Stent, Chronic Angina
- Evidence of MD Monitoring of Progress is Required (this may soon change)
- MD needs to be “Immediately Available”.
- Emergency Management Plans need to be in place

Teamwork with Your Staff

- Nurses, Physical Therapists, Exercise Physiologists, Dieticians
- They are the “Face” of your program.
- Work with them collaboratively and value them highly !

Summary

- As leader of the CR team, the Medical Director is pivotal to:
 - define program policies
 - perform patient assessments
 - communicate effectively with referring physicians
 - assure patient safety and
 - ascertain that the plan of care is effectively attaining favorable patient outcomes for participants

Cardiac Rehab Program Performance Measures 2007

(RJ Thomas et al.) AHA, ACC, AACVPR

- 1) Measurement and improvement of referral process (Hold hospitals and MD's accountable)
- 2) Delivery of CR Services:
 - Individualized Risk Reduction Modules
 - *Documentation of program effectiveness*
 - *Quality Improvement*
 - Individualized Assessment of Risk Factors

Thank You Kindly

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- Outpatient Cardiac Rehabilitation. *Circulation* 2005;112;3354 (AHA,ACC,AACVPR)

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