

FORWARD

THE SCOTTCARE SYMPOSIUM | SEPT. 15 & 17



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A Comprehensive Approach to Cardiac Rehab

THE EVOLUTION OF CR TO ICR



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Areas of Experience:

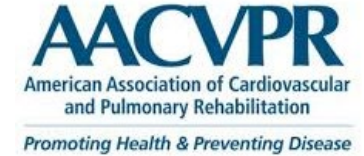
- Clinical dietetics
- Business management
- Nutrition and wellness



Today's Learning Objectives

- Provide an understanding of what it means to offer Intensive Cardiac Rehab (ICR) at your facility.
- Extend an opportunity to learn from cardiac rehab managers who have converted their traditional CR programs to ICR programs.

Million Hearts® Initiative:



■ Increase CR participation to 70%

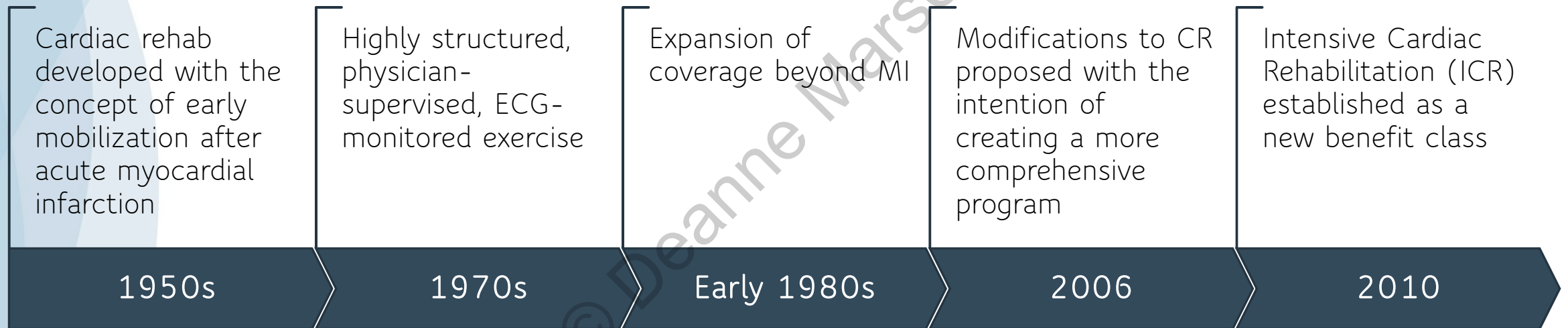
Keeping People Healthy
Reduce Sodium Intake
Decrease Tobacco Use
Increase Physical Activity

Optimizing Care
Improve ABCS*
Increase Use of Cardiac Rehab
Engage Patients in Heart-Healthy Behaviors



*Aspirin use when appropriate, Blood pressure control, Cholesterol management, Smoking cessation

Evolution of Cardiac Rehabilitation



CMS Approval Criteria

ICR supplier must demonstrate that it has accomplished one or more of the following:

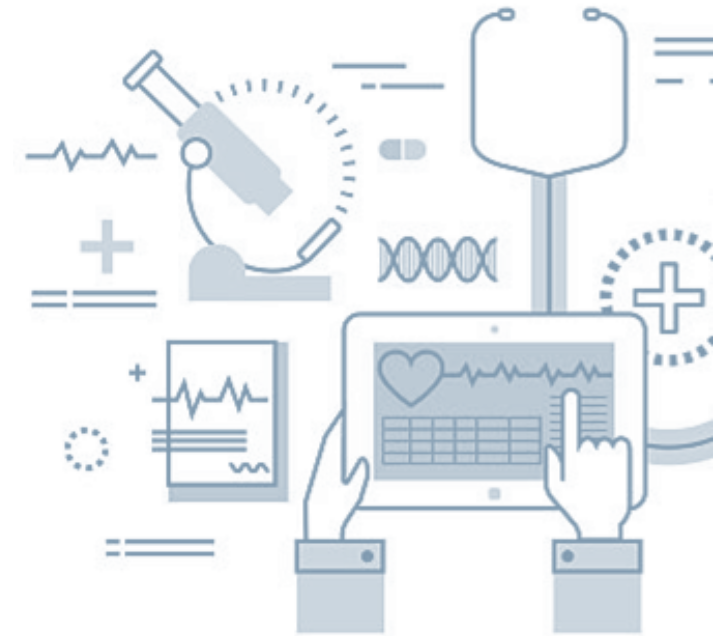
- Lowered risk factors for coronary artery disease
- Slowed disease progression
- Reduced the need for coronary bypass surgery



CMS Approval Criteria

There must be a statistically significant reduction in five or more of the following:

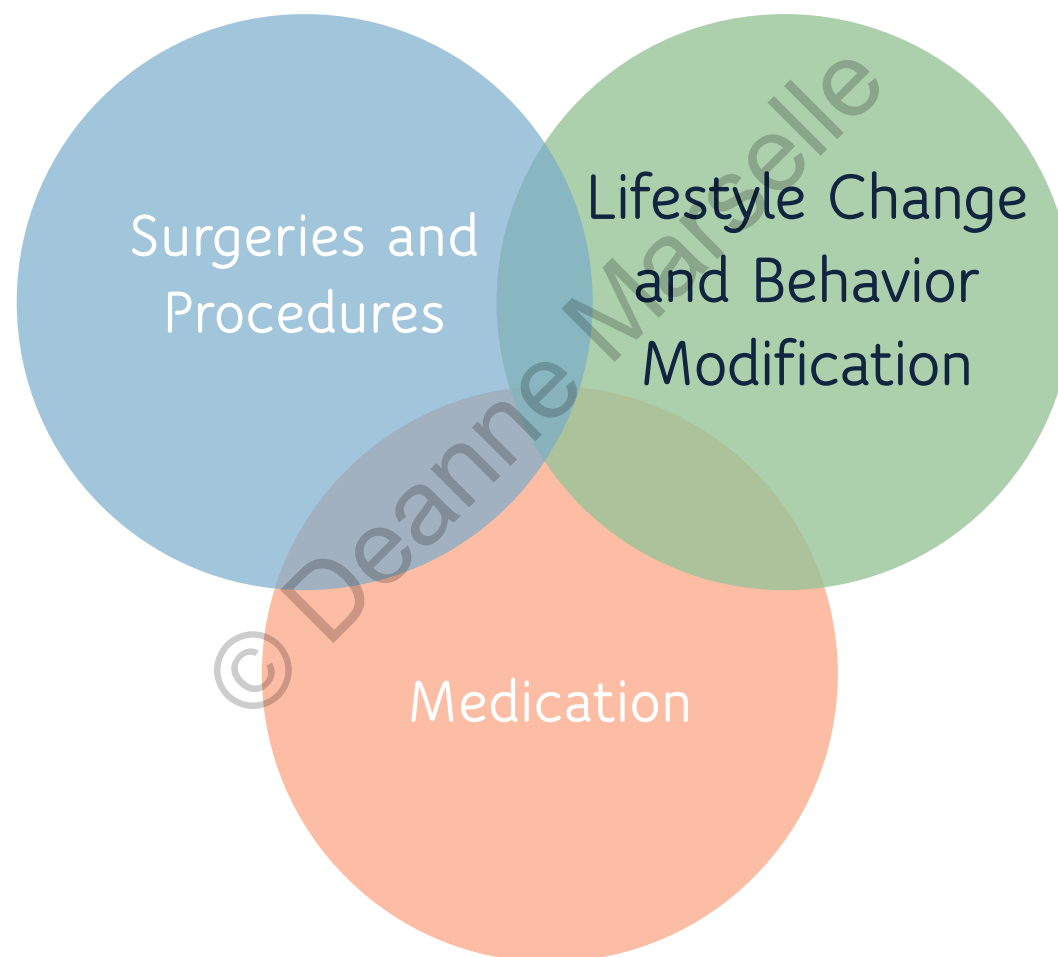
- Low density lipoprotein
- Triglycerides
- Body mass index
- Systolic blood pressure
- Diastolic blood pressure
- The need for cholesterol, blood pressure, and diabetes medications



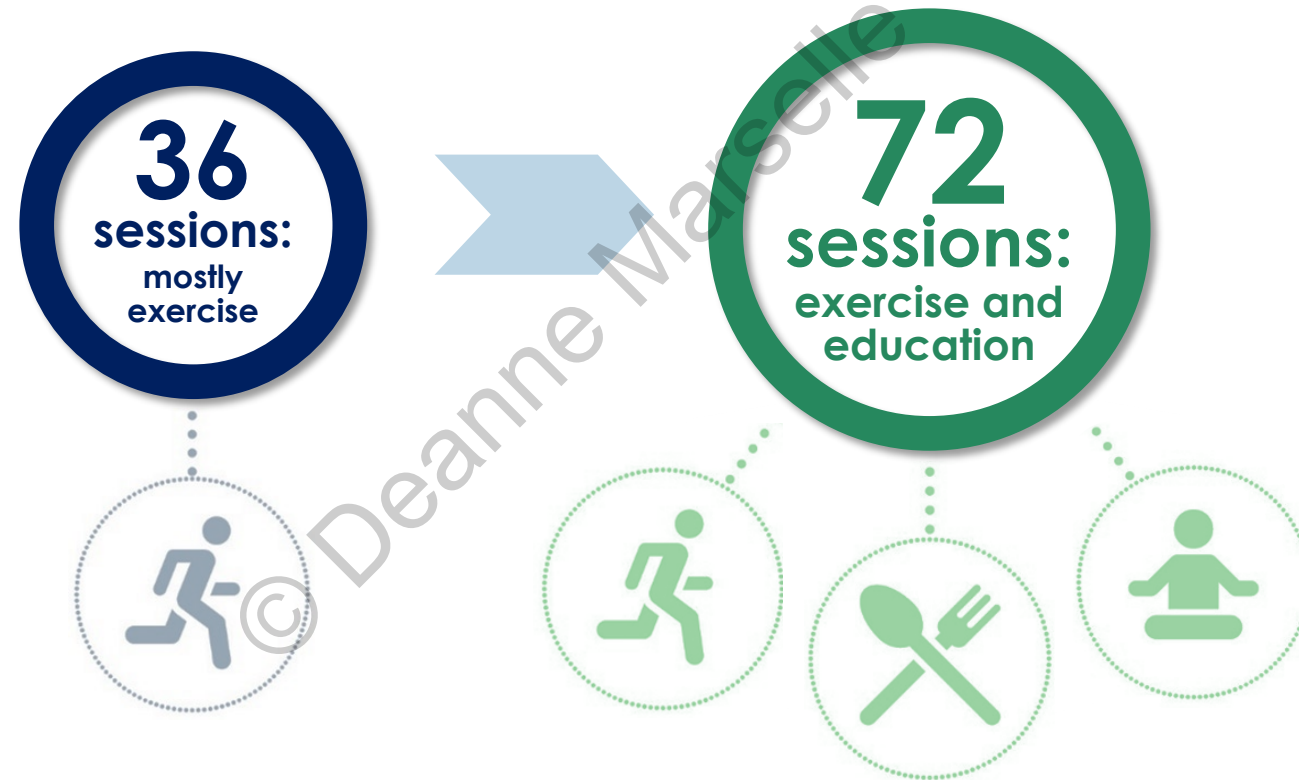
Prospective ICR Sites

- Prospective Supplier means any entity specified in the definition of “supplier” in 42 CFR §405.802 that seeks to be approved for coverage of its services under Medicare.
- All sites desiring to furnish ICR services may do so via a CMS-approved program:
 - Benson-Henry
 - Ornish
 - Pritikin

A Comprehensive Approach to Patient Health



Traditional CR vs. ICR



ICR Qualifying Events: Same as CR

- Acute myocardial infarction
(within the preceding 12 months)
- Coronary artery bypass surgery
(no time limit)
- Current stable angina pectoris
(no time limit)
- Heart valve repair or replacement
(no time limit)
- Percutaneous transluminal coronary angioplasty / stenting
(no time limit)
- Heart or heart-lung transplant
(no time limit)
- Chronic heart failure
(no time limit)



Traditional CR vs. ICR

Cardiac Rehabilitation

- Supervising physician required
- Individualized treatment plan
- Monitored exercise
- Outpatient setting
- 36 sessions
- 36-week time limit
- 2 session limit per day
- Limited lifestyle education

Intensive Cardiac Rehabilitation

- Supervising physician required
- Individualized treatment plan
- Monitored exercise
- Outpatient setting
- 72 sessions
- 18-week time limit
- 6 session limit per day
- Comprehensive lifestyle education
- Financially sustainable

CR Manager Panel

ICR PROVIDERS



Today's Panelists



Suzanne Hendershot, M.S., LMT
Manager, Cardiac Rehab
St. Rita's Mercy



Tanya N. Eikstadt, M.S. Ed,
ATC, ACSM CEP, EIM, CHWC
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Questions?
Comments?

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Contact Today's Presenter and Panelists



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Thank
You

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- https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Downloads/405_803.pdf
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