

Spring **FORWARD**

THE SCOTTCARE SYMPOSIUM | FEB. 16 & 18



Rehab & Exercise in a Hybrid World

© Charité Health

FORWARD 
THE SCOTTCARE SYMPOSIUM | SEPT. 15 & 17

ABOUT US

Presenters



Barbra Fagan
Exec. Director at Chanl Health

30 years in cardiac rehab practice
2014 President of AACVPR

E: barbra@chanlhealth.com
P: 414-828-0607



Jared Sieling
CEO at Chanl Health

Digital health R&D
Service design and delivery

E: jared@chanlhealth.com
P: 612-412-4358

FORWARD 
THE SCOTTCARE SYMPOSIUM | SEPT. 15 & 17

About Chanl Health Solution Partner

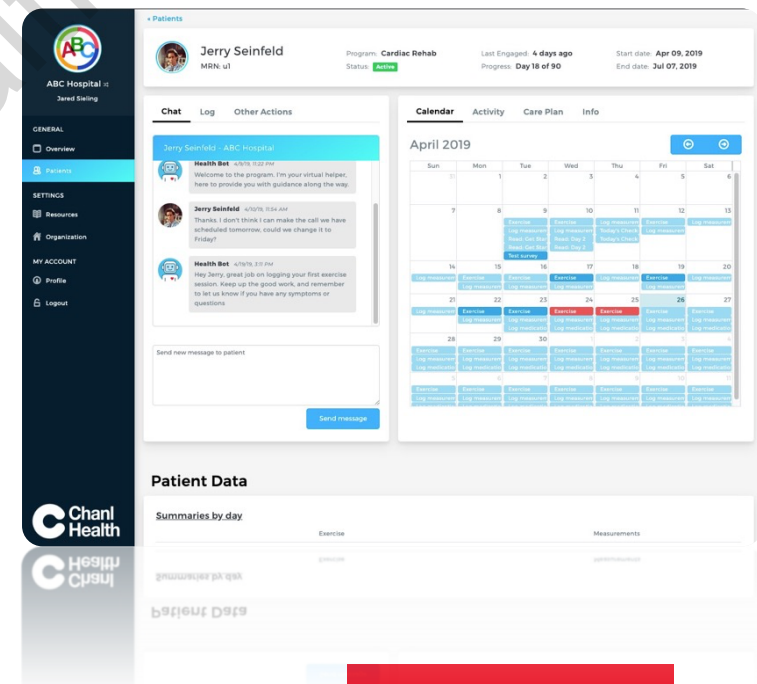
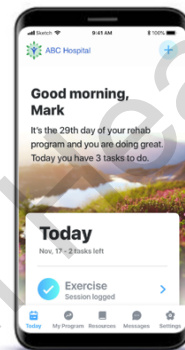
We partner with healthcare organizations to help them implement virtual cardiopulmonary rehab:

Our partners include:



EISENHOWER HEALTH

Virtual Program Management Software



FORWARD
THE SCOTTCARE SYMPOSIUM | SEPT. 15 & 17

Hybrid Virtual Rehab

Agenda

1. Hybrid Basics: Why and What?
2. Program structure and design
3. Home exercise management
4. Virtual real-time sessions

We know WHY...

Help more patients

© Challenge Health

FORWARD 
THE SCOTTCARE SYMPOSIUM | SEPT. 15 & 17

Misconception #1

Virtual rehab is a temporary COVID solution.

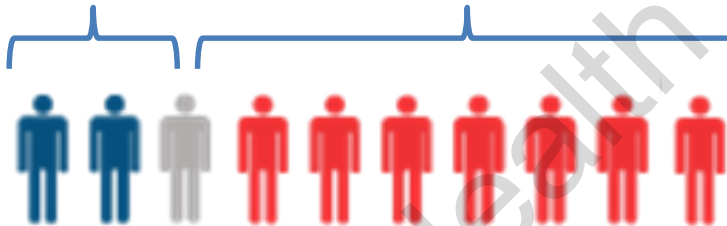
- “We looked into the virtual option but our attendance in the program demonstrates no need to start virtual at this time.
- “We are back to our pre-COVID numbers of patients participating and actually never shut down our program. We just let patients decide if they were comfortable coming or not. We actually have polled patients to see if they were interested in education classes online and most were not.”
- “Right now we are opened and at capacity with patients. We have considered the virtual/hybrid option, but right now there is no need.”

Pre-COVID

Industry average,
onsite cardiac rehab

20%-30%
Captured

70%-80%
No Rehab



30%

Avg 30-day
Readmission Rate

With COVID

Reduced onsite capacity
by at least 50%

Lose ~10%-20%



?

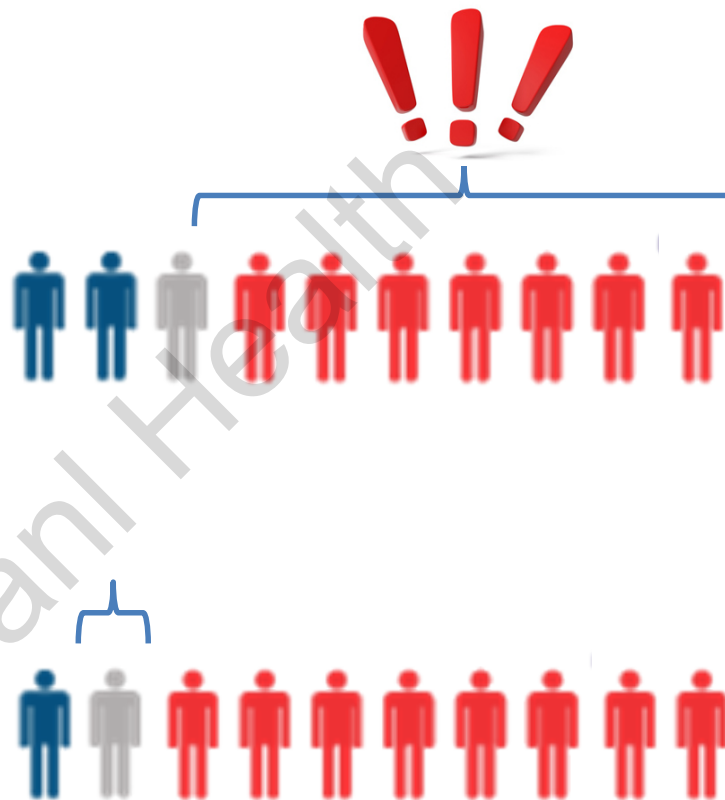
Avg 30-day
Readmission Rate

FORWARD
THE SCOTTCARE SYMPOSIUM | SEPT. 15 & 17

What if...

Going forward we focused as much attention and resources on reaching this group...

...as we have over the past year to reach this group??





Why 80% don't go

Inconvenience

- Work conflicts
- Travel distance far from the rehab site
- Cannot get transportation to site

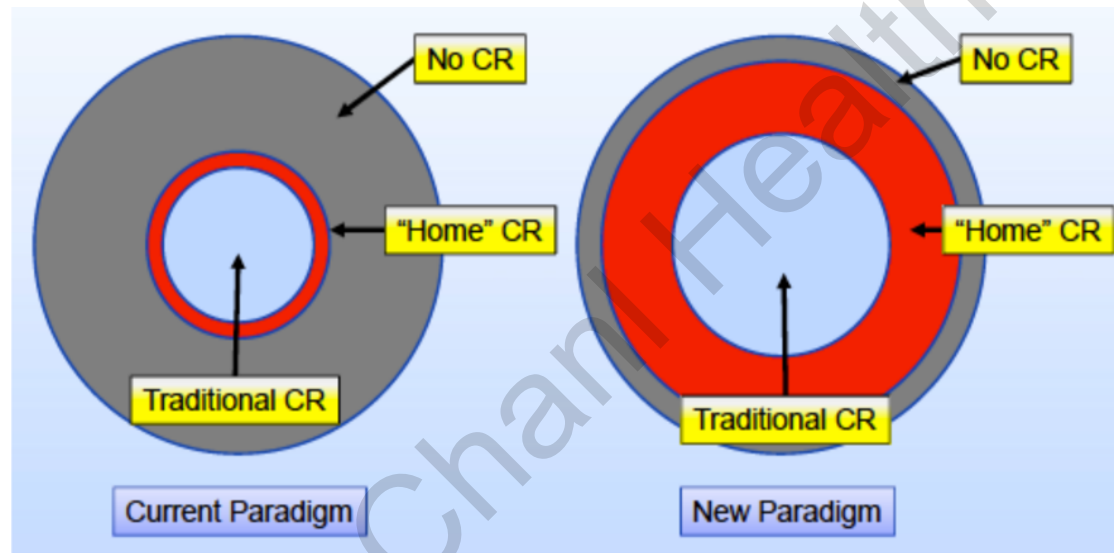
High cost

- Co-pays result in \$720 to \$1,800 of out-of-pocket costs.

Patient experience

- Limited sites and locations
- Parking and access is troublesome
- Uncomfortable exercising with others
- Perceived lack of importance

Growing the Pie



Increase the total enrollment rate through a mix of onsite and virtual sessions, combined with asynchronous engagement.

Misconception #2

Virtual and hybrid rehab should closely replicate the onsite rehab experience.

AACVPR/AHA/ACC SCIENTIFIC STATEMENT

Home-Based Cardiac Rehabilitation

A Scientific Statement From the American Association of Cardiovascular and Pulmonary Rehabilitation, the American Heart Association, and the American College of Cardiology

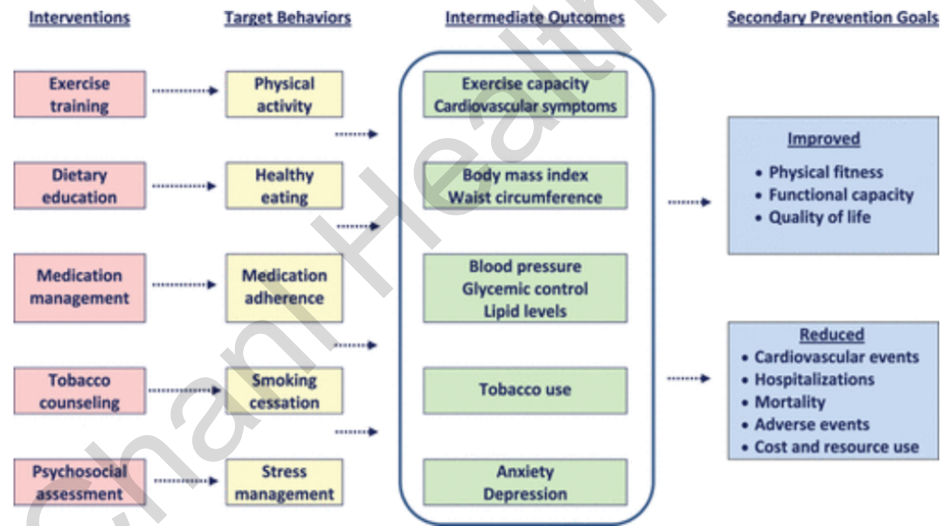
ABSTRACT: Cardiac rehabilitation (CR) is an evidence-based intervention that uses patient education, health behavior modification, and exercise training to improve secondary prevention outcomes in patients with cardiovascular disease. CR programs reduce morbidity and mortality rates in adults with ischemic heart disease, heart failure, or cardiac surgery but are significantly underused, with only a minority of eligible patients participating in CR in the United States. New delivery strategies are urgently needed to improve participation. One potential strategy is home-based CR (HBCR). In contrast to center-based CR services, which are provided in a medically supervised facility, HBCR relies on remote coaching with indirect exercise supervision and is provided mostly or entirely outside of the traditional center-based setting. Although HBCR has been successfully deployed in the United Kingdom, Canada, and other countries, most US healthcare organizations have little to no experience with such programs. The purpose of this scientific statement is to identify

Randal J. Thomas, MD,
MS, MAACVPR, FAHA,
FACC, Chair
Alexis L. Beatty, MD, MAS,
MAACVPR, FACC
Theresa M. Beckie, PhD,
MSN, FAHA
LaPrincess C. Brewer, MD,
MPH, FACC
Todd M. Brown, MD,
FAACVPR, FACC
Daniel E. Forman, MD,
FAHA, FACC
Barry A. Franklin, PhD,
MAACVPR, FAHA
Steven J. Keteyian, PhD

Asynchronous Engagement

- Not focused on real-time video sessions
- “expand the breadth and depth of educational, counseling, and monitoring options for patients”
- “CBCR programs are usually limited to 3-4 hours of weekly in-person contact... but most patients with CVD spend >5000 waking hours each year independent of medical providers”
- “So it is critically important to arm them with behavioral change strategies that can be implemented in their home, work, or community environment.”

What is the same

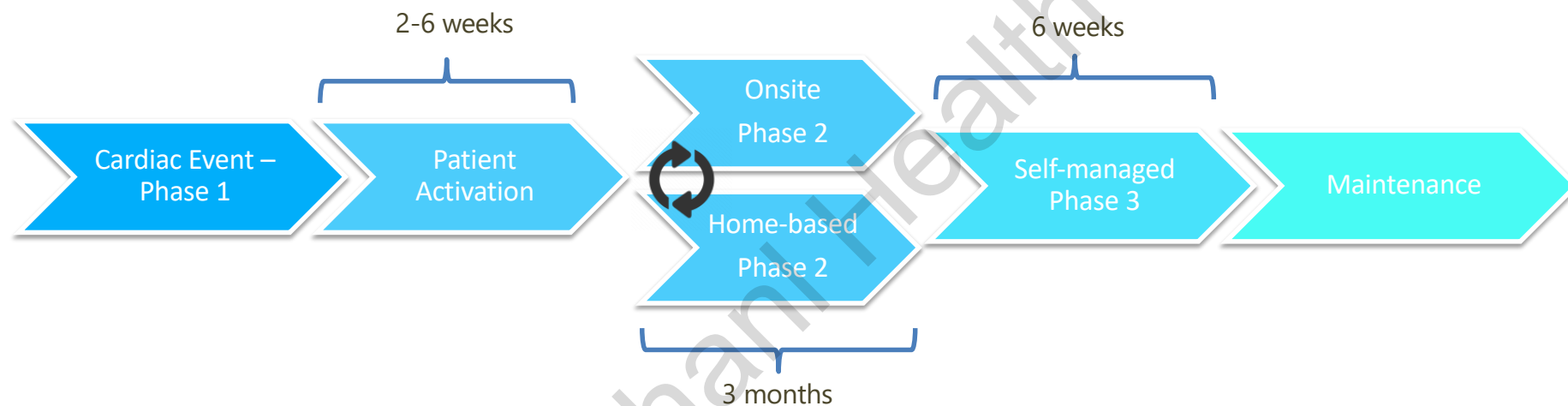


Circulation. 2019;140:e69–e89. DOI: 10.1161/CIR.

Core components: Cardiac Rehab is Cardiac Rehab
It is more than just exercise.

FORWARD
THE SCOTTCARE SYMPOSIUM | SEPT. 15 & 17

What is different?



App help patients stay engaged and adherent

A complex care plan is simplified through a daily task list, reminders, tracking and feedback.




FORWARD
THE SCOTT CARE SYMPOSIUM | SEPT. 15 & 17

Education and resources at their fingertips

Education content and care plan modifications are tailored to the individual, to keep them engaged and improving.



Virtual coaching and data-tracking, asynchronous from sessions



ABC Hospital
Jared Sieling

GENERAL

Overview

Patients

SETTINGS


Resources

Organization


MY ACCOUNT

Profile

Logout




Chan Health



Chan Health

Patients



Jerry Seinfeld
MRN: 01

Program: **Cardiac Rehab**

Status: **Active**

Last Engaged: **4 days ago**

Progress: **Day 18 of 90**

Start date: **Apr 09, 2019**

End date: **Jul 07, 2019**

Chat Log Other Actions

Jerry Seinfeld - ABC Hospital

Health Bot 4/10/19, 12:22 PM
Welcome to the program. I'm your virtual helper, here to provide you with guidance along the way.

Jerry Seinfeld 4/10/19, 11:54 AM
Thanks. I don't think I can make the call we have scheduled tomorrow, could we change it to Friday?

Health Bot 4/10/19, 3:11 PM
Hey Jerry, great job on logging your first exercise session. Keep up the good work, and remember to let us know if you have any symptoms or questions

Send new message to patient

Send message

Calendar Activity Care Plan Info

April 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
31	1	2	3	4	5	6
7	8	9	10	11	12	13
		Exercise Log measure Read: Get Star Read: Get Star Test survey	Exercise Log measure Read: Day 2 Read: Day 2	Log measure Today's Check	Exercise Log measure	Log measure
14	15	16	17	18	19	20
Log measure	Exercise Log measure	Exercise Log measure	Exercise Log measure	Log measure	Exercise Log measure	Log measure
21	22	23	24	25	26	27
Log measure	Exercise Log measure	Exercise Log measure	Exercise Log measure	Exercise Log measure	Exercise Log measure	Exercise Log measure
28	29	30				
Exercise Log measure Log medication	Exercise Log measure Log medication	Exercise Log measure Log medication	Exercise Log measure Log medication	Exercise Log measure Log medication	Exercise Log measure Log medication	Exercise Log measure Log medication
5	6	7	8	9	10	11
Exercise Log measure Log medication	Exercise Log measure Log medication	Exercise Log measure Log medication	Exercise Log measure Log medication	Exercise Log measure Log medication	Exercise Log measure Log medication	Exercise Log measure Log medication


Patient Data

Summaries by day

Exercise	Measurements

Summary by day

Patient Data



FORWARD
THE SCOTTCARE SYMPOSIUM | SEPT. 15 & 17

Setting Up Your Program

Program Structure and Design

FORWARD 
THE SCOTTCARE SYMPOSIUM | SEPT. 15 & 17

Shifting Your Mindset

How to think about hybrid rehab programs

How do you give the patient the most **value**, with a mixture of

- a) onsite sessions,
 - b) virtual real-time sessions, and
 - c) asynchronous tasks
- Exercise sessions can occur under all three categories, as will the other components of rehab.
 - The exact mixture of these can be adjusted to fit your program, but also may vary based on individual patient needs.
 - It is **OUR** responsibility to provide value to our patients, whether they are with us onsite or virtually!



IMPORTANT

No one-size-fits-all program

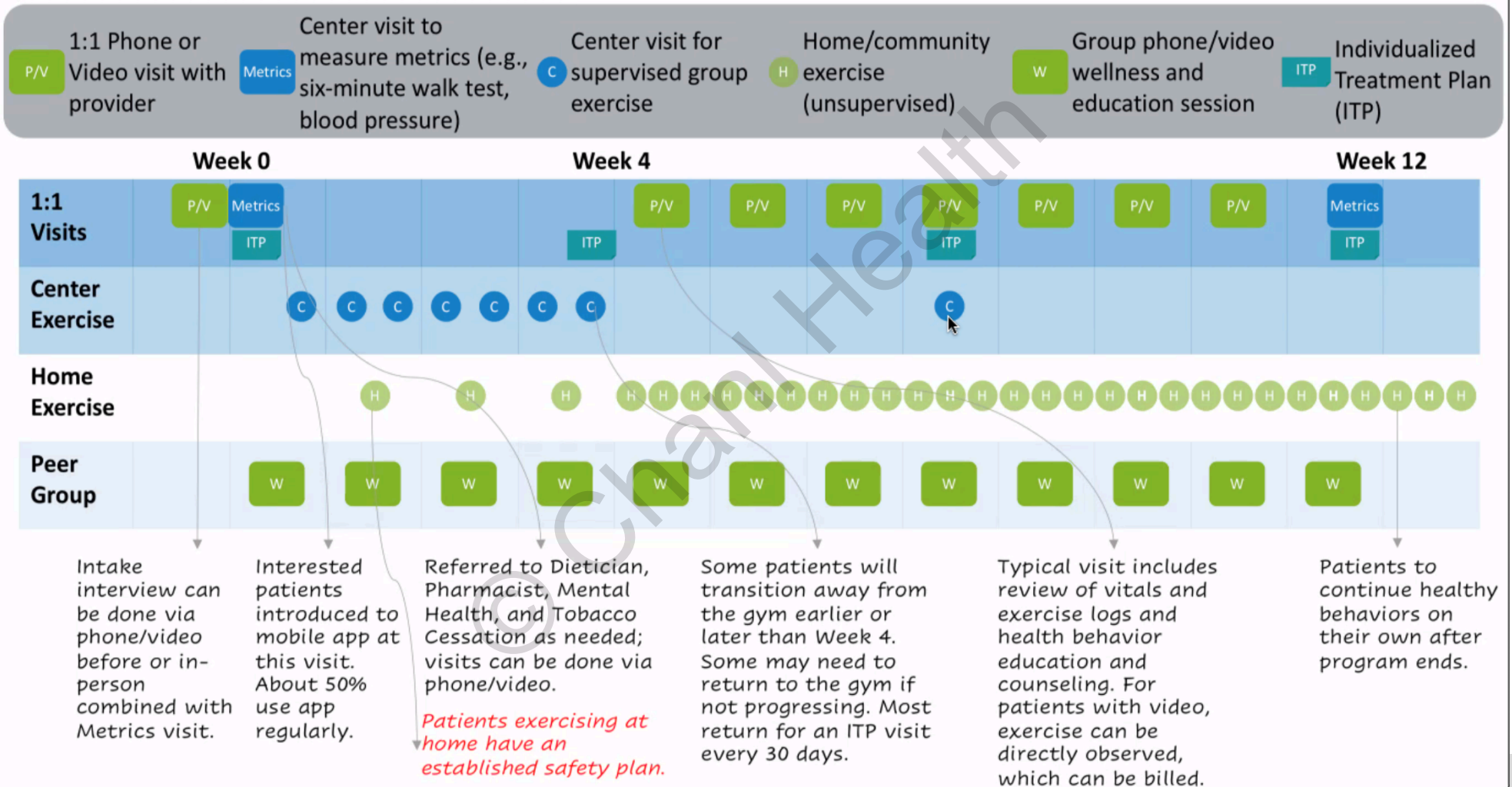
Customization Considerations

- What is structure of pre-enrollment, enrollment and onsite visits?
- Use a care management software platform?
- Which staff are responsible for what?
- Can this roll out within the current staffing model?
- Are other services integrated? Nutrition? Psychosocial?
- Which activity monitoring devices are used? Provided?
- Where is information tracked and ITP updates made?
- Does your organization require “hybrid” specific policies and procedures?
- What is your emergency plan should you need to respond?

UCSF Health

Program Structure

UCSF Cardiac Rehabilitation



UCSF Decision Matrix		Center	Hybrid	Home	Notes
Risk					
Low or Mod, HF+ICD, Dep+Rx		✓	✓	✓	
High		✓	⚠	✗	Can consider Hybrid after improvement with Center
Transportation/Work					
Lives < 1 hr drive		✓	✓	✓	
Lives > 1 hr drive, transport issues, work conflicts		✗	✓	✓	If not appropriate for Hybrid or Home, refer locally
Home/Community Exercise					
Challenging		✓	✗	✗	
Feasible		✓	✓	✓	
Phone/Video					
Challenging		✓	⚠	✗	
Feasible		✓	✓	✓	
Co-pay					
Can afford co-pay		✓	✓	✓	
Difficulty with co-pay		✗	✓	✓	

Case Study #2

Program Structure



NEWTON-WELLESLEY
HOSPITAL



BRIGHAM AND
WOMEN'S HOSPITAL

Patients that will be enrolled in the hybrid remote program will have a Zoom or phone interview ahead of time to describe the process

One virtual Zoom class per week, 5 patients in the class, 12-week class – 90 minutes set aside

Patients are asked to have all their vitals taken prior to the beginning of their class

First 5-10 minutes, meet and greet

15-20 minutes of group led exercise, i.e. functional fitness and/or TheraBand's

Education topic presented followed by Q&A

One 93797 charge dropped with PO modifier



FORWARD 
THE SCOTT CARE SYMPOSIUM | SEPT. 15 & 17

CREATIVITY and INNOVATION

All classes moved outdoors

- Indoor limited #of patients
- Wait list if indoors

Morning classes in summer

Mid-morning, afternoon for
winter classes

- 2 Staff, 6 patients

Patient demographics

- 24-82 yrs of age
- 58% of patients had an 8th
grade or lower education



Monitoring patients

- All patients on telemetry their first 2 sessions, at 6 and 12 weeks
- Patients on telemetry as needed
- All patients will have their blood pressure checked first 2 sessions, at 6 and 12 weeks.
- Blood pressures monitored more frequently if change in meds or symptomatic



Equipment needs

- Scottcare Versa Care telemetry system with uninterrupted power supply
- AED, O2 tank, first aid kit, glucometer, juice/crackers, wipes, hand sanitizer, chairs, pulse ox, bp cuff

Patient needs (they bring)

- Water, glucometer if DM, appropriate clothing, meds



Exercise options

- Walking, jogging, intervals
- Body weight strength training
- Therabands
- Disc-golf
- Sidewalk chalk agility courses

Patient satisfaction

- Family members may walk with them
- Patient may walk their dog



Amanda.hajoglou@dhha.org 303.602.3888

Virtual and Hybrid

Exercise Management

© Channel Health

FORWARD 
THE SCOTTCARE SYMPOSIUM | SEPT. 15 & 17

Asking patients to exercise on their own is not new to cardiac rehab.

“We have been delivering hybrid rehab since the day I walked in as young EP, 34 years ago!”

Barbra Fagan, MS



Do What We Always Have Done!

- Assess the patient's ability to exercise on their own
- Review THR, RPE and signs and symptoms
- Assess what the patient has available to them on days they are not at the center
- Every day does not need to be a cardio day
- The patient's home exercise plan should be sustainable long after cardiac rehab is over



Rehab and Exercise in a hybrid world

3 Categories of remote sessions

- Some onsite sessions and a majority asynchronous exercise prescribed and reported back
- Virtual real time with full exercise sessions
- Virtual real time with some exercise and more heavily focused on education

***don't forget the education and psychosocial support!*

Virtual and Hybrid

Real-time Video Sessions

FORWARD 
THE SCOTTCARE SYMPOSIUM | SEPT. 15 & 17

Virtual Sessions

- Exercise
- Education
- Coaching/counseling
- Support

They can be done in a variety of ways and structure will determine if you can bill.





Virtual observed session

Warm-up 2'

Marching in place

Light stretching

Workout 10'

Show each movement one at a time. Show scaling options and have participants do one set pre-determined number of reps

Give coaching tips while they are performing the exercise

Move on to the next exercise and repeat above.





Functional Movement Exercise Session

Sit to stand (Squat)

Scaling options from lowest to highest scale

1. Chair squat, can use arms on rails for assistance
2. Full range bodyweight squat
3. Weighted squats with DBS, TheraBand, soup cans, water bottles, etc



Functional Movement Exercise Sessions

Pick something up (Bent over Row)

Scaling options:

1. Feet hip width apart, back stays flat and bend at the hips, hands in fists, row elbows back towards hips
2. Add weight in each hand, small DBS, soup cans, personal water bottles, etc.

Pressing Away (Push-Up)

Scaling options:

1. Wall push-up
2. Chair or bench push-up
3. Full range push-up from the floor



Self-guided video options – asynchronous activity

- Silver Sneakers
- Intermountain
- Create your own



Stonybrook Cardiac Rehab

- Creates a variety of self-guided videos for the patients
 - Welcome videos
 - Low level functional exercises
 - Medium level functional exercises



FORWARD
THE SCOTTCARE SYMPOSIUM | SEPT. 15 & 17

New resource for patients

To order, contact the publisher
Healthy Learning, at
Healthylearning.com or
Call 831.372.6077

HOME-BASED CARDIAC REHABILITATION

Helping Patients Help Themselves

Why home-based cardiac rehab?

- Provides a viable option for individuals who are unable to attend a cardiac rehab program at a traditional facility.
- Offers a setting that can be supportive and reassuring in these uncertain times.
- Increases the likelihood that the patient will adhere to healthy eating patterns, and a regular program of exercising.
- Features a potentially less-stressful environment in which to undertake cardiac rehab.
- Improves functional capacity and reduces coronary risk.



This booklet was supported, in part, by an educational grant from Dick and Norma Sarns, founders of NuStep, Inc., based in Ann Arbor, Michigan.



HOME-BASED CARDIAC REHABILITATION

Helping Patients Help Themselves



Barry A. Franklin
Weimo Zhu

Includes online access to the video *Home-Based Cardiac Rehabilitation—Practical Applications*

FORWARD 
THE SCOTTCARE SYMPOSIUM | SEPT. 15 & 17

Remote Rehab Educational Bundle

- Evidence-Based Remote Rehab and Application
- Remote Rehabilitation and COVID-19: What You Need to Know
- Patient Assessment and Risk Stratification
- Exercise Prescription, Progression, and Safety
- Risk Factor Management and Education
- Behavior Management, Nutrition, and Weight Management
- Psychosocial Management
- Devices, Gadgets and Applications
- Remote Rehab Case Studies

COMING SOON!!

AACVPR
American Association of Cardiovascular
and Pulmonary Rehabilitation

FORWARD
THE SCOTT CARE SYMPOSIUM | SEPT. 15 & 17

Questions

© Chan Health