

HEALTHY LIFE-STYLE CHANGES IN SURVIVORS OF CARDIOVASCULAR EVENTS THROUGH A COMPREHENSIVE CARDIOVASCULAR REHABILITATION PROGRAM

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BACKGROUND

Advancing Care Coordination through Episode Payment Models (Cardiac and Orthopedic Bundled Payment Models) Final Rule (CMS-5519-F) and Medicare ACO Track 1+ Model

On December 20, 2016, the Centers for Medicare & Medicaid Services (CMS) finalized new Innovation Center models that continue the Administration's progress *to shift Medicare payments from rewarding quantity to rewarding quality by creating strong incentives for hospitals to deliver better care to patients at a lower cost.* These models will reward hospitals that work together with physicians and other providers to avoid complications, prevent hospital readmissions, and *speed recovery.* The announcement finalizes significant new policies that:

Improve cardiac care: Three new payment models will support clinicians in providing care to patients who receive treatment for heart attacks, heart surgery to bypass blocked coronary arteries, or ***cardiac rehabilitation following a heart attack or heart surgery.***

BACKGROUND

Cardiac Rehabilitation Incentive Payment Model

The CR Incentive Payment Model tests *whether a payment incentive can increase the utilization of cardiac rehabilitative services, which have historically been under-used by Medicare beneficiaries.*

Following completion of any CR Incentive Payment Model performance year, which are consistent with the episode payment models' performance years, *participant hospitals will receive incentive payments from Medicare based on the frequency of beneficiary utilization of cardiac rehabilitation.*

<https://www.cms.gov/newsroom/mediareleasedatabase/fact-sheets/2016-fact-sheets-items/2016-12-20.html>

PROJECT OBJECTIVE

The primary goal of the project is to achieve a *full recovery* and *social reinsertion* of cardiac patients once discharged from the hospital after they experienced a major cardiovascular event (heart attack, or open heart surgery, etc.).

METHODS:

Personalized Nutritional Counseling

Cardiovascular Exercise

Behavioral Therapy

Stages:

1. Establish the curriculum for cardiovascular rehabilitation (IFNH).
2. Expansion of the curriculum to cardiovascular rehabilitation centers.
3. Measured outcomes compliance, objective changes (smoking cessation, weight loss, blood pressure control, glycosylate hemoglobin and lipid profile improvements), patients' time on disability, cardiovascular readmissions.
4. Project presentation to insurance companies and health care organizations as part of an effective prevention strategy in patients with cardiovascular diseases.

STAGE 1

Establish the curriculum for progressive cardiovascular rehabilitation including:

Healthy nutrition: lessons offered to the patient and his (hers) spouse and children- by involving the entire family it is expected to increase the compliance to a healthy life style for the entire family;

Healthy exercise prescription: establishing a gamut of (mostly) aerobic exercises that the patient can perform on daily basis; possibly involving other family members in these activities, to increase compliance;

Developing of patient centered *behavioral relaxation techniques* (coping with stress strategies, etc.);

Regular *remote follow-up* of one's weight, blood pressure, etc. and reporting abnormal values if noted.

STAGE 2

Expansion of the curriculum to selected cardiovascular rehabilitation center throughout the state (RWJ Barnabas Health System).

The curriculum is presented and monitored by the Rutgers New Jersey Institute for Food, Nutrition and Health.

An app for healthy life style changes is under development. The app will allow patients' compliance monitoring with the program.

STAGE 3

Outcomes such as:

compliance with the program,

effective objective changes (such as smoking cessation, weight loss, blood pressure control, glycosylate hemoglobin and lipid profile improvements, etc.),

patients' time spent on disability,

readmissions for a secondary cardiovascular events, etc.

are reported and monitored through the Institute once patients are enrolled in the program.

STAGE 4

After 6-12 months the program will be presented to the insurance companies as well as to the major health care organizations in the state as part of an effective secondary prevention strategy in patients with cardiovascular diseases.

It is expected that the program will be adopted by most cardiovascular rehabilitation centers in the state.

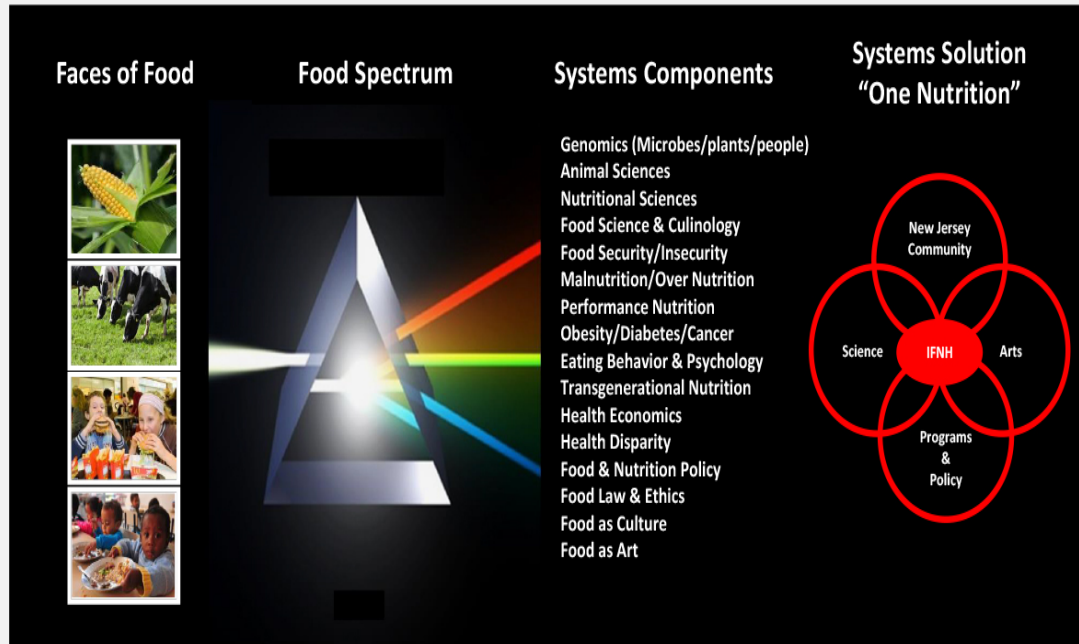
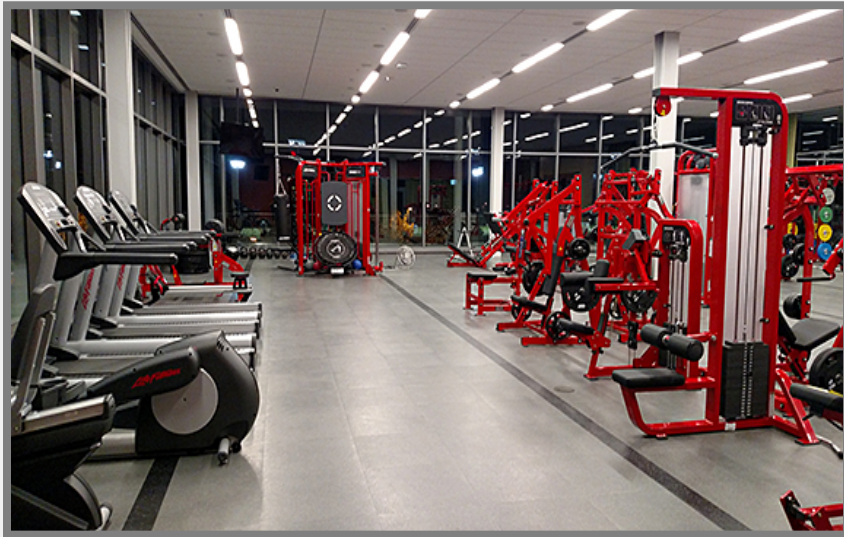
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CONCLUSIONS

A comprehensive cardiovascular curriculum aimed at secondary prevention of cardiovascular events will be developed, tested and then expanded by the Rutgers New Jersey Institute for Food, Nutrition and Health.

The comprehensive cardiovascular curriculum will be marketed under the Rutgers logo and be one of the first examples of integrating Rutgers Health with the present healthcare systems operating in New Jersey.

It will allow the communication and collaboration initially between Rutgers University and Robert Wood Johnson Barnabas Health Care System and later between Rutgers Health and all Healthcare Systems in New Jersey