

Home Health is an Important Component of Cardiac Rehabilitation

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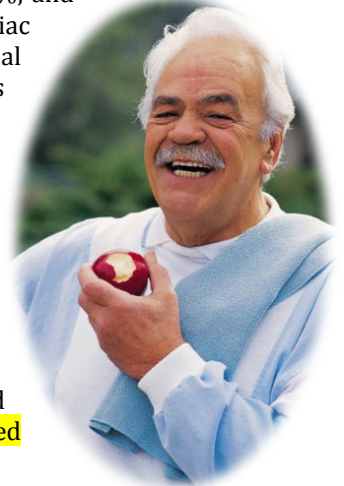


Jeanice Mitchell, MPT
Administrator

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The American College of Cardiology recommends cardiac rehabilitation for secondary prevention of coronary heart disease,¹ and research has established well the efficacy of cardiac rehabilitation at qualified centers. For instance, exercise training after myocardial infarction has been shown to improve functional capacity by 20-25%, reduce all-cause mortality by 24%, and reduce cardiovascular mortality by 25%.^{2,3} However, patients with cardiac disease have historically underutilized cardiac rehabilitation.^{4,5} Financial concerns and problems with transportation have been cited as two barriers to cardiac rehabilitation among the elderly.

Research has consistently shown home-based rehabilitation to be a good option for patients **with heart failure, post myocardial infarction, or after revascularization procedure.** Jolly and colleagues performed a meta-analysis including 21 studies on home-based cardiac rehabilitation.⁶ They found that home-based rehabilitation consistently out-performed usual care (i.e. medical care without center-based rehabilitation). For instance, compared to usual care, home-based rehabilitation created a significant reduction in systolic blood pressure and a drop in the rate of smoking. **They also found that home-based rehabilitation was not inferior to center-based rehabilitation.**



Jolly et al note that the home-based rehabilitation programs included fairly different interventions. Some of the home-based interventions included in their meta-analysis used exercise only, some used intensive counseling only, and some used a combination of both. Very interestingly, although the programs were heterogeneous, their statistical outcomes were virtually the same. In other words, even patients who are not safe for home exercise will likely benefit from intensive, home-based counseling from a home health nurse. Jolly also notes that there is no established definition for "cardiac rehabilitation." Medicare fiscal intermediaries sometimes define cardiac rehabilitation as a facility-based service only, with a physician on premises, and with the equipment for immediate cardiopulmonary emergency diagnostics and therapeutics. Therefore, Medicare certified home health agencies sometimes resist orders phrased as "*cardiac rehabilitation.*" However, as Jolly's meta-analysis demonstrated, **counseling alone produces significantly positive outcomes for patients, and successful rehabilitation is often accomplished at home.** When patients are homebound and are having cardiopulmonary difficulties, a referral to Integrity Rehab & Home Health for "**cardiovascular health teaching**" would be appropriate. When these patients are safe to learn exercises under professional supervision at home, a referral for "**cardiovascular home exercise**" would also be appropriate.

A healthy heart program from Integrity Rehab & Home Health would offer the important advantages of Medicare paying 100%, eliminating the transportation barrier, and probably inspiring greater physical activity in the future. Carlson et al found that using home-based rehabilitation as follow-up to center-based rehabilitation improved rates of exercise after discharge from the program.⁷ For your homebound patients, please consider healthy heart teaching and/or exercise as follow-up to center-based cardiac rehabilitation or in lieu of cardiac-rehabilitation for appropriate cases.

Medicare Pays 100%



For qualified patients, Medicare pays 100% of allowable home health charges. Your Medicare patients receiving home health from Integrity have no deductible, no-copay, and no out-of-pocket expenses.

**Please tell your patients about
Integrity Rehab & Home Health**

References

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