

Remote Cardiac Rehab: A Convenient and Effective Option Facing an Uncertain Future

Aaron Timm, EVP and Chief Commercial Officer, Vivalink

Cardiovascular disease is a leading cause of death worldwide. Cardiac rehabilitation, a program combining exercise and healthy habits, is important for recovery, yet traditional options often require inconvenient clinic visits. The rise of telehealth and remote patient monitoring (RPM) technologies, further amplified by the Covid-19 pandemic, made home-based rehab a reality for many.

During the early months of the pandemic, the Centers for Medicare & Medicaid Services (CMS) temporarily allowed Medicare reimbursement for certain cardiac and pulmonary rehab programs provided remotely at home. With the end of the public health emergency, the authorization expired. However, patients and providers are increasingly adopting technologies to facilitate home-based cardiac rehab, as many strongly prefer this form of care. While policymakers are considering legislation¹ to establish permanent remote cardiac rehab options, without a definite solution, many patients will have difficulty obtaining needed care, jeopardizing their long-term recovery.

Barriers to Cardiac Rehab Participation

Studies show that participation in cardiac rehab programs improves quality of life, reduces mortality, and lowers hospital readmissions, with better outcomes for those who attend more sessions.² Every year, over a million Americans become eligible for cardiac rehab, yet fewer than 20% participate.³ Even when referred, fewer than 34% enroll.

Many patients are unable to take part in traditional cardiac rehab programs for various reasons. Transportation challenges, dependence on caregivers, language barriers, and limited access to healthcare facilities in certain areas can all create obstacles. Research reveals a difference in program availability across the country.⁴ States in the northern midwest tend to have much higher initiation rates (30-50%) compared to many states in the southeast (around 10%).

The uneven distribution of cardiac rehab centers across different regions creates disparities in access to these programs, making it harder for patients in various parts of the country to use them effectively. Offering home-based cardiac rehab through digital technologies has the potential to significantly increase participation rates by overcoming these geographical and logistical barriers.

Rise in Home-Based Cardiac Care

Despite historically low participation rates, research consistently demonstrates that increased patient engagement in cardiac rehabilitation leads to significantly better health outcomes. By providing a home-based option, cardiac rehab programs can reach a wider range of patients, especially those with limited access to traditional clinic settings.

A recent Vivalink survey revealed a significant increase in healthcare providers' adoption of RPM and implementation of home-based cardiac rehab.⁵ The survey, focusing on the adoption and impact of RPM technologies in both clinic and home-based cardiac rehab settings, found that 93% of clinicians now utilize RPM in all aspects of cardiac rehab.

The findings also highlight the growing trend toward home-based care and preference for remote settings. More than 68% of clinicians reported conducting some level of home-based cardiac rehab, with 29% conducting as many or more home-based sessions as clinic-based ones. The increased adoption of remote cardiac rehab is gaining significant traction within the healthcare community.

Shift in Provider Preferences

More healthcare providers are now actively choosing home-based cardiac rehab over traditional clinic-based models. In fact, 56% of clinicians surveyed preferred a home-based option. Post-myocardial infarction (MI) was one of the leading conditions for which clinicians utilize home-based cardiac rehab. Specifically, 50% of clinicians surveyed said they are conducting home-based cardiac rehab for post-MI cases — a rise from 37% reported in a similar survey conducted a year prior.⁶

The results also show that using home-based programs led to a 53% increase in patient adherence. The results suggest that remote care can help patients achieve better health outcomes by keeping them engaged. Clinicians surveyed believe several factors contribute to this improved adherence, including cost-effectiveness, privacy considerations, and the ability to provide more personalized treatment plans.

Advancing the Adoption of Remote Cardiac Rehab

While remote cardiac rehab may not suit everyone, research has demonstrated that patients can safely participate in these programs and even experience increased adherence to such programs.

50% of clinicians surveyed said they are conducting home-based cardiac rehab for post-MI cases — a rise from 37% reported in a similar survey conducted a year prior.⁶

Remote cardiac rehab addresses limitations on the healthcare provider side by delivering care directly to patients' homes, bypassing the constraints of in-person facilities, such as staffing limitations, limited patient capacity, and scheduling conflicts.

Many patients skip out on cardiac rehab due to logistical hurdles and costs. Studies show that inconvenience and travel distance, time constraints, and even disliking the exercises are major reasons for dropping out.⁷ Home-based cardiac rehab eliminates the need to travel, can be more affordable, and often provides personalized plans. As a result of advanced digital technologies and the success of home-based cardiac rehab during the pandemic, we are in a position to safely and effectively expand access to these essential programs — an opportunity policymakers should recognize. ■

References

1. S.3021 - Sustainable Cardiopulmonary Rehabilitation Services in the Home Act. <https://www.congress.gov/bill/118th-congress/senate-bill/3021>
2. McMahon SR, Ades PA, Thompson PD. The role of cardiac rehabilitation in patients with heart disease. *Trends Cardiovasc Med*. 2017 Aug; 27(6): 420-425. doi:10.1016/j.tcm.2017.02.005
3. Chindhy S, Taub PR, Lavie CJ, Shen J. Current challenges in cardiac rehabilitation: strategies to overcome social factors and attendance barriers. *Expert Rev Cardiovasc Ther*. 2020 Nov; 18(11): 777-789. doi: 10.1080/14779072.2020.1816464
4. Duncan, M, Robbins, N, Wernke, S. et al. Geographic variation in access to cardiac rehabilitation. *JACC*. 2023 Mar; 81 (11): 1049-1060. <https://doi.org/10.1016/j.jacc.2023.01.016>
5. New cardiac rehabilitation survey reveals 93% of healthcare providers currently utilize remote patient monitoring technology. November 8, 2023. <https://www.prnewswire.com/news-releases/new-cardiac-rehabilitation-survey-reveals-93-of-healthcare-providers-currently-utilize-remote-patient-monitoring-technology-301981138.html>
6. Covid-19 pandemic boosts adoption of remote patient monitoring in cardiac rehab, survey finds. Sept 7, 2022. <https://www.prnewswire.com/news-releases/covid-19-pandemic-boosts-adoption-of-remote-patient-monitoring-in-cardiac-rehab-survey-finds-301618921>
7. Lee M, Wood T, Chan S, et al. Cardiac rehabilitation program: An exploration of patient experiences and perspectives on program dropout. *Worldviews Evid Based Nurs*. 2022 Feb; 19(1):56-63. doi:10.1111/wvn.12554

Aaron Timm

EVP and Chief Commercial Officer
Vivalink, Campbell, California

