



# Hybrid Cardiac Rehabilitation (HyCR): A Montana Pilot Project



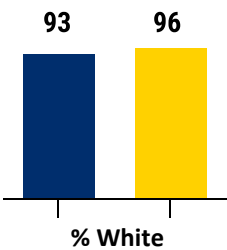
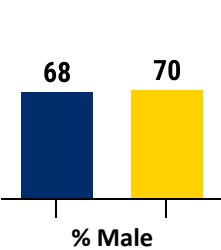
- HyCR incorporates primarily home-based cardiac rehabilitation (HBCR) and some center-based CR (CBCR) sessions for patients who qualify for CR but can't do CBCR for various reasons.
- The Montana Cardiovascular Health (CVH) Program piloted HyCR to compare health outcomes with CBCR patients and to determine revenue generation capacity.
- Three years of patient data (2020-2023) and four years of program progress data (2019-2023) are available for analysis.



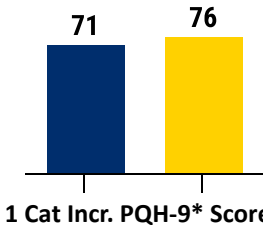
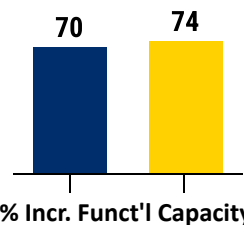
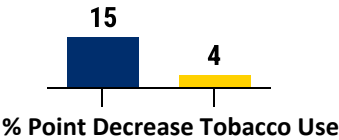
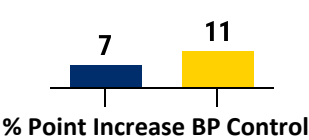
## Results for 5 CR Facilities

# Patients:

296 HyCR / 5045 CBCR



66 69  
Average Age (Years)



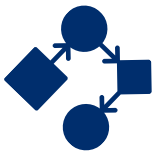
\*PQH-9 measures depression. 1 category increase = improvement.

\$ 24,705 average per site per year in revenue generation

👍 88% patient satisfaction

🔥 All sites intend to sustain HyCR post-grant. One site will expand recruitment to Tribal Members.

### Workflow and Process Changes



- Addition of HyCR policies and tool to select patients for HyCR
- Addition of end-of CR reminders so patients fill out exit surveys
- Administrative approval to document HyCR programming hours for staff productivity numbers; IT approval to use a mobile app (Chant Care by Chant Health)
- Pre-project trials help sites prepare to incorporate phone- and app-based visits
- Learning new methods for telehealth exercise coaching

### Major Barriers



- Lack of reimbursement for the home-based portion of HyCR
- Beginning a new project just as COVID-19 was ramping up
- Some interested patients didn't qualify due to diagnosis
- Staff resistance to perceptions of extra time needed for project
- Keeping patients engaged to completion

### Major Facilitators



- Very high patient and site satisfaction
- Peer-to-peer sharing
- Most barriers relatively easy to address
- Providers buy-in to refer to HyCR
- Staff champions to encourage provider referrals and keep patients engaged
- No extra staff time, equipment costs, or other expenses after 1st implementation year (equipment provided by CVH won't be available post-grant)

### Major Successes



- Increased patient comfort and confidence post-HyCR
- Staff was able to catch health concerns via phone or app visits, refer patients to doctors, and prevent readmission
- Revenue generation per site
- Improved patient readmission rates
- Patients who may not have attended otherwise received benefits of CR
- CR could continue during COVID-19 shut-downs
- Most outcomes similar between CBCR and HyCR patients