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New Standards Aim to Boost Participation in Cardiac Rehabilitation

Referral to cardiac rehab could soon be as automatic as giving aspirin during a heart attack

(WASHINGTON, DC)—No one would even think of hurling oneself from an airplane without a parachute, nor walking a tightrope for the first time without a safety net. But the majority of patients who have a heart attack or other serious cardiac illness start a new, high-risk stage in life without the support of cardiac rehabilitation—even though such programs provide a safety net as effective as leading cardiovascular medications.

All that may change soon, following the release of a new set of performance measures aimed at boosting patient enrollment in cardiac rehabilitation programs and setting standards of excellence for program operation. The new document is the result of a collaboration between the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR), the American College of Cardiology (ACC), and the American Heart Association (AHA). In addition, it has been endorsed by nine medical societies specializing in cardiac care and rehabilitation.

It appears in the October 2, 2007, issues of the *Journal of the American College of Cardiology (JACC)* and *Circulation* and the September/October issue of the *Journal of Cardiopulmonary Rehabilitation and Prevention (JCRP)*. It is also available on the websites of each of the collaborating organizations (www.aacvpr.org, www.acc.org, and www.americanheart.org).

“This is a call to arms,” said Randal J. Thomas, M.D., M.S., who directs the Cardiovascular Health Clinic at Mayo Clinic, Rochester, MN. “Cardiac rehabilitation is extremely beneficial to patients—there’s plenty of evidence of that—but it’s vastly underutilized.”

Thomas says studies have shown that cardiac rehabilitation programs, also known as secondary prevention programs, help improve the health and life expectancy of people

with heart conditions like heart attack and heart bypass surgery. For example, they reduce the risk of death after cardiac illness by 20 to 25 percent—a level of benefit similar to that of statin drugs, beta blockers and aspirin. They can also boost physical strength and endurance by 20 to 50 percent, an improvement that could determine whether a patient is able to return to an active life.

“We have patients whose goals range from simply getting out of the house to returning to active-duty military,” said Marjorie King, M.D., who directs cardiac services for the Helen Hayes Hospital, West Haverstraw, NY. “Cardiac rehab helps everyone in different ways.”

Although cardiac rehab is often thought of as medically supervised exercise, physical conditioning is just one component. It is also a coordinated program that assesses each patient’s clinical condition and risk factors, provides education and support for living a healthier life, and works to prevent repeated episodes of cardiac illness, such as a second heart attack.

“Without cardiac rehab, patients don’t know what they can and can’t do, so they may sit on the couch and watch TV. They may not get any help to stop smoking, so they continue to smoke. They may not get any help to lose weight, so they gain even more weight,” Dr. King said.

A wide range of patients is eligible for cardiac rehabilitation/secondary prevention programs. Anyone who has recently had a heart attack, coronary artery bypass surgery, angioplasty, stenting, heart valve surgery, heart and/or lung transplantation, or has experienced chest pain caused by narrowed coronary arteries can sign up. Fewer than 30 percent of eligible patients participate, however, often because many patients are never referred to a program or they cannot afford it.

One goal of the new performance measures—which are akin to report cards used to gauge adherence to recommended clinical guidelines—is to make referral to cardiac rehab as automatic as giving aspirin during a heart attack. The document even provides sample referral forms and outlines the best approach to collecting and analyzing data on patient referral to rehabilitation and prevention programs.

“Only a minority of eligible patients receive the full benefits provided by cardiac rehabilitation/secondary prevention programs today,” Dr. Thomas said. “We hope that healthcare providers, healthcare systems and health insurance carriers will work together to help all eligible patients participate in such programs.”

A second goal of the new performance measures is to ensure the safety and excellence of cardiac rehabilitation programs. In fact, one section sets standards on everything from medical supervision, to the thoroughness of patient assessment and monitoring, to accountability for documenting patient progress and program performance, and the need for effective communication with the patient’s private physician.

“A good cardiac rehabilitation program serves not only as a coach for the patient, but also as a communicator and coordinator with other healthcare providers, so patients get the follow-up care they need,” Dr. Thomas said.

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About the American Association of Cardiovascular and Pulmonary Rehabilitation:

Founded in 1985, the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) members comprise all professionals who serve in the field of cardiac and pulmonary rehabilitation. Members include: cardiovascular physicians, exercise physiologists, cardiopulmonary physical therapists, pulmonary physicians, cardiac nurses, dieticians, respiratory therapists and others. Central to the mission is the improvement in the quality of life for patients and their families to reduce morbidity, mortality, and disability from cardiovascular and pulmonary diseases through education, prevention, rehabilitation, research, and aggressive disease management. AACVPR oversees the well-respected Program Certification program for Cardiac and Pulmonary Rehabilitation facilities and publishes the peer-reviewed *Journal of Cardiopulmonary Rehabilitation and Prevention*. For more information, visit www.aacvpr.org

About the American College of Cardiology:

The American College of Cardiology is leading the way to optimal cardiovascular care and disease prevention. The College is a 34,000-member nonprofit medical society and bestows the credential Fellow of the American College of Cardiology upon physicians who meet its stringent qualifications. The College is a leader in the formulation of health policy, standards and guidelines, and is a staunch supporter of cardiovascular research. The ACC provides professional education and operates national registries for the measurement and improvement of quality care. For more information visit www.acc.org.

About the American Heart Association:

Founded in 1924, the American Heart Association today is the nation’s oldest and largest voluntary health organization dedicated to reducing disability and death from diseases of the heart and stroke. These diseases, America’s No. 1 and No. 3 killers, and all other cardiovascular diseases claim over 870,000 lives a year. In fiscal year 2005–06 the association invested over \$543 million in research, professional and public education, advocacy and community service programs to help all Americans live longer, healthier lives. To learn more, call 1-800-AHA-USA1 or visit americanheart.org. The American Heart Association now has a Web site dedicated to cardiac rehabilitation. The site is designed to complement a traditional rehab program by providing patients and caregivers with resources to both understand their conditions and make the necessary lifestyle choices to prevent future cardiovascular events. Visit americanheart.org/cardiarehab for more information.