

Implementing an Educational Program to Increase Referral Rates to Cardiac Rehabilitation



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INTRODUCTION

- Cardiovascular disease remains the most detrimental and leading cause of mortality in the United States
- After an individual suffers from a cardiac event, cardiac rehabilitation (CR) is often required to restore one to an optimal level of health
- The services that CR provides are highly effective
- It provides health and psychosocial benefits
- It provides cost savings to patients and health facilities, decreases unplanned readmissions, and decreases delays in return to work
- In 2014, utilization of CR has ranged from a low of 14% to a high of 35%
- The present literature shows that providers are willing to refer to CR, but lack the knowledge and resources
- Traditionally, cardiac patients are referred to this service by a cardiologist following their hospital admission
- However, primary care providers are seeing patients more readily post discharge allowing an opportunity to refer

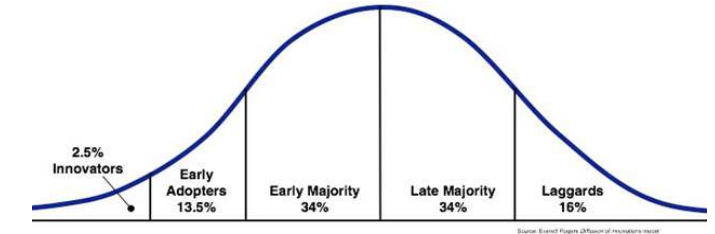
OBJECTIVES

- To assess the attitudes of primary care providers and their preferences of referral to cardiac rehab using the PACRR scale
- To assess whether demographic variables affect attitudes towards referrals to cardiac rehab

METHODS

- Quasi-experimental pretest-posttest design
- 23 providers (Primary Care and Internal Medicine) completed a demographic survey and the Physician Attitudes toward Cardiac Rehabilitation and Referral (PACRR) scale as the pretest & posttest
- The Diffusion of Innovations Theory by Everett M. Rogers was used to assess stages of adopting change
- An educational program was implemented on: benefits, cost effectiveness, amenities, criteria for referral, insurance coverage, service locations, referral in EMR, etc.

Educating primary care providers on cardiac rehab creates positive attitude changes towards referral



RESULTS

- Results revealed a significant change in attitudes post education ($p=0.003$)
- Significance was also found between provider's title/position and their category in adopting new ideas ($p=0.000$)

		Mean	Total
PACRR scores ($p=0.003$)	pretest	50.26	23
	posttest	53.09	23

CONCLUSIONS

- Scores from pretest to posttest increased in a positive direction
- Results demonstrate that education is likely to create a positive change in practice with CR referral
- It is recommended that educational programs be implemented with healthcare providers regarding CR in primary care and internal medicine settings in addition to cardiac settings to offset low referral rates
- Additional studies should investigate how future referral rates to CR are affected after the educational program

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