

Rural Promising Practice: Remote, Home-Based Delivery of Cardiac Rehabilitation

This model of care shows promise to increase rural Veterans' access to care and services, and is recommended for replication at other facilities.

Medical Issue

Coronary heart disease is the result of plaque buildup in the arteries, which can lead to decreased blood flow to the heart. Smoking, high blood pressure, cholesterol, diabetes, family history, age, weight, physical fitness and other factors contribute to heart disease risk, which may lead to a cardiac event. Following a cardiac event, like a heart attack or bypass surgery, patients undergo a three-phase cardiac rehabilitation process:

- Phase 1 begins during inpatient hospitalization under physician management
- Phase 2 is a medically supervised outpatient program that begins following discharge to slow or even reverse the progression of the underlying hardening and narrowing of the arteries due to plaque
- Phase 3 is a lifetime maintenance program with periodic follow-up

Access Challenge

Scientific studies show that people who complete a cardiac rehabilitation program can increase their life expectancy by up to five years, and have 27 percent lower cardiac death rates, 25 percent fewer fatal heart attacks, 21 percent nonfatal heart attacks, and an improved quality of life. However, rural Veteran patients' participation in sustained Phase 2 rehabilitation is a challenge due to limited transportation options, geographic barriers and lack of proximity to specialized cardiac facilities.

Solution

This Rural Promising Practice enables Veteran patients to first meet in-person with a specialist to safely learn rehabilitation exercises, with subsequent sessions conducted at home. This model eliminates the need to travel multiple times a week to a rehabilitation facility for a sustained time

frame, and enables patients to tailor the location and schedule of their ongoing 30-minute rehabilitation exercise sessions. Regularly scheduled phone calls with the rehabilitation specialist are dedicated to review curriculum that addresses risk factors, such as smoking cessation and proper nutrition. Other discussions include exercise, medication adherence and stress management.

To evaluate the success of a 12-week remote, home-based Phase 2 cardiac rehabilitation program compared to a traditional on-site program, researchers:

- Reviewed its reach, effectiveness and implementation
- Compared clinical measures
- Compared cost data

Results showed both health outcomes and costs were comparable, with no negative impacts from remote care. In fact, rural Veteran patients who used home-based rehabilitation reported higher levels of satisfaction and were more likely to complete the program.

To Learn More

The U.S. Department of Veterans Affairs' (VA) Office of Rural Health (ORH) implements a targeted, solution-driven approach to increase access to care for the 3 million Veterans living in rural communities who rely on VA for health care. As VA's lead advocate for rural Veterans, ORH works to see that America's Veterans thrive in rural communities. To accomplish this, ORH leverages its resources to study, innovate and spread enterprise-wide initiatives through partnerships.

To discuss implementing a Rural Promising Practice at your facility or to learn more, visit www.ruralhealth.va.gov or email rural.health.inquiry@va.gov.