CorHealth COVID-19 Cardiovascular Rehabilitation Stakeholder Forum #9

February 23, 2020, 8:00-9:00 am
Toll-free number: (647) 951-8467 / Toll Free: 1 (844) 304-7743
Conference ID: 394369144

Agenda

	Description	Purpose	Lead
8:00 am	**Welcome** System/ CorHealth Updates Meeting Objectives	Information	Sheila Jarvis
8:10 am	**Outpatient CR Measurement in Ontario- Phase 1**	Information and Discussion	Dr. Paul Oh Karen Harkness
8:30 am	**Heart and Stroke Foundation/Canadian Association of Cardiovascular Prevention and Rehabilitation- Cardiovascular Rehabilitation Virtual Toolkit**	Information	Rebecca McGuff Jennifer Harris
8:40 am	**Open Forum Discussion**	Discussion	Dr. Paul Oh
8:55 am	**Next Steps**	Information	Karen Harkness

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Welcome

Sheila Jarvis, CEO, CorHealth Ontario

CorHealth/System Updates

- CorHealth continues to work with Ontario Health (OH) and the Ministry of Health to support the seamless transfer into OH

  - Timeline for transfer still slated for September 2021

  - Confirmation that there will be no disruption to the provincial initiatives CorHealth is leading

- The Office of the Auditor General of Ontario (OAGI) has resumed its Value-For-Money Audit on Cardiovascular and Stroke Services in Ontario

  - OAGO is re-engaging CorHealth Ontario, hospital representatives, and community stakeholders to gather information

  - Findings are still expected to be included in the OAGO's annual report released in Fall 2021

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Meeting Objectives

- To continue the dialogue and activity supporting a progressive approach to measure, monitor, and report on the status of outpatient Cardiovascular Rehabilitation in Ontario

- To share an overview of the Cardiovascular Rehabilitation Virtual Toolkit developed by the HSF/CACPR

- To share experiences and facilitate dialogue on the current activities and models of delivery for cardiovascular rehabilitation (including virtual, in-person and hybrid)

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Outpatient CR Measurement in Ontario: Update

Dr. Paul Oh

Project Goals & Objectives

1. An **initial goal** of this work will be to gain a better understanding of the impact of COVID-19 on the delivery of Cardiovascular Rehabilitation (CR) services for Ontario patients with **cardiac conditions (Phase 1)**

   Phase 1 Objectives:

   ➤ Consistently collect a small amount of aggregate data from a clearly defined group of CR providers across Ontario & regularly report data back to stakeholders

   ➤ Test the readiness of the CR System to provide consistent, reliable data / better understand the availability and accessibility of data at CR provider sites

2. A potential **long-term goal** of this work will be to have consistent/ reliable CR data collection in Ontario to support broader system planning, monitoring and performance measurement for cardiac and vascular patients **(Phase 2)**

   ➤ Ability to pursue / achieve this goal will be dependent on success of the initial objectives stated above

Intended Benefit/Outcome

- The benefit of this program of work will be to create comprehensive, consistent and comparable CR data across time and location to inform local and provincial CR policy and planning.

- In addition, this work also represents a future potential opportunity for broader CR data collection and measurement & reporting strategies.

Project Scope – Phase 1

In Scope	Out of Scope
• Creation of a collection tool for aggregate data with an initial set of metrics (limited in number) that will be regularly distributed to CR programs • Creation of a report that will be shared regularly with stakeholders summarizing findings from the data collected • Provide recommendations for refining and maturing the MDS, data collection and reporting for Phase 2 based on Phase 1 experience and alignment with the goals of CR Provincial Measurement and reporting strategy	• Formal mandating of provincial data collection • Collection of patient level data / data transfer • Electronic data linkages • Formal data quality monitoring / data quality improvement initiatives • Providing CR programs with resources to input / collect data

Today's Discussion

- To provide an update on the work completed to date and share next steps

Phase 1- Major Milestones

① Develop key metrics

- One-time data collection variables
- Ongoing data collection variables

② Identify participants for submitting data to CorHealth

- CR program and site mapping
- Multiple and single site data submission

③ Develop data collection and reporting materials and processes

- Data collection tool/platform
- Report format
- Development of ongoing reporting process

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Key Metrics

Phase 1-Population of Interest

Patients who are referred to cardiovascular rehabilitation due to a cardiac diagnosis or following cardiac procedure/surgery.

Cardiac diagnosis

- Coronary artery disease
- Valvular heart disease
- Heart failure, cardiomyopathy
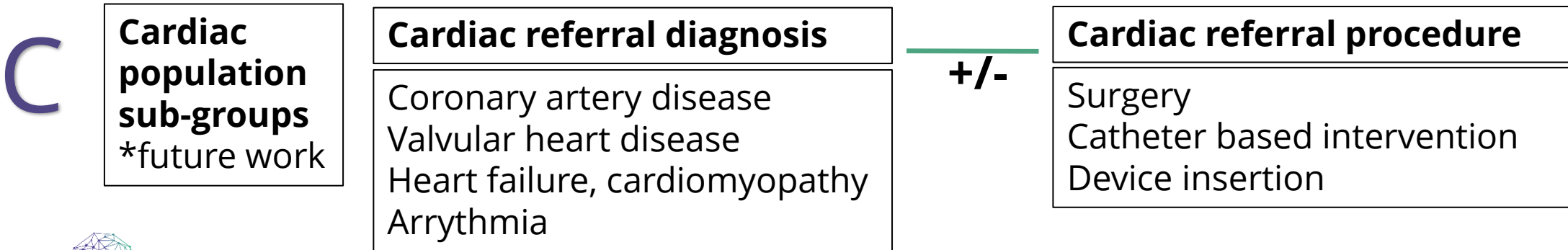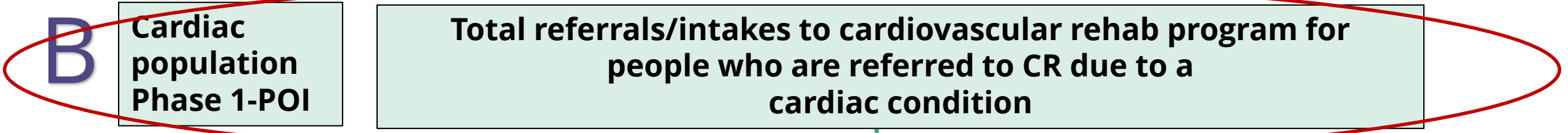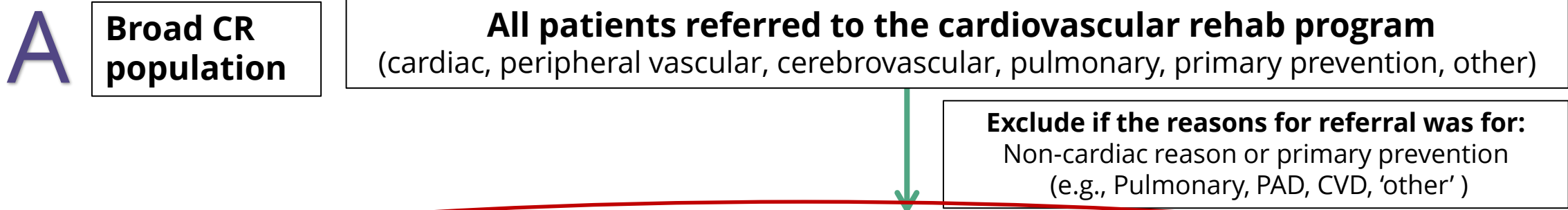- Cardiac arrhythmia

Cardiac procedure/surgery

- Surgery (e.g., CABG +/- Valve)
- Catheter based intervention (e.g., PCI, TAVI, ablation, mitral clip)
- Device insertion (e.g., ICD, CRT, VAD)

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Assumptions for Focus on Cardiac Population in Phase 1

- The cardiac population is easily identified as CR programs have serviced this population for many years. This familiarity will enable the collection of valid and reliable data.

- Patients referred for a cardiac condition are considered eligible in all CR programs. This will enable the collection of a large enough sample to represent a provincial description of CR referral and CR service volumes for this patient population.

- Starting with the patients referred for a cardiac condition represents a step-wise approach to building a provincial CR measurement and reporting framework and is not meant to undermine the benefit or importance of CR for patients with peripheral or cerebrovascular disease or patients who are at high risk for developing cardiovascular disease.

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Phase 1-Population of Interest (POI)-
Patients referred to CR due to a cardiac condition

A | **Broad CR population** | **All patients referred to the cardiovascular rehab program**
(cardiac, peripheral vascular, cerebrovascular, pulmonary, primary prevention, other)

Exclude if the reasons for referral was for:
Non-cardiac reason or primary prevention
(e.g., Pulmonary, PAD, CVD, 'other')

B | Cardiac population Phase 1-POI | **Total referrals/intakes to cardiovascular rehab program for people who are referred to CR due to a cardiac condition**

C | **Cardiac population sub-groups** *future work

Cardiac referral diagnosis

Coronary artery disease
Valvular heart disease
Heart failure, cardiomyopathy
Arrythmia

+/-

Cardiac referral procedure

Surgery
Catheter based intervention
Device insertion

Scope of Phase 1- patients referred to CR due to a cardiac condition

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Phase 1-Key Metrics- Data Collection

Area of Interest	Key Metric
1. Cardiovascular Rehabilitation Program Demand	Total number of referrals to the CR *program that is accountable and responsible for the intent of providing CR clinical services for that patient.*
2. Cardiovascular Rehabilitation Program Supply	Total number of patients who received their first clinically meaningful encounter with the CR program.

Note- For both data points, they only apply to the population of patients referred to CR due to a cardiac condition.

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First meaningful clinical encounter
Definition

First meaningful clinical encounter- a person has undergone a comprehensive clinical intake assessment OR has received individualized clinical services that may include education, risk factor profile dialogue, or treatment/intervention/assessment with a rehab clinical team member.

Excluded- administrative/clerical interaction only

Excluded- wellness check phone call while on the wait list for program intake/enrollment

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Identify information for one-time data collection and reporting

1. Program description

   - Name and contact information

2. Historical patient data

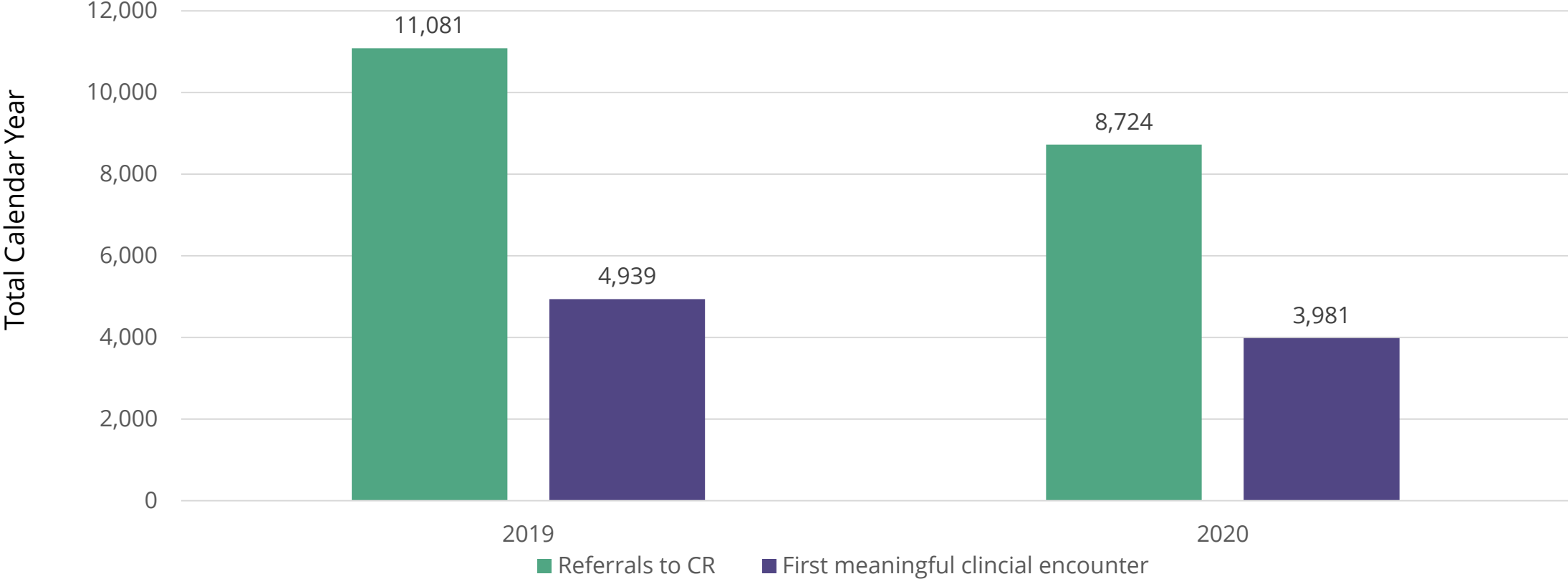   - Benchmark CR monthly activity prior to COVID-19 (retrospective data points from January 2019)

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Preliminary data examples

DR. PAUL OH

Total number of referrals and first clinical encounters to CR for people referred due to a cardiac condition- Calendar years 2019 and 2020 Preliminary data example
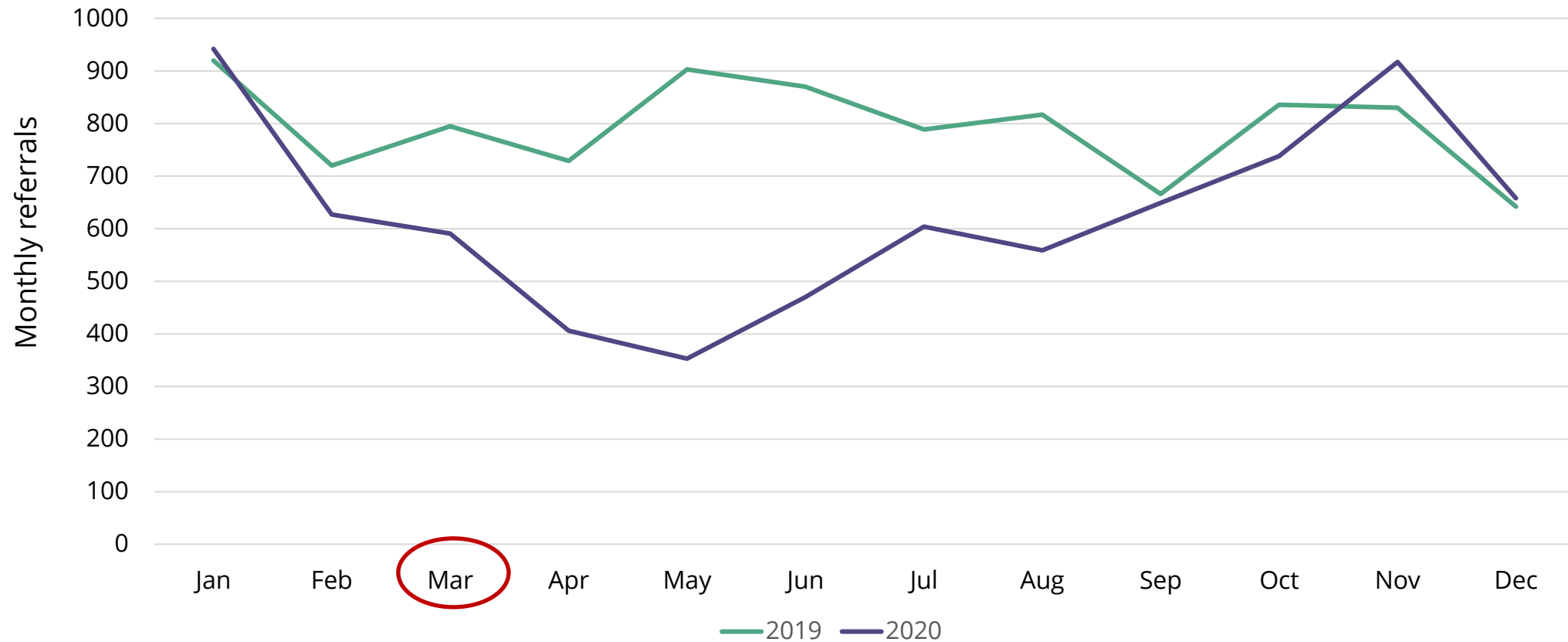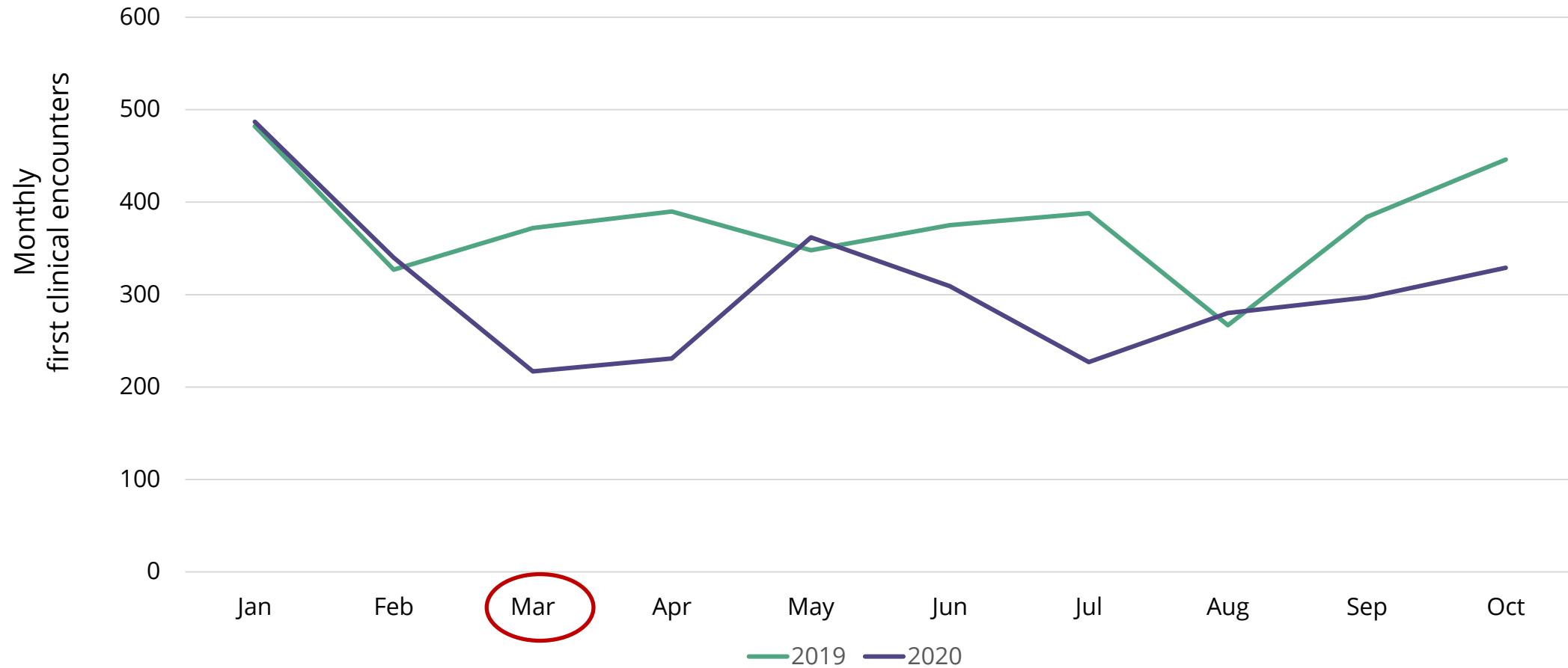

n = 7 CR programs

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Comparison of total number of referrals to CR for patients with a cardiac condition Calendar Years 2019 and 2020 Preliminary data example

n = 6 CR programs

Comparison of the total number of first meaningful clinical encounters for people referred to CR due to a cardiac condition
Jan-October 2019 – 2020
Preliminary data example

n = 6 CR programs

Ongoing work to support Phase 1

KAREN HARKNESS

Phase 1- Ongoing work

② Identify participants for submitting data to CorHealth

- CR program and site mapping
- Multiple and single site data submission

Karen will reach out to cardiac centres and CR programs to produce a current map of CR program in Ontario.

③ Develop data collection and reporting materials and processes

- Data collection tool/platform
- Report format
- Development of ongoing reporting process

CorHealth will continue develop these materials and processes over March/April

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Next Steps- an Overview

Feb-March 2021

• Administrative mapping- CR programs and data submission sites

• Continue to develop the data collection tool

April-June 2021

• Retrospective data collection for key metrics from sites

Summer/Fall 2021

• Begin regular monthly prospective data collection for key metrics

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Virtual cardiovascular rehabilitation toolkit

REBECCA MCGUFF, MSc (OT), OT REG. (ONT.) STROKE BEST PRACTICES PROJECT LEAD, ONTARIO | HEART & STROKE

JENNIFER HARRIS BScPT .REGIONAL AND QUALITY MANAGER, CARDIOVASCULAR DISEASE PREVENTION AND REHABILITATION, UOHI

Open forum discussion

DR. PAUL OH

Discussion Questions

- Over the past few months, what kind of innovations are programs testing/implementing to support CR patients and program delivery? What else do we need to support our patients?

- There is a growing population of patients who had COVID-19 but continue to have ongoing symptoms and have poor effort tolerance. Are any programs supporting this patient population? If so, are you doing anything different with post-COVID patients from other CR participants?

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Next Steps

KAREN HARKNESS

Next Steps

- Phase 1 CR measurement and reporting- Karen Harkness will be reaching out to you for program mapping

- Next Forum data- April TBD

- Save the date- CACPR Spring Virtual Spring Conference