



# Lace up and Go!

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## Cardiac Rehabilitation Nurse Talking Tip Sheet

**This Nurse Tip Sheet was developed by AAHFN as resource in facilitating patient education. It provides additional information so that the Nurse can supplement patient teaching with the corresponding Patient Tip Sheet. A list of resources is provided for additional information.**

**Background:** According to the American Heart Association and American Academy of Cardiology Foundation, regular exercise and exercise training is a Class IA recommendation for patients with all forms of Heart Failure (HF) if they are able to participate. Cardiac rehabilitation is rated as a Class IIA recommendation as it may be useful in clinically stable patients to improve functional capacity, exercise tolerance and health related quality of life.

**Cost to the Patient:** A frequent concern by health care professionals is how to pay for cardiac rehabilitation and who is eligible for reimbursement. For patients with any of the following issues, Medicare Part B and private insurance companies typically cover a portion of the bill.

- A heart attack in the last 12 months
- Coronary artery bypass surgery
- Current stable angina pectoris
- A heart valve repair or replacement
- A coronary angioplasty or coronary stent
- A heart or heart-lung transplant
- Stable chronic HF

In 2014, CMS determined patients with HF who didn't have one of the above conditions would be eligible for cardiac rehabilitation if their ejection fraction (EF) was less than 35%. Consequently, evaluation of the HF patient by echocardiogram to determine EF has become more important. Eligibility by private insurance companies varies depending on the company and the policy.

With Medicare, the patient would pay 20% of the Medicare approved amount. In the hospital outpatient setting, there may be a deductible.



## Goals and Expected Outcomes of Cardiac Rehabilitation

Core components of cardiac rehabilitation are individualized and include secondary prevention programs

- Patient assessment
  - Nutritional counseling
  - Weight management
  - Blood pressure management
  - Lipid management
  - Diabetes management
  - Smoking cessation
  - Psychosocial management
  - Physical activity counseling
  - Exercise training
- **Patient assessment:** Document short term goals of rehabilitation therapy including medication adherence. Track progress towards goals, and include whether patient is taking medications as ordered.
  - **Nutritional counseling:** Document patient adherence to prescribed diet and understanding of dietary content of calories, fat, cholesterol and nutrients.
  - **Weight management:** Assess and modify interventions until progressive weight loss is achieved and/or desired weight is maintained.
  - **Blood pressure management:** Assess and modify interventions until normalization of blood pressure in pre-hypertensive patients; <140 mmHg systolic and <90mmHg diastolic in hypertensive patients; <130mmHg systolic and <80mmHg diastolic in hypertensive patients with diabetes, heart failure, or chronic kidney disease.
  - **Lipid management:** Assess and modify interventions until low density lipoprotein is <100 mg/dL and non-high density lipoprotein cholesterol is <130mg/dL.
  - **Diabetes management:** Assess and modify interventions until HbA1c is <7 percent





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- **Smoking cessation:** Document patient readiness to quit smoking. The ultimate goals are complete abstinence of all tobacco products and to reside in a smoke free environment.
- **Psychosocial management:** Document increased participation in all activities, improved psychosocial well-being, reduction in stress, facilitation of functional independence, prevention of disability, and enhancement of opportunities for independent self-care.
- **Physical activity counseling:** Document improved aerobic fitness and lessens coronary risk factors.
- **Exercise training:** Document patient understanding of safety issues during exercise including warning signs and symptoms; achievement of increased cardiorespiratory fitness, enhanced flexibility, muscular endurance and strength.

**For Future Reference:**

- American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. 2013 ACCF/AHA Heart Failure Guideline. *Circ*, 128, e240-e327. <http://dx.doi.org/10.1161/cir.0b013e31829e8776>.
- Centers for Medicare and Medicaid. Decision memo for cardiac rehabilitation (CR) programs - Chronic heart failure (CAG-00437N). Retrieved from [www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=270](http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=270). Accessed May 01, 2017.
- Centers for Medicare and Medicaid. *Is my test, procedure covered* [fact sheet]. Retrieved from [www.medicare.gov/coverage/cardiac-rehab-programs.html](http://www.medicare.gov/coverage/cardiac-rehab-programs.html). Accessed May 01, 2017.
- Braun LT, Gersh BJ, Saperia GM. Cardiac rehabilitation programs. *Up to Date*. Apr 6, 2016. <https://www.uptodate.com/contents/cardiac-rehabilitation-programs>