Cardiac Rehabilitation Engagement In An Insured Population

Introduction: Research has clearly shown that cardiac rehabilitation [CR] reduces morbidity, mortality, and improves quality of life in patients after a coronary event or procedure. Current opinion considers it to be a standard of care, but reveals that only 18.7% of eligible patients receive at least 1 session of outpatient CR after hospital discharge.

Purpose: To determine cardiac rehabilitation engagement patterns for eligible patients in an insured population and examine the impact of age, gender, and diabetes mellitus on their participation.

Design: This is a two-year claims-based study of CR engagement by eligible members in an insured commercial population.

Methods: The population under study consisted of 3,498 commercial beneficiaries having an event in 2005 or 2006 with a qualifying diagnosis or procedure for CR. Engagement in CR services was defined as any commercial payment in outpatient claims for at least 1 CR session. This included analyses of engagement patterns related to age, gender, and comorbid diabetes mellitus.

Results: Our study consisted of 3,498 members, of whom 7.5% [N=263] received at least 1 session of outpatient CR after hospital discharge. Men were more likely to receive CR than women [73 vs. 27%]. Older members were more likely to receive CR than younger members on an age continuum. Comorbid diabetes mellitus was identified in 15% of members with a qualifying event for CR. CR engagement for members with comorbid diabetes was 6.8% compared with 7.5% of qualifying members without diabetes.

Conclusions: This study shows CR engagement to be relatively low among commercial beneficiaries despite convincing evidence in the medical literature of its benefits. Our data reveals higher CR engagement among men and older members. The engagement rates found in this study are lower than those recently reported in the clinical literature. We conclude, therefore, that considerably more effort should be made to increase CR engagement rates.