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Drivers of Racial and Ethnic Disparities in Cardiac Rehabilitation Use: Patient and Provider Perspectives

The following is a synopsis of "Drivers of Racial and Ethnic Disparities in Cardiac Rehabilitation Use: Patient and Provider Perspectives" published in June 2016 in the *Medical Care Research and Review*.

What is already known on this topic?

Cardiac rehabilitation (CR), a medically-supervised secondary prevention program consisting of up to 36 sessions of exercise training, heart-healthy lifestyle education, and stress reduction, can help improve the health of patients who experience heart disease. A significant disparity exists in the use of cardiac rehabilitation among racial and ethnic minority patients compared to white patients. Not only are minority patients less likely to be referred to CR in the first place, if referred, they are also less likely to use the services.

What is added by this article?

The authors sought to determine why the CR disparity exists among racial and ethnic minorities by identifying the primary driving factors at the system, provider, and patient levels. They used a mixed-methods research design, analyzing Medicare claims data and conducting interviews with clinicians and minority patients. The study took place in three communities: Washington, DC; Bronx, NY; and Broward County, FL.

Overall, 2007 Medicare claims data from the three sites showed a low utilization rate of CR (around 10% of the study population). The gap in CR use between white and non-white patients ranged from 7% to 11%. Gender also played a role with a higher percentage of men utilizing CR services compared to women.

Nineteen clinicians, including cardiologists, cardiac nurses, and CR directors and staff, were interviewed, as well as 72 CR-eligible patients in eight focus groups and eight one-on-one interviews. The interviews and focus groups sought to better understand the differences in perspectives between physicians and patients. Table 1 illustrates the overarching themes.

Table 1. Physician and Patient Perspectives for Racial and Ethnic Disparities in Cardiac Rehabilitation

	Clinician Perspective	Patient Perspective
System Level	• Lack of protocols guiding referrals • Competition within healthcare markets deterring referrals • Flawed reimbursement model	• High cost and lack of insurance coverage for CR • Lack of coordination around the referral process
Provider Level	• Skepticism of effectiveness and value of CR • Physician training that emphasizes interventional medicine	• Physician failure to provide information about CR • Lack of physician endorsement of CR
Patient Level	• Perception that cultural and personal characteristics are related to attitudes toward healthy living • Perception that patients lack motivation • Perception that socioeconomic status affects adherence	• Competing priorities and other logistical barriers (i.e. available CR times are not convenient for the patient) • Socioeconomic status influences expectations of care

What are the implications of these findings?

This study was one of the first to comprehensively examine barriers to CR use among minority patients. Based on the results, the authors identified five strategies to address system- and provider-level barriers:

- ***Promote adherence to evidence-based guidelines.*** CR is designated a Class 1 intervention, indicates strong evidence for its effectiveness. Hospitals and health systems can provide education to inform clinicians on CR's effectiveness, as well as require compliance with clinical guidelines.
- ***Implementation of CR performance measures.*** Requiring hospitals to report the National Quality Forum-endorsed CR referral performance measures stratified by race and ethnicity could help identify disparities.
- ***Adoption of quality improvement tools to automate referral.*** Electronic referrals integrated into EHRs could reduce the referral burden on physicians.
- ***Reforming the delivery and reimbursement model of CR.*** Bundled payment could reduce financial disincentives and increase provider accountability.
- ***Reduce access barriers to CR use for minorities.*** Programs run by multidisciplinary clinical teams, including nurse practitioners, could reduce costs. In addition, partnerships with local fitness centers or YMCAs could increase accessibility and convenience.

At all levels of care, barriers block minority patients from learning about and accessing this important service. Focusing on these strategies can reduce the gap in CR use and enable minority patients to reap the benefits of cardiac rehabilitation.

Resources

American Heart Association
Cardiac Rehab http://www.heart.org/HEARTORG/Conditions/More/CardiacRehab/Cardiac-Rehab_UCM_002079_SubHomePage.jsp#

National Heart, Lung, and Blood Institute
What Is Cardiac Rehabilitation?
https://www.nhlbi.nih.gov/health/health-topics/topics/rehab

Look MA, Kaholokula JK, Carvaholo A, Seto TB, de Silva M. Developing a Culturally Based Cardiac Rehabilitation Program: The HELA Study. *Prog Community Health Partnersh*. 2012;6(1):103-110. DOI: 10.1353/cpr.2012.0012

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