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**UTMC key participant in providing cardiac rehab
Medicare benefits for chronic heart failure patients**

Heart failure is increasingly common. An estimated five million patients in the United States suffer from chronic heart failure (CHF), and an additional 500,000 new cases are diagnosed annually.

Although rest was traditionally recommended, many patients often remained burdened by fatigue, diminished exercise tolerance, poor quality of life, recurrent hospitalizations and early mortality. Several studies have assessed the ability of exercise training to improve functional capacity in patients with heart failure and have observed relatively few complications during training.

The University of Toledo Medical Center (UTMC) cardiac rehabilitation program participated in a National Institutes of Health study entitled Heart Failure: A Controlled Trial Investigating Outcomes of Exercise Training (HF-ACTION). HF-ACTION was a randomized, controlled trial of 2,331 medically stable outpatients with heart failure at 82 participating centers in the United States, Canada and France.

HF-ACTION was undertaken to determine whether aerobic-type exercise training reduces mortality and hospitalization and improves quality of life in patients with medically stable CHF when administered in addition to usual care.

Dr. Dalynn Badenhop, director of cardiac rehabilitation and professor of medicine, was UTMC's principal investigator and the late Dr. Thomas Walsh was UTMC's CHF cardiologist for the study. Other UTMC health care personnel involved in HF-ACTION included Katie Roberts, R.N.; Sandra Gardam, R.N.; Abby Steigerwalt, exercise physiologist; and Angie Petree, exercise physiologist.

The main results of HF-ACTION, published in the Journal of the American Medical Association in April 2009, showed that patients in the cardiac rehab group experienced modest to significant reductions in mortality and hospitalization, a significant reduction in cardiovascular mortality and a significant reduction in heart failure hospitalizations compared to the usual care group.

In February 2014, the Centers for Medicare and Medicaid Services (CMS) approved coverage for cardiac

rehabilitation services for beneficiaries with a diagnosis of chronic heart failure (CHF). Several studies have shown notable improvements in physical function, symptoms, psychological health, recurrent hospitalizations and death. Guidelines and policies from other countries have recommended cardiac rehabilitation coverage for CHF patients since 2010.

CMS stated the following in the conclusion of their decision memo: “Cardiac rehabilitation improves symptoms of CHF, decreases mortality and reduces hospitalizations. We conclude that the evidence that supports the clinical benefits of the individual components of cardiac rehab programs is sufficient to determine that participation in these programs improves health outcomes for Medicare beneficiaries with CHF.”

Cathy Johns, a patient in the UTMC Phase II cardiac rehab program, was one of the first to benefit from CMS’ decision to cover cardiac rehab for CHF patients.

“I was on vacation and I thought I was having a heart attack, but it turned out to be heart failure. The UTMC staff noticed some unexpected symptoms and discovered a virus that was attacking my heart and other vital organs,” Johns said. “I am still here because of their magnificent work and diligence. I owe my life to UTMC, that’s no exaggeration.”

“In the 1980s, we wouldn’t have considered cardiac rehabilitation an appropriate therapy for patients like Cathy. We didn’t know enough about the beneficial effects. After 25 years of research, we now have the proof that these programs have merit,” said Badenhop.

“I didn’t exercise at all before I got sick,” said Johns. “I can’t imagine not having a program like this to monitor my progress and help further heal my heart.”

During one of her final cardiac rehab sessions, Johns completed 72 minutes of exercise.

“Cathy showed great improvement over time. She started with the ability to walk 2700 feet in 12 minutes and she can now walk more than 3100 feet in 12 minutes,” Badenhop said. “Ultimately, the goal of cardiac rehab is to improve the patient’s quality of life. Numbers and statistics are great, but those improved numbers need to transfer to the patient’s daily activities.”

Johns was concerned that she would never be able to attend another Detroit Tigers game due to complications from CHF. Since going through UTMC’s cardiac rehab program, she was able to see her favorite team in action without incident; an example of how her participation in the program improved her quality of life.

“It was an incredible experience,” Johns said. “I was able to walk around the park and get to and from my seat without any issues.”

Johns has chosen to enroll in the Phase III maintenance program to continue the healing process. Phase III is similar to a gym membership, but with the added benefit of being in a medically monitored setting.

"I was worried about the cost, but it's as affordable as being a member at a traditional gym. It's the best investment I could hope to make," Johns said.

"For CHF patients, UPMC is the place to be," said Dr. Badenhop.

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