

Toll-Free: 800.979.2253 Phone: 815.399.2600 Fax: 815.399.2202

1946 Daimler Rd Rockford, IL 61112

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Refer to ABLE Home Health

Orthopedic Rehabilitation
Certified Wound Care
Psychiatric Nursing
Readmission Prevention
Medication & Diet Teaching
Observation & Assessment
Fall Risk Reduction
Neurological Rehabilitation
Cardiopulmonary Rehab
Chronic Disease Management

Diabetes
COPD
Heart Failure
Hypertension
Parkinson's
Multiple Sclerosis
Private Duty Non-Medical

Home of the
One Nurse Policy
Each patient gets the same
nurse and therapist for each
visit.

Disciplines:
Skilled Nursing
Wound Care Certified Nursing
Psychiatric Nursing
Physical Therapy
Speech Therapy
Occupational Therapy
Medical Social Work
Home Health Aides

Preventing
Rehospitalization
Our patients are 35% less
likely to be hospitalized compared to national home health
averages.
Source: HHQI 2012 avg

Cardiac Rehabilitation Rates Less than 13%

among Medicare Beneficiaries

A study published recently in the *Journal of the American College of Cardiology* followed 601,099 Medicare beneficiaries who were hospitalized for coronary conditions or cardiac revascularization.¹ Despite strong evidence showing the positive effects of cardiac rehabilitation, only 12.2% of these Medicare beneficiaries used such a program. Those who did use cardiac rehabilitation experienced 21% to 34% improvements in mortality rates. Unfortunately, even those who received cardiac rehabilitation tended to receive the service at suboptimal levels. The cardiac rehabilitation received by these Medicare beneficiaries averaged 24 sessions. However, when the researchers compared those receiving 25+ sessions of rehabilitation to those receiving shorter programs, the longer programs correlated with a 19% greater survival.

For older patients, financial concerns and problems with transportation have been cited as two barriers to cardiac rehabilitation. When these patients are homebound, consider the cardiovascular health services of ABLE Home Health. ABLE sends therapists and nurses to the homes of your patients for exercise training and skilled coaching on lifestyle modification. For qualified patients, Medicare pays 100% of allowable charges from ABLE Home Health. This can eliminate the financial barrier that may prevent some patients from receiving cardiac rehabilitation at qualified centers. Of course, ABLE conveniently sends nurses and therapists to the homes of your patients – eliminating the transportation barrier. In addition, research suggests that home-based cardiac rehabilitation inspires greater physical activity in the future, compared to center-based rehabilitation.^{2,3}

The largest meta-analysis to date on the subject found that home-based cardiac rehabilitation is both superior to normal care and not inferior to cardiac rehabilitation at qualified centers.² Research has consistently shown home-based rehabilitation to be a good option for patients with **heart failure**, **post myocardial infarction**, **and after revascularization procedure**. Home-based counseling from nurses independently produces significantly positive outcomes for patients. Home-based physical therapy is also successful at improving survival and reducing rehospitalizations. When patients are homebound and are having cardiopulmonary difficulties, a referral to ABLE Home Health for "cardiovascular health teaching" would be appropriate. When these patients are safe to learn exercises under professional supervision at home, a referral for "cardiovascular home exercise" would also be appropriate.

***Referrals to this program can be made by general practitioners, cardiologists, discharge planners, PAs, and nurse practitioners.



A Leader in Preventing Rehospitalizations

The patients you refer to ABLE prove 35% less likely to require a hospitalization during the home health episode, compared to other home health agencies. This is demonstrated in Medicare HHQI (Home Health Quality Improvement) 2012 data summaries.

Please tell your patients about ABLE Home Health

Locally Owned and Operated

References

- 1. Suaya J, Stason W, Ades P. Cardiac Rehabilitation and Survival in Older Coronary Patients. *J Am Coll Cardiol* 2009; 54:25-33.
- 2. Jolly K, Taylor R, Lip G, Stevens A. Home-based cardiac rehabilitation compared with centre-based rehabilitation and usual care: A systematic review and meta-analysis. *International Journal of Cardiology*. 2006; 111: 343-51.
- 3. Carlson J, Johnson J, Franklin B, et al. Program participation, exercise adherence, cardiovascular outcomes, and program cost of traditional versus modified cardiac rehabilitation. *American Journal of Cardiology*. 2000; 86, 17-23.