

Making the business case for cardiac rehab programs

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You know the saying: an ounce of prevention is worth a pound of cure. When it comes to cardiac rehabilitation, a study presented today at the Canadian Cardiovascular Congress has the numbers to prove it.

"We found that [cardiac rehabilitation](#) programs have a financial 'return on investment' of about seven per cent," says author Dr. Dennis Humen, a professor of medicine at Western University. "Not only is [cardiac rehab](#) the pillar of preventing a second cardiac event; it also makes good business sense."

The study also revealed that, for [patients](#), the 'return on investment' (ROI) for participating in these programs also makes good heart sense: cardiac rehab (CR) leads to a 31 per cent reduction in hospital readmission and a 26 per cent drop in cardiovascular mortality.

"There are more than 60,000 hospitalizations for heart attacks in Canada each year and another 160,000 due to coronary [heart disease](#)," says Dr. Humen.

"This opens a huge window of potential: if we could provide intensive cardiac rehab services to just 60,000 individuals, there could be a reduction in healthcare costs for this group of about \$8.5 million per year."

If CR reduces [cardiac events](#), mortality and hospital readmission rates, why isn't it funded more broadly?

Governments often cite high costs as a barrier to funding comprehensive CR, which combines regular exercise with intensive education around lifestyle changes. Yet the Western University study shows that on a financial basis the investment is more than offset by the ensuing cost savings.

Partly due to a lack of resources, a minority of patients take CR following a cardiac event. With funding an issue, the researchers wanted to test the business model.

The study started with a review of outcomes from 47 randomized trials that included 10,794 patients who had gone through CR.

This analysis was projected over two years of follow up. To create a model, the team assumed a hypothetical scenario where CR programs would be available to all 3,500 patients who suffer cardiac events yearly in southwestern Ontario. Then they enlisted colleagues at the university's Ivey Business School to analyze the data, for their skills in assessing business investments, and for what Dr. Humen calls their 'independent scrutiny.'

The number crunching revealed that costs for 3,500 patients enrolled in a comprehensive CR program and followed for two years would be about \$5.4 million.

If this same population was not managed in a CR program, the estimated treatment costs due to cardiac events and hospital readmissions (many resulting in death) would be more than \$5.8 million.

That's a cost savings of nearly \$400,000 due to CR – an ROI of about seven per cent over two years.

To Dr. Humen, it's critical to make the business case like this. "We have

to be vigilant of whether we're getting good value for healthcare investments," he says. "If we're going to have a formula for appropriateness, it has to extend beyond what's medically appropriate to what's financially appropriate."

He notes that the costs incurred in one area of healthcare delivery could be offset by subsequent savings, but those might happen in an entirely separate area. That can make big picture planning difficult. Too many silos 'paralyze' forward-thinking decisions, says Dr. Humen.

"Cardiac rehabilitation helps patients living with heart disease to integrate lifestyle changes, with powerful results," says Heart and Stroke Foundation spokesperson Dr. Beth Abramson. "Beyond reducing health costs, the [cost savings](#) related to avoiding future cardiac events would be more than enough to offset the costs of these programs."

"We know that people are often under-referred to these programs," she says. "If you or a loved one is living with heart disease, make sure you are referred to one of these life-saving programs."

Provided by Heart and Stroke Foundation of Canada

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