

Cardiac Rehab Performance Measures – Urban vs. Rural

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Introduction: Performance measures were developed to evaluate key facets that programs should focus on and evaluate in delivering cardiac rehab (CR) services.

Purpose: To investigate performance measure differences between urban and rural CR programs.

Design: A cross-sectional study design was used for CR facilities participating in the Montana Outcomes Project (MOP).

Methods: The sample was drawn from participating MOP programs in Montana and northern Wyoming. Data were collected from April 2018 through September 2019. The performance measures in this study were: % of patients who met blood pressure (BP) target (<130/80mmHg), % of patients who attained a 10% improvement in 6-min walk distance, tobacco cessation referral, and % of patients that improved 1 or more levels of severity in the PHQ-9 depression screen. Statistical analysis included Chi-square, ANOVA tests, and T-test with p-value of ≤ 0.05 indicating statistical significance.

Results: The sample consisted of 972 urban patients (mean age: 68 years, 76% male) compared to 580 rural patients (mean age: 70 years, 71% male). Mean number of visits were similar (29.1 urban vs. 28.5 rural) as was the percentage of white patients (97% urban vs 95% rural). There were significant differences in BP control rates (81.2% urban vs. 68.8% rural) and in the % of patients attaining a 10% improvement in 6-minute walk distance (67.5% urban vs. 75.6% rural). No significant differences were noted between the groups related to tobacco cessation referral (84% urban vs. 90.4% rural) or the improvement of 1 or more levels of severity in PHQ-9 depression scores (76% urban vs. 77% rural).

Conclusion: There were significant differences in performance measures between rural and urban programs. Urban program patients had much better BP control rates while those in rural programs had better 6-min walk performance. Both rural and urban patients experienced similar improvements in depression scores and tobacco cessation referral.