Cardiac Rehab Patient-centered Performance Measures – Men vs. Women

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Introduction: The patient-centered performance measures were developed by the American Association of Cardiovascular and Pulmonary Rehabilitation to evaluate key facets that cardiac rehab (CR) programs should focus on and evaluate in delivering CR services. The 4 performance measures are the % of patients who reach BP goal at the end of CR (<130/80 mm Hg), depression screening, tobacco cessation intervention for tobacco users and functional capacity improvement over the course of CR.

Purpose: To investigate if performance measure differences existed between men and women who participated in CR.

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 programs in the MOP, a national CR registry. Data were collected from Quarter 1 2020 through Quarter 3 2022. The performance measures in this study were: % of patients who met blood pressure (BP) target (<130/80 mm Hg), % of patients who attained a ≥10% improvement in 6-min walk distance over the course of CR, tobacco cessation programming for tobacco users identified on initial intake, and % of patients with a positive depression screen score (PHQ-9 score >4) on CR entry who improved 1 or more levels of severity over the course of CR. Statistical analysis included Chi-square, ANOVA tests, and T-test with p-value of ≤ 0.05 indicating statistical significance.

Results: The sample consisted of 15,672 men (mean age: 67.4 years), which represented 69.4% of the total sample, and 6,902 women (mean age: 68.5 years). Mean number of visits was similar (26.5 men vs. 26.6 women) as was the percentage of white patients (94% men vs. 92% women). There were no significant differences in post CR BP control rates (74.0% men vs. 74.1% women), the % of patients attaining a \geq 10% improvement in 6-minute walk distance pre to post CR (74.3% men vs. 75.7% women), tobacco cessation referral for tobacco users (79.7% men vs. 80.8% women) or the improvement of 1 or more levels of severity in PHQ-9 scores pre to post CR (73.0% men vs. 72.6% women).

Conclusion: There were no significant differences in the patient-centered performance measures between men and women over the course of CR. Both genders exhibited similar responses to CR regarding BP control, functional capacity improvement, tobacco cessation referral and depression score improvement.