

## COVID-19 and Telehealth update from AACVPR

May 1, 2020

### **CMS Rejects Telehealth Reimbursement for CR/PR**

The COVID-19 pandemic has had a huge impact on cardiac and pulmonary rehabilitation professionals and our patients. Social distancing has forced many of our clinics to suspend their programs, all the while our patients are some of the most at-risk for adverse outcomes of the virus.

This is why it's disheartening that The Centers for Medicare and Medicaid Services (CMS) rejected a proposal from AACVPR to include cardiac and pulmonary rehabilitation services as part of a temporary reimbursement for outpatient telehealth services, which was originally extended to evaluation and management services. CMS has opted not to extend these reimbursement services to CR/PR.

This is no small issue. We estimate that approximately 180,000 Medicare beneficiaries attend CR (of 700,000 eligible beneficiaries) and another 13,000 beneficiaries attend PR annually, resulting in a total of 3.3 million and 480,000 sessions, respectively. In addition, we estimate that there are around 2,685 CR and 1,758 PR programs nationally.

Research shows home-based rehabilitation is effective. In 2019, AACVPR, American Heart Association and the American College of Cardiology released a joint scientific statement stating that home-based cardiac rehabilitation may provide an alternative option for stable low to moderate risk patients who lack available center based options. Research shows the same is true for pulmonary rehabilitation patients. Access to remote pulmonary rehabilitative care is life-saving, and as shown in a manuscript by Chris Garvey, FNP, MSN, MPA, utilizing technology is an effective way to ensure everyone has access to care no matter their circumstances.

We also know CR/PR significantly improves the overall health of our patients, reduces hospital readmissions and decreases mortality. AACVPR supports home-based and other innovative delivery models as an adjunct to traditional, center-based rehabilitation but the current crisis challenges us to think differently about engaging patients while at home. As our hospital systems are strained under the weight of COVID-19—and as the virus puts our patients at higher risk of adverse outcomes—telemedicine and home-based care is more important than ever.

AACVPR will continue to be a resource for you and your patients, and we will keep working on your behalf. Program directors can expect to receive a survey in the coming days to help us understand the short- and long- term effects of the pandemic on programs across the country. AACVPR is also currently developing guidance to help programs determine when and how to safely resume and/or ramp up center-based CR/PR services. In the meantime, we encourage you to visit our COVID-19 resource page for information on what you can be doing now to help your patients. This is not a time to be inactive. Our patients need us to be engaged.

Stay well, and take care of one another