

AACVPR Outpatient Cardiac Rehabilitation Registry: Performing Follow-up Assessments

Frequently Asked Questions

Q: When should we follow-up on patients after they are discharged from cardiac rehabilitation?

A: AACVPR guidelines recommend performing some type of follow-up on patients after they have graduated from the immediate, outpatient phase of CR (Phase 2). Research indicates that around three months after adopting a behavior, adherence to that behavior starts to wane, and at six months, as many as 50 percent of people will no longer be adherent to the behavior. Therefore, one to three months after CR discharge is a good time to follow-up with the patient to assess smoking cessation, exercise, dietary outcomes, weight loss and medication adherence.

For purposes of the registry, programs are asked to collect follow-up data **one (1) year from the date of CR enrollment**. This will standardize the time frame to one year of treatment, independent of the time it takes a patient to enroll or the duration of the program. Of course, longer Phase 2 programs will have shorter follow-up intervals, but this policy will tell us something about program structure and overall outcomes at one year.

Q: Are we required to do follow-up on our graduated patients?

A: With the registry, we are trying to answer some very important questions about the long-term status of patients who participate in CR, so it is strongly recommended that participating programs collect follow-up information. We realize that not all programs have the resources to do intensive follow-up; however, even mailed surveys can be used to collect information on patients' health status, and research has shown that periodic follow-up on patients can maintain health behaviors over the long term.

Q: We currently do follow-up on our patients using a mailed survey. Will we be able to continue to use this method?

A: Yes, you may use mailed surveys to collect information. In the registry, you will be able to identify which method you use for performing the one-year follow-up on your patients: **in-person clinic visit, phone interview, or mailed survey**. If you do not have the resources or structures in place to do clinic visits, research suggests that a phone interview may be more effective than mailed surveys. However, you will have to decide how best to accomplish follow-up on patients based on your program resources.

Q: Can we use follow-up data that a patient self-reports?

A: Only documented or "known" values for clinical variables should be entered for follow-up data. Values from a report given to the patient by a doctor or accessed in the patient's electronic chart are acceptable. Approximate values are not; for example, if a patient says or writes, an LDL of "50 or so," it cannot be used. Labs must include a date and the exact value. Exceptions to this rule are the self-reported number of minutes and days of exercise, dietary outcomes, medication adherence, tobacco abstinence status, and hospital admissions. You should be able to enter most assessment tool scores as well, as these can be done either over the phone or via mail and are self-reported and subjective. If obtained by phone or mail, some values will not be able to be entered, e.g., weight and blood pressure.