



Report Highlights

Seventy six (76) respondents from CR/PR sites in 12 of 15 Outcomes- and MACVPR participating states submitted completed surveys, indicating that

- 95% are located in hospital-based systems; 42% work in systems that perform interventional procedures.
- 46% perform CR-only services, 53% both CR and PR services. One responding site performs PR-only services.
- 55% of respondents are now seeing patients on a regular, full-time basis (9% never stopped).
- 63% of respondents at sites not fully open indicate they are offering Phase II services, and 81% are offering smaller class sizes to maintain some patient services.

The summary reports of Surveys One and Two have been distributed via email. They also can be found [here](#).

Impacts of COVID-19 on Cardiac and Pulmonary Rehab Programs among Montana Outcomes Project Participants and Montana Association of Cardiovascular and Pulmonary Rehab Members: Survey 3

In August 2020, the Montana Cardiovascular Health (CVH) Program at the Montana Department of Public Health and Human Services (DPHHS) sent a survey to the 105 programs participating in the Montana Outcomes Project and the Montana Association of Cardiovascular and Pulmonary Rehabilitation (MACVPR) membership to ascertain the on-going impacts of the COVID-19 pandemic on these cardiac rehab (CR) and pulmonary rehab (PR) programs. This was the third survey in a series.

Although we have done three surveys for this topic, the first two surveys had multiple responses per recipient site; therefore we received multiple perspectives from some sites, and validity was difficult to ascertain. For the third survey, we specified that only one response per site was needed, and we received only one response per site. These differential response types mean the results of this survey are not directly comparable to the results of the other two surveys.

Following are the results of the third survey.

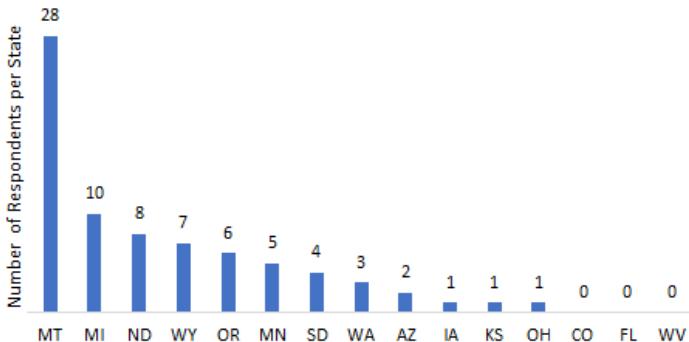
Overview

The survey received 76 complete responses and two incomplete responses from CR and PR sites in 12 of the 15 states represented in the Montana Outcomes Project and MACVPR (Figure 1). Incomplete responses were removed from the analysis (N=76).

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Figure 1. Number of respondents per state to CR/PR COVID-19 Impact Survey 3.



Program and Service Characteristics

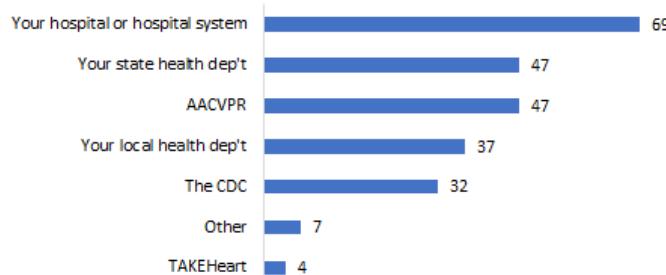
Off-site programs are represented by 5% of respondents; 95% indicated they work in hospital-based programs. Forty-two percent of respondents are affiliated with hospitals that perform cardiac interventional procedures. Forty-six percent of respondents work in facilities that provide CR-only services, and 53% work in facilities that provide both CR and PR services. One site performs PR-only services.

Since reopening, 62% of responding sites have become more restrictive, 17% have become less restrictive, and 21% have remained about the same. Some examples of more restrictive practices include complete program closures, capacity restriction, personal protective equipment (PPE) required for staff and/or patients, and patient health screening before entry. No examples of less restrictive practices were given.

The programs are receiving reopening guidance from a variety of sources, with their hospital or hospital system, the American Association of Cardiovascular and Pulmonary Rehab (AACVPR), and their state health departments topping the sources of guidance (Figure 2).

Seven respondents cited “other” sources, including other hospitals in the area, their medical director, and the Veteran’s Administration.

Figure 2. Sources of reopening guidance for CR and PR programs during the COVID-19 public health emergency (by number of responses).



Of the 76 respondents, 55% of sites are seeing patients on a full-time, regular basis, and 36% of sites are not seeing patients on a full-time, regular basis. Nine percent of respondents never stopped seeing patients on a full-time, regular basis. Of those not seeing patients on a full-time, regular basis, many are still offering some services, including Phase II services (63%), small class sizes (81%), 1-on-1 services (4%), and “other” modifications (15%). These “other” services include not offering maintenance classes, having one-on-one sessions for very high-risk patients, and having Phase 3 sessions on limited days and for limited times per session.

When asked when they expect to fully reopen their services, the 25 sites operating on a limited capacity offered a variety of responses. One site believed they would be open in the next three months, and six believed they would be open in the next six months. Nine sites think they will be fully open when there is a vaccine available. Of the nine sites who gave “other” answers, seven were not sure when they would be fully open, and two sites are basing opening fully on state guidance.

Sixty-eight sites offer maintenance or Phase III programs; 38 (56%) of those sites are allowing those patients back for on-site exercise.

COVID-19 Specific Requirements and Implications

The public health emergency has necessitated other precautionary measures within many CR and PR facilities, including use of personal protective equipment (PPE), although requirements vary between patients and staff (Figure 3).

Figure 3. Personal protective equipment requirements for patients and staff at responding CR and PR sites (by number of responses).

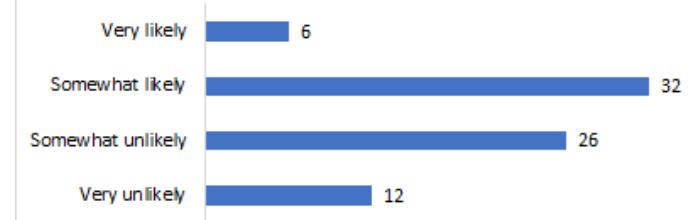


Masks are the primary PPE required for both staff and patients; staff are required to take a greater variety of precautions than patients. At many sites, masks are being required for patients only during entry and exit from the building, not during exercise.

Several sites discussed implementing spacing requirements, hand sanitizing, and symptom checking for staff.

Figure 4 shows how likely sites are to reduce their level of on-site operations if there is a resurgence of COVID-19 before the end of the year. Only 24% of responding sites have a firm idea of what will happen one way or the other (very likely or very unlikely).

Figure 4. Likelihood of sites needing to reduce their level of service if there is a COVID-19 resurgence (by number of sites).



Home-Based Cardiac and Pulmonary Rehab Services

Of the 36 sites that said they had used home-based cardiac rehab (HBCR) methods at the beginning of the pandemic, only six sites were still engaged in HBCR. Two of these sites believe HBCR offers patients who are uncomfortable coming on-site an option to continue their treatment. One site said, "We live in a rural state. This is a great option for Veterans that live a long way from a program, those that want to social distance, those that have time commitments making participation in a community program challenging."

Of the 30 sites no longer using HBCR, reasons for ending its use include lack of patient interest or adherence and patient desire to return on-site (11), lack of staff capacity (6), lack of reimbursement (2), and lack of administrative support (2) or guidance (1). Three sites are in the process of developing HBCR programs.

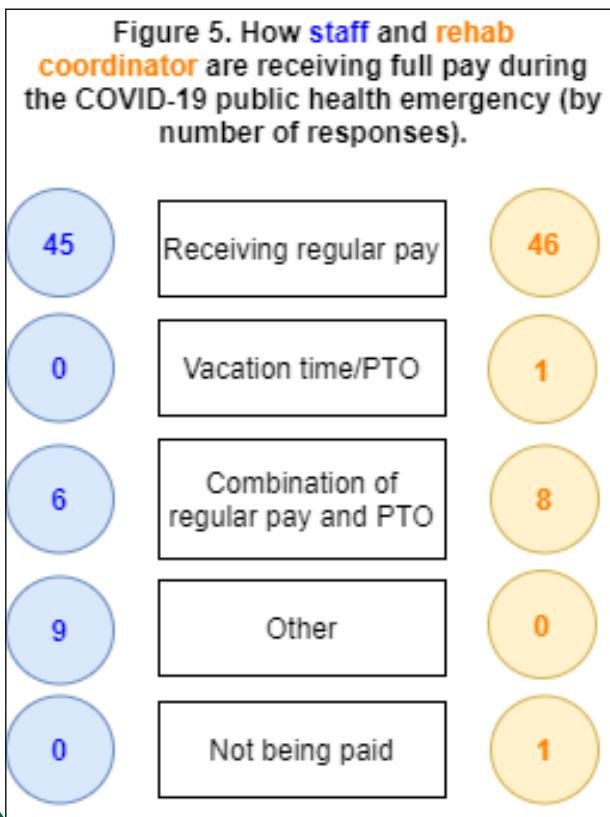
New Referrals

The majority responding sites are handling new referrals the same as they did before the pandemic, but they are informing new patients of COVID-19 requirements, such as PPE and social distancing. Many have put restrictions on referrals, including having the referring physician assure the rehab program that the patient will be able to deal with any COVID-19-related restrictions. Many programs are still dealing either with low census (so are looking for new referrals) or with long wait lists that they are working through. A limited number of programs are still deferring new patients from starting rehab.

Staff Reassignment and Impacts on Pay

Of 76 sites, 36% indicated that they were reassigned to other work but are beginning to return to their previous duties; 14% continue to work in reassigned areas; and 50% report having not been reassigned.

Mechanisms for staff and rehab coordinators to receive their regular pay are shown in Figure 5.

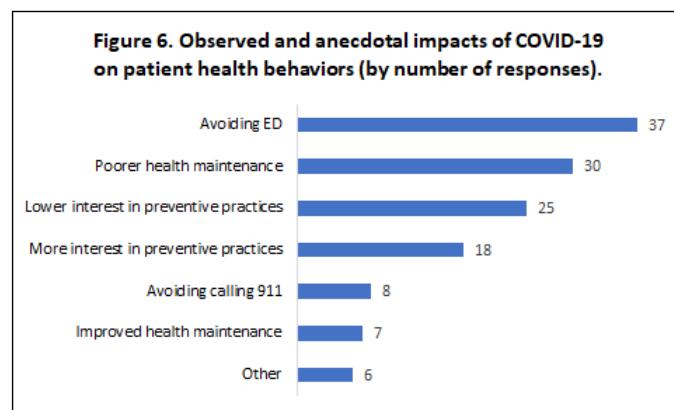


Most are receiving their regular pay, but there are some exceptions, including using federal un- and underemployment insurance, staff furloughs that remain in place, using low census, and picking up hours in other areas of their hospitals. Some respondents indicated that they and/or staff have used all their PTO during this public health emergency.

Only four rehab coordinators and one site's staff are able to work from home, no more than 10 hours per week. This time is spent on administration, as well as CR and PR work.

COVID-19 Impacts on Patients

Many respondents shared observational and anecdotal information about the impacts COVID-19 seems to be having on the health behaviors of their patients. Many of these behaviors revolve around negative health maintenance, such as avoiding health services, reduced health maintenance and reduced engagement with preventive practices, although some sites noted an increased interest in preventive practices (Figure 6).



Specific negative health behaviors and outcomes cited include less willingness to go to the gym, confusion about following up with primary care providers and specialists leading to negative health outcomes, increased illness, and increased patient death due to lack of monitoring and access to follow-up care. A specific positive behavior cited was patient willingness to



engage in closer follow-up with providers, including office visits.

These observations reinforce the need to educate patients about the importance of health maintenance and proactive prevention, especially in the face of a virus that disproportionately impacts people with chronic health conditions. It will be interesting to note over time via national surveillance data whether there are disparities in health outcomes traceable to COVID-19-associated patient behaviors.

Other Comments

Miscellaneous comments are indicative of the challenges both staff and patients have faced in navigating the unknowns of health and well-being in the context of COVID-19.

Several respondents indicated that the pandemic has been harder on pulmonary rehab patients than on cardiac rehab patients in terms of being able to breathe and the desire to return to rehab facilities.

Several respondents discussed patient attitudes toward their health related to COVID-19. Many sites must work with patients on both ends of the “concern about COVID-19” spectrum, with some patients taking every precaution when coming to rehab (and others refusing to come at all out of hypervigil-

lance) and other patients needing to be reassured and reminded about why precautions are important to take. One site feels that COVID-19 is being used as an excuse by some patients to avoid preventive care, even though their area has had few cases. This lack of COVID-19 infection locally also has led to less vigilance around taking recommended precautions, such as mask wearing.

Exercising with masks is deeply unpopular with patients, especially when the intensity of their exercise increases during Phase II. Getting patients to exercise outside of the rehab facility also is a challenge, given that in many places, gyms are still closed, and people do not have exercise equipment readily available. One site has noticed less conversation among groups undertaking rehab, and staff has to “work harder to facilitate discussions amongst the patients.”

Next Steps

This survey—as with the last two—received a strong response from MACVPR and Montana Outcomes Project participants.

The Montana CVH Program is planning one more survey at the end of 2020 to track reopening progress of CR and PR sites. Thank you for taking part in this information-gathering process, and we appreciate any feedback you might want to provide.

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This publication was supported by the Cooperative Agreement Number CDC-RFA-DP18-1815PHF18 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.