



Title	Assessment of Cardiac Rehabilitation Service for Patients with Heart Diseases
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Aim

Public funding covers cardiac rehabilitation for patients in Israel after myocardial infarction and coronary artery bypass surgery. This assessment aims to review the evidence on the efficacy, effectiveness, and cost of cardiac rehabilitation programs for patients with other heart diseases, to broaden the indications currently approved in Israel.

Conclusions and results

Cardiac rehabilitation is a comprehensive service consisting of nutritional counseling, risk factor management, psychosocial management, physical activity counseling, and exercise training. A wealth of clinical evidence supports widespread application of cardiac rehabilitation. A Cochrane systematic review demonstrates that exercise-based cardiac rehabilitation is effective in reducing cardiac death in patients with coronary heart disease. Moreover, the results show a significant net reduction in risk factors. A meta-analysis of trials in patients with chronic heart failure showed clear evidence of an overall reduction in mortality after participation in a cardiac rehabilitation program. Other evidence supports the efficacy of cardiac rehabilitation in patients with chronic heart failure and in patients who have undergone percutaneous revascularization, heart valve surgery, or heart transplantation. Cardiac rehabilitation in general, and supervised exercise training in particular, were both found to be effective ways to increase functional capacity, favorably modify disease-related risk factors, reduce symptoms, detect signs and symptoms of disease before they become serious complications, and improve quality of life. Research reviewing several economic evaluations of different cardiac rehabilitation alternatives found comprehensive cardiac rehabilitation to be a cost-effective intervention following an acute coronary event. A separate review of the evidence on the cost effectiveness of cardiac rehabilitation concluded that the costs are justified in terms of mortality and quality of life, and that there is a substantial cost saving to the health-care provider over a 3-year span, or longer. The Israeli

Cardiovascular Union supports inclusion of cardiac rehabilitation services on the National List of Healthcare Services that are nationally funded.

Recommendations

Public funding should be provided for a rehabilitation program for cardiac patients: after insertion of an ICD defibrillator, with cardiac output less than 35%, and functional NYHA classes 2,3, and posttherapeutic catheterization.

Methods

A literature search was conducted using MEDLINE and the Cochrane Library.

Scientific statements and clinical guidelines of medical associations in Israel, the USA, and Europe were reviewed.