



Title	Provision, Uptake, and Cost of Cardiac Rehabilitation Programmes: Improving Services to Under-represented Groups
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Aim

To estimate the need for and to update estimates of outpatient cardiac rehabilitation (CR) in the UK; identify patient groups not receiving CR; review effectiveness of methods to improve uptake and adherence to CR; and estimate cost implications of increasing uptake of CR.

Conclusions and results

In England, Wales, and Northern Ireland 146,000 patients with acute myocardial infarction, unstable angina, or following revascularization were potentially eligible for CR. In England in 2000, 45% to 67% were referred with 27% to 41% attending. For ischemic heart disease, including angina pectoris and heart failure, annual eligibility would be 299,000, with referral and attendance (R&A) of 22% to 33% and 13% to 20% respectively. R&A were similar in Wales, but lower in Northern Ireland. Most studies were small, of short duration, and low quality. Hence, none of the findings can be considered definitive. Few studies reported costs.

Uptake: Eight studies (3 randomized) evaluated methods to improve uptake. These supported motivational use of letters, pamphlets, home visits, and, to some extent, trained lay visitors.

Adherence: Fourteen studies (7 randomized) evaluated methods to improve attendance or maintenance of lifestyle associated with CR. Self-management techniques showed value in promoting adherence to lifestyle changes.

Professional compliance: Six studies (2 randomized) evaluated methods to improve uptake and adherence by improving professional compliance with guidelines and good practice. No effective interventions were identified. In 2001, CR cost about £350 (staff only) and £490 (total) per patient. Costs of outpatient CR by UK NHS were about £15–24 million. Staff-to-patient ratio and duration of treatment partly explained the variation in cost per patient. In modeling services on an intermediate staff configuration, about 13% more patients could be treated with the same budget. If the most modest

services were provided, 40% more patients could be treated. An approximate 200%–790% budget increase would be required to provide CR to all potentially eligible patients.

Recommendations

Please see the full monograph for recommendations.

Methods

Please see the full monograph for methods.

Further research/reviews required

Compare cost effectiveness of comprehensive multidisciplinary rehabilitation with simpler outpatient regimens. Economic and patient preference studies of effects of different methods to use increased funds for CR and evaluate the impact of increased funding. Evaluate interventions to promote attendance in all patients and underrepresented groups. Standardized audit methods involving modern records systems, staff training, and dialogue between service contributors. Standardized criteria for patient eligibility and data collection to estimate need and provision of CR. Extension of low-cost interventions and good practice in rehabilitation centers. Qualitative studies to identify further areas for intervention. Systematic review to include grey literature and non-UK studies.