

# Cardiac Rehabilitation in Minnesota

## Cardiovascular Disease is the second leading cause of death in Minnesota.

Cardiac rehabilitation (cardiac rehab) is an important way to promote the best outcomes after a heart attack or heart surgery. It is a comprehensive, interdisciplinary, and team-based approach that works.

## What are the benefits of cardiac rehabilitation?

- Supports patients to manage their own health, for example, through blood pressure monitoring, nutrition, and stress management.
- Enhances social and emotional wellbeing.
- Controls cardiac symptoms.
- Stabilizes or reverses plaque buildup in arteries.
- Reduces the risk of death and hospitalization.

## Components of Cardiac Rehab



Image source: Cardiac Rehabilitation at a Glance, Million Hearts

## MDH supports cardiac rehab by:

- Collaborating with the Minnesota Association of Cardiovascular and Pulmonary Rehabilitation.
- Partnering with health systems to support a virtual home-based cardiac rehab pilot project.
- Supporting cardiac rehab programs to initiate food insecurity screening and referral.
- Communicating about cardiac rehab.

## Statewide data: Cardiac rehab initiation, participation, and completion

### MDH's data analysis

In April 2023, MDH published an analysis in [Preventing Chronic Diseases](#) of cardiac rehab initiation, participation (number of sessions), and completion using the Minnesota All Payer Claims Database. Key findings included:

- Adults aged 45–64 years were most likely to initiate cardiac rehab. Oldest adults aged 85 and older were 48% less likely to participate than adults 65–74.
- Patients with heart bypass surgery were most likely (70.2%), while those with heart attack and no procedures were least likely (16.8%) to participate.
- Women were 10% less likely to participate in cardiac rehab than men.
- Only 3.2% of patients with secondary qualifying conditions (chronic stable angina and heart failure) participated.

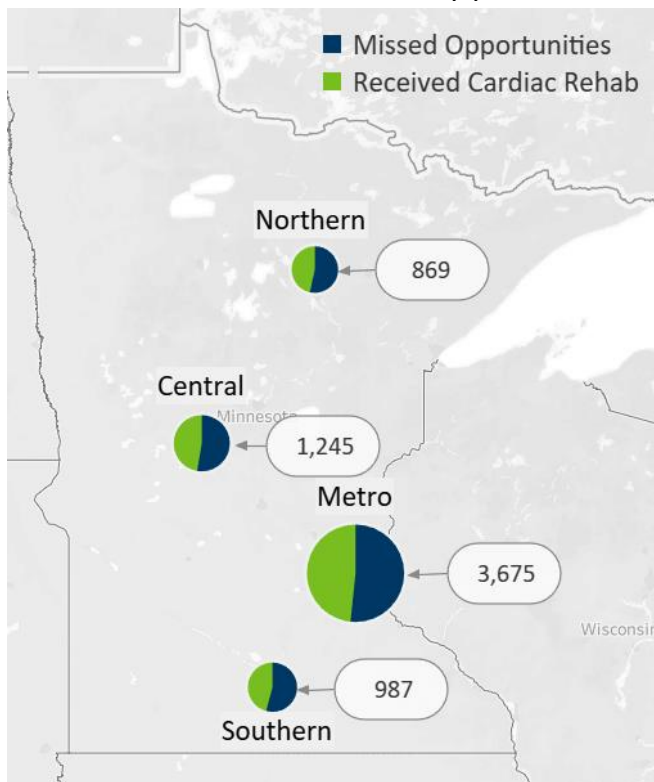
## Cardiac rehab initiation, participation, and completion varies by geography and payer.

Minnesota performs well nationally in rates of participation in any cardiac rehab. Southeast Minnesota is leading the way with high rates of cardiac rehab initiation, participation, and completion.

People with both Medicare and Medicaid were less likely to initiate cardiac rehab, and after they started, they were less likely to complete 36 sessions or more within 36 weeks than those with Medicare alone or those who were commercially insured.

## Missed opportunities for cardiac rehab among eligible patients

As the map below shows, across Minnesota, hundreds of eligible people miss out on the benefits of cardiac rehab every year.



## What to know...

### If you are a patient:

Cardiac rehab works.

If cardiac rehab is recommended for you or a loved one, take advantage of the recovery and support benefits it is uniquely designed to offer you.

### If you are a provider:

Support all patients who are eligible in completing cardiac rehab.

### If you are a public health partner:

Cardiac rehab works. It is a key strategy to improve cardiovascular health highlighted by CDC's Division for Heart Disease and Stroke Prevention and the Million Hearts initiative.

Partnership and policy action are needed to ensure everyone who could benefit from cardiac rehab receives it.

During the COVID-19 emergency, reimbursement for virtual cardiac rehab was allowed. Making this permanent would improve access and outcomes.

HR 1406, the **Sustainable Cardiopulmonary Rehabilitation Services in the Home Act**, has been proposed federally and would make cardiac rehab reimbursement more sustainable.

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[www.health.state.mn.us/diseases/cardiovascular/tools/cardiocrehab.html](http://www.health.state.mn.us/diseases/cardiovascular/tools/cardiocrehab.html)  
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