

Final Manuscript – Draft 6: Improving Access to Cardiac Rehabilitation

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this paper.”

Improving Access to Cardiac Rehabilitation

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Abstract

Despite the well-documented evidence of the effectiveness of cardiac rehabilitation (CR) in reducing the recurrence of cardiovascular diseases (CVD) events, many patients are not able to participate in center-based cardiac rehabilitation (CBCR) because of individual and/or logistical barriers. The latest evidence demonstrates that home-based cardiac rehabilitation (HBCR) produces outcomes similar to those of center-based CR and can be used as a safe and effective alternative method of CR. A prospective quality improvement study was conducted to assess the feasibility of introducing an HBCR program. Twenty-two patients at the lowest risk for exercise participation were enrolled between February 2017 and March 2017 and underwent a 12-week CR program. Ten patients were unable to attend CBCR and completed hybrid cardiac rehabilitation (HBCR in addition to CBCR) and then were compared with patients who attended CBCR alone. The HBCR group completed significantly more exercise sessions (32.9 ± 9.7 vs. 15.56 ± 9.1 , $p = 0.00$) and had a higher adherence rate (90% vs. 75%) compared to the CBCR group. In conclusion, HBCR is an effective alternation to CBCR in low-risk patients.

Keywords: Cardiac rehabilitation, home-based, tele-rehabilitation, hybrid, eHealth