

Why Cardiac Rehabilitation Really Matters

Heart disease is a lifelong condition that needs ongoing management.
Cardiac rehabilitation is a critical step in a heart patient's journey.

Cardiac Rehabilitation (CR) benefits patients



26% reduction in mortality
18% reduction in readmissions¹
Improved quality of life

Referral is essential

All eligible patients must be offered referral to a CR Service which best suits their individual needs, as soon as possible after diagnosis or before discharge from hospital, including a referral to a GP for long term care.²

Uptake of CR remains low, fewer than 30% of eligible patients participate.³

An option to suit every patient

Flexible services will facilitate increased participation



- Facility-based exercise, education and psychosocial components or a combination of services
- Home-based services
- Telephone-based services
- Mobile phone and internet based services



CR reduces costs

Increasing participation by 65% attendance nationally per annum could result in:

\$35.5m

savings in
health care
costs

2,100

fewer
myocardial
infarction
admissions⁴

Patients are missing out

Reasons for low participation:

- lack of referral from in-patient services
- lack of a referral from the patient's cardiologist
- competing work & home responsibilities
- distance and transportation
- lack of CR service availability

Heart Attack Survivor Survey

Almost 2 in 3 (65%) patients reported they were not advised by staff to attend CR.

Benefits reported for those who did attend:



- Encouragement to make healthier lifestyle choices
- Provided an understanding of the emotions/fears they faced
- Reduction in their anxiety/depression⁵

1. Anderson L, et al. Exercise - Based Cardiac Rehabilitation for Coronary Heart Disease: Cochrane Systematic Review and Meta - Analysis. J Am Coll Cardiol. 2016 Jan 5; 67(1):1 - 12. doi:10.1016/j.jacc.2015.10.044

2. Woodruffe S et al. Australian Cardiovascular Health and Rehabilitation Association (ARCA) Core Components of Cardiovascular Disease Secondary Prevention and Cardiac Rehabilitation 2014. Heart, Lung and Circulation (2015)

3. Clark RA, Conway A, Poulsen V, et al. Alternative models of cardiac rehabilitation: a systematic review. Eur J Prev Cardiol 2013; 0 (00), 1 - 40

4. Heart Foundation, Data and Evaluation Unit. Unpublished report 2015

5. Heart Foundation Heart Attack Survivor Survey 2015