

AACVPR Case Study: University of Vermont

Title: Financial Incentives to Improve Cardiac Rehabilitation Attendance Among Medicaid Enrollees

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Motivation and Operations

- 1. What was your motivation for implementing these changes in your program?**
Chart reviews showed that only 25% of cardiac rehabilitation (CR)-eligible Medicaid enrollees were even starting a CR program. Of a sample of 25 Medicaid patients who began CR only 2 (8%) completed all 36 sessions. Given that Medicaid patients tend to have lower fitness and more comorbidities than more affluent patients it is especially important for them to enroll in and complete CR. Accordingly we implemented an incentive program as part of a research study aimed at increasing CR use in this vulnerable population.
- 2. How long did it take to implement these changes?**
Given the well-trained staff already available at the institution, implementation was rapid. Approximately 3 months were required to obtain Institutional Review Board approval, open a petty cash account to process incentives through, and hire and train a research assistant to implement the program.
- 3. What staffing changes did you have to make in order to achieve these changes?**
One full-time research assistant was hired to implement this program. However, this person was hired to not only manage the incentives but also handle other duties related to the research protocol such as performing research-related assessments. An incentive program could be implemented using less staff time

Reflection on Process

- 4. What worked well?**
The incentives worked well at increasing attendance. Patients appreciated being able to earn them, and often used them to overcome barriers to treatment (e.g. buy gas to get them to the program, buy tennis shoes if all they had were work boots). It also improved communication. As incentives can be lost for missing appointments patients were much more likely to call in advance if they were going to have to miss an appointment.
- 5. What were the opportunities for improvement?**
While we used cash as the incentive for the current study there has been some resistance to continuing to use that. Likely we will switch to using gift cards, which tend to be more acceptable for the public and administration. We have used gift cards in other studies with similarly effective results. However, if this approach is to be taken it is

important to have a variety of gift cards available, and to have them on hand so they can be given out immediately.

6. How long have you been implementing these changes?

This process was in place for three years during the time of the funded grant. Currently the results are being prepared for publication. Anecdotally, since the program has paused, the number of Medicaid patients attending our program has decreased dramatically.

Future/Next Steps

7. Do you anticipate making any changes in the future to your current process?

The next potential step is to compare the use of incentives to the use of case management in this population. We hope to see if one is superior to the other, or is by implementing both we can maximize attendance among the Medicaid population.

8. Do you have any supplemental materials you would be willing to share?

Sample incentive earning schedules, commonly requested gift cards, and a sample tracking page have been shared as part of the AACVPR Cardiac Rehabilitation Adherence Strategy: Incorporating Motivational and Financial Incentives.