Cardiac rehabilitation (CR) is a proven model of risk reduction, yet is grossly under-used. The reasons are multifactorial, but most centrally this is due to lack of reimbursement for CR services. Recently surveys of CR leaders in the United States and Latin America have documented wide variation in coverage. The objective of this study was to learn more about CR reimbursement approaches in other regions of the world.

METHODS In this cross-sectional study, we circulated an online survey to all members of the International Council of Cardiovascular Prevention and Rehabilitation (ICCPR), which consists of 24 associations (www.globalcardiarehab.com), as well as other contacts. The survey was based on the items developed by Thirapatarapong et al. (ICRP, 2014) and Anchique-Santos et al. (Prog in CVD, 2014). For questions regarding coverage by government, respondents were asked to consult official government statistics or academic publications. Respondents were also asked to contact the 3 largest health insurance companies in their country (on the basis of premiums collected) to ascertain coverage levels.

RESULTS Thirty-one responses were received, from 25 different countries: 18 (58.6%) were from high-income countries, 10 (32.3%) from upper middle-income, and 3 (9.8%) from lower middle-income countries.

When asked who reimburses at least some portion of CR services in their country (respondents were asked to check all that apply), 19 (61.3%) reported the government, 17 (54.8%) reported patients paid some of premiums collected) to ascertain coverage levels. When asked who reimburses at least some portion of CR services in their country (respondents were asked to check all that apply), 19 (61.3%) reported the government, 17 (54.8%) reported patients paid some of premiums collected) to ascertain coverage levels. When asked who reimburses at least some portion of CR services in their country (respondents were asked to check all that apply), 19 (61.3%) reported the government, 17 (54.8%) reported patients paid some of premiums collected) to ascertain coverage levels. When asked who reimburses at least some portion of CR services in their country (respondents were asked to check all that apply), 19 (61.3%) reported the government, 17 (54.8%) reported patients paid some of premiums collected) to ascertain coverage levels. When asked who reimburses at least some portion of CR services in their country (respondents were asked to check all that apply), 19 (61.3%) reported the government, 17 (54.8%) reported patients paid some of premiums collected) to ascertain coverage levels. When asked who reimburses at least some portion of CR services in their country (respondents were asked to check all that apply), 19 (61.3%) reported the government, 17 (54.8%) reported patients paid some of premiums collected) to ascertain coverage levels. When asked who reimburses at least some portion of CR services in their country (respondents were asked to check all that apply), 19 (61.3%) reported the government, 17 (54.8%) reported patients paid some of premiums collected) to ascertain coverage levels. When asked who reimburses at least some portion of CR services in their country (respondents were asked to check all that apply), 19 (61.3%) reported the government, 17 (54.8%) reported patients paid some of premiums collected) to ascertain coverage levels.

Regarding government coverage, respondents reported that 25.3% ± 28.47 (mean ± standard deviation; median = 22) CR sessions were covered, and that 72.50 ± 41.46% of the total CR program cost is covered by government. CR aspects which were reimbursed most often included supervised exercise (n=14, 93.3%), followed by dietary counselling (n=12, 80.0%), mental health/psychological support (n=12, 80.0%), smoking cessation (n=12, 80.0%), hypertension control (n=12, 80.0%), hyperlipidemia control (n=12, 80.0%), education (n=11, 73.3%), weight control (n=10, 66.7%), and occupational therapy (n=8, 53.3%).

Regarding private healthcare insurance reimbursement, respondents reported that 22.2 ± 15.4 CR sessions were covered, and that 48.3 ± 50.5% of the total CR program cost is covered. Where the patient paid some money toward CR, the average cost was USD$17.5 ± 6.85 per session or USD$345.0 ± 38.2 per program. Almost half (48.8%) of insurance companies specified the type of healthcare professional who delivered CR services as a requirement for reimbursement.

CONCLUSIONS CR reimbursement around the world is inconsistent and insufficient. The ICCPR is using these findings to develop an advocacy toolkit to support CR leaders in securing greater CR coverage.