

December 20, 2013

Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Re: CAG-00437N

Proposed Decision Memo for Cardiac Rehabilitation (CR) Programs-Chronic Heart Failure (CAG-00437N)  
Submitted by AACVPR, ACC, AHA, HFSA

Dear Dr. Chin:

The American Association of Cardiovascular & Pulmonary Rehabilitation (AACVPR), the American College of Cardiology (ACC), the American Heart Association (AHA), and the Heart Failure Society of America (HFSA) applaud the CMS proposed decision to include a subset of heart failure (HF) patients in the group of Medicare beneficiaries eligible to receive early outpatient cardiac rehabilitation (CR). The evidence of benefits received from comprehensive CR services for patients with heart failure with reduced ejection fraction (HFREF) is compelling, as summarized in the proposed decision memorandum. We appreciate that CMS released this proposal in November and we look forward to seeing it finalized early in 2014.

Presented below are some modifications or comments that we believe clarify and advance the proposed coverage and more completely incorporate available evidence on the benefits of CR for HF patients.

#### **LVEF Measurement**

CMS proposes to expand coverage “for beneficiaries with CHF defined as patients with LVEF of 35% or less and New York Heart Association (NYHA) class II-IV symptoms despite being on optimal heart failure therapy for at least six weeks.” This phrasing could create an unintentional expectation that LVEF be measured after six weeks of optimal heart failure therapy, which is not the standard of care. We believe CMS intends to allow patients who have been hospitalized or diagnosed with HF and have an EF of 35% or less to participate in CR. We recommend a clearer description of eligibility criteria, such as,

“...patients with LVEF of 35% or less as diagnosed by echocardiography or other imaging modality within the previous 12 months and NYHA class II-IV symptoms despite receiving guideline-based heart failure therapy for at least the previous six weeks.”

#### **Heart Failure with Preserved Ejection Fraction (HFPEF)**

As mentioned above, we support the expansion of coverage to the defined patient population that CMS proposed. However, a significant percentage of heart failure patients treated today exhibits a preserved left ventricular ejection fraction (LVPEF) and suffer similar morbidity and mortality when compared to patients with reduced ejection fraction. Improvements from CR in the HFPEF patient population are similar to those in patients with HFREF. Randomized controlled studies have demonstrated that responses to physical training among HFPEF include improved symptoms, increased aerobic capacity and endurance, and improved self-reported quality of life.<sup>1,2,3,4,5,6,7,8,9</sup> Additionally, the “2013 ACCF/AHA Guideline for the Management of Heart Failure” makes recommendations regarding activity, exercise prescription, and cardiac rehabilitation without regard to whether patients have HFREF or HFPEF. We

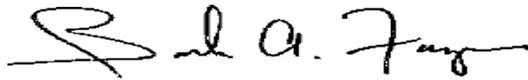
trust that as further evidence emerges to support extension of these services to patients with HFPEF, CMS will expand coverage to include this patient group as well.

### **2013 ACCF/AHA Guideline for the Management of Heart Failure**

We noted that CMS made several references to relevant ACC/AHA guidelines from 2005 and 2009, but did not include the recently completed “2013 ACCF/AHA Guideline for the Management of Heart Failure” Designed to assist clinicians in selecting the best management strategy for individual patients, the guideline updates definitions and classifications for heart failure and increases emphasis on patient-centric outcomes such as quality of life, shared decision making, care coordination, transitions, and palliative care. The document makes recommendations relevant to our request for coverage of cardiac rehabilitation for chronic heart failure (*i.e.*, Section 7.3.1.1 and Section 7.3.1.6). This updated guideline and recommendations provide additional evidence for the value of cardiac rehabilitation in patients with heart failure. The guideline can be viewed at <http://content.onlinejacc.org/data/Journals/JAC/0/05019.pdf>.

We are again pleased to share our support for the decision by CMS to cover CR for selected patients with heart failure. We ask that you consider the above material as you work toward finalizing the decision memorandum in 2014. Please contact Barb Fagan ([bfagan@froedterthealth.org](mailto:bfagan@froedterthealth.org)) or Karen Lui ([karen@grqconsulting.com](mailto:karen@grqconsulting.com)) if you need additional information.

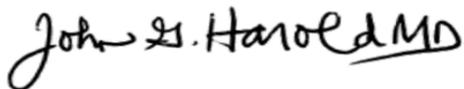
Sincerely,



Barbra Fagan, MS, RCEP, FAACVPR  
President, AACVPR



Thomas Force, MD  
President, HFSA



John Gordon Harold, MD, MACC, MACP, FESC, FCCP, FAHA  
President, ACC



Mariell Jessup, MD, FAHA  
President, AHA

## References:

---

- <sup>1</sup> Ades et al. Cardiac rehabilitation exercise and self-care for chronic heart failure. *J Am Coll Cardiol HF* 2013;1:540-7.
- <sup>2</sup> Kitzman et al. Effect of endurance exercise training on endothelial function and arterial stiffness in older patients with heart failure and preserved ejection fraction: A randomized, controlled, single-blind trial. *J Am Coll Cardiol* 2013;62:584-92.
- <sup>3</sup> Smart et al. Exercise training in heart failure with preserved systolic function: a randomized controlled trial of the effects on cardiac function and functional capacity. *Congest Heart Fail* 2012;18:295-301.
- <sup>4</sup> Alves et al. Exercise training improves diastolic function in heart failure patients. *Med Science Sports Exerc* 2012;44:776-85.
- <sup>5</sup> Edelmann et al. Exercise training improves exercise capacity and diastolic function in patients with heart failure with preserved ejection fraction. *J Am Coll Cardiol* 2011;58:1780-91.
- <sup>6</sup> Kitzman et al. Exercise training in older patients with heart failure and preserved ejection fraction: A randomized, controlled, single-blind trial. *Circ Heart Fail.* 2010;3:659-67.
- <sup>7</sup> Gary et al. Home-based exercise improves functional performance and quality of life in women with diastolic heart failure. *Heart Lung* 2004;33:210-18.
- <sup>8</sup> Taylor et al. Effects of exercise training for heart failure with preserved ejection fraction: a systematic review and meta-analysis of comparative studies. *Intl J Cardiology* 2012;162:6-13.
- <sup>9</sup> Keteyian SJ. Exercise training in patients with heart failure and preserved ejection fraction: findings awaiting discovery. *J Am Coll Cardiol* 2013;62:593-4.