ESSENTIAL HOSPITALS INSTITUTE

Increasing Cardiac Rehab Access and Use Among Older Adults at Essential Hospitals Learning Collaborative

Introduction

This initiative will support up to 15 members of America's Essential Hospitals in improving cardiac health for older adults with a guideline-based indication for cardiac rehabilitation. With support from the CVS Health Foundation, Essential Hospitals Institute—the association's research, education, dissemination, and leadership development arm—will establish and facilitate a 24-month learning collaborative to support peer-to-peer learning. Specifically, the Institute aims to improve cardiac rehabilitation (CR) referral, enrollment, and completion rates among patients 65 and older and enhance hospitals' capabilities to provide this care.

Key Information

Amount of award: $100,000
Number of hospital awards: Up to 15
Award period: 24 months
Application deadline: Aug. 14, 11:59 pm ET
Application submission link: https://research.sogolytics.com/r/teOec7
Informational video: https://youtu.be/LFWV6SOAdGo

Eligibility Criteria

The learning collaborative is open to members of America's Essential Hospitals that:

- Provide cardiac rehab services*
- Identified disparities in CR access and completion rates, particularly within their older adult patients
- Are committed to improving cardiac outcomes for older adults
- Are in the design or implementation phase of improving CR referral, enrollment, or completion rates for patients 65 and older

*Member hospitals that do not provide cardiac rehab within their facility are welcome to apply. Provision of cardiac rehabilitation can take place within the hospital or via partnerships with satellite settings.

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Selection Criteria

The technical expert panel will recommend awardees based on the following criteria:

- Potential for improving cardiac rehab referral rates, enrollment, or completion rates among eligible patients 65 and older
- Innovation of the program
- Ability to provide quantitative and qualitative data to Essential Hospitals Institute
- Commitment and ability to participate in the 24-month learning collaborative

Project Background and Significance

Cardiac rehabilitation is a strongly recommended, guideline-based treatment option for patients after a heart attack or heart procedure—such as coronary artery bypass graft surgery or percutaneous coronary intervention—as well as those with chronic stable angina or heart failure. By improving physical function, optimizing heart-healthy lifestyle choices, and providing secondary prevention therapies, CR can reduce frailty and disability that heart disease often worsens in older adults and reduce mortality and morbidity. Older adult Medicare patients who attended a full complement of 36 CR sessions had a 47% lower risk of death over five years compared with those who attended one CR session.[1] CR also improves exercise capacity, quality of life, symptoms, and mood—critical factors for improving the health of older patients with cardiovascular conditions.[2]

Despite strong evidence of CR's benefits, it is underused across all age groups and particularly among older adults. Only 29% of eligible Medicare beneficiaries attend even one CR session.[3] Women, Black patients, adults over 85, and those living in rural settings have particularly low utilization rates.[4] Multiple barriers contribute to lack of initiation and adherence, including low referral rates, lack of transportation, financial stress, and comorbid conditions that affect patients' physical and sensory ability to participate. Access is further compromised by the prevalence of "CR deserts," which are regions with less than one CR center per 100,000 adults.[5]

To successfully manage and engage the full spectrum of patients eligible for CR, essential hospitals are adopting innovative and holistic approaches that acknowledge and address the whole person and their challenges. Essential hospitals are at the forefront of designing and delivering CR services by incorporating diverse treatment styles, such as hybrid and virtual CR programs, to improve outcomes for older adults. Supporting these hospitals in expanding their CR referral process, patient education methods, and program structure will only further improve cardiovascular outcomes for the older adult patient population that essential hospitals serve.

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[1] Hammill BG, Curtis LH, Schulman KA, et al. Relationship between cardiac rehabilitation and long-term risks of death and myocardial infarction among elderly Medicare beneficiaries. *Circulation*. 2010;121:63–70. https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.109.876383. Accessed July 13, 2026.

[2] Centers for Disease Control and Prevention. *Cardiac Rehabilitation Change Package. Second Edition.* Million Hearts. 2023. https://millionhearts.hhs.gov/files/Cardiac_Rehab_Change_Pkg.pdf. Accessed July 15, 2026.

[3] Keteyian SJ, Jackson SL, Chang A, et al. Tracking cardiac rehabilitation utilization in Medicare beneficiaries: 2017 update. *J Cardiopulm Rehabil Prev*. 2022;42(4):235–245. https://pubmed.ncbi.nlm.nih.gov/35135961/. Accessed July 15, 2026.

[4] Ibid.

[5] Wall HK, Stolp H, Wright JS. et al. The Million Hearts initiative: catalyzing utilization of cardiac rehabilitation and accelerating implementation of new care models. *J Cardiopulm Rehabil Prev*. 2020;40(5):290–293. https://pmc.ncbi.nlm.nih.gov/articles/PMC7529047/. Accessed July 15, 2026.

Application Timeline

ACTIVITY	DATE
RFP Announced	July 20, 2026
Applicant Questions Deadline	Aug. 6, 2026
Proposal Due	Aug. 14, 2026*
Application Status Update	September 2026
Project Begins	October 2026
Project Ends	Sept. 30, 2028
Amount of Award	$100,000
Number of Awards	Up to 15

**subject to change*

Learning Collaborative Scope of Work

The Institute will create and operate a two-year learning collaborative for selected member hospitals with the goal of improving CR referral, enrollment, and completion rates among patients 65 years of age and older. Participation includes the following components:

CONSISTENT ENGAGEMENT IN VIRTUAL AND IN-PERSON LEARNING SESSIONS

- **Educational Sessions and Peer-to-Peer Training**
  To support grantees, the Institute and subject matter experts will meet virtually for one hour each month, beginning in October 2026, to discuss progress, challenges, and lessons learned. At least one member hospital representative is required to attend no fewer than 20 of the 24 virtual meetings.

  Meetings will rotate among expert training, grantee presentation sessions, and topic-focused peer discussions focused on shared experiences, barriers, and promising practices. Each meeting will include time for addressing relevant issues or challenges grantees face during implementation.

- **In-Person Training Days**
  Two representatives from each participating hospital, including the project lead, will attend two in-person, two-day trainings hosted by member hospitals (locations to be determined). Training dates will be set within the first five months of the collaborative. Subject matter experts will provide training on topics including:

  - Educating patients and their families/caregivers on CR's efficacy and effect on patients' physical and mental health
  - Developing protocols for care teams that focus on reducing preventable readmission rates for CR-eligible patients age 65 and older
  - Coordinating care for patients with multiple chronic conditions
  - Applying evidence-based strategies to increase CR participation
  - Establishing Plan-Do-Study-Act processes to track metrics and improve CR program quality
  - Supporting patients' social and economic needs that might limit access to CR care

- **Final Meeting**
  At a two-hour virtual meeting in September 2028, representatives from awarded hospitals will present their results and key takeaways to peers and discuss plans to enhance or continue services.

Learning Collaborative Schedule

Session	Month	Length
Session 1	October 2026	2 hours
Session 2–5	November 2026–February 2027	1 hour
Session 6	March 2027	*In-person site visit
Session 7–17	April 2027–February 2028	1 hour
Session 18	March 2028	*In-person site visit
Session 19–23	April 2028–August 2028	1 hour
Session 24	September 2028	2 hours

*Month of in-person site visit is subject to change.

DATA COLLECTION

The Institute will require participants to provide data periodically throughout the 24-month learning collaborative. Hospitals applying for this grant must have an established data collection system in place to track patient engagement stratified by age. These data include:

- **Baseline Assessment Data**
  Through a survey, grantees will provide information on their patient population, volume, services provided, relevant tools, and expected program reach, which the Institute will use to tailor the learning collaborative to grantees' needs. Upon acceptance into the learning collaborative, grantees will attend a two-hour virtual introduction led by Institute staff to discuss shared goals and outcomes.

- **Progress Data**
  After the first year, participants will complete a mixed-methods survey to assess project progress and the value of learning collaborative participation. Grantees also will discuss project updates and changes during a 90-minute virtual session at the midpoint of the grant. Metrics may include:

    - Percentage of men and women who initiate and complete full CR protocol
    - Percentage of total patients, and those 65 and older, referred to CR
    - Number of total patients, and those 65 and older, who were referred to CR *and* screened positive for SDOH risks *and* were connected to SDOH resources
    - Percentage of total patients, and those 65 and older, who completed CR protocol
    - Percent of patients meeting CR Healthcare Effectiveness Data and Information Set (HEDIS) measures:
        - Attend two or more CR sessions within 30 days (initiation)
        - Attend 12 or more CR sessions within 90 days (engagement 1)
        - Attend 24 or more CR sessions within 180 days (engagement 2)
        - Attend 36 or more CR sessions within 180 days (achievement)
    - Percentage of patients 65 and older who engaged in the main interventions being tested by the grantee
    - Effective strategies implemented during year one of the learning collaborative
    - Strategies implemented during year one that were not effective, and why

- **Final Performance Data**
  Each hospital grantee will submit a report providing performance data and a qualitative report of implementation successes, challenges, and changes to their project approach. Performance metrics will be developed in conjunction with learning collaborative participants and may include the following:

    - Percentage of patients meeting CR HEDIS measures:
        - Attend 2 or more CR sessions within 30 days (initiation)
        - Attend 12 or more CR sessions within 90 days (engagement 1)
        - Attend 24 or more CR sessions within 180 days (engagement 2)
        - Attend 36 or more CR sessions within 180 days (achievement)
    - Number of CR patients screened and connected to social support services (transportation, housing, nutrition, legal aid, etc.)
    - Tools used to educate eligible patients 65 and older on CR
    - Methods used to increase access to CR among patients 65 and older

  Where available, these data should be submitted stratified by race, ethnicity, age, language, and gender identity as appropriate for targeted population for treatment.

- **Brief Write-Up for Essential Communities Website**
  At the end of the project, grantees will submit to the Institute a description of how their program addresses a social determinant of health, provides educational and social support services, involves a community partner, and/or serves as a connection point to the communities they serve. Grantee program descriptions will be disseminated via the Essential Communities website, the online resource library for essential hospitals.

Proposal Information and Instructions

SUBMISSION INSTRUCTIONS

All proposals should be submitted via this survey link https://research.sogolytics.com/r/teOec7 by **Aug. 14, 2026, at 11:59 pm ET**.

Any proposal missing one of the sections described below will be considered incomplete and ineligible for review. For more information on how to submit the proposal, watch our informational video.

Applicants will be notified of proposal receipt immediately and updated on their application status in September 2026.

TECHNICAL INSTRUCTIONS

Applicants should be sure to answer the following sections of the application:

1. **Title of department/program**
2. **Contact information:** This section should include the legal name of the applicant organization along with the name, title, and email of the:
    a. Principal investigator
    b. Grant officer
    c. Person signing the letter of executive support
    d. Communications contact

3. **Services and management plan.** Briefly describe the organization's CR model, including all components and services offered on-site and virtually, if applicable. Identify all key project staff and program partners or collaborators, if applicable, by name and title. Describe each person's role and responsibilities related to the proposed initiative. Also, describe the process for screening older cardiac patients for social determinants of health (SDOH) needs and connecting them to support services. *If CR is provided at satellite settings, provide details on how the hospital coordinates with these organizations.*
4. **Description of enhancement or innovation:** Describe the hospital's plans to increase/improve CR referral, enrollment, and completion for patients age 65 and older. Describe in detail the proposed measure or intervention you plan to design, implement, or enhance, including why it was chosen, phases of the intervention, how you will evaluate impact, and expected outcomes. Identify whether you plan to focus on a particular population (e.g., rural residents, heart failure patients, etc.). Identify how you will track progress toward goals. *If CR is provided at satellite settings, provide details on how data will be shared, and how the hospital can affect CR services in a separate organization.*
5. **Patient data**: Briefly describe how patients 65 and older are seen in your organization's inpatient setting for procedures or conditions that likely result in the need for CR. Provide the percentage of patients 65 and older who are referred to CR, percentage of CR-eligible patients 65 and older who initiate CR; and percentage of patients who complete CR.
6. **Goals and challenges:** Describe current challenges related to improving your patients' access to cardiac rehab and areas that would benefit from increased support or training. Describe how you plan to sustain these interventions after the grant ends and what you hope to gain from this learning collaborative.
7. **Appendices:**
    a. **Letter of executive support:** Please include a letter of executive support from your CEO, chief medical officer, chief nursing officer, chief quality officer, chief operating officer, or other relevant C-suite leadership. Address the letter to Kalpana Ramiah, DrPH, MBA, MSc, vice president of innovation and director of Essential Hospitals Institute.
    b. **References:** References cited in the proposal also may be included but are not required.

BUDGET INFORMATION

The total award value per member is up to $100,000; up to 15 members will receive awards. No budget or budget narrative is requested. However, as you consider your project, please note that indirect costs cannot exceed 15%, and this must be acknowledged in the letter of support. The award amount also cannot cover the cost of CR treatment provided for patients at the hospital or be used to purchase medication. Funds must be dedicated to the implementation of the proposed enhancement at the hospital.

QUESTIONS

For questions regarding the proposal or your application, please email the project team at GrantsandContractsGroup@essentialhospitals.org. The team will respond within three business days. Questions will no longer be accepted after Aug. 6, 2026.

The project team for this grant program includes:

- Kalpana Ramiah, DrPH, MBA, MSc; vice president of innovation and director, Essential Hospitals Institute
- Tanya Alteras, MPP, director of research and innovation
- Amaodo Oguagha, MPH, program analyst
- Céleste Cullors, program associate
- Rayaana Boubacar, program associate