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HEART AND VASCULAR CARE'S JOURNEY WITH PRITIKIN ICR:

CLINICAL, OPERATIONAL AND
FINANCIAL BENEFITS FOR
AMBULATORY CARDIOLOGY

APRIL 2025



CASE STUDY

With Support From:



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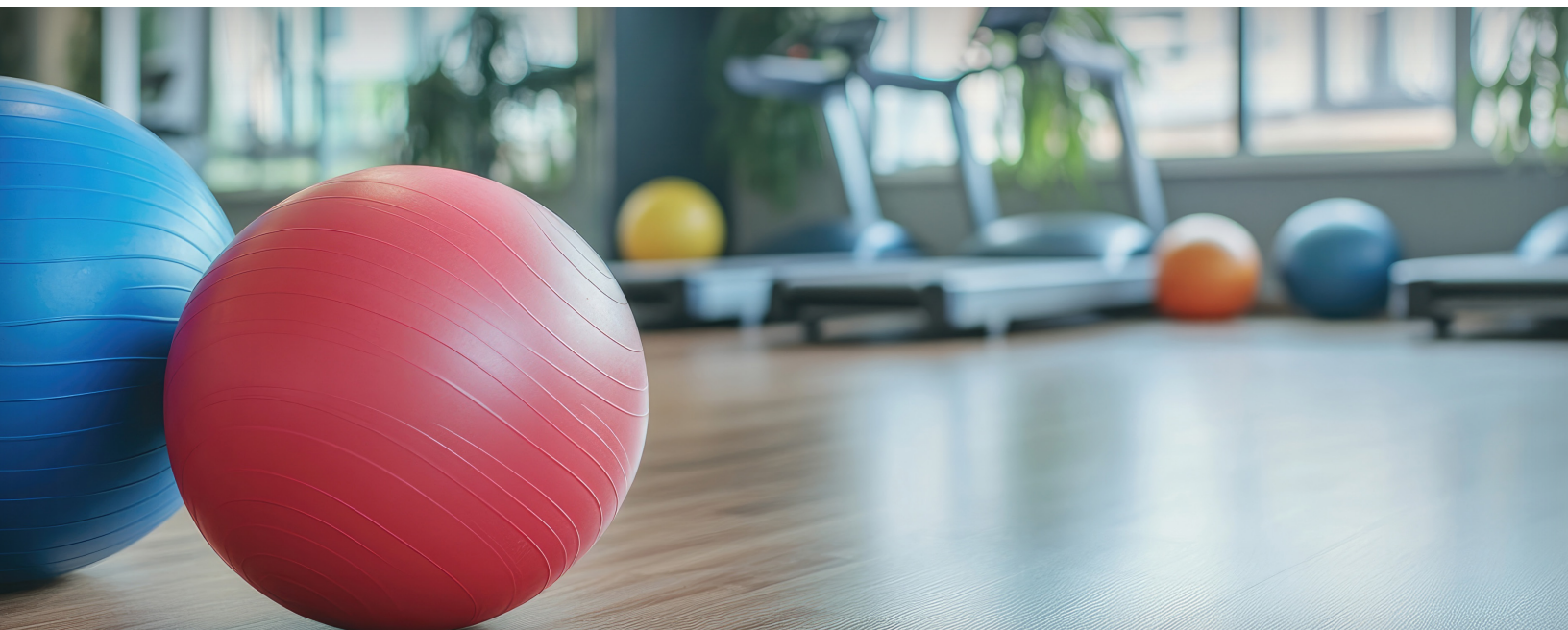
INTRODUCTION

Pritikin Intensive Cardiac Rehab (ICR) is a comprehensive, Medicare-approved program for patients with cardiovascular conditions. It combines 36 exercise sessions with 36 education sessions focused on nutrition, exercise and a healthy mindset. Studies have shown that Pritikin ICR leads to significant improvements in weight, body mass index, waist circumference, dietary patterns, physical function and health-related quality of life, with greater benefits observed compared to traditional cardiac rehabilitation.¹ Additionally, Pritikin ICR has been associated with a 12% lower all-cause mortality rate compared to traditional cardiac rehabilitation.²

Given these known benefits, MedAxiom conducted interviews with leaders and clinicians at Heart and Vascular Care (HVC) in Cumming, GA, to learn more about the clinical, operational and financial impact of their recently established Pritikin ICR program. This case study provides vital insights into the implementation of ICR in an ambulatory cardiology practice, including key considerations for an office setting, such as space requirements, staffing needs, the implementation timeline and potential challenges, and patient and practice benefits.

KEY TAKEAWAYS

- **Space Requirements:** Do not let space concerns prevent you from getting started. Begin with an efficient model and essential equipment, and expand from there.
- **Staff Selection:** Forming the right staff team with a commitment to delivering best-in-class cardiac rehabilitation is critical to program success. Use PritikinLIVE for registered dietitian staffing to support nutrition education.
- **Physician Champions:** Ensure strong physician support to encourage patient participation.
- **Billing Considerations:** Stay current on insurance prior authorization and billing requirements, maintaining clear communication with all staff about any issues.



Program Description

Heart and Vascular Care (HVC) provides comprehensive cardiovascular care in metro Atlanta, GA, and the surrounding communities in northern Georgia. The practice has 22 cardiologists and 17 advanced practice providers (APPs) who provide care across 12 locations. While planning the development of a new clinic space in 2022, HVC began evaluating the potential for expanding service capabilities to include cardiac rehabilitation.

The implementation of Pritikin ICR aligned with HVC's goal of enriching its offerings and keeping patients out of the hospital. Pritikin ICR also offered an opportunity to address the long wait times for patients to enroll in hospital-based cardiac rehabilitation programs, patients' preferences to stay closer to home and avoid travel and traffic, and a desire to offer a cardiac rehabilitation curriculum that was more comprehensive than that of traditional models. The extensive support from the Pritikin team, as well as Pritikin's more adaptable and relatable approach to patients' everyday lives, influenced HVC's choice of Pritikin over other ICR programs.



*Key benefits are **QUICK COMMUNICATION AND UPDATES ON PATIENT PROGRESS**. For hospital programs, communication on abnormal results is delayed. With our ICR program, I **GET INSTANT NOTIFICATIONS AND CAN RESPOND QUICKLY**.*

Mamatha Pinninti, MD

Medical Director, Cardiac Rehab Program, HVC

Execution of Pritikin ICR Rollout

HVC recognized an opportunity to prepare for value-based care agreements while retaining patients within their physician group. After meeting Pritikin representatives at a MedAxiom CV Transforum meeting, HVC chose Pritikin ICR because of its comprehensive approach to lifestyle education and greater flexibility in nutrition recommendations, allowing non-plant-based options that better suited their patient population.

Tapping into the advantages of their longstanding dyad leadership structure, HVC administrative and clinical leaders began planning the implementation of their ICR program. Pritikin assisted HVC in developing a pro forma to determine financial forecasts and the feasibility of offering a clinic-based ICR program. With the Pritikin team's guidance, leaders at HVC evaluated potential patient referral numbers, start-up costs, staffing and space needs, and billing and reimbursement opportunities. This due diligence provided HVC with confidence that the program would benefit patients and achieve financial sustainability.

Space Considerations

Space considerations played a crucial role when developing the Pritikin ICR program at HVC. Plans for a new clinic building adjacent to their existing facilities were already underway and allowed them to designate space with cardiac rehabilitation in mind. Pritikin's team was instrumental in helping the HVC team to maximize this space and ensure efficient patient flow.

Staffing

HVC hired an ICR program manager and designated a medical director approximately two months prior to the program's launch in September 2023. Understanding the challenge for a physician practice to retain a registered dietitian, HVC elected to use PritikinLIVE. PritikinLIVE is a virtual staffing model designed for facilities that have challenges recruiting, hiring or retaining education personnel – such as registered dietitians and mental health professionals – as part of their ICR care team. PritikinLIVE educators can virtually facilitate workshops (nutrition, Cooking School, and/or healthy mindset), as well as individualized one-on-one consultations. HVC has been satisfied with this highly reliable and flexible approach to delivering nutrition education. HVC staff make samples available for participants to try on-site as they view the livestreamed Pritikin ICR Cooking School workshops.

Staff Training

The HVC staff was trained remotely through self-paced learning modules and presentations by Pritikin subject matter experts, leading up to an in-person "team teach-back" training session for their entire staff. To demonstrate their proficiency, the HVC exercise physiologists presented the educational curriculum to on-site Pritikin clinical specialists. While Pritikin offered structured guidance and shared best practices aimed at creating the highest level of patient engagement, they allowed staff to develop their own presentation styles, fostering a personalized approach to patient care. Pritikin staff remained on-site for an entire week during this training phase, offering real-time feedback and guidance. They also came on-site during the program's initial launch to observe and provide additional feedback and support. This hands-on approach ensured that the HVC team was well-prepared to deliver the program effectively while maintaining flexibility in delivery style.

TACTICS FOR SPACE UTILIZATION

The ICR facilities included:

- A 2,000-square-foot space with a waiting area. Separate entrances are used for exercise and education.
- Eight exercise stations including two treadmills, two standard bikes, two recumbent bikes, and two hand bikes. This area also includes free weights and space for stretching.
- A whiteboard positioned at the exercise entrance directing patients to their first exercise station, so they can begin their exercise session within five minutes of arrival.
- A patient monitoring station with exercise equipment linked through CardiaLine, which uploads patient information as a PDF file into their electronic health record each day.

STAFF TEAM

- Three exercise physiologists on the floor, plus a supervisor (also an exercise physiologist) who can step in to assist when needed.
- One medical assistant, while not specifically assigned to the cardiac rehabilitation space, can assist if needed.
- The medical director is a heart failure cardiologist seeing clinic patients in the same building. When the medical director is off-site, there are two nurse practitioners who provide program supervision.
- Registered dietitians are available virtually through PritikinLIVE.

"PritikinLIVE has been super flexible
– offering the same registered dietitians
throughout the week to promote relationships
and trust with patients and staff."

Sarah Shelton
ICR Supervisor, HVC

Timeline

Once the decision was made to offer Pritikin ICR, it took about nine months to bring the program to life. Construction was the biggest barrier to opening, and HVC felt they would have been able to go live within 12 weeks of making the decision to launch their Pritikin program had construction not been an issue.

Challenges and Solutions

HVC was committed to providing a high-quality experience for patients. This included ongoing review of operational efficiencies in program delivery. For example, after launching their program, they learned that the exercise classes could be busy at the beginning, with patients finding their exercise stations and getting the sessions underway. To address this, they used a whiteboard to list patients' names with their first exercise station assignment. This helped patients know exactly where to begin exercising and facilitated a smoother transition, ensuring they could meet total exercise time requirements before moving on to the education session.

The HVC staff admitted there was initially some skepticism about the cardiac rehabilitation offering, given some preconceived ideas about the requirements of ICR. However, the Pritikin program proved to be flexible in its approach to nutrition and lifestyle education, and the Pritikin clinical team provided reliable support for program delivery. HVC staff now report high satisfaction and engagement with delivering the Pritikin ICR program.

Differentiation and Marketing

HVC knew they wanted to provide cardiac rehabilitation, but they needed to learn how to successfully meet the needs of their patients. As a differentiator for their practice, HVC offers ICR on the north side of Atlanta to anyone who is within a reasonable drive of their Cumming office location. HVC focuses on internal referrals due to existing demand within their patient population. Physicians discuss cardiac rehabilitation during patient visits, explaining the importance of participation to improve their short- and long-term outcomes. The commitment of physicians to including cardiac rehabilitation discussions in patient follow-up visits and immediately placing orders produces sufficient enrollment numbers. They do not need external marketing for their ICR program and have had waitlists, leading them to consider possible expansion to another ambulatory clinic and/or home-based ICR.

HVC'S PROGRAM DEVELOPMENT TIMELINE

- **Spring 2022:** Initial planning phase and evaluation of cardiac rehabilitation.
- **April 2023:** Pritikin contract signed.
- **January to May 2023:** Pro forma development and approval process.
- **May to August 2023:** Equipment acquisition and installation.
- **July to August 2023:** Staff hiring and training:
 - Supervisor hired in July 2023.
 - Medical director identified in August 2023.
 - Exercise physiologists hired in August 2023.
 - Customized, staggered training scheduled July to August 2023.
- **Early September 2023:** Patient intakes began.
- **Mid-September 2023:** Program officially launched.



Clinical and Operational Outcomes

The cardiac rehabilitation manager and clinical director hold monthly operational review meetings with their dedicated Pritikin ICR account manager. During these meetings, they use Pritikin's data visualization dashboard to look closely at program performance, considering critical metrics such as new patient starts, billable sessions, and average sessions completed per patient. These findings are subsequently shared with the cardiac rehabilitation medical director, chief executive officer, and physician chair of the board of directors (Figures 1 and 2).

Figure 1: Sample Interactive Executive Summary Dashboard

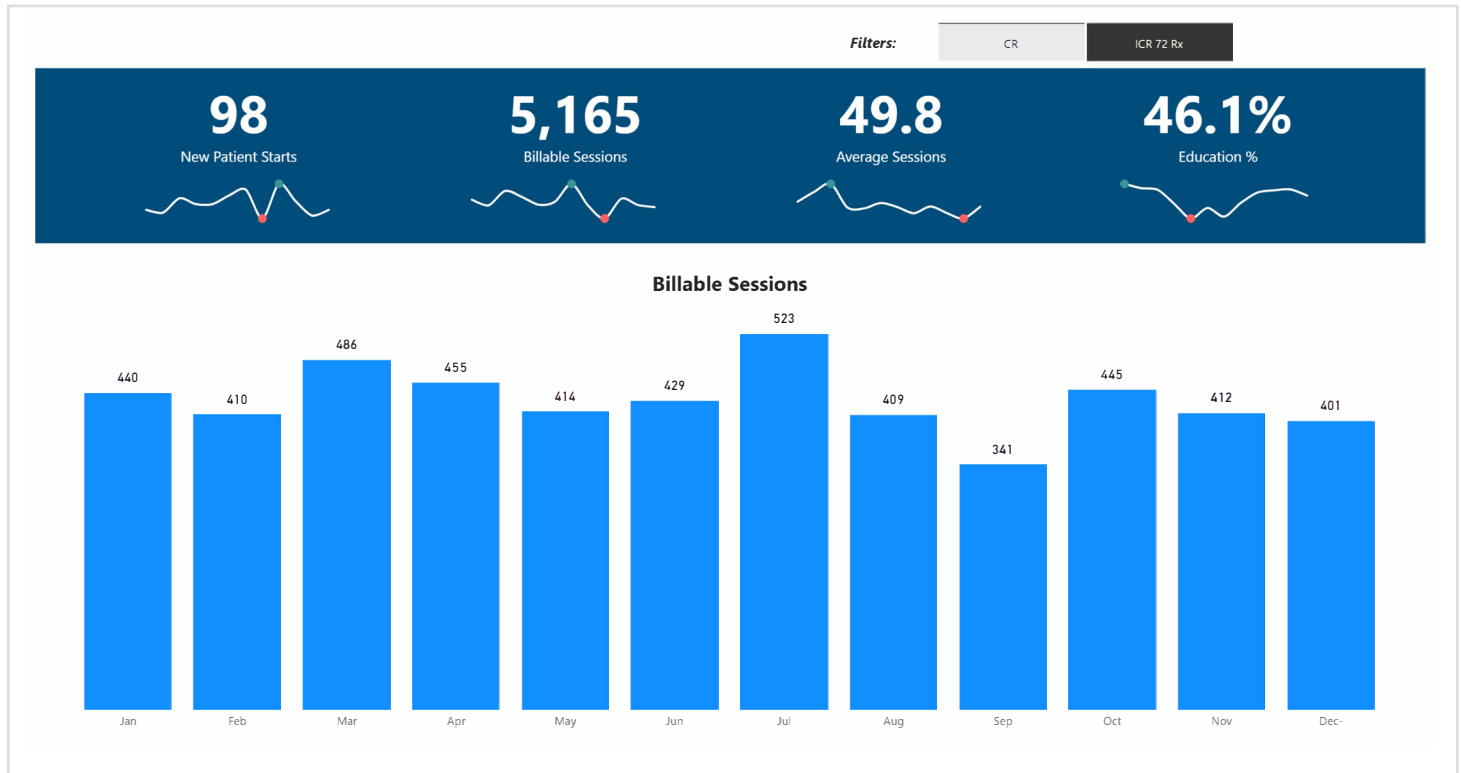
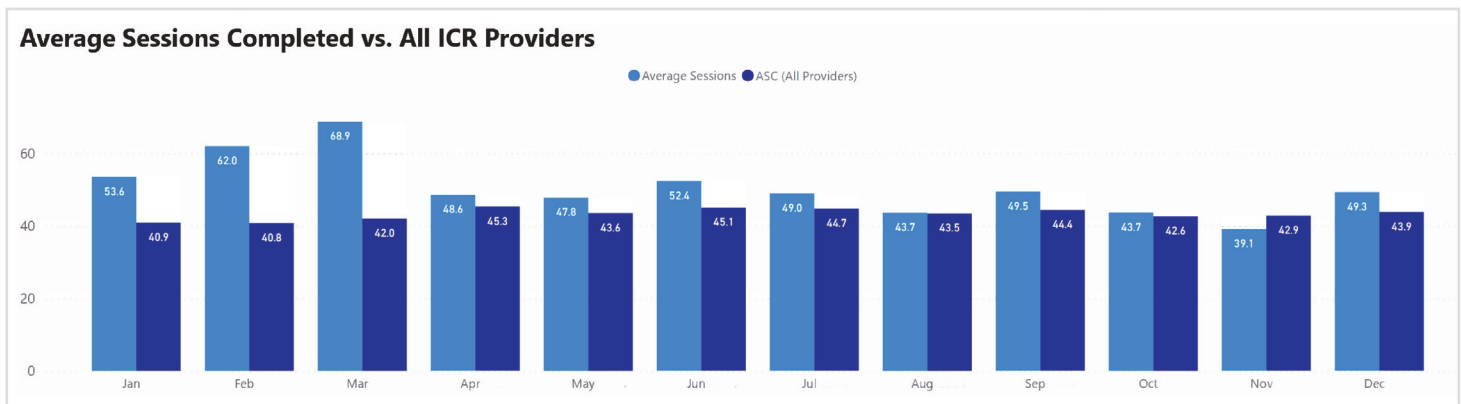


Figure 2: Sample of ICR Benchmark Comparison



HCV also tracks improvements in clinical measures, such as blood pressure, weight, waist circumference, Rate My Plate - Heart, and Patient Health Questionnaire (PHQ9) scores. Importantly, patient satisfaction is high with class cohorts creating a sense of community during the duration of the ICR sessions.

Financial Benefits

To integrate their Pritikin ICR program into an ambulatory cardiology practice, the HVC leadership team strategically planned finances and operations, and they addressed variable coverage among commercial insurance providers upfront. By involving the revenue cycle team two to three months before launching the program, they were able to easily navigate insurance issues.

HVC delivered more than 10,000 billable sessions during their first 12 months of operating ICR, exceeding their original forecasts. Overall, the ICR program has been a strong addition to the revenue and profit margin of the practice.



CONCLUSION

Traditionally, physician practices have not offered cardiac rehabilitation programs within their own ambulatory clinics due to the significant lack of reimbursement. However, the robust reimbursement structure of ICR provides a unique opportunity for physician-based practices to grow and evolve to meet the needs of their patients, right where they are.

HVC's implementation of the Pritikin ICR program demonstrates how a well-planned approach can address patient needs while achieving operational success. Even after a short time, this success has led to discussions of how HVC could expand their Pritikin ICR program. Ultimately, Pritikin ICR has delivered an excellent return on investment, high patient satisfaction and enthusiastic staff engagement.

REFERENCES

1. Racette SB, Park LK, Rashdi ST, et.al. Benefits of the first Pritikin outpatient intensive cardiac rehabilitation program. *J Cardiopulm Rehabil Prev.* 2022;42:449-455.
2. Husani M, Deych E, Waken RJ, et.al. Intensive versus traditional cardiac rehabilitation: Mortality and cardiovascular outcomes in a 2016–2020 retrospective Medicare cohort. *Circ Cardiovasc Qual Outcomes.* 2023;16(12) e010131.



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ABOUT PRITIKIN ICR As the market leader in intensive cardiac rehabilitation, Pritikin ICR is transforming the cardiac care experience for patients nationwide. Through comprehensive educational resources and innovative virtual solutions, Pritikin ICR empowers care teams to provide a best-in-class cardiac rehabilitation experience while fostering long-term lifestyle change in patients. With twice the number of Medicare-reimbursed sessions as traditional cardiac rehab, Pritikin ICR offers a comprehensive approach which includes not only clinically-supervised exercise, but also nutrition education, cooking classes, and healthy mind-set workshops. Pritikin ICR is rapidly expanding its network of licensed providers, among them physician-owned practices, nationally-recognized heart hospitals, and several of the largest health systems in the country.

Learn more at
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