

Return to work guidance within cardiac rehabilitation: content and costs of two settings compared

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Background:

Of those who survived a cardiac event and participated in cardiac rehabilitation (CR), many experience labor participation restrictions. The Dutch CR guideline includes return to work (RTW) guidance but no directives on where CR has to be offered. The aim was to compare rehabilitation centre and hospital based CR regarding 1) how RTW guidance was organised, 2) changes after CR in sickness absence and quality of life, 3) costs.

Methods:

The study was designed as an exploratory cost-outcome description with naturalistic design. Care was assessed at the level of CR in a specialised rehabilitation centre and a hospital. The study population consisted of 116 employed cardiovascular patients (19-63 years of age) of one hospital referred to out-patient level II CR (for complex pathology), either at a rehabilitation centre (n=53) or at the hospital (n=63). Information on RTW guidance was obtained by interviews with the CR coordinators. Survey data from patients were collected at baseline, six and twelve months.

Results:

At baseline, patient groups did not differ apart from sickness absence being higher in the rehabilitation centre group (76 versus 19 days in previous half year). RTW guidance within CR consisted of individual-based therapy including occupational therapy in the rehabilitation centre, and group-based therapy in the hospital. Costs of RTW guidance in the rehabilitation centre were estimated at €1,892.30, versus €296.82 in the hospital (net difference of €1,595.48). Sickness absence increased during CR for the hospital group, and decreased for both groups after twelve months (with 55 and 7 days, respectively); Quality of Life did not change.

Conclusions:

Costs of CR at the rehabilitation centre were more than six times higher than in the hospital. Patients in the rehabilitation centre might have needed the more intensive RTW guidance. Cost-effectiveness research is needed to confirm if the guideline should include stricter targeting.

Key messages:

- Costs of return to work guidance within cardiac rehabilitation are higher at a rehabilitation centre than in a hospital.
- Further research on whether costs outweigh effects of return to work guidance at rehabilitation centres and hospitals is needed.