

Appendix A.2

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Evaluation of Lifestyle Modification and Cardiac Rehabilitation in Medicare Beneficiaries*

Recruitment into Lifestyle Modification Programs: A Cross-Atlantic Perspective: Abstract[†]

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April 30, 2009

*Supported by the Centers for Medicare & Medicaid Services under contract number 500-95-0060, Task Order 02 to Brandeis University and number 500-02-0012-MDBU to the Delmarva Foundation for Medical Care.

[†] Citation for full report: Bhalotra, S.; Shepard, D.S. Recruitment into lifestyle modification programmes: a cross-Atlantic perspective. In: Future Public Health: Burdens, Challenges, Opportunities, ed. Dawson, S., Morris, Z.S, Houndmills, Basingstoke, Hampshire, UK: Palgrave Macmillan, Ltd, 2009, pp. 207-229, in press.

Abstract

The increasing number of elders with chronic disease in the United Kingdom (UK), the United States (US), and elsewhere has generated interest in lifestyle modification programs across both sides of the Atlantic. Chronic care models of health care delivery endeavor to support physicians and patients in implementing evidence-based, patient-centered approaches to reducing chronic disease. This paper analyzes the experience of one such model in the US, the Medicare Lifestyle Modification Program Demonstration (LMPD). Through diet, exercise, stress management and group support, it sought to reduce subsequent cardiac events and costs among elders with coronary heart disease. To boost enrollment, nurse recruiters met individually with over 1,000 hospitalized patients, but very few enrolled. Sites decided to waive patient co-payments. Over a six-year period, the LMPD enrolled 589 participants in sites across the US, but this number represented only 16% of the legislative ceiling (and projected enrollment) of 3,600 participants. Enrollment in lifestyle programs is a challenge in both the US, and for similar efforts, in the UK. Incentives to patients and providers, designing programs around the needs of healthcare providers, organizational changes, and social marketing are all promising approaches to increase enrollment in future programs.