Mended Hearts “Quantifying the Value of Peer Support”
Questions and Answers

Study Overview

1. **What was Quantifying the Value of Peer Support?**

   Quantifying the Value of Peer Support was a research effort to investigate whether the presence of a peer-to-peer support program affected patient outcomes among heart patients, and how patients themselves perceived their interactions with the program and their quality of life.

2. **Who conducted Quantifying the Value of Peer Support?**

   Quantifying the Value of Peer Support was conducted by Mended Hearts in collaboration with the American College of Cardiology (ACC), using publicly accessible government data as well as controlled surveys.

3. **What questions did Quantifying the Value of Peer Support seek to answer?**

   Quantifying the Value of Peer Support sought to answer whether having peer-to-peer support made a positive difference for heart patients, both objectively and subjectively; in other words, does data show a positive difference for recipients of peer-to-peer support, and do the patients who have received it report more positive behaviors than patients who did not?

4. **Why are these questions important?**

   These questions are important because they can provide insight into potential ways to improve patient outcomes and promote a healthier, more fulfilling life for heart patients. Heart disease is the number one fatal disease in America; improved patient outcomes and lifestyle are key to making headway against heart disease in the future.

5. **What were the key takeaways of Quantifying the Value of Peer Support?**

   The key takeaways were:
   - Hospitals with regular visits from Mended Hearts members are significantly more likely to have fewer patient readmissions for heart failure compared to other hospitals.
   - Patients visited by Mended Hearts are more compliant and mindful of healthcare provider instructions.
• Patients visited by Mended Hearts are more optimistic and actively involved in recovery.

6. How was Quantifying the Value of Peer Support designed?

Quantifying the Value of Peer Support was designed in three parts: first, a statistical comparison of hospitals with Mended Hearts and hospitals without Mended Hearts, based on data from the Centers for Medicaid and Medicare Services (CMS); second, a Phase I survey of hospitalized patients who were visited by Mended Hearts in the hospital; finally, a Phase II survey of post-discharge patients who had been visited by Mended Hearts.

7. How was the CMS statistical analysis conducted?

The CMS statistical analysis was conducted by analyzing hospital-level data from CMS Compare Data to examine 30-Day readmission and mortality rates for heart attack or heart failure. A total of 4,805 hospitals were compared; of these, 164 were hospitals with a Mended Hearts program, and the remaining 4,641 hospitals did not have a Mended Hearts program.

8. What were the results of the statistical analysis?

The statistical analysis showed that Mended Hearts hospitals’ readmission rates for heart failure are significantly more likely to be “better than U.S. national rate” compared to other U.S. hospitals.

9. What do the results of the statistical analysis imply?

These results seem to show that having a peer-to-peer support program results in healthier heart patients with fewer recurring problems as compared to patients without a peer-to-peer support program.

10. Why are these results important?

These results are important because they could mean reduced patient mortality, lower readmissions, improved health, and decreased health care cost can result simply from participating in a peer-to-peer support program such as Mended Hearts.
Phase I

11. How was Phase I conducted?

An online survey was given to 294 heart patients from 32 states. The survey measured patient perception about meeting with a Mended Hearts visitor.

12. When did Phase I take place?

Phase I took place from February 15 – August 20, 2014.

13. Were all the patients in Phase I visited by a member of Mended Hearts?

All the patients in Phase I who responded to the survey had been visited by a member of Mended Hearts.

14. What were the results of Phase I?

The results of Phase I were:

- Nine out of ten patients said the visit had a favorable impact on their experience at the hospital or office, with more than half saying the visit’s impact was “much more favorable”
- Nearly nine out of ten patients felt the Mended Hearts visitor was helpful to them, with more than two out of three patients saying the Mended Hearts visitor was “extremely helpful”

15. Why did the patients surveyed consider the visit helpful?

Patients considered the visit helpful for several reasons:

- Support from someone with similar experiences
- Helpful information on the patient’s medical condition and recovery process
- Encouragement

16. Why are these results important?

These results show a positive opinion toward being visited by Mended Hearts. If peer-to-peer visits translate into improved patient outcomes according to CMS data, then it will be easier for patients to participate in these visits and gain the associated benefits compared to other options that they may not enjoy as much.
Phase II

17. How was Phase II conducted?

Phase II consisted of an online survey given to 94 heart patients from 25 states. The survey was designed to measure the patient’s attitude and sense of wellness.

18. When did Phase II take place?

Phase II took place from April 10 – August 20, 2014.

19. How did patients in Phase II describe their well-being?

Three out of four patients surveyed in Phase II felt in “very good/excellent health,” with over 50 percent indicating that they felt no negative impact on their activities. Patients rated themselves extremely highly for following their medical regimens and adhering to medication schedules and use, especially diuretics. They also gave favorable ratings for participation in physical activities and for watching for worsening symptoms.

20. What health conditions were the most common in Phase II patients?

The most common conditions being treated in Phase II patients were hypertension, high cholesterol, and Coronary Artery Disease.

21. Did the patients from Phase II experience symptoms post-discharge?

Only approximately 25 percent experienced symptoms post-discharge, with atrial fibrillation as the most common symptom experienced.

22. How many patients from Phase II were readmitted?

Less than one in five Phase II patients were readmitted to the hospital after discharge.

23. Of those readmitted, how many required no additional procedures?

About a quarter of these patients had no additional procedures performed.

24. How many patients experienced depression post-discharge?

More than one in four suffered depression.
25. Is it common for heart patients to experience depression?

Depression is commonly experienced by heart patients – according to some sources, heart patients experience depression at a rate three times greater than the general population.

26. How did the patients from Phase II respond to depression?

Most patients from Phase II who experienced depression had taken proactive steps to deal with their depression.

27. How many patients from Phase II have a favorable opinion of Mended Hearts?

At 30 days post-discharge, Phase II patients were overall “very satisfied” with Mended Hearts, both for their experience with a Mended Hearts visitor and for the materials provided.

28. How many patients from Phase II are likely to recommend Mended Hearts to others?

More than nine out of ten patients are extremely likely or very likely to recommend Mended Hearts to others.

29. How many patients from Phase II joined Mended Hearts as a result of their experience?

Just over half of the patients contacted after discharge had already joined Mended Hearts.

30. What do these results of Phase II imply?

The combined results of the Phase II survey imply that patients visited by Mended Hearts are more optimistic and actively involved in recovery, and that patients visited by Mended Hearts are more compliant and mindful of healthcare provider instructions.

31. Why are these results important?

These results are important because they build on the results of Phase I to show that the positive experience of being visited in the hospital by a Mended Hearts does seem to lead to a healthier, more fulfilling life.