ICCPR'S CARDIAC REHAB AUDIT

Cardiac Rehabilitation Referral and Access: Comparisons from International Council of Cardiovascular Prevention and Rehabilitation's 2025 Global Audit Update

Methods

- Design: Global cross-sectional Audit
- Data Collection: May–September 2025 (REDCap survey)
- Program Response: 1,505 CR program leads
- Country Response: 90 / 113 with CR (80% of all)
- Comparison: 2016 vs 2025 ICCPR Audits & by World Bank country income classes

Key Findings

Referral and Access

- 87% of programs were in hospitals with inpatient cardiology services, where 62% referred patients before discharge
  - more common in high-income countries
  - LMIC programs: more referral from phase I
- Median CR wait time remained 3 weeks globally, but longer in HICs

Patient Engagement Strategies

- Median 3 strategies applied per program; approach varied by income class
- 61% programs provided rehab information in multiple modalities
- 67% programs contacted patients who missed appointments
- 63% programs routinely discussed participation barriers with patients

CR Cost and Reimbursement

- Government (63%) was the most common funding source
- Patient funding (45%) was next most frequent, covering 60% of program cost
  - this more common in lower-resourced countries
- Mean CR delivery cost was ~$1,238 international dollars [PPP]/patient/program globally
- Programs estimated 50% of indicated patients do not attend due to cost

Take-Home Message

Evidence-based patient referral and engagement practices are commonly applied by programs, but limited reimbursement and patient costs continue to limit access to cardiac rehabilitation worldwide, particularly in lower-resource settings.

#GlobalCardiacRehabAudit