CACPR Statement for Covid-19

Cardiovascular Disease affects 1 in 12 (or 2.4 million) Canadians[1]. There is overwhelming evidence that participation in Cardiovascular Rehabilitation (CR) decreases morbidity and mortality and improves the quality of life of people with cardiovascular disease[2,3]. Reduced access to CR may have negative long-term consequences for the Canadian healthcare system and for the general health of the Canadian population.

Covid-19 has had a significant impact on CR programming[4]. There have been reports of delays in patients seeking acute care for cardiovascular symptoms during the Covid-19 pandemic. In addition, ramifications of Covid-19 on the cardiovascular system include acute cardiovascular manifestations such as myocardial injury, cardiomyopathy and arrhythmia[5]. People with cardiovascular disease are more susceptible to Covid-19 and are more likely to experience severe symptoms[6]. Reports of some CR programs suspending service with staff redeployed elsewhere raises concerns around ongoing care for this vulnerable population. Cancellations or postponement of non-urgent cardiovascular care may further worsen the cardiovascular disease burden in the community.

Canada is recognized as a country with a population dispersed along a large geographical area, with vast rural and dense urban settings. Although traditional care involves face-to-face individual and group service, many programs have virtual components to existing in-person programs. Covid-19 has necessitated the development or expansion of services to include virtual options that address health and safety concerns of providers and patients. With virtual care models, supported by the framework of existing traditional programs, CR is uniquely positioned to support patients through the ebb and flow of the pandemic. In addition, providing ongoing support virtually works towards addressing long-term barriers to CR such as geographical, cost-related and accessibility challenges[7].

These issues highlight the importance of continuing to provide CR services, with care and consideration to the setting, which considers risks and benefits for patients and staff.

Cardiovascular Rehabilitation (CR) Programs play a vital role in prevention and management of cardiovascular disease. CR participation reduces visits to the emergency department, prevents hospital admissions, reduces the burden on primary health care providers and has notable positive impacts on both mental and physical health.

CACPR Strongly Recommends:

1. **That CR Programming continue with service provision during the Covid-19 pandemic in a safe and effective manner as determined by local/ provincial health authorities**
2. **That Virtual CR programming is a particularly appropriate service delivery option during the ebb and flow of a pandemic. Virtual Programming (including telephone and other virtual options) has been shown to be a safe and effective option[8]**
3. **That Virtual CR programming development occurs across the country and addresses existing barriers to care such as geographical and program accessibility. This work has potential long-term benefits for chronic disease management that extend beyond the current pandemic**

4. **The new strategies for the delivery of CR in the Covid-19 pandemic are evaluated at a high standard to ensure efficacy and quality of care**

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CACPR Brief Summary Statement

Cardiovascular Disease affects 1 in 12 (or 2.4 million) Canadians[1]. There is overwhelming evidence that participation in Cardiovascular Rehabilitation (CR) decreases morbidity and mortality and improves the quality of life of people with cardiovascular disease[2,3]. Delaying access to CR may have negative long-term consequences for the Canadian healthcare system and for the general health of the Canadian population.

CACPR Strongly Recommends:

1. **That CR Programming continue with service provision during the Covid-19 response in a safe and effective manner as determined by local/ provincial health authorities**
2. **That Virtual CR programming is a particularly appropriate service delivery option during the ebb and flow of a pandemic. Virtual Programming (including telephone and other virtual options) has been shown to be a safe and effective option[8]**
3. **That Virtual CR programming development occurs across the country and addresses existing barriers to care such as geographical and program accessibility. This work has potential long-term benefits for chronic disease management that extend beyond the current pandemic**
4. **That new strategies for the delivery of cardiac rehab in the Covid-19 pandemic are evaluated at a high standard to ensure efficacy and quality of care**