

Current Status and Barriers of Cardiac Rehabilitation in Korea

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The goal of cardiac rehabilitation (CR) is to improve the quality of life and long term prognosis of cardiovascular (CV) patients who are discharged, and it is practiced in 111 countries. However, due to several CR barriers, the actual rate of CR practice is very low. In addition, there are a lack of strategies for effective management in the community after patients' discharge and for increasing treatment compliance. The continuum of care from the hospital to the community after patient discharge is very important for determining their long-term prognosis. Therefore, a state-led system needs to be established.

The purpose of this study is to develop implementation strategies to overcome low practice rate of CR despite the high quality clinical practice guidelines. We investigate the current status of the CR facilities, labor force, equipment, and programs in South Korea and examine the barriers to CR practice in hospital and in community. The subject of this study are CV specialty hospitals which would be in charge of hospital-based CR, and local clinics and public health care centers which would be in charge of community-based CR. The authors have developed surveys to investigate the condition of CR related facilities, rate of CR practice, the current status of CR in hospitals and communities, and CR barriers, which were sent to a total of 1,350 institutions in 13 regions over the country.

The results showed that CR programs have been developed in 47 hospitals (28%) out of 164 CV specialty hospitals which practice percutaneous coronary intervention, but there were not many hospitals with active CR practice. For hospitals without CR programs, major roadblocks to CR implementation was lack of equipment and personnel, as well as maintenance costs. As for community hospitals, most had insufficient equipment and personnel, and for public health and medical centers, counselling for quitting smoking and health care was available, but CR related facilities, equipment, and labor force were much lacking. As for public health-maintenance centers including community welfare center, there was lack of knowledge of CR, and educational and financial support for CR are needed.

In order for CR to be actively practiced in Korea, CR programs need to be developed in as many CV specialty hospitals as possible, and to increase participation rate, education to clinical staff and patients, more systematic consultation systems, less financial burden to patients, and more flexible CR environment are needed. These efforts by medical professionals should be accompanied by governmental support in policy making and budget execution.

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