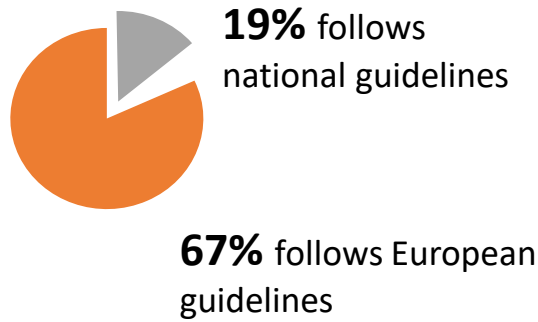


# Overview of Cardiac Rehabilitation in ESC member countries



Major implementation barriers	
<b>Patient</b>	<b>Staff</b>
- Older age	- Lack of automatic referral
- Low socio economic status	- No financial incentives
- Lack of benefit awareness	- Lack of multidisciplinary teams
<b>Healthcare</b>	
- Reimbursement issues	
- Lack of preventive culture	
- Lack of specialized locations	

## Cardiac Rehabilitation (CR) phase II after Myocardial Infarction (MI)

**Uptake rate** is <50% for ¾ of the countries

**Dropout rate** is <25% for more than half of the countries

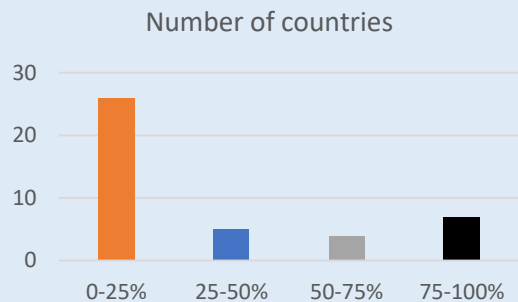
**Average start time** <6weeks for 80%

**Average duration** of program is up to 24 sessions for 88%



43% have implementation guidance documents

## Percentage of programs that rely on inpatient and residential services after MI



At least **50%** of the national programmes are coordinated by a cardiologist in **60%** of the countries, whereas CR rotation is only mandatory in cardiology training in **20%** of the countries

### Percentage of CR programmes mainly provided by public funding

- 10 countries: 0-25%
- 5 countries: 25-50%
- 1 country: 50-75%
- 26 countries: 75-100%

### National accreditation program for licensing CR programs

15 countries

### National CR electronic database registry

8 countries