

Funding Disparities in Cardiac Rehabilitation: A Barrier to Equitable Health Outcomes

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Abstract

Introduction: Cardiac rehabilitation is a key component of evidence-based secondary prevention, improving patient outcomes and reducing healthcare costs. However, in Australia, access to standardised, evidence-based cardiac rehabilitation remains inequitable, partly due to inconsistencies in program funding.

Methods: This study examined three models of cardiac rehabilitation funding in Victoria, Australia, across the public, private, and community sectors. To explore the impact of funding models on service provision, we conducted interviews with cardiac rehabilitation practitioners (n = 7) and reviewed existing literature and funding policies.

Results: Cardiac rehabilitation funding in Victoria is complex, with over 130 services operating within a devolved state healthcare system. Hospitals operate independently and manage their funding under minister-appointed boards. There was significant heterogeneity in funding models. Funding plays an important role in ensuring equitable health access, as it influences program capacity, the composition and number of healthcare providers, and the types of functional capacity testing offered. Importantly, funding also impacts program dosage, which in turn directly impacts health outcomes.

Conclusion: In the current economic climate, advocating for increased funding is unlikely to be successful. Instead, we propose a focus on standardisation through the implementation of national guidelines and accreditation. Australia can then ensure that all eligible individuals have access to high-quality, evidence-based cardiac rehabilitation. Standardisation will not only improve patient outcomes but also enhance the efficiency and sustainability of cardiac rehabilitation services nationwide.