

Results from the EVA-Corse Experiment: Efficiency and Clinical Non-Inferiority of a Hybrid Cardiac Rehabilitation Model in Corsica

CEMKA

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CONTEXT

In Corsica, access to cardiac rehabilitation is hindered by long travel times due to mountainous topography (25% live >1h from expert centres), few cardiologists (<20, mainly based in Bastia and Ajaccio (the 2 main cities)), and socio-economic vulnerability (1 in 5 <€970/month), leading to delayed care and high dropout rates. ➔ Led by Bastia Hospital Rehabilitation Centre, EVA-Corse offers a **hybrid care pathway** for high cardiovascular risk patients with a low risk during rehabilitation living more than one hour away. The programme introduces an innovative system for delegating and coordinating rehabilitation between hospitals and local primary care teams.

Funded under the French Health System Innovation Scheme (Article 51) which tests innovative payment and delivery system models, it aims to demonstrate that this hybrid approach can deliver care of **equivalent quality and safety** while significantly improving accessibility for patients across the island, compared to the programme conducted entirely in the hospital.

OBJECTIVES

➔ To assess the clinical non-inferiority and efficiency of EVA-Corse, a hybrid cardiac rehabilitation (CR) model combining hospital-based and primary care team-based in Corsica.



METHODS

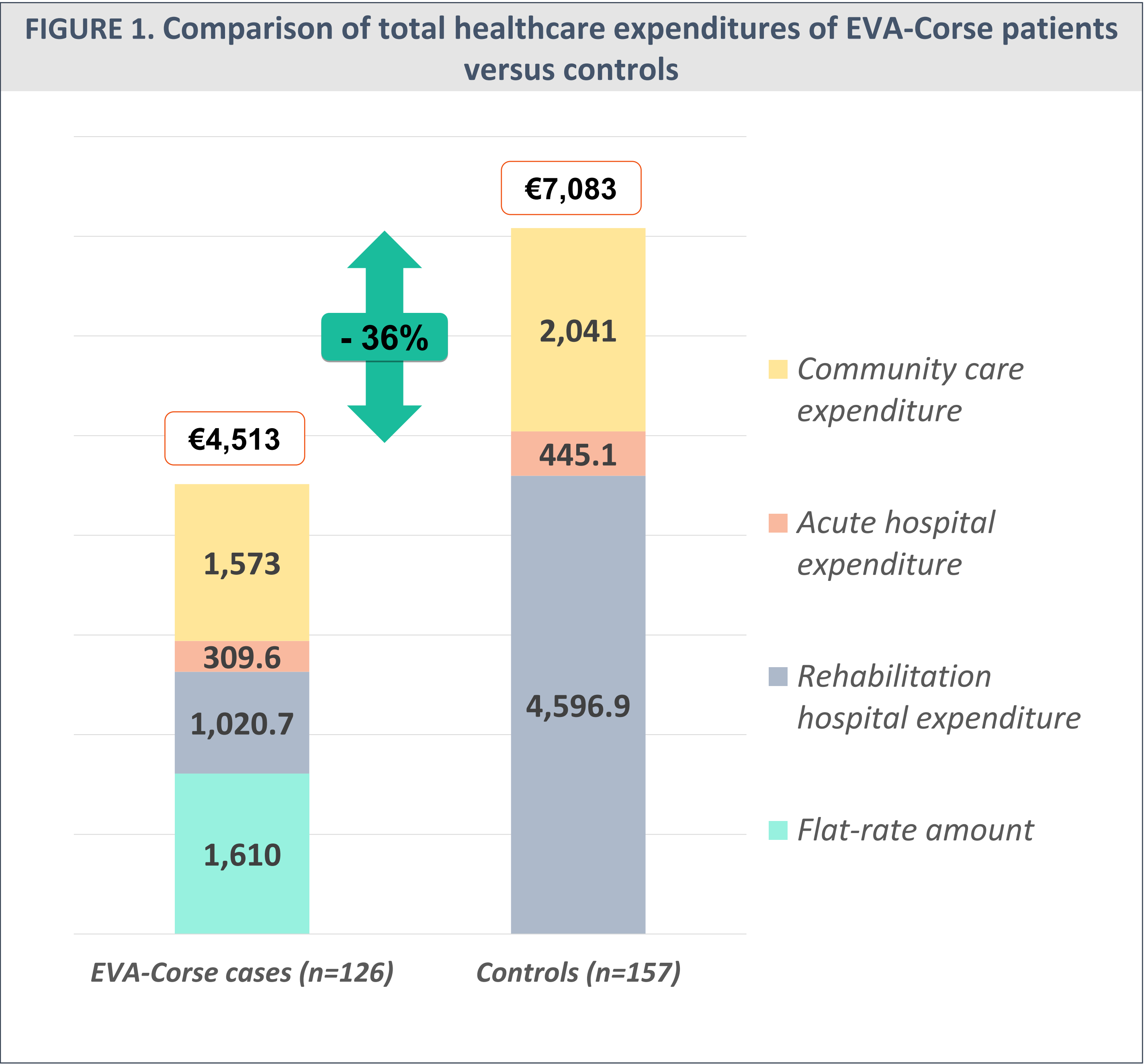
Comparative study using data from the **French National Health Data System (SNDS)** linked to data from **clinical information system**. The **intervention group (n=305)** received the **EVA-Corse programme**, while the **control group (n=274)** underwent **traditional hospital-based CR**. **Healthcare consumption and costs** were analysed during the **rehabilitation period** and **6 months post-intervention**.

RESULTS

- Clinically, EVA-Corse **met its non-inferiority objective** compared with full centre-based cardiac rehabilitation. Both groups achieved comparable improvements in physical activity levels, cardiovascular risk reduction (INTERHEART score), adherence to the Mediterranean diet, and overall well-being. Even better results were observed in the EVA-Corse group with a 16.6% increase in MET scores (versus 11.1% in controls ($p=0.0198$)) and significant increase in VO₂ max (15.8 vs. 11.1 ($p=0.0346$)).
- During the rehabilitation period, the **EVA-Corse group had significantly lower total healthcare expenditures** (€4,514 vs. €7,083, $p<0.001$), **primarily due to reduced hospital costs** (€1,330 vs. €5.042, $p<0.001$).
 - This cost difference remained favourable to EVA-Corse even after including the programme's forfeit cost (€1,610 per patient).

TABLE 1. Percentage change in inclusion-to-discharge scores for completed intervention group (EVA-Corse) and control group			
	EVA-Corse cases (completed)		Controls
Change in MET scores (Metabolic Equivalent of Task) Mean (SD)	16.6 (19.4) n=136	11.1 (16.2) n=135	$p\text{-value}=0.0198^*$
Higher MET score ↔ improved physical capacity			
Change in MDS score (Med Diet Score) Mean (SD)	16.7 (30.8) n=174	23.2 (45.5) n=267	$p\text{-value}=0.6476^*$
Change in INTERHEART score Mean (SD)	-14.2 (29.8) n=175	-9.4 (40.2) n=265	$p\text{-value}=0.1844^*$
Change in IPAQ score (International Physical Activity Questionnaire) Mean (SD)	552.1 (1 806.1) n=170	687.3 (3 137.6) n=245	$p\text{-value}=0.4858^{**}$
Change in calculated VO₂ Mean (SD)	15.8 (20.7) n=136	11.1 (16.1) n=135	$p\text{-value}=0.0349^*$
Significant increase in VO ₂ max observed in EVA-Corse cases			
Change in BMI (Body Mass Index) Mean (SD)	-1.0 (4.8) n=149	-0.5 (3.6) n=247	$p\text{-value}=0.2259^*$
NON-INFERIORITY OBJECTIVE ACHIEVED			

*Student's t-test / **Wilcoxon test



Patients reported a **positive experience** and a sense of **empowerment**

8.5/10

Average score / Impact on quality of life

8.8/10

Average score / Awareness of the importance of physical activity and diet for health

CONCLUSION

The EVA-Corse hybrid cardiac rehabilitation significantly reduces healthcare costs during the rehabilitation period while **maintaining clinical efficacy** and provides a positive experience for both patients and healthcare professionals (who highlight the value of multidisciplinary teamwork and the opportunity to fully exercise their professional skills). It also strengthened access for women. ➔ EVA-Corse suggests a **viable alternative for expanding cardiac rehabilitation access in remote areas**, received (April 2025) a favourable opinion from the health authorities towards generalization. EVA Corse will contribute to the definition of new methods of organizing hybrid and local cardiac rehabilitation.

For further information:
➔ Final Evaluation Report: https://sante.gouv.fr/IMG/pdf/eva_corse_-_rapport_final_d_evaluation_-_fevrier_2025.pdf
➔ Assessment by the French Technical and Strategic Health Innovation Committees: https://sante.gouv.fr/IMG/pdf/eva_corse_-_avis_fin_xp_ctis_csis_-_avril_2025.pdf
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