

**Table II: Therapeutic dynamics that commonly affect older patients.**

	Point of care	Concerns pertinent to older cardiac patients
Process of care	Transitions between hospital areas and to home	Disorientation; confusion regarding circumstances and therapy, increased anxiety.
Medicine reconciliation	At discharge or transfer of care	Patients often have older prescriptions from prior cardiac or non-cardiac disease management. Patients may continue older medications while also using new medications prescribed at discharge.
Follow-up with provider	Follow-up within 2 weeks with primary provider or primary cardiologist is critical in moderating risks of poor outcome and/or rehospitalization	Patients often have atypical symptoms and/or poor understanding of the implications of their symptoms. Health literacy is vital and close follow-up to ensure time-sensitive care is available and implemented.
Referral to cardiac rehabilitation	Discharge	Cardiac Rehabilitation benefits most CAD patients irrespective of their advanced age. From frail to robust, older CAD patients derive substantial benefit from cardiac rehabilitation, with benefits including increased longevity, reduced morbidity, increased independence, reduced rehospitalization, and greater quality of life.