

AACVPR

American Association of Cardiovascular
and Pulmonary Rehabilitation

Promoting Health & Preventing Disease

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NEWS AND VIEWS

January/ February 2009--Volume 23, Number 2

Co-Editors: Jody Hereford, MS, BSN & Steven Lichtman, EdD

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Messages from Headquarters

From the Editors:

Jody Hereford, BSN, MS, FAACVPR
Steve Lichtman, EdD, FAACVPR

"Aw, people can come up with statistics to prove anything... Forty percent of all people know that"
(Homer Simpson)

Despite these words of wisdom from Homer Simpson, we nonetheless surveyed the AACVPR membership recently for your input regarding News and Views. As (relatively) new Editors, we felt it important to solicit reader feedback to make sure we are continuing to take News and Views in a positive and helpful direction for our readership.

We are pleased to state, based on over 500 respondents, that, for the most part, our readership is satisfied with the appearance and content of News and Views (for a demographic breakdown of the respondents and a graphic representation of the answers, click [here](#)). In summary, based on answers to our closed end, forced choice questions (strongly agree, agree, disagree, strongly disagree) concerning appearance, 93% of the respondents were satisfied with the readability and manageability of News and Views. Regarding content, 86.5% of the respondents were satisfied with the amount, balance (cardiac versus pulmonary), range and quality of News and Views.

In response to the open ended questions, no particular patterns emerged regarding new columns and possible improvements to News and Views. However, some of the more often cited suggestions were to include more Pulmonary Rehabilitation content (which seems to conflict with the results of the question regarding the balance between Cardiac and Pulmonary content being satisfactory, however this could be skewed by the larger Cardiac audience) and to increase the font size or layout to make it easier to read online. Some of the more interesting suggestions for content included columns on Best Practices (see our new column starting this issue "Innovative Programs/ Best Practices), Certification/Recertification and Equipment Ratings.

Based on these results we will strive to maintain the quality of our newsletter and to continue to develop relevant, timely and interesting content. We would like to take this opportunity to remind our readership that we are encouraging your input through our new columns: **Innovative Programs/Best Practices; Breaking News; Letters to the Editor; and Health Policy/Reimbursement Issue of the Month Question** (for a copy of the Reader Submission Form please [CLICK HERE](#) or scroll to the end of this months newsletter). Please use this form to send in your ideas and opinions to News and Views so we can share these with our other readers.

It is truly an honor, and a somewhat daunting task, to serve a readership and membership that is involved enough to send in over 500 responses to a survey. In the future, please do not hesitate to contact us with further suggestions, ideas or comments, you do not have to wait for the next survey to do so. If you are hesitant to add your content to News and Views or to contact us, we leave you with one final quote...

"100% of the shots you don't take, don't go in"
(Wayne Gretzky)

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President's Message

*Murray Low, Ed.D., FAACVPR, FACSM
AACVPR President 2008-2009*

In the past few months I have received a number of communications from our membership that raised questions related to our equal commitment to the field of pulmonary rehabilitation. To that end, I thought I would share with you my response to one of those inquiries.

The inquiry read: "As a member of the organization and an executive managing a successful pulmonary rehabilitation program since 2001, I'm concerned with the lack of equity in materials and resources available through the organization for the PR profession as a whole. I'm not sure of the actual ratio or differences in program numbers between cardiac and pulmonary programs throughout the country. But I do know equal weight is given in the title, fees and member expectations relative to the services provided by it from all those who subscribe. There appears to be a clear disparity in available services and dedication to resources in favor of cardiac rehabilitation... My hope is that greater attention and focus will be applied in the coming years and months to equal treatment and prioritization of the Board's interests to all members that stand behind the AACVPR".

My response was: "It appears that you believe that there are a lack of materials and resources made available by AACVPR to pulmonary rehabilitation professionals. You also state that you are not sure of the actual ratio in program numbers between cardiac and pulmonary programs throughout the country. I can tell you that approximately 12% of our members are dedicated professionals specifically in the pulmonary rehabilitation arena. Another 41% of our members serve in both Cardiac and Pulmonary Rehabilitation programs. I can assure you that equal concern, dedication and work is provided to our pulmonary family members by your AACVPR leadership team and our executive management team at SmithBucklin. Let me provide you with a few very important historical examples of our commitment to Pulmonary Rehabilitation".

Approximately 10 years ago our organization realized that we needed to further assure the future security of our joint cardiac and pulmonary disciplines. At that time, we initiated a concerted effort to work with CMS to enhance then current regulations provided for cardiac and pulmonary rehabilitation services. Although a national coverage determination (NCD) for cardiac rehabilitation existed, CMS ultimately let us know that **they could not and would not** promulgate a NCD for pulmonary rehabilitation. In short, CMS told us that only a **"legislative fix"** from Congress could provide patients with pulmonary rehabilitation services. ACCVPR leadership then initiated the legislative route that has provided us today with legislation guaranteeing pulmonary and cardiac rehabilitation services to all Medicare subscribers. AACVPR spent hundreds of thousands of dollars from its limited financial resources in advocacy fees and organizational work in order to achieve passage of the Pulmonary & Cardiac Rehabilitation Act of 2008. During this legislative process, the Congressional Budget Office (CBO) scored the potential costs associated with our legislation and determined that while there was no added cost for cardiac rehabilitation side of our legislation, pulmonary rehabilitation would incur significant costs. When the results of CBO scoring was received, AACVPR could have easily asked Congress for passage of the Cardiac Rehabilitation portion of our legislation without incurring resistance from any member of Congress. Instead, AACVPR chose to continue to apply all of its efforts and limited resources to make sure that there would be a future for Pulmonary Rehabilitation programs. AACVPR members from almost every State of the Union

spent multiple annual "Day on the Hill" events **fighting** for our legislation. At no time did we say "let's take the easy road" and limit our legislation to Cardiac Rehabilitation services. Our leadership and members continued to believe that it is was "**all for one and one for all**". It was a united voice and a united organization that never determined its commitment to the Pulmonary Rehabilitation legislation by the percentage of its pulmonary membership.

Representing AACVPR, I traveled in January 2009 to Philadelphia for the annual meeting of the American College of Chest Physicians. At the meeting, Phil Porte (our advocate at GRQ) and multiple AACVPR pulmonary clinicians worked in partnership with other organizations to develop new CPT codes for pulmonary rehabilitation. Once again, this effort was not related to how many pulmonary clinicians were members of AACVPR. Rather, our focus was to help pulmonary rehabilitation programs to survive and expand. None of the numerous professional achievements of AACVPR could have been possible without the huge effort and countless hours of dedicated volunteer work within our small but highly committed organization".

In summary, I believe that the future for Pulmonary Rehabilitation is very bright. Numerous AACVPR **volunteer** members are working at this very moment on new Pulmonary billing codes. **Volunteers** are working to develop new Pulmonary Performance Measures. **Volunteers** are working to make Pulmonary Rehabilitation a Quality Indicator at hospitals. **Volunteers** are working on the next edition of the Pulmonary Rehabilitation Guidelines. **Volunteers** are working with every MAC Medical Director in the United States to represent the interests of Pulmonary Rehabilitation patients. As I write this letter, ACCVPR leadership is working closely with CMS Contract & Policy officials to operationalize the new Pulmonary Rehabilitation legislative language in 2010. I know of no other organization that has accomplished or will accomplish as much as AACVPR for the field of Pulmonary Rehabilitation. Our success will be measured first and foremost by the commitment to action of its members. To paraphrase our just elected President Obama, our future success will be determined by what our members contribute to our profession and not by asking what AACVPR does for them. In effect, AACVPR is its members!

Most importantly, I hope you will continue to be part of what you wish for. If you have not done so already, please join AACVPR committees, join our Pulmonary Program Certification efforts, attend our State and National meetings and continue to be part of an incredible group of people who have done so much with so little and care so much for the patients they serve".

Warm regards to all

Murray-

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Board of Directors Update

Marie A. Bass, MS, CAE

As you might have guessed, the AACVPR Board of Directors is always hard at work on relevant issues that matter most to members and that make a tangible impact on the future of Cardiac and Pulmonary Rehabilitation. Here are some of the initiatives currently underway:

Recently the AACVPR Board participated in a full day of Strategic Planning with an independent facilitator. That day was well spent and the 2009 Strategic Plan was identified. The Board recently approved that plan and you can view it [HERE](#).

The major initiatives of the plan are:

- Visibility and Awareness of CR and PR Services
- Enhancing and supporting the Quality of CR and PR Services
- Enhancing AACVPR Member Benefits
- Increasing Membership in AACVPR
- Supporting the Financial Viability of AACVPR

Each of the major initiatives has a number of objectives that will address the overall goals. From that plan there are a number of exciting projects already underway, including:

1. The AACVPR Program Certification is undergoing a process improvement initiative. Within the near future, applications for Program Certification and Recertification will take place ONLINE. That's right the Board is working on a process to make the application simple and smooth no more binders or last minute mailings to the National Office. Watch for more information as it becomes available.
2. The Board has also launched a new pilot program to partner with the AACVPR Affiliate organizations. The goal of that new pilot project is to grow membership in both the local affiliate and the AACVPR and to support the health and vitality of Affiliate organizations while maintaining their structure as separate and independent organizations. Currently, one Affiliate has agreed partner with the AACVPR in a pilot project to launch the joint membership. Watch for more information in the months ahead.
3. Based on feedback from AACVPR members, the 2009 Annual Meeting in Pittsburgh has been redesigned with YOU in mind. The meeting this year has been streamlined to make sure attendees get the maximum amount of education and networking in a condensed meeting format. The pre-meeting workshops will begin on September 30th and the meeting will end on Saturday afternoon. You will be able to get the full amount of CE credits as in the past and save on the cost of your hotel stay - and you'll be home on Sunday. Bring your enthusiasm and meet your friends from around the country it's going to be great! See you there!

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AACVPR Conferences

Program Directors' Conference LAST CHANCE!

Have you been hearing the positive feedback about the Program Directors' Conference and have not yet had a chance to attend? Back by popular demand, AACVPR proudly presents another Program Directors' Conference. Due to the overwhelming response from our previous conferences, we are taking the Program Directors' Conference on the road for the LAST TIME!

Don't miss out on this edition of the Program Directors' Conference!**June 19th, 2009: Anaheim, CA****June 20th, 2009: Dallas, TX**

Specific meeting location information will be available soon.

Register early to guarantee your spot! Space is limited!

Program Topics:**Ensuring Medicare Compliance**

Because the majority of patients in most programs are covered by Medicare, program directors need to have the latest information to meet the CMS rules and documentation requirements. Topics include:

- Latest rules/regulations for billing to Medicare
- Required documentation
- Proper coding/billing to maximize your program reimbursement

Presented by Karen Lui, RN, MS, FAACVPR

Legislative Analyst, GRQ Consulting
Washington, D.C.

Applying National Patient Safety Goals

Patient safety is the top priority for external inspectors and hospital administrators. Are you sure that you have the latest information to ensure that your program meets the criteria for National Patient Safety Goals? Topics include:

- Medication reconciliation
- Hand-off communications
- Fall risk assessment

Presented by Pat Comoss, RN, BS, FAACVPR

Consultant, Cardiac & Pulmonary Rehab Nursing Enrichment Consultants Inc.

Measuring Program Quality

Programs must continually measure quality as well as progress toward patient outcomes. This process depends on data collection, analysis, and response. Topics include:

- Outcome measurement
- Goals & benchmarks
- Performance improvement

Presented by Bonnie Sanderson, RN, PhD, FAACVPR

Research Associate Professor, Division of Cardiovascular Disease - University of Alabama at Birmingham
Birmingham, AL

Maintaining Vitality and Viability in your Program

Successful cardiac & pulmonary rehab programs must develop the right standards & skills for their own personnel as well as nurture relationships with patients & physicians. Successful programs depend on people patients, physicians, & rehab providers. Topics include:

- Staff competencies
- Performance measures
- Patient satisfaction

Presented by Jody Hereford, RN, MS, FAACVPR

Principal Consultant, Hereford Consulting Group
Senior Consultant
Clinical Excellence Research & Consulting Group

For more information, please [CLICK HERE](#).

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March 12, 2009 Teleconference

Effective Strategies for Secondary Prevention and Support for Women with Heart Disease

Presented By: Sharonne N. Hayes MD, FACC
Director, Women's Heart Clinic
Associate Professor of Medicine, Mayo Clinic

March 12, 2009, 1-2 pm Eastern Time
(12 pm Central, 11 am Mountain, 10 am Pacific)

Cardiovascular Disease is the #1 killer of both men and women in our society, and women comprise a large and growing percentage of our cardiac rehabilitation population. With that in mind, AACVPR is offering this presentation that will discuss gender differences in disease and symptom presentation, risk factors stratification, and barriers to women receiving care in our society. Cardiac rehabilitation is a vital component of providing optimal care for women with heart disease. Additionally, Dr. Hayes, who serves on the board of Women Heart: The National Coalition for Women with Heart Disease, will discuss valuable resources available to empower women, in not only caring for themselves, but to better educate and inform other women across our country.

Upon completion of this teleconference, the participants should be able to:

- Discuss practical implications of sex differences in heart disease as it relates to cardiac rehabilitation
- Recognize barriers to provision of optimal cardiovascular care to women
- Understand the relationship between depression, stress and cardiovascular disease
- Provide resources and contact information to women who could benefit from additional psychosocial support from other women with heart disease

[CLICK HERE TO REGISTER](#)

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March 31, 2009 Teleconference

Pulmonary Arterial Hypertension: The Other Hypertension, What Do You Need to Know?

Presented By: Robert Schilz, DO, PhD, FCCP
Director, Pulmonary Vascular Disease and Lung Transplantation
Associate Professor of Medicine, Case University

March 31, 2009, 1-2 pm Eastern Time
(12 pm Central, 11 am Mountain, 10 am Pacific)

Pulmonary Arterial Hypertension (PAH) remains an unusual disease process which is now understood to be a progressive, proliferative and occlusive disease of 100-800 μ m pulmonary capillaries. Significant recent attention to this process has occurred because of new approved therapies which have substantially changed the natural history of this potentially devastating process for many patients. Diagnosis can be difficult since the majority of patients with elevated pulmonary pressures do not have this unusual process and symptoms tend to be non-specific dyspnea and exercise limitation characteristic of many common cardiopulmonary diseases. Cardiopulmonary rehabilitation is emerging as a vital component of providing optimal care for patients with PAH with new studies refuting traditional dogma of a "no-exercise" prescription for PAH. Additionally, Dr. Schilz, who serves on multiple committees for the Pulmonary Hypertension Association and International Society for Heart, Lung Transplantation, will discuss current concepts in pathophysiology, diagnosis and treatment of pulmonary arterial hypertension.

Upon completion of this teleconference, the participants should be able to:

- Discuss current classification of pulmonary hypertension
- Outline current differential diagnosis of pulmonary arterial hypertension
- Identify hemodynamics consistent with exercise limitation in PAH
- Outline treatment strategies in patients with PAH
- Review current literature suggesting benefit of cardiopulmonary rehabilitation in patients with PAH

[CLICK HERE TO REGISTER](#)

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24th Annual Meeting Destination: Pittsburgh, PA

AACVPR 24th Annual Meeting
Pre-Meeting Workshops: September 30, 2009
Annual Meeting Program: October 1-October 3, 2009
Pittsburgh, Pennsylvania

Save the date and plan to attend the *24th AACVPR Annual Meeting October 1-3, 2009 in Pittsburgh, Pennsylvania*. This four-day event provides a face-to-face knowledge exchange for cardiovascular and pulmonary rehabilitation specialists.

Discuss and explore the latest techniques, advances, and new challenges affecting rehabilitation today through education and training sessions at this event. AACVPR's Annual Meeting is the premier event for cutting edge information related to pulmonary and cardiac rehabilitation services. It is the ONLY meeting that focuses on the education and networking needs of PR and PR professionals from around the country.

Tap into hundreds of other pulmonary and cardiac rehabilitation specialists just like yourself at the 24th Annual Meeting. Make year-round contacts through networking opportunities to draw on long after the event is over. Your stories and experiences are the high point of the networking experience the sharing factor keeps your finger on the pulse of your profession.

Look for an Advance Program this spring where you will learn how to **sign two colleagues from your program up for the 24th Annual Meeting and get a third registered for free before the early-bird deadline**. We know that investing in training and spending time away from your patients is challenging during these critical economic times. AACVPR acknowledges that and hopes your facility will take advantage of this opportunity.

Continuing Education Credits will be offered for the Pre-Meeting Workshops (September 30, 2009) and Annual Meeting Program (October 1-3, 2009). The exact number of hours awarded will be available in the onsite program.

The following educational credits have been applied for:

American Association for Respiratory Care (AARC)
American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR)
American Dietetic Association (ADA)
American Academy of Nurse Practitioners (AANP)

More information will be made available. And don't forget to **SAVE THE DATE!**

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Call for Annual Meeting Abstracts

Submissions due Monday, March 9, 2009

The 2009 Call for Abstracts deadline for the AACVPR Annual Meeting in Pittsburgh, PA is fast approaching. Please [CLICK HERE](#) to submit a scientific or clinical abstract.

Presenting an abstract at the AACVPR Annual Meeting is an excellent opportunity to share your research, best practices, and highlight your facility to colleagues and leaders in the field of Cardiovascular and Pulmonary Rehabilitation. Again, the deadline to submit an abstract is Monday, March 9, 2009. You will be contacted via email regarding the status of your submission in late April.

Abstracts are reviewed by the AACVPR Research and Education Committees. Scientific Oral Presentations and Posters are published in the Convention Issue of *The Journal of Cardiopulmonary Rehabilitation and Prevention*, and clinical posters are available in the AACVPR online syllabus prior to the Annual Meeting.

For more information about the upcoming Annual Meeting, visit the [AACVPR web site](#) in the coming months. Please contact AACVPR Headquarters at speakers@aacvpr.org.

We look forward to seeing you in Pittsburgh!

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Member Resources

Membership Marketing Committee

Ann C. Hart, MS, RRT
Michele L. McCarroll, PhD
Membership Marketing Committee Co-chairs

ARE YOU INTERESTED IN SERVING ON AN AACVPR COMMITTEE? A CALL TO SERVE AACVPR!

We are looking for energetic and interested members to serve on the Membership Marketing Committee. Please [CLICK HERE](#) to fill out an application and become part of AACVPR!

Committee member applications will be reviewed and assigned in the Summer of 2009.

STUDENT SCHOLARSHIPS OF \$250 + FREE MEMBERSHIP!

We are excited to announce continued development of "The Future of AACVPR" with our student resources web page. Students can find employment opportunities, certificates of completion of a clinical internship at your facility, apply for the AACVPR scholarship, and much, much more! Please inform your students of these wonderful opportunities and visit the web site. Get involved! Please [CLICK HERE](#) for more information.

The Membership Marketing Committee would like to hear your comments on how the membership benefits can assist YOU, our members, in

furthering the mission of AACVPR. If you have questions about any of the information provided above, please do not hesitate to contact us at ach19962@comcast.net or mlmccarroll@ysu.edu.

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Campaign for 2010 Cardiac & Pulmonary Rehabilitation Week Slogans

It is time to prepare for the 2010 Cardiac and Pulmonary Weeks. Each year, a slogan is identified as a theme for each of the two promotional weeks. The Membership/Marketing Committee is requesting your creative input on developing the slogans that will be used for the 2010 National Campaign.

We encourage you to work with your staff and patients on developing a campaign slogan to be submitted for consideration. The Call for Slogans will be open through **May 15, 2009**. The request should be submitted via email to Ann C. Hart, RRT, Co-Chair of the Membership & Marketing Committee at ach19962@comcast.net.

The Membership/Marketing Committee will send the top three slogans from CR and PR to Jim Coleman Ltd., for graphics. These slogans and designs will be sent to the Membership/Marketing Committee to vote on the top selection for the 2010 National Campaigns. The slogan with the most votes will be awarded \$100 in Cardiac/Pulmonary Rehabilitation Week promotional items of your choice for your program. The winners and their slogans will also be presented at the annual conference.

Please send your slogans to Ann C. Hart, at Ach19962@comcast.net, by **May 15, 2009**.

You may be the **WINNER!**

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Fellowship News

ARE YOU INTERESTED IN BECOMING AN AACVPR FELLOW?

Applications are now available by clicking [HERE](#) or visiting the [AACVPR web site](#). Completed applications are due by **April 1, 2009**.

For more information and Fellowship requirements, please [CLICK HERE](#).

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Innovation Award

Applications due May 1, 2009

The AACVPR is proud to announce the Fifth Annual Innovation Award competition! The purpose of the Innovation Award is to highlight and recognize those programs that have enhanced the delivery of Pulmonary or Cardiac Rehabilitation in especially creative ways through program development and operations. The criteria for the award are based on the successful application of innovative programming models.

Successful applicants demonstrate excellence and innovation in program development and operations in the realm of Disease Management, including:

- Support of the physician or practitioner/patient relationship & plan of care
- Emphasis of prevention of exacerbations & complications utilizing evidence-based practice guidelines and patient empowerment strategies
- Evaluation of clinical, humanistic and economic outcomes on an ongoing basis with the goal of improving overall health

Last year, a number of excellent and innovative programs applied. These submissions demonstrated phenomenal planning, collaboration, and integration that had taken place in order for their programs to grow outside the traditional boundaries. If your program applied for the Innovation Award last year, please consider applying again, however, previous award winners are not eligible for the Innovation Award.

For a description and to view past Innovation Award recipients, please [CLICK HERE](#).

For the 2009 Innovation Award application, please [CLICK HERE](#).

For more information, please contact the AACVPR National Office at aacvpr@aacvpr.org.

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18-Month Membership

DO YOU HAVE CO-WORKERS THAT HAVE WANTED TO JOIN AACVPR?
NOW'S THEIR CHANCE!

Do you have colleagues who would like to enhance their professional development, volunteer, attend continuing education programs or the annual conference, understand the latest information to maximize referrals and reimbursement to their program? If this is the year they really want to maximize the success of their program and become more involved professionally, take advantage of this special 18 month membership from the American Association for Cardiovascular and Pulmonary Rehabilitation (AACVPR).

They must act **NOW** for this limited offer to join AACVPR at this special rate. *Help them join today for just \$250* and receive all the great benefits of membership through **June 30, 2010!**

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Pulmonary Rehabilitation Week - March 15 - 21, 2009!



Pulmonary Rehabilitation Week is almost here!

Mark your calendars: **March 15 - 21, 2009**

Make sure your hospital is ready by purchasing merchandise and apparel from Jim Coleman by visiting www.jimcolemanltd.com/aacvpr or by clicking [HERE](#).

For more information, 2009 Media Kit, and a schedule of events, please visit the AACVPR web site by clicking [HERE](#).

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Inside the Industry

Reimbursement FAQ's

Karen Lui, RN, MS, FAACVPR

Welcome to the first in a series of News & Views articles entitled Reimbursement FAQ's. Each issue will address the most frequently asked questions of the month by AACVPR members concerning reimbursement.

The Reimbursement section of the [AACVPR Discussion Forum](#) also contains information pertaining to recurring questions on policy, payment, and billing. The Health Policy & Reimbursement Committee monitors this section and contributes when clarification and accurate information is needed. For example, the committee participated in a recent exchange on billing for pulmonary rehabilitation using current codes.

Question:

"Will the Medicare cardiac and pulmonary rehabilitation regulations that our program currently follows remain the same until the new legislation is effective in January, 2010?"

Answer:

Just when you think you've figured out the rules you need to follow for Medicare, based on where you live and who your MAC (Medicare Administrative Contractor) is, you can be sure it will change again. Medicare claims processing and billing is transitioning to regional MACs who are reviewing all existing LCDs (Local Coverage Determinations) for consolidation or retirement. Your AACVPR MAC Committee is following this process and will be or already has been pro-active in recommending to your new local Medicare contractor which policies are most clinically-appropriate for your cardiac and pulmonary rehabilitation patients.

For the first time, a coverage policy for pulmonary rehabilitation will be promulgated by CMS (Centers for Medicare and Medicaid Services). This regulation will incorporate the legislative instruction received from Congress to CMS in July, 2008 (Section 144 of MIPPA-provide link to where it is posted on AACVPR web site here). This NCD (National Coverage Determination) is effective 1-1-2010. Therefore, CMS will need to release a proposed NCD this year which allows time for public comment and possible revision prior to publication of a final NCD. Your MAC then has a thirty-day window in which to pull or revise any LCD or article on pulmonary rehab coverage to make it compliant with the NCD.

Similarly, the cardiac rehabilitation NCD (20:10) will undergo a revision this year to reflect the legislative mandate from Congress. A proposed NCD will be posted, followed by public comment period, followed by the final NCD prior to enactment 1-1-2010.

With the number of changes coming in the months ahead, you are best prepared by being part of your MAC Committee Communication Tree so you are informed of policy changes that will directly affect your program.

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News & Views Sponsorship: Cybex



[CLICK HERE](#) for more information about Cybex.

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Pulmonary Point of View

Gerene S. Bauldoff, PhD, RN

Increased Risk of Pneumonia in COPD Patients with Long-term Inhaled Corticosteroids

A meta-analysis published this week in *Annals of Internal Medicine* reports that patients with COPD who used inhaled corticosteroids (ICS) for at least 24 weeks had a significant increase in risk for developing severe pneumonia (RR 1.81, 95% CI, 1.44-2.29 (P < 0.001)). Dr. Sonal Singh and colleagues performed a meta-analysis of all published studies through June 30, 2008 that included randomized controlled trials (RCT) of any inhaled corticosteroid vs. controls in COPD, a minimum of 24 week follow-up, and reports of pneumonia. Mortality was evaluated as was risk for pneumonia. They found 18 RCTs after screening 97 published articles. COPD patients on ICS were found to have increased risk for any pneumonia (RR 1.60, 95% CI, 1.33-1.92 (p < 0.001) as well as serious pneumonia. Although these patients had increased risk for developing pneumonia, no significant differences were noted in either pneumonia-related mortality (p = 0.31) or overall mortality (p = 0.51). It is believed that ICS maintain high concentrations of corticosteroids in the lungs, with resultant immunosuppressive action.

Why is this important? Clinical guidelines such as the Global Obstructive Lung Disease Initiative² note that ICS use should be limited to specific clinical situations. While overall survival in COPD is not increased with ICS, those symptomatic COPD patients with severe or very severe COPD (FEV1 < 50% predicted) have been shown to have reductions in the frequency of exacerbations. The results of this meta-analysis need to be incorporated into clinical decisions regarding medication regimens in severe and very severe COPD patients. This report gives us further information to ponder as we teach and advocate for our patients in pulmonary rehabilitation.

1. Singh S, Amin AV, & Loke YK. (2009). Long-term use of inhaled corticosteroids and the risk of pneumonia in chronic obstructive pulmonary disease. *Ann Int Med* 169(3): 219-229.
2. Global Obstructive Lung Disease Initiative. 2008 Update. Available at: <http://www.goldcopd.com>

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JCRP Highlights

Mark A. Williams, PhD, JCRP Editor-In-Chief
JCRP Highlights March/ April 2009

This issue is highlighted by two Featured Reviews entitled "Resistance training in the treatment of diabetes and obesity: mechanisms and outcomes" and "Clinical manifestations and consequences of obstructive sleep apnea". Manuscripts are presented from Australia, Canada, Italy, the United Kingdom, and the United States.

FEATURED REVIEWS

- Resistance training in the treatment of diabetes and obesity: Mechanisms and outcomes. Mark A. Treserras, MA, et al (USA)
- Clinical manifestations and consequences of obstructive sleep apnea. Joshua B. Wenner, BA, et al (Canada)

CARDIAC REHABILITATION

- Achievement of heart health characteristics through participation in an intensive Lifestyle Change Program (CADRe Study). Debra A. Marshall, MD, et al (USA)
- Cardiac rehabilitation after stroke - Need and opportunity, Ada Tang, MSc, et al (USA)

- Effects of a pedometer-based intervention on physical activity levels after cardiac rehabilitation: A randomized controlled trial. Lyra Butler, BHM, et al (Australia)
- Effects of attending phase II cardiac rehabilitation on patient vs. spouse (proxy) quality of life perceptions. Yvonne J. Fast, MSN, RN, et al (USA)
- The role of emotional imagery and somatosensory amplification in the experience of atypical chest-pain in patients with angina pectoris: A single -case experimental design. Jamie Kirk, DClInPsy, et al (UK)

PULMONARY REHABILITATION

- Interval compared with continuous training in patients with COPD. M. Jeffery Mador, MD, et al (USA)
- Efficacy and tolerability of yoga breathing in COPD patients: a pilot study. Pomidori Luca, PhD, et al (Italy)

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New Column! Innovative Programs/ Best Practices

Tracy A. Herrewig, MS, FAACVPR

Each year AACVPR strives to create new ideas for professionals and their practice and this year is no exception. Beginning with this issue, News and Views will feature a column entitled Innovative Programs/Best Practice. The purpose of this column is to highlight a person, program or Affiliate which has exhibited innovative practice strategies and/or best practice standards.

AACVPR recognizes the incredible talent and creative spirit of its members which are critical aspects in developing and maintaining a successful rehabilitation program or Affiliate society. The AACVPR is dedicated to recognizing these people, programs and Affiliates and to sharing this information with its members.

A **Reader Submission Form** will be included in each addition of News and Views, to encourage and guide readers to submit information about their staff, program or Affiliate. AACVPR encourages each member to recognize innovative ideas and practices of which they are involved and share that with other members.

The Innovation Award is one example of this concept. This award was created to highlight and recognize those programs that have enhanced the delivery of cardiac or pulmonary rehabilitation in especially creative ways through program development and operations.

An email outlining the information and timeline associated with this award was sent to all members in mid-February. The AACVPR encourages all members to submit an application recognizing the uniqueness and effectiveness of their program. The deadline for the application is **May 1, 2009**.

Be sure to check out this column in each issue and don't forget to submit information on your staff, program and/or Affiliate!

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Affiliate Society News

California Society for Cardiac Rehabilitation (CSCR)

Terry McKeever, CSCR President

www.cscr.org

The CSCR 27th Annual Conference, "Keeping In Balance Balancing the Physical, Emotional and Educational Components of Cardiac Rehab" is fast approaching on March 20th and 21st in Walnut Creek at the Embassy Suites.

Presentations:

- Maximize Efficiency in Outcomes Collection and Reporting using your ScottCare or Q-Tel system
- Sexual Dysfunction in Women with CAD - Sondra Altman, MD, FACOG
- Research Done in Cardiac Rehab in the Community
- Maximizing Outcomes and Population Engagement in Cardiac Rehabilitation - Maracie Wilson, RN
- John Muir Research Project - Lori Turner, MSN, RN, RNBC
- State wide CSCR Outcomes project and Outcome collection - Denise Hasagawa, BSN, RN and Barbara Angell, MS, FNP
- "Homeopathy in Cardiac Rehab"- Miriam Mackey, CCH, BS, EP, RSHom
- Developing Appropriate Therapies for Cardiomyopathy Patient s- Andy Benn, MD
- Reducing Stress and Pain through Mindfulness - David Weinberg, MPA
- Certification/Recertification - Carol Catalano, RN, FAACVPR & Chris Messick, BSN, RN, FAACVPR
- Navigating the CSCR Web site- Terry McKeever, BSN, RN
- Reimbursement and Legislation Changes - Julia Kuwada, MS, EP, FAACVPR
- Glycemic Control in Cardiac Rehab - Sandy Pieschel, BSW, RN, CDE

Other news:

- CSCR now has a formal Strategic Plan that will help guide us towards our goals. We will review and update annually.
- 17 California programs have submitted Certification applications! We wish them success and continue to support this process.
- We launched a new Web site solution, a CMS (Client Managed System). Key board members are responsible for their own pages. We can create on-line registration for events, have a members' only section with our directory, easy to update resources, and a Bulletin Board for interactive topics of discussion.
- Regional meetings are flourishing with all day conferences and informal networking meetings. All have been very well attended and received. Topics have included: Patient Education, Glycemic management of Cardiac Rehab patients, Outcomes, Medication-Reconciliation, and Primary Prevention in Cardiac Rehab. Conferences have included interactive devices such as a "Audience Response System", which was really fun and interesting, allowing on-site surveys of topics.

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Wisconsin Society of Cardiovascular and Pulmonary Health and Rehabilitation (WISCPHR)

Recognition and Appreciation

Tracy A. Herrewig, MS, FAACVPR

Like many other AACVPR Affiliates, the Wisconsin Society for Cardiovascular and Pulmonary Health and Rehabilitation (WISCPHR) is very active. This is possible only because of the passion and commitment its members and leaders have for the health and well being of their patients, as well as the field of cardiovascular and pulmonary health and rehabilitation in general.

In 2008 WISCPHR leaders recognized an opportunity to assist current leaders and to identify new leaders within the organization. A critical step in accomplishing this was the creation of a Leadership Committee. The Leadership Committee consists of Bonnie Anderson, Sue Kindschi, Terresa Bubbers, Chrissy Steiner, Stephanie Jackson, Stephanie Fleming, Jane Nickell, Kelly Shields, John Leech, Erik Samuelson, Barb Fagan and Tracy Herrewig. The committee identified and began working on projects such as:

1. The development of an information binder for Regional Representatives (WISCPHR divided Wisconsin into 5 local regions to help increase communication to individual hospitals, cardiac and pulmonary rehab programs, and individual members. Each region has 2-3 representatives which along with the Executive Committee comprise the Board of Directors)
2. The creation of a mentoring program similar to that of AACVPR
3. The development of a Leadership page on the WISCPHR web site
4. The initiation of a Leadership Resource Page within the Leadership web page
5. The commitment to providing a Leadership Workshop preceding the Annual Meeting

Another project that the WISCPHR undertook was the development of letters of recognition to be sent to employer or supervisor of all members of the Board of Directors, Committee Chairs, award winners and members of special projects (Day on the Hill for example).

WISCPHR is successful because of the countless hours its leaders commit to the organization, none of which are paid or reimbursed. Often times employers or supervisors have no idea of the time and energy individuals give to WISCPHR and its projects. These letters of recognition are an attempt to inform employers/supervisors of the dedication of their employees to the continued success of cardiac and pulmonary rehab and can be placed in the individual's permanent file or used as a press release for the local newspaper or hospital newsletter.

Sue Kindschi coordinated this project with inspiration from Bonnie Anderson and the help of Cindy Leithen, Stephanie Jackson and Barb Landowski. They are responsible for gathering information on the current leaders within WISCPHR, creating the letters of recognition, getting them to Kim Beyer, the current President of WISCPHR, for her signature and mailing them to the appropriate employer or supervisor. They have also developed an information template and time table for future letters. Kudos to you Sue, Cindy, Stephanie and Barb!

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Reader Submission Form

Please [CLICK HERE](#) for the *News & Views* Reader Submission form.

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2009 Calendar of Events

June 19th & 20th, 2009: Program Directors' Conference

June 19th, 2009: Anaheim, CA

June 20th, 2009: Dallas, TX

More information will be available on the [AACVPR web site](#).

September 30, 2009 October 3, 2009: 24th AACVPR Annual Meeting

Pittsburgh, Pennsylvania

*SAVE THE DATE!*More information coming soon at the [AACVPR web site](#).**March 16 - 19, 2009: 19th Annual Art and Science of Health Promotion Conference***What Works Best in Health Promotion?*

San Francisco, CA

For more information, please visit www.HealthPromotionConference.org**Medical Fitness Association Events:****April 20 - 26, 2009: Fifth Annual Medical Fitness Week**

National Walking Challenge "Steppin' Out... for a Lifetime"

Web site: www.medicalfitness.orgE-mail: info@medicalfitness.orgMore Information: www.medicalfitness.org**May 14, 2009: Educational Teleconference 3:00 (EDT)***"Post Rehab Programming"*

By Meg Bach, MA, CES

CEC's available

For more information: info@medicalfitness.org**June 11 - 14, 2009: Medical Fitness Institute**

Vanderbilt University, Nashville, TN

Email: info@medicalfitness.orgWeb site: www.medicalfitness.org**December 2 - 5, 2009: 15th Annual MFA Medical Fitness and Healthcare Conference: Imagine the Possibilities**

in Conjunction with the Athletic Business Conference & Expo

Orange County Convention Center, Orlando, FL

Email: education@medicalfitness.orgwww.medicalfitness.org**Ongoing**

Health Coach Training and Certification

Sponsored by Wellcoaches Corporation

For more information: HealthCoach@wellcoach.com or www.wellcoach.com

Continuing Education Programs on CABG, Heart Failure (three-part series), Best of Sessions 2005, Women & Heart Disease, and the newly released PAD

Offered by the American Heart Association and the American Stroke Association

For more information: www.heartcmeprograms.org[return to table of contents](#)**AACVPR National Office Contact Information**Please continue to send your questions and comments to AACVPR News & Views via aacvpr@aacvpr.org. Don't hesitate to suggest how AACVPR News & Views can continue to provide you access to information about our profession and AACVPR.**AACVPR Administrative Staff:**

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