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"Values drive behavior." You will find this statement in almost every one of Stephen Covey's books. What we value, what we want to have, what we feel we need is what will drive our behavior to achieve those ends. Values are social norms, emotionally managed by you as well as subjective to you and arguable. Among the most prominent are the following:

- Service
- Achievement
- Health
- Family
- Friendship
- Independence
- Challenge
- Loyalty
- Wealth
- Success
- Leadership
- Fame

We generally work on five drivers -- or values -- at one time. The ones that are prominent are related to the stage we are at in our lives. For me, at my age, health is number one. For young persons in their late teens or early twenties, life is forever, so health is not a problem; independence and wealth may be the leader on their lists. As I said, what we have on the top of our lists is always arguable.

There are two values that I think should be on everyone's list, at every stage of their life. Health should always be there and probably #1 because if you don't have it, none of the others matter: family is taking care of you, you are not independent, you are spending money not making wealth, etc. The second value that should always be on everyone's list is service. "No person was ever honored for what he received. Honor has been the reward for what he gave." -- Coolidge

AACVPR is an organization of many; reading Jody Hereford's comments will tell you that. Committee chairs and members, state presidents and officers, and all of the others who write letters to Congressmen or go to Washington enhance the "service" parts of life that help get things done. As I review the many years I have belonged to this organization, I have been rewarded so many times and my life enlarged by the opportunities that came my way from having been an AACVPR member.

If service is not in the top five on your list of values, and you have not stepped forward to serve, remember this: when you have finished your career, and you have retired, what will matter is not what you bought, but what you built; not what you got, but what you gave; not your success, but your significance; not what you learned, but what you taught. What will matter is every act of integrity, compassion, courage, or sacrifice that enriched, empowered, or encouraged others to emulate your example.
at least 1,000 volunteers are working on issues related to cardiac and pulmonary rehabilitation at any one time. Past issues of AACVPR News & Views and Reimbursement Updates are a testimony to our effectiveness.

“Keep away from people who try to belittle your ambitions. Small people always do that, but the really great make you feel that you, too, can become great.” -- Mark Twain

Mentoring and being mentored is one of the more significant values of being involved with AACVPR. Over the past several years, AACVPR has developed systems to create smooth leadership transitions and increase effective communication between past, present, and future leaders. As President, I have come to see that project development in AACVPR is a continuum, with initiatives begun literally decades ago just beginning to have significant effect today. Our legislative initiative is a prime example. This process requires consistency of communication and effort, with an effective conduit of information between past, present, and future leadership. AACVPR leaders must therefore have the skill, time, and passion to take us through not just today’s set of hurdles and initiatives, but those that will echo through the next generation of membership. Board Members and Committee Chairs are selected and mentored with those qualities in mind, and I would like to extend my congratulations and thanks to those who have been nominated to serve over the next several years. I also extend my congratulations and thanks to those who have gone before and have set the stage and engaged the wheels in motion.

“Imagination is more important than knowledge...” -- Albert Einstein

As we look to the future of both our profession and our organization, the possibilities and the potentials are profound. We are seeing much more publicity around the increasing aging population, coupled with the increase in chronic disease and the potential for a perfect storm brewing. More important than the statistical note is the increased focus on health promotion, disease prevention, and the value of behavioral and lifestyle interventions. From health plans to business and industry to even CMS and other governmental agencies, solutions are being sought. CMS is investigating, through an upcoming demonstration project, how to improve individual and population-based measures of health while simultaneously reducing health care costs through behavioral and lifestyle interventions. AACVPR, its committees, affiliates, and members are uniquely positioned to lead the charge on the importance of health and the value of prevention.

“The best way to predict the future is to invent it.” -- Alan Kay

We have the talent, the imagination, and the mentors to create an incredible future for health and disease prevention. What is your part, and what is our part, together? The leadership of AACVPR certainly is exploring some ideas that would, over time, be part of improving our landscape. But we also know that these thoughts are the tip of the proverbial iceberg. It is the innovation and creativity of programs across the country, trying new approaches to the provision of cardiac and pulmonary rehabilitation that are forging a new landscape, a new paradigm. Together, we are the future.

AACVPR 22nd Annual Meeting

Come to Salt Lake City, October 18-21!

Online registration is now open: http://www.aacvpr.org/2007am_reglive.htm

Don’t miss the opportunity to reconnect with old friends, meet new associates, and learn about new techniques, health care advances, and products. More than 1,200 cardiovascular and rehabilitation professionals will be in Salt Lake City for the AACVPR 22nd Annual Meeting, October 18–21, 2007... Shouldn’t YOU be there, too?

The AACVPR Annual Meeting is the world’s premier educational and networking event for cardiovascular and pulmonary rehabilitation professionals. The AACVPR Annual Meeting is a four-day event for healthcare practitioners to exchange knowledge regarding cardiovascular and pulmonary rehabilitation from the nation’s leading experts. Take time to improve clinical practice, promote scientific inquiry and advance your education while connecting with colleagues. The meeting will feature state-of-the-art presentations to keep you on the cutting edge of the cardiovascular and pulmonary field. Learn about the newest products and services available from more than 40 exhibiting companies at the AACVPR Annual Meeting Exhibit Showcase (Thursday, October 18 - Saturday, October 20).

New this year: The Program Committee has developed a series of four program “tracks” to help attendees select educational sessions that meet their needs in specific disciplines or career paths. Focus your learning in one of four tracks, or mix and match to better help you choose sessions to meet your particular needs. The AACVPR Program Planning Committee has developed the following series of tracks:

1. Clinical Cardiology/Cardiac Rehabilitation
2. Pulmonary Medicine/Pulmonary Rehabilitation
3. Leadership and Innovation
4. Nutrition and Behavior Change

Keynote Lectures by some of the leaders in the field:
Rehabilitation Meets Aging: Challenges and Pitfalls: Thomas M. Gill, MD
Remember to Submit Your Photos!

The collection of photos that were shown during last year’s Annual Meeting were so well received that we have decided to do something similar for this year’s meeting. Please send photos taken during affiliate society meetings and conferences or photos of staff and patients during exercise, education, or even social events. We will compile all photos submitted, and they will be shown during the course of the Annual Meeting. Please e-mail all photos to Tracy Herrewig at therrewi@affinityhealth.org.

Credentialing Opportunity

Cardiac/Vascular Nursing Review Course -- October 17, 2007 -- Salt Lake City
Do you want to climb your hospital’s clinical ladder? Do you need additional credentials to get there? Here’s your opportunity to acknowledge your expertise. Take the ANCC Cardiac/Vascular Review Course for a thorough review to enhance your nursing practice and prepare you for the ANCC Cardiac/Vascular Nursing Certification Exam.

A special opportunity beckons: The Cardiac/Vascular Nursing Review Course will be presented on October 17 in Salt Lake City, the day before the AACVPR Annual Meeting. AACVPR has collaborated with the American Nurses Credentialing Center (ANCC) to provide a review course for nurses interested in becoming certified as a Cardiac/Vascular Nurse (RN,BC). All RNs are eligible, regardless of basic nursing credential (AD, Diploma, BS, BSN, MSN). You do not have to have to have many, many years of CV nursing before qualifying -- this exam is written for nurses who have just 2 years of experience or more.

This opportunity is open to all nurses working in non-acute cardiac settings (cardiac rehab, cardiac diagnostics, cardiology offices, telemetry units, etc). The purpose of this cardiovascular review course is to help:

- Prepare to take the CV exam and help assess if you’re ready or not.
- Update knowledge of broader aspects of cardiovascular care than your immediate job.
- Collect required CEUs toward clinical ladder, recertification, or other nursing-approved continuing education activities (7.5 contact hours will be awarded).

As a co-host, AACVPR has arranged a reduced price of $155 plus a 10% discount for the Cardiac Vascular Review and Resource Manual. CLICK HERE to register and click on "Certification and Renewals," then "Review Preparation Resources." Participants will receive a program book with about 300 slides. For further information, visit the Web site or call Joanne Evans at the ANCC at 301-628-5053.

Member Resources

Renew Your Membership

If you have not yet renewed your AACVPR Membership, please do so today! Renew now so your benefits will continue uninterrupted. As the profession continues to evolve and change, AACVPR will be here for all of us. Renew your membership now to continue receiving the great membership benefits and reaffirm your commitment to your profession. Member benefits include:

- News and Views – packed with useful information
- Timely Reimbursement Updates – with the latest critical information
- AACVPR Discussion Forum – your networking link to over 3000 members
- "Members Only" section of the Web site– your resource for answers
- JCRP – AACVPR’s popular and well-respected journal
- AACVPR printed Membership and Program Directory
• Member discounts for all AACVPR Programs and Products
• AACVPR Career Link – for online career opportunities
• Research-based resources
• AACVPR Advocacy initiative – remain an active contributor
• 2008 Day on the Hill – all members are invited to participate – earn CE, too
• Complimentary online programs for CE – for members only
• Referral Enhancement Tool Kit – coming this year for members ONLY

And many more!

Renew your membership in two easy ways!!!
1. Download the Membership Application and fax it in with credit card information to 312-673-6924 or mail it with a check to AACVPR National Headquarters, 401 N. Michigan Ave, Suite 2200, Chicago, IL 60611
2. Login to the Members Only Section and click “Pay My Dues”

Please allow several weeks for processing for applications that are faxed or mailed in.

AACVPR Teleconference CDs Now Available!

Resistance Training: Rationale, Safety, Contraindications, and Prescriptive Guidelines
Presented by: Barry Franklin, PhD, FAACVPR
This presentation will focus on the role of resistance training in persons with and without cardiovascular disease, with specific reference to health and fitness benefits, rationale, relevant physiologic considerations, and safety. Participation criteria (i.e., applications in varied patient subsets) and prescriptive guidelines will also be discussed, along with recent provocative data showing that muscular strength is inversely associated with all-cause mortality and the prevalence of metabolic syndrome, independent of cardio-respiratory fitness levels. Download the order form at: http://www.aacvpr.org/june07cdorderform.doc.

Expanding Your Program: Integrating Disease Management into Traditional Cardiac Rehabilitation Programs
Presented by: Mark Senn, PhD, FAACVPR
Are you looking for ways to expand your Cardiac Rehab program? This teleconference is presented by Mark Senn, PhD, whose program was honored with the 2006 AACVPR Innovation Award. The presentation is designed to offer practical strategies to integrate a disease management model into a traditional cardiac rehabilitation program. At the conclusion of this presentation, participants will be able to identify the importance of a disease management model and its value to a traditional cardiac rehabilitation program. Attendees will become familiar with a model disease management program and will have the necessary tools to implement such a program within their own facilities. Download the order form at: http://www.aacvpr.org/may07cdorderform.doc.

PAD: Reducing Risk and Staying in Circulation
AACVPR is working with Stay in Circulation, the first national public awareness program to help Americans learn about peripheral arterial disease (PAD), including how to reduce their risk and the steps they can take to stay in circulation. AACVPR is getting involved in the campaign through a variety of activities in an effort to help our community take steps to learn about PAD to stay active and healthy. For more information CLICK HERE.

PAD is a serious disease, affecting one in 20 Americans over the age of 50 (more than eight million). It occurs when arteries in the legs become clogged with fatty deposits, or plaque. The build-up causes the arteries to harden, a condition known as atherosclerosis. When the arteries in the legs are hardened and clogged, blood flow to the legs and feet is reduced. PAD is commonly seen in the arteries in the legs, but it can affect other arteries outside the heart, including those that lead to the brain, arms, kidneys, and stomach.

PAD is caused by the same risk factors that lead to heart disease. Those at risk include anyone over the age of 50, especially African Americans; those who smoke or have smoked; and those who have diabetes, high blood pressure, high blood cholesterol, or a personal or family history of vascular disease, heart attack, or stroke. PAD is a common and treatable disease that is on the rise among midlife and older Americans. However, it is still largely unknown, often unrecognized, and regarded by many as an inevitable consequence of aging. Many AACVPR members have PAD patients in our programs.

PAD Wall Charts Debuts

A new full-color, laminated PAD wall chart is now available for medical offices. Coordinated by the American College of Cardiology (ACC) and
produced by the unified efforts of an interdisciplinary consortium including the American Heart Association, American Association of Cardiovascular and Pulmonary Rehabilitation, NHLBI, Society for Cardiovascular Angiography and Interventions, Society for Vascular Medicine and Biology, Society for Vascular Nursing, Society for Vascular Surgery, and Society of Interventional Radiology, the wall chart graphically depicts the body’s vascular system and offers tips for recognizing, diagnosing, and treating PAD. Order your copy today!

Earn CE Credit Online

AACVPR is thrilled to introduce a new online functionality so you can earn a complimentary Continuing Education credit in the convenience of your home or office! Please have your membership number handy, as you will be directed to the AACVPR "members only" section of the Web site. When you’ve finished viewing the program, complete the brief evaluation to receive your CE credit. CLICK HERE to view the evaluation. Please contact the National Office at aacvpr@aacvpr.org with your comments and questions.

Understanding & Preventing Venous Thrombosis

Earn 1.0 Continuing Education Credit Online!

Dr. John Heit, MD, presented Understanding & Preventing Venous Thrombosis at the 2006 Annual Meeting in Charleston, WV. This was the Thursday Luncheon Presentation funded by an unrestricted educational credit from sanofi-aventis, US, Inc. If you attended this session at the Annual Meeting, you have already received credit for this program. Objectives of the presentation include:

- Identifying patients at risk for venous thromboembolism (VTE) and estimating the magnitude of risk.
- Understanding pharmacologic and non-pharmacologic methods for VTE prophylaxis.
- Evaluating patients for symptoms and signs of a new deep vein thrombosis or pulmonary embolism and complications of CTE prophylaxis.

AACVPR Discussion Forum

All AACVPR members have access to the AACVPR Discussion Forum. The Forum allows you to share information with colleagues in related fields regarding many topics relating to cardiac and pulmonary rehabilitation. Access the forum and login in with your AACVPR member ID and password. Once you are linked to the Discussion forum, click “Join” in the upper right-hand corner of your page. You will receive an e-mail with your specific login information to the forum, which differs from your AACVPR member login information. Contact the National Office (aacvpr@aacvpr.org or 312-321-5146) if you have any questions.

Inside the Industry

Outcomes Registry Project Manager Wanted

Terri Merritt-Worden, MS, FAACVPR, Disease Management Task Force Chair

Are you someone who has been involved in research studies or outcomes evaluation? Want to be part of a very exciting opportunity to help develop and test a prototype for a national rehabilitation outcomes registry? The AACVPR Disease Management Task force is seeking a project manager to lead the effort. Below is a detailed job description for the paid part-time consultant position that we hope to fill by the end of the summer. Are you qualified? Are you intrigued? Do you know someone else who might fit the bill? If so, please pass this information on to non-AACVPR members as well. Deadline for application is August 15th.

The American Association for Cardiovascular and Pulmonary Rehabilitation is pleased to announce the following part time consultant opportunity:

Position Title: Cardiac Rehabilitation Outcomes Registry Project Manager
Reports To: Chair, Disease Management Task Force/Registry Task Force
Date Last Updated: June 2007

Summary: Under the direction of the Registry Task Force (RTF) Chair and the Executive Board of AACVPR, the Project Manager of the Outcomes Registry is responsible for the planning, implementation and support of the registry pilot project (“the Project”).
Duties will include: the initial design and selection of the outcome measures for the registry; oversight of the database and Web site development; coordination and development of supporting educational, promotional and technical support materials; management and analysis of the data; and reporting of analytic results of the Project to AACVPR. The Project Manager may also be responsible for hiring and supervision of a support staff person for the Project.

Qualifications/Requirements:
- Graduate degree (Masters, PhD, MD) in exercise physiology, nursing, health informatics, public health, medicine or other health-related field.
- Experience in the development and management of long-term prospective studies.
- Experience in supervision and management of subordinate staff.
- High level understanding of issues in cardiac rehabilitation, cardiovascular medicine, and health care.
- Knowledge of cost accounting and budgets.
- Long term focus and ability to make complex strategic decisions.
- Willingness to assume responsibility and ownership for making critical decisions regarding the Project operations in conjunction with the Disease Management Task Force (DMTF) and AACVPR Executive Board.
- Ability to create and deliver executive-level summary reports and presentations.
- Ability to analyze, summarize, and report on data derived from the Project.
- Moderate to high level knowledge and understanding of computer technology, electronic database structures, data transfer protocols and Internet technology.
- Ability to build consensus on Project goals, planning and schedule between various members of the DMTF and RTF.
- Ability to establish working relationships with members of the DMTF and RTF, pilot study sites, and members of international organizations allied with AACVPR’s mission.

Physical Requirements: Primarily sedentary work.

Physical Activity: Primary working position-sitting, with occasional standing, walking, stooping, crouching, and kneeling; frequent reaching, carrying, lifting, pushing, pulling, fingerling, grasping, typing, talking-speaking clearly, hearing-conversation, and seeing-near. Travel for group/committee meetings may be required.

Work/Environmental: Moderate noise level consistent with an office environment. Work can be performed at Project Manager’s preferred location.

Personal/Physiological: Interaction with people, working around people, planning of activities, making judgments regarding registry operations in emergency situations, organizational communication.

Note: The purpose of this document is to describe the general nature and level of work performed by personnel so classified; it is not intended to serve as an inclusive list of all responsibilities associated with this position.

Position Responsibilities:
Essential
1. Meets with DMTF chair and/or RTF members to discuss and develop business plan, pertinent time-lines, funding opportunities, and budget for the Project.
2. Assists in the selection and oversight of the Project development team.
3. Assists in the development of the Project’s minimum data set, definitions, and database structure.
4. Assists in the development of the supporting materials for the Project, including promotional materials, educational materials and technical support materials.
5. Assists in the selection of and communication to the Project’s participating programs.
6. Assists in the development of the Project’s Web site.
7. Assists in the development of methods for the uploading of required data to the database.
8. Responsible for the supervision of support staff.
9. Responsible for the daily operations of the Project, including occasional technical oversight, communications to Project members and to the DMTF and RTF members.
10. Responsible for the reporting of operations and quarterly statistics to the DMTF and AACVPR Executive Board.
11. Assist in the development and delivery of data reporting format and contents based on customer needs and expectations.
12. Responsible for development, oversight and maintenance of database security.
13. Candidate should have access to high-speed Internet connection and computer. Specific hardware and software required for development and maintenance of the Project may be provided in the Project budget.

Remuneration commensurate with experience. Interested candidates should submit a cover letter and detailed curriculum vitae (including all publications) to alynn@smithbucklin.com
Electronic submissions only
Closing date August 15, 2007
Gary J. Balady, MD

The American Heart Association/AACVPR Scientific Statement: Core Components of Cardiac Rehabilitation/Secondary Prevention Programs-2007 Update was co-published in the May/June Issue of JCRP (Journal of Cardiopulmonary Rehabilitation & Prevention. 27(3):121-129. May/June 2007) and the May 22 issue of Circulation (Circulation 2007; 115: 2675-2682). This update to the previous statement presents current information on the evaluation, interventions, and expected outcomes in each of the key elements of cardiac rehabilitation/secondary prevention programs including baseline patient assessment, nutritional counseling, risk factor management (lipids, blood pressure, weight, diabetes mellitus, and smoking), psychosocial interventions, physical activity counseling, and exercise training. The AHA and the AACVPR recognize that all cardiac rehabilitation/secondary prevention programs should contain these specific core components in order to optimize cardiovascular risk reduction, foster healthy behaviors and compliance with these behaviors, promote an active lifestyle and reduce disability among patients with cardiovascular disease. While this paper has broad appeal for the wide range of health care providers who care for patients with cardiovascular disease, as well as policy makers and payors, it should be on the "required reading list" for all staff members involved in the practice of cardiac rehabilitation.

Educational Opportunities

ACSM Registered Clinical Exercise Physiologist® Workshop & Exam

November 2-3, 2007 – Henry Ford Hospital -- Detroit, Michigan

The American College of Sports Medicine (ACSM) is offering a workshop for the Registered Clinical Exercise Physiologist® (RCEP) exam. ACSM experts prepare you for the most rigorous and well-respected exam in the clinical industry. The workshop is November 2-3, 2007, at the Henry Ford Hospital in Detroit, MI. Sign-up on the ACSM Web site and select “Register.”

The 2007 RCEP application is available online. Minimum requirements include a master’s degree in Exercise Science, Exercise Physiology or Kinesiology and 600 hours of clinical experience.

For more information, talk to ACSM in person at the AACVPR Annual Meeting in Salt Lake City, e-mail certification@acsm.org, or call 317-637-9200 ext. 151.

Pulmonary Arterial Hypertension: Current Approaches and Future Expectations for Clinicians and Patients

Three Events in Six Cities:

September 8, 2007: New York, NY; Baltimore, MD

September 15, 2007: Minneapolis, MN; Los Angeles, CA

October 6, 2007: Dallas, TX; Miami FL

The Continuing Medical Education (CME) course is designed for health care providers who manage patients with or at risk for PAH and has been approved for AMA PRA Category 1 Credit. Each program will also include Pulmonary Hypertension Association and Scleroderma Foundation educational sessions for patients and families.

To pre-register for this program, please visiting the Symposium Web site.

For more information visit the PHA Web site.

Cardiovascular Risk Reduction Program

Various Dates and Locations

AACVPR has partnered with PCNA to provide you with information about a free half-day program on cardiovascular risk reduction, including sessions on inflammatory markers and how they relate to risk for stroke and best practices for treating complex patients with diabetes and dyslipidemia. In addition to earning 3 contact hours of continuing education, each attendee will receive free access to the new PCNA Forms Online. Learn how to integrate these forms into your practice and how they will help to improve outcomes for cardiovascular disease prevention. CLICK HERE to register for a meeting near you!

Staying on Top of Your Game

To be successful in today’s health care system, professionals need to keep pace with current changes, stay up-to-date on the latest clinical trends, and know how to locate resources to meet the needs of patients. Dorland Healthcare Information is dedicated to supplying professionals with the tools, resources, and information they need to provide effective and efficient care coordination to patients across the continuum. To learn more, contact Anne Llewellyn at alllewellyn@dorlandhealth.com.

- **Case Management Resource Guide**: a trusted referral tool used by case managers, nurses, social workers, and discharge planners for more than 17 years.
- **Case in Point**: a contemporary health care magazine utilizing recent news and trends designed to help professionals who coordinate care to improve their practice, careers, and lives.
- **Across My Desk**: a weekly care management newsletter that focuses on current topics, issues, and trends that impact today’s health care industry.
• **Dorland's Healthcare Web site Guide**: directs consumers and health professionals to the most reliable online health information in a matter of seconds. The series, complemented by a full-service website, is the first of its kind. It identifies, describes, filters, and rates the best Web sites on the 60 most common diseases and health conditions. Created by an experienced staff of physicians, medical editors, and Web site analysts, the series links users to trusted and independent third-party sources.

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**Pulmonary Point of View**

Gerilynn L. Connors, BS, RRT, FAACVPR

On June 27, 2007, CMS made a preliminary statement that shocked the pulmonary community. As we face major battles in the days and months ahead, let us not forget that we just celebrated our country's Independence Day. The making of our great nation did not come without hardships and losses. May we unite, stay strong and continue our fight for the pulmonary patients we serve. On a more positive note I’d like to share with you happenings and exciting research from around the globe.

2007 PH Resource Network Symposium — *P*Henomenal Progress in *P*H: Bringing Advances into Practice, will take place October 11-13, 2007, at the Hyatt Regency Crystal City in Arlington, Virginia. The first 300 eligible registrants are free! For more information about this great conference see the [Pulmonary Hypertension Web site](#).

The Cystic Fibrosis Foundation has done tremendous work to look for new therapies in the treatment of Cystic Fibrosis. Their [Web site](#) has a very detailed list of drug therapy targets from the airways to the digestive system such as gene therapy, protein assist/repair, restoring salt transport, mucus treatment, anti-inflammatory, anti-infective, transplant drugs, and nutritional supplements.

It is estimated that 246 million people in the world have diabetes mellitus and that 20-30 million of those individuals have symptomatic diabetic neuropathy, a disease that impacts your patients’ Pulmonary Rehabilitation Exercise program. What do you need to know about Diabetic Neuropathy to help your patients? Since many patients in Pulmonary Rehabilitation have Diabetes Mellitus, it stands to reason that neuropathy may be present. Your patient may experience pain, trophic changes in the feet with autonomic disturbances. Chronic inflammatory demyelinating polyneuropathy may also be a cause of neuropathy in a patient with diabetes mellitus. The prevalence of diabetic neuropathy also increases with time and poor glycemic control. Modifying the patient’s exercise program to address neuropathy is critical. Making sure your patients have good glycemic control is the best way to decrease the risk of neuropathy in patients with diabetes.

An extensive review on Diabetic Neuropathy can be found by Dr. Said, a Professor of Neurology and Chief of the Neurology Service at the Bicêtre University Hospital, Paris, France in the journal, *Nat Clin Pract Neurol.* 2007;3(6):331-340. or by checking the [Medscape Web site](#).

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**Reimbursement Updates**

**Medicare Coverage and Payment of Home Oxygen Therapy**

Karen Lui, RN, MS, FAACVPR

You or your Affiliate may be contacted to support the *Home Oxygen Protection Act of 2007* (HR 621 and S 1484). At first glance, it might appear to be a logical bill for AACVPR and Affiliate members to support, but the issue is much more complicated than this bill would lead one to believe. Some of the background information on this bill does not fully disclose the complexity of the issue nor does it provide an encompassing description of the possible solutions. AACVPR is aligned with the American College of Chest Physicians (ACCP), the American Thoracic Society (ATS), the National Association for Medical Direction of Respiratory Care (NAMDR) and the National Home Oxygen Patients Association (NHOPA) in finding a legislative solution for the structure of Medicare payment for oxygen and oxygen related equipment that goes beyond this proposed bill and addresses what is best for patients. As this time we are recommending that AACVPR members not support the *Home Oxygen Protection Act of 2007* (HR 621 and S 1484).

**Background:** Under current law, Medicare pays for oxygen and oxygen related equipment. It is estimated that this benefit reaches about one million Medicare beneficiaries and costs the Medicare program about $3 billion annually. From 1986 until this year, oxygen has been paid by Medicare in what is commonly referred to as a “modality neutral” method. All stationary oxygen systems are paid the same amount today—approximately $200 per month. All portable systems were paid an identical “add-on” amount of about $30 per month. This means that a stationary oxygen concentrator, which might cost a supplier about $500, warranted payment of $200 per month, and the payment for a
lightweight portable system that might cost the supplier an additional $2000, triggered an add-on payment of $30. These payments continued as long as medical necessity for oxygen continued.

The Deficit Reduction Act added two complicating factors to the oxygen landscape. First, there was a mandate that the oxygen supplier transfer ownership of the oxygen equipment to the beneficiary after 36 months of continuous use. Secondly, the ongoing monthly payment for oxygen would be capped at 36 months.

In June of 2006, representatives of suppliers, manufacturers, physicians and patients held a 2-day summit at the headquarters of the American College of Chest Physicians. The group came to agreement on several major changes that should occur in the oxygen payment environment. Some of those points are:

1. **Oxygen device selection and reimbursement should be based on patient’s clinical need:** It was agreed that device selection for patients should be based on their clinical need. Three classes of patient need were identified. Truly homebound patients would receive only the most basic oxygen systems, while the highly ambulatory patient would receive lightweight systems to encourage their ambulation. Those with moderate ambulation capabilities would receive the moderate weight devices, along with their stationary systems.

2. **Mandatory re-testing for certain oxygen patients:** The group recommended that patients who receive their initial prescription for oxygen as a result of an acute event such as pneumonia should be retested after 60-120 days to verify that medical necessity still exists.

3. **Repeal the ownership provision:** It was agreed that transfer of ownership is not in the best interest of the patients.

Where is the disagreement? Many physicians encounter severe problems in securing lightweight, ambulatory devices for their oxygen patients, and it is not hard to understand why. Bulky e-cylinders on wheels are cheap to buy (approximately $60) and easy to service. The genuinely lightweight systems that weigh under 10 pounds are very expensive, sometimes as much as $3500. With payment structured as it is, suppliers still have strong incentives to provide equipment with the best profit margin, not necessarily the most clinically appropriate for the patient. Last year the Inspector General recommended that stationary system payment be reduced to 13 months from 36 months. Importantly, the IG also recommended that Congress consider revamping the payment for portable systems, believing those devices are actually underpaid.

Secondly, CMS has held since establishment of the Medicare benefit for oxygen that it pays for oxygen and related equipment. It does NOT have any statutory authority to pay for services provided by respiratory therapists attending to home patients. Suppliers do have a legitimate argument that their costs for providing the equipment may not be covered by Medicare, however, they have never supported any specific effort to change the Medicare law to provide for this additional payment. Some analysts suspect that this is because they would have to absorb a huge regulatory process that is imposed on all Medicare providers who actually provide hands on care.

The pulmonary physician societies, along with patient organizations, do support implementation by Congress of the recommendations from the 2006 summit. Suppliers and manufacturers, as recently as May, 2007, say “the timing is wrong.” Physician organizations are genuinely puzzled by their lack of enthusiasm for realignment of the payment system into a “patient-centric” system that would include retesting to verify patient need AND repeal the ownership transfer provisions of the law. Hugely disappointing to the physicians and patients is the lack of support by suppliers for payment of a professional component for their services. Again, their explanation is “the timing is wrong.”

Because of the recommendations of the IG and the President’s budget request, attention is being paid to oxygen. Some say do nothing. Some say repeal ownership only. The pulmonary physician societies and patient organizations are saying, “Implement all the recommendations of the 2006 oxygen summit.” Is it correct to seek implementation of a “patient-centric” system? Is it wrong to implement a retesting system that is designed to ensure medical necessity? Physician and patient organizations want these changes now to enhance patient care and reflect current standards of practice. **AACVPR strongly urges Affiliates to support adoption by Congress of the comprehensive recommendations from the 2006 oxygen summit and not settle for only a fraction of the solution that the Home Oxygen Patient Protection Act proposes.**

**Pulmonary Rehabilitation Reimbursement Alert**

**Karen Lui, RN, MS, FAACVPR**

As all of you are now well aware, the Centers for Medicare and Medicaid Services (CMS) issued its Decision Memo for Pulmonary Rehabilitation on Thursday, June 27, 2007. All AACVPR members received an emailed Reimbursement Alert on Friday, June 28, 2007, detailing this decision (also posted on the home page at [www.aacvpr.org](http://www.aacvpr.org)). In brief, CMS concluded that they do have a statute that allows for coverage of pulmonary rehabilitation services when provided in a Comprehensive Outpatient Rehabilitation Facility (CORF). However, they also concluded that they do NOT have the statutory authority to cover these services in a physician office or outpatient hospital setting.

In review, a joint request for a National Coverage Determination (NCD) was submitted to CMS by AACVPR, ATS, and ACCP in November 2006. It was thorough and described fully the individual components of pulmonary rehabilitation with scientific evidence cited along with an extensive bibliography. It can be viewed with the Reimbursement Updates on the [AACVPR Web site](http://www.aacvpr.org). There is now a 30-day public comment period on the current Decision Memo and AACVPR plans to again join with the other leading physician organizations to submit a response.
CMS is required to then publish a final determination by September 27, 2007. It is highly unlikely that CMS would reverse their recent decision to NOT promulgate an NCD.

Therefore, and as the Reimbursement Alert explains, this makes our current legislative effort critically necessary to ensure that this benefit continues for Medicare beneficiaries. The Pulmonary and Cardiac Rehabilitation Act of 2007 (HR 552 and S 329) was expressly created for the purpose of requiring CMS to cover pulmonary and cardiac rehabilitation services and this is our best hope for the future of pulmonary and cardiac rehabilitation.

Because both the U.S. House and Senate are currently discussing a large Medicare bill, of which this legislation would be a part, the next month is AACVPR's best and final opportunity to impress upon Congress why this bill is now even more important than ever. Your Affiliate leadership and AACVPR need your help!

Please do your part to make it happen by simply picking up the phone and CALLING the US Representative in your district and ASKING for co-sponsorship of HR 552 and encourage your colleagues to do the same. You can locate your Representative and their telephone number at www.house.gov or simply call the main House switchboard at (202) 224-3121.

We're counting on YOU!

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**Web Sites to Watch**

**Sue Keller**

The NHLBI just initiated a COPD (Learn Better, Breathe More) campaign to help combat COPD. Visit their [Web site](http://www.nhlbi.nih.gov). Materials available include a fact sheet on **COPD: Are You at Risk** and a fact sheet on **Breathing Better with a COPD Diagnosis**. NHLBI recently updated its [Healthy Handbook for women](http://www.nhlbi.nih.gov/health/dci/Diseases/COPD/copd_women.html). The booklet includes the latest information on preventing and controlling risk factors, as well as tips on how to start and maintain a physical activity program.

The American Heart Association has an excellent community-based program for heart health and stroke prevention designed specifically for African Americans, available [HERE](http://www.americanheart.org). The Heart Kit contains information on Heart Disease, Nutrition, and Physical Activity. The American Heart Association has also translated its "Answers by Heart" patient information sheets in Spanish. Topics addressed include cardiovascular conditions, treatments and tests, and lifestyle and risk reduction.

**New Cardiac Rehabilitation Web site**

The American Heart Association clearly recognizes that cardiac rehab is important for our patients, has recently launched a section about CR on their Web site, but also provides tools for patients to supplement their cardiac rehabilitation experience, which highlights the following:

- Understand their condition, tests and treatments
- Communicate with their healthcare team
- Manage stress and cope with post-event emotions
- Make their medications part of their daily routine
- Quit smoking
- Enjoy a heart-healthy diet and maintain a healthy weight
- Begin or resume a regular physical activity program.

Please [CLICK HERE](http://www.americanheart.org) to view the Web site.

If you come across an interesting Web site you would like to share, contact Sue Keller at skeller@acc.org.

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**JCRP Highlights**

*Mark A. Williams, PhD, JCRP Editor-In-Chief*

This issue is highlighted by an Invited Review of combination therapy in Type 2 diabetes, a terrific reminder of the importance of flu vaccination,
and a timely editorial regarding the new pulmonary rehabilitation guidelines, once again leading the way to an outstanding series of valuable papers and editorials from a distinguished group of authors.

Invited Review
• Combination Therapy with New Targets in Type 2 Diabetes: A Review of Available Agents With a Focus On Pre-exercise Adjustment. McDonnell ME, MD (USA).

CARDIAC REHABILITATION
With Invited Editorial: Cardiac Rehabilitation as a Site for Influenza Vaccination? Matthew Davis, MD, MAPP (USA).
• Patient Characteristics, Compliance, And Exercise Outcomes of South Asians Enrolled in Cardiac Rehabilitation. Ananya Tina Banerjee, BSc, et al (CANADA, USA).

Brief Report

PULMONARY REHABILITATION
• Pulmonary Rehab Guidelines Editorial. Andy Ries, MD (USA).
• Quality of Life and Physical Performance in Land- and Water-Based Pulmonary Rehabilitation. Ana M. Lotshaw, PT (USA).

Committee News

Education Committee

Tami Conner, RN, Education Committee Chair
AACVPR is dedicated to providing educational resources to empower minds with knowledge. The Education Committee is responsible for the advancement of educational programs and services designed to enhance the scope of knowledge for cardiopulmonary rehabilitation professionals. The members work together as a team for the planning and implementation of teleconferences, approval of continuing education programs including the AACVPR national conference and the review and approval of clinical abstracts presented at the conference. If you, or someone you know, is interested in joining the education committee please contact aacvpr@aacvpr.org for more information.

The education committee has brought six teleconferences to its members since the national conference in October 2006:
• Relating Outcomes to Quality Improvement Initiatives by Helen Graham
• Atrial Fibrillation by Jonathan Myers, PhD, and Pam McCabe
• Pulmonary Rehabilitation: A Recipe for Success Assessment, Education, Exercise and Management by Lana Hilling
• Simplifying the Certification and Recertification Process: Strategies for a Successful Application by Bari Caplan-Bolger, MA, Co-chair of the Program Recertification Committee; Katrina Parker, MS, FAACVPR, Co-chair of the Program Recertification Committee; and Gayla Oakley, RN, Chair of the Program Certification Committee
• Breaking Away From the Traditional Cardiac Rehabilitation Program by 2006 Innovation Award Winner Mark Senn
• Resistance Training: Rationale, Safety, Contraindications, and Prescriptive Guidelines by Barry Franklin

Upcoming teleconferences include:
August 16, 2007: Using Motivational Interviewing To Implement Heart Health Recommendations by Georgia Kostas, MPH, RD
November 29, 2007: Exercise Physiology by John Porcari

Committee members Melanie Crowder and Marlene Slier worked great as a team and approved more than 1,000 CECs this past year. In April 2007, a call went out to the AACVPR members for clinical abstracts to be presented at the Annual Meeting. Co-chair Blaine Wilson, with committee members Julie Hartman and Adam Freehill, reviewed the clinical abstracts and accepted 12.
Leadership Committee

Geri Karpiscak, MSN, RN, FAACVPR Leadership Committee Chair
The purpose of the Leadership Committee is to provide educational, service, and recognition opportunities within the AACVPR membership that foster leadership growth, enhance leadership skills, and mentor leadership development.

This year’s activities of the Leadership Committee have focused around ongoing review and development of the mentorship program, review of AACVPR fellowship and innovation award applications and ongoing efforts to match interest in committee membership to available committee assignments.

The Mentorship Program was developed to match seasoned AACVPR members with those members who are new to the profession and/or are seeking guidance in a specific area of cardiac/pulmonary rehabilitation. Development of members and leaders within AACVPR is critical to its success. The Leadership Committee is collaborating with the Affiliate Link Committee to provide a networking session for Affiliate Leaders in Salt Lake City centered around the theme of mentoring.

Another primary objective of the Leadership Committee is the review of applicants for AACVPR fellowship. Each year fellowships are awarded to individuals who have demonstrated outstanding contributions and service in the field of cardiac and pulmonary rehabilitation. Fellowship applications are reviewed by the Leadership Committee, with the Board of Directors making final approval.

The Innovation Award is now in its third year. In an every changing environment of reimbursement, Cardiac/Pulmonary Rehabilitation programs across the country continue to implement creative strategies to maintain financial viability. The Innovation Award recognizes this creativity utilizing criteria based on the definition of disease management set forth by the Disease Management Association of America (DMAA). This year’s award winner will have the opportunity to present the highlights of their program at this year’s AACVPR Annual Meeting.

The Leadership Committee is interested in hearing your comments on how we can assist you, our members, in further leadership development. If you have questions about any of the information provided above, please do not hesitate to contact me at gkarpiscak@princetonhcs.org.

 Affiliate Society News

AACVPR Outstanding Affiliate Award

Deadline: August 15, 2007
AACVPR is soliciting applications from Affiliate Societies for the 2007 Outstanding Affiliate Award. The objective of this award is to recognize an Affiliate that supports and encourages the missions and goals of AACVPR through member activities, educational opportunities and professional development. We encourage you to apply. Applications will be reviewed by a subcommittee of the Affiliate Link Committee. Notification of acceptance will be provided prior to the AACVPR Annual Meeting in Salt Lake City, Utah. Download the application at www.aacvpr.org/outstandingaffiliate_app07.doc and submit via e-mail to the National Office at aacvpr@aacvpr.org.

If you have questions regarding the AACVPR Awards, please contact the National Office at aacvpr@aacvpr.org or 312-321-5146.

Nebraska Focuses on Petitions, Certification

Judy Bors, NCVPRN President
The Nebraska Cardiovascular and Pulmonary Rehabilitation Network (NCVPRN) and its executive board continue to support the efforts of AACVPR on S 329 & HR 552. Our board and our Health Policy & Reimbursement Committee encouraged all programs and members in our network to participate in the letter-writing campaign and to activate the signing of the petition by their patients in support of these bills.

Our executive board continues to focus on the importance of certification. We have encouraged and challenged all programs in our state to go through the certification process to become certified and/or to update their program to certification standards.

Another goal of our network was to update our communication link to our members with the use of e-mail and our Web site. With many efforts from several committee members and the board, we feel that we have been successful with this task. We currently have 155 members, 72
New York Offers Education, Opportunity

Kelly M. Fitzgerald, RN, BS, AE-C, FAACVPR, NYSAC&PR President
The Annual Conference of the New York State Association of Cardiovascular & Pulmonary Rehabilitation (NYSAC&PR), sponsored by the Metro region, took place June 1st and 2nd at the Phillips Ambulatory Care Center of the Beth Israel Medical Center in Manhattan. The weather was picture-perfect, and the “Big Apple” was full of exciting opportunities to explore. Program chair, Jonathan Raskin, MD, put together a phenomenal faculty, who clearly outlined the common ground shared by cardiac and pulmonary rehabilitation professionals. Phil Porte, Legislative Analyst and Consultant for AACVPR, ended the conference with the clear message that OIG will evaluate “incident to” services and could impose its current authority to “pull the plug” for Cardiac and Pulmonary Rehabilitation. NYS is continuing its efforts to support the grassroots initiative demanding that our congressional representatives sign on to HR 552.

New York State is currently working with the State University of New York at Buffalo’s Exercise Science Department to become a pilot program for AACVPR by appointing a student liaison to the Executive Board. This appointment would be a service position and the student would be a direct liaison to his or her own school and the other schools in the affiliate region. This initiative goal is to increase student awareness and involvement in the NYSAC&PR and AACVPR, as well as grow our membership with new and energized professionals.

North Carolina Reports Successes

John Cook, RN, NCCRA President
The North Carolina Cardiopulmonary Association (NCCRA) held its annual symposium in February in Charlotte. We had 17 speakers and 220+ attendees for the 2-day meeting. Our next symposium will be February 28-29, 2008, in Charlotte.

Our Research Committee has had several articles published in journals from an outcomes registry many of our members contributed to. These outcomes were for cardiac and pulmonary rehabilitation and have been well received in the cardiopulmonary medicine community. Some of the publications include JCRP and CHEST.

We had several members attend the Day on the Hill and have had some success getting co-sponsors. Our regional Vice President is using AACVPR audio conference as a base to gather regional members together for local meetings. This is going well and has been well-received by our members.

North Carolina Benchmarking Survey

Betty Matteson, MA, Program Director at UNC Health Cardiac Rehab
With the support of the North Carolina Cardiopulmonary Rehabilitation Association and UNC School of Public Health, a pilot financial benchmarking survey has been developed and tested among a small sample of cardiac rehabilitation programs in North Carolina. Program directors often report that budget deficits and profitability are “hot button” issues, yet little data exists to permit meaningful discussion among programs on financial issues. The survey was designed to assess key performance indicators and facilitate exploration of common financial concerns. The long-term goals of this project are to establish a pattern of useful discussion among program directors and develop financial best practices for cardiac rehabilitation.

In conducting this pilot survey, a number of barriers were encountered. Most program directors declined to participate in the survey. Some cited reluctance to request financial information from their administrators; others voiced concern that their programs would look bad in comparison with others, thus placing jobs and the program itself at risk. Access to and awareness of financial information was reported to vary widely from program to program.
In spite of the barriers encountered, the project team continues to explore ways to help North Carolina cardiac rehabilitation programs address financial issues and productivity. In July, NC program directors will meet in Chapel Hill to explore their concerns and questions about financial benchmarking, program financial performance and productivity. If there are similar projects underway in other states, participants are invited to contact Betty Matteson at ematteson@unch.unc.edu.

Upper Plains' Banner Year

Becky Bergeson, RN, UPCR President

The Upper Plains Cardiopulmonary Rehabilitation Association (UPCRA) has had a great year. We were honored at the AACVPR Annual Meeting last fall to receive a $1,000 scholarship. The scholarship money is being used to hold monthly educational teleconferences for our members. This allows opportunities to our rural areas of South Dakota and North Dakota to learn more about cardiac and pulmonary rehab. We have many talented members who have hosted the teleconferences, with topics such as exercise physiology, the pulmonary patient in cardiac rehab, exercise prescriptions, exercise guidelines, and phase III cardiac rehab. We will be privileged to have Pat Comoss speak to us about keeping pace and essential priorities for programs and practices.

Another honor bestowed at last year’s national meeting went to one of our own, June Schultz, who received the Distinguished Service Award. We are very proud of June and what she does for AACVPR and UPCRA.

UPCRA hosted our annual tri-network conference in April, which includes North and South Dakota, Iowa, and Nebraska Affiliates. We had a great turn-out, with 200 attending the conference. Our education committee did a great job of lining up speakers like Joel Weintraub, Chris Gardner, Larra Petersen, and Steven Blair.

To promote educational opportunities for our members, UPCRA offers a scholarship program. Our board members may apply for a $1,000 scholarship to attend the AACVPR Annual Meeting. Our members may apply for one of two $150 scholarships that may be used to help defer the cost of equipment or educational material for their programs, or they may use it for attending workshops or meeting to further their education and keep abreast of new and exciting things in Cardiac and Pulmonary rehab.

2007 Calendar of Events

October 18 - 21
Salt Lake City, Utah
AACVPR 22nd Annual Meeting
For more information: www.aacvpr.org/meeting/
Click here to register:
http://www.aacvpr.org/2007am_reglive.htm

August 23, 2007
The 9th Annual HEARTEAM Cardiopulmonary Rehab Education Day
Bloomington Hospital Wegmiller Auditorium, Bloomington, Indiana
For more information: Christine Morrorn at (812) 353-3550 or Susie Carter at (812) 353-5230

September 24-28
University of Wisconsin-La Crosse
Starting or Updating a Comprehensive Cardiac Rehabilitation Program
For more information: John Porcari (608) 785-8684 or porcari.john@uw lax.edu or CLICK HERE

October 8-10
University of Wisconsin-La Crosse
Starting or Updating a Comprehensive Cardiac Rehabilitation Program
For more information: John Porcari (608) 785-8684 or porcari.john@uw lax.edu or CLICK HERE
October 14-16, 2007
5th International Meeting on Intensive Cardiac Care
Tel Aviv, Israel
For more information: CLICK HERE

Ongoing
Health Coach Training and Certification
Sponsored by Wellcoaches Corporation
For more information: HealthCoach@wellcoach.com or CLICK HERE

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: CLICK HERE

As a benefit of AACVPR Membership, take advantage of Complimentary Online CE Programs on Chronic Heart Failure: Focus on the Outpatient Setting and Health Benefits of Omega-3 Fatty Acids and Walnuts
Offered by the Preventive Cardiovascular Nurses Association
For more information: CLICK HERE

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.

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