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Messages from Headquarters

Letter from the Editor: Stepping Up to the Plate

Linda K. Hall, PhD

There are a number of major issues that members need to be aware of -- and also willing to get involved in. Many of us say that we do not have time, or have too much on our plate, or let someone else do it. I am in the process of packing up my house to move -- yes again -- to Arizona. As I do this, I am reminded of Einstein’s three rules of work:

“Out of clutter, find simplicity.” Those of us who say we have too much to do, need to look at what is using up our precious time and space. As I pack, I have adopted these rules: (1) If I have not opened the box since I moved the last time -- Salvation Army, Good Will, or Garage Sale; (2) If I have not worn it in the last two years and am not willing to put it on today -- Salvation Army, Good Will, or Garage Sale. The same thing can be said about work things that clutter our day. Examine the skills of your staff and find someone who is good at those monthly reports that are “plug and send.” Look at the number of committees you are on. Figure out which are career and job important, and then find staff members who would really be good at the others. As a program leader, your job is to make sure that the program is viable and able to provide standardized programs that are reimbursed by insurance. That means finding the time to apply yourself to national issues.

“From discord, find harmony.” You may not always agree with the AACVPR national office or leaders, and you may think that CMS is not fair and not working in your best interest. There is a national effort going on with AACVPR, the board, our reimbursement committee, and our lobbyist to work with members of Congress to change how we are reimbursed and also to obtain a national coverage for pulmonary rehabilitation. AACVPR needs every voice in the chorus, singing harmoniously to their Representatives and Senators.

“In difficulty, find opportunity.” The center that I directed (and now consult for) faced continuing questions from administration with regard to budget deficits and profitability. We recently made a proposal to Medicaid to do a demonstration project for them that involved caring for 300 of their heart, pulmonary, and diabetes patients for one year, using education, cardiac/pulmonary rehabilitation and diabetes self-management education. We are in the final stages of negotiations, and when it is approved, it will balance the deficits in other areas.

AACVPR has been hassling with first HCFA and now CMS -- “a rose by any other name is still a rose” -- for close to 17 years now. We are finally at an opportune moment. We need you to work, call, write, and talk to your Congressional Representatives.

Executive Director’s Corner: Being Part of the AACVPR Community

Marie Bass

What defines “community?” Where does it start and end? How do we know what communities are right for us, and which ones do we join?

These questions crossed my mind as we watched students, faculty and staff gather last week to honor those killed and injured and scarred by the tragedy at Virginia Tech. College students feel invincible, untouchable by the sharp and deadly realities of life. But at the tribute gathering, sun, blue skies, and the glorious energy of youth could not totally vanquish the dark news from Blacksburg. And so bells tolled, tributes were offered, and communities were born, even if just for a brief time.
Communities arise when we need them. They are of our making, born of our need for connectedness, a sharing of resources and support for each other. AACVPR is a community like no other – it is a community comprised of a diverse group of individuals from different professions, from large urban facilities to small rural settings, who serve various patient populations and provide a wide range of services. Yet, we are a community focused on the care of patients with cardiac and pulmonary disease. Our goals are aligned -- how can programs provide the highest quality of patient care, offer prevention programs that make a difference in the lives of patients and remain viable in a turbulent health care climate with ever-dwindling resources?

AACVPR is the only organization focused on those specific goals. We urge you to participate actively in the AACVPR “community.” We invite you to continue your commitment to AACVPR by renewing your membership in the coming months. The AACVPR community is not complete without the full commitment of all members who are focused on the viability and growth the profession of Cardiac and Pulmonary Rehabilitation. In short, the AACVPR community is not complete without you.

AACVPR 22nd Annual Meeting

Come to Salt Lake City, October 18-21!

AACVPR invites you to attend the AACVPR 22nd Annual Meeting, October 18–21, 2007, at the Salt Palace Convention Center in Salt Lake City, Utah. The AACVPR Annual Meeting is the world’s premier educational and networking event for cardiovascular and pulmonary rehabilitation professionals.

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. The tracks available are Clinical Cardiology/Cardiac Rehabilitation, Pulmonary Medicine/Pulmonary Rehabilitation, Leadership and Innovation, and Nutritional and Behavior Change.

And you won’t want to miss the Opening Ceremony & Keynote Presentation by the renowned John Rumsfield, MD, PhD. His opening keynote, Connecting Cardiac Rehabilitation to Cardiovascular Outcomes, will address the domains of quality, and both ineffective and effective strategies for quality improvement in the current health care environment. Rumsfield will also speak on recent evidence on gaps in care and variation in care, as well as patient outcomes for patients with cardiovascular and pulmonary disease. He will touch upon the potential role of cardipulmonary rehabilitation in addressing current gaps in care and promoting high quality health care in the future.

Don’t miss this 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. Shouldn’t YOU be there, too?

Call for 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 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. To register, visit [www.nursecredentialing.org](http://www.nursecredentialing.org), and click on “Certification and Renewals,” then “Review Preparation Resources.” Participants will receive a program book with about 300 slides. For further information, visit [www.nursingworld.org](http://www.nursingworld.org) or call **Joanne Evans** at the ANCC at **301-628-5053**.

**Member Resources**

**AACVPR Teleconferences in May and June**

**Expanding Your Program: Integrating Disease Management into Traditional Cardiac Rehabilitation Programs**
Presented by Mark Senn, PhD, FAACVPR
**May 31, 1-2 pm Eastern**
Register: [www.aacvpr.org/may07_teleregistration.doc](http://www.aacvpr.org/may07_teleregistration.doc)
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. Learn to identify the importance of a disease management model and its value to a traditional cardiac rehabilitation program. Become familiar with a model disease management program, and gain the necessary tools to implement such a program within your own facility.

**Resistance Training: Rationale, Safety, Contraindications, and Prescriptive Guidelines**
Presented by Barry A. Franklin, PhD
**June 28, 1-2 pm Eastern**
Register: [www.aacvpr.org/education/june07_telereg.doc](http://www.aacvpr.org/education/june07_telereg.doc)
A summary of the program is forthcoming.

**Call for the 2007-08 BOD Nominations**

If you or someone you know is interested in serving on the AACVPR Board of Directors, please complete the nomination form and return it to the AACVPR National Office via e-mail to [aacvpr@aacvpr.org](mailto:aacvpr@aacvpr.org) by **May 31**. The Nominations Committee will review all nominations and will present a slate of candidates to serve on the 2007-2008 AACVPR Board. Please click the following link to the application and to review the criteria for service on the AACVPR Board: [www.aacvpr.org/2007boardofdirectorsnom.doc](http://www.aacvpr.org/2007boardofdirectorsnom.doc).
Call for 2007 Award Nominations

**Deadline: Friday, May 25, 2007**

AACVPR is accepting applications for the Award of Excellence, Distinguished Service Awards, Michael L. Pollock Established Investigator Award, the Minority Scholarship, and the L. Kent Smith Excellence in Clinical Practice Award. AACVPR is dedicated to recognizing both professional achievements of its members and outstanding commitment to AACVPR as a whole. If you are interested in submitting a nomination (for yourself or another individual), please use the application located at www.aacvpr.org/awardnom07.doc. Please click here to view a list of previous award winners: www.aacvpr.org/awardpastwinners07.htm.

**AACVPR Innovation Award**

**Deadline: Friday, June 1**
The AACVPR is proud to announce the Third 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 definition of Disease Management, as set forth by the Disease Management Association of America (DMAA). Successful applicants demonstrate excellence and innovation in program development and operations in the realm of Disease Management. For a description, award criteria, and application, please visit www.aacvpr.org/innovawardapp07.doc.

**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.

**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 at www.surveymonkey.com/s.asp?u=649163144989 to receive your CE credit. 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.

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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, visit www.nhlbi.nih.gov/health/public/heart/pad/materials/community_action.html.

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.

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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!

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Inside the Industry

Developing and Writing a Business Plan for Success, Part 4

G. Curt Meyer, FACHE, FAACVPR, Disease Management Task Force

In the past three articles, I have presented the generic approach to writing a business plan for those interested in expanding their services above and beyond their present offering. This is the last of the articles relative to writing the business plan. The concepts have been presented from visioning, to team development, to financial worksheet development. At this point during the business planning process, we turn to the implementation phase.
Often before the implementation phase, there should be a reevaluation of the concept to date with the various team members identified as key players for a project. Furthermore, there may value in presenting all the information to some outside parties for evaluation of concept and assumptions. And clearly there must be some training for the staff in protocols and procedures associated with the new business development. In the case of transitioning to trans-telephonic and/or Internet-based disease management, coaching is needed to educate the staff on how to communicate effectively over the phone with or the tools associated with the Internet-based software. This may be new territory for several staff members as there is not a person and/or family member directly across the workstation from them during the educational programming.

Now that you have developed the team, created the vision, defined and presented your assumptions, and run all the financial Perforama calculations, it is time to implement the program. Implementation is often done with a small group to determine if the assumptions hold true in real-life presentation. This often is described as an alpha or beta testing before rolling out to a larger group. This practice helps ensure that you have completed your planning before expending great human and financial resources in an area that has not been tested completely.

In implementing the program, assumptions are frequently tested and the infrastructure that is in place may be challenged. Most often, the ability to be at the level of the productivity predicted is challenged as new protocols are utilized. It is worthwhile to dedicate time for staff to learn a new program delivery model. The information technology utilized may be new and require some additional learning.

As with all programs, there should be constant learning, new program development, and new visioning. I hope that you are able to utilize some of the resources that have been presented in these four articles on business plan development and implementation. Most importantly, when you have a new idea and want to take it to a decision-making authority, using some of the tools that have been presented in these articles should be helpful for you to be successful in expanding your business.

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Disease Management Task Force Update

Terri Merritt-Worden, MS, FAACVPR, Chair

The Disease Management Task Force (DMTF) continues to monitor the various initiatives and trends in regards to chronic disease management (DM). Great strides have been made to develop liaison relationships with the Disease Management Association of America (DMAA) and many disease management sub-groups of other professional associations. This has provided great opportunity for continued dialogue and transfer of information to identify ways for cardiac/pulmonary wellness and rehabilitation programs to maintain their important role in DM.

You may be aware that the Center for Medicare and Medicare Services (CMS) has been conducting a DM demonstration (the Medicare Coordinated Care Demonstration) to evaluate the effectiveness of DM for Medicare beneficiaries. Most participating demonstration contractors were call-center-based DM companies. The 2-year evaluation of the demo was just released, and the results were not as positive as expected.

The analysis found that beneficiaries and physicians were generally satisfied with the program, but that case and DM programs had little effect on patients’ use of Medicare services and adherence to recommended lifestyles. In fact, only one of the contractors evidenced decreased hospitalizations. Interestingly, though, this contractor provided the most in-person contact, validating many of our thoughts that call-center DM may not be sufficient in changing behaviors and impacting long-term health/DM. Yet again, supporting the notion that ideal chronic disease management begins and belongs in the “bricks and mortar” programs that can provide “high-touch” services and continues with “high tech” long term follow-up that meets the needs of the individual patient. A few years ago, one of our greatest advocates, Janet Wright, MD, in her testimony to Congress regarding the importance of chronic disease management specifically referenced cardiac rehabilitation as “the original Disease Management Program.” It is important to note that there have been unexpected issues within the demo design. The DMAA has issued a position paper that discusses the problems that were encountered.

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Joint Commission Seeks Comments on Proposed Requirements for COPD

AACVPR members including Chris Garvey, RN, MPA, and Linda Nici, MD, are working with the JCAHO to develop criteria and requirements for a new COPD program certification through the JCAHO. The Joint Commission has posted a request for comments on proposed requirements that would evaluate the effectiveness of chronic obstructive pulmonary disease (COPD) programs in an ambulatory setting. According to the Joint Commission, these requirements “are being proposed to serve as the basis to evaluate programs seeking Advanced...”
Disease-Specific Care Certification for COPD.

The proposed requirements and field assessment are posted for comment through June 5, 2007. Since AACVPR members work closely with COPD patients, your input and comments are invaluable. For further information, contact the Joint Commission’s Lisa Vidovic, Division of Standards and Survey Methods, at 630-792-5961 or vidovic@jointcommission.org.

Cardiovascular Education

Science and Leadership Symposium for Women Living with Heart Disease
October 6-10, 2007 -- Mayo Clinic -- Rochester, Minnesota

Encourage your women heart patients to apply for an innovative science and leadership course. The goal of this training is to educate women heart patients to promote quality of life and health care for all women living with heart disease, in their own communities and beyond. All expenses paid, except travel. The completed application form, essay questions, and letter of recommendation must be submitted by July 1, 2007. Download the application brochure today. If you have any questions, feel free to contact Symposium Program Director Sara Sandel at sara@womenheart.org or 202-728-7199.

Registered Clinical Exercise Physiologist® Workshop & Exam
May 11-12, 2007 -- University of Louisiana at Monroe

The American College of Sports Medicine (ACSM) is offering a workshop this spring for the Registered Clinical Exercise Physiologist® (RCEP). ACSM experts prepare you for the most rigorous and well-respected exam in the clinical industry. Currently certified professionals can earn 15 ACSM CECs. Minimum requirements include a master’s degree in Exercise Science, Exercise Physiology or Kinesiology and 600 hours of clinical experience.

Register at www.acsm.org/rcepapp. Apply for the exam and workshop together to save $30. For additional information, e-mail certification@acsm.org or call 317-637-9200 ext. 151.

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. Visit www.pcna.net to register for a meeting near you!

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 allewellyn@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. Its online component is available at www.cmrg.com.
- **Case in Point** (www.caseinpointmagazine.com): 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** (www.acrossmydeskblog.com): 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** (www.dorlandwebsitesguide.com): 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.
Pulmonary Point of View
Gerilynn L. Connors, BS, RRT, FAACVPR

U.S. to Have 127 Million Flu-Vaccine Doses

It is never to early to talk about flu vaccine. CDC hears that the US will have about 127 million flu-vaccine doses for the 2007 influenza season -- the most ever! The flu kills 36,000 people each year and puts 200,000 into the hospital. The CDC says that most Americans should be vaccinated against the flu every year, but fewer than half of those who should get the immunization actually do. Will your patients be getting their vaccine?

Peppermint Oil May Relieve Digestive Symptoms, Headaches

It’s all in the mint! The American Family Physician had a review April 1st summarizing that peppermint oil is effective in treating digestive disorders and other conditions including headaches, although high dosages may cause adverse effects. “The medicinal use of peppermint and other mint plants probably dates back to the herbal pharmacopoeia of ancient Greece, where peppermint leaf traditionally was used internally as a digestive aid and for management of gallbladder disease; it also was used in inhaled form for upper respiratory symptoms and cough,” write Benjamin Kligler, MD, MPH, from the Albert Einstein College of Medicine of Yeshiva University in New York, and Sapna Chaudhary, DO, from the Beth Israel Continuum Center for Health and Healing in New York. “Peppermint oil, which is extracted from the stem, leaves, and flowers of the plant, has become popular as a treatment for a variety of conditions, including irritable bowel syndrome (IBS), headache, and non-ulcer dyspepsia.” (Read the article: Am Fam Physician. 2007;75:1027-1030.)

Everything You Want to Learn about Pulmonary Hypertension!

2007 PH Resource Network Symposium Phenomenal Progress in PH: Bringing Advances into Practice
Visit www.phassociation.org for detailed information.
October 11-13, 2007, Arlington, VA

PH 2007 Medical Education Sessions Announced
Sponsored by the Pulmonary Hypertension Association and the University of Michigan Medical School, in partnership with the Scleroderma Foundation, a six-city tour is supported by an unrestricted educational grant from Actelion Pharmaceuticals. Below are tour dates, locations, and PH doctors facilitating the events.

September 8, 2007

● New York, NY -- Dr. Terrance Trow
● Baltimore, MD -- Dr. Vallerie McLaughlin

September 15, 2007

● Minneapolis, MN -- Dr. Michael McGoon
Los Angeles, CA -- Dr. Richard Channick

October 6, 2007

- Dallas, Texas -- Dr. Michael Mathier
- Miami, FL -- Dr. Victor Tapson

American Academy of Allergy, Asthma & Immunology 2007 Annual Meeting

Learn the state-of-the-art treatments and clinical strategies for the management of patients with asthma, allergies, and immunologic disease. Visit www.aaaai.org for the latest information.

New Asthma Guidelines

National Heart, Lung, and Blood Institute (NHLBI) New Asthma Guidelines will be published soon. The first Guidelines came out in 1991, with the last revision in 1997. During this review, the Expert Panel had more than 15,000 articles to look at for relevance. The new guidelines emphasis is on Asthma Control. Watch for this important document to be published at www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm.

JCRP Highlights

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

The long-awaited publication of the 2007 revision of the AHA/AACVPR Core Components of Cardiac Rehabilitation/Secondary Prevention Programs will be the lead article in the May/June issue of the JCRP and sets the stage for a very interesting group of papers from both national and international contributors.

AACVPR SCIENTIFIC STATEMENT

- **AHA/AACVPR Core Components of Cardiac Rehabilitation/Secondary Prevention Programs: 2007 Update**. Balady GJ, Williams MA, Ades PA, et al. (USA)

CARDIAC REHABILITATION

- Individualized Preventive Care in Cardiac Rehabilitation. Ades PA. (USA)
- A Reexamination of the Metabolic Equivalent (MET) Concept in Overweight Individuals With Coronary Heart Disease. Savage PD, Toth MJ, Ades PA. (USA); with an Invited Editorial entitled MET Inflation – Not the MET We Used To Know. Lavie CJ, Milani RV. (USA)
- Goals in Cardiac Rehabilitation — Influencing Factors, Relation to Outcome, and Relevance of Physicians’ Illness Perception. Farn E, Frey C, Glattacker M, Jäckel WH. (Germany); with an Invited Editorial entitled Goal Setting In Cardiac Rehabilitation. Stone JA, King KM. (Canada)

Brief Reports

- Paraoxonase Activity Following Exercise-Based Cardiac Rehabilitation Program. Goldhammer E, Ben-Sira D, Zaid G, et al. (Israel); with an Invited Editorial entitled Effect Of Aerobic Exercise On Paraoxonase Activity In A Cardiac Rehabilitation Setting. Sehayek E. (USA)
PULMONARY REHABILITATION

- But Watch Out For The Weather: Factors Influencing Adherence To Progressive Resistance Exercise For People With COPD. O'Shea SD, Taylor NF, Paratz JD. (Australia)

**Committee News**

**Committee Connection: Accepting Volunteer Applications through June 30!**

*Tracy A. Herrewig, MS, FAACVPR*

Spring is a busy time. At work, budgets are due, forms and programs are scheduled to be created or updated, and schedules are being adjusted to accommodate summer vacations. At home, spring cleaning, yard work, and home improvements consume us. Thank goodness for the many outdoor recreational activities to lure us away from all of this!

It is also a busy time for AACVPR. Committees are busy with projects identified by their members or by the Board of Directors in the 2007-2008 Strategic Plan. Plans are being finalized for the annual meeting. Teleconferences are being planned and provided to members. New research and documentation is being reviewed and made available to the membership. Nominations are being sought for new leadership. The Web site is providing exciting new opportunities. Applications for Fellow status and the Innovation Award are being reviewed. Membership drives are being kicked off. Programs are being reviewed for certification or recertification. Reimbursement… well that's an article in and of itself.

What does all this mean? It means that this is the perfect time to become involved in and help shape the future of AACVPR. There are many opportunities for you to take an active role in the development of AACVPR. Don't know how to get started? Simply visit [www.aacvpr.org/about/committees.cfm](http://www.aacvpr.org/about/committees.cfm) for a list of more than 20 committees and a link for the Committee Service Application. Complete the online application and send it to the national office. Your application will be forwarded to the chair of the committee you are interested in joining. He or she will contact you to find out more about your interest and let you know if that committee is actively seeking additional members.

Don't wait for the paint to dry in your living room or the Documentation Committee to approve that new inpatient form to take advantage of the opportunity to keep AACVPR in the forefront of cardiac and pulmonary rehab. We are all busy at work and in our personal lives, but we also have the professional responsibility to make our national organization the very best it can be. Log on now and get involved in the committee of your choice.

**Outcomes Committee**

*Helen L. Graham, RN, PhD*

This year, the Outcomes Committee was happy to welcome two new members: Denise Albert from Iowa and Joy Reardon from Pennsylvania. We had another industrious year. After rigorous review and revision, two outcome papers were submitted to the Document Oversight Committee for publication. The first paper, a consensus paper, addresses pulmonary outcomes, while the purpose of the second paper is to establish standardization of outcome definitions for measurement. Several committee members conducted an online survey designed to "touch base" with Outcome Committee Chairs from the different affiliates and to explore what outcome-related activities are of interest to cardiac and pulmonary rehabilitation programs. Once that data is analyzed, the committee plans to share the information in a future issue of *AACVPR News & Views.*
Research Committee

Steven W. Lichtman, EdD

In a recent issue of AACVPR News & Views, Dr. Marjorie King advocated for increased participation of members in leadership roles on both the national and local levels. As the Research Committee Chair, I believe another way to demonstrate leadership in our field is to perform research, present at the AACVPR Annual Meeting, and submit to the Journal of Cardiopulmonary Rehabilitation and Prevention.

I CAN'T DO RESEARCH! is what most of you are thinking. However, it is not as daunting a task as you might think to produce quality research or as intimidating as you might think to present at the national meeting. Whether it is a poster or oral presentation, AACVPR offers a non-intimidating, supportive atmosphere for presenting research. It is an ideal place for the novice presenter to gather valuable experience or for the experienced researcher to present to an enthusiastic audience.

All research starts with a question, some aspect of cardiac or pulmonary rehabilitation to investigate. To answer this question, data are collected and analyzed. Data collection is often one of the most intimidating parts of the research process. However, as part of AACVPR certification, programs are required to collect outcome data on their patients. Typically, these data are kept in a program such as Excel. Many of your programs already have the data collected to answer a research question! For example, if you have instituted a new or unique type of therapy or educational process in your program and are tracking outcomes, you can compare the effect of the new implementation by examining outcomes prior to and after implementation. (Remember that all research projects need to go through Institutional Review Board approval before they can be submitted, even those where you are analyzing data already available.)

This year’s Annual Meeting is in Salt Lake City, October 18-21. Please take the opportunity to attend one of the Scientific Abstract Presentations, visit the Scientific Posters, and go to the Michael L. Pollock Established Investigator Lecture. These presentations will give you an excellent overview of the research being performed by your colleagues across the country and an insight into the research process. Additionally, if you have any questions about conducting a research study, you can contact the Research Committee through the AACVPR Web site. Good luck, and I look forward to seeing you in Salt Lake City.

Affiliate Society News

Minnesota Acts for Reimbursement

John Inkster, MS, MNACVPR Immediate Past President

An annual member survey revealed that the MNACVPR membership wanted the organization to put its time toward reimbursement/legislative issues. We listened and have been playing a leadership role in the area of reimbursement. MNACVPR helped start a relationship between AACVPR and Noridian (our current FI and the first MAC to exist) when Dr. Bernice Hecker, Medical Director for Noridian Administrative Services, and Dr. Marjorie King, AACVPR Immediate Past President, were able to sit down at our October 2006 Annual Meeting in a small group and discuss current reimbursement/regulatory issues of CR and PR. This relationship has continued to grow, hopefully helping seat AACVPR in a good position for the future.

MNACVPR also created a new structure for our Reimbursement Committee, with one contact person for each U.S. Congressional District designated to provide two-way information from the Reimbursement Committee Co-Chairs (as well as the Board of Directors) to that district’s members and back-up. We hope that this will provide more rapid communication to members for letter-writing campaigns and for quick action on other legislative issues.

Through input of the member survey, we have also implemented an Outcomes Committee and a Disease Management Committee. We hope to see these two areas grow in the next year. We look forward to seeing all our members at the Annual Meeting on September 19-20, 2007!
Northwest Updates

Helen Naylor RN,C, MSN, President

The Northwest Association of Cardiovascular & Pulmonary Rehabilitation (NWCVPR) started 2007 with a bang! After attending a motivating affiliate leadership conference in Chicago, I was poised for action. With the support of my fellow NWCVPR Board, our organization started preparing for the “Day on the Hill.” We contacted our Senators and Representatives to arrange for meetings. We were able to send four of our members to D.C. While in D.C., we were able to meet with health care staff for Washington Senators Murray and Cantwell, and Idaho Senators Craig and Crapo. Our group also left information on the importance of co-sponsorship for Senate Bill 329. I am pleased to say that, because of our efforts, Senators Murray, Crapo, and Craig have signed on as co-sponsors. We were not so successful with our Representatives, so we have intensified our letter-writing campaign and attempted to meet with each Representative when they return home.

Since returning home, our Conference Committee has been busily preparing for our 15th Annual Meeting. It will be held in Seattle at Swedish Hospital’s Providence campus. It should be a full day of cardiac, pulmonary, and dietary updates, as well as updates on our Washington D.C. trip. In addition to our upcoming conference, our Web Site Chair is in the process of updating our Web site to make it more user-friendly and interactive.

Ohio News

Shelley Zimmerman, MS, President

On April 11-12, the Ohio Association of Cardiovascular and Pulmonary Rehabilitation (OACVPR) held its 19th Annual State Meeting. Speakers included AACVPR President Jody Heggestad Hereford, Pat Comoss, Bari Caplan-Bolger, and Dr. Dalynn Badenhop, as well as other RNs and MDs from around Ohio. The “after-lunch” motivational speaker, Judson Laipple of Evolution of Dance fame, entertained and inspired the 130 participants.

One of the hot topics at the conference was the AACVPR’s grassroots effort. All members were encouraged to contact their Senators and Representatives. Six OACVPR members attend the 3rd Annual Day on the Hill. Ohio thanks these OACVPR members and the AACVPR for their tireless efforts at our Nation’s Capitol. The Ohio Affiliate will continue to work toward getting all 18 of our Congressional members and our 2 Senators to sign these pieces of legislation.

OACVPR was the recipient of a 2006-07 AACVPR Affiliate Grant. The grant funding will be used to recruit non-traditional members to OACVPR and AACVPR. The traveling display and literature will be available to all Ohio colleges and universities for use at their job fairs, etc.; Executive Board members will attend RN, EP, RT, PT, etc., classrooms to present the benefits of a career in a cardiac/pulmonary rehab field; and other Ohio societies will be able use the exhibit for display at their meetings.

Finally, we were awarded a grant from the American Lung Association and the Healthy Ohioans Coalition to produce an OACVPR member directory. This directory will be available mid-year.

2007 Calendar of Events

May 31, 2007, 1-2 pm Eastern Time
AACVPR Teleconference
Expanding Your Program: Integrating Disease Management into Traditional Cardiac Rehabilitation Programs
Presented by Mark Senn, PhD, FAACVPR
June 13-15
Québec, Canada
5th Québec International Symposium on Cardiopulmonary Prevention/Rehabilitation
Québec, Canada
For more information: info@symposiumrehabilitation.org or www.symposiumrehabilitation.org

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@uwlax.edu) or www.uwlax.edu/sah/lehp/workshops.htm

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@uwlax.edu) or www.uwlax.edu/sah/lehp/workshops.htm

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

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: www.pcnna.net

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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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http://www.aacvpr.org/newsletter_mayjune_07.html