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Messages from Headquarters

Letter from the Editor: An Important Job for Everybody
Linda K. Hall, PhD, FAACVPR  
Well, the Annual Meeting is over. Those of us who attended have some take-home information, new ideas and challenges, and possibly some changes we now know we have to make in our programs. The keynotes speakers provided data proving the efficacy of what we do. Barry Franklin introduced and compared data proving that exercise, education, and medication have as good -- if not better -- mortality and quality of life outcomes than surgery and stenting, and are less costly. Reed Humphrey and Jonathan Myers introduced the same positive outcomes in their lectures that demonstrated the cost-effectiveness and health benefits of exercise.

So, we know that cardiac and pulmonary rehabilitation works with proven health, mortality, and cost-effective outcomes. What is the problem? Why do we continue to struggle with CMS and our local Medicare providers? Why is it that, even with this evidence, CR and PR are so under-utilized and under-prescribed by our physicians?

1. We have not collected enough outcomes with a specific trial about what we do and how effective we are. To do that, have initiated a "registry project," which will be based on the performance measures published in the September/October issue of the Journal of Cardiopulmonary Rehabilitation and Prevention, the October 2 editions of Circulation, and the Journal of the American College of Cardiology. It is critical that you review your program to make sure it is meeting and measuring the recommended guidelines in these published recommendations.

2. We continue to struggle with Medicare because our billing, coding, and Medicare supervision is under the Current Physicians Terminology and Management section of Medicare. That makes everything we do an examination of the "suitability" of our performance under those regulations. We have been working in Washington, D.C., for what seems like forever, to have our services listed under the same regulatory process as PT, OT, and Speech. There are two bills -- H552 and S329 -- that we are working on to get included in Medicare legislation. In order for these bills to get passed, we need a letter from every AACVPR member and every one of your patients to be sent to the senators and representatives of your state encouraging them to support the bills. We need thousands of letters, not just one or two. Also look among your patients, present and past, for a person of influence who can telephone the right people.

3. Your physicians don’t refer because they think that all you do is exercise patients, and they can tell their patients to do that on their own. You have to put evidence in their faces, on their desks: show them the lifestyle changes that you have helped to achieve, the smoking you have helped patients to stop, and the number of patients who have lost weight and lowered their blood pressure and thus the amount of medication. Give them the numbers of patients you have referred back to them with arrhythmia, blood pressure, blood sugar, and other medical problems. Physicians don’t know how good you are unless you show them -- data, numbers, and published papers are a good start. Start by talking to the physician’s nurse about how you help their patients. Get thank-you cards printed up and give them to your graduating patients to give to their physicians.

We have work to do. I am not only asking, I am telling you to get busy and do all three of the above.

There was an important job to be done, and Everybody was asked to do it. Everybody was sure that Somebody would do it. Anybody could have done it, but Nobody did it. Somebody got angry about it because it was Everybody's job. Everybody thought Anybody could do it, but Nobody realized that Everybody wouldn't do it. It ended up that Everybody blamed Somebody when actually Nobody asked Anybody.

President's Message: The Year Ahead  
Larry Hamm, PhD, FAACVPR, AACVPR President 2007-2008  
There are many "new years" that we celebrate throughout any given year: the new year that begins on January 1, our individual birthdays, the start of a new fiscal year. For AACVPR, a new year begins with each Annual Meeting when the President becomes the Immediate Past-President and the President-Elect moves on to become the President.

That transition, of course, just took place last month at the AACVPR annual meeting in Salt Lake City as Jody Heggestad Hereford, MS, BSN, FAACVPR completed her year as President of AACVPR. As President-Elect for the past 12 months, I had a unique opportunity to work with Jody and observe at close range how she functioned as President. Based on those experiences, I would like to extend a huge "thank you" to Jody for a job that was extremely well done. She worked very, very hard, faced challenges straight on, and became a master at simultaneously balancing multiple important issues. Awesome job, Jody!

One more “thank you” is appropriate for me to make at this time and that is to Anne Gavic and the members of the AACVPR Program Committee who were responsible for developing the content for the 22nd Annual Meeting held in Salt Lake City in October. This past planning cycle was the first one to have a chair of the Program Committee in addition to the president-elect. Last November we initiated a new model where the committee chair, Anne Gavic, and the president-elect were co-chairs of the meeting. This new model for leading the planning process worked extremely well and thanks to Anne for her innovative thinking and attention to detail as the meeting plans unfolded over the past 12 months. Thanks also to each member of the Program Committee who worked very hard at developing interesting educational topics and identifying speakers with the required expertise. Please refer to the annual meeting summary in this issue of News and Views for further information about the 22nd Annual Meeting.

Moving on to the year ahead, let me first say that it is a distinct honor and privilege to be the new AACVPR President. While the responsibility is daunting, I am looking forward to this coming year with enthusiasm and excitement. Just like our work in cardiac and pulmonary
rehabilitation, working within the leadership of AACVPR is also very much a team effort. I assure you that I will be working closely with all of the Directors on the Board, Marie Bass and her staff at the national office, chairs and members of our various committees, affiliate leaders, and past leaders of AACVPR.

Here are a few of the current issues that I anticipate will be prominent on our agenda during the coming year.

• Certainly, multiple health policy and reimbursement issues continue to require our collective attention. The remaining days of 2007 will be extremely important for our two bills in Congress – S 329 and HR 552. Currently, we are closely monitoring legislative activity in Washington, DC as a Medicare bill is in the early developmental stages. Medicare legislation that hopefully will be brought forward in the final two months of 2007 is the best opportunity for our two bills. Stay tuned for further information on this issue.

• The Referral Enhancement Task Force was initiated this past year and its members are developing a tool kit that members can use to help increase referrals to their programs. We all recognize that increased patient volumes are an important aspect to having healthy programs. The members of this task force continue to work on this new benefit for members.

• The second Affiliate Leadership Forum takes place in Chicago on November 16. This is the second consecutive year that AACVPR and the Affiliate Link Committee have sponsored the Forum for leaders from the affiliates. The goal of that meeting is to meet and discuss issues common to affiliates such as leadership succession, strategic planning, and member communications. It also provides an opportunity for affiliate leaders to network with colleagues from other affiliates, as well as with some of the leaders at the national level. Supporting and facilitating affiliate society activities continues to be a high priority for AACVPR.

• Evidence-based publications continue to be of importance to our overall success in advancing pulmonary and cardiac rehabilitation. During the past two years, we have had a significant increase in activity with AACVPR members being included on writing teams, through the AHA, ACC, ACCP and other external organizations. AACVPR is also being asked to endorse important guidelines and clinical statements written by other professional associations. We have initiated several evidence-based publications and I see our involvement in these areas continuing to be of prime importance for AACVPR and the field of pulmonary and cardiac rehabilitation.

• The National Outcomes Registry Project is a relatively new idea that is rapidly moving forward. This exciting project is being led by program director and AACVPR Past-President Carl King, EdD. During the opening keynote address in Salt Lake City, John Rumsfeld, MD, PhD, Chief Science Officer with the American College of Cardiology (ACC) and involved with their National Cardiovascular Data Registries invited AACVPR, much to everyone’s surprise, to join the ACC in collecting cardiac rehabilitation outcome measures. We most certainly are following up on this unexpected and gracious offer.

• In June 2008, the AACVPR will be hosting the first Program Directors Forum in suburban Chicago. This program will be a valuable seminar intended for experienced program directors and will focus on maximizing revenue and referrals to CR and PR, as well as strategies to meet current patient safety standards. Please watch for more information on this important program.

Needless to say, there are many more important projects and issues that we will be concentrating on this coming year and much more work to be accomplished by our dedicated leaders and members. I look forward to working closely with many of you and having the opportunity to personally meet more of you during the year ahead.
the meeting. Close to 50 participants attended this one-day review course.

Two stellar pre-meeting workshops kicked off the meeting. Designing a Multidisciplinary Heart Failure Program, presented by Josef Niebauer, MD, PhD, Claire Call, RN, and Adam Freehill, MS, provided a practical approach to the management of heart failure patients. Designing and Implementing Balance and Mobility Programs for Older Adults: A Fallproof Method, presented by Debra Rose, PhD, described assessment of fall risk and implementation of balance training programs to help offset that risk.

Other educational highlights included state-of-the-art sessions on managing complex cardiac and pulmonary patients, initiating and motivating behavior change, as well as an in-depth review of current guidelines, quality measures, and recent legislative initiatives. Scientific and clinical poster and abstract presentations afforded both beginning and experienced investigators the opportunity to share their research findings.

Five distinguished keynote speakers accented the program. John Rumsfeld, MD, PhD, discussed The Future of Cardiopulmonary Rehabilitation in Improving Quality of Care and Patient Outcomes. Thomas Gill, MD, presented Rehabilitation Meets Aging: Challenges and Pitfalls. Reed Humphrey, PhD, PT, winner of the Award of Excellence, and Jonathan Myers, PhD, winner of the Michael L. Pollock Established Investigator Award, teamed up to offer a convincing argument surrounding The Worldwide Epidemic of Physical Inactivity. Henry S. Givray, MBA, SmithBucklin’s Chairman and CEO, closed this year’s conference with an inspirational message on The Passion of Leadership.

AACVPR also hosted opportunities for networking and social interaction, including two receptions in the Exhibits Area and the annual celebration banquet and awards ceremony on Friday evening. The AACVPR Annual Meeting Exhibitor Showcase once again provided attendees a close look at the latest updates on products, information, services, literature, and equipment pertinent to the practice of cardiovascular and pulmonary rehabilitation.

AACVPR extends sincere appreciation to the following 2007 Corporate Partners, without whose support this endeavor would not be possible:

Platinum Sponsors

Boston Scientific

Gold Sponsors
The success of our organization, and our field, depends on your commitment to enhancing your professional development. Mark your calendars now to attend the 23rd Annual Meeting, September 18 - 21, 2008, in Indianapolis, Indiana.

2008 Call for Topics

The AACVPR Program Committee will begin developing content for the 2008 Annual Meeting in Indianapolis (September 18-21, 2008). In order to make the meeting most relevant to your educational needs and interests, the Program Committee invites your input regarding potential topics and speakers for this meeting. Please share your programming requests by November 26th.

The AACVPR Annual Meeting is the premier educational event for cardiac and pulmonary rehabilitation professionals, and our goal is to continue providing a high-quality educational experience. This can only be done with input from our professional membership. The Program Committee values your feedback, appreciates the time you have taken to share your thoughts, and will consider all input from the membership. Selection of topics and speakers will be determined by the Program Committee to create a comprehensive and diverse final program. If you have any questions, please contact Rebecca Somnitz at AACVPR Headquarters at 312-673-4850 or via email at rsomnitz@smithbucklin.com.

Member Resources

AACVPR’s 2007 Needs & Opinion Survey

In order to ensure the AACVPR is serving your needs as a valued member, we are asking for your feedback. In the next few weeks, please be checking your email for a needs assessment survey. The survey will supply us with vital information necessary in learning how the AACVPR may better serve our constituents and meet your professional needs.

As a membership organization, AACVPR exists to serve its members, making sure we are providing value to you is a top priority. We need to ascertain how we are progressing, what membership issues need to be addressed, and how we can continue to improve our service to all AACVPR members. We appreciate your support and dedication to the AACVPR and the cardiopulmonary field.

Updated Fast Facts Pages!

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

The Pulmonary Fast Facts and Cardiac Fast Facts Web pages have been recently updated. In particular, they now include new position papers and scientific statements that continue to provide evidence regarding the utilization and efficacy of rehabilitation and prevention services. These Web pages were initially created for individuals outside of our organization as a resource to:

1. increase awareness and understand the benefits of these services as well;
2. provide the scientific evidence regarding these services;
3. describe the components of cardiac and pulmonary rehabilitation;
4. describe the standards of a quality program; and
5. connect patients, doctors, disease management/health plan case managers to AACVPR certified programs.

Hopefully, members will also find them to be a convenient and efficient place to find the most up-to-date references, as well as easily digested information to share with their “customers” including the patient who needs to see the benefits before they believe they should enroll; the new
health plan administrator you are trying to convince to provide coverage for a particular diagnosis; and the new cardiology/pulmonary fellows who didn’t receive any formal training about rehabilitation services.

**Enhancing Referrals to Cardiac Rehab: Your “Tool Kit” to Sucess**

*Presented by: Mark Senn, PhD, FAACVPR*

The recent publication of the “Performance Measures” paper by Dr. Randall Thomas et al., published in the September/October issue of JCRP identifies a fundamental issue facing all cardiac rehabilitation programs: referral of patients who would benefit from cardiac rehab. This issue has also been identified over the years by other authors as well.

AACVPR Board of Directors has recognized this key issue and convened a Referral Enhancement Task Force to develop a strategy to assist programs with improving this referral gap. The Task Force, formed in early 2007, is partnering with Cardiac Science to develop a Tool Kit containing best practice forms and processes as collected from programs throughout the country. These forms, algorithms, spread sheets, and other tools will be captured in a CD and made available to all members at no charge. The hope is that these materials will guide programs to implementing an automated referral process to enhance participation in programs. The CD Tool Kit is expected to be released in early 2008. Stay tuned!

**Touch Briefings: US Cardiovascular Disease E-Book**

AACVPR members are invited to view the online version of *US Cardiovascular Disease 2007*, a digital recreation of the esteemed print publication. This publication is sent to all AACVPR members, and you are now able to access the online version. Comprising articles from thought leaders, this edition discusses the most salient challenges and developments in the cardiovascular arena, including focus on atrial fibrillation, diagnostics & imaging, hypertension, interventional cardiology, and congenital heart disease.

**AACVPR Certification and Recertification Applications NOW Available!**

AACVPR Certification and Recertification applications are now available on the AACVPR Web site! The applications can be downloaded at http://www.aacvpr.org/certification/. The deadline for Certification is Monday, December 3rd. The deadline for Recertification is February 15th, 2008. Recertification is only for programs that were originally certified in 2005 or recertified in 2005. For your convenience, best practice applications will be posted on the certification page of the AACVPR Web site this week.

**AACVPR Teleconference CDs Now Available!**

*Motivating Cardiac and Pulmonary Patients to Enjoy a Taste for Living*

*Presented by: Alisa C. Krizan, MS, RD, LD*

This presentation provides the most current information on the Mediterranean Diet, its key holistic components, and ways to enhance our cardiac and pulmonary patients to enjoy and utilize this healthy, natural diet. This research-based presentation will show that people living in the Mediterranean region are among the healthiest in the world. The research also indicates that these individuals demonstrate low rates of chronic diseases, such as cardiac and pulmonary disease, as well as cancer. Daily recommendations will be made to include, not only a variety of healthy foods, but to include other components of healthy lifestyles, such as physical activity. Consumption of a variety of plant sources, including fruits, vegetables, potatoes, whole grains and breads, beans, nuts, and seeds, will be discussed in detail. The teleconference will conclude with the “take-away” message focusing on the ease of making simple changes in the cardiac and pulmonary diet to improve the individual’s overall health by utilizing plant based foods and minimizing processed foods. Order at http://www.aacvpr.org/sept07cdorderform.doc.

*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.

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**Inside the Industry**
Building Relationships For Integration

G. Curt Meyer, MS, FAACVPR

As I traveled back from Salt Lake City, it became clear to me that we have not discussed another area of integration: integration of the team. All too often, we focus on team members based on their professional training, certification degree, or licensure. In cardiac and pulmonary rehabilitation, we often rely on the professional services of physicians, nurses, physiologists, nutritionists, respiratory therapists, psychologists, and others. But do we look at the team members relative to their behavioral component that is brought to the team?

In particular, we need to consider whether we have leaders on the team, each of whom represents important attributes such as:

1. The research-oriented team member relentlessly reads, writes research, and shares such with the team in order to assure that all are up-to-date with the most recent and appropriate clinical delivery models. This person also can present findings to both internal and external customers, such that the highest possible understanding of the data is known.

2. The empathetic and people-oriented team member is clearly passionate about making sure that the patient experiences the highest level of care possible and that respect is provided among team members. This team member often enhances communication because they are always verbally communicating with members of the team and patients.

3. The analytical team member can review physiologic, financial, or other data interpreted and present the findings to the rest of the team such that management of the service is improved.

4. The leader coaches, encourages, and, at times, demands that we think beyond our narrow approach to achieve the highest possible outcome.

As I have the opportunity to work with the AACVPR Board, this issue of working with peers reinforces the fact that each of these styles and backgrounds contribute to an organization that is inclusive of any professional (regardless of clinical background) interested in improving the science and delivery of cardiac and pulmonary rehabilitation.

I would ask you: have you assessed your team to make sure that your balanced approach includes not only people with the proper professional training but also the characteristics that help create a diversified team for the comprehensive treatment of the patient population that you serve? One way to make sure that you are finding a diversified team is to always ask the question when an opening occurs on the team: am I hiring to my weakness?

Joint Commission Chronic Obstructive Pulmonary Disease Certification

Chris Garvey, FNP, MSN, MPA, FAACVPR

The Joint Commission (JC) has announced a ‘Management of the Patient with Chronic Obstructive Pulmonary Disease (COPD) Certification Program.’ The program was developed through a collaborative partnership with the American Lung Association and a task force representing professional organizations and other stakeholders. Taskforce members representing AACVPR included Linda Nici, MD and Chris Garvey, FNP to assure that Pulmonary Rehabilitation would be included in the certification process. The Joint Commission, in collaboration with the ALA and task force members identified important attributes of COPD programs, focusing on staff education requirements, spirometry for accurate diagnosis, smoking cessation, risk factor reduction, patient disease self-management education and coordination of care. The planning process included development of disease-specific care standards for the survey process, including:

- Practitioner qualifications and competency
- Care delivery based on clinical practice guidelines or evidence-based practice
- Process tailored to meet patient needs
- Concurrent conditions properly managed or referred to an appropriate practitioner
- Organized, comprehensive approach to performance improvement
- Measurement data used to evaluate process and outcomes
- Participant perception of quality evaluated
- Data quality and integrity maintained
- Participants involved in decision making regarding disease management
- Program addresses lifestyle changes that support self management regimens
- Program addresses educational needs of participant
- Leadership role in the program clearly defined
- Program is relevant for the targeted population and/or health care services
- Scope of services provided by the program are offered to the participants and are comparable for individuals with the same type of acuity or condition
- Eligible patients have access to the services
- Program’s leaders, participants, practitioners. community leaders participate and collaborate to design, implement and evaluate services
- Program complies with applicable laws and regulations
- Program follows a code of ethics
- Program facilities are safe and physically accessible
- Program has reference and resource material readily available
- Process for identifying, reporting, managing and tracking sentinel events is defined and implemented
- Confidentiality and security of participant information is preserved
- Program gathers and shares data regarding participant’s disease or condition from practitioners across the continuum of care
- Information management processes meet the program’s internal and external needs
- The program initiates, maintains and makes available a medical record for each participant
The current certification targets outpatient and ambulatory settings. All programs must comply with Phase I Performance Measures until standardized performance measures are identified:

Disease-Specific Care Certification programs and services are required to collect and analyze data on at least four performance measures related to or identified in clinical practice guidelines for each program or service. Measures selected by the program or service should be evidence-based, relevant, valid and reliable. Joint Commission will not be prescriptive during Stage I regarding which specific measures are to be implemented; the emphasis will be on the use of performance measures for improving care. The standards require the disease-specific care program or service to demonstrate that it:

- Routinely applies the cycle for performance improvement to identify and address improvement opportunities
- Implements a plan for improvement and graphically depicts measurement results over time to demonstrate improvement in the measured areas
- Reviews the effectiveness of the interventions implemented in response to improvement opportunities identified by the measurement activity

According to JC, the certification recognizes organizations that make exceptional efforts to foster better outcomes for COPD patients. Achievement of certification signifies that the services provided have the critical elements to achieve long-term success in improving outcomes. For further information on the Joint Commission COPD Certification Program, please call (630) 792-5291 or visit: http://www.jointcommission.org/CertificationPrograms/COPD/.

New Cardiac Rehab Web Site

The American Heart Association has created a new cardiac rehabilitation Web site (www.americanheart.org/cardiacrehab) to help patients and their families better manage their health after a cardiac event such as heart attack, heart surgery or diagnosis of coronary artery disease or heart failure. Formal cardiac rehab programs usually provide exercise, education and counseling services to help heart patients reduce cardiac symptoms and reduce the risk of future heart problems. Unfortunately, many patients cannot attend regular rehab sessions. In fact, only 15% of patients hospitalized with coronary heart disease enroll in rehabilitation. The site offers patients who cannot attend formal rehab programs the information, direction and tools that they need to:

- Understand their condition, tests and treatments
- Communicate with their health care 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.

Educational Opportunities

18th Annual Art and Science of Health Promotion Conference
March 5-8, 2008 -- San Diego
The 18th Annual Art and Science of Health Promotion Conference (March 5-8, 2008 in San Diego) will address the theme Maximizing ROI in Health Promotion: Improving Health, Reducing Costs. This annual event, hosted by the American Journal of Health Promotion, brings together professionals from all disciplines of health promotion. The conference features presentations from renowned keynote speakers and the top scientists and practitioners in the field plus numerous peer presentations and networking opportunities. For more information, visit www.HealthPromotionConference.org.

PCNA Cardiovascular Risk Reduction Program
Various Dates and Locations
Once again, AACVPR has partnered with the Preventive Care Nursing Association (PCNA) to provide members with access to great programming relevant to all cardiac and pulmonary rehab professionals. Earn 3 credit hours of continuing education (offered through the American Academy of Nurse Practitioners) at a FREE half-day program examining current guidelines in the prevention and treatment of dyslipidemia, hypertension, and diabetes. These practice guidelines, based on national guidelines published by the American Heart Association, JNC 7, ATP III, and the American Diabetes Association, clearly provide interventions and treatment goals proven to reduce risk in individuals with known CVD and increased risk for CVD. Learn how to utilize these guidelines in your practice and improve outcomes for cardiovascular disease prevention. These half-day programs will take place in various locations and dates around the country. Each attendee will receive a complimentary copy of PCNA’s latest publication, National Guidelines for CVD Risk Reduction: A Pocket Guide. Register for a program near you!

Pulmonary Point of View

Gerilynn L. Connors, BS, RRT, FAACVPR
The month of November has great celebrations from the Great American Smoke Out, National COPD Awareness Day, Diabetes Month to Thanksgiving. Pulmonary patients often have co morbidities and diabetes is one. Did you know Medicare has a new provider brochure on
diabetic-related services? This detailed brochure provides health care professionals with an overview of Medicare's coverage of the diabetic patient needs from screening test, self-management, nutrition, supplies and other services. You may download, view and print this new brochure by visiting the CMS Web site at: http://www.cms.hhs.gov/MLNProducts/downloads/DiabetesSvcs.pdf. Another wonderful website on diabetes for patients and professionals is the National Diabetes Education Program at: http://ndep.nih.gov.

Now onto the topic of Thanksgiving: a national American celebration that we learned about in elementary school, the first recorded thanksgiving dinner traced back to the 16th century, celebrated yearly on the fourth Thursday in November as a day off of work and school. It is a time of year that can be enjoyable or hectic, depending on your point of view. The pilgrims had much to be thankful for. We, too, give thanks for the bountiful harvest of programs and patients we serve. I would like to take this time to thank my pulmonary rehabilitation colleagues for your compassionate and dedicated work. I know our patients benefit from the therapeutic services you provide to them. We have come a "long way" and our future is strong. So please take time today to say, "thank you" to your fellow colleagues, "thank you" to your patients for choosing your pulmonary rehabilitation program, "thank you" to your referring doctors and most of all "thank you" to our medical directors for their continuing support. The strength of a pulmonary rehabilitation program is determined by the strength and dedication of our medical director and staff. "Thank you" and a Blessed Thanksgiving to all.

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**JCRP Highlights**

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

The November/December 2007 issue of JCRP is highlighted by an AACVPR Statement entitled “Clinical Competency Guidelines for Pulmonary Rehabilitation Professionals” and an Invited Review regarding exercise as a treatment for depression and other psychiatric disorders. Once again, the Journal features manuscripts from throughout the world including Australia, France, Canada, and the United States.

- **AACVPR STATEMENT**
  Clinical Competency Guidelines for Pulmonary Rehabilitation Professionals, Nici et al (USA)

- **INVITED REVIEW**
  Exercise as a Treatment for Depression and Other Psychiatric Disorders: A Review, Barbour et al (USA)

- **CARDIAC REHABILITATION**
  Evidence-Based Clinical Practice Guidelines for Aerobic and Resistance Training for Patients with Congestive Heart Failure, Bartlo et al (USA)

  Improvement in Psychosocial Functioning during an Intensive Cardiovascular Lifestyle Modification Program, Vizza et al (USA)

- **Brief Reports**
  Non-HDL Cholesterol in Secondary Prevention of Coronary Artery Disease: A Unique Risk Factor or Redundant Information?, Holcombe et al (USA)

  Validation of the Revised Cardiac Rehabilitation Preference Form in post-Percutaneous Coronary Intervention Patients, Fernandez et al (Australia)

  Effects of Acute Exercise and Exercise Training on Cognitive Functions among Patients with Cardiac Diseases, Sabastien et al (France).

- **CARDIOPULMONARY EXERCISE EVALUATION**
  Clinical Cardiopulmonary Exercise Testing: Patient and Referral Characteristics, Waraich et al (USA)

  Brief Report
  Using a Treadmill for the Six-Minute Walk Test: Reliability and Validity, Laskin et al (USA)

- **PULMONARY REHABILITATION**
  Preservation of Eccentric Torque of the Knee Extensors and Flexors in People with COPD, Mathur et al (Canada)

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**Committee News**

*Health Policy and Reimbursement Business Sub-group Committee*

*Jean Einerson, MS, FAACVPR, Chair*

A new Health Policy and Reimbursement subcommittee, called the Business Sub-Group, was established in 2005. The main focus of the
committee is two-fold: 1) to provide AACVPR membership information on how to partner with employers and corporations; and 2) look for best practice models that have had success providing fee for service programs outside the traditional reimbursement model.

To meet these goals, a survey was sent to membership in the summer of 2006, asking if their programs offered services other than traditional cardiac and pulmonary rehabilitation. More than 300 programs responded, which was beyond our expectations! Of the respondents, 26 programs said they did partner with other customers and were open for a follow-up interview.

Committee members completed phone interviews with the 26 programs over the summer. Information received was valuable. There are many clinical programs that have implemented exciting programs. We plan to share these “Best Practices” with membership through the AACVPR Web site and Spring Webinar broadcast. In addition, Curt Meyer wrote a four-part series in AACVPR News & Views on “How to Write a Business Plan” (November/December 2006 through May/June 2007). We encourage you to use these “pearls of wisdom” when you next meet with a potential business partner. Cardiac and pulmonary rehabilitation professionals have so many talents and expertise to offer outside the rehab room. We thank those programs that have offered to share their models and success experiences.

You may notice that the Policy & Reimbursement section of the AACVPR Web site has added a page on Medicare Administrative Contractors (MACs). This will continue to be updated as information from AACVPR and from the Centers for Medicare & Medicaid Services (CMS) becomes available. Information specific to your MAC and your joint AACVPR and Affiliate MAC Committee will also be posted here.

Some local Medicare contractors have recently retired a number of Local Coverage Determinations (LCDs) for cardiac rehabilitation. National Government Services (NGS) is one example. The purpose of an LCD is to interpret and supplement a National Coverage Determination (NCD) with specific billing codes, diagnosis codes, etc. An LCD is not required for every NCD, as contractors may choose instead to simply follow the NCD and communicate additional information through bulletins or articles. In fact, some Medicare contractors have never promulgated an LCD for cardiac rehabilitation. Keep in mind that a local contractor does not have the authority to deny payment for a service that Medicare covers.

These recent actions may possibly be part of the transition from Fiscal Intermediaries and Carriers to MACs. New MACs have been instructed to review and consolidate existing LCDs within their jurisdiction.

Affiliate Society News

Greetings from Missouri/Kansas!

Judy Korte, BS, RN, MOKSACVPR Past President
For the second consecutive year, the Missouri-Kansas Association of Cardiovascular and Pulmonary Rehabilitation (MOKSACVPR) held three mini-conferences to provide members with educational opportunities across the broad expanse of Kansas and Missouri, offering 4 hours of continuing education credit. These were held on three different dates and at three different sites – Kansas City, Springfield, and Salina. The theme for all three conferences was “Step into the Future with Cardiopulmonary Rehabilitation.” Topics included four of the following at each site: Morbid Obesity, Late In-Stent Thrombosis with DES Placement, CHF, Staff Competency, The Physician’s Role in CR, Women and Heart Disease: The Fight of Our Lives, Climbing the Food Pyramid, Physical Assessment, The Role of CR/PR in the Community, and Customer Service/Enhancing Referrals.

Comments on the post-conference evaluations were very positive and may be summarized by the following comment: “As a cardiac rehab nurse from a rural area, I sometimes feel ‘out of the loop’ with current advances in cardiac rehab. I truly appreciate this organization and the information that is shared through the website and conferences such as these. Thank you for all you do!” In 2008, the MOKSACVPR will meet in Kansas City on April 19 for a full day of education and networking. Save that date!

Early in the year, the MOKSACVPR Web site (www.moksacvpr.info) was totally revamped by our past president, Melissa Dinsmore, RRT, MPH. This redesign gives it a new look and new features, providing members and non-members with access to conference and membership registration on line. The site will be frequently updated to enable members to have access to educational opportunities, “Best Practice Policy” examples, and current legislation and Medicare information.


One of the goals for the coming year will be to “find” every CR/PR program in the bi-state area and offer information, representation though membership, and support through networking.

Oregon Still Going Strong

Angie Gallagher, MS, RCEP, OSCVPR President
The Oregon Society of Cardiopulmonary Rehabilitation (OSCVPR) is dedicated to the promotion of cardiovascular and pulmonary health and wellness in Oregon. We seek to help professionals in their academic growth, to help patients achieve optimal total health, and to work toward
prevention and secondary prevention of cardiovascular and pulmonary diseases.

The Oregon Affiliate held its Annual Spring Meeting in Medford in April 2007 and is busy planning for a Fall Meeting in November. We have had two meetings a year since our inception. The ongoing focus for professional education over the last few years has been on “Whole Person Health and Wellness.” Topics have included obstructive sleep apnea and other sleep disorders, depression, diabetes management, motivational interviewing, COPD overview, medicinal foods and herbs, the therapeutic value of humor, plant-based and Mediterranean diets, CHF, and more.

A key component of the state meetings has been to get the committees together to dream and plan. Including this in the meeting agenda has increased member participation in OSCVPR.

Oregon has been busy with grassroots efforts as well. In March, we sent three people to the Day on the Hill, and in July, two of the three went back to Washington, DC, to put more pressure on their Congress members and their Health Aides. On the homefront, OSCVPR members visited six out of seven Congress members’ offices to gain support for S329 and HR552. We have three of five House Members signed on and are hoping to meet with Senator Wyden soon.

Three Rivers Active in Legislative Battle

Robert Berry, MS RCEP, 3RSCVPR President

It’s been another busy year for the Three Rivers Society for Cardiovascular and Pulmonary Rehabilitation (3RSCVPR), the Western Pennsylvania Affiliate serving the area drained by the Allegheny, Monongahela, and Ohio Rivers. We sent two delegates to AACVPR’s 3rd Annual “Day on the Hill” in Washington, DC, and many programs stepped up their involvement in this grassroots campaign by sending faxes and e-mails to their Senators and Congressmen. Pennsylvania is one of only ten states with both Senators signed as co-sponsors of S.329. On the House side, we were successful at getting four of five Representatives in our Affiliate area to co-sponsor HR 552. A very big “Thank You” to everyone who called, faxed, or e-mailed our politicians. We couldn’t have done it without you! Tim Murphy of the US 18th Congressional District remains the lone holdout, but we’re still working on him!

On another note, Mellissa Morrison of Washington Hospital presented a poster at the 2007 Annual Meeting in Salt Lake City on “Cardiovascular Screenings for Outreach: Innovative Program Structure for Cardiac Rehabilitation,” which was very well received.

The next 3RSCVPR conference is scheduled for March 15, 2008, at UPMC Shadyside Hospital. Details and registration will be available soon at www.3rscvpr.org. Finally, the 2009 AACVPR Annual Meeting is scheduled to be held in Pittsburgh. If we don’t see you in Indianapolis in 2008, we’ll see you here!
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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