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From the Editors:

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

“Every time I find the meaning of life, they change it”
(Anonymous)

Change is inevitable, and change has come to News and Views. For the past five years Dr. Linda Hall has been the editor of this newsletter, however with this edition, that task has been handed over to us: Jody Hereford and Steve Lichtman. Who are Jody and Steve you might ask? For those interested we have attached brief bios for each of us at the bottom of this editorial.

Our first order of business as editors is to take this opportunity to formally recognize, congratulate and thank Linda for her years of service and leadership to AACVPR and more specifically for her years of service as Editor of News & Views.

As those of you who know Linda can attest, she has never shied away from a challenge or from jumping in to do her part when asked. In 2003, Linda took the helm of News & Views and brought to the forefront of this publication her passion, innovative ideas and leadership skills.

Linda had a vision for what she wanted News & Views to be. She recognized the need for our organization to continue to have a vehicle to deliver timely information that is clinically relevant and focused on challenges that individual professionals and programs face from both an operations and management perspective. As she does so well, she gathered around her the folks she knew could help make this happen and went to work creating a valuable member resource bringing information on clinical practice to the membership of AACVPR.

She consistently challenged each of us to think differently about what we do as professionals and how we operate our programs. Her bottom line was always improving the care to the patients that we serve and she challenged us to do better and to be better.

These, no doubt, are big shoes to fill and we look forward to continuing to improve on the solid foundation that she has built. We speak on behalf of the organization and leadership in saying thank you, Linda! Kudos, congratulations and our heartfelt gratitude on a job well done!

“If I have seen further… it is by standing upon the shoulders of giants”
(Isaac Newton, 1675)

As we take on the daunting challenge of building on what Linda as developed, you may have noticed, with this edition, News and Views has a new look. The new design of the newsletter mirrors the NEW AACVPR WEB SITE DESIGN (CLICK HERE to view the new web site). In addition to a new look, we will be instituting new columns with an emphasis on reader input. Staring with the January/February 2009 issue, readers will have the opportunity to submit “Letters to the Editor”, articles covering “Breaking News”, reports on their own “Innovative Programs” or “Best Practices” and questions for AACVPR leadership (forms for submitting these can be found at the end of this month’s newsletter). In addition, new columns covering Health Policy and Reimbursement Issues, Leadership, Case Studies in Cardiac and Pulmonary Rehab, Updates from AACVPR’s Executive Director, and information on the progress of AACVPR task forces will be included.

Finally, we are seeking your input regarding the future directions for News and Views. Please CLICK HERE to participate in a short survey on News and Views. We would greatly appreciate input from each and every one of our readers.

Bios:

Steven W. Lichtman, EdD, FAACVPR
Steve is the Director of the Outpatient Cardiac and Pulmonary Rehabilitation Programs and the Cardiopulmonary Laboratory at Helen Hayes Hospital and is an Assistant Professor and Research Director for the Graduate Physical and Occupational Therapy Programs at Mercy College. Steve received his Doctorate in Applied Physiology at Columbia University in 1992, has been a member of AACVPR since 1996 and received AACVPR Fellowship in 2001. He has numerous publications and has presented both nationally and internationally on a variety of rehabilitation and exercise topics, including at various AACVPR Annual Conferences. He is the current Chairperson of the AACVPR Research Committee and serves on the Disease Management Task Force. Previously, Steve has been a member of the Scientific Advisory Council and serves as the Secretary on the AACVPR Board of Directors. He is the AACVPR Representative for both the Clinical Exercise Physiology Association and the Commission on Accreditation of Allied Health Education Programs, is the President of the New York State Association for Cardiac & Pulmonary Rehabilitation and is a Past President of the Leadership Council of the Rockland County Division of the AHA.

Jody C. Hereford, RN, BSN, MS, FAACVPR
Jody Hereford is a Registered Nurse and Exercise Physiologist with a broad base of experience over the past twenty-five years in the field of cardiopulmonary health, rehabilitation and management. She has been involved with hospital and community-based programs, residential disease prevention programs and corporate based employee health and rehabilitation services. Jody has published extensively and spoken frequently on current topics including innovative programmatic redesign, current business models, and health and disease management strategies. She is a Fellow and a Past President of the AACVPR and served on the Board of Directors for many years. She was the inaugural Chair of the Disease Management Task Force, served on the Committee for Telemedicine/Telehealth and chaired a number of other committees. She currently serves as a Senior Consultant for HealthGrades, working to improve quality, safety and care for patients nationwide.

New President’s Message:

Murray Low, EdD, FAACVPR
Dear Colleagues,

First and foremost, thank you for entrusting the care of your organization to our current leadership team. I can only tell you that I am blessed to work with so many talented and dedicated AACVPR members who serve on our Board of Directors, numerous committees and on our management team at SmithBucklin.

As I began to write my first News & Views message, I thought of a recent email I received from a fellow AACVPR member. The email was as follows:

“I just received notice from my director that the hospital is no longer paying AACVPR membership dues this year because it has no bearing on JCAHO or reimbursement. I am very angry since our program just became certified last year! Is there information out there to justify continued membership and certification? Please help!”

The following was my response;

Let's start with...

1. Who funded over $100,000 last year in advocating costs and spent hundreds of hours of volunteer time so that every Cardiac & Pulmonary Rehabilitation Program in the United States will now benefit from legislation that guarantees those services for every Medicare recipient. Answer... AACVPR!

2. Who worked with CMS to expand eligibility diagnosis for Cardiac patients? Answer... AACVPR!

3. Who enabled passage of congressional legislation that will compel CMS to promulgate a National Coverage Determination (NCD) for Pulmonary Rehabilitation services? Answer... AACVPR!

4. Who is currently working with CMS to expand the use of CPT billing codes for Cardiac & Pulmonary Rehabilitation programs? Answer... AACVPR!

5. Who is working with the National Quality Forum (NQF) to evaluate and use the recently published Cardiac Rehabilitation Performance Measures to become CMS Quality Indicators for all Hospitals? Answer... AACVPR!

6. Who is planning to work with CMS to allow patients with a heart failure diagnosis to be eligible for Cardiac Rehabilitation services? Answer... AACVPR!

7. Who provides Cardiac & Pulmonary Rehabilitation professionals with on-going educational programming and a peer- reviewed research journal (JCRP)? Answer... AACVPR!

8. Who will soon provide all AACVPR members with a “free” CD that was developed by fellow AACVPR members to show programs how to enhance referrals? Answer... AACVPR!

9. Who recently organized the affiliate societies of AACVPR to become the voice for their patients with CMS’s newly structured Medicare Administrative Contractors (MAC)? Answer... AACVPR!

Bottom line ...your AACVPR membership dues support all of these activities. There is no other organization solely dedicated to the advancement of Cardiac and Pulmonary Rehabilitation. Only AACVPR. Tell your hospital administrators and colleagues that AACVPR membership is the best investment they will ever make to grow their Cardiac & Pulmonary Rehabilitation programs and its professional clinicians!”

Please do not hesitate to share these points with your administrators, CEO’s and especially those colleagues who are not members of AACVPR. They are in fact reaping the benefits of your membership. Most importantly, please speak up and become proactive by recruiting new members for AACVPR or volunteering yourself for leadership positions within the organization. Remember, it is principally leaders who join professional organizations.

I look forward to continuing to work with you and for you.

Murray Low, EdD, FAACVPR
AACVPR President 2008 -2009

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AACVPR Board Update – An Eye on the Future

Marie Bass, MS, CAE
Executive Director, AACVPR

AACVPR is a Strategic Organization – what do I mean by that? AACVPR leaders are committed to working on the most important initiatives to support the field of cardiac and pulmonary rehabilitation and support the professional development of the membership. As part of the process of defining its direction, and making decisions on allocating resources to pursue this strategy, including capital and people, AACVPR develops a yearly Strategic Plan. With the passage of the Pulmonary and Cardiac Rehabilitation Act this summer, it is now time to revisit and update the AACVPR Strategic Plan. On Saturday, November 15th twenty-two AACVPR leaders, along with representation from the American College of Cardiology and the American College of Chest Physicians, met in Chicago to review the AACVPR Strategic Plan and identify new strategies that will help us further advance the future of cardiac and pulmonary rehabilitation.
The 2008 Strategic Plan - is comprised of five objectives all of which support the growth of cardiac and pulmonary rehabilitation and the professional support of members. The 2008 Strategic Plan can be viewed HERE. As a strategic organization, AACVPR leaders review the plan every year to ensure that it is focused on the important initiatives that will help us shape the future of cardiac and pulmonary rehabilitation.

The major initiatives and discussions will include:

- The adoption of the new Cardiac Rehab Performance Measures as a standard of care for eligible patients.
- The development of Performance Measures for Pulmonary Rehabilitation.
- Strategies to increase payment for cardiac and pulmonary rehab services through the Centers for Medicare and Medicaid Services (CMS).
- The update and revision of the AACVPR Program Certification process. AACVPR is the only organization that certifies cardiac and pulmonary rehab programs for meeting defined standards of care. After the revised Program Certification process is established, we will be prepared to seek “deemed status” for AACVPR Certified Programs.
- The development and launch of the AACVPR Registry Project. The Registry Project is currently under development and will provide a national outcomes registry for benchmarking outcomes.

It’s been said that good Managers do things right – good Leaders do the right things. I think you will agree that AACVPR leaders are just that – good Leaders – embracing the important initiatives that will enhance and promote the future of Cardiac and Pulmonary Rehabilitation. Watch for the announcement of the 2009 AACVPR Strategic Plan in January.

AACVPR Conferences

Program Director's Conference

December 5, 2008
8:15 AM – 4:15 PM
Holiday Inn Inner Harbor
Baltimore, Maryland

Back by popular demand, AACVPR proudly presents the Program Directors’ Conference now in Baltimore, MD. Due to the overwhelming, sold out response to our June 5, 2008 conference, we are taking the Program Directors’ Conference on the road! Space is limited so register early!

This program is designed for mid-level managers/directors in established Cardiac and/or Pulmonary Rehabilitation facilities. This intermediate-level program, presented by four nationally-recognized experts in the field, will provide attendees with cutting-edge information and best practice recommendations for running successful rehabilitation programs. CEU’s are available for this conference.

Attendees will receive practical, relevant information and tools that can be customized for their individual facilities. Handouts will include sample documents, policies, chart forms, background papers, as well as a take-home checklist to evaluate the status of key items/issues in their individual facilities.

REGISTER HERE!

Later Registration: Until December 3rd, 2008
$275 for members; $375 for nonmembers

Program Topics:

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

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

Presented by Karen Lui, RN, MS, FAACVPR
Legislative Analyst, GRQ Consulting
Washington, D.C.

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

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

Presented by Pat Comoss, RN, BS, FAACVPR
Consultant, Cardiac & Pulmonary Rehab Nursing Enrichment Consultants Inc.
Measuring Program Quality

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

• Outcome measurement
• Goals & benchmarks
• Performance improvement

Presented by Bonnie Sanderson, RN, PhD, FAACVPR
Research Associate Professor, Division of Cardiovascular Disease - University of Alabama at Birmingham
Birmingham, AL

Maintaining Vitality and Viability in your Program

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

• Staff competencies
• Performance measures
• Patient satisfaction

Presented by Jody Hereford, RN, MS, FAACVPR
Principal Consultant, Hereford Consulting Group

Click HERE for more information.

*This program sponsored, in part, through an unrestricted educational grant from Cardiac Science Corp.
*Lunch will be provided.

AACVPR Teleconference

The Pleiotropic Effects of Physical Activity & Cardiorespiratory Fitness

Presented by Murray Low, EdD, FAACVPR, FACSM

This teleconference will focus on understanding the power of physical activity based on current research, not just general knowledge. In order to slow and even reverse the effects of heart disease, we must heighten fitness levels, yielding a treatment more powerful than most medication. Medical professionals and patients alike must fully understand why having the best doctors, the best surgeons and the strongest medication produces little result without lifestyle change.

CLICK HERE for more information.

Early registration deadline extended to November 21, 2008. Register now!

Member Resources

Referral Enhancement Toolkit - The Newest AACVPR Member Benefit!

We are thrilled to be presenting AACVPR members with the Referral Enhancement Toolkit as a new member benefit this month. We hope that you will find this toolkit to be a terrific resource for you in enhancing referrals to your rehab programs. The toolkit is intended to be a practical, user-friendly tool with templates that can be customized for your facility. The CD contains a manual in a PDF format. As you review the manual, many of the pages click directly to Word, Excel or PowerPoint documents that can be edited for use in your program.

The Referral Enhancement Toolkit is an exciting new addition to the already vast array of benefits made available to AACVPR members. On behalf of the AACVPR Board of Directors, we wish to thank the members of the Referral Enhancement Task Force as well as Cardiac Science for their support of this important project.

Congratulations! – 2009 Cardiac and Pulmonary Rehab Slogan Winners

Congratulations to this year’s Cardiac and Pulmonary Rehabilitation slogan winners, Tami Connor and Kathy Styles.


For more information about Cardiac and Pulmonary Rehab weeks and to purchase merchandise, please CLICK HERE.
Congratulations to this year’s student scholarship winners, Jennifer Johnstone and Mary McArthur. When considering a candidate for a scholarship, the committee reviews the applicant's financial need, grade point average, quality of application and commitment to the AACVPR. Ms. Johnstone is our undergraduate recipient and attends Youngstown State University. Ms. McArthur is our graduate student recipient and attends Appalachian State University. Congratulations again to Jennifer and Mary for being selected as this year’s recipients.

AACVPR Program Certification Applications Now Available!

Are you considering applying for AACVPR Program Certification or is your program due for Recertification this year? Program Certification and Recertification applications are now available on the AACVPR Web site! Click HERE to download the applications. The deadline for Certification is Monday, December 1st, 2008. The deadline for Recertification is February 13th, 2009. Recertification is only for programs that were originally certified in 2006 or recertified in 2006. For your convenience, sample tabs can be found by clicking HERE.

What is the value of AACVPR Program Certification?

- The process helps programs improve standards of care and helps programs meet the essential standards.
- JCAHO auditors are familiar with AACVPR certification process and have limited their questions of certified programs.
- Patient and family members want to participate in programs that are considered the best and the classification of Certified helps them decide between programs.
- The essential standards required in certification are being recognized by insurance companies, as part of performance measurements in patient care.
- Currently the only organization with program certification process.

What is the cost of AACVPR Program Certification?

- Cost at current rate over a three year period equals $170 per year.
- AACVPR has been able to maintain the cost of certification with minimal increases since 2002. The first rate change was 2004 with the most recent rate change coming with the 2008 application. During this same period the expenses related to the process have increased substantially.
- Program Certification costs $600 if an AACVPR member is on staff and $900 with no AACVPR member.
- Program Recertification costs $500 if an AACVR member is on staff and $700 with no AACCVPR member.

Touch Briefings: U.S. Cardiology and U.S. Respiratory E-Books

The AACVPR is honored to collaborate with Touch Briefings to provide members free access to the latest editions of the bi-annual review journals US Respiratory Disease (Vol. 4, Iss. 1) and US Cardiology (Vol. 5, Iss. 1). Comprising contributions from leading authorities, the journals endeavor to assist in the continuous development of knowledge and effectiveness among peers within the cardiovascular and pulmonary field.

Please CLICK HERE to receive your complimentary subscription to the journals.

Web Sites to Watch

The New AACVPR Web Site!

The leadership is thrilled to announce the launch of the NEW AACVPR WEB SITE! We are proud to introduce our newly renovated Web site to our membership. Some of the new features include:

- Easier, user-friendly site navigation
- A fresh look, updated, pleasing look
- A comprehensive resources section, including the new “Resources for Patients” page
- The new and improved discussion forum, just login to the site and you’re ready to start discussing any one of a broad range of cardiac and pulmonary rehabilitation related topics with fellow members throughout the country

We encourage you to visit our newly renovated site often, and be on the lookout for new features being added regularly. Click HERE and enjoy!

Inside the Industry

Breaking News: Results from the Heart Failure Action Trial: Application to Clinical Practice

The Heart Failure Action Trial (HF-ACTION) results were released last week and have caused much discussion and scrutiny for cardiac rehabilitation professionals and patients alike. The purpose of this article is to put these results into context for the field of cardiac rehabilitation.

The HF-ACTION Trial represents one of the most comprehensive and largest randomized trials on exercise in this population, where 2331 patients (NYHA class 2-4, ejection fraction <35%) were randomized into two categories:
1. **Structured exercise**: Patients were supervised for 36 sessions for 30 minutes, three times per week. Halfway through the study, patients were given either a treadmill or stationary bicycle to use at home and were told to exercise five times per week at moderate intensity for 40 minutes.

2. **Usual care**: Patients were instructed to exercise at moderate intensity, 30 minutes per day, following ACC/AHA recommendations.

**Outcomes**

After a 2.5 year follow-up, all-cause mortality and all-cause hospitalizations combined were not significantly different between the two groups. However, when the data analysis was adjusted for various prognostic factors, composite all-cause mortality was significantly reduced by 11%, and a composite of cardiovascular mortality/heart-failure hospitalization was reduced by 15%. Additionally, event rates were very similar between the two groups, indicating that the level of prescribed exercise was safe for patients with heart failure. Finally, and very importantly, there was a significant quality of life benefit of the trial.

**Interpretation of the Results**

The criteria for evidence-based health care practice is based on the judicial use of scientific evidence (results of peer reviewed, primary research studies) combined with clinical judgment and patient preferences and expectations. Additionally, clinical practice should not be changed as a result of a single trial, nor is it to be changed based on methodology that does not match what is performed in the clinical setting.

Given these definitions, cardiac rehabilitation practitioners should not overreact when evaluating the results of HF-ACTION. More importantly, individuals need to understand the implications of the results to educate, and answer questions from, their patients. Although the outcome of this very large clinical trial, which evaluated the effects of exercise on patients with heart failure, appears to demonstrate that exercise does not benefit this population with regard to mortality or fitness, it must be judged on the nuances of its methodology and in the light of other work in this area.

**Methodology Issues**

HF-ACTION was conducted with a primary methodology called “intent to treat”. This examines the benefits of a treatment in what is considered a truer clinical setting than so called laboratory based trials. In “an intent to treat trial, the outcomes of all individuals who enroll in the trial are analyzed, even if they fail to match what would be considered clinical thresholds for, in this case, exercise training. This type of trial typically is very good at delineating what treatments are not only effective, but which treatments can be tolerated by the population in question. However, the trial often fails to recognize subsets of populations that can both tolerate and benefit from the treatment being applied. The data from HF-ACTION are currently undergoing secondary analyses to determine if indeed, subjects in the sample accrued more benefit from the exercise program than others.

At first reading, this trial may be interpreted as a comment on the overall applicability of exercise in patients with heart failure. However, it is really a comment on how difficult it is to maintain this program with this population. One problem with HF-ACTION, as with every other exercise training trial, is that convincing patients to adopt and continue with an exercise program was very difficult. The median minutes of exercise per week for subjects in the structured exercise group was approximately 50 minutes and only 30% of these patients completed the recommended 120 minutes per week. In addition to adherence, the possible permutations of exercise manipulation are endless with regard to intensity, duration and frequency. Exercise prescriptions that vary from those employed in the HF-ACTION may indeed yield benefits in this population for mortality and fitness. Additionally, if you are successful with your heart failure patients with their completion of an exercise program (as you clinically apply it), then these individual patients may indeed benefit from exercise training.

**Previous Evidence for the Benefits of Patients with Heart Failure**

Although HF-ACTION is one of the largest and most comprehensive studies to date examining the benefits of exercise in this population, there are numerous other studies showing a clear benefit of exercise. The attached references include a series of reviews that summarize this information.

**Communicating with Your Patients**

Unfortunately, news reports regarding this trial have appeared across the county, and as the press sometimes does, headlines may be misleading. For example, one headline read “Exercise of no benefit to patients with heart disease!” Your patients, who may or may not read the rest of the article, could interpret that headline as “exercise has no benefit for patients with any type of heart disease”. In a society where even carefully written stories are misinterpreted and misunderstood, this type of journalism can have disastrous results for our referral and enrollment rates. Therefore, we must send the message to our patients that:

- This is just one trial
- It is specific to patients with heart failure
- It is just one type of exercise program
- Some results are very promising such as safety and QOL
- Full results are yet to be determined
- There are other studies showing exercise can benefit patients with heart failure
- Cardiac rehabilitation includes more than just exercise; we provide surveillance, education, life-style change, and psycho/social benefits

**Implications for Reimbursement**

Although this trial does not necessarily change the way cardiac rehabilitation professionals enroll and treat their patients with heart failure, it may affect the possibility that heart failure could be included as a covered diagnosis for cardiac rehabilitation reimbursement. After CMS expanded the reimbursable diagnosis to include valve surgery and PCI in 2007, heart failure was thought to be next on the list of other diagnoses to be considered for possible coverage. Be assured that AACVPR will continue to advocate for patients with heart failure based on the entirety of scientific evidence that is available.

In conclusion, as professionals, it is our responsibility to carefully evaluate all the published literature and communicate state-of-the-art knowledge to our patients in an understandable format. Take the results of HF-ACTION and use them to better treat your patients with heart failure, utilizing the knowledge that exercise is a safe treatment for these patients, with significant impact on cardiovascular and psychosocial health outcomes.

**References**


http://aacvpr.stage.web.sba.com/newsletter3_novdec_08.htm 11/20/2008
Health Policy & Reimbursement Committee

Karen Lui, RN, MS, FAACVPR
Committee Chair

The annual face-to-face HP & R committee meeting was held in Indianapolis on September 17, 2008. The primary focus of the committee continues to be the transition from Fiscal Intermediaries (FIs) and Carriers to Medicare Administrative Contractors (MACs). There is an AACVPR MAC committee in each of the 15 Medicare “A/B jurisdictions”. This committee is comprised of your affiliate leaders and a member of the HP & R committee who serves as liaison between HP & R and the MAC committee. The committee was created to represent cardiac and pulmonary rehabilitation programs in your MAC. With the A/B MAC selection process scheduled to be completed before the end of this year, committee goals over the next six months will be:

1. Each MAC committee will pro-actively establish itself as a valuable resource to the MAC for clinical input and assistance with effective communication both to and from individual programs.
2. This committee will be an advocate for the most clinically appropriate local Medicare CR and PR policies (LCDs).

A workshop was held in Indianapolis by HP & R for MAC committees and affiliate leaders to plan next steps.

The Business subgroup of HP & R, in coordination with the Disease Management Task Force, Outcomes, Research, and Professional Liaison committees, has been charged with the following goals:

1. Help AACVPR members develop strategies for employers to enhance referrals,
2. Pursue methods of enhancing adaptive redesign of CR and PR delivery and increased efficiency of the business model,
3. Explore alternative revenue streams related to disease management and preventive treatment of lifestyle diseases.

The annual meeting offered a number of presentations that addressed these objectives and other means to provide learning opportunities will be pursued over the coming year. An AACVPR strategic planning meeting next month will identify strategies for these groups to continue working on these important objectives.

News & Views Sponsorship: Nonin Medical, Inc.

This issue of AACVPR News & Views is sponsored by Nonin Medical, Inc.

Minneapolis-based Nonin Medical, Inc. is a privately owned company specializing in the design and manufacturing of noninvasive physiological monitoring solutions. Nonin has long been imagining the possibilities of patient care and making them reality for over 20 years. As a commitment to patients and clinicians, Nonin Medical works in concert with the AACVPR to provide education and superior products for patients worldwide.

With over one million oximeters sold worldwide, Nonin Medical is the most trusted noninvasive SpO2 monitoring provider because we set the bar for quality, performance and support. Nonin distributes its products to health professionals in more than 125 countries and has over 90 OEM partners worldwide. Nonin’s industry-leading capabilities in signal processing and sensor design, plus its on-going integration of features not available in competitive products, are the foundation of its leadership in innovation.

Let us know what you think!

Answer a quick, 5-question survey and receive a fun t-shirt!

Please take a few minutes to complete this short survey from Nonin Medical, Inc by clicking HERE.
Pulmonary Point of View

Gerilynn L. Connors, BS, RRT, FAACVPR

Changing of the Guard! At publication time of this Pulmonary Point of View, it will have been 5 years that I have written this section for N&V. In Washington, D.C., the “changing of the guard” happens quite often, from Capitol Hill to our local military bases and respectfully, at Arlington National Cemetery. As I end my term of duty, I realize that I have gained information that can be used with our patients and program; I hope you have as well.

I leave with you an article entitled, “Majority of COPD Patients Have Chronic Co-morbid Illness”. You’re probably saying to yourself, of course, I knew that. We see these patients everyday and rarely do you find a patient with a “pure” pulmonary disease and no co-morbidities. But, do you know the statistics?

The chronic pulmonary patients with whom we work are at increased risk of cardiovascular disease (CVD), diabetes and hypertension. This evidence-based information comes from analysis of more than 20,000 middle to older aged subjects from the Cardiovascular Health Study and the Atherosclerosis Risk in Communities Study. More than half of COPD patients have at least one of the co-morbidities, and, those with an FEV1 of < 80% predicted were 3 to 6 times more likely to be affected by all three co-morbidities. Co-morbid patients also had a higher risk of hospitalization and death. In fact, the risk of dying during 5 years of follow-up was 20 times higher among Stage 3 or 4 COPD patients, who also had CVD, diabetes and hypertension, as compared with healthy subjects.

So, if there is presence of respiratory disease, one should look for other co-morbid diseases, and those patients with diabetes, hypertension or CVD should also have an evaluation of their lungs. “Test your lungs, know your numbers” - sound familiar? The National Lung Health Education Program (NLHEP) of early detection of lung disease including basic spirometry is important here.

To read this interesting article, go to the October Eur Respir J 2008; 32:962-969.

JCRP Highlights

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

JCRP Highlights – November/ December 2008

- This issue is highlighted by Featured Reviews entitled “Management of lower extremity peripheral arterial disease” and “An evaluation of self-report physical activity instruments used in studies involving cardiac patients.” Manuscripts are presented from throughout the world including Australia, Canada, Portugal, and the United Kingdom and the United States.

FEATURED REVIEWS

- Management of lower extremity peripheral arterial disease. Andrew Gardner, PhD, et al (USA)

CARDIAC REHABILITATION

- Pedometer step counts predict cardiac risk factors at entry to cardiac rehabilitation. Patrick Savage, MS, et al (USA)
- System level factors and use of cardiac rehabilitation. Deborah Gurewich, PhD, et al (USA)
- Outpatient cardiac rehabilitation participation in England: Variability by region and clinical characteristics. Hugh Bethell, MD, et al (United Kingdom)
- Effects of a home-based cardiac rehabilitation program in the physical activity levels of coronary artery disease patients. José Oliveira, PhD, et al (Portugal)
- Patterns of psychosocial adjustment following cardiac surgery. Natalie Genardini, DPsych, et al (Australia)

PULMONARY REHABILITATION

- Measurement of functional activity in COPD - the grocery shelving task. Catherine J. Hill, PhD, PT, et al (Australia)
- Repeat pulmonary rehabilitation programs confer similar increases in functional exercise capacity to initial programs. Kylie Hill, PhD, et al (Canada)

STUDY DESIGN AND ANALYSIS

- Relationship of predictive modeling to receiver operating characteristics. Sandra Mandic, PhD, et al (USA)
- Don't be statistically cenophobic - Time to ROC and roll! Peter H. Brubaker, PhD (USA)

Affiliate Society News
The Georgia Association of Cardiopulmonary Health, Prevention and Sports Medicine (GACHPSM)
Joan Garnell, RN, President 2008-2009
The Georgia Association of Cardiopulmonary Health, Prevention, and Sports Medicine (GACHPSM), the Georgia affiliate of AACVPR, had its annual Cardiopulmonary Rehabilitation Update on June 20 and 21 in Atlanta, Georgia. The excellent speakers were well received by the attendees. Joan Garnell RN, Clinical Manager of Cardiac Rehabilitation at Piedmont Hospital in Atlanta, was introduced as the President for 2008-2009. Mike Sisson outgoing president did a fine job as President for several years and will remain on the Board. The GACHPSM Board will be meeting soon to discuss the 2009 Georgia State Heart of Gold Games tentatively scheduled for April 2009 and the Annual Cardiopulmonary Rehabilitation Update for June of 2009. We are also working on expansion of our membership base and at this time of year many of the cardiac rehab programs around Atlanta are getting ready for the Metro Atlanta Heart Walk. We are all very busy and wish everyone Happy Holidays.

Missouri – Kansas Affiliate (MOKSACVPR)
Lynn Hegvik RN, BSN – Past President 2008-2009
The Missouri -Kansas Affiliate, known as MOKSACVPR, is completing a wonderful year. We had 19 members attend the National AACVPR Conference in Indianapolis, where we enjoyed a networking lunch and meeting together with the great classes. We also sent two members to Day on the Hill last spring, where we met with 4 senators and 11 congressmen, to encourage them to co-sponsor HR 552 and S329, an effort which finally met with successful passage of the Medicare Improvements for Patients and Providers Act of 2008.

MOKSACVPR is also active in the J5 MAC committee, communicating with the Medical Director of Wisconsin Physician Service (WPS), to help formulate the LCD for pulmonary rehab and define the role of physician supervision along with the Iowa and Nebraska Affiliates. We had a wonderful annual conference last spring with guest speakers Joe Piscatella, Karen Lui, Dr. James O’Keefe and Dr. Brenda Williams among other local experts. We are in the process now of planning our next annual conference for April 2009 in Kansas City.

This year we are pleased to have completed a comprehensive list of all Cardiac and Pulmonary Rehabilitation facilities in the bi-state area. In October, we held our state elections and Dr. James Gardner took office as our new President, with David Solovitz as President Elect, and Lynn Hegvik as Past President.

The Oregon Society of Cardiovascular and Pulmonary Rehabilitation (OSCVPR)
Angie Gallagher, MS, RCEP, OSCFPR President
The Oregon Society of Cardiovascular and Pulmonary 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, pulmonary and metabolic diseases.

The Oregon Affiliate just held its Annual Fall Meeting in Portland October 17th and 18th. We had a great turn out and wonderful time networking and growing professionally. 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 Treatment for Pulmonary Hypertension, Metabolic Disorders and their Treatment, Creative Programming for Health Promotion, motivational interviewing, COPD overview, Weight Management, CHF, and more.

At our annual Fall Meeting we have scheduled time during lunch to get the committees together to dream and plan. All attendees are encouraged to participate in a committee meeting of their choice and consider ways they might get more involved. Including this in the meeting agenda has increased member participation in OSCVPR.

We will be launching a new web site soon. It will be more interactive and will enable members to register for the meeting and post comments for other members to read and respond to. We hope to have links to helpful non-profit sites such as the American Heart and American Lung Associations as well as to some of our larger sponsors who will have to pay a fee for a link. We are excited about the opportunities for enhanced communication and professional education that our web site will offer.

Oregon had great involvement in the AACVPR grassroots efforts. We ended up getting all 4 Representatives and both Senators to sign on to our bill before it went to vote. There are several members interested in our ongoing legislative efforts to increase the list of covered diagnoses. We hope to send a few members to the Day on the Hill 2009.

Three Rivers Society of Cardiopulmonary and Pulmonary Rehabilitation (3RSCVPR)
Robert Berry, MS, RCEP
Hello again from the Three Rivers Society for Cardiovascular and Pulmonary Rehabilitation (3RSCVPR) here in scenic western Pennsylvania. Like everyone else in the cardiopulmonary rehab community we were extremely pleased with the passage of Public Law 110-275 establishing our services as specific Medicare benefit categories back in July. 3RSCVPR is one of only a few affiliate societies that can claim both of our US senators and all of our representatives as co-sponsors of this important legislation. Well done to all who made this possible!

In other news, 3RSCVPR will be hosting its’ annual conference next spring at Washington Hospital on March 21, 2008. The syllabus is nearly finalized, so check the Web Site soon for more details.

However, the really big news concerning western PA is that Pittsburgh will be hosting the 2009 National Meeting of AACVPR from September 30th through October 3rd, 2009. Pittsburgh is the sometimes called the “biggest small town in America”! With the Heinz History Center, the Andy Warhol Museum and the cultural district all within just a few minutes walking distance of the new Convention Center, it’s easy to see why. More than half of the US population lives within 6 hours driving time of Pittsburgh so come out next year and see us!

Tri-State Society for Cardiovascular and Pulmonary Rehabilitation - NJ, PA, & DE (TSSCVPR)
Brian Burk MS, CES, RCEP, President TSSCVPR
Here comes winter! As the cooler temperatures start to roll into the Mid-Atlantic, TSSCVPR is making plans for the coming months. I know you Midwesterners are not really impressed by our winters, but its winter to us! If you have not already heard, this big National convention is coming to Pittsburgh in the fall of 2009. In preparation for that, TSSCVPR is teaming up with the Three Rivers Society to sponsor the welcome reception. We have some good ideas and we think you will enjoy the city while you are there.

Also happening in the New Year is a teleconference on the J-12 MAC. There is more information to come on that when the dates are final and if you are in
this MAC look for an update soon. Other notable items from the past year in TSSCVPR are the addition of two new Chapters in the Western and Northern side of our Society. We felt we needed to have this area represented and have had a great response from the membership to fill the roles of Chapter Manager in those new areas. Finally, we will be holding our 25th Annual Symposium in 2009! Plans for that are well underway and we will be changing our usual agenda to celebrate this momentous occasion. There are great things in store for the New Year!

**The Virginia Association of Cardiovascular and Pulmonary Rehabilitation (VACVPR)**  
*Kendall Turner, MS, CES, VACVPR President*

The Virginia Association of Cardiovascular and Pulmonary Rehabilitation (VACVPR) is busy planning our 22nd Annual Conference. This annual state meeting will be March 20-22, 2009 at the University of Mary Washington’s Jepson Center in Fredericksburg, Virginia. A variety of topics are to be presented. There will also be time to network and socialize with our colleagues and leaders from around the state. Poster presentations are also being accepted at this time. Presenting a poster at the VACVPR state meeting is an excellent opportunity to share research, best practices, and program information with colleagues in the field of Cardiovascular and Pulmonary Rehabilitation.

Two regional meetings are scheduled for the near future. Charlottesville will be hosting in November and Richmond will be hosting sometime in February 2009.

We are still at work on updating our web site and state directory. Check out our web site [www.vacvpr.org](http://www.vacvpr.org) for updates on reimbursement, state, and regional meetings. If you have any questions, please contact kgturner@sentara.com

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2008 Calendar of Events

**December 5, 2008:** AACVPR 2nd Program Directors’ Conference
Baltimore, MD
For more information, please [CLICK HERE](http://aacvpr.stage.web.sba.com/newsletter3_novdec_08.htm)

**December 11, 2008 1-2 pm Eastern Time**
The Pleiotropic Effects of Physical Activity & Cardiorespiratory Fitness
Presented by Murray Low, EdD, FAACVPR, FACSM
For more information, please [CLICK HERE](http://aacvpr.stage.web.sba.com/newsletter3_novdec_08.htm)

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For more information: www.heartcmeprograms.org

**September 30 - October 3, 2009:** AACVPR 24th Annual Meeting
Pittsburgh, PA
More information to come

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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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