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Letter from the Editor: Doing Our Part

Linda K. Hall, PhD, FAACVPR
As this goes to press, there are a number of major issues that membership need to be aware of, and also willing to get involved to do their part. So many of us say that we do not have time, we have too much on our plate, let someone else do it.

I recently, two weeks ago, had a bicycle accident – pulled the left-brake lever instead of the right- went over the handle bars and gave my head and brain a good whack! I had a helmet on - don’t ride without one - and ended up in the hospital. The recovery process while long – is not awful – and one in which while idle, I have had much time to think.

I have been most fortunate in my lifetime to have been associated with the AACVPR, as a member, as a secretary/treasurer, as a president, past president, and now the Newsletter editor. I say fortunate because all of my involvement has been a bonus in my personal as well as my professional work life. In the past two to three years I have moved out of the big picture and assumed smaller roles – for me painful. Not painful because of the lack of things to do, but painful because I am not in contact with tried and true friends – people that I met and talked to and with weekly – some how as my involvement has waned so has the need for maintaining weekly contact. Recently, I had occasion to talk with Pat Comoss – the guru of reimbursement- the Washington “Know How” person.

She reminded me that this go round with HR 522 and S 329 is critical- we have to have as many senators and representatives voting with us as we can possibly get. With the coming election – it will probably another 3 or 4 years before the opportunity is as good as it is now. Her comment was that some of us – have done our parts – rallied our patients and called to make sure that we have as many supporters as we have to have to make this a go. Have you done your bit? Have you made your call? Have you rallied your patients to get them to make their calls? Providing excellent care for your patients means finding the time to apply your self to national issues.

“From discord, find harmony.” You may not always agree with the national office, and the leaders of AACVPR, 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 Rehab. AACVPR needs every voice in the chorus, singing harmoniously to their Representatives and Senators. – “I want to hear you singing!”

AACVPR has been hassling with first HCFA and now CMS – “a rose by any other name is still a rose,” for close to 19 years now. We are finally at an opportune moment. We need you to work, call, write and talk to your Congressmen.

Executive Director’s Corner: “With Sincere Thanks…”

Marie Bass, MS, CAE
How often have we heard those words? Not often enough, you might say. All of us are busy, and there is never enough time to accomplish all our work. Despite that, you -- the members -- commit your time, energy, and support for AACVPR. On behalf of the leadership of this fine organization, I wish to sincerely thank you for your dedication to your professional growth and your support of the field of cardiac and pulmonary rehabilitation.

Recently you were asked to complete a comprehensive AACVPR Membership Survey. Once again, you took your valuable time to provide important feedback to the leaders of AACVPR. The results of that survey provided the leadership with great feedback to meet members’ needs. Here are a few of your recommendations (based on the survey) for what AACVPR can do for members:

1. Enhance the AACVPR Web Site – That recommendation is so timely because the AACVPR Board has recently budgeted funds to update the AACVPR Web site. Watch for the launch of a new site later this year.

2. Simplify the AACVPR Certification Process – The AACVPR leadership has committed resources to updating the application, review, and approval processes. The Certification and Recertification Review Task Force is working to ensure that the AACVPR Program Certification application is aligned with the most recent published guidelines and recommendations from the scientific community. The Task Force is also updating the processes for review and approval of the large number of applications that are submitted each year.

3. Continue to Provide Innovative Programming Solutions -- Once again, the AACVPR Strategic Plan is on track with the issues that are important to AACVPR members. The Annual Meeting, AACVPR Teleconferencing, and the Web site provide a host of ideas to help members maximize revenue to their programs while meeting outcomes goals and providing excellence in cardiac and pulmonary rehabilitation services. Many of those programs include ideas for non-traditional options for cardiac and pulmonary rehab programs.

4. Continue to Develop Best Practices and Scientific Guidelines -- The Journal of Cardiovascular and Pulmonary Rehabilitation and Prevention (JCRP) has published a number of important papers to provide members with the latest scientific guidelines and best practices. Those papers, many of which were written in conjunction with the American Heart Association, the American College of Cardiology, the American College of Chest Physicians, provide members with the latest scientific recommendations for best practices and provide the basis for our work in Washington DC with the Pulmonary and Cardiac Rehabilitation Bills (S. 329 and HR 552).

Stay tuned for great new benefits in the months ahead. And be sure to use your member benefits. If you need assistance with a problem or a
resource for information, check out the Web site, use the Member Forum, or call the National Office. We are eager to support the membership and can usually put you in touch with someone who can provide you with the information you seek. Membership invoices are being mailed this month. Be sure to renew promptly, and please pass that information along to colleagues who have not yet joined AACVPR.

Thank you for your dedication to the AACVPR membership.
Thank you for the valuable feedback on the AACVPR Membership Survey.
And thank you for recommending AACVPR membership to a colleague.

AACVPR Conferences

AACVPR 2008 Annual Meeting

SAVE THE DATE! AACVPR invites you to attend the AACVPR 23rd Annual Meeting, September 18–21, 2008, at the Indianapolis Convention Center in Indianapolis, Indiana. The AACVPR Annual Meeting is the world’s premier educational and networking event for cardiovascular and pulmonary rehabilitation professionals!

Our four popular “tracks” will be back! Focus your learning in one track or “mix and match” – it’s totally up to you. These “tracks” will help you select educational sessions that meet your needs in specific disciplines or career paths. The tracks include Clinical Cardiology/Cardiac Rehabilitation, Pulmonary Medicine/Pulmonary Rehabilitation, Leadership and Innovation, and Nutritional and Behavior Change.

The Opening Ceremony & Keynote Presentation by Professor Steven Blair, entitled ACSM/AHA Physical Activity Recommendation: Adults and Older Adults is sure to peak your interest! This presentation will review recent physical activity recommendations from the ACSM and AHA. The focus will be on reviewing the amount of physical activity shown to be beneficial in the prevention of chronic disease and delaying mortality.

Pre-meeting Workshop: The Future is Now: Strategies to Transform Your Rehabilitation Program

AACVPR is proud to offer this innovative new Pre-Meeting Workshop featuring cutting-edge content presented by prominent experts in the field in a progressive new format. This popular program will provide you with the practical tools and strategies to transform your rehabilitation program to successfully address evolving healthcare trends. The day will begin with a joint session focused on why transformation is essential in this time of health care change and how it can be done within the context of health and rehabilitation programs. The remainder of the time will split into two concurrent groups: one focusing on metabolic syndrome, diabetes prevention and reducing obesity, and the parallel session focusing on a full spectrum of disease management approaches from community based primary prevention programs to chronic disease management solutions in the cardiopulmonary rehabilitation setting.

So be sure to come to Indianapolis 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 Indianapolis. Shouldn’t YOU be there, too?

ANCC Review Course

Back by popular demand, the ANCC Review Course will be part of the AACVPR Annual Meeting again this year. This will be held on September 17, one day prior to the Annual Meeting. This review seminar offers practical applications, valuable study tips, and solid strategies for preparing for the certification exam. Core concentration areas pertaining to specialty areas are:

• Cardiac and Vascular Risk
• Risk Reduction
• Hypertension Management
• Dyslipidemia Management
• Pathophysiologic Processes
• Cardiac and Vascular Assessment
• Cardiac and Vascular Disease Manifestations
• Invasive Management of Cardiac and Vascular Disease
• Cardiovascular Pharmacology
• Special Situations
• Psychosocial Aspects

Up to 7.5 Continuing Education Hours will be awarded at the conclusion of this seminar, and a content slide handbook is included with this seminar. The cost is $175 for co-host staff or $190 for general registration. Register by September 7, 2008.

AACVPR Program Directors’ Conference

Managing Contemporary Cardiac & Pulmonary Rehabilitation Programs: Strategies for Success

Early Registration Deadline is May 13th!

Thursday, June 5, 2007
AACVPR is proud to present this NEW Program Directors’ Conference. This program is designed for mid-level managers/directors in established Cardiac and/or Pulmonary Rehab facilities. This intermediate-level program, presented by four nationally-recognized experts in the field, will provide attendees with the most cutting-edge information and best practice recommendations for running successful rehabilitation programs.

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.

**Program Topics**

- **Ensuring Medicare Compliance**  
  Presented by Karen Lui, RN, MS, FAACVPR, Legislative Assistant, GRQ Consulting, Washington, DC

- **Applying National Patient Safety Goals**  
  Presented by Pat Comoss, RN, BS, FAACVPR, Consultant, Cardiac & Pulmonary Rehab Nursing Enrichment Consultants Inc, Harrisburg, PA

- **Measuring Program Quality**  
  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**  
  Presented by Jody Hereford, RN, MS, FAACVPR, Principal Consultant, Hereford Consulting Group, Boulder, CO

Be sure to register soon. **Space is limited and 6.5 CEU's will be awarded!**

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**Member Resources**

**AACVPR Membership Dues Renewal**

The 2008-09 membership year begins **July 1, 2008**. Renew your AACVPR membership today for uninterrupted continuation of your benefits. As the profession continues to evolve and change, AACVPR will be here for all of us. Renew your membership now to continue receiving the great membership benefits and reaffirm your commitment to your profession. Member benefits include:

- News & Views – packed with useful information  
- Timely Reimbursement Updates – with the latest critical information  
- AACVPR Discussion Forum – your networking link to over 3000 members  
- "Members Only" section of the Web site– your resource for answers  
- JCRP – AACVPR’s popular and well-respected journal  
- AACVPR printed Membership and Program Directory  
- Member discounts for all AACVPR Programs and Products  
- AACVPR Career Link – for online career opportunities  
- Research-based resources  
- AACVPR Advocacy initiative – remain an active contributor  
- 2009 Day on the Hill – all members are invited to participate – earn CE, too  
- Complimentary online programs for CE – for members only  
- Referral Enhancement Tool Kit – coming this year for members ONLY  

… And many more!

**IMPORTANT:** If you are renewing your membership online, you must login to the member’s only section. Please DO NOT create a new profile and join as a new member if your login does not work. Contact the AACVPR National Office at (312) 321-5146 if you need assistance.

Renew your membership in two easy ways:

1. For credit card payments, **login to the Members Only Section** and click “Pay My Dues” under your name or fax your payment to (312) 673-6924.

2. **Download the Membership Application** and mail it with a check to:
NEW! AACVPR Student Scholarship

Deadline: June 1, 2008

The AACVPR Membership & Marketing Committee is proud to offer student scholarships and the opportunity to receive an AACVPR membership. The scholarships are open to graduate and undergraduate students. Please complete the scholarship application and email it to the AACVPR National Office no later than June 1, 2008. Eligibility requirements and application procedures can be found on the application. Recipients will be notified by July 1, 2008, just in time for the new membership year. If you have any questions, please contact the AACVPR National Office at (312) 321-5146 or via email at aacvpr@aacvpr.org.

Click here to download a scholarship application.

AACVPR Innovation Award

Deadline Extended: Friday, May 16th!

The AACVPR is proud to announce the Fourth 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: http://www.aacvpr.org/2008_innovation_awardapp2.doc

AACVPR Award Nominations- It’s Not Too Late!

Deadline: Friday, May 16, 2008

We are pleased to announce the call for nomination(s) 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.

The AACVPR is dedicated to recognizing both the professional achievements of its members as well as 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: http://www.aacvpr.org/awardnom08.doc.

Nominations must be postmarked or sent via email to aacvpr@aacvpr.org no later than Friday, May 16, 2008.

The Cardiac & Pulmonary Week 2009 Campaign Call for Slogans

Deadline: Friday, May 16, 2008

It is time to prepare for the 2009 Cardiac and Pulmonary Weeks. Each year, a slogan is identified as a theme for each of the two promotional weeks. The Membership/Marketing Committee is requesting your creative input on developing the slogans that will be used for the 2009 National Campaign.

We encourage you to work with your staff and patients on developing a campaign slogan to be submitted for consideration. The Call for Slogans will be open through May 16, 2008. The request should be submitted via email to Ann C. Hart, RRT, Co-Chair of the Membership & Marketing Committee at Ach19962@comcast.net.

The Membership/Marketing Committee will send the top three slogans from CR and PR to Jim Coleman Ltd., for graphics. These slogans and designs will be sent to the Membership/Marketing Committee to vote on the top selection for the 2009 National Campaigns. The slogan with the most votes will be awarded $100 in Cardiac/Pulmonary Rehabilitation Week promotional items of your choice for your program. The winners and their slogans will also be presented at the Annual Conference.

Please send your slogans to Ann C. Hart, RRT, Co-Chair of the Membership & Marketing Committee at Ach19962@comcast.net by May 16, 2008. You may be the WINNER!

AACVPR Teleconference CDs Now Available

Prices, Payors and Programs: Expanding Your Clinical Programs by Partnering with Insurers and Employers

Presented by Jean Einerson, MS, FAACVPR, Chair HP&R Business Committee, Joli Studley, MS, & Walt Horner, MS

U.S. health care costs doubled from 1990 to 2001 and are expected to double again by 2012. Employers and insurers are looking to hold health care costs down. Since most of the costs are due to chronic diseases, cardiac and pulmonary rehabilitation professionals are in a position to offer unique opportunities to provide preventive services for employers and insurers. This presentation considers the top five ways clinical programs can provide outreach services to an insurance company, discusses survey results the AACVPR Health Policy & Reimbursement
Committee, provides an overview of how clinical programs have expanded services outside the traditional reimbursement model, and looks at partnering with an insurance company to impact programs, cardiac rehabilitation, community service, local competition, and bottom line. Order at: www.aacvpr.org/education/april08cdorderform.doc.

**Understanding & Utilizing Long Term Oxygen Therapy**
Presented by Trina M. Limberg, BS, RRT, FAARC, FAACVPR

This teleconference presentation is sponsored by an educational grant from Nonin Medical & Respironics

Evidence-based guidelines and position papers are examined for a historical look at oxygen therapy as a treatment to improve survival in chronic lung disease patients. There will be a review of the various resources at hand for treating the ambulatory patient with exertional hypoxemia. The importance of repeated assessments with exertion and delivery devices will be stressed and the need for reproducible standards for conducting oxygen assessment will be addressed. The presentation will focus on how pulmonary rehabilitation professionals can lend their skills in the assessment, putting forth recommendations for appropriate equipment and educating patients as well as physicians in long-term oxygen therapy use. Order at: http://www.aacvpr.org/education/march08cdorderform.doc

**Dietary Approaches to Prevention & Treatment of Hypertension**
Presented By: Lawrence Appel, MD, MPH

Dr. Appel presents the Dietary Approaches to Stop Hypertension, known as The DASH diet. The DASH diet is based on strongly supported evidence that multiple dietary and lifestyle factors affect blood pressure, including sodium consumption, weight loss, and increased potassium intake. This presentation outlines tactics to help healthcare professionals develop and implement effective clinical strategies in dietary changes and in guiding patients to a healthier lifestyle. Order at: http://www.aacvpr.org/education/feb08cdorderform.doc

**Cardiac Rehabilitation Performance Measures: Practical Strategies for Using Them in YOUR Program**
Presented by Marjorie King, MD, FACC, FAACVPR, Karen Lui, RN, MS, FAACVPR, & Randal Thomas, MD

Prepare for the future now by recognizing why performance measures are important to your program. This program was developed to help individual program managers/directors understand the importance of the new performance measures for Cardiac Rehabilitation and to utilize the new recommendations to enhance referrals to CR programs. The Cardiac Rehabilitation Performance Measures were developed to address the underutilization of cardiac rehab services by hospitals and physicians. The implementation of these measures can impact referrals into your program and assist you in capturing relevant outcomes data. This presentation will provide you with specific tools and techniques to enhance your phase II CR program. The presentation focuses on 4 main questions about the newly released AACVPR/ACC/AHA Cardiac Rehabilitation/Secondary Prevention Performance Measure Sets. Order at: http://www.aacvpr.org/education/jan08cdorderform.doc

**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

**Member Discounts on ANCC Certification**

Another Great Member Benefit:
$50 off Initial Certification and 20% off Certification Renewal with ANCC!

Did you know that your AACVPR membership saves you money on the ANCC Cardiac Vascular Nurse certification exam and renewal?

There are many outstanding reasons to pursue ANCC certification in your specialty area:

- **Professional and personal recognition** — Certification shows your nursing peers, interdisciplinary colleagues, and health care...
consumers that you are committed to maintaining the highest levels of practice knowledge and competence. Certification helps you be your best!

- **Career progression** – Increasingly, hospitals and other health care entities are attaching strong value to certification when it comes to staffing and advancement decisions. Get certified…and get noticed!
- **Reimbursement and rewards** – The Centers for Medicaid and Medicare Services (CMS), along with third-party reimbursers, have mandated certification in order to obtain reimbursement for services. What’s more, certification has been identified in various surveys as having a significant positive impact on potential salary. Certification pays dividends!

### ANCC Certification 2008-2009 Pricing

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<th>Initial Certification</th>
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</thead>
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<tr>
<td>AACVPR Member Rate</td>
<td>$340</td>
<td>$280</td>
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<tr>
<td>Regular Rate</td>
<td>$390</td>
<td>$350</td>
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Be sure to include a photocopy of your membership card (or certificate) with your ANCC certification or renewal application to secure these great rates!

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### Inside the Industry

#### The Advocacy Angle

*Karen Lui, RN, MS, FAACVPR*

Public meetings provide a variety of opportunities to interact with your state and federal legislators. Meetings may be pancake breakfasts, afternoon meetings, or evening events. Meeting locations can vary from senior citizen centers to the local VFW to the local high school gym. You can get a schedule of where and when your legislators are going to be in your area through their state office or if you sign up for their newsletters. June Schulz, RRT, has had great success by attending town hall meetings offered by her U.S. Congressional members who represent South Dakota in Washington, D.C. Here is her experience and advice.

*In an effort to get out and talk with their constituents, legislators generally schedule meetings across the state through out the year. I signed up to receive a newsletter from all three of my U.S. legislators.*

*If you go to a town hall meeting there will likely be many different issues discussed. From my experience the senior citizens tend to enjoy these meetings and so a great deal of discussion tends to center around their issues-which is good for us because Medicare and health care costs always seems to be a hot topic for discussion. Many times the legislator will do a brief talk to inform the group of the legislation that he/she has been supporting (or not), what issues are pending, etc. After that they usually open it up for questions. I did not ask questions during this time simply because it would have taken a lot of time to try and explain our legislation and I preferred to have one on one time. I decided to wait until the meeting was over to introduce myself to the Senator. I brought a packet of information along that included our legislative language, my contact information, etc. Typically the Senator would have an aide with him and as I introduced myself I would hand the packet to the aide. I would give a brief explanation of our legislation, ask for his support, etc. After attending several of these meetings and using the same approach each time, the Senator began to recognize me, was able to say what legislation I was talking about, etc.*

*After attending the town hall meetings, going to Washington, DC for the AACVPR Day on the Hill was a snap. The Senator already knew me, knew my issue, etc. We could really just visit about cardiac and pulmonary rehab because he already was well informed on the legislative language. It really is a good way to meet your legislators and get to know them as well as they get to know you.*

### Disease Management

*Mark Senn, PhD, FAACVPR, Chair*

Our health care system is changing before our eyes. One of the key changes is the industry’s increasing expectation for results in the form of evidence based outcomes specific to the diagnosis under treatment. Indeed, many payors have started tying payment to evidence based treatment. While some may interpret this changing landscape as a threat to our current programs or profession, I believe that we are among the best-positioned to leverage this change into a greatly enhanced position of cardiac and pulmonary rehabilitation in the health care management arena.

Over the last two decades, cardiac and pulmonary rehabilitation has made modest gains toward becoming a force in the immerging arena of disease management. Many programs continue to maintain a tight focus on exercise therapy as the key deliverable of the program to the patient. This focus has been reinforced by the reimbursement structure of our health care system. While most programs offer some limited degree of assessment of the client’s risk for CVD and provisions for education and counseling for the purpose of risk factor reduction, the question must be asked, “Is this enough?” I believe that the answer is a resounding “No.”

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We are one of few fields conceptualized on the foundation of multidisciplinary delivery of care for cardiovascular disease management and rehabilitation. Yet after many years of insufficient reimbursement, many programs have learned to survive on a diet of repetitive monitored exercise therapy and a varied scope of risk factor education. A disease management program requires much more. In a true disease management role, the cardiopulmonary rehabilitation program must step up to the position of a facilitator in cardiovascular disease management and, as such, must accept the responsibility of improving the chronic disease risk status of its clients.

In order for a program to assume such a position within the health care delivery team, we must assume the role of coordinating the multidisciplinary care necessary to achieve the evidence based outcomes that result in reduced morbidity and mortality. Fortunately, cardiopulmonary rehabilitation is one of the few health care providers prepositioned to address this emerging expectation. To leverage our position, we must build into our programs the elements of true disease management. Our own certification process delineates most of the components and processes principally: assessment, goals, interventions, evaluation, and follow-up. When these elements of process improvement are applied to the domains of cardiovascular disease as described in the recent AHA/AACVPR Scientific Statement paper by Balady, et al., then true cardiovascular disease risk reduction occurs, resulting in predictably lower rates of morbidity and mortality.

When we as a profession consistently provide effective and efficient CVD risk reduction in addition to the excellent improvements in functional status we have demonstrated for years, then and only then will we assume our place as a valuable and indispensable member of the health care management team.

It is, therefore, the responsibility of our National Association to lead and facilitate this continued evolution of the cardiopulmonary rehabilitation discipline. I am proud to say that our leadership has taken up this mantle and is taking the following steps to both challenge our performance as well as facilitate our improvement:

1. Two years ago, Past-President Jody Hereford commissioned a Disease Management Task Force (DMTF) and charged the DMTF with developing and implementing processes within the organization that will facilitate and accelerate continued program evolution toward a true disease management model. As a result, the DMTF with the approval of the Board of Directors has commissioned the development of the Disease Management Registry. The Registry will be a database that allows cardiopulmonary programs to deposit select disease management specific data and retrieve data relative to their programs performance and comparable benchmarks. This Registry will also be available to other interested stake holders such as insurance providers, government payors, and others.

2. This year, President Dr. Larry Hamm commissioned a separate task force to review the current structure and operation of the Program Certification/Recertification Committee. Among the many objectives of this task force is the development of elements of the certification process that support and strengthen the delivery of disease management functions within the cardiac and pulmonary rehabilitation program.

3. The AACVPR Board of Directors is committed to working with state and regional affiliates to provide direction and resources to improve disease management processes at the grass-roots level, including national as well as local (affiliate level) workshops and tutorial lectures.

4. AACVPR is collaborating with various professional organizations, including the Disease Management Association of America (DMAA) and the American College of Cardiology (ACC), to strengthen the practice of disease management among and within these organizations.

Ultimately the ability of our profession to deliver evidence based disease management outcomes to our patients, physicians, institutions, and payors is dependent on the vision and determination of each program director and manager. It is the hope of the AACVPR leadership that you and your institutional colleagues will respond to this opportunity by challenging yourself, your staff, your administration, and your physician community to work together and become a unified disease management team for your community. It is our hope that you will join AACVPR in this journey.

**Educational Opportunities**

**PHA’s 8th International Conference and Scientific Sessions: Determinants of RV Function on Molecular, Pharmacogenomic and Metabolic Levels**

**June 20-22, Houston, Texas**

The 2008 International PH Conference and Scientific Sessions will be held at the Hilton Americas in Houston, Texas, on June 20-22, 2008. Convening once every 2 years, the Pulmonary Hypertension Association (PHA) International Conference and Scientific Sessions, the largest PH meeting in the world, draws a mix of patients, caregivers, medical professionals, and industry representatives. The Scientific Sessions will begin with a kick-off reception on June 19, with Scientific Sessions for medical professionals leading off the 2008 Conference on June 20. This special component of the Conference enables researchers and medical professionals to exchange and absorb new ideas in pulmonary hypertension research. Nurses and physicians will have the opportunity to earn up to 6.5 hours of CEU or CME credits respectively. The Sessions will conclude with a Poster Session. Abstracts for this Session are invited in the areas of clinic science (including treatment) and basic science. For more information on the Scientific Sessions or Poster Session, visit [www.PHAssociation.org/Conference/2008/ScientificSessions.asp](http://www.PHAssociation.org/Conference/2008/ScientificSessions.asp).

**Summit on Maximizing Functional Capacity in Older Cardiovascular Patients: From Babyboomers to the Very Old**

**June 27-29, Washington, DC**

AACVPR is proud to partner with the Society of Geriatric Cardiology and the Preventive Cardiovascular Nurses Association in co-sponsoring the 14th Annual Scientific Session of the Society of Geriatric Cardiology: Summit on Maximizing Functional Capacity in Older Cardiovascular Patients: From Babyboomers to the Very Old. This event will provide a broad, sophisticated outreach to medical caregivers, allied health professionals, and others oriented to care/management of older adults. The intended audience is Physicians (Cardiologists, Internists, Family Practitioners), Nurses, Exercise Physiologists, Physical therapists, Health Administrators, and Medical Industry Leaders. The goals of this event are to review physiological and clinical implications of aging, the close associations of aging to cardiovascular disease, and the impact of aging...
processes on functional capacity and quality of life in older adults. In addition to understanding the political, social, and financial implications of cardiovascular aging, and the related burdens to the United States as our population ages; and to understand strategies to modify aging patterns, and to thereby optimize health parameters, particularly cardiovascular health, in spite of the pressures created by aging. For information, visit www.sgcard.org or call 301-656-1802.

2008 Cardiometabolic Health Congress
October 16-18, Boston, Massachusetts
The 2008 Cardiometabolic Health Congress features world-renown experts translating cutting-edge science into practical approaches to manage the problems associated with obesity, diabetes, and cardiovascular disease. If you’ve been looking for a multidisciplinary interactive experience where your clinical knowledge can rise to the next level, attend the 2008 Cardiometabolic Health Congress and participate in an expert-level conference where novel ideas are generated! Attendees can earn 30+ CME credits. For more information or to register visit www.cardiometabolichealth.org or call 877-571-4700.

Go Red to Spread the Word
Help spread the word about women and heart disease today. Heart disease is the number 1 killer of women in America. The Go Red For Women movement is mobilizing women, men, celebrities, health care providers, and politicians to embrace and elevate the cause of women and heart disease. Go Red For Women is a national organization, as well as a powerful grassroots organization, uniting women in diverse neighborhoods from coast to coast. It’s also easier than ever for each of us to help stimulate heart disease awareness on our own, while living a heart-healthier lifestyle -- visit www.goredforwomen.org.

**Pulmonary Point of View**

Gerilynn L. Connors, BS, RRT, FAACVPR

Update on Immunization Recommendations for Solid Organ Transplant Patients

Preventing infection through collaborative self-management is an important treatment session for pulmonary patients during a comprehensive pulmonary rehabilitation (PR) program. Vaccine-preventable diseases are one component of this training. The Joint Commission 2007 National Patient Safety Goal #10 was to reduce influenza and pneumococcal disease so this patient training addresses this goal too. Since vaccines are part of our public health CDC recommendations, we can give advice to the pulmonary patient but what role do vaccines have for the pre or post lung transplant patient you see in PR? The PR team working closely with the lung transplant team can reinforce vaccine recommendations to the patient that the lung transplant team has advised. In 2004 the American Society of Transplantation published guidelines for vaccination of solid organ transplant recipients and recently there was an update for clinicians published. The update reviewed recently licensed vaccines. Such as the: human papillomavirus (HPV) vaccine, the zoster vaccine, the rotavirus vaccine and the adolescent-adult tetanus-reduced diphtheria-acellular pertussis (Tdap) vaccine. It is interesting to find that current recommended vaccines for transplanted patients are not being followed often due to the concern that immunizations might trigger allograft rejection although this has not been reported.

**The HPV is a common sexually transmitted disease in the U.S. with an incidence of 6.2 million new infections annually. The vaccine is licensed for girls and women ages 9-26 and the vaccine is not live. No studies have been done with transplant candidates or recipients to date. At this time the pre-transplant candidate would be a candidate for the vaccine according to current guidelines.

**The varicella-zoster (Shingles) vaccine is available in a zoster vaccine (Zostavax), live-attenuated vaccine and the varicella vaccine (Varivax). Zostavax cannot be used in post-transplant patients. It is recommended that pre-transplant patients seronegative, receive the standard varicella vaccine (Varivax) according to current guidelines.

** The Tetanus Toxoid-Reduced Diphtheria Toxoid-Acellular Pertussis (Tdap) Vaccine released in 2005 for persons 11-64 years of age is not a live vaccine. The pre-lung transplant patient would be a candidate for this vaccine and since it's not live it could theoretically be given post-transplant but no study has been done.

**Meningococcal Conjugate Vaccine was approved in 2005 for ages 11-55. Again, no studies have been done in pre or post – lung transplant patients. The recommendation is to follow the guidelines for the general populations and the pre-lung transplant candidate in the 11-18 year old age group would be a candidate.

**Rotavirus vaccine, a live-attenuated vaccine, is typically given to infants 12-32 weeks of age to prevent serious childhood gastroenteritis. This vaccine may be a pediatric pre - transplant patient consideration. Where the adult post lung transplant patients must be concerned with is when this vaccine is given to a child living in the household. Although no data on the risk of household transmission of the vaccine strain of the virus is available, there could possible be a threat to transplant recipients and it’s advised that good hand washing techniques after changing diapers of vaccinated children/grand children is done. To read the latest information on Immunizations go do: Avery RK, Michaels M, Update on Immunizations in Solid Organ Transplant Recipients: What Clinicians Need to Know. Am J Transplant. 2008;8(1):9-14.
The American College of Cardiology just launched its online patient education Website (www.cardiosmart.org). The site features a unique “CardioSmart News” site, as well as an online forum where patients can “ask the cardiologist” questions. The “Learn about Heart Disease” feature has an A-to-Z listing of common cardiology procedures / conditions that patients can print out or forward by e-mail.

The American College of Chest Physicians has expanded their patient education guides to include new patient instructions for handheld devices, as well as a 44-page “Living Well with COPD” guide (available at http://www.chestnet.org/patients/guides/index.php).

Aetna has posted the Center for Epidemiologic Studies Depression Scale (CESD), an online depression screening tool that is easy to use. Visit http://www.in telihealth.com/IH/ihtIH/WSIHWW00/23722/9025.html. Also worth downloading is the National Institutes on Aging guide “Talking with your Doctor,” available at http://www.nia publications.org/pubs/talking/Talking_with_Your_Doctor.pdf.

You will surely want to add the National Library of Medicine’s recently launched online drug information portal to your favorites list (http://druginfo.nlm.nih.gov/drugportal/drugportal.jsp). Once a drug is entered, you can access information on the drug topic by clicking links to “Medline Plus,” references from scientific journals (pub med), and the FDA drug label (Daily Med). Consumer Reports also has an online “Best Buys” drug information Web site available at http://www.consumerreports.org/health/bestbuy-drugs.htm.

The American Thoracic Society (ATS) has created patient education information sheets in Spanish! To download the documents or for more information, please visit the ATS Web site at http://www.thoracic.org/sections/education/patient-education/patient-education-materials/Spanish-patient-information-series.html.

If you come across any interesting Web sites that you would like to share with AACVPR members, e-mail Sue Keller at sakeller2007@comcast.net.
Committee Service Application are Now Available!

Application deadline: June 30, 2008
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 2008-2009 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. Don’t forget to visit the AACVPR Web site to get involved in the committee of your choice.

**Outcome Committee**

*Helen Graham, PhD, RN, Outcome Committees Chair*

The committee would like to extend a sincere thank you to Mark Vitcenda, MS; Valerie Kramer, RN, BS; and Dr. Laura Peno-Green for their years of service and dedication to the AACVPR Outcomes Committee. As they move onto other initiatives within the organization, we welcome Mike McNamara, MS; Lynn Baker, BSN, MS; and Elizabeth Dole, BS to the Outcomes Committee. Mark Senn is the Board of Director representative for the Outcomes Committee this year, and we look forward to working with him on Outcomes and Quality.

Currently, Outcomes Committee members are involved with reviewing and evaluating the Outcomes Resource Guide (found on the AACVPR Web site home page). Their primary focus is on the review of the outcome tools referenced and on the Discussion Forum Section. Visit the Outcome Discussion Forum link to find answers to your outcome questions and seek advice from several Outcome Committee members regarding how you can apply outcomes to the management of your daily practice.

Outcomes Committee members are continuing to prepare their presentations for the 2008 Annual Conference, where Cardiac and Pulmonary Rehabilitation Practitioners will have the opportunity to present on Successful Regional Outcomes and Benchmarking Projects, and Using Outcomes to Develop Quality Improvement Projects. Look forward to seeing you there!

**Research Committee**

*Steven W. Lichtman, EdD, FAACVPR, Research Committee Chair*

What has the Research Committee been up to this year?

**National Annual Meeting:** Look for a change in the research platform presentations at this year’s AACVPR Annual Meeting in Indianapolis. In the past, there were four concurrent sessions, each with six presentations. This year, we will have one session on Thursday (the New Investigator Presentations), one on Friday morning, and one on Friday afternoon, each with six presentations. Although this has reduced the total number of presentations from 24 to 18, it will allow attendees to be present at all the platform presentations rather than having to pick and choose which one they want to attend. In addition, the Research Committee is in the process of scoring the submitted abstracts and selecting this year’s recipient for the Michael L. Pollock Established Investigator Award.

**Research Web Page:** The Committee has gotten the go-ahead by the Web site Committee to begin designing a Research Web Page. Among other details, this will include a Q&A section with input from committee members. Look for developments on this project in the upcoming months on the AACVPR Web site at [www.aacvpr.org](http://www.aacvpr.org).

**Future Projects/Plans:** To promote research within AACVPR the Research Committee is developing the following projects:

1. The establishment of a “Research Scholar” fellowship similar to the FAACVPR award.
2. Establishment of a yearly research grant for an AACVPR member to be presented at the national conference.
3. Collaborating with ACC, AHA, ACCP for mechanisms of promoting research within the organizations.

As these plans progress, we will keep our membership updated through *News and Views* and through the AACVPR Web site.
Affiliate Society News

Outstanding Affiliate Award

The AACVPR is soliciting applications from Affiliate Societies for the 2008 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 the Affiliate Link Committee. Notification of acceptance will be provided prior to the Annual Meeting in Indianapolis, Indiana.

The application is available at: http://www.aacvpr.org/outstandingaffiliateapp08.doc
Please send the completed application and submit via email, to the National Office at aacvpr@aacvpr.org by July 1, 2008.

Montana Outcomes Project Grows

Michael McNamara, MS, MACVPR President
The Montana Association of Cardiovascular and Pulmonary Rehabilitation (MACVPR) recently completed their annual conference on April 3, titled Back to the Basic. Speakers included Pat Comoss, Reed Humphrey, Bernice Hecker, Nancy Houston Miller, Mike McNamara, and Christine Stanish. The conference was held in Missoula, with a live audio/video feed to Billings. Twenty-seven of the 35 programs in MACVPR were represented at the conference.

The Montana Outcomes Project has completed a year’s worth of data collection this last January. Data have been collected on more than 1,000 patients and continue growing fast. Participating programs submit their data to the Montana Cardiovascular Health Program at the State Health Department for analysis. Each program then receives their individual outcomes data plotted against the regional mean on a quarterly basis. Programs from North Dakota, South Dakota, Wyoming, Minnesota, Iowa, Washington, California, and Arizona have joined this project. If you are interested and would like more information about participating in the Montana Outcomes Project, please contact Mike McNamara at mmcnamara@mt.gov.

Northwest’s Busy Spring

Dana Gunter, MS, NWCVPR President
As the sunshine and rain ebb and flow to create our beautiful Pacific Northwest spring weather, the Northwest Association of Cardiovascular and Pulmonary Rehabilitation (NWCVPR) geared up for our annual educational conference. Held on April 19 at Seattle’s Swedish Medical Center, this was an excellent education and networking opportunity. Conference Chair Karen Edwards has listened to the membership say that they want more pulmonary and chronic disease topics brought in. The agenda offered several local experts in these areas. In addition, we invited an AACVPR representative to help our membership discover leadership opportunities.

The NWCVPR Executive Board has been considering a proposal to update our Constitution to better reflect current and future operational needs and goals. We will hold an open discussion business meeting during the conference to allow member input. Our current Constitution was written in 1992, when the association was established; this would be the first update to the document.

Prior to any constitutional changes, though, we are in the midst of an election year for the Executive Board of Officers. The new Board will take office after the Spring Conference. As we say thanks to those who have served, we also look forward to welcoming new faces and ideas to our Board.

Joyce Kratz-Klatt and Heidi Jibby represented us at Day on the Hill. This dynamic duo visited several legislative offices, accomplishing a lot toward our legislative efforts.

Thanks to Glenn Bean and Alice Fong, our newly revised and user-friendly Web site is up and running! Visit us at www.nwcvpr.com.

Ohio Plans for Conference

Dan Peplin, ME, OACVPR President
The Ohio Association of Cardiovascular and Pulmonary Rehabilitation (OACVPR) will hold its annual state conference on April 23-24, 2008. Our conference starts with a reception the night before, at which Karen Lui and Jim Freehahn will speak about legislative and reimbursement issues.

Conference speakers include John Gunstad, PhD; Murray Low, EdD; Scott Marlow, RRT; Phil Port; Carrie Scotto, PhD, RN; Thomas Stover, MD, MBA; and Doug Ribley, MS; Our keynote speaker is Katherine Switzer, the first woman to run the Boston Marathon. Given the predominately female makeup of our audience, we thought it time to have a female keynote speaker!

OACVPR is continuing to use the AACVPR Affiliate Grant to attract non-traditional members to OACVPR. We have traveled to several locations to achieve this goal. We sent three representatives to Day on the Hill, continuing earlier grassroots efforts.
Our member directory is finally complete, thanks to grants from the American Lung Association and Healthy Ohioans. As of this year, we are making a huge push to go paperless with our board and members by taking every opportunity to promote the use of our website and other electronic communication channels.

**Wisconsin Continues to Lead**

*John Leech, MA, WISCPHR President*

The Wisconsin Society for Cardiovascular and Pulmonary Health and Rehabilitation (WISCPHR) is proud to announce the debut of the Wisconsin Cardiac Rehabilitation Outcomes Registry -- WiCORE. WISCPHR collaborated with the Wisconsin Department of Health and Family Service and the University of Wisconsin to receive a large grant from the CDC to develop an outcomes program that will enable us to move from program aggregate data to patient specific data.

At this year’s annual conference, we added a pre-conference workshop entitled The WISCPHR Leadership Workshop: Discovering Your Passion and Potential as a Leader in WISCPHR, designed to encourage and develop leadership skills in our members, especially Board of Directors, committee members, and regional representatives.

Did you know that 35% of the AACVPR Presidents have had their education or career paths lead through Wisconsin? Did you also know that the AACVPR was headquartered in Wisconsin from 1988 until 2001, when they moved to Chicago?

WISCPHR strongly encourages and supports our programs to achieve and maintain AACVPR Program Certification. Wisconsin has 125 cardiac rehab programs, of which 57 are AACVPR certified = 46%! We also have 86 pulmonary rehab programs, of which 23 are AACVPR certified = 27%

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**2008 Calendar of Events**

| June 5    | AACVPR Program Management Conference: Managing Contemporary Cardiac & Pulmonary Rehabilitation Programs  
|           | Rosemont, IL  

| July 1    | 2008-2009 Membership Year begins. Did you renew your dues? If not, login into the Members Only section of the Web site and click “Pay My Dues” under your name. |

| September 18-21 | AACVPR 2008 Annual Meeting  
|                 | Indianapolis, IN  
|                 | For more information: [http://www.aacvpr.org/meeting/](http://www.aacvpr.org/meeting/) |

| May 13    | American Lung Association of California's Breath of Fresh Air Luncheon  
|           | San Francisco, CA  
|           | For more information: asullivan@alac.org |

| June 27-29 | 14th Annual Scientific Session of the Society of Geriatric Cardiology: Summit on Maximizing Functional Capacity in Older Cardiovascular Patients: From Babyboomers to the Very Old  
|           | Washington, D.C.  
|           | For more information: 301-656-1802 or CLICK HERE |

| September 25-26, 2008 | ACSM RCEP workshop  
|                       | Henry Ford Hospital  
|                       | Detroit, MI  
|                       | Register: [www.acsm.org/register](http://www.acsm.org/register) |

| September 22-26 | Starting or Updating a Comprehensive Cardiac Rehabilitation Program  
|                 | University of Wisconsin-La Crosse  
|                 | For more information: John Porcari (608-785-8684 or porcari.john@uwlaux.edu) or CLICK HERE |

| October 13-15 |   |
Starting or Updating a Comprehensive Cardiac Rehabilitation Program
University of Wisconsin-La Crosse
For more information: John Porcari (608-785-8684 or porcari.john@uw.lax.edu) or CLICK HERE

October 16-18
2008 CARDIOMETABOLIC Health Congress
Boston, MA
For more information: Jessica Joseph (732-758-0233 or jj@cardiometabolichealth.org) or CLICK HERE

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

Continuing Education Programs on CABG, Heart Failure (three-part series), Best of Sessions 2005, Women & Heart Disease, and the newly released PAD
Offered by the American Heart Association and the American Stroke Association
For more information: CLICK HERE

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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