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Letter from the President

Dear AACVPR Colleagues,

I am writing to inform you that Marie Bass, our Executive Director, will be leaving AACVPR as of April 30, 2009. We will certainly miss her. We are all extremely appreciative of Marie's hard work and efforts over the past 8 years. Today we are a stronger organization thanks in many ways to her direction. Together with AACVPR volunteer leaders, Marie has created significant growth for AACVPR and has helped us achieve many goals over the past several years. We are incredibly appreciative of Marie's friendship and work on behalf of our organization. I know you will join me in wishing her well in her future endeavors.

We are working with our management company partner, SmithBucklin, in the search for a new Executive Director. SmithBucklin and your Board of Directors are committed to doing what is best for AACVPR and share in the same interests and passion for our long term prosperity. Toward that effort, Erin Butler will be our Interim Executive Director for AACVPR. Erin has previously served as AACVPR’s manager and is currently the Executive Director of a healthcare certification board. She understands our organization and the importance of our relationships with you, our colleagues. Together with Erin, your Board of Directors is committed to the ongoing growth and delivery of high quality AACVPR programs and services.

I will inform you as soon as we have identified a new Executive Director. In the meantime, please feel free to contact Erin and any other AACVPR team member as needed at 312–321–5146 or aacvpr@aacvpr.org

Thank you for your ongoing support and work as we make this important transition in our organization.

Warm regards to all,

Murray

Murray Low, Ed.D., FAACVPR, FACSM
President, AACVPR 2008-2009

Letter from the Editors

May the road rise up to meet you, may the wind be ever at your back.
May the sun shine warm upon your face and the rain fall softly on your fields.
And until we meet again, may God hold you in the hollow of his hand.

~Irish Blessing

It is with great respect and a hearty dose of appreciation that we wish our esteemed colleague and friend, Marie Bass, all the best as she steps away as Executive Director of AACVPR. During her tenure, Marie has contributed much to our organization and to our profession. Today we are a stronger organization thanks in many ways to her direction.

Marie joined AACVPR in the Fall of 2001 just prior to the scheduled September Annual Meeting. Beginning with the fateful events of that September, Marie has always worked tirelessly, along with our volunteer leadership, to walk through the difficult decisions and set the organization up for its continued growth and success.

Those of us who have had the privilege of working closely with Marie over the past eight years resoundingly echo an appreciation and respect for her hard work and effort on behalf of the organization and the individuals at its heart. Marie is a true professional and artfully blends her leadership and mentoring with a true caring of the profession and the individual. She celebrates her colleagues’ successes, is ecstatic with both the news of a new job or a new baby and can be counted on to show up when the way becomes difficult.

Marie, we all wish you only continued success along your path and always remember that you have challenged us to do better and to be better as an organization and as people. Thank you so very much and you will forever be a part of AACVPR.

May you always have work for your hands to do.
May your pockets hold always a coin or two.
May the sun shine bright on your window pane.
May the rainbow be certain to follow each rain.
May the hand of a friend always be near you.
And may God fill your heart with gladness to cheer you.

~Irish Blessing
Executive Director's Corner - A Fond Farewell

Marie A. Bass, M S, CAE

Dear Colleagues,

I am honored and privileged to have served this fine organization as the Executive Director since 2001 and I view my work with you as the highlight of my career. I also want to thank each of you for your passion and commitment for AACVPR and the hard work that we have accomplished together.

I came to AACVPR in July 2001, just seven weeks before the 9/11 terrorist attack forced us to cancel the Annual Meeting in Minneapolis. Since that time, the leadership of AACVPR can be proud of the growth of AACVPR, as well as our many great accomplishments, including:

- The rebranding of AACVPR with a new "look" and logo
- The launch of 2 new websites – in 2002 and again in 2008
- Educational formats that allowed CR and PR professionals to participate in "distance learning"
- The enhancement of AACVPR member benefits
- The passage of the Pulmonary and Cardiac Rehabilitation Act in July, 2008
- The successful alignment with large cardiac and pulmonary organizations including ACCP, AHA, ACC, ATS, AARC and many others
- The realignment of the AACVPR governance structure including the change from voting for AACVPR leaders to a slate of candidates
- A vital and growing alignment with AACVPR Affiliate Organizations
- The growth of the AACVPR Certification and Recertification programs
- The development and endorsement of numerous documents, guidelines and scientific papers that support the efficacy of cardiac and pulmonary rehabilitation services

That is only a small sampling of the great accomplishments of AACVPR leaders and members. I am awed by your passion for AACVPR and for the patients you serve. I bid you a fond farewell and a heartfelt thank you. I will always be an advocate for cardiac and pulmonary rehabilitation and will be watching with pride as you move toward even greater accomplishments in the years ahead.

Fondly,

Marie Bass

From the Editors:

"Our challenge is going to be identifying what works... eliminating things that don't work, and making things that we have more efficient"

(President Barack Obama)

It will come as no surprise to our readers that we are in a period of financial insecurity as a nation. AACVPR is not immune to these circumstances. As an organization we are committed to two major economic issues: 1. maintain AACVPR as a financially viable organization; 2. make every effort to control costs for our membership.

This editorial will be devoted to outlining the specific economic issues related to AACVPR’s 24th Annual Meeting, to be held September 30 to October 3, 2009 in Pittsburgh, Pennsylvania. The bottom line is, AACVPR will NOT BE increasing the cost for conference registration, despite increasing expenses and potentially declining revenues. Wow... how do we do this! Waving a magic wand would help, but unfortunately we have no talent at prestidigitation. Rather, we have made a number of decisions regarding the conference that will enable us to meet this resolution. We have accomplished this task by changing the meeting format to save the expense of an additional hotel night and managing some of the expense items with the convention center. However, none of these are vital to the learning and networking experience of our conference and managing our expenses will enable us to keep the costs to the attendees at the same level as last year.

As background, we believe it is important for our membership to be aware of just what a massive undertaking the Annual Meeting represents. Planning begins at least 2 years prior to the actual meeting, and typically incorporates scores of our volunteer leadership and all the members of our executive staff. Planning begins with meetings between the conference co-chairs (the AACVPR president elect and for the past 3 years, Anne Gavic) and the executive staff to identify potential sites, construct a general budget and put together the conference planning committee. Flurries of emails follow, all leading up to a full day meeting where the entire conference planning committee, the co-chairs and our executive staff get together to select the next site (2 years in the future) and to generate topic and speaker ideas for the upcoming conference. Following another flurry of emails and conference calls, speakers are finalized and contacted, program objectives and outlines are collected, award nominations are solicited and the recipients
finalized, abstracts are submitted, reviewed and scored, and hundreds of other mundane details are taken care of. The cost of all this typically involves a budget approaching half a million dollars!

Adding to the mix this year are the consequences of the economic downturn in our country. Conferences and meetings nationwide are experiencing fewer and fewer attendees and, as a result, organizations have been raising registration fees to help reach the break even point. AACVPR leadership considered this option and rejected it. Instead, the conference co-chairs, our executive staff and the AACVPR Finance Committee has performed an act that our government finds extremely difficult, if not impossible. We have examined the budget line by line and have eliminated costs that were considered extravagant, extras, and generally not necessary to the learning/networking experience of the conference. However, this will require patience on the part of our attendees. Just one example is that you will not be receiving the neck lanyards for your conference ID, instead you will be supplied with a standard clip and pin. Believe it or not this saves well over $1,000 (and is also good for the environment, as going greener is another issue we tackled when deciding what to cut). The Conference and Finance Committees managed to eliminate tens of thousands of dollars from the conference budget with similar cutbacks.

Therefore, at this year’s conference, if one of the amenities you are accustomed to is no longer available, please remember this was done in the name of fiscal responsibility and for the benefit of all our attendees. We look forward to seeing each and every one of our readers at this year’s conference. We are certain that all will enjoy not only a valuable learning and networking experience, but will continue to enjoy socializing with our colleagues from around the country and around the world.

"Everybody’s going to have to give. Everybody’s going to have to have some skin in the game"
(President Barack Obama)

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**Breaking News: Call to Membership**

**TAKE ACTION – BE PART OF HEALTH CARE REFORM**

The Senate Finance Committee, led by Chairman Max Baucus (D-MT) and Ranking Member Chuck Grassley (R-IA), is developing a comprehensive bipartisan health care reform bill slated for completion this summer. Senator Baucus has said, "Nothing is set in stone. I look forward to a robust dialogue with my colleagues on these ideas in the coming months."

As an AACVPR member, you will soon receive a request to contact your two U.S. senators. The reform decisions that Congress makes now will impact the care you deliver in the future. Please help AACVPR deliver the message that the services we provide are patient-centered and supported by evidence of effectiveness.

Public comments on these policy options are being solicited until **May 15, 2009**.
Please take action when you get the coming email that will contain the clear and simple message we want to send Congress.

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**AACVPR Conferences**

**Program Directors’ Conference - LAST CHANCE!**

Have you been hearing the positive feedback about the Program Directors’ Conference and have not yet had a chance to attend? Back by popular demand, AACVPR proudly presents the Program Directors’ Conference. Due to the overwhelming response from our previous conferences, we are taking the Program Directors’ Conference on the road for the **LAST TIME!**

Don’t miss out on this edition of the Program Directors’ Conference!
* This will be the last time this format with these speakers will be offered.

June 19, 2009: Anaheim, CA
June 20, 2009: Dallas, TX

Register **early to guarantee your spot!** Space is limited!

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

- Staff competencies
- Performance measures
- Patient satisfaction

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

For more information, please CLICK HERE.

24th Annual Meeting - Destination: Pittsburgh, PA

AACVPR 24th Annual Meeting
Pre-meeting workshops: September 30, 2009
Annual Meeting: October 1 - 3, 2009
Pittsburgh, Pennsylvania

The AACVPR Annual Meeting is a four-day event for healthcare practitioners to exchange knowledge regarding cardiovascular and pulmonary rehabilitation. The meeting program provides education and training on the scientific principles, the latest techniques and advances, and the new challenges affecting rehabilitation today.

Continuing Education Credits will be offered for the Pre-Meeting Workshops and Annual Meeting program. Exact number of hours awarded will be available in the onsite program.

The following educational credits have been applied for:
Sleep Apnea & Its Impact on Cardiopulmonary Patients’ Outcomes & Care

Presented By: Eric J. Olson, MD
Assistant Professor of Medicine
Pulmonary & Critical Care Medicine at Mayo Clinic

May 28, 2009, 1–2 pm Eastern Time
(12 pm Central, 11 am Mountain, 10 am Pacific)

Motor vehicle accidents are the fifth leading cause of death in the US. Did you know that treating drivers suffering from Obstructive Sleep Apnea (OSA) with modalities such as CPAP, could save nearly 1000 lives, annually?

The multiple disease mechanisms activated by Obstructive Sleep Apnea (OSA), together with the often severe hypoxemia, are associated with adverse cardiovascular outcomes, including myocardial infarction and stroke. Acute responses to obstructive apneas, with marked increases in adrenergic drive, BP, ventricular afterload, arrhythmias, hypoxemia, and hypercapnia, induce substantial and repetitive nocturnal CV stress. It is suggested that severe OSA may be associated with death during sleep. Chronic Sleep Apnea (CSA) is the sleep breathing disorder commonly linked to heart failure. The risk factor of increasing obesity in the Western populations has made OSA a prevalent condition.

This presentation will review the basic terminology of sleep disordered breathing syndromes. The physiologic impact of obstructive sleep apnea (OSA) on, and its relationship to, cardiopulmonary disease will be discussed.

Tips to improve CPAP compliance will be presented. Treatment modalities utilized for both sleep disordered breathing syndromes and obstructive sleep apnea will also be explored.

Upon completion of this teleconference, the participants should be able to:

- Summarize the basic terms used to describe sleep disordered breathing syndromes
- Describe the acute and chronic physiologic changes wrought by obstructive sleep apnea
- Appreciate what is known of the clinical links between obstructive sleep apnea and common cardiopulmonary disorders
- List some basic steps to improve CPAP compliance in their patients

CLICK HERE TO REGISTER
Deadline: May 15, 2009

It is time to prepare for the 2010 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 2010 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 15, 2009. 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 Cardiac and Pulmonary 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 2010 National Campaigns. The slogan with the most votes will be awarded $100 in Cardiac and Pulmonary Rehabilitation Week promotional items for your program, selected by Jim Coleman Ltd.

Please send your slogans to Ann C. Hart, RRT, Co-Chair of the Membership/Marketing Committee at Ach19962@comcast.net by May 15, 2009.

You could be the WINNER!

Innovation Award

Extended Deadline: May 15, 2009

The AACVPR is proud to announce the Fifth 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).

Last year, a number of excellent and innovative programs applied. These submissions demonstrated phenomenal planning, collaboration, and integration that had taken place in order for their programs to grow outside the traditional boundaries. If your program applied for the Innovation Award last year, and was not selected, please consider applying again. Previous award winners are not eligible for the Innovation Award.

Successful applicants demonstrate excellence and innovation in program development and operations in the realm of Disease Management, including:

- Support of the physician or practitioner/patient relationship and plan of care
- Emphasis on prevention of exacerbations and complications utilizing evidence-based practice guidelines and patient empowerment strategies
- Evaluation of clinical, humanistic and economic outcomes on an ongoing basis with the goal of improving overall health

For a description and to view past Innovation Award recipients, please CLICK HERE.

For the 2009 Innovation Award application, please CLICK HERE.

For more information, please contact the AACVPR National Office at aacvpr@aacvpr.org

AACVPR Outstanding Affiliate Announcement

Deadline: July 1, 2009

The AACVPR is soliciting applications from Affiliate Societies for the 2009 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 Pittsburgh, Pennsylvania.

The application is available by clicking HERE.

Please send the completed application and submit via email, to the National Office at aacvpr@aacvpr.org by July 1, 2009.
Program Listing Directory Survey - Action Requested!

The AACVPR would appreciate your feedback regarding the future formatting of the Program Directory. Please take a moment to complete this brief survey to help AACVPR better serve you.

Please CLICK HERE to complete the survey.

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Inside the Industry

Certification and Data Registry Project Update

Mark D. Senn, PhD, FAACVPR

Since the last update in News and Views, the Certification Program and the Data Registry Projects have continued to move forward. Program Certification and Recertification (for simplicity the “Certification Program”) has been under intensive review and modification during the last year. The goal of this review is to: 1. simplify the application process for the applicant; 2. provide greater clarity to the applicant of the standard being examined and exactly what is required to meet the standard; 3. reduce inter-operator variance among examiner; 4. improve the efficiency of conducting the annual certification review process; and 5. improve the responsiveness of updating standards of practice/ performance and communicating changes to members in advance.

The following action steps have either been implemented, or are in the implementation phase, or will be implemented within the coming year. In November of 2008 the Program Certification Restructuring Task Force (PCRTF) completed its review and recommendations for restructuring the Certification Program and forwarded recommendations to the Board of Directors. In response to these recommendations the Board is reviewing potential vendors who can assist AACVPR with establishing an electronic certification application process. We expect to make a decision regarding the move to a fully electronic certification application product during the next several months.

The Task Force has also recommended changes in the protocols used by examiners during the review of Certification Program applications. These changes focus on improving consistency between and among examiners and include pre-review training of each examiner. This recommendation has been implemented for the current review process.

Additional Certification Program restructuring recommendations include the formation of a Contents Review Group to serve two functions: 1. annually review the application to insure updated representation of the standards of practice; and 2. review and recommend changes to the published standards based on current evidence based information.

In addition to the improvements to our Certification Program the Board of Directors has also authorized the conceptual planning of a National Data Registry (NDR) for Cardiac Rehabilitation. The purpose of the NDR is to develop benchmarks for program performance and outcome measures and to provide improved data management utility to programs participating in the NDR with the goal of facilitating program improvement processes at the grassroots level. The effort has been in progress for approximately one year, with the current status as follows: 1. data elements and their definitions have been determined and described; 2. data collection procedures and definitions are currently being determined; and 3. an opportunity to collaborate on this project with a nationally based data management vendor is currently under consideration. It is our vision that a pilot version of the registry will be ready for testing by the end of this calendar year. Once a successful product and procedure has been established for cardiac rehabilitation a registry program for pulmonary rehabilitation will soon follow.

It is through these programs that we endeavor to serve the needs of the members of AACVPR by facilitating program development and quality improvement within the fields of cardiac and pulmonary rehabilitation.

Reimbursement FAQs

Karen Lui, RN, MS, FAACVPR
Chairperson, Health Policy and Reimbursement

Medicare Coding Requirements in Multiple Billing Situations

In the CMS coding world, modifier 59 is used to indicate that a provider performed a distinct procedure or service for a beneficiary on the same day as another procedure or service. This is referred to as an NCCI edit under Medicare’s National Correct Coding Initiative. Both cardiac and pulmonary rehabilitation programs have codes which, when used for multiple services per day, require an additional modifier.
Under certain circumstances, a provider may bill for two services in a CCI code pair and include a modifier on the claim that would bypass the edit and allow both services to be paid. A modifier is a two-digit code that further describes the service performed. Thirty-five modifiers can be used to bypass the CCI edits. Modifier 59 is one of these modifiers. When modifier 59 is used, a provider’s documentation must demonstrate that the service was distinct from other services performed that day.

Pulmonary rehabilitation programs are familiar with multiple billing using G Codes. Per the description, G0237 and G0238 are timed services that provide a 15-minute service per code charged. Both codes are allowed to be billed more than one time per day. When submitting these codes multiple times per day, modifier 59 is used. The total number/day allowed may vary according to local Medicare contractor rules.

For cardiac rehabilitation, as of January, 2008, CMS began allowing CPT 93798 and 93797 to be billed more than once per day (see CMS Transmittal 1417 posted on AACVPR reimbursement web page). Therefore, this is another situation where modifier 59 would be used to “bypass the edit” (CMS lingo). HCPCS/ CPT Code 93798 includes payment for 93797, so if one is coding an additional hour of, say, counseling/education, modifier 59 allows payment for both codes. This would be a good conversation to have with whoever does the billing for your CR/PR program.

Leadership

Barb Fagan, M S, FAACVPR

It has been stated that we learn a lot about our leaders through the lives they lead and the stories they tell. It is the story of an authentic leader that we remember, we embrace and sometimes wish to emulate. These stories may be grand in scale or quiet in theory, but they each hold a message that reflects true service towards others, courage in the face of the unknown and a resolute strength founded in purpose.

Great leaders of our time hold a certain authenticity within their style. An authentic leader holds steadfast to a fierce connection to purpose and is acutely self aware. In today’s world of Enron and Wall Street, we seem to be lacking in headlines that promote the true leader; stories of those whose characters are grounded in purpose.

Authentic leaders possess a wide-range of leadership styles and are capable of producing countless positive outcomes. These leaders are vast, each with a different story to tell, but underlying message that remains the same; service towards others.

When in the presence of an authentic leader, you can sense the strong and profound desire to make a difference. This type of leader knows who they are, surrounds themselves with a great support team, understands their motivations, and remains grounded in all aspects of life.

A number of us have had the opportunity to work with authentic leaders. We have been exposed to what is right in leadership and what is right in healthcare. I have had the opportunity to work with such a truly gifted leader; a man who placed service before self and purpose before self-advancement. This admirable man is Bill Bestor and he has faithfully served Community Memorial Hospital for 32 years. Bill is a man who truly serves the definition of Authentic Leader with a quiet humility, gentle brilliance and a caring soul. Bill has ensured the presence of a thriving organization whose integrity is intact and mission is solid. He is a leader of substance and character.

In honor of every authentic leader, I wish to recognize their value in this world, for it is their leadership that guides us towards Bill George’s “True North”, the ever-present compass that ensures constancy of purpose, selfless service and support of the success of others.

To be in the presence of an authentic leader, to be mentored and to learn from their stories is a gift that cannot be taken for granted. Study them, learn from them, know that their leadership mattered, that they stood for something, that they did make a difference in the lives of all they served.

Research Committee Update

Steven W. Lichtman, EdD, FAACVPR
Chairperson, AACVPR Research Committee

This is a busy time of the year for the AACVPR Research Committee. In April we review and score all submitted scientific abstracts for presentation at the AACVPR Annual Meeting and vote on nominations for the recipient of the Michael L. Pollock Established Investigator Award. This year, six abstracts were accepted for platform presentations in the field of Cardiac Rehabilitation, four abstracts were accepted for platform presentations in the field of Pulmonary Rehabilitation and six abstracts were accepted as finalists for the Beginning Investigator Award. We look forward to a fabulous three days of Scientific Presentations at this year’s conference.

We are proud to announce that this year’s recipient of the Michael L. Pollock Established Investigator Award is Steve J. Keteyian, PhD. Please join me in congratulating Dr. Keteyian on his acceptance of this prestigious honor. He will be receiving the award at this year’s AACVPR Annual Meeting.
Other Committee news of note includes our continued progress toward establishing a "Research Web Page" that will include: postings of reviews of current literature with a Q&A component; a contribution by the Michael Pollock Award winner; links to JCRP; a general question and answer forum; a list of selected resources for researchers including NIH and IRB information; selected abstracts from the conference including the Beginning Investigator Award winner, and a list of previous Beginning Investigator and Michael L. Pollock Established Investigator Award winners. Additionally, the committee is just beginning work on the publication of a paper on “Research Priorities for Cardiac and Pulmonary Rehabilitation.”

**Pulmonary Point of View**

Gerene S. Bauldoff, PhD, RN

**Clinical Significance of Cough and Sputum Production in COPD**

While only part of the COPD population experiences cough and sputum production, prior epidemiological research has confirmed that the presence of such symptoms are associated with disease progression and premature death. Other findings support the influence of inflammation in the development of cough and sputum production in COPD. Clinical evidence of the impact of these symptoms in COPD has been described by Pierre–Regis Burgel, MD and colleagues in the April 2009 CHEST. Dr. Burgel et al. examined whether cough and sputum production impacted exacerbation rates. Of the 502 participants enrolled in the study, 74.1% reported cough and sputum production. The frequency and severity of exacerbations were significantly greater in the cough/sputum positive group when compared to participants who did not report the symptoms (p < 0.0001). In fact, patients who reported cough and sputum production were four times as likely to experience 2 or more exacerbations per year (OR 4.15, CI 2.43-7.08, p < 0.0001). This was found to be independent of other risk factors such as FEV1, age, CV disease or current smoking.

**Impact on PR practice**

This study adds to the literature related to the impact of cough and sputum production on our patients with COPD. It is important as we assess our patients for PR that we carefully evaluate for cough and sputum production. When found, we need to be sure to emphasize appropriate pulmonary toilet and effective coughing/deep breathing. While the current therapies we use in COPD management are not known to affect cough and sputum production, we need to verify that these patients are medically maximized. As new therapeutic interventions are introduced for the inflammation seen in COPD, we need to serve as advocates to our patients for appropriate utilization.

Reference:

**JCRP Highlights**

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

**JCRP Highlights - May/June 2009**

This issue marks the Journal’s new feature, Publish Ahead of Print (PAP), which allows for a small number of manuscripts to be published on-line prior to their actual publication in the print version of the Journal. PAP articles should be available in early to mid-May. PAP articles will generally be available in the print version of the Journal sometime in the subsequent 1 to 2 issues.

**PAP VERSION** (available by clicking HERE)

- Assessment of risk for coronary heart disease in asymptomatic individuals. CT Kappagoda, MBBS, PhD, et al (USA)
- Maximal aerobic capacity and the oxygen uptake efficiency slope as predictors of large artery stiffness in apparently healthy subjects. Ross Arena, PhD, PT, et al (USA)
- A model for integrating a mind/body approach to cardiac rehabilitation: Outcomes and correlators. Aggie Casey, RN, MS, et al (USA)
- The dose effect of pulmonary rehabilitation on physical activity perceived exertion and quality of life. Salwa E. Hassanein, PhD, RN, et al (USA)

**PRINT VERSION PROCEEDINGS**

- Pulmonary rehabilitation: What we know and what we need to know. Linda Nici, MD, et al (USA, Canada, Italy, United Kingdom, Belgium)

**INVITED REVIEW**

**CARDIAC REHABILITATION**

- Prevalence and characteristics of multiple psychiatric disorders in cardiac rehabilitation patients. CE manuscript. Eva R. Serber, PhD, et al (USA)
- Depression social support and quality of life in a diverse population of heart failure patients: Baseline findings from the Heart Failure Adherence and Retention Trial (HART). Carlos F. Mendes de Leon, PhD, et al (USA)

**BRIEF REPORTS**

- Training adherence in the early rehabilitation of coronary artery disease patients: effect of exercise session duration. Dominique Hansen, MSc, et al (Belgium)
- Barriers to cardiac rehabilitation: Does age make a difference? Sherry L. Grace, PhD, et al (Canada)
- Does protection motivation theory explain exercise intentions and behavior during home-based cardiac rehabilitation? Chris M. Blanchard, PhD, et al (Canada)

**AACVPR STATEMENT**

- Measuring behavioral outcomes in cardiopulmonary rehabilitation: An AACVPR statement. David Verrill, MS, et al (USA)

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**Affiliate Society News**

**Montana Association of Cardiovascular and Pulmonary Rehabilitation (MACVPR)**

Michael McNamara, MS, President MACVPR

MACVPR recently completed its annual conference on April 2nd. Speakers included – Karen Lui, Reed Humphrey, Brad Roy, and Mike McNamara. The conference was held in Missoula with a live audio/video feed to Billings. The conference was well attended and post conference evaluations were very positive.

Cathy Lisowski from Kalispell Regional Medical Center represented MACVPR at Day on the Hill. She was able to meet with Senators Max Baucus and Jon Tester thanking them personally for their support of the recent CR/PR legislation.

The Montana Outcomes Project is entering its third year. There are now over 70 programs representing 10 states – Michigan, Minnesota, North Dakota, South Dakota, Montana, Wyoming, Washington, Oregon, California and Arizona – participating in the project. Over the last two and a half years data has been collected on nearly 5,000 patients. Participating programs submit a uniform data set on a quarterly basis to the Montana Cardiovascular Health Program at the Montana Department of Public Health and Human Services for analysis. Each program then receives their individual outcomes data plotted against their own state or affiliates data as well as data from all the programs involved. MACVPR has sponsored two statewide QI projects related to the outcomes data. A manuscript highlighting the outcomes project has been accepted for publication by JCRP. Mike McNamara will be presenting the outcomes project at state affiliate conferences in Michigan and Washington this spring. If you are interested and would like more information about participating in the Montana Outcomes Project please contact Mike McNamara at mmcnamara@mt.gov

**Ohio Association of Cardiovascular and Pulmonary Rehabilitation (OACVPR)**

Richard Sukeena MA, MBA, President OACVPR

Our 21st Annual state conference was held on April 8th and 9th in Columbus, Ohio. This year’s theme was “The Changing Time,” which featured speakers such as Steven Keteyian, Pat Comoss, Laura Wexler, Jack Stevens, Blaine Wilson, Larry Hamm and Eileen Walsh. Our Keynote speaker was Sandra Dukat, who spoke about Life Beyond Disability. Her message was “It’s all about the ability.” The conference was well attended and attendees received updates on Program Certification from Dalynn Badenhop and MAC J15 Highmark Medicare Services from Pat Comoss.

In other news, OACVPR has closely aligned itself with the Tri-State Affiliate MAC J12 since we will share a MAC provider. OACVPR looks forward to networking and communications with both Tri-State and our Medicare Service provider. Based on our 2009 election results, we would like to welcome Bonnie Clark as our new President-Elect, Tammy Garwick SE Representative, Patty Schwab, NW Representative and Shelly Zimmerman, Secretary, to the Board. We look forward to their ideas and support. The Executive Board thanks those outgoing Board members who have served on the Board and appreciate their support and time to our organization.

**The Upper Plains Cardiopulmonary Rehabilitation Association (UPCRA)**

Becky Bergeson, President UPCRA

The Upper Plains Cardiopulmonary Rehab Association (UPCRA) affiliate which includes North Dakota and South Dakota are preparing for the 16th annual Tri-Net Conference, which also includes the Nebraska and Iowa affiliates. Some of the speakers included in this year’s conference are Wayne...
Sotile and Pat Comoss along with many other great presenters. This year’s conference is hosted by the Nebraska Affiliate. By combining forces, we are able to bring to our members great speakers, vendors and networking opportunities. We have been working hard on trying to increase membership benefits, which in turn will help with increasing membership. We offer our members scholarship money that can be used for educational opportunities or programmatic improvement. We are providing financial support to members for using the dietary fat screener for our outcomes data. We offer a board member $1000 to use towards attending the AACVPR national convention. We provide funds for 2 of our members to attend Day on the Hill along with sending our current President to the national convention and include their membership for AACVPR during their term as President. We have recently instituted a board retreat and are planning to include incoming and outgoing board members to facilitate transition and to establish plans and goals for the upcoming year.

**Wisconsin Society for Cardiovascular Pulmonary Health and Rehabilitation (WISCPHR)**

Kim Beyer, President WISCPHR

Wow, Cardiovascular and Pulmonary Rehabilitation programs in Wisconsin are invigorated, motivated and ready to provide passionate care to their participants. WISCPHR just had its 21st Annual Conference at the Country Springs Water Park April 3rd and 4th in Pewaukee, Wisconsin. Attendance was down from the previous years; approximately 160 people attended the conference. The conference started out with an invitation only leadership workshop which approximately 50 people attended. This was the second leadership workshop WISCPHR has presented and we would like to continue having an annual workshop. Presenters included: Marie Bass, AACVPR Executive Director, Terresa Bubbers, MS from Gunderson Lutheran in LaCrosse and John Leech, MA from Meriter in Madison. The annual meeting began Friday night with a fun and information-packed activities and fast, fun, and furious speed topics. Similar to speed dating, it consisted of 12 different topics at 12 different stations, with everyone picking 6 topics to attend. The presenter had 15 minutes to cover the main points and there was 3 minutes to change stations. The presenter presented 6 times during the 90 minutes. Everyone had a great time; it went over so well we may continue to do this at future conferences. Friday wrapped up with a social that was sponsored by WISCPHR and Cardiac Science.

Saturday’s speakers consisted of Keynotes: Dr. Tara Dall on Women’s Heart Disease and Polycystic Ovarian Syndrome; Dr. Patrick McBride on Prevention of Cardiovascular Disease: Evidence for ACC/AHA Prevention Guidelines; Dr. Mary Kathryn Ellis on Restrictive Lung Disease, “The Other White Meat” and Jody Hereford, RN, MS on Thrive? Creating Our Sustainable Future. Breakout session included: A Pulmonary Panel: Diagnosis Matters in Pulmonary Rehabilitation; Nordic Walking: Who needs snow; The Evolution of Rehabilitation: Progressing Your Rehab Program Beyond CVPR; WiCore: Nuts and Bolts, Factoids and a Crystal Ball, Working Together for the Future: AACVPR and You.

During the past year WISCPHR’s website has been updated; please check it out at www.wiscphr.wisc.edu. The updates include: improved accessibility and navigation; an event calendar of upcoming local, state, regional and AACVPR events; posting educational presentations on the website, legislative/reimbursement, leadership and education pages with downloadable content; and online payment for membership and annual meetings.

Any questions please contact Kim Beyer at Kbeyer@columbia-stmarys.org

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**Reader Submission Form**

Do you have something interesting for publication? If so, please send all submissions to aacvpr@aacvpr.org and include ‘N & V Reader Submission’ in the subject line. Feel free to send in multiple topics. While not all submissions will be published, we will do our best to include as much reader content as possible. Email us – we’d love to hear from you!

Please [CLICK HERE](mailto:nvform@aacvpr.org) for the News & Views Reader Submission form.

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**2009 Calendar of Events**

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June 19 & 20, 2009: Program Directors’ Conference
June 19, 2009: Anaheim, CA
June 20, 2009: Dallas, TX
More information is available on the AACVPR web site.

September 30 - October 3, 2009: 24th AACVPR Annual Meeting
Pittsburgh, Pennsylvania
SAVE THE DATE!
More information coming soon at the AACVPR web site.

Medical Fitness Association Events:

May 14, 2009: Educational Teleconference 3:00 (EDT)
“Post Rehab Programming”
By Meg Bach, MA, CES
CEC’s available
For more information: info@medicalfitness.org

June 11 - 14, 2009: Medical Fitness Institute (MFA) Annual Medical Fitness and Healthcare Conference
Vanderbilt University, Nashville, TN
Email: info@medicalfitness.org
Web site: www.medicalfitness.org

December 2 – 5, 2009: 15th Annual MFA Medical Fitness and Healthcare Conference: Imagine the Possibilities
in Conjunction with the Athletic Business Conference & Expo
Orange County Convention Center, Orlando, FL
Email: education@medicalfitness.org
www.medicalfitness.org

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

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

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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