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Messages from Headquarters

"Show me the money!"
(Jerry Maguire)

Our editorial in the previous issue of News & Views asked what you can do for AACVPR. In this editorial we will outline highlights of what AACVPR is doing for you!
Legislative Achievements

As you’re all well aware, cardiac and pulmonary rehabilitation achieved a milestone victory with the passage of legislation last year that created a specific benefit category for these services within the Medicare Statute. As you’re also aware, with the recent publication of proposed regulations, CMS has a very different interpretation than what AACVPR and its members perceived to be the intent of the legislation. However, AACVPR has been working tirelessly along with its partner organizations through communications and face-to-face meetings with CMS and calls to action for health care professionals with the intent to better align the proposed rules with the actual practice of both cardiac and pulmonary rehabilitation. The deadline for public comment was August 31st and AACVPR will continue to keep you posted on developing details. Please visit the Health Policy & Reimbursement (HP&R) section of the AACVPR Web site and continue to refer back to the most recent HP&R Reimbursement Updates for up to the minute information.

Performance Measures

Last month, the National Quality Forum (NQF) granted a ‘time–limited endorsement with conditions’ to the cardiac rehabilitation performance measures A–1 and A–2, referral from an inpatient setting and from an outpatient setting, respectively. This is a huge victory and a critical next step toward the eventual goal of CMS’ inclusion of these performance measures as quality indicators. Once official notification is received from NQF on what exactly the endorsement stipulations are, AACVPR will prepare messaging to the membership. Congratulations to all involved in this endeavor.

AACVPR Certification/Recertification Project

Work has begun in earnest on the AACVPR Certification/Recertification Project. AACVPR is working diligently to streamline the process as much as possible, and provide an online application system. Prototypes were demonstrated for the Certification/Recertification committees last month and AACVPR hopes to complete an online system before the end of this year. Please visit the Certification section of the AACVPR Web site for up to the minute information on this process.

Joint AACVPR and Affiliate Membership Pilot

AACVPR and the Michigan Society for Cardiovascular and Pulmonary Rehabilitation (MSCVPR) recently signed a Memo of Understanding that will pilot a joint membership program between the two organizations. The goals of this pilot project are to: stimulate membership in the Affiliate (in this case MSCVPR), as well as in AACVPR; to allow AACVPR to help the Affiliate by supporting its membership infrastructure and increase communications to all members of the Affiliate; increase efficiencies for member support including dues invoicing, database hosting, and web sitehosting; ensure that communications to all MSCVPR and AACVPR members are timely and consistent related to advocacy and reimbursement for CR and PR services; avoid the issue of disseminating copyrighted information outside of the AACVPR membership; and ensure that both the AACVPR and the MSCVPR would remain distinct and separate organizations. Should this pilot prove to be beneficial to both the Affiliate and AACVPR it may eventually be offered to all AACVPR Affiliates.

Increased Exposure for Cardiac and Pulmonary Rehabilitation

AACVPR is working on two fronts to put Cardiac and Pulmonary Rehabilitation in the news. As you will read later in this issue (see Spotlight on the Professional Liaison Committee), the PLC has organized an Experts Council, which was developed to encourage and focus outreach about AACVPR and/or cardiovascular and pulmonary rehabilitation. Additionally, AACVPR is utilizing the services of a marking manager to draft press releases on breakingnews in the field of cardiac and pulmonary rehabilitation, which are then disseminated to the AACVPR media list. The coverage that the article by Suaya et al received (highlighted in the PLC article) is just one example AACVPR’s ability to disseminate vital information about Cardiac and Pulmonary Rehabilitation.

2010 Online Searchable Membership Directory Information

AACVPR is Going Green! For the 2009–2010 membership year, AACVPR will not be producing a printed membership directory, however there will be an Online Searchable Program Directory. All certified programs will be listed in the Online Searchable Program Directory at no additional charge, other programs will pay a $90 listing fee. Please visit the Searchable Program Directory page of the AACVPR Web site for more information on the directory.

2009 Annual Meeting

We look forward to joining colleagues from around the world at the upcoming AACVPR Annual Meeting to be held in Pittsburgh from Wednesday, September 30th through Saturday, October 3rd. The finalized agenda is packed full with recently published science, sharing of best practices, along with time for networking and reconnecting with colleagues both old and new. Click to link to the Advance Program, to tune into the AACVPR Podcast Series, and for Meeting Registration. We look forward to seeing you SOON!

These are just highlights of some of the ongoing projects and programs that AACVPR is currently undertaking. Make sure to regularly read News & Views and visit the AACVPR Web site to keep current of these and other developments. However, none of this is possible without your support, so please continue to renew your AACVPR membership, recruit new members and support the organization by attending the Annual Meeting and utilizing other member services such as the ongoing Teleconference Series.

"Hell, there are no rules here – we're trying to accomplish something."

(Thomas Alva Edison)

*Special thanks to Karen Lui and Erin Butler for providing descriptions of AACVPR activities.

Message from the President

Murray Low, EdD, FAACVPR

I am pleased to announce to the AACVPR membership that we have successfully concluded our search for a new Executive Director. Effective September 8, 2009, P. Joanne Ray, CFRE, will assume responsibility for our staff headquarters operations. She also will work closely with the board and volunteers to further our strategic organizational initiatives.
Over the past several months, a search committee comprised of AACVPR board members reviewed the credentials of many highly qualified candidates from all areas of the country. Our goal was to find a candidate we believed could take AACVPR to the next level in areas such as advocacy; membership recruitment, retention, and development; financial growth; and collaborations within our area of specialty. AACVPR has a strong mission and vision – and we need an equally strong leader at headquarters to help us navigate the ever-changing world of healthcare and an uncertain economic climate. We believe that Joanne Ray will be instrumental in helping AACVPR to achieve long-term growth and advance our initiatives in all areas.

Joanne has more than 25 years of experience in healthcare and general association management. Her background includes key positions with the American Society for Gastrointestinal Endoscopy (ASGE), the Emergency Nurses Association (ENA), the American Veterinary Medical Foundation (AVMF), and Delnor–Community Health Care Foundation and Delnor–Community Hospital.

Most recently, Joanne was a Senior Consultant at Campbell & Company, a national philanthropic consulting firm. Through Campbell & Company, she also served as Interim Executive Director for the National Restaurant Association Educational Foundation. She also worked with organizations such as the National Multiple Sclerosis Society, the Oral & Maxillofacial Surgeons Foundation, various Shriners Childrens’ Hospitals, and the Rosalind Franklin University of Medicine & Science. She served as lead consultant on projects ranging from strategic planning and case building to program evaluation and establishing development programs to philanthropic market studies.

During her five–year tenure at the American Society for Gastrointestinal Endoscopy, the Society budget grew from $3M to $10M. Joanne’s accomplishments include establishing the ASGE Foundation focused on research and patient/public education, and leading Society funding dedicated to: continuing medical education courses and hands–on training; publications; a learning center; public and member Web sites; research grants; and special interest groups. She also established major development and initiation of corporate funding and research activities for dual-society and state society partnerships and managed IT and marketing/communications activities.

I hope that many of you are planning to attend the upcoming AACVPR 24th Annual Meeting from October 1–3 in Pittsburgh, Pennsylvania, as we will be introducing Joanne Ray to the membership during this event. Our meeting theme – New Directions for Cardiac and Pulmonary Rehabilitation – is certainly appropriate in many ways, and we hope you will join us in welcoming Joanne as the new AACVPR Executive Director and join us as we move in "new directions."

**Breaking News:**

**Korean Cardiac Rehabilitation Association Becomes Reality**

*Larry F. Hamm, PhD, FAACVPR, FACSM*

In Seoul, South Korea on April 24, 2009, the Korean Association of Cardiovascular and Pulmonary Rehabilitation (KACPR) officially became an affiliate member of AACVPR. A signing ceremony formalizing the affiliation took place as part of the Angioplasty Summit – TCT Asia Pacific meeting. Seung-Jung Park, MD, PhD signed the affiliation agreement on behalf of the Korean association and Larry F. Hamm, PhD represented AACVPR.

Kee Chan Joo, PhD, Professor of Sports & Health Science at Seowon University has been instrumental in developing the KACPR. Cardiac and pulmonary rehabilitation in South Korea is a developing field and the new association will facilitate the expansion of programs. The KACPR will be an affiliate member while its infrastructure and leadership continues to develop. Eventually, KACPR will be established as an independent national organization.

In conjunction with the affiliation agreement signing, four AACVPR members participated in a symposium on cardiac rehabilitation as part of the 2009 Angioplasty Summit. Philip Ades, MD, Peter Brubaker, PhD, Larry Hamm, PhD, and James Ross, MS, gave presentations on the roles of various health care professionals who are part of the multidisciplinary cardiac rehabilitation team. In addition, they served as faculty members for an ACSM Clinical Exercise Specialist Workshop that was held in conjunction with the Angioplasty Summit.

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![Welcome to the KACPR!](image)
AACVPR Conferences

24th Annual Meeting – Destination: Pittsburgh, PA
AACVPR 24th Annual Meeting
Pre-meeting Workshops: September 30
Annual Meeting: October 1 – 3, 2009
Pittsburgh, Pennsylvania

AACVPR is gearing up for the 2009 Annual Meeting, are you?

Registration is in full swing for the 2009 Annual Meeting taking place September 30 – October 3 in Pittsburgh, Pennsylvania. If you’re heading to Pittsburgh be sure to attend one of the half-day Pre-Meeting workshops. Registration is required so be sure in inquire during your registration process.

Pre-Meeting Workshops include:
- FLEX Care®: A Groundbreaking Strategy to Improve Communication with Patients and Co-workers
- Resistance Training in Cardiac and Pulmonary Rehabilitation: From Theory to Practice

New this Year! Podcasts are now available on the AACVPR Web site so you may have a sneak peak at what’s in store. Hear from Dr. Helen Burstin, Dr. Kerry J. Stewart, and most recently Dr. Neil MacIntyre as they share details on what they will be speaking on at the Annual Meeting.

We look forward to seeing you in Pittsburgh!

Member Resources

AACVPR Program Certification and Recertification
Gayla Oakley RN, Certification Chair, Pat Benfield RN, MA, Recertification Chair,
Mark Senn PhD, Board of Director Liaison

The Certification and Recertification Committees have finished their reviews of applications, and recommendations have been forwarded to the AACVPR Board of Directors. There were 120 certification programs and 447 recertification programs reviewed. The Committees would like to thank all of this year’s applicants for making a commitment to meeting the essential standards of care.

The Certification Task Force is currently working with Amedco (AACVPR’s new certification management company) to build an electronic application system. This process will streamline the efficiency of submitting and reviewing program applications and will be done entirely online. The application is simpler and will take you much less time to complete. Check the AACVPR Web site in the fall for up to minute information. The 2009–2010 Certification and Recertification applications will be available online in late 2009 (November – December).

In 2010, the care plan section of the application will continue to require the key domains including education, nutrition, psychosocial, and exercise. Each domain will address assessments, goals, interventions, reevaluations, and follow-up. The task force is currently formulating a template or roadmap to assist applicants and reviewers. The care plan will be referred to as the Individual Treatment Plan to reflect consistency with third party payers.

The Certification/Recertification Committees would like to extend our thanks to Mark Senn, who is our board representative. His vision and leadership have provided evidence based care to keep patients and staff focused on goal achievement. Each program will see the benefits of his work in the upcoming year.

2010 Cardiac & Pulmonary Rehabilitation Week Slogan Winners!

Congratulations to Sammy F. Suriani and Dawn Similo, this year’s Cardiac and Pulmonary Rehab Week slogan winners. Sammy Suriani submitted the winning slogan for Cardiac Rehab Week and Dawn Similo’s slogan won for Pulmonary Rehab Week. For more information regarding Cardiac and Pulmonary Rehabilitation Weeks, please check the AACVPR Web site.

Cardiac Rehab Week: February 14 – 20, 2010
"Building a Strong Heart — You can do it. We can help!"

Pulmonary Rehab Week: March 14 – 20, 2010
"Every Breath brings Success"
**Volunteers Wanted!**

Needed: An AACVPR RN Representative on the ANCC Cardiac/Vascular Exam Content Expert Panel

AACVPR is one of three professional organizations to work with the American Nurses Credentialing Center (ANCC), in developing, reviewing, and updating the Cardiac/Vascular Certification exam for Nurses. Kathy Zarling, MS, RN, is completing her term as the AACVPR representative on this panel. We are requesting an AACVPR, RN member to replace Kathy. The 4-year term must be held by an RN who is certified in Cardiac/Vascular Nursing. The representative will be required to attend meetings held every 1-2 years at the ANCC headquarters in Silver Springs, MD. AACVPR provides all expenses for the meetings. This is a wonderful professional and educational experience involving an exciting, cutting-edge advancement in CV nursing.

If interested please contact: Kathy Zarling at 507/255-4218 (ask the secretary to page); 507/255-3173 (leave Audix message); or email her at mailto:zarling.kathleen@mayo.edu.

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**Inside the Industry**

**Reimbursement FAQ's**

*Karen Lui, RN, MS, FAACVPR, Chair, AACVPR Health Policy and Reimbursement Committee*

**QUESTION**

How will the new Medicare rules for cardiac and pulmonary rehabilitation services, that become effective January 1, 2010, affect my non-Medicare patients who are covered under their own private insurance plan?

**ANSWER**

Insurance companies develop their own medical policies for covered services. Policies typically include clinical criteria based on medical necessity that determine approval or denial of those services. Coverage may also vary based on the benefits available per the plan that member (or his/her employer) has purchased.

Generally, when the Centers for Medicare & Medicaid Services (CMS) publishes changes to a service, a private insurer’s physician-based medical policy committee will review the changes and make recommendations to an internal committee within the company. That committee then makes the final decision on accepting or rejecting those recommendations for that company’s own policy.

As an example, CMS proposes to cover a maximum of two cardiac rehabilitation (CR) sessions per day for Medicare patients. There are some insurance companies whose policies currently allow two CR sessions in one day. Some companies may have policies that don’t put a limit on number of CR sessions per day or per week, while others may limit to one CR session per day. For private insurers, this Medicare policy change will be considered and possibly incorporated into their company’s cardiac rehab coverage policy.

If your program is located in an area served primarily by a few major commercial payers, you might consider contacting those payers after final CMS regulations are published (November, 2009) to determine if there will be any changes to that company’s coverage policies for cardiac or pulmonary rehab services.

*Thanks to AACVPR Health Policy & Reimbursement Committee member, Lisa Marsh, MS, ATC, FAACVPR, for her information on this topic.*

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**Spotlight on the Professional Liaison Committee**

*Marjorie L. King, MD, FACC, FAACVPR, Chair AACVPR Professional Liaison Committee*

Recently the Professional Liaison Committee (PLC) organized an Experts Council, consisting of experienced AACVPR volunteers and leadership. The Experts Council was developed to encourage and focus outreach to other associations about AACVPR and/or cardiovascular and pulmonary rehabilitation. The PLC, through the Experts Council, is pro-actively disseminating information to our liaison organizations by providing written materials for inclusion in their newsletters, Web sites and email blasts, plus a list of potential speakers for their regional or national meetings. In addition, the PLC will be spearheading a standardized approach toward highlighting Cardiac and Pulmonary Rehabilitation Weeks with our liaison associations by utilizing members of the Experts Council. Finally, the Experts Council will also provide the AACVPR Educational, Affiliate Link, and Member Services Committees with a resource for teleconferences, presentations, and other future projects.

A prime example of the utility of the Experts Council is the AACVPR response to the landmark study on mortality outcomes in cardiac rehabilitation published by Suaya et al, in the June 30, 2009 issue of The Journal of the American College of Cardiology. By the end of July, one of the members of the Experts Council (Dr. Richard A. Josephson) had written a superb summary of the study and its implications (see below), and the PLC had distributed this to many of our liaison organizations. As just one result of these efforts, the American College of Cardiovascular Administrators recently distributed Dr. Josephson's summary to its members in a specific email blast addressing outcomes and underutilization of cardiac rehabilitation. The articles described by Dr. Josephson were also highlighted on several American College of Cardiology electronic newsletters and other Experts Council members are writing material for the American Heart Association to distribute to patients and providers.
In addition to disseminating information regarding cardiac and pulmonary rehabilitation liaison organizations, the Experts Council can be a rich source of marketing materials for AACVPR members. Well written summaries of relevant articles attesting to remarkable outcomes obtained in cardiac and pulmonary rehabilitation are superb marketing tools for individual programs to use. The PLC encourages AACVPR members to copy Dr. Josephson’s summary for distribution to both to acute inpatient care facilities and to individual physicians offices, as a means to increase referrals.

Recent Nationwide Analyses Confirm that Cardiac Rehab, a Low Tech, Low Cost Therapy is Life Saving and Widely Underutilized

A landmark study analyzing over 600,000 Medicare patients hospitalized for acute coronary conditions and/or coronary revascularization procedures (PCI and CABG) demonstrated that those who enrolled in a cardiac rehabilitation program had substantially lower mortality than those who did not: 2.2% vs. 5.3% at 1 year and 16.3% vs. 24.6% at 5 years.¹ This substantial absolute (8.3%) and relative (34%) risk reduction equals or exceeds the benefit of most established and accepted drug and procedural interventions for such patients, and adds to the large body of literature proving the value of cardiac rehabilitation on quality of life, functional capacity, depression, health care utilization, and coronary risk factor modification. This study, performed by the research group led by Jose Suaya, MD, PhD, evaluated long term follow-up in an enormous and broadly representative number of patients nation wide. Importantly, the group utilized sophisticated analytic techniques to address many problems that prior, smaller studies have encountered in trying to evaluate important questions involving the use and benefit of cardiac rehabilitation. For example, more profoundly ill patients or patients with poorer access to medical care may not enroll in programs, giving a potentially exaggerated estimate of the effect of cardiac rehab on mortality. Suaya’s et al thorough analytic approaches confirm the profound benefit of cardiac rehabilitation, and after accounting for confounding factors, demonstrate a 21%–34% relative reduction in 5 year mortality among participants in cardiac rehabilitation. Importantly, there was a dose response relationship as well: patients who attended 25 or more sessions had approximately 20% lower 5 year mortality than those who attended 24 or less sessions.

In this context it is important to understand why so many patients who could benefit from cardiac rehabilitation do not get referred to such programs. The American Heart Association, via its ‘Get With the Guidelines’ program, has developed and implemented practical quality improvement databases and tools for hospitals to measure and improve the evidence based care they provide to their patients. Recently, a group led by Todd Brown, MD, MSPH evaluated care of 72,817 patients discharged from participating US hospitals after MI, PCI, or CABG.² Despite the fact that participating physicians and hospitals were committed to quality improvement, and by many prior measures were more likely than other institutions and physicians to employ evidence based therapies, more than one-third of appropriate patients eligible for cardiac rehabilitation were not referred for this life saving program. Overall referral rates ranged from 53% of those diagnosed with MI, to 58% of those after PCI, to 74% of those after CABG. Analysis by institution revealed wide discrepancies: 35% of hospitals referred < 20% of patients, and only 22% of hospitals referred > 80%. Patients with the modifiable risk factors of hypertension and smoking were more likely to be referred, and those with co-morbidities such as COPD and prior TIA or stroke were less likely. Clearly, most physicians and hospitals need to develop the mind set and infrastructure to ensure that 100% of appropriate patients receive referral to cardiac rehabilitation, just as they are doing for aspirin and other pharmacotherapy.

These recent studies should be a call to action. Health care providers and hospitals can now be confident that cardiac rehabilitation is a life saving intervention that should be provided to all of the appropriate patients whom they serve. Barriers to referral should be eliminated; referral rates and enrollment monitored, and our patients reassured that participation in cardiac rehabilitation will improve their quality and quantity of life.

Richard A. Josephson MS, MD, FACC, FAHA, FACP, FAACVPR
Professor of Medicine, Case Western Reserve University, School of Medicine
Director Cardiac Intensive Care Unit; Director Cardiovascular and Pulmonary Rehabilitation
University Hospitals Health System; Division of Cardiovascular Medicine; Cleveland, Ohio

Reference:

Leadership — Reflective Thinking
Barbra Fagan, MS

I recently came across a quote that caused me to pause and reflect upon the importance of thinking and its effect within our lives. The quote by James Allen, is as follows:

“You are today where your thoughts have brought you; you will be tomorrow where your thoughts will take you.”

I find this quote interesting because it conveys the message that our thoughts define our future path, they are the structure through which we accomplish our goals. It is through our ability to reflect, to truly think, that we have the capacity to achieve great outcomes.

When was the last time you have actually taken a moment to think and reflect? What ideas do you hold within your thoughts? When was the last time you allowed yourself to turn a thought into an opportunity? Thinking takes time, reflective thinking takes practice. Unfortunately, when reflective thinking is ignored, new direction and creativity cannot be nurtured and we do not reach our full potential.

I share the topic of reflective thinking with you because of its fundamental importance in fueling creativity and defining our future. It is important for
us to take a moment away from our busy days: to truly reflect upon our thoughts. It is through one’s ability to pause and reflect that great dreams turn into realities and significant outcomes are achieved.

Are we on auto–pilot delivering the same programs with the same outcomes or are we challenging ourselves and our cardiac and pulmonary rehab teams to reflect and think? It is through reflective thinking we find possibilities… and when you are open to possibilities, incredible things happen.

Innovative Programs & Best Practices

Tracy A. Herrewig, MS, FAACVPR

Focus on: Seton Medical Center, Daly City CA – Opportunities for Research and Innovation in Your PR and CR Programs

Chris Garvey, FNP, MSN, MPA, Manager and Nurse Practitioner, Seton Medical Center, Daly City, CA
mailto:chrisgarvey@dochs.org

Many of us bring a range of clinical experiences to our careers in Pulmonary and Cardiac Rehabilitation. Having worked in critical care for 12 years, home care for 8 years and part time for the past 6 years as an NP in sleep disorders, I realize, that PR and CR programs offer a robust level of opportunities for research, publication, teaching and other important areas of career and intellectual growth and contribution to the field in which we work.

Because of the nature of PR and CR, most programs track data as part of quality assurance, performance improvement and requirement for AACVPR certification and/or a health care system. This data tracking provides a potential for evaluation of outcomes via analysis of program aggregate data. This outcome tracking and analysis is important for program evaluation and improvement, but may also provide an opportunity to develop research outcomes for presentation and publication. Collaborating with other colleagues to pool data has the potential of constructing studies of greater sample size and power, sub–analysis of findings and may set the stage for future research. Research and publication in a PR or CR program also offers junior staff, interns, students and volunteers access to research and publication experience in a mentored setting.

Many clinicians in PR and CR settings have grown to leadership roles by developing studies that go on to be presented nationally and/or published. Our program’s experience is modest in many ways but may be of interest to other rehabilitation clinicians. In the PR setting, we track pulmonary function findings (FEV1 actual and percent predicted), pre and post program 6 minute walk (6MW) distance, and maximal dyspnea with 6MW in addition to other basic demographic data. The data is collected in an excel spreadsheet. All cause hospitalization is obtained from the medical center medical record department. As a result of this we had an abstract on the impact of PR on all cause hospitalization accepted for presentation at the American Thoracic Society Meeting in May 2009. The study demonstrated significant reduction in all cause hospitalization after PR in addition to significant increases in sub–maximal exercise and 6MW distance. We have also collaborated with Lana Hilling at John Muir hospital and Gerilynn Connor at Inova Hospital to publish the largest trial to date on the impact of PR on interstitial lung disease (ILD). The study of 99 ILD patients showed significant improvement in 6MW distance and dyspnea after PR. With the leadership of Harold Collard MD of UCSF and writing of Alicia Ferreira of Madrid, the manuscript was published in the February issue of CHEST and was one of the top studies accessed by pulmonologists according to Medscape. Mike Doyle, MS and our cardiac rehabilitation staff have tracked similar outcomes in addition to SF36 in Cardiac Rehabilitation patients and have performed sub–analysis on CHF patients. Mike’s study has shown significant reduction in CHF hospitalizations after CR and will be presented at the 2009 National AACVPR meeting. Mike McNamara began tracking and analysis of Cardiac Rehabilitation outcomes at Seton in the early days of outcome research and has gone on to develop a very large and important national registry for Cardiac Rehabilitation outcomes based in Montana.

Some thoughts that may be helpful to others:

- Take the first step. Use your data to teach your hospital’s physicians, staff and administrators the benefits of PR and CR and your program. Admit your shortcomings and ask for help.
- Look for help and talent from your team members and those outside your department. Your cardiologists and pulmonologists may welcome an opportunity to publish research and collaborate with you.
- Don’t get discouraged by external forces. I often feel that I am on a roller coaster ride. Fortunately, it is going up as well as down.
- Get involved to the highest possible level that you can. Your professional colleagues offer a helpful check and balance of your program and can provide perspective on realities of our work.
- Keep a sense of humor. Working with the constraints of CMS and modern healthcare require it.
- Finally, keep focused on our role in helping patients. We are fortunate to enable and support our patients in important and potentially enduring ways.

References:


Gerene S. Bauldoff, PhD, RN
Clinical Review of Pulmonary Rehabilitation in the New England Journal of Medicine

In the March 26, 2009 New England Journal of Medicine, a clinical review of pulmonary rehabilitation in the management of COPD was published.¹

This article was published as a Clinical Therapeutics feature. Dr. Richard Casaburi and Richard ZuWallack provide a clear, evidenced–based review of PR. The innovation of this feature is the use of a clinical vignette as entry into the topic. The article reviews the significance of COPD as well as it’s pathophysiology. Where this article extends the information is a review of the effect of PR including the targets of exercise training. A review of the clinical evidence supporting PR as well as information regarding clinical guidelines that cover PR are included, an important component in these times of evidence–based care. Additionally, the operational aspects (when?, where?, how?, how long?) of PR are described. Limitations of the evidence related to PR as well as clinical concerns are addressed in adverse effects and areas of uncertainty. The article wraps up with discussion of recommendations in relation to the clinical vignette that introduced the article.

Why is this important?

As we are acutely aware, PR is underutilized in the management of patients with COPD. This article, published by two of our most highly regarded medical scientists/clinicians, provides a logical explanation of the benefits of PR. It is addressed to the clinician, integrating the evidence with clinical outcomes. As PR professionals, this article can be used in teaching students about the role and benefits of PR as well as inclusion in information provided to potential referral sources. This report gives us a comprehensive review published in the highest ranked medical journal that is used worldwide. This article should be included in all suggested readings we offer professionals and to health care students related to PR.

Reference:

JCRP Highlights

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

JCRP Highlights – September/October 2009

This issue is highlighted by a Featured Review entitled “Arm Exercise Training in Patients with Chronic Obstructive Pulmonary Disease: A Systematic Review”; manuscripts from Portugal, Spain, Sweden, Canada, and the United States; and the scientific abstracts for the forthcoming Annual Meeting of the CACR.

INVITED REVIEW

- Arm Exercise Training in Patients with Chronic Obstructive Pulmonary Disease: A Systematic Review. Tania Janaudis-Ferreira, MSc, et al (Canada)

CARDIAC REHABILITATION

- Failure To Improve Cardiopulmonary Fitness in Cardiac Rehabilitation. Patrick Savage, MS, et al. (USA) CE article
- Resistance Exercise Training Improves Heart Function and Physical Fitness in Stable Patients With Heart Failure. Gregory Palevo, PhD, et al (USA)
- Physical Activity Habits of Cardiac Patients Participating in an Early Outpatient Rehabilitation Program. Troy Stevenson, MS, et al (USA)
- The Effect of Cardiac Rehabilitation With Relaxation Therapy On Psychological, Hemodynamic, and Hospital Admission Outcome Variables. Angela Neves, MSc, et al (Portugal)
- Relationship of Resting B–type Natriuretic Peptide Level to Cardiac Work and Total Physical Work Capacity in Heart Failure Patients. Joseph Norman, PhD, PT, et al (USA)
- Does Stress Reduction Change the Levels of Cortisol Secretion in Patients With Coronary Artery Disease? Mireille Rydén, MSc, et al. (Sweden)

PULMONARY REHABILITATION

- Pulmonary Rehabilitation After Acute Exacerbation of Chronic Obstructive Pulmonary Disease in Patients Who Previously Completed a Pulmonary Rehabilitation Program. S. J. Carr, MSc, et al. (Canada)
- Home–Based Pulmonary Rehabilitation in Very Severe COPD. Is It Safe and Useful? Alejandro Muñoz Fernández, MD, et al. (Spain)

ASSOCIATION ANNUAL MEETING

- Canadian Association of Cardiac Rehabilitation Scientific Abstracts

Affiliate Society News

Rocky Mountain Cardiopulmonary Rehabilitation Association (RM CRA)

Denise LaRocca, MS, RCEP, FAACVPR, RM CRA President

We had our Annual RM CRA Conference May 1 and 2, 2009 at South Denver Cardiology Associates in Littleton, CO. The RM CRA would again like to thank our host, vendors and the guest speakers at the meeting: Bonnie Sanderson, PhD, RN, FAACVPR, Brian Luke Seaward, PhD, Ira Dauber, MD,
Joan Bryant–Kennedy, RRT and Richard Collins, MD. Overall, the meeting was a success and we are currently in the process of conference preparations for next year.

RMCRA has been discussing restructuring the affiliate to increase involvement in the organization. We hope to have more insight in the coming months on how the process will be formalized and the bylaws re-written. Our affiliate has also restructured our local Colorado and New Mexico MAC Committee. We have been participating in the J4 (Colorado, New Mexico, Oklahoma, and Texas) MAC Committee and National AACVPR calls in order to disseminate information to the membership. Wyoming continues to be involved with the J3 MAC structure.

Finally, our Web site is in the process of major revamping thanks to our current Web master. This should be a great opportunity for the organization and the membership in regards to access, affiliate/national updates and ease of use.

For more information on RMCRA, please visit http://www.rmcra.org/

Southern Association for Cardiovascular & Pulmonary Rehabilitation (AL, MS)
Howard L. Rodgers, MBA, PhD, LPC, SACPR President
Congratulations to Bonnie Sanderson, PhD, RN, FAACVPR. Bonnie, who is now President–Elect of AACVPR, has been a longtime SACPR board member and committee chairperson.

We continue to work on increasing membership and program certification. SACPR is planning to host one–day regional "how–to" workshops that are designed to help programs begin the certification process.

The 2009 SACPR Annual Spring Conference, held in Tupelo, MS, was a great success. We were fortunate to have keynote speaker Reed Humphrey, PhD share his expertise in the area of Cardiac Rehabilitation. There were six additional speakers, a variety of vendors, networking opportunities and social events. The 2010 conference will be in Birmingham, Alabama. Jenny Breland, our President–Elect will certainly have a program that will be interesting and informative.

Reader Submission Form
Do you have something interesting for publication? If so, please send all submissions to mailto:%20aacvpr@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 for the News & Views Reader Submission form.

2009 Calendar of Events

September 20, 2009: Electrocardiography
Sponsored by the La Crosse Exercise and Health Program
Meeting Location: University of Wisconsin, La Crosse, WI
For Further Information: Call 608/785–8683 or visit www.uwlax.edu/sah/lehp/html/workshops.htm

September 21 – 25, 2009: Comprehensive Cardiac Rehabilitation Workshop
Sponsored by the La Crosse Exercise and Health Program
Meeting Location: University of Wisconsin, La Crosse, WI
For Further Information: Call 608/785–8683 or visit http://www.uwlax.edu/sah/lehp/html/workshops.htm

September 26 – October 5, 2009: PCNA Fall Continuing Education Programs
Sponsored by Preventive Cardiovascular Nurses Association
For Further Information please CLICK HERE http://www.pcna.net/

October 12 – 14, 2009: Comprehensive Pulmonary Rehabilitation Workshop
Sponsored by the La Crosse Exercise and Health Program
Meeting Location: University of Wisconsin, La Crosse, WI
For Further Information: Call 608/785-8683 or visit www.uwlax.edu/sah/lehp/html/workshops.htm

Medical Fitness Association Events:

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: mailto:education@medicalfitness.org
http://www.medicalfitness.org/

Ongoing

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