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Messages from Headquarters

From the Editors
Jody Hereford, BSN, MS, FAACVPR
Steven Lichtman, EdD, FAACVPR
"Many of us are more capable than some of us …
but none of us is as capable as all of us!"

Tom Wilson

As we look forward to another new year of *News & Views*, we’d like to formally recognize and thank each one of our teammates for their time, their numerous contributions, their enthusiastic commitment to our organization and to N&V, and for making this newsletter a work of "collective genius" time and time again.

Heart thanks and congratulations to each of our regular contributors!

Karen Lui
Tracy Herrewig
Mark Williams
Barb Fagan
Pat Comoss
Alisa Krizan
Gerene Bauldoff
Marge King
Andrea Bon-Wilson
Molly Werner (Staff Liaison)

"A good time was had by all."
(Stevie Smith 1937 and AACVPR Annual Meeting Attendees 2009)

On another grateful note, the 24th celebration of the AACVPR Annual Meeting was, by a number of measures, an overwhelming success. That feat, by no small measure, was due to the tireless efforts of the Program Planning Co-chair of the last three years, Ms. Anne Gavic. This volunteer position is a true labor of love involving countless hours, innumerable phone conversations, endless follow-up, and a myriad of vital skill sets, not the least of which is her superhero skills of organization and patience. Annie not only completed the daunting task at hand, she did it as she does all things, with grace, style and a non-human sense of humility.

Although Anne does not have big feet she does leave some mighty big shoes to fill; the task of uncovering her successor was not an easy one. Thankfully we've identified yet another extremely talented, well-connected and well-organized individual who is generous enough to say "yes" to the invitation to take on this volunteer endeavor. We are grateful to the new Program Planning Co-chair, Dr. Steve Lichtman, the one and the same co-editor of *News & Views*. Kudos, congrats and thank you, Steve; we look forward to working with you on the 25th Anniversary Celebration set for Milwaukee in 2010.

At the 2009 Annual Meeting the scope and depth of the presentations was astounding. Topics ranged from the science of rehabilitation to the science of chocolate, with everything in between. Highlights of the conference included keynotes from Dr. Helen Burstin on performance and quality indicators; Dr. Kerry Stewart (this year’s recipient of the AACVPR Award of Excellence) on the interaction between fitness and aging; Dr. Steven Keteyian (this year’s recipient of the Michael L. Pollock Established Investigator Award) on the impact of history of clinical exercise trials on the future of cardiac and pulmonary rehabilitation; and of course Dr. Debra Miller telling us all why it is beneficial for our health to ingest chocolate on a daily basis (free samples included!).

In addition to the keynote sessions, breakouts ran the gamut from reviews of the most significant scientific studies in cardiac and pulmonary rehabilitation published in the last year, to updates on how to manage both clinical and financial aspects of our programs, to the latest in legislative issues affecting reimbursement. Networking opportunities abounded, with professionals interacting with vendors, colleagues and experts from around the world.

As we stated above, next year AACVPR will be celebrating its 25th Anniversary as an organization at the Annual Meeting to be held October 7–9, 2010 at the Midwest Airlines Center in Milwaukee, Wisconsin. Don’t miss out on the only interdisciplinary conference dedicated specifically to Cardiac and Pulmonary Rehabilitation — start making your plans NOW!

"Anniversaries really are such fun – you won’t want to miss this one!"
(Robert and Sha’Na Johnson’s 25th wedding anniversary invitation)

HELP WANTED

*News & Views* is searching for an AACVPR volunteer to take on the regular *News & Views* feature “Web sites to Watch.” This column has been successfully authored by our own Sue Keller over the last years and we thank her for her long tenure. We look to continue the tradition of highlighting Web sites that bring relevant information, education, tools and research to our members and their patients; the column will be published three times per year. If you are interested in contributing your expertise, please contact Molly Werner at the National Office at aacvpr@aacvpr.org.

President’s Message

Randal Thomas, MD, MS
AACVPR President 2009-2010

Challenges, Opportunities, and Hard Work: It’s Time To Grow
Norman Borlaug recently passed away at age 95, a hero to people all over the world. After hearing a lecture on plant rust and famine by Professor Elvin Stakman at the University of Minnesota many years ago, Norman recognized an opportunity of a lifetime.

After months of painstaking work, he developed new strains of wheat that would thrive in areas of the world affected by plant rust and famine—in Mexico, South Asia, and Africa. Instead of famine, his wheat produced plentiful harvests. Dr. Borlaug’s work was miraculous, credited with saving over one billion lives worldwide, a feat that resulted in him winning the Nobel Peace Prize.

Just like Norman, our specialties face significant professional challenges and opportunities. With growing evidence and support for cardiac/pulmonary rehabilitation, we are living in an historic time—a time that is perfect for growth. The current leadership of AACVPR is committed to do all we can to help seize this moment in history.

Over the coming 5 years, I challenge us to do the following:

- Triple impact and participation rates in cardiac/pulmonary rehabilitation
- Triple membership and reach of AACVPR

Just as Norman happened upon his opportunity of a lifetime, we too have a unique opportunity—an opportunity to expand the impact of cardiac and pulmonary rehabilitation services. Personally, I can’t wait to see how things turn out.

P. S. I want to pay special tribute to Dr. Murray Low, Past-President of AACVPR, for his outstanding service to AACVPR this past year. Murray has helped lead us to higher ground in many ways, and his influence will be felt for years to come. Thanks, Murray!

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AACVPR Conferences

Save the Date! — AACVPR 25th Annual Meeting

Save the Date! — AACVPR Program Directors’ Conference and Day on the Hill – Washington, D.C.

Health Care Reform is an Ongoing Process

*Day on the Hill – March 3 & 4, 2010*

Important decisions on the direction of health care reform are going to be made by Congress over the next year and you can contribute to those decisions. Be a part of the AACVPR Day on the Hill 2010. As has been demonstrated for the past five years, congressional members truly appreciate the perspective AACVPR members offer as providers and patient advocates. If you don’t educate them, who will?

One past participant of DOTH expressed it this way, "I had a great experience and was able to meet with all my congressional representatives and/or their health staffers. All of my legislators appreciated the fact that our services are efficacious and cost-effective while remaining low-tech."

*Program Directors’ Conference – March 5, 2010*

Is your Cardiac or Pulmonary Rehabilitation program running at maximum potential? Do you have the latest information for a successful and viable program? If not, this program is for you!

Join AACVPR in Washington, D.C. for the Program Directors’ Conference. There will be new speakers, new topics, and a new format! More information will be available on the [AACVPR Web site](http://www.aacvpr.org) in the upcoming months.

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Member Resources

**AACVPR Program Certification & Recertification**

*Mark Senn, PhD, FAACVPR*

Good News!!
For those of you who have become certified programs, you know it's a tough process. And for those of you who are thinking about applying, you may have heard the stories about all the paper and copying and paper and binders and paper and more paper!

Well, we want you to know, we've heard the stories too. No one appreciates the load of paperwork more than the reviewers themselves. And we've done something about it. It's tough enough running a quality program; we didn't want the application process to be an unnecessary burden for your program.

Here's what we've done.

At the Board's direction, a dedicated team of AACVPR staff and volunteers has been working diligently for the past two years to restructure the entire certification process to make it more efficient and effective.

I am delighted to share with you the new process for Certification and Recertification. The new Certification/Recertification process will change in the following ways:

1. The process will be completely electronic – You will log into the AACVPR Certification Center Web site (not available until early 2010) to access your online application, complete your application, submit supporting documentation, manage your application through the review process, communicate with your reviewer, remediate any deficiencies, determine your final status.
2. The new process will require much less submission of documentation than in previous years. We will be more selective in what we ask you to send with your application. In addition, you will submit supporting documentation electronically (via PDF or fax machine).
3. The new process will utilize random and limited audits; after you submit your application, your reviewer will be in touch with you via your Certification Center Account if additional documentation or discussion is required.
4. The application process is more user-friendly – providing you with an online dashboard, which highlights the exact status of your application, every step of the way.
5. Greater clarity – while the standards are the same the questions are rephrased to emphasize the exact performance expectation being requested.

The content and restructuring of the certification process is finished, but there is still work to complete in order to provide you with the online product. Currently AACVPR volunteers and SmithBucklin staff are working to construct the actual Web site and electronic application. The tentative date to roll out the Certification Center with the electronic application is March 1, 2010. The deadline for completion of the electronic application is May 1, 2010. A PDF of the new application is now available on the AACVPR Web site. CLICK HERE to take a look and begin your preparation.

As we move closer to the application date there will be additional information and updates on the new certification process in future editions of News & Views and on the AACVPR Web site.
The target date for publication is late September, 2010, just before the AACVPR 25th Annual Meeting. Our goal is to have the 4th Edition available for purchase by the membership at the meeting.

Three exciting additions to the 4th Edition will include the latest coordinated information about outcomes assessment among the national organization, the Outcomes Committee, and the Pulmonary Rehabilitation Writing Committee. Furthermore, a new chapter will offer a thorough, coordinated guide to obtaining program certification. This will be a joint effort of the AACVPR Certification Committee and the Pulmonary Guidelines Committee, and should significantly clarify the certification process for pulmonary rehabilitation programs. Finally, due to new legislation regarding pulmonary rehabilitation services, the guidelines will offer billing recommendations to coordinate with current reimbursement laws.

Watch for further updates on the progress of these groundbreaking guidelines!

**Spotlight on the Professional Liaison Committee**

Marjorie L. King, MD, FAACC, FAAACVPR, Chair AACVPR Liaison Committee

This issue we highlight two new liaisons, the Clinical Exercise Physiology Association (CEPA) and the American Academy of Physical Medicine and Rehabilitation (AAPMR). Additionally, educational opportunities from the American Heart Association (in collaboration with other organizations) are summarized.

### The Clinical Exercise Physiology Association (CEPA)

Aaron W. Harding, MS, RCEP, FAAACVPR
Chairperson, CEPA Advocacy Committee

CEPA, the first-ever association for clinical exercise physiologists (CEPs), focuses on advancing the profession of clinical exercise physiology through advocacy, legislative support, education and facilitating the career development of CEPs.

CEPA is a member of the American College of Sports Medicine Affiliate Societies. As an affiliate society, CEPA is autonomous, but operates with administrative support from ACSM. CEPA seeks to inform colleagues in health care and the general public regarding the educational background of CEPs and their scope of practice. The leadership of CEPA is working hard to develop relationships with health care organizations that have similar interests as CEPs.

AACVPR and CEPA work closely in areas of shared interest and priority. Specific CEPA issues, including the upcoming CEP salary survey, the ‘Exercise is Medicine™ Initiative and Tool-Kit’, and the ‘Health Care Providers’ Action Guide are examples of collaborative efforts. In addition, CEPA is a resource for the legislative efforts of CEPs across the country. CEPA is providing support to the ongoing licensing efforts in the states of Massachusetts, North Carolina and Utah. The CEPA Legislative Committee has created a helpful legislative tool-kit which can be found on the CEPA Web site (available to CEPA members). CEPA provides continuing education through quarterly webinars on topics such as cancer and exercise, physical activity behavior change, and strength training for patients with heart disease.

For more information visit the CEPA Web site at [www.cepa.acsm.org](http://www.cepa.acsm.org).

### The American Academy of Physical Medicine and Rehabilitation (AAPMR)

Matthew Bartels, MD
Associate Professor of Clinical Rehabilitation Medicine
New York–Presbyterian/Columbia

I am glad to take the opportunity to express my enthusiasm for developing an improved relationship and collaboration between the AAPMR and the AACVPR. There is a natural alliance for our organizations through shared missions of dedication to providing rehabilitation services to patients with disabilities. Each society brings the strengths of their disciplines to bear: the AACVPR with its long history of providing services to cardiopulmonary patients and a deep understanding and long tradition of investigating exercise and cardiac and pulmonary physiology; the AAPMR with its history of advocacy and the experience of working for and with individuals of all types of disabilities, emphasizing the maintenance and restoration of function. The historic focus of physiatry includes an emphasis on a multidisciplinary approach with the interest of advancing the function of the patient with a hope of restoration to vocational, avocational and societal function. These goals are also an important part of cardiopulmonary rehabilitation and clearly demonstrate an area of common interest.

In the last decade, there have been a steady but small number of physiatrists actively involved in cardiopulmonary rehabilitation. It is a vigorous part of the educational mission of AAPMR and there are courses regarding cardiopulmonary rehabilitation each year at the national meetings. The increasing age of many rehabilitation patients has caused many physiatrists to become more sensitive and aware of the presence of cardiac and pulmonary disabilities alongside the more traditional neurological and orthopedic diagnoses usually seen in physiatry. This increased awareness by rehabilitation practitioners worldwide of the need for more cardiopulmonary services also has increased the interest on cardiopulmonary rehabilitation issues. With pending legislative issues that are threatening cardiac and pulmonary rehabilitation programs and the fights that we have had in rehabilitation in recent years to fend off similar attacks for other patients with disabilities, I hope that our societies will be able to combine our efforts to extend and preserve the accessibility and availability of rehabilitation services to patients with cardiopulmonary disease. I look forward to the benefits of our joint cooperation in the future to promote the benefits of the relatively low technology, low profile, yet highly efficacious treatments that cardiopulmonary rehabilitation provides in the current environment of health care cuts and fiscal limitations.

### Patient Education Opportunity through the Preventive Health Partnership (a tri-agency collaboration of the American Heart Association, American Cancer Society, and American Diabetes Association)

The American Cancer Society, American Diabetes Association and American Heart Association have created a “health test card” designed for use in a clinical setting to facilitate communication between a patient and a provider about recommended health tests. These cards are free to clinician offices, although shipping and handling fees do apply. To order the health cards and supporting materials, please visit [www.everydaychoices.org/card](http://www.everydaychoices.org/card). The supporting materials include: 1) a health card pop-up stand, which is used to keep cards organized within an office setting; 2) health card take-home tear-away pads, which allow clinicians to give patients a “prescription” for recommended tests; and 3) a health card wall-mount poster that can easily
be hung in the clinician office/exam room.

**The American Heart Association Re-launches their Web site Addressing High Blood Pressure**

This newly redesigned section of the AHA Web site helps patients understand the dangers of high blood pressure and the importance of a healthy lifestyle with expanded resources including easy-to-follow information, tips and tools (heart.org/hbp). Additionally, check out the ‘For Professionals’ section for links to treatment and educational resources.

**Announcing: AACVPR 18-Month Membership**

Do you have colleagues who have not yet made the commitment to join AACVPR? Here’s their chance!

Help make AACVPR Part of Their New Year’s Resolutions!

Do you know people whose New Year’s resolutions include enhancing their professional development, volunteering, attending continuing education programs or the annual conference, understanding the latest information to maximize referrals and reimbursement to their program? If this is the year they really want to maximize the success of their program and become more involved professionally, take advantage of this special 18-month membership from the American Association for Cardiovascular and Pulmonary Rehabilitation (AACVPR).

Visit the [AACVPR Web site](http://www.aacvpr.org) after January 1, 2010 for this limited time offer to join AACVPR at this special rate. Help them join for just $250 and receive these great benefits through June 30, 2011!

**Cardiac and Pulmonary Rehabilitation Weeks**

Plan now for 2010 Cardiac and Pulmonary Rehabilitation Weeks:

**Cardiac Rehab Week: February 14 – 21, 2010**

![Cardiac Rehabilitation](image)

**Pulmonary Rehab Week: March 14 – 21, 2010**

![Pulmonary Rehabilitation](image)

If you wish to purchase merchandise and apparel to help celebrate Cardiac and Pulmonary Rehabilitation Weeks, visit Jim Coleman’s Web site by clicking [HERE](http://www.aacvpr.org).

For more information, 2010 Media Kit, and a schedule of events, please visit the AACVPR Web site by clicking [HERE](http://www.aacvpr.org).
Inside the Industry

Reimbursement FAQ’s
Karen Lui, RN, MS, FAACVPR

DEALING WITH DENIALS

If your early outpatient rehabilitation program is provided to Medicare patients who have appropriate qualifying diagnoses and the service is delivered within appropriate time frames, you should never get a Medicare denial of payment. Right. As we all know, medical billing errors are common and can happen anywhere along the process from your program to the billing department to your local Medicare contractor who processes millions of claims each year.

Be sure you are informed by your billing department of all denials. This is lost revenue if you don’t pursue denied Medicare claims. It may be a simple coding mistake that is easily corrected and re-submitted, such as required patient information that was omitted or a non-matching date of onset. You may need to challenge a denial decision by the payer (Medicare or private payer) that was made in error and can be reversed with submission of further documentation, a phone conversation with the decision-maker, or in a requested formal telephone hearing.

Here are three examples of avoidable and reversible errors:

- Florida’s MAC (Medicare Administrative Contractor), First Coast Service Options, recently communicated via their list-serve email that certain cardiac rehabilitation services billed with payable diagnosis codes were being denied incorrectly. These processing errors will be corrected without providers needing to re-submit claims. This error might have continued unnoticed if it had not been brought to the attention of the MAC by providers.
- Although not common, a non-Medicare payer may require a billing code different that what is required by CMS for a particular procedure, such as Aetna’s and some of the Blues’ reimbursement of billing code S9473 for pulmonary rehabilitation. This is why it is important for your “team” (you and your billing office) to follow-up on denials from private payers as well as those received from Medicare.
- There has been a recent focus on Medicare signature legibility requirements and a consequent high number of denials for various hospital services. Providers must comply with Publication 100-08, Chapter 3, Section 3.4.1.1B (This is an internet-only manual that your business/billing office will have access to.) This pertains to hand written or electronic signature and applies to documentation for any service performed and billed to Medicare. You could avoid potential denials if you work with your billing office to make sure any documentation you are asked to submit is in compliance with the requirements in this policy.

AACVPR Member Spotlight: Michael Dunlap, MS, FAACVPR
Race across America (RAAM) 2010
Steven Lichtman, EdD, FAACVPR

Mike Dunlap, MS, FAACVPR is registered for the 2010 Race across America (RAAM) starting June 9, 2010 in Oceanside, CA. The history of this event is fairly well known among the cycling community (2010 marks the 29th edition of the race) but not as well known among the general public. The details of the race can be reviewed on the RAAM Web site: raceacrossamerica.org – but, in a nutshell, the cycling race starts on the west coast and finishes on the east coast. The riders must follow a set route that totals slightly over 3,000 miles and have to finish in 12 days or less to be considered an “official finisher”. Many consider RAAM to be the “toughest bike race in the world”.

Mike’s motivation to do such an extreme event is his love of endurance sport and to draw awareness to two causes, coronary artery disease (CAD) and chemical dependency. Mike’s father died from CAD and he has committed the last 20 years of his life to helping those who suffer from it as a Cardiac Rehab professional. Mike currently works as Coordinator of Cardiac Rehab at Sanford Medical Center in Sioux Falls, SD. Mike also serves as a member of the Affiliate Link Committee of the AACVPR. He has held numerous positions for his local affiliate – Upper Plains Cardiopulmonary Rehabilitation Association (UPCRA). Mike’s best friend, Dick Beardsley (2:08 marathoner 1982), almost lost his life to the disease of chemical dependency. Through his participation in RAAM, Mike hopes to provide funding for CAD research and chemical dependency awareness and education. He also hopes to inspire others to set their own personal goals and set a positive example of a “heart healthy” lifestyle.

Mike graduated from South Dakota State University with both his BS and MS in Health, Physical Education and Recreation. He is an ACSM certified Program Director/Exercise Specialist. He and his wife Karen have three children and one grandchild.

Mike has a Web site: mikeacrossamerica.com that provides information about the race and the charities he is supporting.

If you have a unique event, talent, programmatic plan etc. that you would like to have “Spotlighted” in News & Views, please send a brief article to aacvpr@aacvpr.org for consideration.

World COPD Day — Time to Improve your Breathing and Feel your Best
Chris Garvey, FNP, MSN, MPA, FAACVPR

November 18 marks World COPD Day. Please feel free to utilize the following text as a resource to educate your patients (and perhaps, in adapted format, your referring physicians) regarding COPD and pulmonary rehabilitation. It would make a great email blast or as a highlight in patient centered newsletters.

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Chronic obstructive lung disease (COPD) is also called emphysema or chronic bronchitis. It is a common and disabling disorder that affects 24 million Americans. Yet, over half of those with COPD don’t even know they have it.

COPD was once thought to be a disease of decline and shame for those who ‘brought it on themselves’ by years of smoking. Because of recent studies, medical and scientific leaders now understand that COPD is preventable and treatable when proper and effective strategies are used. These include pulmonary rehabilitation, medication, quitting smoking and influenza vaccination. Quitting smoking is the highest priority in COPD because it slows down the loss of lung function and improves survival. Medications improve breathlessness in COPD and airflow ‘obstruction’ or trapping of stale air in the lungs. Influenza vaccine is recommended, particularly in this year of H1N1 concerns.

Pulmonary rehabilitation provides safe, gradual exercise in a monitored setting and trains participants to live life to its fullest. Strategies include methods to control breathlessness, preventing serious lung infections and ways to work with your doctor to stay as healthy as possible. Group support addresses the anxiety and depression that commonly goes undiagnosed and untreated in COPD. How does pulmonary rehabilitation make a difference for persons with COPD? In large studies, pulmonary rehabilitation has been shown to improve strength and endurance, breathlessness, and quality of life in persons with COPD and may help to prevent need for hospitalization.

To learn more about pulmonary rehabilitation contact the American Association for Cardiovascular and Pulmonary Rehabilitation (AACVPR) or visit CLICK HERE to find a cardiac or pulmonary rehabilitation program near you. Your local American Lung Association can also offer information about pulmonary rehabilitation and Better Breathers support and education groups by calling 1–800–LUNGUSA.
Baylor Heart and Vascular Hospital's (BHVH) Cardiac Rehabilitation Return to Work Lab, located in Dallas, Texas, is unique and innovative because we have altered the traditional model of cardiac rehabilitation to focus on patients' individual physical needs. Historically, cardiac rehabilitation has consisted of a combination of moderate exercises using the treadmill, stationary bike and 1-5 pound hand weights. At BHVH, we realize that the traditional program may work for some patients, but others (industrial athletes) require a more intense level of training to prepare them to return to physically demanding jobs, such as firefighting or police work.

As we are seeing younger cardiac rehabilitation patients in our Return to Work Lab, we value the importance of creating individualized programs designed to suit this active demographic. We believe many young cardiac patients opt out of rehab because they do not feel it will adequately meet their needs and goals. Failure to participate in rehabilitation training increases the likelihood that the patients will experience another cardiac event once they return to work. Our goal at BHVH is to create specialized programs for industrial athletes to ensure that they are safe and healthy when they return to their jobs and active lifestyles.

In order to tailor rehabilitation programs to patients' individual needs, we assess the activities participants perform in their daily lives and design programs to appropriately increase their heart rate and MET levels. We conducted research studies on healthy subjects to determine baseline physiological values during the performance of occupation–specific activities. Once patients' physical needs are assessed upon program entry, the research baseline data is used to customize specificity of training exercises.

Patient–centered rehabilitation activities mimic as closely as possible the patients' daily tasks. For a firefighter, this may mean the simulation of pulling a person out of a burning building or breaking a door with an axe. For a police officer, this could be training to chase an assailant on the run. Our cardiac rehabilitation department received grant monies from the Harry S. Moss Heart Trust fund that were used to purchase various types of training equipment (e.g., stepmill, weights, training dummies, agility gear, slide board, balance gear, boxing gloves, fire hoses, simulated red guns, workstation, indoor training golf net, plyometric gear). With all of this equipment available, our staff is able to design very specific training programs for each industrial athlete.

As rehabilitation specialists, we serve as liaisons between patients and their physicians. We work closely to ensure that the rehabilitation goals are in line with the physicians' overall plan for the patients' health and safety. We are honored to serve as part of a multi–disciplined team working to provide the best possible recovery for our patients. By offering rehabilitation programs that serve each individual, we hope to increase our center's revenue, pioneer a new mentality about cardiac rehabilitation and prevent future cardiac events by enabling industrial athletes to return safely to their jobs.

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Pulmonary Point of View
Gerene S. Bauldoff, PhD, RN

COPD Self–Management

An interesting paper was recently published in Chronic Respiratory Disease that investigated self–management in COPD! Gysels and Higginson conducted a qualitative study using grounded theory to understand how persons with COPD respond to dyspnea. A purposive (non-random) sample of 18 patients with COPD were interviewed regarding current daily life, meaning of dyspnea, attitudes of environment, treatment behaviors and attitudes toward the future. Several themes emerged from the data. These included patient discussion of use of the internet for information gathering versus speaking with their physician, alternate paths to medications that are used outside of physician prescription, and patient expertise about their condition. Pulmonary rehabilitation (PR) was identified as the single most important intervention to promote self–management among COPD patients. The patients spoke to the benefits of PR such as dramatic improvement in function and activity tolerance, social support formation with other PR participants and the importance of the close, trusting relationships with the PR staff. Challenges discussed regarding PR included unrealistic benefits from exercise (especially a dramatic training effect in a very short period of time and how dyspnea limits mobility to attend the PR program). Most importantly, the patients who were most successful at managing their disease process recognized that PR is not just a time–limited program, but a lifestyle change.
Why is this important?
This paper provides a unique approach to elucidating patient perceptions and values regarding self-management and PR. The results add to the evidence that supports the positive effects of PR beyond just activity tolerance and acute dyspnea reduction. As PR was recognized as the most important single intervention to help patients be involved in the management of their chronic illness, the authors recommend that PR be implemented earlier in the disease process. Additionally, this study reminds those of us who conduct PR that we need to approach our patients with the perspective that PR is a lifelong change in behaviors designed to promote the highest quality of life possible.


JCRP Highlights
Mark A. Williams, PhD, JCRP Editor-In-Chief
JCRP Highlights — November/December 2009
This issue is highlighted by a Featured Review entitled “Monitoring Activity of Daily Living in COPD” and manuscripts from Brazil, Greece, Canada, and the United States.

INVITED REVIEW
- Monitoring Activity of Daily Living In COPD. Roberto Benzo, MD, MSc, (USA)

CARDIAC REHABILITATION
- Costs of Cardiac Rehabilitation and Enhanced Lifestyle Modification Programs. A. James Lee, PhD, et al. (USA)
- Effects of Depression and Anxiety On Adherence To Cardiac Rehabilitation. Angele McGraw, PhD, MED, LPCC, et al (USA)
- Effect of a Computerized Referral at Hospital Discharge on Cardiac Rehabilitation Participation Rates. Enkhtuya Mueller, MD, et al (USA)
- The Montana Cardiac Rehabilitation Regional Outcomes Project. Michael J. McNamara, MS, et al (USA)
- Achieving Interprofessional Practice in Cardiac Rehabilitation. Cydnee C. Seneviratne, RN, PhD, et al (CANADA)

HEART FAILURE
- Physical Exercise Improves the Peripheral Microcirculation of Patients with Chronic Heart Failure. Gerovasili Vasiliki, MD, et al (GREECE)
- Inspiratory Muscle Training Improves Oxygen Uptake Efficiency Slope in Patients with Chronic Heart Failure. Ricardo Stein, MD, ScD, et al (BRAZIL)

PERIPHERAL ARTERIAL DISEASE
- Pain Threshold Is Achieved At An Intensity Above Anaerobic Threshold In Patients With Intermittent Claudication. Raphael Mendes Ritti-Dias, PhD, et al (BRAZIL)

AACVPR STATEMENT
- American Association of Cardiovascular and Pulmonary Rehabilitation Outcome Committee Consensus Statement: Patient and Program Outcome Assessment in Pulmonary Rehabilitation. Laura Peno-Green, MD, et al (USA)

Affiliate Society News
Illinois Society for Cardiopulmonary Health & Rehabilitation (ISCHR)
Dave Zanghi, MS, MBA, ATC/L, CSCS, FAACVPR
ISCHR will host a teleconference Tuesday, December 8, 2009 12:00-1:00 pm. The focus will be on Quality Initiatives from Exceptional Cardiac/Pulmonary Rehabilitation Programs. There will be two presentations. One will focus on cardiac rehabilitation and one will focus on pulmonary rehabilitation. The speakers are both experienced rehabilitation specialists and are extremely passionate about the field of cardiopulmonary rehabilitation.

The Cardiac Rehabilitation lecture will concentrate on "Re-defining Roles in Cardiac Rehabilitation", utilizing multi-disciplinarian teams to their best potential.
Presented By: Jennifer Tucek RN, Preventive Cardiology Manager SwedishAmerican Hospital, Rockford, IL. Jenny will illustrate how SwedishAmerican Hospital’s Cardiac Rehabilitation restructured their program to individualize the exercise physiologist role and the nurse’s role and develop specific job responsibilities for each professional.
Jenny Tucek is an active member of ISCHR and is currently serving on the board as the Pulmonary Rehab Member at Large. She has recently accepted the position of President Elect for ISCHR. Jenny has, and continues to be, a valuable asset to the organization and demonstrates tremendous vision and leadership for the future of ISCHR.

The Pulmonary Rehabilitation lecture will concentrate on "Best practices for Pulmonary Rehabilitation Programs and how to develop protocols for patients undergoing lung volume reduction surgery". Presented By: Joni Colle, RN, BS, RRT, Pulmonary Rehabilitation Program Memorial Medical Center Springfield, IL. Joni will help the participants understand the role of pulmonary rehabilitation in the lung volume reduction program. Joni will also discuss how to individualize a treatment plan and how to progress exercise for the patient preparing for lung volume reduction surgery.

Joni Colle is a Clinical Nurse II and a Registered Respiratory Therapist/Respiratory Care Practitioner who has worked in Pulmonary Rehabilitation for the past twenty years at Memorial Medical Center. Her institution was chosen as one of only a few centers approved for patients undergoing lung reduction therapy.

This is one of the many opportunities ISCHR membership provides free to enhance our professional development and keep abreast of best practices in the field of cardiopulmonary rehabilitation.

Missouri Kansas Association for Cardiovascular and Pulmonary Rehabilitation (MOKSACVPR)
Jan Foresman, RN, BBA, MSEd, FAACVPR, cWC, cHc, MOKSACVPR President
The MOKSACVPR Education Committee has been busy finalizing the program for our annual conference April 9–10, 2010. Along with featured speakers, Curt Meyer and Kate Larsen, we will be offering a program to certify attendees in tobacco cessation. Further information for our conference will be coming soon to our Web site.

Our affiliate also conducted a survey of members over the summer to ascertain information to improve our affiliate services. The survey indicated that members continue to look for continuing education offerings and updates on reimbursement and credentialing. A marketing subcommittee was developed to address these findings and is currently working on a strategic plan for the future.

The MOKSACVPR Web site has recently been redesigned in an attempt to be more user friendly. Updates will be coming as we fine tune the design for both members and nonmembers. To view our new Web site, go to www.moksacvpr.info.

Oregon Society of Cardiovascular and Pulmonary Rehabilitation (OSCVPR)
Chris Wherity, MA, EPC
Oregon just held its 15th Annual Meeting on October 23rd and 24th at the new and impressive 12,000 sq. foot Cardiovascular Wellness and Rehabilitation Center within the Oregon Heart and Vascular Institute in Springfield, OR. We had a strong membership turnout including attendees from WA and ID. The presenters included: Phoebe Ashley, MD, Karen Lui, MS, RN, Doug Seals, PhD, Michael McNamara, MS, Suman Barkhas, E-RYT and Malkey Lopera, MS. Topics included Women’s CV health, Arteries and Aging, Holistic Health Approaches, CMS Reimbursement, Outcomes Data Collection, Preparing Programs for the Future, and an introduction to our new Web site www.oscvpr.org.

Oregon members continue to stay involved in committees outside of our state. Recently Susan Pfanner accepted the position as ACCVPR Liaison for the MAC region of jurisdiction #2, which formerly was held by Joyce Kratz-Klatt of Idaho. We also have members involved in the areas of professional development/partnership and outcomes project participation for programs throughout the region.

We continue our dedication in promoting and strengthening our state affiliate programs in both Cardiovascular and Pulmonary Rehabilitation. Our goals for the next year include improving communication mediums within our state via our new Web site and increased member involvement within our four state committees (Conference, Outcomes, Marketing/Membership, and Reimbursement).

South Carolina Cardiopulmonary Rehabilitation Association (SCCPRA)
Pat Barnes, CRT, RCP, President
We had a very successful annual symposium on April 24th and 25th on beautiful Hilton Head Island with prominent speakers discussing topics ranging from Managing the Metabolic Syndrome in Primary and Secondary Prevention, Assessing the Cardiac and Pulmonary Rehabilitation Patient, to the Therapeutic Interactions of the Licensed Social Worker in the Cardiac Rehabilitation Setting. Our dedicated Symposium Committee is already hard at work preparing for our 2010 symposium to be held April 30th and May 1st in Myrtle Beach.

Many programs in our association are developing Plans of Care centered around the 2007 AACVPR/ACC/AHA Performance Measures for Cardiac Rehabilitation to ensure the quality and consistency of the services provided.

Our state association is fortunate to count Mark Senn, PhD, FAACVPR as one of our members. In addition to his work on the national level, Mark has been a tremendous asset in helping us evolve our outcomes data collection and reporting into a meaningful tool for quality improvement. We are exploring the possibility of incorporating the Framingham Heart Score into our outcomes assessment and are continuing to explore a statewide database for inputting outcomes data.
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 for the News & Views Reader Submission form.

2009 Calendar of Events

SAVE THE DATES!

March 3 & 4, 2010: Day on the Hill, Washington, D.C.
March 5, 2010: Program Directors’ Conference, Washington, D.C.

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: 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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