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From the Editors:

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

Happy New Year! As 2009 kicks off, we look forward to a future for our profession and for our organization that is filled with new ideas, new opportunities and renewed energy for each of us. To that end, we would like to thank each of you who took the time to complete the online survey of what you’d like to see News & Views become and what would be most beneficial to you in future editions. We will be sharing more results of that survey with you in upcoming issues of N&V, but we were thrilled that close to 500 of our members chose to share their ideas. Now that’s good energy!

In this edition of News & Views, in addition to the expert columns from our regular contributors, you will also find the following:

1. An excellent contribution from Dr. Steven Keteyian with further information on the results and implications of the HF ACTION trial
2. A highlight related in the “Breaking News” section that referral to cardiac rehabilitation has been included in both the STEMI and NSTEMI Performance Measures recently released by ACC/AHA
3. An important piece from Chris Garvey, RN, MPA, FAACVPR, AACVPR Director-at-Large, on the recent release from the FDA related to safety concerns about asthma drugs
4. An important notification on new payment provisions from CMS for durable medical equipment suppliers of oxygen and oxygen equipment
5. We’d like to welcome both Barb Fagan, MS and Gerene Bauldoff, PhD, RN as regular contributors to News & Views as the respective section editors for the “Leadership” and “Pulmonary Point of View” columns. We would also like to recognize and thank Gerilynn Connors who coordinated “Pulmonary Point of View” for so many years. A hearty thank you and kudos to each of you!

Again, we send our wishes for all good things to you and yours, and a most healthy and successful 2009.

Executive Director’s Corner:

Marie M. Bass, MS, CAE

A New Year – The Future is Secure – Right?

A brand new year is upon us. Many aspects of the upcoming year are exciting – we have a new President, a new Congress, and whole new year ahead of us. Other aspects are not so exciting – the current economic situation, the stock market, the increasing unemployment rate and the gnawing uncertainty about the viability of cardiac and pulmonary rehabilitation programs. Now is the time to step back and determine what you can do to increase your chances of a successful year, both personally and professionally.

AACVPR is focused on and committed to providing members with the tools they need to succeed – whether through workshops to enhance leadership skills or ideas to expand services in traditional PR and CR programs. The tools to increase your success are there – take advantage of all the AACVPR has to offer. If we don’t provide what you need – speak up – the leadership of AACVPR is always available and interested in your feedback on ways to enhance your membership experience. There are a number of ways that YOU can proactively manage your future.

AACVPR Program Certification – Have you applied for AACVPR Program Certification? It is the best way for you to ensure that your program meets the minimum standards and guidelines for cardiac and pulmonary rehabilitation services. Be among those programs that can proudly display the certificate that designates their program as Certified by AACVPR.

The AACVPR Referral Enhancement Toolkit – Have you used it? If not, you are leaving some great ideas for increasing referrals to your program on your bookshelf (or in your CD drive). The Toolkit provides invaluable ideas for helping rehab professionals enhance referrals - it’s a free members-only benefit.

The NEW AACVPR Website - Hopefully you have visited the new and updated AACVPR web site. It is a wonderful site with a tremendous amount of relevant content for members and visitors. If you have not yet checked out the Member Forum – you should. It is YOUR resource for connecting with colleagues across the country.

The upcoming year will certainly have its challenges, but in difficult times, there is also great opportunity. Leaders proactively define and shape their future. Be counted among those who “act” not “react.”

BREAKING NEWS!

Medicare Consumer Alert for Oxygen Users – Article Summary

return to table of contents
Chris Garvey, FNP, MSN, MPA
On Oct. 30, 2008, Medicare issued final rules for home oxygen suppliers and the supplier’s responsibility to patients. Highlights include:

- The ownership of the equipment will remain with the supplier and not be transferred to the patient.
- Patients will rent equipment for 36 months and may be required to pay a rental fee. After 36 months, no rental fee will be charged.
- The supplier must maintain the equipment for its ‘reasonable life’ currently defined as 5 years.
- If a patient moves after the 36 month rental period, the same supplier must make arrangements to ensure the patient receives oxygen and that the equipment is maintained. After the 36 month rental, the supplier is required to perform routine maintenance and servicing every six months.
- For persons with liquid or gas systems, the supplier must provide equipment and contents for the remaining useful life of the equipment.
- After 60 months or 5 years, patients are to receive new equipment and the 36 month clock begins to tick again.

To view the original Medicare Consumer Alert in its entirety, please CLICK HERE.

FDA Panel Expresses Safety Concerns about Asthma Drugs

The FDA Pulmonary Allergy Drug Advisory Committee and Pediatric Advisory Committee have voted to remove the asthma indication for two long-acting beta agonists or LABAs including Serevent (salmeterol) and Foradil (formoterol) for the treatment of asthma. The panel voted to maintain the current asthma indication for two inhaled corticosteroids/LABA combination products: fluticasone propionate/salmeterol (Advair by GSK) and budesonide/formoterol (Symbicort by AstraZeneca).

This ruling has raised many important questions and concerns. Foremost, both Serevent and Foradil have not been found to have significant safety concerns in persons with COPD. Secondly, many clinicians that treat asthma will combine Serevent or Foradil with an inhaled steroid. Al Munzer, M.D., representing the American Thoracic Society (ATS) recommends:

1) Long-acting beta agonists in combination with inhaled corticosteroids should remain on the market for the treatment of asthma
2) Single-agent LABA products should remain on the market for asthma
3) Any changes or enhancements to the existing black box (safety) warning for LABAs should be consistent with the National Institute of Health-sponsored National Asthma Education and Prevention Program: Expert Panel Report 3 recommendations
4) Any changes to the label indications for LABA should be for asthma only
5) Further research is needed on the safety and efficacy of LABAs

More on HF-ACTION

Steven J. Keteyian, Ph.D., Co-Chair, HF-ACTION Steering Committee
Henry Ford Hospital, Detroit
In the November/December 2008 Issue of News & Views, Dr. Steve Lichtman penned an excellent article summarizing the methodology and the initial results, conclusions and implications of one of the largest clinical exercise trial conducted to date… this one involving patients with chronic heart failure (HF) due to left ventricular systolic dysfunction. Now that a bit more time has passed and two of the trial’s four main papers have been presented (1,2) and are being readied for publication, as a co-investigator I thought it might be helpful to share with you some additional insights and interpretations relative to HF-ACTION (Heart Failure-A Controlled Trial Investigation Outcomes of exercise training).

Clearly, the results of the trial have generated some spirited headlines and discussions among both our colleagues and our patients. Before sharing with you my perspective of study implications, a brief review of the trial’s methods and main findings seems appropriate. Specifically, in HF-ACTION 2,331 patients with chronic HF were randomized to usual care (which included a one time recommendation for mild-moderate exercise most days per week) or enrollment into a 36-session supervised aerobic-type exercise program that was followed by a five time per week home-based program (intensity set at 60-70% heart rate reserve). A variety of strategies were implemented to retain compliance among patients in the exercise group including record keeping; providing them with a heart rate monitor and a treadmill or stationary bike for in-home use; and telephone calls from research coordinators that employed targeted behavioral techniques. Mean follow-up was 2.5 years and more than 92% of all patients were taking an ACE inhibitor/angiotension receptor blocker, 95% were on beta-adrenergic blocker and 40% had an ICD implant at the time of enrollment. The key findings for the trial were as follows:

- Exercise training is safe. Such a finding might seem trivial because many patients with chronic HF already participate in our cardiac rehabilitation programs or engage in regular exercise. However, keep in mind that prior to HF-ACTION, adequate safety data did not exist. In fact, just 10-15 years ago the recommendation for patients with heart failure or left ventricular systolic dysfunction was to avoid exercise or exertion, for fear that such behavior would further worsen the already abnormal cardiac function.
- The exercise group showed a small (unadjusted: 7%, p=0.13; adjusted: 11%, p=0.03) reduction in risk for the combined endpoint of all-cause death or all-cause hospitalization. Use of adjusted analyses in large clinical trials like HF-ACTION is not uncommon, in order to better compare patients within each group of the study of similar risk, improve statistical power and provide an improved estimate of the treatment effect.
The exercise group showed an ~ 14% (unadjusted: 13%, p=0.06; adjusted: 15%, p=0.03) reduction in risk for the important disease-specific combined endpoint of cardiovascular death or heart failure hospitalization.

Over-all health status/quality of life, as measured by the Kansas City Cardiomyopathy Questionnaire, was improved after 3 months in the exercise group versus usual care and this difference was maintained throughout the follow-up period. Additionally, at 12 months 53% of subjects in the exercise group experienced a clinically meaningful improvement in health status versus only 33% of patients in the usual care group (p<0.05).

Compliance during the trial among both study groups was a challenge. Although more than 30% of subjects assigned to the exercise arm of the study exercised more than 120 min per week, median minutes of exercise per week for all subjects in the exercise group declined over time (~ 95 min/wk at 6 mo, ~ 75 min/wk at 12 mo, ~ 60 min/wk at 24 months). Also, among patients in the usual care control group who were asked not to start a regular structured exercise program, at both 12 months and 24 months ~ 22% of these subjects stated that they were “exercising” for the past three months.

Since the effect of exercise training on all-cause mortality or hospitalization was not significant in the unadjusted analysis, one view of HF-ACTION might be that this project represents a neutral or possibly even a negative study. I would, however, caution against adopting this interpretation and would go so far to say that such an interpretation is incorrect for two very important reasons. First, the exercise practitioner must first keep in mind that unlike other heart failure-related device or drug trials completed to date, the use of evidence-based therapy among subjects enrolled into HF-ACTION was by far the best ever … and certainly better than what is observed in routine clinical practice today. So, the all-be-it modest and additional 14% reduction in risk for cardiovascular death or heart failure hospitalization that occurred “on-top-of” an already excellent level of evidence-based care was, in fact, quite meaningful. Second, this 14% reduction is quite consistent with two prior heart failure drug trials that evaluated and proved the effectiveness of using an angiotensin receptor blocker in patients with heart failure (5,4). In those two trials there was a 13% and 17% reduction in clinical events … just like in HF-ACTION. Given that HF-ACTION found no difference between groups for cardiovascular mortality, the majority of the effect that exercise imparted on the combined endpoint of cardiovascular death or heart failure hospitalization was likely through heart failure hospitalization alone … a very important cause of morbidity in these patients.

Like all clinical trials, HF-ACTION was not without its limitations. Toward the top of the list, and despite heroic efforts by trial staff and site research coordinators and exercise staff, sits the lower than expected level of compliance among patients in the exercise group. Yet, despite this shortcoming, trial results still included modest improvements in clinical outcomes and health status. Through additional analyses, trial investigators are currently addressing the question of “what was the effect of exercise training on clinical outcomes, fitness and health status among those subjects in the exercise group that did fully exercise as prescribed?” Although post-hoc observational analyses such as this can not be considered definitive, they will provide additional important insight as to any actual effect between exercise training and outcomes. Additionally, an analysis that addresses the cost effectiveness of exercise training in HF-ACTION is now being completed.

In closing, more so than ever before, I am of the belief that regular exercise serves an important role in the clinical management of patients with heart failure. And I would be remiss if I did not publicly acknowledge and thank the personnel at the 82 sites participating in HF-ACTION and at the Duke Clinical Research Institute, for their exemplary assistance in helping carry out this important trial … many of these professionals also being fellow members in AACVPR.

References


Cardiac Rehabilitation Included in the Latest Performance Measure Set for MI

Steve Lichtman, EdD. FAACVPR
The American College of Cardiology (ACC) and the American Heart Association (AHA) have published a new set of performance measures for the treatment of ST-elevation and non-ST-elevation myocardial infarction (STEMI/NSTEMI).1 The measures were published in both the Journal of the American College of Cardiology and Circulation and have been endorsed by the Society for Cardiovascular Angiography and Interventions, the Society of Hospital Medicine and the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR).

Performance measures are designed to “serve as a vehicle for more rapidly translating the strongest clinical evidence into practice. These documents are intended to provide practitioners with “tools” for measuring the quality of care and for identifying opportunities to improve.” 2 This update of the 2006 edition of the STEMI/NSTEMI performance measures introduces several new measures, including metrics dealing with the evaluation of left ventricular systolic function and the timeliness of reperfusion therapy in patients transferred for percutaneous coronary intervention. Of particular importance to those of us in the field of cardiac rehabilitation is that referral to cardiac rehabilitation programs is now included as part of the STEMI/NSTEMI performance measure set. To be recognized as part of the standard of care for the treatment of STEMI/NSTEMI represents an enormous step forward for the field of cardiac rehabilitation and may result in increased referrals and recognition of the benefits of cardiac rehabilitation by physicians treating this patient population.


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**AACVPR Conferences**

**Program Directors’ Conference – Save The Date!**

Have you been hearing the positive feedback about the AACVPR 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!

**June 19th, 2009: Anaheim, CA**

**June 20th, 2009: Dallas, TX**

Watch for more information as it becomes available.

**Check the web site for registration information this Spring! Space will be 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:

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

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

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

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

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

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

- Outcome measurement
- Goals & benchmarks
- Performance improvement

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

**Maintaining Vitality and Viability in your Program**
Successful cardiac & pulmonary rehab programs must develop the right standards & skills for their own personnel as well as nurture relationships with patients & physicians. Successful programs depend on people – patients, physicians, & rehab providers. Topics include:
• Staff competencies
• Performance measures
• Patient satisfaction

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

For more information, please CLICK HERE

REGISTER NOW! January 29th, 2009 Teleconference

Non-Traditional Programs in an Existing Rehabilitation Setting: How You Can Have Them Too!

Presented By: Tom Draper, MBA, FAACVPR
January 29, 2009, 1-2 pm Eastern Time
(12 pm Central, 11 am Mountain, 10 am Pacific)

REGISTER NOW!

In today's changing healthcare and economic climate it is important for cardiac and pulmonary rehabilitation programs to be able to diversify and provide services outside of the traditional rehab models. This teleconference will examine strategies and opportunities for programs large and small to implement programs that reach out to special populations and capture additional revenue. It will also outline the necessary business steps needed to identify, create, market and implement non-traditional programs and revenue streams that fit within your existing facility space and current staffing model.

After this teleconference, participants will be able to:

• Identify various types of non-traditional revenue sources outside of the typical cardiovascular and pulmonary rehabilitation program
• Navigate through the necessary steps to develop and implement non-traditional programs
• Understand the content and purpose of an executive summary and business plan for non-traditional programs
• Assess barriers and obstacles for implementation of programs and strategies to overcome those barriers and obstacles

For more information, please visit our web site by clicking HERE.

24th Annual Meeting – Destination: Pittsburgh, PA

Save the Date for the AACVPR 24th Annual Meeting
“New Directions for Cardiac and Pulmonary Rehabilitation”
September 30 – October 3, 2009
Pittsburgh, Pennsylvania

Save the date and watch your mail and e-mail for information about the 2009 AACVPR Annual Meeting. This four-day event is the premier educational event for cardiac and pulmonary rehabilitation professionals – and is the ONLY national educational event focused specifically on these specialties.

The AACVPR Annual Meeting will present the latest information on research, reimbursement, best practices and innovative programming. You will leave the meeting with practical tips and techniques on expanding services in both CR and PR – knowledge you will be able to put to immediate use. This year’s speakers include Ileana L. Pena, Professor of Medicine at Case Western Reserve University; Barry Franklin, PhD, FAACVPR of William Beaumont Hospital; and Brian Carlin, MD, FAACVPR of Allegheny General Hospital’s Lifeline Centers for Pulmonary Rehabilitation.

More information to come. And don't forget to SAVE THE DATE!

Member Resources

Day on the Hill

In 2009 there is going to be an urgent focus on how health care is delivered and reimbursed in this country. All stakeholders are eager to share their perspective with the new administration. AACVPR will provide that opportunity at the annual AACVPR Day on the Hill (DOHT) on March 4-5, 2009. It will be important to not only thank our Representatives and Senators for past support, but to remind the decision-makers that
AACVPR members provide patient services that have been proven to be beneficial and cost-effective. As we have all learned over the past five years of hard work on the Hill, it is critical to maintain ongoing relationships with these members and their staffs as well as establish similar relationships with new members of the 111th Congress.

Please consider coming to Washington DC in March, 2009 to represent AACVPR, your affiliate society, and your patients. Your expertise and experience are valuable resources to those who represent you in Congress.

For more information, please CLICK HERE.

Call for Award Nominations

AACVPR is pleased to announce the Call for Nominations for the Annual AACVPR Awards to be presented at the 2009 Annual Meeting in Pittsburgh, Pennsylvania. AACVPR members are given the opportunity to nominate individuals who exhibit leadership, service to the professional organization and accomplishments in the field of Cardiac and Pulmonary Rehabilitation. Any member of AACVPR may nominate himself or herself, or another member, for these awards.

At this time, nominations are called for the AACVPR Award of Excellence, Distinguished Service Awards, Michael L. Pollock Established Investigator Award, and the L. Kent Smith Excellence in Clinical Practice Award.

The AACVPR is dedicated to recognizing both the professional achievements of its members as well as outstanding commitment to AACVPR. If you are interested in submitting a nomination (for yourself or another individual), please CLICK HERE for the application.

The list of those who have been honored with these awards in previous years can be found on the AACVPR web site or by clicking HERE. Nominations must be post marked or sent via email to aacvpr@aacvpr.org no later than Monday, February 2, 2009.

Call for Annual Meeting Abstracts

The 2009 Call for Abstracts deadline for the Annual Meeting in Pittsburgh, PA, September 30 - October 3, 2009, is fast approaching.

Presenting an abstract at the AACVPR Annual Meeting is an excellent opportunity to share your research, best practices, and highlight your facility to colleagues and leaders in the field of Cardiovascular and Pulmonary Rehabilitation. The deadline to submit an abstract is Monday, March 9, 2009. You will be contacted via email regarding the status of your in submission in late April.

Abstracts are reviewed by the AACVPR Research and Education Committees. Scientific Oral Presentations and posters are published in the Convention Issue of the Journal of Cardiopulmonary Rehabilitation and Prevention, and clinical posters are available in the AACVPR on-line syllabus prior to the Annual Meeting.

CLICK HERE to submit a clinical or scientific abstract. For more information about the upcoming Annual Meeting, visit the AACVPR web site in the coming months. Please contact AACVPR Headquarters at speakers@aacvpr.org.

We look forward to seeing you in Pittsburgh!

Fellowship News

Interested in becoming an AACVPR Fellow?

Applications are now available by clicking HERE or visiting the AACVPR web site. Completed applications are due by April 1, 2009.

For more information and Fellowship requirements, please CLICK HERE.

Cardiac & Pulmonary Rehabilitation Weeks

Plan now for 2009 Cardiac and Pulmonary Rehabilitation Weeks:

Cardiac Rehab Week: February 8 – 14, 2009
This year's slogans are Cardiac Rehabilitation: The Pulse of Life & Pulmonary Rehabilitation: Building Better Lives One Breath at a Time.

If you wish to purchase merchandise and apparel to help celebrate Cardiac and Pulmonary Rehabilitation Weeks, visit Jim Coleman's web site at www.jimcolemanltd.com/aacvpr or by clicking HERE.

For more information, 2009 Media Kit, and a schedule of events, please visit the AACVPR web site by clicking HERE.

**NEW! 18-Month AACVPR Membership**

Do you have colleagues who have not yet made the commitment to join AACVPR? Now’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).

They must act NOW for this limited time offer to join AACVPR at this special rate. **Help them join today for just $250** and receive these great benefits through June 30, 2010!

**HOT TOPIC! AACVPR Program Certification**

The AACVPR Program Certification process is getting an Update. The leadership of AACVPR has committed to a thorough review and process improvement for Certification. This includes updating the application, review and approval processes. The new applications will be easier to complete, will relate directly to published guidelines and standards and will be able to be submitted and processed on line. Watch for more information in N&Vs in the months ahead.

Over 1400 programs are Certified by the AACVPR. Having AACVPR Cardiac or Pulmonary Rehabilitation Program Certification is increasing in importance. Certification provides an opportunity for program directors/managers to review their processes and compare their programs to current standards and guidelines. There are a number of other great reasons that program managers should consider applying for AACVPR Program Certification, including:

- AACVPR Program Certification is recognized by a growing number of insurance companies and contractors. In one instance this year, a program was offered more reimbursement from Blue Shield if they were certified by AACVPR
- The questionnaire for the application for BLUE Distinction Center recognizes AACVPR Certified Programs as those cardiac rehabilitation programs that have been peer reviewed for compliance with nationally published guidelines and standards
- AACVPR Certified Programs are listed on the American Heart Association patient resources Web site
Program Certification provides an objective assessment of adherence to updated clinical standards and guidelines. It requires a systematic approach to clinical care. It promotes a culture of quality patient care in the Cardiac and Pulmonary Rehabilitation facilities. It provides patients with a benchmark to compare CR and PR programs for quality care. It provides CR and PR program leaders with benchmarks and best practice guidelines for quality standards.

If your program is not certified, now is the time to begin planning to do so. Check on-line at the new AACVPR web site for Certification information and continue to read upcoming issues of N&Vs for the latest Certification developments.

Program Recertification Deadline Approaching!

Did your program go through original Certification or recertify in 2006? If the answer is yes, your Program Recertification application is due on Friday, February 13th. Please send two copies of your application to:

ATTN: Abigail Lynn
Program Recertification Senior Coordinator
401 N. Michigan Avenue
Suite 2200
Chicago, IL 60611

For more information or to view the application, please CLICK HERE.

American Heart Association Celebrates Cardiac Rehabilitation Week

Marjorie L. King, MD, FAACVPR
The American Heart Association will feature the benefits of Cardiac Rehabilitation in the next edition of Heart Insight, the AHA patient publication that is sent to cardiologists and other physicians for their waiting rooms. You and your patients can also access this free quarterly magazine electronically by visiting the Heart Insight web site at http://www.heartinsight.com

In today’s economic environment it is important to be proactive about highlighting the benefits of cardiac rehab to patients and physicians. A smart business move would be to make sure that your program’s brochures are well stocked in local doctors’ offices and that office staff know what to do to help the patient get enrolled in your program. The article in Heart Insight highlighting cardiac rehabilitation is a direct result of AACVPR’s partnership with the AHA through the Professional Liaison Committee. Thanks to all of you who work with the AHA in your communities!

Inside the Industry

Health Policy & Reimbursement Committee

Karen Lui, RN, MS, FAACVPR
Committee Chair
The Health Policy & Reimbursement Committee is currently focusing its efforts on facilitating Medicare’s transition from Fiscal Intermediaries and Carriers to MACs (Medicare Administrative Contractors). All states have been grouped into fifteen regional jurisdictions. Each affiliate or state organization has selected 1-2 members to represent cardiac and pulmonary rehabilitation programs on local policy and payment issues. This “MAC committee” should now be complete with a chairperson identified and have met with or be planning to meet with your new MAC Medical Director. These are critical first steps in establishing a proactive relationship with the decision-makers who write the Medicare policy you will be required to adhere to in the operation of your CR and PR programs. A member of the HP & R Committee serves on each MAC committee as a liaison to AACVPR to provide information on CMS policy changes and local Medicare coverage and payment issues occurring in other MACs.

Communication to and from individual programs and the MAC committee and between MAC committees and AACVPR will allow us all to be more effective in securing clinically appropriate policies for our patients. Information and updated news from your MAC committee can be found on the AACVPR web site by clicking HERE.

News & Views Sponsorship: NuStep, Inc.

NuStep, Inc. was founded in 1987, but its origins date back to the 1960’s when Dick Sarns, a mechanical engineer, developed the world-
renowned heart-lung machine for use in open heart surgery. Nearly two decades later, as evidence emerged that supported exercise for post-operative cardiac patients, Dick took note and turned his focus to cardiac rehabilitation. He founded NuStep, Inc. with the vision of helping those with heart disease transform their lives.

In 1993, following years of pioneering research and development, the NuStep team introduced the world’s first total-body recumbent cross trainer. Its successor followed in 1999 and the company added two new models in 2008. Since that time, the NuStep has become the most popular recumbent cross trainer in the healthcare industry. Clinicians worldwide have demonstrated that the NuStep is the preferred piece of rehabilitation equipment to ensure safe and effective treatment for individuals of all ability levels. Cardiac rehab professionals in particular have embraced the NuStep. Today, over 1500 cardiac and pulmonary rehab settings have chosen the NuStep for their clients because it improves cardiovascular health, builds strength and optimizes well-being. The user is seated while exercising on the NuStep, and the movement provides simultaneous upper and lower body motion with little or no impact on the joints, making it accessible for even the most de-conditioned user.

NuStep is honored to serve AACVPR members and has appreciated the opportunity to support AACVPR for over 15 years. Visit www.nustep.com to learn more about NuStep and its mission to transform lives.

Leadership

Welcoming Barbra Fagan!

Leadership – The Common Good
Barbra Fagan, MS, FAACVPR

The personal and professional impact of the current economic environment is staggering. As the auto and banking industries reel from the force of this climate one wonders about health care and particularly cardiopulmonary rehab. AACVPR, the Board of Directors and the membership have a fiduciary responsibility to the success and viability of cardiopulmonary rehabilitation. What can each of us do to positively influence our profession?

The word “fiduciary” is often defined as financial accountability. However the term can be more broadly defined as it is in Black’s Law Dictionary as “a person having the duty created by his undertaking to act primarily for another’s benefit.” More simply stated, acting within the best interest of those we serve. Self interest and self preservation will not serve the greater good.

As members of AACVPR, we each have a duty to serve and carry forth the mission of the organization. As a result of this responsibility, our decisions must be carefully analyzed to ensure that our actions are based upon the common good of the organization. To succeed we must put aside our own self interests and progress collectively as an organization. Together we set the stage for breakthroughs in evidenced based cardiopulmonary rehabilitation programming. Utilizing the focus to serve our patients will continue to guide our way.

What can each of us do to positively influence AACVPR and our profession? One only needs to look within and ask the question, “Am I here to serve the greater good?” Presence of service to the common good rather than self interest and self preservation will serve our mission well.

Web Sites to Watch

Joe Piscatella
Have you seen Joe Piscatella’s new web page? It has an “Ask Joe” page with information and tips for your patients on healthy living, a healthy recipe of the week, and a Q&A section where Joe answer questions from patients. Visit his web site at www.joepiscatella.com.

Pulmonary Point of View

Hello from Gerene Bauldoff!

Hello everyone! My name is Gerene Bauldoff and I am honored to be taking on the Pulmonary Point of View from Gerilynn Connors—I will try to live up to the excellence of her columns. As some background, I am an Associate Clinical Professor of Nursing at the Ohio State University College of Nursing in Columbus, OH. I am a pulmonary CNS with a focus in patients with COPD. Prior to coming to OSU, I worked as the Pulmonary Rehabilitation Coordinator for the NETT trial at the University of Pittsburgh and as a lung transplant coordinator. I’m currently a member of the Scientific Advisory Council for AACVPR and served as the nursing and allied health representation on the ACCP/AACVPR.

**The Future of COPD Pharmacotherapy**
Gerene Bauldoff, RN, PhD

Dr. Peter Barnes published an interesting article in the December 2008 Chest (vol. 134: 1278-1286) describing potential medications that may become integral in the COPD drug armamentarium. The new therapies focus on improved bronchodilation, reduced inflammation, slowing of Parenchymal destruction, reversal of steroid resistance and lung regeneration. While several of these drugs have not been found to be particularly effective, some have shown promise. Drugs related to Tiotropium bromide are in development as well as combination inhalers using these new anticholinergic bronchodilators with long acting β2-agonists. Several drugs that inhibit different inflammatory pathways such as the Phosphodiesterase [PDE], Mitogen-activated protein-kinases [MAPK] and nuclear factor-κB [IKK] pathways are in development but, due to side effects, will probably need to be administered by inhalation. As these drugs inhibit tumor necrosis factor alpha [TNF-α] synthesis, increased risk for infections and cancer is of concern. The use of such novel anti-inflammatory drugs may reduce symptoms and improve quality of life, but also reduce severity of exacerbations and slow the decline of lung function. Other foci of investigation are chemokine antagonists that have been shown to reduce dyspnea by inhibiting other components of the inflammatory process. The introduction of theophylline-derived drugs may reduce steroid resistance while avoiding the side effects and drug interactions of theophylline preparations. Finally, non-antibiotic macrolides are in development and have shown promise for also reducing steroid resistance. As COPD management evolves, we should be on the lookout for COPD-specific anti-inflammatory medications.

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

**JCRP Highlights – January/February 2009**

- This issue is highlighted by a Featured Review entitled “A Review of Lipid Management in Primary and Secondary Prevention”. Manuscripts are presented from Australia, Brazil, the United Kingdom, and the United States.

**FEATURED REVIEWS**

- Management of lower extremity peripheral arterial disease. Ewa Dembowski, MD, et al (USA)

**CARDIAC REHABILITATION**

- Examining the challenges of recruiting women into a cardiac rehabilitation clinical trial. Theresa M. Beckie, PhD, et al (USA)
- Correlates of depression at baseline among African Americans enrolled in cardiac rehabilitation. Nancy T. Artinian, PhD, MSN, et al (USA)
- Hopelessness and its effect on cardiac rehabilitation exercise participation following hospitalization for acute coronary syndrome. Susan L. Dunn, PhD, RN, et al (USA)
- Outcomes and adverse events among patients with implantable cardiac defibrillators in cardiac rehabilitation: a case-controlled study. Sarah Fan, MD, et al (USA)
- Non-invasive ventilation with continuous positive airway pressure acutely improves 6-min walk distance in chronic heart failure. Sergio Chermont, PT, MSc (Brazil)

**PULMONARY REHABILITATION**

- The prevalence of posttraumatic stress disorder in patients undergoing pulmonary rehabilitation and changes in PTSD symptoms following rehabilitation. Rupert Jones, MD, et al (United Kingdom)
- Comparison of pedometer and activity diary for measurement of physical activity in COPD. Rosemary Moore, MPhysio, et al (Australia)

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**Affiliate Society News**

**Arizona Society of Cardiovascular and Pulmonary Rehabilitation (ASCVPR)**
Chuck Kitchen, President ASCVPR

Hello from sunny Arizona! The ASCVPR has had a very good year. We are currently planning our 17th annual conference for April 24th and 25th at John C. Lincoln-North Mountain in Phoenix Arizona. We have invited Christopher Gardner, PhD to open our conference on Friday evening and Karen Lui to give a legislative update on Saturday. For more information about the annual conference please contact Chuck Kitchen at Charles.Kitchen@lpnt.net.

Arizona continues to be more involved with AACVPR; we had 3 programs achieve program certification last year and more applied for the current certification cycle. The ASCVPR has over 40 programs and 98 individuals as members and is continuing to grow. We are striving for 100 members in 2009! We look forward to a Happy and Healthy 2009!

**Iowa Association of Cardiovascular and Pulmonary Rehabilitation (IACVPR)**
The Iowa Association of Cardiopulmonary Rehabilitation (IACPR) celebrated its 20th anniversary at the annual Tri-Network Conference (sponsored by the Iowa, Nebraska, and North and South Dakota affiliates) in May 2008. We celebrated with a social hour during which refreshments and massages were provided by vendors and a slide presentation was shown highlighting individual programs and events of the last 20 years.

Our annual meeting is held during the Tri-Network Conference, which also includes a day and a half of education sessions and networking opportunities. In addition to this conference, IACPR provides continuing education for its members by utilizing the Iowa Communications Network (ICN) twice a year. Presentations are broadcast to multiple sites so each person can attend the presentation from a site within easy driving distance. Each site has microphones and television monitors so that anyone attending any site can participate in the presentation by making comments, asking questions, etc. The broadcast is presented free of charge to IACPR members. A nominal fee is charged for those wishing to obtain CEUs.

We have encouraged program certification by providing several continuing education programs on the subject. Currently, Iowa has 21 certified pulmonary rehab programs and 35 certified cardiac rehab programs. As of last spring, Iowa ranked first in the number of both certified cardiac and certified pulmonary rehab programs per capita in the United States.

Visit our comprehensive web site at www.iacpr.net to learn more about our affiliate.

Kentucky Cardiopulmonary Rehabilitation Association (KCRA)
Jennifer Harris, MS
The Kentucky Cardiopulmonary Rehabilitation Association (KCRA) is busy planning for our Annual Meeting to be held this spring. The meeting will be April 15th and 16th at the Jewish Hospital Rudd Heart & Lung Center in downtown Louisville, Kentucky. We will be getting together from 6-9 pm on the 15th for networking, socializing and a discussion on program certification/recertification. There will be a variety of interesting and informative topics at the meeting on the 16th, including Reimbursement Updates with Karen Lui, RN, MS, FAACVPR, Peripheral Artery Disease Programming, Advanced Lipid Profile, Heartmath, Balance Testing and Training Exercises, and Music Therapy. We look forward to reconnecting with all of our colleagues from across the state.

In the coming year, KCRA plans to institute regional committees that would aid in getting information out to facilities in their region, and possibly host smaller regional meetings throughout the year. We are in the process of finding a new web site manager and hope to get the site updated soon. Visit www.kcra-net.com for more information about our organization. Any questions can be directed to Jennifer Harris at Jennifer.harris@nortonhealthcare.org.

Tennessee Association of Cardiovascular and Pulmonary Rehabilitation (TACVPR)
Tami Conner RN, FAACVPR, President TACVPR
The Tennessee Association of Cardiovascular and Pulmonary Rehabilitation (TACVPR) program planning committee is busy planning our Spring Conference. This state meeting will be April 23, 2009 at Cumberland Medical Center in Crossville, TN. A well rounded variety of topics are to be presented. There will also be time to network and socialize with our colleagues and leaders from around the state to present best practices, and program information with colleagues in the field of Cardiovascular and Pulmonary Rehabilitation.

Several of the TACVPR members attended the AACVPR annual meeting in Indianapolis this past fall and Tennessee received an award at the president’s luncheon honoring its commitment for the past 20 years as an AACVPR Affiliate. I am also pleased to note that our President Elect, Thomas Cobb, represented Tennessee in a scientific poster presentation and did an excellent job.

We are still at work on updating our web site and state directory. If your hospital in Tennessee would like to be placed in the online directory or if you have any questions please, notify tamiconnerrn@hotmail.com.

The TACVPR Board of Directors met November 14, 2008 and set goals for 2009 & 2010. These goals include a more user friendly web site, continued quarterly news letters to members and all hospitals, and helping all programs wanting to obtain certification receive the assistance needed to do so.

I wish everyone a blessed and prosperous New Year
~Tami

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### 2009 Calendar of Events

**January 29th, 2009 – Teleconference**

*Non-Traditional Programs in an Existing Rehabilitation Setting: How You Can Have Them Too!*

Presented By: Tom Draper, MBA, FAACVPR

(12 pm Central, 11 am Mountain, 10 am Pacific)

To register, click [HERE](#).

**June 19th & 20th, 2009 - Program Directors’ Conference**

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

More information will be made available [HERE](#) at a later date.
September 30th – October 3rd, 2009 – 24th AACVPR Annual Meeting
Pittsburgh, Pennsylvania
More information will be made available HERE at a later date.

19th Annual Art and Science of Health Promotion Conference
What Works Best in Health Promotion?
March 16-19, 2009 – San Francisco, CA
For more information, please visit www.HealthPromotionConference.org

La Crosse Exercise and Health Program Workshop Announcements:
April 5, 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

April 6-10, 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 www.uwlax.edu/sah/lehp/html/workshops.htm

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 www.uwlax.edu/sah/lehp/html/workshops.htm

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

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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