Happy Pulmonary Rehabilitation Week!

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"Although they only give gold medals in the field of athletics, I encourage everyone to look into themselves and find their own personal dream, whatever that may be - sports, medicine, law, business, music, writing, whatever. The same principles apply. Turn your dream into a goal and learn how to attack that goal systematically. Break it into bite-size chunks that seem possible, and then don’t give up. Just keep plugging away."

John Naber (swimmer, four-time Olympic Gold Medallist 1976)

At the recently concluded Winter Olympics, the United States team set a record for most total medals won: 37. However, a closer examination of this record reveals that 9 of these medals were gold while 28 were either silver or bronze. To win a silver or bronze medal at an Olympic competition is truly an outstanding achievement. However, as healthcare workers in cardiac and pulmonary rehabilitation we do not have the option to go for silver or bronze medals. We owe it to our patients not only to strive for the gold, but to deliver it each and every day. Performing “best practices” should not be an option, but should be the standard of care each and every cardiac and pulmonary rehabilitation program in the United States achieves.

The Olympic theme and spirit is echoed in this edition of News & Views from the words of our President, Randal, to the Leadership column on Innovative Programs & Best Practices authored by Tracy Herrewig, MS, RCEP, FAACVPR. To advance our profession and to ensure the best possible outcomes for our patients, we need to both work as a team and be willing to apply innovation and Olympian effort to our programs.

Just like our Olympic athletes, striving for these “Gold” standards is best accomplished with the help of a strong coach. To echo another theme of this issue (use of “web” definitions) Wikipedia defines a coach as “involved in the direction, instruction and training of the operations of a team”. In the field of cardiac and pulmonary rehabilitation what better coach is there than AACVPR; AACVPR provides it members with the knowledge, resources, practices and representation to truly move our profession forward. Please read this issue of News & Views with the Olympic spirit in mind — teamwork (see the President’s Message, Update on AACVPR Liaison Activity and the Membership Committee Update), leadership (see the call for Fellowship Applications, Cardiac & Pulmonary Rehab Weeks 2011 Campaign Call For Slogans and the Call to Serve on AACVPR committees), preparation (see the Health & Public Policy & Reimbursement Q&A, News in Behavioral Medicine, Pulmonary Point of View and JCRP Highlights) and inspiration (see Innovative Programs & Best Practices).

“So you wish to conquer in the Olympic games, my friend? And I too, by the Gods, and a fine thing it would be! But first mark the conditions and the consequences, and then set to work. You will have to put yourself under discipline; to eat by rule, to avoid cakes and sweetmeats; to take exercise at the appointed hour whether you like it or no, in cold and heat; to abstain from cold drinks and from wine at your will; in a word, to give yourself over to the trainer as to a physician. Then in the conflict itself you are likely enough to dislocate your wrist or twist your ankle, to swallow a great deal of dust, or to be severely thrashed, and, after all these things, to be defeated.”

Epictetus (Greek philosopher associated with the Stoics, AD 55–c.135)

Pulling Together, Moving Forward

One of the most vivid illustrations of team sports, for me, is the sport of rowing. Team members pull their oars together in carefully timed cadence, moving forward with efficiency, speed, and power. They understand that the more the team pulls together, the more likely it is that they will move forward to their ultimate destination.

We as cardiac and professional rehabilitation professionals are very much like members of a rowing team. At the local level, we work in unison to provide high quality, high value services that can literally save the lives of our patients. At the state level, affiliate organizations work together to strengthen strategies and policies that affect rehabilitation services in their region. And at the national level, we all pull together to help move the profession forward in important and consistent ways.

As we all face the many challenges to cardiac and pulmonary rehabilitation services today, it is critically important that we pull together so that we move forward. I invite you all to do your part as a rehabilitation professional, by “pulling on your oar” in the following ways:

- Be a participating and ongoing member of AACVPR. Our power to move cardiac and pulmonary rehabilitation forward increases as we join forces. However, we lose power if members of our profession sit on the sidelines without contributing to the effort. Come and join the team by becoming a member of AACVPR, your affiliate organization, and a local, regional, or national committee!
- Participate in efforts to improve the delivery of high quality cardiac and pulmonary rehabilitation services. How is your program doing with quality improvement efforts? Have you shared your experiences - both good and bad - with others in the profession? Has your program taken the important step to be recognized as an AACVPR certified program?
- Support efforts to improve the viability of cardiac and pulmonary rehabilitation services. Have you participated in local or national advocacy activities, such as the AACVPR Day on the Hill that occurred on March 3 & 4, 2010? Have you had success in working with local or regional payers to improve coverage for cardiac or pulmonary rehabilitation services? Have you shared your experiences with others in the profession?
It has been enlightening and uplifting for me to observe first hand over the past several months the unselfish and passionate work that is done by so many members of AACVPR. It's an honor for me to be part of the AACVPR team - your team - and for this brief point in time help to 'steer the boat' toward our ultimate destination of reaching higher ground.

Let's keep moving forward!

AACVPR Conferences

AACVPR 25th Annual Meeting

25th Annual Meeting — Destination: Milwaukee, Wisconsin!
AACVPR 25th Annual Meeting
October 7 – 9, 2010
Midwest Airlines Center
Milwaukee, Wisconsin

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

Plan to come and celebrate our 25th Anniversary!

AACVPR Webcast Series

AACVPR Webcasts are the perfect format for cardiac and pulmonary rehabilitation professionals to learn about current hot topics in the field from the comfort of your home or office. Each Webcast is one-hour long and includes 45-50 minutes of speaker presentation and 10-15 minutes of participant questions. All you need to participate is a phone line and a computer with internet access!

Only one person needs to register, and you're whole staff can participate at no additional charge. Up to three complimentary continuing education certificates are available per registration. Additional certificates may be requested for $10 each.

Upcoming Programs - AACVPR 2010 Webcast Series:

Register Now! March 30, 2010 - Therapeutic Options for the Patient with Refractory Hyperlipidemia
Presented by Carl E. Orminger, MD
Early registration deadline is this Thursday, March 18!

April 29, 2010 – Adult Learning, Optimizing Education
Presented by Jim Rosneck, MS, BSN from Summa Health, in Fairlawn, Ohio

May 18, 2010 – Innovative Programs: Upstream and Downstream Revenue
Presented by Rich Sukeena, MA, MBA

June 24, 2010 – Specificity of Training, "Back to Work Lab"
Presented by Jenny Adams, PhD and Danielle Strauss, BSN, RN–BC from Baylor Health

For more information regarding AACVPR Webcasts, please visit the AACVPR Web site.

Member Resources

AACVPR Certification Center is now OPEN!
Gayla Oakley, RN, FAACVPR
AACVPR Program Certification chair

After much hard work and anticipation, the AACVPR Certification Center is open! This is an exciting and historic day for AACVPR. The certification process has come a long way since conception in 1999. We would first like to thank the many hours of administrative and volunteer...
time involved in making this endeavor a reality. We would also like to thank the pilot programs that volunteered to test the online application process. As with anything, there are always some glitches and bugs that need to be adjusted and this pilot group helped to make a stronger tool for all certifying programs. We are optimistic that the application process will be simpler and more efficient for both the programs and review team. As always, we welcome your comments and concerns as you move forward to either certification or recertification.

The Individual Treatment Plan (ITP) templates are also complete. These documents are a guide to help your program meet AACVPR Certification and CMS requirements. The ITP is a "best practice" and can be used as an example, in addition to, or as a replacement for, what each program is currently using. The ITP templates are available as a member benefit and can be found on the AACVPR Web site under the "Members Only" tab.

Update on AACVPR Liaison Activity
Marjorie L. King, MD, FACC, FAACVPR, Professional Liaison Committee Chair

According to Webster's dictionary, a liaison means "communication for establishing and maintaining mutual understanding and cooperation."

Recent Professional Liaison Committee (PLC) activities illustrate how that communication is beneficial not just for AACVPR, but for all of us working in cardiovascular and pulmonary rehabilitation.

Cardiac rehabilitation and secondary prevention issues are receiving more attention in the media. As some of you may have noticed when you turned on your computer one day last month, an article about cardiac rehabilitation was featured in Yahoo News. Although this is not directly related to PLC activity, our committee has been raising awareness about cardiac and pulmonary rehabilitation among large health care provider associations and with healthcare reporters, and that work is beginning to pay off. For example, the American College of Cardiology (ACC) recently featured an article about mortality benefits of cardiac rehabilitation in their electronic patient newsletter, CardiacSmart. The American Heart Association (AHA) also featured post cardiac rehab exercise programs in Heart Insight. The American Psychological Association (APA) featured an article about opportunities for mental health care providers to become involved with cardiac rehabilitation programs in their recent newsletter. The American Association of Physical Medicine and Rehabilitation included the "Cardiac Rehab Saves Lives" article by Dr. Richard Josephson in The Physiatrist, and the Society for Cardiovascular Angiography and Interventions (SCAI) is featuring cardiac rehabilitation in their patient education web page. An article from SCAI about collaborating with AACVPR to develop information for that web page is included following this article.

We are also working with WomenHeart on projects to bring information about cardiac rehabilitation directly to women with heart disease. WomenHeart is a national coalition for women with heart disease and uses a grass roots approach to empower women to be proactive about cardiovascular health issues in their community. Using trained volunteer “Champions” as community educators, advocates, and media spokespersons, they reach hundreds of thousands of women with messages about heart disease in women. Each year, a group of 60 women living with heart disease are trained as "Champions" at a 4-day training program at the Mayo Clinic in Rochester, MN. WomenHeart is asking AACVPR members to please share this information with patients who would make great community leaders, educators, advocates, and national spokespersons on the issue of women and heart disease. Information is found at WomenHeart’s Web site (click on the red Symposium box on the Home Page). Applicants must complete the form, answer essay questions and provide letters of recommendation. The 2010 meeting will be held on October 9-13 and the deadline for applications is June 18, 2010.

Your patients may also be interested in the online wellness information tracking center developed by the American Heart Association, which connects with Microsoft® HealthVault™, and allows them to track their blood pressure, blood glucose, cholesterol, weight, medications, and physical activities and to share this information with healthcare providers. Click here to watch this informative webinar: Heart360 Webinar - Connect. Monitor. Empower.

The Vascular Disease Foundation is offering free advertisements to liaison members to raise awareness among patients about venous disease, such as deep vein thrombosis.

Administrators play a vital role in the successful operations of cardiovascular rehabilitation. As a result, AACVPR has developed a liaison with the American College of Cardiovascular Administrators (ACCA). ACCA is a College of the American Academy of Medical Administrators (AAMA) and ACCA’s mission is to advance the field of cardiovascular management and promote excellence and integrity in cardiovascular leadership.

ACCA is excited about this relationship in part due to the many grass roots efforts done by AACVPR to advance the field of cardiovascular rehabilitation. Administrators understand the importance of what a strong rehabilitation program can have on the entire cardiovascular service line. Liaison activities between AACVPR and ACCA consist of speakers at annual conferences, joint promotion of educational offerings and partnership as needed on various initiatives. For more information on ACCA, visit the ACCA web page.

Pulmonary Rehabilitation liaisons efforts have centered around the “Year of the Lung Campaign”, the National Heart Lung and Blood Institute (NHLBI) “Learn More, Breathe Better” campaign and other potential opportunities for promoting awareness of Pulmonary Rehabilitation and its effectiveness. The Year of the Lung Campaign focuses on improving international awareness of lung disease and effective prevention and management. The goal of the Year of the Lung is to raise awareness about lung health among the public, initiate action in communities worldwide, and advocate for resources to combat lung disease including increased investment in basic, clinical and translational research worldwide. A key initiative is to begin to build a social movement for greater public awareness and policy action. AACVPR is pursuing partnership in the “Year of the Lung” campaign.

AACVPR recently reached out to the NHLBI to strengthen collaboration with the "Learn More, Breathe Better" campaign. We are also working with American Lung Association affiliates and industry to develop opportunities to develop new resources and use existing resources to promote Pulmonary Rehabilitation awareness. We welcome input from AACVPR members regarding opportunities to further strengthen prominence of Pulmonary Rehabilitation in both the medical and general community.

Finally, the PLC is looking for volunteer physicians to join the committee, to help us continue to strengthen our liaisons with physician associations. If your Medical Director is looking for a way to become more involved in AACVPR, please ask them to contact Dr. Marge King at kingm@helenhayeshosp.org.
AACVPR/SCAI Partnership to Spread the News about Cardiac Rehab

Now www.aacvpr.org isn’t the only way that AACVPR can reach patients online. The association is partnering with the Society for Cardiovascular Angiography and Interventions (SCAI) to bring information about cardiac rehabilitation to readers of SCAI’s newly redesigned patient education site, Seconds–Count.org.

Seconds–Count.org offers a comprehensive, frequently updated overview of the prevention, diagnosis, and treatment of cardiovascular disease. “Our goal is to give our patients and their families a first-class Web site where they can get reliable information to improve their own care or improve the care of their family members,” says J. Jeffrey Marshall, MD, FSCAI, editor-in-chief of Seconds–Count.org.

The AACVPR–provided content explains who is eligible for cardiac rehab, rehab’s benefits, what patients should expect, and how to find a rehab program. We also added information to the site’s glossary and resource sections, and offers a handy link to AACVPR’s “Program Directory” resource.

“Other societies have expertise in areas that we’re not experts in,” explains Dr. Marshall. “Partnerships with organizations of the other professionals who help us provide the full range of care to patients who have interventional procedures is key.”

In easy-to-understand language, the site explains how the cardiovascular system works, the different types of heart and vascular disease, and how interventional cardiologists and other healthcare professionals prevent, diagnose, and treat those conditions. The site also features a list of frequently asked questions, patient stories, news, and resources for patients and physicians alike.

There are even animations and videos that allow users to watch an actual angiogram procedure, see an animated version of an angioplasty procedure, or hear the story of the world’s first angioplasty patient.

“We encourage our members to point their patients to Seconds–Count.org,” says Dr. Marshall. “And we encourage other organizations to do the same, so we can get this educational material out to the patients and families who need it.” AACVPR now ensures this information will include cardiac rehab.

To view the new information and learn more about this resource for your patients, log on to www.Seconds–Count.org or email Kathy Boyd David at kbdavid@scai.org.

Membership Committee Update
Richard A. Josephson, MS, MD, FAACVPR
Michele L. McCarroll, PhD, FAACVPR
Membership Committee Co-chairs

STRONGER IN NUMBERS!
We have set a goal for the committee to increase membership by 3-fold over the next few years. We recognize this is an aggressive approach but we believe in the work we all do in AACVPR and know that we are all stronger in numbers. Hence, we need your help to get us there! Do you know anyone you work with that is not a member? Talk to your colleagues about the benefits of being an AACVPR member such as enhancing leadership on a national level, access to the most relevant current research studies in JCRP, updates on reimbursement, supporting the future of our profession, and receiving a discount for October’s AACVPR Annual Meeting and Webcasts.

To aid in our membership goal, AACVPR has launched a joint National and Affiliate membership program. A pilot for this program has started with the affiliate societies in Ohio and Michigan, with New York, Rocky Mountain affiliate, and Wisconsin joining in the near future. The collaborative membership effort has received very positive responses from the members of these affiliates.

Finally, a series of brief surveys will be coming your way in the next few months to help us identify the needs of our members so we may better serve you. Please take the time to complete these surveys and let AACVPR work for you!

ARE YOU INTERESTED IN SERVING ON AN AACVPR COMMITTEE? A CALL TO SERVE AACVPR!
We are looking for energetic and interested members to serve on the Membership Committee. Please CLICK HERE to fill out an application and become part of AACVPR!

THE CARDIAC & PULMONARY WEEK 2011 CAMPAIGN CALL FOR SLOGANS!
It is time to prepare for the 2011 Cardiac and Pulmonary Rehab Weeks. Each year, a slogan is identified as a theme for each of the two promotional weeks. The Membership Committee is requesting your creative input on developing the slogans that will be used for the 2011 National Campaign. Here are examples of slogans from the last three years:

2008:
Cardiac Rehabilitation: A Smart Start to a Healthy Heart
Pulmonary Rehabilitation: Inspiration, Respiration & Perspiration

2009:
Cardiac Rehabilitation: The Pulse of Life
Pulmonary Rehabilitation: Building Better Lives One Breath at a Time

2010:
Cardiac Rehabilitation: Building a strong Heart. You can do it. We can help.
Pulmonary Rehabilitation: Every Breath brings Success

We encourage you to work with your staff and patients on developing a campaign slogan to be submitted for consideration. The Call for Slogans
will be open through May 16, 2010. The request should be submitted via email to Michele L. McCarroll at aacvpr@aacvpr.org.

The top three will be voted upon. The slogan with the most votes will be awarded Cardiac and/or Pulmonary Rehabilitation Week promotional items for your program. The winners and their slogans will also be announced at the Annual Meeting.

Please tell us how membership benefits can assist YOU, our members, in furthering your practice and programs. If you have questions about any of the information provided above, please do not hesitate to contact us at aacvpr@aacvpr.org.

Fellowship Application: Deadline Approaching

Interested in becoming an AACVPR Fellow?

Applications are now available by visiting the AACVPR Web site. Completed applications are due by April 1, 2010.

New this year: Submissions will ONLY be accepted by the National Office by emailing completed applications to fellowship@aacvpr.org. A $50 non-refundable application fee will be required.

For more information and Fellowship requirements, please CLICK HERE.

Pulmonary Rehabilitation Week

Pulmonary Rehab Week: March 14 – 21, 2010

Happy Pulmonary Rehab Week! AACVPR celebrates you, your patients and your team! CLICK HERE for a sample media kit that can be customized for your facility and used to help promote your special events.

Click the image above to view a special message from AACVPR president, Randal J. Thomas, MD, FAACVPR, as he wishes everyone a healthy, happy week.

For more information, a 2010 Media Kit, and a schedule of events, please visit the AACVPR Web site.

Inside the Industry

Health & Public Policy & Reimbursement FAQ's
Karen Lui, RN, MS, FAACVPR, Health & Public Policy Committee Chair

Question answered by Lisa Marsh, MS, ATC
Member, Health & Public Policy Committee

Q: Do private payers cover cardiac or pulmonary rehabilitation the same way as the Centers for Medicare and Medicaid Services (CMS)? How can I find out how my local private payer manages cardiac/pulmonary rehab services?
A: Many private payers take into consideration CMS guidelines when developing or modifying medical and reimbursement policies and procedures. To determine how a private payer will cover cardiac rehabilitation services, one should familiarize themselves with the medical policy specific to the payer, the prior authorization or pre-certification process and the benefits specific to the member. Many private payers will cover diagnoses beyond those covered by CMS. This information can be found in the payer’s medical policy, which is often located on their Web site. Typically the medical policy is consistent across patients. Also on the plan’s Web site, you will likely find the prior authorization list, which will help you to identify services requiring pre-certification. If prior authorization/pre-cert is required, the clinical staff at the plan will likely use the medical policy as clinical criteria to review the request. In addition to developing a relationship with the clinical staff at the plan, it may be necessary to communicate with the customer service staff to verify benefits. Unlike Medicare, you may find that benefits vary from patient to patient.

Since most private payers share a similar goal for their patients as cardiac rehabilitation programs, the partnership between the payer and the program can be advantageous to all. Do not hesitate to contact your local private payers for more information on their medical and reimbursement policies.

News in Behavioral Medicine
Andrea Bon–Wilson' MA' LPC' CAC II

It is our pleasure to introduce a new column to address the issues our cardiac and pulmonary rehabilitation programs have concerning psychological and behavioral change issues with our patients. The Behavioral Medicine Experts Committee of AACVPR will be contributing to this article. This committee consists of licensed professional counselors and psychologists who all work with cardiac and pulmonary rehabilitation programs and who are current members of AACVPR.

Andrea Bon–Wilson is the current section lead of the AACVPR Behavioral Medicine Experts Group. She is a licensed professional counselor and certified addictions counselor and has been involved with cardiac and pulmonary rehabilitation for the last 26 years, and as a member of AACVPR for the last 14 years. Andrea currently is the psychological–social counselor for 3 Centura Health hospital cardiac rehabilitation programs in Denver, Colorado. She has been a speaker at the AACVPR National Conference and is involved with the Program Planning and Liaison committees as the Behavioral and Nutrition Section Lead on both these committees. Andrea trains and speaks at regional conferences on psychological risk factors and behavioral change in the Rocky Mountain region when she is not working with cardiac and diabetic patients.

As the News & Views Behavioral Medicine contributor, Andrea will focus on the practical application of psychological and behavior change issues as well as provide resources, “how to” recommendations, and new practice concepts that can be applied to current cardiac and pulmonary rehabilitation programs. Members may submit questions on behavioral issues to News & Views via the Reader Submission Form.

Behavioral Medicine News of Note

As most of you are aware, substantial evidence now exists that many components of psychological distress, especially depression, anxiety, and hostility, and social isolation are significant CHD risk factors that may also adversely affect recovery following major CHD events. (1 to 3)

There is also a new international study that has just been published that included 18,809 acute coronary syndrome patients from 41 countries. Patients reported their adherence to diet, physical activity, and smoking-cessation advice at 30 days. MI, stroke, cardiovascular death, and all cause mortality were recorded out to 6 months. Patients who continued to smoke and did not adhere to diet and exercise regimens were 3.8 times more likely to suffer an MI, stroke, or death within 6 months than patients who adhered to these behavior changes. (4)

It is clear that all of our cardiac and pulmonary rehabilitation programs are in a unique position to address these issues with our patients and that behavioral health resources are an important component for all programs to provide. The AACVPR leadership is actively working on the gap between knowing the issues and assessing for behavioral and psychological issues and being able to provide the treatments and resources.

implemented the new standards established by the Centers for Medicare and Medicaid Services (CMS) for 2010? Are the productivity reports for your department a source of pride, a reflection of chaos or simply another report?

Are your outcomes a snapshot of what your patients tell you everyday – that you do make a difference? You help them regain a life they thought was lost after their MI or diagnosis of emphysema.

How are we accomplishing all of what is expected of us while still making our work environment 'a great place to work'? Do you look forward to going to work everyday? How do you make best practice every day practice? Is 'innovation' the 'expectation' for everyone in your department? Do you have the opportunity, to suggest new and different ways of doing the same old thing so that patients and staff look forward to coming to your center? Is each and every member of your department a member of the local AACVPR affiliate? How about AACVPR? Do you share ideas as possibilities of improvement? Do those ideas get implemented or just simply talked about?

Each of us has the passion and ability to create innovative programs with best practice standards. It is what makes what we do a 'profession' and not just a job. We don’t have to reinvent the proverbial wheel, but can each of us think of just one simple thing that will make what we do better?

What have you done that has made your patient care efforts or your work environment better? Please share your experience. Please send your ideas and accomplishments to Tracy at aacvpr@aacvpr.org. Keep up that great work!

Pulmonary Point of View
Gerene Bauldoff, RN, PhD, FAACVPR

Cardiovascular Events with Ipratropium bromide
Cardiovascular side effects with Avandia, an important diabetes drug, have been front line in the news recently. However, of interest to pulmonary rehabilitation specialists, a recent study describes cardiovascular events (CVE) with a drug we see more commonly: Ipratropium bromide (Atrovent, Aventin). In a study by Sarika Ogale, PhD and colleagues published in Chest, increased risk for CVE was associated with ipratropium bromide use in patients with COPD. The cohort study was conducted with 82,717 US veterans who had newly been diagnosed with COPD from 1998–2002. The sample excluded patients with asthma or who had been prescribed common respiratory medications within the past year. The participants were followed until one of three outcomes: 1) hospitalization for a cardiovascular event, 2) death, or 3) end of the study period. The cardiovascular events included acute coronary syndrome, heart failure or cardiac dysrhythmia. To calculate exposure to ipratropium bromide, the patients were first classified as either exposed or not exposed to the drug. In those who used the drug — how recently it was used (the number of months since the drug was last used) as well as the accumulated exposure were calculated (the number of standard 30-day equivalent doses that the drug was used) were also calculated. Related demographics such as gender and race as well as the presence of cardiovascular (CV) risk factors were controlled for in analysis. Multivariate Cox proportional hazards regression modeling was used to determine the association between anticholinergic exposure and development of CVEs. A rate of 2.2 CVE was seen per 100 patient-years. Heart failure was the most common CVE reported (44%) while acute coronary syndrome and cardiac dysrhythmia were equally represented. Of the predominantly white male cohort, 75% had at least one CV risk factor. Interestingly, 40% of the sample did not receive any COPD drugs during the study even though they had a COPD diagnosis. Overall, exposure to anticholinergics resulted in a 29% higher risk for CVEs when compared to no exposure during one year, but this was seen primarily in those patients who had used the drug within the past 6 months. Of note, the study used Ipratropium bromide, not Tiotropium bromide as very few prescriptions were dispensed for this drug during this time frame. Additionally, information such as smoking status and lipid levels was not included in the stratification.

Impact on PR practice
This article builds upon prior work that identified CV concerns with anticholinergic use in COPD. While this study did not evaluate the benefits for anticholinergic use in COPD, it is important for us as PR professionals to be aware of both the risks and benefits of the medications our patients are using and including this information in our teaching.


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

JCRP Highlights – March/April 2010

This issue is highlighted by a Featured Review entitled 'Clinical Role of Exercise Training in the Management of Patients with Chronic Heart Failure' and manuscripts from Austria, Costa Rica, Greece, Japan, Australia, United Kingdom, and the United States.

INVITED REVIEW

- Clinical Role of Exercise Training In the Management of Patients with Chronic Heart Failure. Steven Kesteyian, PhD, et al. (USA)

CARDIAC REHABILITATION

- Enhancing Standard Cardiac Rehabilitation with Stress Management Training: Background, Methods, and Design for the ENHANCED Study. James Blumenthal, PhD, et al. (USA)
- Early 4-Week Cardiac Rehabilitation Exercise Training in Elderly Patients After Heart Surgery. Barbara Eder, PhD, et al. (Austria)
- Who is Likely to Benefit from Phase II Cardiac Rehabilitation? Felipe Ayra–Rameriz, MS, et al. (USA, Costa Rica)
- Comparative Value of NYHA Functional Class and Quality of Life Questionnaire Scores In Assessing Heart Failure. Leonidas Athanasopoulos, MD, et al. (Greece)
Relationship Between Leg Muscle Endurance and VE/VCO2 Slope In Patients with Heart Failure. Matthew Saval, MS, et al. (USA)
Self-Monitoring Moderate-Vigorous Physical Activity Versus Steps/Day Is More Effective in Chronic Disease Exercise Programs. Makoto Ayabe, PhD, et al. (Japan, USA)
Assessment of a Self-Administered Adapted 6 Minute Walk Test. HuiYun Du, BN, RN, et al. (Australia)

PULMONARY REHABILITATION

Effectiveness of Outpatient Pulmonary Rehabilitation In Elderly patients with Chronic Obstructive Pulmonary Disease. L. Sundararajan, MBBS, MRCP, et al. (UK)
Disability In Valued Life Activities Among Individuals with COPD and Other Respiratory Conditions. Patricia Katz, PhD, et al (USA)

Affiliate Society News

Indiana Society for Cardiovascular and Pulmonary Rehabilitation (ISCVPR)
Katrina Riggin, MS, ISCVPR President

The ISCVPR 23rd Annual Conference is fast approaching on April 14 and 15 at Valle Vista Conference Center in Greenwood, IN.

Pre–Conference Presentations on April 14, 2010:
Round Robin Sessions:
- Individual Treatment Plan – Gayla Oakley, RN
- Compliance/Risk Stratification – L. Heflin, MS and Katrina Riggin, MS
- Psychological Assessment – T. Stachmus, MSW
- Pulmonary Rehab Update – D. Koehl, RRT and C. Wilson, RN

Conference Presentations on April 15, 2010:
- Extracellular Matrix in Cardiac Reconstruction – Marc Gerdish, MD
- Advanced Cardiac Imaging – Rupa Mehta, MD
- LVAD Treatment for CHF – Joan Barr, APN and Josh Dobbs, MS
- "Making a lot out of a Little": Low Functioning Patients – Adam deJong, MA, FACS, FAACVPR
- Reimbursement – Susan Bauman, RN and D. Koehl, RRT
- "Calcutta is Everywhere if You Have Eyes to See’ Message of Mother Theresa at the Modern Bedside – A. Ryder, Newscaster

Please see more about ISCVPR at www.iscvpr.org

The Ohio Association of Cardiovascular and Pulmonary Rehabilitation (OACVPR)
Richard Sukeena, MA, MBA, OACVPR President

Save the Date for the 22nd Annual State Conference marking Ohio’s new Joint Affiliate Membership partnership with AACVPR. The annual conference offers an exciting line-up of speakers such as Randal Thomas, MD, MS; Karen Lui, RN, MS; Scott Sheperd, PhD and Caldwell Esselstyn Jr., MD to name a few. Some of the topics this year include:

- AACVPR and Growth Within Local Affiliates
- Advancing the Profession of Rehabilitation: AACVPR Update
- 2010 Medicare Coverage for Cardiac and Pulmonary Rehabilitation
- Update on the Science of Cardiac Rehabilitation
- Integrating Acupuncture into Patient Care
- "Don’t manage your Stress – Rekindle your Spirit"
- Motivational Interviewing
- Sleep Disorders & Rehabilitation
- Making Yourself Heart Attack Proof

To register and obtain additional information, please visit the OACVPR Web site.

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.
2010 Calendar of Events

SAVE THE DATE!

AACVPR 25th Annual Meeting – Milwaukee, WI
October 7 – 9, 2010
Midwest Airlines Center
Milwaukee, Wisconsin

*If you would like your Affiliate meeting to be listed in the calendar section, please email your Affiliate meeting dates to aacvpr@aacvpr.org

April 14 – 15, 2010: Ohio Association of Cardiovascular and Pulmonary Rehabilitation Annual Conference
Partnering with AACVPR “A new decade of growth”
For more information, please visit our Web site: www.oacvpr.org

May 14 – 15, 2010: The ACSM World Heart Games
Registration is now open!
Location: Agnes Scott College, Decatur, GA
For more information, please visit: www.acsm.org/worldheartgames

October 20 – 23, 2010: 2010 CARDIOMETABOLIC Health Congress
Sheraton Hotel, Boston, MA
For more information, please call 877/571–4700
Email us at: info@cardiometabolichealth.org
Visit us at www.cardiometabolichealth.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.

AACVPR National Office Staff:

P. Joanne Ray, Executive Director
Abigail Lynn, Senior Coordinator
Meredith Bono, Coordinator
Molly Werner, Senior Associate
Linda Schwartz, Marketing & Communications
Meagen Arendorff, Marketing & Communications
Eric Johnson, Event Services
Lauren Aquino, Event Services
Katie Walsh, Event Services
Jennifer Shupe, Sales Services
Liz Klostermann, Event Services
Rebecca Peters, Education & Certification Services
Jenna Countryman, Education & Certification Services

401 North Michigan Avenue, Suite 2200
Chicago, IL 60611-4267
Telephone: 312/321-5146
Fax: 312/673-6924
E-mail: aacvpr@aacvpr.org
Web site: www.aacvpr.org