Jody Hereford, MS, BSN, FAACVPR, & Steven Lichtman, EdD, FAACVPR, News & Views Co-Editors

"There have to be more important things going on in the world than my past."
- Charlie Sheen

Well, Charlie, you are right: There are far more important things going on in the world, not the least of which are happening right here at AACVPR. As many of our readers know, AACVPR is the only national organization solely devoted to the fields of cardiac and pulmonary rehabilitation. Central to the mission of AACVPR (reducing morbidity, mortality, and disability from cardiovascular and pulmonary disease through education, prevention, rehabilitation, research, and disease management…and improving quality of life for patients and their families) are the three Strategic Goals of the organization:

1. Improve use and viability of cardiopulmonary rehabilitation services.
2. Enhance and support the quality of cardiopulmonary rehabilitation services.
3. To support goals 1 and 2: Grow and retain membership — driving viability and quality through increased resources from increased membership.

In keeping with the Mission and Goals of the organization, AACVPR has 42 Affiliate (state) Societies, covering 46 states that operate in conjunction with AACVPR Bylaws and Policies & Procedures. The Affiliate Societies are invaluable, acting as the "local" branches of AACVPR, reaching out to cardiac and pulmonary professionals in ways that a large national based organization cannot. On the Affiliate level there are some very exciting developments that warrant dissemination to our readers:

- Barbados is now our second International Affiliate. The Tri-State Society for Cardiovascular and Pulmonary Rehabilitation Board voted to include a new Caribbean Chapter, based in Barbados, to their existing 13 chapters (one in Delaware, four in New Jersey, and eight in Pennsylvania). AACVPR welcomes our newest International members!
- AACVPR has expanded its relationship with its first International Affiliate, South Korea, conducting a day-long international webinar. Details of this groundbreaking effort can be found below in BREAKING NEWS.
- The Joint Membership Program (a program that gives both national and affiliate membership for the price of AACVPR dues; see previous issues of News & Views for details) has been a huge success in the initial two pilot Affiliates; the Michigan Society for Cardiovascular & Pulmonary Rehabilitation and the Ohio Association of Cardiovascular and Pulmonary Rehabilitation. Based on the success of these pilot programs, three other affiliates have joined: the Texas Association of Cardiovascular and Pulmonary Rehabilitation, the (someone at the National Office please fill in name of the other affiliate), and the New York State Association for Cardiac & Pulmonary Rehabilitation (as of August).
Clearly the scope and breath of cardiac and pulmonary rehabilitation is expanding on both a national and global scale. AACVPR is dedicated to continuing this growth, and to serving both our national and our international members on the highest level possible.

"For time and the world do not stand still. Change is the law of life. And those who look only to the past or the present are certain to miss the future." - John F. Kennedy

Executive Director's Corner
If Not Us — Who?

P. Joanne Ray, Executive Director

AACVPR depends on the involvement of many, many volunteer subject matter experts, enablers, facilitators, communicators, and — yes — cheerleaders. As a multi-disciplinary organization, we also depend on our connections to many "sister" organizations to create impact, accomplish mutual goals, and extend our reach.

It is our collective wisdom — across lines of specialty, institution, organization, and geography — and collegial relationships that lead us to successful outcomes.

Where do you fit in?

There are still opportunities to lend your expertise and assistance as a volunteer, and we welcome your enthusiasm and input! Can't make conference calls during working hours? There are even opportunities that you can fulfill on your own time. As you make your plans to attend the upcoming AACVPR Annual Meeting in Anaheim, think about new connections that you can make and the opportunities you'll have to learn from each other — both in the classroom and around it. If you can't make the trek this year, consider organizing a group of colleagues for continuing education gatherings. You can order archived webcasts, the new virtual Program Leadership series, or Annual Meeting session recordings and share the cost and the educational enrichment.

Our collective reach depends on you and the strength we possess together. Please consider how you'll contribute to our collective voice. Ask yourself what you wish to get in return and what you are willing to contribute. Is it primarily access to reimbursement updates and educational offerings (two of the most appreciated member benefits according to our recent member survey)?

Compare your AACVPR motivation to the characteristics that make your patients' experience successful, and apply some of the same approaches. Their drive must come from within, and they must "bring it" with their own enthusiasm. They are, however, much stronger when exercising together and when benefiting from the coaching and health care expertise and teaching that you provide. You must "bring it" too, in order to gain the best and most fulfilling return on your AACVPR investment.

For more information on how you can bring your energy to the mix, please e-mail me at jray@aacvpr.org. Indicate "Bring it" in the subject line, and we'll gladly help you identify the best ways for you to get involved.
AACVPR Premieres Webinar in South Korea

Larry F. Hamm, PhD, FAACVPR, FACS

In 2009, the Korean Association of Cardiovascular and Pulmonary Rehabilitation (KACVPR) became an affiliate of AACVPR. On April 29, 2011, the two associations combined efforts for a first-of-its-kind educational program delivered live to attendees at a KACVPR meeting in Seoul, South Korea.

KACVPR sponsors an annual all-day cardiopulmonary workshop that is part of the larger Angioplasty Summit/TCTAP meeting in Seoul. AACVPR has had speakers participating in the meeting for the last several years, but this year, the decision was made to increase the number of AACVPR speakers by using a live webinar.

Topics were selected by KACVPR meeting organizers that would be of interest to the attendees from Korea and other countries in Asia. The webinar program consisted of:

- Patient Screening and Enrollment — Richard A. Josephson, MD, FAACVPR
- Customer-Focused Service Delivery and Measures for an Exceptional Program — G. Curt Meyer, MS, FACHE, FAACVPR
- Getting Paid for Cardiac Rehabilitation: What Is the U.S. Model? — Karen Lui, RN, MS, MAACVPR

Larry Hamm, PhD, FAACVPR, and Peter Brubaker, PhD, FAACVPR, were at the meeting in Seoul to help moderate the webinar. They also gave live presentations later in the workshop. Dr. Hamm spoke on the topic of core competencies for cardiac rehabilitation professionals, and Dr. Brubaker presented information about the university/community program model for primary prevention of CHD.

The workshop attracted more than 200 physicians, nurses, allied health professionals, and students. Despite the challenges to the KACVPR and AACVPR organizers -- the 13-hour time difference between Korea and the east coast of the United States, language differences, the international aspect of the webinar, and speaker logistics – the webinar was, overall, a huge success. Thanks to Joanne Ray and the staff at the AACVPR national office for their invaluable assistance. The success of this initial international webinar has encouraged AACVPR to explore additional opportunities for delivering live or archived educational programming at other meetings in foreign countries.

New Performance Measures for Coronary Artery Disease Now Include Referral to Cardiac Rehabilitation

Marjorie King, MD, FACC, MAACVPR

Updated referral measures for coronary artery disease and hypertension were recently released by the American College of Cardiology, the American Heart Association, and the American Medical Association as part of the Physician Consortium for Performance Improvement. The new measures emphasize treating patients to lipid and blood pressure goals, assessing and managing symptoms, referring to tobacco-cessation counseling, using preventive medications, and referring to cardiac rehabilitation. This clearly establishes cardiac rehabilitation as an integral and necessary part of treatment for patients with coronary artery disease, reiterating what we all know: that cardiac rehab saves lives!

The measures were published in Circulation and the Journal of the American College of Cardiology and are available online — click here!

Do you have something interesting for publication? Please let us know! News & Views welcomes letters in good taste on any topic. All letters must be submitted with the writer’s name (anonymous letters will not be published). Submissions are limited to one per writer per issue and may be edited to meet space requirements.

Member Resources
upcoming Annual Meeting and take pride in continuing to provide leading monitoring and diagnostic technology that helps clinicians care for patients suffering from CAD and PAD.

With kindest regards,
Dave Marver
President & CEO
Cardiac Science Corporation

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**Learn more about the Cardiac Science Q-Tel 3.1 Telemetry System.**

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**Inspire Yourself and Your Patients at the AACVPR 26th Annual Meeting**

It's that time of year to start making plans to attend the AACVPR Annual Meeting. Join your colleagues September 8-10, 2011, in **Anaheim, California** for the premier multidisciplinary event designed specifically for the educational and training needs of cardiovascular and pulmonary rehabilitation professionals.

The Annual Meeting Program Planning Committee has assembled a myriad of professional, educational, and networking opportunities:

- **Keynote presentations** will focus on the rehabilitation of the health care system and inspirational methods to inspire your patients, your facility, and yourself.
- **Educational breakout sessions** are organized by a series of five tracks: Cardiovascular Rehabilitation & Clinical Cardiology, Pulmonary Rehabilitation & Medicine, Leadership & Innovation, Nutrition & Behavior Change, and Program Management. The tracks will help you better select the sessions to attend to meet the needs of your specific discipline and role.
- **Hands-on, practical training** is available in spirometry and ABI screening. Space is limited, so be sure to pre-register.
- **Networking events** will offer opportunities to share ideas with colleagues and build relationships with your peers.
- **The Exhibit Showcase** will give you access to the latest in technology, treatments, therapies, and program suppliers. You will also have the opportunity to compare products and resources, create a plan for your program, and gather information for future purchases.
- **Industry-sponsored vendor sessions** will allow you to expand your knowledge of the most innovative tools, techniques, and equipment being used in the cardiovascular and pulmonary rehabilitation field.

As an AACVPR member, you can take advantage of a member discount and extra savings with early-bird rates. **REGISTER TODAY!**

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**Innovative Programs & Best Practices**

Tracy A. Herrewig, MS, FAACVPR

This month’s column highlights the Outstanding Affiliate Award presented at the AACCPR Annual Meeting by the Affiliate Link Committee. The article was submitted by Chuck Kitchen, MA, FAACVPR, Affiliate Link Committee Chair.

For the past several years, the AACVPR Affiliate Link Committee has chosen an Outstanding Affiliate to honor. Many people have recently asked, “What is an outstanding affiliate?” and “What makes an affiliate outstanding?” One of the most important attributes of an outstanding affiliate is the connections and support the affiliate has with the national organization. Crucial aspects of the affiliate/national connection include how many members of the affiliate are members of AACVPR; how many members of the affiliate are Fellows of AACVPR; how many programs in the affiliate are AACVPR certified; and how many members of the affiliate are active in leadership roles (committees, task forces, special projects, etc.) in AACVPR.
Another area that adds to an "Outstanding Affiliate" is the resources the affiliate offers its members. These could include an affiliate website, local affiliate-sponsored conferences, meetings, conference calls, educational offerings, etc. In addition, what are some of the unique ways the affiliate tries to recruit new members and keep current members? Does the affiliate include non-traditional members?

These are just a few of the things that make an affiliate outstanding. The application for the Outstanding Affiliate Award will be available soon. If you have any questions about the award, please feel free to contact me at chuck.kitchen@gmail.com, and I look forward to this year's submissions.

Diabetes and Cardiac Rehabilitation Education

Learn more about the connection between diabetes and cardiovascular disease and the specific benefits of cardiovascular rehabilitation for diabetes patients. Dr. Carl Lavie of the Ochsner Clinical School at the University of Queensland School of Medicine will present two live Webcasts for the American Association of Diabetes Educators (AADE). AACVPR collaborated with AADE to organize these sessions and has arranged for our members to gain access to the sessions at the AACVPR member-rate of $74.

• "Diabetes and Cardiac Rehab: The Role of Diabetes Educators," July 27, 12:00pm CT

People with diabetes are two to four times more likely to have a stroke, myocardial infarction, or sudden death. This Webcast will highlight the importance of long-term commitment to cardiac rehabilitation and lifestyle changes toward improving the health of diabetes patients with cardiac disorders. CLICK HERE to register today!

• "Cardiovascular Disease: Metabolic Syndrome and Diabetes," August 17, 12:00pm CT

An estimated 7.8% of the U.S. population has diabetes, and 25% have an increased predisposition for "pre-diabetes." This Webcast will address assessment, diagnostic criteria, and interventions for metabolic syndrome. CLICK HERE to register today! AACVPR Webcasts are designed for educators, RNs, RDs, pharmacists, nurse practitioners, clinical nurse specialists, physician assistants, MDs, and other health care providers interested in staying up-to-date on current practices of care for their patients with diabetes and other related conditions. Continuing education credit is available for registered nurses and registered dietitians.

Inside the Industry

Health & Public Policy FAQs

Karen Liu, RN, MS, MAACVPR, Chair Health and Public Policy Committee

Q: How can my cardiac/pulmonary rehab program charge Medicare patients for education (or for two sessions), provide the same services for non-Medicare patients, and remain Medicare compliant?

The key operating principle is that Medicare beneficiaries should not receive a service that is "less than" the same service offered to non-Medicare patients. Over time, this premise has been misconstrued to mean that all patients must get the same service that Medicare beneficiaries receive.

For example, if a program was offering Medicare beneficiaries a modest educational program and other enrollees in the program were receiving a more comprehensive program, it would violate the principle. Similarly, if all non-Medicare beneficiaries had face time with a dietician, but only selected Medicare enrollees were provided that service, it would be problematic.

It is also true that charges for the same service may not vary based on what each insurance plan will pay. The reimbursement (amount actually collected) will inevitably vary from plan to plan, but the amount billed must be consistent for the same service.
This operating principle does not work both ways, however. If Medicare beneficiaries receive the defined Medicare benefit (education/counseling now required components for both services) and commercial payers choose to offer a less comprehensive program, it is solely a matter for the commercial payer. A non-Medicare payer might not pay for education or could choose to cover only 12 exercise sessions. The service provided will be based on what each payer allows and, in many cases, what services the hospital has negotiated with that private payer. Programs are not at risk with Medicare for any inconsistency when this is the situation. We have all experienced the frustration of working with a patient who we believe would benefit from more than 6 or 8 or 12 sessions, but that patient's insurance constraints do not allow more.

The reality is that from their inception, cardiac and pulmonary programs have provided both exercise therapy and education. CMS acknowledged the comprehensive nature of cardiac rehabilitation when the long-standing U.S. Public Health Service definition was used to describe the service in the revised National Coverage Determination (NCD) in June, 2006 (“20:10”).

Another hard reality is that rehab programs are under pressure to be fiscally sound. With the CR/PR Medicare provisions implemented in 2010, CMS outlined non-exercise components that are now covered by Medicare which previously were not specifically defined or required.

CR and PR programs have both philosophical and financial decisions to make. Some programs are supported by administration to “give away” the educational component of CR/PR services. Some programs will charge for education classes, receiving reimbursement from Medicare for that component, but perhaps not from all commercial payers. In those cases, a patient with a commercial plan will be informed at program entry (because coverage should be determined in the pre-enrollment insurance verification process for all non-Medicare referrals) what components that health plan covers and what the patient will be responsible for. The patient ultimately decides which components and how much of the service he/she will utilize. The rehab staff, in conjunction with the Medical Director, can assist in this process by including the patient in the development of individualized goals, as outlined in the initial and ensuing ITPs. Providing Medicare patients with education or counseling, whether delivered via small group, class, or 1:1, should be based on the ITP and is a mandated, appropriate, important, and covered component of a CR or PR program.

If your cardiac/pulmonary rehabilitation program has been re-designed since January, 2010 to provide and bill for multiple sessions per day in order to deliver either > 60 minutes of exercise and/or education-counseling, AACVPR would like to hear about what programmatic changes you have found to be successful. Please email karen@grqconsulting.com with a description of how your program has re-structured to take advantage of this opportunity. I’ll gather examples of best practices (i.e., effective, cost & staff-efficient, and Medicare compliant) to share with all AACVPR members in the future. This will also be presented at the AACVPR conference in Anaheim. There are so many great ideas out there— we have much to learn from each other.

Leadership: Rising After Falling

Barbra Fagan, MS, RCEP, FAACVPR

The Japanese proverb “nanakorobi-yaoki” means “Fall down seven, stand up eight.” There are numerous times in our personal and professional careers that those words have been our strength and the strength of our patients. We work with countless individuals trying to quit smoking after several failed attempts, those unsuccessfully trying to lose weight, or those who keep starting an exercise program. We work with and coach them to always find ways to rise up after a fall. Each time there is learning from the last.

In leading our programs, we are constantly challenged to identify new practice models, generate new programming, apply for certification, manage resources through challenging economic times, and the list goes on. When situations are tough, you are confronted with failure; when you get knocked down, do you stay down? Remember, we all have the ability to bounce back from adversity — but we must choose to do so. When we don’t succeed, there is so much to learn and opportunity is all around us. Reframe a new program idea, review and improve upon a program certification application, and engage staff in creating innovative ways to improve program delivery. Just keep improving!

Just think if AACVPR did not “stand up eight” after several unsuccessful attempts with legislative efforts. Because we chose to rise, we achieved improved coverage and reimbursement for our patients. Resolve, patience, persistence, and passion combined as the genesis of AACVPR’s motivation.
Never let the fear of failure prevent you from moving forward. Failure often breeds greater success. Whether it is working with a patient, leading a program, participating on committees and boards, or trying to conquer your own personal battle, when you fall know that you are strong enough to get up again! And remember the words of Vince Lombardi: "If you can’t accept losing, you can never win." Just a thought.


**Pulmonary Point of View**

**Does the 6-Minute Walk Work for Pulmonary Fibrosis?**

*Gerene S. Bauldoff, PhD, RN, FAACVPR*

A study published in the May 2011 *American Journal of Respiratory and Critical Care Medicine (AJRCCM)* by Dr. Roland du Bois and colleagues assessed the reliability, validity, and responsiveness of the 6-minute walk (6MW) and estimated the minimal clinically important difference (MCID) in patients with idiopathic pulmonary fibrosis (IPF). This was reported on the 822 patients enrolled in a clinical trial that tested interferon gamma-1b for IPF. The 6MW was completed at screening, baseline, and every 24-week visit using a standardized protocol. They found that the 6MW is reliable (coefficient 0.83, p < 0.001) and has good construct validity in this population.

The authors also reported that the 6MW is a responsive measure of disease status, with change in 6MW being highly predictive of mortality, with a 24-week decline of greater than 50 meters associated with a four-fold increase in risk of death at one year (hazard ratio 4.27; 95% CI 2.57-7.10, p, 0.001). They report that the MCID of 24-45 meters is similar to prior reports in IPF as well as in COPD. In conclusion, the 6MW is a valid and reliable tool for use in the IPF population.

According to Drs. Gustavo Heresi and Raed Dweik in their May 2011 editorial in AJRCCM, this article is a major contribution to the science in the evaluation of the 6MW as a clinical tool. They encourage further evaluation of the contribution of the 6MW to overall prognostic accuracy. As the 6MW is widely used in pulmonary rehabilitation as an outcome, description in populations other than COPD are important. As the literature grows in support of pulmonary rehabilitation for pulmonary fibrosis, verification of reliable and valid outcomes is essential to determine the impact of our practice. In our role as PR professionals, we need to remain up to date and conversant on the reliability and validity of common outcomes we use in our daily practice, especially in new populations we increasingly treat, such as those with pulmonary fibrosis.

References:


**Behavioral Aspects of Rehabilitation**
Communication Skills Help People Change

Michael V. Burke, EdD

Health care providers play a vital role in helping patients make long-lasting and difficult health behavior changes. Evidence for styles of communication and types of interactions that are more likely to lead to behavior transformation has grown tremendously. Unfortunately, we often miss opportunities to apply evidence-based relationship and communication practices that can empower our patients toward effectively managing their health.\(^1,2\) Following is a brief discussion of a few health behavior communication skills shown to help people change.

Authentic expressed empathy has been associated with better outcomes in many different types of helping relationships, in many different studies, over many years.\(^3\) Empathy is an apparently necessary foundation for providing effective patient-centered care, for creating a relationship in which shared decision-making can occur, and for successfully engaging patients in behavior change counseling and education. Empathy, the “sensitive ability and willingness to understand the [patient’s] thoughts, feelings and struggles from the [patient’s] point of view” (Rogers) is certainly easier said than done. A useful clinical skill is to ask, “Do I have a visceral sense of what is important to this patient, and does this patient know that I understand?” That type of expressed understanding provides a portal into supportive and effective healing relationships.

Another powerful communication skill is to ask patients open-ended questions in a way that evokes their motivation to change.\(^4\) Patients change not because of what is important to us, or because of what we understand is best for their health. Instead, change occurs because of what they perceive is important, how capable they feel of making change, and their expectations about what will happen if they change. Too often, we make the mistake of assuming that change, or a particular health goal, is important to the patient. We assume that the patient will feel capable of accomplishing a change if we provide the education about what change should occur. Asking patients what is important to them about making the change, or what makes them confident that they will accomplish the change, can provide very useful information to help motivate the patient and effectively target their education.

Another important skill is to establish SMART behavior change goals: specific, measurable, achievable, relevant, and timed. A goal "to exercise more" is less likely to be implemented than a SMART goal like "to lose weight, I will walk at least 20 minutes per day 3 days per week, either outside or inside on my treadmill depending upon the weather."\(^5\)

Many clinical skills and health system changes support our patients in making transformative behavior changes. Our knowledge about what works is growing. Keeping abreast and current with these skills can be a true gift to our patients. There are many resources that can help health care professionals continue to build these skills — the Motivational Interviewing Network (http://www.motivationalinterview.org) and the Institute of Coaching in Health Care (http://www.instituteofcoaching.org/index.cfm?page=visitorscenter) can be good places to start.

References:

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JCRP Highlights
Mark A. Williams, PhD, MAACVPR, JCRP Editor-In-Chief
CLICK HERE FOR JCRP ONLINE!
Click on “COLLECTIONS” to find a complete list of AACVPR STATEMENTS since 2004 and updated collections of JCRP articles regarding Heart Failure and Psychosocial Considerations in Cardiopulmonary Rehabilitation.

The July/August 2011 issue of JCRP is highlighted by an Invited Review titled, “Cardiac Rehabilitation Participation in Underserved Populations: Minorities, Low Socioeconomic and Rural Residents” as well as Section Papers in Cardiovascular Disease Prevention, Cardiac Rehabilitation, Exercise Testing, and Pulmonary Rehabilitation. It includes manuscripts from Iran, Poland, the United Kingdom, Denmark, and the United States. The AACVPR Annual Meeting Scientific Abstract Titles are also provided. Full abstracts are available online in the July/August 2011 issue.

INVITED REVIEW
• Cardiac Rehabilitation Participation in Underserved Populations: Minorities, Low Socioeconomic and Rural Residents. Valencia et al (USA)

CARDIOVASCULAR DISEASE PREVENTION
• Do Antioxidant Vitamins Ameliorate the Beneficial Effects of Exercise Training on Insulin Sensitivity? Lavie et al (USA)

CARDIAC REHABILITATION
• Rates of Enrollment for Men and Women Referred to Outpatient Cardiac Rehabilitation. Weingarten et al (USA)
• Clinical and Functional Predictors of Health-Related Quality of Life During Cardiac Rehabilitation. Frank et al (USA)
• Influence of Age on Rehabilitation Outcomes and Survival in Post-Acute Inpatient Cardiac Rehabilitation. Frengley et al (USA)
• Effect of Exercise-Based Cardiac Rehabilitation Following Coronary Artery Bypass Surgery on Ventricular Repolarization Indices. Vasheghani-Farahani et al (Iran)

Brief Reports
• Readability of 3 Heart Disease Health-Related Quality of Life Questionnaires. Gromoske et al (USA)
• Patient Education and Quality of Home-Based Rehabilitation in Patients Older Than 60 Years After Acute Myocardial Infarction. Wolskin-Bartnik et al (Poland, United Kingdom)

EXERCISE TESTING
• Overestimation of Aerobic Capacity With the Bruce Treadmill Protocol in Patients Being Assessed for Suspected Myocardial Ischemia. Pinkstaff et al (USA)

PULMONARY REHABILITATION
• Vitamin D Status in Patients With Chronic Obstructive Pulmonary Disease Who Participate in Pulmonary Rehabilitation. Ringbaek et al (Denmark)

ASSOCIATION ANNUAL MEETING
• 26th Annual Meeting and Scientific Abstracts: Titles Only
(Full abstracts available online only for the July/August 2011 issue)

Committee and Task Force Updates
Cardiac Rehab Outcomes Registry Committee
Mark Vitcenda, MS, FAACVPR, Registry Committee Chair

You know how, when you want to change that outdated bathroom fixture or a ceiling light, you get all the tools together and buy the replacement parts, and you're all ready to put the new fixture in... only to find that the new parts don’t fit the old parts or you're missing some crucial piece? The project never turns out as “easy” as the instructions — or my wife — says it will be.

That's what we've experienced with getting the AACVPR cardiac rehabilitation registry up and going. We've had a few glitches — all minor — but the net effect has been to delay our work on the registry project. I am glad to report, however, that over the past month we've gotten all the pieces in place. We just met with our developer and programmers in Chicago to talk about the user interface, data validation rules, reporting features, and other issues surrounding the registry.

To build the registry, AACVPR has hired Cissec Corporation of Kingston, Ontario, that specializes in information engineering, system integration, and custom software development for health care applications. They developed the Canadian Association of Cardiac Rehabilitation and so have experience working with an organization similar to AACVPR and understanding cardiac rehab issues. Cissec will work closely with the project manager, Dr. Carl King, the AACVPR Registry Committee, and AACVPR staff to not only create the registry but also to integrate the registry database with the program certification database to provide a seamless link between the two data sources. This should improve data collection and ease of use for programs going through program certification.

We hope to begin actual data coding and interface programming within the next few weeks. Soon, Dr. King will be contacting and working closely with select programs to test aspects of the interface and reports as they are developed. We are currently scheduled to go live with the registry sometime next spring. Look to future News & Views articles and the AACVPR website for registry project updates.

Well, I've got to head back to the hardware store for some more parts. Be sure to attend our presentation at the 2011 Annual Meeting in Anaheim (Thursday, September 8 at 9:45 a.m.) for updates on both the cardiac and pulmonary registries. Chris Garvey and I will be happy to answer your questions about these exciting projects. (The Pulmonary Registry Task Force is making great strides even as this issue goes to press — look to future issues for more information.)

Education Committee
Kathleen K. Zarling, MS, RN, ACNS-BC, FAACVPR, FPCNA

The Education Committee has completed the 2011 webcast schedule. Read below to find which webcasts will be most helpful for your cardiac/pulmonary rehab programs. Then click here to register!

July (Featured archived session available all month in the AACVPR Education Center)

"Pro/Con Debate: Should More or Fewer COPD Patients Receive Long-Term Oxygen Therapy?"
Richard Casaburi, PhD, MD, FAACVPR, & Neil MacIntyre, MD, FAACVPR
More than one million people in the US receive long-term oxygen therapy, and most of them are COPD patients. It can be argued that many more COPD patients have the potential to benefit from this therapy. Alternately, it can be argued that long-term oxygen therapy is substantially overused. This pro/con debate will provide a framework for evaluating these alternatives.

August 23, 12pm-1pm CST
"Nutritional Strategies for Prevention and Treatment of Coronary Heart Disease"
Michael Shapiro, MD
Review optimal nutritional strategies for cardiovascular prevention and treatment, and hear Dr. Shapiro debunk myths associated with fats and cholesterol.

September 15, 11am-12pm CST
"PAD: Prevalence, Impact, Treatment, and the New PAD Exercise Rehabilitation Toolkit"
Kerry Stewart, EdD, FAHA, FACSM, MAACVPR, & Diane Treat-Jacobson, PhD, RN, FAAN
Peripheral arterial disease (PAD) is a growing clinical and public health problem affecting millions of patients in the
US, but the availability of supervised programs for patients and reimbursement remains a challenge. In 2010, AACVPR and the Vascular Disease Foundation created a toolkit to provide cardiopulmonary professionals with guidelines and tips to improve access to supervised exercise programs for PAD patients. This presentation will cover the key features of the toolkit and how to incorporate the guidelines for exercise training into existing programs.

October (Date TBD)
"Keeping Senior Level Support Up During a Down Economy"
G. Curt Meyer, MS, FACHE, FAACVPR
Discover key language to use in communicating to the C-Suite (CEO,CFO,CNO,CIO,CMO) by addressing the contribution of cardiac and pulmonary rehab to the overall health management of the patients serviced by your hospital or health delivery system. The webcast will address approaches for large urban organizations as well as stand-alone rural providers.

November 8, 12pm-1pm CST
"Cardiac Rehabilitation Research: Year in Review, 2010-2011"
Murray Low, EdD, FACS, FAACVPR
Identify the implications of the most important research articles in the field of cardiac rehabilitation in the past year for the practice of your own rehabilitation program.

December 15, 11am-12pm CST
"Pulmonary Rehabilitation Research: Translating the Research into Clinical Practice"
Brian Carlin, MD, MAACVPR
Review the latest research in the field of pulmonary rehabilitation, and explore how to translate that research into clinical practice. There will be an opportunity for questions from the audience.

Research Committee
Patrick Savage, MS, FAACVPR, Research Committee Chair
The Research Committee is pleased to announce that the recipient of the 2011 Michael L. Pollock Established Investigator Award is William L. Haskell, PhD. Dr. Haskell is being recognized for his enormous contribution in the area of physical activity and disease prevention. Dr Haskell has been a prolific and innovative researcher for decades. He has been an investigator for a number of major studies examining the prevention or management of cardiovascular or other chronic disease. A major focus of his research has been the role of exercise in the prevention and treatment of heart disease.

The award will be presented at the upcoming AACVPR Annual Meeting, during the Celebration Banquet and Awards Presentation on Thursday, September 8, at 7pm. Dr. Haskell will deliver a Keynote address on Friday, September 9 at 9:45am.

AACVPR is committed to promoting research in the field of cardiopulmonary rehabilitation. Research will be presented at the Annual Meeting in the form of oral and poster presentations. Research topics to be presented are numerous and diverse. Topics include:
- Behavioral Weight Loss and Long-Term Weight Loss Maintenance
- Education Level and Cardiac Rehabilitation Participation
- Exercise Training and Claudication
- Psychosocial Stress and Exercise Capacity and Mortality

The AACVPR Research Committee is grateful to all the researchers who submitted abstracts for consideration. While at the Annual Meeting, please take advantage of the opportunity to view the research presentations.
Visit the AACVPR Education Center!
Make AACVPR your go-to resource for education and training solutions. The AACVPR Education Center has dozens of educational webcasts and sessions to meet the needs of cardiovascular and pulmonary professionals – and the collection continues to grow. Browse by category, or use the "Search" feature to find a specific topic. Log in to see exclusive member discounts — of up to 50%!

These continuing education opportunities are available whenever and wherever you want. Purchase once and provide access to your entire team.

• **Members:** Login to view exclusive member discounts and special offerings.
• **Non-members:** Join AACVPR now to receive member discounts. 
**Click here to visit the Education Center!**

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**Affiliate Reports**

**Massachusetts Moves Forward**

*Esther Burchinal, MS, CES, RCEP & Judy Flannery, RN, BSN, MACVPR, Co-Presidents*

Along with AACVPR, the Massachusetts Association of Cardiovascular and Pulmonary Rehabilitation (MACVPR) is moving forward in this decade of change. So far this year, our members have participated in two half-day meetings that included excellent speakers on various cardiac and pulmonary rehab topics, as well as the formation of regional networking groups. The regional groups will continue to meet independently to provide support for members, as well as to increase participation in and commitment to MACVPR. Our full-day Fall Symposium, scheduled for October 21, 2011, promises to be another outstanding conference with renowned speakers including Gayla Oakley, RN, FAACVPR, and Phil Ades, MD, FAACVPR. Last year’s symposium drew attendees not only from Massachusetts but from our neighboring states of Maine, New Hampshire, New York, Vermont, and Rhode Island. Feedback indicated that the conference was useful and beneficial to all attendees.

At the national level, four At the national level, four members participated in Day on the Hill in March: Kate Traynor, RN, MS, Past President; Wayne Reynolds, RN, Past President; Judy Flannery, RN, BSN, Co-President; and Ann Stone, BS, Administrative Assistant. They reported successful efforts and found the legislators receptive. Also at the national level, two of our MACVPR members were recently appointed to AACVPR committees. Congratulations go out to Debbie Sullivan, MS, APRN, BC, for joining the Education Committee and Kate Traynor, RN, MS, for joining the Clinical Applications Committee. Another congratulations goes out to Wayne Reynolds, AACVPR Health & Public Policy Committee Member and J-14 MAC Committee Chair, for his recent appointment as AACVPR Fellow and receipt of the 2010 MACVPR Distinguished Service Award.

MACVPR has 118+ members, drawing from the professions of nursing, exercise physiology, physical therapy, respiratory therapy, and occupational therapy. With 32 cardiac and pulmonary programs that are certified by AACVPR to date, we plan to continue to strengthen our organization. Our plans include supporting our strong and dedicated Executive Committee as we continue to provide quality conferences, newsletters, and presidential updates; website improvements and forum utilization; regional group participation, networking, and outreach to current and prospective members; program certification; and legislation support. We look forward to another successful year for MACVPR and proceeding forward in these challenging times.

**Nebraska Expands Reach**

*Angie Swantek, President, and Pam Gaines, President-Elect*

The Nebraska Cardiovascular Pulmonary Rehabilitation Network (NCVPRN) continues to work on increasing our memberships and improving communications throughout the state. New this year: East met West! We held our annual state meeting way out west in North Platte. To allow more people to attend, we rented a bus and brought a large group of members from eastern parts of the state to the meeting. We held an evening meeting, with CEUs available, that was very well attended. This was followed by our regular day conference.
A new collaboration was formed with Iowa that we are calling the Heartland Cardiopulmonary Rehabilitation Network (HCPRN). This will enable us to continue to offer annual spring meetings every other year in Iowa or Nebraska. In 2012, NCVPRN will be “30” years old. We are planning a special celebration, to be held April 20-21 in conjunction with the spring meeting.

New York Takes “A New Look”
Karen Pyle, RN, BSN, MEd, NYSAC&PR President
The New York State Association for Cardiac and Pulmonary Rehabilitation (NYSAC&PR) held its Annual Conference at Lake George on April 30. The Conference was preceded by the NYSAC&PR board meeting. Representatives of the six regions of the state (Central, Western, Long Island, Metro/NYC, Northeast, and Southeast) were in attendance for this 1-day forum filled with great information for all.

The theme for the Annual Conference was “A New Look at Key Elements of Cardiac and Pulmonary Rehabilitation.” Presentations included some wonderful national-caliber speakers, and topics included: Outcome Measures in Cardiac and Pulmonary Rehabilitation by Barbara George, EdD, MSN, RN; Psychosocial Difficulties in Rehabilitation by Joel Hughes, PhD, FAACVPR; Pulmonary Pharmacology to Advanced Lung Disease by Mark Rosen, MD; Resistance Training for the Older Cardiopulmonary Patient by Philip Ades, MD, FACC, FAACVPR; and Legislative and Regulatory Issues by Karen Lui, MS, RN, FAACVPR. In addition, Murray Low, EdD, FAACVPR, discussed Benefits of Being an Affiliate and also some of the current legislation issues from Day on the Hill.

NYSAC&PR was very fortunate to have such a wonderful day with knowledgeable professionals for our Annual Conference. Thank you to all who participated in this event, and especially to the Long Island Region (CAPRANS) for helping put this all together for everyone to enjoy. We are planning to test a webinar for the 2012 Annual Conference in lieu of a face-to-face meeting. If successful, we will conduct a face-to-face meeting every other year, alternating with a webinar. This, we hope, will allow dissemination of vital information to members across our large state who can not attend a face-to-face meeting.

North Carolina Embraces Opportunities
Teresa McKinney, RN, BC, BSN
The North Carolina Cardiopulmonary Rehabilitation Association (NCCRA) held its 32nd Annual Symposium, “Turning Challenges into Opportunities: Survival of the Fittest?”, in Chapel Hill in March. William Kraus, MD, from Duke University Medical Center spoke to the 150 attendees on increasing cardiac rehab enrollment using computer-based order entry systems. Joe Piscatella presented the presymposium workshop on “Living a Healthy Lifestyle.” Vera Barton-Caro, RN, MSN, FNP-BC; Vinay Thohan, MD, from Wake Forest Baptist Medical Center; and Alice Gray, MD, from Duke University Medical Center were just a few of the speakers. Plans are underway for the 2012 symposium, with Wayne Sotile, PhD, and Karen Lui, MS, FAACVPR, scheduled to present. In addition to the annual meeting, NCCRA members have an opportunity to attend regional meetings held at different dates and locations across the state.

One of the 2011 goals of the NCCRA is to be able to provide continuing education credits through webinars. The Board of Directors is in the process of making these educational opportunities available for members.

NCCRA rehab programs have been involved in a research project that has the potential to enhance the evidence-based benefits of cardiac rehab by addressing balance and fall issues. There are currently no cardiac rehab guidelines for assessing fall risks or providing intervention. The initial step of the project involved a survey that was sent to 70 programs in the state to identify current measurement/assessment tools that are used to assess balance. Responding programs concluded that no consistent objective measurements are being performed. With the cooperation of several programs, plans are to obtain cross-sectional quantitative data by screening current participants. Program staffs are being trained to administer validated tests such as single leg stand, timed up and go, and sit to stand test to identify participants who are at risk of falling. The prevalence of balance and falls will be collected and provide pilot data for subsequent research projects investigating the effects of balance training as an adjunct to cardiac rehab. A poster presentation outlining this exciting research project will be presented at the upcoming AACVPR Annual Meeting by Debbie Scotten, RN, MS, ACSM-ES, from Chatham Hospital, who is directing the project.
Calendar of Events/Education

Upcoming AACVPR Webcasts

Click here for up-to-date information on upcoming webcasts!

- July 27, 12:00pm CT: "Diabetes and Cardiac Rehab: The Role of Diabetes Educators"
  People with diabetes are two to four times more likely to have a stroke, myocardial infarction, or sudden death. This Webcast will highlight the importance of long-term commitment to cardiac rehabilitation and lifestyle changes toward improving the health of diabetes patients with cardiac disorders. Register today!

- August 17, 12:00pm CT: "Cardiovascular Disease: Metabolic Syndrome and Diabetes"
  An estimated 7.8% of the U.S. population has diabetes, and 25% have an increased predisposition for "pre-diabetes." This Webcast will address assessment, diagnostic criteria, and interventions for metabolic syndrome. Register today!

- August 23: Nutritional Strategies for Prevention and Treatment of Coronary Heart Disease (Michael Shapiro, MD)

- August 23: PAD: Prevalence, Impact, Treatment, and the New PAD Exercise Rehabilitation Toolkit (Kerry Stewart, EdD, FAHA, FACSM, MAACVPR, & Diane Treat-Jacobson, PhD, RN, FAAN)

- October (date TBD): Keeping Senior Level Support Up During a Down Economy (G. Curt Meyer, MS, FACHE, FAACVPR)

- November 8: Cardiac Rehabilitation Research: Year in Review, 2010-2011 (Murray Low, EdD, FACSM, FAACVPR)

- December 15: Pulmonary Rehabilitation Research: Translating the Research into Clinical Practice (Brian Carlin, MD, MAACVPR)

AACVPR members can register for AACVPR Webcasts online using a credit card! Click here to register.

AACVPR 26th Annual Meeting

Pre-Meeting Events: September 7, 2011
Annual Meeting: September 8-10, 2011
Anaheim Marriott Hotel, Anaheim, CA
Click here for more information!

Program Leadership in the New Era (PLINE) Webcast Series

8 Great Speakers, 7 Relevant Topics, 1 Power-Packed Program!
Share this virtual conference on running a successful rehabilitation program with your entire professional team. The Webcasts can be purchased as individual sessions or as a package.

- Medicare Regulations for Cardiac & Pulmonary Rehabilitation: 2010 Review - 2011 Preview (Phillip Porte)
- New Process for Patient Recruitment, Enrollment, and Retention (Richard Josephson, MS, MD, FAACVPR)
- The State of Pulmonary Rehabilitation: Guidelines, Reimbursement, and Outcomes (Chris Garvey, FNP, MSN, MPA, FAACVPR & Gerene Bauldoff, RN, PhD, FAACVPR)
- AACVPR Core Competencies for Cardiac Rehabilitation and Secondary Prevention Professionals: 2010 Update (Larry Hamm, PhD, FAACVPR)
- Individualized Treatment Plans — The Roadmap to Success for Your Programs (Gayla Oakley, RN, FAACVPR)
- Motivational Interviewing for Behavior Change (Michael Burke, EdD)
- Managing Your Program's Fiscal Strength: What You Need to Know, What You Need to Do! (Murray Low, EdD, FACSM, FAACVPR)

Get on-demand access and continuing education credits. Click here to register.
PCNA Fall Lecture Series Launches September 17

Attend the PCNA Fall Lecture Series to earn 2.25 free contact hours of continuing education. The Series will launch on September 17 in New Orleans and tour eight cities through November 15. Topics include biomarkers, familial hypercholesterolemia, and dyslipidemia. Learn more and register for an event in your city. New this year are free community programs. Invite your patients to register at www.pcna.net/2011heart.

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### 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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