Good fortune is what happened to each one of us who had the privilege to attend this year’s 26th Annual AACVPR Meeting in Anaheim, September 8-10. There was something for everyone including presentations, current science and research, progress on key projects and initiatives, awards and celebrations -- not to mention a time to reconnect with colleagues and a time to renew our passion for our chosen profession. This issue of News & Views is designed as an annual meeting wrap-up and presents a number of the highlights.

The “good fortune” happened due to outstanding planning and preparation that was evident on so many levels. We recognize and applaud the founding fathers and mothers of this profession who had the courage to innovate when conventional wisdom of the day was three weeks of bed rest as the treatment of choice for myocardial infarction. As Karen Lui so eloquently pointed out in her Award of Excellence presentation, we all stand on the shoulders of giants, and it truly takes a village. I commend the AACVPR Program Planning Committee, the meeting attendees, the presenters, the award winners, the liaisons, the Affiliates and so many others; tremendous preparation was evident, and we had the good fortune of being the benefactors.

As well, opportunity awaits each of us to continue the spirit of innovation, to capture the opportunity within this changing world of healthcare, and to identify and implement better ways of doing what we do. Opportunity abounds, and I look forward to the year ahead to hear more about how many of you are transforming your programs, practices, and patients.

On a final note, and as you may have noticed, I will be working solo as the Editor of News & Views for the short term, I wish my partner in crime, Dr. Steve Lichtman, all the best in his tenure as the current AACVPR President. I will miss his expertise and wisdom over this next year, but I know that he's only a phone call away. For all of us involved in the field of cardiac and pulmonary health and rehabilitation, I know that we wish Steve a most successful year ahead. I look forward to his return as Co-Editor at this same time next year. Here's to a great year filled with many successes as an organization, as a profession, and as programs!

“Good fortune is what happens when opportunity meets with planning”
- Thomas Edison

“When nothing is sure, everything is possible.”
- Tim Hankinson, Head Coach of the new San Antonio Scorpions Soccer Team, and Margaret Drabble
Email Template

**In the News**
- Breaking News
- VDF Partnership Award
- Membership Spotlight
  - Kathy Zaring Speaks at SCAA

**AACVR 2011 Annual Meeting Highlights**
- Keynote Highlights
- AACVR Awards
- Masters and Fellows
- Thanks for a Great Conference!
- Thank You Sponsors!
- Education Center

**Inside the Industry**
- Health & Public Policy
  - FAQs: Patient Enrollment Timeframes
  - Spotlight on Liaisons

**Behavioral Aspects of Rehabilitation**
- Behavioral Medicine
  - Sessions in Anaheim

**Nutritional Aspects of Rehabilitation**
- AACVR Annual Meeting Nutrition Update

**JCRP Highlights**
- Certification/Recertification
  - Events Onsite
- Registry Updates from the AACVR Annual Meeting

**Committee Updates**
- Certification/Recertification
  - Events Onsite
- Registry Updates from the AACVR Annual Meeting

**Affiliate Reports**
- California Society for Cardiac Rehabilitation

**Calendar of Events/Education**

**AACVR National Office Contact Information**
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  - News & Views Co-Editor
- P. Joanne Ray
  - AACVR Executive Director
- Erin Larson
  - News & Views Managing Editor

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**Email Template**

**Incoming President’s Message**

**Hello Fellow AACVR Members!**

Steven W. Lichtman, EdD, FAACVPR

It is with great excitement, a strong feeling of anticipation, and a little bit of trepidation that I assume my post as your AACVP President for 2011-2012 -- excitement at what AACVP and its members have accomplished in the past and for the honor to serve as its current President; anticipation at what we, together, can accomplish over the upcoming year; and trepidation at the tremendous responsibility this position holds.

As newly elected President, I was happy to see so many of you at this year’s AACVR Annual Meeting in Anaheim. For those who were unable to attend, allow me to introduce myself. I have been the Program Director of the Cardiac and Pulmonary Rehabilitation Programs and the Cardiopulmonary Stress Testing Laboratory at Helen Hayes Hospital in West Haverstraw, New York, for the past 20 years. I have been a volunteer in various capacities for AACVR since 2002.

So, what does the upcoming year hold for us? Two years ago, AACVR settled on three key Strategic Goals for the organization that would guide us in both yearly operations and long term planning:

1. Improve Use and Viability of Cardiac and Pulmonary Rehabilitation and Prevention Services
2. Enhance and Support the Quality of Cardiac and Pulmonary Rehabilitation and Prevention Services
3. To Support Strategic Goals 1 and 2 - Grow and Retain Membership, thus Driving Viability and Quality Through Increased Resources

To accomplish these goals, I propose to devote time and effort to three large Strategic Initiatives for AACVR. These three initiatives will operate synergistically, providing data to support each separate initiative and together will move our field forward:

1. **Certification**: Great strides have been made in the logistics of filings applications, with the process moving from paper-and-pencil to an online application. The scoring mechanisms for committee members have been streamlined, and now the Certification and Recertification applications are identical. However, goals for the next year center around the question of whether Certification actually defines quality programs, and how to ensure that measures for Certification agree with those used in the Registries and for Performance Measures. To determine if Certification actually defines quality programs, a solid evidence base from the peer reviewed literature will be incorporated over the next year. Additionally, over the next several years, data from the Registries will help to define quality.

2. **National Cardiac and Pulmonary Rehabilitation Data Registries**: These will be the first comprehensive, national outcomes registries devoted to cardiac and pulmonary rehabilitation. They will include demographic, enrollment, completion and outcome data, as well as benchmarking and reporting mechanisms. The CR Registry is scheduled for full launch in June 2012, followed by PR approximately 6-8 months later. An exciting development resulting from a face-to-face meeting at this year’s AACVR Annual Meeting with Dr. Jack Lewin, CEO of ACC, is the potential integration of our registry data with data from the ACC Pinnacle Registry, thus allowing for tracking of cardiac rehab data across the continuum from referral through program follow-up.
3. Cardiac and Pulmonary Rehabilitation Performance Measures: In 2007, Randy Thomas and Marge King were the lead authors of the AACVPR/ACC/AHA 2007 Performance Measures paper. These measures outlined two sets of recommendations: 1) referral to CR from both an inpatient and outpatient setting; and 2) measures that define quality in early outpatient CR programs. Both sets were submitted to National Quality Forum (NQF is an organization whose mission is to improve the quality of American health care by endorsing national consensus standards for measuring and publicly reporting on performance), and set 1 received a time-limited endorsement. Data to extend this measure past the time limit is now being collected and analyzed by a joint AACVPR/ACC task Force headed by Drs. Thomas and, King, along with Karen Lui. Two Pulmonary Rehabilitation Performance Measures were also developed and submitted to NQF. These performance measures defined outcomes for determining functional capacity and health related quality of life for patients in pulmonary rehabilitation programs, and both have received a time-limited endorsement from NQF. Data to extend this measure past the time limit is now being collected and analyzed by an AACVPR Task Force headed by Gerene Bauldoff and Chris Garvey.

There will be other plans/projects for the organization outlined in future editorials that will also be of interest to our members. However, one point of emphasis over the upcoming year that I do want to highlight is to make sure we have strong lines of communication within AACVPR. This includes communication internally among leadership (the volunteer Board of Directors, Committee Chairs and Committee members, and our AACVPR staff), and communication externally from all these individuals to you, the members. Please do not hesitate to contact any of us with ideas, questions, concerns, or simply words of encouragement that you may have. E-mail links to all of us can be found on the AACVPR Web site.

Finally I would like to commend all the outgoing Board members: Randy Thomas, Chris Garvey, Helen Graham, and Larry Hamm. I offer a special thanks to our Immediate Past President, Bonnie Sanderson, whose (figuratively) enormous shoes I have to fill. What a wonderful job Bonnie did this past year -- please join me in congratulating her. I would like to welcome our current and new BOD members, and I look forward to an exciting and fun year working with this wonderful group of individuals (CLICK HERE to meet the new BOD). Finally, I would like to thank past and current AACVPR leadership, staff, and our members for your past endeavors, future efforts, and continued support of AACVPR.

Breaking News

AACVPR Receives Partnership Award from Vascular Disease Foundation
Marjorie King, MD, MAACVPR

We all know that AACVPR members are team players, and recently AACVPR’s willingness to partner on behalf of good ideas for our patients and profession was recognized by one of our liaison organizations. On September 14, the Vascular Disease Foundation (VDF) awarded AACVPR with the 2011 President's Award for Partnership. Over the past 2 years, AACVPR and VDF volunteers and staff collaborated to produce and disseminate the PAD Exercise Toolkit, which has been used by more than 1,000 professionals. CLICK HERE to access the toolkit online via the AACVPR Web site. (You must be logged in for access.)

According to Sheryl Benjamin from the VDF, “This is the essence of what we envisioned for coalition members to partner with VDF and create programs and activities that fulfill needs of members, professionals or the public. You have truly embodied the spirit of a great partner.” Way to go, AACVPR!
**Member Spotlight**  
**Kathy Zarling Speaks at SCAA**

AACVPR member, Fellow, and past Board member Kathy Zarling was a speaker at the 2011 Annual Meeting of the Sudden Cardiac Arrest Association (SCAA) in Minneapolis, September 23-25. She delivered two presentations: "Improving Psychosocial Outcomes in Survivors and Their Families" and "Navigating a National Approach to Sudden Cardiac Arrest Survival" with Eva Serber, PhD. SCAA brings together survivors, patients, physicians, nurses, emergency professionals, and other community advocates working to broaden public awareness, improve emergency response, and increase access to preventive medical care -- all with the goal of saving lives from sudden cardiac arrest (SCA). SCAA has quickly grown to become the largest advocacy organization in the U.S. exclusively dedicated to SCA, and this annual gathering is open to all who want to join the cause, learn more about SCA prevention, and network with other survivors and volunteers. Kathy is a Clinical Nurse Specialist for high-risk coronary artery disease and cardiac rehabilitation at the Mayo Clinic in Rochester, Minnesota. She has numerous credentials and qualifications including MS, RN, ACNS-BC, FAAVPR, FPCNA. She also serves on the AACVPR Professional Liaison Committee and chairs the AACVPR Education Committee. Thank you Kathy, we're grateful to have you as an essential part of the AACVPR team.

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**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.

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**AACVPR 2011 Annual Meeting Highlights**

**Keynote Highlights**

**Barbra Fagan, MS, RCEP, FAACVPR**

A wise Chinese proverb states, “When you have completed 95% of your journey, you are only halfway there.” This year’s Annual Meeting keynote presentations are a true reflection of that statement! Attendees were graced with presentations looking back, foundations of where we are today, and future directions and possibilities of where we can go. As we look upon this time with new eyes, let us appreciate the hindsight for what was, the insight for what is, and the foresight for what can be! Thank you to all of our keynote presenters for sharing their stories, their science, their wisdom, and their continued efforts to improve upon the delivery of care to those we serve.

If you were unable to join us onsite, or simply wish to revisit the presentations, recordings from most sessions can be obtained through the AACVPR web site by CLICKING HERE.

**Karen Lui, RN, MS, MAACVPR -- 2011 Award of Excellence Winner**

"1981-2011: A 30 Year Journey from Practice to Advocacy"

Karen Lui shared her journey from practice to advocacy through her personal story and involvement in the field of cardiac and pulmonary rehabilitation. Karen stressed the importance of equally balancing science, advocacy, practice, and fiscal responsibility in the delivery of cardiopulmonary rehabilitation. Each aspect contributes to sustainable, high quality, outcomes-driven programming that exceeds the expectations of those we serve: our patients! Highlights shared include:

- Landmark research completed in the 1950-60s (Fox, Hellerstein, Wenger, Haskell and numerous others) set the table for the delivery of cardiac rehabilitation by establishing the safety and efficacy of cardiac rehabilitation. Through the 1970s and 1980s, the science and practice evolved, supported by the significant AHCPR Clinical Practice Guidelines released in 1995, which re-defined cardiac rehabilitation as a comprehensive secondary prevention strategy for heart disease. As research progressed through the 1990s to today, new educational and exercise interventions targeted to the individual patient have been found to yield more effective patient outcomes.
- Significant AACVPR efforts over the years include program certification (1998 under the direction of Carl King), core competencies for cardiac and pulmonary rehabilitation (2007, 2010), performance measures for both cardiac and pulmonary rehabilitation, and AACVPR Program Guidelines for Cardiac and Pulmonary Rehabilitation Programs. These processes and components provide fundamental structure for the delivery of our services. AACVPR, joined by professional partners, continue to move the field forward with new supporting evidence.
- Advocacy efforts have been an integral part of the journey every step of the way. Examples offered were from the 1980s, when Drs. Barry Franklin, L. Kent Smith, and others successfully rescinded the CMS requirement
of “a physician in the exercise room,” to repeated battles to prevent a requirement that all ECG strips be reviewed by a physician, to the successful adoption in 2006 of expanded eligible diagnoses for cardiac rehab and a long-awaited, formal Medicare coverage policy for pulmonary rehabilitation in 2010. This journey continues!

William Haskell, PhD -- 2011 Michael L. Pollock Established Investigator Award Winner

“Dose Response: Current Challenges in its Quantification at Lower and Higher Exercise Intensities”

Dr. Haskell presented previous landmark research by Mike Pollock and others, providing a foundation for new information on the dose response to exercise.

- As clinicians, we ask the question, “How much activity do our patients need?” Our patients often ask, “How little can I get away with?” The US Physical Activity Guidelines in 2011 For Adults and Older Adults addresses the issue of dose-response.
- For substantial health benefits, adults should perform 150 minutes of moderate intensity exercise or 75 minutes of vigorous exercise intensity activity each week.
  - 500-1000 MET-minutes per week can significantly lower rates of disease or improvements in fitness.
  - Aerobic activity can be accumulated in bouts of 10 minutes or longer.
  - The least active in the population generally have the highest risk for various negative health consequences and the most to gain from becoming more active.

- Sit less! A higher amount of sitting is associated with increased risk for various diabetes and CVD biomarkers as well as CVD mortality. Longer bouts of sitting tend to increase risk, while shorter bouts with frequent breaks decrease risk. Prolonged sitting has greater risk in those who perform very little or no physical activity, compared to those that meet the guidelines. A preliminary conclusion is that we need to decrease sitting time by hours/day to achieve a decreased risk. There is still much to be learned about the consequences and risk of sitting.

Kate Larsen, MCC, CWC, Winning Lifestyles, Inc.

Opening Keynote “The Coach Approach -- Inspire Yourself and Others to Success”

The way in which we have approached behavior change with our cardiopulmonary rehab patients has not always been the success story we envisioned. Kate Larson used the “Coach Approach” to provide attendees with a fresh way to guide patients through the journey of better health. Her key message to the audience included the following important considerations:

- People are generally better persuaded by their own discovery than by others’ intentions.
- When we better relate to people, nurture relationships, and allow our best communication to be “listening,” together we can make a difference.
- If we wish to help our patients make lasting changes for better well-being, ask more than tell: be mindful and be a great listener.
- Allow the patient to unlock new possibilities by being their partner, advocate, and collaborator.
Jack Lewin, MD, CEO, The American College of Cardiology
Closing Keynote “The Compelling Case for Registries in CV Performance”
Dr. Lewin addressed the attendees for the final keynote presentation. He discussed two ways to decrease health care costs: 1) cut spending or 2) improve quality. The latter is a much better long-range plan, as both outcomes are achieved -- better care and lower costs. As, he explained, Quality Improvement reduces costs. Additionally, he outlined numerous exciting opportunities for interaction between AACVPR and ACC.

- Improving quality is data-driven. One needs to know the gaps in care on both the organizational side and the individual provider side. We must measure to manage. Registries move us toward that end by providing real data and not the proxy of claims data.
- Cardiac rehab is ideally positioned to impact cost, quality, and outcomes.
- Partnerships between disciplines and organizations are critical to the success of our endeavors. As the CEO of ACC, Lewin welcomes a partnership between the two organizations to capture and use meaningful data to continue to enhance our services, improve our outcomes and decrease the cost of care.

AACVPR Awards
The AACVPR Board, the Affiliate Link Committee, the Awards Committee, and the Research Committee presented the following awards at the 26th Annual AACVPR Conference:

Award of Excellence: Karen Lui, RN, MS, MAACVPR
Karen Lui is well-known to AACVPR members, as an AACVPR Past President and most recently as a consultant at GRQ, helping with legislative and regulatory issues relating to cardiac and pulmonary rehabilitation. Karen has helped elevate the profession and the association in countless ways, and continues to work day and night to help shape national and local healthcare policy for the benefit of our patients.

Michael L. Pollock Established Investigators Award: William Haskell, PhD, FACSM, FAACVPR
William Haskell is a professor of medicine in the Division of Cardiovascular Medicine at Stanford University School of Medicine and is one of the founders of the Stanford Center for Research in Disease Prevention. Dr. Haskell is renowned in the field of exercise science, with particular expertise in the role of exercise training on cardiovascular risk reduction. He has authored and co-authored more than 300 publications in the field, and continues to be a leader, a mentor, and a pioneer in the field of cardiovascular disease prevention.

**L. Kent Smith Excellence in Clinical Practice Award: Vera Bittner, MD, MSPH, FAACVPR**

Vera Bittner is a professor of medicine in the Division of Cardiovascular Disease and section head of Preventive Cardiology at the University of Alabama at Birmingham. She has served AACVPR in many leadership roles at the local, regional, and national levels, and has published widely on cardiac rehabilitation and preventive cardiology topics.

**Distinguished Service Awards: Gerene Bauldoff, RN, PhD, FAACVPR, and Larry Hamm, PhD, FAACVPR**
Gerene Bauldoff is professor of clinical nursing at The Ohio State University College of Nursing in Columbus, Ohio, and has served for the past 2 years on the AACVPR Board of Directors. She has been deeply involved in scholarly activities in the field of pulmonary rehabilitation, helping to carry out -- among other things -- the National Emphysema Treatment Trial and the pulmonary rehab performance measures endorsed by the National Quality Forum. Gerene consistently goes the extra mile to help move pulmonary rehabilitation to new heights at the national level.

Dr. Hamm is well-known to AACVPR members, having served as President in 2007-2008 and many years on the AACVPR Board of Directors. He has contributed to the profession and the association in numerous ways, including as Chair of the Writing Team for the 2010 Core Competencies for Cardiac Rehabilitation/Secondary Prevention Professionals. He has been active with the Professional Liaison Committee, including leading the international liaison group and fostering AACVPR’s relationship with its first International Affiliate, South Korea. Dr. Hamm is currently a Professor in the Department of Exercise Science and the Director of Clinical Exercise Physiology Program at The George Washington University Medical Center.

Presidential Recognition Award: Mark Williams, PhD, MAACVPR

Mark Williams is professor of medicine and director of Cardiovascular Disease Prevention and Rehabilitation, Division of Cardiology, at Creighton University School of Medicine. He is a Past President of AACVPR and serves currently as the Editor-in-Chief of the Journal of Cardiopulmonary Rehabilitation and Prevention (JCRP). In that role, he has helped to advance the science and practice of cardiac and pulmonary rehabilitation.

Beginning Investigator Award: Sanjay Maniar, MD
Sanjay Maniar conducted the work “Repeat Enrollment into Cardiac Rehabilitation Following Coronary Events.” Co-authors include Bonnie Sanderson, RN, PhD, and Vera Bittner, MD.

**Outstanding Affiliate Award: Missouri-Kansas Affiliate**

The Missouri-Kansas Association of Cardiovascular and Pulmonary Rehabilitation was selected as the Affiliate of the Year because of its outstanding efforts to support national and local cardiac and pulmonary rehabilitation initiatives. Members of the Affiliate helped to raise funds for WomenHeart, promoted improved communications with its neighboring Affiliates, and upgraded its Web site and its marketing efforts. They also sent multiple members to the AACVPR Annual Conference in Anaheim, Day on the Hill in Washington, DC, and leadership training conferences.

**Masters and Fellows**

AACVPR congratulates the following individuals for earning the designation of Master of AACVPR for their long-term efforts to advance the fields of cardiac and pulmonary rehabilitation. Masters of AACVPR are individuals whose achievements in field demonstrate persistence, vision, innovation, and leadership over many years. They have made a permanent positive mark on our lives and on the lives of the patients we all serve. Additional information on these and other previously named Masters of AACVPR will be forthcoming on the AACVPR Web site.
AACVPR recognizes the following individuals who were named AACVPR Fellows for their significant efforts to advance the profession and the association, and their commitment to continue to do so for years to come:

Donna Donakowski, CES, FAACVPR  
Henry Ford Health System  
Clinton Township, MI

Kent Eichenhauer, PsyD, FAACVPR  
Delta Psychology Center  
Urbana, OH

John Greany, PhD, MS, PR, FAACVPR  
University of Wisconsin - La Crosse  
La Crosse, WI

Allan Lewis, MS, FAACVPR  
Memorial Health Center  
Chattanooga, TN

Cathy Luginbill, RN, MS, CNS, FAACVPR  
Alta Bates Summit Medical Center  
Berkeley, CA

Wayne Reynolds, RN, FAACVPR  
Signature Healthcare Brockton Hospital  
Brockton, MA

Tom Spring, MS, FAACVPR  
Beaumont Hospitals  
Troy, MI

Danielle Strauss, BSN, RN-BC, FAACVPR  
Baylor Heart & Vascular Hospital  
Dallas, TX
Thanks for A Great Conference!
Jan Foresman, RN, MS, FAACVPR & Steven W. Lichtman, EdD, FAACVPR, Annual Meeting Program Planning Committee Co-Chairs

We would like to extend a brief but heartfelt “Thank You!” to all those individuals involved in the planning of the 2011 AACVPR Annual Meeting. We would particularly like to thank the entire Program Planning Committee for the many hours of hard work and dedication it takes to put together a national meeting. Special thanks to the California Society for Cardiac Rehabilitation and the California Society for Pulmonary Rehabilitation for assisting in meeting planning, promoting the conference to their members, and hosting our enjoyable night at Disneyland. We also welcome Anne Gavic, MPA, FAACVPR, as the new Annual Meeting Co-Chair, and will join Jan Foresman in planning our 2012 meeting.

Now that the 2011 event is behind us, we look forward to the 2012 AACVPR Annual Meeting: September 6-8 at the Hilton Orlando. We hope to see you all there. “Hey, Jan, now that the 2011 meeting is over where are you going?” “Steve, I am going to Disney World!”

Thank You, Sponsors!

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Thank You, Sponsors!
AACVPR thanks the following Affiliate Societies for their generous support of the 26th Annual Meeting:

California Society for Cardiac Rehabilitation (CSCR)
California Society for Pulmonary Rehabilitation (CSPR)
Illinois Society for Cardiopulmonary Health and Rehabilitation (ISCHR)
Iowa Association of Cardiopulmonary Rehabilitation (IACPR)
Kentucky Cardiopulmonary Rehabilitation Association (KCRA)
Michigan Society for Cardiovascular and Pulmonary Rehabilitation (MSCVPR)
Minnesota Association of Cardiovascular and Pulmonary Rehabilitation (MNACVPR)
Missouri-Kansas Association of Cardiovascular and Pulmonary Rehabilitation (MOKSACVPR)
Montana Association of Cardiovascular and Pulmonary Rehabilitation (MACVPR)
Nebraska Cardiovascular and Pulmonary Rehabilitation Network (NCVPRN)
New York State Association for Cardiac and Pulmonary Rehabilitation (NYSAC&PR)
North Carolina Cardiopulmonary Rehabilitation Association (NCCRA)
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. Click here to visit the Education Center! Login to view exclusive member discounts and special offerings.

Inside the Industry

Health & Public Policy FAQ: Patient Enrollment Timeframes
Murray Low, EdD, MAACVPR, FACSM, Health and Public Policy Committee Chair

Q: Must I have every patient enrolled in cardiac rehabilitation within a certain timeframe?
A. Every MAC has discretionary authority to interpret Medicare regulations for cardiac rehabilitation. Check your MAC section of the AACVPR Web site - CLICK HERE - for updates and changes to local policies that affect cardiac and pulmonary rehabilitation.

Currently, all MAC jurisdictions follow the federal regulation and do not add a time frame to any diagnoses other than AMI, except for one. That one is National Government Services (NGS), which has a Local Coverage Determination (LCD) that specifically states a Cardiac Rehabilitation program must be initiated within 6 months of the following entry diagnosis: PCI, CABG, and heart valve repair/replacement. As for s/p MI or Heart Transplant patients, the new NGS LCD follows Medicare guidelines that permit Cardiac Rehabilitation initiation within 12 months of event. It is interesting to note that the new NGS LCD goes on to state that “claims may be reviewed for individual consideration for a medical basis for the delay.”

Your state representatives on your MAC committee are listed on the MAC web page as well. They should be your first source of accurate information for local Medicare rules, which may vary from Medicare jurisdiction to Medicare jurisdiction. You should also confirm which local Medicare contractor your hospital system utilizes for submission of Medicare claims because it may be a different entity than the MAC that has the local Medicare contract in your state.

Spotlight on Liaisons
Marjorie King, MD, MAACVPR
For AACVPR members, Annual Meetings are a chance to network with colleagues and brainstorm about ways to improve our programs. AACVPR leaders did the same with several of our liaison organizations this September in Anaheim, exploring ways to raise awareness about cardiovascular and pulmonary rehabilitation and AACVPR, to increase communication with our liaisons, and to fulfill unmet needs for our members and their patients.

During our meeting with Dr. Lewin, President of the American College of Cardiology, we identified 5 areas for collaboration in future:

1. Increasing cardiologist awareness about the value of and indications for cardiovascular rehabilitation
2. Partnering to improve quality, performance, and leadership of cardiovascular rehabilitation centers
3. Collaborating about cardiovascular performance measures, data standards, and payment incentives
4. Patient education about cardiovascular prevention, rehabilitation, and risk reduction
5. Registry collaboration on clinician quality feedback, outcomes, and system improvement

The COPD Foundation is introducing a new initiative for patients with COPD, the Pulmonary Education Program (PEP), which includes a plethora of free educational materials, as well as a COPD Information Line, manned by patients with COPD who are graduates of the PEP program, and a follow-up program designed to promote disease self-management.

Our colleagues from EFFORTS were in the Exhibit Hall, sharing information about their online educational and support network for patients with COPD.

Many cardiac rehabilitation programs partner with Mended Hearts chapters within their communities. In Anaheim, AACVPR leadership met with the Mended Hearts President and Executive Director to discuss ways of promoting enrollment in cardiac rehabilitation, as well as peer support from Mended Hearts, especially in underserved populations and areas.

The Preventive Cardiovascular Nurses Association (PCNA) is one of our longest and most valued liaisons. Our meeting with their leadership focused on ways to continue to share professional and patient educational materials and to embark on a joint project to benefit members of both organizations and their patients.

The Vascular Disease Foundation (VDF) promotes awareness about PAD and other vascular diseases. They partner with AACVPR to promote professional and public awareness about the benefits of exercise training for patients with PAD and claudication. VDF worked with AACVPR to provide the Ankle Brachial Index Screening Workshops in Anaheim, taught by leaders from the Society for Vascular Nurses (SVN). We are now embarking on a liaison relationship with SVN, exploring ways to raise awareness about the benefits of exercise training for PAD among their members and to help AACVPR members access information about ABI screening and wound care.

Finally, we were fortunate to have so many international attendees this year and had several meetings to explore ideas about how to work together to improve access to and excellence in cardiovascular and pulmonary rehabilitation. Fourteen international attendees joined AACVPR volunteer leaders to discuss ideas for working together, and a special meeting of Latin American Society representatives was held. During our meeting with European Association of Cardiovascular Prevention and Rehabilitation leadership, we discussed jointly sponsored sessions at each other's Annual Meetings, joint guidelines and statements, and potentially linking our registries in future to evaluate the effects of different modes of service delivery.

Behavioral Aspects of Rehabilitation

Behavioral Medicine Sessions in Anaheim
Andrea Bon-Wilson, MA, LPC, CACII, FAACVPR
The AACVPR Annual Meeting in Anaheim once again provided invaluable information about the present state of Behavioral Medicine. From informal discussions to structured presentations, attendees walked away even better prepared to work with their patients to improve overall health care. Most sessions can be purchased in the AACVPR Education Center as individual proceedings or at a significant discount for the entire track by clicking here.

Implementing the Psychosocial Component in Your Program -- From the Nuts to the Bolts
Kent Eichenauer, Glenn Feltz, and Andrea Bon-Wilson have all worked with cardiac and pulmonary rehabilitation patients for many years and are on the behavioral health sub-group for the AACVPR Professional Liaison Committee. This session was a behavioral how-to on the psychological and social risk factors for both cardiac and pulmonary patients. Dr. Eichenauer outlined three different models for the integration of the psychosocial component into a rehabilitation program, ranging from a basic program with a minimum of recommended elements to a comprehensive model that would be the ideal. Essential components include assessments, individual...
consultations, group education, individual treatment, and referral to a partnered mental health professional. Dr. Feltz presented information on incorporating psychosocial interventions into cardiac and pulmonary programs, taking into consideration program philosophies, resources, and culture. Andrea Bon-Wilson outlined effective stress management education and led an interactive relaxation and meditation session for the attendees. Additionally, video demonstrations of psychological sessions were shown and examples of patient issues were explored.

Promoting Sexual Health in Cardiac and Pulmonary Patients
Kathy Zarling, RN, works at the Mayo Clinic and has trained medical personnel and worked directly with patients for many years. She has also been very involved with AACVPR and is a past board member. Kathy discussed sexual issues that cardiac and pulmonary patients often contend with and what sexual health looks like throughout the human life cycle. She highlighted issues that threaten patients’ self-image and ability to return to a healthy sexual relationship, including barriers to providing sexual health care, guidelines for discussing sexuality, assessment, and individual treatment plans. She covered some of the drugs and behaviors that affect the sexual response and health of the patient. Kathy shared personal experiences on counseling patients and couples, recounting how this made a difference in the quality of those patients’ recovery.

Clinical Management of Your Tobacco-Dependent Patient: An Introduction to the American College of Chest Physicians’ Tobacco-Dependent Treatment Tool Kit, 3rd Edition
Dr. David Sachs is the Medical Director of the Palo Alto Center for Pulmonary Disease Prevention and the Chair of the Tobacco-Dependence Treatment Tool Kit Committee. The tool kit is an evidence-based treatment, endorsed by the American Heart Association, the National Cancer Institute, the Center for Disease Control, and the US Surgeon General, and others. Dr. Sachs shared medical research proving that tobacco dependence is a chronic disease with periods of relapse and remission. The data compellingly show that providing both pharmacologic treatment and behavioral management boosts treatment effectiveness and outcomes. Participants received state-of-the-art treatment algorithms, as well as clinically valid tools to assess dependency and treat withdrawal symptoms. The tool kit is free to all members -- CLICK HERE!

Finding Meaning, Balance, and Satisfaction in Medicine
Dr. Tait Shanafelt, oncologist at the Mayo Clinic, spoke about burnout with doctors and health care professionals. The definition of burnout is emotional exhaustion, depersonalization of patients, and a feeling of low personal accomplishment. Burnout affects 30-40% of hospital employees and has been proven to lower patient satisfaction, jeopardize compliance, and increase medical mistakes. Burnout is a major issue for younger employees and long-term employees alike, incurring huge costs to patients, hospitals, society and the individual health care professional. Shanafelt offered tools to measure burnout, discussing strategies to combat burnout in our colleagues and ourselves.

Nutritional Aspects of Rehabilitation
AACVPR Annual Meeting Nutrition Update
Alisa Krizan, MS, RD, LD
Evidence-Based Diabetes Nutrition Therapy: Marion Franz, MS, RD, LD, CDE, reviewed the evidence for expected outcomes for diabetes nutrition therapy, nutrition therapy priorities for type 1 and type 2 diabetes, and controversial nutrition recommendations. Medical nutrition therapy (MNT) for pre-diabetes along with physical activity reduces the risk of type 2 diabetes by 58% when maintained up to 14 years. When a registered dietitian (RD) provides MNT to a diabetic patient, the average A1C percentage is reduced by 1-2% depending on type, duration, and level of control of diabetes.

Health care professionals do not prescribe drugs not proven to be efficacious, yet they write and recommend diet books not proven to be effective. Reduced energy intake and continued support is important. Weight loss diets are not likely to reverse the obesity epidemic, but weight loss and physical activity have important health benefits. Even a modest weight loss (~5% of initial weight) may prevent or delay type 2 diabetes; decrease systolic and diastolic blood pressure in dose-dependent fashion; decreases in circulating inflammatory markers (C-reactive...
protein and cytokines); and potentially improve triglyceride, total cholesterol, and LDL cholesterol level.

It is unlikely that an ideal percentage of macronutrients for diabetes meal planning exists. Nutrition therapy must be individualized to take into account the patient’s cultural practices and personal preferences. A variety of nutrition interventions and food patterns can be implemented. Nutrition therapy for diabetes is effective!

**Untangling the Heavy Burden of Obesity and the Obesity Paradox:** Carl Lavie, MD, FACC, FACP, FCCP, and Philip Ades, MD, MAACVPR, explained that most databases used to examine the relationship between BMI and mortality that determined an “obesity paradox” were not designed for such purpose. Instead, such databases determine the relationship between baseline BMI data and long-term mortality. They lack data on time-course of any weight change and if it was intentional or non-intentional. These data often omit full data on smoking, illicit drug use, alcohol use, HIV status, and physical activity/fitness.

Drs. Lavie and Ades covered practical consideration for weight loss in Cardiac Rehabilitation (CR), pointing out that current approaches are largely ineffective. Health care practitioners need to acknowledge the reality that all CR candidates have “agreed” to exercise, but not all CR candidates have “agreed” to go on “a diet.” As such, this must be long-term goal.

Weight loss is a veritable “polypill” for risk factor control in overweight coronary patients in CR. In view of the multiple risk factor benefits of weight loss in CR, weight loss should be considered a quality indicator in CR for overweight patients. Patient-based and program-based data on weight outcomes and practice quality improvement are needed to optimize weight loss and risk factor outcomes in CR.

**Weight Loss Surgeries Effect on Appetite, Target Weight, & Motivation:** Shadrach Smith, MD, discussed surgical options for obese patients and shared some alarming statistics. Risk of premature death doubles when BMI >35, and sudden unexplained death is 13 times more likely in morbidly obese women. Overweight men participating in the Framingham study had a mortality rate 3.9 times greater than the normal weight group: 25- to 34-year-olds had a 12X mortality rate, while 35- to 44-year-olds had a 6X mortality. Risks are proportional to duration of obesity.

Candidates for weight loss surgery fall within the following categories:

- have a BMI>40 kg/m2 (>100 pounds overweight) or BMI >35 kg/m2 with diabetes
- are between 16 and 60 years of age
- are not emotional eaters, carbohydrate cravers, or binge eaters
- do not suffer from uncontrolled depression
- are able to lose >5% of weight before surgery to be considered a surgical candidate.

The typical patient receiving bariatric surgery is 19% Males & 72.6% Females (8% not reported gender), mean age 39 years (range 16-64 years), mean BMI 46.9 (range 32.3-68.8). The common types of bariatric surgeries are gastric restrictive operations: stapled gastroplasty (VBG) & gastric banding (AGB), restrictive and metabolic operations (sleeve gastrectomy & gastric bypass) or restrictive, metabolic and malabsorptive operations (biliopancreatic division ± duodenal switch).

Long-term weight loss is difficult to achieve due to human nature’s tendency to move little and select high-calorie foods. Obesity is a chronic disease associated with many health problems and is not curable. The most effective and proven long term approach for “controlling” severe obesity and Type 2 DM is through bariatric and metabolic surgery. Not all bariatric surgeries are equal. Some surgeries affect hunger, fullness, and glucose metabolism through GI tract hormones such as ghrelin and GLP-1.

If you would like to hear these sessions again, or if you missed them onsite, most can be purchased in the AACVPR Education Center as individual proceedings or at a significant discount for the entire track by [clicking here](#).
JCRP Highlights
Mark A. Williams, PhD, MAACVPR, JCRP Editor-In-Chief

JCRP ONLINE - CLICK HERE!
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 Cardiopulmonary Rehabilitation as well as the 2010 Reviews.

November/December 2011 Issue
This issue is highlighted by an Invited Review entitled “Clinical Research in Cardiac Rehabilitation and Secondary Prevention: Looking Back and Moving Forward” as well Section Papers in Cardiovascular Disease Prevention, Cardiac Rehabilitation, Exercise Testing, and Pulmonary Rehabilitation, and includes manuscripts from Taiwan, Germany, Ireland, England, Canada, and the United States.

INVITED REVIEW
• Clinical Research in Cardiac Rehabilitation and Secondary Prevention: Looking Back and Moving Forward. Savage et al (USA)

CARDIOVASCULAR DISEASE PREVENTION
• Effect of Aerobic Interval Training on Exercise Capacity and Metabolic Risk Factors in People with Cardiometabolic Disorders: A Meta-Analysis. Chueh-Lung Hwang et al (Taiwan)

CARDIAC REHABILITATION
• Cardiac Rehabilitation Outcomes: Impact of Comorbidities and Age. Listerman et al (USA)
• The Congruence of Patient Communication Preferences and Physician Communication Behavior in Cardiac Patients. Farin et al (Germany)
• Work Adjustment with Cardiovascular Disease: Job Characteristics and Social Support. O'Hagan et al (Canada)
• The Development of a Self-Reported Version of the Chronic Heart Questionnaire. Evans et al (England)

Brief Reports
• Cardiac Rehabilitation Wait Times: Effect on Enrollment. Russell et al (Canada)

PULMONARY REHABILITATION
• Sequential Cognitive Skills in Emphysema Patients Following Lung Volume Reduction Surgery: A Two Year Longitudinal Study. Kozora et al (USA)
• Acupuncture as an Adjunct to Pulmonary Rehabilitation. Deering et al (Ireland)

Committee Updates

Certification / Recertification Events Onsite
Bonnie Anderson, MS, RCEP, CES, FAACVPR
WOW...Another exciting year for the Certification and Recertification Committees! There were 630 applications for certification and recertification this year, which continues to demonstrate that programs have identified the great value of the process.

A huge “Thank You” needs to be extended to the certification and recertification review team members for their many hours of enthusiastic commitment to the review process and especially to the committee chairs, Pat Benfield -- Recertification Chair and Gayla Oakley -- Certification Chair, for their leadership. Both will be rotating out of their chair responsibilities this year and deserve our gratitude for their many years of dedicated service! We welcome Cristy Baldwin (St John's Hospital, Springfield, Missouri) and Susie Carter (Indiana University Health, Bloomington, Indiana) as the new co-chairs of the committee!

The AACVPR Certification and Recertification Committees continue to strengthen and streamline the process as we prepare to launch the third cycle of online applications and as the organization moves toward an even more collaborative effort incorporating both the Performance Measures and the Cardiac and Pulmonary Registries. Among the improvements slated for cycle 3 (opening December 1, 2011):
The Certification and Recertification applications have been combined and will now be the same.
Questions (both clinical and technical) will be processed through the Discussion Forum on the AACVPR Web site.
The Personnel Form will be replaced with an expanded Program Intake Form.
Applications will be blinded.
Application pages have been streamlined so that there are now a total of 10 pages.
All required material will be requested with the initial application, eliminating the need for additional requests during the review cycle and saving time for both applicants and reviewers.
Improved instructions have been added for each page, including “Required Elements,” unacceptable material, and examples where appropriate. Now when the review of their application begins. The goal for reviewers will be to complete the process for each application within 2-3 weeks. When the review of the application is completed, another automated notification will alert applicants that the INITIAL review is completed.
Applicants will have 3 business days to respond to reviewer requests for clarification. All programs will be required to list two individuals available to respond to reviewer questions. Failure to comply with this timeline may result in automatic denial.
An expanded Education Center on the AACVPR Web site will be emphasized to help prepare programs BEFORE they begin the application process. The certification process is the time for programs to demonstrate that they have had all required elements in place for a minimum of 1 year.
Programs considering application are encouraged to visit the AACVPR Certification Application Resource page to browse through the growing list of tools that can help them determine if they are adequately prepared to begin the application process. In the weeks to come, there will be updated application webcasts, the 2012 application manual, the Pulmonary Rehab Outcomes Toolkit, the Outcomes Matrix and various other opportunities for learning and growth.

Click here to view the Certification and Recertification informative sessions presented during the Annual Meeting at no cost. Please feel free to contact the National Office if you have questions or concerns. They will be happy to assist you with technical questions and will direct your clinical questions to appropriate resources.

Registry Updates from the AACVPR Annual Meeting

Mark Vitcenda, MS, FAACVPR, Outpatient Cardiac Rehabilitation Registry Committee Chair
Meetings serve as an important avenue for people to share ideas, and this year’s AACVPR Annual Meeting in Anaheim was no exception. Thank you to all those who attended the presentation by Chris Garvey, Gerene Bauldoff, and myself regarding the AACVPR Outpatient Cardiac and Pulmonary Rehabilitation Registries, and a special thanks to those of you who offered suggestions and comments about these projects. It is important to get feedback from programs as we develop these tools.

During the meeting, we had several fruitful discussions with representatives from our industry partners Life Systems International (LSI) Inc., Cardiac Science Corporation, and ScottCare Cardiovascular Solutions. We are looking at ways to support their customers in participating in the registries while meeting our needs for accurate data. We’re excited to be involved with these companies and will continue to have frequent contact with their technical teams. Special thanks is due to LSI for its unrestricted support of the cardiac rehab registry as founding sponsor.

We’re also excited about the enthusiasm displayed for the cardiac rehab registry’s “early adopter” program! More than 170 programs have indicated interest in “early adopter” subscription in the cardiac rehab registry (and more than half of those also indicated interest in the pulmonary rehab registry). Early adopters get a 50% discount on the first year of registry subscription, as well as regular updates on the registry. To become part of the early adopter group, go to www.aacvpr.org/CRregistry and fill out the contact form (you’ll find the link at the bottom of the page). Subscriptions INCLUDING PAYMENT must be received by January 1, 2012, to get the discount.

Through a drawing at the Annual Meeting, we presented one of the early adopters with a free year’s subscription to the registry and -- thanks to LSI -- the inaugural Mike Otte AACVPR Annual Meeting Scholarship, which includes free registration to the 2012 meeting plus three nights’ hotel stay. The winner was Carondelet St. Joseph’s Hospital of Tucson, Arizona.

Lastly, we were thrilled to meet with Dr. Jack Lewin, CEO of the American College of Cardiology (ACC), who presented the meeting’s closing keynote address. Dr. Lewin expressed his support of our efforts at developing a national cardiac rehab outcomes database and was highly instrumental in connecting our registry development team with staff members who oversee the ACC’s PINNACLE registry. We will learn a lot from ACC’s experience in...
registry development and management, and we are indebted to Dr. Lewin for his assistance in this endeavor.

We look forward to the 2012 Annual Meeting in Orlando. We hope to report early results from the cardiac rehab registry and give progress updates on the pulmonary rehab registry set to launch in January 2013. In the meantime, go to www.aacvpr.org/CRregistry, for the recording of the 2011 Annual Meeting presentation, and to stay up to date on the registry progress.

Affiliate Reports

California Society for Cardiac Rehabilitation

Elaine Gotro, MS, CSCR President

Congratulations to AACVPR for a very successful conference! The response we have received from our members has been very positive regarding the entire conference. Some of the comments noted were:

- Great location
- Nice to have the meeting rooms in the same hotel – close proximity for everything
- Good variety of topics covered: clinical aspects, legislative information, research, motivational topics
- Great “hands-on” stations
- Good variety of vendors
- Excellent pre-conference sessions
- Loved being able to go to Disneyland with co-workers!

We at CSCR were very proud to host the Affiliate Event in Anaheim and hope it was a relaxing, fun time for all! As we said, “Exercise is considered the closest thing to the ‘Fountain of Youth’ that we have, but Disneyland is a close second.”

Calendar of Events/Education

Upcoming AACVPR Webcasts

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

- October 13: 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 2: Pulmonary Rehabilitation Outcomes Toolkit (Chris Garvey, FNP, MSN, MPS, 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.

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,
Email Template

- 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 Runs Through November 15

Attend the PCNA Fall Lecture Series to earn 2.25 free contact hours of continuing education. The Series launched in New Orleans in September and will 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.

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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