“Individually, we are one drop. Together, we are an ocean.” - Ryunosuke Satoro

There is a theme running through this issue of News & Views that is vital to the success of our programs, organizations, and AACVPR: TEAMWORK! By necessity, health care is a multidisciplinary effort, and nowhere is that more apparent than in cardiac and pulmonary rehabilitation. This is reflected in the very nature of AACVPR.

Our professions and our organization are made up of disparate yet crucially linked professions and professionals. We would list them here, but since so many professions add to the care of our patients and the maintenance of our organization, the list is voluminous and it is easy to leave someone off in error.

Teamwork can manifest itself in obvious ways: the interaction of various disciplines to best treat our patients, the efforts of AACVPR leadership to maintain our great organization, and the willingness of our members to participate in activities, surveys, etc., that allow us to improve on what we do.

Teamwork can also play a part in subtle ways. It is obvious that the multidisciplinary team in your cardiac or pulmonary rehabilitation program must work together to achieve optimal patient care. It is equally apparent that AACVPR leadership must function as a team to keep meeting our members’ needs. There are other aspects of teamwork within the structure of cardiac and pulmonary rehabilitation and AACVPR, however, that you might have not considered. Here are just a few examples:

- Recently, a team of 80 AACVPR members descended upon Washington, DC, as part of the AACVPR Day on the Hill, to convince legislators to allow physician extenders to act as supervisors for cardiac and pulmonary rehabilitation programs. While this is a fantastic turnout, imagine the increased impact if 800 individuals had attended.
- Last year, almost 700 cardiac and pulmonary rehabilitation professionals attended the AACVPR Annual Meeting and carried vital programmatic, regulatory, legislative, and health care information back to their respective programs. Imagine the impact on
As a health professional, you know how important it is to be armed with the most credible, science-based, relevant patient education resources. The General Mills Bell Institute of Health and Nutrition is here to help! Our family of FREE heart health education resources can help you successfully lead your patients down the road to heart health.

• Get Heart Healthy! Cardiac Class Education Guide incorporates the more stringent guidelines from the National Heart Lung and Blood Institute ATP III report. Target use is with individuals who have had cardiac events (by-pass surgery, angioplasty, diagnosis of CHD, very high blood cholesterol levels) or other risk factors that place them in a high-risk category. It is intended for class instruction and includes six ready-to-use lesson plans.

• Destination! Heart Healthy Eating is best for use with one-on-one patient counseling. It provides tools that can assist you in effectively communicating a positive strategy for heart healthy eating even to your hard-to-reach patients. It includes tips on achieving a healthy blood cholesterol level, improving overall

patient care if all 3,000 members of AACVPR had attended and disseminated this information back to their patients, administrators, and referral sources.

• Fifty-one percent of AACVPR members have attended at least one webcast over the last year. Imagine if all members had attended all webcasts. The tide of information resulting from this participation would greatly improve the services we provide to our patients.

The next time you consider how you can improve your program, patient care, or knowledge and impact on legislative and regulatory issues, remember the word “Teamwork” and think of how you can become part of the winning side.

“None of us is as smart as all of us” - Ken Blanchard

Message from the President and the Executive Director: When AACVPR Members Speak...

Joanne Ray, AACVPR Executive Director & Bonnie K. Sanderson, RN, PhD, FAACVPR

Over the past 6 months, we have asked our membership to tell us how you feel about AACVPR programs and services. Nearly 600 of you responded to our education survey, and more than 1,200 responded to the member satisfaction survey.

You have spoken. And not only have we listened, but we are already making changes in direct response to your feedback. We’d like to share some of the survey highlights and our resulting plans toward meeting your needs.

Click here to read a summary of the survey results.

Education

• 67% of you turn to AACVPR as your primary source for CR/PR rehab-related education.
• 36% benefit mostly from the Annual Meeting educational offerings.
• 21% seek your educational enrichment through our Webcasts, with 51% having attended at least one Webcast in the last year.
• 75% of you seek sessions offering CEUs.

You have asked for immediate, practical, clinical topics, as well as practically designed technical training. You yearn for best practices, certification insights, help with guidelines, early and reliable information regarding compliance and regulatory changes and how they will affect your programs and patients, staffing/succession planning, and more pulmonary-related topics. You seek a balance of education offerings and delivery formats—face-to-face, hands-on, and experiential learning, coupled with interactive virtual offerings.

We listened: Our Education Committee has been incredibly active in seeking expanded, interactive virtual offerings (both “live” Webcasts and on-demand audio/PowerPoint-synched sessions) to watch alone as self-study and/or share when it’s most convenient for you and your staff. You’ll have access to discussion forums to continue the dialogue (with faculty and with each other) beyond the Q&A at the end of a session and to generate ongoing interest that transcends information sharing, leading to actionable and relevant practice.

If you were unable to attend the past two AACVPR Annual Meetings, you’ll find the proceedings of top-evaluated faculty accessible via our Online Store.

Membership Satisfaction

• AACVPR is perceived as a repository of regulatory and legislative information, a political advocate on cardiac patient care issues.
• AACVPR is identified as a leader of excellence in promoting health and preventing disease.
• The AACVPR Web site receives high marks for its reliability, accuracy, and timeliness...
diet, achieving a healthy body weight, and lowering blood pressure.

- The Road to a Healthy Heart & Healthy Family/El Camino Hacia un Corazón y una Familia Saludables is tailored for use with Hispanic patients. Adapted from Destination! Heart Healthy Eating, this booklet with culturally relevant graphics and foods was focus-tested with Hispanic patients and health professionals.

We are sure you will find these tools useful and helpful for your patients. Access all of these free heart health resources today!

We listened: A group of dedicated AACVPR volunteers has pulled examples of best practices from top program certification applicants and will make these available for you via the AACVPR Web site. The certification resource page has been upgraded and redesigned to provide ready access to key tools and frequently asked questions.

More than 1 in 5 Medical Directors of your programs are members of AACVPR, with their top areas of operational involvement being patient evaluation and rehab program design. We are gathering a task force of medical directors to gain feedback so we can offer resources specifically targeted for this audience.

You told us the top reasons why you joined and why you consider AACVPR membership a priority. Top member benefits included (in this order):

1. Certification resources;
2. Access to member/program directories;
3. Reimbursement/legislative updates;
4. Career advancement/professional growth;
5. JCRP;
6. Discounts for educational offerings;
7. News & Views; and
8. Sample media, outreach, and referral resources.

Thank you for giving us the opportunity to serve you. AACVPR committees are now reviewing the survey results to determine how they impact the goals and deliverables of AACVPR activities and to further identify new ways to meet your needs. We are excited about our progress to date, and we will remain focused on continuous quality improvement to meet your needs. We will provide updates to you as our plans take shape, and we look forward to your continued feedback.

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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Member Resources

Innovative Programs & Best Practices

Tracy A. Herrewig, MS, FAACVPR

This month’s column highlights Vanderbilt University Medical Center’s Outpatient Cardiac Rehabilitation Program. The article was submitted by Zack Klint, MS, Assistant Manager of...
Frustration was the catalyst that pushed our cardiac rehab team to seek innovative approaches to engage patients. The age-old deficit-based approach, which puts the medical professional in the role of a disappointed parent telling the patient how they should behave, just wasn’t working. Training our staff as Health Coaches was our answer.

Health Coaches are credentialed health care professionals who combine their expert knowledge with coaching skills to assist patients in making lifestyle/behavior change. The roots of Health Coaching are grounded in applied behavioral science and positive psychology. It teaches clinicians the skills to see individuals through ambivalence and past barriers as our patients seek their optimal level of health.

Vanderbilt University Medical Center’s Outpatient Cardiac Rehabilitation Program has successfully undergone a retooling of our staff. A majority of the team members have completed Health Coach training with the goal of all staff achieving certification by summer 2011.

Though we are still in the early stages of implementation, Health Coaching is already providing tangible benefits. Our ongoing training challenges staff to constantly be mindful of the manner in which they approach patients’ unhealthy behaviors. It’s still extremely familiar to put on the expert hat and tell a patient what they need to do. Secondly, many cardiac rehab professionals feel burdened by the notion that they are responsible for the patients’ results. Health Coaching believes that each of us has a vision of what our best health looks like; the role of the coach is to help the patient align their behavior with that powerful vision. Health Coaching relieves the clinician of the overwhelming weight of being the only one responsible for the result.

“I saw an angel in the stone, and I carved to set it free.” - Michelangelo

Free Access to Touch Briefings

As part of our media collaboration, AACVPR reminds all members that you have FREE access to Touch Briefings in the electronic version of US Cardiology. This peer-reviewed bi-annual journal includes review articles, case reports, practice guidelines, and original research. Guided by an Editorial Board of world-renowned physicians, US Cardiology comprises articles from recognized leaders to deliver comprehensive updates on the most important clinical issues facing everyday cardiovascular care.

Click here to read the most recent article submitted by AACVPR leadership (“Cardiovascular Disparities – Bridging Cardiovascular Health Promotion” on page 19 of the current issue).
**Health & Public Policy FAQS: The "Rule" of Medicare**

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

Questions about coverage and reimbursement sent to AACVPR frequently begin with, "I heard that Medicare requires …" or "Now that Medicare requires … how do we…?"

The answers to these questions are often, "Medicare doesn't require…, it is only a recommendation of AACVPR," "Medicare never required …", or "Medicare does not require … but your local Medicare contractor does."

There are a number of reasons why something might be believed to be The Rule of Medicare when, in fact, it is not.

1. Policies that the Centers for Medicare and Medicaid Services (CMS) and local Medicare contractors (MACs) publish are subject to review and revision at any time.
2. "Rules" that are accepted as rules without verification of legitimacy or current validity may be erroneous or contain outdated information.
3. Requirements may differ from professional recommendations or prudent practice.
4. Local Medicare policies take instructions from federal CMS policies, but are not necessarily identical.
5. Private insurance policies do not have to follow Medicare regulations.
6. Frustrating as it may be, sometimes there is no answer.

The key message here is to keep your information current on coverage and reimbursement issues by knowing the most recent federal and local regulations.

- Have a copy of the CMS regulation readily accessible for reference.
- Be sure your program is plugged into your MAC Committee Communication Tree.
- Be familiar with the documents posted on the [AACVPR Regulatory & Legislative Resources Web page - click here](#).
- Do thorough up-front research regarding private insurance cardiac and pulmonary rehabilitation policies in your area. Question clinically-inappropriate policies.

With regard to following the rules:

1. Understand that there may not be a satisfactory answer from Medicare if the question is "Why?"
2. It’s healthy to periodically analyze what you do. “Do we use this form because it is currently required, because it serves a function, or simply because we’ve always done it that way?”
3. Maintaining a current knowledge of Medicare requirements is a professional expectation as well as an ongoing challenge.

**Leadership: A Tradition to Excellence**

Barbra Fagan, MS, RCEP, FAACVPR

Growing up in Wisconsin exposes one to the rich history and legacy of Vince Lombardi and the Green Bay Packers. The "Cheesehead" has become the beloved recognizable badge of honor proudly displayed on top of our collective heads. Witnessing the recent Super Bowl Champion Green Bay Packers and the community that supports them, I reflected upon a tradition of excellence and leadership. Led by their coach, 53 individuals came together with one goal in mind: to win the championship. You may ask yourself, "What does any of this have to do with AACVPR or, for that matter, with any of our individual cardiac or pulmonary rehab programs designed to serve our patients?" I would like to share three personal observations of "Leadership Lessons Learned from Lombardi and the Packers" and how they transform into our everyday journey of service and excellence.

**Lesson 1:** "The achievements of an organization are the results of the combined effort of each individual." Most successful teams and programs did not rise to excellence on the
shoulders of one individual but the collective contributions of many. To win the championship, every one of the Packers played a central role to their success. Likewise, AACVPR and our individual distinctive programs thrive because of everyone’s participation. Each of us brings special gifts and talents to our patients, programs, and organizations. Opportunities to contribute to your department and to serve on AACVPR committees are abundant, and your commitment is vital.

Lesson 2: “If it doesn’t matter who wins or loses, then why do they keep score?” Quality initiatives are essential to the success of our programs. The AACVPR/ACCF/AHA 2010 Performance Measures have provided programs and clinicians a template for success. Quality metrics should be fundamental to each of our programs. Program certification is the gold standard to which we evaluate our services. Keep the score; know the score, and the score will improve!

Lesson 3: “Success demands singleness of purpose.” For the 2010 Green Bay Packers, it was about “ONE” -- one goal, one team, one purpose. Together, through adversity and despite all their nay-saying critics, they found a way to succeed. For those of us in cardiac and pulmonary rehabilitation, we are grounded in the purpose to serve others. Our passion is our purpose. Sharing this collective purpose, caring about our co-workers and our patients, is the glue that will hold everything together.

It is through teamwork, a commitment to shared purpose, and an astute focus on outcomes that we can achieve remarkable results. Each of you is a significant component to the success of AACVPR, and we are grateful for your important efforts in the care of those patients who turn to us for guidance, expertise, and care.

Behavioral Aspects of Rehabilitation

Helping Patients Get the Best Treatment for Tobacco Dependence

Michael Burke, EdD, CTTS

Dr. Burke is member of the Behavioral Experts Committee of AACVPR. He works as the Clinical Coordinator for the Mayo Clinic Nicotine Dependence Center. He is a member of the Motivational Interviewing Network of Trainers and the recent past president of the Association for the Treatment of Tobacco Use and Dependence.

Stopping smoking is the single best thing people can do for their health. There are proven cost-effective treatments for tobacco dependence, but these are notoriously under-delivered. Below is information and resources that may be helpful to you in helping your patients to get the best treatment for tobacco dependence.

In November 2010, the Surgeon General released a new report confirming that smoking remains our leading preventable cause of death (http://www.surgeongeneral.gov/library/tobaccosmoke/index.html).(1) Specific to cardiovascular and pulmonary rehabilitation, the report concludes that cigarette smoke:

- leads to endothelial dysfunction in arteries;
- increases triglycerides and deceases HDL-C;
- produces insulin resistance and chronic inflammation; and
- causes COPD.

In addition, the report finds that stopping smoking completely, rather than just reducing, is the only sure way to reduce cardiovascular disease risk and is the only proven strategy for reducing the processes that lead to COPD.

Clinical Practice Guidelines for treating Tobacco Dependence recommend that all patients who smoke be provided counseling and medication and that more intensive treatment is more effective (http://www.ahrq.gov/path/tobacco.htm).(2) Treatment quadruples success and is extremely cost-effective. For example, medication and counseling for smoking costs...
less than $4,000 for each quality life year saved, while other treatments such as statins for a person with multiple risk factors for heart disease costs more than $23,000, and glucose control for newly diagnosed Type 2 diabetes costs more than $35,000 for each quality life year. (3) Treatment is important. It works. It is very cost-effective. So why don’t patients flock to treatment?

Patients know smoking is harmful, but, because it can be very difficult, they too often feel unable or unready to stop. They may feel ashamed and blame themselves. They misunderstand treatment and think they need more willpower. Unfortunately, providing information and education alone too often increases a patient’s sense of shame and creates resistance. The challenge to the health care provider is to open a partnering dialogue and instill hope! Expressing empathy and evoking a patient’s self confidence can pave the road to effective partnering, which can help you get patients to treatment that works.

There are many resources to help you help patients stop smoking. In addition to the links in this article above, other resources can be found at [www.smokefree.gov](http://www.smokefree.gov). Also, a brief Youtube video that illustrates a partnering attitude toward helping patients and provides online and telephonic referral resources can be found at [www.youtube.com/watch?v=5EDaA26unVw](http://www.youtube.com/watch?v=5EDaA26unVw).


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Pulmonary Point of View

**Does Post-exacerbation Pulmonary Rehab Impact Re-hospitalization?**

_Gerene S. Bauldoff, PhD, RN, FAACVPR_

A recent study published in *Thorax* reported the outcomes of a randomized trial of pulmonary rehabilitation (PR) following hospitalization for a COPD exacerbation. Dr. John Seymour and colleagues describe a study on 60 patients hospitalized to receive either post-discharge usual care (n=30) or outpatient post-exacerbation PR (n=30) that was initiated within one week of discharge. The PR programs used were standard programs that consisted of two 2-hour sessions per week for 8 weeks that included aerobic exercise as well as upper- and lower-extremity strength training. Patients in both groups were provided general education on COPD.

No differences were seen between groups on baseline characteristics, including the number of hospitalizations for exacerbation in the previous year. The PR group completed 77% of the scheduled sessions. In the 3 months following study enrollment, 12/60 patients were readmitted for COPD exacerbation and an additional 13/60 were treated in the emergency department for an exacerbation (p=0.02). For both, the PR group had significantly less re-hospitalization (PR=7% vs. usual care=33%). Additionally, the usual care group sought care earlier following hospitalization than the PR group (median + 16 days vs. median +48 days, p < 0.01). Secondary findings also report improvement in quadriceps strength (p < 0.01) in the PR group that is thought to explain improvement seen in exercise capacity. Quality of life was also improved in the PR group.
Why is this important in PR?
This study provides support for the use of early intervention in the form of PR following hospitalization. While improvements in exercise capacity and quality of life are well-known benefits of PR, this study describes reduction in re-hospitalization and emergency department use in this group. The authors suggest that the frequent contact with PR professionals improves health care utilization.


JCRP Highlights

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

Click here for a new complete list of AACVPR Statements since 2004!

This issue is highlighted by Section papers in Cardiac Rehabilitation, Pulmonary Rehabilitation, and Peripheral Arterial Disease and includes manuscripts from the United Kingdom, Canada, and the United States.

CARDIAC REHABILITATION
• Cardiometabolic risk in community-dwelling persons with chronic spinal cord injury. Groah et al. (USA)
• Psychological distress in cardiac rehabilitation participants. Kolman et al (USA)

Brief Reports
• Autonomic effects of exercise-based cardiac rehabilitation. Laing et al. (USA)
• Metabolic syndrome: Identification and management in cardiac rehabilitation Zullo et al. (USA)
• Impact of cardiac rehabilitation on the ability of elderly cardiac patients to perform common household tasks. Johnston et al. (Canada)
• Do cognitive and behavioral factors mediate the impact of depression on medical outcomes in people with coronary heart disease? Dickens et al. (United Kingdom)

PULMONARY REHABILITATION
• Respiratory and skeletal muscle strength in COPD: impact on exercise capacity and lower extremity function. Singer et al. (USA)

Brief Report
• Deficits in muscle strength, mass, quality, and mobility in people with COPD. Roig (Canada)

PERIPHERAL ARTERIAL DISEASE
Effect of Propionyl-L-Carnitine on a background of monitored exercise in patients with claudication secondary to peripheral artery disease. Hiatt et al (USA)

The JCRP is available online for all AACVPR members. Click here!

Task Force Updates
AACVPR remains active in the development and implementation of quality of care performance measures in cardiac and pulmonary rehabilitation. With the help of a number of AACVPR members, and in coordination with colleagues from the American College of Cardiology and the American Heart Association, two general groups of performance measures from AACVPR and our partners have been endorsed by the National Quality Forum (NQF). NQF is the organization that endorses performance measures that are considered scientifically valid, feasible to implement, and likely to lead to improvements in the quality of care. Before the Center for Medicare and Medicaid Services (CMS) adopts any performance measures, it is generally necessary for those measures to be endorsed by NQF.

The two general groups of cardiac and pulmonary rehabilitation performance measures that have been endorsed by NQF are:

1. Referral to out-patient cardiac rehabilitation (from the in-patient and out-patient settings)
2. Pulmonary rehabilitation outcomes (6-minute walk and quality-of-life outcome measurements)

To the contrary, however, NQF has elected not to endorse another set of performance measures – those aimed at the delivery of cardiac rehabilitation services (that is, the measures aimed at cardiac rehabilitation programs, in the way that they deliver services), despite valiant efforts by AACVPR, ACC, and AHA. The cardiac rehabilitation performance measures writing group from these organizations is now in the process of reassessing these measures in order to improve them and resubmit them to NQF for possible endorsement.

Why are these measures so important? The answer is two-fold. First, performance measures, when developed and implemented appropriately, help improve the quality and outcomes of care for our patients. Second, there are growing expectations to deliver, measure, and report high-quality care, evidenced by the fact that many health care organizations and third-party payers (including CMS) are increasingly looking to quality of care indicators (such as performance measures) when considering contracts and reimbursement for care provided.

AACVPR will continue to advance the interests of our patients and of our profession, as we work closely with ACC, AHA, CMS, and other national groups to be in the forefront of performance measure development and implementation. For those who have an interest in helping with these important activities, please contact Elizabeth Dole (EDOLE1@mhc.net), chair of the AACVPR Clinical Applications Committee, the committee that helps to oversee the work on cardiac and pulmonary rehabilitation performance measures.

Committee Updates

Affiliate Link

Chuck Kitchen, MA, FAACVPR, Affiliate Link Committee Chair

The Affiliate Link Committee (ALC) is off to an exciting start for 2011. We have many projects on the docket this year and are excited to get things rolling. Our first order of business is to re-establish regular contact with all Affiliate Societies. In order to do that, we have to ensure that we have the current contact information for each Affiliate president. We also will be revamping the application for the Outstanding Affiliate Award, coming out later this year. We are very excited to see what the Affiliates have to offer this year.

We have several new members and look forward to reaching every single Affiliate on a regular basis. All affiliates are listed on the AACVPR Web site, including reference to annual meeting dates, affiliate Web sites, and Affiliate president contact information. Please click here to check to ensure your affiliate's information is correct. Feel free to
Board and Volunteer Development
Randal J. Thomas, MD, MS, FAACVPR
Have you ever thought about how you can get more involved with leadership opportunities in AACVPR? If so, read on!

AACVPR members who are interested in getting involved in leadership opportunities in the organization can make their interests known to the AACVPR Board and Volunteer Development Committee. This committee is responsible for the identification and development of current and future leaders of AACVPR.

The Board and Volunteer Development Committee is composed of AACVPR members from a variety of backgrounds and levels of experience in AACVPR. The committee meets by conference call on a regular basis to cover the following areas:

1. Development and nomination of new members of the Board of Directors
2. Training and support for current board members and committee leaders
3. Review of nominees for Fellow and Master of AACVPR, with final recommendations on their status to the Board of Directors

In the coming weeks, we encourage you to watch for and respond to calls from the Board and Volunteer Development Committee for fellowship applications, mastership nominations, and Board of Director nominations. For questions please contact Randy Thomas (Thomas.Randal@mayo.edu), Board and Volunteer Development Committee Chair.

Affiliate Reports

California (Cardiac)
California Upgrades
Elaine Gotro, MS, ACSM-Certified ES
The California Society for Cardiac Rehabilitation (CSCR) is undergoing a transformation! Our main objective this year is to modernize and redesign the CSCR Web site. The new Web site will be easier to navigate, with a wealth of information on educational opportunities and upcoming events for our members, as well as local, state, and national resources. Follow our progress at www.CSCR.org.

CSCR has Northern and Southern Regional Organizations. Each region hosts either a one-day conference during the year or the two-day state educational conference, which alternates between northern and southern California each year. CSCR had a very successful annual conference last spring at Disney’s Paradise Pier in Anaheim. Attendance was the highest in several years, at 150 attendees, thanks in part to outstanding local, state, and international speakers. Regional networking meetings are also held throughout the year at various locations throughout the state.

With the AACVPR National Meeting to be held in Anaheim this fall, CSCR is looking forward to co-hosting the “California Affiliates Event” with CSPR, the California Society for Pulmonary Rehab. Our next CSCR State Educational Meeting will be held in Sacramento in March 2012.

CSCR has energetic plans for 2011 to increase local educational opportunities throughout the state, as well as sponsoring teleseminars, special events, and round-tables on “hot topics.” Providing valuable educational opportunities for our members and disseminating new information is a high priority for our organization.
Indiana Enjoys Record Membership
Susan Bauman, BSN, ISCVPR President
The Indiana Society of Cardiovascular and Pulmonary Rehabilitation (ISCVPR) Annual Meeting and Conference is April 13-14, 2011 at Valle Vista Conference Center in Greenwood, Indiana. We are looking forward to preconference topics: Using Outcomes Effectively and the ever-popular Reimbursement Update. We have much to discuss as NGS just released a new LCD. Our main conference topics include: lung and heart transplant; health care impacts; breakouts -- diabetes and exercise, new pharmacy, pulmonary hypertension, and exercise with pulmonary fibrosis. We close with a speaker to boost our energy and help us celebrate our JOY. Print a brochure at www.iscvpr.org.

During Cardiac Rehab week, we celebrated our Patients of the Year who are submitted from hospitals around our state: Christine at St. Mary’s Hospital, Ron at Bloomington Hospital, and Stacy at LaPorte Hospital. These CR and PR patients have exemplified success in themselves and their rehab programs. They are awarded a gift certificate selected by their home rehabs. Congratulations to all!!

ISCVPR is grateful for the support of Indiana’s CR and PR professionals as we celebrate a record 178 members in our society this year. We had 8 ISCVPR members attend the AACVPR Annual Meeting in Milwaukee last October, and they came back to write articles for our quarterly newsletter to share information learned with our membership. Congratulations to RoseMary Wasielwski, who was awarded this year’s National Delegation to the AACVPR Annual Meeting. We look forward to continuing our service and support to Indiana’s fine CR and PR programs.

Iowa Plans Inaugural Conference
Susan Flack, RN-BC, BSN, IACPR President
The Iowa Association of Cardiopulmonary Rehabilitation (IACPR) is having another busy year! We are finalizing event details for the first Heartland Cardiopulmonary Conference, held jointly with the Nebraska Association, on April 8-9 in West Des Moines. The event brochure will be available on our Web site at www.iacpr.net. It looks to be a wonderful continuing education event, with excellent local and national speakers.

Over the past year, the IACPR has focused on maintaining and increasing our memberships in both the state and national organizations. We offer several benefits to our members, and we want to make sure that our members and potential members are aware of these benefits. We called each program in the state and gathered data regarding their familiarity with important current topics in our profession, as well as making sure that our contact information was up to date. It was a lengthy project, but we learned a lot about our state programs.

We have been involved with Day on the Hill since its inception, enjoying the opportunity to speak with and educate our Representatives and Senators on important issues affecting cardiac and pulmonary rehab. Because Iowa has a lot of critical access hospitals, talking points for this year’s Day on the Hill significantly affect many programs in our state. We feel empowered by the knowledge that our involvement in Day on the Hill is positively impacting the care that we can provide for our patients.

Maryland Sponsors Spring Conference
Sara Stees, MACVPR President
The Maryland Association of Cardiovascular and Pulmonary Rehabilitation (MACVPR) will be sponsoring their annual spring conference on April 12th. The theme for the conference is “A Multidisciplinary Approach to Managing Your Cardiac and Pulmonary Patients.” The conference will feature several local experts, including:

- Michael Lansing, MD, FACP, FCCP, Director of Pulmonary Rehabilitation at Northwest Hospital
● H. Richard Waranch, PhD, Assistant Professor of Medical Psychology at Johns Hopkins Medical Institutions and Special Consultant in Neurology at Sinai Hospital
● Debra Lund, MS, RCEP, FAACVPR, Clinical Exercise Physiologist, Baltimore-Washington Medical Center
● Sean Beinart, MD, MSc, FACC, FHRS, Electrophysiologist, Cardiac Associates, P.C., Shady Grove Adventist Hospital
● Gregory Pokrywka, MD, FACP, FNLA, NCMP, Assistant Professor for the Johns Hopkins University School of Medicine

For more information on the conference, please e-mail Sara Stees, MACVPR President, at sstees@uchs.org.

This coming summer also marks the end of the term for the current officers. Lisa Gerberg, RN, from Northwest Hospital (current President-Elect) will begin her term as President in June. Nominations for new officers will begin in March. Please contact any current officer for more information.

Opportunities in Ohio
Bonnie Clark, RRT, CPT, OACVPR President
It is with great excitement that we announce the Ohio Association of Cardiovascular and Pulmonary Rehabilitation (OACVPR) 2011 state annual conference: April 13-14 at Crowne Plaza Columbus North in Columbus. We are fortunate to have keynote speaker Miriam Nelson, PhD, from Tufts University in Boston. She is the author of the international best-selling “Strong Women” book series, which has sold more than a million copies worldwide. She has appeared on the “Today Show,” “Good Morning America,” “Fresh Air,” CNN, and the Discovery Channel. There will be additional presenters, a variety of vendors, and networking social events.

Through the diligent efforts of OACVPR and the national AACVPR office, a joint Affiliate membership was forged in 2010. Many opportunities and rewards have been available. OACVPR has seen significant growth, with the largest number of members associated with an affiliation. Many members have been involved in leadership roles and national office activities, and recognition has been given to individuals to honor their service.

Promoting membership and involvement at the state and national levels will continue to be our goal. Please contact us at www.oacvpr.org for additional information on the state conference and how you can become involved.

Calendar of Events/Education

March 29, 1pm Eastern Time (12pm Central, 11am Mountain, 10am Pacific)
AACVPR Guidelines for Pulmonary Rehabilitation Programs (4th Edition)
Presented by: Rebecca H. Crouch, PT, DPT, CCS, F AACVPR and Gerene Bauldoff, Phd, RN, F AACVPR
This Webcast will provide a review of the 4th edition of the recently published Pulmonary Rehabilitation (PR) Guidelines and evidence-based outcomes for PR. There will be opportunity for questions from the audience during the presentation. Click here to register now!

April 7, 1pm Eastern Time (12pm Central, 11am Mountain, 10am Pacific)
Triggers of Acute Cardiac Events
Presented by Barry Franklin, PhD, MAAVPR, and Carl Lavie, MD
This Webcast will review recent evidence related to triggers of acute cardiovascular events such as physical (i.e. vigorous exercise, sexual intercourse), psychological (stressful events, anger), and chemical (cocaine, particulate air pollution) stressors. Potential underlying pathophysiologic mechanisms will be discussed, as well as novel preventive strategies aimed at severing the link between stressors and acute cardiovascular events.
Click here to register now!

AACVPR Members can now register for AACVPR Webcasts online using a credit card! - Click here

Future AACVPR Webcasts
Click here for up-to-date information on upcoming Webcasts!

- May 26: New Approaches to the Patient with Restrictive or Hypertensive Lung Disease (Dr. Edwin Neil Schachter and Angela Binns-Lindsey)
- April/June 2011: Anti-Platelet Therapy (Dr. Jeffrey Berger)
- August 2011: Fats and Cholesterol -- The Good, the Bad and the Ugly! (Dr. Michael Shapiro)
- November 2011: Cardiac Rehabilitation Research -- 2011 Year in Review (Dr. Murray Low)
- December 2011: Pulmonary Rehabilitation Research -- 2011 Year in Review (Dr. Brian Carlin)

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