“From a commercial point of view, if Christmas did not exist it would be necessary to invent it.” - Katherine Whitehorn

Fortunately, Christmas (or any other gift-giving/receiving holiday you celebrate) does not have to be invented by AACVPR -- it is already here in the form of our Annual Meeting. You might ask, why are we discussing the Annual Meeting already? Isn’t it 4 or 5 months away? Remember, the Annual Meeting is a MONTH EARLY this year: September 8-10 (with pre-meeting events September 7). It is being held in Anaheim, California, so travel arrangements need to be made early.

The Annual AACVPR Meeting is the premier event for those of us specializing in the fields of cardiac and pulmonary rehabilitation. There is no other multi-disciplinary meeting devoted solely to what we do. This year’s outstanding series of educational sessions are highlighted by the following (scheduled to appear):

- The first ever Pre-Meeting Workshop devoted entirely to pulmonary rehabilitation: “Program Leadership in the New Era (PLINE) II – Pulmonary Rehabilitation Program Management” (this requires pre-registration);
- An emphasis on Wellness and Wellness Coaching, lead off by our opening Keynote speaker, Kate Larsen, presenting: “The Coach Approach - Inspire Yourself and Others to Success”
- Tentatively planned expansion of the Hands-On Sessions introduced last year, to include “PFT Testing and Interpretation” and “Arterial Brachial Index Testing and Interpretation” (these sessions are at no extra cost but require pre-registration);
- Extensive Program Management sessions, highlighted by Karen Lui and Curt Meyer speaking on Accountable Care Organizations and their impact on cardiac and pulmonary rehabilitation;
- Award-winning keynotes from the Michael L. Pollock Established Investigator Award and Award of Excellence winners;
● High-quality, diverse Breakout and Featured Speaker sessions;
● An Affiliate social event revolving around Disneyland®;
● An early morning exercise “boot-camp” conducted by NuStep (this requires pre-registration);
● Expanded vendor session and an expanded exhibit hall
● Closing Keynote by Dr. Jack Lewin, Chief Executive Officer, the American College of Cardiology on “Rehabilitating the US Health Care System.”

The Annual Meeting Program Planning Committee has dedicated itself to offering you an OUTSTANDING event this year. We urge every member of AACVPR to attend, as this year’s meeting is a “can’t-miss” professional, educational, and networking opportunity. Make your plans now!

“You may delay, but time will not.”
- Benjamin Franklin

President’s Message
Bonnie K. Sanderson, RN, PhD, FAACVPR
The month of May has arrived quickly, and it’s hard to believe that we will soon be gathering for our 26th Annual Meeting in California: September 8-10. I do hope to see many of you in Anaheim! The Program Planning Committee has done an excellent job in scheduling outstanding sessions and topics, plus some fun activities at Disneyland® where “Dreams Come True”!

The approach of the Annual Meeting also signals the time of year where my term of presidency is winding down. I realize time is ticking, and I feel a sense of urgency to make sure we are staying on track to meet the goals we set for the year. We have made tremendous progress in many areas -- legislative actions, performance measures, online cert/recert process, registry development, educational offerings, and many more. We have also asked some challenging questions: Are we keeping “the main the main thing”? Are there more effective and efficient ways to meet our current needs while preparing to thrive in the future of health care? How do we best allocate resources in the current economic environment? I am sure you are confronting these same questions within your individual programs and health systems. Sustainable success can only happen through strategic thinking, goal-directed planning, exceptional teamwork, evaluating progress, and adapting plans when necessary.

I am confident that we, AACVPR, are on the right track! Thank you for your service and ask you to continue to serve with passion.

Breaking News: AACVPR Member Selected to Join NQF Panel
Congratulations to Gerene S. Bauldoff, PhD, RN, FCCP, FAACVPR, FAAN! AACVPR recently received word that her nomination has been accepted to serve on the Resource Use Pulmonary Technical Advisory Panel of the National Quality Forum (NQF). Gerene will be part of a new project to endorse resource use measures for public reporting and quality improvement.

For the purposes of this project, resource use measures are defined as broadly applicable and comparable measures of input counts (in terms of units or dollars) applied to a population or population sample and count the frequency of specific resources (these resource units may be monetized as appropriate). Resource use measures can be used as building blocks toward understanding health care efficiency. Through the measurement of resource use, providers and other stakeholders can associate a measure of cost with a specified level of quality of care toward understanding the efficiency of care for a population.
We've Been Here - We'll Be Here

Since 1989, ScottCare, a Scott Fetzer, Berkshire Hathaway Company, has been committed to the cardiopulmonary rehabilitation professional, and we continue to invest in product development, technology, and exceptional customer support.

Our newest monitoring platform introduced in late 2010, TeleRehab VersaCare, incorporates the latest technology and clinical tools to provide users with the flexibility to customize a system to best meet their program needs. Offering a completely new clinical interface with sharpened workflow allows rehab personnel to spend more time interacting with patients and less time crunching data. As always, the integrated ScottCare Outcomes program eliminates the need for time-consuming data re-entry, importing and exporting, while providing reports useful for internal and external reporting of patient outcomes and programmatic success. Whether it is use of mobile monitoring technology within or outside of the institution, customized reports, pulmonary specific tools, integrated outcomes, an EMR interface, or multi-facility server based installations, ScottCare can meet your specific needs.

Breaking News: Cardiac Rehabilitation Associated with Decreased Mortality after Percutaneous Coronary Intervention

Kashish Goel, MBBS

Cardiac rehabilitation (CR) has been shown to reduce mortality and cardiovascular events after myocardial infarction (MI). However, limited evidence is available regarding the impact of CR after percutaneous coronary interventions (PCI). This important issue was explored in a recently published study in Circulation that studied the impact of CR on clinical outcomes in 2395 consecutive patients who underwent PCI in the Olmsted County, MN, from 1994 to 2008.

Participation in CR was defined as attending 1 or more CR sessions in the Mayo Clinic Cardiac Rehabilitation program, within 3 months of PCI. Overall, 40% of the total study population attended CR and the median number of sessions was 13. Participation increased significantly for patients who underwent elective PCI after 2006, the year when Centers for Medicare and Medicaid Services included PCI as a covered indication for CR. Participation rates did not change for those undergoing PCI in the setting of an acute coronary syndrome.

The primary end-point in our study was all-cause mortality where as secondary end-points included cardiovascular mortality, recurrent MI’s or revascularizations. Three different statistical techniques including propensity score-matched analysis, propensity score stratification, and regression adjustment with propensity score in a 3-month landmark analysis were used to determine the association of CR with clinical end-points. The use of multiple analytic methods helped in reducing the sources of potential bias and helps validate our findings. Subjects were followed for a median of 6.3 years during which 503 deaths, 394 recurrent MI’s and 755 revascularizations occurred. After adjustment of demographic, clinical, angiographic, procedural and treatment variables, participation in CR was associated with 45%-47% reduction in all-cause mortality after PCI, using all the 3 statistical techniques. There was a trend towards decreased cardiovascular mortality as well, however no effect was observed on recurrent MI’s or revascularizations. Overall, there was a significant reduction in the composite end-point of death/MI/revascularization in CR participants as compared to non-participants. These associations were similar for men and women, older and younger patients and for elective and non-elective PCI’s. In conclusion, this study showed that participation in CR after PCI was associated with a significant reduction in all-cause and cardiovascular mortality. These findings concur with and provide support to the national guidelines and performance measures for CR after PCI and for the decision by Medicare to include PCI as a covered indication for CR services. Considering that more than 600,000 PCI’s are performed annually in United States, improved participation in CR programs has the potential to have a significant impact on the health of patients undergoing PCI.

Reference: Goel K, Lennon RJ, Tilbury RT, Squires RW, Thomas RJ. Impact of Cardiac Rehabilitation on Mortality and Cardiovascular Events After Percutaneous Coronary Intervention in the Community.

Circulation 2011; DOI: 10.1161/CIRCULATIONAHA.110.983536.
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**

**It's Not Too Early to Plan for the 26th Annual Meeting**

The “Can't-Miss” Professional, Educational, and Networking Opportunity!

26th Annual Meeting · September 8–10, 2011 · Anaheim Marriott Hotel · Anaheim, CA

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**2012 Cardiac and Pulmonary Rehab Week Slogan Campaign**

*Deadline: May 20, 2011*

It's already time to prepare for the 2012 Cardiac and Pulmonary Rehab Weeks! Each year, a slogan is identified as a theme for each of the two promotional weeks. Your creative input will identify the slogans for the 2011 National Campaigns. Here are examples of slogans from the last few years:

- **2010:**
  Cardiac Rehabilitation: *Building a Strong Heart. You Can Do It. We Can Help.*
  Pulmonary Rehabilitation: *Every Breath Brings Success*

- **2011:**
  Cardiac Rehabilitation: *Take Your Recovery to Heart*
  Pulmonary Rehabilitation: *Our Aim is to Inspire You*

We encourage you to work with your staff and patients on developing a campaign slogan to be submitted for consideration. The Call for Slogans will be open through **May 20, 2011**. The request should be submitted via e-mail to [aacvpr@aacvpr.org](mailto:aacvpr@aacvpr.org).

The top three slogans will be voted upon. The program with the winning submission will receive Cardiac and/or Pulmonary Rehabilitation Week promotional items for your program. Winners and their slogans will also be announced at the Annual Meeting. Submit your slogans today!

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**Spotlight on Liaisons**

*Marjorie King, MD, FACC, MAACVPR*

Traditionally, AACVPR liaison activities have been with other professional, not patient-centered associations. As cardiovascular and pulmonary rehabilitation are some of the most patient-centered programs in the medical field, it is critical to have input from our patients to improve our programs. For that reason, AACVPR is establishing liaison relationships with two key patient-led associations, The Emphysema Foundation for Our Right to Survive (EFFORTS) and Mended Hearts, not only to improve our association’s patient-directed activities, but also to help AACVPR members interact with these organizations to improve...
EFFORTS is an international, online, all-volunteer support/advocacy organization of more than 2,220 people, with goals of furthering education for people with COPD and promoting research related to the disease. It is run solely by patients, for patients, and provides an online e-mail list for patient support and education. The EFFORTS web site also includes side lists for exercise, smoking cessation, Funday, and a chat list for socializing. They encourage members to participate in COPD/emphysema activities in their local communities through their Ambassador Program and also support COPD Awareness public activities.

Liaison activities with EFFORTS currently include helping them promote pulmonary rehabilitation to their members. They will be working with AACVPR to update the patient education material on our web site and can serve as a resource when we need patient input for AACVPR activities. During my initial encounters with their leadership, I have been impressed by their ability to give patients both hope and practical suggestions to help them live with COPD. Please consider introducing your patients to EFFORTS at http://www.emphysema.net/default.asp.

Mended Hearts promotes support and educational activities for patients with heart disease and has chapters in all but 5 states, interacting in 450 hospitals and with approximately 200,000 patients per year. Many of you may be familiar with their visitation program, which involves peer support for patients planning to undergo open heart surgery. More recently, Mended Hearts partnered with SCAI to expand this program to patients who will be having percutaneous intervention. Their educational materials, found at http://mendedhearts.org/, encourage participation in cardiac rehabilitation and provide information about secondary prevention.

AACVPR Presidents have been invited speakers at the Mended Hearts Annual Meeting for the past 3 years, but it is now time to expand our relationship at a local level. Recent literature has shown that enrollment in cardiac rehabilitation is greater when automatic referral systems are combined with peer or professional endorsement of cardiac rehabilitation. If you have a Mended Hearts Chapter in your community, consider partnering with them to develop ways to increase enrollment in CR. If you don’t have a chapter, consider encouraging your hospital to work with enthusiastic patient volunteers to begin one.

We take pride in the team approach that we use for cardiovascular and pulmonary rehabilitation, but occasionally we forget the most important member of that team – our patients. It’s time to reach out to their associations, both at a national and local level to continue to assure that the care we provide is truly patient-centered. As with all of our Professional Liaison Committee relationships, these were established to fulfill AACVPR’s mission and goals, which includes improvement in quality of life for patients and their families. EFFORTS and Mended Hearts share that mission and I encourage you to explore ways to interact with them to improve your program and help your patients.

What's New on the AACVPR Web Site?

Tracy A. Herrewig, MS, FAACVPR, Web Site Committee Chair

One of the tasks of the Web Site Committee is “to review the relevance and timeliness of the web site content and make recommendations for new content to be placed on the web site.” Members of the committee, with the guidance of the National Office staff, regularly review the content and navigation of the site to find ways to improve the site. Recently the committee has begun a major review of the web site, and you will be seeing the results of these efforts now and in the near future.

News & Views is committed to helping in this effort by featuring the latest updates on the web site. In this issue, the Web Site Committee would like to highlight the Online Store, the Committee page, and the Member Benefits page. Molly Werner at AACVPR National Office is
credited for coordinating the efforts of the National Office staff, as well as Jessica Eustice, a consultant for SmithBucklin, in updating these areas of the site.

The Online Store (www.aacvpr.org/AACVPRStore/tabid/229/Default.aspx) is a feature dedicated to providing members access to educational webcasts and Annual Meetings sessions provided throughout the year by AACVPR. Along the left-hand side of the screen you can browse by category:

- Annual Meeting
- Behavioral Health
- Cardiovascular Rehab and Clinical Cardiology
- Leadership and Innovation
- Nutrition
- Program Management
- Pulmonary Rehab and Medicine
- Webcast recordings.

*All educational opportunities are discounted 25% until June 30 in honor of the 25th Anniversary of AACVPR, so take a look at the store today!*

The Committee Page (www.aacvpr.org/About/Committees/tabid/68/Default.aspx) has recently been updated to more clearly identify each of the AACVPR committees, their purpose, and the contact information of the Committee Chairs and members. The Committee Resource Page provides information related to the strategic plan, bylaws, plan of work, tips for committee chairs, contact information for the National Office staff, and -- most recently -- AACVPR’s organizational structure. The organizational chart helps clarify how each of the committees function and relate to each other within the structure of the organization.

The Membership Benefits Page (www.aacvpr.org/MemberCenter/MembershipBenefits/tabid/85/Default.aspx) has also been recently updated. It now features ways to:

- become involved in AACVPR opportunities
- strengthen your voice and knowledge in the clinical, as well as regulatory and legislative, issues
- advance your career and enhance patient care through personal and program development, program certification and career opportunities.

On behalf of the Web Site Committee, I would like to invite you to take a few moments to browse the site. There is information that will help you provide the best care for your patients, become familiar with the most recent reimbursement guidelines, and participate in the latest educational offerings by AACVPR.

Go to www.aacvpr.org. Click on any of the primary links listed across the top of the page to find the information and resources you need. If you find that the site is missing information that you think would benefit your practice, let us know! We will make every effort to get it posted. If you would like to help make the web site your premier source of information, contact Tracy Herrewig (therrewi@affinityhealth.org).

**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...
Inside the Industry

Health & Public Policy FAQS: Use of the GOLD Stage Classifications of COPD to Qualify Patients for Pulmonary Rehabilitation
Karen Lui, RN, MS, MAACVPR, Chair Health and Public Policy Committee
There have been numerous questions on how to interpret the Global Initiative for Chronic Obstructive Lung Disease (GOLD) Guidelines to determine eligibility of Medicare patients for Pulmonary Rehabilitation (PR). The following explanation is a collection of information provided by a group of AACVPR’s leading practitioners in PR. Many thanks go to Chris Garvey, Lana Hilling, and June Schulz for the following summation.

Most Pulmonary Function Test (PFT) reports show a patient’s predicted value, their actual value, the % of predicted and then a post-bronchodilator value, if ordered. As a PR practitioner, focus not on the predicted value, but on the patient’s actual numbers, both pre- and post-bronchodilator. The physician’s interpretation would be based on the FEV₁ and FEV₁/FVC ratio of predicted, and that’s what the GOLD guidelines refer to. Often the actual calculation isn’t included in the report and predicted will be all you get. Click here for an example of a PFT report with numbers for very severe COPD.

If the physician gives the diagnosis and the patient is having problems with ADLs, etc. due to SOB, eligibility should not be a question. There may be the rare instance when one measurement is within qualifying range for Stage II, but the other measurement is not. If the physician interpreting the PFT test determines the patient has Stage II COPD, with corresponding symptoms and PFT results supporting that (i.e., not Stage I), then it would be appropriate to enroll that patient in a PR program. It may be helpful for you to document the stage on the physician referral order because the reality is that you go by the GOLD stage without listing any of the values, i.e., “COPD GOLD III.”

It would be inappropriate for a Medicare contractor to deny PR because the post-bronchodilator (BD) value is absent, e.g. a patient comes to PR with a PFT with only pre-BD values (which meet CMS requirements for moderate to very severe COPD). Post-BD flow rates are typically checked (post-BD value) to evaluate for significant asthma.

Unfortunately, in the real world, a referral to pulmonary rehabilitation may not come with a determined GOLD stage. While that would normally be part of the physician’s role in interpreting the test, if you have PFT results that meet the criteria and the MD has just interpreted it as severe COPD, that is acceptable. If it is not clear to you, further discussion with the referring MD will be necessary.
Which Drug to Prevent Exacerbations in COPD?

Gerene S. Bauldoff, PhD, RN, FAACVPR

A study published in New England Journal of Medicine, March 2011, by Dr. Claus Vogelmeier and colleagues reports the findings of a 1-year randomized, double-blind, double-dummy, parallel-group trial. This trial compared the effect of tiotropium (QD) to salmeterol (BID) on the incidence of exacerbations in patients with moderate to very severe COPD who had exacerbations in the previous year. A total of 7,276 patients were randomly assigned and treated with either drug using the double-blind (neither the patient nor the doctors knew which drug the patient was or) double-dummy (dummy copies of both drugs were used to hide actual drug assignment from patients and investigators) method. They found that tiotropium increased the time to first exacerbation (187 days vs. 145 days for the salmeterol), as well as the time to first severe exacerbation (requiring hospitalization) and number of moderate exacerbations (requiring treatment with inhaled glucocorticoids, antibiotics, or both) and severe exacerbations in 1 year. The rate of adverse events was similar across groups. They concluded that, in patients with moderate to very severe COPD, tiotropium is more effective in preventing exacerbations that salmeterol.

Why is this important in PR? According to Dr. Jadwiga Wedzicha in his March 2011 NEJM editorial, patients with frequent exacerbations are also likely to have more symptoms, worse health status, faster disease progression, and increased mortality risk. While this study did not directly compare the long-acting B2 agonist to the long acting anticholinergic (patients were allowed concomitant medications such as inhaled steroids), post-hoc analysis showed that tiotropium reduced exacerbations regardless of severity of COPD. This was one of the first studies to focus on a specific and relevant disease outcome (exacerbations). Continued research is needed to test therapies and combinations of those therapies specific to disease severity and COPD phenotypes. In our role as PR professionals, we need to remain up-to-date and conversant on the medications shown to be most efficacious for our patients.

References:


The Registered Dietitian plays an integral role on the interdisciplinary care team by determining the optimal nutrition prescription and developing the nutrition care plan for patients undergoing therapy for COPD. Based on the patient's treatment plan and comorbid conditions, other nutrition practice guidelines -- such as critical care guidelines -- may be needed in order to provide optimal treatment.

The COPD guideline is based on ADA’s Nutrition Care Process and Model, which involves the following steps:

- Nutrition Assessment
- Nutrition Diagnosis
- Nutrition Intervention
- Nutrition Monitoring and Evaluation.

While the COPD guidelines represent a statement of best practice based on the latest available evidence at the time of publishing, they are not intended to overrule professional judgment. Clinical judgment is crucial in the application of these guidelines. Careful consideration should be given to the application of these guidelines for patients with significant medical co-morbidities.

To locate a Registered Dietitian in your area to perform a nutrition assessment and plan of care, go to the American Dietetic Association web site at [www.eatright.org](http://www.eatright.org).

1www.adaevidencelibrary.com

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**JCRP Highlights**

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

**Click here to view the JCRP online (available for all AACVPR members)!**

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

This issue is highlighted by an Invited Review entitled "Impact of Physical Activity, Cardiorespiratory Fitness, and Exercise Training on Markers of Inflammation," as well as Section Papers in Cardiac Rehabilitation and Pulmonary Rehabilitation including manuscripts from the Germany, Australia, United Kingdom, Iran, Canada, and the United States.

**INVITED REVIEW**

- Impact of physical activity, cardiorespiratory fitness, and exercise training on markers of inflammation. Lavie et al (USA)

**CARDIAC REHABILITATION**

- The impact of depression treatment on mental and physical health-related quality of life of cardiac patients: A meta-analysis. O'Neil et al (Australia, USA)
- Comparison of cardiac rehabilitation and acute care nurses' perceptions of providing sexual
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counseling for cardiac patients. Bamason et al (USA)
  • Gender differences in recovery goals in patients after acute myocardial infarction. Grande et al (Germany)
  • Understanding physical activity during home-based cardiac rehabilitation from multiple theoretical perspectives. Blanchard et al (Canada)
  • Changing characteristics of patients entering a cardiac rehabilitation program in the UK 1993-2006: Implications for cardiac rehabilitation programs of the future. Evans et al (UK, Iran)

PULMONARY REHABILITATION
  • Prevalence of obstructive sleep apnea in patient population undergoing cardiac rehabilitation. Sharma et al (USA)

Brief Report
  • The role of physical inactivity in increasing disability among older adults with obstructive lung disease. Katz et al (USA)

Committee & Task Force Updates

Clinical Applications Committee

Elizabeth Dole, CEP, FAACVPR

Recently AACVPR released the Performance Measures Toolkit, designed for members to gain knowledge and provide resources for use to encourage enrollment of appropriate patients into cardiac and peripheral vascular rehabilitation programs. If your program has not yet begun to measure these, please consider implementing the strategies discussed in the toolkit. It is well-known that referral rates have traditionally been very poor to cardiac rehabilitation. There is a large gap between actual care and care that should be provided, stimulating the development of measures of quality of care for quality improvement and accountability.

Collection and measurement of this data can help your program address its issues that relate to the gap in care identified for referrals or enrollment. These measures are intended to help hospitals, doctors, and other health care providers more easily track referral rates, adopt tools to improve enrollment (e.g., automatic ordering sets and education materials to promote enrollment), and assess and improve the quality of care provided. We also encourage programs collecting performance measures to share success stories and strategies for improvement on the AACVPR discussion forum web page.

The strength in our society is working with one another. We hope to improve the overall continuity of care following a heart event, including access to cardiac rehabilitation programs and quality care our patients receive. The toolkit may be accessed on the Members Only section of the AACVPR web site under Resources or by clicking here.

Having completed the Performance Measures Toolkit, the Clinical Application Committee is now working on developing a way to test our performance measures. The committee is also working with the Certification Committee to review content of certification, ensuring it is up to date with current guidelines. The committee is updating the outcomes tools links on the AACVPR web site. We are also involved in a think tank group that coordinates the AACVPR committees to ensure that we are all working to implement AACVPR's Strategic Plan.

Pulmonary Rehab Performance Measures Task Force

Chris Garvey, FNP, MSN, MPA, FAACVPR

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, Performance Measures (PMs) for Pulmonary Rehabilitation (PR) have
been developed to further strengthen the evidence base, awareness and utilization of PR. The National Quality Forum (NQF) (www.qualityforum.com) has given time-limited endorsement to two PR performance measures: (1) Functional capacity using the 6-minute walk test (6MWT) and (2) Health Related Quality of Life (HRQOL) pre- and post-PR in moderate to very severe COPD. Initially the Chronic Respiratory Disease Questionnaire (CRQ) was identified as the primary tool to measure QOL.

This recommendation is being re-evaluated given significant program cost concerns related to using the tool. Final recommendations and processes should be available in the next 60 days. These will be highlighted in a future issue of *News & Views*.

Performance Measure One: The percentage of patients with COPD enrolled in PR will increase their functional capacity by at least 25 meters, as measured by a standardized 6MWT within one week of PR program entry and again within one week of PR program completion.

Performance Measure Two: The percentage of patients with COPD participating in PR found to increase their HRQOL score from the beginning to the end of PR. Assessments of HRQOL are to be performed within one week of PR program entry and again within one week of PR program completion. The time period between tests should be no more than 3 months.

### Affiliate Reports

**Montana Continues Growing**

*Debby Lee, MACVPR President*

The Montana Association Cardiovascular and Pulmonary Rehabilitation (MACVPR) held our annual conference April 7 in Helena. We had 45 participants from around the state. Our featured speaker was Dr. John Porcari, who spoke on exercise physiology for the non-exercise physiologist and exercise prescription. Other presentations included pulmonary hypertension by Dr. Anderson from Great Falls, and diagnostic test for the cardiac patient by Dr. Kinsley from Helena. We also had our annual report on the Montana Outcomes Project, in which Mike McNamara reported that we are currently growing and doing well with the outcomes project! Our evaluations for the conference were highly marked, and we look forward to planning our next conference.

MACVPR also participated in the AACVPR Day on the Hill. MACVPR President Debby Lee represented us and was able to meet with a team from Senator Baucus's Senate Finance committee, along with Dr Murray Low and Karen Lui. In addition, Jeff Redekopp assisted Debby by allowing her to team up with him to meet with Congressman Rehberg and the Congressman from North Dakota. As reported from AACVPR, the reception was well received, with the comment, "It makes sense." DOTH was a great experience, and we encourage anyone who wants to get involved with the future of Cardiac and Pulmonary Rehab to attend this great event! For information on our association, check out [www.macvprmontana.com](http://www.macvprmontana.com).

**Northwest Increases Awareness**

*Dana Gunter, MS, ATC, NWCVPR President*

The Northwest Cardiovascular and Pulmonary Rehabilitation Association (NWCVPR) held its 19th Annual Education Conference on April 30. Presenting this year were two nationally known speakers: Susan Schima, MD, FAACVPR, who presented at the AACVPR Annual Meeting in Milwaukee last October; and Joe Piscatella, a nationally recognized cardic rehab advocate, speaker, and author of several heart healthy lifestyle books. Joe is a resident of western Washington who survived a heart attack at age 32. Now in his early 60's, he and his wife have made it their mission and livelihood to promote heart-healthy lifestyles. Additionally, we had presentations on COPD, Alpha-1 screening, and our MAC - J2 update. In light of all the changes in reimbursement enacted January 1, we also offered a panel discussion that
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included a Q&A session on ITPs, assessments and billing, and other topics the audience brought to discuss.

The Executive Board of NWCVPR has committed to increase awareness of, and membership in, our Association. As we reported last year in our update, it was our intent in creating the Regional Representative Board positions to more effectively reach programs and members in all regions of our states (Alaska, Idaho, and Washington). The newly elected Regional Reps’ first assignment was to make contact with all programs in their regions, contacting those known to exist, researching any new programs, and verifying program closures. We used this information to update our CR and PR program listings. This turned out to be a very good opportunity to make contact with members and introduce themselves, and the Association, if previously unknown.

In addition, we have created a membership survey using Survey Monkey. We are interested in reaching current and former members with this survey and will use the information to improve as an association. One important fact we learned was that many former members did not renew in the past 5 years or so because they simply did not receive any information on membership renewal! As you can guess, we are working on improving our membership renewal process based on this information. We encourage you to find out more about us at www.nwcvpr.com.

In 2009, NWCVPR created an Excellence in Service Award to acknowledge select members of our Association for their commitment and dedication to the Association and our profession. This year’s recipient is Joyce Kratz-Klatt, MS, FAACVPR. Joyce has recently stepped down as Reimbursement Chair after several years of service. She is very active in the welfare of NWCVPR, AACVPR, and Cardiac Rehabilitation in general. We are grateful for her knowledge of legislation and the legislative process. She is a valuable member of NWCVPR.

Upper Plains Progress

Marlys Fisher, RN, CES, UPCRA President

Happy spring from the Upper Plains Cardiopulmonary Rehab Association (UPCRA) of ND/SD! We are excited to begin our 23rd year as an affiliate of AACVPR. We are 90+ members strong and just added an additional 22 members at our annual spring conference. UPCRA’s two-day event in mid-April included both cardiac and pulmonary speakers who addressed clinical topics such as care of the patient with a LVAD and rehabilitation of the pre- and post-lung transplant patient. The attendance was great, and we are already planning our fall and spring conferences for the coming year. In addition, UPCRA offers several educational scholarships, including a $1000 grant opportunity for a current or past board member to attend the AACVPR Annual Meeting.

UPCRA has an active membership, with 34 sites participating in the Montana Outcomes for Cardiac Rehab. Two members are currently working on a comprehensive tool for better tracking of pulmonary outcomes as well. We also funded two members, one from North Dakota and one from South Dakota, to participate in Day on the Hill in Washington, DC. Both found it educational and rewarding.

At the beginning of this fiscal year, we wrote a policy and procedures manual, which outlines in detail the responsibilities of each executive officer and committee chair. This spring we will use it to pass on important information and aid in the transition of new officers and board members. Please visit us on our web site at www.upcra.org.

Wisconsin Committed to Excellence

Sandy Zemke, RN, WISCPHR President

The Wisconsin Society for Cardiovascular and Pulmonary Health and Rehabilitation (WISCPHR) has had another outstanding year. April 1-2 was our 23rd annual conference in Madison, with 175 in attendance. We began the conference with a Friday afternoon Personal
and Professional Development Workshop. This year, we opened registration to this event, and we had an attendance of 50. Topics included Well Coaching, Competency Writing, Understanding the Legislative Process, and Focusing on the Solution (discussion regarding typical problems encountered in our programs). Friday evening was an exciting event, "Speed Topics," during which several experts provided a speedy 15-minute review of topics of interest, then everyone rotated to the next topic. We have found this format to be very engaging and fun while we learn. We opened Saturday with Suzy Favor Hamilton discussing "Perfection in Not Success." She discussed her competitive career including dealing with depression. Other topics included Quality Improvement, Cardiac and Pulmonary Rehabilitation Best Practices, and Integrative Medicine.

Milwaukee was the host city for the Annual AACVPR meeting held in October 2010. WISCPHR co-sponsored the Affiliate event at the Harley Davidson Museum, which included a museum tour and great food. I'm sure that everyone in attendance had a wonderful time.

WISCPHR remains committed to excellence in outcome measurement and research. The WiCORE outcomes registry and WisPRO outcomes project are active and provide the membership with the resources to collect, measure, and improve their Cardiac and Pulmonary Rehabilitation Programs. WiCORE data has also been used in research studies promoting the benefits of cardiac rehabilitation.

WISCPHR continues to support Day on the Hill. This spring we sent a 4-member delegation to Washington, DC, for the fifth consecutive year. We were able to visit our 2 Senators and 8 Representatives or their health staff to discuss issues of importance to our patients and our profession. For more information regarding WISCPHR, please visit our web site at www.wiscphr.wisc.edu.

Calendar of Events/Education

Upcoming 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)
- June 7: An Update on Antiplatelet Therapy in Cardiovascular Diseases (Dr. Jeffrey Berger)
- August 16: Fats and Cholesterol -- The Good, the Bad and the Ugly! (Dr. Michael Shapiro)
- November 8: Cardiac Rehabilitation Research -- 2011 Year in Review (Dr. Murray Low)
- December 15: Pulmonary Rehabilitation Research -- 2011 Year in Review (Dr. Brian Carlin)

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

26th AACVPR Annual Meeting

Pre-Meeting Events: September 7, 2011
Annual Meeting: September 8-10, 2011
Anaheim Marriott Hotel, Anaheim, CA
Click here for more information!
Ongoing: Program Leadership in the New Era (PLINE)
8 Great Speakers, 7 Relevant Topics, 1 Power-Packed Program Provided as a "Virtual" Webcast Series
Click here for more information or registration.

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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