Messages from Headquarters

Letter from the Editor
Jody Hereford, MS, BSN, MAACVPR

“Do not wait until the conditions are perfect to begin. Beginning makes the conditions perfect.”
— Alan Cohen

What’s new in your program? What are you doing differently today than what you did five years ago or ten, or … dare I say longer? In this issue of News & Views, you will read a number of perspectives about new beginnings, innovation, implementing new ways and new things. You will learn from our member experts on innovations in certification, measuring outcomes, behavioral health and in leadership. While these efforts are essential to continue to grow the value of cardiac rehabilitation and pulmonary rehabilitation, the real call to action is how well our members and programs consistently operationalize the science we know to be true.

As an organization of dedicated volunteers, AACVPR continues to contribute significantly to the science and evidence base that supports our chosen profession and the essential services we offer to those living with chronic illnesses. Does your program have and use copies of essential publications including “Core Components of Cardiac Rehabilitation,” “Core Competencies” documents for both CR and PR, “Performance Measures for Referral to and Delivery of Cardiac Rehabilitation,” “ACCP/AACVPR Evidence-Based Guidelines for Pulmonary Rehabilitation?”

More than simply storing copies of these vital documents, the overarching question is how do they drive the delivery of your services and the outcomes of your patients? Are you matching the core components to the specific needs of a particular patient or do you still offer a one-size-fits-all model? Do you not only assess for but have a plan of action related to the common scenario of managing patient depression? Do all patients attend your program for 36 sessions of exercise or have you implemented a process that integrates coaching skills that engage the patient in essential behavior change and adherence?

It’s spring, it’s the time for cleaning out the old and for welcoming new beginnings … I dare you to take a first step. What will it be?

“The beginnings and endings of all human undertakings are untidy.”
— John Galsworthy

President’s Message
Volunteerism
Steven W. Lichtman, EdD, FAACVPR

To steal a trick from my days as editor of News & Views (and from Jody’s column) and to paraphrase John F. Kennedy, “My fellow AACVPR members, ask not what AACVPR can do for you, ask what you can do for...
It is now the time of year where AACVPR appeals for committee volunteers, invites nominations for its board of directors (BOD), and requests recommendations for award recipients at the National Meeting. Please do not take these calls lightly; your responses help shape the nature and productivity of our organization for years to come. AACVPR currently has 16 committees that need volunteers and four BOD positions to fill. Additionally, there are three categories of awards at the National Meeting (the Award of Excellence, the L. Kent Smith Excellence in Clinical Practice and the Distinguished Service Award) for which we seek your input. Without the identification of future leaders willing and able to serve on our committees and without nominations of current leaders for the BOD, our organization could not function.

In a country where only half of the voting age population participates in casting ballots for presidential elections and only one third for senatorial elections, I would like to encourage my fellow AACVPR members to go against this trend of apathy and become active and involved in the process of putting our future leaders in positions to help the organization. Additionally, I am asking our members to step forward and volunteer to serve on our national committees. It doesn't matter if you have leadership or committee experience, as our system is set up to provide a clear, built-in mentoring process. Each committee has an experienced chairperson who is in place for three years, with a possible second term appointment. Each chair reports to a BOD member, who serves as the liaison between the committee and the BOD. In this way, the chair mentors new members, and the chair has a two-way communication system with the BOD. If you are questioning if you can serve on a committee, the bottom line is that if you have the will and desire, you can succeed.

We also need our affiliate societies to identify and promote future leaders for AACVPR. If there is an individual excelling on the affiliate level, we would like to see that person advance to become a committee member, committee chair and then a BOD member, to ensure the continuity of leadership necessary to move our organization forward. Please do not hesitate to encourage, nominate or volunteer yourself from affiliate to national leadership.

The process to volunteer is simple, just CLICK HERE and fill out a committee application form and submit it to the AACVPR National Office. It will be reviewed for possible placement on a committee that matches your skills and interests with committee needs. To nominate an individual for an AACVPR award CLICK HERE and fill out the application along with a letter of support. To nominate an individual for the BOD send an e-mail to aacvpr@aacvpr.org with the name, title, affiliation and contact information of the person you are nominating, as well as a brief paragraph describing his or her qualifications for participating in the leadership of the association.

The deadline for all nominations is April 27. Please send yours today!

Remember, as an organization we cannot stand still, if we do we are actually going backward. As the current leadership serves their current terms, we need new leaders and members to step up and take their place. Three decades after JFK’s famous quote on volunteerism, President Bill Clinton said, “Volunteering is an act of heroism on a grand scale. And it matters profoundly. It does more than help people beat the odds; it changes the odds.” Please volunteer for AACVPR, help us change the odds for our organization and our patients.
rehabilitation programs. It demonstrates that your program meets the essential standards for patient care and identifies your program as a leader in the field.

**Benefits of AACVPR Program Certification**

- AACVPR certification demonstrates that your program is aligned with current guidelines as approved by the American Association of Cardiovascular and Pulmonary Rehabilitation for the appropriate and effective early outpatient care of patients with cardiac or pulmonary issues.

- Physicians can refer patients to your certified program with confidence, knowing that you will be an extension of their care to the patient.

- Hospital administrators embrace program certification as a vehicle to demonstrate excellence for TJC surveyors or state departments of health.

- Payers recognize that performance measures in patient care are part of the essential standards required for AACVPR certification.

- Certification offers peace of mind to knowledgeable healthcare consumers. Certification can also help patients decide between your program and an uncertified program in the area.

- Patients and family members can feel confident in knowing that your staff has the experience and skills necessary to deal with the variety of issues that a life-changing cardiac or pulmonary diagnosis can lead to.

More than 600 applications were submitted for the 2012 cycle. Be sure to visit [www.aacvpr.org/certification](http://www.aacvpr.org/certification) for updates and information on the 2013 cycle.

**NEW for 2013! The Shift to Evidence-Based Outcomes**

Starting in 2013, Pulmonary Rehabilitation (PR) outcomes requirements for AACVPR Program Certification will change from a “domain” model to evidence-based outcomes. Required evidence-based outcomes include **functional capacity, symptoms, and quality of life**.

PR programs applying for certification or recertification in 2013 must show evidence of one year of outcomes measurement. **That means the transition for programs applying in 2013 had to begin in January 2012.**

The Pulmonary Rehabilitation (PR) Outcomes Toolkit provides key resources to assist your program in this transition to outcomes measurement, with tools for measuring functional capacity, symptoms, quality of life, and more.

**Download the kit today.**

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.**
Innovative Programs & Best Practices
Elizabeth Dole, CEP, FAACVPR

The Michigan Society of Cardiac and Pulmonary Rehabilitation recognized a need for better understanding and use of outcomes within our state. In 2006, our state formed an outcomes committee. We challenged ourselves with developing a statewide cardiac rehabilitation outcomes collection. After studying and debating development of our own program, we determined the best choice was to join the Montana Outcomes Project. We secured funding through the Michigan Community Health Department and became a strategic partner of the Michigan Cardiovascular Institute. Initially, 15 programs started collecting the same outcomes in the same manner, allowing our programs to benchmark against one another and against other regions and states. Now, we have more than 30 programs participating. After our first year, we proudly published The Michigan Outcomes Report — CLICK HERE. This was a comprehensive 72-page report covering our first year’s measures detailing best practices and quality improvement efforts.

We have since coordinated with the Michigan Department of Community Health to provide our MSCVPR members with education and resources to help programs with blood pressure control; smoking cessation; obesity; Plan, Do, Study, Act for quality improvement; PATH (Personal Action Plan toward Health) programs; and research writing. The collaboration has been very beneficial for our members and additionally helped the State of Michigan understand the role CR plays in secondary prevention.

The Outcomes Committee is also helping our members understand and embrace the importance of participating in the AACVPR registry through regular teleconference calls with all participating programs, beta testing of the new registry, and promotion at our upcoming conferences.

Volunteerism and leadership is important in our work. Advocacy of cardiac and pulmonary rehabilitation is a big job. We need everyone to step up to the plate and help, whether it is in outcomes or attending day on the hill, joining MAC committees, or other state or national committees, there is much work to be done. Volunteer leadership makes changes happen including NCD’s, LCD’s, expanded diagnosis, improved reimbursements, adoption of performance measures, annual meeting, education, and improved patient care. If you aren’t involved, ask yourself why and consider stepping out of your comfort zone and helping to advance the fields in which we spend our working time.

Liaison News: New Journal from the Clinical Exercise Physiology Association

The Clinical Exercise Physiology Association (CEPA) recently released the first issue of a new professional journal focused on the practice of clinical exercise physiology, the Journal of Clinical Exercise Physiology (JCEP). After the inaugural print version, JCEP will be available to CEPA members in e-format thereafter. The annual publication will feature contemporary reviews focused on issues routinely faced by the practicing clinical exercise physiologist, but it will also be of interest to allied fields. Additionally, each issue will include a point/counterpoint to a controversial topic and a clinical case study. For a preview of the table of contents, CLICK HERE.

Subscription to JCEP is a CEPA membership benefit, though nonmember subscriptions to JCEP are also available. CEPA members receive access to an electronic copy of the journal. A printed copy is shipped once a year to individuals residing in the United States who are current members at the time of the shipment. More information can be found on the CEPA Web site.
Remember to 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 percent!

These educational opportunities are available whenever and wherever you want. Each session purchase can be shared with your whole team. Bring your group together to watch collectively or individually. Even build an “on demand” library personalized to the needs of your program and your staff. CLICK HERE to visit the Education Center! Log in to view exclusive member discounts and special offerings.

Inside the Industry

Leadership

Barbra Fagan, MS, RCEP, FAACVPR

“Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure.”— Marianne Williamson

Perhaps some of you know this quote, which by the way, is often mistakenly attributed to Nelson Mandela’s 1994 inaugural address. Not quite sure how the story started, but it goes something like this: Nelson Mandela’s speech and particularly his quote, “powerful beyond measure,” motivated and united a badly segregated country. But, the actual author of this astute and insightful passage comes from a 1992 book by Marianne Williamson. An urban myth that fueled the mantra for motivation worldwide did not come from a celebrated leader, but a creative and inspirational writer.

Our deepest fear is not that we are inadequate; our deepest fear is that we are powerful beyond measure. For many of us, the realization that we are powerful beyond measure is as fear-provoking as believing ourselves ineffective and powerless. What does it mean to be powerful beyond measure? It means that when presented with challenges, demands at work, adversity, or a new opportunity that we don’t create abrupt conclusions in our minds that prevent us from seeing possibilities. It means that we will not accept where we are, but will strive to go higher and succeed.

Being powerful beyond measure means that at any moment, we can move forward and make our dreams and visions come true. It means that we are decisive and know what it is we want and what we need to accomplish. When we are powerful beyond measure, we fearlessly step into uncomfortable situations when there is a greater purpose to be achieved. When we are powerful beyond measure, we have influence, character, and aptitude to make a difference.

If ever there was a time to adopt a “powerful beyond measure” attitude, the time is now. Each one of us needs to challenge ourselves and move forward without trepidation. Take a calculated risk on a new program idea and implement it, identify new strategies to “coach” and help our patients, seek out colleagues to join AACVPR, join a committee, or participate on
Day on the Hill. Become the example others will follow, because what you do will motivate others to pursue. We all have more power than we think we have, “beyond measure” is limitless, and what we can accomplish is unbound.

**Health & Public Policy FAQs**

**Pulmonary Rehabilitation Toolkit**

Murray Low, EdD., FAACVPR, MAACVPR, FACSM, Health and Public Policy Committee Chair

Q: How Do I Accurately Calculate Appropriate Charges for G0424?

CMS has reduced the payment for pulmonary rehabilitation. *Act Now* and help to reverse this ruling.

Many AACVPR members have asked how they can help to reverse this ruling. AACVPR has led a multi-society effort to address the payment reduction by Medicare that has been in effect for pulmonary rehabilitation programs since Jan. 1, 2012. We have developed a comprehensive **toolkit** that explains all of the issues associated with this payment reduction, along with a very specific hospital-by-hospital approach that must be taken *as soon as possible* to address this payment aberration. We recognize that this issue is a complex one, and the solution the societies have created is a challenge to all pulmonary rehabilitation program managers/directors.

The participation of each and every pulmonary rehabilitation program in addressing this issue is absolutely critical to ensuring that charges for pulmonary rehabilitation services are accurate so that reimbursement is adjusted accordingly.

Last month, AACVPR hosted a call for affiliate society leaders to review actions needed to increase pulmonary rehabilitation reimbursement. Phil Porte, GRQ legislative analyst and a committee of pulmonary rehabilitation clinical leaders discussed the issue in great detail and explained the importance for pulmonary rehabilitation programs to act. I urge all pulmonary rehabilitation professionals to listen to this recorded call that is now available for your review here.

Accessing your AACVPR Web site and implementing recommendations developed by AACVPR and other pulmonary societies is imperative for the future of your pulmonary rehabilitation program. *Please act now.*

**Behavioral Aspects of Rehabilitation**
Anger and a Different Kind of Stress Test

Kent Eichenauer, PsyD

A less commonly known stress test that has been used extensively in the behavioral cardiology research is the Mental Stress Test. In this type of stress test, rather than placing the patient on the treadmill, the researchers attempt to create situations that would be stressful to most people, like giving a speech, or performing math calculations quickly, or recalling an episode when they felt angry.

The task of recalling an angry episode can reduce the left ventricular ejection fraction of some cardiac patients. Unfortunately, more recent research has discovered that after a follow up of almost 6 years, these patients whose ejection fraction decreased with anger recall were more likely to suffer a clinical event or death. In fact, for every 4% drop in LVEF during this mental stress test, there was a 1.7 times risk of a clinical event.

As well, higher levels of hostility have been associated with a more rapid decline in pulmonary function in men who were followed for eight years.

Anger and hostility can be an important problem for many of our patients in rehab. Unfortunately, patients with this psychosocial risk factor are not always easy to identify. They are frequently not red-faced with blood vessels popping out. Instead, they can appear calm and controlled in the rehab setting.

Rehab programs can choose from a variety of assessment tools to measure hostility and anger. Some tools measure hostility and anger in particular, such as the State Trait Anger Expression Inventory-2. Others combine to measure other important psychosocial risk factors like the Symptom Checklist-90 (depression, anxiety, hostility, and others) and the Psychosocial Risk Factor Survey (depression, anxiety, anger/hostility, and social isolation). Please feel free to contact me with any questions in this area at my email above.


Effects of Exercise in Non-small Cell Cancer: Findings of a Systematic Review

Gerene Bauldoff, PhD, RN, FAACVPR

In the January 2011 Lung Cancer journal, a systematic review was published describing the effects of exercise on exercise capacity and health-related quality of life in patients with non-small cell lung cancer. This systematic review included 16 studies with 13 unique patient groups (total N = 675). Findings described included both pre-operative and post-operative outcomes. Pre-operative exercise was found to improve exercise capacity without changes in health-related quality of life (HRQoL) while in the post-operative studies, exercise capacity was also improved, but the impact on HRQoL was found to be equivocal. This review supports that exercise training of this patient population is safe and was associated with improvements in exercise capacity. The authors noted that improvement was noted in symptoms and some domains of health-related quality of life. Further study using RCT methodology is needed to establish definitive effect of exercise during and after cancer treatment. Additionally, disease stage, type of exercise training, and delivery setting also need to be tested.

Impact on PR:
As PR continues to expand into other diagnoses beyond COPD, it is important for practitioners to have knowledge of the evidence (even initial evidence) that can support access of PR to all populations that would benefit from it.

Reference:

What's Coming in JCRP

Mark A. Williams, Ph.D., MAACVPR, JCRP Editor-In-Chief

To get to the online Journal Of Cardiopulmonary Rehabilitation and Prevention:
• Once logged in to the AACVPR Web site, click “Publications” and follow the directions or
• Find JCRP online at http://journals.lww.com/jcrjournal/pages/default.aspx
- Check out the “Published Ahead of Print” section for new articles, which have not yet been published in the print version of JCRP

May/June 2012 Issue

This issue is highlighted by an Invited Review titled “Long-term Efficacy of Pulmonary Rehabilitation-Current Knowledge: A State-of-the-Art Review,” as well as Section Papers in Cardiac Rehabilitation, Cardiovascular Disease Prevention, and Pulmonary Rehabilitation, and manuscripts from Germany, Brazil, Italy, Canada, France, Australia, and the United States.

INVITED REVIEW
• Long-term Efficacy of Pulmonary Rehabilitation - Current Knowledge: A State-of-the-Art Review. Ochmann et al (Germany)
CARDIAC REHABILITATION
- Heart Failure Patients in the "Intermediate Range" of Peak VO2: Additive Value of Heart Rate Recovery and the VE/VO2 Slope in Predicting Mortality. Ritt et al (Brazil, US, Italy)
- Can Individuals Participating in Cardiac Rehabilitation Achieve Recommended Exercise Training Levels following Stroke? Marzolini et al (Canada)
- Perceptions of Cardiac Specialists and Rehabilitation Programs Regarding Patient Access to Cardiac Rehabilitation and Referral Strategies. Grace et al (Canada)

CARDIOVASCULAR DISEASE PREVENTION
- Effects of Sauna Alone vs. Post-exercise Sauna Baths on Short Term Heart Rate Variability in Patients with Untreated Hypertension. Gayda et al (Canada, France)

PULMONARY REHABILITATION
- Effect of Exercise Training in Patients with COPD Compared with Healthy Elderly Subjects. Mador et al (US)
- Early Rehabilitation Exercise Program for Inpatients During an Acute Exacerbation of Chronic Obstructive Pulmonary Disease. Tang et al (Australia)

Committee and Task Force Updates

Membership & Affiliate Relations Committee Update

Tom Spring, MS, FAACVPR and Chuck Kitchen, MA, FAACVPR
To better serve our members at-large and incorporate the interests of our affiliate societies, the AACVPR board and committee chairs have formed a new, combined committee from the previous Membership and Affiliate Link committees. The new Membership & Affiliate Relations committee will have several areas of focus dedicated to the member experience within AACVPR as well as outreach to potential members and our vast network of affiliates around the country. Our areas of interest currently include reevaluating the potential for facility/organizational membership opportunities, expanding educational opportunities for our members, the joint-affiliate pilot and expansion, and developing key initiatives for membership recruitment and retention. As this committee expands, we are actively looking for volunteers to participate in one or more of our key initiatives and subcommittees. If you are interested, please contact AACVPR at aacvpr@aacvpr.org. We look forward to welcoming current and new members to this year's annual meeting, which promises to be another exciting learning and networking opportunity for cardiac, pulmonary, and allied health professionals.

Affiliate Reports

Affiliate Report from ISCHR - Illinois

Dave Zanghi M.S., MBA, ATC/L, CSCS, FAACVPR
ISCHPR recently hosted their 23rd annual education conference held at St. John’s Hospital in Springfield, Ill.; it was attended by more than 150 people. The conference was headlined by Dr. Barry Franklin, who gave wonderful presentations on stress testing and how much exercise is enough. There were also presentations by local cardiologists and a pulmonologist. Topics covered included CHF, pulmonary rehab, CPAP, and lung volume reduction.

ISCHR was well-represented at the AACVPR Day on the Hill by Dave Zanghi, Anne Gavic, and Michelle Priebey. The group was able to meet with representatives and/or staff members from six different offices. The visits were well-received and encouraging.

Affiliate Report from ISCVPR – Indiana

Debbie Koehl, MS, RRT, AE-C, President ISCVPR

Spring in Indiana brings our ISCVPR annual meeting and educational seminar. We are very excited to be celebrating the 25th Anniversary of the ISCVPR this year. During our meeting, we will be offering thanks to and celebrating with our founding members: Susie Carter, Rosemary Wasielewski, Peg Martin, Cindy McCoy, and Jane Miller. Without their forethought and planning, we could not be celebrating our 25th year! We thank them from the bottom of our hearts (and lungs).

Our annual ISCVPR meeting will be held on April 18 and 19. Our preconference will be on April 18 beginning at 7:00 pm. The conference will be April 19 at Valle Vista Country Club. We have strived hard to offer current clinical topics to our members. Please visit our Web site for more information, www.iscvpr.org.

Our state is happy to report a growth in membership the past two years. Our goal is to keep our members engaged and involved in the ISCVPR through education and provide support to all members. We have moved our state society into more technology-based information sharing processes. Our newsletters, blogs, and emails have helped to keep in touch with our membership.

We will soon be announcing our cardiac and pulmonary patients of the year. We ask for nominations from our statewide programs. It is always so impressive to read these nominations and see the impact both cardiac and pulmonary rehabilitation has made on their lives. We will highlight these folks in our spring newsletter, which is available on our website.

Members of our state society have been hard at work at the national level as well. Susie Carter now co-chairs the Program Certification Committee, Dave Charters is on the Program Certification Committee, and Debbie Koehl has been working with the Pulmonary Rehabilitation Toolkit project as well as serving on the Professional Liaison Committee and Annual Meeting Pulmonary Program Subcommittee.

At the state level, we have been blessed with a board of directors whose members are dedicated to promoting cardiac and pulmonary rehabilitation in our state and work tirelessly at doing so. Many of our members serve on multiple state committees and all step up as needed to accomplish our goals.

Affiliate Report from IACPR – Iowa

http://iacpr.net
Susan Flack, RN-BC, BSN
The past year has been a busy one for the IACPR (Iowa Association of Cardiopulmonary Rehabilitation). We reintroduced our state regional meetings, which have been very well received by our members. Meetings are scheduled in each “quadrant” of the state twice a year to discuss a variety of topics and assist with certification questions, reimbursement concerns, and programming issues. A board member from the IACPR is present to discuss both state and national memberships, benefits, and opportunities.

Three IACPR members recently attended AACVPR’s Day on the Hill (DOTH). Once again, it was a very rewarding experience. Iowa members have been involved with DOTH for several years, and because of this, we have developed valuable rapport with many of our legislators. The topics presented and discussed this year were well received, and we enjoy the support of the Senators and Congressmen from Iowa.

We are looking forward to the 2nd Annual Heartland Cardiopulmonary Rehab Conference held April 20-21 in La Vista, (Omaha) Neb. Several excellent local and national speakers are scheduled at the event, which offers 10.25 CEUs. This conference is presented each spring in collaboration with the Nebraska association, and the annual IACPR membership meeting is held during this conference. For information, please go to our Web site, www.iacpr.net and click the “Continuing Education” link.
● Annual Meeting Pre-Meeting Events – Sept. 5
● AACVPR 27th Annual Meeting in Orlando – Sept. 6-8

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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