Messages from Headquarters

Letter from the Editor

Jody Hereford, MS, BSN, MAACVPR

“You’ve been given a great gift, George: A chance to see what the world would be like without you.”
— Clarence from It’s a Wonderful Life

The world of cardiac rehabilitation lost a friend, a fervent advocate, mentor and innovator in the loss of cardiologist, Dr. Fredric Pashkow. On a personal note, I, too, lost a friend, an impassioned personal advocate and tireless mentor. Dr. Pashkow passed away suddenly and unexpectedly on December 2, 2011 and our collective hearts go out to his wife Peg and the entire Pashkow family in this sad loss. Not everyone had the privilege to meet and experience Fred, but for those who did, the mark he left is indelible. For those who didn’t, he also left an indelible mark.

Fred was a cardiac health, rehabilitation and prevention champion who challenged all practitioners, especially those who knew him, to do better and be better, both personally and professionally. He was my first medical director and teacher in the world of cardiac rehabilitation, but more than that, he was a role model who had the gift of being able to bring out the best in those who were a part of his team. Consequently, as a team, we learned how to bring out the best in our teammates and the patients with whom we worked. He led with passion and vision for better.

Fred practiced for 14 years in Loveland, Colo. and co-founded HeartWatchers International with his wife Peg. Together, they championed the concept of outcomes measurement and reporting long before any national discussion or program requirement. They challenged us to think about the care that we provided and the impact that it had on the patient we served as well as to describe the success of our program at reaching its goals.

Fred served at the Cleveland Clinic from 1989 to 1999 and led preventive cardiology and rehabilitation, an exercise testing laboratory, heart publications and more. He was later medical director of Queens Medical Center Heart Institute in Honolulu and vice president of Sanofi-Aventis in New York City, overseeing Plavix, Lovenox and other drugs. He was recently executive vice president and chief medical officer of Cardax Pharmaceuticals.

He co-wrote five books and more than 100 scholarly articles for fellow scientists. His books included Successful Cardiac Rehabilitation and The Women’s Heart Book. Fred won the American Heart Association’s Women’s Legacy Award and became a fellow of five national medical boards. He appeared on “Good Morning America,” the “Today Show” and “Charlie Rose.”

Sometimes we don’t actually get to see the impact that we have on another’s life. Fred had a significant impact on mine and changed me for the better. His legacy challenges each of us to remember the impact we do have on one another and to use it for the good personally, professionally, and always. May Fred’s bright and shining star live on in each of us.

“Live long, live well.”
As the New Year rolls on, and the leaders of the world give their State of the Union speeches, I feel it's time for you, our AACVPR members, to hear about the State of our Organization.

The health of our organization revolves around our ability to achieve our three strategic goals:

1. Improve Use and Viability of Cardiac and Pulmonary Rehabilitation and Prevention Services.

2. Enhance and Support the Quality of Cardiac and Pulmonary Rehabilitation and Prevention Services;

3. Support Strategic Goals 1 and 2 — Grow and Retain Membership, thus Driving Viability and Quality through Increased Resources.

As a general note on the organization's health, we remain fiscally viable, and are incorporating a two to three year strategic plan and budget to enable us to thoughtfully grow the organization.

Therefore, here is my (unofficial) scorecard on how we are progressing toward these goals.

Improve Use and Viability of Cardiac and Pulmonary Rehabilitation and Prevention Services

The positives:

• Cardiac rehabilitation is now a Class I Indication in clinical guidelines for MI; PCI; CABG; Angina; Heart failure; Valvular Heart Disease; and PAD.

• There are two sets of Performance Measures for pulmonary rehabilitation endorsed by the National Quality Forum (NQF): determining functional capacity and health-related quality of life for patients in pulmonary rehabilitation programs.

• The Performance Measure Set for referral to CR from both an inpatient and outpatient setting has been endorsed by NQF.
Our organization has experienced a tremendous increase in activity and recognition by our liaison organizations and an increase in the number of scientific statements and position papers that have received AACVPR endorsement.

Our journal (the Journal of Cardiopulmonary Rehabilitation and Prevention) now has an impact factor rating and is recognized as one of the leading scientific journals in the field.

The negatives:

- The Centers for Medicare and Medicaid Services (CMS) has decreased the reimbursement for outpatient pulmonary rehabilitation. AACVPR is leading the effort to have this reversed, and we anticipate a slow, but eventually successful, endeavor.

- Both pulmonary and cardiac rehabilitation are underutilized and under-reimbursed services.

Ongoing efforts:

- We continue to seek a legislative fix to the language that prohibits physician extenders from supervising both outpatient cardiac and pulmonary rehabilitation programs. However, this remains a focus of Day on the Hill (DOTH) this year, and I encourage ALL members to attend if possible.

- Inclusion of Heart Failure for Medicare reimbursement in outpatient cardiac rehabilitation. AACVPR has formed a task force to spearhead this effort in the upcoming year. Look for updates in future issues of N&Vs.

Enhance and Support the Quality of Cardiac and Pulmonary Rehabilitation and Prevention Services

The positives:

- We have partnered with the Exercise and Health Program at the University of Wisconsin – La Crosse to offer a Comprehensive Cardiac Rehabilitation workshop (see article below).

- The level of educational opportunities via the Annual Meeting and webinars has reached even higher levels than in the past.

- Our program certification process continues to evolve to include the latest evidence-based practice guidelines.
and will, in conjunction with the Cardiac and Pulmonary Rehabilitation Data Registries, continue to strive to define quality.

- The Cardiac Rehabilitation National Data Registry is entering into beta testing and continues to be on schedule for a June launch.

- The Pulmonary Rehabilitation National Data Registry continues to make progress and is actually (for now, at least) ahead of schedule.

- Great improvements have been made both to N&V and to the AACVPR Web site. Please read the article below that highlights these upgrades and visit the site to have a look for yourself.

To Support Strategic Goals 1 and 2 Grow and Retain Membership Driving Viability and Quality through Increased Resources from Increased Membership

The positives:

- The Joint Membership Program (where national membership includes membership in the Affiliate) now includes three Affiliates (Michigan, Ohio and New York); and the early returns on satisfaction are very positive.

- We now have an International Committee, charged with developing a plan for activities focused on international members/programs/national associations; managing requests to AACVPR from international members/programs/national associations; and to organize and publicize activities for international attendees at the annual meeting.

The negatives:

- Our total membership has not grown over the past two years.
- We have seen decreasing attendance at the Annual Meeting.

Ongoing efforts:

- We are investigating AACVPR’s involvement in social media.

There are other, exciting new initiatives being planned, please keep reading future issues of N&Vs to be on the cutting edge of the latest developments and key initiatives.
As you can see, the positives far outweigh the negatives, and AACVPR continues to be the worldwide leader in cardiac and pulmonary rehabilitation. We should all be proud to be members of this organization.

Treasurer's Update
Thomas A. Draper, MBA, FAACVPR

As part of an effort to provide membership with an enhanced understanding of AACVPR's financial health, below is a brief financial summary through December 2011. This information is presented at the business meeting of the annual conference each year, but we wanted to provide it to all members who may not have been able to make the meeting. The finance committee reviews the financial statements in detail each month and provides regular updates to the Board of Directors. A reminder, our fiscal year runs from July to June, so this is a 6 month review. As of December 31, 2011 total net assets are $1,117,163.

- Merrill Lynch investments are valued at $755,277 as of December 31, 2011 compared to $768,616 as of October 31, 2011.

- December operating revenue recorded was $45,534 and operating expense recorded was $121,645.

Operating revenue & expense:

Operating revenue is ($61,279) less than YTD budget (due to certification, conference and registry revenue below budget) and expenses are $39,928 lower than YTD budget. YTD net operating income is $35,028. Membership revenue is at 100% of December forecast, JCRP revenue is 98% of December forecast and unrestricted is at 408% of December forecast because sponsorship has exceeded projected YTD budget.

Non-operating revenue & expense:

YTD investment interest is $10,940 with an unrealized loss of ($5,206) and a realized loss of ($8,857). Realized gains/losses are the result of selling an investment. Unrealized gains/losses are a result in the market value change of an investment. Non-Operating Special Projects YTD expenses are ($30,165).

The Finance Committee works closely with the board to develop goals that are in alignment with the AACVPR strategic priorities. One of the major changes the Finance Committee is implementing to help achieve these goals is to develop two to three budgets each year. This will provide the board and committees with information on the
financial health of the organization years ahead to assist in evaluating and implementing strategic initiatives. The specific goals of the Finance Committee include:

• Retain a strong financial position

• Increase level of financial transparency with AACVPR membership and financial accountability with Committee Chairs

• Strive for a 3% operating margin

• Approach budget process strategically by creating two- to three-year budget that ties to organizations strategic initiatives

Click here for a more detailed presentation of the December 31, 2011 Financials.

Breaking News
Comprehensive Cardiac Rehabilitation Workshop
Joint AACVPR/University of Wisconsin-La Crosse Collaboration
April 16-19, 2012

AACVPR and the La Crosse Exercise and Health Program at the University of Wisconsin – La Crosse (UWL) are joining together to offer a Comprehensive Cardiac Rehabilitation workshop. For many years, the AACVPR membership has voiced the need for a workshop that covers the core components involved in setting up and running a successful cardiac rehabilitation program. Rather than “reinventing the wheel”, AACVPR has partnered with UWL to meet fill this void. The La Crosse Exercise and Health Program has offered continuing education workshops for the past 37 years and has had professionals from all 50 states and 38 foreign countries attend their workshops.

This Comprehensive Cardiac Rehabilitation workshop will not only focus on the basics, but will also provide an up-to-date overview of the theory and practice of inpatient and outpatient cardiac rehabilitation. There will be a strong emphasis on exercise physiology, exercise prescription, administrative concerns, and secondary prevention strategies. According to John Porcari, Ph.D., executive director of the La Crosse Exercise and Health Program, and a past-president of AACVPR, “One thing that makes this
workshop special is that all of the speakers are actively working in the field, are involved in the national association or their state society, and are very willing to share their expertise with workshop participants.”

For more information about course content, registration and housing options, go to the La Crosse Exercise and Health Program Web site at: http://www.uwlax.edu/sah/lehp/html/workshops.htm

AACVPR and local Affiliate members will receive a $25 discount.

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

Update on AACVPR Liaison Activity
Marjorie King, MD, FACC, MAACVPR

Editor’s Note: For more information on the Clinical Applications Committee, please see the article titled “News from the Clinical Applications Committee (CAC) in the Committee & Task Force Highlights section of this newsletter.

Traditionally, cardiac rehabilitation programs make a concerted effort to promote cardiac rehab within their community during Cardiac Rehab Week. This year, the Professional Liaison Committee is doing the same thing, but to a larger audience — to our liaison organizations (CardioSmart, Mended Hearts and WomenHeart) and their members (some patient and some professional). Working with members of the Clinical Applications Committee and AACVPR staff, we developed a fact sheet that promotes the benefits of cardiac rehabilitation to patients and can be used in hospitals, office practices and the community. http://www.aacvpr.org/Portals/0/resources/patients/CRFactSheet112.pdf

To learn more about this initiative read the Clinical Applications Committee update in the Committee & Task Force Updates section.

Our simple message to healthcare professionals is that because cardiac rehabilitation has been shown to improve mortality, function and health, it is now recognized as a level 1A recommendation in treatment guidelines for patients with coronary artery disease. Unfortunately, despite these facts, it remains under-utilized, and we need to work together with our liaison organizations to fix that problem. Educating patients about the benefits of cardiac rehab is a first step, which is why AACVPR has made the fact sheet available to their members to print and use in their practices and to patient organizations to share with their constituencies. For example, cardiologists will be seeing the link to this fact sheet in articles in ACC’s CardioSource and CardioSmart or in SCAI articles, but you may want to do them (and your program) a favor by individualizing some for their office.

As we all work together to celebrate Cardiac Rehab Week, our goal is to let people know that we do not only makes them feel better, but it actually saves lives. You’ll notice that there’s a space where the document can be individualized with the contact information for a local cardiac rehab program after it’s printed. (Stamps or stickers with your program’s name and phone number would work.) Feel free to use the fact sheet to drive that concept home in your community. Happy Cardiac Rehab Week!
Email Template

News from our Liaisons: CEPA
Wanda Koester, MS, RCEP

National Provider Identifier and Clinical Exercise Physiologists
A National Provider Identifier (NPI) is a unique 10-digit identification number issued to healthcare providers in the United States by the Centers for Medicare and Medicaid Services (CMS). All individual HIPAA-covered healthcare providers (e.g., physicians, nurse practitioners, dentists, physician assistants, chiropractors, physical therapists, athletic trainers) or organizations (hospitals, home health care agencies, nursing homes, laboratories, pharmacies, medical equipment companies, etc.) must obtain an NPI for use in all HIPAA standard transactions. Typically, most healthcare providers working in a hospital/clinic based settings would be filed under the group NPI designation held by their organization. It is unlikely that a clinical exercise physiologist (CEP) working in this type of setting will have an individual need for an NPI but not unheard of. (This is exactly the situation of one of the requests to CEPA noted below.) Those working as what's known as an “Entity Type I provider” or “sole proprietor,” though, require an individual NPI enumeration code for billing purposes. For example, someone who furnishes healthcare to patients and does not practice as part of a health care organization is an “Entity Type 1 provider.”

The Clinical Exercise Physiology Association (CEPA) has been contacted several times by members with requests to assist them in working with the federal government to establish National Provider Identifier (NPI) eligibility. In response to these requests, the Legislative Committee of CEPA has worked hard to research this and make it happen. See below to learn more about this important step and how it can impact the clinical exercise physiology profession.

A Call to Action from CEPA
Inclusion of the CEP in a national code set of healthcare providers is one more step toward bringing the clinical exercise profession to the forefront of healthcare. In order to increase visibility of CEPs and the work that they do, CEPA is encouraging all clinical exercise physiologists to apply for an individual NPI number. (If you apply and receive an individual NPI and work for a healthcare group, you may not use the number for billing purposes – CEPA is simply encouraging you to apply so that there is a bigger presence of clinical exercise physiologists on the national radar.) Please visit the CEPA Web site at www.cepa-acsm.org for helpful information on how to apply.

What’s New on the Web site?
Tracy Herrewig, MS, RCEP, FAACVPR
Simple, elegant, intuitive: this is the philosophy behind the Web site redesign. The Web site Committee has spent more than a year reviewing content, updating information, links and resources and expanding content that members, committees and the AACVPR Board of Directors have identified as priority. In many cases, these changes were spurred by member comments and input. The committee is dedicated to establishing and maintaining the website as the premiere resource for your cardiac, pulmonary and vascular information. The committee is now in the process of reorganizing the site in an effort to make it more appealing, useful and intuitive for users.

The redesign started with the homepage. The change is not merely in colors and graphics, but it is also a reorganization and prioritization of information placed on the homepage. The goal is to place critical resources and data on the website front and center so it is visible to users from the first glance. The content will change periodically to highlight upcoming events, reimbursement updates, the annual meeting, certification and other organizational news.

Another area that has undergone extensive revision is the Resources for Patients Section. Realizing that there are countless resources available to our patients and their families (some better than others), a subcommittee lead by Dr. Marjorie King has reworked this section in order to streamline access to resources published by AACVPR and other reputable organizations for patients, family members, caregivers and other members of the public looking to learn more about cardiac and pulmonary rehab. This section is now divided into Cardiovascular and Pulmonary Resources, with Nutrition and Behavior Change Resources to be made available soon. Each section features an overview of cardiac or pulmonary rehab, benefits of participation and links to established resources for patient education. The Cardiac Rehab Resources page also features a new fact sheet that can be used in physician offices or waiting rooms. The Pulmonary Rehab Fact Sheet will be available in the near future.

The Marketplace and Education Center has also recently been updated. Once logged in as a member, you have the opportunity to purchase discounted, archived recordings of presentations from the annual meeting and previous webcasts on a variety of topics to help you improve your clinical, managerial and reimbursement skills/knowledge.

The Member Center has also been reorganized and can now be found under “Resources for AACVPR Members.” The user must log in as a member to access these
comprehensive resources, as the full content of and access to each resource is truly a member benefit. Non-members will see the resources that are available (by title and brief description) but will not be able to access them.

The Pulmonary Rehabilitation Outcomes Toolkit was recently updated and is provided as a member benefit, listed under the Pulmonary Rehabilitation Resources for AACVPR Members. This is a critical resource for all programs, especially those planning on certifying or recertifying in 2013.

There is much more to be found on the AACVPR Web site. Please take a few minutes to check out all of the changes, but don’t stop there. AACVPR.org provides the most current information available to help you, your program and your patients as we continue to strive to be the go-to resource for cardiovascular and pulmonary rehabilitation professionals. Your input will help us continue to provide you with the most valuable resources and data. Please share your feedback and tell us of new content you wish to access for you and your patients.

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 continuing education opportunities are available whenever and wherever you want. Each session purchase can be shared by your whole department. Bring your group together to watch collectively or individually. Even build an “on demand” continuing education program 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

Health & Public Policy FAQs

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

Q: Are there effective strategies that I can implement within my program to avoid payment denials by my MAC?

As we have discussed previously, the Centers for Medicare and Medicaid Services (CMS) allows Medicare Administrative Contractors (MACs) to interpret Medicare provisions. For this reason, coverage rules may differ between MAC jurisdictions. MACs are obligated to cover what is in the federal provision, but DO have the LATITUDE to add to those rules in an effort to ensure compliance.

AACVPR Health & Public Policy Committee members liaise with each regional MAC Committee to share experiences, “lessons learned,” and with the goal of ensuring some degree of consistency and appropriate interpretation of Medicare regulations for cardiac and pulmonary rehabilitation services across the country. This interaction has served to be
invaluable as each MAC Committee pro-actively communicates with its MAC.

One recent “lesson learned” came from J-11, in which Palmetto administers Medicare claims. In a face-to-face meeting between the J-11 MAC Committee and the J-11 MAC Medical Director, programs were instructed to document the name of the supervising physician on each patient’s chart each day. This was a new interpretation with most MACs being silent on the issue as CMS is, or requiring simply that documentation of the daily supervising MD to be kept in the department on an ongoing basis.

A recent audit of some cardiac rehabilitation programs in J-11 brought denied reimbursement for these various reasons:

1. The following components of the cardiac rehabilitation program were not documented in the medical record:
   a. Physician-prescribed exercise
   b. Cardiac risk factor modification
   c. Psychosocial assessment
   d. Outcomes assessment
   e. An individualized treatment plan
2. The documentation submitted for review did not support the medical necessity of some of the services billed.
3. The condition diagnosis required for coverage of cardiac rehabilitation services was not submitted in the medical record.

One of the top reasons for denial is a lack of response to an “Additional Documentation Request” (ADR). If your program is not informed of every denial in CR or PR, unnecessary denials could be occurring. An institution has only 30 days from the received ADR date to submit additional documentation so it is important that you receive timely communication from the department that receives and handles ADRs to ensure that complete documentation can be re-submitted on a timely basis.

There are strategies to avoid all of the above denials.

- Know what your MAC requires by staying in communication with your MAC committee.
- Keep detailed documentation for medical necessity (a qualifying diagnosis) in the patient’s cardiac or pulmonary rehabilitation medical record. There may be situations that arise when the patient sees his or her physician in the physician office. Physician notes might include important documentation, too, so staying in touch with those physicians may be of significant benefit if audits or denials affect hospital outpatient payment.
- Make sure that your Individualized Treatment Plan (ITP) document includes ALL required components. Having information in “different places” in the medical record will make it difficult for a non-clinician examiner to find these components.
- The AACVPR Certification process has provided guidance on development of a thorough ITP that includes all the required components and suggestions for documentation in a concise format.

Nutritional Aspects of Rehabilitation

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Nutrition in the News Column

Alisa Krizan, MS, RD, LD

An AACVPR liaison organization, The American Dietetic Association (ADA) has changed its name to the Academy of Nutrition and Dietetics (AND). It is the world’s largest organization of food and nutrition professionals. The Academy’s commitment is to improve the nation’s health and advance the profession of dietetics through research, education and advocacy. The field of nutrition has changed over this century, and it continues to evolve to meet these needs.

ADA was founded in 1917, after working to feed the troops during World War I. Protecting the nutritional well-being of the American public health is the highest priority of ADA.

The name Academy of Nutrition and Dietetics promotes the strong science background and academic expertise of its members, primarily registered dietitians. Nutrition science underpins wellness, prevention and treatment.

Nutrition was added to communicate the capacity for translating nutrition science into healthier lifestyles for everyone. Keeping dietetics in its name supports the organization’s history as a food and science-based profession. Thus, the Academy of Nutrition and Dietetics quickly and accurately communicates this group’s identity.

AND’s award-winning Web site remains [www.eatright.org](http://www.eatright.org). The colorful Eat Right logo will stay a part of the organization’s graphic identity.

ADA includes a specialty practice group: Sports, Cardiovascular and Wellness Nutrition (SCAN) dpg. SCAN is one of AACVPR’s Liaison relationships and there are plans in place to have a SCAN registered dietitians (RD) who will present at the 2012 AACVPR Annual Meeting in Orlando. SCAN will also participate for the second year in the Exhibit Showcase. Meeting attendees will be able to review disease- or condition-specific Evidence-Based Practice Toolkits that include documentation forms, outcomes monitoring sheets, client education resources, case studies, Medical Nutrition Therapy (MNT) protocols for implementing the Evidence-Based Nutrition Practice Guideline and Power Point presentations. The resources include Chronic Obstructive Pulmonary Disease and Cardiovascular Disorders of Lipid Metabolism, Hypertension and Heart Failure.

Look for these resources at the AND booth at the AACVPR annual meeting in Orlando and explore the most advanced developments in medical nutrition therapy.

Pulmonary Point of View

COPD Alliance: Tools to Improve Our Practice

Gerene S. Bauldoff, PhD., RN, FAACVPR

AACVPR has joined the COPD Alliance, multi-society alliance of professional clinical organizations that is using a focused awareness and education campaign to bring about significant change in the recognition, diagnosis, and treatment of patients suffering with COPD Alliance member organizations include American Academy of Nurse Practitioners, American Academy of Physician Assistants, American College of Chest Physicians, American College of Osteopathic Family Physicians, and American College of Osteopathic Internists. Together, we represent more than 300,000 healthcare professionals. Primarily targeting primary care clinicians and clinicians-in-training with education designed to eliminate the nihilistic attitude that can develop towards COPD patients, the COPD Alliance has developed a consensus...
statement: “To address the estimated 24 million Americans who may have COPD, 12 million of whom remain undiagnosed, the COPD Alliance advocates the integrated and routine use of validated COPD screening tools in ‘at risk’ patients; confirmation of COPD through post-bronchodilator spirometry; and utilization of the best available evidence-based criteria for the treatment of COPD.”

Recently, the Alliance launched the “COPD Prepared” campaign to encourage clinicians to take the four easy STEPs to improve their patients’ quality of life through early recognition and management of COPD:

S = screen patients at risk
T = test and diagnose using spirometry
E = educate your patients about COPD
P = provide care and support

More valuable information is available from this organization including resources for clinicians and patients. We will update AACVPR members on 2012 projects and activities in upcoming communications.

Please visit the COPD Alliance at www.copd.org and share this Web site with your pulmonary rehabilitation patients!

What's Coming in JCRP

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

To Get to the Journal of Cardiopulmonary Rehabilitation and Prevention:

• From the AACVPR home page, look for the new JCRP at the bottom left-hand corner
• Find JCRP Online At Http://Journals.Lww.Com/Jcrjournal/Pages/Default.aspx

Take a look at these online resources:

Published Ahead of Print (PAP) - Articles not yet available in the Print Version of JCRP can be found by clicking "Published Ahead of Print." Recent PAP additions include:

• “Recommendations for Managing Patients with Diabetes Mellitus in Cardiopulmonary Rehabilitation: An American Association of Cardiovascular and Pulmonary Rehabilitation Statement” Carroll Kramer et al (USA)
• “Impact of Exercise Capacity on Dyspnea and Health-Related Quality of Life In Patients with Chronic Obstructive Pulmonary Disease” Jacobsen et al (Denmark)
• “Inpatient Cardiac Rehabilitation Soon After Hospitalization for Acute Decompensated Heart Failure” Scrutinio et al (Italy)
• “Adherence Behavior in the Prevention and Treatment of Cardiovascular Disease” Houston Miller (USA)

Collections: A recent addition to the Collections is “Review Articles from 2011.”
Most Popular: In this area, click "Most Viewed" to see which *JCRP* articles your colleagues are reading, many of which are free to all *JCRP* online users.

March/April 2012 Issue

This issue is highlighted by an Invited Review titled “Adherence Behavior in the Prevention and Treatment of Cardiovascular Disease,” and an AACVPR Statement titled “Recommendations for Managing Patients With Diabetes Mellitus in Cardiopulmonary Rehabilitation,” as well as Section Papers in Cardiac Rehabilitation and Pulmonary Rehabilitation, and manuscripts from Italy, Australia, Japan, Denmark and the United States.

INVITED REVIEW

- *Adherence Behavior in the Prevention and Treatment of Cardiovascular Disease*. Houston Miller (USA)

CARDIAC REHABILITATION

- *Inpatient cardiac rehabilitation soon after hospitalization for acute decompensated heart failure: A Propensity Score Study*. Scrutinio et al (Italy)
- “Cardiac Rehabilitation Outcomes in Women with Chronic Heart Failure: Mood, Fitness, and Exercise Safety.” Wise et al (Australia)
- “Upper and Lower Extremity Muscle Strength Levels Associated with an Exercise Capacity of 5 Metabolic Equivalents in Male Patients with Heart Failure.” Izawa et al (Japan)

PULMONARY REHABILITATION

- “Impact of Exercise Capacity on Dyspnea and Health-Related Quality of Life in Patients With Chronic Obstructive Pulmonary Disease.” Jacobsen et al (Denmark)

Committee and Task Force Updates

AACVPR Outpatient Cardiac Rehabilitation Registry Enters Next Phase

*Mark Vitcenda*

Over the past few months, the AACVPR Cardiac Rehabilitation Registry Committee has taken two key steps toward the June launch of the Outpatient Cardiac Rehabilitation Registry:

1. Preparing our protocol for review by the Mayo Clinic Institutional Review Board (IRB).
2. Beta testing of the registry.

A review of the registry by such an experienced third party as the Mayo Clinic will allow AACVPR to identify concerns and ensure high-quality protocols for dealing with patient-protected health information (PHI). In addition, it is our hope that by going through a national IRB review for the registry, we will minimize the need for each program to go through the process with its institution.
Meanwhile, the beta test process over the next few months will help us clarify directions, uncover bugs and ensure the usefulness of the registry's reporting features. We will be drawing a dozen or so programs from our Early Adopter list to test the application for accuracy and usability, and supply us with feedback about possible enhancements. For answers to some of the questions we've received recently about the registry, click here. While there are many factors to be considered — and you'll have to make some changes in how your program does things to participate — the information you get out of the registry can improve your program's operations and patient care.

To learn more about the AACVPR Outpatient Cardiac Rehabilitation Registry and begin the subscription process, please visit www.aacvpr.org/CRregistry.

Clinical Applications Committee (CAC)
Elizabeth Dole CEP, FAACVPR
News from the CAC

The Clinical Applications Committee has developed a Cardiac Rehabilitation Fact Sheet designed for programs to use as promotional material, and for the promotion of Cardiac Rehabilitation services to our liaison organizations such as CardioSmart, Mended Hearts and WomenHeart. The Fact Sheet is a brief script about the importance of cardiac rehabilitation for recovery, benefits and what to expect. It could be used during discharge teaching by a nurse, physician assistant or nurse practitioner. Programs are encouraged to print their information on the backside of the fact sheet. To access the fact sheet, go to the AACVPR Web site and follow the Patient Resources link or visit http://www.aacvpr.org/Portals/0/resources/patients/CRFactSheet112.pdf

We hope adding a few simple steps to your office or hospital practice may facilitate enrollment in CR and may make a big difference to your patients' health and quality of life. The committee is also working on a similar fact sheet for Pulmonary Rehabilitation.

The CAC is in process of re-developing the Outcomes Resource Page with new content for the AACVPR Web site; please watch for roll out soon.

Affiliate Reports

Arkansas Cardiovascular and Pulmonary Rehabilitation Association Affiliate Report
Jennifer Coleman, RD, LD - ACVPRA President

The Arkansas Cardiovascular and Pulmonary Rehabilitation Association (ACVPRA) held its State Conference in Little Rock on Nov. 18, 2011: "Changing Lives One Heart at a Time." Presentations included a number of top speakers and topics including: Updates from AACVPR Annual Conference and ACSM Annual Conference, Sexual Dysfunction, Customer Service and Maintaining a Heart Healthy Lifestyle. Programs from all regions of the state were in attendance for this one-day event filled with great information.

The ACVPRA continues to work to increase membership and improve communications throughout the state. This year, AACVPR webcasts are
being offered at each quarterly meeting. The next quarterly meeting in
Little Rock will feature the AACVPR session: “Updates in Cardiac
Rehabilitation Research.” This past year, ACVPRA celebrated 15 years as
an affiliate of AACVPR.

California Society for Cardiac Rehab (CSCR) Affiliate Report
Elaine Gotro, MS – CSCR President

The CSCR invites you to the 29th Annual California State Educational
Conference, which will be held March 29-31, 2012, at the Embassy Suites
Sacramento Riverfront Promenade Hotel in Sacramento. The schedule
includes a Thursday evening Pre-Conference Presentation & Reception at
the Crocker Art Museum, with international guest speaker, Gregory
Thomas, MD, MPH, FACC, FASNC, presenting the most recent research on
Egyptian Mummies: “How Old is Coronary Artery Disease? Did the Ancient
Egyptians Need Cardiac Rehab?” In addition, Chris Garvey, FNP, MSN,
FAACVPR, will be presenting an “AACVPR Update: ITP, Reimbursement &
Registry.”

Topics and speakers for Friday and Saturday include:

“Exercise & Type 2 Diabetes: Best Practices for Effective Interventions
with Cardiac Patients” — Larry Verity, PhD

“The Art of Guiding Health Behavior Change” — Steven Malcolm Berg-
Smith, MS

“Intermittent High Intensity Training for Cardiac Rehab” — Daryl Parker, PhD

“Mitral Valve Repair and Current Therapies and Its Impact on Indications
for Surgery”
— Allen S. Morris, MD, FACS and Frank N. Stachman, MD, FACS

“Hormones & Hostility: Unique Gender Differences in Stress & Health” — C.
Noel Bairey Merz, MD, FACC, FAHA

“Heart Failure – Science & Guidelines for Medical Treatment” — Howard
Dinh, MD, FACC
“Opportunities for Heart Failure Management in Cardiac Rehab Programs”
— Joyce Higley, RD, Sharon Alfaro, RN, BSN and Sharon Zorn, MS, MBA

“Management of Atrial Fibrillation: A Comprehensive Electrophysiologic
Approach” — Arash
Aryana, MD, FACC

“Obesity Management Strategies for Secondary Prevention Patients” —
John Henried, MD, FACP

Conference details and registration information are available at www.CSCR.
org

We hope to see you there!
Upcoming AACVPR Webcasts

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

- February 12–18: Cardiac Rehabilitation Week
- February 29: Certification Applications Due
- February 29 – March 1: Day on the Hill
- March 2: Annual Meeting Call for Posters Closes
- March 6: Webcast: Enhancing the Delivery of Cardiac and Pulmonary Rehabilitation through Internships; Presented by Annie Bennett, M. Ed. & Laura Raymond, BS, RN, FAACVPR
- March 11–17: Pulmonary Rehabilitation Week

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

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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