Letters from the Editor

What Now?

Jody Hereford, MS, BSN, MAACVPR

“The Times, They Are A-Changin’”
Bob Dylan and Healthcare in America

Do you remember this anthem of change from the 1960s? Maybe it was before your time. For many of us though, the lyrics still carry particular relevance today, especially when one believes in a cause and sees the possibility of new ways of achieving success.

Come gather ’round people wherever you roam
And admit that the waters around you have grown
And accept it that soon, you'll be drenched to the bone
If your time to you is worth savin’
Then you better start swimmin’ or you'll sink like a stone
For the times they are a-changin’.

The AACVPR 27th Annual Meeting provided us with a smorgasbord of food-for-thought along with calls to action in what is possible. Furthermore, it provided access to some real life change agents of today who are doing things better … because it’s the right thing to do.

Throughout this information-packed issue of News & Views, you will read about the waters that are changing within payment systems and incentives. We are beginning to read and hear even from CMS (Centers for Medicare and Medicaid Services) that a new payment system focused on health is happening. Many of the topics covered at the Annual Meeting challenged us to think in new ways, called us to action in delivery of services, and continued to astound us that cardiac and pulmonary rehabilitation are, unfortunately, still the best kept secrets in healthcare.

Change has also come to us as we honor the lives of three incredible advocates for the profession and for our organization. It is also with sadness of heart that we say good-bye to Cathy Luginbill of California, Marlene Sigler of North Carolina, and Jana Webb of Mississippi. They may have left our world, but their passion and zest for life lives on in those fortunate enough to have known these wonderful women. Please read the articles their colleagues have written to honor their many contributions along with their challenge to live our lives every single day.

On a final note, I am pleased to welcome back Dr. Steve Lichtman as my partner in crime and Co-Editor of News & Views. We survived this past year without his direct expertise and wisdom at News & Views, but are most appreciative of his year at the helm of our organization. Congratulations and thank you Steve for your leadership and many contributions, we know they will only continue to grow. Here’s to a year ahead filled with much success as an organization, as a profession, as programs, and as professionals!

Read, absorb, contemplate, appreciate, create, enjoy, and innovate! I can’t wait to see what wonders this talented, committed, and passionate group of professionals can and will do. Onward and upward!
Past Presidents Message
Steven W. Lichtman, EdD, FAACVPR

“It is with mixed emotions that I wave goodbye to the Presidency of AACVPR. Although I will be serving on the Board of Directors as Immediate Past President for another year, I will miss the challenge, excitement and “view from the top” as President. If I could, I would serve another term.

Here are some of the reasons it has been an exciting year:

- Inclusion of cardiac rehabilitation as a class 1A recommendation
- A huge increase in the JCRP impact factor
- A 16 percent increase in reimbursement for CR and a trend upward for PR
- Establishment of an International Committee to improve and advance PR and CR across the globe
- An increase in AACVPR membership and increased attendance at the Annual Meeting and webinars
- A revamped Certification Committee to include Expert Panels for both PR and CR and a new Mentorship Program
- Submission of both the PR and CR Performance Measures to NQF for further endorsement
- Launch of the CR National Data Registry in June
- Selection of a vendor to develop the PR National Data Registry scheduled for launch in June/July 2013
- Professional (Individual) Certification in development
- Revision of the AACVPR P&P Manual
- Distribution of the PR Toolkit to increase reimbursement
- Establishment of a Clinical Expert to assist members for Certification and Registry
- Establishment of an AACVPR Facebook page
- In progress/established/endorsed significant AACVPR and joint society publications

I would like to personally thank all the BOD members, committee chairs, volunteers, AACVPR members and staff and everyone else that made my presidency so productive and enjoyable. Leaving the BOD this year as their terms have expired are Bonnie Sanderson, Tom Draper and Gerene Bauldoff – your contributions, hard work and spirit will be missed.

It has truly been an honor to serve you, our AACVPR members, over the past year and I will miss being your President. However, there are several reasons that my emotions are tempered regarding stepping down as your AACVPR President. I have always said the most enjoyable task I have performed for AACVPR was acting as Co-Editor of News & Views, particularly with Jody Hereford as my partner. As she has demonstrated over the past year acting as a single editor, she really does not need a co-editor. However, despite that, I have rejoined Jody and News & Views as Co-Editor starting with this issue.

The second, and most important, reason I am not hesitant to step down is that AACVPR will be in superb hands over the upcoming year. It is my pleasure and privilege to introduce to you our new AACVPR President, Ms. Anne Gavic, MPA, FAACVPR. Anne is currently the Manager of Cardiopulmonary Rehabilitation at Northwest Community Hospital. She has worked in cardiopulmonary rehabilitation for more than 20 years (starting as a child, of course) and has been on the AACVPR BOD, multiple committees and is a four-time Chair of the Annual Meeting. She is a founding member of the Illinois Society of Cardiopulmonary Health & Rehabilitation and has served on their BOD as well. But, most of all, Anne is an intelligent, hard-working, passionate, and committed leader for AACVPR, and I am proud to...
President's Message
Anne M Gavic, MPA, FAACVPR

It is a distinct honor and privilege to step into the role of President of AACVPR for the upcoming year. Having been an AACVPR member since its inception, over the years I have watched AACVPR grow into a complex and mature organization that fields numerous important initiatives, always with an eye on our mission of “reducing morbidity, mortality, and disability from cardiovascular and pulmonary disease through education, prevention, rehabilitation, research, and disease management.” During these years, I have also had the opportunity to serve our organization in a variety of roles, including committee member, committee chair, board member, and now, as President. I very much look forward to working beside you in the coming year to meet the needs of our members, our services, and our patients. By way of professional introduction, I am a clinical exercise physiologist who has worked for more than 20 years in the field of cardiac rehabilitation, currently managing a cardiopulmonary rehabilitation program at Northwest Community Hospital in Arlington Heights, Illinois.

First off, I would like to say a heartfelt thank you to the extraordinary Board of Directors (BOD) who have stepped up to work arm in arm as we move forward over the course of this coming year. Thank you to returning BOD members Steve Lichtman, Barb Fagan, Mike McNamara, Adam deJong, Bonnie Anderson, Ana Mola, and Gayla Oakley. Thank you and welcome to new BOD members Patrick McBride, Eileen Collins, Glenn Feltz, and John Pellicone. We all see the opportunities and I am grateful to be surrounded by such a wise group of seasoned professionals ready and willing to roll up their sleeves and work together for the good of the organization, the profession, and ultimately for you, our valued members.

Again this year, the AACVPR Annual Meeting provided an exceptional forum for education, hands-on training, discussion, and networking among cardiopulmonary rehabilitation professionals. As we close the door on this year’s meeting, I want to say how honored and excited I am for the opportunity to serve you as President in the year ahead.

It is an unparalleled time of positive movement for cardiac and pulmonary rehabilitation. More and more we are recognized as an essential piece of the care continuum for patients with chronic cardiac and pulmonary diseases. As we move into this year, I urge a heightened focus on the national healthcare policy. Crucial to the sustainability of CR and PR services will be careful attention to the shifting healthcare environment and positioning our programs to fit that landscape.

During her keynote address at this year’s annual meeting, Dr. Marjorie King provided a comprehensive review of expected changes in healthcare. New healthcare policies will focus on affordability, accountability, and accessibility of healthcare services. There is also cautious optimism and a renewed recognition of the value of programs and services that contribute to prevention and management of chronic diseases.

The goal of these services is saving healthcare dollars, decreasing overutilization of healthcare services, and reducing hospital readmissions. Our challenge is to know the evidence supporting the multitude of benefits from cardiac and pulmonary rehabilitation and help spread the news that these services have a vital role in achieving the overarching healthcare goals.

More than ever, there is an expectation to justify the economic and health benefits of our
services and to be flexible in exploring new models of providing those services that are both effective and affordable.

Exciting opportunities abound to organize and deliver services in innovative ways and to engage patients in their care to enhance health and clinical outcomes. The newly implemented national Outpatient Cardiac Rehabilitation Registry affords us a new way to measure our effectiveness, benchmark against others, and shift toward best practice.

AACVPR exists to guide cardiopulmonary rehabilitation professionals to program practice and delivery models that are sustainable in the long-term. There is strength in the collective wisdom and resources of our members when shared, and when we keep our eye on the main thing, providing the very best care to our patients.

In the year ahead, the leadership, committees, volunteers, and staff of AACVPR will work with you to build the best people and best practices of cardiac and pulmonary rehabilitation, with an ultimate goal of demonstrating the very best performance and outcomes (this is our theme for the 2013 Annual Meeting). Best people will be built and supported through development of our educational services and resources and by investigating a professional certification specific to the specialty of cardiac and pulmonary rehab. Best practices will be built by enhancing our program certification process and by developing resources that guide programs to excellence. Performance and outcomes will be more measurable as data from our registries is utilized for benchmarking and quality improvement. I invite you to be a part of the excitement by becoming involved in the work of AACVPR. Please do not hesitate to contact me if you have questions or thoughts you would like to share.

Breaking News
Anne Gavic, MPA, FAACVPR
President, AACVPR

I want to share with you the news of a recent change within our organization. Joanne Ray, the Executive Director of AACVPR, has shared her decision to accept a CEO position with another not-for-profit organization as of October 19.

During Joanne’s three-year tenure as our Executive Director, AACVPR has seen significant growth, and is today a strong and complex organization. There is no doubt Joanne’s expertise, leadership, and direction have contributed significantly to that growth. In addition, she has been a mentor and friend to many of our members, and she will certainly be missed.

Please join me in thanking Joanne for her years of expert leadership, and in offering her much deserved congratulations and support as she moves into this next professional chapter.

The AACVPR Board, the staff team, and the leadership of our management partner, SmithBucklin, are committed to maintaining the highest member service through this period of transition. A plan to review candidates and ultimately appoint Joanne’s successor is underway. Thank you so much for your continued commitment to AACVPR. Please do not hesitate to contact me at any time if you have questions, comments or concerns.

An AACVPR Tribute to Members Lost

Cathy Luginbill
The California Society for Cardiac Rehabilitation (CSCR) and AACVPR are honoring Catherine (Cathy) Luginbill, RN, MS, CNS, FAACVPR. Cathy served the CSCR for 32 years as a member in multiple positions as Past President, President, Secretary, Membership, Research, and Web site Director. She also served AACVPR as a member for the last 17 years; the last four years on the National Education Committee and the last three years on the MAC J1 Committee. Cathy received her Fellowship in 2011. She was the Coordinator for the Alta Bates Summit Medical Center Cardiovascular Rehabilitation Program for the last 32 years. Cathy lost her battle with cancer August 17, 2012. Cathy worked to create excellence in and to proliferate the success of Cardiac Rehabilitation; her contributions were untiring.
Please contact the www.cscr.org for information on how to honor Cathy Luginbill’s life of service.

Contributed by Jeanne Knapp, MS CSCR President, Mercy General Hospital, Sacramento, California

Marlene Sigler
On July 17 2012, the field of cardiopulmonary rehabilitation lost one of its most passionate advocates, Marlene Sigler. I met Marlene 12 years ago as a newbie to the field, and I attribute her influence as one of the biggest reasons that I became involved with our state organization, the North Carolina Cardiopulmonary Rehabilitation Association (NCCRA). It was her drive, energy level, knowledge, and wisdom that has been an asset to many over the years. Years ago, I attended a talk by Jody Hereford, and she spoke about attaching yourself to a rising star. I often thought of Marlene Sigler as one of those stars, and I know that this was the case for many people both in her professional and her personal life.

Her passing has definitely created a vacuum for many of us.

Marlene was involved in the NCCRA and AACVPR over the last 20 years and worked tirelessly within the profession and for her patients. Marlene served on the Board of the NCCRA in many capacities including Vice President of the Coastal Region (2003-2006); Incoming, Current, and Immediate Past President (2006-2008); Reimbursement/MAC committee member as well as within AACVPR on various committees including the Education committee. Even throughout her illness, Marlene continued to be an inspiration to many and will be greatly missed.

Contributed by: Stacey Greenway, MA, RCEP, Program Manager, Cardiovascular & Pulmonary Rehab Vidant Medical Center

Jana Webb
On September 22, 2012, AACVPR and SACPR lost one of its longtime members, Jana Webb, to brain cancer. Jana was a dedicated cardiac and pulmonary rehab professional and will be missed by many.

In the late 1990s Jana started her career as an exercise physiologist at Forrest General Hospital in Mississippi with the Employee Wellness and Phase III Cardiopulmonary Rehab programs. Her patients lovingly called her "Sarge." When Linda Hall came to work with their program, she told Bonnie Sanderson that she had found “a star” that made things happen, no matter what obstacles came up. It was Jana’s ability to live life fully with positive energy that was her ultimate star power.

Jana completed her master’s degree in Exercise Science at the University of Southern Mississippi and worked in Wellness/Fitness in Madison then cardiopulmonary rehab at River Region in Vicksburg. She traveled back and forth from Madison to Vicksburg so she could work “where her heart was.” Not long after, she had her first seizure, which began her tumor/cancer battle. But she never gave up. She had brain surgery that left her partially paralyzed and never let on that she had a disability. She just kept looking ahead, being positive and making plans to stay involved in the profession. Even when her husband took a job in New York so that she could focus on getting better and wouldn’t have to work, she still wanted to be doing something that made a difference. She took a job helping with the exercise part of Breast Cancer research at the University of Rochester Medical Center. Over the past year, her mobility declined, but she still kept working. She was planning to come to AACVPR this year in Orlando, but the tumor wasn't responding to medicine anymore, and unfortunately she wasn't able to attend.

Jana served a term as President of SACPR and as the Mississippi State Rep on the Board for many years. She was a passionate advocate for Cardiac and Pulmonary Rehab patients and traveled to Washington DC for DOTH several times. Jana was also active on AACVPR
committees and achieved Fellow status in 2007. Her leadership, quick wit, and passion for her chosen field and patients will not be forgotten. As her husband Brad stated, "She's probably leading aerobics in Heaven." But for most of us, it was her friendship that we will miss the most. Rest in peace, Jana.

Contributed by: Kathe Briggs, MS, CES, FAACVPR, East Alabama Medical Center

**Member Resources**

**Mark Your Calendars and Plan to Attend!**

**AACVPR/University of Wisconsin-La Crosse Collaboration**

**Comprehensive Cardiac Rehabilitation Workshop**

**April 22-25, 2013**

*AACVPR and local Affiliate members receive a $25 discount*

Do you ever wonder how best to enhance your skills and build competencies for today’s practice of cardiac rehabilitation? When was the last time that you refreshed your skills and exchanged workable ideas with colleagues from across the country?

AACVPR and the La Crosse Exercise and Health Program at the University of Wisconsin – La Crosse (UWL) are once again joining together to offer a Comprehensive Cardiac Rehabilitation workshop. This will be the 38th consecutive year the La Crosse Exercise and Health Program has offered this workshop, and the second year of the partnership.

The workshop is designed to provide an up-to-date overview covering the many aspects of inpatient and outpatient cardiac rehabilitation. The curriculum will include information on exercise physiology, exercise prescription, program administration, and secondary prevention strategies that are essential to the everyday practice of cardiac rehabilitation.

The key factor that has made this workshop a success for many years is the quality of the speakers. Every one of the speakers is involved at the state or national level, and more importantly, they all are involved in the clinical practice of cardiac rehabilitation on a day-to-day basis. They are passionate about what they do and eager to share their expertise with attendees.

"We strive to foster an informal, workshop-type atmosphere. Our philosophy is that each individual comes to the workshop with specific questions. Our goal is to make sure that each attendee gets those questions answered before they leave La Crosse." John Porcari, PhD, MAACVPR, Executive Director of the La Crosse Exercise and Health Program and a Past-President of AACVPR

For more information about specific course content, registration, and housing options please visit the La Crosse Exercise and Health Program Web site at: [http://www.uwlax.edu/sah/lehp/html/workshops.htm](http://www.uwlax.edu/sah/lehp/html/workshops.htm)

**Annual Meeting Awards and Tributes**

AACVPR is recognized as the premier professional organization committed to improve the quality of cardiac and pulmonary rehabilitation/prevention services with the ultimate goal of improving patient outcomes. Each year, we recognize individuals who have provided outstanding service and leadership that helps AACVPR achieve yet another level of excellence.

AACVPR Fellows are selected based on a competitive application process that demonstrates...
high standards of professional development and a commitment to the goals and long range activities of the Association. We are proud to announce the 2012 AACVPR Fellows:

- Heather Grant, MS, FAACVPR
- Chul Kim, MD, PhD, FAACVPR
- Ana Mola, MA, RN, ANP, FAACVPR
- Poppy Patterson, RN, BBA, FAACVPR
- Mary Richard, BSN, RN-BC, FAACVPR
- Kate Traynor, BSN, RN-BC, FAACVPR

AACVPR Master appointment is designed to honor exceptional achievement and service within the professional domain of the Association. “Master of AACVPR” is awarded to those long-term members of AACVPR who exemplify the highest standards of our profession. The Masters of AACVPR selected for 2012 are:

- Gary Balady, MD, MAACVPR
- Larry Hamm, PhD, FACSM, MAACVPR
- Reed Humphrey, PhD, PT, MAACVPR
- Carl King, EdD, MAACVPR
- G. Curt Meyer, MS, FACHE, MAACVPR
- Nanette Wenger, MD, MAACVPR

Please share our congratulations to these outstanding leaders of our profession and thank them again for their service to AACVPR!

Recognizing Excellence

At this year’s AACVPR Annual Meeting the outstanding contributions of AACVPR members to both our organization and the fields of cardiac and pulmonary rehabilitation were recognized. Please join the editors, contributors and staff of News & Views in congratulating these individuals.

The **L. Kent Smith Award of Excellence** is AACVPR’s most prestigious award and is given in recognition of outstanding contribution by an individual to the fields of cardiac and/or pulmonary rehabilitation. This award was established in memory and recognition of the vast and numerous scientific and clinical contributions made to the field of cardiovascular rehabilitation by the late L. Kent Smith, MD.

This year’s recipient was **Marjorie L. King, MD, MAACVPR, FACC**.

**Michael L. Pollock Established Investigator Award** is presented to an individual who has made significant advances in the field of cardiopulmonary rehabilitation through his/her research contributions and has earned national prominence in his/her field through contributions in contemporary research.

This year’s recipient was **Nanette K. Wenger, MD, MAACVPR, MACC, MACP, FAHA**.

**Thomas L. Petty Distinguished Pulmonary Scholar Award** is presented to an individual who has made significant advances in the field of pulmonary rehabilitation through his/her research and/or scholarly contributions and has earned national prominence in his/her field through contributions in contemporary cardiopulmonary research.

This year’s recipient was **Andrew L. Ries, MD, MPH, MAACVPR**.

**Distinguished Service Award** is presented to an individual(s) whose leadership, ideas, and committee work have significantly benefited the AACVPR as an organization. This year’s recipients were:

- Richard A. Josephson, MD, MS, FAACVPR, FACC, FAHA, FACP
- Michael McNamara, MS, FAACVPR
- Randal J. Thomas, MD, MS, FAACVPR

**Presidential Citation & Recognition Award**
The Presidential Recognition Award is an opportunity for the outgoing AACVPR President to formally recognize and thank an individual(s) who has made significant contributions to the President’s term and the Association as a whole. This year’s recipients were:
AACVPR Outstanding Affiliate Society Award
The AACVPR Outstanding Affiliate Society Award recognizes an affiliate that supports and encourages the mission and goals of AACVPR through member activities, educational opportunities and professional development.

The North Carolina Cardiopulmonary Rehabilitation Association (NCCRA) has been selected as the 2012 Outstanding Affiliate for its innovative methods for membership involvement and leadership development. NCCRA has exhibited its dedication to improving the knowledge and services of Cardiac and Pulmonary Rehabilitation professionals in North Carolina through its extensive educational and member resources. Additionally, NCCRA has placed significant focus on industry and the association's members by working proactively with the North Carolina Legislature to ensure proper credentialing for Clinical Exercise Physiologists. As NCCRA leadership works to address the needs of its members at the state level, it continues to increase its activity at the national level — helping to strengthen the collaborative relationship of the affiliate and AACVPR. We congratulate NCCRA for its dedication and hard work in promoting and improving cardiopulmonary rehabilitation in North Carolina.

Update on AACVPR Liaison Activity
Working with Liaisons to Provide Efficient, Patient-Centered Care
Marjorie King, MD, FACC, MAACVPR

As the recipient of the 2012 L. Kent Smith Award of Excellence, it was my privilege to present one of the keynote presentations at the Annual Meeting in Orlando. The overall theme of my keynote was to challenge AACVPR members to be aware of opportunities within healthcare reform to increase accessibility to cardiovascular and pulmonary rehabilitation services, building on the concepts of shared accountability, care coordination, and team-based care with patient-centered goals that are second nature to those of us in rehab. As Chair of the Professional Liaison Committee, I realize that some of concepts I challenged our membership with also pertain to our committee, as we interact with our liaison organizations — to determine how to work together effectively and efficiently to provide members with low cost, high value resources to improve their programs and their patients’ quality of life and health.

One of the most rewarding liaison meetings at the Annual Meeting, this year, was with Karen Deitemeyer and Hilde Hanson, who are on the board of EFFORTS, which is a peer support group for patients with COPD (www.emphysema.net/default.asp). In addition to reams of educational material, EFFORTS also provides an email discussion list where patients can ask questions that they’re afraid to ask their doctors, such as “What does it mean when you say I have end stage lung disease? Is my life over?” EFFORTS volunteers provide real world answers and support, often steering others to pulmonary rehab. Many of you probably met Karen and Hilde at the EFFORTS booth in Orlando, and those of you from Florida will be seeing them at the FCVPR meeting in Tampa. There are EFFORTS Ambassadors in many states available to attend Affiliate meetings or to speak at pulmonary rehab programs. If you are interested in connecting your Affiliate or program with an EFFORTS Ambassador, please contact Karen Deitemeyer at karendeit@embarqmail.com.

Although the number of registered dieticians in AACVPR is small, they are enthusiastic and growing. Several leaders from the SCAN group of the Academy of Nutrition and Dietetics were speakers in Orlando, and as a result of informal conversations, they have decided to learn more about how to effectively integrate registered dieticians into cardiac rehabilitation programs. Karen Collins posted some specific questions on the SCAN list serve to find out what seems to be working, where the challenges lie, and what resources could be developed to help provide more efficient, effective nutritional services in cardiac rehab programs. Please encourage your facility’s registered dieticians to visit the SCAN list serve or to email Karen.
directly at karen@karencollinsnutrition.com to participate in the conversation.

Finally, AACVPR will have a presence at several liaison organizations’ meetings this year, beginning with the American Association of Respiratory Care meeting in New Orleans in November (www.aarc.org). If any of you are planning to attend the AARC meeting, please contact Jessica Eustice at jeustice@aacvpr.org, as we are looking for volunteers to help spread the word about pulmonary rehab and AACVPR at the meeting.

What's New on the Web site?
Tracy Herrewig, MS, RCEP, FAACVPR

A Web site is designed to be a living document, ever-changing to meet the needs of its viewers. The AACVPR Web site is no different. As you may have noticed, new information is posted almost continuously. The Web site Committee is comprised of members of other AACVPR committees to streamline the flow of information for Web site visitors. Members of the AACVPR Headquarters staff work tirelessly to post information as it becomes available from a variety of sources. AACVPR works closely with other professional organizations, and information shared by these other organizations is also posted on the site.

Social media is the way of not only the future but, more importantly, the present. Most people are connected to friends and colleagues via Facebook, LinkedIn, or other outlets. AACVPR realizes this, and recently launched the AACVPR Facebook page highlighting the 2012 Annual Meeting. In the short time since the Annual Meeting, AACVPR has been “liked” by almost 200 people. The goal, of course, is to grow this connection to further reach out to members to meet their professional needs and to connect them with others. Be sure to check out our Facebook page and “like us”!

The Annual Meeting provided a great deal of information, energized the passion we all have for our patients and connected old and new friends. The Web site provides an opportunity for those unable to attend to learn and to share as well. The proceedings from the meeting are available for purchase in the Marketplace and Education Center.

The Health and Public Policy section is constantly being updated to provide resources designed to help cardiac and pulmonary rehab professionals stay current with regulatory and legislative issues, toolkits to enhance practice and reimbursement, and a link to local Medicare Administrative Contractor information.

The Resources section helps viewers navigate to information for professionals and patients. Members can log in to access exclusive additional resources including the Program Directory, Discussion Forum, program marketing information, and much more. There is information for cardiac, pulmonary, nutrition, and behavioral interests. There are position statements, core competencies, past issues of News & Views and JCRP, and the Pulmonary Rehab Reimbursement Tool Kit..

This is an exciting time for those involved in the Cardiac Rehab Registry and Program Certification/Recertification. Links to critical information about both are highlighted on the homepage.

The Web site is designed to meet the needs of its visitors. Let us know what you think. How can we better serve you, our members? If you have suggestions for ways AACVPR can improve its Web site please e-mail webmaster@aacvpr.org.
Innovative Programming/Best Practices

Tracy Herrewig, MS, RCEP, FAACVPR

The Innovative Programs and Best Practices section is dedicated to providing our readership an introduction to people and programs that are being innovative in their thinking and in the way they provide services. The end goal of which is to improve patient care, outcomes, and, of course, the patient experience.

This article begins a series about cardiac and pulmonary rehabilitation professionals and programs that have been successful in implementing innovative change. This is what networking with other professionals and programs is all about. The more we share and learn from one another, the more effective the practice and outcomes of CR and PR will be for all.

If you have a program or idea to share, please contact AACVPR News & Views Managing Editor Theresa Wojtalewicz (twojtalewicz@aacvpr.org).

This issue’s Innovative Programming/Best Practices highlights programmatic suggestions from Karen Lui, RN, MS, MAACVPR, AACVPR legislative analyst.

Where Are We Now, and Is This Where We Want to Be?
Karen Lui, RN, MS, MAACVPR

As cardiac and pulmonary rehabilitation professionals, we are proud of the beneficial services we provide our patients. As healthcare payers, including Medicare, move toward payment for services that demonstrate meaningful outcomes, cardiac rehabilitation (CR), and pulmonary rehabilitation (PR) programs are paying attention to what strategies and approaches bring better results — and which practices add little value to desired outcomes.

A periodic assessment of, "Where are we now, and is this where we want to be?" is a beneficial exercise, and was highlighted at this year's AACVPR Annual Meeting. These steps may help you decide how to begin to answer these two important questions.

1. **Update your understanding of current Medicare regulations.** Changes in rules and interpretation of those rules are ongoing. Cardiac rehabilitation currently enjoys more flexibility than ever before because CMS (Centers for Medicare & Medicaid Services) wants to provide an opportunity for best outcomes.
2. Rid your program of unnecessary rituals that are duplicative and are no longer (or never were) required by anybody. Sometimes paperwork (or e-work) lingers beyond the useful purpose initially served. There are many “Medicare-required” myths, so step back and take a fresh look at your processes and documentation with the goal of eliminating what is redundant or not necessary.

3. **Review the core competencies for individuals that tie directly to the core components for programs.** Look at them in relation to your personal or your staff’s level of professionalism in this very specialized field.

4. Seek out other CR and PR programs that have successfully made changes to ways they deliver the various CR and PR components of exercise and education/counseling.
   a. Are they more staff-efficient than your program?
   b. Have their changes eliminated a delay in enrollment into early outpatient CR or PR?
   c. Do they demonstrate more positive behavior changes pre to post for their participants?
   d. Is there greater staff satisfaction in the way their program is structured?
   e. Do they show more cost-effectiveness in their operation (i.e., a revenue-generating program)?
   f. Do they have improved referral rates and consequently improved enrollment percentages from referral initiatives they’ve taken?

5. Try some of the successful strategies gradually, if necessary. Early outpatient CR and PR are the perfect settings for experimentation in that the programs are relatively short-term and the potential for behavior change is great (challenging, but great).

6. On the principle that there is always room for improvement, identify what your program’s growth and change goals are for next year.

7. In what new ways will your program measure what you do so you can be better able to respond to this challenge?

---

**Inside the Industry**

**Health & Public Policies FAQs**

**Cardiac FAQ**

*Ana Mola, MA, RN, ANP-BC, DNS (c), FAACVPR*

**Q:** What are the opportunities for cardiac rehabilitation in the evolving Care Transition models?

**A:** As the national healthcare reform initiatives with federal and state regulatory practices of the Accountable Care Act (ACA) becomes mandated, the organizational cultures and practices of acute care hospitals and post-acute care services will be impacted on all levels.

To deliver this health benefit, providers will be expected to utilize innovative and integrative services to enhance the patient’s transition of care. The practices of post-acute care services will include the opportunity to highlight and focus on the cardiac rehabilitation services (CRS) as a care transition point in the patient’s recovery.

The services listed in section 3502 of ACA are essential health benefits considered to be health promotion activities, such as “preventive or wellness services, and chronic disease management.” The specialty of cardiac rehabilitation (CR) includes phases I-IV (acute inpatient, acute/sub-acute inpatient rehab, outpatient, and maintenance), which can be a seamless patient transition process, but CRS will have to align all the professional services to communicate effectively in order to have an impact on the care transitions between providers and care settings to simplify transitions for patients. CR, as a chronic disease management model, assesses the holistic needs of the patients and provides a proven benefit that is documented in several national guidelines as a class 1A intervention. Recent studies have demonstrated mortality benefits of 21-34 percent at five years and 31 percent lower risk of myocardial infarction at four years following participation in cardiac rehabilitation. At the recent AACVPR Annual Meeting, Dr Marjorie King’s presentation “Implications for CR, PR, and AACVPR within Healthcare Payment and Delivery Reform,” illustrated that CR professionals have been past and current visionaries that need to reflect, analyze, and direct CR through this new healthcare reform era. The adoption of the 1995 cardiac rehabilitation practice guidelines guided the
specialty of CR to define and produce quality care-based research with meaningful patient outcomes. In addition, the specialty of CR has led to the design and implementation of an AACVPR National CR Data Registry that will assist in the analysis CR program performance measures. However, Dr. King emphasized that as CR professionals, we need to be at the table negotiating to be part of several future ACA’s pilot programs that will test new payment models designed to employ a care transition model.

One of the ACA’s pilot programs that will test a new payment model will be the Bundle Payment Care Initiative, redesigning care to improve outcomes. A bundled payment to a hospital system will be across a single episode of care with an index case that may start three days before surgery and extend to 30 to 90 days post discharge. This initiative will include payment arrangements (gain sharing) in order to align incentives for providers to coordinate care, improve quality and efficiency of care, and encourage providers to partner to improve care delivery. If bundled payment is extended for the 30 to 90 days post discharge for a variety of diagnoses such as MI, CABG, valve repairs/replacements, and CHF, how will your hospital system or referring hospitals/providers remember to include CRS for appropriate patients as it redesigns its care systems? Cardiac rehabilitation professionals need to act now to engage in conversations with their hospital administration to market the value of cardiac rehabilitation in hospital readmissions and medication adherence. As a disease management specialty, CR can be a critical transition of care point in lowering healthcare spending, and meeting the ACA’s services of essential health benefits “preventive or wellness services, and chronic disease management” model. CR should be highlighted as a pivotal transition in care service for the bundle payment initiative. If we are not sitting in the board room advocating for CRS, we will be unbundled from this redesign of a care delivery model.

targets, including lipids, inflammation, insulin resistance, and obesity-related alterations in adipose-derived hormones. Karen explored the intersection of evidence-based nutrition recommendations to address cardiovascular disease, type 2 diabetes, and cancer risk, including specific food choices and strategies that weave together into workable and effective dietary patterns that address all three elements of this triad and promotes overall health. Karen practices in the Buffalo, New York area.

Key Foods and Nutrients that Promote Cardiovascular and Pulmonary Health

Presented by: Georgia Kostas, MPH, RD, LD. Georgia Kostas Consulting

Properly managing nutrition, weight, exercise, and lifestyle can prevent, treat, and reverse heart and pulmonary disease. Georgia shared her pearls of wisdom with the latest nutrition science, guidelines, and everyday strategies to appropriately guide our patients. Georgia is the founder of the Cooper Clinic Nutrition Program. She shared her expertise and practical tips. Georgia practices in Dallas, Texas and Colorado Springs, Colorado.

Karen, Alisa and Georgia at the SCAN booth
2012 AACVPR Annual Meeting Sept., 5-8 in Orlando, Florida.

Pulmonary Point of View

Chronic Obstructive Pulmonary Disease Assessment Test® (CAT): Important Simple Test for COPD

Gerene Bauldoff, PhD, RN, FAACVPR

As introduced during Dr. Brian Carlin's “PR Year in Review” presentation at the 2012 AACVPR Annual Meeting, the chronic obstructive pulmonary disease assessment test (CAT)® was designed and tested by an international, multidisciplinary panel of COPD experts as a simple test for COPD that can be used in clinical practice. The eight-item questionnaire uses a six-point likert-type scale and contains questions about cough, mucus congestion, chest tightness, exertional dyspnea, ADL limitation, confidence in leaving the home, sleep quality, and energy level. The instrument is scored from 0 to 40, with higher scores indicating greater levels of limitation.

Descriptions of the instrument were first published in 2009, with most recently an article describing the responsiveness of the CAT following acute exacerbation and pulmonary rehabilitation published in Chest (2012). Dr. Paul Jones and colleagues describe the responsiveness testing of the
CAT in 2 studies: Study 1 evaluated the instrument during exacerbation, and study 2 tested the instrument in patients undergoing pulmonary rehabilitation. The article provides in-depth information on psychometric testing of the instrument and careful description of changes in the CAT when compared to the Chronic Respiratory Questionnaire, the St. George’s Respiratory Questionnaire, Borg scores, six-minute walk, and Medical Research Council scores. These comparison tests are validated, widely used instruments in COPD that are also included in the AACVPR PR Outcome Toolkit. This study adds to the literature supporting the convergent validity of this instrument in important, valid outcomes in the PR population. The CAT is a short, valid, and reliable tool for monitoring COPD health status over time.

There is a current limitation for use of the CAT — as it is published on its own Web site (www.catestonline.org), the site owned by GSK, Inc, United Kingdom and specifically states that it is not for use by residents of the United States. In speaking to experts familiar with the instrument, steps are currently underway to gain permission for use of the instrument by U.S. residents. Healthcare professional information about the instrument is available at www.catestonline.org/images/UserGuides/CATHCPUser%20guideEn.pdf.

Why is this important in pulmonary rehabilitation?

The CAT is identified in the latest Global Initiative for Chronic Obstructive Lung Diseases (GOLD, 2011) as one of two tests used to assess symptoms. The CAT and the modified Medical Research Council questionnaire are both identified as components used to assess future risk of exacerbations. The CAT is an important new tool that is easy-to-use and provides important information about health status in our population.

References:


What's Coming in JCRP

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

WHAT'S COMING IN JCRP
November/December 2012 Issue

This issue is highlighted by three Scientific Reviews titled “Joint European ACPR/American Association of Cardiovascular and Pulmonary Rehabilitation Position Statement for Aerobic Exercise Intensity Assessment and Prescription In Cardiac Rehabilitation,” “Effects of Muscular Strength on Cardiovascular Risk Factors and Prognosis,” and “Barriers and Enablers to Physical Activity Participation in Patients With COPD;” as well as an AACVPR/AHA Statement titled “Medical Director Responsibilities for Outpatient Cardiac Rehabilitation/Secondary Prevention Program: 2012 Update.” Various Sections include papers in Diabetes, Secondary Prevention, and Pulmonary Disease from Italy, United Kingdom, Norway, Luxembourg, Spain, Australia, Canada, and the United States.

**SCIENTIFIC REVIEW**

- Joint European ACPR/American Association of Cardiovascular and Pulmonary Rehabilitation Position Statement for Aerobic Exercise Intensity Assessment and Prescription in Cardiac Rehabilitation. Mezzani and Hamm, et al (Italy, USA, United Kingdom, Norway, Canada, Luxembourg)
- Effects of Muscular Strength on Cardiovascular Risk Factors and Prognosis. Artero et al (Spain, USA)
- Barriers and Enablers to Physical Activity Participation in Patients with COPD. Thorpe et al (Australia)

**DIABETES**

- Predictors of Exercise Intervention Dropout in Sedentary Individuals with Type 2 Diabetes. Nam et al (USA)

**SECONDARY PREVENTION**

- Coronary Artery Risk Management Programme (CARIMAP) Delivered by a Rehabilitation Day-Hospital. Sturchio et al (Italy)

**PULMONARY DISEASE**

- Are Depressive Symptoms Related to Physical Inactivity in Chronic Obstructive Pulmonary Disease? Venkata et al (USA)

**AACVPR/AHA STATEMENT**

- Medical Director Responsibilities for Outpatient Cardiac Rehabilitation/Secondary Prevention Program: 2012 Update. King and Bittner, et al (USA)
Oklahoma Affiliate (OKCVPR) Update
Brenda Head, RN, MSN, BC, President, OKCVPR

Greetings from Oklahoma!
OKCVPR consists of 100 members and represents 27 outpatient cardiac rehabilitation programs and nine outpatient pulmonary rehabilitation programs. We are thrilled to announce that our 7th OPCR program has received its certification.

The new officers and board members have excitedly begun their two-year term. We began our term by spending a day together and setting the following goals:

1. To increase the usability of the Web site. We want the Web site to be the source of current information and the platform for sharing ideas, problems, and solutions.
2. To create the opportunity for a more active and engaged membership. We want to provide members increased opportunities to work together to help strengthen individual cardiac and pulmonary rehab programs—increasing the success of both the Oklahoma CR/PR patients and the programs.
3. To explore options for increased exposure. Oklahoma has one of the lowest utilization rates for cardiac and pulmonary rehab. Both the medical community and the public needs to be aware of what we do and the positive impact it can make on lives.

I think we have our work cut out for us!

Five of the board members attended the AACVPR Annual Meeting in Orlando. The information they gained was exceptional and will be instrumental in helping us meet our goals and the future. We look forward to increased program participation in the Registry and in Certification, and to exploring innovative ways of serving our clients. As a state with a 7 percent referral rate, we will experience both great opportunity and tremendous challenge with the implementation of Performance Measures.

We are proud to be part of a national organization that is active and forward thinking as we excitedly step into the future.

South Carolina Affiliate Update (SCACVPR)
Mark Senn, PhD, FAACVPR

Hello from the beautiful state of South Carolina. Our affiliate has been very busy with the task of improving the services we provide not only to the patients in the South Carolina CR and PR programs but to the members of the programs themselves. As president of SCACVPR, I have challenged our executive committee to consider what value we as an organization bring to our program members. The response was disappointing, but predictable — not much! Other than planning an annual symposium and conducting a couple of board meeting each year SCACVPR as an organization has not provided much in the way of value to its members (individual or program). So as an executive committee, we set out to determine what we could do to add value for our members. In short, what follows is our to-do list for the coming year:

1. At each board meeting provide evidence based presentations (usually two to three, fewer than 15 minutes each in length) sharing with all board members (keep in mind that each program in South Carolina has a member on the SCACVPR Board) the most innovative and progressive practices in the state. These include providing our members information on Left Ventricular Assist Devices (LVAD) and the unique precautions and challenges for this population, to assessing fall risk using computerized tools, to facilities design, to reviewing the latest in equipment.
2. Reimbursement has been one of the most challenging aspects of ongoing operations in South Carolina. We are part of MAC 11 (also includes North Carolina, Virginia, and West Virginia) serving as our CMS contractor. As some of you may know, we are under intense audit. The symposium planning committee has asked the medical director for MAC 11 to present our next annual symposium. Additionally, we have asked MAC 11 to provide a workshop — given by their reviewers — to assist attendees with understanding how to document the services provided in a way that will enhance reimbursement. The meeting will be held at the Marriott Hotel and Resort on Hilton Head Island South Carolina on April 26 and 27; for those out of state who may be interested in attending, we would love to have you.
3. Until recently, South Carolina has maintained a state certification process. This
process has ended and the committee responsible for reviewing state programs has been repurposed to assist programs seeking National Certification. This committee is composed of a small group of individuals who have experience with national certification requirements and application and can recommend resources which may assist in the certification process.

4. South Carolina has maintained its own outcome data registry for a number of years. With the advent of the national registry, we have elected to discontinue the state registry in favor of the national registry. A committee will be tasked with assisting those who are interested in participating and include consultation and advice as to how to use the data registry for process improvement and marketing.

5. SCACVPR committees have struggled to be productive mainly because meeting face to face is difficult, especially in these challenging economic times. Many committee members do not have access to conference call capabilities and those that do have found it cumbersome to use. We have, therefore, decided to acquire a GoToMeeting license and task the committees with using this application to conduct committee meetings on a regular basis.

6. Communications are always a challenge. One of our action steps to address this challenge was the creation of an association Web site hosted by the South Carolina Medical Association. On the Web site, we have information on membership, contact information for programs and related directors. The Web site also gives us a platform to post articles specifically related to cardiac and pulmonary rehabilitation and links to AACVPR and other organizations.

7. We have recently agreed to participate with Southern Wesleyan University informally in an academic partnership. This will provide students in the Universities Exercise Science Department opportunities to find locations where they can practice and develop their clinical skills. And it will benefit the programs participating in the partnership with a source of interns.

These are the major efforts identified to help give our members a sense of value for their membership dollar. It is the hope of SCACVPR we can accomplish these action steps this year and engage other worthy and valuable objectives that will be in alignment with our mission and vision to provide better care for our patients and service to our members.
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.

AACVPR Administrative Staff

P. Joanne Ray, Executive Director
Abigail Lynn, Operations Manager
Jessica Eustice, Development Manager
Jonah Gorski, Senior Membership Associate
Erica Naranjo, Associate

AACVPR Support Staff

Education & Learning Services:
Carrie Johnson
Kate Howe

Event Services:
Eric Johnson
Lauren Aquino
Elizabeth Klostermann
Ricardo Lopez

Exhibit Sales:
Hallie Jaeger

Marketing & Communications:
Krista Betts
Ashley Anderson

News & Views
Kelly Rehan
Theresa Wojtalewicz

Accounting Services:
Alexia Malamis

Information Technology:
Rodney Stiegman

Certification Services:
Erin Collins
Kate Murphy

Corporate:
David Schmahl, Senior V.P., Healthcare and Scientific Industry Practice

401 North Michigan Avenue, Suite 2200
Chicago, IL 60611-4267
Telephone: 312-321-5146
Fax: 312-673-6924
E-mail: aacvpr@aacvpr.org
Web site: www.aacvpr.org
© Copyright 2012 AACVPR
You have received this message because you are part of the AACVPR contact list. If you would like to be removed from this list, please reply to this message with "REMOVE" typed in the subject line.

Copyright 2012 American Association of Cardiovascular and Pulmonary Rehabilitation