Letter from Only One of the Co-Editors

The Journey Has Been the Reward

Jody Hereford, BSN, MS, MAACVPR

“How lucky I am to have something that makes saying goodbye so hard.”
— Thomas Meeha

I couldn’t have said it better myself … how lucky am I to have had the great fortune to serve as the Co-Editor of News & Views for so many years.

The place for me to end this journey is the exact place where I began and that is from a place of deep gratitude and wide appreciation. What an adventure it’s been, and I’m fortunate to have had some of the world’s best travel mates along for the ride and the learning. Although it is time to move on, I leave with even more enthusiasm for N&V than when I began almost seven years ago.

Ultimately, the responsibility of an editor is to determine meaningful content and to set the tone and style of a publication. Together with my partner in crime, Dr. Steve Lichtman, our policy has been based solidly on the questions of what best serves our readers, our organization and our profession? Together, we strove to deliver timely, relevant, challenging, encouraging, and important content that would challenge each of us to do better and to be better in our chosen line of work. I do believe that as a team we’ve accomplished this, and I have no doubt that the quality will only continue and grow.

The notion that if you want something done, ask a busy person, has never been truer than with this talented group. N&V is truly the work of collective genius. This is a well-oiled team of stellar volunteer servants; each of you has challenged me to do better and to be better.
Heartfelt thanks to the AACVPR Board of Directors for their continued support, and to the AACVPR national office staff, especially Theresa Wojtalewicz, for your hard work, sometimes at all hours of the night.

Enormous thanks to each of the contributing writers, without whom, we’d be in a big pile of trouble. You make this publication what it is and the easy job has been nudging you every once in a while, sometimes on moment’s notice.

N&V began close to 1989: sincere thanks to the talented crew of previous Editors that set the tone and the bar high including Kim Wood, Kathy Berra, Terri Merritt Worden, and Linda Hall. My apologies if I’ve inadvertently omitted anyone.

Biggest and most heartfelt thanks go to my partner and Co-Editor, Steve Lichtman. Steve, you made this work both excellent and fun; what a great combination. I know you will carry forward without missing a beat.

There is still so much to be done. Even as I say farewell as Co-Editor, I won’t be far away as I will continue to serve in a number of roles including as Co-Chair of the AACVPR Health Care Reform Task Force (HCRTF) with my gifted partner, Dr. Patrick McBride. Trust me, you’ll be hearing from us and this most talented “force.”

In conclusion, I challenge each of us to do our best. We’re in an incredible time of change and transformation in healthcare, which also means an incredible time of opportunity for those of us involved with improving the health of those living with chronic illnesses. Now is NOT the time to stand idly by and watch others as they innovate and create. Now is the time to come together and change the world of health and care. Here’s to us! Onward and upward.

“Saying goodbye doesn’t mean anything. It’s the time we spent together that matters.”
— Trey Parker

“A man never knows how to say goodbye; a woman never knows when to say it.”
— Helen Rowland

President’s Message

Anne M. Gavic, MPA, FAACVPR

As summer comes to a close, I hope you have had opportunities to travel to new destinations and return to favorite places. While there is adventure in the unknown, for most successful journeys, Yogi Berra’s unconventional wisdom holds true…

“If you don’t know where you’re going, you’ll end up someplace else…”

In line with that philosophy, the leadership of AACVPR has been working to create a new strategic plan, outlining the future direction of our organization.

To begin, there was an exploration of critical issues having the potential to affect cardiac and pulmonary rehabilitation services in the coming years, as well as AACVPR’s role in preparing members to meet those challenges. A prominent theme emerged that included significant shifts in healthcare payment, accountability, delivery, and the rising importance of prevention and management of chronic disease.

With those emerging issues in mind, and in parallel with AACVPR’s existing goals of Quality, Viability, and Membership Enhancement, the road map began to unfold.

Four primary goals make up the foundation of the new strategic plan. These goals include...
Help your patients get heart healthy with NuStep's ALL-NEW T4r recumbent cross-trainer

Come see us at booth 211 at the AACVPR 28th Annual Meeting

The new NuStep T4r recumbent cross trainer empowers users of virtually all ability levels to engage in exercise. The T4r combines lower and upper body movement for a full body workout, building strength, independence, and invigorating users. NuStep's recumbent cross-trainers provide safe and effective proven outcome-based exercise for cardiac prevention and rehabilitation. The aerobic training can help manage heart disease and heart attacks that will reduce hospitalizations and readmissions, a plus to patients and the medical system.

Visit http://www.nustep.com or call 1-800-322-2209 for more details.

Education, Innovation, Viability, and Membership, and will serve as the focal point for the work and resource utilization of AACVPR.

**Education:** Focuses on providing education and resources to prepare for a shifting healthcare environment. This includes resources to be the very best providers of CR/PR (Professional Certification) and ensuring program standards are of the highest quality (Program Certification). Also included is a commitment to providing education related to changes in healthcare, the role of cardiac and pulmonary rehabilitation within that new environment, and how to make proactive choices in program design and delivery to meet those changes.

**Innovation:** Is aimed at innovation and change, including expansion of cardiopulmonary rehabilitation program delivery and services. It involves defining and recommending a transformation in the way we deliver cardiac and pulmonary rehabilitation services in order to decrease cost, increase accessibility, and improve patient experience and outcomes. There will also be an exploration of other services that have a natural synergy to Cardiac and Pulmonary Rehabilitation, and developing such programs to enhance and build the viability of our services.

**Viability:** Includes a continued commitment to encourage and sustain evidence that supports the benefit of CR and PR. A significant focus on development and testing of performance measures will continue, along with exploration of how to best use the registry data to provide robust evidence of benefit. The goal — to communicate this evidence to payers, policy makers, and healthcare providers in order to ensure long-term viability of services.

**Membership:** Finally, there is a strong commitment to maintaining valuable member benefits and recruiting new members. Specifically, there will be a focus on inviting physicians and other allied healthcare professionals working in CR/PR to join our organization. In addition, there will be an intentional effort to more fully engage and mentor existing members in the work and leadership of AACVPR.

As the details of the plan continue to unfold, there will be very specific work for committees, leaders, staff, and others within AACVPR in order to move toward these broader goals. But there will also be, and should be, changes in the plan along the way, as unanticipated detours, roadblocks, and opportunities present themselves. The key is to have enough direction to know where we’re going as an organization — yet remain nimble enough to flex with changes in the environment.

For as Bon Jovi said…

"Map out your future … but do it in pencil … the road will likely change…"

I look forward to sharing this journey with you all.

**Breaking News**

**AACVPR announces the 2013 recipient of the L. Kent Smith Award of Excellence: Jody Hereford, BSN, MS, MAACVPR**

Steven Lichtman, EdD, FAACVPR

It is my pleasure as Immediate Past President, and thus, chairperson of the AACVPR 2013 Awards Committee, to announce that Jody Hereford, my dear friend and colleague is this year’s recipient of the L. Kent Smith Award of Excellence. “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. The L. Kent Smith Award of Excellence is intended to annually recognize one practitioner for outstanding clinical contributions to the field of cardiac and/or pulmonary..."
I cannot state Jody’s outstanding qualifications for this award any better than Anne Gavic, current AACVR President, did in her nomination letter.

“Jody has dedicated her professional career to educating professionals on the value of innovation in health care, furthering the profession of cardiac rehabilitation and chronic disease management and enhancing the quality and efficacy of the patient experience in cardiac rehabilitation. To this end, she has excelled in clinical practice, coaching, educating, innovation and leadership and in assessing and promoting quality in both primary and secondary prevention of disease.

Her experience and success in program development and maintaining quality care across the continuum has led to a philosophy of healthcare that includes in-depth assessment and risk analysis, individualized goal setting and interventions, measurement, outcomes and follow up. Jody’s philosophy of healthcare has always been based on scientific evidence, patient outcomes, and identification of best practice in the field. Jody has been a generous and exceptional teacher, always willing to share her knowledge and insight with colleagues and students alike, while enthusiastically learning from others in order to further her own professional growth. In her teaching role, Jody has offered hundreds of seminars, and presentations across the nation.

Her most recent training has been in the arena of health coaching, and she has used this passion and expertise to develop health coach training programs for a variety of health care professionals. Her firm belief that cardiac and pulmonary rehabilitation professionals be trained and recognized for meeting core competencies of our specialty has made her an invaluable member of the AACVPR Professional Certification Committee. Jody has authored numerous articles and book chapters related to cardiac rehabilitation and health care quality, and has been Co-Editor of News & Views for 7 years. Jody served multiple terms on the AACVPR Board of Directors, culminating in her role as AACVPR President. Jody has a way of examining issues from a unique perspective and exploring innovative solutions before settling for the status quo. It was Jody who first encouraged AACVPR to investigate “Disease Management” as a potential new growth area. This passion led her to organize the Disease Management Task Force which further explored the shift in health care to health maintenance and prevention of readmission and the intersection of this philosophy with cardiac and pulmonary rehabilitation. Jody has continued to serve as AACVPR’s liaison to the Partnership to Fight Chronic Disease and reports on program and policy updates related to chronic disease continuum of care. Most recently, she has accepted the challenge of co-chairing a new task force charged with examination of the shifting health care environment and the continued and expanded role of cardiac and pulmonary rehabilitation in primary and secondary preventive services. Her ability to look beyond the status quo and seek innovative solutions that help our members flex with changes in health care policy continue to create new pathways for sustainable growth. Jody is a leader, an educator, and an advocate for cardiac and pulmonary rehabilitation services. Above all else, she is a patient advocate who will not rest until patients receive the best care possible. She will continue to contribute significantly to AACVPR, to the advancement of cardiac and pulmonary rehabilitation and to optimal care of chronic disease patients.”

As this year’s recipient Jody will be giving a keynote address at this year Annual Meeting in Nashville. You would be doing yourself a disservice if you do not attend for this reason alone.

Once again congratulations Jody!!

AACVPR News

Workplace Health and Wellness – Emerging Opportunities for Cardiopulmonary Rehabilitation

Carl J. Lavie, M.D., FACC, FACP, FCCP
Professor of Medicine
Medical Director, Cardiac Rehabilitation and Preventive Cardiology
As many of you are aware, AACVPR has convened a Health Care Reform Task Force (HCRTF) charged with evaluating the changing world of healthcare here in the United States with a special focus on identifying opportunities for our profession and programs alike. You will be seeing much more in future issues as this task force continues its work and begins to make its recommendations.

As a part of regular task force calls, I was invited to discuss our recent article from the June issue of the Mayo Clinic Proceedings on promoting health and wellness in the workplace.1 Dr. Ross Arena, of the University of Illinois in Chicago and I, as well as nine other esteemed colleagues from four different countries, including the United States, authored this review. Obviously, most of the AACVPR members work currently or in the past with cardiac (and/or pulmonary) rehabilitation and exercise training (CRET) programs and secondary prevention, and the staff of these CRET programs have substantial expertise in addressing modifiable cardiovascular (CV) risk factors and understand the effective approach to positively alter patients' lifestyle choices and habits. Although the data supporting primary prevention are not as substantial, there is a wide consensus that identifying and addressing modifiable CV risk factors before an initial event (e.g. primary prevention) is an effective and worthwhile pursuit.

Considering the skyrocketing cost of healthcare, as well as other factors, including the Affordable Care Act legislation and its implications for a potential paradigm shift in healthcare delivery, the timing for programmatic creativity directed toward CV risk reduction seems highly appropriate. Clearly, businesses understand the heavy toll that healthcare costs, including both direct (healthcare claims) and indirect (related to absenteeism, presenteeism, sick leave, disability, workmen's compensation, etc.), are placing on their "bottom line," and they have substantial incentives to reverse these "out of site" climbing costs. One potential way to deliver such primary (and secondary) prevention is workplace health and wellness programs. The staffs at CRET programs may be ideally suited to deliver such care, bringing the skills used daily in phase II and phase III CRET programs to the workplace, which offers the opportunity to engage a large number of working adults. Although workplace wellness involves more than just CV risk reduction (e.g. mammograms, colonoscopy, flu shots, seatbelts, substance abuse, etc.), by far the leading cause of morbidity and mortality in the United States and throughout the Westernized world is CV diseases. Moreover, many of the same strategies (e.g. reducing fat in the diet, reducing obesity, and improving exercise and fitness) used for CV disease prevention are also well-suited to reduce the burden from other chronic diseases (e.g. cancer, diabetes, osteoporosis, dementia, etc.).

Our recent review in the Mayo Clinic Proceedings summarizes the body of evidence demonstrating the efficacy of worksite health and wellness intervention and discusses ways to develop and implement such programs. Potentially, greater involvement by the AACVPR and its members in worksite health and wellness could help millions of patients and their families, as well as prove to be a source of revenue and employment for our professional membership. Click here to view the video where I discuss our article.

A New Way to Look at JCRP

JCRP’s dynamic iPad app combines the reading experience of print with enhanced features and tools that include:

- Fast, easy navigation of full-text articles
- Engaging multimedia and supplemental digital content (SDC)
- Ability to store or delete downloaded issues
- Fast issue browsing through Quick View and linked Table of Contents
- Convenient notification when a new issue becomes available
- Links to the JCRP Web site for more content and features

Additional Information

JCRP is a benefit of membership in the American Association of Cardiovascular and Pulmonary Rehabilitation. Learn more about membership here.

Innovative Programs & Best Practices

Tracy Herrewig, MS, RCEP, FAACVPR

The Innovative Programming & Best Practices column is dedicated to spotlighting Affiliates, programs, and people that are not only being innovative in their thinking and programming but exemplify a commitment to providing the best possible service to their patients and peers. The ultimate goal of course is to improve patient care, outcomes, and the overall patient experience. This issue highlights an AACVPR Affiliate—Wisconsin (WISCPHR)—that has launched a project to encourage programs to strive for innovation and best practice.

Are you a part of a program or an Affiliate or are you or do you know of someone who is also an example from which other AACVPR members could learn? If so, contact Tracy Herrewig (therrewi@affinityhealth.org) to be included in future issues of News & Views.

The contributor for this issue’s column is Bonnie Anderson.

WISCPHR Initiative: Innovation – S.O.S.

Bonnie Anderson, MS, RCEP, CES, FAACVPR
AACVPR Board of Directors
Director – Program Certification
HEART Center at Vernon Memorial Healthcare
Manager - Cardiopulmonary Diagnostics and Rehabilitation

S.O.S., a simple and universal Morse code, sometimes referred to as the “Save Our Ship” code that was used to signal danger and ask for help, can be relevant to your Cardiac and Pulmonary Rehab programs in 2013.

WISCPHR has initiated a contest to encourage programs to think outside the box and to
share their unique, innovative, and/or exciting programming ideas with other programs around the state. It is a new approach to help programs put new innovative ideas into action; or for those programs stuck in a rut that need to bring new life and energy to their program. By completing an S.O.S. analysis of your current program, you may discover opportunities that will bring your program to a new level of service excellence!

Begin by assessing your program **Strengths**. Evaluate your location, facility, equipment, staff skills and training, provider availability and support, position in the community, patient experience, and reputation.

Next, identify **Opportunities**. What circumstances or situations exist in your current department, hospital and community environment? What do patients or providers need? What can your staff offer?

Finally, develop a **Strategy**; a carefully devised plan of action to achieve a goal or carry out a plan. What steps are necessary to make your opportunities become a reality, allowing your department to enhance current programming, improve outcomes, enhance access, or generate additional revenue?

S.O.S. doesn’t need to be a distress signal for your program; it just might be the lifeline that will infuse your program with energy for a new beginning.

Each program participating in this contest is to submit a summary of their project to the WISCPHR Leadership Committee. Two programs will be chosen to present a summary of their work at the 2014 Personal and Professional Development Workshop that precedes the annual WISCPHR conference. Think about instituting an S.O.S. contest in your affiliate.

**Member Profile**

**American Heart Association/American Stroke Association Stroke Champion Award – Michael McNamara, MS, FAACVPR**

The Stroke Champion Award recognizes an individual’s outstanding contribution to stroke education and/or the system of care in their community. These efforts should enhance the American Heart/American Stroke Association’s image as a highly credible organization that positively impacts the public by expanding their understanding and knowledge on the signs and symptoms of stroke and stroke systems of care. AACVPR BOD member Michael McNamara received The Stroke Champion Award for the American Heart Association/American Stroke Association Western States Affiliate 2013.

Michael has had a substantial impact on stroke care in Montana over the last 8 years. He works for the Montana Department of Public Health and Human Services and coordinates the Montana Telestroke Project. The Telestroke Project connects stroke specialists residing in Washington, Oregon, Colorado, and Montana to rural emergency departments via a 2-way audio/video link. This allows patients in rural areas to be evaluated in real time by stroke neurologists who can then make time-dependent treatment recommendations. Since the inception of the project, more than 50 consultations have occurred and t-PA treatment rates are >20% which far exceeds the national average. He was also involved in recently approved Legislation in Montana that require private insurance companies to reimburse for telemedicine consultations. Michael also developed the Stroke Recognition Project where critical access hospitals that meet specific criteria are recognized for their commitment to treating acute stroke.

Michael received his award at the American Heart Association/American Stroke Association Western States Affiliate awards banquet in Los Angeles on June 12th.
Get a Read on Pulse of Cardiopulmonary Rehabilitation at the 2013 AACVPR Annual Meeting

Nashville, Tennessee
October 3–5, 2013
Pre-meeting Events: October 2, 2013

The AACVPR 28th Annual Meeting will bring together the cardiovascular and pulmonary rehabilitation community for the premier educational event of the year. The 28th Annual Meeting features a diversity of experts, including: MDs, respiratory therapists, exercise physiologists, dietitians, and RNs to bring you fresh perspectives from every sector of our evolving field.

The AACVPR 28th Annual Meeting provides current, innovative information across a variety of disciplines with one consistent message: to better serve our patients. You will leave with newfound information, innovative ideas, and life-altering leadership skills.
— Barbra Fagan, MS, FAACVPR, AACVPR President-Elect and AACVPR Program Planning Co-chair

Select content that is most beneficial to you and your program by choosing from 50 educational sessions in five tracks. Explore the Cardiovascular Rehabilitation & Clinical Cardiology track for the latest methods in preventative and prescriptive care, including smoking cessation, exercise prescription, and tackling obesity. Choose the Pulmonary Rehabilitation and Medicine track for innovative strategies in pulmonary education, reducing readmissions, and falls prevention.

Learn how to improve patient behavior for better health outcomes with the Nutrition & Behavior Change track. This track will provide patient motivation strategies for diabetes self-management, healthy eating, weight management, and more.

Gather the latest proven practical applications to implement at your facility in the Program Management track. Learn about current registry tools, guidelines, and certifications to help your program exceed goals and expectations. Select the Innovative Leadership track to absorb key strategies to maximize your personal productivity and enact lasting, positive change at your workplace.

Visit www.aacvpr.org/nashville2013 for complete details on the educational sessions, as well as outstanding networking opportunities.

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

How can you do it all? How can you know everything you need to help your patients and stay current on scientific breakthroughs, reimbursement, management of chronic conditions, and outcomes? No one can and thanks to the AACVPR Web site, you don’t have to. One of the primary links across the top of the home page is the Resource Tab. As a member of AACVPR, you have access to resources that will assist you in any aspect of your clinical practice as well as your interaction with colleagues and patients. Resources for the Cardiac and Pulmonary Rehab Registries, the Program Directory, the Discussion Forum, and even employment are at your fingertips with just a couple of clicks of your mouse. Kent Eichenauer and Leah Lenz continue to work tirelessly to provide you with a multitude of resources for professionals and for patients.
This issue of News & Views is highlighting resources available to AACVPR members specifically related to Behavioral Medicine. Click on the Resources for Members tab then on the Nutrition and Behavioral Professionals Resources tab. Here you will find information organized into categories to help you fine tune your search such as:

- Behavioral Medicine Overview
- Models of Behavioral Programs
- Psychosocial Assessment Instruments
- Resources for Patients
- Well-coaching Resources
- "How to" Guides
- Compensation Options for Psychosocial Services in Cardiac Rehab
- Scientific Literature – Cardiac References
- Scientific Literature – Pulmonary References

Another resource on this page is a link to the Preventative Cardiovascular Nurses Association (PCNA) Web site. The PCNA Resource Center for Health Care Professionals and Their Patients link will direct you to this resource on the Preventive Cardiovascular Nurses Association webpage. "This toolkit contains basic information for professionals including overcoming barriers to living a healthier lifestyle, tips on motivational interviewing, goal setting and more. In addition, the toolkit provides informational handouts that can be given to patients about healthy eating and physical activity."

Another great resource is a summary of the article, "Exercise Reaps Double Benefits in Post-MI Depression."

Looking for information on nutrition? Currently, a link is provided to The Sports, Cardiovascular and Wellness Nutrition Web site. Here you will find a great deal of very useful information. However, this aspect of the Web site is still a work in progress and we could use your help in our continuing effort to expand access to nutritional information. Are you a Registered Dietitian or have expertise in this area? Are you interested in being a part of developing this aspect of the Web site? If so, please contact Tracy Herrewig.

**Update on AACVPR Liaison Activity**

**New Web site Resources from AACVPR Liaisons**

*Marjorie King, MD, FACC, MAACVPR, Chair, Professional Liaison Committee*

As I rotate off as Profession Liaison Committee (PLC) Chair, I thought it would be appropriate to highlight some of the accomplishments of the PLC over the past 6 years. When Jody Hereford asked me to chair the committee, all I had was a vision that AACVPR volunteers and staff should be able to spread news about cardiovascular and pulmonary rehabilitation by interacting with volunteers and staff at other organizations and that the PLC could make that happen. The details were vague and during one PLC meeting, I actually described the process as being like dating – start meeting people, start talking, and see what happens. Despite that nebulous beginning, with persistence, staff support, and the recognition by other organizations that people who do rehabilitation do it for their patients, AACVPR’s relationships with other professional organizations are now firmly established.

One of the key concepts in establishing and maintaining liaisons is to look for mutually beneficial activities that help both organizations and their members. Our earliest and best-established liaison relationship is with the Preventative Cardiovascular Nurses Association (PCNA), and we have benefited by receiving their excellent education materials. With PCNA, as well as many other organizations, we have co-promoted webinars and meetings, advocated for increased access to rehabilitation, and shared Web site links.

We now have official AACVPR representation on committees, writing groups and task forces...
related to cardiovascular and pulmonary rehabilitation and prevention with the American College of Cardiology (ACC), the American Heart Association (AHA), American Nurses Association/American Nurses Credentialing Center (ANA/ANCC), and the Clinical Exercise Physiology Association (CEPA), and have co-authored guidelines with the American Association of Diabetic Educators (AADE), ACC, AHA, the American College of Chest Physicians (ACCP), the Vascular Disease Foundation (VDF), the Canadian Association of Cardiac Rehabilitation (CACR), and the European Association for Cardiovascular Prevention and Rehabilitation (EACPR). Presentations at our annual meeting have been strengthened by our relationships with AND-SCAN, EACPR, and the COPD Alliance, and there has been official AACVPR presence at the American Physical Therapy Association (APTA), the American Association for Respiratory Care (AARC), ACC, COPD Foundation, and VDF meetings. Our relationships with ACCP, the American Thoracic Society (ATS), ACC, AARC, and AHA have strengthened our advocacy efforts in Washington, our membership in the Partnership to Fight Chronic Disease (PFCD) allows us to track changes in healthcare policy related to chronic disease, and our membership in the National Quality Forum (NQF) and the American Medical Association Physician Consortium for Performance Improvement (AMA PCPI) help us develop and disseminate performance measures and stay abreast of issues related to registries. We are beginning to develop educational material for physicians about cardiac rehabilitation with ACC and the CR and PR Fact Sheets are on many of our liaison organization Web sites. Most recently, we have established relationships with patient organizations, including EFFORTS and Mended Hearts.

If this list of our partners is making your eyes crossed, just take a look at the liaison list on the Web site for the full scope of the PLC. Many of the resources developed with or by our liaisons are available in the Resources section of the AACVPR Web site.

Tom Draper will be replacing me as the next PLC chair, working with subgroup leaders Richard Josephson (cardiac), Debbie Koehl (pulmonary), and Kent Eichenaur (behavior/nutrition) and with many of the established committee members (Brian Carlin, Eileen Collins, Leo Ginns, Geriynn Connors, Bob McCoy, Maria Buckley, Alisa Krizan, Valerie Kramer, Tom Spring, Andrea Bon Wilson, Joseph Norman, Debra Lund, Mary Davis, Jennifer Cameron, Jody Hereford, Ana Mola, Michael McNamara, Kathi Elstrom, Jill Fox, Margaret Blount, Sue Koeller, and Glenn Feltz) as well as the new ones (Alison Bailey, Barry Franklin, Barbara Masters, David Prince, and Rebecca Crouch). I wish you all the best, as you continue to look for opportunities for AACVPR and for cardiovascular and pulmonary rehabilitation. As one of my former colleagues told me many years ago, "if you put the patient first, you can't go wrong." That has worked for me in clinical practice and may also be why we've been so successful as we deal with many of our liaison organizations. Keep up the good work!

AACVPR thanks Marjorie King for her 6 years of service as Professional Liaison Committee Chair.

Liaison Highlights: Clinical Exercise Physiology Association (CEPA)

Debra B. Lund, MS, FAACVPR

The Clinical Exercise Physiology Association (CEPA) is the only organization solely dedicated to advancing the profession of clinical exercise physiology. Currently CEPA has approximately 500 members. The following are some updates on current CEPA activity.

In May, 2013, CEPA announced their new officers for 2013/2014. CEPA welcomes the following officers:

President- Robert Berry, MS, RCEP, FAACVPR
President-elect- Aaron Harding, MS, RCEP, FAACVPR
Treasurer- Ken Ecker, PhD, CES
Clinical Member at Large- Wanda Koester, MS, RCEP

In March, 2012, CEPA proudly launched its first journal, the Journal of Clinical Exercise Physiology. The second edition was published in 2013, edited by Clinton Brawner and
Jonathan Ehrman. Currently, JCEP will be published yearly and is the only journal that is focused on the practice of clinical exercise physiology.

The CEPA Legislative Committee has developed several documents regarding legislative principals and the model practice act. Thanks to their work, Clinical Exercise Physiologists can now apply for their own NPI (National Provider Identifier) number. Additionally, there is continued work on licensure for clinical exercise physiologists in multiple states: North Carolina, Maryland, Texas, Wisconsin, Montana, Utah, and Massachusetts.

An internship directory has been developed for Clinical Exercise Physiology students. CEPA is also on several social media sites: Facebook and LinkedIn, please like us and join us.

Finally, CEPA is holding its first annual meeting Nov 14-15, 2013 in Providence, Rhode Island, in conjunction of the New England ACSM Chapter.

For more information regarding CEPA or to join the Association, please visit the Web site www.acsm-cepa.org.

Leadership

Barbra Fagan, MS, RCEP, FAACVPR

"Never lose a holy curiosity. Stop every day to understand and appreciate a little of the mystery that surrounds you, and your life will be filled with awe and discovery to the very end." — Albert Einstein

This year’s Annual Meeting under the theme of “Best People. Best Practice. Best Performance,” plans to fill all of us with awe and discovery of the best we can offer. Best People speaks to each of us and our commitment to excellence. The gifts and talents each of you bring to your colleagues, your programs, and most importantly, your patients are uniquely evident in each and every encounter. Know that you can be and are "the difference" in each other's lives. We challenge, we motivate, and we inspire each other toward something better...we simply look for the best in ourselves and in each other. Nashville brings the "best" people together to network, educate, and learn from each other. Contagious enthusiasm is evident from the variety of pre-meeting workshops to the closing keynote from Dr. Robert K. Cooper, "Leading in a Changing World: What's Different and Why it Matters." Affiliate events, committee meetings, the awards banquet, and endless networking bring the Best People together.

Best Practice draws on our endless appetite for great over good, for leading practice versus common practice, for calls to action, and new beginnings. It is through personal mastery of the core competencies, active engagement in AACVPR, and lifelong learning that we march toward best practice. Our sense of wonder and curiosity is being refreshed incessantly. Nashville provides us with discovery of current and future trends in cardiovascular and pulmonary medicine, clinical practice, education, and research. Pre-meeting workshops, offer new and effective interventions for tobacco dependence, discussions focused on cardiac rehab core competencies and their application to providing patient-centered care through evidence-based practice, practical applications of coaching principals and the exploration of the illuminating world of heart healthy European foods. Best Practice envelopes who we are, why we do what we do, and how we do what we do.

Best Performance is achieved when we combine the Best People with the Best Practice. It is what we are measured by — the quality outcomes of our patients and our programs. Nashville begins with the opening keynote by Dr. Kenneth Thorpe addressing "Quality Healthcare for Chronic Disease: Partnering with our Patients and the Public for Optimal
Outcomes. Sessions speak to the quality impact of the cardiac and pulmonary rehabilitation registries, professional and program certification, and how cardiopulmonary rehabilitation professionals must be relevant players in the future of quality healthcare. Outcomes. Quality. Excellence. Driven through the discovery of effective program management techniques, leading evidence-based practice, and application of data to improve care. Best Performance is the result of our collective efforts.

Best People. Best Practice. Best Performance, all with one common purpose and true north direction: to serve our patients.

Discover what it takes to be the best. See you in Nashville!

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**Anxiety in Cardiac and Pulmonary Patients**

*Andrea Bon-Wilson, MA, LPC, CAC II, FAACVPR*

Anxiety is a common emotional issue with both cardiac and pulmonary rehabilitation patients. In a recent study published online in *Circulation*, investigators found that generalized anxiety disorder (GAD) was nearly as prevalent as depression in heart patients. (1)

Heart disease patients who have anxiety have twice the risk of dying from any cause compared to those without anxiety, according to new research in the *Journal of the American Heart Association*. Patients with both anxiety and depression have triple the risk of dying. (2) Anxiety disorders significantly increase a person’s risk of developing heart disease and also raise the odds of suffering a fatal cardiac event according to two new European studies. (3)

Anxiety disorders also occur at a higher rate in patients with COPD compared with the general population and anxiety has a significant and negative impact on quality of life of both COPD and heart patients. (4) Anxiety disorders appear to be the most prevalent psychiatric disorder in clinical samples of patients with pulmonary disease. (5)

Anxiety in pulmonary and cardiac patients can be caused by medications, the sensation of dyspnea, and the losses and emotional issues of being diagnosed with a life-threatening chronic disease.

Assessing and treating anxiety is important for the mental and physical health of rehabilitation patients. Anxiety can exacerbate symptoms of shortness of breath. Post-Traumatic Stress Disorder (PTSD) due to medical reasons can cause panic attacks that often have similar symptoms as heart attacks.

Our anxious patients are afraid to exercise and have greater difficulty quitting smoking, making diet changes, and being compliant with medications.

Treatment of anxiety should always be done by qualified mental health professionals. Successful treatment of anxiety disorders can substantially improve quality of life and prevent re-hospitalizations. Treatment for anxiety usually consists of pharmacological treatment and cognitive behavioral therapy. Please visit the [AACVPR behavioral resource page](#) for information related to working with mental health professionals.

Both cardiac and pulmonary rehabilitation have been shown to make a difference in decreasing symptoms of anxiety. Relaxation techniques, pursed lip breathing, and meditation techniques, or the ability to calm down, is a crucial element in all anxiety treatment. When a patient can discuss his or her fears in a safe environment, using motivational interviewing and health coaching techniques, anxiety can be helped. Reflecting back cognitive distortions and helping the patients have more realistic thinking, can also be helpful.
References:
1. MedPage Today (6/15, Kaiser) GAD may be nearly as prevalent as depression in Heart Patients.
2. Watkins, Lana, et al., Anxiety, depression identify heart disease patients at increased risk of dying. Journal of the American Heart Assoc. 2013

New Guidance of Risk Stratification and Depression

Kent Eichenauer, PsyD, FAACVPR

We all know that depression is one of the criteria for risk stratification of our patients. Mild depression signifies moderate risk, while major depression is a marker for severe risk stratification. However, it has been questioned how rehab staff is to determine whether a depression diagnosis exists or how severe it is.

Behavioral experts at AACVPR offer detailed guidance to assist in this daily issue in the document Guidance for use of Depression Criteria in Risk Stratification.

In sum, this helpful document specifies four steps. First, review the medical record for any mention of depression and its severity. Second, if the medical record mentions depression, but not severity, staff should seek clarification from the author of the medical record. It would also be appropriate to refer the patient to qualified mental health professional for clarification.

Third, if there is no mention of depression in the medical record, but psychosocial screening suggests at least mild depression, then refer to an appropriate mental health professional for determination of a diagnosis, as well as for appropriate care.

Finally, it is possible that medical records may not indicate depression, and your program's psychosocial measure may not detect it. However, the patient may evidence obvious signs of depression that warrant referral to an appropriate mental health professional. The guidance document provides examples of these signs of depression.

Rehab staff should know that most insurance carriers do cover mental health services and do not require a professional referral for these services. Please see the Behavioral Resource Page of the AACVPR Web site for suggestions to help make referring to mental health professional a smooth process.
International Pulmonary Rehabilitation Outreach: Report from the International COPD Coalition.

Gerene Bauldoff, PhD, RN, FAACVPR

While this column often focuses on data-based research articles that reflect the ongoing development of the evidence base for pulmonary rehabilitation (PR), an important review of pulmonary rehabilitation use throughout the world has been recently published. This paper by Chris Garvey, Martijn Spruit, Kylie Hill, Fabio Pitta and Takanobu Shioya was developed for the International COPD Coalition. “Pulmonary Rehabilitation-Reaching Out to Our International Community” provides an excellent foundational description of the components of pulmonary rehabilitation in conjunction with the benefits of PR as described by the GOLD initiative. Additionally, the article provides an overview of the concepts discussed in the much-anticipated American Thoracic Society/European Respiratory Society statement on PR that is expected to be published later in 2013. This review goes on to describe the utilization, major delivery milieu as well as significant issues such as reimbursement, access issues, and institution of PR in sparsely populated and developing areas across the globe. The global regions discussed include the United States, Europe, Australia and New Zealand, Latin America, and Japan.

Why is this important in pulmonary rehabilitation?

This review article is an excellent compilation of information related to the major concepts of PR as well as the implementation and dissemination of PR around the globe. As PR professionals, knowledge related to the implementation of PR as well as the development of the evidence base are central to the ongoing delivery of high-quality care. Pulmonary rehabilitation is a worldwide clinical option.

Reference:

What's Coming in JCRP

September/October 2013 Issue

This issue is highlighted by a Scientific Review titled “Exercise Training and Rehabilitation in Pulmonary Arterial Hypertension: Rationale and Current Data Evaluation” the Invited Editorial “Formal Cardiac Rehabilitation and Exercise Training Programs in Heart Failure: Evidence for Substantial Clinical Benefits,” and the AACVPR and CACR Annual Meeting Scientific Abstracts, as well as various section papers in Cardiac Rehabilitation, Exercise Evaluation, and Pulmonary Rehabilitation from Israel, New Zealand, the United Kingdom, Canada, and the United States.

SCIENTIFIC REVIEW

- Exercise Training and Rehabilitation in Pulmonary Arterial Hypertension: Rationale and Current Data Evaluation; Zafrir (Israel)

INVITED EDITORIAL

- Formal Cardiac Rehabilitation and Exercise Training Programs in Heart Failure: Evidence for Substantial Clinical Benefits; Lavie et al (USA)

CARDIAC REHABILITATION

- Course of Body Weight from Hospitalization to Exit from Cardiac Rehabilitation; Savage, et al (USA)
- Examining the Effect of a Patient Navigation Intervention on Outpatient Cardiac Rehabilitation Awareness and Enrollment; Benz Scott, et al (USA, Canada)

Brief Reports

- A Randomized Controlled Trial to Assess the Effect of Self-paced Walking on Task-specific Anxiety in Cardiac Rehabilitation Patients; Faulkner et al (New Zealand)
- A Comparison of Barriers to Use of Home Versus Site-based Cardiac Rehabilitation; Shanmugasegaram, et al (Canada)

EXERCISE EVALUATION

Brief Report

- Age-Specific Normal Values for the Incremental Shuttle Walk Test In a Healthy British Population; Harrison et al (United Kingdom)
PULMONARY REHABILITATION

- Pulmonary Rehabilitation Exercise Prescription in Chronic Obstructive Lung Disease: U.S. Survey and Review of Guidelines and Clinical Practices; Garvey, et al (USA)

  Brief Report

- JCRP-D-13-00018 (HCR200306) Development of a Pulmonary Rehabilitation Service for People with COPD; Afolabi et al (UK)

ASSOCIATION MEETING ABSTRACTS

AACVPR Annual Meeting Scientific Abstracts – Nashville, Tennessee (USA)

CACR Annual Meeting Scientific Abstracts – Montreal, Quebec (Canada)

The New York State Association for Cardiac and Pulmonary Rehabilitation (NYSAC&PR)

Karen Pyle, RN, BSN, MEd., President NYSAC&PR

In 2011, NYS had decided to pilot a web-conference in place of the annual conference. The conference was well-organized, and had great speakers; however, it did not have as many attendees as the conferences held prior when in person. However it was difficult determining the exact number of participants because of some of the sites could have several participants that were not counted in the overall attendance (only sites were counted, not the number of individuals actually watching). It also did not offer networking opportunities or interaction among participants; except direct questions to the speakers.

This year, on April 27, NYS held its typical in person annual conference in Lake Placid. Over 60 individuals attended. A networking opportunity was available while skating on the Olympic ice. The conference had fantastic speakers and all of the speakers, participants, and vendors said how much they enjoyed the conference, venue, speakers, and the chance to network and talk to other members of the state organization and their profession. Based on the exposure to the pilot webinar and then the onsite conference, the members in attendance voted to continue to have one day on-site conferences with live speakers, vendors, and networking opportunities. The planning for next year’s conference is already underway. The 2014 conference will be held in the spring in the Finger Lake Region.

NCCRA: North Carolina Cardiopulmonary Rehab Association

Scott Wright

The North Carolina affiliate recently had another successful annual symposium February 2013 in Chapel Hill and is currently in the planning stages of our next symposium in March 2014. Other achievements include our diligent work with a web designer to make our Web site more effective.

We continue to have a strong membership base and we are working to strengthen it even more. Finally, we continue to stay abreast of current legislation through our MAC committee.
Northwest Affiliate Updates

Karen A. Edwards, MS, RCEP, RRT, NWCVPR President

The 21st Annual NWCVPR Education Conference was held on Saturday, April 27, 2013. Presenting this year were several nationally and regionally known speakers: Miles Hassell, MD, who presented on positive lifestyle changes and disease management; Tobias Lee, MD on healthcare in the media, and Alan Shelton, MD on Transforming Burnout, which provided information to healthcare professionals on how to prevent and reverse burnout in their lives.

Additionally, we had presentations from our Reimbursement Chair, Joyce Kratz-Klatt, MS, FAACVPR, which included details from her experience at DOH in March and a MAC - J2-J3 update. Greg Lawson, MS, also provided a presentation on the high co-pays we are seeing with many of our patients and included a question and answer session on reimbursement, payment, co-pays, and documentation.

The Executive Board of NWCVPR has continued to be committed to increasing awareness of, and membership in, our association. As we previously reported, it was our intent that creating Regional Representative Board positions would help to more effectively reach programs and members in all regions of our states (Alaska, Idaho and Washington). The Regional Representatives are a great asset to NWCVPR. Each has made contact with all programs in their regions, including researching any new programs or verifying program closures. We implemented a quarterly newsletter, which is sent to all programs in the area, not just members. Over the next year, we plan to take this one step further. We are looking at other ways to reach rehab professionals in our region, such as using social media, to further improve communication and information-sharing between programs.

Five years ago, NWCVPR created an “Excellence in Service” Award to acknowledge select members of our association for their commitment and dedication to the association and our profession. This year’s recipient of the Excellence in Service Award went to Glenn Bean, MS, FAACVPR. Glenn was one of the founders of NWCVPR and has served in several positions on the NWCVPR Board throughout the years, most recently as the Communications and Web site Chair. He is very active in the welfare of NWCVPR, AACVPR, and Cardiac Rehabilitation in general. We are grateful for his knowledge of rehabilitation policies and his ability to “see the big picture”; he is truly a valuable member of NWCVPR.

Ohio Association of Cardiovascular and Pulmonary Rehab (OACVPR)

Tammy Garwick, MA, RCEP, OACVPR President

OACVPR represents 167 members in 102 programs throughout the state of Ohio. We continue to host our Annual Conference in the spring in Columbus, Ohio, with our next one scheduled for March 19 and 20, 2014. OACVPR was honored to celebrate its 25th Anniversary at the 2013 conference. We look forward to celebrating many more anniversaries.

The state is divided into four regional areas based upon area code. Regional meetings are held at least once per year in each region. The regional meetings are designed to educate, network, and foster membership. Most meetings are able to offer CEUs. It is the goal of OACVPR to invest in the regional meetings to meet the needs of our cardiac and pulmonary professionals.

OACVPR has recognized the need to create a relationship with universities and colleges throughout the state that have programs in nursing, exercise physiology, respiratory therapy, nutrition, and social services. We look forward to working with the various universities and
colleges to develop programming and options that provide practical experience to the academic setting while providing innovative options for the cardiac and pulmonary programs in Ohio.

The OACVPR board is constantly working to find ways to meet the needs of its members through communication, networking, and educational opportunities. Board members look forward to an exciting year.

**AACVPR Webcasts**

**August 2013**

- Webcast: [Heartbreak to Healing](#) presented by Lisa A. Catalano, MPH, MSW, LICSW, Lahey Hospital and Medical Center, Thursday, August 29 – [Register now](#).

**September 2013**

- Webinar: On the Horizon: Integrating Patients with Heart Failure into Cardiac Rehabilitation, presented by Steve J. Keteyian, PhD, FAACVPR, Preventative Cardiology, Henry Ford Hospital, Tuesday, September 24 – [Register here](#).

These AACVPR Webcasts are **free** to AACVPR EducationAdvantage members (registration required to obtain CEs). To learn more about the EducationAdvantage membership, please [click here](#).

**Annual Meeting**

AACVPR 28th Annual Meeting, Gaylord Opryland Hotel, Nashville, Tennessee – October 3-5, Pre-meeting Events on October 2 – [Click here](#) for more information.

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.
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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330 N Wabash Ave, Suite 2000
Chicago, IL 60611
Telephone: 312-321-5146
Fax: 312-673-6924
E-mail: aacvpr@aacvpr.org
Web site: www.aacvpr.org
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