Messages from Headquarters

Letter from the Editor

Celebrate!

Tracy Herrewig, MS, RCEP, FAACVPR
Steven Lichtman, EdD, FAACVPR

“Yahoo! This is your celebration”
Celebrate good times, come on! (Let’s celebrate)
Celebrate good times, come on! (Let’s celebrate)
There’s a party goin’ on right here
A celebration to last throughout the years
So bring your good times, and your laughter too
We gonna celebrate your party with you.”
— Kool and the Gang, 1980

The last time the members of AACVPR heard this song in earnest was in 2008, when Dr. Larry Hamm, then AACVPR President, announced to the assembled membership at the Annual Meeting, that the Centers for Medicare and Medicaid (CMS) had announced the inclusion of PCI, heart valve repair/replacement and heart/heart-lung transplant as covered diagnoses for cardiac rehabilitation. What was left unsaid, but understood at that time, was that CMS had elected not to include heart failure (HF) patients for inclusion. This left a gap upwards of 5 million HF patients, who would clearly benefit from cardiac rehabilitation, out of the loop with no reimbursement for our services from CMS.

The current celebration is, of course, due to the recent announcement that, sometime in 2014, a large segment of this patient population will now have coverage from CMS for cardiac rehabilitation. In this editorial we are not going to go into details or aspects of the process leading to the decision, as AACVPR President Barbra Fagan and AACVPR Executive Director Megan Cohen both cover this news in their respective editorials below.

However, we will leave you with a cautionary tale. This ruling by CMS will make cardiac rehabilitation economically accessible to a huge number of patients who were not previously eligible for coverage. This leaves us, the providers of cardiac rehabilitation, with two, albeit pleasant, dilemmas. Initially, we will have to plan on communication strategies with our referring physicians, educating them as to who is covered under the new CMS guidelines and who will most benefit from our services. If this is successful, it leaves us with the, again pleasant, dilemma regarding how to accommodate this potentially huge influx of patients. We need to plan staffing, resources, equipment, etc. to successfully treat this patient population.

On a final note, this potential increase in the number of patients in our programs, together with the increasing reimbursement rate starting on Jan. 1, 2014, for cardiac rehabilitation, is a welcome boost to both our patients and our programs. Let’s Celebrate!

Have a joyous, safe and healthy holiday season.

“Come on... when you’re running,
if you see you’re going to win,
you’re going to celebrate.”
— Usain Bolt
President's Message

CMS Adds Heart Failure As Covered Diagnosis, Thanks to AACVPR Leaders

Barbra Fagan, MS, RCEP, FAACVPR

"Here’s to the crazy ones. The misfits. The rebels. The troublemakers. The round pegs in the square holes. The ones who see things differently. They’re not fond of rules. And they have no respect for the status quo. You can quote them, disagree with them, glorify or vilify them. About the only thing you can’t do is ignore them. Because they change things. They push the human race forward. And while some may see them as the crazy ones, we see genius. Because the people who are crazy enough to think they can change the world, are the ones who do."

— Steve Jobs

As a result of hard work, determination and persistence by many, the recent announcement by CMS to include heart failure as a covered diagnosis is a big win for the profession and, more importantly, for our patients. As most of you are aware, this did not happen overnight and without moments of disappointment.

A quick history lesson takes us back to 2001. Under the direction of Dr. Kerry Stewart, a formal request was submitted to the Centers for Medicare and Medicaid Services (CMS) for coverage of expanded diagnoses to cardiac rehabilitation, including PCI, heart valve repair/replacement, heart and heart-lung transplant, and heart failure. Patience was certainly the key. In 2006, CMS answered the request and did indeed expand diagnoses with the exception of heart failure. While a great win for cardiac rehabilitation programs and the patients we serve, there was a remaining void of a large population of patients that would go un-served.

Fast forward another six years when AACVPR President Dr. Steven Lichtman sanctioned the formation of a writing group to put forth a "white paper" documenting the evidence and rationale of cardiac rehabilitation and heart failure. Led by Dr. Phil Ades, this paper was turned around in eight months, and in February of this year a meeting with CMS was convened. President Anne Gavic, Karen Lui, Phil Porte, Randy Thomas, Steven Keteyian, Phil Ades, along with key leaders from American College of Cardiology (ACC), American Heart Association (AHA) and the Heart Failure Society of America (HFSA) came together with one common goal: Present the evidence and garner support to include heart failure as a covered diagnosis to participate in cardiac rehabilitation.

In March, these four societies submitted a joint formal request to CMS to consider this patient population of Medicare beneficiaries as eligible for coverage to receive cardiac rehabilitation. In June, CMS posted a proposed coverage analysis that determined a review of evidence was sufficient to support cardiac rehabilitation for Medicare beneficiaries with chronic heart failure.

On Nov. 21, 2013, CMS announced the decision to include heart failure patients who have an ejection fraction of 35 percent or less as well as New York Heart Association (NYHA) class II-IV symptoms despite being on optimal heart failure therapy for at least six weeks. This proposed coverage policy will become effective in 2014, although an exact date has not yet been released.

None of this would have occurred without the vision, passion, commitment and persistent desire of many to see this through. As Michelangelo saw an angel in the rock and carved to set her free, so too did our leaders. So here’s to the crazy ones, the rebels, those who never give up. The ones who see things differently. The ones who have no respect for the status quo. Indeed, they do change things, they don’t quit, they push us forward. And, yes, while some may see them as the crazy ones, I see genius, the genius of Phil Ades, Anne Gavic, Steven Keteyian, Steve Lichtman, Karen Lui, Nancy Houston Miller, Phil Porte, Ray Squires, Kerry Stewart, Randy Thomas and countless others who contributed to this triumph.

Truly this is a time of gratitude and thanksgiving. As you enjoy this holiday season with family, friends and loved ones, embrace this time of giving and appreciation. I am blessed to serve this organization and my holiday gift to each of you is to be honorable, compassionate and dedicated to make a difference as each of you have done the same.

Warm holiday wishes to you and yours.
Executive Director’s Corner

Integrating Patients with Heart Failure into Outpatient Cardiac Rehabilitation

Megan Cohen, MPA, CAE

Since the announcement from the Centers for Medicare and Medicaid Services (CMS) informing us that Medicare will soon cover cardiac rehab services for heart failure, much of our time at the AACVPR headquarters has been spent brainstorming about how to best prepare our members for this revolutionary change. No one can really predict exactly how this new population of patients will affect your day-to-day operations, which is why this remains top of mind for all of us.

In her article above, AACVPR President Barbra Fagan revealed all the behind-the-scenes work and preparation that went into “setting the stage” for this coverage decision. The success was due in large part to the commission of the writing group who created the white paper providing the needed documentation for CMS to make a policy shift. Who best then to advise us on the possible repercussions of this change than the authors of that fated paper?

So let me be the first to announce our plans to hold an afternoon educational workshop, “Integrating Patients with Heart Failure into Outpatient Cardiac Rehabilitation” on March 13, 2004, in Washington, D.C., the day prior to the AACVPR Day on the Hill. Speakers for the workshop will include Dr. Steven Keteyian, Dr. Randal Thomas and Nancy Houston Miller, three of the authors of the white paper, as well as our legislative representative, Karen Lui.

Dr. Thomas will concentrate on the changing physician paradigm for referring patients with heart failure to cardiac rehab. Nancy Houston Miller will address the clinical considerations as well as patient education and disease management. Dr. Keteyian will cover training prescriptions, patient assessment and outcomes tools. And lastly, Karen Lui will address insurance and reimbursement issues. All presentations will be practical (how to) talks that will leave attendees with strategies and ideas, supported by relevant literature, that they can use within their centers.

As you can imagine, we expect this workshop to be outstanding and a “must attend” for all. So, if you’re not able to catch this event in person, be sure to watch for opportunities to connect online. We will be capturing this session the day of the event so you’ll be able to access the event online.

Event Details

**Title:** Integrating Patients with Heart Failure into Outpatient Cardiac Rehabilitation  
**Date:** March 13, 2014  
**Location:** Washington D.C.  
**Speakers:**

- **Barbra Fagan**, MS, RCEP, FAACVPR, AACVPR President: Moderator  
- **Randy Thomas**, MD, FAACVPR: Epidemiology and pathophysiology of HF and changing the physician paradigm for referring patients with HF to CR  
- **Nancy Houston Miller**, RN, BSN, FAACVPR: Clinical considerations, disease-specific patient education, and program-specific disease management  
- **Steven Keteyian**, PhD, FAACVPR: Prescribing cardiorespiratory training (intensity, duration, frequency) using standard and higher intensity methods and resistance training in patients with stable, chronic HF. Exercise adherence issues.  
- **Steven Keteyian**, PhD, FAACVPR: HF-specific patient assessment and outcome tools. Prescribing exercise in patients with HF that are complicated with other clinical issues (patients with ischemia, ICD or VAD).  
- **Karen Lui**, RN, MS, MAACVPR: Insurance reimbursement issues (CMS and other insurers)  
- **Open forum discussion**
As we move into a new year and consider the opportunities and the challenges ahead, it seems timely to highlight the emerging work within the new AACVPR strategic plan and particularly those action items scheduled for completion in 2014.

The September issue of News & Views included an introduction to the new AACVPR strategic plan. Described in that article were the four pillars of work: Education; Innovation; Viability and Quality; and Membership. The final plan represents significant time and consideration provided by past and current leadership of AACVPR with a focus fitting AACVPR’s mission and vision, and in line with the current health care environment. A summary of the plan can be viewed on the AACVPR website.

The following is a summary of the work scheduled for completion in 2014:

**Education:**
- Program Certification will develop regional resources to support the certification process including “how to” kits to assist in certification preparation.
- The Professional Certification process and exam will be developed, marketed and implemented. Certification preparation materials will be developed and made available for those wishing to prepare for certification. A professional certification governance structure will be formed to support this process.
- The feasibility of Professional Certification for Pulmonary Rehabilitation will be explored.
- Annual meeting content will be delivered utilizing new modalities, including the potential of distance learning (for limited content).

**Viability/Quality**
- AACVPR leadership and health policy consultants (GRQ) will meet with commercial insurance companies to discuss benefits of cardiac and pulmonary rehabilitation, inclusion of these services in shifting payment systems and unacceptably high co-pays.
- Resources including clinical and financial benefits of CR /PR will be provided to members for discussion with employers and commercial insurers.
• Pros and cons of deemed status for Program Certification will be explored.
• Testing, tracking and reporting of cardiac rehabilitation performance measures will continue, with an eye on new opportunities for endorsement and utilization by registries and payers.
• Gaps and potential solutions to the delivery of cardiac and pulmonary rehabilitation will be explored.
• The Registry will be marketed both internally and externally to increase utilization, participation and support, and a plan for data use will be developed.

Membership:
• A plan for determining national prevalence of cardiac and pulmonary rehabilitation programs and professionals will be developed and implemented and used to encourage membership, registry use, program certification, professional certification and other services.
• Increased recruitment and engagement of physicians will be explored.
• A Leadership Forum will be provided to support and develop Affiliate leaders.
• A plan will be developed for succession planning of leadership within AACVPR including an annual meeting session focused on opportunities for service and leadership within the organization.

Clearly, this year’s work accompanying each action item within the plan is substantial. The work has been assigned to various committees and staff in AACVPR who have the creativity, expertise and dedication to develop effective ways to move it forward.

Although the strategic plan is designed to span three years, revisions will be necessary throughout the duration as issues and priorities within AACVPR and the external market change. Watch for regularly scheduled articles in News & Views designed to keep members well informed regarding progress of “the plan.”

A Changing of the Guard at JCRP

Tracy Herrewig, MS, RCEP, FAACVPR
Steven Lichtman, EdD, FAACVPR

“One must change one’s tactics every ten years if one wishes to maintain one’s superiority”
— Napoleon Bonaparte, 18th century

In our editorial from the last issue of News & Views, we emphasized the changes that AACVPR goes through every year at this time. However, in this issue, careful readers of News & Views will have noticed another major change in AACVPR leadership.

Dr. Mark Williams is stepping down after seven years (2007-2013) as the Editor-in-Chief of the Journal of Cardiopulmonary Rehabilitation and Prevention (JCRP). During Dr. Williams’ tenure as Editor-in-Chief he took JCRP to new heights: changing the name from Journal of Cardiopulmonary Rehabilitation to JCRP to encompass the field of prevention as well as rehabilitation; a large increase in both the quality and number of submissions to JCRP, including international submissions; and, perhaps most importantly, securing JCRP’s first Scientific Impact Factor in 2009. JCRP and its readers will miss Dr. Williams’ insightful and innovative leadership.

However, Dr. Williams leaves JCRP in excellent hands. Larry Hamm, PhD, MAACVPR, FACSM, has been named as the new Editor-in-Chief of JCRP, carrying on in the rich tradition of outstanding leadership for the Journal.

Dr. Hamm is a Professor of Exercise Science and the Director of the Master of Science in Exercise Science Clinical Exercise Physiology Program in the School of Public Health and Health Services at The George Washington University in Washington, D.C. Dr. Hamm’s activities with AACVPR have included serving as President, a nine-year term on the Board of Directors, Associate Editor of JCRP, and Chair or Co-chair of many committees, task forces and several writing teams for AACVPR position statements. He received the AACVPR Distinguished Service Award in 2012. Prior to teaching at George Washington University, he directed cardiac rehabilitation programs for 27 years in Minneapolis, Toronto and Washington, D.C. He received...
his Master’s degree in exercise physiology from Michigan State University and his doctorate from the University of Minnesota.

The Editorial staff at News & Views congratulates and welcomes Dr. Hamm in his new position at JCRP, which officially begins Jan. 1, 2014, and we are looking forward to continued growth and innovation with the official Journal of AACVPR under his leadership.

“There is nothing permanent except change.”
— Heraclitus, 500 BC

1 JCRP is the official journal of the AACVPR and the Canadian Association of Cardiac Rehabilitation (CACR). JCRP is dedicated to the improvement of multidisciplinary clinical practice and is the only professional journal directed solely at the field of, and professionals in cardiovascular and pulmonary rehabilitation, as well as disease prevention; including physicians, nurses, exercise physiologists, respiratory therapists, physical therapists, dietitians and many others.

2 JCRP Editors-in-Chief:
1981 - Michael Pollock, PhD, and Victor Froelicher, MD;
1991 - Barry Franklin, PhD;
1996 - Kathy Berra, MSN, ANP;
2001 - Gary Balady, MD;
2004 - Philip Ades, MD;
2007 - Mark Williams, PhD.
2014 - Larry Hamm, PhD, MAACVPR, FACSM

Member Resources

AACVPR & UW-La Crosse Collaboration

Comprehensive Cardiac Rehabilitation Workshop
April 28-May 1, 2014

AACVPR and the La Crosse Exercise and Health Program at the University of Wisconsin–La Crosse (UWL) are joining together to offer a Comprehensive Cardiac Rehabilitation workshop. This workshop is considered essential for anyone who is new to cardiac rehabilitation or who needs an up-to-date refresher on current trends in the field.

The Comprehensive Cardiac Rehabilitation Workshop will not only focus on the basics, but will provide an up-to-date overview of the theory and practice of inpatient and outpatient cardiac rehabilitation. There will be a strong emphasis on exercise physiology, exercise prescription, administrative concerns and secondary prevention strategies.

This workshop provides approximately 25 CEUs. Click here for more information about course content, registration and housing options.

AACVPR and Affiliate Society members receive a $25 discount!
Update on AACVPR Liaison Activity

Professional endorsements

Thomas Draper, MBA, FAACVPR, Chair, Professional Liaison Committee

The Professional Liaison Committee (PLC) has been diligently working over the past couple months on ongoing and new initiatives with our professional organization partners. As with all of our initiatives, the committee remains focused on how our partnerships will benefit AACVPR, our members and the patient communities we serve.

We wanted to highlight some recent developments that have been channeled through the PLC. First, the American Association for Respiratory Care (AARC) has asked AACVPR to lend support to a Congressional bill, HR 2619 – Medicare Respiratory Therapist Act of 2013 – seeks to allow qualified respiratory therapists to provide pulmonary self-management education and training in the physician setting. AACVPR leadership reviewed the details of this legislation and the AACVPR Board of Directors has decided to provide a letter of support for this legislation. Other professional organizations are also supporting it.

Secondly, AACVPR is proud to have been asked to review and endorse the four new cardiovascular disease prevention guidelines released by the American College of Cardiology (ACC) and the American Heart Association (AHA). The guidelines review the scientific evidence related to cholesterol management, cardiovascular risk assessment, lifestyle management and management of overweight and obesity. It also makes specific recommendations for treatment. Both initiatives are continued evidence of the strong reputation AACVPR has garnered among our professional colleagues. Thank you to the hard work and dedication of many volunteer leaders to make this happen.

As with any progressive organization and committee, the work continues. AACVPR is in the process of setting up discussions over the next couple of months with several organizations, such as the American College of Sports Medicine (ACSM); the American College of Cardiology (ACC); Sports, Cardiovascular and Wellness Nutrition (SCAN); and a group of the Academy of Nutrition and Dietetics. These liaisons would provide opportunities for enhanced collaborations and exciting reciprocal offerings. All of these efforts will be aligned with the soon-to-be-rolled-out AACVPR strategic plan. Exciting times for the PLC, AACVPR and our liaison organizations.

Finally, visit the AACVPR website's Event Calendar to view annual meetings and other events conducted by our liaison partners. We ask that if you are going to one of these liaison meetings, that you think of AACVPR and, if possible, contact our PLC leadership to discuss how you can be an AACVPR ambassador. You can find the calendar by clicking here.

Have a safe, healthy and happy holiday season!

Inside the Industry

Nutritional Aspects of Rehabilitation

Alisa Krizan, MS, RD, LD, FAACVPR

This year’s nutrition presentations at AACVPR’s 28th Annual Meeting entitled “Best People, Best Practice, Best Performance,” lived up to the title. The number of registered dietitians speaking at this year’s AACVPR Annual Meeting exceeded the past numbers. Of the six registered dietitians, five were members of the Academy of Nutrition and Dietetics as well as dietetic practice group Sports, Cardiovascular, and Wellness Nutrition (SCAN), and the sixth is a member of the Diabetes Care and Education practice group. The registered dietitians spoke to very engaged, standing-room-only crowds.

Ellen Aberegg, MA, RD, LD, joined a panel that included Maria Buckley, PhD; Larry Hamm, PhD, FACSM, MAACVPR; and Bonnie Sanderson, PhD, RN, MAACVPR, to discuss “The Importance of Cardiac Rehabilitation Core Competencies for Professional Enhancement, Quality Improvement, and Certificates.”
I conducted my third AACVPR culinary workshop with the assistance of Oliver Peters and Christine Rossa from Germany. We kicked off the meeting with a preconference session “The Hands-on Culinary Workshop with a European Flair.” Participants prepared 14 heart-healthy dishes and savored the delicious new foods they prepared, including smoothies, soups, salads, and entrees.

Marion Franz, MS, RD, CDE, spoke on the importance of “Prioritizing Nutrition Therapy for Diabetes Care.” Marion’s messages emphasized: 1. control glucose, lipid, and blood pressure; 2. reduce energy intake, carbohydrate counting; 3. encourage physical activity; and 4. use food records and blood glucose monitoring data.

Georgia Kostas, MPH, RDN, LD, author of “The Cooper Clinic Solution to the Diet Revolution,” discussed “The Latest Nutrition Heart Guidelines: Practical Applications.” Georgia provided information on the DASH and Mediterranean diets, the nutritional state of nation, nutrient shortfalls, Omega-3s, plant sterols/stanols, the need for more water and new strategies to use with patients.

Karen Collins, MS, RDN, CDN, and Maria L. Buckley, PhD, shared tips on “Nutrition Strategies for Weight Management, and Behavioral Interventions to Make Them Work.” Karen recommended setting short- and long-term goals: Lose at least 5 percent to 10 percent body weight, and develop a program to reduce caloric intake and increase expenditure. Maria shared effective behavior change interventions, which included environmental modification, self-monitoring, self-efficacy and social support.

Additionally, Karen Collins, MS, RDN, CDN, presented on “The Road to Healthy Eating: Different Eating Patterns as Roadmaps,” and Deborah Krivitsky, MS, RD, LDN, spoke on “Integrating Nutrition into the Individual Treatment Plan.”

The nutrition topics drew larger than normal crowds at the Annual Meeting. Plan to join us next year in Denver where the Nutrition Planning Committee will again assemble an outstanding faculty presenting new information that can be applied to your rehabilitation programs.

Pulmonary Point of View

New Definition of Pulmonary Rehabilitation

Gerene Bauldoff, PhD, RN, FAACVPR

The much-anticipated American Thoracic Society (ATS)/European Respiratory Society (ERS) “Statement of Key Concepts and Advances in Pulmonary Rehabilitation” was published in the October issue of the American Journal of Respiratory and Critical Care Medicine. AACVPR members who served on the writing team were Brian Carlin, Rich Casaburi, Eileen Collins, Rebecca Crouch, Bonnie Fathy, Chris Garvey, Jonathan Raskin and Andy Ries.

The 2013 statement updates the 2006 statement. Significantly, a new definition of pulmonary rehab (PR) is provided:

“Pulmonary rehabilitation is a comprehensive intervention based on a thorough patient assessment followed by patient tailored therapies that include, but are not limited to, exercise training, education, and behavior change, designed to improve the physical and psychological condition of people with chronic respiratory disease and to promote the long-term adherence to health-enhancing behaviors” (Spruit, et al., 2013, p. e14).

Updates regarding the importance of PR as an integral therapy for chronic lung disease management are discussed. Topics include: exercise training, PR in conditions other than COPD, behavior change and collaborative self-management, body composition abnormalities and interventions, physical activity, timing of PR, patient-centered outcomes, program organization and health care use. The statement concludes with four recommendations for future focus:

1. Increasing the scope of pulmonary rehabilitation.
2. Increasing the accessibility to pulmonary rehabilitation.
3. Optimizing pulmonary rehabilitation components to influence meaningful and sustainable behavior change.
4. Further understanding and addressing the heterogeneity and multisystem complexity of COPD and other forms of chronic respiratory disease.

Why is this important to the PR professional?

The 2013 ATS/ERS statement provides the most up-to-date systematic review of the evidence supporting PR. This article is an essential document for all PR programs. Due to the statement’s importance and potential for impact, ATS and ERS have made the statement publicly available.

Reference:

JCRP

JCRP Journal of Cardiopulmonary Rehabilitation and Prevention

Highlights

Larry F. Hamm, PhD, MAACVPR, FACSM, JCRP Editor-In-Chief

To Get to the Journal of Cardiopulmonary Rehabilitation and Prevention:
From the AACVPR Web page, click publications and follow the directions.
Also, find JCRP online.
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

January/February 2014 Issue

This issue includes “Exergames and Cardiac Rehabilitation: A Review” as well as articles on a variety of topics in the Cardiac Rehabilitation and Pulmonary Rehabilitation sections by authors from Australia, Canada, Denmark, Ireland, Spain, Sweden and the United States.

FROM THE EDITOR

• Larry F. Hamm, PhD, MAACVPR, FACSM

REVIEW

• Exergames and Cardiac Rehabilitation: A Review. Ruivo et al. (IRELAND)

CARDIAC REHABILITATION

• Psychosocial Benefits of Cardiac Rehabilitation among Women Compared to Men. Wolever et al. (UNITED STATES)
• Feeling Supported and Abandoned: Mixed Messages from Attendance at a Rural Community Cardiac Rehabilitation Program in Australia. Fletcher et al. (AUSTRALIA)
• Deep Breathing Exercises Performed Two Months Following Cardiac Surgery - A Randomized Controlled Trial. Westerdahl et al. (SWEDEN)

Brief Reports
Committee and Task Force Updates

Professional Certification: The Need, a Challenge and an Opportunity

Karen Lui, RN, MS, MAACVPR, Chair, Professional Certification Commission

Definition

PROFESSION: A calling requiring specialized knowledge and, often, academic preparation

Is cardiac rehabilitation more than just a job for you? If you consider yourself a professional in the field of cardiac rehabilitation/secondary prevention, then you recognize the importance of continuing education, improving your knowledge and being competent with current clinical guidelines and research that demonstrate more effective strategies and techniques to improve outcomes.

Cardiac rehabilitation (CR) services were built on the model of a multi-disciplinary health-care team. From its inception, AACVPR was careful not to divide the components of a program to “assigned” roles by various types of health-care professionals. It was a sound approach because the components, in total, are beyond the knowledge and skills that anyone possesses prior to entering this profession. In fact, proficiency in cardiac rehabilitation requires a unique set of skills derived from evidence-based competencies that qualify a practitioner from any discipline in terms of education, exercise and behavior change. Payers, including Medicare, know CR is multi-disciplinary and, consequently, do not require delivery by any specific discipline.

CR programs strive to meet the full range of competencies in various ways, based on the resources that are available to each program. The key element to success in delivering quality CR services is the utilization of the AACVPR program core components and AACVPR personnel core competencies that provide minimum components and qualifications for CR programs and staff, respectively.

Economic times over the past 10 to 15 years have strained hospital budgets and forced elimination of important resources, particularly staff resources. Hospital administrations increasingly try to “do more with less,” even when quality patient care may be sacrificed in the process. CR programs, as with other hospital services, have felt that pressure.

Where does a nurse go to gain competency in exercise physiology, the very foundation of cardiac rehabilitation? How does a clinical exercise physiologist become proficient in cardiovascular pathophysiology, new cardiovascular medications, or gain competency in reading ECG rhythms? Where do nurses or exercise physiologists get the training to apply modern-day concepts of behavior change?
In the past, there were a variety of workshops and conferences focused on cardiac rehabilitation. Most of those educational resources have succumbed to economic pressures and only a very few such opportunities exist currently. On-the-job training shouldn't be the primary source of one's "expertise" in any field. What constitutes a "qualified" Program Director or staff member if there is no avenue for certification or credentialing in all the critical components of what a CR program should encompass, as is recommended by AACVPR itself?

Now the only professional certification that exists specific to cardiac rehabilitation has been developed by AACVPR and will be offered beginning in 2014. We have the science behind what we do. Let's own this profession and drive how cardiac rehabilitation/secondary services look over the next five years and beyond.

You will find more information, including FAQs and a link to the webinar on AACVPR professional certification, on AACVPR's website.

AACVPR Document Oversight Committee Update: New ACC/AHA Guidelines

Brian W. Carlin, MD, MAACVPR
Carl J. Lavie, MD, FACC, FACP, FCCP

The AACVPR Document Oversight Committee (DOC) is responsible for the review, oversight and cataloging of all AACVPR position statements, clinical practice guidelines and evidence-based scientific statements. This new addition to News & Views will provide our readers with up-to-date information on the publications produced by, or endorsed by, the DOC.

AACVPR reviewed and endorsed the four new cardiovascular disease (CVD) prevention guidelines released by the American College of Cardiology (ACC) and American Heart Association (AHA) last week.¹⁻⁴ These review the scientific evidence related to cholesterol management,¹ (CVD) risk assessment,¹ lifestyle management² and management of overweight and obesity,³ and make specific recommendations for treatment. Full text copies of the guidelines are available at AACVPR's website.

The guidelines replace the previous Adult Treatment Panel (ATP) guidelines published by the NHLBI, with the most significant recommendation that patients are no longer required to be treated to a specific LDL cholesterol level.¹ Rather, treatment decisions should be based on an individual's CVD risk, with risk assessment guidelines broadened to include assessment of stroke risk, longer-term or lifetime CVD risk and gender- and ethnicity-specific risk. The new guidelines give further weight to family history and potentially using things like C-reactive protein (CRP), coronary artery calcium (CAC) testing, and peripheral vascular disease (such as ankle brachial index or ABI) to add in the risk assessment in some patients.

These new CVD prevention guidelines are being highlighted in the press, and they are important topics for patients and health care professionals. Although these guidelines have generated considerable controversy, including criticisms from some clinician scientists and organizations (such as the National Lipid Association or NLA) regarding certain details, the overall documents will clearly represent an advancement in the prevention and treatment of CVD. Consider reading the full guidelines yourself here and thinking about how you can help your community implement them.

References:

Affiliate Reports

Affiliate Registry: Call to Action

Chris Garvey, FNP, MSN, MPA, FAACVPR, AACVPR Registries Committee Co-Chair

This message is geared to the leaders of the AACVPR Affiliates throughout the county. It is aimed at increasing usage of the Cardiac and Pulmonary Rehabilitation Registries. The information from the registries will influence many areas including programming, insurance coverage, quality, evidence base and legislation.

Dear Leadership Colleagues,

It was a pleasure to meet you in Nashville! Thank you for allowing us to include information about the Outpatient Cardiac and Pulmonary Rehabilitation Registries on your state affiliate webpage. Below is a draft of content. Please help support the registry by including this on your webpage. Please let us know if you have questions. Thanks in advance for your help.

Our state affiliate fully believes in the power of the AACVPR registries!

The AACVPR Outpatient Cardiac and Pulmonary Rehabilitation Registries have the potential to change the world of Cardiac and Pulmonary Rehabilitation. The information that they will provide will have influence on many areas including programming, insurance coverage, quality, evidence base and legislation. Your state leadership wants as many CR and PR programs in the state to participate in the AACVPR registries as possible. We hope to enroll every program in the state. For information, application, FAQs and resources, please see the Outpatient Cardiac Rehabilitation Registry Resource web page and the Outpatient Pulmonary Rehabilitation Resource webpage.

Below is an example from Minnesota AACVPR Affiliate (MNACVPR):

<table>
<thead>
<tr>
<th>The Minnesota AACVPR Affiliate Supports AACVPR Registries</th>
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<tr>
<td>The Minnesota AACVPR Affiliate (MNACVPR) has committed $5,000 to award to Minnesota cardiac and/or pulmonary rehabilitation programs that join an AACVPR registry. We will pay a stipend of one-half the cost of the registry participation fee for any Minnesota program that fully completes the registry participation process. We hope to enroll every program in the state of Minnesota.</td>
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<tr>
<td>- John Inkster, MS</td>
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<tr>
<td>MNACVPR Affiliate President</td>
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Texas Association of Cardiovascular & Pulmonary Rehabilitation Update

Annie Bennett, MEd, TACVPR President

TACVPR represents 140 cardiac (60 AACVPR certified) and 75 pulmonary (11 AACVPR certified) programs with a membership of slightly more than 200 individuals. We are in the process of “Finding the N.” (the total number of programs in our state) and look forward to seeing what Texas truly represents. The TACVPR maintains a strong national presence with eight members involved on AACVPR committees and nine members achieving AACVPR Fellowship status.

We were pleased to add “The Beverly Spraggins Award of Excellence” this past year. This award is given by ScottCare in honor of Beverly Spraggins, who had a huge impact on Texas, and I am sure many other states as well. We were able to give one program award and one individual award at our Annual Conference. The 2013 program award went to
Hendrick Medical Center in Abilene, Texas. The individual award went to Barbara Flato of Corpus Christi, Texas.

We have an active Facebook page (TACVPR) and Twitter account (@tacvpr) that allows increased networking opportunities for our members. We are also looking to launch a LinkedIn account in 2014!

Planning for our spring conference is well underway and will be held at the Doubletree Downtown-San Antonio on April 4-5. This year’s theme “Rehab Revolution: Mission Possible” highlights our plan to deliver many talks with valuable take-home messages. We will offer our attendees 8.5 CEUs, access to 15+ exhibitors, breakfast buffet and lunch, as well as great networking opportunities with more than 150 attendees.

The TACVPR celebrates many successes over its 24 years, while facing the same challenges as others across the country. We are whole-heartedly committed to advocating for a strong future for cardiac and pulmonary rehab programs and serving the patients of the great state of Texas!

**Tri-State Cardiovascular and Pulmonary Rehab Association Update**

*Kathy Thumma, RN, BSN, NE-BC, TSSCVPR President*

TSSCVPR encompasses the states of Pennsylvania, Delaware and New Jersey, making it one of the largest affiliates of AACVPR. Tri-state represents 90 counties and the country of Barbados. This year at the Annual Meeting, our organization marked its 30th anniversary as an affiliate of AACVPR. Our 20-plus members in attendance in Nashville celebrated along with our two new Fellow inductees, Jill Fox and Ruth Akers.

We are actively recruiting new members and challenging the majority of our programs to become AACVPR certified. We have been collating data to determine the number of programs that exist in our states, as well as the number that are certified even before the “Finding the N” initiative was announced.

This year, several of our members “stormed” Washington for our own Day on the Hill. The weather reports discouraged many of us from making the scheduled trip in March. April brought pleasant temperatures and a warm welcome from our senators and congressmen and women.

We eagerly await CMS’s response to the addition of heart failure as a covered diagnosis. Programs are optimistic and are making plans to prepare for the increase in patient volume.

Seven Springs, Pa., is the sight of our upcoming symposium in May 2014. A lineup of outstanding speakers is planned as well as the return of the ever-popular Friday night “speed topics.”

**Wisconsin Society for Cardiovascular and Pulmonary Health & Rehabilitation Update**

*Shana Steele, MS, RCEP, CES, CSCS, WISCPHR President*

WISCPHR is known as one of the strongest affiliates within AACVPR, and we were excited to receive the “Outstanding Affiliate Award,” honoring our organization during the Celebration Banquet and Awards Ceremony at the AACVPR Annual Meeting in October. We received it in 2007 and are the only affiliate to receive this award twice.

More greatness came when Barb Fagan and Tracy Herrewig both received the AACVPR Distinguished Service Award. This award is for individuals who have exhibited leadership within AACVPR. These members have donated countless hours and intellectual resources to the organization. Their ideas, committee work and leadership have benefited AACVPR in a significant way. Cindy Ostrem and Kim Beyer were honored by achieving AACVPR Fellow status. We now have 13 AACVPR Fellows from WISCPHR. Congratulations to all award recipients and thank you for your dedication to making WISCPHR one of AACVPR’s strongest affiliates, as evidenced by these recognitions.
WISCPHR was a Copper Level Supporter of the 28th AACVPR Annual Meeting closing keynote speaker Dr. Robert Cooper, who spoke on passionate leadership. For those fortunate to attend this conference and engage in his presentation, it was truly a highlight of a phenomenal conference. This support qualifies us as a Bronze Level Supporter for our organization and allows us exclusive benefits throughout this year.

Our membership is 224 strong and a new member benefit is being added this year. The Quality Improvement and Health Promotion & Education committees are working together to provide educational opportunities and webinars, with the first one in March. There are 125 facilities providing cardiac rehab and 89 facilities providing pulmonary rehab is represented in our membership. WISCPHR has 116 AACVPR certified cardiac and pulmonary rehab programs. Our goals for the following year are to increase WISCPHR membership and to increase the amount of programs participating in the AACVPR Program Certification and AACVPR Outpatient Cardiac and Outpatient Pulmonary Rehab Registries.

Another proud moment for WISCPHR was when I was informed recently by Mark Vitcenda that there is a study published by Karam Turk-Adawi from Brandeis University using our WiCORE (outcomes) data. She intends to publish at least two others, one in JCPR. Congratulations to everyone who has contributed to advancing the science! Please read the article here.

Our organization continues to be active in a variety of programs and events. Innovation S.O.S is a new WISCPHR Initiative that promotes a way to assess your current Strengths, Opportunities and Strategies for program improvement. In March, WISCPHR is honored to be sending four members to the Day on the Hill (DOH) in Washington, D.C. WISCPHR has the highest number of subscribing programs in the AACVPR CR registry with 56 programs from Wisconsin currently enrolled. Our Telecommunications Committee continues to keep our website current with pertinent information and also provides five newsletters to our membership annually. We are looking to increase our product sales by expanding our current digi-walker sales and adding pulse oximeters to boost our revenue and provide our membership with more options for their programs and patients.

The Annual Conference Planning Committee is well underway organizing our next WISCPHR annual conference on April 4-5 in Appleton, Wis. We will start with an all-day personal and professional development workshop with Jody Hereford presenting on the art and science of patient engagement in regards to health coaching. That evening we will have FAQs with Bonnie Anderson, Mark Vitcenda, Sandy Zemke and Diana Rohloff providing answers to the most common questions on the topics of: AACVPR Program Certification, AACVPR Professional Certification (new in 2014), Outpatient CR and Outpatient PR Registries, and cardiac and pulmonary rehab reimbursement updates. We have great topics by our keynote and breakout speakers planned for Saturday. Our keynote speakers include Jody Hereford on the role of cardiac and pulmonary rehab in the new health-care model, Barb Fagan with an AACVPR update, Dr. Nowak on what snoring and leg pain have in common, along with CHF updates and exercise guidelines. We are excited to offer our 26th Annual Conference to cardiac and pulmonary rehab professionals.

We continue with the efforts to move our organization forward and remain committed as an Affiliate of AACVPR.

Calendar of Events/Education

AACVPR Webcasts

January 2014


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

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.
AACVPR National Office Contact Information

Please continue to send your questions and comments to AACVPR News & Views via aacvpr@aacvpr.org. Don't hesitate to suggest how AACVPR News & Views can continue to provide you access to information about our profession and AACVPR.

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