

What's New on the Reimbursement Front?
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On March 4th and 5th, TACVPR board members Erika Abmas with Baylor Dallas Pulmonary Rehab, Dean Diersing with University Medical Center-Lubbock and Cardiac Rehab, Twyla Selvidge with ETMC Cardiac Rehab and former TACVPR board member Mary Hart also with Baylor Dallas Pulmonary Rehab traveled to Washington D.C. to visit our legislators regarding health reform. You may recall last year four TACVPR board members went to "Capitol Hill" seeking legislators to sign on for our bill. That trip proved successful as The Cardiopulmonary Rehabilitation Act of 2008 was passed last July.

This year, our goal was to speak with our legislators about health reform. The bill, "American Recovery and Reinvestment Act" recently signed by President Obama, has \$650 million set aside for prevention and wellness. Our talking points with our legislators drove home the point that the AACVPR has been organized for close to 25 years and is the model for prevention and wellness within the rehabilitation health care delivery format *and* can also address chronic disease management that is so costly to our nation. When addressing our legislators regarding healthcare reform, the current vernacular used is "Comparative Effectiveness". This means legislators want to know how government dollars that are paid for your program compare to another comparative delivery of care that might be more effective and cost saving. We believe our rehabilitation services are genuinely low tech services that have excellent peer reviewed documentation in terms of improving actual health indicators and quality of life. As the AACVPR has stated "We're effective, and we're not worried about being compared to other treatment modalities.

Just a few notes of other interest the AACVPR is working on now:

Pulmonary Rehab: the AACVPR is working closely with all the other pulmonary societies to assist CMS in crafting regulations in time for the January 1, 2010 implementation. These professional societies, ATS, ACCP, AARC, NAMDRRC jointly met with CMS late last fall and submitted a lengthy set of recommendations regarding development of a NCD. The AACVPR stated they are confident that "we will see a proposed NCD this Spring/Summer.

On the Cardiac Side: the AACVPR has joined with the ACC and also met with CMS to discuss changes in the existing NCD that are required by law. For example, the current NCD does not address outcomes assessment and the new provisions require it.