Welcome to the fall edition of the TACVPR newsletter. This newsletter is filled with informative articles addressing a variety of topics including the upcoming 2012 TACVPR Conference, program certification updates, information about the new cardiac rehab registry and other great information.

There is a lot to look forward to with the planning of the 2012 TACVPR conference. “Deep in the Heart & Lungs of Texas” will be the theme of this year’s conference. Your board is working diligently to provide you a quality conference, so mark your calendars for April 20-21, 2012 in Austin. I hope to see you all there!

Several board members, including myself, represented the TACVPR at the 26th Annual AACVPR conference in Anaheim, CA the first part of September. We were able to attend the Certification/Recertification breakouts where we heard/discussed the updates and changes to the process which is now done completely online. There are big changes coming to Pulmonary Rehab in reference to the certification/recertification process so be sure to read about it in this newsletter. We also had the opportunity to network with other affiliates while we were there and we were able to share how excited we are about the updates we’ve made to improve our association.

As always, we will continue to work to help keep you, our membership up to date on any changes. Don’t forget our website, tacvpr.org, another great resource for information and if you have not done so be sure to “like us” on Facebook. I hope you enjoy the enclosed newsletter and find the information we’ve included helpful in your daily practice. Please remember, if you are interested in writing an article for the next newsletter, please email Julie Dunagan at membership@tacvpr.org. Happy Fall and enjoy the holidays!

Erika Abmas, RRT, RCP, AE-C
TACVPR President 2011-12

Do You Know Anyone Interested in Joining TACVPR?
To join or renew your TACVPR membership you may sign up online or download a printable membership application at www.tacvpr.org
Annual dues are $40/person
(Membership is good January-December yearly)
Plans are underway for the 2012 TACVPR conference to be held at the Doubletree Hotel in Austin on April 20-21st. With many new initiatives coming out from AACVPR and the ongoing changes in healthcare, this is sure to be a conference you don’t want to miss.

**Speaker Topics**

We are working on securing great speakers who will talk on a variety of topics for both the cardiac and pulmonary professional. Some of the topics include:

- The Wellcoach Approach presented by Pam Schmid
- Approaching Nutrition for the Non-dietitian presented by Lynn Stengal
- Management and Care of LVAD and heart transplant patients presented by Mim Luette
- Best Practices for Program Management: Increasing Referrals, Marketing and Budgeting presented by Dean Diersing
- AACVPR Certification/Recertification Workshop presented by Barb Flato and Laura Raymond
- and many, many more

**CEU’s** - 8 to 9 continuing education credits are being applied for through the Texas Nursing Association, the credits are transferable to the Respiratory Therapist, Exercise Physiologist, and Physical Therapist

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**Our contact information has changed. We have new emails addresses that will allow us to respond to you sooner.**

Please send emails to the appropriate email addresses below:

- president@tacvpr.org
- conference@tacvpr.org
- membership@tacvpr.org
- communications@tacvpr.org

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Fall 2011 Newsletter
WHAT'S NEW IN THE CERTIFICATION/RECERTIFICATION PROCESS??
By: Laura Raymond, RN, BS, FAACVPR

For those of you who did not attend AACVPR Conference or been to the AACVPR's website recently, I want to bullet some highlights and changes to the certification process. All these changes will be reflected in the online application process and on AACVPR's website under Certification.

- **2012 AACVPR Certification and Recertification applications are identical**
- All applications will be blinded
- System Alert in place that notifies the applicant by email, that the initial review has begun and again when initial review is completed (initial review should be completed within 3 weeks)
- **ALL** documents will be submitted at the time of initial application. No new forms or documents will be accepted after application is submitted.
- For **2012 applications**, pulmonary and cardiac outcomes will remain service, behavioral, clinical, and health.
- For **2013 applications**, cardiac outcomes will remain as above; **pulmonary outcomes will change** to service, functional capacity, symptoms, and quality of life. Please help spread the word: PR outcome requirements for certification will change from a 'domain' model to evidence based outcomes effective January 2012. When PR programs apply for certification or recertification for 2013, they will need to show evidence that they have been measuring these specific outcomes for a full year (beginning Jan 1, 2012) that include:
  - Functional capacity such as pre and post PR 6 minute walk test (6MWT)
  - Symptoms such as maximum dyspnea with pre and post 6MWT
  - Quality of life pre and post PR
  - Service

- If you have questions about making this transition for your pulmonary rehab program, please review the PR Toolkit (available on the AACVPR website) and the *Guidelines for PR Programs 4th edition*.
- Check Discussion Forum and FAQ sections of the AACVPR website FIRST with questions related to certification/recertification.

As always, we are here as resources to you if you can't get your answers off the AACVPR website at www.aacvpr.org. We would like to encourage all of our TACVPR members to visit AACVPR’s website often to educate yourself on any CMS, certification, best practices, research or other HOT news!

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Barbara Flato  
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Poppy Patterson  
ppatterson@hillcrest.net

Julie Dunagan  
 julieob@baylorhealth.edu
Heart Disease Statistics
By: Bernice Ware, RN

Heart disease is the leading cause of death in the United States. According to the Centers for Disease Control and Prevention, approximately every 25 seconds someone in the U.S. has a coronary event and approximately every minute someone dies from it. Previously known as a man’s disease, in 2010 half of the deaths due to heart disease were women. In 2010 this crippling disease cost the United States more than $300 billion in insured and uninsured healthcare. According to the Texas Department of State Health Services, 32% of all deaths in Texas during 2005 were due to cardiovascular disease.

What is heart disease? It’s a pretty general term that can include any disorder that affects the heart’s normal function. Sometimes heart disease and cardiovascular disease are used interchangeably. This can include coronary artery disease, hypertension, heart failure, cardiac arrhythmias, heart valve defects, congenital heart defects, stroke, and peripheral artery disease to name a few.

Women & heart disease:
- Leading cause of death for women over age 65
- Second leading cause of death in women age 45 to 64
- Third leading cause of death for women age 22-44
- Cardiac symptoms in women are more frequently atypical and misdiagnosed as anxiety or panic attacks

Men & heart disease:
- Leading cause of death in most ethnicities
- Most men who experience sudden cardiac death have never had previous symptoms
- Average age of first heart attack - 66 years
- Almost half of men who have heart attacks before age 65 die within 8 years

Risk Factors: Inactivity, obesity, high blood pressure, smoking, high cholesterol, poor diet, alcohol use, diabetes, gender - men over age 45; women - over age 55, family history, stress – all put us at risk for heart disease. If you are a non-smoker exposed to second hand smoke, the risk for heart disease increases by 25 to 30%. Nine out of ten cardiac patients have at least one risk factor and almost half of all adults have two or more of risk factors.

Prevention: Exercise at least 30 to 45 minutes most days of the week, eat a heart healthy diet, drink in moderation – one drink per day for women and two drinks per day for men, monitor and control blood cholesterol levels, monitor and control diabetes, avoid cigarette smoke, try to get at least seven hours of sleep each night, take cardiac medications as directed by your physician. Know the signs and symptoms of a heart problem and get to the nearest Emergency Room immediately.

Healthcare Professionals: While our patients attend rehab, it’s a great time to provide one-on-one education about heart disease. Many patients are anxious about their conditions and want information about how to improve their lives, but behavior modification takes time.
Bronchial Thermoplasty is a relatively new procedure that uses radiofrequency energy to treat severe and persistent asthma that is not well controlled with inhaled corticosteroids and long-acting beta agonist medications. Bronchial Thermoplasty addresses one of the main causes of asthma, smooth muscle constriction.

The U.S. Food and Drug Administration has approved the first medical device to perform this procedure called the Alair Bronchial Thermoplasty System. The device is composed of a catheter with an electrode tip that delivers a form of electromagnetic energy, called radiofrequency energy, directly to the airways. This energy is delivered in a controlled manner to reduce the amount of smooth muscle in the airway, thus reducing the severity and frequency of asthma attacks. The tip of the catheter is about the size of a dime and fits snuggly against the airway wall.

“The approval of the Alair system provides adult patients suffering from severe and persistent asthma with an additional treatment option for a disease that is often difficult to manage,” said Jeffrey Shuren, M.D., J.D., director of the FDA’s Center for Devices and Radiological Health.

The patient must be 18 years or older to qualify for the treatment. It is an outpatient procedure which is performed in a series of three visits typically three weeks apart. Each scheduled visit treats 1/3 of the lung tissue and the procedure is performed under moderate sedation with the patient typically going home the same day.

Bronchial Thermoplasty does not eliminate the need for long term asthma maintenance drugs, but is intended to complement them for optimal control and improvement in quality of life. This improved control reduces severe exacerbations, emergency room visits, time lost from work and other social engagements.

For now, the procedure remains expensive and can only be performed in most major US cities, so cost and availability may hinder patient access. Long term studies are in progress now with results more than 4 years away. Contraindications to this procedure include those with an active respiratory infection, current anticoagulation therapy or other bleeding disorder, recent changes to their corticosteroid treatments, presence of pacemaker, defibrillator or other implanted electrical device and those with known sensitivities to lidocaine, atropine or benzodiazepines.

Reference:  www.fda.gov;  www.asthmatx.com
The AACVPR Outpatient Cardiac Rehabilitation Registry will be a unique and powerful tool for tracking patient outcomes and program performance in meeting evidence-based guidelines for secondary prevention of heart and vascular disease. It will provide cardiac rehabilitation programs with national outcomes data for benchmarking and demonstrate the positive impact of cardiac rehabilitation on the morbidity, mortality, physical function, and quality of life of heart patients across the United States.

Outpatient cardiac rehabilitation (CR) is not well utilized in standard heart care, despite being recognized as a standard of care by the American College of Cardiology (ACC), American Hospital Association (AHA), American College of Chest Physicians (ACCP), and AACVPR. As healthcare systems begin to emphasize chronic disease management, we have a valuable opportunity to demonstrate the value of CR.

By tracking and providing comparative data for benchmarking of clinical, behavioral, health, and service outcomes, as well as tracking key program performance issues, the AACVPR Outpatient Cardiac Rehabilitation Registry will provide a solid base of scientific data to promote more widespread use of CR services for eligible heart patients.

To learn more about the AACVPR Outpatient Cardiac Rehabilitation Registry and how to participate, go to www.aacvpr.org and click on the “Cardiac Rehabilitation Data Registry” link on the homepage.

The TACVPR Board of Directors met on August 25, 2011 at the Baylor Martha Foster Lung Care Center. All board members were present. We discussed our membership and budget. We currently have 178 TACVPR members. Twyla Selvidge, our treasurer, updated us on the J-4 MAC committee; you will find more information about reimbursement in coming “Reimbursement Updates” that will be sent to members by email. We discussed needed updates for the website and FaceBook. We also prepared for the annual conference by narrowing down our speakers, encouraging our vendor search, and planning the schedule. The next Board of Directors meeting will be on Thursday, November 10th.
The 2011 AACVPR Conference was held in Anaheim, California on September 7-10th. We are aware of approximately 10 Texas professionals that attended this year’s meeting. The purpose of this article is to share “one liners” related to valuable presentations that were delivered this year. TACVPR highly recommends your involvement, in not just our state association, but also the AACVPR. At these conferences you are often presented national messages and allow you to have upcoming changes & advancements on the radar before they reach you at the state level. Often at the TACVPR Conference our goal is to present a mix of ‘future’ information, as well as, ‘now’ information for you to apply to your program that directly applies to our programs in Texas. To quote Laura Raymond “DO NOT STAND STILL! We have a lot of change ahead!” It is important for you to become active in the learning process of all this change!

Highlights include:

- Shift/focus to coaching approach to achieve behavioral changes in patients. Programs are looking into coaching certifications for staff.
- There is a tie between certification best practices and patient outcomes. This will be a point that is soon to be confirmed!
- Future plan to tie certification and the national registry to ACC American College of cardiology
- **Performance Measures (PM) are expected to be CORE MEASURE 2014.**
- AACVPR is working on developing Performance Competencies for CR staff to parallel our Core Component Practice Guidelines and PM.
- Expect pay for performance directly related to PM and Patient Outcomes (must be measuring to prove interventions work and our patients are reaching the PM goals for secondary prevention
- Our patients must be reaching PM goals to truly decrease risk for future events. (Recommended programs to do a 360 degree program review to measure their success of interventions )
- 360 degree program review. Where do you fit in your organization? Are you connected where you need to be? Do you share PM’s, core components, best practices, certification requirements with your colleagues?
- Meaningful Use/Bundling Care/CMS Requirements for Cardiac and Pulmonary Rehab
- Time to explore new delivery (Pt. profiles changing, exercise science new evidence of better ways to achieve critical care outcomes, new flexibility in Medicare reimbursement allows improved revenue opportunity, # sessions- visits, fast track slow track, change routine to the patient profile)
- Review of the changes to Online Certification/Recertification Process (All one application now)
- Some info on ICR’s what qualifies for Intensive Cardiac Rehab reimbursement
- Focus on diabetes and exercise outcomes. Are we doing enough for our diabetics to benefit?
- Coding/billing Use of KX modifiers with multiple session charges /day 93798 and 93797
- Lots on national registry. Will become mandatory and tied to reimbursement
Steak with Sun-Dried Tomatoes

Serves: Serves 4: 1/4 pound steak per serving

Ingredients:
4 sun-dried tomatoes, packed in oil
1 small carrot, shredded
1 green onion, sliced
2 teaspoons chopped fresh basil or 1/2 teaspoon dried basil, crushed
1-pound lean boneless top sirloin steak, cut 1 inch thick, all visible fat removed
1 teaspoon bottled minced garlic

Cooking Instructions:
Remove as much oil as possible from tomatoes by patting them with paper towels. Coarsely chop the tomatoes. In a small bowl, combine tomatoes, carrot, green onion, and basil. Set aside.

Cut the steak in half crosswise. Cut a large slit horizontally in each half to form a pocket. Spoon the tomato mixture into the pocket. Secure opening with wooden toothpicks.

Preheat broiler.

Lightly spread each side of steak with garlic.

Place steaks on the unheated rack of a broiler pan. Broil 4 inches from the heat for 6 minutes. Turn and broil 6 to 8 minutes more or until steaks reach desired doneness. Remove toothpicks and cut each piece of steak in half.

Cook’s Tip:
For convenience, this recipe uses tomatoes that are packed in oil, but you can substitute cellophane-wrapped dried tomatoes. Simply follow the rehydrating directions on the package.

Nutritional Analysis (per serving)

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TACVPR Recruit-A-Pal (RAP) Program

What is the RAP Program?
This program starts January each year and continues through December. For each new person you recruit to join the TACVPR or to attend the conference you earn points. You may also earn points for an approved poster presentation. (A new person is someone who was not a member over the past year nor attended the previous conference).

The Point System:
1 point each new member recruited between January to December
2 points each new person brought to conference
1 point an approved poster presentation

The AWARDS:
5 points earns a free membership for a year
7 points earns a free conference fee for the following year

Be sure to have your name put in the referring person place on the membership form and the conference registration form.

TACVPR Recruit-A-Vendor (RAV) Program

What is the RAV Program?
The Recruit-A-Vendor program will be initiated for the first time for the 2010 conference. This program will begin each year at the close of conference and continues to the start of conference the next year. For each NEW vendor and/or sponsor name you send to the TACVPR Board to contact as potential vendors or sponsors for the upcoming conference, your name will be place in a drawing for one free conference registration (excluding membership). The first winner will be drawn at the 2010 conference to win registration for the 2011 conference.

The FIRST person who recommends any NEW vendor or sponsor who contributes $500 or more to the TACVPR, will receive one free conference (excluding membership). When contacting a vendor or sponsor, be sure they include your name on all forms as the referral person. All recommendations will be dated and timed upon receiving them. Monies must be received for prize to be awarded.

The program is available to all members of the TACVPR.

Email the following information to jwilson@ehendrick.org:
NAME OF COMPANY
CONTACT PERSON
CONTACT INFORMATION
PHONE NUMBER
FAX NUMBER
EMAIL ADDRESS
Looking for a job in Cardiac or Pulmonary Rehabilitation?
Visit the “Job Opportunities in TX” tab on the TACVPR website at www.tacvpr.org

Is Your AACVPR Membership Up to Date?
AACVPR membership dues expired June 30th - Don’t forget to renew!
Membership fees: $185 Member/Associate Member; $75 Student
Go to www.aacvpr.org to join or renew your membership

Texas Members Serving on AACVPR National Committees
We want to recognize our TACVPR members who serve on national committees and thank them for dedicating their time help Texas to become more involved with AACVPR.

Erika Abmas, RRT - Reimbursement Committee
Julie Dunagan, MS, FAACVPR - Education Committee, Certification Committee
Barbara Flato, MSN, RN-BC, FAACVPR - Certification Committee
Poppy Patterson, RN, BBA - Certification Committee
Laura Raymond, RN, FAACVPR - Certification Committee
Twyla Selvidge, MS - Reimbursement Committee
Danielle Strauss, BSN, RN-BC - Research Committee

If you are interested in serving on an AACVPR committee, visit www.aacvpr.org for more information.

A Message to our New AACVPR Fellow Danielle Strauss:
Dear Danielle, I would personally like to congratulate you on your Fellowship honor that was announced at the AACVPR Conference. I consider Texas as one of the strongest Affiliate Associations in our AACVPR Network. It’s professionals like yourself who push for quality and best practices that makes our state proud. On behalf of our entire TACVPR membership I would like to pass along this great news and a congrats! Welcome to fellowship, now put your working cap on!
Laura Raymond, RN, BS, FAACVPR
Interested in serving on the TACVPR Board of Directors? Contact Lorri Lee at lorri.lee@christushealth.org for more information.