AUGUST 2024

Indiana Society of Cardiovascular and Pulmonary Rehabilitation

Summer Update

AS THE OUTGOING PLANNING COMMITTEE CHAIR, I WOULD LIKE TO EXPRESS MY GRATITUDE TO EVERY BOARD MEMBER FOR THEIR CONTRIBUTIONS TO THE SUCCESS OF OUR 37TH ANNUAL MEETING OF THE INDIANA SOCIETY OF CARDIAC AND PULMONARY REHABILITATION. IT HAS BEEN AN HONOR AND PRIVILEGE TO WORK ALONGSIDE EACH ONE OF YOU. I AM EXCITED ABOUT THE OPPORTUNITY TO SERVE AS PRESIDENT FOR THE 2024-2025 TERM. ONCE AGAIN, THANK YOU FOR YOUR HARD WORK AND DEDICATION.

-DARRIKA VAN MS, AACVPR-CCRP, ACSM-CES
PRESIDENT ISCVPR ’24-25


AMP


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1 complimentary 2025 Conference
with your paid membership of $50
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ISCVPR Board of Directors
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Indiana Society of Cardiovascular & Pulmonary Rehabilitation
WELCOME TO THE
2024 ISCVPR CONFERENCE
THANK YOU TO OUR PROUD SPONSORS!
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ScottCare
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THE RESULTS ARE IN

2024 ISCVPR Annual Meeting Evaluation Totals

"Wish there would be more Pulmonary focused vendors as well"

Overall Conference 4.4(out of 5)

"I think the QR code registration was a great idea"

How informative was the Conference? 4.5 (out of 5)

"Enjoyed the variety and professionalism of the sessions and presenters"

"Speakers were Great"

Conference Location 3.3 (out of 5)

"Food was great. Service was slow. Could have used two serving lines"

"I thought the conference location was very distracting"

"I appreciate the change in venue"

"Chairs very uncomfortable. Lots of distractions"

BOD: While some people liked the new venue, others recommended using previous venues. We are always looking for venues that suit the conference's needs. Every year, we also plan for the best audio/visual equipment, seating arrangements, and vendor sponsorship. We strive to bring our membership a high-quality cost-effective Annual Meeting. We won't be holding the conference at AMP 16 Tech next year. A/V continues to be an issue. We will prioritize these concerns as we begin planning the 2025 ISCVPR Annual Meeting.

BOD: If you have speaker suggestions, please email: boardiscvpr@gmail.com

ISCVPR REIMBURSEMENT UPDATE

HR 1406. Sustainable Cardiopulmonary Rehabilitation Services in the Home Act

Remains in consideration in Congress. It has been introduced to the House, no news yet. This bill would permanently allow for in-home cardiac and pulmonary rehab by real-time audio visual visit.

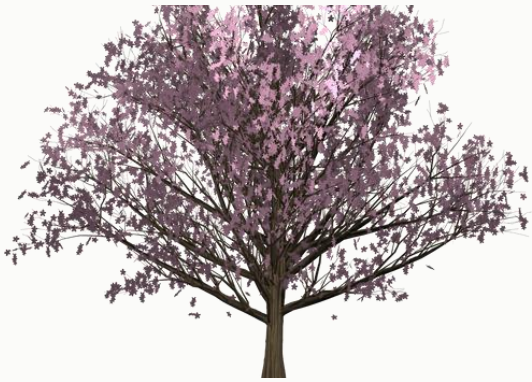
AACVPR does have a new government relations partner to assist us with advice & execution of our legislation endeavors. Hart Health Strategies, Inc, located in Washington DC. Not much else that I'm aware of is going on with reimbursement.

Please let ISCVPR know if you have concerns, denials, questions.

We will help wherever we can, and it's necessary that we are aware of any problems to be able to regionally and nationally address reimbursement issues.

Susan Bauman, BSN, CCRP
Susan.bauman@nwhealthin.com

Cooking with Connie



For More recipes Subscribe: https://www.youtube.com/@conniewilson6913

Gluten Free Sugar Free Recipes
Cherry Salad

Ingredients:

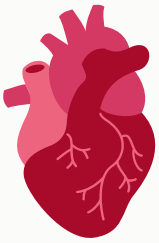
- Cherry Pie Filling
- 2 12 oz bags frozen cherries
- 1 Cup Monk fruit sweetener
- ¼ cup arrowroot starch
- 1 teaspoon almond extract
- Sweetened Condensed Milk
- 1 cup + 2 tablespoons powdered milk
- ¾ cup monk fruit sweetener
- ½ cup hot water
- 2 tablespoons avocado oil
- Generous pinch of salt
- 1 cup walnuts or pecans
- 1 can pineapple chunks
- Whip cream
- 1 pint heavy whipping cream
- 8 oz cream cheese
- ¼ cup monk fruit sweetener
- 1 teaspoon vanilla extract
- 2 cup sugar free marshmallow (Choc zero)

Directions:

Prepare the cherry pie filling by placing the frozen cherries in a medium saucepan. Mix together the arrowroot and monk fruit sweetener together then stir into the frozen cherries. Cook the cherries over medium heat until they thicken and the glaze has become clear. Add the almond extract and stir well. Set aside to cool.

Place the ingredients for the sweetened condensed milk in a blender and blend until well mixed. Place the whipping cream and the cream cheese in a stand mixer along with the sweetener. Mix starting on low then gradually add the whisk and increase the speed until it forms peaks and add the vanilla extract.

In a large bowl add the sweetened condensed milk, whipping cream, and cherries stirring gently. Fold in the nuts, pineapple and the marshmallows. Place the container in the refrigerator for a minimum of 2 hours to set.

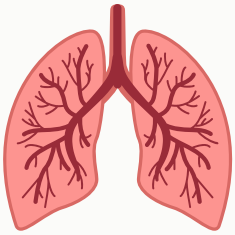


Queen of Hearts

Million Hearts Initiative and AACVPR have partnered to collect important information to optimize program utilization.

https://millionhearts.hhs.gov/tools-protocols/action-guides/cardiac-change-package/index.html

Check it out here



King of Lungs

Pulmonary Rehab Recruitment of Patients

As PR programs we often all struggle with recruiting patients to our program. We know how important PR is to our patients, but does everyone else know? Take a look at this study that came out in the Journal of Cardiopulmonary Rehabilitation and Prevention. You and your team may come up with some great ideas to help recruit your patients!

Cheers,
Debbie Koehl

Strategies to Improve Enrollment and Participation in Pulmonary Rehabilitation Following a Hospitalization for COPD: RESULTS OF A NATIONAL SURVEY

Rajashree Kotejoshyer 1, Julianna Eve, Aruna Priya, Kathleen Mazor, Kerry A Spitzer, Penelope S Pekow, Quinn R Pack, Peter K Lindenauer

Check it out here

https://journals.lww.com/jcrjournal/fulltext/2023/05000/strategies_to_improve_enrollment_and_participation.7.aspx

Hi ISCVPR Members,

I am reaching out about the 39th AACVPR Annual Meeting, which will take place September 25-27 in Anaheim, California

This annual event is led by the best and brightest brains in cardiopulmonary rehabilitation, providing unparalleled opportunities to acquire knowledge, create connections, and elevate your professional skill set.

With workshops covering innovative topics pertinent to the industry, you will leave feeling empowered to bring new techniques and practices to your workplace. This year, I am particularly looking forward to Women-Focused Cardiac Rehabilitation Delivery and Strategies to Support Broader Implementation.

Additionally, I encourage you to take advantage of the pre-meeting workshops on Wednesday, September 25th. Past attendees have said this extra half-day of insight and knowledge has helped them prepare for the remainder of the annual meeting and make the on-site experience feel complete.

I look forward to seeing you there.

Sincerely,

Darrika D. Van MS, AACVPR-CCRP, ACSM-CES

ISCVPR President

BLOOD LIPID MANAGEMENT (Answer Key-Underlined and Bold)

McKool, K RN, MSN, CTTS-M. (Ed.). (2018). Blood Lipid Management CR Best practice resource: A CCRP study guide. (pp. 94-102). The American Association of Cardiovascular and Pulmonary Rehabilitation.

1. High cholesterol is recognized as a _____ risk factor for the development of coronary heart disease.
a. Possible
b. Mild
c. Moderate
d. **Major**

2. The density of a lipoprotein particle is related to its lipid content. Those with less lipid content and more protein are more dense (HDL). Those with higher concentrations of lipids are less dense (LDL). Treatment of hypercholesterolemia aims at reducing_____.
a. **LDL-C low-density lipoprotein cholesterol**
b. HDL-C high-density lipoprotein cholesterol

3. Individuals with Metabolic Syndrome are considered to be at high risk for Coronary Heart Disease (CHD) events. List the 5 conditions that are identified as criteria for Metabolic Syndrome.

a.____**Abdominal Obesity**_____
b.____Hypertriglyceridemia_____
c.____Low HDL-cholestrol_____
d. ____Elevated Blood Pressure_____
e. ____Hyperglycemia_____

4. Treatment of hypercholesterolemia involves a multifaceted approach. Choose all the correct answers.

a. **Dietary changes that emphasize a high intake of vegetables, fruits, and whole grains**
b. Dietary changes that increase the intake of saturated fat
c. **Dietary changes that reduce calories from trans-fat**
d. Minimum of 150 minutes of moderate-intensity physical activity per week
e. The use of medications to decrease cardiovascular risk in those at highest risk of cardiovascular events
f. All the above

5. John is a 40-year-old patient who experienced a recent MI and continues to have stable angina.
His LDL-C is 120mg/dL. The recommended intensity of statin therapy is:
a. Low Intensity
b. Moderate Intensity
c. **High Intensity**

6. Mary is 80 years old and recently diagnosed with peripheral arterial disease. Her LDL-C is 100mg/dL. Her physician has told her that she needs to start taking Atorvastatin. The recommended intensity of statin therapy will be _____ with an Atorvastatin dose of _____.
a. High Intensity at 40mg
b. **Moderate Intensity at 20mg**
c. Moderate Intensity at 40mg

7. Claudia is a 41-year-old diabetic patient who was recently diagnosed with COPD and will be participating in outpatient pulmonary rehab. She says that her primary doctor recently started her on statin therapy. In her chart, you read that her LDL-C is 90mg/dL. The recommended intensity of statin therapy is:
a. No statin therapy is needed
b. Low Intensity
c. **Moderate Intensity**
d. High Intensity

8. The two most common reasons that persons do not adhere to statin therapy are:
a. Cost and nausea
b. Concern for the development of diabetes and preferring alternative therapies
c. Belief that is not needed or effective
d. **Muscle side effects and transaminitis**

9. For patients with poor adherence because of adverse effects to statin therapy:
a. Stop all statin therapy
b. Continue despite adverse effects
c. Offer alternative statin medications
d. Lower-intensity statin therapy
e**. Both c. and d.**

10. It is important for Cardiopulmonary Rehab staff to know and understand the recommendations for Lipid Management because:
a. Cardiopulmonary Rehab staff have a unique opportunity to educate patients
b. Cardiopulmonary Rehab staff have the ability to promote needed lifestyle changes
c. High cholesterol is a major risk factor for the development of coronary artery disease
d. **All the above**

SJB 9.2023