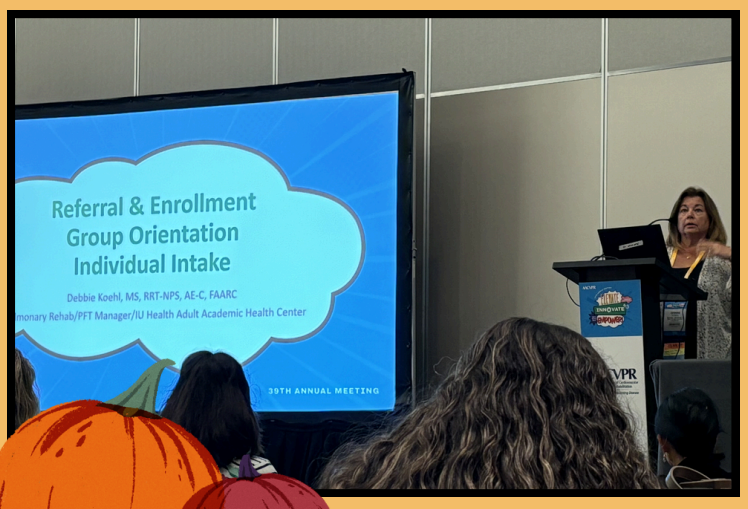
ISCVPR FALL NEWSLETTER

we're so happy you're here!

Pictured Left to Right: Amanda Todd RN-IU Health Bloomington Hospital, Debbie Koehl RRT- IU Health Academic Health Center, ISCVPR Treasurer, Darrika Van, PMP-IU School of Nursing, ISCVPR President

in this edition...



A Heartfelt Thank You to Indiana Society of Cardiovascular and Pulmonary Rehabilitation

As I reflect on my incredible experience at the 2024 American Association of Cardiac and Pulmonary Rehabilitation (AACVPR) 39th Annual Conference, held in Anaheim, California, from September 25-27th, I want to extend my deepest gratitude to the Indiana Society of Cardiovascular and Pulmonary Rehabilitation (ISCVPR) for generously sponsoring my trip as president. Your support allowed me to represent our great state and engage with professionals who enhance patient care. This year's conference-themed "Elevate, Innovate, and Empower" was inspiring. The insightful and keynote sessions allowed me to explore the latest advancements in our field and bring back new ideas to share. The connections I made and the innovations I learned will undoubtedly enhance our efforts as we work together to improve patient outcomes. Being surrounded by professionals who share the same passion and commitment to transforming lives through cardiac and pulmonary rehabilitation reaffirmed my dedication to our daily mission. I am excited to bring the knowledge and inspiration gained back to strengthen our local programs and continue to elevate the standard of care we provide. Thank you once again to ISCVPR for this incredible opportunity. Your sponsorship made this invaluable experience possible, and I am deeply grateful for your continued support of our shared mission.

Warm Regards,

DARRIKA D. VAN MS, PMP, CCRP, CES

2024-2024 ISCVPR PRESIDENT

Elevate

IN THE SESSION TITLED "HARNESSING THE POWER OF INTERDISCIPLINARY PATIENT-CENTERED CARE," SPEAKER JULIANNE DEANGELIS, MS, FAACVPR, CCRP, DISCUSSED "PROMOTING AUTONOMY AND COLLABORATION.

The importance of:

Collaborating and communicating with interdisciplinary and external partners to enhance patient care.

Seeking opportunities to diversify departmental skill-set.

Valuing patient and team members Cultural, Racial, and Generational Diversity within your cardiopulmonary rehabilitation department

Food for thought:

RN, EPs and RT performing day to day care: How do you seamlessly integrate psychosocial professionals, RD, PT, Pharmacy, etc?

How do you encourage professional development (ie, encourage expertise within your departments)?

Do you consider the ethnic and racial diversity of your patients when you hire? Do they see themselves in those who take care of them?

Innovate

During the opening ceremony AACVPR PRESIDENT ANNOUNCED...

LEAD ACADEMY

"Lead Academy" is a seven-month AACVPR Leadership Program. Fifty professionals will be selected to participate in a virtual program designed for current and aspiring leaders. Whether you're a program director, healthcare administrator, nurse, respiratory therapist, or someone looking to step into a leadership role, this program is tailored for you. The application deadline is **November 15, 2024**. You can find more information at: **https://www.aacvpr.org/Learn/Leadership-Development-Academy**

Empower

Navigating the Maze: Demystifying Legislation to Protect Cardiac & Pulmonary Rehabilitation Care--Your Voice Matters!

SCHOOLHOUSE ROCK

If you recall, the popular School House Rock Song "I'm Just a Bill" simplifies the complex process of how a bill becomes law in the United States. The song explains the legislative process step by step, starting with a member of Congress introducing a bill through the debates and votes in both the House of Representatives and the Senate, and eventually to the President's desk for approval or veto.

Please see below the current bills that impact the patients we serve and the departments we work in. Please consider actionable steps to ensure these bills move forward in Congress and are written into law.

CURRENT BILLS AIMED AT IMPROVING CARDIOPULMONARY REHABILITATION

- **HR-1406 SUSTAINABLE CARDIOPULMONARY REHABILITATION SERVICES IN THE HOME ACT**

This bill permanently allows services relating to cardiac rehabilitation programs, intensive cardiac rehabilitation programs, and pulmonary rehabilitation programs to be furnished via telehealth at a beneficiary's home under Medicare.

- **HR955/S.1840, SOS: Sustaining Outpatient Services ACT**

This bill will exempt certain hospital outpatient services, including cardiac, intensive cardiac, and pulmonary rehabilitation (CR, ICR, PR), from a drastic reimbursement reduction based solely on the location of the hospital outpatient service. The Sustaining Outpatient Services Act mandates that Medicare payments for hospital-based CR/ICR/PR services remain under the outpatient payment rate. The 40% reduction in reimbursement for off-campus CR/ICR/PR is unsustainable. Yet these services are underutilized and are encouraged to expand to treat more beneficiaries than is physically possible. This legislative correction will remove the financial barrier to expanded patient access to these beneficial services.

https://www.aacvpr.org/Take-Action

MICHIGAN CARDIAC REHAB NETWORK

https://michigancr.org

From Referrals to Results: Insights from Michigan's Collaborative Cardiac Rehab Network

At this year's AACVPR annual conference, Dr. Michael Thompson, PhD, Mary Casey, MPH, and Larrea Young, MDes, delivered an inspiring session titled "Leveraging the Collaborative Quality Improvement Model for Coalition Building, Benchmarking, and Intervention Support in Michigan." Their presentations highlighted the innovative steps Michigan Cardiac Rehab Network (MiCR) is taking to reshape cardiac rehab programs in their state by focusing on what truly matters--Getting patients actively involved.

One of the session's key messages was clear: **referrals are not the finish line- participation is the goal.** Each speaker demonstrated how Michigan's cardiac rehab network has been built through strategic collaboration.

Here are the top takeaways from the session:

Don't reinvent the wheel: Leverage existing frameworks and best practices to drive improvement.

Engage payors as partners in your efforts- insurers can play a pivotal role in supporting and sustaining program success.

Data is key to motivate clinicians and administrators, offering clarity on where improvements are needed and where programs are excelling.

The MiCR team's success demonstrates how coalition building and benchmarking can align stakeholders and create meaningful change. By engaging not just patients but also payors, providers, and administrators, their model ensures that all parties are working together towards the shared goal of boosting participation and improving outcomes.

This session left attendees with a powerful reminder: **It's not enough to get patients referred into rehab- we must focus on getting them engaged and staying engaged.** With collaboration, smart use of data, and targeted interventions, cardiac rehab can turn from a recommendation to a life changing experience.

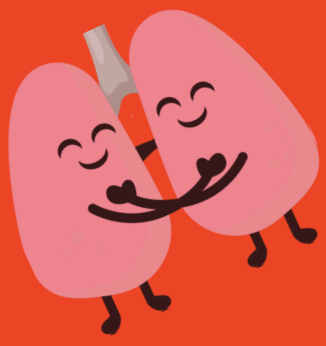
AACVPR 39th Annual Meeting Report
Pulmonary Rehabilitation
By Debbie Koehl

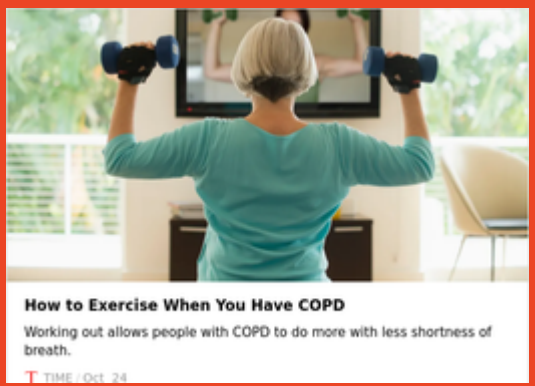
First of all, I would like to thank the ISCVPR for their financial support that allowed me to attend the meeting. I always find that this meeting tends to energize you by the ability to talk to your peers face to face, visit vendors and listen to lectures. My lectures mainly focused on pulmonary rehabilitation as well as reimbursement. Here is a brief summary of the lectures I attended.

· A well rounded talk about virtual pulmonary rehabilitation and where we need to go. First getting congress to pass the law! Second, development of what type of program will work that allows us to have the same great outcomes as our standard outpatient programs. And the realization that not one size fits all!
· The importance of pulmonary and cardiac rehabilitation prior to lung and heart transplantation. A free webinar to AARC members is coming up in November.
· Integrating energy conservation techniques education into your PR program via demonstration and return demonstration.
· A great research talk on getting PR to rural communities thru the use of nursing schools and RT schools. (State of Kansas)
· Predictors of attendance barriers to both Pulmonary and Cardiac Rehab.
· Great review on delivering intentional education for both CR and PR.
· A most excellent talk on breathing assessment and retraining.
· A great talk about assessing malnutrition in both PR and CR.
· Finally, the yearly Medicare rules and regulations review.
o We still need to do more for pulmonary reimbursement!!!!
o In depth, Billing and Coding workshops for both Cardiac and Pulmonary by the AACVPR coming up in 2025.

I had the honor to present a lecture with two colleagues from California and the state of Washington entitled “Change Ideas to Improve the Utilization of Pulmonary Rehabilitation”. We looked at the Cardiac change package and applied those ideas to PR.

I would also like to highlight a TIME magazine supplement that recently printed concerning COPD patients and exercise. It is meant to be something found in the physician’s offices or clinics to encourage patients to exercise.





Additional resources from the AACVPR Annual Conference!

Bookmark these useful tools on your computer

AHA Scientific Statement: Core Components of Cardiac Rehabilitation Programs: 2024 Update: A Scientific Statement from the American Heart Association and the American Association of Cardiovascular and Pulmonary Rehabilitation

https://www.ahajournals.org/doi/epdf/10.1161/CIR.0000000000001289

PAD Exercise Training Tool-Kit
A Guide for Healthcare Professionals

https://www.aacvpr.org/Portals/0/pad-exercise-training-toolkit_website_2020.pdf

Pulmonary Rehabilitation for Adults with Chronic Respiratory Disease: An Official American Thoracic Society Clinical Practice Guideline

https://pubmed.ncbi.nlm.nih.gov/37581410/

Strategies to Improve Enrollment and Participation in Pulmonary Rehabilitation Following a Hospitalization for COPD: Results of a National Survey

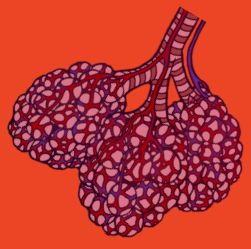
https://pubmed.ncbi.nlm.nih.gov/36137210/

Availability and Use of In-Person and Virtual Cardiac Rehabilitation Among US Medicare Beneficiaries: A Post-Pandemic Update

https://pubmed.ncbi.nlm.nih.gov/37158994/

Global Initiative for Chronic Obstructive Lung Disease

https://goldcopd.org/wp-content/uploads/2024/02/POCKET-GUIDE-GOLD-2024-ver-1.2-11Jan2024_WMV.pdf



Meet Our New Board Members

We are excited to introduce two outstanding new members to our ISCVPR Board of Directors. Each brings a wealth of experience, passion for our mission, and a fresh perspective.

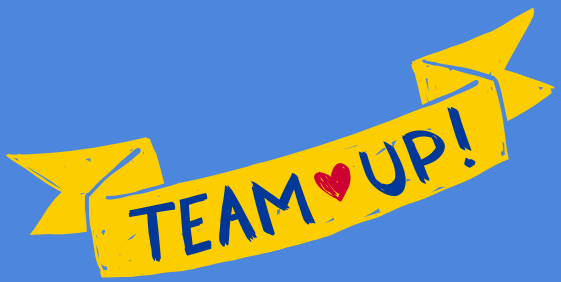
Katherine Metcalf is the Pulmonary Rehab Coordinator at Major Health Partners in Shelbyville, Indiana. She has worked in this capacity for over 4 years and has been an RRT for over 13 years. She is a member of the AARC, AACVPR, obtained the Certificate in Pulmonary Rehab AARC/AACVPR and is a new board member for the ISCVPR. In her current role, she helps lead her team to care for patients with respiratory diseases and assist them in achieving amazing outcomes. She has written several grants to help her patients receive every possible opportunity for success. She also heads up the local chapter of the Better Breathers Support Group and oversees the Smoking Cessation Classes for MHP.

Brian Knowles is an ACSM - Certified Clinical Exercise Physiologist, and AACVPR Certified Cardiac Rehab Professional. He has 9 years experience working in cardiac and pulmonary rehab. Brian primarily works in Cardiac Rehab and Pulmonary Rehab at Franciscan Health Lafayette East. He assisted with the start-up of the PRO (Physician Referral Only) Exercise Program and the Better Weigh of Life program at the Healthy Living Center. Brian has also helped start up and run the synchronous virtual cardiac rehab program.

Originally from West Lafayette, IN, he graduated from Benton Central in 2008, University of Evansville in 12/2012 with a Bachelor of Science in Exercise & Sport Science, and from Eastern Illinois University in 7/2014 with a Masters of Science in Exercise Science.

Brian lives in Lafayette with his wife, Mindy, 3 kids: Zaylee, Zylis, and Zander; and dog, Zoey. He enjoys playing board and card games with his family and friends and especially likes Monopoly (he has a collection of 9 different monopoly games). He enjoys riding his bike and does a few fun rides a year including Bike MS raising money for Multiple Sclerosis. Brian started riding Bike MS in support of his dad, Rob Knowles, who is diagnosed with MS.

Brian is active with the Knights of Columbus as an officer and groups within his church at Church of the Blessed Sacrament in West Lafayette. He is a member of American Association of Cardiovascular and Pulmonary Rehab, American College of Sports Medicine, and Clinical Exercise Physiologist Association.



We look forward to the great work they will accomplish as part of our team. Please join us in welcoming Katherine and Brian to ISCVPR BOD!

Cooking With Connie
Gluten Free Sugar Free Creations

Here is my take on a great fall treat: Caramel Apples. You can use this caramel sauce to dip your apples or you can use apple slices for a dip. I used it as a dip and had a tray that had sugar free milk chocolate chips, chopped pecans and fun sprinkles for a birthday party. You could also use this as an ice cream topping or cheese cake topping. Use your imagination and the possibilities are endless.

Sugar Free Caramel Sauce

Ingredients:
2 cups golden monk fruit allulose ½ cup butter
12 sugar free choczero caramels
½ cup heavy whipping cream 1 teaspoon vanilla

Directions:
In a saucepan put your monk fruit, butter, caramels and heavy whipping cream. Over medium heat melt the contents and with a candy thermometer allow the temperature of the mixture to reach 240 degrees. Then add the vanilla, stirring well then allow to cool down. It will thicken as it cools. When it reaches 160 degrees it will be cool for dipping the caramel apples. You can also use it as a caramel dip with apples and other fruits.

Cooking With Connie

#healthycooking #cookingwithconnie #healthylifestyle #healthycookingtips #glutenfree #ketofriendly #grainfree #sugarfree #choczero...

YouTube

COMPETENCY CORNER

PULMONARY REHAB: NON-COPD RESPIRATORY DISEASES

American Association of Cardiovascular & Pulmonary Rehabilitation.(2020). Disease-specific approaches in pulmonary rehabilitation. Guidelines for pulmonary rehabilitation programs, fifth edition/AACVPR. (pp. 101-122). Human Kinetics. ANSWERS ARE IN BOLD

NAME_____ DATE_____

1. Research suggests that pulmonary rehabilitation can benefit patients with non-COPD respiratory diseases. It is important to:

a. Treat all respiratory patients the same, COPD and Non-COPD

b. To provide an individualized disease-appropriate approach in pulmonary rehabilitation

c. To provide pulmonary rehabilitation to all patients with respiratory diseases

d. All the above

2. Non-COPD obstructive lung diseases that pulmonary rehabilitation might help include: (choose all correct answers)

a. Asthma

b. Cystic Fibrosis

c. Non-CF bronchiectasis

d. Interstitial Lung disease

3. There are several types of conditions that may benefit from pulmonary rehabilitation.

Match the type of condition with the specific disease:

A. Restrictive Lung Disease

B. Pulmonary Vascular Disease

C. Other Pulmonary Populations

B_____Pulmonary Hypertension

C_____Lung Volume Reduction Surgery

A_____Interstitial Lung Disease

A_____Neuromuscular Disease

C_____Lung Transplantation

C_____Lung Cancer

A_____Restrictive Chest Wall Disease

C_____Coexisting Respiratory and Cardiac Disease

4. Otto is 52 years old, diagnosed with moderately severe asthma, and is experiencing exacerbations every 1-2 months. He is unsure why. He is mostly sedentary, with a full-time desk job that allows him to work remotely from home. After a recent hospitalization, his physician ordered pulmonary rehabilitation. Otto does not understand why this is important and does not plan to attend. Choose the correct answer.

1. Outpatient pulmonary rehab would be indicated and beneficial because:

a. A recent hospitalization and frequent exacerbations indicate his asthma is not well-controlled

b. All asthma patients should be referred for pulmonary rehab

c. Pulmonary Rehabilitation can provide individualized educational needs

d. Pulmonary Rehabilitation can promote physical activity and help preserve physical fitness

e. All the above

f. a,c,d

2. A pulmonary rehabilitation program modification for a patient with asthma would include:

a. Evaluation for exercise-induced bronchoconstriction

b. Taking medication before exercise to prevent exercise-induced bronchoconstriction as prescribed

c. Both a and b

3. Although Otto has a normal BMI, a dietary evaluation and nutritional counseling should be provided because:

a. He requires chronic systemic steroids, which can contribute to obesity and metabolic syndrome

b. Patients with asthma often become cachectic

c. Both and a and b

5. Garrison is a 21 year old who was diagnosed with Cystic Fibrosis fifteen years ago. His Pulmonologist has referred him for Pulmonary Rehabilitation. Cystic Fibrosis is:

a. A chronic inflammatory disorder of the airways characterized by episodic bronchoconstriction, airway hyper-responsiveness, and intermittent exacerbations of airflow obstruction.

b. An autosomal recessive disorder in which abnormal epithelial ion transport leads to excessively thick, viscous mucus throughout the body.

c. A heterogeneous group of disorders characterized by variable degrees of inflammation, fibrosis, or both, in the interstitial or alveolar compartments of the lung parenchyma.

6. For patients with Cystic Fibrosis it is important to reinforce the rationale, importance, and techniques of airway clearance. Technique options include all of the below except:

a. Controlled cough
b. Postural drainage
c. Vibration vest
d. Positive end-expiratory devices
e. Bronchodilators
f. Manual chest physical therapy
g. Intake of sports drinks

7. Pulmonary Rehabilitation for patients with Interstitial Lung Disease can provide the following benefits Except:

a. Meaningful results that last longer than patients with COPD
b. Improved exercise endurance
c. Improved quality of life
d. Reduced dyspnea
e. Identification of supplemental oxygen requirements, especially during exercise

8. Margo is a 63 year old who was recently hospitalized with COPD exacerbation and also has Pulmonary Hypertension. One of the most challenging aspects of caring for a patient with pulmonary hypertension is that there is not an easy mechanism to evaluate their level of pulmonary artery pressure. It is important that staff has the management skills that can provide proper care for the patient with PAH (Pulmonary Artery Hypertension). At each exercise session, staff must confirm with the patient that they have taken their medication for the management of their PAH. The patient that forgot their medication should:

a. Be counseled on the importance of taking their medication before exertion and then be allowed to exercise

b. Be counseled on the importance of taking their medication before exertion, that their medication is needed to safely exercise so they will need to defer exercise on that day

c. Be allowed to exercise, while watching closely for symptoms

9. During exercise training patients with Pulmonary Hypertension should avoid all the activities listed below with the exception of:

a. High intensity exercise
b. Confirming that the patient's own portable O2 system is providing adequate O2
c. Weight lifting that could lead to increased thoracic pressure
d. Resistive exercises that require valsalva effort

10. After lung transplantation " exercise intolerance and functional disability often persist." "Muscle weakness may be present for up to _____.

a. 6 months
b. 1 year
c. 2 years
d. 3 years

SJB 10.2023

Fall into Action: Share Your Feedback!

We need your voice to help make the ISCVPR newsletter better! Take just 2 minutes to complete our poll and let us know:

- ✅ Is the newsletter helping your rehab program?
- ✅ What topics and tools would you like to see?
- ✅ How can we better support your success?

Click the link below and shape the future of our newsletter-**your input matters!**

https://forms.gle/3ByTCFtFF2eMxhLd6

Poll closes on **12/1/2024** -Don't miss out!

Thank you for being part of ISCVPR and for all you do to improve patient care in Indiana