Dear Cardiac and Pulmonary Rehabilitation Professional:

Thank you for your interest in the 2014 AACVPR Innovation Award. The purpose of the Innovation Award is to acknowledge those programs that have enhanced their delivery of care for a patient population, in a unique and creative way, beyond the traditional model of Cardiac and Pulmonary Rehabilitation. By recognizing and highlighting examples of these innovative programs, it may foster other cardiac and pulmonary rehabilitation programs to broaden and diversify their program services to expand the scope of services provided and patients serviced.

The application form for the Innovation Award is below. Please review the questions, award criteria, and checklist included in the application details. The criteria are based on the definition for innovative programs and seek to encourage consideration for the patient and new ways to serve the patient or create new revenue streams for the program.

Innovative Program:

Innovation is the development of new customer value through solutions that meet new needs, inarticulate needs, or old customer and market needs in new ways. This is accomplished through different or more effective products, processes, services, technologies, or ideas that are readily available to markets, governments, and society. Innovation differs from invention in that innovation refers to the use of a better and, as a result, novel idea or method, whereas invention refers more directly to the creation of the idea or method itself. Innovation differs from improvement in that innovation refers to the notion of doing something different (Lat. innovare: “to change”) rather than doing the same thing better.

Innovative program components include
- Population identification processes;
- Research basis for program;
- Collaborative practice models;
- Patient education (may include primary prevention, secondary prevention, behavior modification programs, self-management, and compliance/surveillance);
- Routine reporting/feedback loop (may include communication with patient, physician, health plan and ancillary providers, and practice profiling);
- Process and outcomes measurement, evaluation, and management;

Examples of past winners:

**ATP – Advanced training program**
This is an advanced high intensity strength training program for cardiac rehab patients. The program is done within the confines of the traditional Phase III structure with cardiac rehabilitation staff. It produced additional revenue stream for the program as well as more positive outcomes for patients.

**Metabolic Fitness Program**
This program was designed as a primary prevention program for patient with Metabolic Syndrome. Program performed in the confines of a traditional Phase III cardiac rehabilitation program with cardiac rehabilitation staff, dieticians, nurse practitioners, and stress management specialist. Education and exercise provided for the patients.
Return to Work Program

Designed for cardiac rehabilitation patients for whom the conditioning in a traditional rehabilitation program was not vigorous enough to return them to normal functional status. This was done in a traditional cardiac rehabilitation setting with cardiac rehabilitation staff. New equipment was purchased to facilitate the type of specialty training needed for fire fighters, police officers, and other high MET level professions.

Complete and concise yet detailed responses to the various sections of the application are requested, and should fully define your program service and describe your innovative approach beyond the traditional model of care. The maximum point value for each section is provided in parenthesis. Previous award winners are not eligible for the Innovation Award.

We look forward to the opportunity to review your application. Thank you for your interest in this exciting opportunity to showcase your program and how you were successful in broadening the scope of care and patient population serviced.

Sincerely,

The AACVPR Membership and Affiliate Relations Committee
INNOVATION AWARD APPLICATION

Facility__________________________________________________________

Program / Project Name____________________________________________

Address_____________________________________________________________________

Contact person___________________________________________________________

Phone_________________________ FAX__________________________________________

Email______________________________________________________________________

Does your Institution operate an AACVPR Certified Program? (10 points)
(Cardiac or Pulmonary) _______yes _________no

Introduction – In 100 words or less please complete the following statement; “We believe our program is unique and innovative because…” (10 points)

1. Population Served by the program (up to 5 points)
   • Specify and describe the unique population selected for this program or service. Examples include:
     o Clinical populations currently served (CR, PR, and VR)
     o Subgroup within CR / PR /VR (i.e. dyslipidemia)
     o Primary prevention groups
     o Other Clinical conditions or populations (Obese, cancer, osteoporosis, etc)
     o Children, elderly, women, minorities, underserved (rural), etc
   • Specify how this population was identified and how their needs were identified.
   • Identify other opportunities within this target population (referrals or procedures)
   • Explain considerations given to underserved or rural populations.

2. Research basis for program (up to 5 points)
   • Indicate the specific guideline(s), scientific evidence, or research articles used in planning this program.

3. Collaborative Practice Model (broad community of caregivers) (up to 15 points)
   • Describe in detail your model of collaboration – how have you worked to include a variety of caregivers into your program?
   • Who are the caregivers involved in this collaborative process (identify members of the team)?
     o CR/PR staff
     o Physician
     o Other health care professionals
     o Other ancillary departments
     o Community-based organizations
- Family
- Health plan providers
- State/federal government agencies

- Provide specific evidence in support of a well-defined collaboration process.
- Describe (or show evidence of) how participant results are shared among all team members.
- Describe or provide examples of the communication process.

4. Patient self-management education (up to 10 points)
   (Including primary prevention, behavior modification, compliance and surveillance)

   - Provide details of the education process used and explain how it encourages patient self-management.
   - State the process for identifying barriers to learning, determining state of readiness for learning, and identifying patient’s preferred learning style.
   - Identify by what means education information is provided to the patient/participant.
   - Describe behavior modification techniques or interventions used.
   - Explain how patient / participant compliance to treatment plans is tracked and how issues of non-compliance are addressed.

5. Process / program outcomes evaluation (how is success measured) (up to 20 points)

   - Describe your patient outcomes tracking system.
     - What is evaluated?
     - How is it measured?
     - Describe outcomes to date (provide “n,” pre- & post-values, %change, & supporting narrative).
   - Describe your program/process-related outcomes - how do you know your program is successful?
     - What is evaluated?
     - How is it measured?
     - Describe outcomes to date (provide pre- & post-values, %change, & supporting narrative).
   - Describe in detail how these outcomes relate to the evidence-based guidelines (or scientific evidence) used as your guide in the creation of your program – are your results consistent with the published standards?

6. Describe evidence of benefit gained from this program (up to 25 points)

Describe the unique characteristics of your program or service that identifies a new approach toward delivery of care.

- Operational Benefit:
  - Evidence may include:
    - Growth documented by increased visits or patients
    - Enhanced efficiency and process as evident by improved productivity
• Improved customer and/or physician satisfaction

• Health Benefit: Provide details to support observed health benefit of the program or service.
  o Evidence may include:
    • Increased health awareness and/or decreased health risk
    • Improved health of community (or population targeted) as evidence by improved health knowledge and/or behavior
    • Decreased hospital, physician or ER visits

• Financial Benefit: Provide details to support the financial benefits of the program or service and evidence that is more cost effective to the patient, payer and institution than traditionally delivered care.
  o Evidence may include one or more of the following:
    • Return on investment (how is it measured)
    • Description of revenue or reimbursement sources
    • Indication of cost savings
    • In-direct revenue enhancement elsewhere in organization
    • Any evidence of payer cooperation or support

**Submission Instructions**

Please submit an electronic copy of your completed application to your local Affiliate no later than March 1st. Applications will be reviewed by the local Affiliate leadership. A winner will be chosen by and notified by March 14, 2014. You will be recognized at the MSCVPR annual conference.

Once the Affiliate winner chosen, they will be submitted to the AACVPR Membership and Affiliate Relations Committee and the award winner will be notified in June.

The Innovation Award winner will be acknowledged at the AACVPR Annual Meeting in Denver, Colorado, September 4-6, 2014, and will be presented with a cash award. In addition, they will have the opportunity to present their program ideas at a featured interactive session. All Affiliate winners will be given the opportunity to present a poster at the Annual Meeting.

If you have any questions, please do not hesitate to contact AACVPR Headquarters at 312/321-5146. Thank you again for your interest and for your commitment to excellence in program development and patient care.

**Please submit applications to:**

Applications are accepted in electronic format only. Faxed documents qualify as electronic submission.

You can email your application to Nicole Vivoda at nmarcink@gmail.com or send it via fax to (734) 458-3538.
2014 Innovation Award Checklist

☐ Review the definition of disease management. Does your submission meet the intent of the award?

☐ Does your submission describe a program which has reached beyond the traditional Cardiac/Pulmonary Rehabilitation Model?

☐ Have you submitted complete, yet concise answers to all sections of the application?

☐ Have you electronically submitted your application?

☐ If you have any supporting documentation and/or information which can not be submitted electronically, have you mailed them in to the AACVPR office?

☐ If you have previously submitted your program idea in prior years, have you clearly defined the uniqueness of this year’s submission?

☐ If you have any questions regarding applying, have you contacted a member of your local Affiliate leadership or the AACVPR National Office?

Application format

• Application should be in a Word/word processor document or Adobe file
• Each required section header should be a separate paragraph or bullet
• Answers to each section can be in paragraph or bullet form, be sure to address each bullet for full credit. If a bullet point does not apply to your program please specify that it does not.
• Be sure to attach all additional information or supporting documents