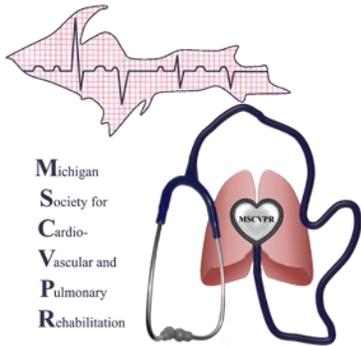


Fall 2018



MSCVPR Newsletter

LETTER FROM THE PRESIDENT

Hello MSCVPR Members,

I hope everyone is enjoying their summer! The 33rd national AACVPR conference is quickly approaching. It is being hosted in Louisville, Kentucky on September 12th – 15th. I hope to see many of you there! It promises to be a wonderful opportunity to learn about the latest updates and research in our fields, and to learn more about topics such as implementing PAD programs and increasing participation in cardiac and pulmonary rehabilitation.

The MSCVPR board is planning your annual state conference. It is also our 30th anniversary! The conference will be held on March 30th, 2019 on Central Michigan University's campus in Mt. Pleasant, MI. The conference is going to be held for one day on Saturday and promises many fantastic topics for cardiac and pulmonary professionals. A networking event will be offered on Friday evening before the conference. More details will follow on our website; also please follow us on Facebook and Instagram!

Thank you to all members who continue to make MSCVPR a top affiliate and organization. I look forward to seeing you at the conference!

Jen Dean
MSCVPR President

30TH ANNUAL MSCVPR STATE CONFERENCE

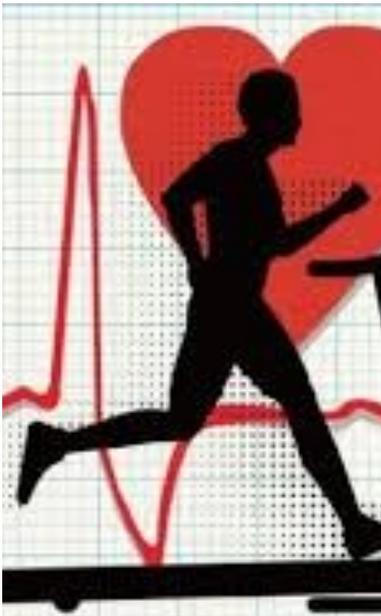
The 30th Annual 2019 MSCVPR state conference is scheduled on Saturday, March 30th in Mount Pleasant. It will be held at the Courtyard Marriott at Central Michigan University located at 2400 East Campus Drive, Mount Pleasant, MI 48858. The MSCVPR mission is to provide educational opportunities for professionals and students whose primary involvement is the care, prevention and education of cardiovascular and pulmonary diseases through sponsorship of conferences, networking and publications.

Our conference will kick off Friday evening, March 29th, with an exciting networking event. Saturday will be a great day filled with informative speakers and breakout sessions based on the latest technology, innovations, research, and best practices that attendees can use to create, maintain, and advance their programs. The conference is also a great time to volunteer to serve on MSCVPR's executive board or volunteer for one of our committees.



INSIDE THIS ISSUE

- Committee Updates 2
- Program Spotlight..... 3
- Meet the Board..... 3
- Committee Chairs 4
- A Pulmonary Rehab Persp 4
- SET for PAD 5
- Day on the Hill 5
- Education/Networking.....6



HEALTH POLICY AND REIMBURSEMENT (HPR) COMMITTEE

Jenna Mallard, B, CEP Health Policy and Reimbursement Committee Co-Chair

Jackie Evans, LRCP, BBA Health Policy and Reimbursement Committee Co-Chair

The Health Policy and Reimbursement Committee would like to remind everyone to please complete the PAD survey, which will close October 18, 2018. Furthermore, we will be creating an audit grid as a reference for hospitals that are audited by CMS. Anyone with prior knowledge or experience is welcome to assist us with the creation of the grid. Please contact Jenna Mallard or Jackie Evans if you are interested in assisting with the grid or if you have any further questions. Lastly, at this time, there is no new news from CMS.

“We want to focus on improving our patient’s quality of life in both cardiac and pulmonary rehabilitation.”

MSCVPR 2018 OUTCOMES QUALITY IMPROVEMENT INITIATIVES

John Silveri, BS, ACSM CEP, AACVPR CCRP, Outcomes Committee Chair

The Outcome Committee’s goal is to provide guidance and assistance to programs regarding the AACVPR Program Certification Performance Measures. Our Committee developed an outcome tool in 2017 to provide this guidance in organizing and calculating data needed for your program’s AACVPR Certification or recertification. We have made necessary changes to the formulas, moved all information to one spreadsheet, and added a nutritional component. If you are interested in the updated Outcome Tools please email the Outcomes Chair, John Silveri.

As a Committee we want to continue our momentum by looking at what we can do to assist programs on preparing for certification and recertification. We want to focus on improving our patient’s quality of life in both cardiac and pulmonary rehabilitation. We are looking to collect data for outcomes that are being used most often and those which show the best improvement for our patients. If you have not received Outcomes correspondence and would like to be included please email Outcomes Chair, John Silveri to be added. Programs can also reach out to the Outcomes Committee with any questions or concerns that they might have.

WEGHIT										BLOOD PRESSURE OUTCOMES										SMOKING CESSATION			
UVAI	PAD	Diabetes	Pre Weight (lbs)	Post Weight (lbs)	Pre	Post	% Change	Pre Systolic	Pre Diastolic	Post Systolic	Post Diastolic	Optimal BP <140/90	Meets Exclusion Criteria	Exclusion Reasons	Pre Tobacco Use (Start/Last 90 days)	Post Tobacco Use (Start/Last 90 days)	Quit/Pre or Extension/Rel						
			220	195	35	33	-6%	144	78	128	70	Yes	No		Yes	No	No						



PROGRAM SPOTLIGHT: ASCENSION BORGESS, KALAMAZOO, MI



Vickie Asaro, MA, Manager, Cardiopulmonary Rehabilitation and EECF

Borgess has been a pioneer in many areas of heart health, not the least of which is cardiac rehabilitation. This is in large part due to a very progressive cardiologist by the name of Enrique Leguizamon, MD. Under Dr. Leguizamon's influence, Borgess opened their cardiac rehabilitation program in 1975, and in 1980 opened the world's first free standing, hospital-based facility dedicated to the secondary prevention of heart disease. This facility was named The Cardiac Rehabilitation Institute, and later renamed the Institute for Cardiovascular Health due to an eventual emphasis on primary prevention. This state-of-the-art facility was home to cardiac rehabilitation until 1998. At that time, the department moved into a medical model fitness facility called the Borgess Health & Fitness Center, about a mile from the main hospital campus. This is when pulmonary rehabilitation and cardiac rehabilitation joined to form one, integrated department.

Integrated now for 20 years, our staff include a mixture of nurses, exercise physiologists, exercise specialists, and respiratory therapists. We also employ our medical director who is involved with our program as well. We use a multidisciplinary approach to case managing our patients, where nursing or respiratory staff are paired with exercise staff to augment the patient's safety and experience. We offer 6 cardiac classes and 2 pulmonary classes every Monday, Wednesday and Friday. These classes include a combination of aerobic exercise and resistance training. We also offer educational classes for cardiac patients on Mondays (usually a dietary topic) and Wednesdays (usually a cardiac topic), and on Fridays our Pulmonary patients receive their education. Our cardiac rehabilitation program is AACVPR certified, and we anticipate certifying our pulmonary program sometime in the future.

While most of our yearly visits come from our cardiac and pulmonary rehabilitation, we also offer Enhanced External Counter Pulsation (EECP) in our department. Borgess was the first in Michigan to offer EECP, which is very complimentary to cardiac rehabilitation. Usually patients who finish EECP go through the cardiac program with greater success because their anginal symptoms are better controlled. We also offer an array of cardiac diagnostic testing in our department, including holter monitoring, stress testing, and tilt table testing. All of these services add up to a very robust and kinetic department!

MEET THE BOARD

- Jen Dean
President
Beaumont Health-Troy

- Allison Schley
Immediate-Past President
Michigan Medicine

- Christine Labadie
President Elect
Beaumont Health-Troy

- Taylor Ollanketo
Vice President
Beaumont Health-Royal Oak

- Laura Vaughn
Treasurer
McLaren Greater Lansing
MMP Imaging Center

- Aimee Katona
Secretary
Michigan Medicine

- Lisa Sawyer
Southwest Regional
Representative
Spectrum Health

- Denise Schmidlin
Northern Regional
Representative
Munson Healthcare
Otsego Memorial Hospital-
Gaylord

- Ashley Testorelli
Southeast Regional
Representative
St. Joseph Mercy-Livingston
(Michigan Heart)

CONTACTING YOUR COMMITTEE CHAIRS

Never hesitate to contact your committee chairs for any question or concern.

Student Liaison Chair

Lisa Sawyer

Lisa.sawyer@spectrumhealth.org

Health Policy & Reimbursement Co-Chairs

Jenna Mallard

Jenna.mallard@beaumont.org

Jackie Evans

Jackie.evans@midmichigan.org

Outcomes Chair

John Silveri

John.Silveri@mclaren.org

Education and Development Co-Chairs

Kirk Hendrickson

kirk.hendrickson@beaumont.org

Mona Stanski

Mona.stanski@spectrumhealth.org

A PULMONARY REHAB PERSPECTIVE: FINDING A “NEW NORMAL”

Mona Stanski, RRT, Lead Spectrum Health Pulmonary Rehabilitation

Many of our patients, who come to pulmonary rehabilitation, are no longer able to do the things they so much enjoyed before the diagnosis of a chronic lung disease, much less the need to use supplemental oxygen. This can make many of them feel discouraged, and sometimes even depressed. Our emotional and mental states are closely tied to our physical condition, so it is important that staff address these issues on an ongoing basis.

Perhaps one of our educational classes/topics should be “Living with a Chronic Disease”. The purpose of this class would be to help our patients navigate these feelings and to give them ideas in finding a “new normal”.

A new normal is something the patient enjoys doing and is able to do in their present state of health. Some examples may include: shuffleboard, cribbage, joining a euchre club, puzzles, crafts, etc....let them come up with their own ideas. One of my pulmonary fibrosis patients took this to heart and bought a car he had always wanted—a Camaro! He and his wife love going for drives! He said it helped keep his spirits up and get him to and from rehab. Since purchasing the car, my patient has had a lung transplant. He was able to share the story at a support group and is still driving his Camaro!

When my husband had a stroke, we too had to find a “new normal.” Playing tennis, running, hiking, walking long distances, golf, and some things we use to do as a couple we could no longer do. Now we ride bikes, play cribbage, play corn-hole, and just enjoy our time together, but at a slower pace. We are still able to take walks together but Dave uses walking sticks to help with balance and we try to keep to level ground. We had to find a “new normal”, and so do many of our patients.

While exercising and education is the primary component of pulmonary rehabilitation, let’s not forget to engage with our patients. Find out what their interests are and what motivates them to exercise. Review their goals often, realizing that they may change due to their health status. Help the patient come up with new, attainable goals and assist them with meeting those goals.

Hopefully this will help keep them exercising after they complete rehab, and ultimately help with their general well-being!



The Beaumont Royal Oak Pulmonary Rehabilitation and Breather’s Club:

Join us on Sunday, September 30, 2018 at the Detroit Zoo
to raise our voices against lung cancer and lung health!

For event details please visit: www.lungforceDetroit.org/walk

LESSONS LEARNED IN STARTING A SET FOR PAD PROGRAM

Taylor Ollanketo, MS, MSCVPR Vice President, Exercise Physiologist at Beaumont- Royal Oak

The Preventive Cardiology and Rehabilitation Program at Beaumont– Royal Oak launched our Supervised Exercise Therapy for Peripheral Artery Disease (SET for PAD) program in April 2018. To date, we have enrolled eight patients into the program. Our department made the decision to enroll patients into our Phase 2 Cardiac Rehab classes with ECG-monitoring only on the first and last sessions unless clinically necessary. If a patient does not qualify for SET for PAD based on insurance coverage/policies or medical documentation, we offer enrollment into our Phase 3 self-pay program, while still focusing on PAD exercise protocols.

Lessons learned:

1. Be ready to modify testing/exercise protocols for certain patients. One of the testing options recommended by AACVPR is the Gardner-Skinner protocol, but we have found many of our patients cannot initially walk at 2.0 mph. We have started creating a bike and NuStep testing protocol for those unable to walk on the treadmill at all.
2. Be flexible! Almost none of our patients have come in with “textbook” symptoms or progressed in a linear fashion. Some patients have other medical conditions making it difficult to follow set protocols. Remember to treat each patient as an individual and try not to get hung up on “following the rules.” If patients are benefiting, you are doing it right!
3. If you haven’t started enrolling PAD patients yet, it’s time to start. We expected a higher volume of referrals than we’ve currently received (21 referrals since April), so don’t let fear of high volumes hold you back. Get started now and adjust as you go!



“The more congress hears a united voice, the more they listen.”

DAY ON THE HILL: A TIME FOR ACTION

Laura Vaughn BS, CCRP, MSCVPR Treasurer

MSCVPR was represented at Day on the Hill (DOTH) by Jackie Evans and Chris Harrington of Mid Michigan this year. Their task was to discuss with Michigan members of Congress section 603 of the Bipartisan Budget Act of 2015. This rule makes cardiac and pulmonary rehab reimbursement off campus less than that for on campus.

Jackie, Chris and 80 other DOTH participants from 32 states rushed Washington on March 5th and 6th to lay the ground work for cardiac and pulmonary rehab’s (CR/PR) next legislative hurdle. Before congress can pass a Bill, someone needs to write one. That means finding a congressman to take interest, write and introduce a Bill.

Chris and Jackie took their duty to heart, and went two steps further. They visited Capitol Hill and they got Senator Stabenow’s staff to come to them. Staffer Derrick Mathis was able to see first hand how CR/PR patients benefit from the programs. Hopefully, he also saw how it could be challenging to provide CR/PR on campus.

Sen. Stabenow was a big part of getting the Non Physician Providers (NPP) Bill passed. The NPP Bill was ultimately attached to a larger piece of legislation and will take effect in 2021. At that time, nurse practitioners and physician assistants will be able to supervise daily operations of CR/PR. This action was more than seven years long, and won by the power of our collective voice.

Because of this, Stabenow is naturally the senator that comes to mind when searching for someone to write another Bill. She won’t do it if she isn’t asked. Asked, and asked, and asked. The more congress hears a united voice, the more they listen. If CR/PR professionals are organized in the effort to correct the lower reimbursement for off campus programs, it isn’t a matter of if it will happen; it is a matter of when it will happen.

What can be done now to advance the cause? Call or email Sen. Stabenow to thank her for her work on S.1361. It is important to stay on her “radar.” <https://www.stabenow.senate.gov/contact>

More information will follow via email and social media with instructions on contacting your congressman and Sen. Peters. AACVPR is working on a strategic approach.



EDUCATIONAL AND NETWORKING OPPORTUNITIES

AACVPR Annual Meeting in Louisville, KY

September 12-15, 2018

Meet up with the MSCVPR Board Members in Louisville at all the networking opportunities to represent our great state and society!!

Check out our website for information and our Facebook page for our check-in and status updates.

Regional Meeting Updates

Southeast Region:

Tuesday, October 23rd
5:00-9:00 PM
St. Joseph Mercy Hospital: Michigan Heart Vascular Institute
5325 Elliott Dr. Ypsilanti, MI
Melissa Villerot, Clinical Nurse Specialist for Diabetes & Patient Education
Dr. Shrinivas Hebsur, Electrophysiology and Pacemakers
Ashley Testorelli
Contact number: 517-545-6385
ashley_testorelli@michiganheart.com

Northern Region:

Tuesday, October 30th
Otsego Memorial Hospital Classroom
* Jill Moore RN,CDE speaking on Latest Updates on Managing Diabetes *
Dr. Stephanie Rutterbush MD speaking on Managing Stress, Depression and Anxiety in Cardiac and Pulmonary Patients
Denise Schmidlin
Contact number: 989-731-7842
dschmidlin@mhc.net

Southwest Region:

Thursday, November 8th
6:15 PM
2902 Bradford Street, Grand Rapids, MI
Lisa Sawyer
Contact number: 616-486-6920
Lisa.Sawyer@spectrumhealth.org

MSRC Fall Conference

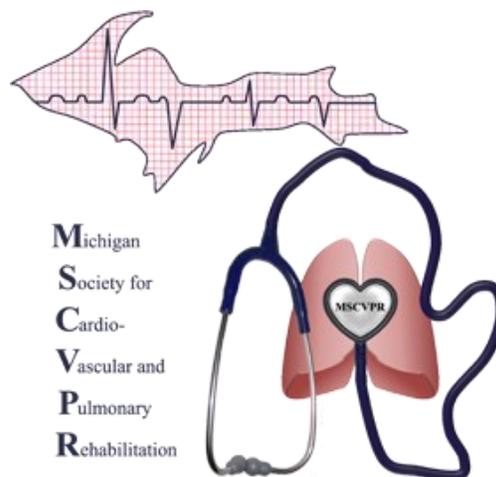
October 8-9, 2018
Bavarian Inn Frankenmuth, MI
Register at MSRC:
www.michiganrc.org

Midwest ACSM Annual Meeting

November 9-10, 2018
Amway Grand Plaza Hotel
Grand Rapids, MI
www.mwacsm.org
See www.acsm.org for other ACSM events

Annual Advances in Heart Disease Prevention and Rehabilitation

March 9, 2019
Detroit Marriott Troy
200 West Big Beaver
Troy, MI
Registration details to be emailed to MSCVPR members when available



ALREADY A MEMBER BUT WANT TO BE MORE INVOLVED?

MSCVPR Committee and Board Service Application

If you are interested in serving on a committee or on the board, please complete this form and send it, along with your resume or CV, to mscvpr@mscvpr.org with the subject title "Committee Application"

Name (First & Last)

Current Job Position

Degree/Certifications

Current Employer

Address of Employer

Email & Phone #

I want to serve on MSCVPR committee/board because:

Are you a current MSCVPR/AACVPR member? YES NO

Preferred committee/board position: (Please number your 1st choice and 2nd choice, if any)

Board

_____ Yes, let me know what's available

Committee

_____ Education & Development

_____ Health Policy & Reimbursement

_____ Student

_____ Outcomes