

The mission of the MACVPR is to promote the practice of high standards of care in cardiovascular and pulmonary rehabilitation in Massachusetts

#### 2009 Executive Committee

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**Co-Presidents Elect:**

Priscilla Perruzzi BA, RRT

Kate Traynor, RN, MS

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Susan Carrigan, BSN, RN C

**Newsletter Editor:**

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**Education:**

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**Certification:**

Esther Burchinal, MS, CES, RCEP

**Membership:**

vacant

**Administrative Assistant:**

Ann Stone, BS

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Rehabilitation

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## President's Message

As 2009 winds to a close, it is refreshing to reflect upon the achievements of the MACVPR during this exciting, productive year. As you may recall, in January of 2009, the Executive Committee decided upon areas of focus for the upcoming year. Those areas consisted of Membership, Financial Stability/Sponsorship, Program Certification and Web-site Update. The following highlights what we have accomplished this year:

**Membership:** We began this year with 122 members, and as of November 1, we had 149 members, 37 of whom are also AACVPR members. A new Membership Chair will join the MACVPR Executive Committee in 2010! Her name is Melessa Ashworth RN, BSN (Cardiac Rehabilitation, Falmouth Hospital), and we welcome her aboard! The organization offered 4 Membership Meetings this year, including our first Regional Symposium. Our Education Committee, chaired by Deborah Sullivan RN, BSN did a tremendous job with program planning, location, etc., and for 2010, we welcome Eileen Milaszewski RN, BSN (Cardiac Rehabilitation, Milford Hospital) as our new co-chair of the Education Committee. Lastly, our initiative to keep members informed of relevant changes in a timely manner was accomplished through the monthly President's email updates and the revised *MACVPR News* format and content. Many thanks to all who have participated in these initiatives which serve to better educate and inform our membership.

**Financial Stability/Sponsorship:** In these economic times, this goal was particularly challenging. However, we achieved success, drawing in \$3,000.00 in total sponsorship money this year from our Membership Meetings which helped to cover our expenses. As you will note in the Treasurer's Update, the organization is currently in good standing with regards to our finances. Communication to members is now done primarily through email, and additional administrative cost-savings measures have been implemented to minimize unnecessary expenses.

**Program Certification:** This year, we offered the first MACVPR Program Certification Workshop. We currently have 14 certified Cardiac programs and 5 certified Pulmonary programs, up from 10 Cardiac and 5 Pulmonary last year. With the upcoming changes to the AACVPR program certification process, and the on-line applications being available March 1, 2010, we are optimistic that the number of certified programs within our state will continue to grow. If you plan to certify or recertify in 2010, visit [aacvpr.org](http://aacvpr.org) to download your pre-application package to review.

**Web-site:** [macvpr.org](http://macvpr.org) continues to be updated with user-friendly enhancements. Shortly, the MACVPR will unveil a NEW registration process for our membership meetings, where the registration forms will be submitted on-line. Details will follow shortly. In the members-only section, you can now access the President's email updates and current newsletters. The web-site will continue to evolve, and suggestions are always welcome as to how we can better design the site to accommodate the needs of our members.

It has been a pleasure and a privilege to serve as the President of this fine organization this past year. I am confident that your new Co-President's Kate Traynor RN, MS and Priscilla Perruzzi BA, RRT will continue to move this organization forward to meet the challenges of 2010. Stay tuned for the December President's email update, and I look forward to seeing many of you at our next Membership Meeting on January 14<sup>th</sup>, 2010.

I wish you all a truly joyous holiday season.

Most Sincerely,  
Stephanie DiCenso MS, RCEP, CES  
President, MACVPR  
Coordinator, Cardiac Rehabilitation  
Holy Family Hospital  
[president@macvpr.org](mailto:president@macvpr.org)



**“Please direct any questions to your MAC Committee... this ensures consistency with answers....”**

# Reimbursement Update

**They're Here!.....**the new Medicare Regulations have been released and AACVPR held a webinar on Nov. 10<sup>th</sup>, hosted by Phil Porte and Karen Lui, to give programs a working understanding of these new regulations. The January MACVPR meeting is dedicated to explaining these regulations in detail but here are some of the important highlights:

## **PULMONARY REHAB:**

-Moderate, severe, and very severe COPD are included in the final regulations.

-Must use new, all inclusive or “bundled” G-code: GO424. No separate billing, i.e. 6 min. walk or oximetry. Also, Physical Therapy can no longer bill any 97000 codes.

-G0424 crosses to APC 0102 which pays \$50.46 per session

-Non COPD patients will remain covered under the current rules/payment method according to the various LCD's or local MAC determination.

-Up to 36 sessions with up to 36 additional sessions at the local MAC discretion.

-1 session = 1 hour. This does not mean the patient must exercise for an hour, education is included. How individual programs document the hour is up to their discretion though aerobic exercise must be involved in **every** session.

-**Individualized Treatment Plan (ITP):** developed and signed by the program's Medical Director (staff can have input) and reviewed/modified and signed every 30 days.

The ITP must include: education, smoking cessation, respiratory techniques for energy conservation, assisting in goals toward independence in ADL, adaptation to limitations and improved quality of life, psychosocial assessment.

Must include individualized aspects affecting treatment and response as well as rate of progress under the treatment plan.

Outcomes Assessment- Objective, patient centered clinical measures including exercise performance and self reported measures of dyspnea and behavior to be measured by the physician at beginning and end.

## **CARDIAC REHAB:**

-Eligible diagnoses are unchanged; reimbursement rate essentially unchanged

-Each session=1 hour and as in the pulmonary rules, documentation of the time is at the individual program's discretion.

-36 sessions **within 36 weeks** with a possible additional 36 at the local MAC's discretion on a case by case basis.

-Maximum of 2 sessions per day, minimum of 1 session per week, patient must exercise aerobically each DAY that they participate in rehab though not necessarily each session. (can bill 93798 for monitored ex, then bill 93797 for educ. session if both held on the same day)

-**Physician Supervision:** Must be a physician, not PA or NP and must be present and available while the program is in session (this is unchanged from the current regs).

-**Medical Director:** responsible for the program and is involved in directing progress of individuals in consult with staff, has expertise with cardiovascular disease, is licensed in the state and certified in ACLS or BLS. The supervising physician has expertise with CVD, is licensed and certified in ACLS or BLS. (The medical director can also be the supervising physician. But the supervising physician does not necessarily need to be the medical director, for example: if the medical director usually supervises the program but takes a day off, she/he can designate a qualified physician to “cover”.)

-**Individual Treatment Plan (ITP)** must be established and signed by the MD and reviewed and signed every 30 days. For CR, CMS does not stipulate which MD (Medical director or referring MD) sign ITP. ITP needs to include exercise modality, frequency, intensity and duration as well as measurable and expected outcomes.

-**Outcomes** are to be measured at beginning and end of program. Not required every 30 days – programs determine what outcomes are measured every 30 days or pre/post. Specific measures are determined by the individual plan of care.

**Remember:** The MACs are contracted to process and administer Medicare claims according to CMS regulations. A local MAC MAY publish a local coverage determination, articles or instructions to providers if they determine those are necessary. Some interpretation is allowed by the MAC (which may preclude the need for a LCD, etc.)

For the complete texts of the rules go to [http://www.federalregister.gov/OFRUpload/OFRDdata/2009-26499\\_PI.pdf](http://www.federalregister.gov/OFRUpload/OFRDdata/2009-26499_PI.pdf) for Hospital Outpatient Providers  
[http://www.federalregister.gov/OFRUploadOFRData2009-26502\\_PI.pdf](http://www.federalregister.gov/OFRUploadOFRData2009-26502_PI.pdf) for Physician Fee Schedule

Neither is complete without the other, so be sure to get familiar with both. AACVPR has posted the highlights on their website so be sure to check there as well.

**PLEASE, PLEASE, PLEASE** direct any questions to your MAC Committee rather than contacting the MAC medical director yourself. This ensures consistency with the answers and prevents the medical directors from becoming overwhelmed with questions that may have already been answered.

Wayne Reynolds RN  
Chairman, J14 MAC A/B Committee  
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## MACVPR Forum Update

To those of you who are familiar with Comedy Central's show, "The Colbert Report", I have a question: what do the MACVPR's on line Forum and "The Colbert Report" have in common? (And to those of you who are not familiar with this show, check your local listing and tune in, you would really enjoy it!).

Well, the answer to this question lies in the segment known as "The WØRD". This is a recurring segment during which Stephen Colbert, the host, chooses a word or phrase as a theme for a rant on a topical subject or news item and often it is accompanied by background messages that highlight or sarcastically undercut what he is saying. The "word" that he chooses may or may not be in the dictionary but the verbal essay is always funny and the sidebar messages add to the comedic nature.

The first time "The WØRD" was featured on the show, Colbert coined the word, "truthiness", which went on to become Merriam-Webster's 2006 Word of the Year! Truthiness, as defined by Colbert, is a feeling in your heart or gut about something, not a rational or thoughtful explanation for it! So it is the "truthiness" of the matter that brings me to our very own MACVPR Forum; if Stephen Colbert can make up words to get his point across, so can we!

In this "Forum" feature we'd like to introduce you to a new word. A word that aptly describes the current situation and dilemma we face, that is "**FORUMderutilization**"! FORUMderutilization is **the persistent condition of not logging onto to this feature of our MACVPR website**. By missing that vital link, you may never know the answer to the thoughtful questions posed by our colleagues which lately have included such varied issues as discharge criteria from CR/PR programs, the need to or utility of risk stratifying Phase 3 patients, or the value of the American Heart Association's CV Pt Ed Toolkit....and if you are a victim of FORUMderutilization, you will definitely miss out on an invaluable opportunity to get help with understanding and implementing the 2010 Final Medicare Rule changes we are facing!

"**FORUMderutilization**" – whether or not it ever makes its way to the Merriam –Webster's Dictionary is of little consequence, rather, will it be a condition that continues to nag you and your PC??? "The (final) WØRD" on this matter, is up to you....

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## Cardiac Nutrition Jeopardy

By

Holly McCarthy MS, RD, LDN

On the following two pages are examples of a "game" called Cardiac Nutrition Jeopardy. We thought it might be fun to highlight a creative way of teaching in this newsletter instead of a true "clinical article". Here's what it's creator Holly McCarthy MS, RD, LDN has to say:

*Cardiac Nutrition Jeopardy is a great way for patients to expand their knowledge regarding the most up and coming topics in nutrition. The questions are organized by level of difficulty and varying topics to accommodate the different areas of expertise that each patient brings to the group. Nutrition Jeopardy is a great way to engage patients while exercising in rehab or it can be used as an education tool in small groups. The game was initially thought of by one of my colleagues Deborah Sullivan who is one of the cardiac rehab nurses here at Lahey Clinic. Her enthusiasm was contagious and it was at that point we decided to use the Jeopardy model as a great way to have patients play an active role in their learning.*

Holly has created 5 different game boards but unfortunately we couldn't fit all of them in this newsletter. We will have the other three game boards available on the MACVPR website under the Newsletter section which you can print out for your own use in your programs.

Holly works as an outpatient dietitian at Lahey Clinic Medical Center in addition to being a member of the cardiac rehab team and pulmonary rehab team.

	Fats	Serve it Up!	Fiber	Recipe Substitutions	Dining out tips
About:	Fats	Serving Sizes, Fats and Calories	Fruits/Veggies and Whole Grains	What to substitute?	What to eat?
100	T/F: A little bit of trans fats are fine as long as you have fruits and vegetables?	What is considered to be a serving of meat?	Non-digestible carbs in food i.e. whole grains, veggies, legumes, that promote regularity and may lower risk of some diseases. What am I?	I used to fry my chicken all the time at home. What are some better cooking techniques?	When I dine out, I like to have a salad. What are some salad dressings that I can have? I need 2 examples.
	No (2 gms is considered to be too much)	Deck of cards or (3-4oz)	What is Fiber?	Grilling, broiling, poach, bake, roast, steam.	Oil/vinegar dressing, get dressing on the side and use the fork/dip method or use lemon juice and vinegar.
200	Name a green vegetable that is also considered to be a fat?	What is a serving size of grains? Give me 2 examples.	Name 3 health benefits of fiber?	Like to have something sweet before bed/used to have ice-cream every night. What are some other suggestions?	What are 3 issues that you will always face when dining out that you will not encounter at home?
	avocado	1/2 c. cooked rice, pasta or hot cereal; 1 slice bread, or 1 c. cold breakfast cereal	1. weight management 2. decrease chol 3. fills you up 4. provides essential vitamins and minerals 5. keeps you regular	Sorbet, pudding cup, jello cup, Skinny cow products, WW products, popsicles. Try to purchase products with 1/2 cup or 1 cup portions, fat free, low sugar and portion controlled is key.	Portion distortion; salt, fats
300	Name 3 saturated fat sources?	What foods are high in cholesterol?	What are the two types of fiber?	What is a better choice: Tuna in olive oil or tuna packed in water?	Went to Thai restaurant & ordered Tempura veggies. What did I order and how could I have made a better choice?
	Butter, creamer, lard, palm oil, coconut oil, sour cream, cheese, whole milk, bacon fat, coconut, stick margarine	Animal products are only foods that have chol in them but careful any foods high in fats will raise cholesterol.	Soluble and Insoluble	Tuna packed in water	Fried vegetables; better choice-steamed veggies on side / seaweed salad
400	Ate at restaurant that doesn't use trans fats so I got the deep fried fish because it is trans fat free. Is this ok and why?	What is considered to be a serving of wine, beer and liquor?	What is better? Taking a fiber pill or eating the fiber and why?	I have to crunch on something at night but I can't crunch on chips, and other high fat snacks. What do you recommend?	I LOVE Italian food and when I dine I like to order an appetizer, entree and dessert. Please give me a scenario that is healthy.
	NO: how about those saturated fats in this dish. Fried foods are still highly saturated even though the restaurant states "no trans fats in oils." Saturated fats are unhealthy and may contribute to CAD.	5 oz wine, 12 oz beer and 1.5 oz of spirits	Consuming fresh fruits, vegetables and whole grains is ALWAYS better than consuming a fiber pill. Pills are expensive and do not offer the health benefits that fruits and vegetables will provide. Fruits and vegetables have more nutrition, more vitamins and minerals, more fiber and keep in mind that a pill will not fix an unhealthy diet. It does not promote "healthy eating"	Try crunching on vegetables, fruits, or buy 100 calorie pack items to avoid overeating.	Order a salad, broth soup or shrimp for appetizer; entree can be fish or chicken or a few appetizers and a salad; try sharing entrees with a salad; take half home; dessert shared or sorbet and fruit
500	What percent of saturated fats are allowed in a regular diet? How about a cardiac diet?	A tsp of salt has how many milligrams of sodium?	Name the 3 parts of a whole grain?	I love Italian restaurants but I'm also trying to lose weight. I like pasta but know that portions are huge. What can I substitute with pasta to decrease calories but still provide flavor?	Love going to diners on Sun morning. Order eggs, bacon, sausage, toast with butter, coffee with cream and sugar. What do I do now? Please give me options that are healthier versions to what I currently do.
	10% of total fats can be sat in reg diet and 7% of total fats can be sat in cardiac diet. No harm in trying to keep your sat fats low regardless of your cardiac health.	2300 mg	Germ, Endosperm and Bran. Bran is outside of the kernal and provides antioxidants and fiber; endosperm is inside and contains protein, starch, vitamins and minerals. The germ is inside the endosperm and is considered to be the embryo which if fertilized by pollen will sprout into a new plant.	Broccoli or any type of veg mixed with the pasta; ask for pasta as a side dish, order extra serving of vegetables on side if you do not like them put into the meal.	Egg substitute or save regular eggs for that day, omit meat or use canadian ham, try oatmeal or fruit cup, toast dry with marmelade, coffee black or use 1 %milk with Splenda or 1/2 the sugar you use.

	What Are Fats?	Serve it Up!	Fiber	Recipe Substitutions	Dining out tips
About:	Fats	Serving Sizes, Fats and Calories	Fruits/Veggies and Whole Grains	What to substitute?	What to eat?
100	T/F: It is ok to have as much olive oil as one desires since it is a healthy fat?	T/F: You can have as much pasta desired as long as it is a whole grain?	How many fruits and vegetables should one aim for in a day?	What can I substitute for whole eggs in a recipe?	If you have high cholesterol what would be a good appetizer choice? A: shrimp B: Soup (french onion with heavy cheese) C: Fried scallops
	<b>A: False; even though olive oil is a healthy fat, it still has 9 kcals per gm which adds up in calories (1 TBsp has 125 kcals)</b>	<b>False: Whole grain is a better choice but pasta has 200 calories per cup cooked so be careful.</b>	<b>5 a day</b>	<b>Egg beaters</b>	<b>Shrimp</b>
200	What type of unsaturated fat would Olive oil, avocado, peanut butter and almonds fall under?	What is the serving size for cooked vegetables? What is a serving size for raw vegetables?	What does "eat for color mean?"	I put butter on everything. What can I substitute that gives me the taste without the calories and fat? I need it to taste like butter— 2 options without trans fats.	Even though soups are filling and may contain vegetables, what do I need to be careful of when I order soups? I have hypertension.
	<b>Monounsaturated Fats</b>	<b>1/2 cup cooked and 1 cup raw.</b>	<b>Eat a variety of fruits/vegetables because different colors provide different vitamins, minerals and phyto-chemicals.</b>	<b>Smart balance, spray butters, butter buds, Promise</b>	<b>Salt</b>
300	What 2 types of fats will raise LDL cholesterol?	When rating your plate, what is the appropriate proportion of vegetables, starch and meat? 1/2 plate should be _____ 1/4 plate should be _____ 1/4 plate should be _____	How many grams of fiber on average should an individual have in a day?	I want to make a soup and it calls for cream. What do I do?	If going to the Weathervane Seafood restaurant what is the best option to order: A: Fisherman's platter B: Fried Scallops with side salad C: Sole with garlic sauce D. Ask how the sole is prepared and see if it can have sauce on the side.
	<b>Saturated fats and Trans fats</b>	<b>Plate Method: 1/4 starch, 1/4 meat and 1/2 vegetables</b>	<b>25-35 grams</b>	<b>Use Simply Smart FF creamer or any non-dairy creamer. Can thicken with potato puree or any other type of vegetable puree. Can also use low-fat buttermilk or evaporated milk</b>	<b>D. Ask for the sole and see if sauce can be on side.</b>
400	How would you identify trans fats on a food label? Please discuss in detail.	How many calories per ounce is in a steak? 100, 200 or 250. Based on your answer how many calories are in 12 oz steak at Outback Steakhouse?	How can you tell if a product is whole grain?	A recipe calls for butter... what can I substitute	Chicken fried selects tenders from McDonalds (6 to a pack) how many calories/fat grams? A. 200 kcals/10 grams fat; B. 600 kcals/30 grams fat or C. 830 kcals/ 55 grams fat.
	<b>Front label: look for "no trans fats"; the nutrition facts label: look for 0 grams of trans fats; ingredients label for (partially hydrogenated oils /hydrogenated oils).</b>	<b>100 calories per ounce in a steak and in a 12 oz steak you would have 1200 calories.</b>	<b>Needs to say 100% whole grain, stone ground, or whole wheat</b>	<b>Oil (canola, olive) or puree (fruit ones) or smart balance stick margarine</b>	<b>Answer: 830 kcals and 55 grams of fat for 6 chicken strips.</b>
500	What foods will raise triglycerides? Please give 3 examples.	I love shrimp but I need to watch my cholesterol. Can I still eat it? Why or why not?	5 fruits and vegetables a day seems impossible. How do I do it? Please give me 4 ways to accomplish this task.	A recipe calls for cream cheese. What is a good substitution without sacrificing a creamy taste? A. plain FF yogurt B: FF cottage cheese C: Hummus, D. FF cream cheese E: All of the above	Name 3 healthy steps to take to ensure a healthy dining experience.
	<b>Fats, alcohol, excess carbohydrates (sugars),</b>	<b>Yes, even though shrimp is high in cholesterol it is low in fats and typically it is the fats in a food that raise cholesterol. I would not have it every night but you do not have to eliminate it .</b>	<b>1. Put in egg beater omelet. 2. Low sodium V-8 3. Put in yogurt or cottage cheese 4. Put lettuce/ tomato in sandwich 5. Put vegetables in soups, casseroles, or find a low fat dip that you enjoy with vegetables.</b>	<b>E. All of the above</b>	<b>1. Check menu online; 2. Have a plan of what to order; 3. eat sm piece of fruit before going; 4. choose place with a varied menu; 5. ask waiter about meal choices, prep techniques, sauces on side. These are a few ideas.... be open to any.</b>

## Congratulations!!

- Emerson Hospital
- Caritas Norwood Hospital
- Hallmark Health-Melrose-Wakefield Hospital
- UMASS Memorial Medical Center-University Campus
- Boston Medical Center
- Falmouth Hospital



## Certification

It was so wonderful to see everyone that was able to attend our MACVPR 10/27/09 conference as we heard about many pertinent topics including national certification. Regarding certification, many congratulations are in order so....

CONGRATULATIONS to our newly AACVPR Certified Cardiac Rehabilitation Programs: Caritas Norwood Hospital, Emerson Hospital, Hallmark Health- Melrose-Wakefield Hospital, and UMass Memorial Medical Center – University Campus and to the Cardiac Rehabilitation Programs that recertified: Boston Medical Center and Falmouth Hospital! Including these certifications the total number of certified programs in MA is now at 19, with 14 Cardiac Rehab Programs and 5 Pulmonary Rehab Programs! Excellent work and practice to all!!

For those programs interested in certification, we encourage your efforts and perseverance. Among the many benefits, certification helps guide programs to meet standards of high quality care and prepare for the probable requirement that programs be certified for reimbursement. Consequently, we advise that for your patients and your program you start the process and continue to work towards the goal of certification. However, please note that the application process has changed for 2010. All applications will be completed **online**, and AACVPR states that the process should be simpler and less time consuming. The time line noted on the AACVPR website identifies that **applications should be available in pdf online on October 31, 2009**. March 1, 2009 is listed as the launch date for the AACVPR Certification Center with **applications due May 1, 2010**. The time line is subject to change, so I advise that you frequently check the website [www.aacvpr.org/certification](http://www.aacvpr.org/certification) for further instructions and assistance. The site also provides best practice examples and resources as well as other helpful information. Our MACVPR website, [www.macvpr.org](http://www.macvpr.org), also has some recommendations and contacts that might prove useful.

Best wishes to all and especially to those programs that plan to or are currently working on this process. Please let me know if we can be of any assistance as you work towards this achievement of excellence and national recognition.

Esther Burchinal, MS, CES, RCEP  
Emerson Hospital Cardiac Rehab  
MACVPR Program Certification Chair

[esther@macvpr.org](mailto:esther@macvpr.org)

## Letter from the Editor

I am excited to point out that, as promised, we have a new feature in the newsletter titled “**Tales from the Trenches**”. In this newsletter we are highlighting a pedometer project at Emerson Hospital. Our aim is to spotlight anything unique, innovative or creative that you are doing in your programs and share your ideas with our membership. We can all learn a lot from what each other is doing on a daily basis!! Maybe you know of a program that is doing something unique that you would like to find out more info on....well feel free to interview them and submit the findings to share in our newsletter!! If you don't want to do the interview, pass the idea along to me and I would be happy to do it. Also feel free to let me know of anything your program is doing that you would like to share!!

In keeping with the theme of highlighting innovative ideas from your programs, we have a unique “clinical article” this edition. Please enjoy quizzing yourself and your patients with Holly McCarthy's **Cardiac Nutrition Jeopardy**.

We are also lucky to have another installment of our feature: **Connections: Mind/ Body/Spirit** by Pamela Katz Ressler RN, BSN, HN-BC of Stress Resources. This time the focus is on supporting stress hardness in patients with chronic illness. What a truly appropriate topic for our patients.

Please feel free to e-mail me as I am always interested in ideas for clinical articles or developing a new regular feature in the newsletter. I need feedback and ideas in order to keep this newsletter vibrant and continue to be a helpful tool to you and your individual programs.

Lynne MacDonald, PT  
Milton Hospital Cardiac Rehab  
Newsletter Editor

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*MACVPR does not accept responsibility for the accuracy of the information produced herein. The statements and opinions contained in the articles of the MACVPR Newsletter are solely those of the individual authors and contributors and not of MACVPR. We do encourage comments, articles, and other contributions while reserving the right to reject or edit the material. The articles in the newsletter are for readers to use as they deem necessary in their programs of clinical practice and are not necessarily standards of care by AACVPR.*

## Membership Committee

Our current membership totals are 149 MACVPR members, among which 37 are AACVPR members. That is an increase of 11 members since our last newsletter in June. We currently have membership from 5 states – MA – NH - RI – VT & NY!!!! Please remember to keep your MACVPR membership current (see page 12) and encourage other professionals and students who may benefit from membership to join.

We would like to point out another underutilized MACVPR benefit, the Program Directory. We currently have only 36 total, 9 pulmonary and 27 cardiac, programs listed for the entire state!! The directory is a great feature to help market your individual programs. The Boston hospitals use the directory to refer their post-intervention patients that don't want to travel into Boston for rehab. Other states like Florida use it when "snowbirds" are coming back home after the winter or just when a patient moves out of state. What a missed marketing opportunity for your programs. If you would like your program to be listed, contact Ann at [admin@macvpr.org](mailto:admin@macvpr.org).

We are happy to welcome Melessa Ashworth RN,BSN to her new position! Here is what she would like to say:  
*"Hello my name is Melessa Ashworth and I am the new membership chairperson. I've been a cardiac rehab nurse at Falmouth Hospital for over 10 years and have been attending MACVPR meetings for the same length of time. I look forward to meeting all current members and I am eager to work to increase our membership in 2010. Friends and family know me as Missy so feel free to say 'Hello' at our next meeting."*

Lynne MacDonald, PT  
 Newsletter Editor  
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## Treasurer's Report

I am happy to report that our October Full Day Meeting was a success and we were able to show a small profit from the meeting. Sponsorship of our meetings and this newsletter continues to be critical to offset our expenses, provide up-to-date and informative meetings, and keep our membership and meeting fees low. We again would like to thank **Scott Care** and **Life Systems International** for their continued support of MACVPR.

If you have any ideas for sponsors (i.e. vendors that you do business with) please give the information to Ann at [admin@macvpr.org](mailto:admin@macvpr.org).

### Current balances as of November 13,2009:

Citizen's Bank checking:	\$8091.36
Citizen's Bank Money Market fund	\$2,626.04
CD @1.75%, maturity date 4/7/10	<u>\$2,149.11</u>
Total	\$12,866.51

Annual report was sent in to Commonwealth of Massachusetts as required.

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*Thanks to  
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## Welcome New Members

Kathleen Dehertogh RN	Nantucket Cottage Hospital	Massachusetts
Lauren Healey PT, MSPT,CCS	BWH/MGH Healthcare Center at Foxboro	Massachusetts
Bill Maine PT	Care New England	Rhode Island
Beth A. Marzelli BS	Good Samaritan	Massachusetts
Danielle M. Murphy BS	Saints Memorial	New Hampshire
Joanne Rowley MS,RN,TTS	NSMC- Salem	Massachusetts
Cara Whittum, BS,CES	Exeter Hospital	Massachusetts

# Education Committee



I owe a great deal of thanks to the very dynamic MACVPR Education Committee who provided me with a lot of direction, suggestions, and support for our recent Fall Program Development Meeting. The committee includes Lisa Jones, BS, RN; Ginny Dow BS, RN, BC; Bell Florek PT; and Priscilla Peruzzi BA RRT. Our frequent e-mail correspondence provided a nice forum for communicating important information back and forth about conference details. Thanks also go out to Ann Stone, administrative assistant, and the executive committee all of whom played a major role in facilitating the day's events.

That being said we had another outstanding conference that provided members with clinical and behavioral strategies to employ; the latest information on research and trends in the arena of cardiovascular and pulmonary rehabilitation, national initiatives, and alternatives for promoting higher level of wellness through the use of humor. For some the day started on revitalizing note with the inclusion of a yoga session. The speakers provided a nice blend of topics to motivate and rejuvenate us all. Feedback from the evaluations was extremely positive and the suggestions provided will be used to make improvements to the quality of our future offerings.

I would like to announce the addition of our new Education Co-chair Eileen Milaszewski, RN, BS from Milford Regional Medical Center, Milford, MA. She rejoins the Executive Committee after serving as Membership Chair several years ago. In addition she brings 18 years of experience in cardiac rehabilitation and is a long time member of the MACVPR. If you know Eileen please congratulate her on assuming a leadership role in our organization once again. Don't hesitate to share your thoughts and ideas for topics, speakers, clinical articles, workshops etc. that will enable us to better meet your educational needs and goals.

As always we are looking for members to join our committee. We have improved networking among committee members through the use of electronic communication. This has greatly reduced the time commitment due to decreased travel and meeting obligations and simultaneously upholds an active and productive networking relationship between members across the state. Our committee supports the MACVPR mission statement which is to promote the practice of high standards of care in cardiovascular and pulmonary rehabilitation in Massachusetts. Please consider joining and using this as an opportunity to support our association as well as an opportunity for personal and professional growth.

Up and coming events: Save the date for January 14, 2010 which is our next scheduled MACVPR Half Day meeting which is complimentary to members. The topic for the day is The 2010 Final Medicare Rules for Cardiovascular and Pulmonary Rehabilitation: Tips and Strategies to Comply with the New Regulations. The plan is for two lead speakers (one to address pulmonary and the other to address cardiac changes), a panel discussion from members of the MAC committee, and breakout sessions. This format will allow for ample questions and answers as well as provide a networking forum for sharing ideas and strategies. This marks a change for many of us but with the support of our strong leadership we can look at this as a challenge and tackle the hurdles together. We look forward to seeing you in the New Year.

Our May 2010 Half Day Meeting will most likely focus on the certification process as it did last year with an extremely helpful certification workshop orchestrated by Esther Burchinal, MS, RCEP, CES, Certification Chair and Stephanie DiCenso, MS, RCEP, CES, President. The date has yet to be determined but will probably take place on a Tuesday as we are trying to alternate days for the convenience and inclusion of all of our membership. For those considering certification this session will provide a forum for exchanging information and an approach for success.

The major focus for the education committee is on the Fall Program Development Meeting 2010. We are hopeful to offer this as a New England Regional Symposium, providing us with an opportunity to network with our neighboring states. On the docket for this symposium in addition to our keynote speakers are breakout sessions for both cardiac and pulmonary topics. We are also hopeful to offer a poster presentation session to give members an opportunity to display original research as well as share innovative, evidence based practice models for cardiovascular and pulmonary rehabilitation. I would like to establish a subcommittee to assist with program planning for this conference and it is never too early start. If you are interested please send me an e-mail with the subject heading "2010 Fall MACVPR Symposium".

Thank you all for you input and support through our surveys, program evaluations, and informal networking. It is a pleasure to serve as your Education Chair. I look forward to Co-Chairing with Eileen Milaszewski, RN, BS and working with many of you as we move into 2010.

## Education Committee Chair

Deborah Sullivan MS, APRN, BC

Lahey Clinic Medical Center

[Deborah.l.sullivan@lahey.org](mailto:Deborah.l.sullivan@lahey.org)

*Don't hesitate to share your thoughts and ideas for topics, speakers, clinical articles, workshops etc. that will enable us to better meet your educational needs and goals.*

## Clinical Resource

### Wouldn't you love to double your patients' chances of quitting smoking?

You can—and QuitWorks can help. QuitWorks is a free, evidence-based referral service that connects patients with phone-based counseling to help them stop smoking.

Now, for a limited time, when you refer them to QuitWorks, your patients will receive a free two-week supply of nicotine patches—in addition to free, phone-based counseling. Smokers who quit by using medication and counseling together are more than twice as likely to quit smoking for good.

Recent improvements have made it easier than ever to enroll patients in the QuitWorks program. Providers speak with interested tobacco users, then send a simple enrollment form by fax. QuitWorks will call your patients and offer the patches and counseling. You will receive a fax back from QuitWorks letting you know what services your patient enrolled in.

QuitWorks' acclaimed phone-based counseling is a permanent service, but the patch promotion is time-limited and runs through June 30, 2010 or while supplies last. QuitWorks will conduct a medical screener for each patient to make sure the patch is appropriate and safe for them. More information and downloadable referral forms are available at [www.quitworks.com](http://www.quitworks.com) or by contacting John Bry at (617) 624-5973 or [john.bry@state.ma.us](mailto:john.bry@state.ma.us).



Wouldn't you love to double your patients' chances of quitting smoking?

When you refer them to QuitWorks, your patients will receive a FREE two-week supply of nicotine patches—in addition to FREE phone-based counseling!

**QUITWORKS**  
A solution for providers to help patients quit smoking

## AACVPR Updates

*“Power of Presence.....  
.....Strength in Numbers”*

### **AACVPR DAY ON THE HILL**

March 3-4, 2010

With

### **Program Director's Conference**

either before or after

Visit [www.aacvpr.org](http://www.aacvpr.org) for more information on all of these upcoming national events.

## **SAVE THE DATE**

### **AACVPR 25th Annual Meeting**

*A Look to the Past  
A Road to the Future*

Milwaukee, Wisconsin

Oct. 7-9, 2010

**Midwest Airlines Center**

# Connections: Mind/Body/Spirit

By Pamela Katz Ressler, RN, BSN, HN-BC



*A regular column designed to help you better understand your patients' needs and promote self healing during rehabilitation and beyond...*

***"This method allows the patient to find control, commitment and challenge in each small step and helps build stress resiliency along the way."***

Pamela is the founder and president of Stress Resources ([www.stressresources.com](http://www.stressresources.com)) of Concord, MA, a firm specializing in stress management and holistic healthcare education and consultation for healthcare providers, organizations, and individuals. Pam is a frequent speaker to local, national, and international audiences on topics relating to stress management, resiliency strategies, and holistic healthcare. She is also an adjunct faculty member at the University of Massachusetts Boston, College of Nursing and Health Sciences, teaching courses in stress management for healthcare providers.

It was a pleasure to meet many of you in person at the MACVPR Fall Program Development Meeting. I hope you find the Connections: Mind/Body/Spirit column helpful in adding some integrative tools to your cardiovascular/pulmonary rehabilitation tool box. Those of us who treat patients and families with chronic illness find that psychosocial needs often surface after the acute phase of the medical diagnosis has been treated. These needs often present as feelings of hopelessness and helplessness. While it is always prudent to refer a patient who is exhibiting increasing or severe depression to a trained mental health provider for evaluation, often strategies of increasing stress hardiness can be incorporated into an existing rehabilitation program for patients resistant to seeking mental health care. Many research studies (beginning in the 1970's with the work of psychologist, Dr. Ellen Langer and continuing with the work of sociologist, Dr. Suzanne Kobasa in the 1980's) have indicated a positive correlation between traits of stress hardiness, or resiliency, with increased feelings of hopefulness, decreased feelings of helplessness, and a greater sense of wellbeing in a variety of individuals facing life stresses, such as health status changes. What I find interesting is you don't need to be born stress hardy. No matter what life stresses one is facing, there are certain common characteristics of stress hardiness that can be developed and supported to increase a sense of wellbeing. In Dr. Suzanne Kobasa's early studies she defined these as the **3 C's of Stress Hardiness**:

**Control:** This does not mean controlling external events, but seeing some sense of internal control, or self-efficacy in a situation. An internal locus of control versus feelings of powerlessness or feeling like a victim of circumstances. Feeling a lack of control is especially prevalent among individuals dealing with chronic or life-limiting illness. Allowing choices and allowing patients to frequently reframe personal goals is helpful in supporting this "C".

**Commitment:** Commitment is defined as being engaged and involved in what you are doing. It is also feeling part of a team or partnership. How can you engage your patient in being the "captain" of their health team? This shifts the model of care to one with the patient gathering and leading a team to work with him or her versus the patient being a participant and not a leader in their care.

**Challenge:** It is naturally very difficult for patients to see their illness as anything other than danger, catastrophe, or crisis. They have been changed by this unwanted intruder in their lives. In our role, supporting the patient's development of stress resiliency, can we help the patient see perhaps an opportunity that exists within the crisis? This can be difficult, because as healthcare providers we do not want to negate or downplay the patient's illness but to allow the patient to work with the diagnosis holistically, seeing both the negative and positive impact it creates. Encouraging the patient to set small, achievable goals that are personally

meaningful (perhaps being able to go on a trip, or being able to walk for a 1 out of 9 holes on a golf course) helps to frame the challenge as an opportunity for growth.

In her new book, Counterclockwise: Mindful Health and the Power of Possibility, Dr. Ellen Langer suggests that opening our minds to what is possible, instead of clinging to accepted notions about what is not, can lead to better health at any age. Dr. Langer's opines that we may be undermining a patient's innate resiliency and sense of possibility by setting goals that are met with failure because the steps necessary to reach the goal are too large. She compares this to Zeno's Paradox which states: *If you always cover half the distance between where you are and where you want to be, you're never going to get there.* Instead, Dr. Langer suggests her alternative method which she calls, the Reverse Zeno's Strategy. The Reverse Zeno's Strategy states: *There is always a step small enough from where we are to get us to where we want to be.* In other words, keep making the steps small enough to meet with success, and then formulate the next small steps until the goal is ultimately reached. If the patient is meeting with failure, then the step is too large, according to Dr. Langer. This method allows the patient to find control, commitment and challenge in each small step and helps build stress resiliency along the way.

I would love to hear how you choose integrate the 3 C's of stress resiliency into your patient care. Any success stories? Any tips? I will include your ideas in the next Connections: Mind/Body/Spirit column. Please e-mail me at [ressler@stressresources.com](mailto:ressler@stressresources.com)

<sup>1</sup> Rodin, J, Langer, E: "Long-term Effects of a Control Intervention", Journal of Personality and Social Psychology, 1977.

<sup>2</sup> Kobasa, SC, Maddi, SR: "Personality and Constitution as Mediators in the Stress-Illness Relationship", Journal of Health and Social Behavior, 1981.

<sup>3</sup> Langer, Ellen. Counterclockwise: Mindful Health and the Power of Possibility. 2009.

**Start planning .....**

**Cardiac Rehab Week**

**Feb 14-20, 2010**

**Pulmonary Rehab Week**

**March 14-20, 2010**

# Tales from the Trenches

Check out what your colleagues are up to...

## Pedometer Project at Emerson Hospital

Submitted by Ann Marie Sadlowski, BSN

I recently had a chance to speak with Esther Burchinal RN regarding Emerson Hospital's Cardiac Rehabilitation Program's pedometer project "Step Forward for Your Heart". Staff initiated the project after reviewing program participants' responses regarding their individual goals on a recent cardiac rehab Maintenance program questionnaire. After reviewing the current literature on pedometer recommendations, guidelines and effectiveness, staff incorporated pedometers to help their patients reach their fitness goals. Patients who participated in the project were given pedometer guidelines, motivational suggestions and logs to help them track their progress. A bulletin board display helped generate interest & recruit participants. The "new Lifestyle" pedometer was recommended (model AT80) at an approximate cost to patients of \$9.99. Participants were encouraged to determine their baseline steps/day and gradually increase their steps by 200-300/day, with the ultimate goal of 10,000+ steps/day. Logs were evaluated weekly by staff.

Ten patients participated in the 5 month project. Staff provided encouragement and reviewed participants' steps and progress toward their individual goals. Although 6 patients withdrew from the program due to personal/family medical issues, relocation, etc. 4 patients completed the project. Of these, 75% met their individual goals and planned to continue to use their pedometer. Goals ranged from any one or combination of the following: weight reduction, increasing total exercise time/week & increased conditioning. All of the participants increased their total steps/day, with an average increase of over 4300 steps/day.

Although the numbers of patients participating in the project was small, staff did find the program quite helpful in assisting patients in reaching their goals and recommended that patients needing additional assistance in these areas be targeted to utilize the step tracking packets and program.

### *Reminder:*

The Executive Committee is still trying to fill the **President Elect** position for 2010. It is a great opportunity for you to get involved with your organization. Remember we always work together as a team, no one has to do it alone. Consider sharing the position. If you are interested in Co-President Elect but don't know of another person to share the job with, let us know and we can assist in finding someone. **Consider joining the EC...you won't regret it!!**

# Save the Date

**Half Day Meeting**  
**Thursday, January 14<sup>th</sup>, 2010**

**8:00am to 12:00pm**

**2010 Final Medicare Rules for  
Cardiovascular and Pulmonary Rehabilitation**  
*Tips and Strategies to Comply with  
the New Regulations*

Featured speakers are:

**Robert Berry, MS, RCEP, FAACVPR**  
MAC Committee Liason  
Manager-Cardiovascular Rehabilitation  
Baystate Healthcare – Springfield, MA

**Wayne Reynolds, RN**  
J14 A/B MAC Committee Chair  
Coordinator –Cardiac & Pulmonary Rehabilitation  
Signature Healthcare - Brockton Hospital- Brockton, MA

This meeting will provide an update as well as a panel discussion, networking forum and breakout sessions to provide you with the most up-to-date information to comply with the new Medicare regulations. The focus will include Plan of Care, Medical Director Coverage, pulmonary reimbursement and more.

**Regis College**  
**Upper Student Union Lounge**  
**235 Wellesley Street, Weston, MA 02493**

**Watch your emails for the  
new on-line registration link  
to this important meeting coming soon**

# PLEASE RENEW YOUR MEMBERSHIP

The following individual memberships have either expired since November 2009 or will expire before the next newsletter.

Please take a moment to renew now to avoid missing benefits such as announcements, updates and the "Members Only" section of the web site which includes the newsletter and on-line forum.

Name		Exp date
Particia	Bliznak	11/1/2009
Jody	Fugarazzo	11/1/2009
Jane	Jenkins	11/1/2009
Randi	Lite	11/1/2009
Donna	Lind	12/1/2009
Steven	Pizzo	12/1/2009
Debbie	Brissenden	1/1/2010
Pauline	Buturlia	1/1/2010
Margaret	Copithorne	1/1/2010
Rose	Deskavich	1/1/2010
Jody	Donahue	1/1/2010
Charles	Fezzie	1/1/2010
Diane	Graham	1/1/2010
Andrea	Hazelton	1/1/2010
Michelle	Kobbs	1/1/2010
Ann	Sadlowski	1/1/2010
Patrick	Schilling	1/1/2010
Regina	Stevenson	1/1/2010
Sharyn	Hickey	1/1/2010



\_\_\_\_\_ Date

Check# \_\_\_\_\_

Cash

Database

Intranet

Email

Receipt

## MEMBERSHIP APPLICATION

Or

Download application from [www.macvpr.org](http://www.macvpr.org)

**Name** (with Credentials):

\_\_\_\_\_

**Mailing Address you want the card sent :**

Home/Work (Please circle)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Work #:** \_\_\_\_\_

**Home #:** \_\_\_\_\_

**E mail:** \_\_\_\_\_

**Profession:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

\_\_\_\_\_ **Cardiac** \_\_\_\_\_ **Pulmonary**

**New** \_\_\_\_\_ **or Renewing Membership** \_\_\_\_\_

\_\_\_\_\_ **\$75 for a Two year membership**

(Begins on the first day of the month joined and ends two years from that date)

\_\_\_\_\_ **\$25 for a One Year student membership**

(Students must be enrolled in a minimal of 12 credits per quarter and provide copy of schedule with membership application.)

**How did you learn about the MACVPR?**

\_\_\_\_\_

**Are you currently a member of the American Association of Cardiovascular and Pulmonary Rehab (AACVPR)?**

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

If you do not want your email and/or mailing address shared with the AACVPR please check here \_\_\_\_\_

**Mail check or money order to:**

**MACVPR**

**C/O Ann Stone**

**PO Box 426 Woods Hole, MA 02543**

**[admin@macvpr.org](mailto:admin@macvpr.org)**