



Rocky Mountain Cardiopulmonary Rehabilitation Association

October 2006

RMCRA

Fall Newsletter



President's Report:

Hello RMCRA,

I have to tell you all how awesome your Board of Directors is...

Michaelena Moore, Secretary, is already hard at work organizing next year's RMCRA conference for May 4th & 5th, 2007 hosted by Denver's Good Samaritan in Lafayette, CO. We always welcome volunteers. If you have speaker or conference ideas please contact her at michaelena55@comcast.net

Elizabeth Moore, Northern CO VP, held a very successful regional meeting at the Poudre Valley Health Systems in Ft. Collins on June 8th. Elizabeth is also responsible for this terrific newsletter each quarter. Thanks, I know it takes lots of time and effort.

Phyllis O'Connor has stepped down from VP of Wyoming after many years of excellent service to play Grandma on a regular basis... Thank you Phyllis for all you have contributed over the years!

Myra Lindgren has taken the WY VP position and also represents Wyoming as the RCP, (Reimbursement Contact Person).

Kathy Miczulski, Membership Chair, has done our summer membership drive and is busy sending out the new membership cards. Please see enclosed membership application.

Beth Myers, Southern CO VP, held a great luncheon regional meeting in Pueblo on Oct. 24th with 11 attendees from Pueblo, Canyon City, Colorado Springs and LaJunta.

Pam Haines and **Devora Peterson**, RCP's, have been keeping their fingers on the pulse of the development of a national policy for reimbursement.

The Board is listed on the RMCRA website at www.rmcr.org and in this RMCRA newsletter.

Mark Patterson, Treasurer, has gotten our accounting straightened out and secured our tax exempt status.

We have filled the president-elect position with a dynamite member, **Denise LaRocca, EP from University in Denver. I look forward to working closely with Denise to bring this association to stellar status! Denise and I will be attending the AACVPR

Affiliate Leadership Conference in Chicago in November.

On September 14th-17th I attended the AACVPR 21st Annual Meeting in West Virginia. We hosted an RMCRA Reception on Friday evening with had 21 attendees from the Rocky Mountain region and gained I believe 9 new members. Please make a note of my new e-mail address:

joan.bryant-kennedy@memorialhealthsystem.com

I wish you all luck and good outcomes in your programs. Have a wonderful fall season. Peace, Love & Happiness, yyyyy

Joan Bryant-Kennedy

RMCRA President

Memorial Health System

Pulmonary Rehabilitation Supervisor

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"Life is not measured by the number of breaths we take, but by the moments that take our breath away."

Site Confirmed for 2007 Conference!

The RMCRA annual conference will be held at Exempla Good Samaritan Hospital in Lafayette, CO on Friday evening, May 4th and Saturday, May 5th, 2007. It is expected that 90-100 participants will attend. A preliminary agenda for the conference will include topics on future treatment modalities in both cardiovascular and pulmonary disease; psycho-social impairment screening and referral for the cardiopulmonary patient; and outcome measurements to meet national standards and guidelines.

The conference committee is working hard to organize an exceptional 2007 meeting for the RMCRA! However, we are still in need of speakers, and vendors to either exhibit or sponsor the event. If you know of an individual interested in speaking, or a company interested in exhibiting or sponsoring (\$250 fee), please have them contact Michaelena Moore, Program

Chair, at michaelena.moore@healthonecares.com or 303-320-2272. Every little bit helps!

Back to the conference, please mark the date for yourselves, and pass the word around to your coworkers and any other interested parties. We are hoping for a strong showing next year and look forward to seeing all of you there!



"News from Wyoming - the Cowboy State!"

Kasey Faulk enjoyed meeting one and all at the AACVPR conference in Charleston West Virginia. She says that she learned much and enjoyed meeting new friends. Kasey was the only Wyoming representative this year. Thank you Kasey for representing the great state of Wyoming!

Senator Craig Thomas and Representative Barbara Cubin have both indicated in either face to face or written correspondence that they support both 1440 and 4824, and will be looking at them positively when the bills reach their respective committees."

Myra Lindgren, RN, BSN
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Information for pulmonary rehab programs who's FI is Trailblazer of CO, NM and Texas.

Please pay attention to the words "will meet **all** of the following criteria." This requirement is not the same as the AACVPR Guidelines so please make sure your programs are in compliance.

—Joan Bryant-Kennedy

Medicare Part A Policy Trailblazer Effective Date 06/09/2006

Indications and Limitations of Coverage and/or Medical Necessity

Services for PR must be medically reasonable and necessary for the treatment of pulmonary illness. Patients who require pulmonary rehabilitation treatment will meet **all** of the following criteria: A medical diagnosis of a chronic, but stable respiratory condition that is under optimal medical management (See the ICD-9-CM Codes That Support Medical Necessity section below);

Within three months prior to initiation of PR, Pulmonary Function Tests (PFTs) revealing Forced Volume Capacity (FVC) or Forced Expiratory Volume in one second (FEV1) must be less than 60 percent of predicted or Carbon Monoxide Diffusing Capacity (Dco) less than 60 percent of predicted; Exhibits disabling symptoms that impede the patients level of function in performing activities of daily living (ADL);

Demonstrated physical ability to participate, be motivated and committed to the prescribed pulmonary rehabilitation program; and, expectation of a measurable improvement (respiratory and physically) within a reasonable time frame.

The goal of PR is not to achieve a maximum exercise tolerance, but to ultimately transfer the responsibility of care from the clinic, hospital, or doctor to home care by the patient, the patient's family or the patient's caregiver. Unless the patient will be able to continue an ongoing self-continuation program at home, there may be only a temporary benefit from the treatment. The endpoint of treatment is not when the patient achieves maximal exercise tolerance or stabilizes, but when the patient or their attendant is able to continue the PR at home. Medicare does not cover maintenance care.

As described in this policy, PR services may use a multidisciplinary team approach with RTs, RNs, PTs, and OTs, or any combination of these services/disciplines. A duplication of services occurs when there is a direct overlap of services, or when a single service can provide the care. When there is an order for the same treatment modality or procedure for multiple clinicians (e.g., therapeutic exercise, breathing retraining) each clinician is expected to provide skilled treatment that reflects their unique skills and knowledge without exceeding the patients skilled care needs. The treatment is directed toward each clinicians patient-specific goals. This is critical to establish that the services provided by various disciplines are reasonable, necessary, and distinct from each other.

Note: Respiratory therapists perform and bill for these modalities when they are performed within their scope of practice in the state in which they are licensed and the services are performed by them.

This policy does not apply to those individuals in the National Institute of Health National Emphysema Treatment Trial (NETT). Those individuals are covered under NETT.



*Stand up, on this Thanksgiving Day, stand upon your feet.
Believe in man. Soberly and with clear eyes, believe in your
own time and place. There is not, and there never has been a
better time, or a better place to live in.*

~Phillips Brooks



Certification/Recertification Update **University of Colorado Hospital Update**

By Denise LaRocca, MS, CES, RCEP

Certification/Recertification Update:

Hi! I am the State Certification Committee Chair for Colorado, Wyoming and New Mexico and I am on the National AACVPR Recertification Committee. I am available at any time for questions about the certification and recertification process. If you would like me to review tabs from your application, I would be happy to oblige. My contact information is listed below and is also on the AACVPR website under "Certification". Please don't hesitate to contact me!

The new 2007 Cardiac and Pulmonary applications are now available on the AACVPR website for Certification and Recertification. **The Certification application is due December 1, 2006**. Certification applications need to reflect data collected between September 1, 2005 and December 1, 2006. **The Recertification application is due February 16, 2007**. Recertification applications need to reflect data collected between September 1, 2005 and February 16, 2007.

An important point that I would like to stress is that each program should read the applications CAREFULLY! There are some changes on each application. Just because your program is currently certified, it is not a guarantee of future recertification. Also, it is important to download and utilize the most recent version of the application. This year it is very important that HIPPA violations are removed from the application before submission and for all documentation requested after review. Documents that are not HIPPA compliant will be denied. Finally, all responses must be checked "YES" in the Program Management section. Again, the application will be denied if "NO" responses are present.

Below are some changes that you can expect from the 2007 applications:

ALL TABS:

- Every tab must be HIPPA compliant.
- All documentation must be submitted under each tab regardless if it is required in other tabs.

Staff Competencies:

- There is a new REQUIRED table format for STAFF COMPETENCIES.

Exercise Prescription:

- You must include Frequency, Intensity, Time (Duration), Type (Mode), AND PROGRESSION in your policy.
- The narrative should be a brief summary of your policy and procedure.
- National will not accept "will progress as tolerated". You

must specify specific parameters on HOW you will progress your patients in rehab (i.e. MET, blood pressure, RPE, signs, symptoms, etc.).

- There must be evidence of Physician review.

Medical Emergencies:

- You must include specific policies for each requested Medical Emergency.
- All policies and procedures in this section must relate to how staff would handle a medical emergency in Cardiac or Pulmonary Rehab.
- Your staff should be able to read your policy and procedure and implement.
- Policies that are vague or broad will not be accepted.

Outcomes:

- A minimum of 30 subjects is required for submission. If you have less than 30 subjects, 100% of data collected on all subjects that complete the program must be submitted.
- Also, if you have less than 30 subjects, you must explain why your numbers are low in your narrative.
- The REQUIRED table format must be used for each domain except for Service.

Care Plan:

- You must submit a COMPLETED care plan from a patient who has completed the program.
- The Care Plan needs to be individualized for each patient.

This process can be daunting. There are a great deal of changes that have been made to streamline the application and the requirements. National AACVPR is trying to set a high standard for all programs. This is an evolving process and changes will be made every year. Again, please feel free to contact me with questions or if you would like me to review any of your information.

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Hospital Update:

The University of Colorado Hospital on 9th Avenue and Colorado Boulevard has been slowly moving to the Fitzsimons Campus location in Aurora, Colorado. The hospital's vision is to have a state-of-the-art medical/hospital, research, education and biotech facilities on the 200+ acre old Fitzsimons Army Base. The hospital official move date for the main hospital beds and most entities is June 2007. Cardiology and Cardiovascular Rehabilitation will also be moving at that time.

The current layout of the Fitzsimons campus includes the following: (Note: this list is not all-inclusive.)
Administration

Anschutz Cancer Pavilion
 Anschutz Inpatient Pavilion
 Anschutz Inpatient Pavilion Birth Center
 Anschutz Outpatient Pavilion
 Barbara Davis Center for Adolescent Diabetes
 Ben Nighthorse Campbell Native Health Building
 Bioscience Park
 Building 500 (Old Fitzsimons Hospital)
 CeDAR Center
 Center for Integrative Medicine
 Children's Hospital
 Emergency Department
 Endocrinology
 Internal Medicine
 Lazzara Center for Oral-Facial Health
 Marion Downs Hearing Center
 Physical Therapy/Occupational Therapy/Rehabilitation
 Research Towers
 Rocky Mountain Lions Eye Institute
 University Physicians, Inc.
 VA Hospital Tower
 VA Nursing Home

The University of Colorado Hospital expects substantial growth from the move to Fitzsimons. The anticipated move has been exciting yet challenging. Please visit the hospital website (www.uch.edu) for more information.



A patient's first hand
experiences with a new smoking
cessation therapy: CHANTIX

Nan N Wagner RRT, VP Western Slope

I am constantly learning from my patients, some more than others. Frank brings in his thoroughly read copies of the Mayo Newsletter and any other informational materials he comes across. So, it was no surprise that he learned about Chantix before I did. Have you heard about it?

Here is what the manufacturer, Pfizer, says about this new drug: "Chantix is unique because it is specifically designed to partially activate the nicotinic receptor and reduce the severity of the smoker's craving and the withdrawal symptoms from nicotine. Moreover, if a person smokes a cigarette while receiving treatment, Chantix has the potential to diminish the sense of satisfaction

associated with smoking. This may help to prevent the cycle of nicotine addiction."

Frank has tried every trick in the book to try to kick his lifelong smoking habit: patches, gum, cold turkey, Wellbutrin/Zyban, aversion therapy, hypnosis. In spite of all the best information, completing the Pulmonary Rehab program here at Mercy Regional Medical Center and continuing to exercise for 6 years in our ongoing Life Fitness maintenance exercise program he has been unable to quit smoking. At last, Chantix is showing some promise to help him finally shake the monkey off his back.

After discussing it with his doctor he set his quit date and started taking Chantix at 0.5 mg daily for 3 days, then on day four he went to twice a day. After a week he increased it to 1 mg twice daily. He reports some of the expected side effects of mild, transient nausea and some sleep disturbance with unusual dreams.

The prescribing information says "Most people will keep taking Chantix for up to 12 weeks. If you have completely quit smoking by 12 weeks, ask your doctor if another 12 weeks of Chantix may help you stay cigarette-free." Chantix has been studied in more than 3000 patients and the only caution mentioned was for patients with renal impairment. It has not yet been evaluated in children less than 18 years of age, pregnancy and breastfeeding.

Frank says this about his experiences with Chantix: "It WORKS! During the first week when I was still at the low dose I thought it wasn't doing anything. I wondered when it would start working. As soon as I started the higher dose, the second week, I immediately had no urge to smoke." Frank is still working to break some of the behavioral habits but he is down to one cigarette a day! He plans to stay on the therapy through at least Thanksgiving to give him added confidence during the holiday parties but he is very optimistic about completely quitting and staying quit. *For more information about Chantix go to their website: www.chantix.com*



**NECA - National Emphysema COPD
Association**
Colorado Network presents:

"COPD Living the Colorado High Life"

Saturday, October 28th, 2006, 9am-3pm
Held at the Denver Marriott Tech Center - 4900
S. Syracuse St., Denver, CO 80222.

- This day long conference is for persons with Chronic Obstructive Pulmonary Disease and caretakers of persons with COPD. Free oxygen refills will be available for liquid tanks during and after the conference.
- Cost is \$15 before 10/20 and \$20 after 10/20, payable to NECA.
- Information and registrations should be available from all pulmonary rehab departments and lung disease support groups in Colorado.
- Send registrations to:
Longmont United Hospital
Attn: Cardiopulmonary NECA
1950 Mountain View Ave.
Longmont, CO 80501
Free buses may be available in your area.
- For more information call:
Laura Wesenberg (303) 651-5123 -Longmont
Ann Dinsmore (970) 495-8427 – Fort Collins
Ryan Fensler (303) 464-5529 – Greeley
Joan Bryant-Kennedy (719) 356-5924 - CO Springs
Dorothy Roberts (719) 948-9848 – Pueblo

??? What is a Registered Clinical Exercise Physiologist???

The Registered Clinical Exercise Physiologist is an allied health professional who works with apparently healthy people and patients with chronic diseases and conditions where exercise has been proven to provide therapeutic benefit. The RCEP performs exercise assessments and prescribes exercise and physical activity, primarily in hospitals, clinics or other health-care provider settings. The RCEP assists individuals in developing self-management skills to promote good health. The RCEP is an integral part of the health care team and works closely with other health professionals including: Physicians, Nurses, Nurse Practitioners, Physician Assistants, Respiratory Therapists, Physical Therapists and Registered Dietitians.

RCEP's are trained to work with patients with chronic diseases such as: Cardiovascular disease, pulmonary disease, diabetes, neuromuscular disorders, musculoskeletal conditions, obesity, cancer, end stage renal

disease, neoplastic / immunological / hematological disorders

The Registered Clinical Exercise Physiologist (RCEP) credential is based upon national standards set forth by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and independently administered by the American College of Sports Medicine (ACSM). The RCEP must meet entry standards which include graduation from a master's degree program in exercise physiology, exercise science, movement science or kinesiology from an accredited university or college, and a minimum of 600 hours of supervised clinical experience.

RCEP's have the advanced training that is necessary to work with people with diverse medical conditions. RCEP's are not physical therapists or personal trainers. Physical therapists are allied health professionals who usually work during the acute phase following an injury or illness and "focus on both preventing injuries and helping individuals recover from injury and disability due to illness" (American Physical Therapy Association). Physical therapists provide therapeutic exercise and other treatment modalities usually directed to a specific impairment or part of the body. RCEP's work more during the later phases of recovery and focus on the overall health of the body and interrelated systems. They do not use the same treatment modalities as do physical therapists as a part of their practice.

Personal trainers are paraprofessionals who can be certified by many different organizations to work with healthy people, but are not required to have any formal educational training. RCEP's on the other hand, have formal educational training at the masters degree level and meet established professional standards including clinical rotation requirements and passing the RCEP exam established by the American College of Sports Medicine (ACSM).

Questions or Comments? Feel free to contact Mark Patterson, M.Ed., RCEP at 303-764-4558 or mark.a.patterson@kp.org.



Cardiovascular Services at Kaiser Permanente Colorado Prepares to Take on Claudication!

Peripheral arterial disease (PAD) affects millions of people in the United States, most of who are not aware that they have the disease. PAD interferes with one's lifestyle by decreasing walking ability and affecting cardiovascular health. Left untreated, PAD increases the risk of heart attack, stroke, amputation of lower extremity limbs and death. A patient with PAD has about five times the risk of dying of a heart attack or stroke over the next ten years as the patient who does not have peripheral arterial disease.

Based on clinical guidelines set forth by the ACC/AHA, Kaiser Permanente – Colorado is going to start a program that will include a supervised, structured walking program of 36 sessions, 3 times per week for 12 weeks. Concurrently, patients will receive risk modification education information and classes. Initial exercise testing, structured exercise sessions and exercise adherence / follow up testing would be performed by a Registered Clinical Exercise Physiologist (RCEP).

Medical literature suggests that a structured exercise program provides demonstrable symptom improvement for this patient population- pain free walking time improved by an average of 180% and maximal walking time increased by 120%.

Mark Patterson, M.Ed., RCEP mark.a.patterson@kp.org.



Thanksgiving Facts:

- Turkeys have heart attacks. When the Air Force was conducting test runs and breaking the sound barrier, fields of turkeys would drop dead.
- The date of the First Thanksgiving is not precisely known though it occurred between September 21 and November 9, 1621.
- The First Thanksgiving lasted for three days.

- According to Edward Winslow, a participant in the First Thanksgiving, the feast consisted of:
 - Corn, Barley, Wild Turkeys and Waterfowl, and Venison

New Cardiac and Pulmonary Rehab programs in Denver Area

Exempla Good Samaritan Medical Center in Lafayette, Colorado opened their doors in December of 2004. They are a 172 bed hospital with the ability to expand to 350 as the community grows. The design of the facility has a strong focus on healing and includes a Health and Healing Center, as well as walking trails and a central healing garden. Cardiac and Pulmonary Rehab program are included at the center. Cardiac Rehabilitation started accepting patients in December of 2005 and Pulmonary Rehabilitation started accepting patients in February 2006. The Health and Healing Center also have Integrative Care services which encompass complementary and alternative care, and offers a variety of healing therapies including music therapy, pet therapy, reflexology, therapeutic and healing touch, acupuncture, massage therapy, yoga, chi gong, tai chi, guided imagery, mindfulness training and more. Integrative Care services are available to all inpatients at Exempla Good Samaritan Medical Center and also available for outpatient services as well. The Health and Healing Center's Clinical Manager is Ruth Ross, RN.

Denver Health's Cardiology Department located near downtown Denver opened a brand new Cardiac Rehabilitation program in April of this year. A part of the Cancer, Cardiovascular and Pulmonary Disease Competitive Grants Program, the program is funded by Amendment 34 money. The program is designed for patients, who have recently suffered a cardiac event; it is also available for high risk patients. Denver Health program integrates not only education and exercise training but support for patients with scheduling appointments, a social worker and pharmacist. Patients who attend, pay little to nothing to receive all the benefits and support of the Cardiac Rehab program. The Cardiac Rehabilitation Coordinator is Debbie Lathrop, RN; The Program Director is Dr. Pam Peterson and the Co-Director is Dr. Fred Masoudi.

Submitted by Christy Ruskusky, MS EP



California Society for Cardiac Rehab:

I am the membership chairperson for CSCR (California Society for Cardiac Rehab). Several of our members attended (or tried to attend) the recent AACVPR conference in West Virginia. They met members from your state that expressed an interest in attending our 25th Annual Conference March 16, 17, 2007 in Berkeley, CA.

Please call with any questions.
Thanks so much.

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Pumpkin Chili!

- 1 Tbsp. olive oil
- 1 medium onion, chopped
- 1 clove garlic, minced
- 12 oz. ground burger
- 1-15 oz. can white kidney beans, drained and rinsed
- 1-15 oz. can low-sod. black beans, drained & rinsed
- 1-15 oz. cans no salt added diced tomatoes
- 1-4 oz. can diced green chilies
- 1-15 oz. can pumpkin ½ tsp. unsweetened cocoa
- 1 tsp. sugar 1 Tbsp. cumin
- ½ tsp. cinnamon 1 Tbsp. chili powder
- 2 cups low-fat, low-sodium chicken broth or water

*In a large saucepan or stockpot, sauté onion and garlic in olive oil over medium heat for 2-4 minutes. Add remaining ingredients and mix together. Bring to a boil and simmer on low for 1 hour.
Makes 12 servings.

Nutrition facts per 1 cup: 148 calories, 2gm fat, 0gm saturated fat, 11gm protein, 22gm carbohydrate, 273mg sodium, 7gm fiber



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The RMCRA newsletter is compiled by Elizabeth J. Moore from Poudre Valley Health System. If you have any questions or concerns, please e-mail ejr@pvhs.org or call (970)297-6560.