



Rocky Mountain Cardiopulmonary Rehabilitation Association

February/March 2007

RMCRA

Winter Newsletter



Greetings from Colorado Springs,  
CO!

Boy, has this been a long winter... I have had a total of 109 inches of snow at my place on the Palmer Divide. So much is happening in our professions right now. Our President-Elect, Denise LaRocca, of CO and RMCRA Reimbursement Contact Person (RCP), Pamela Haines, of NM, along with AACVPR President, Jody Herford, Boulder, CO, and 150 other reps from through out the country, attended the Day on the Hill in March. I would like to thank them for the time and dedication, for they are so very important for our representation in these legislative efforts I just cannot stress this enough, please read their updates and take action.

I would like to thank Beth Myer VP Southern CO, Pueblo, for her legislative activities which have paid off in a big way getting 2 sponsors in John Salazar and Mark Udall as well as a possible from Perlmutter. Colorado is rocking right now, keep up the great work!!! I would also like to thank all of the annual conference program committee members for their hard work and diligence in planning the upcoming meeting to take place at Exempla Good Samaritan in Lafayette, CO. on May 4<sup>th</sup> & 5<sup>th</sup>. Please get your registrations in ASAP so we can get a head count.

We are actively seeking a Secretary for the RMCRA, as Michaelena has done a terrific job and is stepping down in May. I will be

moving into past president status as of May, I would like to thank you all for the terrific opportunity to serve you in this office and please welcome Denise LaRocca and give her the huge support that you have given me. Let me know if you have questions or concerns.

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

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Vital Letter Writing  
Campaign:

S. 329 and HR 552 are the new bill #'s for "The Pulmonary and Cardiac Rehabilitation Act of 2007".

"It is now time for action! A few dedicated AACVPR members cannot do this alone. We need to mobilize and organize ALL of our members for this endeavor. Our future is dependent on escaping CMS's capricious decisions and "incident to physician" regulations."

Murray Low, Ed.D., FACS, FAACVPR  
New York

*Now...From Denise!*

Hello everyone,

Both Pam Haines and I truly thank the membership for allowing us the chance to participate in Day on the Hill

in Washington, DC. Jody Hereford, President of AACVPR and member of RMCRA, gratefully acknowledges your support of this important endeavor and recognizes the hard work of those participants in Day on the Hill.

From my perspective, Day on the Hill was an eye-opening experience and one that has a lasting impact on our profession. First, I would like to thank anyone who has emailed or sent letters to their respective House and Senate members. **Secondly, I would like to emphasize the URGENCY of this campaign and the follow-up that is required.**

After returning from Washington, DC, the two take-home messages we received were:

**If you want Cardiac and Pulmonary Rehab in part of the Medicare Statute, the “only reassurance is passage of legislation”.**

**If you are comfortable risking the future of Cardiac and Pulmonary Rehab, then do not send letters to your representatives or get involved.**

**Here are the reasons why you need to act if you work in the profession:**

According to Phil Porte, Legislative Analyst (Lobbyist) for AACVPR, we need a “secure environment” which we do not have right now. Although Cardiac Rehabilitation has a National Coverage Decision, there needs to be a National Coverage Decision (NCD) for Pulmonary Rehabilitation, a “specific reference in the Medicare statute” and elimination of the vague nature of “incident to physician” requirements.

The Fiscal Intermediaries (FIs) will be replaced by Medicare Administrative Contractors (MACs), which have the ability to interpret coverage benefits. If Cardiac and Pulmonary Rehab have a specific benefit category in the Medicare statute (through this legislation), the MACs do not have as much regulatory authority for interpretation.

The committees that have “jurisdiction” are the Senate Finance Committee, the House Ways and Means Committee and the House Energy and Commerce Committee. While these committees are important, ALL members of Congress are valued as co-sponsors of this legislation. Passage of this legislation requires as many signatures as possible.

As of March 16, 2007, we have 39 House members and 12 Senate members as co-sponsors. It would be optimal to have 218 House members and 51 Senate

members as co-sponsors, however, as many signatures as possible is the ultimate goal.

**Obtaining co-sponsorship cannot be done alone. Therefore, we need you to GET INVOLVED NOW! Go to your hospital administration, talk to your medical directors and meet with your House and Senate members in the local offices. Follow the guidelines listed below. Also, go to: [www.aacvpr.org](http://www.aacvpr.org).**

On the AACVPR website, you can go into the “WE NEED YOUR HELP!!”, “Grass Roots Campaign” and the “Legislative & Regulatory Issues” links. There are specific instructions on how to contact House and Senate Members. The main web page also lists a “Policy and Reimbursement” in the upper left hand corner. This section lists all of the “Current Legislative and Regulatory Status” and “Reimbursement and Legislative Information and Resources” for this effort.

You should also visit the following web addresses: [www.senate.gov](http://www.senate.gov) and [www.house.gov](http://www.house.gov). This information is on the AACVPR website as well and will guide you on how to contact your Senator or House member.

Upon entering [www.senate.gov](http://www.senate.gov), look in the upper right-hand corner for "Find Your Senator". Use the drop-down menu to search for your senator by state. The list will appear and if you click on a senator, you will be directed to their web page.

After entering [www.house.gov](http://www.house.gov), look in the upper left-hand corner for "Find Your Representative". This site requires you to enter your 5-digit zip code followed by 4 digits.

Again, you will be directed to the house member's name. Click on the representative and you will be taken directly to their home page.

For each senator or house member, you can email them directly from each homepage.

REMEMBER TO TRY AND PERSONALIZE ALL LETTERS AND TO IDENTIFY YOUR SELF AS A CONSTITUENT! THIS TRULY DEMONSTRATES HOW MUCH WEIGHT EACH OF US HAS ON OUR HOUSE AND SENATE REPRESENTATIVES. YOU LIVE AND WORK IN DISTRICTS THEY REPRESENT!

The list of the important Tier One contacts for Colorado, Wyoming and New Mexico are as follows:

For the House Energy and Commerce Committee (Health subcommittee not determined yet): **Diana**

**DeGette – CO (SHE IS NOW A CO-SPONSOR),**

Barbara Cubin - WY, Heather Wilson - NM

For the Senate Finance Committee (Health subcommittee not determined yet): Ken Salazar - CO, Craig Thomas - WY, Jeff Bingaman - NM

For the House Ways and Means Committee (Health subcommittee not determined yet): there are no CO, WY or NM representatives.

**Please remember that ALL members of the House and Senate are important for co-sponsorship.** We are hoping for as many signatures as possible. If you have previously sent an email or letter, FOLLOW-UP at this point in time is CRUCIAL!

As follow-up, I would encourage you to send a brief thank you, as a constituent, to those Members in the House and Senate who have co-sponsored this legislation. I would also thank those Members who eventually become co-sponsors.

Finally, Karen Lui, RN, MS, FAACVPR and Pat Comoss, RN, BS, FAACVPR wrote an article in the March/April "AACVPR NEWS & VIEWS". In the article, they discuss the message from Capitol Hill, why you need to petition congress, the CMS reorganization to Medicare Administrative Contractors, and HOW we can pass this legislation THIS YEAR. I highly encourage you to read this article. **You can also contact Pam Haines, the Reimbursement Representative in New Mexico, Joan Bryant-Kennedy, President of RMCRA, Jody Hereford, President of AACVPR and/or me if you have questions. We are here to help and can direct you to the appropriate resources.**

*I cannot stress the importance of this campaign and the future of our profession. **Please involve as many people in the field as possible, including hospital administrators, medical directors and staff.** Again, feel free to contact anyone listed above. **Thank you for your time and dedication!***

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**Another note about the letter writing campaign!**

*Please visit the AACVPR website! Even though Day on the Hill was in early March, the campaign is not over! Continue to send letters to our Senators and Congressmen and women! A decision may not be made until summer or even fall. So, it is **VITAL** that we stick to the task at hand and follow this through until the end!*



**Medical Center of the Rockies**

Poudre Valley Health System was proud to open the new Medical Center of the Rockies on February 14, 2007 in Loveland, CO. The Cardiopulmonary Rehab facility opened their doors to patients on March 1<sup>st</sup> and are in full swing with the Phase II and Conditioning classes! It is an exciting time for our health system! If any of you get the chance to visit, please stop by and say hello! In addition to great care, the hospital has the artwork of local artists on display and a great view!



**NCMC Danced the Night Away!**

On Saturday, Feb. 24th, North Colorado Medical Center sponsored Day of Dance for Cardiovascular Health at the Greeley Mall. NCMC is one of five hospitals in Colorado involved in the Spirit of Women Hospital Network. The purpose of the dance-themed event was to spread the message within the community that the steps to prevent heart attack and stroke are "just a dance away". The program involved consumer education on heart disease, health screenings, speakers, music and dancing for a celebration of heart healthy activities and education. The grand prize give-away was a gift certificate to "Body Shoppe" from the Cardiac Rehab Department and the Cardiovascular Institute of North Colorado at NCMC.

An \$800 value, "Body Shoppe" is a program in which participants receive pre-testing (medical history/CAD risk factor screening, lipid panel, stress test, strength and flexibility tests, body comp analysis) and an exercise prescription. Over the course of 12 weeks, participants exercise in the Adult Fitness

Program under the guidance of the cardiac rehab staff, participate in educational classes, and receive post-testing provided their participation rate has been 85% or better. The next Body Shoppe program will begin April 30th. A big "thank-you" goes to Ginger Maki, RN, of the cardiac rehab staff (and RMCRA member!) for being the primary organizer of this highly successful event. As a proposed yearly national program by the Spirit of Women, look for Day of Dance festivities in your area every February!

***P.S. It's not for women only!!***

Contributed by  
Kathryn Miczulski, MS  
Exercise Specialist  
Cardiac Rehabilitation  
North Colorado Medical Center



*"To me, old age is always 15 years older than I am."*

Bernard M. Baruch



**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. On Friday night, there will be a round table on reimbursement/legislation and Day On The Hill. Saturday's topics include: Altitude, new therapies for smoking cessation, lipids, the new Pulmonary Evidence-Based Practice guidelines, exercise and cancer, resistance to behavior change, and pulmonary hypertension. Please see the attached brochure and send in your registration.*

*The conference committee is working hard to organize an exceptional 2007 meeting for the RMCRA! However, we are still in need of vendors to either exhibit or sponsor the event. If you know of a company interested in exhibiting or*

*sponsoring (\$250 fee), please have them contact Beth Myers, RN at St. Mary-Corwin Medical Center in Pueblo, CO. Her Email address is: [bethmyers@centura.org](mailto:bethmyers@centura.org). 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!*



*"Whenever you are asked if you can do a job, tell 'em, 'Certainly I can!' Then get busy and find out how to do it."  
-Theodore Roosevelt*



**Come to Tea!**

*On Valentine's Day, St. Mary-Corwin Medical Center sponsored a "Women & Heart Disease" presentation and tea for its associates and the Pueblo community. Judith Lenane, RN, MHA, Vice President of Business Development at Centura Health, presented on heart disease to about 55 participants. They were then screened by cardiovascular services, cardiac rehab, and cath lab staff members for blood pressure, body mass index, and completed an overall heart risk assessment. The event was a huge success, providing overall awareness of heart disease as the number one killer of women and interactive screenings to get them thinking of their heart health.*

*Contributed by Beth Myers, Pueblo, CO*

**Cardiac Rehab Week in New Mexico!**



*We had a very successful Cardiac Rehab Week and we are also extremely busy. We*

have started 61 new patients in Cardiac Rehab since Jan. We are now planning for our Pulmonary Rehab Week coming up in a couple of weeks. I am going to try to get a New Mexico meeting of the minds scheduled prior to our conference in May.

Mary Boyce



### **News Flash from Wyoming!**

The RMCRA is proud to announce that the state of Wyoming has a new Vice President/ Representative serving the RMCRA. Kasey Cochran will proudly represent her state this coming year, taking Phyllis O'Connor's place. Kasey has some big shoes to fill, but we are confident she is up to the task! Welcome Kasey!



### **Building Bridges with Cardiac Rehab Phase I:**

Nan Wagner RRT  
VP Western Slope

A few years ago we set out to improve our Cardiac Rehab Phase I program here at Mercy Regional Medical Center in Durango, Colorado. It would be hard to say which measure we improved was the most important but combined we find ourselves today with a strong Phase I program which helps to support our Phase II, Pulmonary Rehab and maintenance programs in a very positive way.

Angie and Barb are our two main Phase I nurses. Their strong patient care backgrounds, coming from Med/Surg and ER combined with their experience in cardiac diagnostics and Cardiac Rehab Phase II make them a highly effective team. We changed from a haphazard way of assigning this daily task to using the same people regularly. They are the main faces the nurses in the hospital see, which provides consistency and dependability. All medical staff in our department, however, including RTs and EPs share the load by providing

rotating weekend coverage, sick-call coverage and added help when census is high.

Communication is key. Our Phase II staff knows when our Phase I nurse is available to help out or needs help herself because we talk to each other throughout the day. Phase I participates in a hospital-wide Interdisciplinary Team meeting which helps all caregivers have an idea of who is doing what with each of the in-patients. Communication with the in-hospital nurses helps Phase I know who needs attention and what's going on in the cath-lab. Seeking out the doctors and talking to them provides two way feedback and keeps Cardiac Rehab familiar. By doing all this we build bridges between inpatient and outpatient care and between our program and physicians.

Every day the inpatient hospital census is scanned, looking for appropriate diagnoses to receive Cardiac Rehab education. We no longer wait for an order: All patients with an admitting diagnosis of AMI, CP, ACS, CHF or even syncope or dizziness will be considered as candidates and if appropriate will receive a visit from Phase I to provide education to help them understand what is happening to them, their disease process and what they can do to prevent further occurrence. After conferring with the floor nurse Phase I will walk post-cardiac-catheter patients and provide valuable hemodynamic response information, both charted and verbally, effecting medication changes and readiness for discharge. They are able to present and explain Cardiac Rehab Phase II to every appropriate patient and most often obtain the signed referral and even schedule the Phase II assessment before the patient ever leaves the hospital. They often refer patients to Life Fitness (maintenance exercise) or Pulmonary Rehab programs when no cardiac diagnosis fits requirements.

The educational materials have been stream-lined so that all patients receive the same information, appropriate to their diagnosis, no matter who is covering the service on any given day. We have examined all materials for understandability, conciseness and cost effectiveness. Not too little or too much.

Phase I has taken over smoking cessation counseling in the hospital. There are triggers built into the initial nursing assessment form that automatically sends a referral to our printer.

How do we get paid for all this is the obvious next question. And as you feared the answer is we don't. Not directly at least but the quality and consistency of care our personnel give has made us an indispensable part of the patient care team. Administration likes us because of the positive way the National Quality Standards are impacted. Nurses like us because there is another pair of hands to share the load, someone they trust. Cardiologists like us because of the important feedback we provide and the quality of care that spans the inpatient/outpatient gap. Patients and their families like us because we help them understand what has happened and what is coming next during a frightening event in their lives. Primary Care Physicians like us because we follow up on patients with CHF by phone to make sure all is going well. Financial officers understand the need because we not only help get the patients up and ready for discharge but also find problems that could lead to re-hospitalization. Instead we provide referral to less expensive, cost-effective outpatient programs. Phase II and Pulmonary Rehab LOVE these nurses because they are a referral source AND are able to help out when outpatient census is high.

The transformation has not been overnight. Years of building and revising what we do with commitment to quality for all concerned has made Phase I Cardiac Rehab a highly visible and indispensable part of the care for patients coming to the Mercy Regional Medical Center with a cardiac event.

Questions? Contact Cardiopulmonary Rehab at MPMC (970) 764-2700 or email [nanwagner@mercydurango.org](mailto:nanwagner@mercydurango.org)



*Nan also wanted to pass along some websites with great information. Please check them out!*

<http://www.womentowomen.com/heartdiseaseandstroke/whateverwomanshouldknow.asp> - great stuff on Women and CAD, hormone therapy etc. (is the clinic established by Dr. Christine Northrup)

<http://www.oldwayspt.org> <<http://www.oldwayspt.org/>> - has several different food pyramids and is endorsed by Harvard medical school (see below)

<http://www.hsph.harvard.edu/nutritionsource/vitamins.html> - great resource for vitamins, minerals and food pyramid.

<http://www.umm.edu/altmed/index.html> - Univ. of Maryland - great all around site but has in-depth info on supplements and herbs



### **We Need Your Email Address!**

*If you have not received a newsletter via email, that means that we don't have your email address! Please send your current email address to our Membership Rep, Kathy Miczulski at [Kathy.miczulski@bannerhealth.com](mailto:Kathy.miczulski@bannerhealth.com) and Elizabeth Moore, the newsletter lady, at [ejr@pvhs.org](mailto:ejr@pvhs.org)!*

*Thank you very much!*



### **National Pulmonary Rehab Week!**

*March 18 – March 24, 2007*

*\*Let your Pulmonary Rehab Staff know how much they are appreciated!*



*"As we look deeply within, we understand our perfect balance. There is no fear of the cycle of birth, life, and death. For when you stand in the present moment, you are timeless."  
-Rodney Yee-*



### **RM CRA 2005-2006 Officers and Representatives**

**President-Elect:** Joan Bryant-Kennedy, RRT, RCP  
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The RM CRA 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](mailto:ejr@pvhs.org) or call (970)297-6560.



### **Cranberry Couscous Salad**

1 c. water  
 $\frac{3}{4}$  c. uncooked couscous  
 $\frac{3}{4}$  c. dried cranberries  
 $\frac{1}{2}$  c. chopped carrots  
 $\frac{1}{2}$  c. chopped celery  
 $\frac{1}{2}$  c. chopped, seeded cucumber  
 $\frac{1}{4}$  c. thinly sliced green onions  
 $\frac{1}{4}$  c. slivered almonds, toasted  
3 T. balsamic vinegar  
1 T. olive oil  
2 tsp. Dijon mustard  
1/8 tsp. black pepper

\*In a saucepan, bring water to a boil. Stir in couscous. Remove from heat, cover, and let stand for 5 minutes. In a bowl, combine the couscous, cranberries, carrots, celery, cucumber, and green onions. In a small bowl, combine the vinegar, oil, mustard, and pepper.

Pour over couscous mixture; Mix well. Cover and refrigerate. Stir in almonds just before serving. Makes 8 servings. For a complete meal, add diced, grilled chicken!

**Nutrition facts per  $\frac{1}{2}$  c. serving: 157 calories, 4gm fat, 0gm saturated fat, 3.5gm protein, 27gm carbohydrate, 45gm sodium, 2.4gm fiber**

\*Recipe taken from Heart Center of the Rockies  
Heart Healthy Cookbook



“Let us be grateful to people who make us happy:  
They are the charming gardeners who make our  
souls blossom.”

Marcel Proust (1871 – 1922)



## **Rocky Mountain Cardiopulmonary Rehab Association**

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