"The significant problems that we face cannot be solved at the same level of thinking we were at when we created them” Albert Einstein

Please let one of my favorite quotes sit with you for a bit. Einstein was spot on about so much in his lifetime and beyond and I think this quote is very relevant to us at the local and national levels.

Did you ever dream that you’d be seeing patients in OUTPATIENT rehab with a device they were carrying around that assisted their left ventricle to pump, wearing a vest that assisted their lungs to move air, or even coming in between dialysis treatments? I know that when I was first involved, those scenarios were not even thought of, yet we see those patients as well as those with many other significant co-morbidities in our programs on a daily basis, yes because they also have heart and/or lung disease, but also because it is now widely recognized that what started out as lifestyle modification to decrease the burden of heart and lung disease actually decreases mortality and morbidity for just about all causes and practitioners in other disciplines are increasingly acknowledging us and what we do. I remember comments like “If my patient wants to do it, I guess it’s OK but it’ll just make him think he’s doing better”, “Where’s the proof it will really help?” or “The hospital is wasting money on that department when they should be expanding the cardiac catheterization lab”.

Now, with Million Hearts and other initiatives by CMS, there is recognition that we can actually help insurance companies save money while improving patients’ health and outcomes. I say “about darn time!”

Our fight is not over. One threat is section 603 of the Balanced Budget Act, which changes reimbursement to many programs located off hospital property to about half of their previous amounts.

While CMS agrees this “unintended consequence” is egregious, their hands are tied as it is an act signed into law by congress and only congress can make changes to it.

Several of us from MACVPR are heading to Washington to lobby congress for a bill to change this and we have already been in contact with congressional staffers to make appointments and start behind the scenes work necessary to make this happen. We need your help. Please, if you are unable to join us in Washington March 5, check the AACVPR advocacy page and use the links to email both senators from your state (we have members from states other than MA) as well as your Congressman, for without change, many programs will
Happy New Year to everyone! This could be a very significant year for Cardiac and Pulmonary Rehab programs. The OIG will be doing audits and the annual Day on the Hill on March 4th and 5th in Washington, DC is extremely important.

We must be diligent in our daily work to be accurate and on time with our documentation and to find ways to be creative and financially savvy in order to make the most of our resources.

Cardiac Rehab Week is February 10th-16th and Pulmonary Rehab Week is March 10th-16th. We are all busy in our daily practices but this is a great opportunity to take time to appreciate each other and the great work we all do to benefit our patients. Our program plans fun activities for the patients to help motivate them with their exercise program or dietary habits, we usually give away small prizes and have some healthy competition. It is also a good opportunity to create more awareness in our hospitals and communities about the benefits of cardiac and pulmonary rehab.

Please feel free to email me at southpaw73@comcast.net if you have any suggestions for future topics.

Best,
Heather Nestor, MS CEP
North Shore Medical Center

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 MACVPR.
Regulatory & Reimbursement Update

Wayne Reynolds, RN, FAACVPR, CCRP

Reimbursement Update

CMS Audits
CMS will be conducting audits of programs for compliance. In 2016 they audited 1 program and found multiple noncompliance issues, “taking back” significant money from that program. Please inform me as soon as you are notified that your program will be audited and share any findings so that other programs can learn from your experience.

Site Neutrality
As of this writing, CMS has not made a final determination of any exceptions to section 603 of the Bipartisan Budget Act which states that programs that have been located “offsite” as of November of 2015 will be reimbursed at the Physician Outpatient Payment Schedule rate, which is roughly half of the Hospital Outpatient Payment Schedule.

While CMS recognizes this is an unintended consequence to services like cardiac and pulmonary rehabilitation, there is low likelihood of an exception being granted without congressional action, therefore Day on The Hill will have this as a major focus.

My goal is to have a representative from every congressional district in Massachusetts at DOT to meet with their congress person’s staff members, and meet as a group with both senators’ staffs as well, in order to impress upon them the gravity of this onerous change in reimbursement to services that CMS has recognized as valuable.

Day on The Hill
March 4th-5th, 2019

Please consider heading to Washington, D.C. to participate in the effort to get congressional action on section 603 of the Bipartisan Budget Act.

For quick reference, here is a list of our MAC resource group membership:

Wayne Reynolds – TF Liaison wayner1956@comcast.net -MA, Karen LaFond- MA, Esther Burchinale- MA, Mark Cushman-ME, Maryann Riley, Elizabeth Peters-NH, Patrick Savage-VT and Murray Low-NY & CT.

If you have questions about the above issues or other Medicare reimbursement questions or on how things work with Medicare or AACVPR’s advocacy efforts, or if you’d like to see something addressed in this column please don’t hesitate to contact me.
Paulette Pontier RN, MSN, CNL, CCRP
Jaqueline Pierce PT, CCS
Education Co-Chairs

THE JANUARY MEMBER MEETING WAS HELD THURSDAY
JANUARY 17th AT THE HAMPTON INN BOSTON/NATICK
IN NATICK

36 participants attended the four-hour meeting which be-
gan with Outgoing President Lynne MacDonald’s, farewell
address followed by incoming president Wayne Reynolds
RT, FAACVPR, CCRP opening address.

SESSION 1: CARDIAC CARE FOR PATIENTS WITH CANCER
- Cardio-Oncology
Raymond Russell, III, MD, PhD, FACC, MASNC, Associate Professor of Medicine and Director of Nuclear Cardiology
Warren Alpert Medical School of Brown University and
Past-President, American Society of Nuclear Cardiology.
Dr. Russell explained how advances in effective chemother-
apy has improved the longevity of patients in turn raising
the importance of managing the long-term implications
of cardiovascular complications. Cardiac rehabilitation can
benefit patients with cardiac toxicity from cancer therapy
including radiation therapy. He discussed type 1 and type
2 cardiotoxicity, the risk factors of cardiotoxicity and discuss-
ed strategies to decrease these risks.
Common cardiovascular complications from chemotherapy
include chronic systolic and diastolic heart failure, myocard-
dial ischemia, pericardial disease, hypertension, thrombo-
embolic events, electrophysiological disturbances. Effects
from radiation therapy include constrictive pericarditis,
restrictive cardiomyopathy, coronary artery disease, valvular
disease and conduction disturbances. The main takeaways
from the discussion included the number of patients with
both cancer and cardiovascular disease is rising, and as
therapeutic options and treatments continue to improve,
complications from these therapies will also increase affect-
ing how we treat patients with cardiovascular disease.

SESSION 2: EFFECT OF LIFE STYLE INTERVENTIONS ON
CARDIOPULMONARY FUNCTION
IN CHRONIC KIDNEY DISEASE PATIENTS
Dr. Samuel Headley PhD. ACSM-CCEP, ACSM-RCEPsm,
EIM-3, CSCS, FACSM, Professor of Exercise Science, Sports
Studies and Exercise Physiology at Springfield College in
Springfield, MA. Additionally, Dr. Headley is the founding
member of Clinical Exercise Physiology Association.

Dr. Headley discussed the link between chronic kidney
disease (CKD) and cardiopulmonary disease by sharing
the latest information regarding the role of inflammation
in this population of patients and examined the evidence
of the impact of chronic exercise training and dietary
modification in optimizing the cardiopulmonary function
in patients with CKD. Statistics from the United States
Renal Data System revealed that prevalence for CVD was
65% in CKD patients compared to 33% in those with-
out it. The professor also shared data from the nonprofit
organization KDIGO. KDIGO, which has a global mis-
dition of developing and implementing evidence-based
clinical practice guidelines in kidney disease on a global
level, created a chart of relative risk comparing glomer-
ular filtration rates and albuminuria. Using this data, Dr.
Headey explained how systemic endothelial dysfunction
evidenced by very high albuminuria levels predisposes
people to CAD even when they have optimal GFR levels
and that people with stage 3 CKD are more likely to die
from CKD before progressing to stage 4 or 5 disease.

Take away from this session; prevalence of CVD is high
among CKD patients and their outcomes are worse.
Inflammation and oxidative stress are believed to be the
culprit while use of HIT, moderated exercise training
and diet modifications diminish risk factors of CKD.

BREAKOUT SESSIONS – Included informative sessions
with William O’Connell the President of the Foxboro
chapter of Mended Hearts followed. Mended Hearts
provides hope and improved quality of life for persons
with heart conditions and their families through peer to
peer support and education.

Wayne Reynolds shared past Day on the Hill (DOTH)
experiences and encouraged attendees to participate in
this years’ DOTH scheduled March 4th and 5th in Wash-
ington D.C. AACVPR and its members are advocates
for removing barriers to cardiopulmonary rehabilitation
expansion and participation. Specifically to gain support
from our elected officials in correcting the unintended
consequences of Section 603 of the Bipartisan Budget
Act of 2015 that mandates reduced reimbursement for
off campus programs.
MACVPR LOCAL CHAPTER UPDATES

TREASURY REPORT

Donna Hawk, RRT, AE-C
Treasurer
AS OF: February 11, 2019
Checking - $11,403.24
Money Market - $2,636.42
Total - $14,039.66

MEMBERSHIP REPORT

Diane Gaughran, BS, ACSM-RCEP, CCRP
Membership Chair
AS OF: February 2019:

The MACVPR currently has 104 members. As you may know, MACVPR is a Joint Affiliate organization with the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR). Please encourage your co-workers and associates to join and receive all that the Joint Affiliation has to offer:

Continuing education opportunities:
- Two half-day complimentary meetings
- Reduced registration fee at the Fall Full-Day Membership meeting with national speakers
- Free access to all of AACVPR’s educational webcasts and corresponding CEUs (a $650 value)

Full access to the AACVPR websites including:
- Roadmap to Reform presentations/resources
- Latest updates on reimbursement and legislation
- Certification updates
- Access to members-only resources on the AACVPR website
- Tri-annual ‘MACVPR NEWS’ newsletters

Automatic enrollment in MACVPR and AACVPR
- One annual dues payment of $215 for the AACVPR Joint Affiliate membership for essentially two memberships with all the associated benefits.

If you have any questions about membership please feel free to contact Diane M. Gaughran BS, ACSM-RCEP, CCRP at diane.gaughran@steward.org or 781-278-6265.

Save The Date! Free for members

MACVPR HALF DAY MEETING
May 23, 2019

Hampton Inn & Executive Conference Center
319 Speen Street
Natick, MA

We are planning to have a few speakers and a networking session to share information and ideas.

If you know anyone who has not joined and would like to receive all the benefits of joint membership, AACVPR also offers an 18-month membership option, starting the first business day of January. This prorated option allows members to join or renew between January and April and receive and extended membership that lasts until June 30th of the following calendar year. For example, if you were to join January 2, 2019 your membership would expire June 30, 2020. The 18-month membership is a larger up front cost but the access to benefits is longer.

Renewal for memberships will happen on Juuy 1, 2019.
THANK YOU TO OUR 2018 DIAMOND SPONSOR:

LSI

Dedicated to improving lives.

AT LSI, WE ENVISION CARDIAC AND PULMONARY PROVIDERS SUPPORTED WITH THE TECHNOLOGY AND RESOURCES THEY NEED TO PROVIDE INNOVATIVE, INFORMATIVE, AND INSPIRED CARE.

VISIT LSI-MEDICAL.COM OR CALL 800-846-1279 FOR MORE INFORMATION, ADVOCACY RESOURCES, AND TO SCHEDULE A DEMONSTRATION TODAY.

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- Patient Monitoring for Rural and Community Hospitals
- Interfacing and Clinical IT Solutions
- Technical Support Programs
- Educational Library
- Professional Scholarships
THANK YOU TO OUR 2018 SILVER SPONSORS:

INTERESTED IN BECOMING AN MACVPR SPONSOR?

Diamond Level $1500+
- Your company will sponsor a conference speaker of choice with logo on large screen prior to presentation. A representative from your company will introduce the speaker
- Free use of MACVPR’s Membership list (for one-time use)
- Premier space in exhibit area
- Able to have a table at our Half Day meetings in January and May
- Sponsor logo with link on MACVPR website
- Complimentary lunch at conference
- One skirted exhibit table
- Large Logo will appear on conference materials given to attendees
- Verbal acknowledgement by the President of MACVPR at the conference
- Half page advertisement in MACVPR newsletter three times per year

Silver Level $1000
- Sponsor logo with link to MACVPR website
- Complimentary lunch at conference
- One skirted exhibit table
- Midsize logo will appear on conference materials given to attendees
- Verbal acknowledgement by the President of MACVPR at the conference
- Mid size logo in the MACVPR newsletter three times per year

Bronze $750
- Complimentary lunch at conference
- One skirted exhibit table
- Small logo will appear on conference materials given to attendees
- Verbal acknowledgement by the President of MACVPR at the conference
- Small Logo in next MACVPR newsletter

Please contact Lisa Dion at admin@macvpr.org if you would like to become a sponsor or need more information. Thank you for your support.

THANK YOU TO OUR 2018 BRONZE SPONSORS:

Thank you to our Exhibit level sponsors Breathe Tech and Scottcare
Mediterranean Diet

With all of the diets in social media, it can be very confusing as to which one is the best and what to follow. Today, everyone is following some kind of diet. You may have a friend or a relative following the “keto plan,” or practicing “whole 30,” or some practice “intermittent fasting.” I have yet to hear anyone say that they are practicing “lifestyle changes.” The main goal of many diet plans is to lose weight with promises of lowering blood pressure, cholesterol, and preventing diabetes. Who would not want to accomplish that? The problem with these plans is maintenance and long term. In order for a plan to work it has to be SUSTAINABLE. This is so important and critical when trying to make lifestyle changes that stick! As I think about health and nutrition I am always drawn to the Mediterranean diet. Why? Because it is a lifestyle that many people CAN do and it does not limit any foods or groups. Everyone can find a way to make this plan work.

The Mediterranean diet emphasizes the following:

- Plentiful amounts of fruits and vegetables, whole grains, legumes, and nuts
- Replacing butter with heart healthy fats such as olive oil and canola oil
- Decreasing salt and using spices to flavor foods.
- Decreasing red meat to less than once a week and choosing lean cuts
- Preparing fish at least twice a week and choosing lean cuts of chicken, turkey, and pork
- Optional red wine in moderation (optional)
- Get moving

Putting the pieces together

Simple ways that you can start right now with achieving a healthy diet

Choose a fruit or vegetable at each meal and pair with whole grains. Oatmeal with fresh berries for breakfast or a whole wheat sandwich with a side salad is a great start. You can make your own olive oil dressings which is a wonderful way to bulk up on mono-unsaturated fats.

Enjoy nuts but do so in moderation. They are a great way to increase your heart healthy fats and are a great source of protein. A serving of nuts is about 1.5 oz per day. Cooking with olive oil or adding fresh avocado to your salad or sandwich is a great way to increase your monounsaturated fats.

Cutting back on salt and adding in garlic or fresh squeezed lemon is a great way to increase food flavors. Peppers, lemon peppers, chives, homemade salsas, and hummus are great ways to flavor foods. Having fish when you dine out is a great way to get it into your plan without worrying how to prepare it at home or dealing with members who may not be open to these changes. If you are not a fish fan plan to have a vegetarian meal once a week. Legumes or tofu based meals are packed with protein and fiber without the cholesterol.

If you are a red meat fan plan to decrease servings in half and limit portions to palm of your hand. Low fat dairy is a good source of calcium. A dollop of plain Greek yogurt on a sweet potato is delicious. Try low fat Fair life milk for added protein and less carbohydrate.

Wine always in moderation and if you are not one to drink it is not recommended to start. Fresh fruits and vegetables and whole grains are other wonderful ways to take in antioxidants.

Research has shown that a Mediterranean diet may reduce the risk of cardiovascular disease while helping to maintain a healthy weight. As we enter the month of February and American heart month it is always good to check in with your heart health and be pro-active with changes that need to begin. One great way to start is with what you eat!

Some info gathered from: http://www.mayoclinic.org
Welcome to 2019. In the Fall 2018 MACVPR newsletter I discussed short, deliberate “mindful minis”, quick and effective breath focus and relaxation techniques. Perhaps you have already put some of these breath exercises into practice for your self and your patients — that’s great! Now let’s expand on the breath exercises and consider small moments of intentional mindfulness throughout your day. Often the idea of including even one additional task in your already busy, over-scheduled days seems daunting...but what if I told you you don’t need to add anything more just change HOW you are doing specific tasks? I invite you to build everyday mindfulness by trying my 1-5-7 plan this month. By using the 1-5-7 plan you can change mindLESS moments into mindFUL moments. Simply begin by choosing one activity listed below to do for five minutes each day for seven days. The next week, chose another activity. I have found this to be a fun and sustainable way to insert mindfulness into my day and they days of my clients.

Building Mindfulness with 1-5-7 (1 activity, 5 minutes, 7 days a week)

1. Take five minutes every morning to gently release any tension by doing some gentle stretches or concentrating on your breathing. Allow your breath to settle in the belly—expanding it like a balloon on the inhale and deflating on the exhale.

2. Shift waiting time (commuting traffic, waiting on hold on the phone, waiting in line at the grocery, etc) to mindful mini time. Allow yourself to breathe into the tension, breathing in warmth and relaxation and breathing out any pain or tightness.

3. Schedule “mindful minis” during your day. Step outside and notice the temperature or simply close your eyes and be present in the moment.

4. Choose to S.T.O.P. S=stop; T=take a breath; O=observe your mind and body; P=proceed with your tasks. Allow yourself to be more centered and aware.

5. Spend one mealtime each week eating mindfully and silently without distraction such as reading, checking email, listening to music. Slow your eating, becoming aware of all the senses—sight, sound, taste, smell and touch.

6. Practice mindful communication for 5 minutes. Are you in "talk" or "listen" mode most of the time?

7. At the end of the day, acknowledge and congratulate yourself for what you have accomplished and try not to focus on what you have not done.

What topics of mind/body/spirit would you be interested in exploring in future columns? Let me know at pressler@StressResources.com