"You cannot escape the responsibility of tomorrow by evading it today". Abraham Lincoln

Happy Spring.......Finally! I was starting to think we’d just go from winter to summer with all the cool, rainy days in May. It was in a way, like waiting for answers from CMS regarding any issue we have brought forth to them.

I chose the above quote because it seems so apropos to me in light of all we have going on in our profession these days.

The responsibility for action lies not only with our national committees and task forces, but with all of us and when the time comes, our goals will only be met if we ALL, as well as our patients, hospital administrators and referring physicians, participate by contacting our senators and representatives on the issues at hand.

We should be seeing more information regarding a bill concerning the site neutrality issue in the very near future as well as more on the non-physician provider bill effective date.

These issues have impact on all of our programs, whether we are “on-site” or not and whether we plan to use NPPs to cover our programs or not.

MACVPR had excellent representation and results on Day on the Hill and our own Kate Traynor, AACVPR President was a key player with Congressman James McGovern agreeing to co-introduce a bill to preserve the level of reimbursement for all programs, regardless of location.

Both Senators Markey and Warren’s staff indicated support as did Representatives Kennedy, Moulton, Keating and Lynch’s.

Representatives Pressley, Trahan and Clark’s staffs were not met with as we had no constituents in attendance, but information was left for them and requests were made of staff members of congress members we did meet with to reach out to their colleagues in those offices.
We will make requests of all of you to request meetings in the local offices with your congressional and senate members when the bill is introduced.

On May 23 MACVPR’s meeting was held with a new twist. The “Early Bird” networking session hosted by Karen LaFond prior to the meeting was very well received and will likely be added to future meetings.

Lisa Azzarito Pepino was very helpful with her presentation on one of our and our patients’ most frustrating areas, smoking cessation. Kim Guibone was very informative with her presentation on valve procedures and Melinda Couture’s talk on dietary change gave validation, encouragement and perspective. And speaking of validation, Brian Curley, speaking for the American Heart Association both praised and thanked us for what we do and appealed to us all to support AHA events, especially their Heart Walk which is held every September.

We have a very interesting Symposium in the works for October as well so please take a look at the educational update for details of the May and upcoming October meetings.

My sincerest thanks to Kate Traynor, AACVPR President for taking the time to stop by our May meeting and assist with the President’s Address as well as to our executive committee for putting together an excellent spring meeting and continuing to bring forth new ideas. It’s truly an honor to be working with this amazing group....................AND there is always room for anyone interested in coming aboard. This committee exemplifies the old adage: “Many hands makes light work”, so if you have any interest at all, please let any of us know and we will be happy to answer any questions you may have.

In closing, enjoy summer, be on the lookout for upcoming reimbursement updates and appeals for action and keep up the good work in your programs! You make a difference, Thank you!

Wayne Reynolds RN, FAACVPR, CCRP
President-MACVPR

LETTER FROM THE EDITOR

Heather Nestor, MS CEP
North Shore Medical Center

Hoping that everyone is well and keeping busy at work. Speaking of being busy I think it is helpful to have the ability to bounce ideas off each other about anything that is prudent to our work.

ITPs are a big topic of discussion as always, given Medicare’s strict guidelines for them. I know like most of you, the staff in my program spend a lot of time on these making sure they are done on time, that they contain a “story”, and are meeting the guidelines.

Another issue that I think most of us in both Cardiac and Pulmonary programs struggle with is getting patients scheduled and started when we are all strapped with budget concerns, staffing issues and often space issues.

Our meetings are a great forum to get feedback, suggestions and brainstorm ideas. We are all in this to provide our patients with the most efficient, comprehensive and complete care that we can.

Also another reminder that there will be OIG audits this year in the Northeast so as always be diligent about your documentation, billing and make sure charts are accurate and complete.

Have a great summer!
Heather

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Paulette Pontier RN, MSN, CNL, CCRP
Jaqueline Pierce PT, CCS
Education Co-Chairs

THE MAY MEMBER MEETING WAS HELD THURSDAY MAY 23rd AT THE HAMPTON INN BOSTON/NATICK IN NATICK, MA

Fifty-two professionals signed up prior to the meeting with many attending last minute creating a packed room for the spring meeting. Continuing education credits were provided by Berkshire Health Systems and AACVPR.

EARLY BIRD SESSION: Many of the participants took advantage of the early bird session conducted by Karen Lafond past president of MACVPR, Arlene Gaw Nurse Coordinator /MACVPR Education Committee Member, and current AACVPR President Kate Trainer. The session focused on The Centers for Disease Control and Prevention and the American Association of Cardiovascular and Pulmonary Rehabilitation Change Packet. The Change Packet was developed to assist cardiac rehabilitation programs and facility quality improvement teams in implementing systems and strategies that will ultimately improve the care provided to qualified cardiac rehabilitation patients. The session discussion focused on ways to implement the changes suggested within the change packet for optimal Cardiac rehabilitation utilization. Areas of focus included systems change, referrals, enrollment & participation (particularly the Patient Ambassador Program), and adherence using the plan-do-study-act model for improvement. The Million Hearts® action guide can be found at http://www.aacvpr.org/VBC-Value-Based-Care

PRESIDENTS ADDRESS:
Wayne Reynolds current MACVPR President, and current AACVPR President Kate Traynor discussed the implications of site neutrality and of the CMS audits that are underway. Wayne reassured participants that lobbying to bring forward the effective date Non-Physician Providers overseeing rehabilitation continues through the American Heart Association with support from AAACVPR. Kate put into perspective the CMS audits.

SESSION 1: SMOKING CESSATION: BASIC COUNSELING AND TREATMENT OPTIONS
Lisa Pepino is a very animated and engaging speaker that gave an excellent presentation with helpful information to create an individualized treatment plan and understand the mindset/mental state of smokers. Her individualized, nonjudgmental approach toward smoking education and counseling smokers creates a “CAN DO” mind set for patients that allows them to set the pace and move along the readiness to change continuum.


Biggest takeaway from this session- Be nonjudgmental when speaking to a patient, and address smoking cessation during each patient interaction.

SESSION 2: STRUCTURAL HEART UPDATES
Kimberly Guibone ACNP-BC was engaging, educational with a great presentation on structural heart conditions including animations, sample valves and videos that helped to maintain interest. Her passion and enthusiasm was contagious which made the information well received as she brought the participants from the structural heart development, symptoms, stages of valvular heart disease, patient selection, surgical intervention and trans aortic valve replacement. Participants felt Kim was an “Excellent speaker-one of the best we have ever heard!”

SESSION 3: PRACTICAL NUTRITION FOR THE CARDIAC AND PULMONARY REHAB PATIENT
Melinda Couture is a field/industry healthcare expert in nutrition. Her presentation was comprehensive, containing a tremendous amount of information transferable to patient education and was a learning experience for everyone. Many participants have a renewed appreciation for the raisin after participating in mindfulness eating activity that provided good tips and helpful ways to help patients be more aware of the experience of eating. She provided real-life scenarios and practical tips on how to be simple, healthy & mindful while eating.

AHA UPDATE:
MACVPR welcomed representatives from the American Heart Association that provided an update on their services and mission. The group was fortunate to have heard a moving personal story of a young woman and her journey through the heart transplant process. Hearing her story of trials and tribulations provided the group with a heartfelt ending to the morning.
Save The Date!

MACVPR FALL SYMPOSIUM
OCTOBER 24, 2019

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

Featuring nationally known humoruos educator

Joel Weintraub, M.Ed., B.S.
as well as

Leslie Griffin, MSN, NP-C speaking on
The Next Step for Heart Failure Management: CardioMeMs

Full Agenda to Follow

Please join us for a day of laughter and education you
won’t want to miss!

MACVPR LOCAL CHAPTER UPDATES

TREASURY REPORT

Donna Hawk, RRT, AE-C
Treasurer
AS OF: June 3, 2019
Checking - $12,036.93
Money Market - $2,636.58
Total - $14,673.51

MEMBERSHIP REPORT

Diane Gaughran, BS, ACSM-RCEP, CCRP
Membership Chair
AS OF: June 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). Membership follows AACVPR’s fiscal year: July 1 to
June 30. 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.
THANK YOU TO OUR 2019 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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- 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 EXHIBIT LEVEL SPONSORS:

WOODWAY
NOVARTIS
ENDICOTT COLLEGE

We have a new sponsorship opportunity for local colleges and universities. This is an opportunity for students in the field of Exercise Science or PT to get involved and attend our events with no cost to them.

SPONSORSHIP OPTIONS

**$100 FOR 5 STUDENTS TO ATTEND THE JANUARY OR MAY HALF MEETING

**$250 FOR 5 STUDENTS TO ATTEND OUR FULL DAY FALL SYMPOSIUM IN OCTOBER

If you know of any schools that would be interested please contact Lisa Dion at admin@macvpr.org for more information.
TIDBITS FROM THE DIETITIAN

Holly Brassett MS, RD, LDN
Outpatient Dietitian, Lahey Hospital and Medical Center

1. Eating too much sugar will cause diabetes  FALSE

TRUTH: There is not 1 specific food that will CAUSE diabetes. Eating an overall healthy diet that includes whole grains, fruits, vegetables, lean proteins and low fat dairy is the way to go. Cutting back on processed foods and dining out is key. EVERYTHING IN MODERATION!

2. Eating a low carbohydrate to zero carbohydrate diet is the best strategy to prevent diabetes and manage my high sugar readings in the event that I am newly diagnosed.  FALSE

TRUTH: Your body needs carbohydrate to fuel your cells for energy. Choosing healthy sources of carbohydrate will help you to maintain a healthy weight which is a step in the right direction to managing or avoiding diabetes. All carbohydrates break down into sugar but choosing high fiber unprocessed choices may have less of an effect on your glucose numbers and will help with managing your weight. Here is a sample meal that can be enjoyed if done right.

Exhibit A

1 cup of cooked pasta with 3 meatballs
¼ cup of marinara sauce
1 side salad with oil/vinegar dressing
1-2 cups of roasted vegetables

Type II diabetes- Set the record Straight

Diabetes is significantly increasing everywhere and according to the American Diabetes Association it affects nearly 10% of the U.S population. Another 84 million adults will be pre-diabetic and unaware of their creeping numbers. I see this daily and it is important to understand how this all happens.

What is diabetes?

Type I: Less common and occurs when the beta cells of the pancreas no longer produces insulin. Sub-cutaneous insulin is imperative for an individual to maintain adequate blood sugar control.

Type II: Insulin is not used properly by the body and a person becomes “insulin resistant.” This occurs more often within the obese population but genetics are also a factor. Diet and exercise may help to manage glucose numbers and sometimes medications and insulin is needed.

Pre-diabetes: When glucose levels are not within normal range but do not meet the standards required to be diagnosed with diabetes. This is important to know and try to catch early. DO not ignore a fasting sugar of 105 or an A1c of 5.9. Know your numbers and what they mean!

With diabetes on the rise it is important to understand information that may or may not be true. I hear many of these on a daily basis and thought it would be helpful to clear some of them up.

Exhibit B
Exhibit B

3 cups of cooked pasta with 5 meatballs
1 cup of marinara sauce
1 side salad with oil/vinegar dressing
1 roll

Please note that each meal contains carbohydrates (pasta) BUT the portion has been decreased in exhibit A. Portion of pasta is limited to 1 cup and protein (meatballs) is about 3-4 oz.

The largest part of the meal contains the vegetables. Vegetables are high fiber and low calorie. They also tend to be lower in carbohydrates which have less of an impact on your glucose numbers.

Exhibit B contains a large portion of pasta and marinara sauce that will break down into quite a bit of sugar and not to mention much higher in calories. The protein is around 6-7 oz which also adds up the overall fat and calorie content of the meal. The side salad is a great choice but the amount of overall vegetables is lacking. The roll does not help the entire situation. A meal such as this will not only top off your blood sugars if you tested but if you are pre-diabetic it will also raise your numbers beyond the normal range making you a step closer to diabetes.

The key is to include all foods but to monitor the portions of carbohydrate AND protein while volumizing on vegetables.

3. You need to work out 2-3 hours a day with heavy weights and intense cardio to lose weight and manage blood sugars. FALSE

TRUTH: Moving in general is a great way to burn calorie and help sugars move into cells for energy. The ADA recommends at least 150 minutes of moderate-intensity physical activity, brisk walking, swimming, gardening, dancing, biking most days of week with no more than 2 days to go without being active. http://care.diabetes-journals.org/content/39/11/2065

Remember, losing 5-7% of total body weight may make a difference in those individuals who are at high risk for type II diabetes that are already pre-diabetic. This could be a loss of 7-10 pounds in a female who is 5’2” weighing in at 150 pounds and is looking to make lifestyle changes to better their health. Every ounce of change can make a difference in your numbers.
When you see or hear the word “yoga” what image comes to mind? A flexible contortionist? A svelte, young athlete? Spandex/lycra clothing? While any of these images may be accurate — they are NOT the essence of yoga. They are our western, 21st century view of yoga and unfortunately limit our perception of the powerful and simple movement meditation that yoga has been for many centuries.

The word “yoga” is a Sanskrit word meaning: “yoke” or “union”. What we are bringing together, or yoking, are mind, body and spirit through deliberate, mindful movement of the body. My clients at Stress Resources are often skeptical of their ability to participate in yoga at first — but by using a short and targeted practice that can be done in a chair (as outlined below) most are successful and gain another tool for their resiliency toolbox.

Stress Resources’ Mindful Chair Yoga

If you have 1 minute:
Head and Neck
· Drop your chin to your chest. Feel the weight of your head stretch out the back of your neck (hold).
· Look as far as you can over your right shoulder (hold).
· Look as far as you can over your left shoulder (hold).
· Drop your right ear to your right shoulder (hold).
· Drop your left ear to your left shoulder (hold).

If you have 3 minutes, add the following:
Shoulders
· Bring both shoulders up toward your ears, tense the shoulder muscles then release and drop the shoulders on the exhale. Repeat three times.
· Raise your right shoulder up toward your ear. On the exhale, release the shoulder down. Move the right shoulder forward. On the exhale, return it to the starting position (3X and relax).
· Move your right shoulder backward. On the exhale, return it to the starting position (3X and relax).
· Repeat the sequence on the left side.
· Relax and notice the breath.

If you have 5 minutes, add the following:
Arms and Hands (with arms outstretched)
· With arms outstretched, slowly move your hands up and down, bending from the wrist. Repeat three times.
· Alternate stretching your fingers, then making a fist. Repeat three times.
· Slowly rotate your wrists first to the right, repeat three times and then switch to the left and repeat three times.
· Relax and notice the breath.

If you have 10 minutes, add the following:
Feet and Legs (with legs outstretched, one leg at a time)
· Alternate curling and stretching the toes (repeat three times and relax)
· Alternate flexing and extending the whole foot at the ankle (repeat three time and relax)
· Rotate the ankles to the right, imagine drawing circles with your toes (repeat three time and then relax; then rotate the ankles to the left three times and then relax.)
· Relax and notice the breath.

I would love to hear how mindful chair yoga works for you and your patients/clients. What topics of mind/body/spirit would you be interested in exploring in future columns? Let me know at pressler@StressResources.com

Pamela Katz Ressler, MS, RN, HNB-BC is the founder of Stress Resources (StressResources.com) located in Concord, MA. Stress Resources specializes in providing individuals and organizations with strategic, sustainable tools to build resilience and mindfulness. Pam is a frequent speaker to local, national, and international audiences on topics relating to stress management, mindfulness, resiliency strategies, therapeutic communication, patient advocacy through social media, and holistic healthcare. She is an Adjunct Clinical Assistant Professor at the Tufts University School of Medicine teaching courses in pain research, education and policy, as well as stress management, palliative care, and mindfulness for healthcare providers. Pam serves on the Consumer Health Council of the Massachusetts Health Quality Partners (MHQP) and on the Executive Leadership Board of Stanford University’s Medicine X Program.
Medication Nonadherence in the Cardiac Patient: Getting to the Heart of the Problem

Nonadherence to medication is a problem that millions of patients deal with regardless of disease state or pharmacotherapeutic regimen. In general, medication nonadherence can be defined as a deviation from a prescribed regimen more than 20% of the time. Keeping this definition in mind, the World Health Organization (WHO) estimates that the rate of medication nonadherence is around 50% among patients with chronic health conditions including coronary artery disease and other diseases of cardiac origin. The inclusion criteria for defining nonadherence has broadened and is no longer limited to the occasional missed dose of a medication; anything from taking a medication with food that is supposed to be taken on an empty stomach to missing more than one dose per month in certain regimens can be considered nonadherence. Cardiac specific medication nonadherence is a frustrating dilemma, because of the robust data that directly relates adherence to cardiac medication regimens with improved outcomes. In order to reap the benefits of these medications, different ways of thinking and innovative strategies to measure and improve adherence are needed.

To improve a patient’s medication adherence, the identification and degree of non-adherence must first be measured. Studied methods for measuring adherence include but are not limited to patient self-reporting, pharmacy refill history, and physiologic and laboratory data. While patient self-reporting is quite simple and low in cost, it is subject to recall bias unless the patient follows a strict method for logging each medication administration. One indirect benefit of this method is that it can shed light on reasons for nonadherence; practitioners might notice gaps upon patient interview or could see trends in the medication administration log. Examination of pharmacy refill or insurance claims history is a low-cost method that provides objective and quantifiable data for practitioners. The absence of patient input in this method is both a blessing and a curse; the data is easily retrievable via the dispensing pharmacy, but it does not reveal anything about medication administration. Additionally, essential non-prescription medication is excluded from this method which could leave out key pieces such as aspirin utilization in patients on dual antiplatelet therapy. Refill and claims history should be used to rule out reasons for nonadherence (access and cost) rather than as a means for adherence confirmation. Physiologic and laboratory data is extremely objective and can allow practitioners to notice the effects of certain medications. However, this method does not pertain to all medications, and might only be influenced by recent dosing or pharmacokinetic properties of the medication (beta-blockers) rather than adherence.

While the aforementioned strategies do not fully answer the question of medication adherence in the cardiac patient, they each provide insight into reasons for non-adherence. Since each strategy gives a different perspective, it is best to use them together in order to identify and address specific causes of nonadherence. If practitioners use this information in addition to counseling sessions that reinforce the importance of adhering to cardiac medication regimens, adherence rates as well as outcomes should improve.