It was great to see many of you again at our May 3rd member meeting. Once again, we had an informative meeting but this time we mixed it up with some fun! Bill Buckley, an experienced instructor in martial arts demonstrated to us, as well as had all of us participate in, some basic Tai Chi moves. We all had some fun learning and experiencing this ancient Chinese form of exercise and relaxation.

As far as local updates, I am happy to report that we almost have a full Executive Committee! We are still looking to fill the President Elect position. I am excited to be working with this group of talented individuals especially our newest members. It is always great to get to know some new people, form some new relationships and work together to lead our organization into the future! We are all working on developing an enlightening agenda for our New England Symposium on October 25th.

Mark your calendars now!

On a national level, have you all read the most recent News & Views from AACVPR? Coincidentally, one of the articles on leadership talks about leaders at the state level keeping our state organizations running. It’s a good read. One of the benefits of being a Joint Affiliate of AACVPR is that they offer an Affiliate Leadership Forum every year to help improve the leadership skills of our local leaders. It is a great program which I have attended in the past and felt it was very worthwhile. This year, MACVPR is sending Paulette Pontier as its representative. I am sure Paulette will represent MACVPR very well and will bring back many new ideas and insights into leading the MACVPR forward into 2019 and beyond.

Also, of interest is the new position statement from AACVPR, “Progression of Exercise Training in Early Outpatient Cardiac Rehabilitation”. This will serve as a good resource for the novice as well as the experienced clinician. In case you missed it, AACVPR Program Certification Leadership is now requiring an Annual Report to be filed in the year prior to your re-certification year. This new mandatory requirement became effective in May 2018. This year's forms must be submitted by July 31st. Please see AACVPR website for more info on this.

I would like to take this opportunity to remind all of you that we need your participation and support to keep MACVPR alive and strong. Please continue to let us know what educational needs you have and we will try to provide educational offerings to fill those needs. We would also appreciate any names of speakers in addition to just topics of interest. We do our best but we need your help too.

Wishing you all a happy and restful summer with your families and friends. I look forward to seeing you once again in October at the symposium! I hope to see some of you at the AACVPR conference in Louisville, Kentucky in September.

Warm Regards,

Lynne MacDonald, PT, CCRP
LETTER FROM THE EDITOR

Heather Nestor, MS, Clinical Exercise Physiologist, North Shore Medical Center

I would like to take a moment to thank the Executive Committee for welcoming me on board as the new Newsletter Editor. I would also like to thank Melissa Tanguay the former Editor, for all of the help to get me started with this new venture. So here is a little bit about me. I have been a member of MACVPR for for about 10 years. I have a Master’s in Exercise Physiology from the University of Pittsburgh. I have been working in Cardiac and Pulmonary Rehabilitation for 20 years, the last 12 1/2 at North Shore Medical Center. I am interested in helping the field of Cardiac and Pulmonary Rehab to grow as well as helping to further grow the field of Exercise Physiology particularly in clinical areas of work. I welcome any thoughts and ideas for future topics of interest for the newsletter.

Have a great summer!

Registration is open for the 33rd AACVPR Annual Meeting in Louisville, KY. Check out the AACVPR website for cost, agenda and travel information.
Regulatory & Reimbursement Update

Wayne Reynolds, RN, FAACVPR, CCRP

As I was wondering what to offer for this edition, while destroying poor Heather’s deadline, I thought of some of the questions I’ve received in the past few months and it occurred to me that though many of you have read through some of the information on the AACVPR advocacy page, not all of it may make sense at the local level, at least at first glance.

With the majority of our patients being covered by Medicare, I think it’s important for all of us to have a basic understanding of what is going on relative to cardiac and pulmonary rehab in the Medicare world, so I am dedicating the next few paragraphs to doing just that, of course with my own take on some of the issues as well.

Every so often I’ll get an email from someone who thinks the MAC task force or local resource group is actually the Medicare Administrator and will ask for authorization for a patient or think the Resource group is a third party that will obtain authorizations, etc. Neither is true and Medicare does not do pre-authorizations. The Task force and Resource groups are set up to advocate and communicate to the membership and with the MACs (Medicare Administrative Contractors), which are insurance companies contracted by CMS (Centers for Medicare and Medicaid Services) to administer Medicare and Medicaid benefits for a certain area. The MAC for our area, J-K (all of New England and New York) is National Government Services. While the MACs have the right to make Local Coverage Determinations (LCD), they are bound to obey the national guidelines. At the Present time J-K has no LCD’s which means the guidelines we have are the national guidelines with no additions or enhancements. This is a desirable situation for us. Some Jurisdictions have very limiting LCDs. We see no reason for this nor do we expect any to be developed by NGS in the near future.

As you are likely aware, HR 1155 and S1361- allowing physician extenders to supervise CR & PR was passed, taking effect in 2024.

Section 603 of the Bipartisan Budget Act of 2015 has what CMS calls “Unintended consequences” to CR & PR programs that need to be relocated off the hospital campus—significantly reduced reimbursement. Again CMS is stating they need direction from Congress in the form of a bill to correct this, which is a disservice to say the least. We (The MAC TF) is working to find sponsorship for this very simple, one page bill.

You likely are aware and may have been caught up in the commotion caused by CMS releasing a ruling in error regarding SETPAD (Supervised Exercise for PAD) earlier this year. This has been resolved thanks to some quick action by TF members and Karen Lui and her GRQ colleagues.

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

Wayne Reynolds – TF Liaison wayner1956@comcast.net - MA, Mark Cushman- ME, Maryann Riley, Elizabeth Peters-NH, Patrick Savage-VT and Murray Low-NY & CT. Since our own Kate Traynor, who was a MA, Rep on the resource group is taking on President of AACVPR in September, there is room for another MA representative. Please contact MACVPR president Lynne MacDonald if interested.

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.
Education Report for May 3, 2018
Jaqueline Pierce  Co-Chair Education Committee
Paulette Pontier  Co-Chair Education Committee

The 2018 Spring conference with breakout sessions was held on May 3, 2018 at the Hampton Inn in Natick, MA. The speakers, topics, and snacks were a joint effort of hard work by the Education Co-Chairs- Jaqueline Pierce, Paulette Pontier and the Executive Committee.

26 attendees signed in for CEU credit offered by AACVPR and Berkshire Health Systems. The topics discussed included Transcatheter Aortic Valve Replacement (TAVR), Get moving with Tai Chi in cardiopulmonary rehabilitation and understanding the nuts and bolts of data collection, performance measures and initiating quality improvement.

Dr. Hafiz Imran joined us from Brown University to offer a variety of information on the higher risk patient population that undergo transcatheter aortic valve replacement including case presentations, statistics, guidelines, the latest research and what to expect from patients recovering from TAVR. Attendees appreciated that he included psychosocial aspects and quality of life concerns during his presentation.

Bill Buckley is passionate about teaching Taiji, Qigong and Yoga. He gained certification to teach both Taiji and Qigong under Grand Master Yang, Jwing-Ming and holds numerous certifications in the field. He explained the physical, emotional and social benefits that occur when practicing Tai Chi. It was apparent through laughter and smiles that the participants of the MACVPR spring meeting especially enjoyed getting out of their chairs to learn 5 movements (Ward off, Roll Back, Press, Push, Single whip) and experience the benefits of Tai Chi first hand.

Lauren Stabile impressed the group with the ease in which she spoke about tracking measuring, evaluating data in cardiopulmonary rehabilitation programs to effectively implement quality improvement initiatives. She discussed the lean six sigma DMAIC roadmap methodology to define, measure, analyze a problem and make improvements that are sustainable. Lauren provided examples of quality improvement initiatives within the programs she oversees. The lean six sigma assertion “Practice the philosophy of continuous quality improvement to get a little better every single day” is a philosophy for every program to attempt. Satisfaction with the program was overwhelmingly positive with participants stating speakers were superb, inspirational and excellent resources.
MACVPR LOCAL CHAPTER UPDATES

TREASURY REPORT

Donna Hawk, RRT, AE-C
Treasurer

AS OF June 4, 2018
- Checking - $12,686.16
- Money Market - $2,636.10
- Total - $15,322.26

MEMBERSHIP REPORT

Diane Gaughran, BS, ACSM-RCEP, CCRP
Membership Chair

AS OF JUNE 2018:
The MACVPR currently has 102 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!
October 25, 2018

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

We are planning to have a nice variety of speakers and will be finalizing the agenda soon.
THANK YOU TO OUR 2018 SILVER SPONSORS:

INTERESTED IN BECOMING AN MACVPR SPONSOR?

Diamond Level $1500+
- Your company will be the sole Diamond level sponsor of MACVPR for the year
- 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.
TIDBITS FROM THE DIETITIAN

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

Nutrition Myths Debunked

Every so often I like to share some of the nutrition trends that I hear surfacing and set the record straight. Nutrition is often a topic of interest to many folks because let’s face it we all eat! So, sometimes we will often find that many diets and dietary advice from family members or friends can sometimes not be the best. Let’s de-bunk some of these ideas.

Myth: Fasting and supplements are excellent ways to keep your body regulated and healthy
Answer: Your body has a very efficient system (liver, kidneys lungs and skin) that keep your system in check. You do not need to drink specific juices or avoid eating for extended periods of time to keep your body regulated. Also, be careful with supplements as they are not FDA approved or regulated. You may not be getting what you paid for and so the best advice would be to spend your money on whole foods such as fruits, vegetables, whole grains and lean proteins or what I like to say the perimeter of the grocery store.

Myth: High protein and low carbohydrate diets are the best results to weight loss.
Answer: High protein diets tend to be higher in dietary fats and calories. They also tend to be lower in whole grains, dairy and fruits/vegetables. Choosing a high protein diet eliminates a lot of variety that one needs to sustain a balanced meal plan. Moderation is key and choosing a variety of foods from all food groups is considered healthy. Total calories in a day consumed will dictate the amount of weight loss and balance in fruits, vegetables, whole grains, low fat dairy and lean proteins will give you the overall nutrition for picture perfect health.

Myth: If you have diabetes you should avoid all white foods and fruits.
Answer: If you work with a registered dietitian you will see that all foods have their place in a diabetic diet with careful attention to portion control.
My name is Pamela Katz Ressler, MS, RN, HNB-BC and I am the founder of Stress Resources 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.

I would love to hear how you create healing environments in your healthcare workplace. As always, I welcome comments and feedback from readers. What topics of mind/body/spirit would you be interested in exploring in future columns? Let me know at pressler@StressResources.com

CONNECTIONS: MIND/BODY/SPirit

Pamela Katz Ressler, MS, RN, HNB-BC
Founder of Stress Resources

Have you ever considered the environment of healing? The concept of two domains of medicine — the aesthetic and the scientific is not new, yet as our technical expertise has increased exponentially, our consideration of the aesthetic or art of healing is often forgotten. When we talk about the environment of healing, we can mean the external or the internal environment. Research has linked the environment in which we receive our care with better health outcomes. Decades old research (1981) by Roger Ulrich, a healthcare design architect suggested that exposure to natural light, windows with outside views of trees, and scenes of nature in artwork lead to measurable reduction of pain medication for post-surgical cardiac patients (https://blog.interface.com/en-uk/sunlight-nature-positive-medication-healthcare-spaces/). Research has continued in the environment of care, yet often we forget the small changes we can make that may strengthen the aesthetic domain of healing.

The waiting areas of our hospitals and clinics are often anything but conducive to healing; they may be loud, crowded or anxiety provoking to patients and families. As healthcare professionals we have often become desensitized to the environment of our workplaces, but patients and families have not. Here are six simple, creative, and cost-effective ideas you may want to consider to promote a healing environment:

- Small framed art photos — especially of natural environments. Check out museum stores for a great selection of postcards. These fit into 3X5 and 4X6 inexpensive frames and are welcome addition to small spaces.

- Consider a Hoberman sphere in a waiting room. These plastic spheres expand and contract easily by manipulating them and help to drop participants into a relaxation breath without much effort. You can take a look at a short video I made explaining their use on my website http://www.stressresources.com/mind-the-moment/

- Squishy stress toys — all ages love to manipulate these.

- Small, metal Slinkys help to engage multiple senses, sound, texture and movement create relaxation. These are available online and work better for relaxation than the larger plastic ones.

- Zen artist board (also called a Buddha Board) — I love the mini sized board for a waiting room. These are self contained small easels that one can paint with water to make a design that disappears in 1-2 minutes. Relaxing and engaging.

- Smooth rocks in a bowl — messages of healing can be written on them by staff, patients and families. Encourage both giving and receiving the rocks of hope by having colorful Sharpie markers or paint pens available. You can check out some ideas on https://www.thekindnessrocksproject.com/

I would love to hear how you create healing environments in your healthcare workplace. As always, I welcome comments and feedback from readers. What topics of mind/body/spirit would you be interested in exploring in future columns? Let me know at pressler@StressResources.com

Connections: Mind/Body/Spirit
A regular column designed to help you better understand your patients’ needs and promote self healing during rehabilitation and beyond
By Pamela Katz Ressler, MS, RN, HNB-BC

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