“THE ONLY WAY TO DO GREAT WORK IS TO LOVE WHAT YOU DO. IF YOU HAVEN’T FOUND IT YET, KEEP LOOKING. DON’T SETTLE.” - Steve Jobs

It is in this spirit that I have taken on the position of president of the MACVPR. First, I love what I do working as a physical therapist in a cardiac rehab setting for almost 21 years! I also love the MACVPR… in the sense that I have greatly enjoyed my time on the Executive Committee since 2006 serving in the role of Newsletter Editor. I certainly have gotten far more out of this position personally and professionally than the amount of time and effort I have put into it. I also “love” the MACVPR in the sense that I “love” the educational offerings and networking that have been invaluable to me professionally as a member. So since I love what I am doing, I hope I can “do great work” as your MACVPR President and lead us through a productive and informative 2016!

With the new year comes change and transition. Our administrative assistant Ann Stone, who had been with our organization for many years, has resigned due to other commitments. We are fortunate to have hired a new administrative assistant, Jessica Dion, who has relevant job experience as well as lots of enthusiasm and professionalism. I am confident she will be an excellent addition to our team! I want to thank Deborah Sullivan for her many years on the Executive Committee in numerous positions, including Certification Chair, Education Chair, President, and most recently Immediate Past President. Her dedication, time, and talent are immeasurable. I would also like to congratulate her on her role as Education Chair for AACVPR! I also want to thank Melessa Fox for her many years on the Executive Committee as Membership Chair. She will certainly be missed.

I want to welcome Melissa Tanguay onto the Executive Committee as our Newsletter Editor. She has a background in graphic design which I am sure will help to take our newsletter to the next level! I am thrilled that Judy Flannery has rejoined the Executive Committee, this time as Education Co-Chair. She has served in many positions in the past, most recently as President in 2012. We also have Arlene Gav and Jackie Pierce who have joined our Education Committee. It is great to have many new faces and talents to add to our current Executive Committee members. I am thankful that Donna Hawk and Deirdre Proudman are staying on again this year in their current roles of Treasurer and Education Co-Chair respectively. I am sure they will continue to do fabulous work. And of course, Karen LaFond has now transitioned to Immediate Past President and I am thankful to have her as a resource for me.

Last year we had a major change in our organization when we became a Joint Affiliate with AACVPR. This difficult decision was determined by your vote, which I think demonstrates your commitment toward the continued future of MACVPR as the preeminent professional organization for Cardiac and Pulmonary rehabilitation in the New England area. The Joint Affiliation helps us with the support we need as an organization, and helps our members with enhanced educational opportunities and legislative/regulatory (continued on page 2…)

IN THIS ISSUE:
- TALES FROM THE TRENCHES: MAC RESOURCE GROUP UPDATE - POST OIG AUDIT (page 3)
- EDUCATION UPDATE: JANUARY MACVPR MEETING (page 4)
- AACVPR NATIONAL UPDATES (page 5)
- CONNECTIONS: MIND/BODY/ SPIRIT: COLORING BOOKS FOR ADULTS (page 6)
- TIDBITS FROM THE DIETITIAN: PRE-DIABETES (page 7)
- PEARLS ABOUT PILLS ACE INHIBITORS (page 8)
- MACVPR LOCAL UPDATES (page 9)

MACVPR EXECUTIVE COMMITTEE:
- PRESIDENT Lynne MacDonald, PT
- IMMEDIATE PAST PRESIDENT Karen LaFond, MSN, RN, CCRP
- PRESIDENT ELECT Open Position
- TREASURER Donna Hawk, RRT, AE-C
- EDUCATION CHAIRS Deirdre Proudman, MSN, RN-BC, CCRP Judy Flannery, RN, BSN
- NEWSLETTER EDITOR Melissa Tanguay, ACSM-CEP
- MEMBERSHIP CHAIR Open Position
- ADMINISTRATIVE ASSISTANT Jessica Dion

MISSION:
The mission of the MACVPR is to promote the practice of high standards of care in cardiovascular and pulmonary rehab in Massachusetts.
updates that the AACVPR provides. As predicted, our membership numbers dipped initially but we are starting to see memberships increase again. One of our goals will be to continue to increase our membership base this year.

I also want to continue to encourage more involvement with the MACVPR. We still have open positions on the Executive Committee, namely the President Elect and Membership Chair positions. It would be a great time for someone to come in as President Elect and spend the year learning the position. This is a tremendous opportunity for personal and professional growth in a very supportive environment. Please contact me if you are interested or have any questions.

We want to continue to offer high quality educational offerings to our members to support them in their work in cardiac and pulmonary rehab programs. Our focus has been and will continue to be to provide evidence based conferences and newsletter articles that will have a direct impact on your programs. Our January 28th meeting certainly accomplished this! We had two topics that were pertinent to both cardiac and pulmonary rehab, with information that can immediately be used to improve our programs. We had a vibrant open networking session for the latter part of the morning in response to requests from the last symposium evaluations. Please see the Education Update for a summary of the meeting. We already have a dynamic meeting planned for May 19th. Please see the agenda on page 5.

One of the topics that was discussed during the networking session at the January meeting was the OIG audit that took place at a hospital in New Jersey. If you aren’t familiar, they audited both cardiac and pulmonary rehab records over the course of two years and found deficiencies requiring the hospital to refund the Federal Government. Wayne Reynolds, our AACVPR-MAC Liaison Task Force member, has provided an update on this in our Tales from The Trenches section. We will continue to provide updates when available.

We will be hosting the CCRP exam again this year on April 28, 2016 at the American Cancer Society in Framingham. This is a good opportunity to increase your professional credentials as well as help your program out with AACVPR certification - CCRP clinicians do not have to submit core competencies for certification! It is a great benefit to be able to take this exam locally as well. Please see details on page 5.

In closing, I am looking forward to working with both our new and old members of the Executive Committee. Everyone has a lot to offer and I am grateful for their help in leading this organization through a productive 2016! I think we will have another great year!

If you have any questions or feedback for me or the Executive Committee, please feel free to contact me. We strive to meet your needs as an organization. We encourage you to attend our next Executive Committee meeting scheduled for February 25th at the ACS in Framingham from 9-11 AM. It’s a great opportunity to share your ideas as well as see how the Executive Committee works.

Wishing you all a safe and healthy rest of the winter… with hopes for an early Spring!

Warm Regards,

Lynne MacDonald, PT
President MACVPR
lynne.macdonald12@gmail.com

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.
DIRECTLY FROM 42 CFR 410.49 – MEDICARE PROVISION FOR CARDIAC REHABILITATION:

- Individualized Treatment Plan means a written plan tailored to each individual patient
- Goals are set for the individual under the plan
- Outcomes Assessment means an evaluation of progress as it relates to the individual's rehab
- Exercise...as determined to be appropriate for individual patients
- Emotional functioning as it relates to the individual's rehab
- Cardiac risk factor modification, including education, counseling, and behavioral intervention, tailored to the patients' individual needs
- ITP detailing how components are utilized for each patient

DIRECTLY FROM 42 CFR 410.47 – MEDICARE PROVISION FOR PULMONARY REHABILITATION:

- Goals set for the individual under the plan
- Patient's progress as it relates to the individual's rehab
- Effectiveness of the PR program for the individual patient
- Written evaluation of an individual's mental and emotional functioning as it relates to the individual's rehab or respiratory condition
- Education or training closely and clearly related to the individual's care and treatment which is tailored to the individual's needs
- Any education or training prescribed must assist in achievement of individual goals
- Psychosocial evaluation of the individual’s response to and rate of progress under the ITP

From Karen Lui:

“All we have to go on is what is in the regulation for each service. You will need to determine if your ITP includes the required information listed here. I don’t read this as saying all daily data and (sometimes excessively lengthy narrative) needs to be on ITP, but dictation of education/counseling components provided and trend data that documents progress over the 30 days (target HR, increased minutes duration, METs, education toward identified behavioral goals, etc) should be part of ITP. Most vendors have a 30-day report that captures this information and I would make that document part of the ITP, simply by labeling it as such (“ITP 30-day progress report”). An auditor, whether RAC, MAC, CERT, OIG, or whomever, goes by the regulation and knows only to ask for the ITP.”

Additionally, information will be shared as it is received from CMS on the AACVPR website in the Reimbursement Updates in the Advocacy section.

LEFT: A response from Karen Lui, of GRQ Consulting, with best advice for how to proceed following the OIG report until further updates are available from CMS.

AACVPR HAS RESTRUCTURED THE HEALTH & PUBLIC POLICY COMMITTEE AND THE LOCAL MEDICARE ADMINISTRATIVE CONTRACTOR (MAC) COMMITTEES INTO LEANER, MORE NIMBLE GROUPS. This change took place in order to better respond to issues and changes in the reimbursement landscape, as well as the MAC restructuring that has taken place over the past couple of years and is expected to continue into future years. Many of the same individuals are involved with the local “MAC Resource Groups” as well as the national “MAC Liaison Task Force” which is led by Karen Lui of GRQ Consulting, the firm AACVPR has been using for lobbying and reimbursement issues for quite some time. The new MAC structure merges Jurisdictions 13 and 14 into Jurisdiction K (J-K). This new conglomerate is comprised of Massachusetts, New York, Connecticut, Rhode Island, Vermont, New Hampshire and Maine and is represented by Murray Low and Wayne Reynolds on the task force.

One major issue on the task force's radar already is the report just released from the Office of Inspector General (OIG) concerning an audit of a New Jersey hospital's cardiac and pulmonary rehab programs. This audit involved a significant amount of financial recovery by Medicare, citing violations that included ITPs with incomplete information and ITPs that were not signed by the MD every 30 days. This has caused AACVPR to begin “rethinking” the ITP, as the ITP was the only document the OIG reviewed in the audit and this is the first instance of CMS actually critiquing the ITP.

The AACVPR is addressing this swiftly, though we still have little, if any, concrete information. AACVPR is working to learn more from CMS, although unfortunately CMS has not been helpful with our inquiries as of this time. We will share the latest information and updates at the upcoming AACVPR Live Workshop: The Individual Treatment Plan: The Past, Present and Future on March 23, 1PM - 7PM in Washington, DC. Information about the workshop can be found on the AACVPR website.
The January 2016 Member Meeting was held Thursday January 28 at the American Cancer Society in Framingham. Thirty participants attended the three-hour meeting which commenced with the opening address from our incoming president, Lynne MacDonald, PT with support from Karen LaFond MSN, RN, our immediate past president.

Session 1: Determining Oxygen Need and Delivery System
Donna Hawk RRT, AE-C, Respiratory Therapist, Pulmonary Rehabilitation Clinician Baystate Medical Center presented Determining Oxygen Need and Delivery Systems. Donna is an experienced clinician with patient oxygen testing and titration, and oxygen titration with exercise and she utilized her expertise in her explanation of the different oxygen delivery systems. For example, pulse dose delivery systems may be adequate for paced daily living but the patient may need to use continuous flow for exercise. In Pulmonary Rehab, this is often discovered during the initial 6MWT. Portable oxygen concentrators may also pose challenges with increased exercise intensity. As respiratory rates increase, the FiO2 decreases in many devices. You must test the patient and determine if a change in liter flow or delivery device is indicated. The American Association of Respiratory Care (AARC) has an excellent resource regarding the different portable oxygen concentrators: “A Guide to Portable Oxygen Concentrators” available in the resource section in the AARC website. The presentation provided valuable information to both cardiac and pulmonary programs in regards to oxygen delivery and patient assessment.

Session 2: Tipping the Balance Toward Better Outcomes: A Review of Fall Risk Assessment and Neuromotor Training
Esther Burchinal M.S., ACSM-RCEP, CEP, CCRP, Clinical Exercise Physiologist Emerson Hospital and Monica Maldari M.S., ACSM RCEP, CEP, Assistant Professor Fitchburg State University Clinical Exercise Physiologist Emerson Hospital followed with Tipping the Balance toward Better Outcomes: A Review of Fall Risk Assessment and Neuromotor Training Recommendations. The presentation began with the definition of balance as “the ability to maintain control of body movements whether in an attempt to remain stationary or to move in a controlled fashion.” The four systems that are contributing factors to balance were reviewed. A discussion of intrinsic and extrinsic fall risk factors followed, leading to a review of the CDC STEADI (Stopping Elderly Accidents, Deaths and Injury) Initiative. Esther and Monica provided the link for practitioners with resources such as a fall risk checklist, an algorithm for fall risk assessments and interventions, and common assessment tools. Audience participation was utilized to demonstrate the Timed Up and Go (TUG) Test, 30 Second Chair Stand Test, and the 4-Stage Balance Test. Balance assessment in practice was discussed based on the Cardiac Rehabilitation Program at Emerson Hospital (continued on page 5...)
and group discussion was invited as to how to identify and communicate individual patient needs to all staff members. The presentation provided valuable information to both cardiac and pulmonary programs in regards to fall risk and patient assessment and resources for clinical practice.

Twenty three evaluations were returned with a unanimous response that speakers were knowledgeable and the meeting content applied directly to clinical practice with knowledge sharing from our own programs. There was a mix of cardiac, pulmonary and a presence of exercise science and the networking opportunities, new information, resources and guidelines were listed as major strengths of the program. Suggestions for future programs:

- Met Minute calculation workshop
- Exercise in patients with LVADs(4)
- Tetrology of Fallot
- Motivational interviewing.
- E-cigarettes and tobacco cessation
- Maximizing reimbursement in both CR and PR
- More from exercise specialists

This program was approved by the American Association of Critical Care Nurses (AACN) for 2.00 Contact Hours Synergy CERP Category A, File Number 00019564.

SAVE THE DATE!
Spring MACVPR Member Meeting
May 19, 2016

Exercise Training with Left Ventricular Assist Devices
Presented by Harsha Ganga, MD and Hank Wu, MD. Dr. Ganga is a cardiologist at Miriam Hospital in Providence, RI and Dr. Wu is an Assistant Professor of Medicine at Brown University and attending cardiologist at Providence Veterans Affairs Medical Center in Providence, RI.

Introduction to Basic Training in Motivational Interviewing and Workshop
Presented by Maria L Buckley, PhD. Maria is a Clinical Psychologist and Clinical Assistant Professor at the Brown University Warren Alpert Medical School in Providence, RI. Maria has done a presentation on this topic at the 2014 National AACVPR Meeting.

Watch your emails for the on-line registration link!

TAKE THE CCRP CERTIFICATION EXAM IN FRAMINGHAM ON APRIL 28, 2016
Deadline to Sign Up: April 15, 2016

- Sign up directly on the AACVPR website
- A blueprint of domains available on AACVPR website
- Review Manual available for purchase from the AACVPR store

2016 ANNUAL AACVPR MEETING
September 7-10, 2016: New Orleans

Abstract Submission for the 31st AACVPR Annual Meeting is now open! Your are encouraged you to submit your research ideas, which will add greatly to the educational component of the meeting. The deadline for submitting Clinical and Scientific Abstracts is Monday, March 7, 2016.

UPCOMING DAY ON THE HILL (DOTH)
March 23 - 24, 2016

- 2016 Lobbying Issue - Supervision of Cardiac and Pulmonary Rehabilitation Services
- March 23 Live Workshop - ITP Past, Present, Future

APPLY FOR AN AACVPR INNOVATION AWARD!
Deadline to Apply: April 15, 2016

The Innovation Award was designed to recognize a program that used outstanding creativity in patient care and program design to maintain excellence and expand services today and in the future. The Innovation Award is selected by the AACVPR Membership and Affiliate Relations Committee and may not be awarded every year.

The 2016 Innovation Award application is now open! Download the application and apply online - applications must be submitted online by April 15, 2016.
Coloring Books for Adults Benefit Relaxation and Reduce Stress

Pamela Katz Ressler, MS, RN, HNB-BC

AMAZING AS IT SEEMS ADULT COLORING BOOKS HAVE REMAINED AT THE TOP OF THE BEST SELLER LIST ON AMAZON.COM AND OTHER BOOK SELLERS DURING THE PAST YEAR. What was once an activity reserved for toddlers and preschoolers is now being embraced by adults. What is the current interest in coloring books and how might we use this trend to help our patients engage in relaxation and reducing their stress?

What are the benefits of coloring for patients and staff? The activity of coloring may allow the mind to shift into a relaxation mode and create a resting phase for the amygdala (an area of the brain that reacts to fear and stress). The act of coloring using a coloring book is both an analytical process as well as a creative one. Unlike asking a patient to draw on a blank piece of paper which may feel difficult for some, this is a more concrete activity and may feel less stressful to those with a heightened stress response due to dealing with a health concern. Engaging patients with coloring books may also elicit a sense of remembered wellness - reminiscent of the play of childhood. Use of coloring books is not a substitute for art therapy or more creative outlets that have been shown to be beneficial for patients dealing with the experience of chronic illness. However, they are a low cost, effective intervention that can be added to waiting areas or suggested to patients and families to use at home. Why not consider setting up a permanent or temporary coloring space in your clinic waiting area or gather materials on a movable cart to allow coloring activities to travel to the bedside or areas where they may be most accessible? There are a number of excellent adult coloring books currently on the market. For a coloring book to be effective in eliciting a relaxation response or decreasing a stress response it is best to look for one with intricate designs that allow for the creativity and playfulness necessary for deeper relaxation and focus.

I encourage you to try the stress relieving qualities of coloring yourself and then introduce some adult coloring books to your patients - you may be surprised at how calm you feel. As always, I love 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

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 a faculty member 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.

WHAT DO YOU NEED TO SET UP A COLORING SPACE? HERE ARE SOME SUGGESTIONS:

- Cart or storage containers
- Colored pencils
- Pencil sharpeners
- Fine tip markers in a variety of colors (don’t use permanent markers, as they bleed through most coloring book pages)
- A few lap desks if people will be using the coloring books without a table
- Selection of coloring books with detailed designs. Here are a few of my favorites:
  - Secret Garden (Johanna Basford)
  - Enchanted Forest (Johanna Basford)
  - Mindfulness Coloring Book (Emma Farrarons)
  - Coloring Mandalas (Susanne Fincher)
  - Balance (series of coloring books by Angie Grace)
  - Flower Designs (Jenean Morrison)
  - Color Me Calm (Lacy Mucklow)

ABOVE: Coloring in patterns and designs, like this one shown here, have been shown to reduce stress in adults.
MOST INDIVIDUALS UNDERSTAND THE MEDICAL TERM “DIABETES,” BUT MANY ARE UNAWARE THAT THERE IS A PRE-DIABETES. Is there such a thing as being pre-diabetic and how do you know? According to the Academy of Nutrition and Dietetics pre-diabetes means that, “your average blood sugar level is higher than normal, but not yet high enough to be diagnosed with diabetes.”

Here are some lab tests that may indicate that you have pre-diabetes. If your results fall in any of these categories it would be a good idea to discuss with your MD.

- An A1C of 5.7% – 6.4% (3 month blood sugar average)
- Fasting blood glucose of 100 – 125 mg/dl (First morning blood sugar before breakfast)
- An OGTT 2 hour blood glucose of 140 mg/dl – 199 mg/dl (after drinking a sugary drink)

More information about these tests can be found here: www.diabetes.org/are-you-at-risk/prediabetes/

If you have not had recent blood sugar tests, check with your doctor to see if this could be set up. There are other ways to find out if you are at risk for pre-diabetes. Below are some risk factors:

- Are over 45 years of age
- Are overweight
- Have a parent or sibling with diabetes
- Had gestational diabetes during pregnancy
- Are not physically active at least three times a week

If you find yourself answering YES to any two of these questions you may want to think about some ways to improve your overall health. Lifestyle changes are slow changes that you can easily adapt into your everyday living. Below are some suggestions:

1) EXERCISE: Take a walk after dinner, stand up while talking on the phone, walk to your co-workers desk rather than use e-mail, jog in place and stand and stretch during TV commercials. Move when sitting after 30 minutes. Remember, every step counts.

2) MAKE HEALTHY FOOD CHOICES: Practice using the plate method by having half of your plate covered with fresh fruits and vegetables, ¼ of your plate lean protein such as chicken, fish, lean pork and lean ground beef and ¼ of your plate whole grains such as brown rice, wheat pasta or sweet potato.

3) DO NOT DRINK YOUR CALORIES: Aim to drink more water and less juices, sodas and sports drinks.

4) AIM TO HAVE LESS “DOUBLE PORTIONS AND SERVINGS” of starches, proteins and desserts while having more fresh fruits and vegetables. Be careful when attending parties and indulging over the holidays. Use the “less is more” attitude when it comes to high fat foods.

5) BE MINDFUL OF YOUR PORTION SIZES: The pasta portion on the top is 1.5 cups of pasta at about 300 calories while the portion on the bottom is about 3 cups of pasta at about 600 calories. Split portions or aim for a smaller portion of food with a side of vegetables.

It is important to identify pre-diabetes early as it is a pre-cursor to diabetes. Once a person is diagnosed with diabetes they are put at high risk for heart disease. Being aware of your blood sugar numbers is an important step towards living a healthier lifestyle and prevention of future illness.

© 2015 Diabetes Care and Education Dietetic Practice Group. Permission to reproduce for non-profit educational purposes granted through 2017. (Handout partially adapted by Holly Brassett MS, RD, LDN, CDE)
ACE Inhibitors: What To Know

Yue See Lee RPh
Pharmacist, Beth Israel Deaconess Hospital - Milton

ACE INHIBITORS TYPICALLY END IN THE LETTERS “-PRIL” AND ARE COMMONLY USED FOR HYPERTENSION, HEART FAILURE, AND AFTER HEART ATTACKS. These medications are considered first-line treatments in cardiovascular disease because they can help improve heart function, control blood pressure, and slow kidney function decline. The “A” in ACE inhibitor stands for angiotensin, an enzyme which is involved in the relaxation of blood vessels, helps to decrease blood pressure, and maintains electrolyte and water balance in your body.

As with all medications that affect blood pressure, the dose of your ACE inhibitor should be monitored closely, because too high of a dose may cause low blood pressure, while too low of a dose may not adequately control your blood pressure. Check your blood pressure regularly and notify your physician if it is routinely high or low.

When on any ACE inhibitor, about 10-20% of patients may develop a dry, hacking cough that is persistent. Unfortunately, this cough does not go away as long as you are on the ACE inhibitor. If the cough is not bothersome, you are encouraged to continue with this medication. However, if you are unable to tolerate this side effect, a class of medication called ARBs might be a possible alternative for you. Remember however, the resolution of the cough after stopping the ACE inhibitor may take days to weeks.

One rare but serious side effect of ACE inhibitors is a slight chance of angioedema. Angioedema manifests as swelling of airways, tongue, lips, other facial areas, or sometimes as recurrent abdominal pain, nausea, and vomiting. It does not matter how long you have been on the ACE inhibitor, angioedema can occur at any time while you are on this medication. While this may sound alarming, the chance of developing this reaction is very low (less than 0.7%), and most patients tolerate ACE inhibitors without any problems. If you do develop this side effect, the class of medications called ARBs is a possible alternative.

Another common side effect of ACE inhibitors is electrolyte imbalance. ACE inhibitors affect the excretion of electrolytes by the kidneys which can result in increased potassium levels. Because a high potassium level may negatively impact your heart rate and rhythm, it is important to monitor frequently your electrolyte levels. Certain medications and salt substitutes can increase potassium levels as well, so be sure to let your physician know if you are starting new medications or using a salt substitute while on an ACE inhibitor.

It is important that you do not stop any medication, including your ACE inhibitor, suddenly. Any dose reduction or stopping of treatment should be discussed with your physician first.

There are other side effects including headache, diarrhea, and taste disturbances that have been associated with ACE inhibitors. Because this is not an exhaustive review, concerns about your medication side effects should be addressed with your physician.
MACVPR LOCAL CHAPTER UPDATES

MACVPR HIRES A NEW ADMINISTRATIVE ASSISTANT Welcome Jessica Dion!

The MACVPR is excited to announce that Jessica Dion has decided to join us in the Administrative Assistant role. Jessica is a senior at the University of Massachusetts Lowell studying Exercise Physiology. During her four years at UML Jessica has interned as a research assistant, psychiatric administrative assistant and corporate fitness specialist. Jessica is very active on campus through her membership in clubs, a national honor society, volunteering and working with a team of students to start a non-profit organization. Jessica’s passion lies in promoting wellness and she does this through personal training, instructing group fitness classes and volunteering at a local organization where she teaches Zumba to individuals with disabilities. After graduating in May, Jessica would like to work in health/wellness promotion for a company, town or insurance company.

TREASURY REPORT

Donna Hawk, RRT, AE-C
Treasurer

AS OF FEBRUARY 14, 2016:

- Checking - $13,901.25
- Money Market - $2,634.98
- Total - $16,536.23

EXPENSES:

- Donation to the American Cancer Society $100 for space use for the meeting space
- $559.00 payment to Aon for directors and officers insurance

OTHER UPDATES:

- Tax preparation is underway for the organization

MEMBERSHIP REPORT

AS OF FEBRUARY 14, 2016:

The MACVPR currently has 81 members. Just a reminder, your AACVPR Joint Affiliate Membership includes

- Access to the MACVPR.org website “Members Only” section which includes:
  - Tri-annual MACVPR Newsletters
  - Reimbursement Updates
  - On-line Networking Forum
- Two complimentary Membership Meetings
- Reduced registration fee at the Fall Full-day Membership Meeting
- Access to the AACVPR.org website

We are still looking for a membership chair for the MACVPR Executive Committee. Interested candidates please email Lynne MacDonald at lynne.macdonald12@gmail.com.

HAPPY CARDIAC REHAB & PULMONARY WEEK FROM THE MACVPR!

Cardiac Rehab Week: February 14 - 20, 2016
Pulmonary Rehab Week: March 13 - 19, 2016

SPECIAL THANK YOU TO OUR PAST EXECUTIVE COMMITTEE MEMBERS

Deborah Sullivan, MS, ANP-BC, CCRP has served on the Executive Committee for many years in numerous positions including Certification Chair, Education Chair, President, and most recently Immediate Past President. Deborah works at Lahey Hospital and Medical Center.

Melessa Fox, RN, BSN has been on the Executive Committee since 2010 in the position of Membership Chair. Melissa works at Falmouth Hospital.

Both have dedicated a lot of time and talent to our organization for many years and we thank them for helping to keep the MACVPR a strong and vibrant professional organization.
Reimbursement Update:

As a reminder, as new joint affiliate members we have full access to the AACVPR website and the Advocacy / Reimbursement updates with full access to information on specific changes that affect your programs. Here are some highlights from recent submissions:

CMS (has published final regulations for the Hospital Outpatient Prospective Payment System (HOPPS) and Physician Fee Schedule (PFS) rules for 2016, which went into effect on January 1, 2016.

**HOPPS FINAL 2016 REGULATION: PULMONARY REHAB**

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<th>Co-pay</th>
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<tr>
<td>GO239</td>
<td>5732</td>
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</table>

**HOPPS FINAL 2016 REGULATION: CARDIAC REHABILITATION (CR) IN A HOSPITAL SETTING & INTENSIVE CARDIAC REHABILITATION (ICR)**

<table>
<thead>
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<th>Payment Rate</th>
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<td>$20.79</td>
</tr>
<tr>
<td>93798 (CR with ECG)</td>
<td>5771</td>
<td>$103.92</td>
<td>$20.79</td>
</tr>
<tr>
<td>GO422 (ICR with exercise)</td>
<td>5771</td>
<td>$103.92</td>
<td>$20.79</td>
</tr>
<tr>
<td>GO423 (ICR without exercise)</td>
<td>5771</td>
<td>$103.92</td>
<td>$20.79</td>
</tr>
</tbody>
</table>

These rates are national averages and will vary based on geographic location due to adjustments related to labor costs. The payment rate includes the co-payment amount. It is important to also note that the co-payment amounts listed here are for Medicare Fee-For-Service (FFS) beneficiaries.

Summary of Important Dates:

**MARCH 7, 2016:** Abstract deadline for the annual AACVPR Meeting

**MARCH 23-24, 2016:** Annual Day on the Hill

**APRIL 15, 2016:** Deadline to register for the CCRP exam in Framingham

**APRIL 15, 2016:** Deadline for the AACVPR Innovation Award

**APRIL 28, 2016:** Framingham CCRP Exam Date

**MAY 19, 2016:** Spring MACVPR Member Meeting

**SEPTEMBER 7-10, 2016:** Annual AACVPR Meeting

**REMEMBER:**

Get CCRP certified April 28, 2016!

The CCRP exam will be held locally in Framingham, on April 28, 2016. For full details about the exam, please visit the AACVPR website.