

IACPR Board of Directors Teleconference
October 15, 2009

Present: Diane McGrew, Barb Burmeister, Peg King, Janie Knipper, Laura Mackaman, Susan Flack, Candy Steele, Darlene Rueter and Deb Anderson

Absent: Becky Paxton

President Diane McGrew called the meeting to order at 3:00 p.m.

Secretary's Report: Peg reported that the minutes were on the website. Barb made a motion to accept these as reported and Candy seconded. Motion passed.

Results of the internet voting for donating 75 IACPR notepads to the pulmonary hypertension fundraiser was as follows 6 votes yes and zero no votes. Karen mailed these to Janie. Janie thanked the board and reported the notepads were greatly appreciated.

Treasurer's Report: Becky submitted a report as follows

IACPR checking balance	\$2957.76
IACPR savings	\$ 861.72
IACPR CD matures 3-11-10	\$4077.97

Income has been \$2046.95 from memberships and ICN registrations and ICN CEU payments since last board meeting.

Expenses: Diligent Website, paid through rest of this year.	\$1260.00
Ankeny High School-room rent for ICN	\$ 50.00
Sponsorship of AACVPR '09 session	\$ 500.00
Postage and printing	\$ 224.71
President's reimbursement for AACVPR	\$1260.00

Upcoming expenses will be Fall ICN expense-approximately \$500-700 and CEUs expense. We probably need a way to check to see if those requesting CEU's have paid us for them.

Website quarterly payments due January and April are \$390.00

Candy will get a report of those who paid for CEU's through PayPal.

Committee Reports:

1. Budget and Finance: As per report above.

2. Communication:

A. Website: Candy submitted a report as follows: Send Candy or Leah pictures of people/programs to feature on the home page. If you use patients, please have a signed release from the patient and send electronically to Candy. It will then be uploaded to the documents section on the server for future reference.

Since the last report (04/09/09) there have been 38,568 total page views. 68% came directly to the home page, most likely members. Google is the top search engine finding our site (3.9%) followed by Yahoo! And MSN. 47 of the initial page views came from AACVPR's website.

She would like to post more articles such as the one Marcia Pitcock did. Other suggestions for "news": product reviews, patient interviews, highlighting programs.

Would like to send out an email blast to members and encourage their participation, since site traffic has really picked up.

PayPal seems to be working well for registrations and CEUs.

3.Education

Tri- Net: Diane reported she had visited with Paulette Kuhlman (NCVPRN President) and with the MOKSACVPR leadership about combining the MAC J-5 states for an educational offering. She stated that Missouri /Kansas are not interested due to the driving distances involved.

It was reported that Missouri and Kansas is one organization and Missouri does not need CEU's but Kansas does. Peg suggested that some of the Iowa board attend a meeting of the Missouri and Kansas organization and explain Tri-Net to the general membership. Diane will contact the two people and email them about their organization and propose Iowa has it 2011, Nebraska 2012 and Missouri/Kansas 2013.

Tri-Net will not be using Cvent next year as we only had them for 2 years.

ICN: Patty submitted a report as follows: Patty Huisenga RN has solicited help from Nancy Willert on the ICN Conference for Fall 09 on Thursday am 10/22/09.

We have Anne Stark Respiratory Therapist at Mary Greeley Medical Center in Ames to talk about Pulmonary Hypertension and will have guest speaker, Jane Mathison who has received a lung transplant in the last year at the University of MN.

Dr Francis Johnson from the UIHC will speak about taking care of patients with left ventricular assist systems and how they progress through cardiac rehab.

Packets should be ready to be mailed out next Thursday to site monitors in preparation for 10/22/09 conference date.

She has informed the board in the past of her desire to step down from the co-chair on the education committee. She had thought that Nancy would be able to continue with the ICN/possible Webinar programs. However in one of her last conversations with her she was doubtful that Nancy would be able to continue. We will complete the fall program and then Patty will be stepping down.

Diane had a telephone conversation with Nancy who feels a committee is needed for the ICNs Due to family concerns Nancy cannot help with the February ICN. She may be able to help with other future ICNs but not be in charge of them.

The board pursued a discussion on webinars and what it entailed. Laura suggested Janie find out information with the company she does webinars for which is Academy Medical. Barb suggested if we did a webinar a topic might be recertification/ certification. Diane will ask for help at the ICN.

4.Membership: No report was submitted.

5.Standardization: No report was submitted.

6. **Legislative:** Janie submitted a report as follows: Mandates in PR NCD draft:

1. **Physician supervised program** involving physician prescribed exercise, education or training, psychosocial assessment, and outcomes assessment. Physician is involved substantially in directing the progress of individuals in the program.
2. Despite identical statutory language for CR & PR, PR is being treated differently. Each “session” must include some MD prescribed aerobic exercise. Treatment plan may be developed by the referring MD or medical director, but the medical director must review and sign the treatment plan prior to initiation. The treatment plan must be specific about what it is we plan to teach.
3. **Medical director** is to have “initial direct contact” with the individual.
4. **Treatment plan** is reviewed every 30 days.
5. **Supervising physician** must have one direct contact with each patient within each 30 day period. **(36 sessions)**
6. **Psychosocial** evaluation of individual’s home & family situation that may affect treatment; consider referral to support groups, community and/or home care. Patient’s need for depression management, stress reduction, relaxation techniques, and strategies for coping with lung disease. Prior to each 30 day review, need to conduct an evaluation of the individual’s response to and rate of progress under, the prescribed treatment plan.
7. **Physician evaluation of patient’s progress** should include pre and post assessments, based on patient centered outcomes conducted by the physician at the beginning of the program & at end. Includes objective clinical measures of exercise performance and self reported measures of SOB and behavior. The outcomes assessment must be initiated at the beginning of the program, measured again prior to each 30 day review and no later than the end of the program. (And you can’t bill for it!)
8. **Coverage** is for moderate and severe COPD only (GOLD stages 2 & 3). AACVPR submitted a request for additional diagnoses on 9/30/09. CMS has 6 months to respond.
9. **MD office based rehab**= New G code for bundled payment of approx. \$16.00.
Hospital Outpatient program= New G code for bundled payment of approx. \$15/hour/session (78% reduction from current payment)
10. **Proposed by AACVPR-**
Option 1: Crosswalk to different APC-0078 defined as Level II Pulmonary Treatment; payment is \$91-95
Option 2: Maintain status quo with current unbundled payment system.
11. **Physician Supervision:**
Physician Office Based Rehab = Medical director must be present in the office suite & immediately available; does not mean physician must be in the room.
Hospital outpatient = Medical Director must be present on the same campus (defined as within 250 yards of the main hospital building), in the hospital OR the on-campus provider based department of the hospital and immediately available.

Note: Does not apply to CORFs; will continue to use current G codes.

Next steps: Final NCD to be released between 10/30 and 11/2/09.

AACVPR will review NCD; will offer a webinar or conference call on 11/10 to provide guidance.

Candy and Janie will contact Dr. Bussan to discuss his interpretation and plans for implementation. We will want to address his interpretation of the role of the medical director, as well as diagnoses other than moderate and severe COPD. CMS MAY say MACs can allow other diagnoses, but Phil Porte feels that the MAC will follow CMS. Also ask Dr. Bussan his interpretation of the smoking cessation counseling. Counseling is required for all current smokers, but it doesn't appear we can bill for it.

- MACs can follow the NCD as written, or they can make it stricter!

Candy submitted a report on the cardiac changes as follows- Changes to our clinical practice as currently listed in the **proposed** OPPTS for Cardiac Rehab include:

- Each session must be 60 min in length in order to bill the patient. This does not mean the patient needs to exercise for 60 min, but their session must last 60 min. This can include education, risk factor modification, nutritional assessment, stress management, etc.
- Each patient must attend a minimum of two sessions per week. There is nothing in the proposed language to prevent those two sessions from occurring on the same day. There is a maximum of 2 sessions in a day.
- Each session must last 60 minutes. "Aerobic along with other exercises must be included." Will no longer be able to bill for education classes only, though the 93797 code can still be used for non-monitored exercise if deemed safe.
- Proposed that the physician define and set the parameters, including the individual's diagnosis, the types of services appropriate, and the treatment goals. MIPPA provisions require the physician to establish the written individualized treatment plan with initial direct contact with each patient and conduct subsequent reviews every 30 days. This plan may initially be developed by the referring physician or the CR physician. If the plan is developed by the referring physician who is not the CR physician, the CR physician must also review and sign the plan prior to initiation of CR.
- Written treatment plans including diagnosis; type, amount, frequency, and duration of items and services furnished under the plan; and the goals set for the individual under the plan must be established, reviewed, and signed by a physician every 30 days. There is no provision for the Medical Director to bill for these services.
- Prior to each 30-day review of the individualized treatment plan, the supervising physician or program staff will conduct an evaluation of the individual's response to and rate of progress under the treatment plan and make recommendations to the physician as necessary.
- Required to provide cardiac risk factor modification which includes education, counseling, and behavioral intervention to the extent these services are closely related to the individual's care and treatment and tailored to the patient's individual needs. Emphasis on "highly individualized."
 - *May include smoking cessation counseling or referral, nutritional education and meal planning, stress management, prescription drug education and management information, foster a better understanding of disease origins and disease symptomology and behavioral intervention deemed appropriate in each patient's individualized treatment plan.
- CR staff must provide both outcome and psychosocial assessments to the supervising physician prior to the 30 day deadline and the physician must evaluate the information provided by the CR staff.
- Physician supervision: Medical Director must be present on the same campus (defined as within 250 yards of the main hospital building), in the hospital OR the on-campus provider based department of the hospital and immediately available. Biggest implication here is for off-campus programs and CAH who will have a difficult time meeting these

requirements. Lots of pressure on CMS by AHospA to drop the “physician in the provider-based department” for off-campus hospital outpatient services. No provision for NPP to be in supervisory role.

ICR was not addressed in the final comments submitted to CMS, so no changes are anticipated.

Final rule will be available on 11/1/09. Janie and Candy will participate in an AACVPR webinar on 11/10/09 to discuss implications of the final rule. We will subsequently conference with Dr. Bussan, Medical Director of MAC J-5, for the final interpretation and recommendations. Communication to members will follow.

Old Business: Diane stated that she received a plaque and an apology from AACVPR for being late in honor of Iowa’s 20th Anniversary recognition at the National meeting. This should have occurred last year.

Susan and Becky have a list of hospitals with no contact listed on the website and has devised talking points when they contact the different programs about members joining IACPR.. When the results are done they are to be given to Candy for updating the website.

New Business: Diane submitted a report on the AACVPR annual meeting as follows. There was a lot of discussion about the proposed CMS rules. An educational teleconference/webinar is scheduled for November 10th to discuss the final ruling.

Affiliate President’s Luncheon

1. IACPR received the 20th anniversary plaque that is dated 2008. Chuck Kitchen (Affiliate Link Committee Chair) apologized to her for it being a year late.
2. Michigan received the Outstanding Affiliate Award. MSCVPR has partnered with the regional ACSM affiliate in providing educational offerings. MSCVPR is also involved in a pilot program in conjunction with AACVPR in offering joint memberships, meaning every Michigan member is also an AACVPR member. Every Michigan member makes a joint payment to AACVPR, which then reimburses Michigan \$25/member. Previously Michigan had been charging \$40 per member, so this is a decrease in members’ dues. However, they are getting more members this way. This year they are in a “grandfathering” period, so it will be interesting to see how membership numbers change over the next year.

We found out by way of the grapevine that AACVPR did not receive IACPR’s Outstanding Affiliate Application this year. Diane feels terrible about this. She has talked to Chuck Kitchen about this and he had her forward several emails to him showing she did indeed, submit the application and that she received email tracking confirmation of it being delivered to AACVPR. He said he would look into the matter in hopes that this will not happen again.

Affiliate Leadership Networking Meeting

She worked in small groups and discussed ways AACVPR can be of help to the affiliates.

During this meeting Paulette Kuhlman (NCVPRN President) and Diane talked with the MOKSACVPR leadership about combining the MAC J-5 states for an educational offering, like Iowa has done with UPCRA and the Tri-Net. Missouri/Kansas is not interested due to the driving distances involved. However they do want their membership to be invited to our conferences, and vice versa, for those that live near the states’ borders.

Tri-Net Proposal

Paulette Kuhlman, Mike Dunlap and Diane met and discussed the future of the Tri-Net. Mike proposed after the 2010 Tri-Net, the \$2000 seed money be divided equally between the three affiliates. The rest of the proceeds would be divided according to each affiliate's attendance. The next two years UPCRA would not be involved in the Tri-Net. Iowa and Nebraska can take turns hosting. South Dakota would host a conference every third year, inviting Iowa and Nebraska. They would not need seed money. This is a proposal that each of us agreed to take back to our affiliates.

Diane forwarded this proposal to Nancy Steingreaber for her input. Nancy feels that maybe some of our members living near the border would attend offerings in Sioux Falls, but the majority of Iowa members won't travel there if Iowa doesn't have a stake in it. Since many members have trouble getting travel expenses approved, she poses the question should the Tri-Net be disbanded completely and we do ours over the ICN or Webinar? We would miss meeting people from other states and seeing the vendors. Also, our bylaws state "At least one Annual Business Meeting of the Membership shall occur each year...."

There being no further business Susan motioned seconded by Janie to adjourn the meeting.

Next meeting will be January 21, 2010 at 3:00 p.m. via teleconference.

Respectfully submitted,
Peg King, RN, CCRN