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PULMONARY REHABILITATION ASSEMBLY NEWSLETTER
Edited by Suzanne Lareau, RN, MS

SPRING 2011

INSIDE THIS

Message from the Assembly Chairman
Suzanne Lareau RN, MS

The International Conference is fast approaching and I am looking forward to seeing many of you here in Denver, Colorado. This Newsletter reports on our activities in the past several months including some exciting new offerings to our assembly members.

Membership on the Rise!

The Pulmonary Rehabilitation Assembly (PRA) is having another year of growth. Primary membership now totals 101 (up from 86 last year) and 361 primary and secondary members (up from 214 last year). ATS has made being a member easier and cheaper for many. Membership cost is as low as $40 for those in select countries. Free membership is available to first year professionals in training. Please read the membership guidelines (http://www.thoracic.org/membership/categories-and-fees.php) for more details. Join the PRA as your primary assembly! You can change your primary assembly by sending your request to membership@thoracic.org.

NEW, Review of the Literature Via Email and on the Web

You have probably already received a monthly review of the literature that our PRA members should find of great interest. We were excited that these monthly reviews, developed by Martijn Spruit and Sally Singh for the European Respiratory Society's pulmonary rehabilitation group, can be shared with the PRA of ATS. We decided to both send this monthly review by email to our members, as well as place it online. We hope you are enjoying this incredible update on the latest literature of interest to PRA members, that Martijn & Sally so graciously shared with us. Our thanks to both of them.

Update on Medicare Pulmonary Rehabilitation Changes
Chris Garvey FNP, MSN, MPA

January 1, 2010 marked the advent of a new Medicare Pulmonary Rehabilitation (PR) benefit for patients with moderate to very severe COPD. The PR coverage final rule includes several requirements related to the physician's

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Update on Medicare Pulmonary Rehabilitation Changes

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role, exercise, assessment and outcome measurement, the individualized treatment plan (ITP) and other areas. Updates that further clarify the requirements have been published since the original rule was released. Although formal PR coverage is a positive change of major importance, this change represents several challenges for providers.

Medicare PR requirements outline what, how and when PR is covered. PR is a physician-supervised, comprehensive program that includes mandatory components of physician-prescribed exercise, education or training, psychosocial and outcome assessment and an ITP. Beginning and end evaluations based on patient-centered outcomes must be conducted by the physician. Objective clinical measures of the effectiveness of PR for each individual patient needs to be evaluated, including exercise performance and self-reported measures of shortness of breath and behavior. The ITP must be established (in consultation with PR staff), reviewed and signed by a physician every 30 days. It may be initially developed by the referring MD but must also be reviewed and signed by the PR MD. The ITP must specify the type, amount, frequency and duration of PR and patient goals.

The medical director is responsible and accountable for the program including oversight of staff and have substantially involved in consultation with staff in the PR program. The physician must have substantial involvement in directing the progress of the individual patient with direct physician-patient contact occurring every 30 days. The physician must have expertise in management of individuals with respiratory pathophysiology, and be doctor of medicine or osteopathy licensed in the state where the rehab is provided. The role or functions of medical director cannot be provided by a non-physician provider such as an NP or PA.

Each PR session must be at least 31 minutes in total length and include monitored exercise. The type of monitoring and the exact amount of exercise are not defined. Up to two sessions per day are allowed which must total at least 91 minutes in length with exercise occurring during each session. There is a lifetime benefit of 36 sessions per beneficiary with a potential coverage of up to 36 additional visits based on medical necessity. Although preauthorization is not necessary, coverage is based on medical necessity at the discretion of the local Medicare Administrative Contractor (MAC). These additional sessions are billed using a KX modifier. Reimbursement for one unit of G0424 in 2011 is approximately $62.98 per session for outpatient hospital-based PR. Reimbursement of physician office-based PR is calculated differently and reimbursed at significantly lower rates.

CMS uses a ‘bundled” HCPCS (Healthcare Common Procedure Coding System) code G0424 for moderate to very severe COPD (FEV_1/FVC ratio of < 70% and FEV_1 of < 80%). Coverage using this code does not permit separate billing for 6 minute walk, smoking cessation and other ‘components’ of PR. Physical therapy codes (97000 series) cannot be used for billing PR services for COPD patients. Revenue code 0948 is used to bill for G0424. For chronic lung diseases other than COPD, Medicare has not made a final determination for PR coverage. In the interim, coverage is available for many pulmonary disorders under Local Coverage Determinations (LCD), articles, or bulletins for Respiratory Services. The services are billed as respiratory care services using existing HCPCS codes G0237, G0238 and G0239. Local providers should understand requirements of their local MAC. Resources, MAC liaisons and updates are available at AACVPR.org

There are no specific Medicare requirements for staff to patient ratio, maximum number of patients

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Update on Medicare Pulmonary Rehabilitation Changes

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per PR session or limit on the length of the PR program. PR programs must have equipment necessary for cardiopulmonary emergencies, and diagnostic and therapeutic care such as oxygen, a defibrillator and cardiopulmonary resuscitation equipment.

For services furnished in a hospital, critical access hospital, outpatient department on or off main hospital campuses, direct supervision means the supervisory physician must be; immediately available, physically present, '*interruptible'*, able to furnish assistance and direction throughout the performance of the procedure although not necessarily present in same room. There is no longer language addressing "provider-based department" for off-campus programs. Telecommunication used to provide direct physician presence is not currently acceptable.

PR translates into clinically and statistically significant improvement in dyspnea, functional capacity, quality of life and reduction in health care utilization. As with smoking cessation, the physician's personal advice to the patient to participate in PR is a critically important and effective message. Patients should understand that they will be in a safe and supportive setting where they will participate in monitored, supervised exercise and be trained on disease-self-management strategies and long term management of their lung disease. Historically, PR has been an underutilized, yet effective strategy for patients with symptomatic chronic lung disease. Although PR coverage for persons with moderate to very severe COPD is now a reality, pulmonary clinicians play a key role in helping symptomatic patients receive the important benefits of PR. Resources for PR providers are available through educational meetings and webinars from the American Association for Cardiovascular and Pulmonary Rehabilitation at; AACVPR.org

Planning Committee & Project Updates

Brian Carlin MD

The Assembly was successful in obtaining final funding for one project and new funding for two others. Final funding was obtained for the Integrated Care Workshop Report, led by Linda Nici MD, Emiel Wouters MD, Claudio Donner MD and Dick ZuWallack MD. This project is anticipated to be completed this year.

Several projects were proposed to ATS for consideration for funding for the upcoming year and two new projects were approved, thanks to the help of many. The first project, entitled "Revised ATS-ERS Statement on Pulmonary Rehabilitation" will be developed in partnership with ERS. This statement will expand upon the 2006 document and will review the current literature in the field of pulmonary rehabilitation, providing primary care providers and specialists the latest updates in this important component of the management of the patient with COPD. The project will be led by Dick ZuWallack MD, Sally Singh PhD, PT, Martijn Spruit PhD, PT and Chris Garvey FNP, MSN.

The second project, also in partnership with the ERS, will update the previous "ATS-ERS Statement on Skeletal Muscle Dysfunction" in patients with COPD and will be led by Francois Maltais MD and Marc Decramer MD. This document will also review the current literature in the field and will be helpful for the ongoing evaluation and management of patients with COPD who have skeletal muscle dysfunction. Each of these projects will undergo initial development this year with a tentative timetable for

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Planning Committee & Project Updates

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completion in 2012

Members of the assembly are encouraged to submit ideas for proposals to Brian at any time during the year. At the annual meeting, these ideas will be reviewed by the planning committee and may then be developed into formal proposals for the upcoming year. Please submit any ideas to Brian at bcarlin@wphas.org.

Help for the new attendee to the IC!

As we all know, the IC can be a navigational challenge. The IC has developed ways to help fellows navigate the IC (via the fellows Road Map) and have a place for the fellows to meet at the IC. This year, ATS is also developing ways to make the IC easier to navigate for our interdisciplinary team (IDT) members such as PT's, RN's, PA's and RRT's. The IDT Working Group, on which I serve, has developed a *Conference Guide* that will list Symposia, Sunrise and Meet the Professor Sessions that would be of interest to PRA and IDT professionals. The *Conference Guide* will be sent by email to all IDT conference attendees and hard copies will be available at the ATS Center, Center for Fellows, the Clinicians Center and at the Assembly Membership (Business) meetings. Additionally, a reception will be held for IDT professionals on Sunday, May 15 from 3:00 to 4:00 PM in the Clinicians Center. This is a first step in helping attendees from various professions get more out of their IC experience.

ATS leaders heard our need to help new members get the most out of the IC. A number of people need to be thanked for this effort. The members of the IDT Working Group (Lynn Reinke, Ann Schneidman, Jeff Gold, Amy Pastva, Michael Green, Anne Dixon, Mark Parshall) as well as Eileen Larsson and Lauren Lynch (ATS staff).

PRA Website

Kathi Ellstrom PhD, RN, heads the website for the PRA. She has made several changes to the PRA website, which you should be able to see by the time of this Newsletter. Changes include renaming some of the website headings to include a **PR Resources** heading. Under this heading you will be able to find *Patient Information about Pulmonary Rehabilitation, Professional Information* where you can read about reimbursement in the US for PR, *QOL Instruments* (identifies many of the quality of life instruments used and contact information, however updates to this information have not occurred since 2008), *Statements* and *Literature Reviews* (the new addition described earlier).

Nominations Committee

The Nomination Committee of the PRA consists of Linda Nici MD (chair), Roger Goldstein MD and Barry Make MD. The Nomination Committee is proposing the following slate of officers to be voted on, for the first time online. Results will be announced at the Business Meeting on Monday night at the IC.
Program Committee Chair-elect: Paula Meek PhD, RN and Mike Morgan MD

Program Committee Chair-Elect	Mike	Morgan	D.	MD
Program Committee Chair-Elect	Paula	Meek	M.	PhD
Nominating Committee	Carolyn	Rochester	L.	MD
Nominating Committee	Bonnie	Fahy	F.	RN,MN,CNS
Nominating Committee	Claudio	Donner	F.	MD

Program Committee

Francois Maltais MD

The Program Committee has once again has made it possible for our Assembly to have a strong presence at the International Conference. Under the leadership of Francois Maltais MD (Chair) and Chris Garvey RN, FNP (Chair-elect), the following programs will be offered (see final program for times and location of sessions for abstracts and posters).

Session Code	Session Title	Sess Time Begin	Sess Time End
Scientific Symposium			
Sunday, May 15, 2011			
A85	TRANSLATING SELF-MANAGEMENT IN COPD TO PRACTICE	2:00 PM	4:30 PM
Tuesday, May 17, 2011			
C7	CHARTING THE FUTURE OF PULMONARY REHABILITATION: CUTTING EDGE DEBATES	8:15 AM	10:45 AM
Meet The Professor Seminars			
Sunday, May 15, 2011			
MP414	PULMONARY REHABILITATION FOR PATIENTS WITH ACUTE EXACERBATIONS OF COPD	12:00 PM	1:00 PM
Sunrise Seminar			
Tuesday, May 17, 2011			
SS212	POSTOPERATIVE PULMONARY REHABILITATION IN LUNG CANCER PATIENTS	7:00 AM	8:00 AM
Mini-Symposium			
Monday, May 16, 2011			
B17	COPD: A DISEASE OF THE MUSCLES	8:15 AM	10:45 AM
Poster Discussion Session			
Monday, May 16, 2011			
B109	PHYSICAL ACTIVITY, WALKING AND PULMONARY REHABILITATION FOR COPD	2:00 PM	4:30 PM
Thematic Poster Sessions			
Sunday, May 15, 2011			
A63	ASSESSMENT OF COPD IN THE CONTEXT OF PULMONARY REHABILITATION	8:15 AM	4:30 PM
Tuesday, May 17, 2011			
C65	PULMONARY REHABILITATION, INTEGRATED CARE AND EDUCATION IN CHRONIC RESPIRATORY DISEASES	8:15 AM	4:30 PM

Pulmonary Rehabilitation Assembly Membership Meeting

Monday May 16th 5:00pm-7:00pm
Sheraton Plaza Tower Building
Majestic Level
Majestic Ballroom

Submit an Assembly/Committee Project Application for funding in FY2012!

We are happy to announce that ATS will once again accept NEW Assembly/Committee Projects for FY2012. All interested applicants should begin developing their ideas for Assembly/Committee Project Applications. Applications will be available on the ATS website at www.thoracic.org beginning in June. Please consider submitting an application for an Assembly/Committee project. If you have a suggestion for a project application and you need assistance, please contact your Assembly Planning Committee Chair Brian Carlin at bcarlin@wphas.org.

Please contact Miriam Rodriguez with any questions at tel: 212/315-8639 or email: mrodriguez@thoracic.org.

Please join us for the Third Annual ATS Foundation Research Dinner on Saturday, May 14, 7:00 pm, at the Hyatt Regency Denver.

This year's exciting dinner includes a video paying tribute to the Colorado scientists and clinicians whose groundbreaking discoveries and revolutionary treatments have shaped how pulmonary medicine is practiced today. The evening also honors Louis S. Libby, MD, executive vice president and chief medical officer of The Oregon Clinic, and this year's recipient of the "Breathing for Life" award. The dinner also features entertainment.

For the foreseeable future, the continuation of unrestricted and research partner grants will depend largely on the Foundation's ability to raise funds from ATS members like you. Our dinner goal in 2011 is to raise $200,000 for two unrestricted research grants. Please help us achieve that goal by joining us in Denver. To register, please use this link: **https://www.xpressreg.net/register/thor051/foundation/start.asp**. **Or,** you may also visit the Foundation Web site: http://foundation.thoracic.org. For more information, contact Lydia Neumann: Lneumann@thoracic.org.

The *American Journal of Respiratory Cell and Molecular Biology* has become an electronic-only publication and will no longer appear in print.

The ATS came to this decision as part of its efforts to extend the reach of the *AJRCMB*, take advantage of opportunities for the use of four-color and creative presentation and become more electronically interactive and environmentally responsible. This change, the ATS believes, can also enhance the journal's national and international exposure.

Becoming an electronic-only journal does not change anything related to article submissions or reviews. All editorial policies, processes and content remains unchanged.

The March 2011 issue of the *AJRCMB* is now posted online at **http://ajrcmb.atsjournals.org**. Subsequent issues of the journal will be posted by the beginning of each month and can be found at this same address.

You may also choose to have an electronic table of contents emailed to you each month. To sign up, please visit **www.thoracic.org/journals/index.php** and click on "e-TOC" under the journal.