



PULMONARY REHABILITATION ASSEMBLY NEWSLETTER

We help the world breathe
PULMONARY • CRITICAL CARE • SLEEP

EDITED BY SUZANNE LAREAU, RN, MS, ASSEMBLY CHAIR

AMERICAN THORACIC SOCIETY

Spring 2010

Officers of the PR Assembly:

Assembly Chair

2009-2011: Suzanne C. Lareau, RN, MS
suzanne.lareau@ucdenver.edu

Planning Chair

2008-2010: Roger Goldstein, MD
rgoldstein@westpark.org

Program Chair

2009-2010: Richard Casaburi, MD, PhD
casaburi@ucla.edu

Program Chair-elect

2009-2010: Francois Maltais, MD
francois.maltais@med.ulaval.ca

Nominating Committee Chair

2009-2010: Linda Nici, MD
linda_nici@brown.edu

Web Director

2008-2010: Brian Tiep, MD
btiep@respiratory-institute.com

CME Working Group Chair

2010-2011: Martijn Spruit, PhD,
martijnspruit@proteion.nl



2010 | The Year of the
LUNG
Live. Learn. Breathe.

Message From Assembly Chair

Suzanne Lareau, RN, MS

The Pulmonary Rehabilitation Assembly continues to grow in numbers and in activities. Primary membership now totals 86 and both primary and secondary members 214. Of course, we need more input and more participation from those interested in the mission of the Assembly. ATS has made being a member easier. Please read the new membership guidelines (<http://www.thoracic.org/sections/membership/categories-and-fees.html>). New and exciting changes include: domestic, international and special categories. All international members pay less (range \$40-\$300) for membership. Countries categorized as low income pay as little as \$40 for full membership. Free membership is available to first year fellows. Sponsorship by an ATS member is no longer required to apply. For those in the US who want full benefits, the dues are \$375 for “full” category level, \$200 for “affiliate” and \$100 for “in-training”.

This past year required further work on the legislative bill for pulmonary rehabilitation as a CMS (Medicare) benefit. See report by Chris Garvey NP to follow. Many of our members were, and continue to be involved in discussions, as the implementation of this bill progresses.

The Planning Committee is Chaired by Roger Goldstein MD. While there was a hiatus for all new projects this year, we obtained continuation funding for the Project on Integrated Care (co chairs; Linda Nici MD, Emiel Wouters MD, Claudio Donner MD, Dick ZuWallack MD). New project applications will be available for this year. At this time, there are at least two projects that will be considered for new submissions by our Assembly: 1) Update on the skeletal muscle document, lead by Francois Maltais MD and 2) Proposal for a workshop and evaluation of pulmonary rehabilitation for lung transplantation, lead by Rebecca Crouch PT, DPT.

The Program Committee has once again has made it possible for our Assembly to have strong presence at the International Conference. Under the leadership of Rich Casaburi MD, PhD (Chair) and Francois Maltais MD (Chair-elect), the following programs will be offered (see final program for times not noted and location of sessions). Pre registration

Message from Assembly Chair

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and a fee is associated with all Post Graduate Courses, Sunrise Sessions and Meet the Professor Sessions. Many are sold out before the meeting begins, so register early.

ATS 2010 – New Orleans Sessions Sponsored by the Assembly on Pulmonary Rehabilitation

Postgraduate Courses

Friday, May 14, 2010

PG10 ADVANCES IN THE COMPREHENSIVE MANAGEMENT OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE 8:00 AM - 3:30 PM

Scientific Symposia

Sunday, May 16, 2010

A85 CHALLENGES AND OPPORTUNITIES IN PULMONARY REHABILITATION: THE CHRONIC OBSTRUCTIVE PULMONARY DISEASE PATIENT WITH COMORBIDITIES 1:30 PM - 4:00 PM

Wednesday, May 19, 2010

D6 BEYOND CHRONIC OBSTRUCTIVE PULMONARY DISEASE: BENEFITS AND CHALLENGES OF PULMONARY REHABILITATION FOR OTHER CHRONIC RESPIRATORY DISEASE 8:15 AM - 10:45 AM

Meet the Professor Seminars

Sunday, May 16, 2010

MP416 PULMONARY REHABILITATION: HOW TO OPERATIONALIZE CURRENT LEGISLATION: GETTING PAID FOR WHAT WE DO 12:00 PM - 1:00 PM

Sunrise Seminars

Wednesday, May 19, 2010

SS314 PULMONARY REHABILITATION PRIOR TO AND FOLLOWING LUNG TRANSPLANTATION 7:00 AM - 8:00 AM

Mini Symposia

Monday, May 17, 2010

B97 ADJUNCTIVE THERAPIES FOR PULMONARY REHABILITATION 1:30 PM - 4:00 PM

Poster Discussion Sessions

Sunday, May 16, 2010

A27 ADVANCES IN PULMONARY REHABILITATION 8:15 AM - 10:45 AM

Thematic Poster Sessions

Monday, May 17, 2010

B61 PULMONARY REHABILITATION 8:15 AM - 4:00 PM

Nominating Committee Report

Linda Nici, MD, Chair

The Nomination Committee of the PR Assembly consists of Linda Nici MD (chair), Mike Morgan MD and Jane Reardon RN, ANP. The Nomination Committee will be proposing the following slate of officers at the **Business Meeting on Sunday, May 16 from 6:30 to 8:30 PM at the Hilton New Orleans Riverside**. Please attend to cast your vote.

Assembly Chair: Richard Casaburi MD and Richard ZuWallack MD

Program Committee Chair-elect: Chris Garvey RN, FNP and TBA

Nominating Committee: Roger Goldstein MD, Barry Make MD and Carly Rochester MD

Candidates Bio Sketches will be available at the Assembly on Pulmonary Rehabilitation Membership Meeting Sunday May 16, 2010 at 6:30pm to 8:30pm.

Pulmonary Rehabilitation Legislation Update

Chris Garvey, RN, NP

Extensive legislative and advocacy efforts by ATS, as well as Pulmonary Rehabilitation (PR) clinicians, colleagues and patients with chronic lung disease, have led to successful passage of legislation that has made PR a permanent part of the Medicare coverage benefit. Legislative and advocacy efforts grew out of inadequate national PR coverage and the substantial evidence supporting the effectiveness of PR. Despite Congressional support of PR coverage for persons with chronic lung disease, the initial proposed rule by the Centers for Medicare and Medicaid (CMS) significantly reduced existing PR coverage and payment. The proposed rule excluded patients with very severe COPD ($FEV_1 < 30\%$ predicted), those with non-COPD pulmonary diseases and reduced payment to approximately \$15 per session. Representatives of ATS and other professional societies met with CMS coverage and reimbursement leadership to address these concerns. The final rule published by CMS in early November 2009 expands both payment for PR to \$50 per hourly session and coverage to patients with very severe COPD.

The final rule is effective January 1, 2010 and includes several changes of importance to PR providers. A new 'bundled' HCPCS (healthcare common procedure coding system) code 'G0424' must be used to bill for PR services for patients with COPD. The code covers one hour of PR, which must include some monitored exercise. No specific definition or requirements for monitoring have been identified. The new "G" code, crosswalks to a new APC (ambulatory payment classification) 0102 and is reimbursed at approximately \$50.46 per one hour unit in outpatient hospital settings (compared to \$18.46 per session for PR provided in the physician's office). Up to two PR sessions are allowed per day, per beneficiary and each one hour session must include some aerobic exercise. A total of 36, one hour session are covered and another 36 visits may be considered for coverage by local contractors based on clinical need. There is no specific limit on the duration of the PR program.

Pulmonary Rehabilitation Legislation Update

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The PR program must be reasonably expected to improve or maintain the patient's condition and functional level. Required PR components include; physician-prescribed exercise, education or training, psychosocial assessment and outcome assessment. Aerobic exercise must be included in each sixty minute session. Patient education must be individualized and clearly related to the patient's care, emphasizing behavior modification and long term adherence. Education should address the patient's goals toward improving quality of life, adapting to limitations and independence in activities of daily living.

Psychosocial assessment must include a written evaluation of the patient's mental and emotional function related to rehabilitation or the patient's lung disease, with features of the patient's family and home situation that affect his or her rehabilitation treatment. The patient's response to rehabilitation and rate of progress under the treatment plan must be included.

Evaluation of patient outcomes must include the patient's progress related to the rehabilitation, including objective clinical measures of effectiveness of PR such as exercise performance, self reported dyspnea and other behaviors. The physician must be involved in both the initial and final evaluation of patient-centered outcomes.

The physician must have expertise in management of lung disease, understanding of the patient's condition and be involved in directing the patient's care. The physician has significant involvement and responsibility in developing the individualized treatment plan (ITP) in conjunction with the PR team. Specific requirements of the ITP include the patient's diagnosis, the type, amount, frequency and duration of services and patient goals. A physician must establish, review and sign the ITP every 30 days and modify it as necessary. If the plan is established by the referring physician, the PR medical director must review and sign the plan every 30 days.

A physician must be immediately available and accessible at all times for both medical consultation and medical emergencies while the PR program is in operation. The physician must be on the hospital outpatient premises, although not necessarily in the room where PR is performed. **In the case of hospital-based programs provided on the main hospital campus, physician availability is presumed.** For satellite outpatient PR programs, the physician must be in the provider-based department, although not necessarily in the same room. Supervision must be provided by a doctor of medicine or osteopathy and cannot be provided by a non-physician provider such as nurse practitioner.

PR services furnished in the physician's office require that the physician is available in the physician's office suite and immediately available during PR sessions, although not necessarily in the same room. For PR provided in the physician's office, reimbursement is approximately \$18.46 per session.

PR coverage includes patients with GOLD Stage II, III and IV, moderate to very severe COPD. For other pulmonary disorders, CMS has identified the National Coverage Determination (NCD) process for further coverage. Until the NCD process is complete, respiratory services previously covered by local contractors remain in effect. Clinicians should refer to their own Local Coverage Determination (LCD) provided by their Medicare Administrative Contractor (MAC) for local coverage of non-COPD patients. Dependent upon a PR program's Medicare contractor, individuals with pulmonary diseases other than COPD may be eligible for coverage of pulmonary

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Pulmonary Rehabilitation Legislation Update

Chris Garvey, RN, NP

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rehabilitation services, but they will be billed as respiratory care services using the existing G codes (G0237, G0238 and G0239).

Additional clarification in the final rule identifies that physical therapists will no longer bill for PR using PT codes (97000 series) for persons with COPD. Because the new G code represents 'bundled' PR services, PR programs cannot bill separately for the six minute walk test or smoking cessation when included in a PR program. The new final rule does not impact comprehensive outpatient rehabilitation facilities or CORFs who will continue to bill using HCPCS codes G0237, G0238 and G0239.

The PR final rule does not have specific requirements for staff to patient ratio or maximum number of patients in a PR session. Clinicians should use national guidelines such as the AACVPR Guidelines for Pulmonary Rehabilitation Programs (3rd edition). A 4th edition (that will include information on the new PR final rule) of the guidelines, will be published in 2010.

Recently, ATS and sister organizations have organized a series of conference calls with MAC medical directors on the PR benefit. Much of the discussion in these calls has focused on how to interpret some of the grey areas in the coverage policy, how to operationalize the CMS requirements and how to ensure that patients with respiratory diseases other than COPD continue to have access to PR services. ATS and other professional societies will continue to work together with CMS to address concerns raised by the PR final rule including coverage for non-COPD lung disease, reimbursement for physician office-based practices and other areas. Members of the PR Assembly and ATS staff, in conjunction with other professional societies, will continue to address member's edu-

Submit an Assembly/Committee Project Application for funding in FY2011!

We are happy to announce that ATS will once again accept NEW Assembly/Committee Projects for FY2011. 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 May.

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@wpahs.org.

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

Patients to Speak At Thirteen Designated ATS International Conference Symposia

The ATS Public Advisory Roundtable (ATS PAR) has selected patients to provide a patient perspective at thirteen symposia at the 2010 ATS International Conference Symposia. This concept has worked exceptionally well within the format of the PAR Symposium for the last seven years as well as at an increasing number of sessions at ATS International Conferences from 2004 to 2009.

This is the seventh year that patient speakers will participate within the Assemblies' Symposia. The patients will make a five-minute presentation to offer insight into their personal journeys. This insight will address diagnosis, treatment, and how the disease has dramatically altered their lifestyle, family, career and relationships. They will share their perspective into what patients would like physicians and researchers to know about physician/patient relationships and the importance and relevance of the work in which investigators and researchers are engaged.

The symposia at which a patient perspective will be presented are listed below:

ASSEMBLY	SESSION CODE	TITLE	DATE/TIME
AII/RCMB	A9	COPD: A Disease Of Accelerated Aging?	Sunday 5/16/10 8:15-8:30 am
AII	A12	Severe Asthma: The Last 10 Years And Moving Forward	Sunday, 5/16/10 8:15-8:20 am
AII/RCMB	A87	Mucus Plugs For 2010: Update On Mucus In Airway Homeostasis And Disease	Sunday, 5/16/10 1:40-1:45 pm
MTPI/AII/RCMB	B7	Keeping The Immunosupressed Well: Clinical Infectious Challenges In Emerging Immunosupressed Hosts	Monday, 5/17/10 8:15-8:20 am
RSF/RCMB/AII/CP	B9	New Frontiers In Asthma Therapy	Monday, 5/17/10 8:15-8:20 am
CP/RCMB	B83	The Influence Of Histology And Molecular Analysis On Treatment Of Non-Small Cell Lung Cancer: "Tailored Therapy"	Monday, 5/17/10 1:30-1:35 pm
SRN/CP	B86	Should We Treat Asymptomatic Obstructive Sleep Apnea Patients?	Monday, 5/17/10 3:30-3:35 pm
CP/PR	C2	Seven Questions Every COPD Patient Wants Answered	Tuesday, 5/18/10 8:15-8:20 am
CP/BS/PED	C10	Cystic Fibrosis: Bench, Bedside, And Beyond	Tuesday, 5/18/10 8:20-8:25 am
CP/AII	C82	Six Questions Regarding Sarcoidosis	Tuesday, 5/18/10 3:05-3:10 pm
CP/NUR/PED	C85	How Well Do Patients Use Respiratory Inhalers, Nebulizers, And Other Devices? It's More Important Than You Might Think	Tuesday, 5/18/10 1:30-1:35 pm
PAR	D12	Cells in Lung Injury and Repair of the Lung: Scientific and Translational Importance (PAR SYMPOSIUM)	Wednesday, 5/19/10 9:55 am
CP/NUR/RSF	D6	Pulmonary Rehabilitation In Chronic Respiratory Diseases Other Than COPD	Wednesday 8/19/10 8:30-8:35 am

ATS PAR Symposium

The ATS Public Advisory Roundtable (PAR) is pleased to announce the ninth ATS PAR Symposium to be presented at the ATS International Conference in New Orleans on **Wednesday, May 19, 2010 8:15 a.m. – 10:45 a.m.** The topic of the symposium is “**Cells in Lung Injury and Repair of the Lung: Scientific and Translational Importance**” and it will be jointly chaired by Jo Rae Wright, PhD, Michael Matthay, MD, and Teresa Barnes. The program includes the following:

- Michael A. Matthay, MD - *Cell-Based Therapy For Lung Injury*
- Bernard. Lo, MD - Ethical And Policy Issues Regarding Cell-Based Therapies: Anticipating and Addressing Potential Obstacles to Scientific and Clinical Innovation
- Jahar Bhattacharya, MD, PhD - Reversal of Lung Inflammation By Mesenchymal Stem Cells
- Landon S. King, MD - Role of Lymphocytes In Mediating Recovery From Acute Lung Injury
- Mark R. Looney, MD - Role of Neutrophils And Platelets In Mediating Acute Lung Injury
- Danielle Benich - LAM Patient Perspective
- Duncan J. Stewart, MD - Future Cell-Based Therapies

ATS PAR Poster Session

The ATS PAR Annual Poster Session will be open from Sunday, May 16 – Tuesday, May 18 2010 in the Exhibit Hall of the Ernest N Morial Convention Center Convention Centre. Public Interest Organizations (PIO's) concerned with lung and sleep disorders will present information about their organizations. A representative from each organization will be present at the poster session to provide additional information.

**The American Thoracic Society Public Advisory Roundtable celebrating
2010: Year of the Lung is pleased to invite you to our fourth annual patient forum
*Breathing Better with the ATS Forum***

This is a forum at which patients will have the unique opportunity to network and learn more about their disease.

**SATURDAY MAY 15, 2010
FROM 1:00 P.M. TO 4:00 P.M.**

**Hilton New Orleans Riverside
Two Poydras Street
New Orleans, Louisiana 70130
(Grand Salon A, 1st Level)**

You'll have an opportunity to hear from patients and experts in the pulmonary community and network with them afterwards. The event will be held in conjunction with the ATS International Conference.

Hors d'oeuvres will be provided at the meeting.

This year's discussions will focus on Lung and Environmental Health issues, and panelists include:
William Martin II, MD • Michael Busk, MD, MPH • Kenneth Paris, MD, MPH
David Schwartz, MD • Leon Zoller

PLEASE RSVP BY EMAIL TO cwhite@thoracic.org
NO LATER THAN FRIDAY, APRIL 30, 2010

For further questions please contact Courtney L. White at (212) 315-8640.

SEARCH ANNOUNCEMENT

The American Thoracic Society has opened the search for the Editor of its peer-reviewed publication, the *Proceedings of the American Thoracic Society* (PATS), succeeding Alan R. Leff, M.D., who has been serving as Editor since the inception of the journal in 2004.

PATS publishes reviews of clinical or basic science commonly resulting from conferences or workshops organized or sponsored by the ATS and/or other organizations to provide a better understanding of diseases within respiratory, critical care medicine, and sleep. Publication is episodic.

It is anticipated that the Editor will be named in 2011 for a five-year term, but will not assume responsibility until March 2012. This timeline will allow the newly selected Editor to train with Dr. Leff for one year to ensure a smooth transition. The Search Committee is seeking candidates who are in a field relevant to lung health, critical care medicine, and/or sleep who have editorial experience.

Letters of interest, including a statement of plans for the Editorship, and curriculum vitae should be submitted by May 3, 2010 to:

Jeffrey Glassroth, M.D.
Chairman, PATS Editor Search Committee
American Thoracic Society
61 Broadway, 4th floor
New York, NY 10006-2755
212-315-6441

E-mail: jglassroth@northwestern.edu

Please cc Diane Gern, ATS Publisher on all emails: dgern@thoracic.org

ATS DOCUMENTS UPDATE

1. Reminder to all Document Developers--We have launched submission of official ATS documents through the manuscript central website that the Society uses for all journal submissions. All official ATS documents must be submitted through this website <http://mc.manuscriptcentral.com/atsdocs>

2. We are pleased to announce that ATS has hired a new methodologist, Jan Brozek, MD, PhD. Dr. Brozek is based at McMaster University in Canada, and as the Society's methodologist, will provide expert consultation to Document Developers. Our Documents Editor, Dr. Holger Schunemann and Dr. Brozek will both be attending the Conference in New Orleans this year and will be visiting with many Document Developers to answer methods-related questions.

For further information about document development, visit the document development area of the ATS Website at <http://www.thoracic.org/statements/document-development/index.php> or contact Judy Corn at jcorn@thoracic.org

2010 Guidelines Forum and Hands-on Workshop:
What's new in document and guideline development?

All ATS members are invited to attend a free, hands-on guideline workshop conducted by the
ATS Documents Editor, Holger J. Schunemann, MD, PhD,
and the new ATS Methodologist, Jan Brozek, MD, PhD, to be held:

Sunday, May 16, 2009
6:45-9:45 pm
Versailles Ballroom, Third Level
Hilton New Orleans Riverside
2 Poydras Street
New Orleans, LA 70140
Tel: (504) 561-0500 | 1-800-HILTONS

Refreshments and a light dinner will be served.

The Foundation of the American Thoracic Society

Help Us Help the World Breathe

Research • Education • Training

SAVE THE DATE

WHAT

Second Annual ATS Research Dinner

WHEN

Saturday, May 15, 2010

WHERE

Marriott New Orleans

For more information

Call (212) 315-6464

The Foundation of the ATS wishes to thank this year's Dinner Benefactor

Genentech/Novartis

ASSEMBLY ON
PULMONARY REHABILITATION
MEMBERSHIP MEETING

SUNDAY, MAY 16TH

6:30PM-8:30PM

HILTON NEW ORLEANS RIVERSIDE HOTEL

GRAND SALON B

FIRST (STREET) LEVEL

We would like to thank the American Thoracic Society Corporate Member Program, The National Emphysema Foundation Honoring Claude Lenfant, MD, ATS PAR Members, Sleep Group Solutions and Apnex Medical for providing Travel Awards. ATS Assembly Program Committees selected awardees based on the abstracts submitted to the 2010 International Conference.
