AACVPR
American Association of Cardiovascular and Pulmonary Rehabilitation
Promoting Health & Preventing Disease

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Julie M. Stankivic
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Dear Ms. Stankivic:

The American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) is the leading organization devoted to supporting professionals and patients in the disciplines of cardiac and pulmonary rehabilitation. In this context, the leadership of AACVPR is submitting the following statement in support of the addition of cardiac and pulmonary diagnoses for inclusion into the 75/25 rule. Please forward this document to RTI International as they prepare their report for Congress on the SCHIP Extension Act of 2007.

Founded in 1985, AACVPR is dedicated to our mission of reducing morbidity, mortality and disability from cardiovascular and pulmonary disease through education, prevention, rehabilitation, research and disease management. AACVPR is a multidisciplinary association comprised of health care professionals who serve in the field of cardiac and pulmonary rehabilitation. Members include: cardiovascular and pulmonary physicians; nurses; exercise physiologists; physical therapists; behavioral scientists; respiratory therapists and nutritionists. AACVPR, along with 44 local Affiliate organizations, represents over 9000 health care professionals who provide cardiac and pulmonary rehabilitation services. As such, we recognize the importance of providing appropriate rehabilitation services to all patients who suffer from cardiac and pulmonary disease.

AACVPR supports cardiac and pulmonary rehabilitation throughout the continuum of care. Inpatient rehabilitation facilities (IRFs) represent a crucial cog in this process for our patient population. Elderly cardiac patients who are fragile or live alone and have undergone open heart surgery, and a subset of patients with recurrent admissions for heart failure or a complicated course post myocardial infarction, are often unable to return home independently following acute care discharge. Patients with pulmonary disease who have significant co-morbidities are also often unable to return home after acute care and end up in long term care facilities. Fortunately, over the past 25 years, many facilities have developed programs for these patients as a bridge

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between acute care discharge and independent home living. Utilizing a multi-disciplinary approach, IRF rehabilitation prepares patients for a safe and independent return to home. In addition, IRF rehabilitation may also reduce health care costs by impacting on home health care services, utilization of long term care facilities, family member's leave from work and re-hospitalizations or recurrence of cardiac and pulmonary events.

IRF rehabilitation is accepted as a standard of care which precludes controlled studies where potential patients are randomized to an IRF versus other care group, yet the literature does support IRFs. Two major reviews summarize significant effects on physical function and quality of life that persist at one-year post IRF discharge.[1-2]

In summary, patients with significant disability from cardiac and/or pulmonary disease deserve an appropriate level of care and the benefits of a multidisciplinary team approach to their recovery. In addition to serving as a standard of care, IRF use results in an overall reduction in costs to the healthcare system. Exclusion of these patients from IRF care, based on the 75/25 rule, is inappropriate and negatively impacts their health and wellbeing. Therefore, AACVPR categorically supports the inclusion of cardiac and pulmonary diagnoses into the 75/25 rule.

Respectfully Submitted,

Murray Low, EdD, FAACVPR
President

References:
1. Audelin MC, Savage PD, Ades PA. Exercise-based Cardiac Rehabilitation for Very Old Patients (≥75 Years) J Cardiopulmonary Rehabilitation and Prevention 2008;28:163-173

2. Stewart DG, Drake DF, Robertson C et al. Benefits of an Inpatient Pulmonary Rehabilitation Program: A Prospective Analysis. Arch Phys Med Rehabil 2001;82:347-52.
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