

## MSCVPR Executive Board Meeting Notes

Meeting called to order at 1:15 by Jenna (by Phone) Members present: Vicki, Nicole, Margaret, Patrick, Nate, Fritz and Jenna and Karen on phone. Jodi joined conversation by phone at 2 pm/

Not present: Molly

### OLD BUSINESS:

- Fall Business Meeting Notes approved by Nate and seconded by Fritz. Unanimous vote for approval.
- Website overview: Nicole spoke to Dave. We can use other web site names. He will do the maintenance before the conference. He will do the maintenance twice a year. This is reflected in the budget going from \$100 to \$200. Nicole asked if everyone was happy with the website, does it have enough? Nate suggested a quarterly update be asked for from Donna Donakowski on MAC. It was noted that we should not repeat what is on the AACVPR Web site
- Bylaws Review and Approval proposed by Nicole and seconded by Patrick. Unanimous vote for approval.

### NEW BUSINESS:

- Treasurer Report: This was done on Friday
- Registry Discussion ( Mike McNamara) – 2 pm
- 2013 Conference Update :
  - Mock brochure was passed out. Fritz just needs to add the titles of the speakers' talks. The due date for this is February 8. Karen needs to submit request for CEU's no later than March 1, 2013. The CEC / CEU's will be the same as last year for Friday but less on Saturday. Jodie will obtain the AACVPR CEC's.
  - Fritz discussed venue, speakers and cost (it is noted that when the budget was discussed on Friday, it was decided to raise each registration by \$5.00). The area where the meeting will take place was walked through.
  - Fritz will have a map of Michigan at the annual meeting so that facilities can put a heart on their location. This will be used each year.
  - This year the committee is purchasing a remote for the project with a laser pointer. Individual items, such as calipers, pads of paper or lanyards, were not determined. One suggestion was to have stethoscope name labels.
  - It was decided that speakers would receive a thank you note with their honorarium rather than a gift.
  - Fritz will check on all other AV issues. Tina will be responsible for the door prizes again.
- Upcoming Position Vacancies
  - Jenna stated that she had received one note of interest for the Southeast Region Representative. Other names for positions were discussed and people will contact those people the see if they have an interest in any of the other remaining position.
- Committee Chair Review
  - Each board liaison should contact their committees and determine if the chair(s) will be returning. As the incoming president, Nicole will appoint or reappoint all committee chairs.
- Joint Affiliate Agreement
  - Jenna presented a written report of what was discussed with Jonah from AACVPR, and Adam deJong and Carla Vondran from the AACVPR committee. This was reviewed.

- DOTH:
  - The DOTH is March 6 and 7. It was decided after the budget discussion that one person would be funded to go from MSCVPR in the amount of \$1000. At this point, this person is Donna Donakowski.
- Committee Updates
  - Student (Patrick): None (note that this group was removed from funded for the upcoming year)
  - Liaison (Nate): This area was reviewed in the strategic plan on Friday.
  - MAC (Jodi): One of the primary concerns was the Mid-level providers as supervisors of rehab.
  - Outcomes (Nate): This is the last year for the MDCH grant. The committee has put together a 6 question rough draft survey that is being edited and will be completed by February 18 and sent out about the 2013 QI project. The committee will also have a written report available at the April Annual meeting.
  - Education (Fritz): Kirk will have a newsletter ready before the annual meeting and has indicated that he will do another one on August.
  - Membership / Marketing (Nicole): Now that we have a list of AACVPR members, we can better contact them. Margaret also agreed to compare the lists of members and their locations to all of the facilities in the state of Michigan to see if we can do a special contact with institutions that do not have AACVPR members.
- Regional Representatives' Update
  - Northern: nothing from Karen. Will be looking for a replacement
  - Southeast: Nothing from Patrick. Will be stepping up to treasurer at the annual meeting.
  - Southwest: Nothing from Vicki
- Certification Blog
  - It was decided that there a site on the AACVPR Web site. Jenna will speak to Donna D to see if you would be willing to help others on Certification, since she is on the AACVPR Committee. Margaret has also joined that committee and will receive training at the end of February. She will let Jenna or Nicole if she feels comfortable assisting others.
- AACVPR Innovation Program Award
  - Information was received from Jonah at AACVPR about an innovation award. After discussion it was decided that Jenna would send out the information to all Cardiac Rehab sites and see if we get any reply. The feeling of the board was that there was not enough time to judge these and send them in National before the due date, but we will see if we have any response. It was noted that the winner would be expected to present a poster at the Annual meeting with no compensation from MSCVPR or AACVPR.

## My Notes on the Call with Mike McNamara

Members present: Vicki, Nicole, Margaret, Patrick, Nate, Fritz in person and Jenna, Karen, Jodi, Sue Haapaniemi and Amy Fowler on phone.

1. The goal of the Registry was 350 the first year. As of January 14, 2013, they have 267 signed up and submitting data and another 100 either paid or have an agreement in.
2. Of the 22 states that Montana gathers data from, Michigan is about one-third of the data. Mike complimented us on our organization and progressive methods. He stated that we met as a board, had conference calls for Outcomes and were involved in the process as a board.
3. At this time, there are no changes to the Registry. They are taking feedback and will go to the designers to discuss those all at one time. To go back to the developers will cost money, so they are waiting till they have a number of comments to discuss.
4. Feedback: one of the biggest slowdown in agreement signing is getting the approval of the hospital lawyers. Mike noted that when he started Montana, there was no agreement to be signed by the hospital, which sped up the process. He does not feel that the IRB should be contacted because it an outcomes project, but this has not been a swaying point. (Borgess was able to get the approvals for the Registry.)
5. There are 40 agreements that are being discussed right now. Thirty four are with the hospital lawyers and the other 6 are with AACVPR.
6. There has not been a significant drop from the participants in the Montana project since Registry began. It was noted that the Registry just started in July, 2012 and have only done data since then. Montana has sent the last data out in October for the third Quarter of 2012. When the new data is requested for the Fourth quarter of 2012, we may see a drop in Montana.
7. If programs choose to go with the Registry, it will be an easy transition. Mike did make it clear that they will not be linked. He also did not encourage anyone to do both.
8. Facts about Montana
  - a. No legal agreement to be signed.
  - b. It is grant funded ( have a 3-5 year cycle that will be up for review next year)
  - c. It is easier to complete report
  - d. It began in 2005.
  - e. Only have Cardiac Rehab data, not pulmonary. There grant is written to relate to Heart and Brain only (stroke).
  - f. All questions are sent / called in to Mike, who answers them personally.
  - g. Can have Fat Screening and Sodium intake for a charge. ( We are able to do this for participants in Michigan because of our connection/ grant from the health department, which ends this year for funding)
  - h. You can use any tool for the dietary screening.
  - i. Montana only requires you to track what you want.
  - j. According to Mike, it is easier to understand.
  - k. Montana received 1 Million Dollars from the CDC. The project was never intended to be a National Registry but grew by word of mouth. Montana is not taking any new hospitals.
  - l. Must do reporting on one specific day. This could be a problem if that person was on vacation or site got busy.
  - m. Data only sent quarterly.
9. Facts about Registry
  - a. Non-profit (does generate income for AACVPR)
  - b. Less of a report ( all in a table form, which some may find harder to digest)

- c. AACVP answers all calls and then send to someone to answer who may not be an expert in the field.
  - d. No tracking of Fat Screening or Sodium Intake. Dietary screening is limited since they could not find a program that was cost free and did not feel that they could require participants to buy a program as well as pay for the Registry.
  - e. Will be able to download the data for the 2014 Certification / Recertification report.
  - f. Only ask you to track what you want.
  - g. Table to check the benchmarks.
  - h. Red Flags with Registry:
    - i. Agreements
    - ii. Reporting on-line (they feel that the data is safe).
  - i. Registry can be reported on any day and can obtain data at any time.
  - j. Registry cannot be customized. Cannot add fields.
10. The AACVPR Registry Committee is meeting biweekly to discuss customer service. They know that this is an issue. They are looking for feedback to give to the developer. This can come from sites or from the board.
11. Other states have not reached to the Registry Committee (Mike was pleased to hear from us).
12. Question was asked if Mike could get us a list of the sites in Michigan that have joined the Registry. He did not feel he could this, since the data is not listed by hospital but is aggregate data. He did suggest that he would contact the programs and asked if it was okay to share their names. This goes along with the confidentiality of the information and that when data is published it is derived aggregate data not compared to one specific program.
13. Looking forward, there are 2000 Cardiac Rehabilitation programs in the United States. In the next 5 years, the Registry hopes to have at least 1000.
14. In October, 2012, there were 215 programs in the Registry. As of January here are 267.

