**NCCRA Exercise Discipline Meeting - Minutes April 5, 2019**

Our group email list was updated. Forty-five people were in attendance for our discipline meeting.

Prior to the Symposium, an email was sent to all exercise discipline members listed on the 2018 group meeting email list. The email requested questions to discuss during the 2019 discipline meeting. Suggested questions are in order of discussion.

Discussion began concerning EP salary ranges and other EP jobs within hospitals. Iredell Health system reported the following. Iredell uses a scale for years 1-8 which ranges from low-med-high for each year. The following is base pay before years of experience and other certifications are added. EPs = 17.50, Exercise Specialist Certified = 15.38, and Exercise Specialist Uncertified = 15.00. Duke Hospital reported that Master’s prepared EP salaries begin at 39-40,000/year with ACSM Certification within 6-months of hire. This is also comparable to UNC and WFU. Other EP jobs noted within other hospitals are exercise counseling, invasive and noninvasive cardiopulmonary stress testing, nuclear stress testing, stress echo, research positions, medical fitness centers, oncology rehab, diabetes education, neuromuscular testing and rehab, musculoskeletal testing and rehab, inpatient education, monitor techs, bariatric dept. work, community Fireman testing through the hospital, smoking cessation (Fresh Start), PFT’s and community wellness staff. Iredell Health uses the “Fresh Start” smoking cessation program. EPs, RNs and RTs rotate each month instructing classes. Class’s meet four times total, once per week for one hour. The class is designed to give patients tools to help quit smoking. Certification for Fresh Start is online training. The charge per patient for the Fresh Start Program is $45.

A second discussion began regarding inpatient rehab. One hospital noted that they have EP staff on the floor for phase one inpatient education and rehab. Inpatients are referred, and a date is set to begin rehab prior to discharge. Carolina East CPR Rehab staff visit all inpatients’ prior to discharge while on duty. If CPR staff is not on duty, they have trained RNs to present an informative detailed video about CPR as not to miss patients prior to discharge. It is documented that every patient sees the video if not talked to in person before discharge. Many CPR EPs agreed that they are sending either EPs or RNs into the hospital weekly to educate patients after heart events to encourage them to begin CPR rehab as soon as possible after discharge. The goal is 50% enrollment of MI patients into Cardiac Rehab.

The NCCRA Board will be sending a survey to all Directors of all CPR Departments State wide concerning these questions. They also asked if anyone would like to add any other questions to the survey. One question volunteered was, “What are differences in EP job titles, based on type of certification”?

A third discussion centered on PAD Programs. Seven colleagues reported that their hospitals do offer PAD Rehabilitation. Most of these patients are exercising during cardiac classes with no specific individualized class for the PAD. Iredell Health currently offers a PAD class specifically for PAD patients, but has not had more than four patients at once in a class. Everyone agreed that PAD referrals have been difficult.

A fourth question presented was the following. “Every 30 days our MD sees our COPD patients. What documentation requirements are needed for this? We document in the telemetry system that the MD spoke with patients with detail regarding time. Is more detail needed, does the MD have to sign anything, or is this satisfactory? EPs who volunteered answers agreed that MDs are required to sign each patient’s ITP once, every 30 days due to guidelines; however, most denials aren’t usually due to MDs not signing.

A fifth brief topic of discussion pertained to off-site CPR programs having difficulty getting Physician coverage. One EP mentioned using Physicians who may be off duty but are supervising programs as a side job “moonlighting”. They also suggested using retired physicians. Iredell Health System mentioned offering gym access to Physicians to exercise while classes are in session. Iredell also mentioned that signed contracts are needed with these Physicians for coverage.

A final discussion concerned the CEPA Registry. Brian Coyne with Duke Health System joined the group to represent CEPA and answer questions. ACSM has combined the RCEP and CEP Exams. The Registry was created to give more validation to the EP title and profession. This Registry is the only national registry promoting the profession of clinical exercise physiology. The Registry is a way to connect highly qualified clinical exercise physiologists with employers across the country. EPs who already obtain the original RCEP Certification are automatically added to the registry, and will still use the title of ACSM-RCEP. CEP Certified EP professionals may apply for the Registry. To apply for the registry, bachelor’s prepared individuals need a minimum of three years of clinical experience to become an RCEP. For master’s prepared individuals (or higher) the minimum clinical experience needed to become an RCEP is one year. Individuals with the CEP before December 1, 2018 will need to provide an additional 20% (i.e. 12 CECs) of the CECs required to maintain their current clinical certification over a 3-year period, which is 72 CEUs total. There is a $10 registration fee if the applicant is not a CEPA member. CEPA members may register for free. If accepted to the Registry, CEPs will begin using the ACSM-RCEP title. Concerning the previous discussion about EP salaries, the CEPA salary survey is a helpful tool available to CEPA members and has been published in the Journal of Clinical Exercise Physiology (JCEP).

A question arose concerning why EPs are encouraged to become members of 2 organizations, ACSM and CEPA, instead of just one. Why does ACSM not provide a Registry instead of having CEPA? Mr. Coyne explained that there are legal issues with ACSM offering this type of registry so another organization needed to exist to help promote the EP profession.

Thanks to all who attended the Exercise Discipline meeting, we appreciate your time and discussion. Please continue to use your network of colleagues as questions arise. Please send me questions at any time and I will relay to the group. Angela.lanier@iredellhealth.org