



PEP TALK



PULMONARY EDUCATION PROGRAM
LITTLE COMPANY OF MARY HOSPITAL

February 2022

February Luncheon Speaker

By Jackie Tosolini

Our guest speaker is Dr. Henry Kaing. He is part of Palliative care at Torrance Memorial Hospital. His going to discuss how palliative care can improve our quality of life.

11:00 Meet & Greet

11:30 Speaker

12:30 Q&A

UPCOMING PEP LUNCHEON UPDATE, FEBRUARY 17

By Kurt Antonius

Reminder, the upcoming February 17th luncheon will be a ZOOM luncheon. Your Board has decided to continue the ZOOM luncheon, a non-contact event, for one more month in the interest of member's health and safety. Links will be sent out to members prior to the luncheon

PEP LUNCHEONS RE- TURNING TO CHINA BUFFET MARCH 17

Based on all the current trends of new cases and the positivity rates for COVID, the pandemic in LA County should

be subsidized enough for PEP to resume in-person lunches starting with our March 17th luncheon at China Buffet. We will still require all members be vaccinated and masks are required when not eating. The China Buffet has turned out to be very popular with PEP Pioneers with its easy parking, inexpensive costs, good food with large variety, and our own private room.



January 20 Luncheon Speaker

By Yvonne Koga

Dr. Richard Casaburi, PhD., M.D., of the Lundquist Institute for Biomedical Innovation at Harbor-UCLA Medical Center in Torrance, was the speaker at our Zoom luncheon. His topic was *Pulmonary Rehabilitation: History, Promise, and Problems.*

History: A pioneer in this field was Dr. Alvan Barrach, 1895-1977, the perfect-

er of the oxygen tent in 1922 and developer of portable oxygen supplies in the 1950's. He instituted an exercise program for two patients with pulmonary emphysema. Their physiological response was like in the training programs for athletes. There was a significant improvement in their walking without dyspnea (breathlessness).

Not until 1966 was Pulmonary Rehabilitation established at the University of Colorado with a standardized outpatient program of:

- Individual instruction about the disease
- Teaching about bronchial hygiene
- Breathing retraining
- Physical reconditioning
- Individualized pharmacologic therapy
- Oxygen therapy

Another pioneer was Mary Burns in the 1970's, one of a group of pioneers who organized pulmonary rehab programs in community hospitals.

In the 1990's, Dr. Casaburi and colleagues studied results of COPD patients' physiological responses to ex-

ercise. Patients who participated in Pulmonary Rehab improved in exercise tolerance, symptoms of dyspnea, and quality of life. These benefits were far greater than for any other COPD therapy. There were fewer exacerbations, less depression and anxiety, improved cognitive function, self-efficacy, and adherence to pharmacologic therapy.

Dr. Casaburi and colleagues sought to prove that pulmonary rehab improves patients' survival rate. They developed and submitted a comprehensive 7-year study with a project budget of \$30 million. Unfortunately the study was not funded.

Along came Dr. Peter Lindenauer, master of the Electronic Medical Record. An investigation was initiated to study the association between patients who had Pulmonary Rehab after hospitalization for COPD and 1-year survival among Medicare beneficiaries. Medical records of 197,376 US Medicare beneficiaries discharged after hospitalization for COPD in 2014 were probed. Mortality of those who started pulmonary rehab within 3 months of discharge were compared with those who began rehab later or not at all. Those who participated in pulmonary rehab had a 37% lower risk of dying.

The **Promise** of Pulmonary Rehab is that there are many benefits which lead to a better quality of life as was noted above. The **Problem** is that there is abysmal participation. Some strategies to improve

participation are: better marketing, increased Medicare reimbursement, training rehab practitioners, and developing alternative rehab models.

Dr. Casaburi's presentation can be accessed on the PEP Pioneers website. We highly recommend this for those who were not at the Zoom luncheon. For those of us in PEP who graduated from Pulmonary Rehab and continue with Pulmonary Maintenance, we owe a debt of gratitude to the pulmonary research pioneers of the past and present for their unrelenting efforts to improve our health, well-being and quality of life.

PEP Survey Results

By Jocelyn Dannebaum

We want to thank those of you that took the time to respond to our emailed survey regarding your continued interest in participating with PEP and how the Board can work to improve your experience. It was really not much of a surprise to learn that overwhelmingly the things holding people back from continued participation as we attempt to reconvene in-person meetings are the new location of exercise, and continued concerns over Covid. Unfortunately, both of those things we have no control over. The Little Company of Mary Rehab facility is still being used for pre-procedure Covid testing, and of course we do not want our members anywhere near a Covid testing site. It remains unclear when, if ever, we will be able to return to that location. Your Board of Directors very much wants to try to meet your needs of exercise, and worked very hard to set up arrangements at the new location at Beach Cities. We understand that it is not the same, and continue to strategize ways to replicate our old rehab setup as closely as we can.

If there are any suggestions as to how we may better serve you in your needs, exercise or otherwise, please do not hesitate to reach out to

a Board member.

On a positive note, one of the biggest benefits cited in the survey is this newsletter, which we will faithfully continue to circulate!

IN MEMORIAM

Bebe Bonnell



March Birthdays

- 5 Robert Kubo
- 6 Richard Watson
- 7 Leroy Huberty
- 19 Brian Nichol
- 23 Marybeth Jason
- 24 Raymond Triggler
- 29 Lolita Smith
- 30 David Hobbs

Karen Thompson, Editor

PEP PIONEERS is a non-profit corporation comprised of graduates of the Pulmonary Rehabilitation Program at Providence Little Company of Mary Hospital. We are dependent on private donations and fundraisers to finance events and purchase equipment that benefit all of its members. Tax Deductible donations may be made to:

PEP PIONEERS
Pulmonary Rehabilitation
20929 Hawthorne Blvd.
Torrance, CA 90503
310-303-7079