Health Care Visions News
*From The Cardiovascular Specialists*

1ST QUARTER 2004

# The "Heartbreak Hotel" Has Been Mended in Alabama

It is official, "Elvis" is alive and well in Anniston, Alabama--thanks to Northeast Alabama Regional Medical Center's new open heart surgery program. Dr James Thornton successfully performed their first off pump coronary bypass operation on December 16, 2003. Their first patient--an Elvis impersonator--has nothing but "Burning Love" for them since he was feeling "All Shook Up" before the operation. Northeast Regional Medical Center's new open heart surgery program was certainly his "Good Luck Charm" as there were some thoughts of "It's Now or Never."

Cyndi Havrilak

Northeast Alabama Regional Medical Center now offers a comprehensive cardiovascular program capable of providing advanced interventional cardiac procedures with open heart surgery and coronary interventions. Dr Thornton's surgical experience and appreciation of the importance of education has been instrumental in the formation of confident cohesive nursing teams from the cardiac operating room to the post operative recovery units. These nursing areas are poised and ready to handle the challenges that an advanced cardiovascular program may bring them.

Percutaneous Coronary Interventions (PCI) was implemented under the medical direction of Dr Kamran Mohammad. This service offers life saving procedures to the Anniston community. A second cardiac catheterization lab and patient holding area have been added to increase efficiency and patient access.

The implementation project was led by Diane Hawkins, Assistant VP of Patient Services. Her attention to detail, positive attitude and diligence kept implementation on track and moving forward. Her project team leaders extended themselves through time and efforts to bring a quality program to the organization. Their efforts will be beneficial in providing a solid foundation to build upon their program. It was a pleasure for HCV to work with all of them.

The Northeast Alabama & HCV Team

Their first patient, "Elvis", has officially left the building and thanks to the new open heart surgery services at Northeast Alabama he is able to swing his hips in "Blue Suede Shoes" and sing the "Jailhouse Rock". We, at Health Care Visions extend our congratulations to Northeast Alabama Regional Medical Center on opening their advanced cardiovascular services program and wish them ongoing success.

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# Message From The President

## Happy New Year!

Barb Sallo

"The Old Year has gone… The New Year has taken possession of the clock of time. All hail the duties and possibilities of the coming twelve months!" ~Edward Payson Powell

Not to add any additional pressure on your new year's resolution but I think this is always a good time to reflect and plan.

There is so much going on in cardiovascular services—advances in care, advances in cost, quality monitoring, medical staff collaborations and innovative facility design—that it is difficult to focus on a reasonable number of areas that warrant you resolutions. To help you narrow down the choices, take the self administered **Cardiovascular Performance Audit**. This is a great way to identify where your effort will have an impact and to move your cardiovascular services to the next level. Call or email us and we will send you the easy to use **CPA Tool**.

What if your resolution was to help your whole community improve their cardiovascular situation? Well, that is what happened in a small corner of Maine—Franklin County. The 40,000 residents have successfully lowered their mortality and morbidity rates associated with cardiovascular disease. If interested, a recently published article on this community success is available with a web search for Franklin Community Health Network. The title is: Heart to Heart by Richard Batt, MBA; Burgess Recond, MD; Sandra Record, RN; and Leah Binder, MA, MGA.

Good Luck! And if you need encouragement or just someone to network with over this next year—give us a call.

# The Financial Corner

## MDC – 5 DRG Changes in FY 2004

Phil Laux

The Centers for Medicare & Medicaid Services (CMS) examined a number of DRGs for reassignment and procedure adjustments for 2004.

Procedure code 37.64 (removal of a heart-assist system) was reviewed to determine if the current assigned DRG 478, or DRG 479 was appropriate. It was determined that the removal of a heart assist system is a major cardiovascular procedure, therefore, it would be more appropriately assigned to DRG 110 (Major Cardiovascular Procedures with CC) or DRG 111 (Major Cardiovascular Procedures without CC). This will result in a significant increase in payment for the removal of a heart-assist system for fiscal year 2004. Below is a table that displays the national unadjusted urban payment rates per DRG.

| DRG | 2004 National Unadjusted Urban Rate |
|---|---|
| 110 | $17,917 |
| 111 | $10,972 |
| 478 | $10,506 |
| 479 | $6,328 |

CMS also reviewed DRG 514 and DRG 515 to determine whether or not to separate them based on the presence or absence of acute myocardial infarction (AMI), heart failure, or shock. It was determined that patients who are admitted with AMI, heart failure, or shock, and undergo cardiac catheterization are acute patients who may require emergency implantation of a defibrillator. Therefore, DRG 514 was deemed invalid and replaced with two new DRGs; DRG 535: Cardiac Defibrillator Implant with Cardiac Catheterization with AMI, Heart Failure, or shock, and 536: Cardiac Defibrillator Implant with Cardiac Catheterization without AMI, Heart Failure, or shock.

The change will be favorable in regards to reimbursement. The table below compares the national unadjusted urban payment rates per DRG.

| DRG | National Unadjusted Urban Rate |
|---|---|
| 514 (old) | $29,522 (2003 Rate) |

| DRG | National Unadjusted Urban Rate |
|---|---|
| 535 | $36,089 (2004 Rate) |
| 536 | $27,777 (2004 Rate) |

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# Echocardiography Accomplished With Hand Held Technology

Marsha Knapik

Echocardiography, long held as a valuable diagnostic tool for cardiac disease (specifically cardiac wall movement, valvular dysfunction, and detection of pericardial effusion and tamponade, among others) was until recently provided through use of equipment that, though portable, was cumbersome and large. Recent advances in technology and miniaturization of that technology has resulted in the availability of smaller, lightweight, and in some instances, hand held echocardiography (HHE) units that can provide images of such quality that they are diagnostically useful in patient care.

A study performed at Scripps Mercy Medical Center in California determined that residents with as little as two hours of training could adequately identify left ventricular dysfunction using HHE. With additional training, physicians (including fellows, intensivists and emergency room physicians) could easily identify valvular dysfunction, left ventricle wall motion abnormalities and effusion/tamponade that require immediate intervention using this portable technology. An additional study performed in France concluded that although HHE does not replace or negate the need for full transthoracic echocardiography, it allowed for rapid acquisition of images in busy crowded ICU and Emergency Department settings and provided improved clinical diagnosis of heart failure, left ventricular systolic dysfunction, and adequate imaging for identification of chamber size and identification of pericardial or pleural effusions. Dr. John Gorcsan III, Director of Echocardiography Laboratories and Associate Processor of Medicine at the University of Pittsburgh Medical Center, has adopted the use of HHE in his daily rounds. He has published on the use of the hand held equipment and states, "The rapid cardiac assessment a hand carried ultrasound device can provide at a patient's bedside allows us to make clinical decisions and begin treatment much more rapidly."

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>
> *-Dr. John Gorcsan III*

HHE equipment can be obtained from several vendors and product specifics vary, however, most are laptop computer size or smaller, approximately 5 pounds or less in weight, battery powered, and can be easily carried from bedside to bedside. In regards to reimbursement, there are no specific CPT codes for echocardiograms performed using hand held equipment, but rather the examination is coded (with current echocardiography CPT codes) related to the extent, quality and documentation of the procedure. For a HHE to be coded, the examination must be medically necessary, should be done for the same purpose as a standard ultrasound would have been done, should have acceptable technical quality, be interpreted by qualified individuals and have documentation in the medical record.

While hand held echocardiography currently can not serve as a replacement for the larger cart-based systems and a full echocardiographic study, they do allow for rapid and accurate bedside examination of patients performed by the physician. This allows for greater service flexibility as the larger systems, when in use may be unavailable for "quick look" examinations of critical care and emergency department patients. This allows for early detection and intervention for valvular defects, congestive failure as well as tamponade or effusion. As HHE is perfected, expect to see increased use of this technology in both the hospital and office settings.

*If you don't know where you are going, you will probably end up somewhere else.*

*-Lawrence J. Peter*

**For more information on Health Care Visions' February 19th Audio Conference:**

*PCI Without On-Site Surgical Back-Up*

**E-mail us at: hcv@hcvconsult.com**

# PCI Without On-Site Surgical Back-Up

Kathleen Egan

Percutaneous Coronary Intervention (PCI) without on-site open heart surgery (OHS) back-up is a growing national trend for hospitals. At present 28 states permit primary (emergency) PCI without having on-site OHS back-up capabilities. Additionally, 17 states allow elective PCI without an OHS on-site surgery program. The C-Port clinical trial, completed at John Hopkins Hospital, expanded to over 35 hospitals from the initial 11. Some states have issued waivers to perform primary PCI without on-site OHS back-up. In Health Care Visions home state of Pennsylvania, 4 hospitals were granted waivers to have PCI programs without an on-site OHS program.

The most commonly cited advantages to primary PCI is that the technique can be effective in opening a "clogged" artery in patients with acute myocardial infarctions (AMI) including those who are not thrombolytic eligible. PCI allows for the immediate restoration of blood flow to the heart muscle thus resulting in reduced mortality and morbidity.

Numerous clinical research studies have supported PCI as the preferred treatment for AMI patients. Such studies include the above referenced C-Port trials, DANAMI-2; STOP-AMI; and the ESSENCE Trial. The American College of Cardiology has issued both criteria and guidelines for PCI without OHS back-up. Criteria include formalized written protocols for emergency transfer to a facility with open heart surgery capability.

In working with clients, Health Care Visions has developed recommendations for implementing a quality, full service PCI program. Often, hospitals have experienced Cath Lab personnel that are familiar with cardiac catheterization procedures. The PCI specific policies, procedures and protocols must be developed. Education of the cath lab staff and the nursing units that will provide for the pre and post care will be one of the most important organizational requirements. A written transfer agreement with an OHS program must be put into place. Quality monitoring to track outcomes as a result of PCI is essential to developing an exemplary program that meets patients, physicians and staff needs.

Health Care Visions next audio conference will provide additional detail on this timely topic. Please tune in on February 19th to learn how hospitals programs have been responding to a "booming" patient demand for advanced cardiac services.

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***Consultants Specializing in Cardiovascular Programs***

***For information on our February 19th Audio Conference: "PCI Without On-Site Surgical Back-Up"***
***E-mail us at: hcv@hcvconsult.com***