



# Health Care Visions News

*From The Cardiovascular Specialists*

3RD QUARTER 2004

## NEW OHS PROGRAM A SUCCESS!!

Doctors Hospital of Stark County, located in Massillon, Ohio performed its first coronary artery bypass graft and first coronary intervention in March, 2004. Doctors Hospital had a



Rose Czarniecki

desire to offer advanced cardiovascular services for sometime, however, they officially began the implementation in the fall of 2003.

They targeted a start date for the first quarter of 2004.

Doctors Hospital engaged Health Care Visions to conduct a feasibility study to assess the market need and determine opportunities for expanding their cardiovascular services.

National statistics demonstrate that there is a direct correlation



between aging and cardiovascular disease. Doctors Hospital's cardiac service area was composed of a higher than average older population compared to other similar areas in Ohio and consequently had a high incidence of cardiovascular disease. This supported the decision to move ahead on the project.

The implementation team at the hospital was led by Holli Cholli,



Chief Nursing Officer and Andrew Herman, CRNP. The hospital had Dr. John Perry, an experienced cardiovascular surgeon and Dr. Joseph Surmitis, an experienced interventional cardiologist as part of the team. Their guidance, skills and insight were instrumental throughout the program development. Both of these physicians devoted countless hours providing staff education and program development.

An intense investment of time and hard work was dedicated to developing the program. Almost every hospital department was involved in the project. Each department's role and responsibility for providing care to the patient, including pre and post hospital care, were delineated. Policies and procedures were developed, patient flows were outlined, and processes were implemented. Towards the end of the project multiple dry run scenarios were conducted to confirm the hospital's readiness.

The first open heart surgery took place on March 23, 2004; the patient was out

of bed the following day, walking in the halls. The first coronary intervention was performed the next day.

The open heart surgery program opened utilizing the One Stop Post Op™ model. Rather than move the patient from room to room or department to department, they stay in a single unit throughout their entire post operative hospital stay.

*This patient care model was a good match for the community's expectations.*

Doctors Hospital has been told repeatedly by their patients that they prefer the hospital's warm, personal care, and supportive atmosphere. This patient care model was a good match for the community's expectations. Now cardiovascular patients of Stark County can have care at their hospital of choice. The busy cardiac catheterization laboratory will be expanding in the near future to include a new procedure room and a five bed holding area.

Congratulation to Doctors Hospital's management team and staff! It is unusual to be able to meet such an aggressive timeline, but due to the administrative support and team commitment, they met this challenge. Health Care Visions, Ltd. was honored to work with such a dynamic group, supporting their efforts to build a quality program.

## MESSAGE FROM THE PRESIDENT



Barb Sallo

Over the last few months, several new items have surfaced about implantable cardioverter defibrillators (ICD).

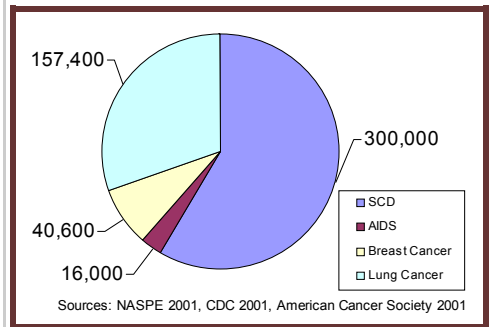
The first happened during a project that HCV was doing for a client. As a part of a Cardiovascular Performance Audit (CPA), a coding review for appropriateness and accuracy revealed that the coders were assigning a pacemaker code when patients were receiving ICD's. This resulted in reduced payments of \$15,000. The

situation was quickly addressed with an educational review for the coders.

I also reviewed the results of the MADIT II (Multicenter Automatic Defibrillator Implantation Trial II). This trial included moderately high-risk coronary patients and was designed to determine if prophylactic implantable cardioverter defibrillator therapy in conjunction with optimal pharmacologic therapy would significantly reduce sudden cardiac death (SCD) compared to patients treated solely with optimal pharmacologic therapy. The trial, which began July 1997, was

terminated by the Data and Safety Monitoring Board in November, 2001, after reaching the pre-specified efficacy boundary.

And lastly, I became aware that more people die from SCD than AIDS, breast cancer and lung cancer combined. It is unlikely that there will be much change in these patient demographics in view of the advancing army of baby boomers.



## THE FINANCIAL CORNER

### Center for Medicare and Medicaid Services Proposes Changes for Inpatient Hospital Services Fiscal Year 2005

The proposed rule published in the Federal Register May 18, 2004



Phil Laux

contained some changes for cardiac related DRGs. The proposed changes affect both heart assist systems and cardiac pacemakers. The

changes will be in the final rule version typically published in the first week in August, becoming effective with discharges on or after October 1, 2004.

Last fiscal year, CMS approved ventricular assist devices (VADs) as a destination therapy for end-stage heart failure patients who are not candidates for heart transplantation and require permanent mechanical cardiac support. The proposed change intends on moving procedure code 37.66 (insertion, heart assist system, implantable) from DRG 525 (Heart Assist System Implant) to DRG 103 (Heart Transplant). This change would provide an additional reimbursement of nearly 63%.

Also, reassigning procedure code 37.62 (insertion of non-implantable heart-assist system) from DRG 104 and 105 (Cardiac Valve Procedures with and without Cardiac

Catheterization) to DRG 525 (Heart Assist System Implant). This would increase payments by at least 44%.

There has also been a recommendation to add the procedure code combination that described the implantation of a cardiac resynchronization pacemaker and lead(s) to the list of procedure code combinations that lead to the assignment of DRG 115 (Permanent Cardiac Pacemaker Implant with AMI, Heart Failure, or AICD Lead or Generator Procedures) and DRG 116 (Other Permanent Cardiac Pacemaker Implant).

*Do you know someone who would like to receive the electronic version of Health Care Vision News? Send their e-mail address to: [hcv@hcvconsult.com](mailto:hcv@hcvconsult.com)*

# EXTERNAL ELECTRODE SYSTEM

## External Electrode System Detects Cardiac Arrhythmias Previously Detected Only in the EP Laboratory



Marsha Knapik

Even with great advances in the prevention and treatment of cardiac disease, cardiac arrhythmias claim the lives of more than 400,000 in the U.S. every year. Those patients who suffer severe, life-threatening arrhythmias generally undergo electrophysiology (EP) studies in an EP or cath lab setting to determine treatment or intervention options. This invasive testing is expensive, time-consuming and not necessarily comfortable or appealing to most patients. Recent research at Case Western Reserve University is advancing the development of an external electrode system to perform this function.

The equipment currently under development and testing uses a computer-based system that takes information derived from 224 electrodes externally placed on the patient and combines that information with computerized x-rays (CT) taken simultaneously.

The electrodes are woven into a vest-like garment that is worn by the patient. Yoram Rudy, PhD., professor of biomedical engineering and the researcher spearheading the project calls the technique electrocardiographic imaging which uses algorithms to process the data

received to map electrical impulses as they travel through the heart muscle. The CT images produce a three dimensional model of the heart



while the mathematical programs map out the heart's surface electrical activity identifying the electrical pathways. The equipment has been able to identify initiation sites of arrhythmic activity within 10 mm of accuracy or better. This type of information, until now, could only be obtained by invasive EP studies.

While the prototype equipment is still being tested and the results validated, it is the goal of the researchers that this equipment could someday be useful for not only diagnosis, but also for mapping surgical or interventional ablation sites. The researchers are hopeful that this technology will have future applications for patient screening for risk of sudden cardiac death, noninvasive evaluation of drug induced electrophysiological changes, and guiding non-pharmacological interventions, such as pacing or ablation. The success of the clinical trials would, in the future, eliminate the need for the patient to have a lengthy and risky invasive

procedure as well as save the hospital and cardiologist valuable procedure time.

Burnes, John E., Taccardi, Bruno and Rudy, Yoram. A Noninvasive Imaging Modality for Cardiac Arrhythmias, *Circulation*, 2000, 102 (17): 2152.

Eisenberg, Anne. Beyond the EKG, to a Hypersensitive Heart Monitor, *The New York Times*, April 22, 2004.

*Thanks to everyone who participated in our June 10th audio conference "Would Your CV Education Program Make the Dean's List?" For more information on this or future audio conferences—email us at: [hcv@hcvconsult.com](mailto:hcv@hcvconsult.com)*

*E-mail us for reprints of our recently published articles:*

*"Transitioning from EP Diagnostic to Therapeutics: What are the Essential Considerations?" (Published in EP Lab Digest)*

*"Moving into Interventional Cardiac Procedures: A Foundation for an Education Plan" (Published in Cath Lab Digest)*

*"Peripheral Vascular Care: Should You Have a Vascular Center?" (Published in The Journal of Cardiovascular Management)*

*A complete list of articles is available on our website: [www.hcvconsult.com](http://www.hcvconsult.com)*

# DID YOU KNOW .....

- ♥ Heart disease is still the leading cause of death for both men and women in the United States.
- ♥ Heart disease doesn't just kill the elderly – it is the leading cause of death of ALL Americans age 35 and older.
- ♥ Heart disease is not just a “man's” disease, in 2001 (the last year for which CDC data is published) 52% of heart disease deaths were women.
- ♥ 38 percent of women compared with 25 percent of men will die within one year after a heart attack.
- ♥ In 2001, coronary heart disease claimed the lives of 248,184 females compared to 41,394 lives from breast cancer and 65,632 from lung cancer.
- ♥ Physically inactive persons have twice the risk of heart disease as those who are physically active.
- ♥ Surveys show that 29 percent of Americans ages 18 or older are not active at all. 44 percent of adults get some exercise, but they don't do it regularly or intensely enough to protect their hearts. Only 27

percent of American adults get enough leisure time exercise to achieve cardiovascular fitness.

- ♥ The relative risk of coronary heart disease associated with physical inactivity ranges from 1.5 to 2.4, an increase in risk comparable with that observed for high cholesterol, high blood pressure and cigarette smoking.
- ♥ Smokers have twice the risk of heart attacks as non-smokers.
- ♥ In 2004 heart disease is projected to cost \$238.6 billion for health care services, medications and lost work.

*As one of the nation's leading CV consulting firms, Health Care Visions is available to assist you in addressing these statistics in your service area.  
Please contact us if you would like to learn more about our services.*

## Health Care Visions

3283 Babcock Boulevard  
Pittsburgh, PA 15237

Phone: (412) 364-3770  
Fax: (412) 364-3161  
E-mail: [hcv@hcvconsult.com](mailto:hcv@hcvconsult.com)

*Consultants Specializing in Cardiovascular Programs*



*Click...and check out our  
**NEW** website:*

[www.hcvconsult.com](http://www.hcvconsult.com)