Health Care Visions News
From The Cardiovascular Specialists
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A Roadmap for the Future

Rose Czarnecki

Bert Fish Medical Center (BFMC) located in New Smyrna Beach, Florida recently has experienced a growing cardiology market, a busy diagnostic cardiac cath program and changing state regulations. Their challenge was to make strategic decisions for cardiovascular care that would "work" for the next year and provide a roadmap for the next five years. Health Care Vision, Ltd. (HCV) conducted an assessment of their current cardiovascular services and researched opportunities for cardiovascular care expansion. Areas that were considered include primary percutaneous coronary interventions and peripheral vascular services.

In the state of Florida, hospital based adult percutaneous coronary intervention programs have never been independently reviewed by Florida's CON program. The provision of PCI was limited to hospitals that had CON-approved open heart surgery programs. In 2004, the Florida Legislature directed the Agency for Healthcare Administration to administer a CON exemption process for hospitals that do not have open heart surgery on site to apply for a waiver to perform emergency PCI. Based on this, BFMC wanted to assess their current

situation to determine if they met the waiver requirements.

Bert Fish Medical Center also wanted to explore the opportunity to grow their peripheral vascular services. Health Care Visions believes that due to the increased prevalence of peripheral vascular disease in the United States, particularly among the older population and the aging population in BFMC's primary service area, expanding their vascular services would be a golden opportunity for the medical center. Developing a focused strategic plan for peripheral vascular services growth would provide a platform for BFMC to expand their vascular services to better serve the community of New Smyrna Beach.

This project involved interviewing physicians, administrative, management and staff members to assess the situation at BFMC and identify opportunities for program expansion. A formal S.W.O.T. analysis uncovered facts and perceptions of the current cardiovascular services, the medical staff situation and the need to expand services and increase patient volumes.

The market assessment permitted HCV's consultants to project the patient volumes BFMC could expect for cardiovascular services such as diagnostic cardiac catheterization, primary coronary interventions, peripheral vascular diagnostic tests and peripheral vascular therapeutic procedures. Florida state data was utilized to determine the expected procedure use rates for cardiac and peripheral vascular procedures. Actual hospital data was also used to determine the market opportunity for fourteen DRGs.

Health Care Visions found that although Bert Fish Medical Center has been providing diagnostic cardiac catheterizations, pacemaker insertions and peripheral vascular diagnostic and interventional procedures, the hospital has an excellent opportunity to grow cardiovascular services. Health Care Visions consultants recommended a very detailed plan outlining a strategic course to grow cardiovascular programs.

It was Health Care Visions' pleasure to work with the administrative team at Bert Fish Medical Center.

Message From The President

Good News on U.S. Health Improvements

Barb Sallo

The National Center for Health Statistics released preliminary numbers this past spring on the annual number of deaths in the country. They have dropped by about 50,000 in 2004—the largest such decline in more than 60 years.

This means that the life expectancy for men is now 75.2, up from 74.8 and for women 80.4, up from 80.1.

Heart disease continues to be the leading cause of death, accounting for 27 percent of the nation's deaths in 2004. Cancer was second, accounting for about 23 percent, and strokes were third, at 6 percent. The good news: The age-adjusted death rate for all three of these killers has dropped. Heart disease death rate declined more than 6 percent; cancer death rate dropped about 3 percent and stroke death rate about 6.5 percent.

Ken Thorpe, an Emory professor of health policy feels that improvements in medical care, particularly in medications aimed at preventing heart disease partly explain the improvements in the heart disease death rates.

The bad news: Americans continue to have shorter life spans than residents of about two dozen other countries, according to World Health Organization statistics.

Statins: Reducing Coronary Heart Disease Risk

Statins are believed to be some of the medicines that can take credit for the significant improvement in mortality rates for CHD. A recent study shows that statins can diminish the threat of heart disease by about 30 percent over five years. If taken for a longer time, results may vary—to the patient's advantage.

An article in the March 23, 2006 New England Journal of Medicine (Sequence Variations in PCSK9, Low LDL, and Protection against Coronary Heart Disease) suggests that long term lowering of LDL cholesterol can shrink the incidence of CHD significantly.

Of the 3363 black subjects examined there was a 28 percent reduction in mean LDL cholesterol and an 88 percent reduction in the risk of CHD. Of the 9524 white subjects examined there was a 15 percent reduction in LDL cholesterol and a 47 percent reduction in the risk of CHD.

Conclusions: Data indicates that moderate lifelong reduction in the plasma level of LDL cholesterol is associated with a substantial reduction in the incidence of coronary events, even in populations with a high prevalence of non-lipid –related cardiovascular risk factors.

Metabolic Syndrome

Increases Risk for Cardiovascular Disease and Type 2 Diabetes

Marsha Knapik

Much discussion has occurred recently regarding "metabolic syndrome" and its negative effects on health, but what exactly is metabolic syndrome? This syndrome is composed of body measurements and abnormal laboratory values that, when identified in a person, can indicate a higher risk for cardiovascular diseases (coronary, peripheral vascular, stroke) and Type 2 Diabetes.

Metabolic syndrome is identified when a person has three or more of the following risk factors:

- Abdominal circumference greater than 40 inches for men or greater than 35 inches for women (known as the "apple shape" anatomy)
- Hypertension (blood pressure equal to or greater than 130/85mmHg)
- Hyperglycemia (fasting glucose equal to or greater than 100mg/dL)
- Elevated triglycerides (equal to or greater than 150mg/dL)
- Reduced high density lipoproteins (HDL), men less than 40mg/dL and women less than 50mg/dL

Metabolic syndrome's dominant underlying risk factors appear to be abdominal obesity and insulin resistance. Insulin resistance manifests when the body is unable to use insulin efficiently. The insulin is not able to facilitate glucose entering the cells where it is used in cellular processes such as energy production. As the cells need the glucose to function properly, the body responds with the production of additional insulin to attempt to move the glucose into the cell for use. This additional circulating insulin leads to higher levels of triglycerides and other fats in the bloodstream as well as disrupts kidney function resulting in high blood pressure. These combined effects, along with the higher level of glucose in the bloodstream, places one at risk for stroke, hypertension, coronary artery disease, peripheral vascular disease and diabetes.

There are additional factors that increase the chances of having metabolic syndrome including advanced age, race, obesity and history of diabetes. Only 10% of people in their 20's are affected by metabolic syndrome, but by age 60 more than 40% exhibit symptoms. Hispanics and Asians appear to demonstrate a greater risk than other races. Obese individuals with a body mass index (BMI) - a body fat measurement- of greater than 25% increases the risk of metabolic syndrome. The placement of the body fat can also increase the risk. People with the "apple shape" body (weight concentrated in the abdomen) are at a greater risk than those with a "pear shape" body (weight concentrated in the hips). Finally, those with a family history of Type 2 Diabetes or a history of gestational diabetes (diabetes during pregnancy) are at a greater risk.

Treatment for metabolic syndrome includes aggressive lifestyle changes and in some cases medications. The initial steps in combating metabolic syndrome include moderate exercise such as brisk walking for 30 to 60 minutes every day, weight loss and smoking cessation (if applicable). Those with metabolic syndrome need to work with their physician to monitor closely body weight, blood glucose, blood pressure and triglyceride levels. The physician will determine if medications are also needed to assist with the management of hypertension or triglyceride levels.

As health care providers, it is important to be aware of metabolic syndrome and the risk factors not only to assess our patient's health and well being, but to enable us to look at our families and ourselves to identify early those of us at risk and initiate treatment.

Medicare Changes

Expanding Medicare Coverage for Cardiac Rehabilitation

Rose Czarnecki

Medicare currently provides coverage for Cardiac Rehabilitation Phase II for patients who have had an acute myocardial infarction, coronary artery bypass and/or have unstable angina. Medicare has expanded this coverage to include patients who have had a heart valve repair or replacement, percutaneous transluminal coronary angioplasty, coronary stenting, heart transplant or combined heart and lung transplant.

Services provided in a cardiac rehabilitation exercise program can be considered reasonable and necessary for up to 36 sessions. Medicare currently provides coverage for 36 sessions that allows the patient to attend sessions three times a week for a total of 12 weeks. Delivery of cardiac rehabilitation has changed over the years and recent studies have demonstrated that patients can benefit from services twice a week instead of three times per week. Medicare will continue to only cover 36 sessions; however, the length of time that a patient can attend these 36 exercise sessions has increased to 18 weeks. In addition, services can be covered beyond this 18 week period at Medicare's discretion. Coverage must not exceed a total of 72 sessions over 36 weeks.

This additional coverage went into effect March 22, 2006. Additional information can be obtained from the Centers for Medicare and Medicaid Services' website.

Medicare Proposed Payment and Policy Changes to the Inpatient Prospective Payment System

Medicare is proposing a revision to the Inpatient Prospective Payment System. This revision is a two-step process. The first step of the revision would improve the accuracy of the inpatient payment rate by basing the weights assigned to DRGs on hospital costs rather than charges. These new DRG weights are slated to go into effect on October 1, 2006.

The second step would adjust the DRGs for patient severity. This will be accomplished by increasing the number of DRGs from 526 under the current system to 861 under a consolidated severity-adjusted DRG system.

There has not been a revision of the Inpatient Prospective Payment System since its implementation in 1983. Additional information can be obtained from the Centers of Medicare and Medicaid Services' website: www.cms.hhs.gov.

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