



Health Care Visions News

From The Cardiovascular Specialists

4TH QUARTER 2004

Connecticut Hospitals Achieve Success with Innovative CON Application

On July 23, 2004, two hospitals in Waterbury, Connecticut received news of a momentous decision from the Office of Health Care Access that will change the landscape of cardiovascular care in their service area for ever more. Saint Mary's Hospital and Waterbury Hospital in partnership with University of Connecticut Health Center/John Dempsey Hospital were successful with a Certificate of Need request to establish a primary and elective angioplasty (PCI) and an open heart surgery (OHS) program. This program will have several unique characteristics.

An umbrella entity, the Waterbury Area Heart Center, Inc., will be developed as a management service organization providing specific oversight activities including the establishment of an Advisory Board, a quality assurance program and a community outreach program. Saint Mary's Hospital and Waterbury Hospital will each implement full service PCI and OHS programs. While both hospitals have their own cardiologists on staff, the cardiothoracic surgeons will be from the John Dempsey Hospital medical staff.

Health Care Visions, Ltd. was fortunate to be able to assist the hospitals with feasibility studies for advanced cardiovascular service expansions and with the preparation and submission of the Certificate of Need application. The challenges that needed to be met and addressed were many. The hospitals are located a mile apart with a history of successful collaboration for a joint cancer center, but they have no other hospital based programs that are communal. They also faced a very closed climate for cardiac services expansion; no new open heart surgery programs had been approved



in Connecticut in years.

How did they get an Agreed Settlement? The application required an in depth analysis of demand (Total Cardiovascular Target Market), discussion on why another heart program in Connecticut was needed, explicit information on the availability and the relationship with the medical staff, and a detailed description of what the program(s) would look like from both a clinical and financial perspective—a challenging but not insurmountable task!

The application outlined for the Office of Health Care Access (OHCA) the need for the proposed PCI and OHS program at two sites on the following:

- Historical catheterization and current referral volume
- Adopting a standard of care that exists in three other large urban areas
- Improved patient safety by providing service at the time of diagnosis
- Improved access and availability of cardiac care in regional service area
- Reduced time from symptom onset to treatment
- Improved continuity of care
- Reduction in mortality and morbidity

OHCA was also able to appreciate the clinical model that will be implemented.

Both Saint Mary's Hospital and Waterbury Hospital will begin the program with little change to their cardiac catheterization labs. The post surgery care will utilize the implementation of a One Stop Post Op (OSPO) unit. This patient care delivery model keeps the patient in the same bed while the acuity and nursing care levels are adapted to meet their changing care needs. This model provides seamless patient care, promotes exceptional clinical outcomes and cost efficiencies and is considered very patient, family and physician friendly. A post operative patient will receive his or her post procedure care from the same staff members throughout their hospital recovery. This will be the first OSPO model in the state.

The hospitals have begun the long road to start up ...

The hospitals have begun the long road to start up but have found the energy and effort they put forth in the application process paid off—not only with state approval but also with a very good implementation plan. Health Care Visions applauds their efforts to embrace long range plans that include a shared vision of collaboration and affiliation strategies in an effort to enhance health care services for the shared communities that they serve.

We look forward to assisting with the implementation efforts and the realization of a dream come true. Congratulations Saint Mary's Hospital, Waterbury Hospital, and John Dempsey Hospital!

MESSAGE FROM THE PRESIDENT

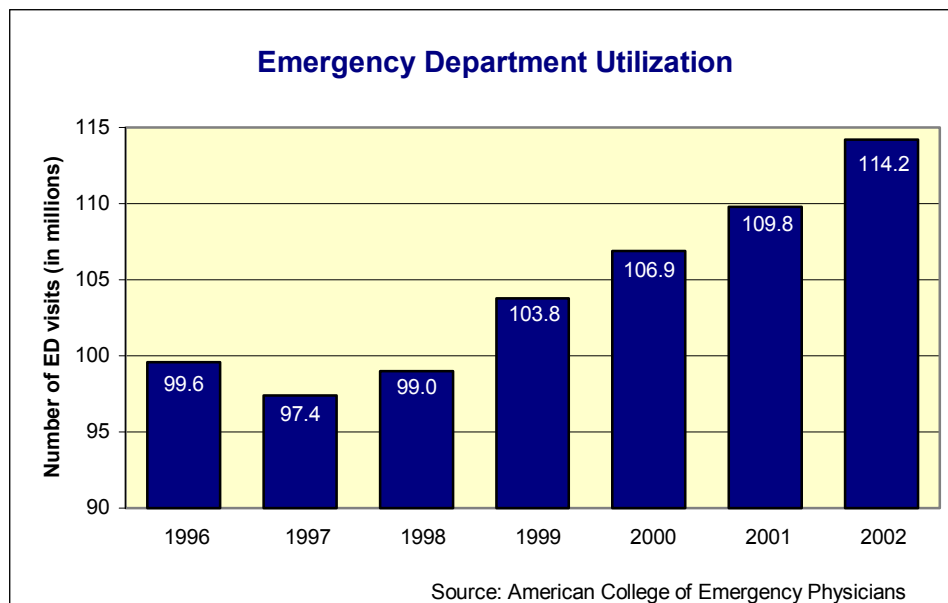
Emergency Departments: The Front Door for Cardiac Patients



Barb Sallo

Along with trauma and accidents, cardiac patients lead the list of those accessing care in an Emergency Department (ED). The need for diagnosis and assessment does not discriminate between male or female, wealthy or poor and even the famous as we recently saw with former President Clinton. From 1992 to 2002, the number of annual ED visits increased 23 percent in the U.S. while the number of Emergency Departments decreased by 15 percent. Sixty two percent of the nation's EDs report being "at" or "over" capacity.

If you had to grade your hospital's handling of cardiac patients through the ED how would you fare? A report entitled *Bursting At The Seams* from the Department of Health Policy at The George Washington University Medical



Center speaks to "Improving Patient Flow to Help America's Emergency Departments".

Ten hospitals participated in a year long process to develop a variety of strategies designed to improve patient flow and to reduce ED crowding and during the process, actually created their own best practice. The *Urgent Matters* experience demonstrated that hospitals can dramatically improve patient flow and decompress their

ED without investing significant financial resources, but it takes commitment and several important ingredients.

Health Care Visions always works with hospitals on the "front end" with cardiac patient access in the ED and with expediting diagnosis and treatment—time is key to saving heart muscle. To learn more about what these hospitals did you can obtain the report at: www.urgentmatters.org.



A PRIMER ON IMPLANTABLE CARDIOVERTER DEFIBRILLATORS (ICD)

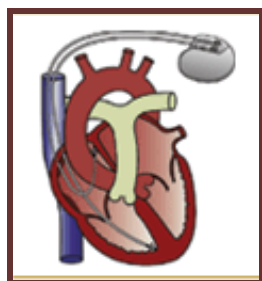


Marsha Knapik

Originally developed to treat sudden cardiac death, implantable cardioverter defibrillators now have multiple indications for use. Clinical studies demonstrate the ICD's effectiveness in treating recurrent syncope, atrial fibrillation, ventricular tachyarrhythmias as well as in preventing sudden cardiac death.

Advances in the technology associated with these devices have allowed for this increased functionality while enhancing the patient's safety. Devices currently available provide atrial pacing, rate-responsive

pacing, atrial antitachycardia pacing and defibrillation. Likewise the ICD can discriminate between supraventricular and ventricular tachycardia to prevent arrhythmias. The ICD is capable of monitoring its own functions and providing a record of its own activities and delivered therapies, thus allowing the physician to evaluate its performance. Likewise, technological advances have improved the battery life so that most ICDs can function for four or more years depending on the



patient's demands on the device. The following provides a brief review of the major types of ICDs and their uses:

- **A Single Chamber Ventricular ICD** is the simplest type that is capable of detecting and treating ventricular tachycardias, ventricular pacing, defibrillation and monitoring of ventricular rhythms.
- **Dual Chamber Ventricular ICD** requires the insertion of an additional bipolar lead in the right atrium and is capable of discriminating between atrial and ventricular tachyarrhythmias in patients who require treatment for ventricular arrhythmias. Patients who meet the criteria for dual chamber pacing but need a defibrillator are appropriate candidates for this type of ICD.
- **Dual Chamber Atrioventricular ICD** is one of the newest innovations that allows both atrial and ventricular antitachycardia therapies to be delivered to the patients. These ICDs have been approved for use in patients with drug refractory and symptomatic atrial fibrillation and in patients with coexisting symptomatic atrial and ventricular tachyarrhythmias.
- **Multisite Pacing ICD** includes the ability for multisite pacing in dual chamber ICDs. In this instance an additional lead is

inserted in the coronary sinus ostia and allows for dual site pacing to prevent atrial fibrillation and atrial flutter.

- **Biventricular Pacing** is used for ventricular synchronization in patients with left bundle branch block, first degree AV block or refractory congestive heart failure. With biventricular pacing a coronary sinus lead is placed in the posterolateral left ventricular vein or in the distal coronary sinus.

The American College of Cardiology published guidelines for the use of ICDs in 1998 but new indications have been discussed in more current literature. Evolving technology and broadening clinical applications make it necessary for the Cardiologist and the hospital practitioner to pursue ongoing knowledge of these rapidly changing devices.

**Do you know someone
who would like to
receive
Health Care Vision News
via e-mail?**

**Send the e-mail address
to: hcv@hcvconsult.com**

THE FINANCIAL CORNER

2004 Physician Inpatient/ Outpatient Revenue Survey Results



Phil Laux

Hospitals are always eager to learn about how their existing services and providers contribute to the hospital's success.

A recently published survey by Merritt, Hawkin & Associates, a physician staffing firm, provides some insight in its 2004 Physician Inpatient/Outpatient Revenue Survey. The survey provides hospitals a quantitative analysis to support physician recruitment initiatives. The analysis demonstrates the financial benefits of various

physician specialties to a hospital.

There were 146 hospitals who participated in the survey. Eighty-eight percent of the participating hospitals were not-for-profit facilities and fifty-two percent had 100 beds or less. The survey reported that invasive cardiologists generate \$2.5 million in net revenue for inpatient & outpatient services through patient referrals and admissions. Non-invasive cardiologists generated \$2.6 million in net revenue. Over the last 2 years, the average net revenue generated, by both noninvasive and invasive cardiologists increased by a minimum of thirty-two percent.

The survey reveals that the increases in

most specialties can be attributed to rising volumes of surgery, the rising number of hospital admissions, and the increased acuity of hospital inpatients. Also, these trends are coinciding with overall population growth and an aging population.

**Our hearts go out to all
affected by the recent
hurricanes & flooding.
You are in our thoughts &
prayers.**

**The Staff of Health Care
Visions**

Health Care Visions

3283 Babcock Boulevard
Pittsburgh, PA 15237

Phone: (412) 364-3770

Fax: (412) 364-3161

E-mail: hcv@hcvconsult.com

Consultants Specializing in Cardiovascular Programs



Visit our web site:
www.hcvconsult.com