This powerful little pump can also provide: patients from Impella support before they blood pressure and end-organ perfusion PTCA. The new pump helps ensure adequate requirements for the heart while we conduct device reduces the workload and oxygen high volume. This remarkable miniaturized left ventricle. The tiny rotary pump inside catheter only 4 mm. in diameter. Using hearts. The Impella pump is built into the result that revascularization is now available to more patients with weakened I have patients who need coronary intervention for CAD but their intervention for CAD but their heart function is too compromised to undergo cath lab treatment or surgery. Is there any way that you can safely revascularize these patients? Yes, a new heart pump is making a big difference for this group of patients, with the result that myocardialization is now available to more patients with weakened hearts. The Impella pump is built into a catheter only 4 mm. in diameter. Using femoral access, we advance the Impella into the aorta, across the aortic valve and into the left ventricle. The tiny rotary pump inside the catheter withdraws blood from the left ventricle and propels it into the aorta at a high volume. This remarkable miniaturized device reduces the workload and oxygen requirements for the heart while we conduct PTCA. The new pump helps ensure adequate blood pressure and end-organ perfusion during elective or emergency catheter intervention. And, we can mean more patients from Impella support before they leave the cath lab. This powerful little pump can also provide: • temporary assistance for patients who have suffered a major heart attack • circulatory support during CABG or other surgery; or maintenance for patients awaiting implant of a left-ventricular assist device or heart transplant. Most Abdominal Aneurysms Now Endogafted The portion of abdominal aortic aneurysm patients who can undergo endovascular treatment and avoid open surgery has risen dramatically—to about 90 percent in experienced programs. With their program for the procedure approaching its 10th anniversary, Lourdes vascular surgeons attribute this accomplishment in part to smaller delivery systems and more versatile stents. Finer catheter systems permit access to the aorta through previously prohibitive femoral arteries. And, more versatile grafts seal nearly any abdominal aneurysm configuration, including those that are large, closely associ- ated with the renal artery or tortuous. “With these smaller systems—and new grafts that are more adaptive—we can put this solution in more people,” said Constantin Andrew, MD, chief of vascular surgery at Our Lady of Lourdes Medical Center. In these procedures, the “aortic neck” is the distance along the healthy aorta from the renal artery to the abdominal aneurysm. The new system that Dr. Andrew was among the first in the country to use is the only one that can treat an aneurysm with a neck as short as 1 cm. Aneurysms may also curve to one side and back again. The new system treats aneurysms with angulation as severe as 60 degrees. With the stent preloaded on the delivery system, the surgeon advances the catheter to the aneurysm using fluoroscopic guidance. The Dacron graft self-expands to conform to the seal zones above and below the aneurysm. The surgeon then places the aortic and iliac extensions, designed to accommodate even highly twisting or small iliac arteries and to treat aneurysms within these arteries. Implanted in place by a nitinol wire anchoring system, the graft requires no sutures. The team can use a balloon catheter to model the graft and improve its apposition against the vessel wall. The operation enjoys a success rate of about 95 percent and high preference and satisfaction among patients. It proves safer and much easier to undergo than surgery. Post-procedure evaluation with ultra- sound is important. The team is vigilant for any flow around the graft. Lourdes’ program detects graft shifting or incomplete flow in about 5 percent of patients—a fraction of that for most endovascular aortic graft programs. Revision procedures involve further expansion of the graft or placing an additional section of the graft. We feel confident that we are providing a life-long repair, even for younger patients in their 40s,” said Dr. Andrew. “Our goal is to treat 100 percent of aortic aneurysm patients endovascularly at some point in the future.” In its second such move in 2011, Lourdes Health System has acquired a large cardiology practice, in order to further integrate its cardiac services. The agreement, effective July 1, joined Lourdes with South Jersey Heart Group, one of the largest cardiology groups in the southern New Jersey area, with 17 cardiologists and five office locations in Camden, Burlington and Gloucester counties. “We are developing a physician-alignment model that not only makes good business sense, but that also supports our vision of patient-centered care,” said Alexander J. Hatala, president and CEO for Lourdes Health System. “South Jersey Heart Group— together with our other acquisition, Associated Cardiovascular Consultants—will help us create a true continuum of care, along which we can eliminate barriers that have previously separated hospital and physician office-based services. This will allow us to provide the highest-quality and most-efficient care in settings that are best for the patient.” This model is similar to an ideal promoted by forward-leaning organizations such as the Mayo Clinic and Geisinger Health System. Hatala: “We are proud that SJHG has chosen to join and partner with Lourdes, as we seek to remake the way that heart services are practiced.” Jerome Horwitz, D.O., president of South Jersey Heart Group, notes that the Lourdes co-management model allows for physician leadership in a period of significant and rapid change. “Lourdes is doing a superior job of empowering physicians in redesigning healthcare delivery,” Dr. Horwitz explained. “In addition, Lourdes respects our ongoing relationships with community physicians and the other South Jersey healthcare institutions where we treat patients. We want our referring physicians and patients to know that our connection with Lourdes will not disrupt or interfere with our existing education activities or clinical services.” The purchase is a response to changes in the healthcare environment and an evolution in best practices in care delivery. South Jersey Heart Group is now part of a clinical co-management arrangement formed earlier this year in which Lourdes cardiologists manage hospital-based cardiac services jointly with the Health System. (See “What is Clinical Co-Management?” page 3.) We will continue to see this type of set-up as hospitals and physicians adjust to new realities brought by healthcare reform,” explained Alan R. Pope, MD, chief medical officer for Lourdes Health System. “We are excited about the chance to transform a national system of episodic care to a one that focuses on coordination and outcomes.” Dr. Horwitz commented that South Jersey Heart Group looks forward to a closer relationship with a Lourdes organization that has a demonstrated track record for quality. HealthGrades® has recognized Our Lady of Lourdes Medical Center’s with its Cardiac Excellence Award and five-star ratings for cardiac services. “We are deeply committed to training the next generation of cardiovascular specialists—including running one of the largest cardiac fellowship programs in the area,” said Dr. Horwitz. “We look forward to taking advantage of the best practices, research activities and advanced technology that Lourdes has to offer.” For more information, or to refer a patient, call 1-888-LOURDES.
Clinical pearls

Herbal and Heart Health
A variety of natural herbal remedies, including ginkgo, garlic and grapeseed juice, have cardiovascular effects or interactions with cardiovascular medications. Use must be scrutinized in heart patients.
Source: J Am Coll Cardiol, Feb. 2010

Resveratrol Improves Circulation
Consumption of resveratrol—the well-known polyphenol found in red wine, grapes and other plants—increases flow-mediated dilation of the brachial artery, a biomarker of endothelial function and cardiovascular health.
Source: Nutr Metab Cardiovasc Dis, July 29, 2010

Whole Grains for Heart Health
Daily consumption of three portions of whole-grain foods can significantly reduce cardiovascular disease risk.
Source: Am J Clin Nutr, Oct. 2010

Sex and Exercise Are Triggers for MI and Sudden Cardiac Death
Acute cardiac events are significantly associated with episodic physical and sexual activity, especially in individuals who do not have high levels of habitual physical activity.
Source: JAMA, March 22, 2011

Steps that Reduce Readmission
Recent findings show proven steps for reducing readmission rates, including assigning a clinical manager, home visits and daily telephone access for patients. Source: Health Affairs, April 2011

Optimism Correlates with Stroke-Preventive Behaviors
In a nationally representative group over age 50, optimism on a rating scale correlated with significant decrease in risk of stroke, possibly because optimistic individuals are more likely to take steps to promote health. The study adds to the increasing body of research on the health benefits of optimism.
Source: Stroke, online July 21, 2011

What is Clinical Co-Management?
As part of a trend both reactive and proactive, cardiology practices are leading the medical field in entering into clinical co-management arrangements with hospitals. In these agreements, cardiologists transfer ownership of their business entity to a hospital, in return for a compensated management role in the hospital’s heart services line.

The clinical co-management model incentivizes physicians to advance activities that improve patient care and outcomes, generate cost efficiencies and make the clinical service more competitive. The model differs from conventional hospital-physician joint ventures in that the hospital maintains ownership of the clinical service line and resulting revenue stream, while physicians gain greater participation in and remuneration for strategic planning, budgeting, clinical program development, quality oversight and improvements that enhance the patient experience.

“While the exact contractual arrangements may vary slightly, this partnering is part of a phenomenon that was almost nonexistent five years ago,” said Suzanne Jaskie, president and CEO of MedAxiom Consulting, a national provider of practice management services, care transition management and other services that help physicians gain greater participation in and remuneration for strategic planning, budgeting and program development.

For a practice such as South Jersey Heart Group (see “Lourdes & SJHG,” page 1) that is extensively involved in training, a clinical co-management structure with an organization such as Lourdes also permits senior physicians to inculcate issues of efficiency and continuity of care with new doctors.

“Doctors and hospitals are the most expensive entities in the system, so it makes sense to give doctors a full share of governance in program development and best practices—including in such areas as discharge—including in such areas as discharge—with a goal of better outcomes and breaking down barriers to a seamless patient experience,” said Jaskie. “As a result, we’ll all perform better in the market place, because success is no longer pegged to how big our services or programs are but to how well we do at them.”

For more information, or to refer a patient, call 1-888-LOURDES.