

Vital Flow

News from the
Dignity Health
Heart and Vascular
Institute of Greater
Sacramento

FALL 2018 | FOR PHYSICIANS

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Medicare now covers PAD Rehabilitation

By Jeanne G. Knapp, MS | Mercy General Hospital Cardiopulmonary Rehabilitation



Compared to other cardiovascular disease, peripheral artery disease (PAD) is an under-diagnosed and under-treated condition. One in five persons over the age of 70 will have PAD.

PAD is associated with a marked increase in global cardiovascular

health risks, including heart attack, stroke, death, claudication, functional impairment, gangrene and amputation. Physicians' differential diagnosis might include evaluation of specific peripheral artery anatomy with ultrasound, CTA, MRA or ABI. Physicians can access the 2016 ACC/AHA Clinical Practice Guidelines for the Management of Patients with PAD to assess these evaluation tools (Circulation. 2017).

Risk for PAD increases when the following risk factors are present: history of tobacco use; diabetes; hypertension; dyslipidemia; African American ethnicity; history of heart disease, heart attack or stroke.

Two major goals in treating patients with PAD are limb outcomes (with an increase in peak walking distance and quality of life) and cardiovascular morbidity/mortality outcomes (with a decrease in morbidity from non-fatal MI and stroke and decrease in cardiovascular mortality from fatal MI and stroke).

"PAD is a medical disease that should be first treated with lifestyle modifications and medications," explains Inder Singh, MD, Interventional Cardiologist. "But if these fail to achieve the desired results and improvement in symptoms, then advanced revascularization options should be considered."

In four studies (Mika, et al, 2005; 2006; 2011; 2013), researchers found that 12 weeks of treadmill training increased pain-free walking distance by 110% and increased peak walking distance by 52%. The CLEVER Study, (Reynolds,

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Cardiac Care Recognition

Mercy General Hospital was the only hospital in the state demonstrating 'better than expected' for isolated Coronary Artery Bypass (CABG) mortality in the recently published 2018 California Coronary Artery Bypass Outcome Report (CCORP). The state average is 2.6% with MGH at 0.99%. In addition, MGH was rated as a 3-star (best) from the Society of Thoracic Surgeons for 2017 outcomes. MGH is also the largest cardiac provider from Central through Northern California. Mercy San Juan Medical Center also has achieved a 0.0% CABG mortality in the 2018 CCORP report.



In September, The Joint Commission recognized the team at Mercy General Hospital with Chest Pain Certification. Dignity Health has three CPC Certified programs – Mercy General Hospital, Mercy San Juan Medical Center, and Methodist Hospital. Woodland HealthCare's certification is anticipated in early 2019.

Study Aims to Improve Heart Failure

Deirdre Harris RN, BSN, CCRP
Dignity Health Heart and Vascular Institute Cardiovascular Research Coordinator

Dignity Health Research Institute is currently enrolling in the Galactic-HF trial (Global Approach to Lowering Adverse Cardiac Outcomes Through Improving Contractility in Heart Failure). This trial is for patients with heart failure and low ejection fraction.

The Galactic-HF study is looking at an investigational (not yet FDA-approved) drug to be added to standard of care regimen for heart failure. The drug under investigation is Omecamtiv mecarbil (OM). OM increases the heart's ability to pump. The study aims to determine if use of this drug can improve symptoms and quality of life for people living with heart failure, while reducing hospital readmission rates and increasing longevity.

Approximately 8,000 people are being selected to take part in the study. It is expected that participation in the study would last at least two years but could take longer than four years. Participants will be placed at random into one of two groups: One group will take OM and the other group will take placebo (no active medication).

Both groups continue to receive standard of care medications for heart failure as prescribed. Neither the participant nor the study doctor or team will know which group they are in unless there is an emergency.

The study medication is a pill taken daily by the participants. Participants will have frequent study visits (every two weeks for the first eight weeks, then every 12 weeks until week 48, at which time visits will be every four months). Visits may include blood tests, EKG's, physical exams, and health questionnaires.

For more information or to refer a patient, call 916.733.6290.

Mercy General Completes EP Lab Project

In October, Mercy General Hospital completed its multi-year project to improve the electrophysiology labs (EP) and expand capacity as the demand for EP services grows. A new, third lab was opened last year (2017), and this year one of the existing labs was upgraded with improved imaging equipment and re-opened on Oct. 2. MGH now has three EP labs with state-of-the-art equipment and specialized monitors to fully accommodate the growing demand.

The EP Program at Mercy General treats over 1,700 patients every year and is one of the largest EP programs in California.

Demand for electrophysiology services is expected to continue to grow as an increasing number of people are diagnosed with arrhythmias. The increase is due to an aging population as well as an increase in risk factors like obesity and sleep apnea.

Members of the Mercy General Hospital physician, staff, and leadership teams gathered while Sister Clare Dalton, Vice President of Mission Services, provided a blessing for the space and for the clinicians who will be providing patient care.



PAD Rehab (continued from first page)

et al., JAMA, 2014; 3:e001233) showed incremental cost effectiveness ratios of supervised exercise (SE) vs. stenting vs. optimal medical care (OMC):

\$24,070 per quality adjusted life year gained for SE vs. OMC

\$41,376 per quality adjusted life year gained for Stent vs. OMC

\$122,600 per quality adjusted life gained for Stent vs. SE

This year, Medicare and Medicaid Services (CMS) approved coverage of rehabilitation or SET (Supervised Exercise Therapy) for beneficiaries with intermittent claudication for the treatment of symptomatic PAD.

Dr. Singh believes the impact of SET can be profound. “A well structured, supervised exercise rehab program, such as that offered at the Dignity Health facilities, can not only greatly improve symptoms and quality of life, but also has an impact on preventing future adverse cardiovascular outcomes.”

The recent ACC/AHA Clinical Practice Guidelines for the Management of Patients with PAD rated supervised exercise therapy for intermittent claudication as a Class I, level of evidence A, recommendation. Physicians referring Medicare beneficiaries must have a face to face visit and provide education, counseling, behavioral interventions and outcome assessment.

Coverage is for symptomatic PAD regardless of whether a revascularization procedure or surgery was performed. Other insurance providers may cover SET for post revascularization procedure, symptomatic and or non-symptomatic; risk factor modification, medical monitoring and education.

PAD Rehab Referral Information

All of the Dignity Health Sacramento area Cardiopulmonary/PAD Rehabilitation Programs provide supervised exercise therapy for your patients. These programs can provide you with a physician brochure and referral form.

For more information, please contact:

Mercy General Hospital: 916.453.4521

Mercy San Juan Medical Center: 916.537.5296

Sierra Nevada Memorial Hospital: 530.274.6103

Woodland Healthcare: 530.662.4964 ext. 4531

Heart Failure Success Story



In August, Dr. Munir Janmohamed and his patient Anthony Robinson were featured on the front page of the Sacramento Bee. The article described Dr. Janmohamed, Director of the Advanced Heart Failure and LVAD Program at Mercy General Hospital, as part of a growing subspecialty of heart failure cardiologists with comprehensive knowledge to address the complete spectrum of therapies for complex heart failure patients.

Robinson, a 46-year old fitness trainer, had prepared himself to need a heart transplant due to unexplained heart failure. Dr. Janmohamed, however, prescribed three daily medications and the elimination of salt and caffeine. Robinson also wore an external defibrillator as a precaution. The article described how, within several months, Robinson's symptoms improved and he was able to return to his normal activities – without any surgical intervention.

Save the Date: Vascular Symposium

Mark your calendar now for Vascular Update 2019. Featured presentation topics will be Aneurysms of Ascending Aorta and Arch (Stephen Rossiter, MD); Descending Thoracic Aneurysms (Keith Jones, MD); Dissection of the Thoracic Aorta (Kapil Sharma, MD); Thoracoabdominal Aneurysms (Romel Velastegui, MD); and Thoracic Outlet Syndrome (Handel Robinson, MD).

Vascular Update 2019

March 7, 2019 | 5:30 p.m. – 8:30 p.m. | Hilton Sacramento Arden West



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New Physicians Welcomed at Mercy Medical Group



Cardiologist Tin Nguyen, MD, graduated from St. George's University School of Medicine and trained at Brody School of Medicine at East Carolina University, NC. Dr. Nguyen's office is at Mercy Medical Plaza, 3939 J Street, Sacramento.



Cardiologist Azadeh Toofaninejad, DO, graduated from the Des Moines University College of Osteopathic Medicine. She comes to Sacramento from the Seattle area, where she practiced cardiology for several years.

Referral Resources

Champ® 916.564.2880

Cardiac and PAD Rehabilitation

Mercy General 916.453.4521
Mercy San Juan 916.537.5296
Sierra Nevada Memorial 530.274.6103
Woodland Memorial 530.662.4964 ext. 4531

Cardiac Education & Support Group 916.453.4521

Pulmonary Rehabilitation/ Smoking Cessation

Mercy General 916.453.4521
Mercy San Juan 916.537.5299
Sierra Nevada Memorial 530.274.6084
Woodland Memorial 530.662.4964 ext. 4531

HeartCaring 916.733.6245

Advanced Heart Disease Clinic 916.453.4768