

# N-HEFT NEWS

## LETTER FROM CO-DIRECTORS



Dr. Ileana Piña  
Case Western Reserve University



Dr. Hector Ventura  
Ochsner Clinic

Dear Colleagues,

As we begin a new program year, there is much to share with all of you. We have all worked hard caring for our patients, studying and working on ways to continue to improve the quality of our care. Yet, sadly, despite our growing knowledge, the wide gap between evidenced based guidelines and the reality of practice continues to expand with the number of HF patients. Heart failure, associated with the growing aging population, carries a high price tag for everyone. Consequently, we are not satisfied with just doing the right thing for the right reason for our own patients. As a network of experts, we want to reach out to as many medical professionals as we can to carry the message of quality.

New training includes hospice, home care, and the nursing home setting. In August we began the third and last year of our three

year pilot for Family Medicine at Case. Our redesigned website will incorporate online CME to reach out to busy medical professionals in ways that will meet their learning needs.

We have also entered into new collaborations, such as The Think Tank for Cardiovascular Research in Women. The Think Tank, created in response to public health concerns resulting from disparities in management of cardiovascular diseases and related outcomes in women, has the purpose of stimulating cardiovascular research in women. Several of our host sites are involved in this initiative.

We welcome new sites, new faces, and changed places for our host sites. We have included a brief intro in this issue.

If you want to learn more about heart failure to help your patients,

we encourage you to join the Heart Failure Society of America. HFSA is the only organization devoted exclusively to HF. The reasonable membership includes The Journal of Cardiac Failure. To learn more go to <http://www.hfsa.org> and click on membership for the application.

Those of you who know me know that I [IP] am passionate about doing the right thing. My quest for excellence has led me to add a new project to my plate as a Veterans Administration National Quality Scholar 2006-2008. This initiative will allow me to design and implement research and education for health professionals focusing on improving health and health-care. I believe we will all benefit from my efforts, especially our patients. I will keep you informed in the Quality Corner in our newsletter.

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## New Training Sites



**Mary Norine Walsh, MD.**, is a cardiologist and director of nuclear cardiology and congestive heart failure at **St. Vincent Hospital** in Indianapolis. Dr. Walsh is also vice president of the Indianapolis board of directors for the American Heart Association. The Care Group, LLC is recognized internationally as one of the premier sites for cardiovascular services and research.

**Stephanie Dunlap, DO.**, is the Medical Director of the Congestive Heart Failure and Cardiac Transplant Program at **Rush University Medical Center** in Chicago and full-time faculty at Rush University with research interests in prognostic factors and the natural history of heart failure, the role of hypertension in heart failure, and the roles of race and gender in heart failure. At Rush, patients with heart failure are treated with great skill, sensitivity and innovation. Rush physicians, leaders in the field for many years, continue to test new devices, new procedures and medications, both old and new, in promising new combinations—all in an effort to improve the lives of people with heart failure.



**JoAnn Lindenfeld, MD.**, is currently Director of the Cardiac Transplant Program, Co-Director of the Women's Health Research Center, and Director of the Medical and Continuing Education Program in the Cardiology Division at University Hospital in Denver, Colorado. She is also Professor of Medicine for the Division of Cardiology at the **University of Colorado's Health Sciences Center**. Dr. Lindenfeld is the Chairperson of the Heart Failure Society of American Guidelines Committee. She served on the Cardiorenal Advisory Committee for the Food and Drug Administration, Rockville, Maryland for 8 years and currently serves as an ad hoc member of the Medical Devices Committee of the FDA. The Heart program at UCH is a world-class program with basic, translational, and clinical research, a highly skilled clinical faculty, and a regional referral network. The clinical faculty has a high volume of patients under their care, recent years have seen an increase in HF patients and their severity of illness.

**Training Sites****Albany Medical Center**

Edward Philbin, MD

**Allegheny General Hospital**

Srinivas Murali, MD

Jessica Lazar, PA

**NEW! Baylor University Medical Center**

Clyde Yancy, MD

**The Cardiovascular Center**

Douglas Chapman, MD

**Case Western Reserve University**

Ileana Piña, MD

Julie Gee, RN, MSN, CNP

**Duke University Medical Center**

Christopher O'Connor, MD

**Emory University Hospital**

Andrew Smith, MD

Pam Pursley, RN, CCRN, MN, ANP

**NEW! Georgetown University Hospital**

Leslie Miller, MD

**Midwest Heart Specialists**

Maria Rosa Costanzo, MD

**Northwestern University**

William Cotts, MD

Kathleen Grady, PhD, RN, FAAN

**Ochsner Clinic**

Hector Ventura, MD

Moriah Richie, PA

**Oklahoma Cardiovascular Associates**

Philip Adamson, MD

**NEW! Rush University Medical Center**

Stephanie Dunlap, DO

**South Florida Medical Institute**

Gervasio Lamas, MD

Parandeh Alashti, PA-C

**Movers and Shakers**

**Leslie Miller, MD.**, heart-failure and transplant expert, now heads up the cardiac program at the Georgetown University School of Medicine, Georgetown University Hospital, and Washington Hospital Center. His new job as the Walters Chair of Cardiology at the school of medicine as well as the cardiology sections director at the two Washington hospitals will include administrative, academic, and clinical responsibilities. Dr. Miller met their qualifications for a physician and researcher with impeccable credentials to lead one of the largest cardiac programs in the country. Georgetown University Hospital, in recognition of the challenges of managing complex heart failure, arrhythmia and recurring coronary artery disease, has gathered together world-renowned cardiologists in all aspects of cardiac care to offer expert consultation and patient evaluation, as well as the most advanced diagnostic and treatment techniques.



**Clyde Yancy, M.D.**, is the new Medical Director, of Baylor Heart and Vascular Institute, Baylor University Medical Center in Dallas, Texas. He is broadly published in the areas of heart failure and heart transplantation and is recognized for his work in hypertension and pulmonary hypertension as well. He is a fellow of the American College of Cardiology. He is an associate editor for Congestive Heart Failure and the Journal of Cardiac Failure and is a reviewer for all of the major journals in cardiovascular medicine. He is also consultant to the Centers for Disease Control and is a member of the Cardiovascular Device Panel of the FDA. Baylor University Medical Center at Dallas has been named one of the nation's top 100 cardiovascular hospitals, as heart and vascular physicians on the medical staff at Baylor constantly strive to develop new drug treatments and surgical techniques.



**Mark Dunlap M.D.**, just started his new position as Director of the Heart Failure Program, in The Heart & Vascular Center at MetroHealth Medical Center in Cleveland, OH. He will focus on building a comprehensive cardiac heart failure program and an interdisciplinary heart failure team. Dr. Dunlap will join forces with the group of internationally recognized arrhythmia specialists to develop unique programs focusing on prevention of sudden cardiac death in patients with heart disease. His numerous scientific accomplishments include active participation in national study sections at the National Institutes of Health (NIH) and Department of Veterans Affairs, including the current chairmanship of the National Merit Review Study Section. He has served on the editorial boards of several medical journals including the American Journal of Physiology and the Journal of Cardiac Failure. He is a Fellow of the American College of Cardiology and the American Heart Association Councils on Basic Cardiovascular Sciences, High Blood Pressure Research, and Clinical Cardiology. MetroHealth has been a national leader in cardiac research, focusing on developing innovative methods for detecting and treating heart

**Mission Statement**

The National Heart Failure Training Program seeks to educate physicians and other healthcare professionals in best practices for treating heart failure by providing both didactic sessions and preceptorships through its network of heart failure centers across the country.

**Join HFSA**

Membership in the Heart Failure Society is open to all health care professionals with an interest in cardiovascular medicine, including cardiologists, cardiac surgeons, internists, geriatricians, general and family practitioners, scientists, cardiac rehabilitation specialists, nurses, and pharmaceutical company or allied personnel.

**Annual Dues** are \$140.00 for Full Voting Membership and \$35.00 for Trainee Membership (January - December).

**Web site:** <http://www.HFSA.org>

**Tele:** 651.642.1633

**Marketing Tip # 1****Hosting educational meetings or conferences?**

- We can send you brochures or
- Download them from <http://www.nheft.org>

**Any Questions Please Email us at [nheft@case.edu](mailto:nheft@case.edu)**

## TWOFOLD PURPOSE OF THE NETWORK

- Maintain and disseminate best practices in the care and treatment of heart failure
- Continuously improve the quality of the program itself as an educational delivery system with the goal of improved patient outcomes.

### Quality Corner

By Ileana Piña, MD

*"Quality is never an accident; it is always the result of an intelligent effort."*

John Ruskin, English essayist (1819-1900)

Sadly, despite our growing knowledge base, the wide gap between evidenced-based guidelines and the reality of practice continues to expand with the number of HF patients. Heart failure, associated with the growing aging population, bears a high price tag for everyone. Public reporting on measures of health care quality is also growing and gaining acceptance, and more recently, demonstration projects using quality measures as the basis for a portion of Medicare payment have begun. The gold standard of performance measurement is outcomes measures, which evaluate patients' health status. Who will decide what to measure?

The Centers for Medicare and Medicaid Services, (CMS) has been requiring all health plans participating in Medicare to collect and report performance measures on the Health Plan Employer Data and Information Set (HEDIS) since 1997. New measures are regularly developed by NCQA and added. For example, in 2006 NCQA will add health plan reporting measures to evaluate the appropriate use and monitoring of medication in the elderly corresponding to Medicare's Part D prescription drug benefit.

Medicare has various initiatives to encourage improved quality of care in all health care settings where Medicare beneficiaries receive their health care services, including physicians' offices and ambulatory care facilities, hospitals, nursing homes, home health care agencies and dialysis facilities.

Performance measurement and payment incentives are at the center of efforts to improve quality, promote accountability, and support informed consumer choice in Medicare. As the process evolves and providers become more accustomed to reporting, more comfortable with the measures

used and more assured of the effectiveness of risk adjustment, pay for reporting will likely advance to pay for performance whether we like it or not. To date, bills have been introduced in both the House and the Senate. What impact will these bills have on each of us in our practice of medicine? Are we paying attention?

Medical Professionals, interested in best practice of heart failure care, can't afford not to pay attention. We have an obligation to understand the social and economic environment of our patients, as well as the medical, in the effort to improve our own quality of care. From studies we also know that educational initiatives and quality improvement systems can reduce the variability of care and shrink the gap between knowledge and practice to substantially improve the care of patients. Below are listed a number of sources to help you educate yourself about quality. You can't afford not to pay attention.

#### References and Resources

American Medical Association's Physician Consortium for Performance Improvement.

[www.ama-assn.org/ama/pub/category/2946.html](http://www.ama-assn.org/ama/pub/category/2946.html)

Alliance of Community Health Plans.

[www.achp.org](http://www.achp.org)

Ambulatory care Quality Alliance.

[www.ahrq.gov/qual/aqastart.htm](http://www.ahrq.gov/qual/aqastart.htm)

Centers for Medicare and Medicaid Services' Hospital Quality Initiative.

[www.cms.hhs.gov/quality/hospital](http://www.cms.hhs.gov/quality/hospital)

Institute of Medicine, *Crossing the Quality Chasm*, 2001.

[www.iom.edu](http://www.iom.edu)

Training Sites Cont'd.

**NEW!** [St. Vincent Hospital](#)

Mary Norine Walsh, MD

[St. Luke's Episcopal Hospital](#)

Reynolds Delgado, MD

[Temple University Hospital](#)

Alfred Bové, PhD, MD

Judith Moore, RN, BSN

[Tufts New England Medical Center](#)

David DeNofrio, MD

Linda Ordway, RNC, MS, ANP

[University of California San Diego Medical Center](#)

Barry Greenberg, MD

Annette Contasti, RN, BSN

[University of California San Francisco Medical Center](#)

Theresa DeMarco, MD

Amanda Brown, E.M., RN,

MS, CNS

[University of Cincinnati](#)

Lynne Wagoner, MD

Ginger Conway, MSN, RN,

CNP

**NEW!** [University of Colorado Health Sciences Center](#)

JoAnn Lindenfeld, MD

[University of Kansas Hospital](#)

Charles Porter, MD

Christy Russell, RN

[University of Maryland School of Medicine](#)

Stephen Gottlieb, MD

Kay Blum, PhD, CRNP

[University of New Mexico](#)

Robert Taylor, MD

Elizabeth Shepherd, RN

[University of North Carolina](#)

Kirkwood Adams, Jr., MD

Jana Glotzer, RN, MSN,

CCRN, ACNP

Valerie Johnson, RN

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**Training Sites Cont'd.**  
**University of Rochester**

John Bisognano, MD  
 Sheila McCart, AOS

**University of South Florida**

Douglas Schocken, MD  
 Mary Ann Yarborough, RN

**University of Washington  
 Medical Center**

Carol Buchter, MD  
 Mary Stout, NP

**Washington University**

Gregory Ewald, MD  
 Cindy Pasque, RN

## Clinical Coordinator Corner

By Julie Gee, RN, MSN, CNP

I'd like to introduce myself in my new role as Lead Clinical Coordinator for N-HeFT and let you know about our plans to strengthen our network of excellence. First let me say I am very excited to have this opportunity to be a part of this group. I have heard so much about you and the great work you are doing all across the country in caring for heart failure patients. I have been a Certified Nurse Practitioner for six years and have worked in Cardiac Step Down and Intensive Care Units and in home care. I am also on the clinical faculty at Case Western Reserve University in the School of Nursing and The School of Medicine teaching Family and Internal Medicine Residents. But enough about me.

I am really interested in **your** ideas. I would like to begin ongoing communication among us with regular conference calls to get your feedback and discuss obstacles, system improvement, and program issues. I also encourage you to provide updates on your heart failure programs, local or regional conferences you offer, research you are conducting or other news you have to share. For example, we have initiated the Heart Failure Advocate Program for nurses at The University of Cincinnati and are looking for a few other sites around the country that are interested in becoming a center of excellence for this training. Watch for my email with more details about our first conference call. If you have ideas about the call, let me know. I look forward to seeing you at HFSA and to meeting you all in the near future.

You can reach me at [Julie.Gee@med.va.gov](mailto:Julie.Gee@med.va.gov) or 216-791-3800 extension 4898.

## Think TANK For Cardiovascular Research in Women

By Jeanne Hitch, MeD, MA, LPC

In response to public health concerns resulting from disparities in management of cardiovascular diseases and related outcomes in women, a group of leading cardiologists led by Drs. Eileen Hsich and Ileana Piña initiated The Think Tank for Cardiovascular Research in Women in February 2006. Participants recognized the need for research in many aspects of cardiovascular medicine for women, but in view of the public health impact, CAD and HF were initially selected.

Cardiovascular (CVD) disease is the #1 killer of women in the US, and leads to more deaths than cancer of the uterus or breast cancer combined. In contrast to men, mortality and hospitalizations for women with heart disease continue to increase. Women represent more than one half of all CVD-related deaths. The pathophysiology, epidemiology, and medical/surgical therapy may be unique to women and remains poorly understood. Women continue to be underrepresented in CVD clinical trials. [1]

Research for women with CAD is desperately needed. Few studies have addressed sex-differences. Trials that do include women often fail to analyze the results by gender except post-hoc. In fact, only 24% of 628 CV trials examined by a group of authors provided gender-specific data. This lack of participation of women in clinical trials could be due to refusal to enroll or lack of effort on the part of investigators to seek women participants fitting entry criteria and bias on the part of referring physicians.

The pathophysiology of ischemic heart disease remains unknown and appears to be different for women than for men. One of the most informative research studies was sponsored by the National Heart, Lung, and Blood Institute and known as the Women's Ischemia Syndrome Evaluation (WISE) study. The WISE study identified an increased risk of cardiovascular heart disease events among women with nonobstructive coronary disease, chest pain and abnormal stress tests suggestive of microvascular coronary artery disease.[2] More needs to be known regarding the ischemic manifestations related to the microvascular vs. epicardial obstructive CAD in women.

HF affects 5 million Americans and slightly more than 50% of these are women.[1] HF remains the number one DRG diagnosis for Medicare patients who are hospitalized and carries a substantial impact on healthcare resources utilization and costs in the United States. Although the prevalence of HF has decreased in the last decade, the mortality and the hospitalizations continue to disproportionately increase for women [1]. Also, there is a preconceived notion that the prognosis of women with HF is better than that of men. In addition, the data in men have been extrapolated to women including evidence-based therapy. Moreover, the burden of risk factors for HF seem to be stronger in women and associated with other socioeconomic factors. What has been observed in clinical trials is that women present with more symptoms and perhaps more advanced disease including a greater co-morbidity burden, such as diabetes. Furthermore, women are more likely than men to have heart failure with preserved systolic function and since clinical trials have focused on HF with impaired systolic function, little is known about this disease. Therefore, the importance of understanding the pathophysiology and gender differences in the presentation, diagnosis, therapy and prognosis needs to be fully explored.

The first two meetings identified 3 main areas of interest in CAD and HF : (1).The role of sex differences for CAD and HF (2).The role of reproductive system on CAD and HF (3).The need for better infrastructure to obtain clinical information and conduct research. The group will meet again in Chicago in November in conjunction with the Scientific Sessions of The American Heart Association.

1. *Heart Disease and Stroke Statistics-2006*. <http://www.americanheart.org/downloadable/heart/1136308648540Statupdate2006.pdf>. Last accessed on April 21, 2006.
2. Bairey Merz, C.N., et al., *Insights from the NHLBI-Sponsored Women's Ischemia Syndrome Evaluation (WISE) Study: Part II: gender differences in presentation, diagnosis, and outcome with regard to gender-based pathophysiology of atherosclerosis and macrovascular and microvascular coronary disease*. J Am Coll Cardiol, 2006. 47(3 Suppl): p. S21-9.