

cvmHeartbeat

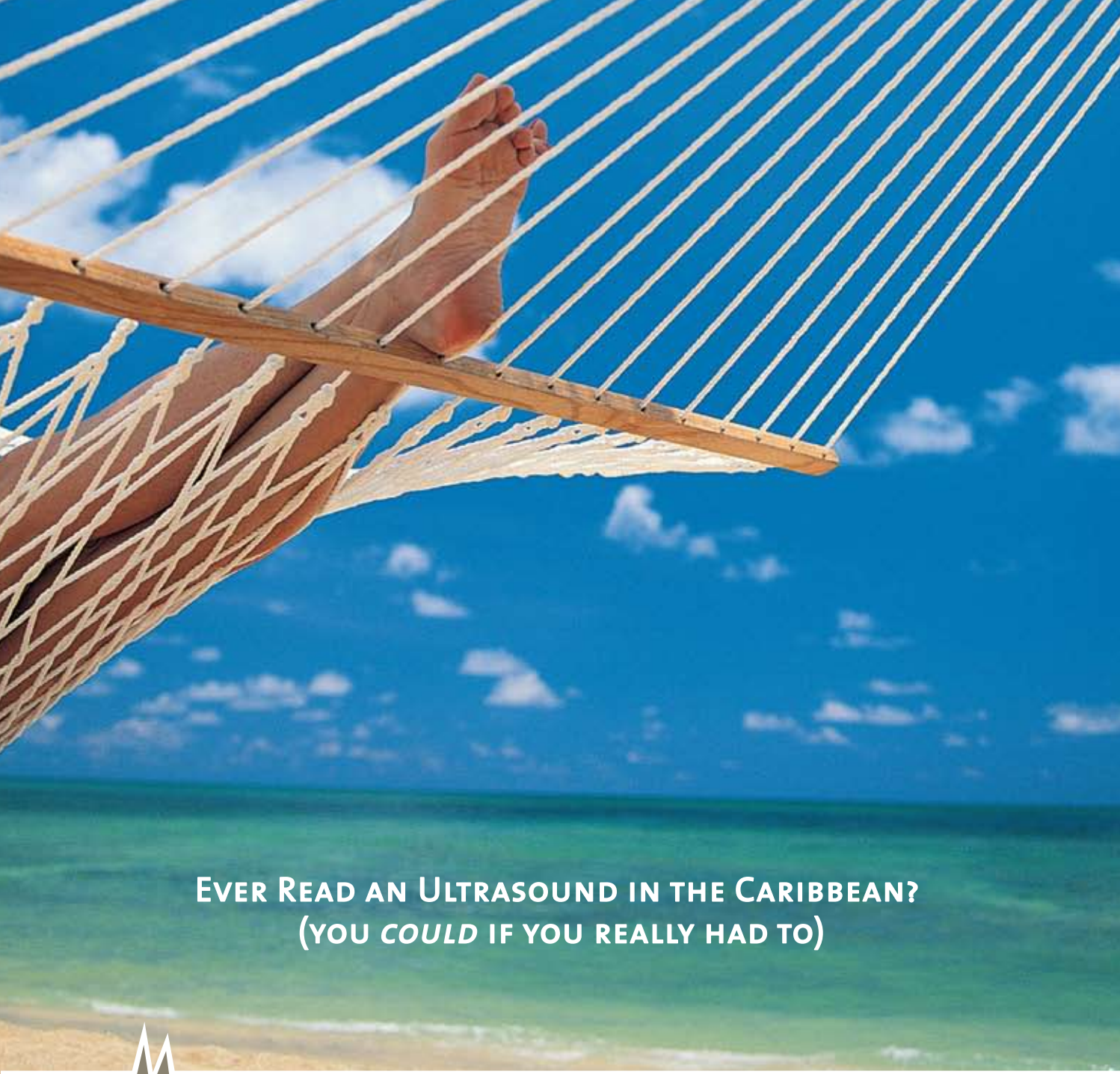
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Volume 3 • Issue 1


CVM's Rick Siegel
and Cathy Brewster



Taking Steps for Employee Health
Reducing insurance costs
while helping employees become healthier

A photograph of a person's legs in a white hammock, suspended over a tropical beach with turquoise water and a blue sky with white clouds.

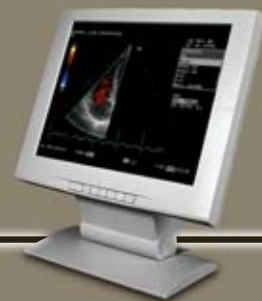
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Opening Remarks



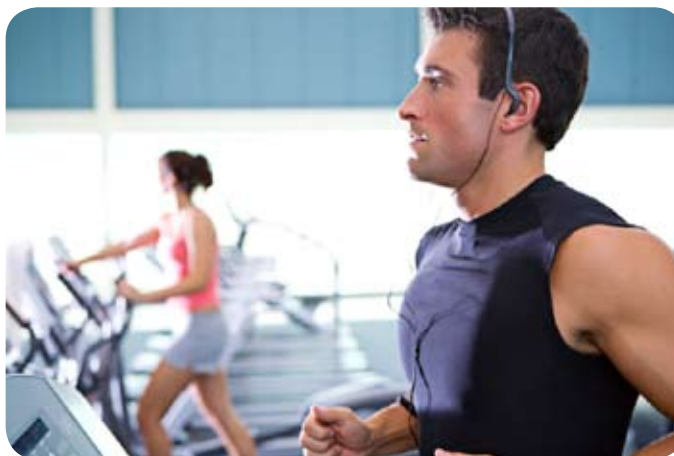
As we enter this new year of 2008, we are looking forward to some exciting new opportunities at CVM. As the needs of our community continue to grow, so do our plans to expand our services. In April, we will be opening our fourth office in Woodstock. Our physicians and staff are very excited to begin offering all of our services to this community.

In this issue of *CVM Heartbeat*, several interesting and timely topics will be presented. Dr. Caras discusses EECF, a non-invasive alternative for the treatment of symptoms related to coronary artery disease, and one of the many therapeutic options that are available at CVM. CVM also is actively involved in cardiovascular research, and several clinical trials are currently underway. This research is a way of bringing cutting-edge treatment options to our community, and Dr. Raj Prasad and Marie Hall discuss our involvement in this important area.

CVM is dedicated to improving the health of our community, and our new employee wellness program will help us "practice what we preach." Through this novel program, described by Stephanie Kallis, director of Human Resources at CVM, we are striving to improve the health of our own employees through a comprehensive disease prevention program. This is just one more example of how we are trying to lead the way into the future of healthcare. Finally, Rick Siegel, executive director at CVM, discusses our customer service program. Through this program, we continue to identify new ways to improve the service that we provide to our patients each and every day. Our dedication to our patients continues to be our first priority, and I want our readers to know that we continue to strive to do things better.

We hope that you enjoy this issue and that 2008 is a happy and healthy year for everyone!

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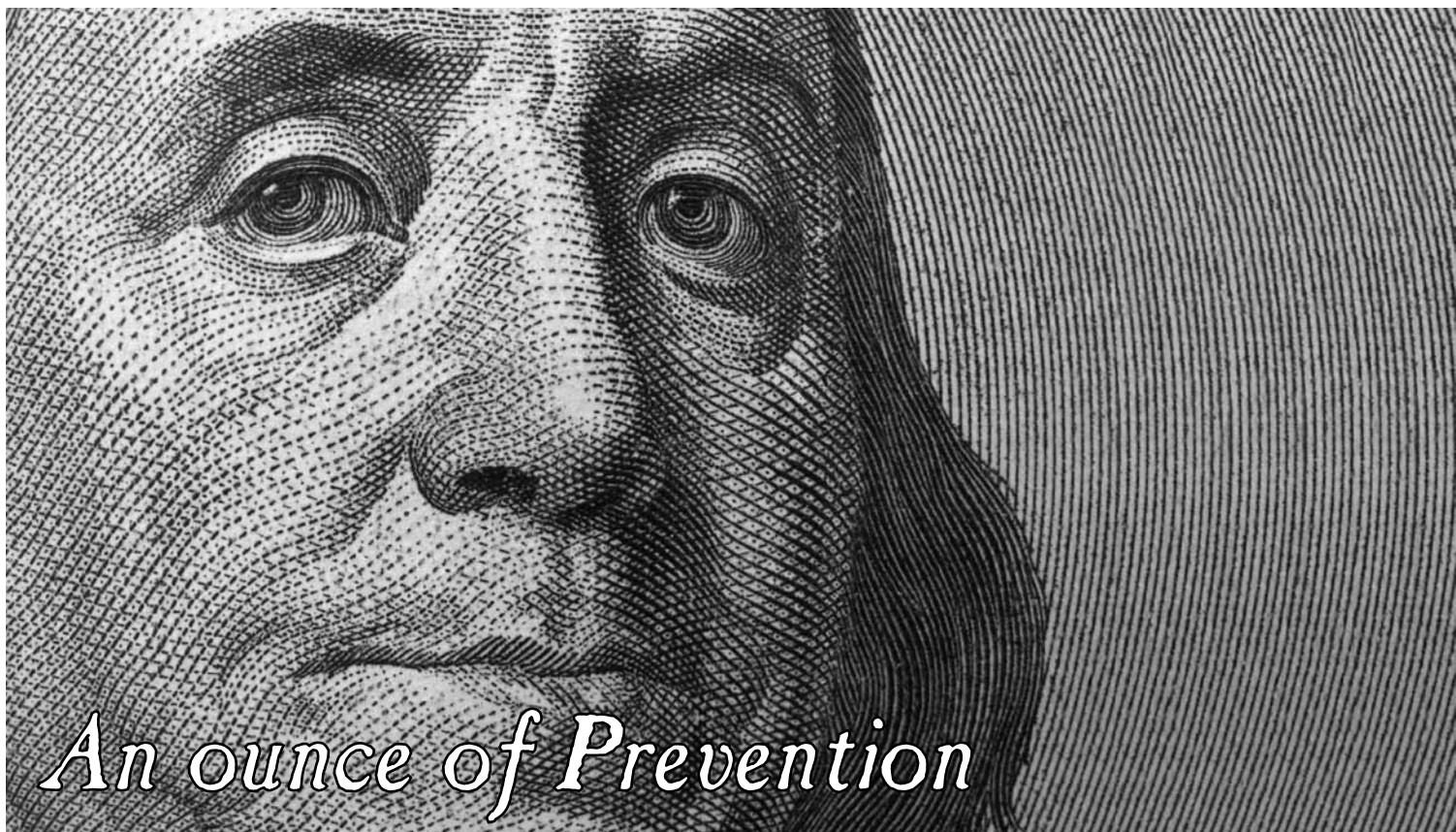
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Taking Steps for Employee Health

CVM reduces insurance costs while helping employees become healthier

By Christy Simo

CVM is known for its cutting-edge approach to cardiovascular medicine, so when it came to providing health insurance for its employees, it was only natural that they chose a very progressive program.

“We take care of so many patients here, but what were we really doing for our employees who have issues with diabetes or high blood pressure or smoking?” recalls Stephanie Kallis, director of Human Resources for CVM.

The question led CVM to develop their own self-funded plan that incorporates risk assessment screening and one-on-one coaching for each employee’s individual health needs. It’s a health insurance program that not only saves both the employees and practice money, but also helps employees become and stay healthy.

An Innovative Approach to Healthcare

Like most businesses, CVM previously used a traditional health insurance company to insure its employees, but began offering a self-funded plan in October 2007.

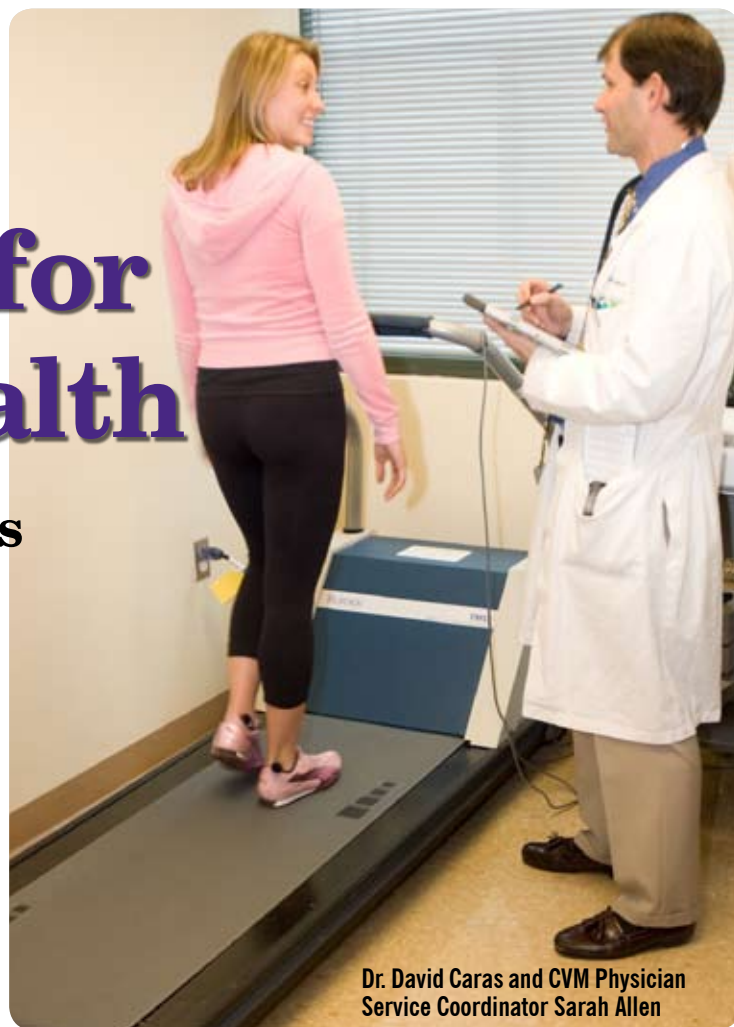
For the self-funded plan, CVM covers a certain percentage of the cost, and the employees pay a premium similar to what a traditional health plan would require. But that’s where the similarities end.

While more traditional health plans charge a set monthly premium regardless of whether an individual files a claim or not, a self-funded plan uses the money collected by the practice and its employees to pay only those claims filed by CVM employees. Health plan funds not used for claims or administration fees roll over to the next year.

LifeWell Health Plans administers the program—collecting money, providing a network of physicians and hospitals, and paying claims as they come in. A third-party company, HCC Life Insurance Company, provides stop-loss insurance to protect the plan from bankruptcy in case there are any large claims such as cancer or a severe disability.

A Progressive Take on Health Management

While the self-funded health plan aspect is innovative, it’s really the program’s health management component that attracted CVM.



Dr. David Caras and CVM Physician Service Coordinator Sarah Allen

“In the world of HR, what they are doing is pretty progressive.”

*—Stephanie Kallis,
CVM Director of Human Resources*

“In the world of HR, what they are doing is pretty progressive,” Kallis says about Communit-Y Health Network (CHN), which administers the health management program. “It’s not something that a lot of companies offer.”

“Without your health, you have nothing—that’s absolutely true,” adds John Giles with CHN. “So we’re in the business of improving health and improving lifestyles and saving money in the process.”

The health management program seeks to provide employees with the information and support to become healthier, which in turn reduces the amount of a company’s insurance claims.

“Seventy or 80 percent of most healthcare costs are related to chronic illnesses like diabetes, heart disease and obesity, and those are exactly the kinds of health issues that

the health management targets,” says Pepper Schafer, president of LifeWell Health Plans. “It makes sense for employers because it should lower their healthcare costs, but it also makes sense for the employee because they should be healthier.”

Using CHN’s three-step process, CVM ensures their employees are as healthy as possible.

Step 1: Personal Health Evaluation. Like many wellness companies, CHN administers a standard health risk assessment questionnaire to discover health habits and hereditary concerns. But the group goes a step further by coming to the worksite and screening employees using the Stanford HEAR²T (Health Education And Risk Reduction Training) Model.

The team draws blood, takes biometric measurements, blood pressure, etc., looking for risk factors that could compromise employees’ health or lead to more chronic conditions in the future.

“By finding sick people before they have a major health incident like a heart attack or a stroke or a serious problem like diabetes and getting those people to the doctor for treatment helps you avoid the big claims,” Giles says.

The screening results are completely confidential and are not released to the practice.

“That’s between them and their Health-Y-Coach,” Kallis says.

While the screenings are not mandatory, CVM offers a financial incentive to encourage all employees to be screened.

“Once the employees went through the initial screening, anyone who was labeled moderate or high risk or was a smoker was required to go through a 12-week risk reduction program,” she adds. “So what we did to encourage that was to offer a discount on insurance premiums to anyone who completed at least the screening part.”

At about \$20 a paycheck for a single employee, that can add up to huge savings.

Step 2: Personal Health Risk Reduction/Therapeutic Lifestyle Intervention. If an employee is considered to have a single high risk or five or more moderate risk factors, they then undergo one-on-one sessions with a Health-Y-Coach for 12 weeks. The coaches come to the worksite weekly and meet with employees during regular work hours.



CVM Executive Director Rick Siegel and CVM Exercise Physiologist Cathy Brewster

“The health management is a particularly good fit for Cardiovascular Medicine because the programs that it implements and works with employees on are virtually all oriented towards avoiding heart disease,” Schafer says.

While other insurance companies or wellness programs may have employees take a questionnaire, it is often left to the employees to react to the results. By working with CHN’s Health-Y-Coach, however, employees receive the motivation and the tools to become healthier.

“We engage them in the coached, one-on-one therapeutic lifestyle intervention programs to help them do what they want to do,” Giles says. “They may want to lose a little weight; they may want to learn how to get a little bit more exercise; they may want to do all kinds of things that will help them improve their health.”

“The great thing about that is it’s not being dictated to them. Once they meet with the coach, they’re able to choose what they want to work on,” adds Kallis. “So if they’re a smoker and they’re not really ready to quit smoking, that’s OK. Maybe they really need to get their nutrition or their stress level or something else under control before they feel ready to do that.”

Step 3: Personal Health Maintenance. Anyone who is screened can also review their data online and track progress using CHN’s web-based Health-Y-Trax Health Information and Tracking System.

“They can go on and access a huge database of health-based information,” Giles says. “It’s interactive—they can track their



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exercise every day; they can track their weight every day if they want to. They can track their diet everyday."

It's All in the Numbers

In fact, by incorporating the health management component, CVM has the potential to save a huge amount of money.

"In a self-funded plan like CVM has, protected by a health management company, you are likely to be able to save an enormous amount of money," Giles says.

"The combination of the health management along with the self-funding gives a company the ability to really look at some data on the health plan," adds Schafer. "It doesn't necessarily mean that your rates are going to go down, but you can make informed decisions about what to do in the future because you have the information."

Kallis notes that another medical practice that uses the same plan CVM recently adopted has already seen a 20 percent reduction in claims after only three years.

LifeWell and CHN are able to help their customers reduce costs because, unlike large publicly traded companies, LifeWell and CHN are privately held.

"The stock price of publicly traded companies depends on their ability to report every year increasing net income or increasing revenue," Giles says. "You don't do that by saving employers money by avoiding claims."

"We're privately owned, so we're not Wall Street driven at all," adds Schafer. "The whole point of our company is customer service, so that's what we focus on."

Health plan funds that are not used to pay claims one year roll over into the next. Therefore, by staying healthy, a company may have fewer employees becoming sick, thus filing less claims. Everyone's premiums could possibly go down the following year, as opposed to traditional insurance carriers where premiums usually increase every year.

Reducing healthcare costs is all well and good, but what really matters to CVM is seeing its employees excited about becoming healthier.

"Better health is good for everybody," Giles adds. "There's not a single thing you or anybody else can come up with that's bad about being healthier." ■

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Enhancing Life's Rhythm with EECP Therapy

Non-invasive treatment boosts patient quality of life

By Christy Simo

Dr. David Caras administers EECP treatment to a patient.



Could a person with severe angina regain a normal quality of life without surgery? Thanks to Enhanced External Counter Pulsation, or EECP therapy, they can. And CVM is the only cardiovascular medical practice in Cobb County that can administer this life-changing therapy.

Treatment Provides Return to Normal Life

More than 7 million people in the United States suffer from angina, a crippling chest pain that is the most common symptom of coronary artery disease.

For many angina sufferers, angioplasty or bypass surgery is not an option. In the past, these patients have had to live with the discomfort of angina—discomfort that for many severely diminishes their quality of life.

Now, EECP therapy can provide relief and a return to normal daily activities. The non-invasive, outpatient treatment has been used extensively to eliminate or improve angina for many patients, especially

those with congestive heart failure. Many who have gone through the treatment have reduced the need for nitroglycerin or eliminated its use entirely.

“I can remember one patient, three or four years ago, who was in the hospital every week for probably six weeks,” says Dr. David S. Caras, a cardiologist with CVM. “We did the EECP treatment, and she hasn’t been back in the hospital since.”

To receive EECP therapy, the patient lies on a padded treatment table. Compressive cuffs resembling large blood pressure cuffs are securely wrapped around the patient from ankle to upper thigh. The system is synchronized to the individual patient’s cardiac cycle. When the heart is resting, the

cuffs inflate with air to create external pressure. Just before the heart beats, the cuffs deflate.

The system’s action, which pulses counter to the heart’s beating, increases blood flow to the heart muscle and decreases the heart’s workload, creating a greater oxygen supply for the heart muscle while lowering the heart’s need for oxygen.

“It can cause a rocking motion of the body, which sort of jumps a little bit each time the balloons go up. And the balloons go up at the same rate as the heart rate,” Dr. Caras explains. “So if somebody’s heart rate is 60, those balloons are going up 60 times every minute for the entire hour of treatment.”

What is angina?

An estimated 12 million people in the United States suffer from coronary artery disease, making it the No. 1 killer of Americans. Coronary artery disease can lead to heart failure, a condition that affects another five million Americans with more than 500,000 new cases diagnosed each year.

The most common symptom of coronary artery disease is angina (ANN-juh-nah), a recurring feeling of pain or discomfort in the chest due to an inadequate supply of blood and oxygen to the heart muscle caused by narrowing or blockages in the coronary arteries.

Angina can be predictable and triggered by emotional stress, extreme temperatures or physical exertion, and can happen any time, even at rest. The discomfort can last for a few minutes or up to half an hour. Often, rest or nitroglycerin can relieve the episodes, but not always.

For many, living with angina can greatly diminish their quality of life and cause them to limit their daily activities. EECp can provide significant symptom relief for many people with angina where angioplasty or bypass surgery is not an option.

While the therapy can be initially uncomfortable for patients, many become used to the rocking motion. CVM provides a television in the room to help distract patients from the motion, and also has a trained staff member onsite to sit with the patient and answer any questions they may have while undergoing the treatment.

Big Commitment Yields Big Benefits

The idea of EECp therapy goes back to the 1960s, but only in the last decade has improved technology allowed for a broader use of the treatment. In fact, Medicare just recently began covering EECp therapy.

Clinical studies and data from the International EECp Patient Registry (IEPR) show that 70 to 80 percent of patients see immediate improvement after completing therapy. Patients also see significant improvement in their ability to resume everyday activities, including recreational interests and exercise.

EECP treatment has been proven to enhance coronary blood flow while decreasing a patient's cardiac workload. The results closely resemble those of the intra-aortic balloon pump, long considered the "gold standard" of treatment.

While the therapy is non-invasive, it's a big commitment for a patient to make. The treatment involves an hour-long session five days a week for a total of seven weeks.

It's also a big time and financial commitment for a practice to make, especially when the table may not necessarily be in use all day every day like other pieces of equipment. But for CVM, it's worth it.

"It takes a lot of commitment from the practice because it ties up a staff member for a full hour to an hour and a half with every patient who receives the treatment," Dr. Caras says. "But we have such a large number of patients who have had coronary disease for such a long time—patients who the angioplasty and the bypass just can't help or

who choose not to have those procedures. It's just one more option to provide the care that we would like to give to people."

In fact, CVM is the only practice in Cobb County that administers the therapy and has an EECp table, which is located at its Marietta office.

"You really need a certain sized practice to collect enough patients," Dr. Caras says. "We actually get some referrals from other practices where they want their patients to have EECp but they just don't have the volume to justify purchasing that machine themselves."

While the equipment may be in use sporadically, the investment was still worth it to CVM. Most patients feel better almost immediately after treatment, while some begin to see improvements within a week or two of completing treatment.

"We really find it useful for people who are very unhappy with their quality of life," he says. "If you have chronic coronary disease and angina once a month or once every two to three months, you probably don't mind stopping and resting and popping a nitroglycerin. But if all of a sudden you're having angina every day and you can't do what you want to do because you get angina, then this is something that is very helpful." ■



David S. Caras, MD, FACC, received his medical degree from the Medical College of Georgia and completed his internship in internal medicine and residency at the University of Virginia. Dr. Caras is board certified in internal medicine and cardiology and is Level III trained in echocardiography. His special interests include valvular heart disease, heart failure and nuclear cardiology. The Cobb County native joined Cardiovascular Medicine, P.C. in 1994 as an invasive cardiologist. He is on staff at WellStar Kennestone, WellStar Cobb and WellStar Douglas hospitals and is active in the American Heart Association, the Medical Association of Georgia and the Cobb County Medical Society.

Discovery and Integration:

A Unique Research Partnership at CVM

By Elizabeth Schwartz

The most effective research involves not only the discovery of new medicine, technology and clinical applications, but also results in practical ways to improve patient care. That is why Cardiovascular Medicine and Quantum Radiology have formed a unique partnership that does both—research new clinical discoveries and integrate them into clinical practice.

InnovaMed, a research partnership and LLC between Quantum and CVM, formed in 2006 with the idea of blending the clinical expertise and research infrastructure of each group.

“Research is the heart of innovation, progress and improvement. InnovaMed is dedicated to finding better ways to improve the quality of life for our patients and our community,” says Rajnish Prasad, MD, FACC, a cardiologist at CVM.

Adam Fogle, Quantum Radiology’s Executive Director, says the objective is to work within cardiovascular medicine and cardiac imaging to transform discoveries into solutions, enabling patients to have access to novel therapies.

“InnovaMed is a unique collaboration between two leading medical practices that delivers cutting-edge research and knowledge to the WellStar Health System community,” he says.

The company is currently enrolling in five studies. Dr. Prasad says they consider studies that will have a major impact on healthcare in the future.

“We look at anything involving new drugs or devices,” he says. “We take into consideration how a study could improve patient outcomes or make a difference in the community.”



Dr. Rajnish Prasad and Clinical Research Manager Marie Hall

CVM’s physicians recruit most patients for studies, with some of the studies taking place at WellStar’s Kennestone Hospital. Finding study participants through physicians not only benefits the research, notes Dr. Prasad, but can also help the individual patients as well.

“If a physician sees that the study could potentially improve a patient’s life, that’s very important criteria,” he adds.

The clinical research site specializes in conducting Phase II-IV studies. Marie Hall, clinical research manager for InnovaMed, says once they determine the study is safe and scientifically sound, it is also very important to consider the impact the study will have on future treatments.

“Patient safety is our first priority,” she explains. “The second most important step would be to assess the scientific integrity of the study.”

According to federal regulations, an Institutional Review Board (IRB) must review all studies involving human subject participation. Since InnovaMed conducts multi-center studies, using a central IRB speeds up the process.

Because of the partnership between Quantum Radiology and Cardiovascular Medicine, studies in cardiac imaging are particularly important.

InnovaMed began its inaugural study in 2006 with a Warfarin vs. Aspirin in Re-

We are currently enrolling participants in studies to evaluate treatments and diagnostic procedures for the following conditions:

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duced Cardiac Ejection Fraction (WARCEF) study from the National Institutes of Health and the National Institute of Neurological Disorders and Stroke. The primary objective was to determine if warfarin or aspirin is superior for preventing all causes of mortality and stroke in patients via a randomized, double-blind, multi-center clinical trial.

Hall says because of confidentiality she can’t reveal company or device names in-

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Going the Extra Mile

Customer Service at Cardiovascular Medicine

By Elizabeth Schwartz

For many patients, being seen by a huge medical practice is overwhelming and stressful, especially when you're sick. That's not the case at Cardiovascular Medicine (CVM). Even with more than 400 patients seen each day, the practice caters to the individual patient with a customized service excellence program.

This is not a new standard for CVM. The practice has been around for more than 27 years and has always held high standards for service. It wasn't until recently, says Executive Director Rick Siegel, that they decided to take it to the next level.

"A few years ago, we began to put small changes into place that modified the way we ran our practice into a patient-centered model," he says. "Those small changes over time have made a big difference."

The Patient as a Person

Whether calling to make an appointment or walking through the doors of CVM, every patient is treated like a person and not just a number. CVM has made the progressive step of hiring patient advocates, whose job is to greet each patient who walks through the door and escort him or her to the right place. Every patient is greeted by name when they arrive and walked to one of five staging areas, depending on the nature of the visit.

Customer Service at CVM=RESPECT

Recovery
Excellence
Smile
Patience
Efficiency
Compassion
Teamwork

"We wanted patients to feel like they were visiting a small office," says Siegel. "We designed five reception areas based on the physician they are seeing and for services like lab work and tests."

A few years ago, the practice moved its main office into a 31,000-square-foot space and purposely divided the office into separate sections based on the type of service needed. Siegel said it makes the office feel smaller and more personal, similar to CVM's satellite offices in Austell and Douglasville.

"There usually aren't a lot of people waiting. It's split up based on the service they'll receive," he says.

Stellar service extends beyond the walls of the practice. CVM employs more than 20 mid-level providers, physician assistants (PAs) and nurse practitioners (NPs). These providers serve as physician extenders, 24 hours a day, seven days a week, at the three hospitals served by the practice. They ensure more consistent, quality care with a personal visit in the hospital and emergency room, rather than just a phone call.

"Our physicians still see our patients, but the 24/7 in-house coverage by the mid-level providers is helpful to them, too," says Siegel. "Many of our patients are very sick, and the continuum of care provided by CVM is reassuring to them while they are an inpatient in the hospital."

"We recognize that the delivery of health-care has changed to be more consumer driven," says Siegel. "That's why we place a high price on reputation in the community. Since implementing the service excellence program, wait times have decreased and patient satisfaction has increased."

Siegel doesn't deny that there are times for service recovery. If a patient has to wait



CVM Patient Advocate Emily Barr greets a patient as she exits the elevator for her appointment.

longer than usual or is unhappy with his or her experience, Siegel says the issue is addressed immediately by, for example, offering to pay for their parking.

"We take this very seriously," he says. "We treat patients like family. They have a choice in their healthcare provider, and we want to be the community choice based on our service excellence reputation."

Yvonne Gaspard, CVM's Human Resources coordinator, says that patient feedback is positive.

"We conduct patient surveys, and people

come in all the time saying they have heard about us,” says Gaspard. “Patients love it and feel that it adds a very personal touch, so it’s like they get VIP treatment. It makes CVM very unique, so we stand out as a practice in the eyes of patients.”

It is a work in progress. Through frequent patient satisfaction surveys and comment cards, practice leadership is constantly evaluating service programs and looking for ways to improve. CVM even benchmarks itself against other cardiovascular practices around the country.

“We have individualized the program to fit our practice,” says Gaspard. “When patients fill out applause or comment cards, we have a monthly drawing and give a gift card to the patient who wins. We also have a patient appreciation week in February.”

Siegel says they want the experience to be pleasant and efficient, and patient feedback is vital to continual improvements.

“An office visit is a part of our patient’s day, and we value their time,” he says. “We want to make it worth their while to visit us.”

Building a Culture

CVM believes that the culture of service excellence begins with its own team. With

more than 150 employees in three offices, employee satisfaction is just as important when delivering great service.

The practice also has implemented service excellence standards for employees. Not only does the culture extend beyond how the staff treats patients, but to how the staff treats each other as well. Each new employee receives individual customer service training as part of his or her office orientation. Practice leadership encourages employees to recognize each other for a job well done.

“We have applause cards for patients to recognize outstanding service from staff, but also for staff to give each other a pat on the back,” says Siegel.

“It’s important for staff to feel appreciated and be recognized when they do a good job.”

CVM sent staff to the Disney Institute for the “Disney Approach to Quality Service for Healthcare Professionals.” Disney is world-renowned for service standards. The goal of the training is to help practices become the healthcare provider of choice in their communities and deliver quality service that exceeds patient expectations.

Physician to Physician

Patients aren’t the only customers. Excellent service to referring physicians is an integral part of the program, too. CVM offers electronic medical records to ease the transition for patients and for the referring doctor.

“As soon as a patient is seen by one of our physicians, we immediately fax a progress note to their doctor to keep them updated,” says Siegel.

Another unique program is the “doctor of the day.” One of CVM’s physicians is in the office to see immediate referrals. Those patients, especially ones that might be emergent cases, do not have to wait to be seen.

Gaspard says it doesn’t matter what type of customer it is—patients, fellow employees or referring physicians—service excellence is a standard they take very seriously.

“We are a very large practice, and it can be overwhelming,” she says. “Our goal is to keep that personal touch and make everyone feel welcome and that they are being treated as an individual. Visitors coming in often say that the office is huge, but that it is friendly, warm and welcoming.” ■

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Discovery and Integration: A Unique Research Partnership at CVM

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volved in studies, but one of the current studies is looking at an implantable heart pressure-monitoring device for congestive heart failure (CHF) patients.

Congestive heart failure is one of the most common causes for readmission for CVM's patients and across the country, requiring a total of nearly six million hospital in-patient days a year. That number is expected to double over the next 40 years as more baby boomers age and could become a major burden on hospitals. Each recurring admission can cost upwards of \$10,000.

When CHF patients experience symptoms, they are immediately admitted to the hospital to monitor heart function. The study device, inserted through a catheter, implants a monitor that measures pressures in the heart from the patient's home. If a patient is having problems at home, he can lay on a sensor, which triggers the monitor and assesses his cardiac status.

Measurements are immediately transmitted to a secure website where a physician can log in and look at the patient's cardiac function to determine if a hospital admission is necessary. Dr. Prasad says this could potentially save patients time and money.

"This device will help us better manage patients and hopefully decrease unnecessary readmissions," he says. "By looking at the pressure inside their heart online, we can even adjust medical therapy appropriately. It is much more pre-emptive."

The study will last for nearly two years. Upcoming studies will focus on cardiac CT imaging, contrast agents and how to find the optimal dose when performing CT imaging of the heart.

Adam Fogle says this is just one example of how InnovaMed is working to improve clinical outcomes and patient care.

"Cardiovascular Medicine is the leading provider of cardiovascular services in north-west Georgia, and Quantum Radiology is the largest private practice radiology group in the state of Georgia," he says.

"InnovaMed brings together the best aspects of academic medicine and private practice. The result is an innovative, efficient and effective clinical research site." ■



Rajnish Prasad, MD, FACC, is board certified in internal medicine, cardiovascular diseases and critical care medicine. He completed a six-year BA/MD program at Lehigh University and the Medical College of Pennsylvania. He completed his internship and residency in internal medicine at the Medical College of Pennsylvania in Philadelphia. He completed his cardiovascular diseases fellowship at Allegheny General Hospital in Pittsburgh and pursued additional fellowship training in critical care medicine at the National Institutes of Health in Bethesda, Maryland. He is a Fellow of the American College of Cardiology. He was an assistant professor of medicine, the director of the Cardiac Care Units, a member of the echocardiography faculty, and a member of the cardiac computed tomography research team at the University of Maryland before joining Cardiovascular Medicine, P.C., in August 2005. Dr. Prasad is on staff at WellStar Kennestone, WellStar Cobb and WellStar Douglas hospitals

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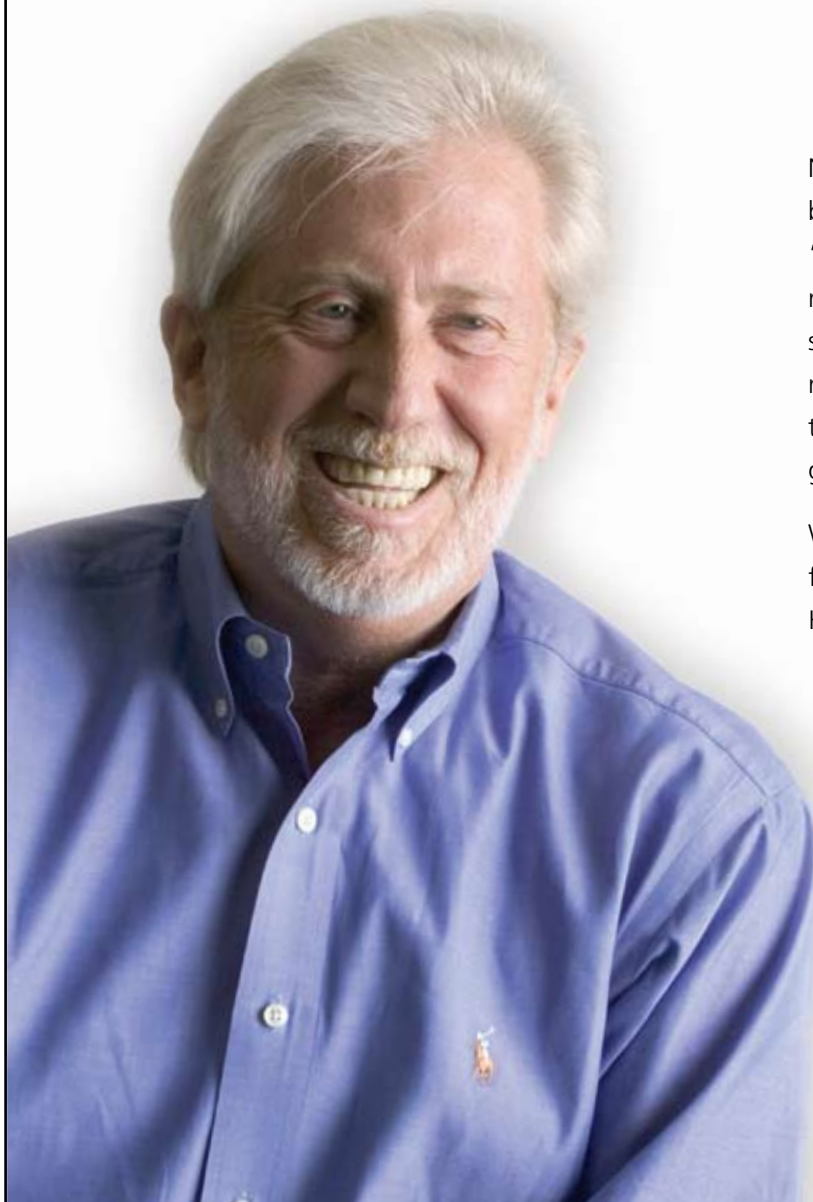
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