



Future Directions in Visiting

Cardiovascular disease may not be changing – it is still the No. 1 killer of Americans, as it has been for a century – but its treatment has changed radically. Just 50 years ago, heart attacks were commonly fatal. For those who survived, six months of bed rest – after a week or two in the hospital – was the common prescription. Today, interventional cardiologists can stop a heart attack in its tracks, and cath lab patients are hardly in the hospital long enough to receive a visit. Because of this, MHI has joined with the Society for Cardiovascular Angiography and Interventions (SCAI) in a pilot project designed to get visitors into cath labs.

Steve Stanko, president of Chapter 277 in Las Vegas, Nevada, is heading up this pilot project on the MHI side. A member since 1987, Steve has had considerable experience both with bypass surgery (two, CABG4X and CABG5X) and artery procedures (several angiograms and angioplasty sessions, including a closed stent). He also had a cardiac death incident in 2001.

“The idea behind this program is to encourage our visitors and facilitate visits to cath lab patients, because there are going to be more and more catheter-based

operations and fewer and fewer surgeries,” Steve said. “If we’re only visiting surgery patients, we’re going to miss the majority of heart patients because there are already many more cath-lab procedures than surgeries. Instead of saying we visit surgery patients, we want to say we visit heart-disease patients.” Ideally, these patients would join MHI and become visitors themselves.

SCAI has good reason for partnering with MHI. “SCAI hopes more of our patients will get to know MHI,” said Dr. Jeff Marshall of Atlanta, Georgia, who is coordinating the project for SCAI. “We’re hopeful that meeting MHI volunteers and maybe joining a chapter will encourage patients who have undergone an angioplasty procedure to make additional steps toward living well. By that I mean they’ll learn from the example of MHI visitors that they can and should make heart-healthy lifestyle changes, adhere to a very important medical therapy regimen, and work with their doctors to stay ahead of their cardiovascular disease.”

The pilot program, termed the Cath Patient Outreach Project, has been under development for a year, and involves five chapters. (See “Pilot project sites” on page 10.) For two months this past fall, these chapters have been visiting patients in cath labs and passing out a new brochure



called “Life after Angioplasty,” which outlines 17 areas of concern for these patients. After the visit, the MHI visitor fills out a questionnaire about the visit.

These data were sent to Steve to collate every two weeks. In addition, each chapter filled out a questionnaire about their overall experience in the pilot project. The data collection part of the project has just ended. Steve is collating that data and will report to the Executive Committee after the first of the year.

How is cath lab visiting different?

This is one of the key questions the pilot hopes to answer. For example, one of the big challenges with visiting cath lab patients is timing. “If you visit before the procedure, you don’t know what the outcome is, whether the patient will need surgery or a stent,” Steve said. “If you visit after the procedure, you can’t necessarily

assure the patient that everything is OK because a stent can still close up. The truth is, the patient’s atherosclerosis is not cured. The doctor may have fixed the damage, but even with modern stents, the body may create another clot and ‘unfix’ the repair – that’s what happened to me after my first stent. Or the patient may need another stent.”

Even when patients get a clean bill of health after the procedure, there’s still plenty to talk about, including what the patients need to do to maintain their heart health. “However, if they have a stent implanted, you talk to them about how to cope with atherosclerosis through lifestyle changes. You talk to them about diet and exercise and staying on medications exactly as prescribed. If the patient is going on to surgery, then you talk to them about the benefits of surgery,” Steve said.



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One of the many things emphasized in the brochure is compliance with medication regimens. “I think the interventional cardiologists at SCAI see the MHI visitor as someone who can help with compliance,” Steve said. “And that’s very important because those patients are taking blood thinners to help prevent stent closure.”

“Through this program, MHI is helping SCAI further our mission of creating optimal outcomes for our patients,” Dr. Marshall said. “That’s job No. 1 for us.”

One look at the new brochure, and it’s clear that there’s plenty of information for visitors to cover with patients and family members, including extensive information about what to do and what to watch for once the patient is home.

MHI & SCAI

“Catheter-based procedures are the future of cardiology,” Steve said. “Catheter procedures are increasing at a high rate, while surgical procedures are decreasing at a high rate.” Experts are saying that cath lab procedures will double in the next few years, while surgical procedures will be halved. (In 2007, Medicare estimated there were between 722,000 and 794,000 catheter procedures and 424,000 bypass surgeries.)

“This is a great opportunity for MHI,” Steve said. “By going into the cath labs, we get to visit more people and hopefully that will mean more members. The doctors are enthusiastic about it because it’s good for the patient. It’s not just compliance; they know that patients in support groups have better outcomes.”

“SCAI is very serious about being a good partner with MHI,” Dr. Marshall said. “By partnering with a patient advocacy group of MHI’s caliber and working directly with your amazing volunteers, we’re getting the word out about what SCAI is and what interventional cardiologists do. And I hope we’re also opening the door for new opportunities down the road to work with MHI on other shared goals in the arenas of advocacy, education and quality of care.” ❤️



PILOT PROJECT SITES

The chapters and visiting chairmen who will spearhead the MHI-SCAI pilot project are:

- Chapter 248 Arlington Heights, IL – Ron Vicek
- Chapter 16 Lynchburg, VA – Nancy Eggleston
- Chapter 268 Munster, IN – Steve Strains and Sarah Collins
- Chapter 302 Gainesville, GA – Victor and Judy Dube
- Chapter 309 Walnut Creek, CA – Jim Harbuck



HISTORY OF INTERVENTIONAL CARDIOLOGY

Only 30 years old, interventional cardiology has revolutionized the treatment of atherosclerosis (now commonly referred to as “athero”) and coronary artery disease.

Interventional cardiology uses the arteries as “treatment highways” to deliver minimally invasive treatment.

- The first heart catheterization was performed at the Cleveland Clinic in 1960.
- The first balloon angioplasty was performed in Zurich, Switzerland in 1977. However, physicians quickly realized that arteries opened using the procedure had a tendency to close, called restenosis.
- The first stent was inserted into an artery in 1986. The FDA approved the first stent in 1993; it was bare metal. Stents helped keep arteries from reclosing and reduced the need for coronary bypass surgery.
- Restenosis was found to occur in about 25 percent of procedures using bare metal stents. Restenosis is the body’s natural response to the “controlled injury” of the angioplasty and not the reoccurrence of coronary artery disease.
- In 1997, more than 1 million coronary angioplasties were performed, making it the most common medical intervention in the world.
- By 2001, almost 2 million coronary angioplasties were performed a year and were increasing at the rate of 8 percent a year.
- In 2003, the FDA approved the first drug-eluting stent. Drug-eluting stents are metal stents coated with a drug to prevent the biological process that leads to restenosis. Drug-eluting stents have reduced the occurrence of restenosis from 20–30 percent to 5–7 percent.
- The survival rate for a heart attack has dramatically increased. In the 1980s, about 20 percent of heart attack patients died in the hospital, and another 40 percent died within one year. Due in large part to advances in interventional cardiology, one-year mortality is down to 5-8 percent.
- Today catheter-based treatments are being developed for carotid arteries, renal arteries and peripheral artery disease.

Source: www.seconds-count.org, SCAI Website