



CARDIAC CARE

FOR NURSES, NURSE PRACTITIONERS, CLINICAL NURSE SPECIALISTS *and* PHYSICIAN ASSISTANTS

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Global Approach Reduces Patient Risk

By Joanna D. Sikkema, M.S.N., A.R.N.P.

The increase in cardiovascular disease, coupled with new data on the significance of multiple risk factors as contributors to this disease epidemic, creates a fertile environment to implement global risk reduction to patients in a structured, cost effective manner.



A “Lipid Clinic,” or the more comprehensive “Cardiovascular Risk Reduction Program,” generates both added value and revenue to an existing clinical practice while providing comprehensive primary and secondary prevention for patients.

Cardiovascular disease prevention is complex and requires establishing a personalized management plan for each patient in order to be effective. Combating the epidemic of cardiovascular disease requires tailoring treatment plans to an individual’s medical history and lifestyle.

The science of both identifying and reducing cardiovascular risk constantly changes. In the past, cardiovascular disease clinics focused on managing a patient’s lipid profile. However, researchers and practitioners now realize that cardiovascular disease has many different causes. Lipid clinics were just a starting point.

To be successful, comprehensive risk reduction requires an integration of lifestyle modification and medical management. Often, patients meet with a mid-level practitioner with expertise in cardiovascular risk reduction. Working with a physician expert, the practitioner helps a patient set realistic health goals and a plan of care.

ICD-9 BILLING CODES

Cardiovascular clinics provide comprehensive risk reduction to patients who have a diagnosis and/or combination of ICD-9 billing codes including:

- Mixed hyperlipidemia (272)
- Essential Hypertension (401)
- Obesity, unspecified (278)
- Current Tobacco Use (305)
- Dysmetabolic Syndrome (277.7)



Joanna D. Sikkema

Global Approach Reduces Patient Risk (continued from cover)

The best programs focus on lifestyle issues such as diet management, weight control, exercise, blood pressure monitoring, and smoking cessation. Compliance with medication is also discussed, and if needed, monitored.

Studies show that patients participating in cardiovascular risk reduction programs tend to be monitored more closely, have better patient compliance and obtain therapeutic goals quicker. Including comprehensive risk reduction services into established clinical practices assists patients in a personalized, efficient, cost-effective manner, resulting in patient, provider and third party payor satisfaction.

Providing risk reduction programs is good business, too, and an excellent marketing tool for a practice. Potential patients, attracted by a comprehensive program, become new patients. Sponsoring lectures and screenings in the community are also excellent marketing opportunities.

Sikkema is director of Prevention and Women's Heart Services, Cardiovascular Center of South Florida. She will be speaking at ACC '05, Symposium # 671: A Team Approach to Cardiovascular Risk Reduction, topic: "Cardiovascular Risk Reduction Clinics: A Structure for Success, March 9, 8:30-10:00 a.m. ■

Prior Planning for ACC '05 Improves Experience

The ACC Scientific Session program with its extensive program and physical size can challenge the most confident attendee. Build up your program attendance "muscles" with the following tips from your colleagues:

- Read the program online at www.acc.org ► ACC '05 ► Program Planner. You can browse by day, type/format of session, and topic category. You can search by topic, speaker, date and time of the session, or session number.
- Select the topics and format that interest you. Use the online itinerary to plan each day.
- Identify first and second choices for sessions because sessions fill up fast.
- If you are attending with others from your practice, go to different sessions and compare notes later.
- Some of the sessions, such as Meet the Experts, and the breakfast and lunch panels have limited seating. Arrive 10-15 minutes early to get a seat.
- The convention center is larger than it appears in the program diagram. Allow 15 – 20 minutes to travel between sessions.

- Plan time to visit the Exhibit Hall. The exhibits are open Sunday, March 6 through Tuesday, March 8, 9 a.m. – 5 p.m. Make appointments ahead of time with industry representatives. Use the exhibit hall diagram to find booths in advance.
- Be sure to stop by ACC Central, your source for College news, information, products and services.
- If you cannot attend a session, purchase the audiotape or CD recordings available onsite. Recorded sessions are indicated by a "CD" in the Final Program.
- Include time to attend the poster sessions and interact with investigators. Attendance at oral abstract presentations and poster sessions contributes toward CME/CEU credit. ■

COMING IN MARCH

To what extent has behavioral cardiology become part of your practice?

Send comments to cardiologyeditor@acc.org. Please include editor in subject line.

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Send correspondence and letters to the editor to cardiologyeditor@acc.org.

CCA Members Speaking at ACC '05

For the first time, CCAs have been invited to present at the Scientific Session. Support your CCA colleagues by attending one or more of the following sessions:

- **Betty Ching**, co-chair of Meet the Experts session #212: *Remote Management of Pacemakers and Implantable Cardioverter Defibrillators*, March 7, 10:30 – 11:30 a.m.
- **Lynn Cofer**, Brown-Bag Luncheon Panel # 309: *How the Preventive Cardiovascular Team Works to Achieve Therapeutic Goals*, March 7, 12:15 – 1:45 p.m., and Symposium #679: *The Cure for the Treatment Gap: Translating What We Know Into What We Do*, topic: “Prevention Strategies for Large Cardiology Practices: Role of the Lipid Clinician,” March 9, 10:30 a.m. – noon.
- **Barbara Fletcher**, co-chair of “Meet the Experts” session # 211: *Get Tough on Angina*, March 7, 10:30 – 11:30 a.m., and Brown-Bag Luncheon Panel #319: *Management of the Patient with Chronic Ischemic Heart Disease: The Care Team Approach*, March 8, 12:15 a.m. – 1:45 p.m.

ACC '05 Update

- **Advance Registration and Housing Deadline ends Feb. 15, 2005**

On-site Registration will cost more, so plan on signing up before Feb. 15.

- **CCA Reception**, Sunday, March 6, 5:30 – 6:30 p.m.; Orange County Convention Center (Room 306 C-D), Orlando, Fla.



- **Kathleen Grady**, co-chair of “Meet the Experts” session #259: *Heart Transplantation*, March 8, 11:30 a.m. – 12:30 p.m., and Brown-Bag Breakfast Panel, #507: *Utilizing the Team Approach in the Management of the Patient with Heart Failure*, March 8, 7 – 8:15 a.m.
- **Eileen Handberg**, speaker, Symposium #665: *Objective Assessments of Cardiac Function in Heart Failure: Advantages and Predictive Power of Each*, topic: “Quality of Life Questionnaires,” March 8, 4 – 5 p.m., and Symposium #657: *Management of Acute Coronary Syndromes in the Elderly*, topic: “End of Life Issues in Elderly Patients with Acute Coronary Syndrome,” March 8, 2 – 3:30 p.m.
- **Suzanne Hughes**, co-chair of Brown-Bag Luncheon Panel #309: *How the Preventive Cardiovascular Team Works to Achieve Therapeutic Goals*, March 7, 12:15 – 1:45 p.m.
- **Cindy Lamendola**, panelist, *Vascular, Hypertension, and Prevention Spotlight* session #91, topic: “A Picture of Health: Vascular Imaging from Plaque to Prevention,” March 6, 9:20 – 9:40 a.m.
- **Janet Long**, speaker, Symposium #671: *A Team Approach to Cardiovascular Risk Reduction*, topic: “Cost Effective Practices: Improving the Bottom Line,” March 9, 8:30 – 10 a.m.
- **Heather Ross**, speaker, Symposium #616: *Device Therapy for Heart Failure*, topic: “Assessing Symptoms and Devices via Telemedicine,” March 7, 11 a.m. – 12:15 p.m.
- **Joanna Sikkema**, speaker, Symposium # 671: *A Team Approach to Cardiovascular Risk Reduction*, topic: “Cardiovascular Risk Reduction Clinics: A Structure for Success,” March 9, 8:30 – 10:00 a.m. ■

CONTINUING EDUCATION CREDIT

- **For physician assistants** — The American College of Cardiology Foundation is accredited by the Accreditation Council for Continuing Medical Education.

ACCF designates this education activity for a maximum of 32.75 Category 1 credits.

When submitting your request for CEU's, you will need your badge number and a record of the session numbers you attended.

- **For nurses** — The process for obtaining CEUs for the 2005 Scientific Session will be announced at a later date.

The College is in the process of obtaining certification by The American Nurses Credentialing Center by mid-2005.

Save your badge number and a list of the session numbers of those you attended.

Opinion:



Brenda Garrett

OTC Statins Deliver Wrong Message

By Brenda Garrett, R.N.

Atherosclerosis is a plethora of genetic and metabolic complexities that requires diagnosis by a medical professional. Some argue that providing statins over the counter would increase access for wider group of those at risk of CV events. I

would argue that fewer individuals would seek medical advice as to their symptoms and risk and would assume that they were protected by taking a pill. CV disease would go undetected in more people, and fewer lives would be saved.

It is true that statins are used frequently as a first line therapy in cardiovascular disease prevention. However, statin therapy alone should not be mistaken for a cure by patients. Prevention treatments must be matched to metabolic disorders for the greatest population risk reduction.

Those of us who work in the field of cardiovascular prevention know that lowering cholesterol is only part of the treatment. It is true that statins represent a landmark in cardiovascular disease prevention, but they have not been a cure. Too many patients may consider a pill as the only requirement to improving their condition and may neglect needed lifestyle changes.

Disease prevention is far more than a one-stop shopping event. Preventing heart disease is an ever-expanding field of medicine, and prevention is specific from one individual to

another. Our focus should be on identifying individual risks and prescribing appropriate lifestyle changes as well as therapeutic pharmacologic agents that match an individual's disorder. The solution is not an OTC "shot-gun" approach. Unfortunately, OTC statins may promote that approach among the lay population.

Garrett is clinical coordinator, Piedmont Hospital Center of Preventive Atherosclerosis Management, Marietta, Ga.

NEXT MONTH...

The JACC article that will be the focus of March *Cardiology and Cardiac Care* is "The Epidemiology, Pathophysiology and Management of Psychosocial Risk Factors in Cardiac Practice: The Emerging Field of Behavioral Cardiology."

- To what extent is behavioral cardiology a part of patient care in your practice?
- Do you find that the physicians are as attuned to behavioral modification as the rest of the team?
- In some instances, cardiovascular disease is the result of an affective disorder, such as anorexia nervosa and clinical depression. Can you provide examples of when your team has had to deal with such patients?

We value your feedback and contributions. Send comments to cardiologyeditor@acc.org.

To the Cardiac Care Team



Ellen Langrehr

The Scientific Session provides an exciting opportunity to network and learn side-by-side with national and international colleagues as you attend presentations by renowned experts.

You have a choice of topics covering late breaking scientific developments of every aspect of general cardiovascular medicine and subspecialties, many with a focus on clinical application. A variety of session formats are offered to suit your learning interest and style. This year is a first for Cardiac Care Associate members, who are making presentations in some of the sessions. I hope you can be there to offer your support.

While you are attending sessions, begin thinking about 2006 and what you can do to make it an even better experience for you and your colleagues.

In May, the Program Planning Committee begins work on ACC '06. Please consider submitting topic proposals along with suggestions for format and speakers. For the first time in ACC history, there will be a new category for original contributions designed for the whole cardiac care team. You will be receiving more information this spring about the 2006 Scientific Sessions.

Also, we are building a CCA speakers' bureau. Let me know if you are interested in being included and please share the names of qualified colleagues with their particular area of expertise.

I hope to see many of you in Orlando at ACC '05. Stay in touch.

Ellen Langrehr, R.N., M.S., C.C.R.N., A.C.N.P.
Member, Scientific Sessions Program Committee