Dear Providers,

2011 and the first quarter of 2012 has been very busy here at Mountain Heart. We have seen many patients who were delaying care due to financial hardships return to us and are now receiving follow up care. We are also watching with great interest, the ongoing debate in Washington and the Supreme Court decisions on health care reform.

At the end of 2011, Mountain Heart met the federal government standards for meaningful use of electronic health records. Only 3% of clinics in the country made this first threshold. It took our team two full years to make the transition and we found it quite challenging. If you are in the process of meaningful use, and would like to talk please contact me at (Michael.Zervas@mountainheartcares.com) and I would be happy to share the tough lessons learned and try to shorten your learning curve.

In the beginning of 2012 the Arizona Commerce Authority awarded Mountain Heart a substantial grant to expand our comprehensive low cost care model to outlying rural areas in Northern Arizona. This was our first stab at grant writing so we were quite surprised to have been chosen. As my father frequently told me, “it is better to be lucky than good”. A special thanks to the Chamber of Commerce and Julie Pastrick for their leadership on this project. Stay tuned as we will let you know where our expansion plans will be directed. If you have a particular idea on an area that could best use our services please let us know.

I would be remiss if I did not mention that one of our physicians, Dr. Steven Marks, Pulmonologist and Sleep Specialist, has again been chosen as one of the nation's top docs. Each year, Best Doctors, Inc. conducts the largest independent survey of the medical profession to form an unbiased list representing the top 5% of doctors in the U.S. Dr. Marks was recognized by his peers, in addition, Dr. Marks was also recognized as a “Top Doctor” by Phoenix Magazine for 2012.

Thank you for your continued support which enables low cost alternatives like Mountain Heart to survive. In order to provide more comprehensive and thorough care our physician group has established three new service lines in sleep, diagnostics and vascular care. Please take moment to review.

Sincerely,

Michael Zervas, CEO

www.mountainheartcares.com
NEW SERVICE LINES

VEIN CLINIC
About Varicose Veins (Venefit)
In our clinic we see many patients with varicose veins. Left untreated these can cause leg pain, infections, ulcers, and discouragement of a healthy lifestyle. Mountain Heart now offers treatment for this condition with the venefit procedure. Patients generally report little, if any pain during and after the procedure, with minimal to no scarring, bruising, or swelling and have noticeable improvement in their symptoms within 1-2 weeks following the procedure. Patients who undergo the venefit procedure typically resume normal activities within 1-2 days. The venefit procedure is covered by most health insurances for patients diagnosed with venous reflux and is performed by board certified vascular cardiologist Dr. Robert Wolyn.

PAP NAPS
About PAP NAPS
The PAP NAP is an extensive desensitization and support program to assist our CPAP patients with a number of different problems from poor mask fit to trouble tolerating the machine. Patients that have failed to complete a Split and/or Titration due to anxiety, fear and or emotional distress also qualify for a PAP NAP. A patient only has 90 days to reach compliance, this starts from the day of set up. In order to prove the patient is compliant the smart card download must show use of the machine for 21 consecutive days with 4 or more hours each night. Patients just starting therapy are faced with many challenges like tolerating the mask, becoming accustomed to the pressure of the machine, vanity, coping with a new diagnosis, etc. Our goal is to catch those patients having trouble within the first few weeks of therapy, bringing them back to the lab to work with them, talk to them, and provide support. Our programs have shown better compliance and better quality of life for our patients.

MUGA SCANS
About a MUGA Scan
A MUGA scan is a type of Nuclear Cardiology test. This is considered the most accurate way to measure LV function. A radioactive agent called Technetium, is injected into a vein in the arm and allows us observation of the pumping action of the heart. A rest MUGA takes 1 hour, and the exercise MUGA or Dobutamine MUGA take 2 hours. There are no side effects to the injection or radioactivity agent. Patients will not feel drowsy, nor should the test prevent the patient from driving home. The radiation exposure is similar to that from an X-ray examination. If the patient has a pharmacological stress, they may have a headache, slight nausea or feel light-headed. This should wear off quite quickly.

If you have any other questions or concerns, please contact us at 928-226-6400

www.mountainheartcares.com
Early EMR adopters get a break; tougher criteria delayed to 2014
by: Charles Fiegl, AMNews Staff, American Medical News

Washington - Physicians meeting criteria in 2011 to earn federal electronic medical record incentives will
have more time before the Dept. of Health and Human Services requires them to satisfy tougher standards for
attaining additional bonuses. The move is being viewed by physicians and health policy observers as a goodwill gesture by the Obama
administration toward EMR early adopters.

Doctors and hospitals who currently meet stage 1 meaningful use criteria would be able to vie for bonuses for
an extra year under the same requirements, HHS Secretary Kathleen Sebelius announced on Nov. 30. These bonus recipients would not need to upgrade their EMR systems to comply with stage 2 standards until
2014, instead of 2013 under the initial plan.

The delay of stage 2 affects only physicians and hospitals who met stage 1 criteria in 2011. Doctors
who will report meeting stage 1 requirements for the first time in 2012 will still be expected to meet stage 2
requirements starting in 2014. Before the new policy change, those who waited until 2012 to adopt would have
had a later upgrade deadline but still would have been eligible to receive the same total bonus amounts as the
early adopters.

Oct. 3 was the last day a physician could begin a 90-day reporting period for 2011, according to the
Centers for Medicare & Medicaid Services. Physicians who met the requirements will have until Feb. 29, 2012,
to register and attest to receive a bonus for 2011. Physicians can earn up to $44,000 over five years from the
Medicare program or up to $63,750 over six years from Medicaid.

The American Medical Association applauded HHS for adding more flexibility to the incentive program
by delaying stage 2. “We continue to urge HHS to fully evaluate stage 1 and develop solutions to increase
physicians’ participation rates prior to finalizing requirements for stage 2,” said Steven J. Stack, MD, chair-elect of
the AMA Board of Trustees.

ABC World News (2/13, story 7, 0:25, Sawyer) reported that in a new study
“heart attack patients were treated with their own stem cells injected directly
into their hearts and they grew new heart muscle.”

The study reviewed how well cardio sphere-derived cells (CDCs) reduce scarring after myocardial
infarction, increase viable myocardium, and boost cardiac function in preclinical models. The study aimed to
assess safety of such an approach in patients with left ventricular dysfunction after myocardial infarction.
Sleep Disordered Breathing and Cardiovascular Health
By: Steven Marks, DO, FCCP, FAASM

Sleep-disordered breathing (SDB) encompasses a variety of respiratory abnormalities present during sleep. The spectrum of SDB includes obstructive sleep apnea, central sleep apnea, complex sleep apnea, and Cheyne-Stokes respiration. The most common type of sleep disordered breathing is obstructive sleep apnea. Studies suggest that obstructive sleep apnea may affect up to 30% of the population. Patients with sleep disordered breathing suffer from overriding symptoms including snoring, daytime fatigue and sleepiness, frequent nocturnal urination, insomnia, and difficulty concentrating. These symptoms may be thought of as annoying to the patient or their bed partner but untreated sleep apnea represents a serious medical problem.

Untreated sleep apnea is associated with progression of many medical illnesses. Probably the best known is the relationship between obstructive sleep apnea and hypertension. Patients who suffer from atrial fibrillation and untreated sleep apnea are twice as likely to have recurrent atrial fibrillation as those patients whose sleep apnea is treated. The risk of stroke increases with the increasing severity of untreated sleep apnea.

Involving literature suggests a causative role between the untreated sleep apnea and cardiomyopathy. More robust literature shows improvement in cardiac function following treatment of sleep disordered breathing. The physicians and staff at Mountain Heart Medical Practice, strive to provide comprehensive cardiac care. This includes control of cardiac risk factors. Untreated sleep apnea is a major risk factor for cardiac disease. Sleep apnea has been reported to be present at rates up to 3 times higher in cardiac populations compared to the general population. Uncovering untreated sleep apnea and providing effective therapy for SDB to our patients at Mountain Heart is a major component of our overall goal of complete cardiac care.
Straight from the HEART

Patient Profile

Janet Perotta is a pleasant 75 year old woman, who looks 57. She had a heart attack, died for 6 seconds and was then resuscitated. Janet had two additional episodes which prompted her to see Dr. James Carter, Jr. She went through Mountain Hearts Therapy Program to help build new heart collaterals and now sees Cailie Buckingham as her dietitian. Due to these episodes she told her three sisters to get screened for cardiovascular disease because Dr. Carter taught her about the significance of family history. Her first sister already had her cholesterol checked and although it was high she began working to change that through diet and exercise. At Janet’s urging, her second sister had her cholesterol checked. Her baby sister is 5 years younger and also had her cholesterol checked. When she recieved the results, she was urgently scheduled for open heart surgery, which she survived! Understanding cardiac risk factors is the first step in improving heart health. Janet works out an hour a day and has changed her diet significantly. She admits she is Italian and loves sauces and pasta, but now eats whole wheat pasta and lives an active lifestyle with her husband.

Cailie’s Corner

Spring Clean Your Diet and Eat Green for Earth Day
by: Cailie Buckingham, RD

Spring has sprung and not only is it a great time to renew your New Year’s Resolution to eat healthier, but as Earth Day approaches on April 22, it’s a perfect time to lessen our impact on using precious enviornmental resources.

A simple way to decrease your carbon footprint is to adopt the idea of Meatless Mondays. Designating one day a week to go vegetarian can help save the planet as well as your pocket book. A simple meatless meal can be black bean tacos or whole wheat penne pasta with a variety of sauteed vegetables, seasoned with balsamic vinegar and olive oil. As farmer’s market season begins, support your community’s agriculture by purchasing local produce. Eating green also means eating fruits and vegetables that are the color green. Make it a goal to try one new dark leafy green a month. The varieties are endless (arugula, mustard greens, butter head, romaine, spinach, kale). Remember the darker the green, the more nutrients and food contains. Another thought would be grown your own herbs or plant a garden. Mother Nature knows best and eating the foods she provides not only nourishes our bodies, but protects and preserves our planet. What will you do this week to go green and eat clean?!

Many insurance plans offer dietary services as a covered benefit. When a patient schedules an appointment, Mountain Heart offers a free courtesy insurance check to ensure there are no financial surprises. For more information on this or other dietary issues contact Cailie at 928-226-6400 or Cailie.Buckingham@mountainheartcares.com

www.mountainheartcares.com
Preventative Health

American Heart Association Recommends Depression Screening for Heart Patients

Heart patients should be screened for depression -- a common condition that can profoundly affect both prognosis and quality of life--according to the American Heart Association’s first scientific statement on depression and coronary heart disease. The recommendations, which are endorsed by the American Psychiatric Association include:

-- early and repeated screening for depression in heart patients;

-- coordinated follow-up for both heart disease and depressive symptoms in patients who have both.

“The statement was prompted by the growing body of evidence that shows a link between depression in cardiac patients and a poorer long-term outlook,” says Erika Froelicher, RN, MA, MPH, PhD, a professor at the University of California San Francisco, School of Nursing and Medicine and co-chair of the writing group. Experts say depressed cardiac patients have at least twice the risk of second events in the one to two years after a heart attack. “Studies show that depression is about three times more common in patients following a heart attack than in the general community,” says Judith H. Lichtman, PhD, MPH, writing co-chair of the statement and associate professor of epidemiology at Yale University School of Medicine in New Haven, Conn. Recent studies indicate that depression patients are less likely to take their medicines as directed, improve their diets, exercise and attend cardiac rehabilitation sessions, all of which contribute to a worse outcome.

Other Recommendations in the statement include:

-- Patients who have depressive symptoms should be evaluated by a professional qualified in diagnosing and managing depression, and should be screened for other psychiatric disorders, such as anxiety.

--Routine screening for depression in coronary heart disease patients should be done in multiple settings, including the hospital, physician’s office, clinic and cardiac rehabilitation center(cardiac conditioning and wellness is offered on site at Mountain Heart through a partnership with DeRosa Physical Therapy), to avoid missing the opportunity to effectively treat depression in cardiac patients and improve physical health outcomes.

For more information on this and other wellness issues please contact Life Coach, Ken Youngberg LCSW at Ken.Youngberg@mountainheartcares.com or 928-226-6400.

www.mountainheartcares.com
Upcoming Events

For Providers

Clinical Conversations are held in the Mountain Heart Conference room from 5:30-7:00PM. Dinner is served from 5:30-6:00. E-mail ande.burke@mountainheartcares.com to RSVP

Monday, April 9, 2012

WHY TREAT SLEEP APNEA?
Join Pulmonologist and Sleep Specialist Dr. Steven Marks for a 1.0 CEU/CME regarding cardiovascular risks associated with sleep disordered breathing. This Clinical Conversation is the ONLY opportunity to hear Phoenix top doctor, Dr. Marks speak this year! He will be reviewing sleep hygiene, treatment options, helping patients with compliance, preparing sleep patients for surgery, and managing on-going psychological issues facing patients.

Monday, April 16, 2012

PULMONARY ARTERIAL HTN, RISK EVALUATION & TREATMENT OPTIONS

Pulmonary arterial hypertension is a debilitating disease characterized by an increase in pulmonary vascular resistance leading to right ventricular failure and death. (March 21, 2002, The New England Journal of Medicine, Vol. 346, No.12)

Join former faculty of Duke University Medical Center and current Medical Director of the Pulmonary Hypertension Center in Phoenix, Dr. Gregory Ahearn for a 1.0 CEU/CME to discuss early warning signs of pulmonary hypertension. This Clinical Conversation is an opportunity to learn how to identify and treat patients based on their WHO functional class as well as how to use diagnostic evaluation and evidence based guidelines to determine appropriate treatment options and improve cardiovascular health.

For Patients and Community Members

Friday, April 13, 2012

Small Business Health Fair at Aquaplex 7AM-1PM. FREE HEALTH SCREENINGS including sleep health evaluation, EKG & Vein Screenings, grip tests, dietary consultation, life coaching and more!

Saturday, April 14, 2012

Patients suffering with leg pain, itchy swollen legs, leg discoloration or ulcers may have Venous Insufficiency which deteriorates quality of life. FREE VEIN SCREENING at Mountain Heart Medical Practice 3PM-5PM. RSVP Required call 928-226-6400 or e-mail ande.burke@mountainheartcares.com

Wednesday, April 25, 2012

HEART HEALTH SEMINAR: YOU ARE WHAT YOU EAT
Mindful approaches to improving your health featuring Ken Youngberg, LCSW, MSW, Wellness Counselor and Life Coach and Callie Buckingham, RD, Registered Dietitian in Mountain Hearts Conference Room from 5:30PM-6:30PM. Please RSVP at ande.burke@mountainheartcares.com or 928-226-6400.