“Success with Heart Failure” Symposium Never Fails to Impress

More than 120 medical professionals came from as far away as California and Mississippi to attend Montefiore’s annual “Success with Heart Failure” symposium, which was held at the Harvard Club in Manhattan on October 9. The goal of the day-long symposium was to bring together national leaders in the field to discuss best practices in clinical treatment and to provide a look at the future of care for our country’s growing population of heart failure patients.

The highlight of the day was a keynote speech about health care reform delivered by Timothy Johnson, MD, Medical Editor at ABC News. In addition to presenting his unique perspective of the challenging healthcare reform process, he solicited the ideas and concerns of the audience members who will deal first hand with the reforms.

The morning sessions were devoted to medical approaches to the treatment of heart failure. Renowned physicians addressed wide-ranging topics, including new drugs on the horizon, the challenges of treating patients with diabetes, and electrophysiology and heart failure. Afternoon presentations focused on surgical therapies, including updates on the latest mechanical devices and their efficacy in preserving the health and quality of life of heart failure patients.

“It was very important to us to present a balanced view of the developments in heart failure treatment, one that rises above the all-too-common biases for or against medical and surgical protocols,” explains Robert E. Michler, MD, Surgeon-in-Chief, Chairman of the Departments of Surgery and Cardiothoracic Surgery, and symposium Course Co-Director. “Our objective is to provide the latest evidence, so physicians can decide which treatment is best for each individual patient.”

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Montefiore-Einstein Heart Center has launched a new Percutaneous Coronary Intervention (PCI) program across its Moses and Weiler campuses to help define and institute a new standard of care for its high- and extremely high-risk patients.

Using the latest external ventricular assist devices—including the Impella® 2.5 Circulatory Support System and the TandemHeart™ Percutaneous Ventricular Assist Device—Montefiore’s Interventional Cardiologists are making it safer for patients with extensive disease or other co-morbidities to undergo revascularization. Perhaps more importantly, they’re making it possible for patients to successfully undergo PCI who would not have been suitable candidates in the past.

“Until recently, there was no means to reduce risk substantially enough that we could offer PCI to our highest-risk candidates,” explains V.S. Srinivas, MD, Director of the Weiler Cardiac Catheterization Lab, the new High-Risk PCI Program and the Interventional Cardiology Fellowship Program. “Now, with Impella and TandemHeart—we’re able to provide an effective bridge to further treatment for some patients, and a definitive solution for others.”

In addition to making PCI an option for previously-excluded high-risk patients, the team is using the new devices to treat patients suffering from [post-cardiotomy] cardiogenic shock in the Cath Lab. The external devices provide a less invasive and lower-risk alternative to intra-aortic balloon pumps and internal ventricular devices, both of which must be implanted in the OR.

Montefiore’s High-Risk PCI Program provides new options for our primary patient base in the Bronx, Westchester and beyond. In addition, it complements Montefiore’s existing primary angioplasty program, which provides immediate revascularization services around the clock to patients with acute myocardial infarction.

“Many hospitals now have access to these new external assist devices, but few can seamlessly transition its patients through the full-range of treatment options like Montefiore,” notes Dr. Srinivas. “We can treat high-risk PCI patients in the Cath Lab. If necessary, we can move them from the lab to short-term coronary care units. And, in the worst cases, our VAD and transplantation teams can help our patients through to long-term care.”

Dr. Srinivas and his colleagues each have performed multiple procedures using the new devices, and the results have been so successful that the procedure has been integrated into the decision-making process Montefiore’s Interventional Cardiologists use in developing individualized care plans for patients.

“I’m grateful to Dr. Mark Greenberg [Heart Center Interventional Cardiologist] who understood the value of the new devices and to Michael Prilutsky [Heart Center Vice President] who allowed us to make the capital investment required to bring the High-Risk PCI Program to life,” says Dr. Srinivas. “Moving forward—and as the field of Interventional Cardiology becomes even more sophisticated—our hope is that Montefiore will become one of a very small group of institutions conducting the most complex interventional procedures…even someday addressing areas such as structural heart disease and valvular disease.”

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Over the course of his 35-year career, Dr. Lacour-Gayet has earned an international reputation as a leader in complex neonatal heart surgery, complex biventricular repair, the Fontan procedure and treating all other congenital heart defects. In addition to performing up to 250 pediatric heart operations a year, Dr. Lacour-Gayet has an ongoing research interest in evaluating and improving the quality of care in pediatric heart surgery and is the creator of the Aristotle Complexity Score that is now used around the world. He also is in the process of perfecting an artificial right ventricle for patients with failing Fontan.

Dr. Lacour-Gayet’s vision is to help build a pediatric heart program at Montefiore that ranks among the top ten in the country. If Dr. Lacour-Gayet’s illustrious track record as a surgeon, researcher and humanitarian is any guide, he is sure to meet and exceed his goals. In fact, less than one month into his tenure at Montefiore, he’s already outlined a four-part mission for becoming a nation-wide center of excellence.

“The most critical element is to continue to develop a patient-centric system that’s optimally staffed and structured for expert delivery of care—one where the entire team shares strong values of compassion, empathy and a commitment to keeping our patients and their families as happy as they can be under the circumstances,” he explains.

“Next, we want to lead the way in basic science and clinical research, and we want to become a world-class training center for congenital heart surgeons. Finally, I believe academic centers such as ours have a duty to try to improve the quality of care around the world, especially in underserved countries. The Children’s Hospital at Montefiore already has made great progress in these areas, so our goal is within reach.”

Dr. Lacour-Gayet joins Montefiore from the Children’s Hospital in Denver, Colorado, where he served as head of the Department of Cardiothoracic Surgery, Chair of Pediatric Cardiac Surgery, co-Director of the Children’s Heart Institute and Professor of Surgery at the University of Colorado.

Dr. Lacour-Gayet is president of the Surgeons of Hope Foundation, and has led missions to more than 20 countries throughout Africa, Asia, Latin America and the Middle East, performing cardiac surgery, training local doctors and helping to build and upgrade medical facilities. Dr. Lacour-Gayet, who has authored or co-authored more than 150 book chapters and scientific papers in peer-reviewed journals, recently was named Chevalier of the Legion of Honor by the President of the French Republic, Nicolas Sarkozy.

“Dr. Lacour-Gayet transforms our capabilities in pediatric and adult congenital heart surgery to an extraordinary level match by few institutions. I am looking forward to working closely with him to improve the lives of patients throughout the region and around the globe,” says Robert E. Michler, MD, Surgeon-in-Chief and Chairman, Departments of Surgery and Cardiothoracic Surgery.
In September, a team of 10 surgeons, cardiologists, physician assistants and operating room nurses from Montefiore-Einstein Heart Center joined others from around the world at the Benjamin Bloom Children’s Hospital in San Salvador. They donated their time and expertise to perform 50 pediatric cardiac surgeries and pediatric interventional catheterizations, train local staff and deliver much needed medical equipment.

The mission was sponsored by Heart Care International (HCI), a not-for-profit organization whose two-fold mission is to bring pediatric heart surgery to developing countries and to train local healthcare professionals in the latest life-saving techniques. Heart Care International was founded in 1994 by Robert E. Michler, MD, Surgeon-in-Chief and Chairman of the Departments of Surgery and Cardiothoracic Surgery, and his wife Sally. Since its founding, HCI has led missions to the Dominican Republic, Guatemala, and El Salvador.

“Professionally, Montefiore’s charitable work is an obvious extension of our shared commitment to providing patients—regardless of socio-economic status—with the highest possible degree of patient care,” explains Samuel Weinstein, MD, Director of Pediatric Cardiothoracic Surgery and Adult Congenital Cardiac Surgery, an HCI board member who served as surgical captain on this mission. “On a personal level, it’s an opportunity to give back to those less fortunate than ourselves.”

The first week of the mission was devoted to performing the various surgical procedures. The second and third weeks were spent overseeing patient recovery and training the local care team.

“The professionals at Bloom Hospital are a terrific team, limited only by a lack of resources and experience with high-end surgical procedures,” notes Dr. Weinstein.

“The Montefiore/HCI team is already planning its next mission to El Salvador, currently scheduled to take place spring 2010.”
Quality Initiatives in Cardiothoracic Surgery 
Improve Patient Outcomes

It’s often said that “what gets measured gets done.” That’s why non-profit organizations such as the National Quality Forum (NQF) have established national standards to monitor cardiac surgery practices. But improving quality—and sustaining those standards over time—takes a lot more than a set of guidelines or metrics.

Just ask the Performance Improvement Committee in the Department of Cardiothoracic Surgery, which is driving a system-wide effort to improve key surgical processes. Only two years since the formal launch of the initiative, the Heart Center has achieved significant results in a number of critical areas related to coronary artery bypass graft surgery and is consistently improving outcomes for patients. Comprehensive quality programs such as this one are rare, and Montefiore hopes it can serve as a model for other medical centers around the country.

“Our vision is to develop a system of multidisciplinary collaboration that results in the highest quality of care for every patient who comes to Montefiore for cardiothoracic surgery,” explains Robert E. Michler, MD, Surgeon-in-Chief and Chairman, Departments of Surgery and Cardiothoracic Surgery. “I’m very pleased with our progress to date, and believe we have instilled a spirit of continuous improvement throughout the Department.”

Sustained quality improvements include: perioperative glucose control, a 50% decrease in the incidence of sternal wound infections and a 37% increase in the percentage of patients who are extubated within 24 hours of surgery.

The Performance Improvement Committee—which includes cardiothoracic surgeons, critical care physicians, anesthesiologists, perfusionists, endocrinologists, nurses, respiratory therapists, nephrologists and neurologists—also has developed an accurate system for predicting the risk of mortality for patients and has an initiative underway to minimize the length of patient hospital stays.

To what does the Heart Center attribute its success?

Dr. Michler credits the stellar leadership of Kenneth Shann, CCP, Assistant Director, Perfusion Services and Senior Advisor, Cardiac Surgery Performance Improvement, Mr. Shann points to a number of factors, including the commitment of senior leadership and attending physicians, dedicated project management, the multidisciplinary nature of the effort and frequent updates to those involved through bi-weekly Committee meetings and monthly clinical performance reports.

Shann says that the defeat of the so-called ‘Dream Team’ of men’s basketball from the 2004 Olympics provides an important cautionary lesson for anyone trying to replicate Montefiore’s program. “You can assemble the greatest group of surgeons in the world,” he says. “But if they don’t collaborate with their colleagues, or if the system they’re working in is broken, you won’t improve quality or patient outcomes.”

National Heart, Lung & Blood Institute’s 
Mitral Valve Surgical Clinical Trials at Montefiore
Currently enrolling patients in the Moderate MR and Severe MR trial arms
For more information contact: 
Roger Swayze, RN 
718-920-2221
Heart Center News

Daisy McFadden, had a coronary artery bypass performed by Lari Attai, MD, eleven years ago. She turned 99 this month and is a regular participant in the Cardiac Rehabilitation program under the direction of Dr. David Prince. Happy Birthday Daisy!

Charles W. Nordin, MD, has been appointed Attending Cardiologist at Montefiore. He has served as Professor of Medicine at Albert Einstein College of Medicine since 1997. Dr. Nordin earned his medical degree from Harvard University School of Medicine and was a resident at Bellevue Hospital in New York, with fellowships at Montefiore Medical Center and Albert Einstein College of Medicine.

George Lui, MD, has joined Montefiore as Attending Cardiologist and Director, Adult Congenital Heart Disease. He was appointed Assistant Professor of Medicine and Pediatrics at Albert Einstein College of Medicine. Dr. Lui graduated from Yale University School of Medicine and completed his residency at Harvard’s Combined Internal Medicine and Pediatrics Residency Program, Massachusetts General Hospital, Children’s Hospital of Boston.

Gerin Stevens, MD, has been appointed Assistant Professor of Cardiology at Albert Einstein College of Medicine and Attending Cardiologist in Heart Failure and Transplant at Montefiore. A University of Connecticut School of Medicine graduate, she completed her residency at Boston University School of Medicine with fellowships at Mount Sinai and at Columbia University Medical Center. Dr. Stevens was previously attending physician at South Shore Hospital in Massachusetts.

James Taurus, MD, has joined Montefiore as Attending Cardiologist specializing in Congestive Heart Failure. Dr. Taurus received his medical degree from Cornell University School of Medicine and completed his residency at Albert Einstein College of Medicine where he also completed fellowship training.