The problem: more than 700,000 Americans die each year from advanced heart failure, but only approximately 2,200 hearts are available for transplant. In the Southeast, cardiovascular disease claims more lives than the next 6 causes of death combined, killing 90,000 individuals in Alabama, Georgia, Louisiana, Mississippi, and Tennessee a year.

Now, the Centers for Medicare and Medicaid Services has designated UAB, with its extensive advanced heart failure expertise, the state’s first and only Destination Therapy Facility and one of few in the Southeast. Last fall, Medicare began reimbursing UAB for surgical implantation of left-ventricular assist devices (LVAD) as a permanent treatment for individuals with end-stage heart failure.

UAB will implant up to 12 LVADs this year, amid a continuously increasing number of patient requests.

"Bridge" Becomes Destination

In 2003, the Food and Drug Administration approved the HeartMate LVAD as possible destination therapy for some of the nation’s 5 million heart failure patients. "Previously assessed as a bridge to transplantation for patients awaiting a donor heart, the mechanical assist device augments impaired cardiac function, prolongs survival, and enhances quality of life," Dr. Kirklin explains.

In the recently completed, 3-year, $25 million national REMATCH (Randomized Evaluation of Mechanical Assistance for Treatment of Congestive Heart Failure) trial, LVAD therapy statistically improved survival and function compared with medical treatment for end-stage heart-failure patients. Advanced heart-failure patients ineligible for cardiac transplantation due to age, diabetes with end-stage organ failure, or other serious comorbidities are currently managed with multiple medications, interventions, and new surgical techniques.

Resembling a compact disk player, the pump is surgically implanted within the abdominal wall to support circulation by assisting the weakened left ventricle. A tube attached to the ventricle channels blood from the heart; the pump then propels it through another tube attached to the aorta. A power line penetrates the skin to connect the pump to external batteries, worn in a vest.

Next Generation

Dr. Kirklin sees an expanding cohort of patients eligible for destination therapy, fueled by the next generation of devices under development. "Soon, the entire system will be implanted within the body, with energy transmitted across the skin. "Then, nothing will violate the skin barrier, so we can offer even more independence and a better quality of life," he concludes.
Doctor/Patient E-mails Both Valuable and Troubling

“Take two aspirin and e-mail me in the morning.” This new take on the old cliché in patient/physician relationships may become more and more a reality as use of electronic communication in medicine increases. A new UAB study shows that patients who already use e-mail to communicate with their physician find it generally beneficial, yet some potential trouble spots remain.

“Patients who employ e-mail seem to enjoy its efficiency, primarily in administrative aspects such as checking on tests or prescriptions,” says Thomas K. Houston, MD assistant professor of medicine at UAB and lead author of the study examining the perceptions of early adopters of e-mail communication with their physician. “However, privacy issues and inappropriate use of e-mail remain as concerns the medical community must address.”

In a study of 311 patients who used e-mail to communicate with their physician, Dr. Houston and colleagues reported in the September issue of the American Journal of Managed Care that the majority reported that e-mail was overwhelmingly more efficient than the telephone. Most patients who used e-mail did so to check on laboratory results or to renew prescriptions.

“These ‘early adopter’ patients who communicated with their physicians electronically were more highly educated and younger than the general population, and had lower reported general health status,” Houston said.

Major concerns of using the new technology include privacy issues. Patients reported being worried that employers, insurance companies or co-workers might be able to read e-mails sent to a physician. Also, more than 20 percent of patients used e-mail to report urgent issues such as chest pain or suicidal thoughts to their physician.

“Clearly this can be an area of concern,” Dr. Houston said. “When a patient needs immediate medical intervention, the delay of communication by email is a big problem. Patients need to be educated regarding appropriate uses of electronic communication.”

Houston speculates that the efficiency of e-mail for administrative issues might lead to increased use of the technology in chronic disease populations, for whom prescription refills, appointments and lab tests are more frequent. Since this research was started, new, more secure, HIPAA compliant, forms of electronic patient-centered communication have been developed and are in use by some vanguard medical institutions. Everyone will have to comply with HIPAA rules by April 2005.

Researchers from Harvard University, Johns Hopkins University and Beth Israel Deaconess Medical Center collaborated on this research. The study was funded by the Bayer Institute for Health Care Communication.

UAB Named One of Ten Centers Seeking to Improve Resuscitation Statistics

UAB has been named one of 10 Regional Coordinating Centers for Resuscitation in North America. UAB, the only designated center in the southeastern United States, will receive $3.5 million from the National Heart, Lung and Blood Institute (NHLBI) over the next five years to fund the core program and infrastructure.

The center will attack the dismal outlook for people who require resuscitation to keep them alive when they are either severely injured or they suffer a heart attack in a location outside a hospital.

“In Alabama, the rate of survival for someone who has gone into cardiac arrest in a non-hospital setting is only about 1 percent,” said Thomas E. Terndrup, MD professor and chairman of the department of emergency medicine, who will serve as UAB’s principal investigator for the five-year project. “We plan to be a training center for professionals in many different specialties who are interested in research on problems involving resuscitation.”

Terndrup will guide the overall program and lead the research concerning cardiac arrest. Trauma surgeon Jeffrey D. Kerby, MD assistant professor of surgery, will be co-principal investigator and lead the project’s component that searches for ways to improve outcomes of severe injuries. “We want to develop techniques, products, or devices that will improve your chances of survival in the field before you get to the hospital and that also will reduce the chances of death during a later critical period when infection and sepsis might threaten,” Kerby said.

Funding for the program begins in September, with research protocols selected early in 2005. UAB has considerable experience in areas to be covered by the new centers. Last year the emergency medicine department released final results of a five-year effort to provide public access to defibrillators for people who suffer heart attacks in public places. And UAB long has been involved in the coordinated system of emergency response in Jefferson and surrounding counties.

“The initial grant will fund infrastructure and core functions for us,” said Terndrup, “and will put us in position to apply for additional funding.”

Other centers will be at the University of Pittsburgh, Medical College of Wisconsin, Oregon Health & Science University, University of California San Diego, University of Texas Southwestern Medical Center, University of Iowa, University of Washington, St. Michael’s Hospital in Toronto, and Ottawa Health Research Unit. The University of Washington will also serve as the data coordinating center.
UAB to Participate in Major Alzheimer's Disease Study

UAB is one of 50 sites selected for this study

The National Institute on Aging (NIA) in conjunction with other Federal agencies, private companies and organizations today launched a $60 million, 5-year public-private partnership -- the Alzheimer's Disease Neuroimaging Initiative - to test whether serial magnetic resonance imaging (MRI), positron emission tomography (PET), other biological markers, and clinical and neuropsychological assessment can be combined to measure the progression of mild cognitive impairment (MCI) and early Alzheimer's disease (AD).

The study could help researchers and clinicians develop new treatments and monitor their effectiveness as well as lessen the time and cost of clinical trials. The project is the most comprehensive effort to date to find neuroimaging and other biomarkers for the cognitive changes associated with MCI and AD.

Within the Federal Government, the NIA is joined in the partnership by another National Institutes of Health (NIH) Institute, the National Institute of Biomedical Imaging and Bioengineering (NIBIB) and by the Food and Drug Administration, all of which are part of the U.S. Department of Health and Human Services. The Foundation for NIH is managing corporate and other private participation, and has received commitments totaling more than $20 million in contributions from the following companies and organizations: Pfizer Inc, Wyeth Research, Eli Lilly and Company, Merck & Co, Inc., GlaxoSmithKline, AstraZeneca AB, Novartis Pharmaceuticals Corporation, Eisai Global Clinical Development, Elan Corporation, plc, the Institute for the Study of Aging (ISOA) and the Alzheimer's Association. About two-thirds of the funding is expected to come from the Federal Government while private partners are expected to make up the other third. Ancillary studies will be funded by additional NIH grants.

"This is an extraordinary pooling of talent and resources toward a common goal - delaying or preventing Alzheimer's disease," says Richard J. Hodes, M.D., Director of the NIA. "The initiative should become a landmark study in the development of neuroimaging and other biomarkers, helping us to find biological changes early so that we can identify the people at highest risk of the disease and test the effectiveness of new therapies more quickly and efficiently."

The study will take place at approximately 50 sites across the US and Canada. In April 2005, investigators will begin recruiting about 800 adults, ages 55 to 90, to participate in the research -- approximately 200 cognitively normal older individuals to be followed for 3 years, 400 people with MCI to be followed for 3 years, and 200 people with early AD to be followed for 2 years.

The study will compare neuroimaging, biological, and clinical information from these participants, seeking correlations among the data that will track the progression of memory loss from its earliest stages. Neuroimaging research has suggested that PET or MRI may serve as a more sensitive and consistent measure of disease progression than the neuropsychological and cognitive assessments now typically used in research and clinical practice. As MCI and AD progress, for example, areas of the brain involved with memory, such as the hippocampus (a part of the brain heavily involved in memory), shrink.

Using the high-resolution images produced by MRI, researchers will evaluate the best ways of measuring this volume loss in the hippocampus and other brain structures. PET scans assess brain function by measuring the rate of metabolism of glucose, the brain's fuel. PET scans of people with AD show that glucose in certain parts of the brain is metabolized at lower levels than in healthy people, and previous studies have shown that low glucose metabolism can be seen in some people even before noticeable symptoms of memory loss occur. The Initiative will seek to identify additional biological factors from blood, cerebrospinal fluid (CSF), and urine samples.

"The key challenge here is to identify critical markers that respond to treatments aimed at slowing the progression of mild cognitive impairment and Alzheimer's disease," says Michael W. Weiner, M.D., the study's Principal Investigator. "For example, today, imaging is used to rule out other causes of memory problems, still not leaving the researcher or the clinician with a very clear idea of what is going on. By the end of this study, we should be able to use imaging and other biomarkers to accurately monitor disease progression and detect the effects of treatments which can slow that progression." Information about the participating research sites and co-investigators leading various aspects of research may be obtained from the NIA. While recruitment for the study will not begin until spring 2005, people interested in participating in the study can contact the NIA’s Alzheimer's Disease Education and Referral (ADEAR) Center at 1-800-438-4380 for additional information.

The NIA leads the Federal effort in research on AD and age-related cognitive change. The Institute is currently funding 6 prevention trials and 19 treatment trials for AD, in addition to the Neuroimaging Initiative. For more information on participation in an AD clinical study, visit www.clinicaltrials.gov (search for "Alzheimer's disease" trials), or visit the ADEAR Center website at www.alzheimers.org. The public and health professionals may also contact ADEAR toll free at 1-800-438-4380. The ADEAR Center is sponsored by the NIA to provide information to the public and health professionals about AD and age-related cognitive change.

UAB Health System One of "Healthcare's 100 Most Wired"

The UAB Health System is again included in a listing of "Healthcare's 100 Most Wired Hospitals and Health Systems." Results of the 2004 Most Wired Survey and Benchmarking Study were released July 20 by Hospitals and Health Networks, the journal of the American Hospital Association.

This is the fifth straight year the UAB Health System has been included in the listing since Hospitals and Health Networks began conducting the survey six years ago. Hospitals are surveyed on their use of Internet technologies for safety and quality, customer service, disaster readiness, business processes and workforce issues. The "most wired" hospitals use computers to allow physicians to check or order patient tests, enter medication orders electronically, and allow patients to perform billing functions via computer.

"Our information systems provide quick, accurate, comprehensive clinical data to our health care professionals, enhancing patient care," says Michael Waldrum, MD, MS, CIO of the UAB Health System. "We continue to look for innovative ways to use the latest technology to improve medical care and information management."

At UAB Health System, physicians are able to perform a host of clinical functions on-line. They can check laboratory results, clinical notes from other healthcare providers, or enter patient care orders. "This is all done in a secure environment that protects patient confidentiality," Waldrum says. UAB provides health information for the public through its Health System Web site, www.health.uab.edu, and the main UAB Web site, www.uab.edu.
Heart Health Center at TKC at Acton Road

UAB's Heart Health Center at The Kirklin Clinic (TKC) at Acton Road offers comprehensive diagnostic capabilities. It also makes UAB's renowned cardiac care more accessible to patients who live south of Birmingham.

Alan S. Gertler, MD, and Leland W. Eaton, MD, provide primary cardiac care and follow up for patients with coronary artery disease, congestive heart failure, rhythm disturbances, diseased valves, and other heart and vessel diseases. Specific services include vascular ultrasound, stress tests, 24-hour Holter monitoring, nuclear cardiac imaging, lipid analysis, and transthoracic echocardiography.

"Individuals requiring advanced treatment are referred to specialists at University Hospital or TKC. We make it easy for patients to get care in their own neighborhood," Dr. Gertler says, adding that community education is another Heart Health Center focus. TKC Acton Road cardiology staff offers periodic seminars on topics including nutrition and heart disease prevention and treatment. Patients seeking nutritional advice may consult an on-site dietician or join UAB's EatRight weight management program, which holds ongoing classes at Acton Road.

The Heart Health Center at Acton Road is open Monday through Friday, 8 am to 4 pm. TKC at Acton Road gives patients convenient access to UAB cardiologists, plastic surgeons, oncologists, otolaryngologists, and obstetricians and gynecologists.

These physicians are now seeing patients at Acton Road:

Center for Advanced Surgical Aesthetics
Luis Vasconez, MD
Jorge De La Torre, MD
Paul Gardner, MD
John Anastsatos, MD
Artemus Cox II, MD

Center for Women's Reproductive Health
Debora Kimberlin, MD
Joseph Biggio, MD
Cynthia Brunfield, MD
Richard Davis, MD
Katherine Wenstrom, MD
Alice Goepfert, MD
John Owen, MD
Pat Ramsey, MD
John Lucas, MD
Robert Holley, MD
Ed Varner, MD

Comprehensive Cancer Center
Robert Conry, MD
Jennifer De Los Santos, MD
Carla Falskson, MD
John Fivesh, MD
Sharon Spencer, MD
Robert Ove, MD

Heart Health Center
Leland Eaton, MD
Alan Gertler, MD

Otolaryngology-Head and Neck Surgery
C. Elliot Morgan, MD, DMD
Michael J. Sillers, MD

Managed Care Contracting Staff Directory

Director:
J.C. Herring (205) 934-6230 jherring@uabmc.edu
Vickie McConnell 975-9950 vmconn@uabmc.edu

Contract Development Managers:
Gerry Casey 934-9393 gcasey@uabmc.edu
Shirley Naro 975-9457 snaro@uabmc.edu
Teri Roberts 975-5259 tproberts@uabmc.edu

Contract Administrator:
Henrietta Horton 934-5713 hhorton@uabmc.edu
Terri Atkinson 975-9951 tatkinson@uabmc.edu

Database Analyst III:
Lee Crapet 975-5258 lcrapet@uabmc.edu

Mailing Address:
UAB MANAGED CARE CONTRACTING
John N. Whitaker Building, Suite 506 · 500 22nd Street South
1530 3RD AVE S
BIRMINGHAM AL 35294-0500
Fax: (205) 975-7888

The UAB Managed Care Contracting Newsletter is Published quarterly by the UAB Health System.
Direct inquiries to Suite 506, 500 22nd Street South, Birmingham, AL 35233, (205)975-5259
Co-editors: Lee J. Crapet-Managed Care Contracting, Julius Linn, MD – Medical Publications