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Photo: Rebekah Stone

Community Hospital Los Gatos closes doors

Facility set to re-open in July as El Camino Los Gatos. But at what cost?
See story on page 3

More than 400 H1N1 cases confirmed, probable in CA

Revised treatment guidelines issued by Calif. Dept. of Public Health

By Tony Edwards

While the number of confirmed and probable cases of swine flu in California crept past 400, Bay Area public health departments are focusing their efforts on the testing, prevention and containment of the virus.

New, interim guidelines released on May 8 by the California Department of Public Health (CDPH) said the virus appeared to be no more severe than seasonal influenza.

Most of the cases in California have been diagnosed in counties close to the Mexican border, with San Diego County, San Bernardino and Imperial counties having the most confirmed cases. The same three counties also have the most probable cases at press time (see accompanying box).

All schools that were shut down by public health departments have been reopened, and under the direction of the national Centers for Disease Control and Prevention, the affected counties are adopting a new strategy whereby they will not close a school unless the number of students and/or faculty who are ill would interfere with a school's ability to function.

Meanwhile, area physicians report difficulty in obtaining testing kits for patients presenting with flu-like symptoms, and hospitals have begun requesting that small practice doctors not send their patients to emergency rooms for testing.

Revised treatment guidelines were issued in early May by the CDPH, recommending five days of antiviral treatment using oseltamivir or zanamivir for confirmed, suspected and highly probable cases in patients who have been admitted to a hospital or those non-hospitalized patients who are at high risk for the virus.

New guidelines also have been issued by the CDPH
See H1N1 page 22

Health IT stimulus could bring \$3 billion to California

By Troy May

California physicians could get up to \$3 billion from the federal stimulus package to install electronic medical records — with plenty of strings attached.

In February, President Barack Obama signed the stimulus package that included \$36 billion over the next six years for the Health Information Technology for Economic and Clinical Health Act (HITECH) to help subsidize the costs of installing electronic medical records systems.

"This is an unprecedented opportunity to use federal funds to build a new infrastructure that will improve the quality of care and reduce expenses," said Sam Karp, vice president of programs at the California Healthcare Foundation, who has been studying health care information technologies for years.

The federal government has made it mandatory for physicians to install EMR by 2015 if the physician wants

to continue taking Medicare or Medicaid patients. If a physician doesn't comply, the government will financially penalize the physician.

The fines will be deducted from reimbursement payments, beginning with 1 percent in 2015, 2 percent in 2016 and 3 percent in 2017 if EMR is not installed.

The reimbursements for installing EMR will be paid to physicians through the Medicare and Medicaid programs. Medicare will pay up to \$44,000 over five years, while Medicaid will pay up to \$66,000 during the same period, starting in 2011. The money is supposed to be used for paying off loans or other financing the physician used to pay for the new computer systems up front.

Physicians who accept Medicaid will be paid at a higher rate because they often have the lowest reimbursement rates on average. However, a physician can't tap both programs
See EMR page 23

Sutter sputters

Hospital system postpones construction, IT projects, citing bad economy

By Rebekah Stone

Sutter Health is putting billions of dollars of hospital construction and information-technology projects on hold, thanks to concerns about the economy, pricey bond markets and Wall Street losses.

The Sacramento-based health system is immediately putting the brakes on any constructions projects that haven't broken ground, and will be moving for-
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An ounce of prevention

Stanford's Euan Ashley, M.D., has led the charge to make ECGs standard for young athletes. Should area doctors join the fight?



INSIDE

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Adopting acupuncture

Medical acupuncture is thriving in Northern California. But does it really work?

focus: SPORTS MEDICINE

To screen or not to screen

Doctors grapple with hypertrophic cardiomyopathy screening in young athletes

By Lynn Graebner

Pam Robertson's father and his five siblings all died of heart attacks in their 40s and 50s. Robertson and three of her siblings have hypertrophic cardiomyopathy (HCM), an inherited heart condition causing an abnormal thickening of the heart muscle. But until about five years ago, Robertson and her family didn't know they had it — like more than 50 percent of people afflicted with the disease.

One in every 500 people has HCM. While it is considered a rare disease, it is the most common cause of sudden death in young athletes in the United States, according to the American Heart Association (AHA). The AHA cited a study showing that the annual incidence of all sudden cardiac deaths (not just due to HCM) is in the range of 1 in 200,000 annually among high school student athletes. So while rare, it happens more often than previously thought and is cause for concern, the AHA stated in its 2007 report.

"Death from this disease is tragic. It's young athletes in their 20s and 30s dropping dead in the middle of a basketball court," said Ali Marian, M.D., professor and director of the Center for Cardiovascular Genetic Research at the University of Texas in Houston.

As with most diseases, early detection is key. After a physical exam and family history, an electrocardiogram (ECG) would be the next step in diagnosing HCM, followed by an echocardiogram.

But even with diagnostic imaging, HCM is "both misdiagnosed and over-diagnosed," Marian said.

And due to the similarities between a heart with HCM and an athlete's heart, it's particularly hard to diagnose in athletes.

"If I do an echocardiogram, I may not be able to tell the difference between an athletic heart and HCM," said Peter Curran, M.D., a cardiology consultant and director of cardiac rehabilitation at St. Mary's Medical Center in San Francisco.

But most young athletes never even get beyond the physical exam and family history. According to Marian, it's probably wise to screen all kids with an echocardiogram as they enter high school. Some schools have tried such programs, but none of them have been able to sustain the programs financially, he said.



Stanford's Euan Ashley, M.D., is leading the charge to screen all young athletes for hypertrophic cardiomyopathy.



And the AHA and many doctors report that the United States does not have the resources to pursue widespread screening.

"There's a huge controversy around screening for this disease," said Euan Ashley, M.D., an assistant professor of cardiovascular medicine at Stanford University and director of the Stanford Hypertrophic Cardiomyopathy Center.

The European Society of Cardiology (ESC) and the International Olympic Committee have advocated that all young competitive athletes be given an ECG along with a physical exam that includes a patient history. The ESC was largely influenced by Italy, which has a state-subsidized national program requiring all 12 to 35-year-olds who are participating in sports to get an annual physical, family history and ECG.

As a result, Italian investigators report a drop of almost 90 percent in sudden cardiovascular death in competitive athletes.

While the AHA calls this admirable, translating a screening program including ECGs to the United States — with a population five times greater than Italy's — would require a government subsidized program of \$2 billion annually, the AHA estimates.

But Ashley is in the process of a cost

effectiveness analysis on screening at Stanford. He feels that if it is cost effective at the level of vaccinations or cancer screening, then widespread HCM screenings should be adopted.

"The question is: can we afford it given the crisis in U.S. health care," said Victor Froelicher, M.D., a professor of cardiology at Stanford University, a staff cardiologist for

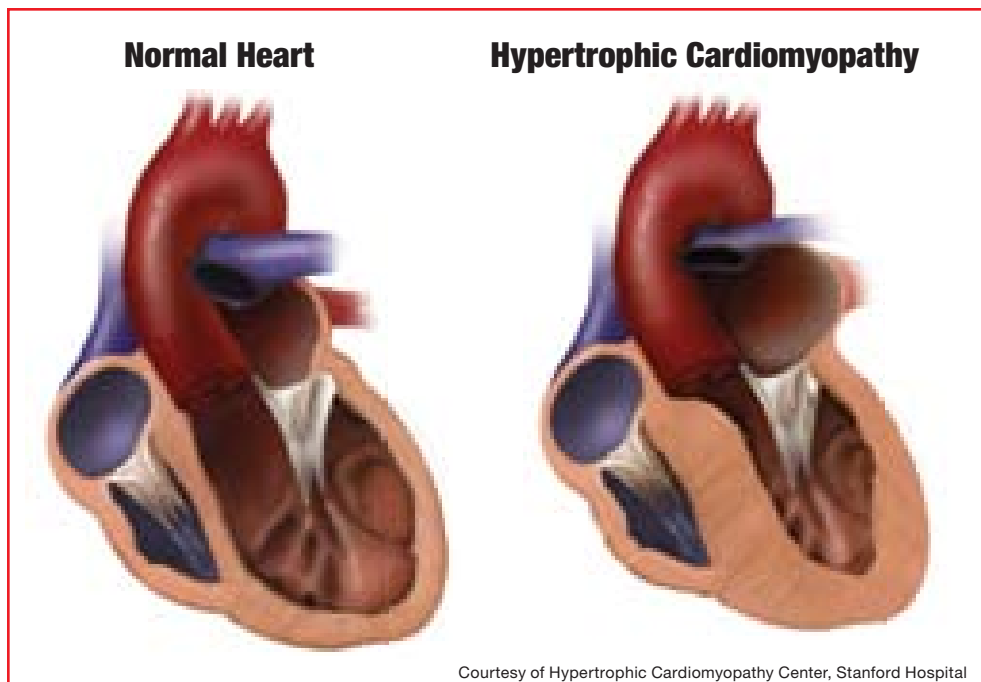
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American Heart Association's 12-Step Screening Process

The American Heart Association urges general practitioners to employ its 12-Step Screening Process for the physicals of all young athletes. An answer of "yes" on any of the following 12 questions could signal a cardiovascular problem, and the patient should be referred for further cardiovascular examination.

1. Any personal history of chest pain or discomfort upon exertion?
2. Any unexplained fainting or near-fainting?
3. Any excessive and unexplained fatigue associated with exercise?
4. Is there history of heart murmur?
5. Any personal history of high blood pressure?
6. Does patient have one or more relatives who died of heart disease before age 50?
7. Does patient have close relative under age 50 with disability from heart disease?
8. Do you have specific knowledge of certain cardiac conditions in family members, to include HCM, dilated cardiomyopathy, long QT syndrome, Marfan syndrome or clinically important arrhythmias?
9. In physical examination, presence of heart murmur?
10. Any femoral pulses to exclude narrowing of the aorta?
11. Does the patient have the physical appearance of Marfan syndrome?
12. Any abnormality in brachial artery blood pressure?

focus: SPORTS MEDICINE



Courtesy of Hypertrophic Cardiomyopathy Center, Stanford Hospital

SCREENING, from page 10
the Veterans Affairs Palo Alto Health Care System and a cardiologist for Stanford athletes, stressing that there are already 40 million Americans without health insurance.

Froelicher and other HCM experts say that short of ECG screenings, one of the best methods for detecting the disease is the AHA's 12-step screening process (see box), which includes a personal history covering chest pain, fainting spells, fatigue,

heart murmurs and high blood pressure, a family history covering any heart conditions, and a physical exam checking for heart murmurs and other indicators. That information could go a long way in reducing HCM deaths, and general practitioners should educate themselves on the screening process and incorporate it into their regular physical process.

"Many young athletes go to their general practitioner and he or she has no idea

what to ask," Froelicher said.

With an early diagnosis — whether initiated through the AHA's 12-step process or mandatory ECG screenings — the outlook for patients with HCM is good and getting better.

While drugs to treat HCM haven't changed much over the past 30 years — doctors still use beta blockers and calcium channel blockers — those drugs continue to be considered pretty good at relieving symptoms, but unable to block the progression of the disease as originally thought, said Michael Lee, M.D., a cardiologist with Cardiovascular Consultants Medical Group in the East Bay of San Francisco.

Lee is strongly in favor of using defibrillators where appropriate, which are implanted under the left collarbone and connected to the heart via wires. Robertson and one brother and sister have the devices.

In March, one of her brothers went into cardiac arrest and a defibrillator saved his life. "It's like having an emergency room inside you 24/7," Robertson said.

If patients need a more aggressive treatment, one option is a septal myectomy where part of the heart's septum is removed to allow better blood flow. Another is septal ablation, in which a small amount of alcohol is introduced into the coronary artery — producing what is essentially a small heart attack — in order to improve the blood flow.

Most patients having undergone any of these three procedures go on to live very normal lives, Lee said.

Treatment options have changed significantly since Robertson's father and his siblings died. Doctors weren't really even looking for HCM at that time, she said. But she has seen a world of change in her lifetime.

"You just have to be proactive, educate yourself and be an advocate," she said. While the development of a cure for HCM is still years away, many more people with the disease are living longer, more comfortable lives — particularly when the disease is caught early.

Lynn Graebner is a freelance writer in Santa Cruz.

Athlete's Heart, Sudden Death, HCM Conference

What: Stanford University to host conference to discuss the athlete's heart and the risk of sports as well as ideas for screening athletes and managing HCM.

Who: Speakers include Barry Maron, M.D., director of Minneapolis Heart Institute Foundation, and Victor Froelicher, M.D., professor of medicine at Stanford

When: June 26-27

Where: Stanford University Hospital

Contact: www.hcm.stanfordhospital.com

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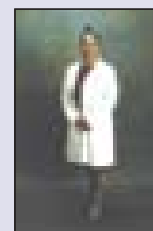
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