Oregon
CHAPTER

Oregon Chapter of the American College of Cardiology
PO Box 55424
Portland, OR 97238
503-345-9294
www.cardiologyinoregon.org

Senator Monnes-Anderson, members of the committee, it is an honor to be here today.

I am Dr. Sandra Lewis, a cardiologist in Portland, native Oregonian, and here as President of the Oregon chapter of the American College of Cardiology, representing adult and pediatric cardiovascular physicians and care associates.

Heart disease remains the leading cause of death for men and women in Oregon. It touches every one of us, whether we have heart disease or are close to someone with heart disease.

Cardiovascular medicine has made incredible progress over the past 25 years of my practice, and in fact, in just the last 10 years there has been a 30% reduction in cardiovascular mortality.

Our goal in the Oregon ACC is to make Oregon the heart healthiest state. The Oregon ACC is composed of more than 200 cardiovascular care providers throughout the state.

It is a good omen that this meeting is in February because February is heart month. Today is wear Red day

There are 3 points I would like to share with you today.

First, cardiologists strongly promote the preventive portion of the Oregon Health Authority plans for CCOs. We would like to continue leadership in preventive cardiovascular health for the community.

We have a 25 year history of commitment to quality, with registries following our care unparalleled in medicine. Under the leadership of your cardiologists, the National Cardiovascular Data Registry, or NCDR is live in every hospital in Oregon which performs angioplasties and stents.
We track our heart care daily, including every heart attack, defibrillator or stent performed on your constituents. We serve Medicare, Medicaid, dual eligibles, and patients without coverage and with our registries have shown national leadership in quality.

With data from our registries and vast amounts of clinical research and review, cardiologists have developed guidelines and appropriate use criteria. These guidelines, created by national experts, should form the basis for quality care measurements within the CCOs. We strongly advocate for use of established guidelines, and caution leadership to avoid guideline development from individual groups. There is no need for this, and leads our patients to vulnerability from unnecessary, inappropriate care. Oregon cardiologists have a track record from our NCDR registries, with our coronary interventions, that is our balloons and stents, meeting appropriate use at a statistically significantly higher rate than the rest of the United States, and even the Pacific States.

Third, we believe that certain heart patients with important chronic conditions, such as those with congestive heart failure, benefit from their medical home being with a specialist. For instance, this would be a Heart Failure Medical Home, or neighborhood, or vacation home type vision within the CCOs. The average patient sees their primary care provider 1.7 times a year, and within that visit deals with all preventive care, acute issues and health maintenance. This framework just does not work for the patient with heart failure who was just discharged from the hospital, who needs to be seen within a week from discharge and then every two weeks or so to adjust medications, but also may need daily calls, home visits, and emergency clinic visits for medications so that they can avoid another hospital visit. If not set up to give that emergency medication at the drop of a hat, the primary care doctor sends the patient to the emergency room. The specialist-directed home must be part of the CCO.

Finally, we feel liability reform is crucial, and propose looking at our guidelines to help establish a framework for malpractice. For instance, review of a case by an unbiased panel which finds that the guidelines have been followed, even with an unfortunate outcome, should protect the practitioner from liability.

Cardiology leads other specialties in our guidelines, advanced registries, and appropriate use criteria. We would like to help others develop these resources.

Thank you.

Sandra Lewis, MD, FACC
Governor, Oregon Chapter of the American College of Cardiology