

Having Chest Pain? Head for the ER!

Time is a critical factor for people experiencing chest pain. Early diagnosis and treatment of chest pain caused by insufficient blood flow to the heart saves lives, and can help prevent permanent heart injury.

A heart attack usually does not happen in a split second – it can last for hours. And each minute that the attack takes place without treatment can cause more damage. That's why it's so important to go straight to the emergency room if you are experiencing chest pain and are unsure of its cause or seriousness. Leave that decision to the emergency room cardiologist/doctor.

Much of the damage that occurs during a heart attack happens in the first hours. Yet, each year, approximately 250,000 Americans die before reaching the hospital.

Chest pain is one of the most common reasons that people visit the emergency department. In fact, every year nearly six million Americans are seen by emergency room doctors for this symptom. Chest pain has many causes, but one of the most dangerous is heart disease.

What Are the Symptoms of Coronary Artery Disease (CAD)?

CAD is a narrowing of the arteries to the heart that is usually the result of a condition where cholesterol and other fatty deposits build up on the artery walls.

Symptoms may include:

- Feeling dizzy or fainting
- Experiencing discomfort during meals
- Unusual shortness of breath
- Extreme tiredness
- Fluttering sensation in the chest
- Chest pressure or tightness
- Chest, throat, or neck burning



What Are the Symptoms of Angina?

Over six million Americans experience angina (chest pain that results from a temporary decrease in blood flow to the heart muscle). Angina can occur when the blood circulation is enough for normal needs, but not enough when the heart's needs increase, such as during emotional or physical stress. Angina can be a warning that you are at risk of a heart attack.

What Are the Symptoms of a Heart Attack?

The pain of a heart attack is usually described as "crushing" chest pain and usually lasts longer than angina. Often, the symptoms are less severe. Other warning signs of heart attack include:

- Uncomfortable pressure, fullness, squeezing or pain in the center of the chest that lasts more than a few minutes
- Pain that spreads to the shoulders, neck or arms
- Chest discomfort with lightheadedness, fainting, sweating, nausea or shortness of breath

If you experience chest pain, you can waste two to three hours by stopping at your doctor's office instead of heading straight for the emergency room or calling 911.

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Update on New Patient Billing System

In this issue of *HeartBeats*, we would like to take a few minutes to talk about the changes you may have noticed in your recent monthly statements. The Dayton Heart Center has undergone several changes in our billing office including introducing a new look for our monthly statements.

As we've talked about in earlier issues of *HeartBeats*, The Dayton Heart Center has a new billing system, ECIS. The first statements from the new system (ECIS) were sent last February. All charges prior to January 1, 2002 are on the old system, MEDIC and are reflected on MEDIC statements. There are no new charges after January 1, 2002 on MEDIC statements.

It is possible that you are receiving two statements one from MEDIC and one from ECIS; these are not duplicates of the same statement, instead they are statements for separate services: before, and after, January 1, 2002.

We hope that these new statements will be much easier to understand. You will only receive statements from ECIS if the balance is your responsibility. There will be no statements sent to you as long as the balance is pending with your insurance.

In this article we have tried to answer any questions you may have about these new statements. We have also provided an example of the new ECIS statement with a detailed explanation of each item. If you have any additional questions please call the main billing number at (937) 276-8512 and speak to one of our account representatives. They will be happy to answer any of your questions and assist you in any way.

Q: When do I get my statement?

A: The Dayton Heart Center statements are sent on the 1st and the 15th of each month. If your last name begins with A-M your statement is sent on the 1st. If your last name begins with N-Z your statement is sent on the 15th.

Q: What should I do if I receive a MEDIC statement?

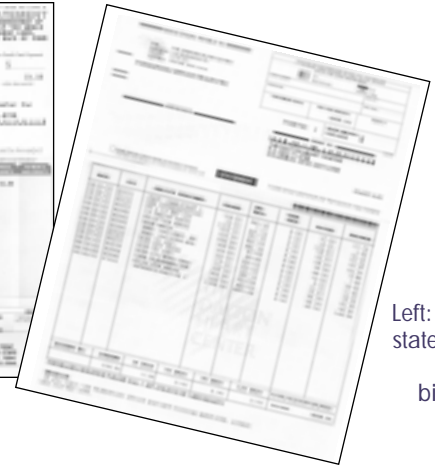
A: MEDIC statements will continue to be mailed on the 25th of every month to anyone who has a balance remaining on their account regardless of whether or not the balance is pending with an insurance carrier.

Q: When are my payments due?

A: Your payment is due within three weeks from your statement date. This allows five to seven days for your payment to be processed and posted to your account



Above: MEDIC statement (old billing)



Left: ECIS statement (new billing)

prior to the mailing of your next statement. Look for your statement date in the top right hand corner of your statement.

Q: How can I make payments? Can I charge them to my credit card?

A: We accept cash, personal checks or money orders. We also accept Visa or Mastercard payments. Look for a space to include your credit card number in the top right hand corner of your statement.

Q: Whom do I call if I have questions? Should I call you first, or my insurance company?

A: Please call TDHC before you call your insurance company. The main line for billing information is 937-276-8512 and this number is listed on your statement.

Q: How will I know if my balance is pending with my insurance?

A: You will ONLY get statements from ECIS if the balance is your responsibility. No statement will be sent to you as long as the balance is pending with your insurance.

Q: Can I make partial payments on my balance?

A: Yes, you can make payment arrangements by calling our main billing number (937) 276-8512 and talking with one of our account representatives.

Q: How do I know what my co-payment is?

A: Generally speaking, your insurance card tells you what your co-payment is. If you are unclear what you need to pay each time you visit your doctor, you can always call your insurance carrier or speak with the insurance representative at your place of employment.

Q: I have Medicare and Blue/Cross Blue/Shield, shouldn't the combination cover all of my expenses?

A: In most cases when there are two insurance policies, your fees will be covered in full. However, due to the coverage that your particular insurance plan allows, you may be responsible for your yearly deductible and/or yearly co-payments.

Q: Why are some services and tests not covered?

A: The reason a particular service and/or test is not covered is generally decided by the specific insurance plan you have. If you are scheduled for a particular test and are unsure if your insurance plan will cover your expenses, you should check with your insurance carrier or with the benefits or human resources representative at your place of employment.

Q: What insurance plans does The Dayton Heart Center accept?

A: We accept most insurance plans.

Q: I received three bills this month from TDHC, what should I do?

A: Some months it may appear you have received three statements from TDHC. That is probably not the case. If you look closely you will see that you probably have received two statements from The Dayton Heart Center (one from our ECIS system for more current services, and one from our MEDIC for services provided before 2002) and one statement from Dayton Heart Hospital.

Q: How can I tell the difference between my old statement and my new statement?

A: Look to the left (on page 2) to see an example of a statement from the old system (MEDIC) and a statement from the new system (ECIS) .

STATEMENT EXPLANATION

SERVICE PERFORMED – the description of service provided to the patient (often using abbreviations).

CPT (Current Procedural Terminology) – a 5-digit insurance code used to describe the service provided to the patient

DATE – the date a service was provided to the patient

CHARGE – total amount charged for the service provided to the patient

ACCOUNT NUMBER – a 5-digit code assigned to the patient by our computer system to assist in record keeping

CURRENT AMOUNT DUE – the amount due if paid within 30 days

DATE	CPT	SERVICE PERFORMED	CHARGE	GAS PAID	QUAR PAID	ADJUST	BALANCE
08/23/02	93291	CHST. CATH/PERCT 1	121.00	289.50	0.00	11.00	11.00
08/24/02	93016	EPID INTERPRETATION	72.00	7.27	0.00	0.00	3.82
08/25/02	93024	RT & LT HEY CAT	1600.00	865.00	0.00	116.88	96.12
08/26/02	93843	LT TRN/AT AR310	890.00	459.54	0.00	105.60	50.86
08/26/02	93845	RT/LE COX AR310	823.00	423.43	0.00	12.30	47.87
08/25/02	93543	PELV AR310	623.00	561.33	0.00	19.36	62.37
08/26/02	93888	INAG. SAL/VENT. AB	100.00	87.60	0.00	6.00	6.60
08/26/02	93884	INAG. SAL/PELV. ACB	120.00	88.40	0.00	4.00	7.80
08/26/02	93823	HOSP 90-100P	221.00	226.00	0.00	11.00	14.89
08/24/02	93888	COFF EXT VESSE	374.00	386.60	0.00	0.00	37.40
08/27/02	93235	HOSP VS 100P	151.00	128.00	0.00	11.00	34.89
08/28/02	93235	HOSP 3/3-MORE TRAK	284.00	265.24	0.00	20.40	38.36
09/18/02	93808	CATH PLACEMENT/CDS	801.00	729.90	0.00	90.00	81.89
09/18/02	93845	RT/LE COX AR310	823.00	423.43	0.00	82.30	47.87
09/18/02	37620	INTERSEP/PAID. OR. C	1789.99	1529.94	0.00	43.00	145.96

ACCOUNT NO.	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE
	8.91	0.89	8.90	0.66	8.90	***** 8634.91

INSURANCE PAID – the amount any insurance, primary or secondary, paid for specific services provided to the patient.

GUARANTOR PAID – the amount the responsible party paid for specific services provided to the patient

BALANCE – the balance due after adjustments

ADJUSTMENT – any insurance adjustment that was made on a specific charge (does not include payments)

30 DAYS, 60 DAYS, 90 DAYS, 120 DAYS – additional charges that have accumulated

TOTAL ACCOUNT BALANCE – final amount due, including all charges that have accumulated.

THE HEART AT WORK

The following people have joined The Dayton Heart Center since our last issue:

Deb Camden, MA – Deb works in the lab as a medical assistant. She guides patients through blood tests and other lab procedures as well as administering hospital pre-admission tests in our Needmore Road office.

Nancy Chapman, RN – Nancy, a registered nurse, is the newest member of our hospital team. Nancy divides her time equally between Dayton Heart Hospital and Good Samaritan Hospital. She works with our physicians and assists patients with medications, follow-up appointments and organizes the plans and follow-up for any surgeries.

Royce Galyon, MA – Royce works closely with our patients and physicians, assisting with prescription refills, blood pressure checks and EKG's.

Bonnie Hood, MA – As a medical assistant, Bonnie handles patient care and front office responsibilities.

Debbie Morrison, MA – Debbie is a medical assistant at Greenville Heart Care. As a medical assistant she handles patient care and front office work.

Dawn Rich – Dawn is a medical receptionist at Greenville Heart Care. Dawn answers patient phone calls, and handles check-in and check-out at this busy office.

Amy Sextro, Account Representative – As an Account Representative, Amy handles all of our Medicare accounts and billing responsibilities.

Judy Shouse, MA – Judy joined The Dayton Heart Center in the role of medical assistant. She works with patients during office visits, performing EKG's and blood pressure checks. Judy also assists in the lab when needed.

Kim Stelzer, EP MA – As an electrophysiologist medical assistant, Kim handles pacemaker checks and data entry responsibilities.

Shawnya Wilborne, Echo Technologist – As an echocardiography technician, Shawnya administers a wide range of echocardiography tests and studies in our Needmore Road office.

We also want to recognize **Ann Zwiesler, RN** who was promoted to Office Clinic Staff Supervisor. Ann works with and oversees the nurses and medical assistants who assist our patients with their regular office visits in our Needmore Road office.

Have You Had Your Cholesterol Checked Lately?

There are many ways you can reduce your risk of heart disease including; controlling high blood pressure, quitting smoking, exercise and eating healthy. Another very effective way to reduce your risk of heart disease is by improving your cholesterol levels. In short, your risk for heart disease increases as your total amount of cholesterol increases.

The Dayton Heart Center offers several tests to determine your cholesterol levels. The **Lipid Comprehensive** and the **Hepatic Profile** tests are done together and the patient must go without food 12-14 hours before the procedure. The Lipid Comprehensive test looks at the cholesterol levels in the blood while the Hepatic Profile determines the capability of the liver to handle any prescribed medication. After completing these tests your doctor will review your lab work and determine any appropriate medication based on your lab results.

A new test called the **NMR LipoProfile** measures and counts the lipoproteins in your blood giving your doctor more information than just your cholesterol levels for a better understanding of your risk for heart disease. The patient must go without food 10-12 hours before the test.

The Lipid Comprehensive and Hepatic Profile tests are completed six weeks after the patient has been prescribed medication, in order to determine how the liver is reacting to the medication. The Hepatic Profile test is then done every six months to monitor how the liver is functioning.

If you have concerns about your cholesterol level, talk to your physician on your next visit.



Heart of the Matter

An Ounce of Prevention is Worth More Than A Pound of Cure

Today's news is regularly full of stories about innovative techniques to address and treat the many forms of heart disease. In this article, I want to talk about how routine, outpatient heart testing can lead to early diagnosis and treatment of heart disease, ultimately preventing extended hospitalizations and recovery times as well as many heart attacks and strokes.

Here are some of the routine tests available to you at The Dayton Heart Center:

EKG's are administered as a regular component of routine 6-month or 1-year visits. The EKG allows physicians to diagnose conditions such as silent heart attacks, heart rhythm abnormalities and other changes that can indicate new blockages in the coronary arteries.

Stress Tests or exercise treadmill tests are used to identify heart blockages in patients with or without symptoms of heart disease. However, it is important to remember that routine stress tests can be inaccurate, especially in women and in patients who are able to only give limited effort on the treadmill.

In a stress test, physicians look for changes in the patient's EKG, the reproduction of heart disease symptoms as well as a drop in blood pressure during exercise – all of which can indicate the presence of blockages in the coronary arteries.

Another type of stress test, the Stress Thallium Test is more sensitive than the routine stress test and thus is more accurate in diagnosing blockages. This test is most appropriate for patients experiencing chest pain, patients with history of coronary artery disease, heart attack or patients with an abnormal EKG.

The Stress Thallium Test can be done on a treadmill or, for patients who cannot walk on a treadmill due to obesity, arthritis or other conditions, the heart can be prompted to react as if in an exercise mode through the application of specific medicines.

Holter Monitoring is done in patients who complain of palpitations, dizziness, or passing out (syncope) and is helpful in diagnosing abnormalities in the heart rhythm or the presence of some type

of heart block that may need a permanent pacemaker. The patient wears a Holter Monitor for 24 hours and sometimes for 48 hours.

If a person has symptoms such as palpitations, unexplained dizziness and yet does not have any significant symptoms while wearing the Holter Monitor because their symptoms are less frequent (occurring once a week or even less often) then we might use an Event Monitor. Patients usually wear event monitors for two to four weeks.

Echocardiography (an ultrasound of the heart) is a basic cardiology test that helps to determine the structure and function of the heart muscle, the heart valves, the walls that separate the left and right side of the heart, or the "sac" which holds the heart. With echocardiography tests, we can detect if the valves are leaking or narrowing or if there is mitral valve prolapse. We can check the thickness and the stiffness of the heart muscle; look to see if there is any fluid around the heart; check the function of the heart or detect tumors. The other important abnormality that



can be seen on an echocardiogram is the presence of a blood clot in the heart, a risk factor for stroke.

HeartSaver CT is a painless, needleless test available at Dayton Heart Hospital and can detect probable coronary artery disease years before patients develop any symptoms. This test is useful for patients without a history of chest pain or other symptoms and without a history of coronary artery disease.

In summary, all of the tests discussed here can lead to early diagnosis and treatment of heart disease, thus preserving the quality of life for our patients and their families and avoiding heart attacks, stroke and lengthy hospital stays. Please ask your physician for more information about any of these tests.

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One serving:
497 calories; 32.7 grams
Fat (4.4 Saturated);
0 mg Cholesterol

From: *The Chef's Health
Collection*

Mixed Berry and Granola Crisp (4 servings)

Preparation Time: 15 minutes • Cooking Time: 35 minutes

1 pint strawberries, washed and quartered	1 cup granola, plain or with dried fruit
1 pint raspberries, rinsed and patted dry	1/2 cup oat flour
1 pint blackberries or blueberries, rinsed and patted dry	1/2 tsp. sea salt
Juice of one lemon	1/2 tsp. chopped walnuts
2 tsp. arrowroot (or cornstarch)	4 tbsps. whole sunflower seeds
1 oz. fructose	Dash nutmeg and cinnamon
6 oz. barley malt	Frozen yogurt or non-dairy topping (optional)

1. Preheat oven to 375 degrees.
2. Mix together berries, lemon juice, arrowroot, fructose, and 3 ounces of the barley malt. Reserve.
3. In a separate bowl, combine and mix together granola, flour, salt, walnuts, sunflower seeds, nutmeg, cinnamon and remaining barley malt. Set aside.
4. In an ovenproof dish, place the berry mixture and top with granola mixture, spreading evenly over the surface of the fruit. Bake in preheated oven for 30 to 35 minutes, until the topping is golden and the fruit is cooked through and bubbling.
5. Serve with nonfat vanilla frozen yogurt or a calorie-reduced non-dairy topping.