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CARDIO BEAT

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1000th TAVR Valve Replacement Performed

The 1000th TAVR procedure, done exclusively through a catheter, was performed on Dec. 19 by a team led by pioneering interventional cardiologist William W. O'Neill, M.D., and Gaetano Paone, M.D., cardiothoracic surgeon. Henry Ford Hospital is the first in metro Detroit and fewer than 20 in the United States to reach this milestone.

"We are honored to know we have helped so many people with advanced heart disease," said Dr. O'Neill. Henry Ford Center for Structural Heart Disease fellow Tiberio Frisoli, M.D., and anesthesiologist Trevor Szymanski, M.D., also assisted with the 1000th TAVR.

Severe narrowing of his aortic valve had led to continual exhaustion for Jerry Licht, causing him to sleep much of the day. But after the procedure, Mr. Licht, who worked in the computer industry, said he felt energy return – and the sleepiness go away.

"My son said, 'Dad, you have to sleep sometime,'" Mr. Licht said from his bed a few hours after the procedure. He said the procedure also helped clear his head and return feeling to his fingers, which had been numb. "I feel good!" the 90-year-old patient from Farmington Hills, Mich., said. He looks forward to walking his dog and traveling more with his wife.

A non-surgical alternative to valve replacement, TAVR uses a long, thin, flexible tube which is inserted into vessels in the groin, the tube is then advanced through the vessels to access the heart. The new, artificial valve is collapsed on the end of a catheter. The catheter is then inserted into the tube, threaded into the heart and nestled in the diseased valve. Scaffolding holding the new valve is opened, pushing the old leaflets back. The new valve immediately begins opening and closing with each heartbeat to once again efficiently regulate blood flow through the heart.

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Gaetano Paone, M.D., and William W. O'Neill, M.D., with 1000th TAVR recipient, Jerry Licht

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The TAVR procedure is one of many highly specialized procedures offered through the Henry Ford Health System, thanks to the innovation of William W. O'Neill, M.D., director, Center for Structural Heart Disease Program at Henry Ford, and the team of physicians.

The Henry Ford Center for Structural Heart Disease team has developed and/or advanced safe and effective approaches to TAVR. These approaches were developed for patients who may have no other option for mitral or aortic valve replacement or repair, due to the condition, size or blockage in their veins or arteries. Following is a description of each approach:

Transfemoral: In the standard approach for catheterization, access is gained through the femoral vein through the groin to insert the catheter and a wire which is guided to the aorta.

Transcaval: A small incision is made where a wire is guided into a leg and up through the femoral vein and across, through the vein wall and a parallel artery in the abdomen, and then up through the artery into the heart to implant a new artificial aortic heart valve. After the valve is placed, the catheter “bridge” is removed. A plug closes the holes in the artery and the vein so the two major blood vessels can function as normal.

Transcarotid: A small incision is made in the carotid artery accessed just above the clavicle but below where the artery branches, thus safely allowing collateral blood flow to the brain. From this point, TAVR valve delivery is the same as it would be with the transfemoral approach.

Transaortic: A small incision is made in the breastbone, where the physician has access to the aorta with the catheter. From this point, TAVR valve delivery is the same as it would be with the transfemoral approach.

Transapical: A small incision is made between the ribs on the left side of the chest. A catheter is inserted through this opening to directly access the heart. From this point, TAVR valve delivery is the same as it would be with the transfemoral approach.

Transaxillary: a small incision, made near the armpit, allows the catheter to be inserted and guided to the heart to perform the TAVR procedure.

To refer a patient who may be a candidate for TAVR heart valve replacement, or for more information about any of these surgical approaches, please call (313) 916-1878 or visit www.henryfordhospital.com/structuralheart.



For Dennis Stora, it was the use of plastic models, printed in the 3-D print lab that eventually identified the exact location of Stora’s defect which helped determine the best surgical approach for him.

BASILICA and LAMPOON Procedures Show Promise

Yet another new heart valve procedure may offer hope to many patients with aortic valve disease, who have been told they're out of options.

The acronym BASILICA stands for **B**ioprosthetic **A**ortic **S**callop **I**ntentional **L**aceration to prevent **I**atrogenic **C**oronary **A**rtery obstruction. The BASILICA procedure is used during an aortic valve replacement, or TAVR (Transcatheter Aortic Valve Replacement). For TAVR, a catheter is placed inside the heart and a balloon is used to open a new valve inside the native aortic valve.

BASILICA was developed in a collaborative effort with Adam Greenbaum, M.D., co-director of the Center for Structural Heart Disease at Henry Ford Hospital; Danny Dvir, M.D., at the University of Washington in Seattle; Vasilis Babaliaros, M.D., at Emory University in Atlanta; and Robert Lederman, M.D., and Jaffar Khan, BM BCH, of the National Institutes of Health.

In some patients with particular anatomy, the native valve's leaflets block the flow of blood to the coronary arteries as the new valve's scaffolding opens. The complication is fatal unless corrected and is prevented during traditional open heart surgery by cutting away the native valve itself.

The BASILICA procedure solves this issue during TAVR. The cardiologist weaves an electrified wire the size of a sewing thread through a catheter and uses it to slice the patient's native aortic leaflet. The slice prevents the flap from blocking critical blood flow through the heart when the doctor deploys the new valve.

This slicing of a heart valve leaflet was first performed in man for similar issues in a mitral valve is called

LAMPOON, or Laceration of the Anterior Mitral valve leaflet to Prevent Outflow track Obstruction. Of the more than 30 procedures

performed about half were performed at Henry Ford Hospital, another 30 at Emory University in Atlanta.

"Both of these procedures are in their infancy but show exciting promise," Dr. Greenbaum said. "It's gratifying to develop and share advances in medicine that can save lives across the United States."

The National Institutes of Health bestowed a second prestigious Orloff Science Award to pioneering Henry Ford cardiologist Adam Greenbaum, M.D., and his team for developing these two life-saving heart procedures.

He, along with NIH Cardiovascular Intervention Program Senior Investigator Robert J. Lederman, M.D., and NIH fellow Jaffar Khan, BM BCH, received the accolade for their work on the LAMPOON and BASILICA procedures used during heart valve replacement.

In 2017, Dr. Greenbaum and Dr. Lederman were awarded for pioneering and proving the effectiveness of the transcaval procedure.

To refer a patient who may be a candidate for BASILICA or LAMPOON procedures for heart valve replacement, or for more information, please call (313) 916-1878 or visit www.henryfordhospital.com/structuralheart.



Courtesy of the National Institutes of Health

1000th TAVR Valve Replacement Performed

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"We strive to offer life-saving alternatives to patients who are told they have no options," said Henry Kim, M.D., division head of the Edith and Benson Ford Heart & Vascular Institute at Henry Ford Hospital. "Many of our patients are relieved, after an initial exam or second opinion, that we offer the experience and know-how to help them."

Patients of the Center for Structural Heart Disease are in private rooms at Henry Ford Hospital, which are equipped

with accommodations for an additional family member or friend. Most patients are well enough to go home within a day or two, and return to either the hospital or their own cardiologist for follow-up.

For more information on TAVR options available at Henry Ford Health System, visit www.henryford.com/hvi.

For information on TAVR, please visit <http://bit.ly/2CPlwza> or call 1-844-725-6424.

VIRTUAL PROGRAM

Cardiac Rehabilitation Offers A Telemedicine Option

Designed for patients who have difficulty attending a traditional facility-based cardiac rehabilitation program due to program hours, transportation, or dependent care responsibilities, this new Hybrid Cardiac Rehabilitation Program (HCRP) provides a new and convenient alternative.

This innovative telemedicine-based program allows patients to exercise in their own homes, community fitness center or workplace while being supervised by one of the clinicians in the Henry Ford Cardiac Rehabilitation Program. Live two-way videoconferencing – using the free Henry Ford MyChart app and the patient’s own smart phone or other suitable mobile device – securely connects the patient with a clinical exercise physiologist.

“We understand well the barriers that prevent many patients from participating in a facility-based cardiac rehabilitation program,” says Steven Keteyian, Ph.D., director of Henry Ford Preventive Cardiology. “Our HCRP provides a safe alternative that removes some of the access and scheduling barriers that exist for these patients.” Most patients first complete just one to three visits at a Henry Ford cardiac rehabilitation facility, then transition to the telemedicine side of the HCRP. The average number of telemedicine “visits” is 27, compared to 21 in the facility-based program.

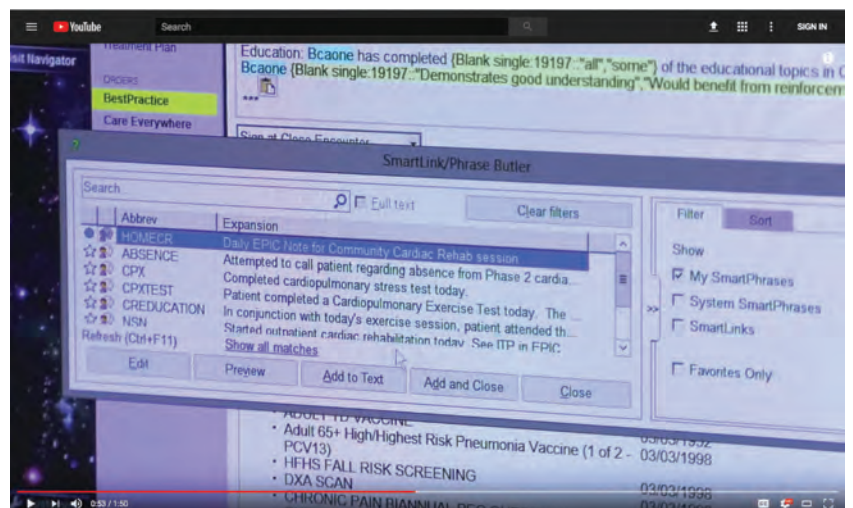
“It was much more convenient,” says Timothy Schacht, a HCRP patient. “I could come home from work on my lunch hour and get a video visit in, it fit very nicely into my day. I could not have done this if I had to go elsewhere to have my rehab session. I think I actually got better quality care because I had my person...right there in front of me and engaging with me the entire time.”

Patients also have access to the same educational materials used in the facility-based cardiac rehabilitation programs through short videos developed by the Henry Ford cardiac rehabilitation staff. Patients view the videos at their own convenience, and then discuss them or ask questions during their next telemedicine visit.

Community or referring physicians are welcome to make these educational videos available to their patients too. The videos are available at the HenryFordTV YouTube channel (www.henryford.com/crededucation). Eligible patients can be referred to this hybrid program and the referring physician will receive appropriate progress reports on his or her patient.

Like facility-based cardiac rehabilitation, insurance providers Blue Cross/Blue Shield of Michigan and HAP cover most or all of the cost of HCRP.

To refer a patient, learn patient eligibility criteria, or for more information about HCRP call (313) 972-1919.



Robotic Magnetic Guided Ventricular Tachycardia Ablation Only At Henry Ford

Advances and innovations in medicine come from the combination of technology in the hands of highly-skilled physicians. Ventricular Tachycardia (VT) and Premature Ventricular Contractions (PVC) are arrhythmias arising from the lower ventricles of the heart. They are the toughest arrhythmias to manage and treat, and usually require extensive mapping inside the ventricles, thus making the procedures long, complex and tiring both for patients and physicians.

Henry Ford Hospital is equipped with a remote magnetic navigation (RMN) system (Stereotaxis®) which allows safe, fast, and precise ablation of these complex heart conditions. Gurjit Singh, M.D., director of the Electrophysiology Laboratory at Henry Ford Hospital, is the only electrophysiologist in southeastern Michigan to perform this procedure. He has been working tirelessly to improve patient and ablation outcomes using these “magnetic robots.”

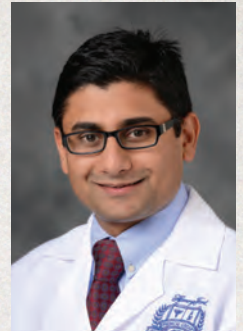
VT and PVC ablation therapy targets the origin of the cardiac arrhythmia by placing a long, thin catheter into the heart chambers through the femoral artery. The Stereotaxis® system operates by RMN. A magnetically tipped catheter is guided within the heart via two large permanently affixed external magnets on either side of the patient table, coupled with a three-dimensional (3D) electroanatomic mapping system. This procedure replaces

the manual threading of the catheter guided by x-ray.

There are several benefits for both the patients and the clinical team. When treating patients under fluoroscopy, harmful radiation exposure is a risk for everyone in the room. Use of the magnets for VT and PVC ablation minimizes the radiation exposure. The European Heart Rhythm Association reports “near zero exposure to operators” while using the Stereotaxis® RMN. “The procedure time is also reduced from six to eight hours to two to four hours and allows the ablation to be more precise with the flexibility of the catheter using 3D mapping,” explains Dr. Singh. “It’s also better for physician well-being by reducing fatigue because we now sit rather than stand over the procedure table in heavy lead aprons for nearly an entire work day.”

Dr. Singh will be presenting data on the safety and efficacy of remote magnetic navigation at the European Cardiac Arrhythmia Society meeting, to be held in Paris, France in April 2018.

To refer a patient to Dr. Singh, please call 1-855-518-5100.



Gurjit Singh, M.D.

STAFF UPDATE

Tiberio Frisoli, M.D.

Structural Heart Interventional Cardiologist

MEDICAL SCHOOL EDUCATION:

St. George’s University School of Medicine, Grenada, West Indies

POST-GRADUATE TRAINING:

Henry Ford Hospital (Detroit, MI), Structural Heart Disease, Fellowship

Henry Ford Hospital (Detroit, MI), Interventional Cardiology, Fellowship

Henry Ford Hospital (Detroit, MI), Cardiovascular Disease, Fellowship

St. Luke’s Roosevelt Hospital Center (New York, NY), Internal Medicine Residency

BOARD CERTIFICATION:

American Board of Internal Medicine – Interventional Cardiology

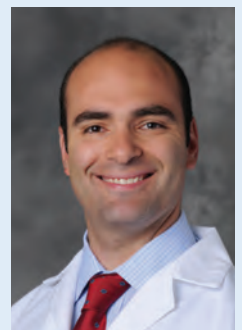
American Board of Internal Medicine – Cardiovascular Disease

American Board of Internal Medicine – Internal Medicine

RESEARCH INTERESTS:

Mitral Valve Disease, Aortic Valve Disease, Hypertrophic Obstructive Cardiomyopathy, Evaluation of Patients with Chest Pain in the Emergency Department, Paravalvular Leak Repair, Cardiovascular quality outcomes.

Dr. Frisoli also speaks Italian and Spanish.



Tiberio Frisoli, M.D.

Macomb County Man Receives Artificial Heart at Henry Ford Hospital

A 56-year-old Macomb County man became the first successful recipient of an artificial heart at Henry Ford Hospital. “We literally pulled him from death’s grip,” said Henry Ford Hospital cardiothoracic surgeon Hassan Nemeh, M.D., who performed the procedure.

The man suffered from cardiac sarcoidosis, a disease that infiltrates organs of the body and causes abnormal inflammation and malfunction. Diagnosed with the condition more than three years ago, the patient eventually suffered cardiomyopathy, or thickening and dysfunction, in both sides of his heart.

Doctors were able to manage the condition with medication, and the patient was placed on the transplant list in September 2017. But just after Thanksgiving 2017, his heart started to fail despite treatments.

His Henry Ford Hospital medical team inserted an intra-aortic balloon pump, then a temporary left ventricular assist device – or temporary LVAD – to help his heart keep pumping. Both initially helped keep him alive. But then doctors discovered his heart was again malfunctioning despite the interventions.

The surgical team, led by Nemeh, removed the patient’s native ventricles and implanted the SynCardia artificial heart on Dec. 11, 2017. The heart’s mechanisms are contained in an 18-pound pack that stays with the patient.

Henry Ford Hospital’s multi-disciplinary Heart Failure Team determined the FDA-approved artificial heart was the only option left. The SynCardia Total Artificial Heart, which has

been in use for more than 32 years, replaces both failing heart ventricles and the four heart valves. Data published in the *New England Journal of Medicine* from the 10-year pivotal clinical study led to FDA approval; 79 percent of patients who received the Total Artificial Heart were bridged to transplant. The longest a patient has been supported by the SynCardia Total Artificial Heart is more than four years.



Hassan W. Nemeh, M.D.

The patient and his wife agreed that he wanted to proceed. He received the artificial heart in a five-hour procedure that included a team of about a dozen medical professionals from the Henry Ford Heart & Vascular Institute and the Henry Ford Transplant Institute.

“The operation went smoothly,” Dr. Nemeh said. “Due to the advanced level of illness, he has been progressing very slowly. But his general condition is much, much better and we are grateful we were able to help him with this advanced technology. We are waiting for his strength to return and we will activate him back on the heart/kidney transplant list.”

The patient, a pastor and retired law enforcement officer, is recovering well. He returned to his church on March 18 and discussed the procedure and his wait for a heart transplant.

Henry Ford Health System is one of only three programs in the State of Michigan which provides comprehensive surgical therapy for the treatment of advanced heart failure, including heart transplant, LVAD and the artificial heart.

“Henry Ford Health System is proud to add the artificial heart as an option for our patients,” said Henry Kim, M.D., head of the Edith and Benson Ford Heart & Vascular Institute at Henry Ford Hospital. “It aligns perfectly with our emphasis on offering advanced treatments for all aspects of heart disease.”

To refer a heart failure patient or for more information, please call 1-877-434-7470 or visit www.henryford.com/services/advanced-heart-failure.



Hassan W. Nemeh, M.D.

Specialists In Adult Congenital Heart Disease Launch Clinic

Once again, Henry Ford Hospital physicians in the Heart & Vascular Institute recognized an unmet need and developed a very important service. Each year, nearly one percent or about 40,000 babies are born in the United States with a congenital heart defect (CHD). A 2010 study estimates there are more than 600,000 infants, children and adolescents and 1.4 million adults living with CHD.

Adult CHD (ACHD) patients from across the state were seen in many different departments and clinics at Henry Ford Hospital. They were seen not only for cardiac issues, but for various medical conditions. “Treating a ACHD patient for gall stones is much different than a patient with a healthy heart,” explains Karthikeyan Ananthasubramaniam, M.D., director of Echocardiography and Nuclear Cardiology Laboratory at Henry Ford Hospital. “As children, being treated and followed by a pediatric cardiologist makes sense. However, after reaching adulthood, the care needs to be different as these patients develop a lot of medical problems that may or may not be related to their congenital heart defect,” says Dr. Ananth.

The Henry Ford Health System launched an adult CHD program after Dr. Ananth and his colleague, Dr. Sachin Parikh, became certified as ACHD specialists by the American Board of Internal Medicine in 2016. Training for the ACHD certification is offered and supported by the American College of Cardiology. Soon after, cardiologist Marvin Eng, M.D., director of the Fellowship Program and Research director for the Henry Ford Center for Structural Heart Disease, received his ACHD certification.

“Earning this certification provides ACHD patients a one-stop clinic, staffed by specialists who understand that an ACHD patient with a common illness can be much more complex to treat,” explains Dr. Ananth. “These patients can not be treated with the same medications or procedures as a non-ACHD patient. In fact, it can cause them more harm if treated the same.”

In addition, collaboration with DMC Children’s Hospital of Michigan and the University of Michigan helps to identify the best treatment options for certain complex adult congenital heart problems. Dr. Eng explains, “This collaboration provides valuable information as we are better able to improve care and outcomes for our adult patients.”

The expertise of a multi-disciplinary committee – which includes heart failure specialists, cardiac surgeons, OB/GYN, pulmonologists and other specialties – facilitates discussion on more complex cases. It is through this approach that every discipline is learning and the patient reaps the reward of better outcomes. The Adult Congenital Heart team meets to discuss patients on a monthly basis, which serves not only to educate trainees and colleagues but also garner the expertise of many to make joint decisions on management strategies for these patients.

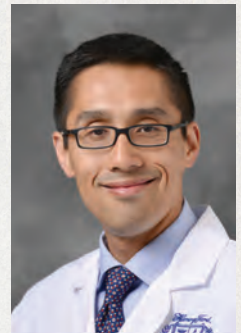
“The ACHD clinic is now receiving patients from these multi-specialty areas, and following patients from our cardiology and internal medicine colleagues in private practice throughout the area,” explains Dr. Ananth.

“We want to help our colleagues with their patients; this is a very complex field with many nuances,” concludes Dr. Eng.

To refer an ACHD patient at Henry Ford Hospital-Detroit and Henry Ford West Bloomfield Hospital, please call 1-877-434-7470.



Karthikeyan Ananthasubramaniam, M.D.



Marvin H. Eng, M.D.

Henry Ford: Michigan's Most Experienced Hospital for Chronic Total Occlusion Percutaneous Coronary Intervention

Avoiding open heart bypass surgery by effectively drilling through arteries that are 100 percent blocked alleviates the need for bypass surgery, long hospital stays and lengthy recoveries for many patients is the goal of Khaldoon Alaswad, M.D., director, Cardiac Catheterization Laboratory, Henry Ford Heart & Vascular Institute.

He's one of very few cardiologists in the United States performing the minimally invasive procedure – Chronic Total Occlusion Percutaneous Coronary Intervention, or CTO PCI, with a very high success rate. The procedure is done through small catheters inserted into the heart through the patient's arm, upper thigh or another appropriate area.

The procedure differs from simple angioplasty on a narrowed coronary artery, which uses a balloon to widen the passageway. Opening a totally blocked artery requires drilling through or going around the blockage with a small wire, performing angioplasty, then inserting a small metal stent.

Henry Ford Hospital is now the most experienced medical center in Michigan and the upper Midwest offering this catheter-based procedure to patients who were told they are too sick for open heart surgery, or where there are no treatment options for their painful angina.

“What could be better than helping patients who were told there are no more options to help them feel better or live longer?” says Dr. Alaswad. “We have been able to eliminate the need for open heart surgery on so many occasions.”

The main reason many hospitals shy away from the delicate CTO PCI procedure is the success rate. Most cardiologists' success rate for the procedure is 60 percent to 70 percent. Henry Ford Hospital is the only medical center in the Upper Midwest and in Michigan currently offering the procedure with a more than 90 percent success rate.

The 90 percent success rate is the result of experience with a high-volume PCI practice and being experienced in all aspects of coronary interventional procedures and devices. However, advanced experience is not enough to achieve high success rates in CTO PCI, the physician must also be passionate about helping patients, even after others have declared the patient's condition impossible to treat.

“Success also comes through supportive colleagues, skilled and experienced nurses and techs, and importantly leadership that believes in the mission of helping patients with the most desperate conditions,” explains Dr. Alaswad. “I approach each patient with utmost preparedness for all scenarios. I stay up at night thinking about the cases that I have done and making plans for the cases that still need to be done, thinking outside the box to find solutions for my patients. That makes the difference.”

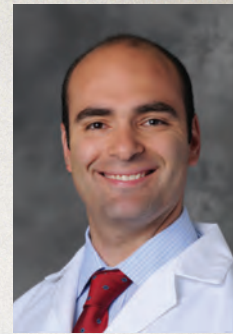
The Henry Ford Heart & Vascular Institute is known for innovating cutting-edge technologies like CTO PCI. “This philosophy keeps renowned experts on staff and provides exceptional medical care for individuals in our local area and surrounding communities,” concludes Dr. Alaswad.



Khaldoon Alaswad, M.D.

For more information about Chronic Total Occlusion Percutaneous Coronary Intervention call 1-877-434-7470.

Study Accurately Predicts Safe Discharge of Chest Pain Patients



Tiberio Frisoli, M.D.

A study investigating early emergency room discharge of certain patients with chest pain showed significant cost and length-of-stay savings, and appeared to be 100 percent safe.

“This study shows you can send these low-risk chest pain patients home with a plan to be seen as an outpatient by their doctor instead of the common practice of admitting them for stress testing,” said Tiberio Frisoli, M.D., principal investigator and newly appointed Henry Ford cardiologist. “Our study suggests you can safely save about 20 hours and about \$6,500 in charges per person. Multiply that by the number of people across the United States that go to the emergency room for chest pain – the number two leading cause for ER visits – and the potential national healthcare savings of adopting this strategy would be monumental.”

The majority of patients who arrive at emergency rooms in the United States with chest pain are not having a heart attack, but rather pain due to musculoskeletal, gastrointestinal, pulmonary or other reasons. Nonetheless, ER physicians must maintain a high level of suspicion for heart attack or unstable angina as a cause of the patient’s chest pain. Heart attacks that are missed in the ER are associated with a significant number of deaths, and missed diagnoses are common grounds for legal action.

With that in mind, most ER physicians have a low threshold to rule out a heart attack, running multiple electrocardiograms and troponin blood tests that check for chemical signs of a heart attack, and very often order admission to the observation unit for stress testing. This stress testing is a large contributor to U.S. healthcare expenditure, which currently represents over 18 percent of the U.S. gross domestic product.

The randomized, prospective Henry Ford HEART Study enrolled 105 chest pain patients who arrived at emergency rooms at Henry Ford Hospital in Detroit or Henry Ford West Bloomfield Hospital between February 2014 and May 2015.

The patients’ troponin blood tests showed no chemical signs of a heart attack. And the patients were deemed low risk by a simple evaluation called the “HEART” score, an acronym for History, Electrocardiogram, Age, Risk factors and Troponin. The score combines the physician’s evaluation of the cardiac pain, the results of an ECG done in the ER, the person’s age,

and the person’s traditional cardiac risk factors such as smoking, hypertension and diabetes.

To be enrolled, the patients’ symptoms had to be concerning enough that the doctors had intended to order stress testing. Of those evaluated for safe enrollment in the trial, half were sent home to be seen by their physician, who then decided if further testing was warranted. The other half were admitted to the hospital for possible stress testing.

The study found immediate discharge was associated with an average 20-hour shorter length of stay (6 hours 20 minutes versus 25 hours 51 minutes of total time in the hospital) and a \$6,500 reduction in total hospitalization charges (\$3,058 vs \$9,616). There also were no known deaths, heart attacks, or coronary artery stenting in either group at 30-day follow-up.

“This early discharge strategy for low-risk patients not only saves time and money, but most importantly it also seems to be safe, though larger trials will be needed to definitively prove this,” said Dr. Frisoli, who conducted the trial as a structural heart fellow, mentored by Henry Ford Hospital cardiologist James McCord, M.D., and emergency room physician Richard Nowak, M.D.

“There is a strong interest in both the emergency room and cardiology communities to develop tools to better risk stratify and guide management for chest pain patients,” Dr. Frisoli added. “This is an exciting and potentially practice-changing area of research.”

The Henry Ford HEART score is currently being used to help evaluate chest pain patients arriving at the emergency room at Henry Ford West Bloomfield Hospital and is pending at other Henry Ford Health System facilities. Dr. Frisoli said Henry Ford doctors anticipate being part of future larger studies to further prove the evaluation’s effectiveness.

Note: The “Henry Ford HEART Study” (HFHS), led by principal investigator and Henry Ford structural heart fellow Tiberio Frisoli, M.D., was published in the American Heart Association’s Circulation: Cardiovascular Quality and Outcome. An accompanying American Heart Association editorial discusses Achieving the Holy Grail of Emergency Department Evaluation for Chest Pain.

To connect with a Henry Ford physician, call:

Heart & Vascular Institute
1-877-434-7470

Center for Structural
Heart Disease
1-855-518-5100



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Detroit, MI 48202

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NEWS & UPDATES



Henry Ford Hospital in Detroit has been named a Top 50 Heart Hospital for the second year in a row, selected from more than 1,000 hospitals evaluated across the United States. Selection is based on publicly available data that compares patient outcomes, operational efficiencies and financial metrics. Study winners had better outcomes while operating more efficiently and at a lower cost than others included in the analysis.

“We’re proud of this continued acknowledgement of the pioneering, life-saving work we do on behalf of our patients at Henry Ford Hospital,” said Henry Kim, M.D., cardiology division head at the Edith and Benson Ford Heart & Vascular Institute. “The strong, caring Henry Ford team – both here at Henry Ford Hospital and at our four other hospital sites – strives every day to deliver the best care possible, often for patients who have been told elsewhere they don’t have any options.”



Congratulations to Akshay Khandelwal, M.D., as he steps into the nation-wide role of Chair of the Board of Governors of the American College of Cardiology (ACC). He will serve from 2018 to 2020. During that time, he will also serve as secretary of the organization from 2019–2020.

A firm believer in maintaining open communication and finding common ground to pragmatically solve problems, Dr. Khandelwal has a particular interest in building relationships within cardiology communities to benefit both patients and providers.



A new protocol for treating cardiogenic shock, a side-effect of a heart attack, was announced by a collaborative of metro Detroit cardiologists in July 2016, deemed the Cardiogenic Shock Initiative (CSI).

“We saw such success in Detroit, it’s important to share this life-saving knowledge with others,” said William W. O’Neill, M.D., director, Center for Structural Heart Disease. Taking this success national, he presented an analysis of hemodynamic support to a standing-room-only crowd at the American College of Cardiology’s Scientific Sessions in Washington, D.C. in March 2017.

Babar Basir D.O., cardiology fellow, presented the CSI to a full room of attendees at the national Transcatheter Cardiovascular Therapeutics (TCT) 2017 conference in Denver. Now hospital systems nation-wide are using the protocol which evolved into the National Cardiogenic Shock Initiative (NCSI).