WHY A NURSE PRACTITIONER AT LOWN?

Kristian Bakken

By Dara Lee Lewis, M.D.

In October 2017, for the first time in Lown history, we hired a nurse practitioner, Kristian Bakken. He is an extraordinarily talented young man, who worked with many of us at Brigham and Women's Hospital before moving to the Cardiopulmonary Exercise Lab at Massachusetts General Hospital. When he reached out to us to propose a collaboration, we were intrigued. Our first thought was, what would our patients think? Would they accept a nurse practitioner? Most medical practices bring in a so-called "physician extender" (physician assistant or nurse practitioner) for every three or four physicians, but we had not done this. Now, as we celebrate a 2nd anniversary with Kristian, we'd like to reflect on our decision to invite Kristian to join our Lown family.

Kristian wears many hats at the Lown group, including supervising the exercise testing group and developing our Sports Cardiology Program with Dr. Brian Bilchik, but his main role is to see patients. In May, he saw 76 patients. **Which patients see Kristian?** When patients call the office with urgent concerns and their primary cardiologist is unable to see them in a timely fashion, Kristian evaluates the patient and **formulates a treatment plan in conjunction with the patient's cardiologist**. Or, sometimes, we may schedule a visit with Kristian to follow-up on a change in medication, or to **monitor blood pressure** between Cardiologist visits, or to **review testing findings**. We also refer patients to see Kristian because of his special expertise in exercise physiology and dysautonomia (a dysfunction of the nerves that regulate nonvoluntary body functions, such as heart rate, blood pressure, and sweating). We think of Kristian as a "bonus" visit, in addition to seeing us, rather than instead of us. Every visit with Kristian is directly discussed with the patient's cardiologist, and all decisions are made collaboratively.

How have our patients reacted? Truthfully, at first some patients were a bit reluctant. However, once they meet with Kristian, things change. One patient said, "At first I really had my doubts about seeing a nurse practitioner, but after I saw Kristian I trusted him completely. He was so calm and kind and he really knows his stuff". Another told me, "Kristian was amazing! He explained my pulmonary function test results to me better than my own pulmonary doctor. He took his time and made sure I understood everything. He's a keeper!" Now, many of our patients call to specifically request an appointment or a phone call with Kristian.

So, as we wrap up our second year with Kristian, we have all been thrilled with how seamlessly he has merged into our group and enhanced our ability to provide outstanding, patient-centered care. We agree with our patients, he's "a keeper"!

TO EXERCISE OR NOT TO EXERCISE?

By Brian Z. Bilchik, M.D.

"A significant percentage of our population continues to struggle with overweight/obesity and sedentary behavior. The good news is there has been gratifying growth of enrollment in athletic endeavors in recent years. It is heartening that this increase in participation has been seen in all ages, from school-aged children to older adults well into their 80s and beyond. Women now comprise nearly half of all recreational and professional athletes. We recognize there certainly are risks associated with overdoing exercise; however, the research strongly points towards enhanced quality of life and longevity with moderate, regular exercise. "

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NEW FACES AT LOWN

Samantha ("Sam") Ferris is a recent graduate from Tulane University where she received a Bachelor of Science in Public Health. She is a Clinical Assistant at Lown and works with the medical assistants and the exercise physiologists, performing cardiovascular and cardiopulmonary exercise tests. Sam is a nationally certified EMT with a background in Health and Wellness. While studying in New Orleans, Sam worked at a gastroenterology office and interned for the nonprofit organization "Eat Fit NOLA". She also worked as a research student intern in the Emergency Department at Beth Israel Deaconess Medical Center. Sam is excited to learn more about the practice's unique approach to patient centered care.

Catherine ("Katie") Cameron, our new exercise physiologist, recently received her master's degree in Exercise and Health Science at UMass Boston. She is originally from Franklin, MA and is currently living in Boston. While earning her master's degree, Katie was a student intern at Brigham and Women's Hospital in the Cardiovascular imaging lab. She is also the project coordinator on a research study that delivers programs to college students to guide them in maintaining a healthy lifestyle. Katie enjoys running and recently completed her fourth Boston Marathon. She is very excited to join the Lown group and learn more about our sports cardiology program.

LOWN CARDIOVASCULAR GROUP

TO SCHEDULE AN APPOINTMENT CALL:

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A NEWSLETTER FOR THE PATIENTS AND FRIENDS OF

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SUMMER 2019

THE LOWN GROUP EXPANDS

By Brian Z. Bilchik, M.D.

The Lown Cardiovascular Group, est. 1974, became a not for profit practice in 2013. It remains a dynamic, innovative Cardiovascular practice, providing outstanding cardiac care to patients from all over the world. In a healthcare system increasingly driven to cut corners and maximize profits, we stand out as a practice dedicated to the "simple" act of **taking care of our patients**.

Our practice has a legacy of managing complex cardiac issues, promoting wellness and prevention, and providing second opinions. We are continuously innovating and growing. Several years ago we created the Lown Sports Cardiology Center, and now we are **developing a Women's Cardiovascular Program**.

To this end we are thrilled to introduce a new Cardiologist to our group, Dr. Alyson Kelley-Hedgepeth. Dr. Kelley-Hedgepeth combines all the facets that make a wonderful doctor: clinically astute, intellectually sharp and warm and caring. We couldn't be more excited that she will join our group in September. She will help to launch the Women's Cardiovascular initiative with Dr. Dara Lee Lewis. For more information about Dr. Kelley-Hedgepeth, please read our conversation, on page two.

(L to R) Kristian Bakken, N.P., Charles Blatt, M.D., Dara Lee Lewis, M.D., Brian Bilchik, M.D., Alyson Kelley-Hedgepeth, M.D., Shmuel Ravid, M.D., MPH

A CONVERSATION WITH LOWN CARDIOVASCULAR GROUP'S NEWEST CARDIOLOGIST

By Brian Bilchik, M.D. in discussion with Alyson Kelley-Hedgepeth, M.D.

After searching far and wide for an outstanding 5th cardiologist to join our growing practice, I am thrilled to announce that we have found just the right fit: Dr. Alyson Kelley-Hedgepeth, who will be joining the Lown Group in September. I had a chance to sit down with Dr. Kelley-Hedgepeth to talk about her professional and personal interests, and what follows is a summary of our conversation:

Dr. Kelley-Hedgepeth and Dr. Bilchik

BB: Tell us about yourself:
AKH: I am originally from Colorado and moved to Florida as a teenager. I love both the mountains and the beach but have learned to love the city and suburban life around Boston. I decided on a career in medicine early in life as I was passionate about science and the idea of a career that could improve or cure disease.

I followed this path to Boston for research and then medical school at Boston University and residency at Massachusetts General Hospital. I was turned on to cardiology during training and loved the balance of treatment options for patients with heart disease. I completed my cardiology fellowship at Tufts and then took a non-invasive cardiology position in the community where I've been working for the past decade.

On the personal side, I am married to another cardiologist and have two children, a son nine years old and a daughter almost six. We live in the suburbs of Boston. We enjoy traveling and spending time with friends and family. I also enjoy yoga and skiing and have been trying to learn how to golf.

BB: You have directed the Heart Failure Clinic at Signature Healthcare for many years, and created a population health management program for patients with heart failure. Quite impressive! At the same time, you have become more interested in prevention and wellness. How do you plan to bridge these interests here at the Lown Group?
AKH: I have extensive experience in managing coronary artery disease, heart failure and arrhythmias. I think it is important for cardiac patients to realize that most cardiac disease is chronic and needs a long-term plan to remain stable. I want to partner with my patients to address the complexity of these issues and formulate a realistic plan for success. My approach to managing these chronic conditions: **make a clear diagnosis and then create a personalized treatment plan.** With every cardiac diagnosis, our lifestyle has the potential for a big impact on our health, so I spend a lot of time with patients reviewing sleep, nutrition, exercise and stress. In my experience, there is never a simple answer - but there is always a path toward better health!

My clinical passion is understanding how our lifestyle affects cardiac disease - and maybe a better way to say this is how simple lifestyle changes can stabilize disease and promote healing. Recent research highlights how inflammation is a chronic condition that can contribute to many disease states, including coronary disease. Identifying the root cause is the first step toward healing and better health.

BB: How do you promote optimal cardiovascular health?
AKH: I like to remind my patients that I live in this world too! As a nation, we are eating too many processed foods and sitting way too much. **I promote a multi-pronged approach which includes strategies for avoiding inactivity, striving to eat the healthiest foods we can, and listening to our bodies when they are reacting to stress or lack of sleep.** All these things feed into good health, especially good cardiovascular health.

As much of cardiovascular disease is preventable, physicians can help patients identify injurious routines or habits and reverse these deleterious processes. In doing this, we can improve health and avoid the need for excessive medication use or invasive testing.

BB: I know you and Dr. Lee Lewis have had many exciting discussions about the Lown Women's Cardiovascular Program. Can you tell us more about this and why it is so important?
AKH: As a female cardiologist, I am acutely aware that **women may have atypical presentations of heart attacks** and many symptoms are often attributed to anxiety or stress alone. This can lead to delayed diagnoses and mistrust of medical providers. There are designated cardiology guidelines to promote detection of cardiac disease in women and having a gender-specific treatment plan is the first step in personalized cardiac care.

I couldn't be more excited about the creation of a Women's Cardiovascular Program at Lown. In partnership with Dr. Lee Lewis, we plan to develop a center aimed at understanding the drivers for great health and living one's best life. We will use the latest research on sleep, nutrition and exercise and design personalized plans for our patients. We will monitor them over time and provide metrics that they can follow to measure progress. This could be in the form of regular assessment and surveys, but I am also excited to utilize some of the data offered through wearable health devices.

This **partnership between provider and patient has never been more important.** We see this as a tremendous opportunity to build on the founding principles of Lown Cardiology - to improve the lives of patients by reinforcing the pillars of healthy living.

BB: What are your summer plans?
AKH: I'm so glad you asked me this! Sometimes unstructured summer time can actually be more stressful than scheduled time, and yet it's so important for recharging. In our fast-paced world with instant answers and unlimited connections, summer provides a much-needed opportunity to **slow down and unplug**. I encourage my patients to make fewer plans, take advantage of long days and just relax. I have found that sometimes the most rejuvenating activity is no activity. Of course, you'll have to forgo the envy-inspiring social-media-post, but your family will thank you. Just this morning my son blurted out "Mom I'm bored"... music to my ears!

Dr. Kelley-Hedgepeth will join the Lown Group in mid-September.
To make an appointment, call 617-732-1318.

LOOKING FOR VOLUNTEERS!

Drs. Lee Lewis and Kelley-Hedgepeth will be holding a **focus group as we begin to design our Women's Cardiovascular Program**. We are looking for 5-7 female patients willing to participate in an informal conversation for approximately one hour in September. Date and time to be determined. If you might be interested in participating, please let us know at info@lowngroup.org.

HEART DISEASE IN WOMEN

By Alyson Kelley-Hedgepeth, M.D. and Dara Lee Lewis, M.D.

Heart disease remains the leading cause of death in American women, surpassing all cancers combined. Despite this, women with cardiac problems (and their doctors) often minimize or disregard their symptoms, sometimes delaying necessary care. Here at Lown, we recognize that gender-based disparities exist in the diagnosis and treatment of cardiovascular disease. **Our mission is to deliver gender-specific, patient-focused cardiovascular care** using a multidisciplinary approach aimed at both prevention and treatment of disease.

ASPIRIN: A MAGICAL DRUG, OR A BUST?

By Shmuel Ravid, M.D., MPH

Many of our patients have asked us if they should stop taking aspirin after hearing news stories that it can be harmful. Aspirin, a common over-the-counter medicine, has numerous biological activities, including platelet inhibition (blood thinning), anti-inflammatory (reduce inflammation), antipyretic (lowering fever), analgesic (pain killer) and even anti-cancer. It has been promoted for decades as an effective, almost magical, intervention to prevent and treat numerous conditions. Although we hope that aspirin will prevent blood clots in the heart and brain arteries, it can also cause unwanted blood thinning and bleeding in the brain and internal organs.

Aspirin's role in cardiovascular disease prevention is likely mediated by platelet inhibition (platelets are tiny particles in our blood that clump together to form clots inside blood vessels), reducing the risk of heart attacks and stroke. This blood thinning ability is, however, mitigated by an increased risk of bleeding. Therefore, when deciding whether to take aspirin to prevent cardiovascular disease, the key question is whether the risk (bleeding) outweighs the benefit (reducing clots that can cause heart attack or stroke) in an individual patient.

In patients who have had a prior heart attack, stroke, or other types of vascular disease, research has consistently shown that taking low dose aspirin (81 mg daily) reduces the risk of future heart attacks, stroke and death. Therefore, low dose aspirin is strongly recommended by all professional cardiology associations, for patients with known cardiovascular disease.

Because several large (though older) studies showed that aspirin lowered risk of cardiac events and cancer in individuals without cardiovascular disease, aspirin was prescribed routinely for decades to many adults without heart disease. This is also known as "primary prevention", in contrast to "secondary prevention", which aims to prevent additional events in patients who already have disease.

Recent research, however, suggests that the net benefit of aspirin for preventing cardiovascular disease in patients at low risk for heart attack and stroke might be neutral, as the small benefit is matched by a small increased risk of significant bleeding. Also, the benefit of aspirin in cancer prevention is small and noted only after many years of use. As a result, new guidelines no longer recommend routine prescription of low dose aspirin for primary prevention in healthy adults.

At the Lown Cardiovascular Group **we emphasize individualized patient care**. Our policy is to review with each patient the pros and the cons of low dose aspirin in their specific circumstances. When it comes to primary prevention (patients who do not already have cardiovascular disease) we then make a shared decision with the patient, whether to use aspirin. We use aspirin almost universally for secondary prevention because the benefit is larger, and therefore outweighs the small risk.

For the majority of patients with significant risk for cardiovascular disease or cancer, I recommend to take low dose aspirin daily. And of course, for all my patients, I encourage a healthy lifestyle including regular, almost daily exercise, healthy diet, optimal weight, smoking cessation and proactive attempts for stress reduction, in addition to aggressive medical treatment of cardiovascular disease risk factors such as high blood pressure, elevated cholesterol and diabetes.