

# Heart TALK

Heart-healthy and Stroke-free Living with Amy L. Doneen, MSN, ARNP Vol 28 September 2014



From  
**Amy  
Doneen**

**Amy Doneen,  
MSN, ARNP**

Happy fall to everyone! It seems like just yesterday we were celebrating the 4th of July, and here it is after Labor Day!

I'm pleased to share this issue of Heart Talk with you. This edition features news about keeping our brains active and healthy. I also share a summary of a recent Wall Street Journal article about a fraud investigation surrounding a specific lab that paid physicians for referring patients for biomarker blood testing used to help predict heart disease. Dr. Bradley Bale and I have issued a formal response to this article and you will find the article in its entirety in this issue.

Finally, I regretfully announce that Pamela is leaving our office to pursue new adventures with her sister in sunny Florida. While we will miss Pamela tremendously, we are also thrilled for her as she fulfills her life goals. See more about Pamela on page two.

Wishing you a healthy, happy autumn,

~ Amy

## Training and Maintaining a Healthy Brain

### The Heart / Brain Connection

Although the brain comprises just 2% of the human body in size, it receives 25% of the cardiac output! The brain's integrity depends on a continuous supply of oxygen and energy substrates delivered through the microvascular system (arterial health). Cerebrovascular disease is an important cause of dementia.

Poor blood flow = poor brain health & decreased cardiac output = decreased brain perfusion (oxygen to the brain).

*"Think of the brain as a jet engine and the heart as the fuel tank!" (Iadacola, 2008)*

Many of the recommendations for keeping your cardiovascular system healthy, also apply to keeping your brain healthy as well. In addition, there are specific things you can do to decrease your risk of memory loss due to dementia or Alzheimer's disease.

### Medicines, Supplements & Foods That are Good for Your Brain

**Dark chocolate:** (>72%) 7gm daily

**Coffee:** drink 1-3 cups a day!

**Shingles vaccine:** get it!

**Low dose aspirin:** (81mg) daily improves memory function testing

**Statins:** can reduce dementia risk an average of 50%

**Ramipril** and other centrally acting ACE Inhibitors lower risk of dementia

**Pioglitazone** (Actos) improves brain health in insulin resistant and diabetic individuals

## 12 Recommendations to Help Reduce Risk of Memory Loss

**1-Keep blood pressure <120/80**

**2-Keep insulin resistance controlled,** fasting blood sugars

**3-Do NOT smoke**

**4-Keep weight in check** – Body Mass Index < 25

**5-Exercise EVERY day** - at least 22 minutes

**6-Keep cholesterol managed** (TC/HDL <3.0)

**7-Maintain optimal teeth & gum health** – NO periodontal disease

**8-Exercise your mind daily** with mind exercises, reading, problem solving, reading retention

**9-Eat right**—fruits & vegetables daily, fish 3 times/wk, walnuts/almonds, limit red meat, no soda

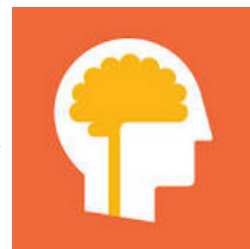
**10-Eat early, not late** - eat breakfast daily, don't eat late at night

**11-Sleep!** at least 6-8 hours per night

**12-Keep your brain sharp!** Amy recommends [Lumosity.com](http://Lumosity.com)

### What is Lumosity?

Lumosity is an online brain training and neuroscience research company. Lumosity help "train your brain" with more than 40 games that focus on memory, attention, flexibility, speed of processing, and problem solving. Find details and get subscription information (both free and paid options) on their website. Visit the site: [Lumosity.com](http://Lumosity.com)!



## Saying Goodbye to Pamela and Wishing Her Well as She Finds Adventure in Florida

After 12 years at the Heart Attack and Stroke Prevention Center, Pamela is leaving HASPC to pursue her dreams and a new life in Florida. Here's what she had to say in response to questions we asked about her move...

**What prompted the move?** Actually it was stimulated by recent events. The death of my mother was one. She lived life to the fullest and her passing made me realize just how short life really is. The second is my daughter Kate who is leaving for college. I want to be a role model for her and show her that with a little determination, courage, and support from family and friends, that we can write our own life story and make a positive difference.

**What are you most excited about?** I am excited to return to my nursing passion which is palliative and end-of-life care. And, while I am moving away from Kate and my family and friends in Washington, I am excited to spend time with my youngest sister in Tampa. And of course, I'm very excited about the sun, white sandy beaches, and warm winters. (I've sold my snowblower "Sven" but still have shovels for anyone who might need them!)

**What fears do you have about making this move?** Mosquitos and sink holes! I am mostly concerned about being so far away from Kate. That is going to be a major adjustment.

**What are you going to miss the most?** I will miss our patients. I have had a rare opportunity in nursing to work at HASPC and care for patients for years. It has been a great honor to work with our patients and they have made my life so much richer. I take with me great memories and I know I leave our patients in great care. If you ever find yourself in Florida, please look me up! I wish you all good health and much happiness! ~ **Pamela**



### Have you seen our new video?

Our new 28-minute video about the Bale/ Doneen Method is available on the HASPC website. It features Amy Doneen and Bradley Bale discussing the Bale/ Doneen Method.

#### **Watch it Here!**

Top left of website.

*Are you following Amy on LinkedIn?*

*If you are a LinkedIn user, request a connection with Amy.*

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## WSJ Article Summary on Biomarker Blood Testing Fraud Investigation

On September 8, 2014, the Wall Street Journal published an article titled: "**A Fast-Growing Medical Lab Tests Anti-Kickback Law.**" ([Click to view the article online.](#)) The article shares how a fast-growing Virginia laboratory has collected hundreds of millions of dollars from Medicare. The firm used a strategy that is now under regulatory scrutiny: it paid doctors who sent it patients' blood for biomarker testing.

As quoted directly from the article:

"Health Diagnostic Laboratory Inc. transformed itself from a startup incorporated in late 2008 into a major lab with \$383 million in 2013 revenues, 41% of that from Medicare.

"It built that business selling tests to measure "biomarkers" that help doctors predict heart disease. HDL bundles together up to 28 tests it performs on a vial of blood, receiving Medicare payments of \$1,000 or more for some bundles.

"Until late June, HDL paid \$20 per blood sample to most doctors ordering its tests—more than other such labs paid. For some physician practices, payments totaled several thousand dollars a week, says a former company employee."

The issue revolves around whether the collection of fees for sending blood tests to HDL violates federal law that regulates kick-backs from vendors to referrers. The article shares perspective from both sides of the discussion.

Of concern to Amy Doneen, DNP and Bradley Bale, MD, is the fact that many readers of the article may be left to question whether the biomarker tests in and of themselves are appropriate. Due to the potential for misunderstanding, Amy and Brad have issued a formal response to the Wall Street Journal that they wish to share. **(See next page for Amy and Brad's response.)**

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## Response to Wall Street Journal Article from Amy Doneen, DNP and Bradley Bale, MD

As we read your recent story (A Fast-Growing Medical Lab Tests Anti-Kickback Law, Sept. 8, 2014), we were motivated to make clear that while these cardiovascular disease diagnostic tools were allegedly abused to defraud Medicare, the tests themselves are far from fraudulent. In fact, they are life-saving tools for those of us in the field of Integrated Cardiovascular Medicine.

Cardiovascular disease causes enormous pain and suffering and is the single greatest line item in our national healthcare budget. Unfortunately, most patients treated for CVD or stroke begin treatment after their disease has reached the critical stage.

Remember that avoiding events is our only option. Treating patients once the symptoms have started is a cost our system simply can no longer afford. According to Medicare, treating a patient following a heart attack costs about \$50,000. But this number can easily top \$500,000 with disability, physical therapy and a life-time of expensive medications. CVD prevention is designed to avert all of this pain, suffering and enormous financial costs. The key to saving these lives and averting the enormous cost of CVD care is detecting arterial disease prior to an event.

This long-sought goal is now well within our reach, thanks to the development of advanced cardiovascular diagnostic tests. We can identify at-risk patients long before symptoms first occur. By using non-invasive tools like genetic tests, inflammation biomarkers, cholesterol testing, the measurement of arterial wall thickness, and other early indicators, a heart prone to disease will tell us a very detailed tale—one that allows us to not only intervene to avert a catastrophic event, but to reverse damage that has already occurred.

The research demonstrates the effectiveness of a preventive model focused on early disease identification and monitoring, patient education, routine assessment of vascular inflammation, treating the root causes of atherosclerosis, setting optimal goals for management of risk factors, and using genetics to individualize care to each and every patient.

Our approach has identified asymptomatic patients, reversed the underlying arterial damage that leads to heart attack and ischemic strokes, and saved lives (1). We are hardly alone in this approach. The entire field of CVD prevention using integrated medicine has developed around a personalized approach that looks broadly at the full field of contributors to CVD in order to develop a personalized health plan (PHP) to avoid and undo cardiovascular damage.

Key to prevention is monitoring patients closely, but in a judicious manner based on a very personalized risk profile that is as unique to the patient and his or her fingerprints. This was the most shocking aspect of your story. Conducting the same panel of tests on all patients means that no consideration is given to the individual clinical assessment of that patient.

As clinicians, we are held to a high standard. We are trained to spot the earliest possible signs of disease and act accordingly. We need to hold ourselves to the same standards in our dealings with labs. We all know healthcare is not free. If an offer seems too good to be true, it probably is. These fraudulent programs are not difficult to spot: the over-payment for referrals of testing is a clear red flag. Another is the waiving of patient co-pays which eliminates the feedback loop from billing. These tactics aren't new, nor will they end with this investigation. As clinicians, we need to be as diligent about these matters as we are about patient care.

Today, we can pinpoint patients who are at risk of CVD, stroke and diabetes with remarkable accuracy years before obvious symptoms first manifest. We can prescribe medications and lifestyle changes that can virtually eliminate this risk. We owe so much of this progress to the innovation of new diagnostic tools that allow us to understand CVD disease at a fundamental and personal level. We need to focus on what we were trained to do and work hard to avoid short cuts along the way. Our patients are counting on us to respectfully and judiciously utilize the technology to provide them with optimal, individualized care.

Dr. Amy Doneen DNP, ARNP and Dr. Bradley Bale, MD — submitted to the WSJ in response to the September 8, 2014 article.

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