Marking a milestone in mitral valves

PHYSICIANS AT THE MGH Corrigan Minehan Heart Center recently marked a significant milestone by becoming the first team in New England to perform a transcatheter mitral valve replacement in a non-calcified mitral valve, a minimally-invasive procedure for patients with mitral valve regurgitation.

The disease – which can cause patients to feel symptoms like shortness of breath and fatigue – occurs when blood flows back through the diseased valve to the atrium of the heart. Statistics show 1 in 5 patients age 70 and older are affected by this condition and, if left untreated, it can lead to heart failure. Traditionally, patients receive replacement valves through open-heart surgery.

“The importance of replacing this valve without patients having to undergo a full, open-heart procedure can’t be overstated,” says Jonathan Passeri, MD, co-director of the MGH Heart Valve Program. “Patients spend much less time in the operating room, don’t have to be put on a heart-lung machine and, we hope, will recover much faster.”

The procedure is performed by making a small incision between the ribs,
MGH expert weighs in on national case

AN MGH PSYCHIATRIST recently served as an expert witness in a hearing in Boston that made national headlines. The case centered around a 35-year-old woman from Brazil who was separated from her 9-year-old son after being detained at the Mexican border in Arizona earlier this year as part of President Donald Trump’s “zero tolerance” policy for people who enter the U.S. illegally.

Lawyers stepped in to help mount a case against this policy and assist parents separated from their children, including this mother who sued the federal government, arguing the policy placed unreasonable roadblocks in her path to reuniting with her child. Gene Beresin, MD, executive director of the Clay Center for Young Healthy Minds at MGH, testified during the hearing, citing a host of psychiatric concerns for children who experience traumatic events such as parental separation.

“When children are separated from parents, they typically experience high levels of anxiety and distress, which impair the trajectories of otherwise healthy children,” says Beresin. “Such children are at high risk for anxiety disorders, such as extreme worry or panic attacks. They are also at risk of mood disorders which can last a lifetime.”

After an emergency hearing, the government released the woman’s son, 45 days after being detained, from a Texas facility. Both are awaiting asylum hearings in Boston.

“Children who find themselves in new, frightening situations, do best when they are close to loving parents, whom they view as safe, familiar and protective,” says Beresin. “We all do best, especially in dire circumstances, when we are connected to family members.” ■

Patient and Family Advisory Councils help improve clinical care

PATIENTS PLAY AN IMPORTANT ROLE alongside clinicians and administrators in working to improve patient care. The MGH’s several Patient and Family Advisory Councils (PFAC) provide perspectives to help shape hospital services, programs and initiatives. Members also participate on committees across the institution.

General PFAC member Hilary Deignan was the first patient member of the Anesthesia Quality and Safety Committee. “Hilary’s perspective helped address issues the patients are wondering about, not what we think patients are wondering about,” said Jeremi Mountjoy, MD, anesthesiologist and physician lead for the committee.

Deignan worked with the committee to develop informational materials to better prepare patients undergoing anesthesia. “I attended meetings, brainstormed, worked with the committee and had equal participation and access,” Deignan said. “I took the final content to the PFAC, which reviewed it as an end user would, and got additional feedback, much of which was incorporated.”

Having Deignan on the committee was helpful in connecting with PFAC, said Allison Doney, Anesthesia administrative manager and co-chair of the Quality and Safety Committee. The department is now piloting a web-based patient information portal to get baseline and follow-up information from a select patient population.

The Patient Perspective on Perioperative Care Task Force (P3C) facilitates patient input on care quality policies and the consent process. “I have learned that having patient and family perspectives on decisions that we believe are right from the clinical and hospital perspective is helpful to guide and validate whether we’re moving in the right direction,” said Peter Dunn, MD, executive medical director, Perioperative Administration.

Bill Kieffer, PFAC and P3C member, said, “We looked at consent forms for anesthesia, blood transfusion and HIV screening from a patient and family point of view and recommended changes to make the forms clearer. We urged that wherever possible, the conversations between anesthesiologists, surgeons and the patient and family members take place in advance of the procedure, leaving time for questions.”

The MGH has several PFACs representing a large proportion of specialty care areas – including MassGeneral Hospital for Children, the MGH Cancer Center, Heart and Vascular, Pediatric Oncology, Ambulatory Practice of the Future and cystic fibrosis. Last November, the PFACs jointly hosted an event to highlight patient and family member contributions that enhance the MGH care experience across the organization and the importance of the patient and family voice. ■

Based on a true story: Authors Patrick Downes and Jessica Kensky, RN, of Lunder 10 – accompanied by Kensky’s service dog, Rescue – read their bestselling book “Rescue and Jessica: A Life-Changing Friendship” to MassGeneral Hospital for Children patients during a visit to Ellison 18 on July 19. The book chronicles how Kensky overcame complex medical issues with the support of her canine companion after sustaining injuries in the 2013 Boston Marathon bombing. The children also received books signed by Downes and Kensky and “pawtographed” by Rescue.

‘A life-changing friendship’

Having a voice:

Dunn, at left, gives General PFAC members a tour of a procedure room.

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Often-asked questions about the move to Neighborhood Health Plan

LAST MONTH, it was announced that Partners HealthCare will move the administration of its 2019 employee health benefit plans from Blue Cross Blue Shield to Neighborhood Health Plan (NHP).

Below are the three most frequently asked questions about the 2019 health plans answered by Human Resources:

DOES THE MOVE TO NHP CHANGE WHO IS CONSIDERED “IN-AREA” VERSUS “OUT-OF-AREA?”

The move to NHP will have no impact on who is considered in- and out-of-area for health benefit purposes. However, HR will review these definitions and provide any updates for 2019 later this summer. As with the current plan, employees who live out-of-area will be able to see any provider in the NHP network and will pay the Partners Preferred Network copay when they receive care. All plan design features will remain the same, except primary care office visit copays, which will reduce by $5.

WILL I HAVE TO FIND NEW MEDICAL PROVIDERS FOR ME AND MY DEPENDENTS? WHAT ABOUT BEHAVIORAL HEALTH?

As of June 1, more than 95 percent of all providers seen by Partners HealthCare employees are already part of the NHP network. NHP is growing and investing in its future and is actively working to increase its provider network. An interim online Provider Directory has been created allowing staff to see providers currently part of the NHP network. The tool also allows requests that NHP contact care providers about joining the network for 2019. HR will be actively working to grow the network in time for Jan. 1, 2019.

NHP also is building a custom network of mental health and substance use disorder providers for Partners employee health plans. As part of this process we are actively recruiting providers and establishing Partners’ specific reimbursement and claim management processes.

WHAT HAPPENS IF I LIVE IN A STATE THAT DOES NOT ACCEPT NHP, AM TRAVELING AND NEED MEDICAL CARE, OR HAVE A CHILD WHO LIVES OUTSIDE MASSACHUSETTS?

As with the current plans, Partners Select and Partners Plus cover participants no matter where they are. Outside of Massachusetts, the plans use Aetna’s national network, one the largest commercial health plans in the country. All cards will have the Aetna logo on the back so that if a cardholder or college-aged child live out of state or travel, they will have access to all 1.2 million health care professionals, more than 690,000 primary care doctors and specialists, and more than 5,700 hospitals. Emergency care is always covered regardless of whether there is an in-network provider.

Learn more via live webinars

More information about these topics and more is available on the 2019 Health Plans page on Ask myHR. Staff are encouraged to familiarize themselves with the details of the 2019 plans and the resources available on the site in preparation for benefits Open Enrollment, which will run Oct. 29 to Nov. 20.

Human Resources will be offering three live webinars, which will give staff the opportunity to hear a presentation about the 2019 health plans and ask questions.

Webinars will be held on the following dates and times. Pre-register by visiting the askmyhrportal.org and click the link for the date you plan to attend.

• Aug. 1, 12 to 1 pm
• Aug. 1, 4 to 5 pm
• Aug. 8, 3:30 to 4:30 pm

After completing registration, a confirmation email will be sent containing instructions for joining the webinar.

Surgical sketching

IN 1941, the third medical illustration school in North America was founded at the MGH.

The exhibit “The Medium is the Message: MGH’s School of Medical Illustration, 1941-1967,” now on display at the Paul S. Russell, MD Museum of Medical History and Innovation, displays original and reproduced works by instructors and students. It also includes an activity table, pictured at left, where visitors can try their hand at drawing and coloring medical subjects.

The exhibit emphasizes the fact that medical illustration continues to offer a unique view of the body. “The camera can only record what it sees. The artist can put on paper what exists but may not be visible,” says Edith Tigrin, former director of the MGH Department of Medical Art.

The museum, located at 2 North Grove St., is open Monday through Friday year-round from 9 am to 5 pm. Admission is free.
Everyday Amazing on the Esplanade

THE MGH CANCER CENTER Eversource Everyday Amazing Race celebrates the progress made in cancer research and raises money for the work that remains. Money raised through the event – which includes a 5K run, 5K walk and 100-yard kids’ dash – support MGH Cancer Center research into personalized cancer medicine, cancer immunotherapy, the development of early-detection technologies and the delivery of innovative supportive care. This year’s race will take place Sept. 9 along the Charles River Esplanade.

“It’s a chance to feel good about doing something in memory of those we have lost, in honor of those who have survived and for those who haven’t been touched yet but could be one day,” says Brian Sheehan, event co-chair.

Last year, 1,000 runners and walkers participated in the Everyday Amazing Race, which raised more than $130,000 for the MGH Cancer Center. After crossing the finish line, participants will be treated to a pancake breakfast provided by the Four Seasons Hotel Boston. Billy Costa and Jenny Johnson from NESN’s Dining Playbook will emcee the event and hand out prizes to top fundraisers and race finishers alongside Daniel A. Haber, MD, PhD, director of the MGH Cancer Center.

For more information about individual or team registration, visit EverydayAmazingRace.org.

ResQFoam

(Continued from page 1)

fill the abdominal cavity, applying pressure that may stabilize the patient. King says when the patient reaches an operating room, the foam is easily removed.

After a decade of research and preclinical work, 40 patients will be part of the clinical EFIC – exception from informed consent – trial of ResQFoam. “This study is for people who are so gravely injured they are likely to not survive, or will have a dismal outcome,” says King. “We’re not talking about the child who falls at soccer practice and comes in with a minor spleen injury. These are the most horrific injuries where the human body does not do well.”

For the next few months, King and his colleagues are reaching out to the community to share information about the clinical trial. “Part of this process is establishing a dialogue with the community and vetting what we think we have already figured out,” King says. “Especially at the MGH – where staff are so engaged, and the hospital means something to them – we want them to understand this is such a unique thing happening here.” Through town hall discussions, social media, advertisements on the MBTA and media outreach, Boston residents are invited to learn more, ask questions and be able to opt out of the study if they wish.

“It is incumbent on us as ethical researchers to make opting out easy,” says King. Anyone who wants to opt out of the clinical trial can request a special bracelet. More information can be found at resqfoam.com.

King says he hopes ResQFoam will save lives at the MGH, in hospitals throughout the country, on the battlefield and at any point of a trauma. “What we want to do is take something new, something that we think is better, and use it to save patients’ lives.”

Mitrval valve

(Continued from page 1)

inserting a catheter through the bottom of the left ventricle into the mitral position. The team – comprised of an interventional cardiologist, a cardiac surgeon, an echocardiographer and an anesthesia specialist – then inserts the replacement valve. The operation can be completed in less than an hour compared with traditional open-heart surgery which may take several hours.

The MGH procedure is part of the APOLO trial, a national study to analyze the effectiveness of the new synthetic valve administered via catheter versus open-heart surgery. Participants for the trial are adults experiencing moderate to severe mitral valve regurgitation who are candidates for traditional valve replacement.

“The pace at which this field is accelerating is exciting for us and hopeful for patients,” says Serguei Melnitchouk, MD, cardiac surgeon, co-director of the Heart Valve Program and co-principal investigator of the trial.

While the procedure is a notable event in the treatment of heart valve disease, it is not the first time the MGH Heart Valve Program has made history. 10 years and one day before this procedure, a team of MGH specialists were the first in New England to perform a transcatheter aortic valve replacement.

“We’ve seen the impact that minimally-invasive aortic valve replacements have had on patients for more than a decade,” Melnitchouk says, “and the possibility of replicating that success with the mitral valve, which is significantly more difficult, is inspiring.”

Ignacio Inglessis-Azuaje, MD, interventional cardiologist, and co-principal investigator of the APOLO trial, says, “We are so fortunate to have such an amazing team of caregivers here at MGH. From the physicians to the nurses – both in the operating room and on the floors – you can’t ask for a more talented and collaborative team. The benefit to the patient is immeasurable.”