



Insights

1st Quarter, 2006

**ScottCare — A Leading Manufacturer of Quality Medical Devices
Serving Cardiopulmonary Professionals**

Upcoming Trade Shows

Mardi Gras
Cardiology Symposium
Feb 17

Baton Rouge, LA

ACC
Mar 11-14
Atlanta, GA

SCMA
Apr 27-30
Hilton Head, SC

WISCVPR
Apr 28-29
La Crosse, WI

CSPR
San Diego, CA
May 18-19

ASCVPR
Tucson, AZ

May 6

TACVPR
Galveston, TX
May 5-6

WVACVPR
Flatwoods, WV
May 10-11

AACVPR
Charleston, WV
September 14-17

As Our Customer Base Grows, ScottCare Grows to Provide Better Service and Support

With 2006 upon us, I would like to thank you, on behalf of everyone at ScottCare, for your business and your continued confidence.

During the past year we experienced record growth and record sales for the 4th consecutive year. Through our acquisition of NICORE and its ECP technology, we took a major step towards our goal of serving a broader sector of patients with cardiovascular disease.

Obviously, we could not have achieved either of these milestones without the support of our customers, and in return we pledge to do everything we can to validate the choice you made in our products and our people. Please do not hesitate to contact me or any other individual at ScottCare if we fall short of any of your expectations.

As always, we will continue to do everything we can to earn the trust you have placed in us. We hope that 2006 provides you with good health and happiness.

— Ken Zajackowski, President

Online Conference Call Training—Upcoming Sessions

All sessions are tailored for Advantage users, but Platinum and Gold users may attend training sessions to view the latest features available in the Advantage System. The one-hour training sessions include 30 minutes for questions and answers.

Please make reservations through ScottCare customer service. You will receive an email to confirm the date and time and any preparatory instructions. Customers must have Internet access to attend training sessions.

TeleRehab Advantage Outcomes Overview

February 7th 11:00am and 2:00pm (EST)

March 28th 11:00am and 2:00pm

Learn how to use TeleRehab Advantage Outcomes to create single patient and group outcomes reports. Review procedures for correcting patient data, entering and comparing survey results, and removing data from the system. Users should review the Advantage training video on Outcomes prior to this session.

Customizing-Report Forms

March 7th 11:00am and 2:00pm (EST)

Take advantage of personalizing your report forms by learning the basics to report customizing. Learn how to add and delete items from report forms as well as create new items not currently available in the system. Basic alignment and formatting techniques will also be reviewed.

Frequently Asked Questions: the New Outcomes

Heather Sedlacek, Technical Applications



All Advantage customers recently received an updated version (v 1.2.3) of TeleRehab Outcomes. This version includes several new features to measure the effectiveness of prescribed rehab activities. We are currently evaluating performance of the new Outcomes on Platinum systems to determine the minimum hardware and software requirements for efficient operation.

1. Must I click the Data Manager icon before using Outcomes?

Yes, if the Data Manager is not set to run automatically during boot up or a designated time. The Data Manager can be set to run as part of the start up function, so when you turn the system on, the Data Manager automatically updates the Outcomes database with new or changed information. If monitoring was completed after the Data Manager was initially run, then yes, the Data Manager will run before using Outcomes to obtain the most recent data.

2. Must I do a backup? What is the procedure?

When Outcomes is used, the database should be backed up daily. The backup saves all comments and any additional data that was typed in the reports.

- Open Data Manager by double clicking the icon
- At the top left corner click on "Utility", and then click "Backup"
- If never done, select the path for the backup file. Create a file on the same zip disc or flash drive that is used for the Advantage backup. Call the folder Outcomes Backup. Any Outcomes backups are now directed into the Outcomes Backup folder.
- After creating folder, click on "Backup".
- Once backup complete, a "backup completed on ____" will be seen on the Data Manager screen.

NOTE: There are now two daily backups to be done. Please remember the Advantage backup as well as the Outcomes backup.

3. Where should SF-36 surveys be entered?

For patients that have an SF-36 survey version I completed in the Gold Outcomes:

Continue to use the Gold Outcomes to complete SF-36 surveys on those patients for whom a Version I survey was completed. After that patient's surveys are completed, you can transfer results to the new Outcomes. Go to the new Outcomes and click on "Surveys". Under the survey portion in Outcomes, click the "Import Legacy SF-36 Data" tab to transfer the results from the SF-36 version I in the old Outcomes. (Refer to question #4 for additional information.)

For patients that do not have any SF-36 surveys completed:

For new patients that have not completed an SF-36 survey, use the SF-36 version II in the new Outcomes.

4. What is Import Legacy SF36 Data?

This feature is new for customers using Gold or the new Outcomes. This feature is used to transfer over any SF-36 version I results that were completed in the Gold Outcomes. Just click on the words "Import Legacy SF36 Data". For a patient who had two SF-36 results in the Gold Outcomes, those two dates would now be seen in the Survey Dates column. When a date is selected the Survey Results show up at the bottom of the screen. With this option, you can still do a comparison report using the new Outcomes, allowing those results to be included in the single patient Outcomes report. This button is also designed to merge SF-36 survey results on those patients that have two different system codes but have the same name. This will resolve the problem with the \$\$ (dollar sign) issues.

USERTIPS

Static electricity and ECG artifact

Air with low humidity has a dramatic effect on static electricity and may impact a patient's ECG. Sometimes even the type of clothing that is worn (like wool or polyester) can cause static.

How does static affect your ScottCare Systems?

Static can possibly interfere with the reception of the ECG, which can sometimes cause an increase in artifact. If static is a problem in your area:

- Try standing on a static mat or placing one under the keyboard
- Suggest that patients wear cotton clothing
- Equip the treatment room with a humidifier.
- Use an anti-static spray on carpeted floors





5. Where are the Scoring Tables and Norms found when using the Surveys?

Under the survey portion in outcomes, there is a “Survey Scoring” tab at the top of the folder. Click on “Survey Scoring” and an SF-36 Norms and Diet Survey Scoring Table becomes available to click on so you can retrieve the tables you need.

6. How are names transferred into or deleted from Outcomes?

To be transferred over to Outcomes, patient names must be in one of these group selections: Phase II, Phase III, Pulmonary, Other, or Inactive. For example, if a patient was in Phase II for 36 sessions then was changed to Inactive, the 36 sessions would still be seen in Outcomes as Phase II as long as the data manager was completed daily. If a patient gets transferred to General Mail List (where saved fields are minimal), the patient’s name is no longer seen in Outcomes because the patient file in Advantage no longer holds the

session files and personal data.

If you do not want a patient name to be seen in Outcomes, the patient has to be put under the General Mail List or deleted from the Advantage Software. Once the name is deleted from Advantage or put in the General Mail List, Outcomes no longer has access to that patient’s sessions or personal data. Put patients in General Mail List only after all of the Outcomes are completed on those specific patients.

7. What is the “Graduated” check box for?

This resource was added to distinguish patients that have “graduated” from their rehab programs. Check it after the patient’s last session. The check box should be in all single session reports that are used for monitoring so Outcomes can recognize a “graduated patient” and filter reports to include or exclude them. The graduated resource is used in the Follow Up report, Physiological and Behavioral report, and the Certification report.

Something to Think About:

“Part of the inhumanity of the computer is that, once it is competently programmed and working smoothly, it is completely honest.”

*...Isaac Asimov
Author*

Frequently Asked Questions: Medicare Reimbursement for ECP Patients with Heart Failure

1. Does current Medicare policy exclude heart failure patients?

No! The presence of heart failure does not exclude a patient from ECP reimbursement as long as the patient has angina. In fact, the presence of a low left ventricular ejection fraction may be considered a co-morbid condition and actually be favorable for reimbursement. For example: ischemic cardiomyopathy, dilated cardiomyopathy, and left ventricular hypertrophy.

2. Who determines whether a patient is eligible for coverage?

The patient’s cardiologist or cardiothoracic surgeon. The physician determines the type and severity of angina along with whether the patient is at high risk, or not an appropriate candidate for invasive procedures.

3. My patient does not have chest pain. Does that mean they cannot be reimbursed?

Angina pectoris often manifests itself in forms other than chest pain. Patients with angina equivalents are reimbursable under

Medicare policy. Angina symptoms may be felt as actual pain or just discomfort in the chest area or in the jaw, shoulder, arm, abdomen or back. Angina may also be felt as dyspnea (difficulty in breathing) or fatigue. Heart failure patients frequently exhibit these symptoms.

4. If my patient has heart failure and angina, how should I submit the Medicare claim?

Heart failure can be a co-diagnosis for ECP, but Angina must be the reason for which ECP is being prescribed. When submitting claims, always list angina (ICD-9-CM code 413.9) as the primary indication for ECP. Since Medicare computers are not always able to consider a secondary diagnosis, failure to list angina first can result in an inadvertent denial.

5. Will Medicare cover ECP therapy for heart failure patients without angina?

No. As discussed above, the patient must have angina or angina equivalent symptoms in addition to heart failure. Angina must be used as the primary reason for which ECP is being prescribed.

ECP in a Nutshell

We at ScottCare realize that many practitioners and participants in the cardiac rehabilitation field aren't yet familiar with external counterpulsation (ECP). Here's a brief explanation that will hopefully stimulate your interest in this important technology:

ECP is a cardiac care therapy offered to patients with heart disease. It is indicated primarily for the treatment of angina and heart failure, and can provide relief from these conditions without surgery or medication. ECP is designed to improve heart function by increasing blood flow to the heart muscle and decreasing the heart's workload. ECP basically improves the balance between the amount of oxygen the heart needs and the amount it receives.

Pneumatic cuffs are inflated to compress and squeeze the network of blood vessels in the large muscles of a patient's legs. This squeezing pushes the blood back toward the heart under increased pressure. The increased pressure and blood volume pumps oxygen-enriched blood through the coronary arteries to feed the tissues of the heart muscle.

When the heart gets ready to pump again, the cuffs are instantly deflated. This lowers the resistance within the blood vessels of the patient's legs so that blood may be pumped more easily from the heart during the next systolic event. Within the heart muscle itself, physical and chemical changes result in the development of collateral blood vessels that can bypass coronary obstructions and restore ischemic areas of the heart muscle.

Please check the ScottCare website for additional details: www.scottcare.com

Treatment Pressures and Diastolic Augmentation

Shelley Chancy, RN, ECP Clinical Applications

Patients who achieve higher diastolic augmentation (therapeutic Peak to Peak ratio of 1.2 or greater) can derive greater benefit from ECP. The level of diastolic augmentation determines the increase in coronary perfusion pressure, which influences the development and recruitment of the collateral vessels that relieve coronary ischemia.

Many factors affect diastolic augmentation, but the most important is the amount of pressure delivered to the cuffs. The higher the pressure (psi), the greater the squeezing on the lower extremities and the greater the amount of blood returned to the heart.

Normal treatment pressures are between 3.6 and 6.0 psi. Pressures should be kept low during the first week of treatment in order to build up the patient's tolerance. However, for any patient with heart failure or left ventricular dysfunction, the system pressure should be increased to at least 4.6 psi *within five minutes of starting*. This is because the arterial system lies deeper within the patient's limbs and requires more pressure to effectively alter the patient's arterial blood flow. The venous system doesn't rely on a big squeeze to preload the heart, as it lies closer to the surface of the body.

Higher pressure enhances the critical aspect of systolic unloading. This is important for patients with a low ejection fraction, because effective systolic unloading (of the increased venous return generated by ECP) decrease the likelihood of pulmonary congestion.

To summarize, we generally recommend that you start *angina patients* between 3.6 and 4.5 psi their first day and gradually increase to maximum pressure (6.0 psi) over the next 3-4 days. By the second week of treatment, patients should be at maximum pressure. For *heart failure patients*, achieve a minimum pressure of 4.6 psi *within the first 5 minutes*, and increase as tolerated over the first week.

Remember: Effective augmentation and systolic unloading are dependent on treatment pressures, and without them patients will not receive the maximum benefits from their ECP therapy. So PUMP IT UP!



ECP User Tips

To ensure that your ECP patients get the best augmentation possible for the selected treatment pressure, check that:

- Bladders and hoses are intact and leak-free
- Cuffs and bladders are properly positioned on the patient
- Cuffs are wrapped very tightly
- Patients are positioned to minimize motion

Quotable Quotes

"In the middle of difficulty lies opportunity"
...Albert Einstein

Profile: ScottCare ECP Production Facility, Tampa, FL

During the last quarter of 2005, ScottCare Corporation acquired the production assets of NICORE, a privately held company in Tampa, Florida with an eight-year history as the designer and manufacturer of External Counterpulsation (ECP) systems. The highly experienced staff in the Tampa office remained intact with the transition to ScottCare.

Only one other company has delivered more ECP systems to the marketplace in the past five years. Backed now by the resources at ScottCare, the Tampa production facility plans to continue building the finest external counterpulsation machines on the market today. ScottCare is so sure of the quality built into every system, that it has increased the factory warranty to an industry-leading 18 months.

Accomplishing about 95 percent of the work in-house, the Tampa staff was responsible for research and development, equipment design, engineering, material sourcing, quality control, inventory management, process development, assembly, testing, and packaging, all under the strict Quality System Regulation requirements prescribed by the US FDA. With these same assets and controls, the company also provided on-site system installations, training, technical service, and remote clinical services.

Starting with the design approved for its first generation product, the NCP-I, Tampa's engineering team lead by Garrett Bates took nearly a year to perfect the design for the current model, ScottCare's NICORE ECP. This required hundreds of technical drawings and hundreds more pages of material and performance specifications. Vendors were asked to provide over 600 parts to go into the NICORE ECP. From there, process engineering developed the detailed assembly instructions and tests that guarantee a consistently high-quality product.

The production team at the Tampa facility

Jeff Mogilewicz, Tampa Facility Manager

includes quality assurance, assembly technicians, quality control, and inventory management specialists. The production team's motto has always been: "Quality is built in...not added on." With this philosophy, they rely strongly on process to assure that every step is performed correctly, every time. QC ensures that the raw materials and products provided by outside vendors meet exacting specifications. QA ensures that the processes are carefully documented and controlled, and that everyone is fully trained. And the technicians literally "put it all together."

From start to finish, the team completes final assembly and testing of each NICORE ECP system in only a few



days. Delivery of about a thousand pounds of equipment, supplies, and packaging takes only a few days, after which a system can be installed in about a half-day. Installation is normally performed by the same technicians that build the devices, thereby ensuring an installation that complies with every operational specification. This same technical group forms the heart of the team that provides on-site service or repair.

Clinical Applications manager Shelley Chancy has developed a comprehensive training course that is completed in about 3 days. In those infrequent cases where a service call may be required, ScottCare makes every effort to respond to the customer's site within 24 hours. Between training sessions, Shelley coordinates clinical research and provides clinical input to various ScottCare publications and training programs.



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