Sky's the Limit

Things are looking up for Brandon Rowland after a procedure to fix a faulty heart valve. PAGE 4

PLUS Vitamin D could help people with heart disease live better, longer. PAGE 6
QUALITY MATTERS

Providence Montana continues to excel in safety, quality and patient satisfaction—and the proof is in high ratings on several national reporting platforms.

For the third time in a row, Providence St. Patrick Hospital earned a “A” safety grade from The Leapfrog Group. St. Pat’s was one of 823 hospitals nationwide to earn the distinction, demonstrating caregivers’ commitment to reducing errors, infections and accidents that can harm patients.

Both St. Pat’s in Missoula and Providence St. Joseph Medical Center in Polson ranked highly in the Star Ratings report published in December by the Centers for Medicare & Medicaid Services. The report scores hospitals on quality, safety and patient satisfaction. St. Pat’s was one of two hospitals in Montana to earn a score of five out of five stars. St. Joe’s earned four out of five stars—one of five hospitals in the state to achieve this level.

For the 10th time, St. Pat’s was named one of the Watson Health 50 Top Cardiovascular Hospitals (formerly a Truven Health Analytics program) for its delivery of high-quality, cost-effective cardiac care.

St. Pat’s was also named one of Healthgrades’ America’s 100 Best Hospitals for Specialty Care in spine surgery in 2017, in recognition of performance in the top 5 percent nationally in the specialty.

Going to the Dogs: PAWS PET THERAPY PROGRAM

Pet Assisted Wellness Services (PAWS) at Providence St. Patrick Hospital began last fall in the mornings in the fifth and third floor waiting rooms.

Animals can create a sense of calm in difficult circumstances, such as a hospital setting. Patients, visitors, family members and caregivers welcome the distraction away from waiting or anticipated medical procedures. Research shows that a person’s blood pressure decreases and sense of well-being increases when touching, talking to and petting a dog during a brief visit. The program aligns with the healing Mission of Providence by sharing the unique benefits of the human-animal bond with patients, visitors and employees.

The handler, Marcene Coburn, works with brother and sister Labrador-golden retrievers, both certified through Pet Partners, a national organization that provides training for therapy animal handlers.

WANT TO KNOW MORE?

For details about the PAWS program at St. Pat’s, call Diane Lanning, manager of volunteer services, at 406-329-5801, or email her at diane.lanning@providence.org.
When your primary care provider is unavailable …

**WALK IN TO GRANT CREEK!**

Sudden injuries and illnesses occur day or night—and usually when it’s least expected. The Grant Creek Walk-In Clinic in Missoula can help you when you need to see a health care provider today but don’t need the emergency department.

The walk-in clinic is able to treat most urgent health care needs that require prompt medical attention but don’t pose an immediate, serious health threat (colds, flu, ear infections, sore throats, migraines and fever) and minor injuries (cuts, minor burns, sprains and simple fractures). Most lab and imaging services are offered on-site. The walk-in clinic is generally able to see people much faster and at a lower cost than an emergency department.

**Location:** Within Grant Creek Family Practice at 3075 N. Reserve St., Suite Q  
**Hours:** Monday–Friday, 8 a.m.–7 p.m.; Saturday–Sunday, 9 a.m.–4 p.m.  
**Providers:** Philip Haggarty, DO, Medical Director; Greg Bourdon, PA-C; Kelli Gibbs, PA-C; Dave McMeekin, PA-C; Fred Westereng, PA-C

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**Visiting Medical Specialists at Providence St. Joseph Medical Center**

**Cardiology**  
406-329-5615  
Todd Maddux, MD  
Alexander Jehle, MD  
Michael Yerkey, MD  
Andrew Ashford, PA-C  
Heidi Meierbachtol, PA-C

**Hearing Clinic**  
406-549-1951  
Helen Hallenbeck, AudD

**International Heart Institute Men’s Heart Health Program**  
406-329-5615  
Alexander Jehle, MD

**International Heart Institute Women's Heart Health Program**  
406-329-5615  
Deborah Sybrant, PA-C

**Mental Health**  
406-327-3034  
Laura Salyers, MD, Tele-Psych

**Missoula Bone and Joint**  
406-721-4436  
Glenn Jarrett, MD

**Missoula Endocrinology**  
406-329-5781  
Ginny Lewis, MN, ARNP, CDE  
Wanda Wildenberg, MS, RD, CLC

**Nephrology**  
406-327-1900  
Rajesh Narula, MD

**Neurology**  
406-327-3350  
Andrew McCarthy, MD

**Neurosurgery**  
406-728-6520  
Kenneth Brewington, MD

**Oncology**  
406-728-2539  
Mike Snyder, MD  
Sarah Scott, MD

**Pacemaker-Device Clinic**  
406-329-5615  
Michael Yerkey, MD, International Heart Institute Provider

**Plastic Surgery**  
406-728-3811  
Stephen Hardy, MD

**Rocky Mountain ENT-Missoula**  
406-541-3277  
Daniel Braby, MD  
Phillip Gardner, MD  
Jeffrey Haller, MD  
Peter VonDoersten, MD  
Josh Moser, PA-C

**Urology**  
406-883-5680  
David Guth, MD

**Missoula Endocrinology**  
406-329-5781  
Ginny Lewis, MN, ARNP, CDE  
Wanda Wildenberg, MS, RD, CLC

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youtube.com/stpatrickhospital
The Heart to Carry On

Brandon Rowland’s move to Montana opened new possibilities to repair his faulty tricuspid valve

BY JOANN HOVEN

Growing up in southwestern Pennsylvania, 34-year-old Brandon Rowland always knew he had a heart murmur, a relatively common condition. A heart murmur can be congenital (present since birth) or develop later in life and isn’t necessarily serious, although it might need to be treated in the future.

Brandon didn’t have any problems with his heart until he was 25 years old. He had gotten very ill with what he thought was the stomach flu, but after days of not getting better, he sought help from his physicians. His physicians saw that Brandon had an infection that attached itself to his tricuspid heart valve, damaging it. That’s when he had an open-heart valve replacement.

Brandon had severe liver disease, however, and, ultimately, his previously replaced tricuspid valve began to fail. He needed to have a heart valve replacement, but with his liver and heart not working well, care providers believed a surgical procedure was too risky for him. He was in a lot of pain, tired all of the time and unable to work.

COMING TO THE RIGHT PLACE

After he moved to Montana in April 2017 to be near family, Brandon sought out the care of the physicians at the International Heart Institute (IHI) at Providence St. Patrick Hospital in Missoula. The providers there thought there was a way to help him.

The IHI team has been performing percutaneous (through the skin, versus more invasive surgical methods) valve replacements for more than four years and has replaced nearly 400 aortic valves through the groin with a procedure called transcatheter aortic valve replacement, or TAVR.

The IHI teams have also been experts in repairing the mitral valve in almost 100 patients by accessing the valve through the groin with a mitral clip, a small kind of “clothespin” that clips on the valve to help it function.

IMPROVING ON THE STANDARD

The gold standard for tricuspid valve replacement is open-heart surgery. That typically requires an incision in the chest, a one-week stay in the hospital and several weeks of recovery. Some people aren’t candidates because of medical problems or age.

Instead, there is a new procedure for these people: a transcatheter tricuspid valve replacement within a failing surgical tricuspid valve prosthesis, which entails making a puncture in the femoral vein in the groin and then crossing over from the right side of the heart to the left side. A prosthetic...
valve is implanted inside the old surgical valve, pushing it aside.

**A TEAM EFFORT**

“Brandon came to us, and as a team, we discussed the risks and possible outcomes of his treatment options,” says Michael C. Reed, MD, an interventional cardiologist at IHI. “This would be the first transcatheter tricuspid valve replacement we performed, and it was the first in Montana. We performed the procedure Nov. 14, 2017, and Brandon’s procedure was a total success.

“It’s important to emphasize,” Dr. Reed adds, “that this procedure is not something that’s done by a single physician working in a vacuum. It’s performed by a large group of physicians including radiologists, anesthesiologists, surgeons, imaging cardiologists and interventional cardiologists. It really is a team effort.”

**‘I HAVE MY LIFE BACK’**

With minimally invasive procedures, some people notice an immediate difference, because the recovery is usually so swift. Patients can be walking the halls that day. They typically don’t have any blood loss, and their symptoms can improve immediately.

Brandon says he now is much better. “After feeling terrible for so long, I forgot what normal felt like,” he says. “I’m not in pain, and I’m not always tired. I feel like I have my life back.”

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**A Team Approach at the International Heart Institute**

It requires a village of doctors and providers to evaluate people with valvular heart disease to determine the best strategy to address their health concerns. Treatment can include medical therapy, percutaneous valve replacement, transcatheter valve replacement and open-heart surgery.

For every valve implant that the International Heart Institute (IHI) performs for transcatheter or surgical intervention, there is a comprehensive evaluation with the heart team—interventional cardiologists, heart surgeons, imaging cardiologists, anesthesiologists, general cardiologists, radiologists and midlevel providers. They also include the referring doctor in the discussion. The team takes many considerations into account, whether it’s the patient’s social situation, frailty or other medical problems, and the patient’s anatomy. It requires the input of all these disciplines to come up with a great result.

Having a comprehensive heart program at IHI means people don’t have to leave Montana to have advanced procedures.

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**Smaller Incisions, Quicker Recovery**

Heart surgery used to mean a large incision to open the chest and significant downtime afterward. Now, there’s a new option: A catheter (a thin, flexible tube) can be threaded through a small incision in the groin, into an artery and up to the heart. This minimally invasive surgery helps people recover more quickly.

Yet, not all patients qualify for the newer technique.

“The heart team, the surgeons and cardiologists, along with other team members, work together to decide the best approach for each individual,” says Joseph Schmoker, MD, medical director of cardiothoracic surgery at the International Heart Institute at Providence St. Patrick Hospital. “And if a patient is not a candidate for a catheter-based approach, he or she will have a safe surgery—possibly a minimally invasive approach, which results in a shorter hospital stay, less blood loss and quicker recovery.”

For example, with mitral valve prolapse, blood can leak back into the heart, possibly resulting in heart failure. Decades ago, these valves would be replaced with artificial valves and a large surgical incision, but over time, mitral valve repair has evolved.

“Leaving the patient’s own native valve and structures benefits the patient from the standpoint of preserving normal geometry and function of the heart chamber,” Dr. Schmoker says.

Dr. Schmoker, an expert in minimally invasive heart surgery, is able to repair the mitral valve for good surgical candidates. A small incision is made in the patient’s side, through a rib space, to repair the heart valve using special surgical instruments.

“The goal is to prevent heart failure,” Dr. Schmoker says, “and over time, patients should see a reduction in their symptoms, a normal quality of life and a normal life span.”
Heartbeat of Clinical Research

Health care teams explore the connection between vitamin D deficiency and heart failure

Since it was founded in 1995, the International Heart Institute (IHI) at Providence St. Patrick Hospital has focused not only on performing advanced cardiac procedures, but also on conducting clinical research with the University of Montana (UM). The purpose of all clinical trials is the same: to determine whether a new approach is more effective than current ones in the prevention, early detection or treatment of disease.

Most recently, cardiologist Brad Berry, MD, along with registered dietitian Heidi Moretti and pharmacist Vincent Colucci, worked to explore the connection between vitamin D and congestive heart failure, or CHF.

“Congestive heart failure is a very common disease, and we’re always looking for anything that will help patients live better and live longer,” Dr. Berry says.

Although there has been a lot of research about how to reduce CHF symptoms and improve the quality of people’s lives, IHI saw a gap in research related to vitamin D and CHF. Vitamin D deficiency is associated with poor outcomes in people with cardiac disease, especially vascular disease.

So, the multidisciplinary team at IHI, with funding from the International Heart Institute Foundation, ran its own clinical trial that has since been published and presented at national conferences.

“We wanted to see what the impact would be to elevate the patients’ vitamin D over a period of six months, looking at quality of life as well as other markers,” Dr. Berry says. “It had a significant outcome at the end of six months in terms of marked improvement in quality of life and improvement in other chemical markers for heart failure.”

Tim Descamps, executive director of the foundation, says, “Our clinical research is helping to shape the future of cardiovascular care at IHI. We are fortunate to partner with experts at UM in advancing care for the people of Montana.”

Registered dietitian Heidi Moretti, cardiologist Brad Berry, MD, and others conduct research to improve quality of life for people with heart failure.
INSIDE LOOK
Experienced specialists use advanced imaging to guide heart surgeries

Chances are, if you undergo a complex heart procedure or surgery at the International Heart Institute (IHI) at Providence St. Patrick Hospital, you will need to have a transesophageal echocardiogram, or TEE. This ultrasound gives cardiologists and surgeons a detailed picture of the inside of the heart. A few highly trained cardiologists and cardiac anesthesiologists perform these TEEs at IHI and are able to capture incredibly detailed 2-D and 3-D images of the heart valves and surrounding structures.

Jocelyn Spoon, MD, is the director of the echocardiography department at IHI. She trained and practiced for many years at Mayo Clinic, and, like many Montanans working away from “home,” when given the opportunity to move back to Big Sky Country, she jumped on it. “I grew up in Missoula and wanted to be closer to my family while giving back to the community that helped raise me,” she says.

‘TEAMWORK IS ESSENTIAL’
Over the past decade, surgeries such as aortic valve replacement and mitral valve repair have become much less invasive. If a person is unable to have open-heart surgery, these interventions may be performed through a small tube, called a catheter, which is placed in a blood vessel in the upper thigh or groin area and threaded up to the heart. The cardiologists and heart surgeons at IHI rely on structural heart imaging specialists like Dr. Spoon to help guide these procedures.

“We will often have five doctors, two nurses and two cath lab technicians in the room taking care of one patient during these complex cases,” says Margurette Stearns, RN-BSN, CCRN, a cardiac cath lab nurse. “Teamwork is essential, and after you work with the same folks in thousands of cases, it becomes a well-choreographed dance.”

IMAGING IN ACTION
The Watchman program at IHI, which launched in 2016, is one example where Dr. Spoon’s expertise in structural heart echocardiography has been invaluable. The Watchman is a small device implanted in the heart. It reduces the risk for stroke in people who have atrial fibrillation and who are unable to take blood thinners. Atrial fibrillation, a type of irregular heartbeat, increases the risk for a stroke.

The standard for lowering stroke risk is having patients take a blood thinner such as warfarin, which prevents clots from forming. Some people can’t take blood thinners, however—if they have a history of bleeding or falling frequently, for example. The Watchman is designed for these patients.

The Watchman is placed into the heart through a catheter. A combination of live X-ray and TEE allows doctors to view the heart in incredible detail during placement.

Heart tissue forms over the Watchman, and within just 45 days most patients can stop taking their anticoagulant.

A FIRST IN MONTANA
More than 50 Watchman procedures have been performed at IHI, including the first Watchman implant in Montana. IHI is a beacon for Montanans who would have to travel many miles to find the same state-of-the-art cardiac care delivered by world-class professionals.

A RECOGNIZED TEAM OF HEART EXPERTS
For more information about the services and programs at the International Heart Institute, call 406-329-5615 or visit Montana.Providence.org/IHI.
Providence St. Patrick Hospital’s International Heart Institute is on the leading edge of cardiac surgery and heart care. We’ve expanded our clinics, outreach and team of cardiac specialists to ensure you and your heart receive the highest quality, award-winning care for years to come.

Learn more about our nationally recognized heart treatments and cardiac team at Montana.Providence.org/IHI.