Extracorporeal Membrane Oxygenation (ECMO) is prolonged partial heart-lung bypass that gives a patient’s heart and lungs respite, and time to recover from a variety of medical and surgical problems. It is a proven therapy that has helped save thousands of lives, and timing is crucial to its success.

“Early identification is essential: we need to get patients on ECMO within the first two weeks of their respiratory ailment,” said Elizabeth Moore, BSN, RN, MBA, Clinical Director-Heart and Vascular Center. “Survival rates greatly decrease as the number of ventilator days go up.” “Prompt recognition that a patient may be moving toward ECMO is of utmost importance,” added Joseph Turek, Assistant Professor of Cardiothoracic Surgery and ECMO Program Director. “Waiting too long can make a patient not a candidate.”

Some physicians are only aware of ECMO’s rocky start, not realizing that highly publicized data and studies from the 1970s are outdated and no longer relevant. In recent years, trials in the UK and statistics from New Zealand have shown ECMO to be a preferred option, with higher success rates than mechanical ventilation for a variety of respiratory ailments that include H1N1.

As acceptance and use of ECMO grows, the technology itself advances. The equipment has evolved into smaller units, easier to deploy and transport. The “ECMO Sled”—the slimmest, lightest and most compact system—can liberate patients from sedation and allows extraordinary mobility. “Our ECMO Sled gives us great capabilities for both ground and air ECMO transport,” said Turek.

For many years, UI Hospitals and Clinics had the only ECMO center in the state. There are now several Iowa hospitals with the equipment, but they cannot offer the infrastructure and institutional support we do. “We’ve used ECMO here for 20 years,” Moore said. “No one else has our years of experience, and our team dedicated to 24/7/365 care of these patients.” “I’m very proud of the ECMO program that we’ve built here at the University of Iowa” added Turek. “We are the only ECMO Center of Excellence in the state of Iowa, a designation achieved by fewer than 40 programs in the country.”

UI Hospitals and Clinics provides a full spectrum of advanced extracorporeal support services for adults, children, and infants. The program is also a national leader of ECMO education, offering quarterly courses that feature both didactic instruction and simulation training. These courses have been attended by health professionals from all over the world.

An ECMO First

UI Hospitals and Clinics was the first ECMO hospital to extubate and walk an acute respiratory failure patient—in 2009, with a patient who had contracted H1N1.

Consultations Available

ECMO consultants are available at all times to answer questions, discuss procedures, and help navigate the system. Page S104 for immediate access.
UI Organ Transplant Center: A Lifelong Commitment for Both Patient and Program

The Center brings together surgery and medicine, Carver College of Medicine and UI Hospitals and Clinics, nephrologists, hepatologists...and the list goes on.

This behind-the-scenes collaboration and cohesion is crucial to patient-centered care. And the patient's own collaboration with their care team is vital to their wellbeing.

"Transplant patients have to commit to a complex medical regimen for an extended period of time – their lifetime, or the life of the organ," said Angelina Korsun, RN, MSN, MPA, Chief Administrative Officer of the UI Organ Transplant Center.

The future for organ transplant is bright, and not just from a technological standpoint. As general health care shifts its focus to population health, the UI Organ Transplant Center is ahead of the curve. "Bundled payments, value-based purchasing, patient-centered care, patient-specific disease models...this is what Transplant has been doing for 25 years," said Reed. "These are the principles on which this Center has been built, and it's a microcosm of what's possible."

UI Organ Transplant Center Milestones

- 1969: Iowa's first kidney transplant
- 1979: Iowa's first pancreas transplant
- 1983: Iowa's first heart transplant
- 1984: Iowa’s first liver transplant
- 1988: Iowa’s first lung transplant
- 2015: 5,000th Transplant

The Upper Payment Limit: Incentivizing Innovation and Improved Patient Care

UPL funds in Iowa are significant and increase our Medicaid fee for service reimbursement equivalent to our average commercial insurance rates. Following the intent of the Iowa SPA, UIP distributions will recognize departments providing a disproportionate share of Medicaid service, as well as those developing innovative programs designed to improve quality, safety and cost. The funds will also help the transition to population-health, risk-based incentives, and value-based models.

UPL revenue gives us an excellent opportunity to invest in our faculty, supporting engagement, appropriate compensation, and job satisfaction.

Since the federal focus on quality, cost, and outcomes will only sharpen with time, with CMS tightening requirements and emphasizing CMS priorities, it is essential to continually demonstrate that we are using our dollars to improve care delivery.

Supplemental Payment Model

- Medicare $146.33
- Commercial $94.70
- IA Medicaid $94.70
- Supplemental IA Medicaid Payment to 292% Medicare $51.63
World Café Discussion Coming June 17

UI Health Care and the UI Chief Diversity Office are hosting a campus dialogue session for faculty and staff to share their thoughts regarding diversity and inclusion on campus. The World Café Discussion Group will be held from 8:00 a.m. to 1:30 p.m. on Friday, June 17 in Kelch Conference Room, 1289 CBRB. Refreshments and lunch will be provided.

This half-day conversation will use the World Café structure (www.theworldcafe.com), which is rooted in a philosophy of conversational leadership. Participants will work toward a shared idea of our campus challenges and opportunities, and how we can foster a community of shared responsibility to enact those changes. These conversations will be the first step in an ongoing process of assessment, communication, planning, and implementation of new efforts aimed at making the UI a place where all can succeed and thrive.

Attendance is limited to 40 participants. Please RSVP to medicine-diversity@uiowa.edu.

Pediatric Cardiac Cath Lab Reduces Radiation

University of Iowa Children’s Hospital is home to the only pediatric interventional electrophysiologists in Iowa. It also leads the field in radiation reduction for cardiac catheterization procedures, achieving high-quality outcomes while minimizing acute and long-term radiation risk.

“We often think about the immediate benefits of procedures, but minimizing radiation exposure is a lifelong reduction in risk,” said Ian Law, MD, Clinical Professor of Pediatrics – Cardiology, and Director, Division of Pediatric Cardiology. “Radiation exposure is cumulative, and many of our patients have multiple procedures over their lifetime.”

As technology and new techniques expand the capability to diagnose and intervene in the cardiac cath lab, the interventional and electrophysiology team is enhancing safety and efficacy through a concerted effort to reduce radiation. UI Children’s Hospital is one of the few centers in the nation to perform radiation-free catheterization procedures, and our physicians train others from throughout the country to perform radiation-free electrophysiology studies and ablations.

UI Children’s Hospital is a participating center in the Congenital Cardiovascular Study Consortium. Over the last five years, the UI team has performed 883 diagnostic and 713 interventional procedures, with radiation exposure well below the Consortium’s median dose for both. For most procedures, the level of exposure was well below the interquartile range.

UI Children’s electrophysiology program has become a leader in minimal fluoroscopy ablation procedures by using advanced 3-dimensional mapping techniques. In the past three years, 265 ablation procedures have been performed with an exceptional procedural success rate of 98 percent – and more than half of these procedures were performed without fluoroscopy.

Radiation reduction is a game changer in the way we manage children,” said Dr. Law. “The changes we are making today will have a profound impact on their lives.”

Pediatric Cardiology Care Team

IAN LAW, MD
Director, Division of Pediatric Cardiology and Clinical Professor of Pediatric Cardiology

DIANNE ATKINS, MD
Professor of Pediatric Cardiology

LUIS A. OCHOA NUNEZ, MD
Clinical Assistant Professor of Pediatric Cardiology

Welcome New UI Physician!

MARCELO AUSLENDER, MD
Clinical Associate Professor of Pediatrics

Specialties or Specific Procedures
Critical Care, Cardiac Intensivist
Radiation Oncology Serves Happiness to Hope Lodge

More than 20 staff from the Department of Radiation Oncology continued a five-year tradition of serving dinner to guests of The Russell and Ann Gerdin American Cancer Society Hope Lodge. And for the fourth year, they prepared all the food themselves.

Guests of Hope Lodge, which offers free lodging to cancer patients receiving outpatient cancer treatment and their caregivers, were treated to ham, turkey and gravy, and ham and bean soup made by Douglas Spitz, PhD, Professor and Director of the Free Radical and Radiation Biology Program.

The guests enjoyed sharing a meal with their care providers, and the Hope Lodge pantry was well stocked with leftovers.

Indebted to Your Education

The Association for American Medical Colleges (AAMC) estimates that 81 percent of the medical school class of 2015 will have educational debt, with a median amount of $183,000. After conducting debt management exit interviews with graduating students, University of Iowa estimates the average total educational debt for its 2015 medical graduates at $151,502.

“I have been in the Carver College of Medicine long enough to see a significant increase in indebtedness,” said Linda Bissell, Director of Financial Services. “The class of 1996 had average total debt of about $60,000 in comparison to last year's class average of $151,500 – nearly a 250% increase. Because of rising tuition and debt levels, the AAMC and UI CCOM are focusing more on resources and tools to help students better understand their educational debt.”

The Financial Services Department offers a rich variety of assistance to students and residents. For example, staff can help with budget planning, understanding credit scores, and developing sound financial management practices. “We do our best to educate students prior to graduation, so they understand what financial decisions are needed to minimize the impact of their debt,” said Bissell.

Financial Services can also help explain loan repayment options, from standard repayment plans to the latest income-based programs. They can provide information about and assistance with numerous loan forgiveness and repayment programs, like the Rural Iowa Primary Care Loan Repayment Program and the Public Services Loan Forgiveness Program.

Financial Services is currently working on a document with a variety of loan repayment plans and forgiveness options that will be of value for faculty members as well as students. The financial services website (www.medicine.uiowa.edu/md/financial) also links to numerous helpful sites and resources for anyone still dealing with educational debt.