

The First Heart Attack Preventive Screening Bill Becomes Law in Texas



On January 1st of 2010, the first preventive cardiovascular screening act for early detection of hidden heart disease went into effect in Texas. Introduced two years ago by Texas Representative Oliveira and supported by SHAPE, the bill closely follows the SHAPE Guideline for identification of apparently healthy individuals who have a high risk of a near future heart attack but are unaware of their risk. It would require reimbursement of up to \$200 for certain approved screening tests for men between ages 45 and 75, and women between ages 55 and 75, who are at intermediate risk of a heart attack according to their Framingham Risk Score.

According to an analysis extrapolated from the SHAPE Task Force Report (published in the American Journal of Cardiology July 2006), the preventive screening of asymptomatic men and women could have the following outcomes:

- Prevent more than 4,300 deaths from cardiovascular disease each year in Texas.
- Reduce the history of heart attack- currently estimated to be 1.4 million - by as much as 25 percent in the Texas Population.
- Save approximately \$1.6 billion in healthcare costs annually.

Heart disease has been the number one killer in the U.S. since 1902 (except during the pandemic flu of 1918). According to Texas Department of State Health Services, 32% of all deaths in Texas are caused by cardiovascular disease. In 2007, over 1,441,000 people in Texas reported that they have had heart disease or stroke. With increasing Hispanic population in Texas, obesity, diabetes and heart disease is weighing on Texas more than other states.



From L to R: Dr. Ralph Metcalfe (SHAPE Board Member), Dr. Morteza Naghavi, Founder and President of SHAPE, Rene Oliveira, Texas Representative, Dr. Craig Hartley (SHAPE Board Member), and Dr. Ioannis Kakadiaris (SHAPE Advisor) at a press conference in the Texas Capitol

The Texas landmark legislation is the first in the United States to mandate the careful and responsible implementation of a comprehensive heart attack risk assessment and reduction strategy. Approved screening procedures include: 1) the measurement of coronary artery calcium score (CACs) by CT; and 2) the measurement of carotid intima-media thickness (CIMT) and plaque by ultrasonography.

These two non-invasive screening tests have proven by the National Health Institute studies to be strong predictors of those who are vulnerable to a heart attack or stroke.

The passage of the heart attack preventive screening bill is a great opportunity to finally help save the lives of thousands who have hidden heart disease. It is about time that we cover preventive screening for the number one killer, and take action to reduce healthcare costs through preventive healthcare. The time has come for this change.

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Tel: (803) 360-4756 or 1-877-SHAPE11



The Society for Heart Attack Prevention and Eradication (SHAPE),
and
Society of Atherosclerosis Imaging and Prevention (SAIP),
Present



National Cardiovascular Screening Adoption Roundtable (NACSAR)

National Adoption of Cardiovascular Screening: Problems and Solutions

A Satellite Event during the 59th Annual Scientific Session of the
American College of Cardiology
Monday, March 15, 2010, 6:30-8:30 AM
Omni Hotel at CNN Center, Atlanta, Georgia

TOPICS

- Coronary Calcium Screening
- Carotid IMT Screening
- PAD / ABI Screening
- Reimbursement and Certification
- National CVD Screening Coalition

PROBLEMS

Radiation, Progression/ Regression
Reproducibility, Progression/ Regression
Standards and Accuracy
Accredited Labs, Certified Personnel
SHAPE, SAIP, ICAVL, SVM, PADC,...

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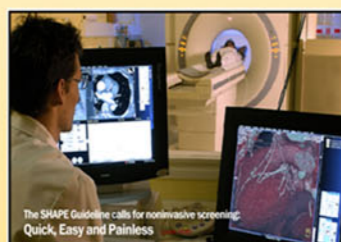
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SHAPE-Certified Clinic

Traditionally, screening for prevention of heart attack and stroke has relied on assessment of cardiovascular risk factors. This approach, set forth by the National Cholesterol Education Program (NCEP), identifies high risk individuals solely based on age, blood pressure, cholesterol, smoking, and diabetes. Taking these factors into consideration should be the first step but it does not adequately determine the high risk individuals particularly those at risk of a near future event, the vulnerable patient. These individuals have a high burden of atherosclerotic plaques and may or may not have a high burden of risk factors. Numerous studies have shown that direct assessment of atherosclerosis is much more accurate than assessment of risk factors of atherosclerosis.

In 2006, the SHAPE Task Force authored the SHAPE Guidelines for screening asymptomatic population, which includes specific recommendations for non-invasive detection and treatment of subclinical atherosclerosis in middle-aged, at-risk population. As part of its mission to establish a responsible practice of cardiovascular screening, SHAPE is initiating a certification program under SHAPE Certified Clinic to help ensure that patients receive a quality care that meets the spirit of SHAPE namely prevention and ultimately eradication of heart attacks. The SHAPE certification may be completed through the following steps:

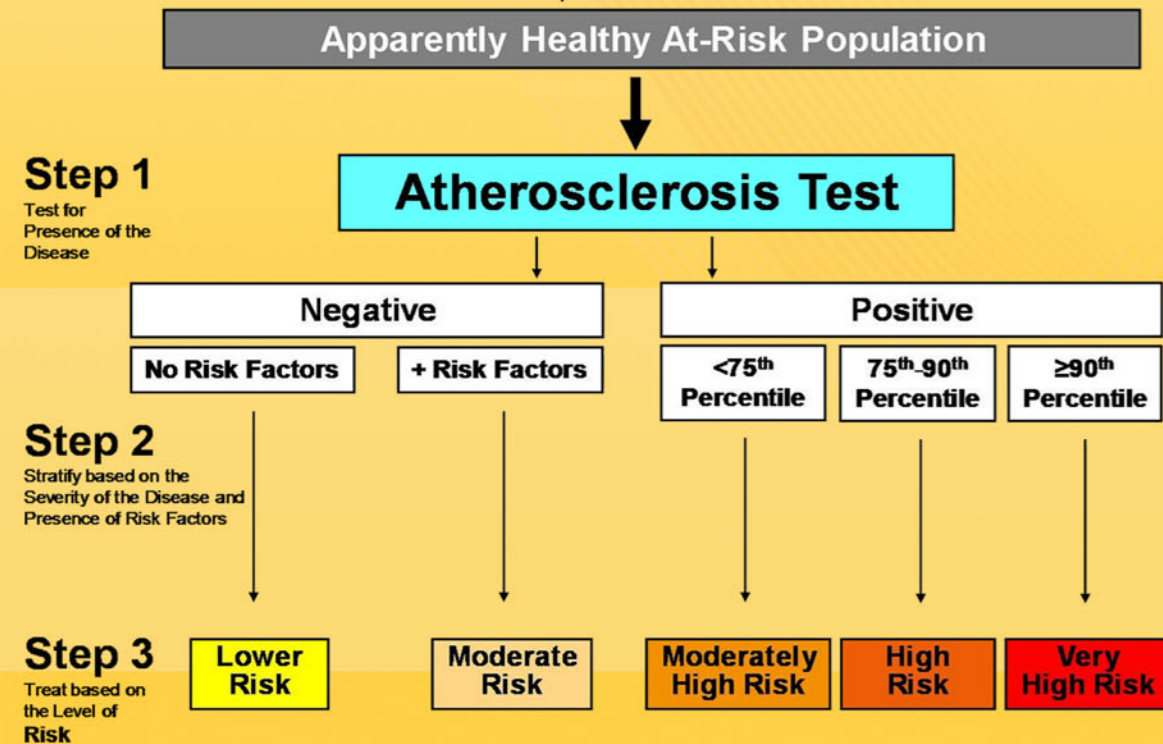
- 1) Obtain accreditation for coronary calcium score or CIMT measurement.
- 2) Review the SHAPE symposium educational presentations online.
- 3) Complete an online assessment which includes related case studies.
- 4) Execute the SHAPE clinic agreement and compliance form.



All SHAPE Certified Clinics will gain access to educational materials prepared both for medical professional who conduct screening and consumers who undergo screening to inform them on screening technologies, treatment options, and latest related discoveries.

The 1st SHAPE Guidelines

Conceptual Flow Chart



Visit www.shapesociety.org for detailed information of the SHAPE Guidelines

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ASYMPTOMATIC ATHEROSCLEROSIS

Pathophysiology, Detection & Treatment

Morteza Naghavi, M.D.

*The SHAPE Textbook
is now available*

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