

Subject: 2nd Place

October 26, 2015

Michael Mansour, MD, FACC (mmansour@cvdocs.com)

I don't get to see a lot of EKGs from patients with this finding on angiogram and I thought you might appreciate seeing it. This is so far the second most important thing I will do as a cardiologist this week. The most important will be a meeting Thad Waites (a member of the State Board of Health) and I will have with the Director of the Mississippi State Board of Health to discuss other ways that we can collaborate as physicians, healthcare providers, the State Medical Society, and government bodies to enhance primary and secondary cardiovascular prevention.

I will meet with the heads of every medical specialty society in MS this week to determine the State Medical Society legislative agenda for the coming year. The MS Healthy Schools Act has been successful in mandating physical education and in eliminating sodas and fried foods in schools leading to decreasing obesity in school age children.

We hope to find ways to limit sodium intake in our population as well and to screen and treat hyperlipidemia and diabetes more effectively. Pending recommendations from the ACC Population Health Committee we hope to continue implementing the 25X25 initiative.

So while me being immediately available for this patient in cardiogenic shock with a pO₂ in the 30s in and out of VT, VF, and asystole and then being extubated within 24 hours and neurologically intact was important to this person it is not as important as the effect we can have on generations of people to prolong their lives through advancing Population Health initiatives. How wise is the College to understand that so well and to promote it as a primary objective of the ACC strategic plan.

October 29, 2015

Michael Mansour, MD, FACC (mmansour@cvdocs.com)

Thank you for your comments regarding the patient with left main stenosis and successful angioplasty. He went home yesterday with LVEF 30% and defibrillator vest, feeling well. Expect his EF to improve. His most pronounced wall motion abnormality is lateral. His RCA is widely patent and I am sure right to left collaterals allowed him time to get to hospital. By contrast Dr. Gogo's patient with acute left occlusion did not have benefit of right to left collaterals. RCA was not imaged during initial cath due to ongoing resuscitation at the initial cath. His low pH and P_O₂ likely accounted for some his EKG changes. He was on a statin but not aspirin prior to admission. Follow up cath will be done in 3 months.

Our efforts at primary prevention projects are ongoing.

October 30, 2015

Hadley Wilson, MD, FACC (Hadley.wilson@carolinashhealthcare.org)

Michael,

I'm a little late to the dance this week with re-entry but as others have said extremely strong work on all fronts. As has been said by many in many different ways..."you save one and you save a thousand". You are doing both on a case by case basis and with population health. We're working on it with the NCDR so let's change public reporting to allow these great saves to happen, and let's not let public reporting ever change us from doing the right thing.

October 30, 2015

Michael Mansour, MD, FACC (mmansour@cvdocs.com)

Thanks Hadley. I agree with your thoughts re public reporting.