



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

Upcoming Trade Shows

SCMA
Apr 27-30
Hilton Head, SC

KCRA
Apr 27
Lexington, KY

MACVPR
Apr 27
Timonium, MD

WISCVPR
Apr 28-29
La Crosse, WI

OSCVPR
Apr 29
Albany, OR

TACVPR
Galveston, TX
May 5-6

MSCVPR
May 5-6
Traverse City, MI

ASCVPR
May 6
Tucson, AZ

WVACVPR
May 10-11
Flatwoods, WV

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ScottCare – Ensuring Your Satisfaction

Whether you own or are contemplating the purchase of a ScottCare telemetry or external counterpulsation therapy system, our goal is the same – to ensure we exceed your expectations for product performance and customer service. While we know that we do not always succeed in achieving this goal the first time, we are committed to doing whatever it takes to ultimately make you a satisfied customer. To this end, we ask the following:

1. *Communicate your system or service issues or our failure to resolve them* – we can't fix something unless we know it is broken. As such, do not hesitate to be blunt and honest about our failures when you are asked for your opinion (e.g. filling out a quality survey). More importantly, if you have an issue, please take a moment and call or email us to let us know of it. This is the only way in which we can address it. Often times we hear of an unhappy customer that we were unaware of, and who we could have helped if we only knew of their troubles.

2. *Communicate your needs* – we are here to serve the needs of cardiopulmonary professionals. If there are product changes or new products that you require to do your job better, please let us know. Chances are that you are not the only person or department with that need, and the more requests we have for a product or feature, the more likely we will explore adding it.

Your correspondence should be directed as follows:

For product performance or service issues:
Joe Carney – Service Manager jcarney@scottcare.com

For product changes and other recommendations:
*Bill Kulp – Director, Marketing wkulp@scottcare.com
Theo Jordanides – Manager of Clinical Applications Telemetry theo@scottcare.com
Shelley Chancy – Manager of Clinical Applications ECP schancy@scottcare.com*

Also, please do not hesitate to contact me directly at kenz@scottcare.com if you are not satisfied with ScottCare's performance or have other valuable input.

— Ken Zajackowski, President



Online Training

Monthly conference call training sessions are scheduled through our customer service department. Check our website www.scottcare.com for schedules and topics.

The training consists of a 30-minute presentation and 30 minutes of Q&A, with two sessions scheduled to accommodate East and West coast customers. Make reservations for one of 14 available spots through customer service.



Medicare Reimbursement for Cardiac Rehab Improved

Centers for Medicare and Medicaid Services (CMS) issued new coverage guidelines for cardiac rehab programs. This is good news for ScottCare customers and the entire cardiac rehab community. Here are the highlights.

- **Four new diagnoses increase the number of patients eligible for cardiac rehab:**

In addition to acute MI and coronary bypass surgery, CMS has added:

1. Stable angina pectoris
 2. Heart valve repair/replacement
 3. Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting
 4. Heart or heart-lung transplant
- **All hospitals satisfy physician supervision requirement**

Special language regarding physician supervision has been removed from the cardiac rehab policy. As a result, cardiac rehab is covered under standard Medicare policies that count any hospital-based location as meeting the requirement.

- **“Incident to” requirement easier to satisfy**

Special language regarding “incident to” has been removed from the cardiac rehab policy.

AACVPR believes that the primary care physician, the referring cardiologist or the cardiac surgeon could fulfill those responsibilities dependent upon local medical practices.

- **Cardiac rehab programs still use ECG monitoring**

While CMS removed specific language requiring ECG monitoring from their coverage policy, cardiac rehab programs recognize its value.

- Detects acute cardiac events
- Provides peace of mind for patients unsure about exercise after MI or cardiac surgery
- Shields liability by providing standard of care
- Demonstrates the medical nature of cardiac rehab programs versus a health club environment
- Required for AACVPR program certification

To learn more online:

- AACVPR reimbursement page at: <http://www.aacvpr.org/emailcmsupdate.cfm>
- CMS Decision Summary at: <http://www.cms.hhs.gov/mcd/viewdecisionmemo.asp?id=164>

Upcoming Trade Shows

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Europrevent
May 11-13
Athens, Greece

CSPR
May 18-19
San Diego, CA

NYSAC&PR
May 19-20
Albany, NY

World Congress of
Cardiology
Sept 2-6
Barcelona, Spain

AACVPR
Sept 14-17
Charleston, WV

American Heart Association
Nov 12-15
Chicago, IL

2006 Medicare ECP Reimbursement Continues Unchanged

CMS has announced that it will continue to reimburse ECP therapy for chronic stable angina at the national average of \$138 per session. This is good news for ECP providers who continue to provide relief to no-option patients who benefit from ECP therapy.

At the same time, CMS decided not to add reimbursement for heart failure as a stand-alone indication, deciding to wait for further clinical proof. Even so, ECP has been shown to provide relief from heart failure symptoms. Many heart failure patients also experience chronic stable angina and thus are eligible for Medicare reimbursement. More importantly, an abstract presented at the 2006 ACC meeting demonstrated that ECP patients experience an 80% reduction in hospitalization and emergency room visits in the six months after treatment as compared to the six months prior to commencing ECP treatment. That means that ECP therapy could save hospitals significant sums of money regardless of reimbursement.

Ref: “The Impact of Enhanced External Counterpulsation Treatment on Emergency Room Visits and Hospitalizations”, Ozlem Soran, et al, JACC, 2006 Scientific Sessions Abstracts

ScottCare Introduces NICORE Advantage

Advanced ECP system is designed for today's demanding clinical environment



ScottCare introduces NICORE Advantage, an External Counterpulsation (ECP) system designed to deliver effective therapy and seamlessly integrate with information technology systems, track patient outcomes and improve efficiency for clinicians.

This new, advanced technology was first demonstrated at the 2006 American College of Cardiology (ACC) annual meeting March 11-14, 2006, in Atlanta.

NICORE Advantage opens the door to new revenue opportunities while addressing today's demanding clinical environment. Benefits of the system include:

- **Unmatched Productivity** – Intelligent features make operation easy and automatic including system generated peak-to-peak ratios.
- **Integrated Outcomes** – Tracks and reports on individual and group Outcomes including exclusive integrated quality of life surveys.
- **Regulatory Compliance** – Provides tools required to comply with HIPAA privacy regulations and safety certification to UL60601.
- **Comprehensive Information Technology Solution** – Integrates with

information systems through a seamless HL7 interface and allows remote clinical and technical support from ScottCare service headquarters.

“Cardiology professionals are being squeezed by declining reimbursements and ever more stringent regulations. NICORE Advantage enables our customers to do what they do best: help their patients,” said Ken Zajackowski, President of ScottCare Corporation.

“ScottCare sees a bright future in ECP and will continue to invest in technology and clinical innovation to improve the quality of life for cardiac patients.”

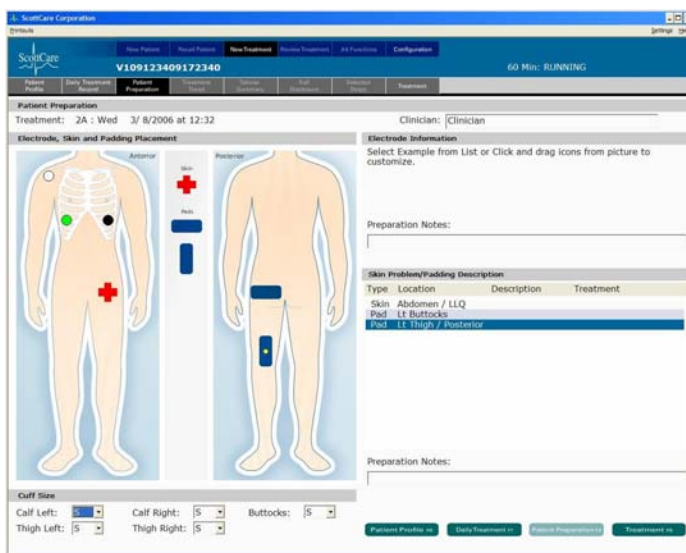
NICORE ECP systems are used by hundreds of hospitals and office practices across the country, providing clinicians with a proven, non-invasive cardiac care therapy to improve the health and quality of life for cardiac patients. Clinical studies have demonstrated that ECP therapy benefits more than 80% of patients treated, with significant improvement in relief of the symptoms of angina and heart failure, increased functional capacity, and reduced dependence on medication.

Consistent with ScottCare's customer care philosophy, installed users of ScottCare's NICORE, NCP-2 and NCP-1 systems will have the option to upgrade to Advantage.

Something to Think About:

“Remember not only to say the right thing in the right place, but far more difficult still, to leave unsaid the wrong thing at the tempting moment.”

...Benjamin Franklin



TeleRehab Advantage Telemetry Tips



Customizing Your Reports:

Have you ever wondered how we get all those fields lined up so well in our reports? It's very easy to align and format fields in ScottCare reports, and you can do it to your customized reports as well.

In form layout view, select multiple data items simultaneously by holding down the <SHIFT> key while clicking on the items. Then look to the top of the screen and click ARRANGE . The system then offers you options to align the selected data items, equalize their size, or distribute them uniformly across the report. You may also select a data item, then click TEXT at the top of the screen to view text formatting options. From here you have the option to change font style and size characteristics.

Important Tip: Be sure to save often while customizing to ensure your changes will not be lost. Simply click the SAVE FORM button on the left-hand side of the customizing screen to save your work.

After Phase II Graduation:

Once patients have completed their required Phase II sessions, be sure to check the "Graduated" check box in the last session attended so Outcomes knows how to handle their records.

After the last session is completed, move the patients to the appropriate group: Phase III, Pulmonary, Other, or Inactive. All patient groups are scheduled except the Inactive group. Your server configurations are set to default to the groups in which you would like to track any no shows.

Unmonitored Patients:

If you're keeping track of a patient's performance, but not actually monitoring heart function during an exercise session, you can assign an unmonitored patient to a monitoring screen. This feature is most useful when you want to create a report without any full disclosure or strips.

Just right-click on the channel number block to view the channel assignment screen. Now click on the box next to the letter you wish to assign as an unmonitored channel. The monitoring display area remains the same, except when viewing a heart rate.

To enter a heart rate on an unmonitored patient channel, right click on the current heart rate box in the top left hand corner of the channel. This causes a pulse setting window to appear. Edit the "Set Rate" and then press <Enter> or click the "X" in the top right-hand corner. You must manually enter a heart rate to produce heart rate data in the single session report.

Keep an Accurate Patient Schedule List

For accurate compliance in Advantage and Outcomes, ensure the patient schedule list is accurate. To retrieve the patient schedule list, go to Program Management and click on Personal Data, then the patient's name.

Once you are in the personal data screens, right-click on the Patient Info or Medical Info button to display a patient schedule list including a list of session dates. Select the appropriate option for maintaining the list

- Repair List: Displays a refreshed patient schedule list
- Rebuild List: Deletes all No Shows from session list
- Delete a Session: Click on session date and then click the delete key

Quotable Quotes

"Always do right -- this will gratify some and astonish the rest"

...Mark Twain



User Profile: Saint Joseph's Hospital, Atlanta, Georgia

Jade Gillispie, RN, MHA, CCTC, Director, Transplant Services and Cardiac Wellness



At 125 years, Saint Joseph's Hospital, is the oldest hospital in Atlanta, Georgia. Jade Gillispie, Director of Transplant Services and Cardiac Wellness, along with Eileen Ruban, RN, Manager of Outpatient Cardiac Rehabilitation, explained that the Cardiac Rehab program at Saint Joseph's is also one of the oldest in the city, at nearly 23 years.

With a staff of 12, including nurses, exercise specialists, and program assistants, the Cardiac Rehab program occupies space in two buildings, with Phase 2 outpatients in the Doctors building and Phase 3 and 4 patients in the Wellness Center. The program always enjoyed a nice area in the hospital, but outgrew their space and moved to the Doctors building when it opened last year (June 2005). This new facility includes state-of-the-art exercise equipment in a large, sunlit room overlooking Atlanta



At any one time, there may be about 60 patients enrolled in Phase 3, with up to 180 in Phase 4. Although most classes typically have only 10-12 patients, the staff occasionally monitors up to 16 patients at a time. The educational component is a major part of the Rehab program, with classes held at least one day every week.

The longevity of the program attests to the excellence of the staff and the extra value their activities bring to the community and to the health care industry. For example, staff members make presentations to community groups and gatherings sponsored by the American Heart Association. The staff has been instrumental in helping other agencies start

or manage cardiac wellness programs. Teaching and training are provided to both patients and health care providers.

Hopes for the future include an even larger facility in a new Heart and Vascular Institute building, which is still about 3 years from completion. This facility will include large conference areas for training and interaction with the public. An oval track and a swimming pool have not been ruled out.

Along with these hopes for the future are some very realistic program goals, centered on patient education. Jade Gillispie wants to expand the program to play a vital role in the new world of preventive cardiology, featuring such wellness activities as aerobics and Tai-Chi classes.

When asked if the physicians in the area supported the Rehab program, Eileen Ruban provided an enthusiastic "Yes!" and singled out the efforts of the program director, Dr. Basil Margolis. She also explained that her staff has learned how to take advantage of their new ScottCare Advantage and Outcomes programs and has mastered the ability to generate reports that identified those physicians referring patients to the Rehab program.

Gillispie and Ruban agree that the ScottCare system is very easy to use and cite the ability to add patients, manage patient lists, and customize reports. They especially like the system's ability to send electronic reports directly to individual physicians, noting "it saves us a lot of time!" Although both believe the ability to monitor patients through a remote terminal is "awesome" they're still waiting for approval to purchase the hand-held PDA (personal digital assistant) device.

The strength of Saint. Joseph's cardiac rehabilitation organization is clearly the dedication of their staff. They are fiercely proud of their work and their reputation. Their director had similar words of praise for their relationship with ScottCare and the Advantage system. They have issued an open invitation to other facilities with start-up rehab centers to stop by for a visit, or to contact them for assistance.

