

Statement  
Of

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To

Subcommittee on Federal Financial Management,  
Government Information, and International Security  
Of the  
Committee on Homeland Security and Government Affairs  
United States Senate

**Overview of the Competitive Effects of Specialty Hospitals**

**May 24, 2005**

My name is Ed Jungbluth and I'm a 70-year-old heart patient. I've had a heart attack, angioplasty and an AICD (automatic internal coronary defibrillator) – make that (2) AICD's. I've always been an active person and enjoyed life to the fullest – so needless to say, the onset of my first heart event was a bit discerning for both me and my wife, Mimi.

In 1988 I had a heart attack while living and working in the tourism industry in Estes Park, Colorado. After experiencing chest pain, we went to the local emergency department where I was stabilized and transported to St. Lukes in Denver, Colorado where I had angioplasty. Though the care at the emergency room in Estes Park was good – the hospital was not equipped to do any interventional procedure. I have termed this as a “pack and ship” operation. Because I love life (and because my wife took advice to heart), we modified our eating and exercise habits and took the steps necessary to give my heart the best chance for recovery.

It wasn't until 2000 that I began to experience other heart problems – though this time it was rhythm problems. While spending time in Phoenix for Major League Baseball spring training – I had my first bout with v-tach (ventricular tachycardia). It was a Sunday afternoon and I ended up at Mesa General in the Phoenix area – and spent many days in intensive care while my condition was being diagnosed and I was being stabilized. Again, I happened to land in a facility where there was not specialty care available for my heart problems. Finally, I was transported to another facility in Phoenix where I received my first AICD. The care was adequate – but neither facility really had the extensive type of cardiac care that I required. I was released and was able to travel back home to Gallup, New Mexico the next day after the implant. Soon after arriving home, I had my first experience as a patient at Rehoboth McKinley Christian Hospital. I had a tremendous pain in my right arm and went to the emergency room. The diagnosis was a blood clot in my right arm related to the recent AICD implant. Unfortunately, I was told that they could not treat me (a higher level of cardiac care was necessary) – and was instructed to go to Albuquerque for treatment.

As you can imagine, these few weeks were traumatic and I was concerned about my heart. I am a Medicare insured patient – and knew that I could have access to any facility in Albuquerque. At that point – I had heard of the Heart Hospital of New Mexico and knew that I would have access to all heart specialists – and decided to get myself there as quickly as possible. I was driven by a friend and arrived about 3 a.m. that morning. I spent 9 days at Heart Hospital of New Mexico and have never felt so safe and secure – and confident that I was receiving the specialty treatment that my condition required. I was not sent by investor physicians – but rather chose to go because I felt they provided the highest quality heart care. It is important when you live in a rural area to educate yourself and be prepared to make life and death decisions in terms of healthcare.

The story continues. In 2002, while in Santa Fe on business, my AICD fired for the first time. I went to St. Vincent's – the sole community hospital. Again, I was stabilized overnight and was released with follow-up instructions to see a New Mexico Heart Institute electrophysiologist in Albuquerque. My condition became more of a concern. Throughout the year (2002) I experienced numerous firings of the ICD while living in

Gallup. On each occasion, I had to get to the emergency department at Rehoboth McKinley where I was stabilized and because they were unable to treat me, I was transferred (packed and shipped) by air to Heart Hospital of New Mexico. Fortunately, because of the relationship of Dr. Swaminathan, a New Mexico Heart Institute cardiologist who practices in Gallup, and Heart Hospital of New Mexico's quick transfer initiative, I was able to arrive with a specialist waiting, as quickly as possible. In one instance while in the ambulance in route to the airport in Gallup, my AICD fired four times and I had to be returned to Rehoboth McKinley to be stabilized again before I could be flown to Heart Hospital of New Mexico.

Upon arrival at HHNM, it was determined that the unit installed in Phoenix had failed and I received a new AICD. Because my v-tach is severe, I have had numerous firings over the past few years and in each case was transferred.

Upon concern for my health and well-being and for the peace of mind for both my wife and I, we decided we wanted to move to Albuquerque to be close to Heart Hospital of New Mexico. We feel at home – safe and secure. With the experience we have had as an inpatient – I know that care was always timely, with the most specialized staff. As it has turned out – our decision was the right one. Since moving, I have had the fortune of being close to the Heart Hospital of New Mexico and have now experienced treatment in their emergency department. They know that time means muscle (and life) when it comes to heart patients. I have had more problems with v-tach and have been rushed twice over a 2-month period to the Heart Hospital Emergency Department. I know from experience that the timeliness of care and expertise of all physicians has allowed me to maintain an active and normal life. The emergency department physicians have deep experience and have immediate access to the specialized cardiologists. On both occasions, my treatment was quick, technically superb and compassionate. In fact, my wife, who is an accomplished artist, was scheduled to participate in a show in California, shortly after my discharge from the October 2004 admission. The only reason she did not cancel the trip – is because she feels that the Heart Hospital of New Mexico is our second home. She knew that I would receive the specialized care that I must have. Coincidentally, I had another v-tach episode while she was on her trip.

In April of 2005 I received a replacement AICD at Heart Hospital of New Mexico at the encouragement of my electrophysiologist because of a vendor (Medtronic) recall. As I stated – I am a Medicare patient. I know that Heart Hospital of New Mexico does not receive adequate payment to cover the cost of the implant – however, not once, has there been any discussion about costs. They put patient care first. And accusations that HHNM selects less sick patients – Hey, I am a chronic heart patient, who on top of all other heart problems, has now been diagnosed with Congestive Heart Failure. Am I concerned – yes, but worried - no. I know that I have and will continue to receive the very best heart care available in New Mexico. Thanks for listening.