



# Link

# Inter

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## Capsule endoscopy offers noninvasive look at small intestine



*Michael Bader, MD  
 Gastroenterologist*

Now available at MeritCare, capsule endoscopy offers a new, noninvasive technique for examining the lining of the small intestine – a portion of the bowel that cannot be reached by traditional upper endoscopy or colonoscopy.

"What impresses me most about this technology is we now have the ability to see 'the last frontier' – about 20 feet of bowel that we've never before been able to visualize except through invasive means," says Michael Bader, MD, MeritCare gastroenterologist. Trained in administering capsule endoscopy, he and his team have been using the technology both in the hospital and outpatient setting since April 2005.

Capsule endoscopy can be a valuable tool in diagnosing unexplained gastrointestinal bleeding, blood vessel malformation, tumors in the small intestine, Crohn's disease, celiac disease, hereditary polyposis and more. It can also come into play when all other studies have proven negative. Patients who are candidates for capsule endoscopy have typically already undergone a workup that includes blood tests, upper endoscopy, colonoscopy, certain types of X-rays and a thorough physical exam.

### A closer look at the test

To prepare for capsule endoscopy, the patient limits food and water intake 12 hours prior to the test. The morning of the test, the patient reports to the gastroenterology department to swallow a vitamin-sized video capsule, complete with its own camera and light source. During the eight-hour exam, the patient can proceed with daily activities while the video capsule travels through the body, taking two pictures per second. The images are recorded in a data recorder the patient wears on a waist belt.

At the end of the eight hours, the patient goes back to the gastroenterology department to return the waist belt recorder. The images are downloaded on a specially-equipped computer for later reading by the

gastroenterologist. The patient naturally passes the capsule, which is simply thrown away.

"Gastrointestinal diseases of the small intestine are not that common, but in the right situations, capsule endoscopy can be a very helpful study," says Dr. Bader. "Patients appreciate it, too – they like the fact that it's not painful and it doesn't require extensive preparation. Basically it's very easy on them."

For more information about capsule endoscopy or to refer a patient for a consultation with a gastroenterologist, please call (701) 234-2525.



**Pauline Klinger, West Fargo, holds the vitamin-sized camera that changed her life.**



*by Thomas Moraghan, MD  
Endocrinologist  
MeritCare Endocrinology*

**EFFECTIVELY MANAGING DIABETES**

With the rate of type 2 diabetes at an all-time high and increasing, we as a medical community have more reason than ever to excel in diabetes management. About seven to eight percent of Americans have diabetes mellitus and probably an equal number of cases are undiagnosed. The complications due to untreated or poorly controlled diabetes are many and costly, not just from a quality-of-life standpoint, but from a health care resources standpoint, too. The financial costs are staggering – estimated at 14 percent of all U.S. health care expenditures. In reviewing the latest in diabetes management, three themes emerge: prevention, earlier identification and new ways to control the disease and its potential complications. The following are just a few highlights from each of these areas.

**Preventing diabetes**

What a difference lifestyle changes can make! A trial that came out a few years ago – the Diabetes Prevention Program – looked at more than 3,000 people considered at high risk for developing diabetes. The study, which included three-year follow-up, showed that people who increased their physical exercise to 150 minutes per week (even brisk walking qualified) and lost seven percent of their body weight were 58 percent less likely to develop diabetes than were those who did nothing. People who took the oral medication metformin (Glucophage) lowered their risk of developing diabetes by one-third.

This study is a great motivator to counsel people early and often regarding the difference lifestyle changes can make. By sharing the results of this important study with patients, we can show them how their actions and habits influence the development of diabetes.

**Identifying the disease earlier**

*The standards for diagnosing pre-diabetes and diabetes have become stricter.* In the past, the pre-diabetes cutoff was 110 to 125 mg/dL fasting; today it's 100. For diabetes, the diagnosis for much of the 1990s was in the 140 range; today it's 126. These stricter standards resulted from data showing greater risk of complications at glucose levels previously considered acceptable. Clearly, the evidence indicates the earlier we can treat diabetes, the better.

*Diagnosing pre-diabetes is important for at least two reasons:*

It's an opportunity to educate patients regarding lifestyle changes, plus it's an opportunity to begin treatment, if appropriate. In people with pre-diabetes, lifestyle changes and metformin have proven to be a successful treatment in preventing type 2 diabetes. Pre-diabetes patients are also at increased risk for macrovascular complications so adults aged 45 years and older should be screened every three years with a fasting glucose test. Screening can be considered at earlier ages if other risk factors exist.

*Type 2 diabetes has become more prevalent in children and teens.* Extra pounds can increase the risk for the disease, so screening guidelines now indicate children with a body mass index above the 85th percentile, a family history of type 2 diabetes, signs of insulin resistance and those of certain ethnicity, such as African Americans, Native Americans, Hispanics and Asians should be screened.

**Managing the disease from several perspectives**

- The American Diabetes Association (ADA) now recommends strict cholesterol guidelines (including earlier use of statins) in people with diabetes. Studies indicate that in regards to a first heart attack, a person with diabetes is at the same risk level as an individual who does not have diabetes, but who has already had one heart attack. The ADA recommends considering a statin medication regardless of LDL cholesterol if your diabetes patient has a total cholesterol of at least 135 and is over age 40, with the goal of lowering LDL by 30 to 40 percent.
- Studies have shown patients in intensive care units benefit when glucose levels are tightly controlled by insulin infusion. Patients undergoing heart surgery do better, too, when glucose levels are frequently monitored and tightly controlled by insulin infusion.
- People with type 2 diabetes who can't control their glucose levels with oral drugs alone (metformin, sulfonylureas) now have another option before having to start insulin injections: the FDA-approved injectable drug exenatide (Byetta). This medication is not insulin, but rather it mimics the action of the naturally occurring hormone glucagon-like polypeptide (GLP-1).

The addition of exenatide to oral agents has led to improvement in hemoglobin A1C levels of approximately one percent. Plus, for some people, the addition of exenatide not only improves overall glucose control, but also brings about modest weight reduction.

- In managing type 2 diabetes, even modest weight loss – as little as five percent – can help. Sometimes this can be achieved just by educating patients about portion size. Studies have shown we often underestimate the amount of food we eat. A consultation with a nutritionist can prove invaluable in helping patients learn to accurately gauge portion size.
- With the Internet, many of today's patients with diabetes are well-informed on what's available. They're up-to-date on new types of insulin, new insulin-delivery methods, new ways to monitor glucose levels and pancreas transplants. Two research areas I'm often asked about are inhaled insulin and islet cell transplants. Inhaled insulin has undergone considerable development in recent years, and though it's closer to being approved by the FDA as an alternative to injections, the safety question remains – is it safe for the lungs? We've also seen development in islet cell transplants. Research has shown this procedure works for the short-term, and recent data show some improvement in long-term success. Still, more work needs to be done before this becomes a viable option.

**All of us working together**

As you well know, diabetes is a complicated, pervasive disease and managing it is hard work – work that all of us throughout the region need to do together. But ultimately, the

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# Evolving technology strives to eliminate atrial fibrillation



Manuel Otero, MD  
Cardiologist/  
Electrophysiologist

For some patients, heart arrhythmias never cause symptoms. For others, symptom relief can be found through anti-arrhythmia medication. For yet a third group, the symptoms of arrhythmia can be incapacitating, with medication failing to help. For appropriate candidates in this group, radiofrequency catheter ablation with isolation of the pulmonary veins may be used as a new curative treatment for atrial fibrillation.



Christopher Pierce, MD  
Cardiologist/  
Electrophysiologist

"When we've tried medication to suppress the arrhythmia and that doesn't work, and when the patient continues to have significant, debilitating problems, that's when we would consider doing this procedure," says MeritCare cardiac electrophysiologist Manuel Otero, MD. "It's an evolving technology, not just at MeritCare but across the nation. It's not yet the primary treatment, but in

the right situations it can work well." Dr. Otero and MeritCare cardiac electrophysiologist Chris Pierce, MD, have been performing the procedure for two years in the electrophysiology lab at MeritCare Heart Center.

The procedure involves the insertion of catheters using the percutaneous approach through the femoral veins. The left atrium is accessed through a transeptal puncture of the inter-atrial septum. Interacardiac ultrasound assists in checking the location of the pulmonary veins in the left atrium. Radiofrequency energy creates transmural lesions in the cardiac tissue, essentially preventing conduction of electrical impulses in the tissue ablated. Atrial fibrillation is

the result of spontaneous electrical impulses originating in sleeves of atrial muscle adjacent or inside the opening of the pulmonary veins. By placing the transmural lesions in these areas, it effectively eliminates or prevents these electrical impulses from traveling to the rest of the atria and causing atrial fibrillation. Ideally, the corridors that remain are too narrow for fibrillation, forcing electrical signals to follow an orderly pattern. The procedure is quite complex and generally takes between four to eight hours, followed by a one- to two-day hospital stay.

At MeritCare and nationwide, results indicate success in 70 percent of patients, meaning no recurrence of atrial fibrillation. Because this treatment is relatively new, long-term outcomes are not yet known. "When it works, patients are very appreciative, and it definitely improves their quality of life. But as we tell patients, the procedure carries some significant risks, which is why we're very careful in who we select – we follow strict criteria," says Dr. Otero. "Even though the technique has improved somewhat over the last few years, we still need answers to the number-one question: How can we do this in a shorter period of time with fewer risks and with better results? It's still up in the air."

Other options for patients with difficult-to-treat atrial fibrillations include drugs to control the ventricular rates. "It's a way of controlling the symptoms so that people feel better, but they still don't have a regular heart rhythm," says Dr. Otero. Another option, especially for older patients, is ablation of the AV node. This causes heart blockage, prompting the need for a pacemaker. "With this option, the patient becomes pacemaker-dependent, but it provides a regular rhythm and people feel better," he says.

If you have a patient with difficult-to-treat atrial fibrillations and you'd like to learn more about the options available, please call (701) 234-2371 or (877) HRT-CNTR.

## EFFECTIVELY MANAGING DIABETES

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patient is the driver. If you have patients who have trouble controlling their diabetes or need an update in their education, we would like to partner with you in their care. We have several diabetes nurse educators who are excellent at informing and motivating patients. They're also available to take phone calls from patients who have questions about their day-to-day care. Many factors are involved in successful

diabetes management, and we're here to assist you in providing the best possible care to your patients. To learn more or to refer a patient, please call (701) 234-2000.

*Originally from this area, Dr. Moraghan returned to Fargo a year ago following 15 years with Mayo Clinic, the last six as an assistant professor of medicine at the Jacksonville, Fla., campus.*

## Gastric pacemaker improves symptoms of gastroparesis



*Bhargav Mistry, MD  
Transplant surgeon*

For patients who suffer with gastroparesis, the gastric pacemaker can make a remarkable day-to-day difference. Said one 40-year-old patient who underwent the surgery at MeritCare last fall: "You can't imagine the gift this technology has given me. I have my life back."

### **A new approach to a disabling condition**

Available at MeritCare since last spring, the gastric pacemaker is an innovative approach to managing gastroparesis, a condition in which the stomach muscles stop functioning properly, sometimes to the point of paralysis. Gastroparesis presents with nausea, abdominal pain, early satiety, vomiting, bloating, anorexia and weight loss. Certain long-standing diseases such as diabetes and Parkinson's disease can bring about the condition, but often the cause is unknown. Diagnosis is based on symptom assessment and radiological studies to assess how the stomach empties.

"It's a clear-cut diagnosis, but typically people have gone through a great deal of hardship and anguish before getting to the point of needing a gastric pacemaker," says MeritCare surgeon Bhargav Mistry, MD, one of 50 surgeons in the country who perform the procedure. "They've tried other avenues such as medication and surgery to deal with their nausea and vomiting, but the symptoms persist, detracting from quality of life on a daily basis. In addition,

malnutrition can become a serious problem, prompting the need for a feeding tube. That can be a real challenge, particularly for younger, otherwise healthy people who want to lead active lives."

### **A relatively simple surgery**

The gastric pacemaker eliminates the need for a feeding tube, allowing a person to once again eat normally and digest food. About the size of a stop-watch and patterned after a cardiac pacemaker, a gastric pacemaker electrically stimulates the stomach wall, improving symptoms of nausea and vomiting. Post-operative evaluation of the device requires a neurostimulator programmer similar to a cardiac pacemaker programmer.

A reversible therapy, the gastric pacemaker can be inserted via an open or laparoscopic approach. The surgery involves inserting two electrodes into the muscular wall of the stomach. The electrodes are then connected to the pacemaker placed just under the skin in the abdominal wall. "This is not a complex surgery, but certainly great care must be taken in selecting the right patient," says Dr. Mistry.

Improvement in symptoms often comes as soon as the day after surgery and continues over time. "Patients are amazed they can finally eat food without feeling ill," he says. "It's very satisfying to make that kind of difference in a person's life."

For more information about the gastric pacemaker, or to refer a patient, please call (701) 234-3400.

## MeritCare LifeFlight recognized for Red Lake emergency response

In early October, Indian Health Service presented an award to MeritCare LifeFlight to express appreciation and recognition for the emergency response to the Red Lake, Minn., shootings on March 21. Ten fatalities and several injuries occurred, making it the nation's worst school shooting since the Columbine High School shooting in Colorado in 1999.

LifeFlight's role began at 3 p.m. on March 21 when a call came in from North Country Regional Hospital in Bemidji. In response, three MeritCare medical teams flew out of Fargo — one team to Red Lake via LifeFlight helicopter; two teams to Bemidji via LifeFlight fixed-wing aircraft. The teams helped



care for patients in the emergency centers at North Country Regional Hospital and Red Lake Hospital. Two victims were airlifted to MeritCare in Fargo for higher level care. Following surgery and extensive rehabilitation, they're now home again.

"We are honored to receive this award, but certainly a tragedy of this level required the emergency response of several organizations and individuals," says Dan Ehlen, LifeFlight manager. "We could not have done our part without the good work of many other medical and emergency professionals, both in Bemidji and Red Lake."

## Enhanced hand-surgery specialty



David Bailey, MD  
Hand surgeon

MeritCare is pleased to welcome two specially trained hand surgeons to Fargo – David Bailey, MD and Jeffrey Haasbeek, MD. Highly trained and experienced, Dr. Bailey and Dr. Haasbeek join fellow hand surgeon Donald Opgrande, MD in the diagnosis and treatment of a wide spectrum of hand and wrist conditions including:

- Arthritis of the hand
- Carpal tunnel syndrome
- Overuse problems/tendonitis
- Burns
- Traumatic injuries
- Sports injuries involving nerves, tendons, ligaments, bones and joints



Jeffrey Haasbeek, MD  
Adult hand/wrist surgeon  
Pediatric orthopedic surgeon

"With 27 bones in one hand alone, it's no surprise problems can occur," says Dr. Bailey, who completed his fellowship in hand surgery at Hartford Hospital in Connecticut and joined MeritCare in August 2005.



Donald Opgrande, MD  
Hand surgeon

Dr. Haasbeek, who completed his fellowship in hand and wrist surgery at the University of Calgary, returned to MeritCare in July 2005. Previously, he practiced for several years at MeritCare Children's as a fellowship-trained pediatric orthopedic specialist. He still serves in this capacity as well.

"Patients who struggle with hand or wrist conditions are often surprised to learn treatment can be simple and successful," says Dr. Haasbeek. "The best course of treatment, once the problem has been accurately diagnosed, often includes hand therapy. We have excellent support from highly-trained, experienced hand therapists." Targeted hand therapy has brought particularly good results for people with tendon injuries, inflammation, bone and joint injuries and arthritis, whether surgery is required or not.

If you would like to refer a patient for a consultation or if you have questions about a specific hand or wrist problem, please call (701) 234-8770.

## Now underway: Trial to test new treatment for C. difficile



Paul Carson, MD  
Infectious disease specialist

A clinical research study to compare the safety and effectiveness of a new drug to treat Clostridium difficile-associated diarrhea (CDAD) is now

available at MeritCare in Fargo. The study – now in Phase 3 – includes about 140 sites across in the U.S. and Canada. Enrollment at MeritCare began last summer.

### CDAD: A wide-ranging problem

"CDAD is a common problem, especially in the hospital, though it can occur on an outpatient basis, too," says Paul Carson, MD, MeritCare infectious disease specialist and principal investigator of this randomized, double-blind study. "The problems can range anywhere from mild diarrhea to severe diarrhea to life-threatening infection – a very wide spectrum of illness. In addition, C. difficile is fairly easily spread human-to-human, which means it's possible to have outbreaks of the disease in hospitals."

The standard treatment for C. difficile has been the antibiotics vancomycin or metronidazole. "The problem with using antibiotics for C. difficile is in addition to killing off the intended bacteria, we're killing off other bacteria, too, which empties the intestinal tract of its normal flora and opens the door to a relapse," says Dr. Carson.

"Approximately 20 percent of people will relapse after antibacterial treatment. And if you relapse once, you

have a higher chance of relapsing yet another time."

### A novel approach

The new medication – a polymer-based therapy called tolevamer – works differently. A type of resin, tolevamer is designed to bind and remove from the body the toxin released by C. difficile. "With this new approach, the idea is to give the body enough time to re-establish its normal bacterial flora so the C. difficile is put down in a more natural way," says Dr. Carson. Researchers hope that the non-antibiotic approach will lead to a better quality of life for CDAD patients because of the potential for fewer relapses and will also bring significant savings to the health care system by possibly preventing outbreaks of the infectious disease and therefore, reducing repeat hospitalizations for people severely affected by CDAD. "It's good, too, to get away from antibiotics as the only means of treating this," says Dr. Carson.

So far, only hospitalized patients have been enrolled at MeritCare, but the study can apply to outpatients, too. If you have a patient you think might be eligible – perhaps a patient whose CDAD was treated traditionally the first time and has now relapsed – please consider this study. The patient must be 18 years of age, have a positive C. difficile toxin assay and consent to the study. The treatment regimen can take place without frequent trips to Fargo. For more information, please call Dr. Carson at (701) 234-2353 or study coordinator Kim Wold at (701) 234-2772. For more information about other clinical research trials, visit [research.meritcare.com](http://research.meritcare.com).

## Full spectrum of retina services — including surgical expertise



*Andrew Jordan, MD  
Ophthalmologist*

With the arrival of ophthalmologist Andrew Jordan, MD, MeritCare Eye Clinic & Optical in Fargo offers the full spectrum of retina services, including surgical expertise. Dr. Jordan's advanced training includes a previous retina-vitreous fellowship, 15 years' experience as an ophthalmologist and retina specialist in Great Falls, Mont. and a short fellowship this past year to learn the latest knowledge and techniques in retina-vitreous care, including appropriate use of 25-gauge vitrectomy – a less invasive surgical approach than the traditional 20-gauge. With his extensive training and experience, Dr. Jordan is able to treat:

- Any type of retinal detachment, including in-office pneumatic retinopexy for the treatment of superior retinal detachments
- Retinal tears
- Trauma to the eye
- Diabetic retinopathy
- Epiretinal membranes
- Macular holes
- Macular degeneration
- Macular edema
- Eye conditions in premature infants including retinopathy
- Eye conditions in children including lazy eye, crossed eyes and retinoblastoma

### **Advances in retina evaluation and treatment**

In evaluating retina problems, Dr. Jordan appreciates the advanced technology now available at MeritCare. "In addition to a fluorescein angiogram, we have a digital fluorescein camera to view angiograms in real time and we have optical coherence tomography (OCT) for accurate measurements and evaluations," he says. "These are excellent tools for looking at problems, making good treatment decisions and tracking improvement post-treatment."

When it comes to treatment for retina problems, Dr. Jordan stresses perspective. "Retina problems are significant, and while carefully selected treatments can improve the visual outcome, they're not miracle cures," he says. "As much as we'd like to, we can't bring back great vision, but we do have a good chance of keeping people at a more functional level in terms of day-to-day life." Examples of treatments offered at MeritCare:

- Intravitreal Kenalog injections for people with diabetes and macular edema
- Macugen intravitreal injections for wet macular degeneration
- Tissue plasminogen activator (TPA) injections for hemorrhages not treatable with Macugen
- Photodynamic therapy (PDT) for wet macular degeneration

### **Timeliness is key**

Timeliness is key with retina problems. "I want referring physicians to know they have access to me. My philosophy about retinal care is to get people in as quickly as possible because the sooner we can get these problems evaluated and treated, the better the outcome for the patient," says Dr. Jordan. "I want to stress, too, how important it is to communicate with referring physicians and to assure them they will get their patients back. My goal is to keep the door open to people who need my expertise, and referring physicians are an important part of that process."

The eye care team at MeritCare now includes four ophthalmologists and three optometrists in Fargo, one ophthalmologist and one optometrist in Bemidji and one optometrist in Detroit Lakes, Valley City and Wahpeton. "I have wonderful ophthalmology and optometry colleagues here," says Dr. Jordan. "Everyone works really well together and we all have one goal: do what's best for the patient." In addition to practicing in Fargo, Dr. Jordan also provides outreach services to MeritCare Bemidji.

For more information on retina services, please call (701) 234-2305 or (701) 234-3640.



*Timothy Uglen, DPM  
Podiatrist*



*Richard Arness, DPM  
Podiatrist*



*Brad Anderson, DPM  
Podiatrist*



*Eric Gilbertson, DPM  
Podiatrist*



*Edgar Espe, DPM  
Podiatrist*

## MeritCare Podiatric Medicine and Surgery offers wide-ranging foot and ankle care

When you think about the work of podiatrists, you likely think of plantar warts, ingrown toenails and bunions. But consider the five podiatrists at MeritCare Podiatric Medicine and Surgery; they do the expected and a whole lot more.

"From aligning a severely deformed foot to dealing with sports injuries, from accurately assessing heel pain to performing a fusion to treat severe arthritis of the foot – we do it all," says Timothy Uglen, DPM, board-certified in foot surgery and reconstructive rear-foot/ankle surgery. All board-certified in foot surgery, Dr. Uglen along with Richard Arness, DPM and Brad Anderson, DPM in Fargo and Eric Gilbertson, DPM and Edgar Espe, DPM in Bemidji see a wide range of foot and ankle problems. They offer surgical and nonsurgical approaches, depending on what best meets the needs of the individual patient. Conditions treated include, but are not limited to:

- Foot pain
- Ankle pain
- Flat feet
- General forefoot pathology (bunions, ingrown toenails, etc.)
- Ankle sprains
- Achilles tendon injuries
- Foot and ankle trauma
- Deformed toes
- Sports medicine injuries

"Probably the most challenging pathology we treat is Charcot's joint disease, which can occur with diabetic neuropathy. If we catch the problem early enough, we can stop the joint-disintegration process and stabilize the ankle and foot. From a limb-salvage standpoint, chances of a successful

outcome are improved when pathology is recognized early," says Dr. Uglen. One of the first symptoms is a hot, swollen foot or ankle. "Even if the X-rays look normal, we need to see those patients," he says.

All five podiatrists take the time to accurately assess foot and ankle problems, then work with the patient to determine the course of treatment that best meets the patient's needs, taking into consideration the patient's activity levels and goals. "In treating problems of the foot and ankle, we look more at the lifestyle of the person than the age of the person," says Dr. Uglen. "For example, we've made a lot of 70- to 80-year-olds' lives better just by doing a fusion procedure to help with their arthritis. Once we get their feet pain-free, they have an easier time walking and their quality of life improves significantly."

The podiatrists at MeritCare take a team approach, working closely with designated MeritCare physical therapists and designated MeritCare HealthCare Accessories orthotists who have expertise in dealing with foot and ankle problems. "Whether patients come to us for an accurate diagnosis, targeted treatment, physical therapy or orthotics, we have everything they need and we make it convenient for them," says Dr. Uglen. "Basically we're able to offer 'one-stop shopping' for the foot and ankle."

For more information or to make a referral, please call (701) 234-8720 in Fargo or (218) 333-4915 in Bemidji. Know, too, that MeritCare podiatrists periodically travel the region, seeing patients in Blackduck, East Grand Forks, Detroit Lakes, Jamestown, Mahanomen, Perham, Wahpeton and Walker.

### EDUCATIONAL OPPORTUNITIES

For a complete listing of upcoming educational opportunities, visit

**[providers.meritcare.com](http://providers.meritcare.com)**

## One of America's Best



**M**eritCare Heart Center is honored to once again be recognized as one of Solucient's 100 Top Hospitals – Cardiovascular as published by *Modern Healthcare Magazine*, Oct 31, 2005. The study compared success rates at high-performing heart centers across the nation. The difference is impressive: Higher survival rates, fewer infections, shorter hospital stays and faster return to everyday life.



This is the sixth year that the Heart Center has been chosen for this distinguished honor. Learn more about MeritCare Heart Center by visiting [heart.meritcare.com](http://heart.meritcare.com).

**Congratulations** to the Heart Center team and thank you to the many referring physicians from across this region who entrust their patients' heart care to MeritCare.



## What is InterLink?

InterLink is a newsletter for physicians, mid-levels and health care administrators in eastern North Dakota and northwestern Minnesota. Our goal is to keep you informed about issues and services that impact your practice and to help facilitate communication and information-sharing between health care providers. InterLink is also available online at [providers.meritcare.com](http://providers.meritcare.com), along with up-to-date public policy information, educational opportunities and more. InterLink is published by MeritCare. Your feedback is welcome.

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