Advanced Practice Updates December 2023

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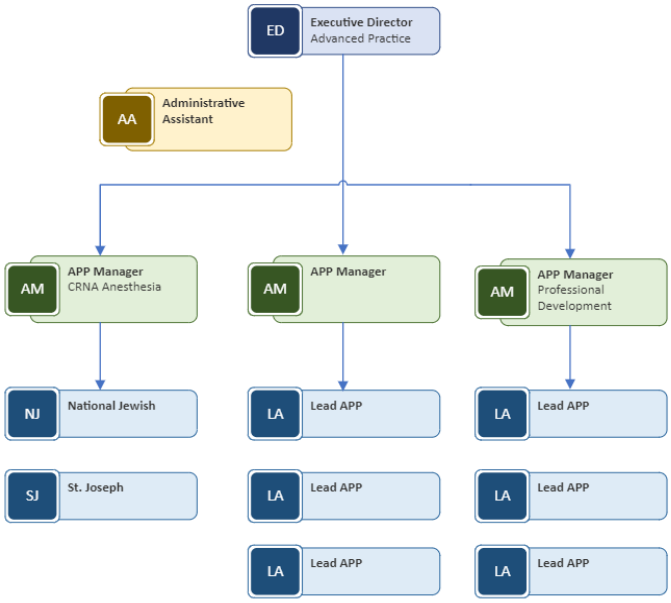
- Metabolic Health
- Occupational Medicine

APP Structure

National Jewish Health will be implementing a new APP leadership structure in 2024! The intent is to elevate our APP workforce with greater alignment in reporting, oversight and support for professional growth, as well as integration within our faculty medical practice. Moving forward, APPs across the organization will report directly to advanced practice leaders, with indirect reporting to Division and Department leaders. This matrixed reporting structure is critical to the success of our new structure, with APPs fully integrated into the faculty medical practice.



The APP structure will be implemented in a phased approach, beginning with three APP Manager positions. Managers will oversee APPs across one or more Divisions in partnership with Division Chiefs and other physician leaders in these areas. Additionally, APP Lead roles will be implemented to represent front-line APPs and teams across related sub-specialty programs.

A series of “APP Open Forum” meetings were held to discuss this new structure, and more details will follow regarding opportunities to apply for these new leadership positions.

Anesthesia Team Expansion

National Jewish Health recently expanded our Anesthesia CRNA Program through our Joint Operating Agreement with Saint Joseph Hospital. NJH will employ the CRNAs who provide anesthesia care for the Labor & Delivery Unit at Saint Joseph. Our NJH Lead CRNA **Jeffery Zimmerman** has been promoted to APP Manager for this expanded CRNA program. Thank you to our NJH leadership team for making this innovative model a reality!

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Cardiology: General

(Left to right) **Megan Knecht**, MS, APRN, ANP-BC; **Lindsay Scholl**, MS, APRN, FNP-BC and **Camille Triebel**, MS, APRN, ANP-BC

The general cardiology APP team includes Megan Knecht, Lindsay Scholl, and Camille Triebel. The APP team provides comprehensive cardiac care, focusing primarily on diseases of the vasculature and muscle/pump portion of heart. APPs and physicians work collaboratively to manage several diagnoses including coronary artery disease, heart valve disease, cardiomyopathies, heart failure with reduced and preserved ejection fraction, amyloidosis, sarcoidosis, hypertension, dyslipidemia, post capillary pulmonary hypertension, and cardio-renal disease.

The APP team generally sees follow up patients after the cardiology physicians complete the initial consultation; order and review diagnostic tests with patients and their families, manage patients during acute episodes, and titrate medications. They typically see patients once or twice a year alternating with their cardiology physician every other visit for continuity of care.

Additionally, cardiology APPs manage patients in the stress testing lab overseeing exercise and pharmacologic stress tests. They also are a resource for exercise physiology and echocardiogram technicians, as well as the testing RNs.

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Cardiology: Pulmonary Hypertension

Vera Pillitteri, DNP, APRN, FNP-BC, AACC, practices with the Pulmonary Hypertension (PH) team in the cardiology clinic at main campus, covers cardiac stress testing in the cardiology testing suite and sees patients in a research capacity in the Clinical Research Unit. She serves in a unique role in the Cardiology Division, managing PH patients. Her role includes providing education for patients and families about their PH diagnosis, treatment plans and goals. Management includes testing and follow up, monitoring for signs and symptoms of clinical changes, assessing responsiveness and side effects of the treatment, evaluating fluid volume status and providing counseling to address concerns.

Vera collaborated with the pulmonary hypertension team to write an educational guide for patients living with PH, which is published on the LearnLiveBreathePH.org website, and served as a co-investigator on several PH/cardiology related studies which are ongoing at NJH.

The PH team includes Dr. M. Patricia George, MD; Dr. Darlene Kim, MD; Dr. Andrew Freeman, MD; Dr. Tim Lahm, MD; Dr. Adriel Malave, MD; Dr. Vera Pillitteri, DNP, Ann Randall, RN; Jordin Rice, RN; Rachel Callender, RN.

Cardiology: Electrophysiology

Anne Waugaman, MSN, APRN, ANP-BC, practices with Dr. Sung at main campus in cardiac electrophysiology (EP), which manages approximately 400 patients with implanted cardiac devices. She sees electrophysiology patients in clinic to manage their arrhythmias, including medication management and testing such as EKGs, lab work, stress tests and pulmonary function tests.

Anne is responsible for remote monitoring of pacemakers, implantable cardioverter defibrillators (ICDs), cardiac resynchronization therapy (CRT) devices, and implanted loop recorders. She has a significant amount of additional training and education in EP and devices as well as an additional board certification from the International Board of Heart Rhythm Examiners in device management.

Patients with pacemakers, ICDs and loop recorders transmit daily information and alerts that may require immediate intervention. For example, abnormal lead measurements can indicate a problem with the device, and new onset atrial fibrillation or flutter may require immediate initiation of anticoagulation therapy to decrease risk of stroke. Other urgent arrhythmias include significant bradycardia, pauses or AV block necessitating pacemaker. Alerts for indications of worsening heart failure require referral to the cardiologist or heart failure specialist for early intervention. Patients also "mark" symptoms that can be reviewed by phone or in clinic. Remote monitoring can decrease hospitalizations as well as morbidity and mortality.

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Metabolic Clinic

Jenna Milliron, MS, APRN, FNP, is on the Metabolic Health team, which manages diseases of metabolic health including obesity, dyslipidemia, prediabetes and type 2 diabetes. Drawing labs at initial visit to quantify presence and degree of insulin resistance, allows the team to use this information to guide lifestyle optimization recommendations related to sleep, nutrition, activity and stress management along with pharmacologic therapy if indicated. Patients are typically seen every six to 12 weeks, depending on individual need. Jenna also provides consultation for National Jewish Health inpatients as they are commonly treated with high dose steroids and may experience hyperglycemia during their treatment course.

This was the first APP-led clinic at National Jewish Health. The team is proud to have introduced obesity management as a new service line for our patients and to help them reverse metabolic disease.

Jenna has a certificate of advanced education in obesity management through the Obesity Medicine Association. She is a member of the Society of Metabolic Health Practitioners and is currently pursuing accreditation through this organization.

Occupational Medicine



(Left to right) **Jordan Bull**, MPAS, PA-C; **Richard Kraus**, MPAS, PA-C; and **Kalie Vonfeldt**, MS, PA-C

The Division of Environmental and Occupational Health Sciences (DEOHS), Occupational Medicine Clinic manages patients with sarcoidosis and occupational/environmental lung diseases, including but not limited to hypersensitivity pneumonitis, deployment lung diseases (asthma, bronchiolitis, rhinosinusitis, vocal cord dysfunction), coal worker's pneumoconiosis, silicosis, chronic beryllium disease, and asbestosis. We also evaluate patients for possible adverse reactions to joint replacement components through our Metals program.

The Occupational Medicine APP team includes Jordan Bull, Richard Kraus and Kalie Vonfeldt. They practice in the Occupational Medicine clinic at main campus. Richard also practices at offsite screening clinics for miners (coal, uranium, metal, and non-metal) in Pueblo, Montrose, Craig, Casper, Wyoming and Page Arizona.

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These APPs are knowledgeable about the various federal government benefits programs and manage occupational and environmental related lung diseases with an outstanding team of renowned physicians. They obtain in depth occupational and environmental histories to determine if there are any exposures which may be a contributing cause to their lung disease. If patients have an occupational or environmental lung disease, they assist patients with navigating worker's compensation, insurance and disability benefits. Additionally, these APPs collaborate with our research teams to perform groundbreaking research.

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