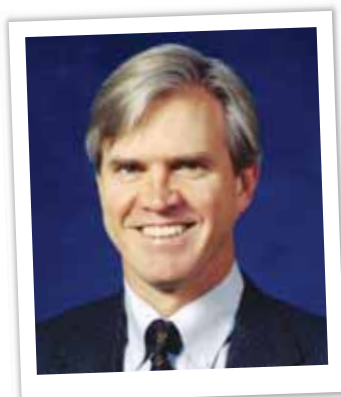


Stephen R. Ramee, MD

A premier interventional cardiologist discusses the success of All That Jazz 2006 after Katrina and collaboration to treat stroke.



How significant was the impact of Hurricane Katrina on the Ochsner Clinic? Katrina changed the lives of everyone in the New Orleans area. The hospital, which luckily did not flood, was on emergency power for a week and without potable water for over a month. In the early days, thousands of employees, patients, and their families lived there while chaos ruled the city. Luckily, the National Guard came early and protected the temporary residents of the compound. Through all this, patient care was never interrupted, and all became bonded by the common goal of post-hurricane recovery.

How close are things to being back to normal, and what still needs to be done? Ochsner used to be a referral center. Only two of 15 hospitals on the East Bank survived the storm without interruption. This, together with the fact that many of the local physicians in the Gulf Coast were displaced by the storm, has led us to assume the role of primary caregiver to many thousands of patients who were previously cared for at other local community and university hospitals. Hence, we are seeing more ER visits and subsequently more myocardial infarctions. We are also taking care of three times as many uninsured patients who were previously seen in the state-funded charity system.

Being one of the primary organizers of a national meeting is without question challenging, stressful, and time consuming. However, planning the first major meeting to be held in post-Katrina New Orleans must have brought a unique set of circumstances. Compared to previous All That Jazz meetings, how would you describe planning for this year? After Katrina, we were in shock for several months. The very future of the city

and its environs was in question. Planning a medical meeting was not a priority and took second place behind wondering where to live and how to survive financially as a health care system. As things returned to normal in the hospital in November, the Jazz course directors met and decided that it would be the best thing for the hospital, the city, and our colleagues to go ahead with the 15th Annual Meeting as planned.

What were the most significant challenges you faced?

The challenges were mainly internal. We had to motivate ourselves to ignore what was going on around us and breathe life into the meeting. In November, we were months behind in terms of planning and marketing. With our colleagues at Complete Conference Management, Susan Holtzman and Richard Runge, we embarked on a late but aggressive e-mail marketing campaign that was facilitated by our friends with media Web sites, such as Dr. Ron Waksman from the Washington Hospital Center and Dr. Barry Uretsky and Norm Linsky from the SCAI. The faculty was uniquely supportive and energetic in their response, which in turn helped to energize us.

Nonetheless, our foundation took considerable financial risk with our decision to proceed because we had made certain attendance and food and beverage guarantees to the New Orleans Marriott Hotel in our contract. After what they had seen on television, who would come to a flooded city for a medical meeting? Most of the meetings planned in the city for 2005 and 2006 had been cancelled. Tourism was at a standstill. FEMA employees, students, policemen and their families, and contract workers filled the hotels.

All That Jazz was to be the first major meeting at the Marriott and in New Orleans since Katrina. We made our decision to proceed long before we even knew if Mardi Gras or Jazz Fest were going to be held. The risk was certainly worth it, though.

From an attendee's standpoint, everything went very well, with excellent content, faculty, audience participation, and no discernable major glitches—a truly commendable effort under any circumstances. Were there any pre- or midmeeting crises or emergent situations that the organizers had to manage? The meeting went without any major crises, thanks to the people at Complete Conference Management and my colleagues at Ochsner, especially Dr. Chris White and Laurie Ventura.

(Continued on page 81)

(Continued from page 82)

Only one Katrina-related problem occurred. During the Live Case Demonstrations, we lost all fiber optic video transmission in the city. Fortunately, Rob Langford of Advanced Concepts, was able to troubleshoot and solve the problem within minutes, and Dr. Steve Jenkins and the faculty filled the time without missing a beat.

What were the highlights of the meeting for you? The highlight of the meeting for me was the outstanding support we received from our friends, faculty, and industry. We felt not only needed but loved. I also cannot help but thank all of the brave souls who risked their time and money to attend. The common theme was one of compassion for our plight and loyalty to our cause. To a person, they expressed to me their thanks that we proceed and put on a great event.

What made you first decide to have your meeting coincide with the annual New Orleans Jazz and Heritage Festival? New Orleans is one of the most colorful and vibrant cities year round and, in springtime, the weather, music, culture, and food all collide into a veritable kaleidoscope for all of the senses. We attempt to make All That Jazz an exciting and fun learning experience for all who attend. All That Jazz is about understanding disease states and learning new techniques and technologies in a stimulating environment that is a pleasure to the senses.

What are the benefits and challenges of applying an endovascular approach when treating the peripherals? Virtually all vascular disease has or will have an endovascular solution. The benefits of treating these patients are threefold: first, we identify patients with atherosclerosis who are at risk for myocardial infarction, stroke, and death and can institute preventative therapy. Second, we can relieve lifestyle-limiting symptoms (such as claudication, vertebrobasilar insufficiency, and diastolic dysfunction) by reducing organ ischemia, often permanently. Third, we can educate patients and healthcare providers about the ravages of vascular disease and its causes and enlist their support in maintaining a healthier lifestyle.

In 2004, at the AHA Scientific Session, you said "Cardiologists must become involved and take the lead as stroke goes from an acute event without treatment to a highly treatable brain attack." Since then, have you seen a movement toward stroke care becoming a team effort among the specialties and led by cardiologists? Stroke is the second leading cardiovascular killer in the US and affects more people than breast or lung cancer. Reversing this trend is not going to be an easy task. It will

not happen overnight, and it will not happen in a vacuum. Cardiologists have to develop their knowledge of stroke so that they can be key contributors to the prevention and treatment of stroke along with our colleagues in the neuroscience fields. I hope that during the next 5 years, cardiologists will learn more about prevention and treatment of stroke and that all specialties involved in this field will learn how to manage patients and populations of patients based on the results of solid clinical trial data.

It is not really a matter of who should lead, but how we as cardiologists and endovascular specialists can contribute in the war against stroke. Neurologists, unfortunately, do not see most these patients until after they've had a stroke, which is too late. Cardiologists, vascular surgeons, and other vascular specialists are in the unique position of seeing stroke patients before they present with stroke. They see the patients with atrial fibrillation, patent foramen ovale, and asymptomatic carotid bruits and can intervene to prevent stroke. By working together, we can potentially alter the course of this highly morbid disease before it happens.

What treatment method would be ideal for this population? What I envision is a partnership of all vascular and neurospecialists to modernize our treatment of these patients. Prevention is the goal, and treatment is the salvage option. We need to collaborate through our professional societies, such as the SCAI, the national neurology, neurosurgery, neuroradiology, vascular medicine, and vascular surgery organizations to collaborate with the government, the news media, and insurers to educate the public and healthcare professionals and make stroke a rare, but treatable, event.

What are you working on next? We hope to expand the scope of Peripheral Angioplasty and All That Jazz to reflect the changing medical practice of cardiovascular specialists. This year, we added the Special Symposia on Noninvasive Cardiovascular Imaging and Structural Heart Disease. We also added a fellows course. Paralleling our practice, next year we plan to expand this aspect of the meeting to include live demonstration cases of aortic valve replacement and mitral valve repair, emerging treatments that are of key interest to our constituents. We hope that as our city recovers, we can play a central role by showing the world that medical care and education in New Orleans is no longer on life support! By participating in All That Jazz, one can learn a great deal, have a great meal, and enjoy participating in one of the most unique and exciting educational experiences available! ■