Comprehensive Pulmonary Hypertension Clinic at UPMC

By Michael Risbano, MD

In 2009, UPMC launched the Comprehensive Pulmonary Hypertension Clinic under the direction of Michael Mathier, MD, and Mark Gladwin, MD. The clinic utilizes a multidisciplinary approach in the evaluation and management of patients with pulmonary vascular disease. Led by co-directors David Ishizawar, MD (cardiology), and Michael Risbano, MD (pulmonology), the clinic combines the expertise of cardiologists, pulmonologists, and specialists in sleep and pulmonary transplant medicine in the evaluation and treatment of pulmonary hypertension (PH).

Pulmonary Hypertension Groups: The types of conditions we help manage

**Group I**
- Idiopathic PAH
- Drug-induced PAH
- PAH associated with connective tissue disease
- HIV-associated PAH
- Congenital heart disease
- Sickle cell disease

**Group II**
- Pulmonary hypertension due to diastolic dysfunction and left heart disease

**Group III**
- Pulmonary hypertension due to parenchymal lung disease (emphysema, interstitial lung disease)

**Group IV**
- Chronic thromboembolic PAH

**Group V**
- Pulmonary hypertension associated with other diagnoses (e.g., sarcoidosis and thyroid disease)

Our patients

We see patients referred by primary care physicians, pulmonologists, or cardiologists for the evaluation and management of pulmonary hypertension. Due to the diverse etiologies of pulmonary hypertension, the Comprehensive Pulmonary Hypertension Clinic at UPMC is well-suited to help manage these complex patients. When people think of pulmonary hypertension, Group I PAH comes to mind. As a group, we are interested in both the evaluation and management of PH related to heart and lung disease and pulmonary embolism. These groups of patients are as challenging to manage as the IPAH population. We have enjoyed seeing patients with a wide variety of pulmonary vascular conditions.

Early referral

Patients who are evaluated and treated for PH early in the disease process have improved outcomes. We are eager to see patients early in their diagnosis, in which there is a suspicion of pulmonary hypertension (PH) based upon transthoracic echocardiogram. We are also excited to see patients with a long-standing diagnosis of PH who already are on therapy, but whose physicians are seeking another opinion in the next step in management, and/or evaluation for lung transplantation.

Comprehensive clinical approach

All referred patients will be evaluated by either a pulmonologist/pulmonary transplant physician or a cardiologist. All previously obtained records and images are reviewed. A significant amount of time is spent with the patient gathering history as well as providing education about the diagnosis and treatment of pulmonary hypertension. We complete any remaining serologic testing, pulmonary function testing, six-minute walk test, radiologic and echocardiographic imaging and/or hemodynamic evaluation, which may include resting or exercise right heart catheterizations.

Each PH clinic physician will gladly see and evaluate patients with all forms of PH (Group I-V). It may be preferential, however, for referred patients to be directed to either clinic based upon underlying comorbidities. Those patients with underlying lung disease could be directed to the Pulmonary PH Clinic and those with underlying heart disease could be directed to the Cardiology PH Clinic. Patients seen at the Comprehensive Pulmonary Hypertension Clinic at UPMC will be discussed at our weekly conference. At this conference, the accuracy of the PH diagnosis, diagnostic testing, potential medical therapy, and eligibility for clinical trials will be discussed in detail among the attending physicians. Longitudinal follow-up will occur with the initial evaluating physician.

Rapid diagnostic evaluation

Our goal is to provide comprehensive and expedited patient care to the highest level of patient and referring physician satisfaction. We strive to complete all testing within one to two weeks of the initial visit, and for patients who are more symptomatic or traveling from a distance, we can often accommodate a clinic visit with remaining tests and right heart catheterization on the same day, or within a two-day period.

Initiating or modifying therapy

One of the clinic’s strengths is the close relationship between patient care and clinical/translational research. UPMC is currently involved in a multitude of clinical treatment trials, and can offer many patients novel therapies through these trials. In addition to enrollment in clinical trials, our nurses, nurse practitioners, social workers, and case managers help navigate the path to implementation of FDA-approved therapies.

Follow-up care

We are happy to follow up with patients after their initial visit to our clinic. In addition, should we identify other conditions related to a patient’s pulmonary hypertension, such as connective tissue disease, liver disease, or other conditions, we can easily refer them for further clinical evaluation, because we work closely with many specialists throughout UPMC.

How to refer

To refer a patient to the Pulmonary Hypertension Clinic at UPMC, call 1-877-PH4-UPMC (8762) or email PHprogram@upmc.edu. Although we take a multidisciplinary approach, we recognize that patients may already have a pulmonologist or cardiologist involved in their care. We will work closely with referring physicians to maintain an overall continuum of care. We look forward to working with referring physicians to help serve the needs of patients with pulmonary hypertension.