

# HEALTHCARE JOURNAL

of Baton Rouge

SEPTEMBER / OCTOBER 2012

## How Safe Are You?

Violence in the Healthcare Workplace

### ALSO INSIDE

A Plan to Succeed

One on One:  
Warner Thomas

CEO, Ochsner Health System

\$8<sup>00</sup>



SCAN CODE TO SUBSCRIBE

US Healthcare Journals  
PAID  
US POSTAGE  
PRSR STD

Healthcare Journal of Baton Rouge  
17732 Highland Road, Suite G-137  
Baton Rouge, LA 70810-3813

# POWERED BY INTELLIGENCE.

THE 2012 RANGE ROVER SPORT



The Range Rover Sport offers responsive, athletic reflexes because of its trimmer dimensions and more responsive suspension tuning.

- Easy to use human-machine interface touch screen with entertainment, information, navigation and communication
- Passive keyless entry
- Rear view camera
- Terrain response system gives access to over 60 years of Land Rover all-terrain drive expertise.
- Available surround cameras
- Power tailgate!!

©2012 JAGUAR LAND ROVER NORTH AMERICA, LLC

## LAND ROVER BATON ROUGE

11977 Airline Highway • 225-756-5247 • [www.parettibatouge.com](http://www.parettibatouge.com)

THE RANGE ROVER SPORT

RANGE  
ROVER

# Only **25** U.S. hospitals were nationally ranked this many times.



## Ochsner is the only nationally ranked hospital in the state.

The best healthcare isn't just in Boston, Cleveland or Houston, it's right here in Louisiana. Ochsner Medical Center is proud to be the state's **only** hospital recognized by *U.S. News & World Report* as being one of the nation's Top 50 in 11 areas of expertise. Rest assured, accessing this nationally ranked care is as easy as connecting to an Ochsner-affiliated physician.

For an appointment, call **1-866-OCHSNER**. To learn more, visit **[ochsner.org](http://ochsner.org)**.



# Health Care News on the go...



**HEALTHCARE  
JOURNAL**  
of Baton Rouge

www.HealthcareJournalBR.com

## HEALTHCARE JOURNAL of Baton Rouge

SEPTEMBER / OCTOBER 2012

**SMITH W. HARTLEY**

Chief Editor  
shartley@ushealthcarejournals.com

**KAREN STASSI**

Managing Editor  
kstassi@ushealthcarejournals.com

**PHILIP GATTO**

Editor/Writer  
pgatto@ushealthcarejournals.com

**LIN GRENSING-POPHAL**

**DEBORAH PARDO-KAPLAN**  
Contributing Writers

**REP. BILL CASSIDY, MD**

Legislative Correspondent

**DAVID HOOD**

Policy Correspondent

**CINDY MUNN**

Quality Correspondent

**LIZ SMITH**

Art Director  
lsmith@ushealthcarejournals.com

**DIANNE HARTLEY**

Sponsorship Director  
dhartley@ushealthcarejournals.com

**HJBR ADVISORY BOARD**

**KEN ALEXANDER**

Vice President, Quality and Regulatory Activities  
Louisiana Hospital Association

**ROBERT D. BLAIR**

CEO  
The NeuroMedical Center Surgical Hospital

**RIAZ FERDAUS, PhD**

MHA Faculty  
Our Lady of the Lake College

**JENNIFER JOHNSON**

CNO  
Lane Regional Medical Center

**JAN KASOFSKY, PhD**

Executive Director  
Capital Area Human Services District

**LESLIE NORMAN**

CNO  
St. Elizabeth Hospital

**EDGAR H. SILVEY**

CEO/Administrator  
The Baton Rouge Clinic, AMC

**ADVERTISING AND EDITORIAL OFFICES**

17732 Highland Road, Suite G-137, Baton Rouge, LA 70810  
855.302.7500 • 225.302.7500

**TO SUBSCRIBE**

www.HealthcareJournalBR.com

Copyright© 2012 Healthcare Journal of Baton Rouge

The information contained within has been obtained by *Healthcare Journal of Baton Rouge* from sources believed to be reliable. However, because of the possibility of human or mechanical error, *Healthcare Journal of Baton Rouge* does not guarantee the accuracy or completeness of any information and is not responsible for any errors or omissions or for the results obtained from use of such information. The editor reserves the right to censor, revise, edit, reject or cancel any materials not meeting the standards of *Healthcare Journal of Baton Rouge*.

# Children's Hospital's Inpatient Rehabilitation Program Recognized for Ongoing Innovation and Standards of Performance



The Gilda Trautman Newman Rehabilitation Center at Children's Hospital offers consulting medical services in more than 40 pediatric specialties, including the treatment of children with brain injury, limb deficiency, cerebral palsy, developmental disability, spinal cord injury, trauma injuries, seizure disorder, neuromuscular disease, feeding disorder, stroke, ventilator dependence, myelodysplasia, rheumatic disease and other congenital or acquired disabling disorders.



**CHILDREN'S  
HOSPITAL**

200 Henry Clay Ave.  
New Orleans, La. 70118  
(504) 896-2177  
[www.chnola.org](http://www.chnola.org)

# Stay in the know with **HJBR eNews**



**HEALTHCARE  
JOURNAL**  
of Baton Rouge

[www.HealthcareJournalBR.com](http://www.HealthcareJournalBR.com)

## **HEALTHCARE JOURNAL** of Baton Rouge

### 2012 HJBR SPONSORS

**Baton Rouge General Medical Center**  
[www.brgeneral.org](http://www.brgeneral.org)

**Blue Cross & Blue Shield of Louisiana**  
[www.bcbsla.com](http://www.bcbsla.com)

**Breazeale, Sachse & Wilson, LLP**  
[www.bswllp.com](http://www.bswllp.com)

**Calandro's Select Cellars**  
[www.calandros.com](http://www.calandros.com)

**Campus Federal**  
[www.campusfederal.org](http://www.campusfederal.org)

**Cardiovascular Institute of the South**  
[www.cardio.com](http://www.cardio.com)

**CenturyLink**  
[www.centurylink.com](http://www.centurylink.com)

**Children's Hospital**  
[www.chnola.org](http://www.chnola.org)

**D.R. Horton**  
[www.drhorton.com](http://www.drhorton.com)

**Foot and Ankle Institute**  
[www.footandankleinstitute.org](http://www.footandankleinstitute.org)

**Knobloch, Poché & Burns Wealth Management Group  
of Wells Fargo Advisors, LLC**  
[www.knobloch-poché-burnswealthmanagementgroup.com](http://www.knobloch-poché-burnswealthmanagementgroup.com)

**Louisiana Health Care Quality Forum**  
[www.lhcf.org](http://www.lhcf.org)

**Louisiana Health Plan**  
[www.lahealthplan.org](http://www.lahealthplan.org)

**Louisiana State Medical Society**  
[www.lsms.org](http://www.lsms.org)

**Ochsner Medical Center-Baton Rouge**  
[www.ochsner.org](http://www.ochsner.org)

**Our Lady of the Lake Foundation**  
[www.ololchildrens.com](http://www.ololchildrens.com)

**Paretti Jaguar**  
[www.paretti.com](http://www.paretti.com)

**Peak Performance Physical Therapy**  
[www.peakphysicaltherapy.com](http://www.peakphysicaltherapy.com)

**Personal Homecare Services**  
[www.personalhomecare.net](http://www.personalhomecare.net)

**Promise Hospital**  
[www.promisehealthcare.com](http://www.promisehealthcare.com)

**Radiology Associates, LLC**  
[www.lakeradiology.com](http://www.lakeradiology.com)

**The Bone and Joint Clinic**  
[www.boneandjointclinicbr.com](http://www.boneandjointclinicbr.com)

**The Omni Group, LLC**  
[www.omniinsurance.com/125](http://www.omniinsurance.com/125)

**The Physicians Trust**  
[www.thephysiciantrust.com](http://www.thephysiciantrust.com)

**Walgreens**  
[www.walgreens.com](http://www.walgreens.com)

September is National PAD Awareness Month!



*peripheral  
arterial disease*

# Pain in your legs or feet?

This can be a sign of constricted blood flow which can ultimately put your leg at risk for amputation. Cardiovascular Institute of the South has pioneered the use of balloons, stents and lasers to restore circulation in the legs and feet and eliminate the need for amputations.

**If you think you may have blockages in your legs,  
call CIS to schedule an appointment.**

**Cardiovascular Institute**   
OF THE SOUTH

7941 Picardy Avenue • Baton Rouge, LA 70809  
(225) 308-0247 • (855) 437-0247 • [www.cardio.com](http://www.cardio.com)

# Live well and stay well?

## We've got you covered.



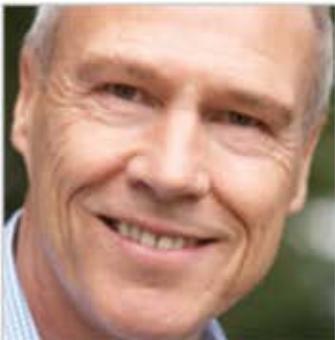
### **Seasonal Flu (Influenza) Shots**

- Recommended for everyone ages 6 months and up
- Available to Walgreens patients 7 years and older without a prescription
- Can be given at the same time as other vaccines



### **Pneumonia (Pneumococcal) Vaccine**

- Recommended for all adults age 65 and older, and any adult 19 through 64 years of age who is a smoker or has asthma
- Available to patients 7 and older without a prescription



### **Shingles Vaccine (Zostavax)**

- Recommended for adults age 50 and older who have previously had the chickenpox virus
- Available to patients aged 60 and older without a prescription
- Prescription necessary for patients aged 50-59.

---

Seasonal flu shots, pneumonia vaccines, and shingles vaccines are available  
**EVERYDAY, at EVERY Walgreens location,  
NO PRESCRIPTION NECESSARY\***

(\* see restrictions for Zostavax above).

For more information or to be well protected today, see your neighborhood  
Walgreens pharmacy.

Vaccine subject to availability. State, age, and health-related restrictions may apply. See pharmacy for details.

---

# **Walgreens** There's a way.

# TABLE OF CONTENTS

SEPTEMBER / OCTOBER 2012



12

## Cover Story

### STAYING SAFE

Addressing violence in the healthcare workplace

## Features

**24** Ducks in a Row?  
Succession planning key for healthcare industry

**32** One on One  
Warner Thomas, CEO  
Ochsner Health System



## Departments

- 10** Editor's Desk
- 44** Healthcare Briefs
- 62** Hospital Rounds
- 72** Book Corner
- 74** Advertiser Index

## Correspondents

- 54** Quality
- 58** Policy
- 60** Legislative



# Simplicity is the ultimate sophistication

— LEONARDO DA VINCI



**I RECALL ALMOST 20 YEARS AGO** as an administrator of a small, 10-physician primary care clinic in Houston, a situation I am unable to forget. I was called to the reception desk because a patient had a question nobody could answer. They were right. The very polite gentleman told me he had no insurance and was choosing to pay the old

fashioned way—with real money. He simply stated, “I would like to know how much this visit to the doctor is going to cost me.” I had to pause. To buy myself some time to answer, I verified that he did not, in fact, have any insurance. He said, “Nope. I prefer to just pay by credit card, but I would like to know how much.” Okay, I now had to dig deep for an answer. Trying to be smooth, my next question to him was, as if it made any difference or was any of my business, “Sir, what are you here to see the doctor for?” I forget his response. It didn’t matter. I had no idea how much we charged for services for someone simply willing to pay us and bypass the insurance game.

I told him I would soon find out and conferred with the group’s medical director for about 20 minutes. She was able to find an old fee schedule and we agreed this should work. I showed the gentleman the price list and gave him the typical line of, “It all depends on what the doctor decides to do.” He was mostly satisfied, but wanted me to know he would like to confer with his doctor on options based on price. “Hmmm,” I thought. “I better speak with the doctor to best prepare him for this patient.” I warned the doctor that his

patient would want to know his alternatives based on price. The doctor paused, then told me, “I don’t really do that, but I’ll try to work with him.”

How could I forget this story? It is such a simple model. We provide a service, and receive payment. Yet, none of us knew the price to charge. Well, 20 years later, things haven’t changed all that much.

It’s no wonder healthcare costs are enormous for most people. Our model has not really involved many cost containment options. One would think with an increase of high-deductible plans and so many cash paying patients, we could more easily shop for medical services based on price and quality. We are not even close. Of course, we see much more price shopping with elective procedures, but the market has not really developed a traditional framework of medical services. It’s just the incentive nature of our insurance model coupled with defensive medicine and, of course, the fact that the government remains the biggest payor of services. But, I suppose we are all somewhat to blame.

Just for fun, I called a couple of local physician practices to get price quotes. It’s just interesting to me because I can tell by the two second pause that I will receive the standard answers, but the standard answers never really tell me how much will be charged to my credit card for their service.

So, with 20 years of healthcare policy experience and a high-deductible insurance plan, I’ll just say I’m truly grateful for the gift of good health.

Smith W. Hartley  
Chief Editor

**LETTERS & COMMENTS**  
[editor@ushealthcarejournals.com](mailto:editor@ushealthcarejournals.com)  
**SUBSCRIPTION HELP**  
[www.HealthcareJournalBR.com](http://www.HealthcareJournalBR.com)

“THIS IS MY  
CAMPUS”



You know the body inside and out. But are you as familiar with the backbone of your practice – its finances? At Campus Federal, working with physicians is our specialty. Our Business Online Banking makes it easy to check balances, pay bills, even transfer funds. Plus, with Campus Click, you can make deposits from your office. To find out more, call, click or come by.

**CAMPUS  FEDERAL**  
BE A PART OF IT™

[campusfederal.org](http://campusfederal.org) | 888.769.8841

NCUA



---

Staying  
**Safe**

# Addressing **Violence** in the Healthcare Workplace

by **DEBORAH PARDO-KAPLAN**

## **WITHIN THE FIRST WEEKS OF HER ORIENTATION**

at St. Elizabeth Hospital in Gonzales, a young nurse found herself in a dire situation in the Emergency Department (ED). Hope Murchison, RN, 23, stood near an irate female teenager lying on a stretcher who had just been relieved of her restraints. The patient had thrown a Coke bottle at the door and had uttered threats against Murchison and three other nurses in the room who were all there to assuage and care for the troubled teen.

Suddenly, the teen grabbed Murchison's long hair and held her head down on the bed.

"She was swinging at all of us, but she grabbed my hair," said Murchison, who usually wore her hair up in a ponytail. "I pulled my head back and a chunk of hair got ripped out." The other nurses had to pry the teen's fingers out of Murchison's hair. The teen eventually went on to a psychiatric facility. >>



Hope Murchison, RN

It is not uncommon for people with behavioral problems or more serious psychiatric issues to end up in EDs of hospitals. “We’re basically a holding block,” said Murchison, about hospital emergency rooms. Psychiatric patients must first receive clearance from a medical facility prior to transferring to a psychiatric one, she said. It isn’t, however, only psychiatric patients who confront healthcare workers with verbal and physical abuse, but many patients, patient families, and visitors. And although the staff of the ED tends to bear much of the initial violence, once admitted, patients and their entourage submit providers on other units to verbal and physical abuse as well.

Nationwide, those working in healthcare and social assistance have become the most assaulted workers of all American industries. Nearly 60 percent of all nonfatal assaults and

**26.6%**  
of ER nurses have considered leaving their department for another unit or leaving the hospital altogether due to the level of violence

violent acts occur in the healthcare and social assistance industry, according to

a 2010 U.S. Department of Labor, Bureau of Labor Statistics report.<sup>1</sup> Violence often occurs in the ED, in waiting rooms, intensive care units, nursing homes, long-term care facilities, and psychiatric departments. Being on the frontlines, nurses tend to be the primary victims of both verbal and physical abuse, but anyone who regularly cares for the patients, such as nursing aides and orderlies, are also at risk. In 2009, nurses reported 2050 assaults and violent acts that required an average of four days away from work, according to the American Nurses Association (ANA). Of these, 1830 came from patients and 80 from visitors or someone other than the patients. Eight RNs were fatally wounded between 2003-2009, four of them from gunshot wounds, according to a Bureau of Labor Statistics 2011 report noted on the ANA Web site. Statistics may be low as nursing staff tend to underreport acts, but also due to the lack of mandatory state or federal reporting.

“This problem has been getting worse, much worse,” said Leslie Norman, PhD, RN, NEA-BC, Chief Nursing Officer and VP of Patient Care Services at St. Elizabeth, which has 500 team members, including 175 nurses. Norman, who has worked in healthcare for 25 years, seeks to offer quality care, but not at the expense of safety. She feels powerless when patients act out because she cannot respond in kind. “We have to smile and take it,” she said, particularly about the verbal abuse. For her, patients have been growing in their expectations of healthcare workers, holding nurses especially to very high standards.

In the ED and in other units of medical facilities, healthcare workers are submitted to a range of abuses that include yelling, cursing, verbal intimidation, name calling, sexual harassment,

“This problem has been getting worse, much worse... We have to smile and take it.”



LESLIE NORMAN, PHD, RN, NEA-BC  
St. Elizabeth Hospital

“Nurses spend more time with the patients and so they receive more of it.”



TAMMY O'CONNOR, RN, BSN, CEN  
St. Elizabeth Hospital



# BONE & JOINT CLINIC OF BATON ROUGE

When you're injured, coordinating your orthopedic care should be 100% pain-free. The Bone and Joint Clinic has both the specialists and the comprehensive services you need, from diagnosis and imaging to surgery and full physical therapy—all in one convenient location. We're the place where recovery happens, from start to finish.

Sports Medicine information,  
Orthopedic FAQs and Online Appointments at

[www.bjcbr.com](http://www.bjcbr.com)

Located inside The Orthopedic Center  
at 7301 Hennessy Boulevard, Suite 200

225-766-0050

**South Louisiana's One-Stop website**  
**for up-to-the-minute high school**  
**football scores and sideline videos**

[www.bjcbr.com/sportscenter](http://www.bjcbr.com/sportscenter)



kicking, threatening, spitting, hitting with objects, pushing, scratching, pinching, hair pulling, biting, being voided on, shooting, and stabbing. All but the last two acts have occurred at St. Elizabeth. Nurses, physicians, nursing assistants, a housekeeper or even the dietary person delivering the food tray can be targets for violent behavior, Norman said. Nurses spend more time with the patient and so they receive more of it, she added. Fifty percent of ED nurses at St. Elizabeth's have experienced some kind of workplace violence, whether physical or verbal assault, according to Tammy O'Connor, RN, BSN, CEN, the facility's ED Director. According to the ENA Web site a 2006 survey of 1000 Emergency Nurses Association nurses concluded that 86 percent were victims of workplace violence in the preceding three years by not only patients, but family members and visitors as well.



“A show of force offends deescalates the situation.”

JENNIFER SING, RN, BSN  
St. Elizabeth Hospital

“So there's no place for people to go when they have an acute psychotic episode. They end up in the EDs of hospitals.”

MARY MOLLER, DNP, ARNP,  
PMHCNS-BC, CPRP, FAAN  
Yale University



Patients commit violent acts about 45 percent of the time, whereas family members, visitors, and sometimes other health-care providers (including physicians) commit one-third of violent acts, according to a 2007 report to the U.S. Department of Health and Human Services and Congress, from the National Advisory Council on Nurse Education and Practice (NACNEP).<sup>2</sup> While the violence has not deterred people from entering the nursing profession, some nurses end up leaving the profession as a result of violence from patients, and also from lateral violence—or abuse from an unsupportive work culture, said Demetrius Porche, DNS, RN, APRN, FAANP, Dean of the Louisiana State University Health Sciences Center School of Nursing (LSUHSC). He confirms the existence of bullying from nurse to nurse or physician to nurse. “It is there, he said, I can tell you that.” Fifty-three percent of student nurses have reported being put down by a staff nurse and almost 57 percent of nurses have reported being threatened or being targets of verbal abuse, according to the American Nurses Association.

Nursing organizations and associations are exploring solutions to deal with the violence, offering toolkits and tip sheets to use for education, amassing helpful literature and statistics, as well as seeking legislative measures. They have also clearly defined the meaning of violence in the workplace. The American Nurses Association uses the National Institute for Occupational Safety and Health's (NIOSH) 1996 definition, which defines it as “any physical assault, threatening behavior or verbal abuse occurring in the workplace. Violence includes overt and covert behaviors ranging in aggressiveness from verbal harassment to murder.”

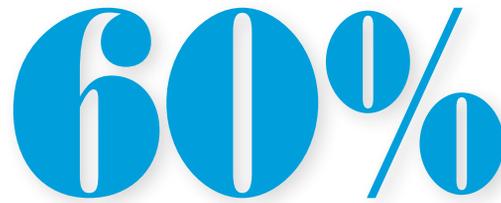
Nurses from St. Elizabeth, including Norman, are proactively addressing the issues. O'Connor and others from the ED, such as Murchison, joined together to form an Emergency Department Practice Council in 2011 to combat violence in the workplace. They adapted an ENA 41-slide PowerPoint toolkit which they presented to senior hospital management to create greater awareness and to spark solutions. “They knew we had some issues, said O'Connor about management, but they did not realize the extent of it.” The nurses at St. Elizabeth feel deeply supported by hospital leadership who, as a result of the presentation, are currently assessing whether the ED can use police as security during higher incidence days, such as weekends. St. Elizabeth's marketing team has also been constructing zero-tolerance signs that will soon be posted throughout the facility's hallways and ED lobby. It is part of a zero-tolerance towards

violence campaign, said Jennifer Sing, RN, BSN, Chair of the Council. The Council has also put in place strategies such as Crisis Prevention Training, a one-day training program through the Crisis Prevention Institute (CPI), an international organization that prepares healthcare workers to deal with disruptive and assaultive behavior.

Other security features at St. Elizabeth include a Code White, said Sing, which is to be used when violence begins to escalate in order to draw as many healthcare workers to the conflict area as possible. A show of force often deescalates the situation, she said. The ED also locks down its doors to outsiders to manage crowd control when needed. Nurses now wear panic buttons on their name badges with infrared monitoring that when pressed send an alarm to the ED computer screen stating name and location of the nurse. With all those options, St. Elizabeth ED nurses find calls to police most effective during violent outbreaks, with 50 percent calling 911 and 25 percent using the Code White, according to St. Elizabeth's statistics presented in the PowerPoint to management. Calls to police for backup from St. Elizabeth's ED rose from 46 calls in 2010 to 67 calls in 2011. Fourteen percent of the nurses found their CPI training most effective, seven percent noted hospital security, and four percent said lockdown was the most effective practice in the ED, according to the St. Elizabeth presentation. St. Elizabeth has one to two security guards on duty during the day and two at night.

At East Jefferson General Hospital in Metairie, Janice Kushner, RN, MSN, MBA, Chief Nurse Executive and Senior Vice President, feels confident that her hospital's initiatives strongly prevent and deal with violence. She doesn't see violence throughout all the units. "I would say in particular pockets of the patient population, but not in the general population," she said. East Jefferson's 37 psychiatric beds and the ED are the most likely places for violence, Kushner said.

Kushner noted East Jefferson's Magnet status as an aid against violence. The American Nurses Credentialing Center grants Hospitals Magnet Recognition Status for offering an environment that retains quality nursing care. "One of the tenets of a magnet is that you provide a protected environment for nursing staff," Kushner said. Among the United States' 395 Magnet facilities, Louisiana claims four. The three others in Louisiana are the Ochsner Medical Center in New Orleans, Our Lady of the Lake Regional Medical Center, and Woman's Hospital.



Nearly 60 percent of all nonfatal assaults and violent acts occur in the healthcare and social assistance industry, according to a 2010 U.S. Department of Labor, Bureau of Labor Statistics report.

East Jefferson, with 440 beds, 2600 full-time equivalent employees, including 725 nurses, also stations a Jefferson Parish police officer on duty 24/7 in the ED, although he is available for the entire hospital. It also has continual security guards; six to seven during the day and three to four at night, all trained in crisis management. All psychiatric and ED staff are trained in crisis management and can also use Code White, to which all available males respond when needed. In addition, all assaults and near-assaults are recorded with trends and action plans determined on a yearly basis, Kushner said.

With the possible closing of the Mandeville Psychiatric Hospital and its loss of nearly 200 beds, Kushner is concerned about a potential increase in psychiatric patients to the ED. "We're tending to see psychiatric patients who are a little more violent than the ones we have seen in the past," she said, because of the increasingly limited access to psychiatric care. "We will just have to be more vigilant," she noted.

Additionally, Hurricane Katrina in 2005 posed additional pressures on EDs. “Our parish just exploded after Katrina,” said Norman, “because everyone moved to the Baton Rouge area,” referring to the approximately 200,000 displaced people that tested the region’s infrastructure. “Many were homeless and out of their normal element.”

Other factors that contribute to violence, particularly in the ED, are its 24-hour accessibility, lack of trained security guards, patient pain, the stress of family members, anger towards hospital policies and the healthcare system in general, cramped space, and long wait times, according to the ENA’s Violence in the ED Issue Brief for ENA members. Furthering

“We were pretty disappointed in light of the fact that there are a number of laws out there speaking to specialty groups.”



LISA DEATON, RN, BSN  
Health Policy Chairman  
Board of Directors, LSNA



“The process of reporting and documenting failure to comply with the law has been arduous.”

ERIN SILK  
NYSNA

the strain on the ED, the Emergency Medical Treatment and Active Labor Act (EMTALA), passed by Congress in 1986, requires hospitals to offer care to anyone needing emergency medical attention despite inability to pay and cannot discriminate against non-citizens or illegal immigrants. If an abusive person returns to the ED, they can’t be turned away because of EMTALA, said Sing of the ED staff. Patients also view smaller facilities, such as St. Elizabeth, as having the ability to offer shorter wait times similar to a doctor’s office, said Norman. “Sometimes tempers flare,” she said, “and things get escalated when they don’t feel they are getting what they want.”

Nationally, the ED has increasingly become an entry point and a resource for psychiatric patients. Certain historical factors contributed to this phenomenon. The Community Mental Health Center Act, passed in 1963, led to the deinstitutionalizing of psychiatric patients in the 1960s and 70s and allowed states to receive funding for community-based care rather than institutional care. The problem, said Mary Moller, DNP, ARNP, PMHCNS-BC, CPRP, FAAN, Associate Professor and Specialty Director for Psychiatric and Mental Health Nursing at Yale University, was the money did not always result in the building of community health centers. The Act was supposed to result in the building of 1800 community mental health centers with a goal to have psychiatric services available within a 50-mile radius of every single citizen, said Moller. But less than 700 were built. In the meantime, state hospitals were closed and patients were deinstitutionalized, often to the streets, she said. A resulting increase in homelessness was exacerbated by a large number of Vietnam Veterans returning with untreated post-traumatic stress disorder, she added.

The bulk of the community health centers were also supposed to have two stories with the second story reserved for extreme exacerbation of illness, such as bipolar disorder or schizophrenia. The East Coast saw the 2-story facilities, but the Midwest and West completed only the first story. “So there’s no place for people to go when they have an acute psychotic episode,” Moller explained. They end up in the EDs of hospitals.

Reporting of incidents and gathering of information is key to improving the situation for healthcare providers. Statistics can be used for further training or to produce legislation to punish assailants. Seventeen states have enacted laws that strengthen or increase penalties for acts of workplace violence against nurses: Alabama, Arizona, California, Colorado, Connecticut,



Blue Cross and Blue Shield is proud to recognize Dr. Kinstrey for his quality certification in Diabetes and Cardiac Care. He and other dedicated doctors like him in our network are working to improve care for our members and for all Louisianians.



## WE ARE PASSIONATE ABOUT TAKING CARE OF PEOPLE PROACTIVELY AND PREVENTIVELY.

Preventive, patient-focused care is the philosophy of **Dr. Thomas Kinstrey**. It's his prescription for quality care. Certified by the National Committee for Quality Assurance (NCQA) in both Diabetes and Cardiac Care, Dr. Kinstrey is also working for Medical Home certification.

He and his staff are focused on the prevention of major disease and providing the highest level of care. That's why he and his nurse practitioners build relationships with patients that result in healthier outcomes. And it's why his practice has participated in nearly 100 clinical trials to investigate new drug therapies for patients.

*Dr. Thomas Kinstrey • Family Medical Clinic, Shreveport, LA  
Practitioners, Kelly Touns, APRN, CFNP and Jessica Smith, APRN, FNP-C*



QUALITY BLUE  
PHYSICIAN RECOGNITION PROGRAM

Hawaii, Illinois, Nevada, Nebraska, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Vermont, Virginia, and West Virginia. Currently, the Occupational Safety and Health Act of 1970 mandates that all employers provide a safe workplace free from hazards that cause death or physical harm. The Occupational Safety and Health Administration (OSHA) offers guidelines to health facilities for safety that includes violence prevention, but these are voluntary, not federally mandated.

In 2010, The Louisiana State Nurses Association (LSNA) sought legislation against violence toward healthcare providers but it died in Committee, said Lisa Deaton, RN, BSN, Health Policy Chairman and member of the Board of Directors for LSNA. With the aid of Rep. Thomas P. Willmott, Republican District 92, Kenner, who is both a nurse and lawyer,

healthcare professional then the fine increased to not more than \$1000 and time in jail rose to not less than one year and not more than 5 years. The bill specified that the healthcare professional must be on duty when assaulted, she added. The House Committee rejected the bill nearly unanimously. "I don't recall the actual vote," said Deaton, "but if it wasn't unanimous it was a decisive 'no.'" The committee reportedly turned down the bill because too many Crime and Battery laws catering to a variety of groups already existed. "We were pretty disappointed," said Deaton, "in light of the fact that there are a number of laws out there speaking to specialty groups." Deaton and others in the LSNA are possibly planning to attempt legislation once more at the 2014 General Session of the Louisiana Legislature, she said, depending on the makeup of the Committee. If they do go forward, nurses plan to actively approach legislators, particularly those on the Committee, to generate awareness of the issues before filing a bill.

Also in 2010, after three to four years of work, the New York State Nurses Association (NYSNA), with its 37,000 members, sought legislation against violent offenders and succeeded. New

# Healthcare workers are more likely to be attacked at work than police officers or prison guards.

—NIOSH 2002

the Association approached the House Criminal Justice Committee of the Louisiana Legislature during its General Session.

Had Bill 361 passed, it would have become law under the Crime and Battery category and would have protected all healthcare providers. The bill defined two kinds of penalties for offenders: the basic fine would have been not more than \$500 or not less than 15 days in jail, up to six months, or both a fine and jail sentence, said Deaton. If there was an injury that required medical attention to the

York State established the Violence Against Nurses Law, which makes assault against nurses a Class D felony. It puts the nurses into the same category as other first responders such as firefighters, EMT workers, and police officers, said Erin Silk, Associate Director of Communications at NYSNA. The first person to be convicted under the New York law, from Capital District Psychiatric Center in Albany, received five years in prison for punching a nurse in the chin, and causing a brain injury after cracking her head open when she fell to the floor. The second was sentenced to 11 years for attacking a nurse with a broken chair leg at Franklin Hospital in Valley Stream. As a result of the attack, the nurse lost sight in her left eye, and has continual head, back, and shoulder pain.



## BECAUSE TIME DOES NOT HEAL ALL WOUNDS...

For most people, wound healing is a natural, uneventful process. For others, it can be a complex problem requiring specialized medical treatment. If you suffer from wounds that are difficult to heal, Wound Care Associates (WCA) can help.

With a team of highly trained specialists, who are experts in their field, WCA follows a **state-of-the-art, multi-disciplinary approach** to wound healing and offers the best technology and products. WCA treats all types of chronic wounds, including venous insufficiency and arterial ulcers, Methicillin-Resistant Staphylococcus Aureus (MRSA), decubitus ulcers/bed sores, diabetic foot wounds, post-operative surgical incisions and minor burns and skin tears that are slow to heal.

After entering the program, each patient is evaluated then given a **customized healing plan**. WCA providers strive to heal the wound while addressing the underlying cause behind it. This "whole person" approach allows providers to educate patients on wound infection, proper nutrition and importance of exercise and proper offloading techniques. The WCA team is committed and determined to make you feel your best.

**Promise Hospital is working in partnership with Wound Care Associates to provide a long term, comprehensive program for the treatment of chronic wounds.**

### PROMISE HOSPITAL

5130 Mancuso Lane  
Baton Rouge, LA 70809  
Phone: (225) 490-9600  
Fax: (225) 490-9690  
Admissions: (225) 490-9650  
[www.promise-batonrouge.com](http://www.promise-batonrouge.com)

### PROMISE OCHSNER

17000 Medical Center Drive  
Baton Rouge, LA 70816  
(225) 236-5440  
Fax: (225) 236-5441  
(located on the 3rd floor of Ochsner Medical Center)

### PROMISE MIDCITY

3600 Florida Boulevard  
Baton Rouge, LA 70806  
(225) 387-7770  
Fax: (225) 387-7774  
(located on the 4th floor of Baton Rouge General MidCity)



Dr. Shaun Carpenter, President and CEO of WCA, is a board-certified emergency physician and Fellow of the American Professional Wound Care Association. He is a graduate of Tulane University Medical School and completed his emergency medicine residency at Charity Hospital's trauma center in New Orleans.

The law is fairly new and there's still need for awareness about it, said Silk. The Association is in the midst of a campaign to educate law enforcement and the public about the law against violence. Still, with the law in place some medical facilities in New York are refusing to comply, she added. For example, the nursing association has reported Erie County Medical Center in Buffalo to OSHA and other regulating agencies, Silk said. "They give the

"We're tending to see psychiatric patients who are a little more violent than the ones we have seen in the past, perhaps because of the increasingly limited access to psychiatric care."

JANICE KISHNER, MSN, RN, MBA  
East Jefferson General Hospital



"I'm not saying that if they come into the ER and they are violent, they shouldn't be arrested, but I think there'll be a push back from the legislators if we say it's going to be a felony."

DEMETRIUS PORCHE, DNS, PHD,  
APRN, FAANP, FAAN  
LSUHSC School of Nursing



nurses a lot of lip service and don't put anything into place," she said. She blames the resistance on an image issue, concern for the bottom line, and the need to get patients in and out quickly. The process of reporting and documenting failure to comply with the law has been arduous, Silk said.

Others find punitive legislation too harsh an approach. Porche recommends creating policy that mandates that each institution provide a safe work environment through implementation of a violence prevention program. He believes that the Louisiana legislators won't approve punitive legislation that makes the offenses a felony. "I'm not saying that if they come into the ER and they are violent, they shouldn't be arrested," Porche said, "but I think there'll be a push back from the legislators if we say it's going to be a felony."

Legislating against psychiatric patients also poses many challenges. "It becomes a problem of competency," said Moller, regarding whether a psychiatric patient can be deemed able to make informed decisions. Psychiatric nurses are reluctant to file charges against patients because they know the violence stems from the illness. "There's a different dynamic behind the violence between someone in an acute psychotic state and someone who's angry and frustrated for other reasons," she said.

Nursing schools are preparing student nurses for what lies ahead for them in terms of violence in the workplace. The subject of violence and communication with patients is thread throughout the curriculum at LSUHSC School of Nursing in the foundational courses, mental health courses, community health course, and in the management course. However, Porche thinks that three years of nursing school can't provide the experience of the workplace. "I think sometimes they're (nurses) a little naïve (to the violence)," he said, "until they get into the clinical and see it upfront."

Porche believes the violence has always been present in healthcare. "But I think that now we have increased awareness," he said, "and with increased awareness I also believe that people are recognizing it's no longer acceptable to just be silent about it."

Sources:

- 1 <http://www.bls.gov/opub/cwc/sh20100825ar01p1.htm>
- 2 <http://www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/Reports/fifthreport.pdf>

# Can't get health insurance?



**Louisiana  
Health Plan**

If you've been denied health insurance due to pre-existing medical conditions

OR

if you're losing group or individual health coverage...

**High Risk Health  
Insurance Pool**

**HIPAA Plan**

**1-800-736-0947**  
**[www.lahealthplan.org](http://www.lahealthplan.org)**



# Succession Planning Key for Healthcare Industry

by LIN GRENSING-POPHAL

# Ducks IN A ROW?

## **THE HEALTHCARE WORKFORCE IS TOO SMALL**

and is unprepared for 78 million aging baby boomers, the first wave of which began reaching age 65 in 2011, according to the Institute of Medicine's report *Retooling for an Aging America: Building the Health Care Workforce*.

In healthcare, perhaps more so than any other industry, the need for careful succession planning is critical. As the workforce ages and eventually begins to retire in great number, the population at large will also age—healthcare needs will become more prevalent. Who will step in to fill the gaps in both clinical and administrative slots? >>

Healthcare organizations in Louisiana have long been considering this question and are taking steps now to ensure that there are people prepared to fill roles that become vacant, whether due to turnover or retirement.

### Value of Succession Planning

“In today’s fast-paced and ever-changing healthcare arena, succession planning serves as a cornerstone for ensuring the bench strength of an organization,” says Joan Ellis, PhD, RN, director of Educational Services at Woman’s Hospital in Baton Rouge. “The process is essential to constantly develop employees to fill critical roles created by loss of a key employee, promotions, a newly created role or organizational redesign.”

In addition Ellis points out, “A well-designed succession plan can be beneficial for retaining exceptional employees because they appreciate the time, attention, and development being invested in them.”

William Rothwell, PhD, SPHR, is professor of learning and performance in the workforce education and development program, Department of Learning and Performance Systems at The Pennsylvania State University and the president of his own consulting firm, Rothwell & Associates, Inc. “All organizations globally are scurrying to prepare for waves of future



**“...succession planning serves as a cornerstone for ensuring the bench strength of an organization.”**

JOAN ELLIS, PHD, RN

retirements that result from baby boomers exiting the workforce,” says Rothwell. Succession plans are used to develop pools of talent, by level, for possible promotion, he says.

“I would say that succession planning is important for any organization, but especially in healthcare because of the difficult period we’re approaching,” says Dr. Patrick Quinlan, who was CEO of Ochsner Health System in New Orleans until this September. “Succession planning in our thinking is not separate from what we do,” he says. “It’s an ongoing process.”

Organizations, particularly healthcare organizations, says Paul Douglas, vice president of human resources and development for Baton Rouge General Medical Center, need to constantly be focused on who has talent, who has the potential to grow and develop, who is engaged, and who really wants to be involved. “Then you have to give them avenues to express themselves or you’re likely to lose them to another organization,” he says.



**“Succession planning in our thinking is not separate from what we do. It’s an ongoing process.”**

PATRICK QUINLAN, MD

## How Healthcare Organizations are Approaching Succession Planning

At Woman's Hospital, says Ellis, succession planning is goal-directed, evidence-based and grounded in the hospital's core values. Woman's offers comprehensive professional development experiences for staff, as well as mentoring, to cultivate innovation, collaboration, and continued growth, Ellis says.

Importantly, says Quinlan, succession planning must occur concurrently with organizational development efforts. "There are some fundamentals that have to be done first." These fundamentals include clear performance goals, clear support of employee needs, clear identification of those who have the potential to be developed and consideration of their replacements. "It goes from the bottom to the top of the organization," he says.

Joan Mollohan, senior VP of HR for Ochsner Health System in New Orleans, agrees. "I feel very strongly that effective succession planning requires a learning and development culture where performance management is very robust and where managing and retaining talent is an expectation for every leader," she says. She adds that, "succession is not only at the senior or C-suite level," and that succession can be horizontal as well as vertical.

At Ochsner, says Quinlan, succession planning is both broad and deep. "Much of what we do is modeled on the GE approach," he says. "It's systematic in nature, clear and reproducible. We're all playing by the same rules."

It's important for the succession planning process to be understood at all levels of the organization and for senior staff to be encouraged to identify and nurture successors.

"We always ask people to be constantly aware of who they are grooming to take their job," says Douglas. At Baton Rouge General annual leader calibrations are completed. These are cascading reviews that start at the top of the organization through facilitated discussion. The board talks about the executive level of the organization, the executives consider the director level, the

## Best Practices for Effective Succession Planning:

- **CLARIFY** the measurable goals of the succession planning program (What outcomes are desired?)
- **ENSURE** all top managers agree on the goals
- **CLARIFY** roles to be played in succession planning by CEO, top managers, HR, department heads, and workers
- **ENSURE** accountabilities (rewards for results; punishments for lack of results)
- **ESTABLISH** clear policies and procedures to guide the program
- **BUILD** the program around up-to-date job descriptions and competency models and forecasts of future job descriptions and future competencies aligned with organizational strategic goals
- **INTEGRATE** the performance management system with results and behaviors tied to job descriptions and competencies
- **OBJECTIVELY** assess promotability (potential) using future competency models
- **PLAN** for individual development to close gaps between current performance and desired performance and between current performance and promotion requirements in the future
- **TAKE** steps to implement the individual development plans
- **EVALUATE** the whole system listed above.

Source: William Rothwell, PhD, SPHR

directors consider the managers, etc. These discussions, says Douglas, involve looking at people's effectiveness, their performance, their behaviors, how they're representing the organization's values and how they're doing in their current jobs.

"We give a formal review of their promotability and readiness for promotions. Then we talk about what jobs we might be looking to promote them to and what types of experiences or assignments may be needed for that," says Douglas. In addition, he says, they look at who might be ready to take the positions of those who may be promoted. The process, "is very important to us," states Douglas.

Baton Rouge General has also instituted specific career paths in most departments so staff knows how they can work their way up within their department. In the Housekeeping department, for instance, there are two or three levels of workers that provide a foundation to prepare staff for a supervisory or quality control position. After that they can work their way into management.

Baton Rouge General is also involved in a great deal of cross-training, particularly in specialized areas like radiology and radiation oncology, says Douglas. In fact the organization was recently recognized by the Advisory Board for its efforts in this area.

Physicians should also be considered in succession efforts, says Douglas. "We have

to constantly groom physician leaders, so it is very important that when there is an engaged, high potential member of the medical staff that you involve them in key committees or activities and groom them."

Both Ochsner and Baton Rouge General point to the importance of hiring from within whenever possible. That requires identifying and developing people internally so that they are ready to step into new roles when openings occur. It's a process that can occur at all levels of the organization, even to the very top, as Ochsner has recently experienced with the selection of Warner Thomas to take over Quinlan's spot as CEO. The new CEO was brought up through the Ochsner ranks and "groomed and evolved" along the way, says Quinlan.

"I think from a human resources position and from the board's perspective this was as well done as I've ever read about in a case study or seen other companies achieve," says Mollohan.

Most successions, of course, occur at other levels of the organization. But, regardless of where they occur, there are certain best practices that can ensure the process flows smoothly and is successful.

**Best Practices**

Fewer than 40 percent of U.S. organizations have effectively functioning succession programs, says Rothwell. And, he adds, about 70 percent of all succession programs fail after three years. In healthcare, hospitals tend to be better prepared than other



**"...effective succession planning requires a learning and development culture where performance management is very robust..."**

JOAN MOLLOHAN

# Smart[ER] Decisions

[www.BRGeneral.org](http://www.BRGeneral.org)



Check out our *live* online ER wait times from your computer or smartphone before you even walk through our door.



Current average wait times for our Mid City and Bluebonnet ERs.



**Baton Rouge General**  
A Community of Caring

organizations (e.g. nursing homes, personal care facilities, home nursing agencies, and doctors' offices), says Rothwell, but even hospitals can improve what they're doing.

**The first order of business—establishing clear, measurable goals.**

Ellis says a key best practice is to establish measurable goals early in the succession planning process and, importantly, to track progress against these goals.

Goals, says Rothwell, should be focused on “what is sought from the program, what roles should be played by all key stakeholder groups, how each stakeholder group should be held accountable for its role, and how to drive talent development into the daily work of workers and their bosses.” Succession planning is not the sole responsibility of the HR department, he stresses. “Unfortunately, too many managers think that the HR department should singlehandedly recruit, develop, retain, and ensure knowledge transfer for all employees. That is not a realistic expectation.”

Quinlan agrees. To be effective, succession planning has to be a process with a purpose. Succession planning should be linked to the organization's strategies and flexible enough to change as the environment changes.

In addition, says Mollohan, effective succession doesn't occur without effective development. “A lot of companies don't invest in the training and education and development,” she says. “I think Ochsner has done a superb job of providing the resources for development.” These include classes, team-focused training, and both short- and long-term projects, some stretching across several months. “We have a robust leadership institute that is really becoming a premier concept,” she says. It is not uncommon for other organizations to come to Ochsner to learn about their approach.



**“You really need to treat your people as assets of the organization and open up dialogue in all areas.”**

PAUL DOUGLAS

Douglas says that he has been involved in succession planning efforts in various organizations. Some tend to focus on department-specific succession planning; others take a broader approach. He prefers the broader approach where discussions occur across the organization. “You get much better discussion and you end up putting people on assignments you would never have dreamed of and get them out of their areas,” he says. “You really need to treat your people as assets of the organization and open up dialogue in all areas.

“Our human capital is unlike our other capital that we depreciate. If we develop our human capital properly it's worth more next year than it is this year. I think smart organizations take the time to really develop that potential.”

SOURCES:

Retooling for an Aging America: Building the Health Care Workforce, April 11, 2008, Institute of Medicine, <http://www.iom.edu/Reports/2008/Retooling-for-an-Aging-America-Building-the-Health-Care-Workforce.aspx>.

# D·R·HORTON® DHI Listed NYSE

## *America's Builder*

*Live the  
American Dream...*



*When you  
Buy from America's Builder...*



### *D·R· Horton Offers*

- *Beautiful Plans to Chose From*
- *Inventory Homes (move in ready)*
- *New Build Jobs*
- *3 & 4 Bedroom Homes*
- *Loads of Amenities*
- *Special Incentives*

*Contact Michelle Jones  
For Information about our  
Communities & Incentives*

*225.270.1078*

*[www.drhorton.com](http://www.drhorton.com)*

Prices, plans, features, options and co-broke are subject to change without notice. Additional restrictions may apply. Square footages are approximate. Pictures shown are of model homes decorated to show what can be done to a home. Our homes do not come decorated or furnished.



COVER STORY

# Ome

# on

with **WARNER THOMAS**  
CEO, Ochsner Health System

# ome

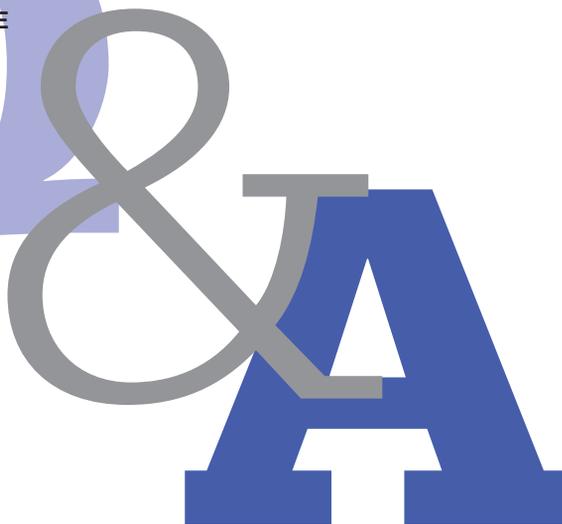
**WARNER THOMAS** assumed the role of CEO of Ochsner Health System in September, 2012. Thomas joined Ochsner in 1998. In his past role as President and Chief Operating Officer, Thomas had operational responsibility for Ochsner's eight hospital locations, more than 38 regional clinic locations, and all corporate functions.

Thomas brings to the position administrative expertise in management, finance, operations, and strategic planning. Prior to coming to Ochsner, he served as President/CEO of Foundation Medical Partners, Inc., a multi-specialty physician group subsidiary of the Southern New Hampshire Health System in Nashua, New Hampshire.

Thomas received his Master's Degree in Business Administration in 1994 from Boston University Graduate School of Management, and an undergraduate degree in Accounting and Computer Information Systems from New Hampshire College in Manchester. Thomas is a Certified Public Accountant, a Fellow in The American College of Healthcare Executives, Chairman of the American Hospital Association Section for Health Care Systems Governing Council, a board member of Healthy Lifestyle Choices, and a member of the Young Presidents Organization (YPO) and New Orleans Business Council. >>



**“One of the things I’m so proud of is to get to work with the people I work with. They are the best of the best. We have a great culture and it’s a special opportunity.”**



**Editor/Smith W. Hartley:** Congratulations on your new position of CEO. Can you share why you were chosen for this position and how coming in as a non-MD will be a factor or play a role in any changes?

**Warner Thomas:** I am not sure I am the right person to answer why I was chosen, but we have a very strong leadership and succession planning process at Ochsner. So this is a process that's been going on really for the last 18-24 months. Dr. Quinlan and I have worked together now 14 years. I think we've led the organization through some challenging times and I think we've done pretty well as an organization. I think our track record as a team and the track record of our organization influenced why I was chosen to succeed him. I've worked hard to build a good relationship with the physicians. It's interesting working in a physician-led organization like Ochsner—there will still be lots and lots of physician leaders all over the organization even though I will be a non-physician as the CEO. I think this is about what type of relationship you build with physicians. Do you work collaboratively? Is it a relationship built on trust, not control? I think we work very hard to build relationships around trust and I think it's that trust, whether it's trust the board has had in me, or the physicians have in me, that at the end of the day, is why I was chosen to be the CEO.

**Editor:** We're curious. What is the rationale behind Ochsner's growing international relationships?

**Warner Thomas:** Number one we have a history in it. We've always had a pretty large international contingent, specifically around Central and South America and we see opportunities to continue to grow and expand that. The foray into the Middle East? One of the things that I think we are all finding, if you look at the big medical centers in the country, more and more of them are developing global relationships. We're finding that countries all over the world want to draw on the talents and capabilities of the U.S. healthcare system. There are opportunities for us there to work with. We have the relationship with the University of Queensland in Australia where we built the four year medical school program. The first two years for the students occurs in Brisbane, Australia. The third and fourth year occur here at Ochsner Medical Center. It's a really unique program, kind of a first of its kind, global medical school.

The relationships in Saudi achieve a couple of things. One is about training for some of their students that go through medical school then have them come here for residencies and additional training. And then exporting our talents and capabilities to that area of the world to help them build facilities and other clinical capabilities. So it's really a dual purpose. Why are we doing it? It's really to build new revenue streams. As we see the healthcare industry come under a challenge from a state and a federal government perspective we've got to have alternative revenue streams and that's really what our continued growth in the international business is about. Plus, if you think about it, it's the right thing to do—to try to take great practices and export them. We're flattered to have folks that approach us to develop these types of relationships.

**Editor:** With regard to some of those revenue streams, could you speak to what your payer mix looks like and some of the fiscal challenges Ochsner has with Medicare and Medicaid cuts?

**Warner Thomas:** Half or more than half of our business today comes from governmental payers in Medicare and Medicaid. That's not unusual for any organization, but has certainly been a growing part of our business over the past few years. We have a very large Medicaid revenue base. Historically it's been around \$200 million a year. We've seen cuts now with a more than \$50 million impact a year to our organization. So it's very

severe—about a 30 percent reduction over the past couple of years. We have not closed any services because of it, but we have had to adjust and we continue to look at cost reduction opportunities every day. That is just going to have to be an ongoing skill set that we have in healthcare—how do we take cost out of the processes, out of our organizations? It's just got to become a core competency—something we've got to get good at.

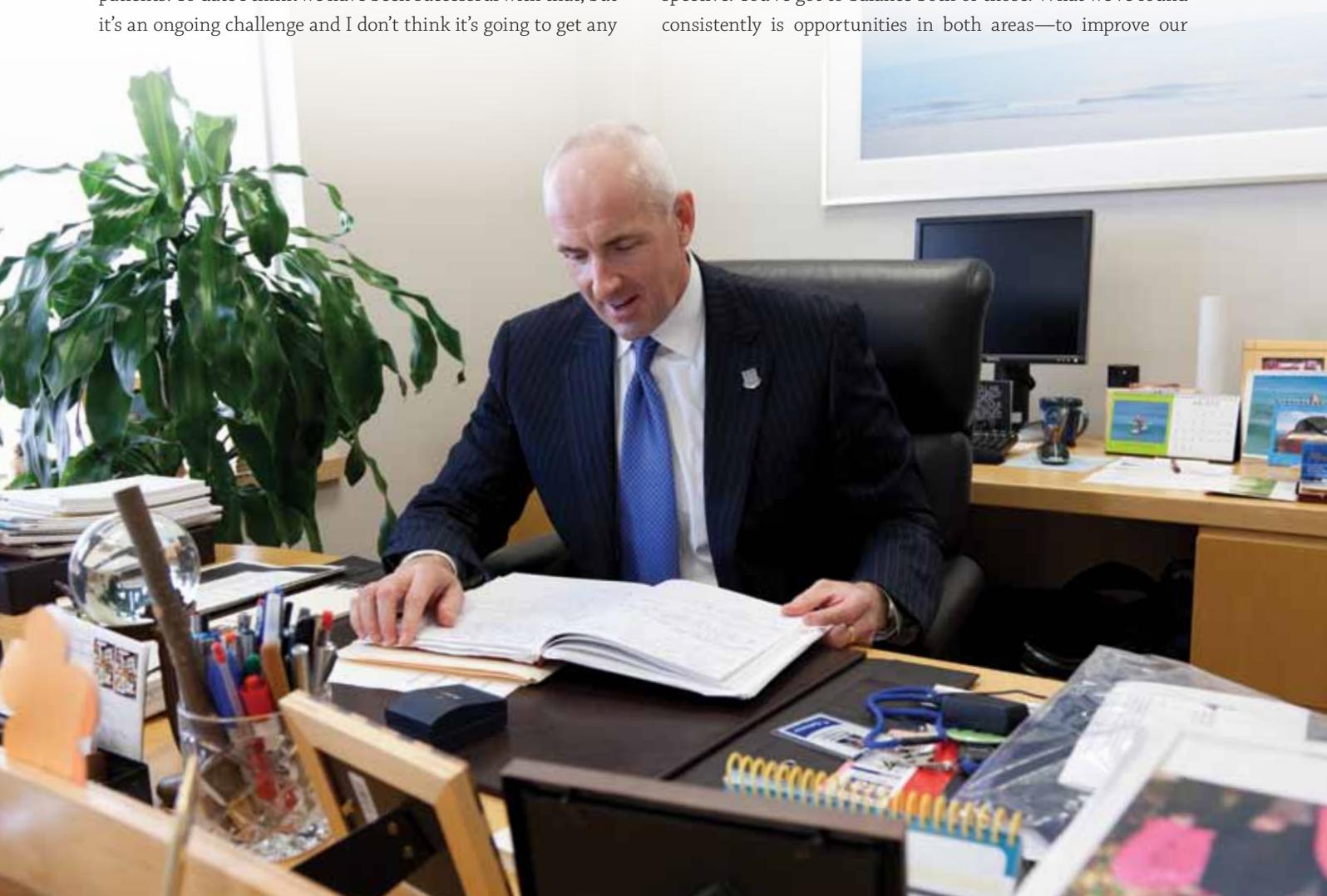
The flattening of the Medicare reimbursement creates the same challenge. I have the discussion with my colleagues internally that essentially it's like your home budget. If your paycheck goes down or stays flat and tuition goes up, and gas costs go up, and your electricity and your mortgage go up, then you've got to adjust in other areas. That's what we are doing is working hard to adjust in other areas.

We continue to have a merit program every year for our employees, because we don't want to take this out of our employees. But we challenge them to work with us to look for ways to reduce costs, to become more efficient, to do a better job for our patients. To date I think we have been successful with that, but it's an ongoing challenge and I don't think it's going to get any

easier. As challenging as the last five years have been in this region, I think the next five from a healthcare perspective are going to be more challenging.

**Editor:** So how do you strike that balance between quality and technology initiatives and at the same time deal with reductions in reimbursement?

**Warner Thomas:** I think the way we balance it is that good quality many times equals reduced costs. We've heard this in other industries. We have an initiative called Pursuit of Value that we are working with all our physicians on, looking at how all our orthopedists, all of our cardiologists perform certain procedures. What's the variation in the care? What's the different cost structure and different practice models in the care? We are looking for a better way, the best way for everybody to deliver a certain procedure. We call it Pursuit of Value because it is balancing cost and quality. It's not just about a reduction from a cost perspective; it's looking for opportunities in reduction in cost, but at the same time looking for improvements from an outcomes perspective. You've got to balance both of those. What we've found consistently is opportunities in both areas—to improve our





As challenging as the last five years have been in this region, I think the next five from a healthcare perspective are going to be more challenging.

quality, but to improve our cost structure at the same time. We don't necessarily look at reduction of cost as reduction in quality. I think you have to look at it as an opportunity.

I heard a quote the other day from one of our Chairs who came from the Mayo Clinic. He said a comment they made there was, "You have to make change work for you." Change is going to happen, but how do you make it work for you? To me that is very profound. We are going to have changes. We can get angry about them, we can complain about them, or we can say, "Okay it's going to happen, but how can we make it work?" I think that's what we have to do at Ochsner, in New Orleans, and in the healthcare industry in general. We have to make change work for us and we have to drive it.

On the technology side, I think we look for opportunities where technology can improve our outcomes and improve our costs. We are leaders in robotic surgery. We're one of the training centers for robotic surgery. Hundreds of people come from around the country to train here. If you look at the improvements in the patient outcomes, the reductions in the length of stay, the improvement in the patient experience, it's much better. So that's been a big investment, but at the other end of it, we've had much better outcomes and a much better patient experience. People get back to work faster, they have less healing time, so it's the right thing to do.

**Editor:** Speaking of change, can you speak to some of the aspects of the Patient Protection Act that may be beneficial or that have you concerned?

**Warner Thomas:** What I like about it is I certainly believe that expanding healthcare coverage for people who are uninsured or do not have access to healthcare is a real benefit. I think it's certainly the right thing to do. We have too many

uninsured and underinsured people in our country, so I applaud that. What I'm concerned about is the cost and the affordability of the act over time. I'm not a government official, I'm not in the Senate or the House, or in the White House, but I do get concerned as a taxpayer about whether there are enough funds in our country's budget over time to be able to afford this. So, while I definitely applaud the change in the coverage I do wonder about some of the broader changes in the act. A lot of it is still an unknown because we're not sure how a lot of rules are going to be implemented. But there are a lot of changes to commercial insurance and changes to implementation of insurance exchanges that are still yet to be determined and I think are going to play a major role in how healthcare reform really impacts us, the insurance industry, and patients.

I think one of the things that's a challenge in healthcare reform and a challenge in healthcare today is that people equate being covered by insurance with getting access to healthcare. The reality is there are many people that have insurance that do not have good access to healthcare today. I don't believe the Affordable Care Act is going to help that situation. You are going to have more people with an insurance card, but they are going to have difficulty getting access to healthcare. I'm concerned about that. I think that's going to be a real challenge for us going forward.

**Editor:** Are you referring to Medicaid because the providers won't be on board?

**Warner Thomas:** I think Medicaid patients and in some states even Medicare patients have difficulty with access because the providers just don't contract for it. If you look at how many people contract for Medicaid services in our state, there are many physicians, community physicians, and other

# words of **affirmation** for PHS...

*“Thank you for all your kind words, sincere care, and much appreciated services. We could not have made it without you. We will always be ready to recommend you highly to anyone...”*

*We could leave Daddy with tremendous confidence that he was in excellent hands...”*

—AMY, CINDY & BUTCH

*“The caregivers from PHS have provided a much needed and welcome relief for our family and have shown great compassion and patience. Vicki has accepted them as her good friends and they have cared for Vicki with that level of love and attention. Their care has allowed her to maintain her dignity and self esteem.”*

—RICHARD DAVIET

*“What would we have done without you? Sandy and Paula, I just want you to know how much I appreciate your work with my mother and me. You were always so accommodating... Please know that I will continue to recommend PHS to family and friends. Thank you so much for being there for us.”*

—MYRA R. WOOD

*“PHS has provided companionship for Mother for over two years now... Janice and Denny have been able to bring happiness back into her life... They are Mother’s friends...”*

*Thank you and your staff for making the past two years so comfortable for Mother and assurance to the family that she is in the best of care...”*

—JAMES T. SESSIONS

PHS is one of the first non-medical services specializing in live-in care and working in conjunction with doctors, healthcare providers, and hospices to provide continuous around-the-clock care without the worry and expense of hourly services. **All of our clients called us because someone they trusted told them about PHS.**

- **Meal preparation**
- **Help with personal hygiene**
- **Medicinal reminders**
- **Light housekeeping**
- **Transportation to/from appointments**
- **Companionship**



Call 877-336-8045 today for more information  
[www.personalhomecare.net](http://www.personalhomecare.net)



facilities that do not contract for those services because the payments are so low. So I'm concerned that even if people have the card are they going to have the right access to services?

The other thing I'm really concerned about from the Affordable Care Act is that I don't see that it deals with some of the fundamental problems that we have in our society and country around wellness and personal responsibility for health. The reality is the disease load in our country continues to increase. Obesity continues to increase substantially. We have a situation where we have a generation of children continuing to grow up and then young adults continuing to grow up that are going to have many, many more health issues than the populations we are dealing with today and I think that's going to cost more money. We've got to start with kids. We've got an initiative Dr. Quinlan started—Change the Kids, Change the Future—that we've got to get kids living healthier lives and we've got to get parents living healthier lives and setting a good example for their children. I think about my family. We try to be very active, we go to a trainer with our daughter every Sunday, just so she gets in the habit of exercising, being active, and watching what she eats. It has to be something that's ingrained early on. Most people don't know what's healthy or not healthy. So I think we have to get educated as adults and help our children understand that as well.

That to me is a big issue that I don't see addressed. A lot of folks don't want to talk about it—it's very personal. We've tried to take a much more aggressive approach to wellness here at Ochsner. We incent people financially, in how much they pay for insurance, to be active. For a family plan it's \$2000 a year cheaper for people who are active and in our wellness program. I always say, "Would you take a \$2000 raise if I was going to give it to you?" Everybody says, "Sure!" Then get in our program to be active.

I think private industry needs to step up and play a role to drive some of that and we need to model it with our own employees. I think hospitals have to start first. If we don't have our healthcare institutions driving this we can't expect other employers to do it. We need to lead by example and hopefully at some point we hit the tipping point and start to move this. But that's a big concern I have—where the disease load is going—I think it's going to cost more just from the perspective of having a more obese society ten years from now than we have today.

**Editor:** With regard to accountable care organizations, can you speak to where Ochsner is in that process?

**Warner Thomas:** Number one, I think a lot of people still ask, "What is an accountable care organization?" So there's that whole question. To me, an accountable care organization is a healthcare entity that really takes full responsibility for the health and care of a person. If you look at how we are organized we do that today with a large section of the population we take care of. For example, with our own employees we are self insured. With more than 30,000 seniors in Medicare and Medicare Advantage plans we are globally capitated so we get a global payment to take care of that person. If we see them 100 times or we see them one time, we get paid the same amount. So we are very incented to do the right thing to take care of that person and help them be healthy. And actually now the way the government is set up on quality scores with those patients, the quality and wellness indicators that we have to hit to receive certain star ratings are very defined. So we are doing outreach with these patients every week, every month, making sure we are seeing them every year, making sure we are doing their physicals, making sure they are getting their screens. So it's a much different reimbursement model and it's a much different approach than just fee for service where if you call up, I'll see you, I get paid, we're done.

So we're organized as an accountable care organization. We're doing it for 50,000 plus people today. That's a model that we like because it allows us to take care of patients in a more proactive, complete way and we see ourselves continuing to move more of our business to that type of model. We're applying to be one of the demonstration projects for Medicare ACO for January 1. That's once again part of the strategy for moving more of our patients to what I would consider a total care, wellness model where we are really responsible for all of their care and taking a much more proactive approach. We're looking at changing our model of delivery around that and certainly changing the way we look at our data and our statistics. It's not about how many visits do we do, it's about have we touched all these patients, have we gotten all the quality indicators, are they on generics, are they being readmitted, are they in the ED too much, so we need to make sure we build the right kind of primary care physician relationship with them? You have to ask yourself much different questions about how you are going to care for someone than you do in a fee for service model. Frankly, organizationally we think it's a better model and we embrace it.

# Improving Health Care in Louisiana Through Health Information Technology

**LaHIE** enables health care providers and organizations to electronically access and share health-related information.

A secure and confidential network enhances quality of care, patient safety and health outcomes. Timely, safe and reliable access to information supports patient-centered care. LaHIE resources can lead to improved coordination, quality and efficiency in health care for you and your patients.



**LOUISIANA HEALTH  
INFORMATION EXCHANGE**

A HEALTH CARE QUALITY FORUM INITIATIVE

If you are a provider, hospital or organization and would like information about connecting to LaHIE or assistance with adoption and use of electronic health records, please contact us at [lahie@lhqcf.org](mailto:lahie@lhqcf.org) or visit [www.lhqcf.org](http://www.lhqcf.org).

## HEALTH INFORMATION EXCHANGE PROCESS WITH LaHIE



State Health Information  
Exchange Program

Awardee of The Office of the National Coordinator for Health Information Technology

In partnership with the Office of the National Coordinator for Health Information Technology (ONC), U.S. Department of Health and Human Services, Grant #90HT0050/01.



LOUISIANA  
HEALTH CARE  
QUALITY FORUM

The Louisiana Health Care Quality Forum is a private, not-for-profit organization that is building and supporting the Louisiana Health Information Exchange, or LaHIE.

8550 United Plaza Blvd. | Suite 500 | Baton Rouge, LA 70809  
(225) 334-9299 | [www.lhqcf.org](http://www.lhqcf.org)



The reality is there are many people that have insurance that do not have good access to healthcare today. I don't believe the Affordable Care Act is going to help that situation. You are going to have more people with an insurance card, but they are going to have difficulty getting access to healthcare. I'm concerned about that.

**Editor:** From a patient's perspective, what does the move to increased hospital transparency mean? How can patients view and compare hospital data in any meaningful way?

**Warner Thomas:** I think it's difficult for patients to look at hospitals and compare. There is some information out there on the Medicare websites and some on the state websites. Frankly the information is usually very dated, it's usually incomplete, sometimes it's hard to understand, and I think sometimes it's hard to say if we are looking at the right things. We believe a lot in transparency. One of the things I intend to drive as the new CEO is much more transparency internal to our organization as we become much more transparent externally. All of our quality data and much of our patient satisfaction data is out on the Internet today. People talk about us on Facebook and Twitter. We're not perfect—there are a lot of things we can do better. We always talk about being perfect at getting better. I think if all of us in healthcare can take that approach I think we'd be in a much better place. I'm a big proponent of transparency and I think you'll see us being much more transparent both internally and externally with more of our data and how we are doing.

**Editor:** What was the intention behind opening a new cancer center in Baton Rouge?

**Warner Thomas:** Cancer services are a big focus for Ochsner. If you look at cancer survival rates in our state they're terrible. I think we need to do a much better job of making sure

we screen and detect and with doing more outreach around that screening and detection. In Baton Rouge I think we just view it as continuing to build on our continuum of care from a cancer perspective. We have a very strong medical oncology and infusion practice in Baton Rouge. We have not had radiation therapy in Baton Rouge so we will be adding that as part of the continuum of care for our patients. It's focused on giving our patients a great experience, keeping clinical data within our system, and managing our patients more consistently in our system. Really it's part of our continued expansion. We see that we have to continue to grow and expand. It's just important for any thriving organization to grow and that's one of the key projects for us.

**Editor:** What are we to expect from Ochsner in the future? What's happening in the boardroom? What's the vision?

**Warner Thomas:** I think you will continue to see more partnerships. We've had many hospitals join us over the past several years. I think we'll continue to explore those opportunities and build more partnerships as well. We believe that we've got to be part of the solution to the healthcare problem. The reality is that healthcare has become unaffordable for middle class America in many situations so we have to take the lead to be part of the solution, to look for ways to flatten the medical cost trend, to provide better access for our patients.

We are implementing the Epic medical record across our entire organization. That's in excess of a \$100 million investment.



From left, Kevin Knobloch, Shaun Burns and James Poché

## The Knobloch, Poché, Burns Wealth Management Group of Wells Fargo Advisors

You studied for years, graduated in pre-med or microbiology, completed medical school, your internship, residency and perhaps a fellowship. And then there were the endless hours of continuing education to become the qualified physician you are today. So, have you ever wondered what your financial advisors did to prepare and qualify them to serve you?

The Knobloch, Poché, Burns Wealth Management Group of Wells Fargo Advisors.  
*Just what the Doctor ordered!*

**Kevin F. Knobloch**  
CFP®, ChFC, CLU, CPWA  
MS Finance, MS Accounting  
Managing Director – Investments

**Shaun A. Burns**  
CFP®, MBA  
Managing Director – Investments

**James A. Poché III**  
MBA  
Managing Director – Investments

### **The Knobloch, Poché, Burns Wealth Management Group of Wells Fargo Advisors**

Wells Fargo Advisors • 7031 Commerce Circle, Suite 200 • Baton Rouge, LA 70809 • (800) 284-6412  
WELLS FARGO ADVISORS, LLC, MEMBER SIPC

***Experience you will recognize, advice you can trust.***

## DIALOGUE

Why are we doing that? Because we think it's an infrastructure that is necessary in order to better manage our patients, to get them better access to their own data, book appointments online, access their results online. It's also about having consistency across our organization. It's also a medical record that allows us to have more outreach to community physicians. We have about 30 or 40 community physicians, people that are not in Ochsner, that are up on Epic in their practice. We've provided significant funding for that so we can tie them into our system without them necessarily joining us. So I think you will see more partnerships and more opportunities to be part of the solution going forward.

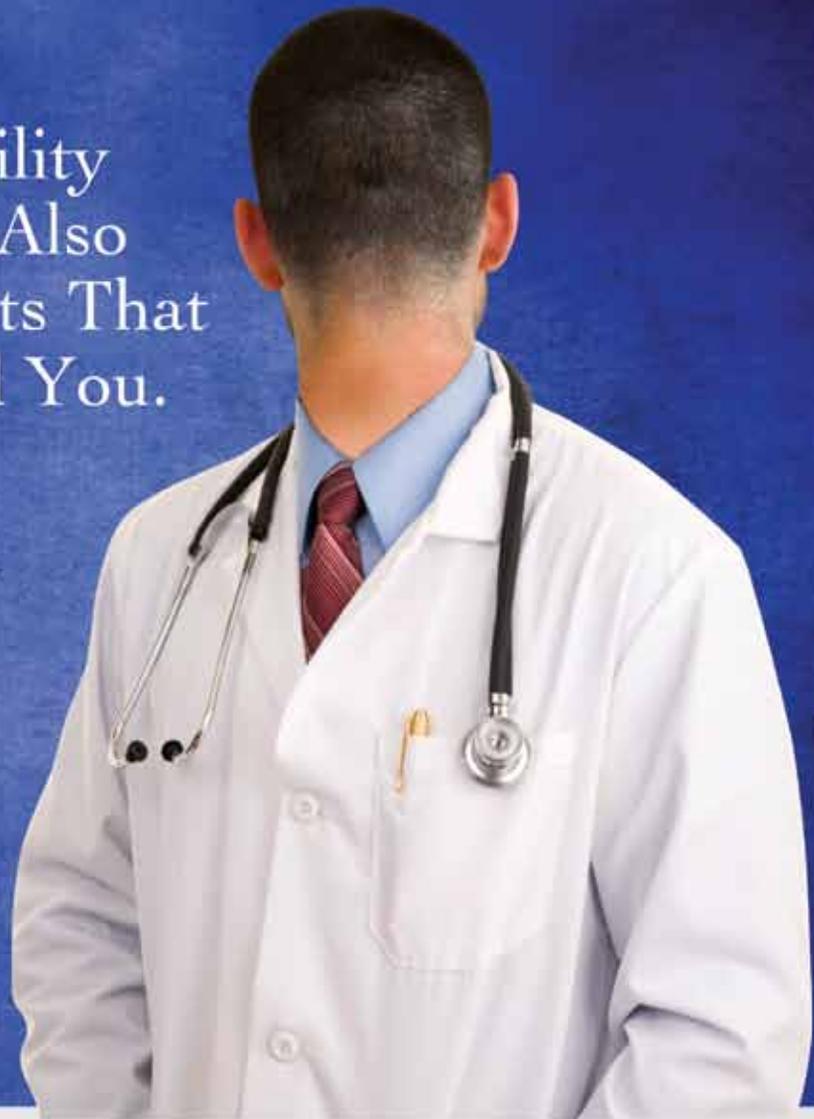
Also we will obviously continue to drive our pursuit of excellence in quality and patient safety. I think that's something we've done a very good job with. It will continue to be a focus. We can always get better in those areas. Our focus on quality and patient safety is always number one.

And finally, continue to grow our group practice. The group practice, Ochsner Clinic, within this organization is the core. It's how the organization was founded. We'll continue to grow and expand our group practice and look for physicians who wish to join and are interested in that model. We've done a very good job of recruiting nationally and I think you'll see more and more national talent be drawn to Ochsner Medical Center because of what we've done from the *US News and World Report* perspective. People take notice when you have the type of results that we've had there. There were only 25 hospitals in the country that had results equal to or better than ours, so we are among very elite company and we just want to focus on getting better.

I think healthcare is going to be challenging in the next four or five years. Partnerships are going to be important as we look to navigate the challenges of the state and federal financial issues and then the implementation of the Affordable Care Act. I think you are going to see a lot more consolidation in the state and in the region. I think folks are going to be looking for others to work with and we are going to have to get a lot more creative in healthcare to deal with some of the challenges we have coming.

I feel optimistic about it. We have a great team. One of the things I'm so proud of is to get to work with the people I work with. They are the best of the best. We have a great culture and it's a special opportunity. When you see the dedication of our nurses, our medical assistants in the clinic, our physicians, and our community physicians, the dedication to excellence and patient care, you realize that we're doing something really different, that really matters. I was interviewing someone from out of town today who asked why they should come to Ochsner. I explained that we really matter to the people we take care of and we matter to our communities. That's different than working at an airline or working at a computer company—nothing against those industries, it's just that what we do is different, important, and special.

Our Liability  
Coverage Also  
Covers Events That  
Are **Behind** You.



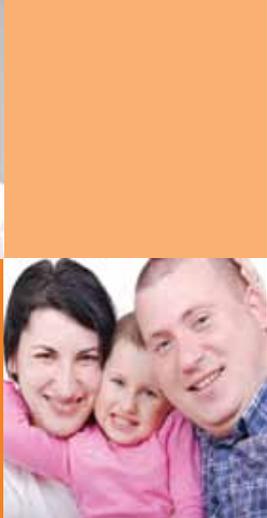
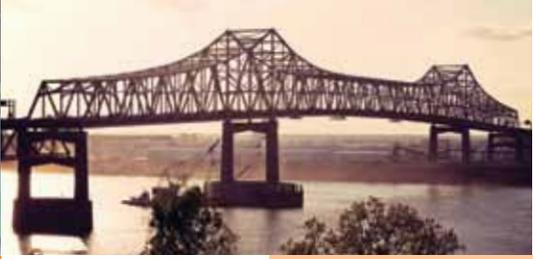
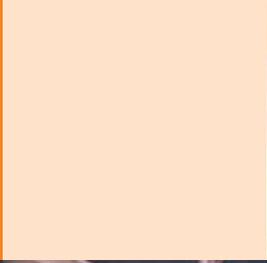
## Get free “tail” coverage with The Physicians Trust.

With The Physicians Trust, you’re not only covered for the future, you’re covered for the past, too. That’s because our professional liability policies include tail coverage at no additional cost. You’ll also enjoy competitive pricing that only a not-for-profit organization can offer, as well as accelerated underwriting for quick decisions.

For a quick, no-obligation quote that could save you up to 20%, contact Karen Harrison at (225) 368-3825 or [karenharrison@thephysicianstrust.com](mailto:karenharrison@thephysicianstrust.com).

 **THE PHYSICIANS TRUST**  
*Coverage with Confidence*  
*Administered by HSLI*

[ThePhysiciansTrust.com](http://ThePhysiciansTrust.com) | 225.368.3888 | 4646 Sherwood Common Blvd. | Baton Rouge, LA 70816



# HEALTHCARE Briefs

## STATE

### Feds Launch Fraud Initiative

The federal government has launched what it calls a “groundbreaking” partnership among federal agencies, state officials, several leading private health insurance organizations, including Blue Cross and Blue Shield of Louisiana, and other healthcare anti-fraud groups to prevent healthcare fraud. The new partnership is designed to share information and best practices in order to improve detection and prevent payment of fraudulent healthcare billings. Its goal is to reveal and halt scams that cut across a number of public and private payers.

Blue Cross and Blue Shield of Louisiana is one of only a few private insurers from around the country to be invited to join the partnership. The company started a dedicated fraud investigation unit in 1992, and since that time, it has returned millions of dollars to Blue Cross members through its efforts. In addition, senior Louisiana Blue Cross leaders have played a role in combating fraud at the national level through participation on boards and committees dedicated to fighting this issue. In 2011, fraud prevention and investigation efforts by all Blue Plans

combined generated more than \$295 million in savings and recoveries—a return on investment of five to one. And, 197 criminal convictions resulted from combined Blue Cross investigative referrals.

Other Fraud Prevention Partnership participants will include the Blue Cross and Blue Shield Association, America’s Health Insurance Plans, and the National Association of Insurance Commissioners. The government is represented by the Department of Justice, the FBI, Centers for Medicare and Medicaid Services, and the Department of Health & Human Services-Office of the Inspector General.

### Walmart Funds Cancer Screenings in Southeast Louisiana

Last summer, Mary Bird Perkins Cancer Center (MBPCC) received a \$50,000 grant from the Walmart Foundation’s State Giving Program to deliver 15 community-based cancer screening events to uninsured and under-insured adults living in 18 parishes in southeast Louisiana. Mary Bird Perkins Cancer Center and its health partners traveled in mobile medical clinics to over 200 medically underserved communities in the past year to provide free cancer screening

events, including the 15 funded by the Walmart Foundation, for breast, colorectal, prostate, skin and oral cancers.

During the grant period, more than 6,200 people were screened inside the mobile clinics, which were often set up in parking lots of partnering Walmarts, grocery stores, and community centers. Screenings were offered at various times to accommodate those with jobs, but uninsured or under-insured, as well as the unemployed and uninsured.

### Louisiana Improves in Child Well-Being Rankings

In July, the Annie E. Casey Foundation released its annual KIDS COUNT Data Book, which ranks states on a series of child well-being indicators, and Louisiana moved up two places from 49th to 47th. It may not be much, but it’s a step in the right direction with the state’s highest-ever ranking and a long-awaited departure from a spot it has held for 10 years.

KIDS COUNT measures child well-being in each state using 16 data indicators, which are grouped into four categories: Health, Education, Family and Community, and Economic Well-Being. Louisiana improved on 11 of the 16 indicators, and received its highest state

ranking - 39th place - in the Health category, reflecting major gains in children's health outcomes and access to healthcare services. The KIDS COUNT rankings show Louisiana improving on all of the health indicators at a faster rate than the national average, which is a trend that should lead to higher overall rankings in the future.

For health indicators, KIDS COUNT considers the percentage of low birth weight babies born in the state, children's health insurance coverage, teen alcohol and drug abuse, and the number of child and teen deaths. Louisiana improved on each of these indicators and outperformed the national average on the percentage of children who have some form of healthcare coverage and teens who abuse alcohol or drugs.

**RECs Can Boost EHR Payments**

The Government Accountability Office (GAO) has found that healthcare providers who partnered with a Regional Extension Center (REC) were more than twice as likely to receive an incentive payment under the Medicare electronic health record (EHR) Incentive Program. Over the past two years, Regional Extension Centers (RECs) across the country have been working with healthcare providers and hospitals to help them overcome the challenges of adopting and implementing EHRs.

The GAO's July 2012 report, Electronic Health Records: Number and Characteristics of Providers Awarded Medicare Incentive Payments for 2011, examined 2011 data from a variety of government sources. It offered insights into those providers and hospitals that are making current progress, but could also provide an early indication of those who may be vulnerable to payment reductions in later years of the program. Professionals who are eligible for the incentives include Doctors of Medicine, Dental Medicine or Surgery,

Optometry, Osteopathy and Podiatric Medicine, and Chiropractors. The GAO analysis of Medicare EHR payments to those providers found that:

- In Louisiana, more than five percent of eligible professionals were awarded a Medicare EHR incentive payment in 2011.
- The largest proportion (32 percent) of providers was located in the Southern states, while the lowest percentage (17 percent) was located in the Western states.
- A significant majority (89 percent) of providers were in urban areas.
- Half (50 percent) were specialty practice physicians and more than one-third (38 percent) were general practice physicians.
- Nearly three-quarters (71 percent) did not previously participate in CMS's incentive program for electronic prescribing.

The GAO also analyzed program participation among hospitals, including acute care and critical access hospitals with a variety of ownership type, size and location. Results indicated that:

- In Louisiana, almost 20 percent of eligible hospitals received a Medicare EHR incentive payment.
- Nationally, the median amount of Medicare EHR incentive payments to hospitals was \$1.7 million.

- The largest proportion (44 percent) of hospitals that received a Medicare EHR incentive payment in 2011 was located in the South, with the lowest proportion (12 percent) in the Northeast.

Total potential EHR incentive amounts begin to reduce for Medicare providers who do not attest for meaningful use by the end of 2012.

The Louisiana Health Care Quality Forum administers the Louisiana Health Information Technology (LHIT) Resource Center, which serves as the state's Regional Extension Center. The LHIT Resource Center is currently assisting hundreds of physicians and multiple critical access and rural hospitals in

the adoption and implementation of EHRs to achieve meaningful use. For more information visit [www.lhcqf.org](http://www.lhcqf.org), email [rec@lhcqf.org](mailto:rec@lhcqf.org), or call 225.334.9299.

**DHH Discusses Medicaid Dental Changes**

The Louisiana Department of Health and Hospitals is planning to include dental services as a benefit in some Bayou Health Plans. Bayou Health is the State's new approach to coordinating care for most Medicaid and LaCHIP recipients.

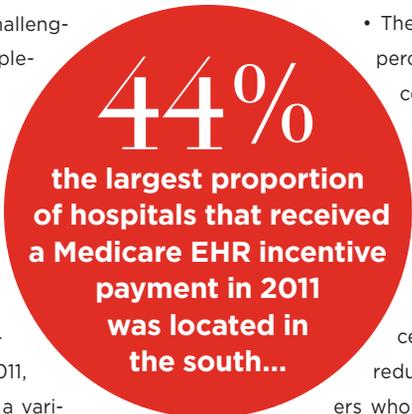
DHH has contracted with five Health Plans—Amerigroup RealSolutions, Community Health Solutions, LaCare, Louisiana Healthcare Connections and UnitedHealthcare Community Plan. During the implementation phase, dental care was one of several services that were "carved out" of Bayou Health, meaning Medicaid recipients in health plans received dental services through the legacy Medicaid fee-for-service program. Beginning this fall, DHH plans to include dental care as a benefit for recipients in the three health plans that are a prepaid model, meaning they operate as traditional, MCO-style healthcare networks with a capitated rate - Amerigroup, LaCare, and Louisiana Healthcare Connections.

The other two plans, Community Health Solutions and United Healthcare Community Plan, are enhanced primary care case management networks. Members of these two plans will continue receiving dental services through the fee-for-service Medicaid program.

Visit DHH's Bayou Health site, [www.MakingMedicaidBetter.com](http://www.MakingMedicaidBetter.com), to view information about the upcoming changes for dental services, which is on the "Providers" section under the heading "Dental Services."

**Carencro Physician Attests To Meaningful Use**

Michael P. Kennedy, MD, a family practitioner with a practice in Carencro, has attested to Meaningful Use (MU) for Medicare. Under the Health Information Technology for Economic and Clinical Health (HITECH) Act eligible



healthcare professionals and hospitals can qualify for Medicare or Medicaid incentives by adopting certified EHR technology and using it to achieve MU. Kennedy's office met those standards in late 2011 using advanced medical software and the services of a strong team of vendors, as well as the support provided by the Louisiana Health Information Technology (LHIT) Resource Center.

LaHIE is the mechanism that allows authorized providers and organizations to electronically access and share health-related information through a secure and confidential network to improve patient safety, quality of care and health outcomes. For more information about these initiatives, contact [info@lhcaf.org](mailto:info@lhcaf.org).

### **State Nursing Board Celebrates 100 Years**

The Louisiana State Board of Nursing (LSBN) works diligently to establish standards for nursing practice and nursing education that seek to ensure that Louisiana citizens have access to safe and competent registered nurses. On July 10, 1912, Act No. 138 of the 1912 Regular Session of the General Assembly of the State of Louisiana provided for the regulation of nursing practice and education and the signing of the first Nurse Practice Act. One hundred years later, Resolution No. 190 was signed to commemorate the signing of the first Nurse Practice Act in Louisiana and to recognize July 10, 2012 as Louisiana State Board of Nursing Day.

### **MS Ride Scheduled for October**

The National Multiple Sclerosis (MS) Society: Louisiana will hold the 29th Annual Bike MS: Louisiana Ride on October 6 & 7. This ride is a two-day fundraising event that goes from Hammond to McComb, Miss. on the first day and reverses the route on the second day. More than 1,400 cyclists are expected to come out and help raise the goal of \$800,000.

The preregistration fee is \$40 and increases to \$50 the day of the ride. Cyclists are required to raise at least \$275. Funds raised will support direct services and programs for the

more than 4,000 individuals in Louisiana living with MS and for national MS research to find a cure for this chronic disease of the central nervous system.

Cyclists can participate in Bike MS individually or as a team. Transportation back to Hammond is available for those participating for only one day.

Volunteers are also needed!

For more information or to register for the Bike MS: Louisiana Ride, visit [www.bikems-louisiana.org](http://www.bikems-louisiana.org) or call 800-344-4867.

### **Louisiana ACHE Regent Advisory Council Appointed**

The American College of Healthcare Executives (ACHE) recently formed its Regent's Advisory Council (RAC) in Louisiana. The RAC is responsible for supporting all Louisiana ACHE members primarily in their professional endeavors with professional development, continuing education, and networking opportunities. Below are the healthcare leaders who will help the newly elected Louisiana ACHE Regent, Dr. Elizabeth A. Berzas, Associate Professor and Program Director of the Master's in Health Administration program, Our Lady of the Lake College, Baton Rouge:

- Naveed Awan, FACHE, CEO at St. Helena Parish Hospital in Greensburg
- Todd Blanchard, Assistant Administrator at WK Bossier Health Center
- Garret Coates, Contract and Data Analyst with Acadian Ambulance Service in Lafayette
- Becky Evenson, CEO of Matrix Health Service and member of the Women's Health Executive Network in Madisonville
- Annette Garber, Director of Marketing at Women's and Children's Hospital in Lake Charles
- Tim Goatley, Healthcare Team Leader with Trane and Educational Chairperson with the SELA Chapter in Harahan
- Janice Kishner, RN FACHE, Chief Nurse



Executive at East Jefferson General Hospital and Immediate Past Regent in Metairie

- Sean Prados, FACHE, Executive Vice President of the Louisiana Hospital Association in Baton Rouge
- Kurt Scott, FACHE, Chief Executive Officer of the LSU Bogalusa Medical Center
- Natalie Smith, Pharmacy Administrative Assistant at Our Lady of the Lake Regional Medical Center and Health Service Administration student at Our Lady of the Lake College.

The RAC is representative of Louisiana's geographical makeup, types of healthcare businesses, and varying levels of membership to better serve its membership. The RAC meets regularly throughout the year to support its two chapters, the Louisiana Health Executive Group (LHEG) and ACHE Southeast Louisiana (SELA). If at any time, any of the RAC members can help bring education, host an event, answer questions, provide support or career counseling, you may contact them or the Regent at 225.768.1706 or [eberzas@ololcollege.edu](mailto:eberzas@ololcollege.edu).

## **LOCAL**

### **Udofa Named CAHSD Medical Director**

Aniedi Udofa, MD, has been appointed Capital Area Human Services District (CAHSD) Medical Director. She will direct the agency's Medical Staff Organization and a team of six full time staff psychiatrists, eleven contract psychiatrists and three psychiatric nurse practitioners. Udofa, a board certified psychiatrist, has been a member of the



From left, Aniedi Udofa, MD and C. Chambliss Harrod, MD.

CAHSD medical staff for the past ten years, providing child and adult psychiatric services. She received a medical degree from the College of Medical Sciences at the University of Calabar, Nigeria, in 1986 and completed a psychiatric residency at LSU Health Sciences Center in Shreveport in 2002.

**Baton Rouge Orgs Earn TFL Grants**

The Louisiana Campaign for Tobacco-Free Living (TFL) recently awarded approximately \$87,000 in Community Advocacy Grants (CAGs) to four Baton Rouge area community organizations. In total, 30 Louisiana-based community organizations received approximately \$480,000 in one-year grant funding that began on July 1, 2012.

The selected organizations include:

- Louisiana State University, Baton Rouge - \$17,000
- Face to Face Enrichment Center - two grants totaling \$35,000
- Louisiana Cultural Economy Foundation - \$15,000
- New Life Community Center - \$20,000.

According to the Preventing Tobacco Use Among Youth and Young Adults report from the U.S. Surgeon General earlier this year, more than 600,000 middle school students and 3 million high school students smoke cigarettes. In Louisiana alone, an estimated 15 percent of middle school and 23.6 percent of high school students smoke. Additionally, more than 1,200 people die daily due to smoking.

In light of these increasingly startling statistics, TFL grantees will use their funding to support tobacco prevention and control

programs that facilitate youth empowerment, promote advocacy, and engage special populations—including youth/college students, service industry employees, entertainers, and bar/gaming facility employees—that are disproportionately impacted by tobacco and secondhand smoke.

Additionally, TFL recently launched its 2012 state-wide media campaign “\_\_\_\_\_ Stinks!” The campaign features an interactive concept targeted at creating a call-to-action for all Louisianans to advocate for stronger protections from secondhand smoke in bars and gaming facilities.

For more information or to view the full application in detail, visit [www.tobaccofree-living.org](http://www.tobaccofree-living.org) and view the TFL CAG 2012-2013 RFA. For details about TFL’s new “\_\_\_\_\_ Stinks!” 2012 media campaign, visit <http://www.letsbetotallyclear.org>.

**Harrod Joins Bone and Joint Clinic**

Bone and Joint Clinic of Baton Rouge Inc. announced the addition of their newest associate, Dr. C. Chambliss Harrod. Harrod recently completed a Fellowship program at the Rothman Institute at Jefferson University Hospital in Philadelphia for Combined Orthopaedic/Neurosurgical Spinal Surgery. He has been actively involved in research with multiple publications on both spinal topics as well as general orthopaedics. He has a particular interest in disorders of the cervical spine.

Harrod graduated from Louisiana State University with a Bachelor of Science Degree in Biological Sciences. He received his Medical Degree in 2006 from Louisiana State University Health Science Center in New Orleans, where he graduated first in his class and received the LSUHSC Orthopaedic Award. Harrod graduated in June of 2011 from the Harvard Combined Orthopaedic Surgery Residency Program. During his residency, he received the General Surgery Intern ABSITE High Score Award, the HCORP Anatomy High Score Award, and served as a Harvard Medical School Anatomy Instructor.

**Amedisys Touts Speech-Language Outcomes**

Last year, Amedisys’ speech-language pathology team helped patients meet nearly 71% of their treatment goals, compared with the national average of nearly 52%, according to a recent American Speech-Language and Hearing Association National Outcomes Measurement System report.

Every year, approximately 10 million Americans are diagnosed with swallowing disorders, also known as dysphagia. Nearly all dementia patients develop dysphagia, and swallowing disorders are associated with stroke, progressive neurological disorders including multiple sclerosis and Parkinson’s, as well as respiratory and other medical conditions. In Baton Rouge, the speech-language pathology program offered by Amedisys Home Health works with patients to recover their swallowing and communication skills. David Hutchings, CCC-SLPD, managing director of rehab services for Amedisys, said that by proactively treating swallowing disorders and using specialized feeding techniques, providers can help reduce unnecessary hospitalizations and improve the overall quality of life for home health and hospice patients.

**Vitter Joins Radiology Associates**

Radiology Associates announced the hiring of Allison S. Vitter, MD. She is a board certified, fellowship trained radiologist who brings pediatric imaging expertise to the group, but is also well-versed in adult radiology.

Vitter completed her Pediatric Radiology Fellowship at Texas Children’s Hospital in Houston. She graduated with a bachelor of science in Zoology from Louisiana State University and earned her MD at Louisiana State University School of Medicine-New Orleans. She completed her Internal Medicine Internship at Tulane University School of Medicine and her Radiology Residency at Ochsner Clinic, where she served as Chief Resident. Vitter is a member of Alpha Omega Alpha, American College of Radiology, American Medical Association, and Society of Pediatric Radiology.

# ABSOLUTE DEDICATION

to supporting and furthering the CARE of your patients...

**PEAK**  
**PERFORMANCE**  
PHYSICAL THERAPY



follow us  
on facebook

Hands-on, Personal Treatment / Timely Communication with Medical Staff  
Patient Education and Home Programs / Wellness and Preventative Services

Six convenient locations to chose from  
**225.295.8183**



BATON ROUGE • DENHAM SPRINGS • DUTCHTOWN • BRUSLY • [WWW.PEAKPHYSICALTHERAPY.COM](http://WWW.PEAKPHYSICALTHERAPY.COM)

## PHYSICIANS... Your Best Prescription for Wellness is Exercise.

Access the Benefits of Exercise by using the Rxercise Professionals.

Rxercise is a Medical Wellness program designed to give supervised, personal exercise programs to individuals looking to improve their fitness and functionality, and ultimately - their health.

The Rxercise program also includes Individualized Health & Current Status Assessments, Tracking and Reporting of Progress and - Most Importantly - Communication with Doctors and Healthcare Providers.

**The Benefits of Exercise  
are for Everyone!**

For more information call **225.295.8183**



online at: [www.rxercise.com](http://www.rxercise.com)



Spectrum FMW locations  
are licensed Rxercise wellness facilities.





From left, Stephen B. Walker, MD and Ann Ford Reilley, MD.

**Walker Recognized with Healthcare Fellowship**

Baton Rouge physician Stephen B. Walker, MD, has been recognized with the Certified Healthcare Insurance Executive (CHIE) designation with an America’s Health Insurance Plans Foundation fellowship. America’s Health Insurance Plans (AHIP) is the national trade association representing the health insurance industry.

Dr. Walker is Corporate Chief Medical Officer for CNSI, an information technology development company based in Gaithersburg, Md., that was recently awarded the contract to design and manage the new Medicaid Management Information Systems (MMIS) now under development in Louisiana.

In his capacity as CNSI’s chief medical officer, Walker oversees clinical affairs, including evidence-based medical policy, in the states where CNSI manages the Medicaid information systems. Walker also serves as the company’s clinical thought leader in applicable healthcare-related IT services that CNSI provides to the federal, military, and commercial health markets.

**Childhood Obesity Conference Addresses Public Policy**

On October 24, at 9 a.m. the Pennington Biomedical Research Center will hold the fifth annual childhood obesity and public health conference, Play your Part. Given the recent emphasis on developing evidence-based public health strategies targeting childhood obesity, the topic of this conference is the role of public policy in addressing the problem. A specific focus of the conference this year is on Louisiana-specific data

and solutions to address childhood obesity.

The participants in this conference will be able to:

- understand the strengths and pitfalls associated with developing public health policy as a tool to improve population health
- comprehend the extent of the problem of childhood obesity in Louisiana
- identify evidence-based public health and policy strategies to achieve demonstrable improvements in obesity-related behaviors
- understand the expected potential of policy initiatives at making a change in childhood obesity rates in Louisiana.

The conference is designed for professionals engaged in public health efforts, including: physicians, nutritionists, physical activity specialists, registered dietitians, nurses, health educators, psychologists, and counselors, as well as healthcare policy makers, researchers, media, business and civic leaders, parks and recreation personnel, and early childhood and school-age educators and decision-makers.

For a complete agenda or to register, please visit: [https://www.pbrc.edu/childhood\\_obesity\\_conference/](https://www.pbrc.edu/childhood_obesity_conference/).

**Reilley to Lead Southeastern Society of Plastic Surgeons**

Dr. Ann Ford Reilley, a plastic and reconstructive surgeon with Associates in Plastic Surgery in Baton Rouge, was elected president of the Southeastern Society of Plastic Surgeons at the annual meeting held in Amelia Island, Florida, in June. Dr. Reilley’s election marks the first time that the 55-year-old organization will have a female president.

Dr. Reilley is a 1979 graduate of Louisiana State University School of Medicine in New Orleans. Following completion of a residency in general surgery at Charity Hospital in New Orleans, she completed her residency in plastic surgery at Vanderbilt University Hospital in Nashville, Tennessee. She became the first board certified female plastic surgeon in Louisiana in December 1988.

Dr. Reilley and her SESPRS colleagues, Drs. Holly and Simeon Wall of Shreveport and Dr. Kenneth Odinet of Lafayette, have been instrumental in passing the

“Truth-in-Advertising” legislation in Louisiana, where physicians advertising services must now state their certifying board rather than just indicating “board certified.” The Louisiana law, LA ACT No. 337, is currently one of the strictest “Truth-in-Advertising” laws passed in the nation.

**CIS Turns 29**

On August 15, 2012, Cardiovascular Institute of the South (CIS) celebrated its 29th anniversary of providing a full range of personalized, cardiovascular care to communities in south Louisiana. Since its start in 1983, CIS says it has made a dramatic impact on the number of hearts, limbs, and lives saved in our area.

The institute has earned an international reputation for providing state-of-the-art cardiovascular care and is known as a world-leader in preventing and treating both cardiovascular and peripheral vascular disease. Beginning as a one-man practice under the leadership of Dr. Craig Walker in Houma, CIS has grown to become a world-renowned practice with nearly 40 physicians and 500 employees in 13 cities throughout south Louisiana.

**BSW Boasts Bumper Healthcare Team**

The law firm of Breazeale, Sachse & Wilson, LLP has been recognized by the American Health Lawyers Association as having one of the largest healthcare teams in the country and also having the second largest healthcare team of 11 members in Louisiana as of June 22, 2012.

The American Health Lawyers Association bases its ranking by the number of AHLA members each law firm has enrolled in the association. This includes attorneys, paralegals, and non-paralegals.

**Baton Rouge ACO among 89 Announced by HHS**

The Department of Health and Human Services (HHS) announced that as of July 1, 89 new Accountable Care Organizations (ACOs) began serving 1.2 million people with

WE HAVE YOUR IMAGING  
NEEDS COVERED *for life*



## *Pediatric Radiologist Allison S. Vitter, M.D. joins Radiology Associates*

*"Pediatric radiology is not merely adult radiology on a smaller scale. Children differ from adults in their health issues and in how they must be imaged. There exists a delicate balance between high quality imaging and reduced radiation dose. These unique challenges, along with little smiles, are what I find most rewarding about my job," says Dr. Vitter.*

Dr. Vitter is a board certified, fellowship trained radiologist who brings pediatric imaging expertise to the group.

### *Providing Diagnostic, Vascular and Interventional Radiology*

Radiology Associates, L.L.C. brings 60 years of quality radiology care to South Louisiana. The 22 physicians service the greater Baton Rouge Metropolitan Area and surrounding communities with full-service Diagnostic and Interventional Radiology. We are committed to providing the highest-quality, state-of-the-art imaging and intervention for you, our patient, and to work closely with your referring physician for optimal communication and care.

OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER ■ WOMAN'S HOSPITAL  
MARY BIRD PERKINS CANCER CENTER ■ LAKE IMAGING CENTER

[www.lakeradiology.com](http://www.lakeradiology.com)

Dwayne Anderson, M.D.  
Michael L. Bruce, M.D.  
Keith R. Gibson, M.D.  
Marcia B. Gremillion, M.D.  
Robert F. Hayden, MD.  
John O. Lovretich, M.D.  
Ryan N. Majoria, M.D.  
Daniel H. McNeill, M.D.  
Christian E. Morel, M.D.  
Misty M. Norman, M.D.  
James F. Ruiz, M.D.  
Scott B. Schuber, M.D.  
Steven C. Sotile, M.D.  
Brandon S. St. Amant, M.D.  
Matthew A. Stair, M.D.  
Heather G. Strittmatter, M.D.  
Gerard B. Tassin, M.D.  
Allison S. Vitter, M.D.  
David W. Walker, M.D.  
Roger G. West, M.D.  
E. Gay Winters, M.D.  
Mark Wofford, M.D.

Medicare in 40 states and Washington, D.C. Among the 89 was TP-ACO LLC, located in Baton Rouge. The group is comprised of networks of individual ACO practices, with 50 physicians. It will serve Medicare beneficiaries in Florida, Louisiana, and Tennessee.

The 89 new ACOs have entered into agreements with CMS, taking responsibility for the quality of care they provide to people with Medicare in return for the opportunity to share in savings realized through high-quality, well-coordinated care.

Beginning this year, new ACO applications will be accepted annually. More information, including application requirements, is available at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/shared-savingsprogram/Application.html>.

### Community Blue Adds Docs/Services

Community Blue, an innovative health plan from Blue Cross & Blue Shield, recently added 12 new OB-GYNs and new women's health services to its benefit plans. Baton Rouge General Medical Center, Baton Rouge General Physicians, Baton Rouge Clinic, and many other community specialists are network providers for Community Blue, a lower-cost health plan from HMO Louisiana, Inc., a subsidiary of Blue Cross and Blue Shield of Louisiana.

Baton Rouge General's OB/GYN medical staff now includes the following physicians:

- Charles Aycock, MD, OB/GYN
- Jill Bader, MD, OB/GYN
- Phillip Barksdale, MD, Urogynecology, OB/GYN
- Jo Anne Barrios, MD, OB/GYN
- Allyson Boudreaux, MD, OB/GYN
- Randall Brown, MD, OB/GYN
- Elizabeth Buchert, MD, OB/GYN
- Jacquin Coombs, MD, OB/GYN
- Sarah Davis, MD, OB/GYN
- Ryan Dickerson, MD, OB/GYN
- Heber Dunaway, Jr., MD, Reproductive Endocrinology, Gynecology
- Renee Harris, MD, OB/GYN
- Evelyn Hayes, MD, Gynecology
- Gregory Heroman, MD, OB/GYN

- Wendy Holden-Parker, MD, OB/GYN
- Nicolle Hollier, MD, OB/GYN
- Todd Fontenot, MD, Maternal Fetal Medicine, OB/GYN
- Julie Martin, MD, OB/GYN
- Joseph Miller, Jr., MD, Maternal Fetal Medicine, OB/GYN
- Julius Mullins, Jr., MD, OB/GYN
- Kimberly Neathamer-Guillory, MD, OB/GYN
- Duane Neumann, MD, Perinatology, OB/GYN
- Carol Patin, MD, OB/GYN
- Jane Peek, Gynecology
- Michael Perniciaro, MD, OB/GYN
- Kirk Rousset, MD, OB/GYN
- Lydia Sims, MD, OB/GYN
- Curtis Solar, MD, OB/GYN
- James Stenhouse, MD, OB/GYN
- Alicia Taylor, MD, OB/GYN
- Terri Thomas, MD, OB/GYN.

### Physical Inactivity Increases Chronic Disease Risk

Pennington Biomedical Research Center Professor Peter Katzmarzyk, PhD, joined a group of top global physical activity researchers in London for the launch of a special series of studies published in *The Lancet*. In the newly released article, entitled "Effect of Physical Inactivity on Major Non-Communicable Diseases Worldwide: An Analysis of Burden of Disease and Life Expectancy," Katzmarzyk and other researchers found that there is strong evidence to show that inactivity increases the risk of many adverse health conditions, including coronary heart disease, type 2 diabetes, breast, and colon cancers, as well as shortens life expectancy.

Because much of the world's population is inactive, the connection presents a major public health issue. Worldwide, the researchers estimate that inactivity causes an average of 6 percent of the burden of disease from coronary heart disease, 7 percent of type 2 diabetes, 10 percent of breast cancer, and 10 percent of colon cancer.

In addition to Katzmarzyk, other authors of the study include: I-Min Lee, ScD, Harvard Medical School; Eric J. Shiroma, MSc, Harvard

School of Public Health; Felipe Lobelo, MD, Centers for Disease Control and Prevention; Pekka Puska, MD, National Institutes of Health and Welfare, Finland; and Steven N. Blair, PED, University of South Carolina.

### DME Company Owner Sentenced

The owner of multiple durable medical equipment (DME) companies that operated in Louisiana was sentenced to serve 180 months in prison for his role in several Medicare fraud schemes involving fraudulent claims and illegal kickback payments for unnecessary DME. Henry Lamont Jones, 37, of Prairieville, was sentenced by U.S. District Judge James J. Brady of the Middle District of Louisiana. In addition to his prison term, Jones was sentenced to serve three years of supervised release and ordered to pay \$13,397,759 in restitution, jointly and severally with convicted co-defendants.

Jones, along with his ex-wife, Chikenna D. Jones, at various times operated McKenzie Healthcare Solutions Inc., and owned and operated Healthcare 1 LLC, Lifeline Healthcare Services Inc., Medical 1 Patient Services Inc. and Rose Medical Equipment Inc., Louisiana-based companies that fraudulently billed medical equipment to the Medicare program from 2004 to 2010. Jones had also worked as a patient recruiter for Unique Health Solution Inc.

In operating the various DME companies, Jones fraudulently billed the Medicare program for medical equipment that either was not medically necessary or not provided. Jones hired patient recruiters to obtain Medicare beneficiary information and prescriptions for medical equipment such as leg braces, arm braces, power wheel chairs and wheel chair accessories. These prescriptions were then used to submit fraudulent claims to the Medicare program. 

# IS YOUR INCOME FULLY PROTECTED?

Does your disability insurance cover you for your specialty?  
Would you like to take advantage of our exclusive LSMS discounts?

## Would you like your retirement income to be more stable?

Fixed Annuities are safe and responsible with guaranteed safety and rates of return!

Omni and LSMS Physicians Services' Disability and Life/Annuity Specialists can help you with the proper coverage to protect you and your income

Contact Jack Moore today!

[jmoore@omniinsurance.com](mailto:jmoore@omniinsurance.com)

225.636.5038

800.375.6664

225.933.2485 Cell



Download Jack's contact info with your QR reader on your smart phone.

**The Omni Group, LLC can help with your insurance needs.  
Visit [www.OmniLSMS.com](http://www.OmniLSMS.com) for more information**

## PHYSICIANS ARE YOU PREPARED FOR YOUR "RAC" VISIT?

The Tax Relief and Health Care Act of 2006 made permanent the Medicare Recovery Audit Contractor (RAC) program to identify improper Medicare payments - both overpayments and underpayments-in all 50 states (currently approximately 96% of mistakes have been overpayments). RACs are paid on a contingency fee basis, receiving a percentage of the improper overpayments and underpayments they collect from providers.

RACs may review the last three years of provider claims for the following types of services: hospital inpatient and outpatient, skilled nursing facility, physician, ambulance and laboratory, as well as durable medical equipment. The RACs use proprietary software programs to identify potential payment errors in such areas as duplicate payments, fiscal intermediaries' mistakes, medical necessity and coding. RACs also conduct medical record reviews.

Our exclusive plans can provide coverage for DEFENSE, FINES and PENALTIES assessed during your RAC audit review. Additional coverage components include:

- Recovery Audit Contractor Audits (RAC)
- HIPAA (Patient Privacy Violations)
- Network Security and Privacy Insurance
- EMTALA
- Privacy Breach Response Costs
- Customer Notification Expenses
- Actual or Alleged Billing Errors
- STARK (Physician Self Referred)
- Network Asset Protection
- Cyber Extortion
- Credit Monitoring



Download James' contact info with Your QR reader on your smart phone.

CONTACT OMNI'S PHYSICIAN LIABILITY SPECIALIST

James Knox • [jknox@omniinsurance.com](mailto:jknox@omniinsurance.com) • 225.636.5044 • 866.284.2393



## QUALITY CORRESPONDENT

By CINDY MUNN  
Executive Director  
Louisiana Healthcare  
Quality Forum

# Looking Ahead: The Future Health Care Work Force in Louisiana

Health care professionals from across the state recently attended the Louisiana Health Care Quality Forum's Spring Summit — Looking Ahead: The Future Health Care Work Force in Louisiana. The event, held in Baton Rouge, addressed anticipated workforce needs related to physicians, nurses, and allied health professionals. The Forum presented the Summit in keeping with its mission to improve the health of Louisiana residents. In order to do so, we need to be looking toward the future and the changes we need to make in our state as we prepare for the future.

### KEYNOTE SPEAKER MIKE MAGEE, MD,

opened the Summit with the presentation, Home-Centered Health Care: The Healthy Home Movement. Magee is a health care futurist widely recognized as a visionary leader of the home-centered health care movement and lifespan planning records who has advised the Institute of Medicine on these topics. President of Positive Medicine Inc., he serves as Senior Fellow for Health Policy at the Center for Aging Services Technologies in Washington, D.C., and as editor of HealthCommentary.org. He also authored the book, Home-Centered Health Care.

Magee cites current trends of aging, the Internet, and consumerism in America as elements that are defining our health care future, and notes these trends are leading to more engaged and empowered health care consumers. Today, 50 percent of 60-year-olds have a parent alive. All these factors



Mike Magee, MD

point toward the home, adds Magee, “because the home is the setting where most behavioral change and most good health occur. I define health as being full human potential. To reach full human potential, you have to have a healthy home.

“If you think of health as full human potential, almost everything that touches full human potential begins in the home setting, whether it is clean air and water, a good educational plan for the children, involvement of the aged and the very young in the life of the family, safety, good nutrition – all these things begin in the home. The question is how do you efficiently move the care toward the people? The Internet and all the new health technologies are very useful because they

ignore geography and that means you can target information, data and support and connectivity to the individuals who need it the most and to get to them right at the right time. In the past, when someone needed help, you had to put them in the car, bring them to the (physician's) office. This is a great inconvenience for people who are managing a lot of complexity today. We have moved to a four-generation family and by 2050, there will be more than a million people over the age of 100. That means we are going to be five generations deep, so we have to figure out a way to Number One, be in the home, and Number Two, manage the five generation complexity in a way that is both high touch and high tech."

Ben Sachs, MD, BS, DPH, of Tulane University, and Charles W. Hilton, MD, of Louisiana State University School of Medicine, discussed, Future Health Care Workforce Needs for Louisiana Relating to Medical Education, Rural Health, and Graduate Medical Education for Primary Care.

Sachs is Senior Vice President and Dean, Tulane University School of Medicine. Since joining Tulane in 2007, he has assisted the school with several initiatives: new leadership recruitment, faculty practice plan reorganization, residency programs, and medical school application rates. He credits technology with providing "an incredible opportunity to change how we appropriate care," and says, "First, we move patients out of hospitals into nursing homes and into home care. Patients will need less admission, less hospitalization. Second, it will empower patients to control their access to care, the kind of information they have and their outcome."

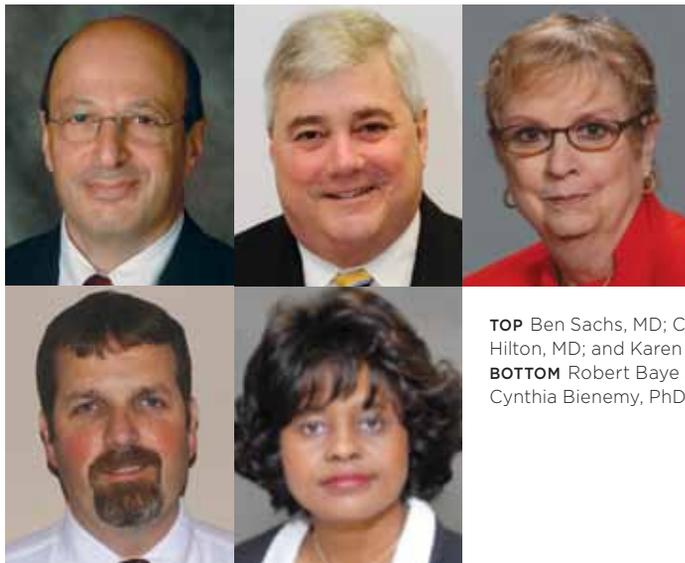
If the knowledge is freely available to patients, nurse practitioners, allied health care professionals, Sachs says, it begs the question, "What role will a physician play in terms of providing the care that is

needed? It is no longer just the need for the diagnosis; it now becomes that the physician will have to spend more time coordinating care, providing the so-called bedside manner and more human touch and steering the patients through complicated chronic disease management."

Hilton, Associate Dean for Academic

positions in graduate medical education."

LSU addressed the disparity in rural areas by creating a Rural Track. Elaborates Hilton, "You take students who are from rural areas, with the idea they are more likely to practice in rural communities than students from suburban and urban settings. To enhance the desire to practice



**TOP** Ben Sachs, MD; Charles W. Hilton, MD; and Karen Zoeller.  
**BOTTOM** Robert Baye and Cynthia Bienemy, PhD.

Affairs at LSU, acknowledges there are several groups in the country that believe there is a physician shortage. In response, there are recommendations to increase by 30 percent the medical school class. "Many schools are responding and have increased their school size. The problem is, once you finish medical school, you have to complete a residency in order to go into practice," Hilton notes. "In 1997, Congress froze the number of (residency) positions in the United States. When we look at the number of students coming out, adding those who might come in from outside the country, we are looking at the possibility of not having enough positions for students to enter for post-medical school training. Therefore, it is important that Congress increase the number of

in a rural community, students spend half their medical training in a rural area where they build a relationship with a mentor in a small clinic. Our program contractually obligates students to practice in Louisiana. A key component in this program is tuition waivers which require students to practice primary care or general surgery in a rural area for five years after completion of residency," Hilton added.

Robert Baye, PA, LSU Health Sciences Center School of Allied Health, and Karen Zoeller, Louisiana Hospital Association, were panelists for the session, Future Health Needs of Allied Professionals. Included in this group are physician assistants, social workers, information techs, and coders.

Baye is the Academic Coordinator of



## QUALITY CORRESPONDENT

**“We need to begin to educate our folks about what is really involved in the frontline work; we need to work with our industry to let them know the importance of it. They often just take them for granted.”**

— KAREN ZOELLER

the Physician Assistant (PA) program for LSU (Shreveport) School of Allied Health Professionals. He says PAs in Louisiana are addressing how they can bridge the anticipated gap created by lack of physicians. As early as 2020, projections estimate a national deficiency of 100,000 physicians in specialties and primary care. “Because PA training covers these areas, we feel we are especially tailored to meet and bridge that gap of health care and the patient needs here in Louisiana,” says Baye. “We can provide services to those who are underserved in rural areas as well as assist physicians in those areas where additional demand is increased at the present time.”

Karen Zoeller, Vice President of Policy Development for the Louisiana Hospital Association, calls for a closer look at the allied health professionals who are “our front-line workers...those folks who are not getting paid very much, but who are absolutely essential to providing good health care. We need to begin to educate our folks about what is really involved in

the frontline work; we need to work with our industry to let them know the importance of it. They often just take them for granted. These health care professionals need to know there are promotional opportunities available to them if they increase their education and they need to be given the opportunity to attain that education.”

The summit closed with keynote speaker Cynthia Bienemy, PhD, RN, who presented Louisiana’s Nursing Workforce: Past, Present and Future. Bienemy has been Director of the Louisiana Center for Nursing since it was established in 2009 as a division of the Louisiana State Board of Nursing. In this role, she monitors registered nurse education capacity in Louisiana and works closely with nursing stakeholders in developing strategies to increase educational access, retention and mobility for Louisiana’s registered nurses.

According to the American Association of Colleges of Nurses report on 2011-2012 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing, U.S. nursing schools turned away 75,587 qualified applicants from baccalaureate and graduate nursing programs in 2011 due to an insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints.

“There is going to have to be some transformation in our health care system, and it is going to be important that nurses are at the decision making table in terms of policy, practice, workforce, and education. A system that does not allow that cannot be successful. It is not about nursing. Because we are the largest component of the health care workforce, it

is about how can we truly contribute to change the face of our health care system and improve the health care outcomes of our state.” 



# We can help keep your patient care up and your operating costs down.

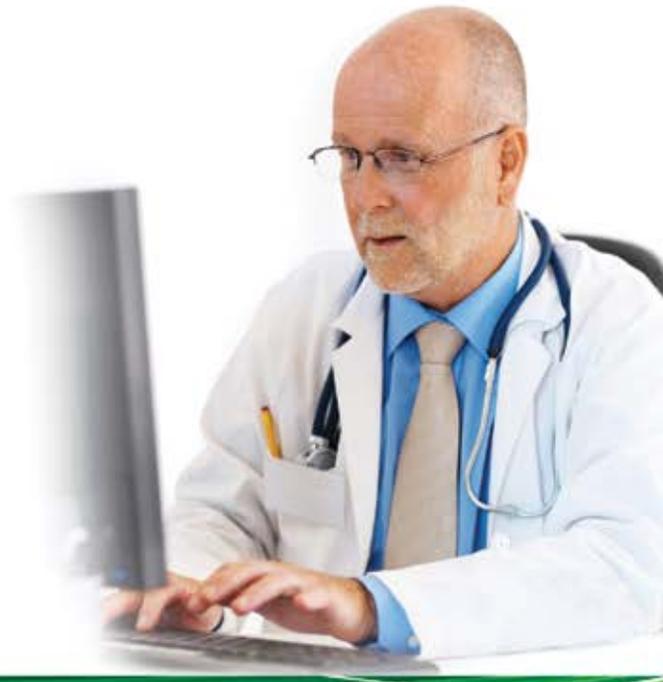
As a trusted Tier-1 network carrier, CenturyLink provides a range of services ideal for healthcare, including IP solutions for data, voice and equipment, along with traditional voice and data services. Here's how we can optimize patient care and maximize savings for you:

- **Efficient network solutions** to help better control costs
- **Dedicated bandwidth** to keep all your healthcare applications running smoothly
- **Mobility solutions** that can improve patient management and diagnostics
- **Data security and backup** to keep patient records private yet easily accessible to you
- **Support for next-gen technologies** such as Electronic Medical Records

Our experienced local teams of business reps, engineers and technicians can design, deploy and provide ongoing service to meet your healthcare needs. It's all part of our job to help make your patient care – and your bottom line – healthier.

**Contact Debbie Boudreaux at  
1.225.214.1100**

**Visit [centurylink.com/connected](http://centurylink.com/connected)**



**CenturyLink™**  
**Business**



## POLICY CORRESPONDENT

By DAVID HOOD  
Senior Healthcare Analyst  
Public Affairs Research  
Council of Louisiana

# Expanding Health Insurance Coverage Solves Many Problems

Taking a clue from Churchill, where are we in terms of our national healthcare system? Have we finally done the “right thing” by passing the Affordable Care Act? Or will we do the “right thing” after the presidential election? Churchill’s rather cynical quip has received a lot of attention from journalists and bloggers on both sides lately as they try to rationalize the ongoing feud over the Affordable Care Act (“Obamacare”). In my estimation, the ACA points us in the right direction, but we are still way short of the goal of an effective and efficient health delivery system.

**KEEP IN MIND** that we have been traveling down the path of reform since 1912 when Former President Theodore Roosevelt championed national health insurance in his failed re-election bid as candidate for the progressive Bull Moose Party. During the past 100 years the medical landscape has changed dramatically, but reform of the system has not kept pace. Compared to healthcare in other advanced nations, the United States has the most expensive system yet falls far short on health outcomes and most performance measures.

Spending on healthcare in the U.S. has grown from approximately \$1,000 per capita in 1980 to \$7,960 per capita in 2009, more than twice the average of major industrial nations. Median spending for 12 member nations of OECD (Organization for Economic Cooperation and

Development) was \$3,182 per capita on healthcare in 2009. As a percentage of gross domestic product (GDP), the U.S. spent almost 18 percent on healthcare in 2009, compared to about nine percent in 1980. Almost one-fifth of the U.S. economy is devoted to healthcare spending, approximately twice that of other industrial nations. In 2009 the Congressional Budget Office projected that healthcare spending, absent major reforms, would continue to rise, reaching 50% of GDP by 2082. The idea that half the money spent in the U.S. would go to healthcare sounds nonsensical, right? Hmm. That’s something we haven’t tried yet.

The U.S. is alone among the advanced OECD countries in failing to cover its entire population. Our health performance indicators also do not compare well with

other OECD countries in a number of areas, including mortality rates and outcomes for many major diseases. However, we have adapted the latest in medical technology although it is not clear if that has improved outcomes for most diseases. The number of MRI machines and CT scanners surpasses the average in OECD countries by a ratio of 2:1. The volume of exams and the cost per scan is also much higher than the average for other nations.

In the current presidential campaign we hear some politicians and commentators say that the U.S. healthcare system is the best in the world. One would think that no informed person could make that claim. However, I would say without fear of contradiction that this country has the best in the world when it comes to medical care, medical research, and training of medical

practitioners. Unfortunately, this standard of care may not be available to most of the population and some 40 million of us are without coverage, according to federal data.

So how does our delivery system measure up? Some would say there is no such thing as a healthcare system in this country, at least not according to this definition: “A system is a set of things working together as parts of a mechanism or an interconnecting network.” With 1,300 private plans plus Medicare and Medicaid spread over 50 jurisdictions (states) we have a lot of work to do before we achieve “interconnection.” Clearly, our delivery system—or the lack thereof—is what enables healthcare that is too costly, often low in quality and, for a large segment of the population, not available because of large gaps in coverage.

Where does Louisiana fit on Churchill’s “right thing” scale with respect to healthcare? Are we now doing the right thing? Or are we trying everything else? It appears that we are stuck in the “try everything else” column for at least a while, unwilling to take advantage of some of the real benefits of ACA, such as providing coverage for 400,000 or more low-income adults at bargain prices.

The single most effective thing that can be done for population health is to provide health insurance coverage, either private or public, at reasonable cost. Access and quality of care are very important concepts but meaningless to those who are uninsured. Denying coverage does not save money for taxpayers. Single adults in Louisiana have to make less than about \$3,500 per year (12 percent of the federal poverty level) in order to be eligible for Medicaid. Uninsured people are sicker than those with insurance because they delay care until it’s often too late. They seek treatment in emergency rooms because hospitals are required to care for

the uninsured. According to federal data, the cost of an ER visit averages about \$1,300 while a physician office visit costs \$200. In the long run, coverage is cheaper because it usually keeps people healthier. Healthy people are more likely to be employed, productive, tax-paying citizens. Coverage is “the right thing.”

For what appear to be political reasons, a number of Republican governors (including Louisiana’s governor) have opted out of most provisions of the Affordable Care Act. In Louisiana’s case, two of those provisions could really make a positive difference for the state: (1) the Medicaid expansion and (2) the Insurance Exchange. The

The state share would be zero for the first three years and then ramp up to about 10 percent by 2023. This represents a substantial savings to the state, as the regular state match is about 28 percent. At that level the cost to the state would have been \$5.7 billion over the 10-year period. Thus, this ACA provision, if exercised by the state, would save almost \$4 billion and cover 385,000 uninsured persons.

The Insurance Exchange concept is not new, but rather an invention of the Heritage Foundation, a conservative think tank. The concept was applied in the Massachusetts healthcare reform program during the administration of Governor

**“You can always count on Americans to do the right thing—after they’ve tried everything else.”**

— ATTRIBUTED TO WINSTON CHURCHILL

stated reasons for opting out: too costly. Not likely.

The ACA mandated coverage for persons not currently eligible for Medicaid with incomes below 133% of the federal poverty level, which is about \$14,850 for an individual and \$30,650 for a family of four. The U.S. Supreme Court struck down the mandatory provision, meaning that states have the ability to opt out if they so choose. Projections made by Mercer Consulting, under contract to the Louisiana Department of Health and Hospitals, assume that about 260,000 new eligibles would enroll in the first year (2013) and the number would grow to 385,000 by 2023. The total cost of coverage over the 10-year period would total \$26.7 billion, with the federal share estimated at \$25 billion and the state share at \$1.8 billion.

Mitt Romney (“Romneycare”). It was designed to introduce market forces into health plans by providing consumers (mostly non-Medicaid) with understandable information about health insurance so they could make proper decisions. ACA included a feature that would enable subsidies at various income levels for consumers to make coverage more affordable. According to Massachusetts officials, the exchanges (called “connectors”) have worked well. Because Louisiana refused to participate in this ACA provision, the federal government will have to install them.

Our state should be implementing these provisions and others in the Affordable Care Act with federal funds, but without federal intervention. Now that we’ve tried (almost) everything else, it’s time to do the “right thing.”





## LEGISLATIVE CORRESPONDENT

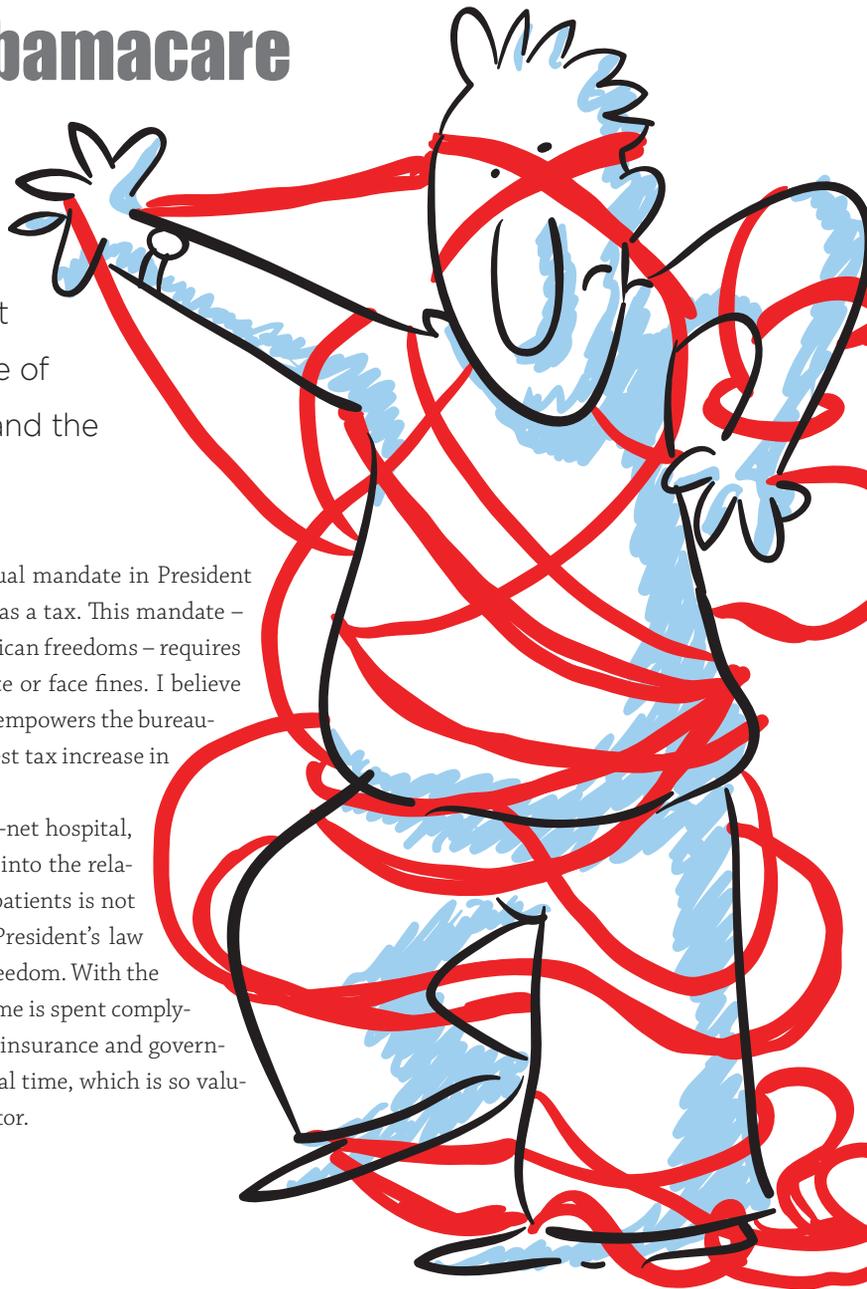
By CONGRESSMAN  
BILL CASSIDY, MD

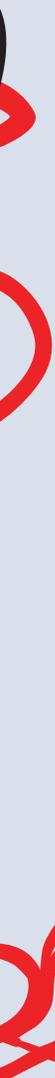
# The State of Obamacare

The Supreme Court's recent decision on Obamacare has reignited the healthcare debate once again. As such, it is an apt time to discuss some of the implications for patients and the free-market.

The Court determined that the individual mandate in President Obama's healthcare plan is constitutional as a tax. This mandate – felt by many to be a violation of basic American freedoms – requires that all Americans obtain health insurance or face fines. I believe this decision harms individual liberty and empowers the bureaucratic middleman. This law is also the largest tax increase in the history of our country.

As a doctor treating patients in a safety-net hospital, I've seen that more government intrusion into the relationship between a doctor and his or her patients is not the solution. It's disappointing that the President's law depends on bureaucrats taking away our freedom. With the President's new healthcare law, valuable time is spent complying with the bureaucratic requirements of insurance and government programs. This decreases the personal time, which is so valuable, spent by a patient with his or her doctor.





One example of how Obamacare expands bureaucracy and increases government is the Independent Payment Advisory Board (IPAB). This unaccountable board consists of 15 appointed members charged with controlling Medicare spending, not by empowering patients, but by sitting in Washington and dictating what can and cannot be paid for. The board will unilaterally be able to cap Medicare spending. Its decisions will force cuts in payments to hospitals and other service providers if Medicare costs go above pre-set levels.

IPAB takes control by 2014. However, the IPAB can't cut payments for hospitals and hospices until 2020. Costs need to be reduced immediately. The IPAB will do so by cutting Medicare advantage programs, Medicare Part D programs, and physician payments. If physician payments are cut below the cost of providing patients care, this negatively affects patient access.

The IPAB is just one example of the expansion of government created by the President's healthcare law. Hundreds of unelected boards and committees are created by this law. The Congressional Research Service states that the exact number of boards, bureaucracies, and commissions is "unknowable." Life and

common-sense teaches that federal government-centric approaches to an economy is typically expensive, poorly run, and fails to serve those whom the government is supposed to serve.

The incursion upon personal freedom is not just expanded government bureaucracy, but also the taxes levied to pay for it. These include taxes upon drugs, insurance plans, tanning booths, medical devices, and pharmaceuticals, just to name a few. These will touch every American. There are also the increased state taxes which will be required to pay for the state portion of the financing of the Medicaid expansion.

and price transparency. Arguably, the president's healthcare law did not address any of these.

Since the healthcare law passed and following the Supreme Court decision, some have said that it is not that big of a deal, implying that we should get over our opposition. We should accept the President's healthcare law as a done deal, pay our taxes, and get in line. I disagree. I think that all Americans who believe in freedom, and that the power of the patient should be built up and not the power of the bureaucracy, should continue to work for patient centered healthcare reforms. These reforms will address the

## **As a doctor treating patients in a safety-net hospital, I've seen that more government intrusion into the relationship between a doctor and his or her patients is not the solution.**

The irony is, that in 3000 pages of legislation, solutions such as consumer driven healthcare, which have been shown to save patients money and improve outcomes have not only been ignored, but there is prejudice against them. Speaking more broadly, there is a McKinsey Quarterly paper saying that the three most important components of healthcare reform are decreasing administrative expenses, decreasing the burden of chronic disease,

physical, emotional, and financial health of the patient as well as the fiscal health of our country.







# HOSPITAL rounds

## **New Officers Named for LHA**

Members of the Louisiana Hospital Association announced their 2012-2013 Board of Trustee Officers at their annual business meeting on July 25.

Kathy J. Bobbs, FACHE, president and chief executive officer of the Regional Health System of Acadiana, will serve as the LHA Board of Trustees Chair. She received the gavel from Milton D. Bourgeois, Jr., chief executive officer of Ochsner-St. Anne General Hospital in Raceland, who will now serve as Immediate Past Chair.

Other officers elected include: Chair-Elect – Mark J. Peters, MD, president and chief executive officer of East Jefferson General Hospital in Metairie; Secretary – John A. Matessino, president and chief executive officer of the Louisiana Hospital Association; and Treasurer – Stephen F. Wright, president and chief executive officer of CHRISTUS Health Louisiana.

## **OLOL College Faculty accepted into FLAG Program**

Stazel Guerin, MSN, RN, and Michelina Kite, MSN, RN, nursing instructors at Our Lady of the Lake College, have been accepted into the University of Minnesota Hartford Center

of Geriatric Nursing Excellence's 2012 Faculty Learning About Geriatrics (FLAG) program. After a competitive application process, both have been selected to attend the FLAG Summer Institute at the University of Minnesota in August 2012 and will be participating in a year-long mentorship program with national experts in gerontology.

Offered annually since 2008, the Faculty Learning about Geriatrics (FLAG) program is a nationally recognized faculty development program designed for nursing instructors and others who want to develop or increase their expertise in teaching gerontological nursing. FLAG participants increase their knowledge in four core content areas: nursing care of older adults, teaching and learning strategies, gero-informatics, and academic leadership.

Faculty at Our Lady of the Lake College, along with a developing network of gero-focused experts, have committed to making regional, national, and international connections to build gerontological and healthy aging education, practice, and scholarship through the newly established Our Lady of the Lake College Gerontology Infusion Group (GIG). As members of the GIG, Stazel

Guerin and Michelina Kite applied to the FLAG program and will receive GIG funding to support their participation.

## **Baton Rouge General Physicians Gain Diamond**

Karen Diamond, MD, has joined Baton Rouge General Physicians. Diamond, a board certified Gastroenterologist and Internal Medicine specialist, received her medical degree from Louisiana State University School of Medicine in Shreveport and completed her residency training in Internal Medicine at LSU Medical Center in Shreveport. She also completed fellowships in Gastroenterology and Critical Care Medicine at Strong Memorial Hospital of the University of Rochester in Rochester, New York.

Diamond previously served as an Assistant Professor within the LSU Health Sciences Center system and was a full-time faculty member for five years, initially in New Orleans and, most recently, in Shreveport. During her time in New Orleans, Diamond served as Chief of Medical Endoscopic Services with LSU Interim Hospital. While on faculty in Shreveport, she briefly served as Associate Program Director for the Gastroenterology



From left, Karen Diamond, MD; Joseph P. Nesheiwat, MD; April McCulloh, MD; and Nancy R. Mellin, MD.

Fellowship Training Program. A native of Plaquemine, Diamond was in private practice in Upstate New York as part of Saratoga-Schenectady Gastroenterology Associates prior to returning to Louisiana in 2005.

### Rheumatologist Opens Zachary Office

Lane Regional Medical Center announced that rheumatologist, Dr. Joseph P. Nesheiwat, has opened Zachary Rheumatology located at 6110 Main Street. He is board certified in both Rheumatology and Internal Medicine, and treats all rheumatic diseases including rheumatoid arthritis, osteoarthritis, and gout. Nesheiwat also has a special interest in severe osteoporosis and psoriasis related arthritis.

Nesheiwat graduated Magna Cum Laude from Florida Atlantic University in Boca Raton, Fla., and received his medical education from Saint George's University School of Medicine in Grenada, West Indies. He completed both his Internal Medicine residency and his Rheumatology fellowship training at the University of Tennessee Health Science Center in Memphis, Tenn. He is a member of the American College of Rheumatology.

### Breast Center Earns NAPBC Re-Accreditation

Baton Rouge General has been granted a three-year, full accreditation designation by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons. First earning NAPBC approval in 2009 as the first breast center in Louisiana to receive the designation, this is the second full NAPBC accreditation for Baton Rouge

General's comprehensive Breast Center, a critical component to the hospital's Pennington Cancer Center.

NAPBC accreditation is given only to those breast centers that have voluntarily committed to provide the highest level of quality breast care and that undergo a rigorous evaluation process and review of their performance to assure that NAPBC standards are being met. Accredited breast centers also agree to maintain their high level of clinical care with recertification by the NAPBC required every three years.

### McCulloh Joins Baton Rouge General Physicians

April McCulloh, MD, has joined Baton Rouge General Physicians. Dr. McCulloh earned her medical degree from American University of the Caribbean School of Medicine in St. Maarten, Netherlands Antilles. She completed her residency in family medicine at Baton Rouge General Medical Center in Baton Rouge.

Dr. McCulloh is Board Certified in Family Medicine. She is also a certified Advanced Cardiovascular Life Support Provider, Neonatal Resuscitation Program Provider and Pediatric Advanced Life Support Provider. A Louisiana native, Dr. McCulloh is a member of several professional organizations including the Louisiana Academy of Family Physicians and the American Academy of Family Physicians.

### ENT Clinic to Join North Oaks Physician Group

The Northshore ENT Clinic and Nancy R. Mellin, MD, have joined the North Oaks Physician Group network of North Oaks Health

System. The clinic will remain at 42401 Pelican Professional Park in Hammond.

Dr. Mellin is certified by the American Board of Otolaryngology and has more than 23 years of practice experience. She specializes in the diagnosis and treatment of diseases of the Ear, Nose, and Throat (ENT), including sleep medicine and head and neck surgery. Dr. Mellin conducts facial plastic and reconstructive surgery and in-office cosmetic treatments, including Latisse® to thicken eye lashes, and Juvederm®, Radiesse®, and Botox® facial line and wrinkle fillers.

She earned her medical degree from Louisiana State University School of Medicine and completed her residency at Alton Ochsner Medical Foundation and Louisiana State University Medical Center, all in New Orleans. She joined the North Oaks Medical Staff in 1995 and has served in numerous medical leadership positions through the years, including Chief of Staff for North Oaks Medical Center in 2002.

### Ochsner Welcomes New Physicians

Ochsner recently welcomed the following new physicians to the Baton Rouge region:

**Dudley Atkinson, MD-Urology Department.** Dr. Atkinson graduated from LSU with a degree in petroleum engineering. Afterwards, he joined the US Navy as a submarine officer and retired as a Lieutenant Commander to pursue medicine. While in the Navy, he attended the Naval Postgraduate School in the Space Systems Engineering curriculum and obtained master's degrees in physics and engineering science. He later graduated from the Tulane University School of Medicine and trained in the LSU/Ochsner Urology Residency in New Orleans where he was Chief Resident. Dr. Atkinson's special interests include robotic and laparoscopic surgeries.



# FAI

## REGIONAL MEDICAL SYSTEM

5428 O'Donovan Drive, Baton Rouge, LA 70808 • 225-757-8808

“ Our mission is to provide medical treatment, education and prevention of lower extremity pain through innovative technologies and treatments. ”



DR. LE  
Founder



DR. DECUIR



DR. LEVINE

### Laser Nail Center

A DIVISION OF FAI

- FDA-cleared for Onychomycosis
- First and only facility to provide Cutera Laser Nail treatment in Louisiana
- Non-painful laser treatment
- No downtime recovery
- Safe and effective results

### Wellness Center

A DIVISION OF FAI

- Physical therapy
- Improve muscle strength and tone
- Post-op recovery
- Rehabilitation
- Fall preventive
- Increase range of motion and flexibility
- Anodyne therapy

### Ten Convenient Locations:

#### BATON ROUGE

5428 O'Donovan Dr.  
10608 Coursey Blvd.  
3401 North Blvd.

#### DENHAM SPRINGS

1019 S. Range Ave.

#### GONZALES

1532 South Burnside

#### BRUSLY

401 N. Vaughn

#### ZACHARY

4242 Hwy. 19

#### CENTRAL

11424 Sullivan Road, Bldg. A

#### BAKER

12902 Plank Road

#### HAMMOND

Coming soon



### Heel Pain Center

A DIVISION OF FAI

- Plantar Fasciitis
- Achille tendonitis
- Custom orthotics fabrication
- In-house certified pedorthist
- In-motion gait analysis
- First in Louisiana using Orthospec (ESWT)

#### **Extracorporeal Shock Wave Therapy**

##### **Benefits:**

- In-office procedure
- Cost-effective
- Quick recovery
- Non-surgical treatment

### Diabetic Foot Institute

AN AFFILIATION OF FAI

225-761-0025

- Diabetic foot management
- Thermal imaging analysis
- Dynamic gait and pressure load analysis
- In-house custom orthotic fabrication
- Innovative treatments
- Wound care management
- Peripheral neuropathy management



From left, Alexander Mulamula, MD; Stephen T. Jones, MD; and Andrew Hargroder, MD.

**Erin Dauterive, MD—Obstetrics and Gynecology Department.** Dr. Dauterive received her undergraduate degree in general studies at LSU. She then attended Louisiana State University School of Medicine in Shreveport, where she received honors for graduating with the highest GPA. Dr. Dauterive recently completed her residency in the Obstetrics and Gynecology Program with Ochsner Clinic Foundation where she continued to receive honors for her performance. Her special interests include adolescent gynecology and minimally invasive surgery.

**Alexander Mulamula, MD—Pulmonary Department.** Dr. Mulamula received his master's of medicine and general surgery at the University of Nairobi. He then completed his residency in internal medicine at Providence Hospital in Washington, D.C., where he also served as a Critical Care Technician and Chief Resident. Dr. Mulamula completed two fellowships with Norwalk Hospital in Connecticut in pulmonary and critical care medicine and sleep medicine. Dr. Mulamula is board certified in both pulmonary medicine and internal medicine. His special interests include sleep disorders in children.

**Jones Joins Lane Regional**

Dr. Stephen T. Jones, Family Practice and Sports Medicine, has opened Lane Family Practice and Sports Medicine located at 19900 Old Scenic Highway in Zachary. Jones is a board certified physician who has spent a great deal of his career invested in family medicine and the physical effects of sports on the human body. He has successfully completed specialty training at the University of Mississippi Medical Center Primary Care Sports Medicine Fellowship Program.

ville, Tenn. and completed his Bachelor of Science at Xavier University in New Orleans. He is also a graduate of Catholic High School in Baton Rouge.

Jones used his education and experience to care for Division I college athletes, as well as high school athletes in Jackson, Miss. Prior to this position, Jones served as a Chief Resident at Louisiana State University Health Sciences Center in Kenner where he was honored with the Chief Resident Award and the LSU Family Medicine Chairman's Award. Jones' work and research have been published in several publications, and he has received numerous academic and citizenship honors.

**Specialized Weight Loss Surgery Performed at St. Elizabeth**

St. Elizabeth Hospital reports it is the first hospital in the state of Louisiana to perform a minimal-incision vertical sleeve gastrectomy using TransEnterix's innovative new SPIDER® Surgical System. Dr. Andrew Hargroder performed the surgery in July, 2012. There are currently fewer than 15 bariatric surgeons using the SPIDER technology nationwide. SPIDER has been used by surgeons to perform other procedures; however, this marks the first time it has been used in Louisiana to perform a vertical sleeve procedure.

Dr. Hargroder is a board-certified surgeon specializing in minimally invasive techniques. He has successfully performed more than 2500 weight loss surgeries. The vertical sleeve gastrectomy is rapidly becoming one of the most popular weight loss procedures available. Prior to using the SPIDER® Surgical System, Dr. Hargroder used

traditional laparoscopic methods, requiring six separate incisions in the patient's abdomen. SPIDER allows the procedure to be done through minimal incisions.

**BR General Explores Healing Arts**

Baton Rouge General Medical Center announced that local Baton Rouge artist Juliet Lockwood will serve as the Artist-in-Residence for its new Arts in Medicine program. The program, which is supported through the hospital's recently awarded LIVESTRONG® Community Impact Project grant, will facilitate bringing the arts to patients with cancer and offer opportunities to explore their own creative resources while meeting the challenges of diagnosis, treatment and survivorship.

Baton Rouge General's Artist-in-Residence will bring painting, drawing, mobile making, mixed media, and other fine arts projects to patients' bedsides at Baton Rouge General's Pennington Cancer Center. The program's design is based on the Artist-in-Residence (AIR) program founded by The Creative Center in New York City.

**LOL and MBPCC Chosen for Nationwide Initiative**

The National Cancer Institute (NCI), part of the National Institutes of Health, has selected The Cancer Program of Our Lady of the Lake and Mary Bird Perkins to continue participation in its national network of community cancer centers. A member of the NCI Community Cancer Centers Program (NCCCP) since 2007, the Cancer Program was awarded \$777,853 to fund participation in the NCCCP network for the program's next two years.

NCCCP collaboration has helped the Cancer Program launch or enhance many of its programs, including survivorship services, early phase clinical trials, screenings for disparate populations, and multidisciplinary cancer care teams that focus on brain, colorectal, lung, and head and neck cancers.

The NCCCP is a collaborative network of community hospitals working to: expand



# *Are You* **CONNECTED?**

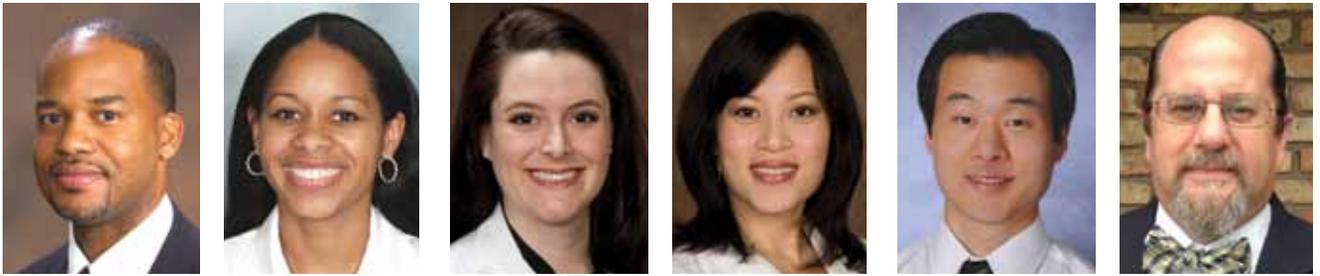
- Legislative advocacy
- Practice tools & guidelines
- Discounted products & services
- Patient resources, including Physician Finder
- Real-time medical news & information for physicians

800.375.9508 • [www.lsms.org](http://www.lsms.org)

Follow us: @LaMedSoc

Like us: [www.facebook.com/LaMedSoc](http://www.facebook.com/LaMedSoc)





From left, Gregory D. Crenshaw, MD; Erin Derbigny, MD; Lauren Moore, MD; Stephanie Sue Awad, MD; Thomas J. Kang, MD; and Mike Spaulding.

cancer research, enhance access to cancer care, and improve the quality of care for cancer patients served by community hospitals in urban, suburban, and rural areas, with an emphasis on underserved populations. The majority of U.S. cancer patients are diagnosed with and treated for the disease in their local communities, where they can remain closer to home rather than commute to major academic medical centers. The NCCCP network has served approximately 53,000 new cancer cases each year.

The Cancer Program has participated in NCCCP since it launched in 2007 as a pilot program comprised of 16 community hospitals. The NCCCP added 14 additional sites to the network in 2010 and funding from the American Recovery and Reinvestment Act allowed the 30 NCCCP hospitals to compete for a program extension. Twenty-one of them were awarded funds to continue program participation from July 2012-June 2014. The Cancer Program's selection ensures that the NCCCP network's ongoing efforts to offer state-of-the-art coordinated care and to create national research opportunities locally will continue to be addressed in Baton Rouge and the 11 surrounding parishes.

For more information about the NCCCP network, visit [ncccp.cancer.gov](http://ncccp.cancer.gov).

**Lane Announces New Vascular Surgeon**

Lane Regional Medical Center announced that Vascular Surgeon Dr. Gregory D. Crenshaw recently joined the physicians of Vascular Specialty Center, Drs. Joseph Griffin, Andrew Olinde, and Victor Tran, at their Zachary location.

Crenshaw is board certified in both Family

Medicine and General Surgery and performs all standard vascular surgical procedures and testing for aortic aneurysm, carotid artery, poor circulation in the legs, and varicose veins. Crenshaw is certified by the American Board of Surgery. He has a special interest in carotid artery disease.

Crenshaw graduated from Gustavus Adolphus College in St. Peter, Minnesota. He received his MD and completed his Family Medicine residency at the University of Mississippi in Jackson. He completed both his General Surgery residency and his Vascular Surgery fellowship training at Ochsner Clinic Foundation in New Orleans.

**Ochsner Physician Earns Board Certification**

Ochsner Medical Center announced that Erin Derbigny, MD has earned board certification in Physical Medicine and Rehabilitation from the American Board of Physical Medicine and Rehabilitation. Dr. Derbigny joined Ochsner in August 2011. She earned her medical degree from Meharry Medical College in Nashville and completed her internship at John Peter Smith Hospital in Fort Worth. She completed her physical medicine and rehabilitation residency at the University of Texas Southwestern Medical Center in Dallas. Dr. Derbigny's special interests include generalized musculoskeletal pain, myofascial pain and fibromyalgia, EMG/NCS, and spasticity management.

**LOL Breaks Ground for Medical Education Center**

Our Lady of the Lake Regional Medical Center recently hosted a groundbreaking ceremony for the new LSU Medical Education and Innovation Center. The training facility is one

component of a public-private collaboration between the state of Louisiana, OLOL, and LSU to move all Baton Rouge based medical education to the OLOL campus by November of 2013. The LSU Medical Education and Innovation Center will accommodate more than 250 residents who rotate through clinical experiences annually at OLOL. This building will include classroom space, simulation laboratories, research laboratories, and faculty offices.

**Moore Joins Baton Rouge General Physicians**

Lauren Moore, MD, has joined Baton Rouge General Physicians. Moore received her medical degree from Louisiana State University Health Sciences Center in New Orleans and completed her residency training in Family Medicine at Baton Rouge General Medical Center. Moore participated in the Rural Scholars Track while at LSU Health Sciences Center in New Orleans. She is Board Certified in Family Medicine.

A native of Baton Rouge, Dr. Moore is a member of the American Academy of Family Physicians and the Louisiana Academy of Family Physicians. Her professional interests include preventive medicine and women's healthcare.

**Woman's Recognized for Patient Experience**

Woman's Hospital has been named a "Patient-Centered Care Champion" for Physical Comfort and Respect for Patient Preferences in the 2012 National Research Corporation (NRC) Picker Path to Excellence Awards. Woman's was selected based on its performance for the time period of April 2011 - March 2012.

Based on Hospital Consumer Assessment of Healthcare Providers and Systems (HC-HAPS) patient surveys, Woman's scored one of the highest positive patient ratings out of 208 facilities nationwide in the NRC Picker database following:

- Physical Comfort: Patients report that physical comfort has a tremendous impact on their experience; in particular, pain management, assistance with activities and daily living needs, and hospital surroundings and environment. Woman's scored 79.4 percent positive with a national average of 65 percent.

- Respect for Patient Preferences: Patients indicate a need to be recognized and treated as individuals by hospital staff. They are concerned with their illnesses and conditions and want to be kept informed. Most important is an atmosphere that is respectful of the individual patient; it should focus on quality of life, involve the patient in medical decisions, provide the patient with dignity, and respect a patient's autonomy. Woman's scored 89.5 percent positive with a national average of 78 percent.

## **FMOLHS Invited to White House Roundtable**

The White House Business Council and the National Business Group on Health invited Franciscan Missionaries of Our Lady Health System to participate in a Health Disparities Roundtable with Surgeon General Regina Benjamin, MD, MBA, and share the work the System has done to end health disparities. The Franciscan Missionaries of Our Lady Health System was asked to participate in this discussion after the National Business Group on Health named the System as a 2012 Best Employer for Healthy Lifestyles.

Representatives from Healthy Lives™, the employee health and wellness program created by the Franciscan Missionaries of Our Lady Health System, discussed how this program has improved employee health and shown great potential to help address disparities in our communities. In addition, the System shared best practices from St. Francis Medical Center's Medical Home in Monroe, Louisiana. The medical home is a new

model of care that emphasizes comprehensive primary care along with prevention, wellness, and chronic disease prevention.

Other companies participating in the roundtable for their work on reducing health disparities include Aetna, American Express Company, Cigna, H.J. Heinz Company, Pitney Bowes Inc., United Healthcare, Verizon Communications, and Wyndham Worldwide.

## **Awad Joins Baton Rouge General Physicians**

Stephanie Sue Awad, MD, has joined Baton Rouge General Physicians. Awad received her medical degree from Ross University School of Medicine in Portsmouth, Dominica, and completed her family medicine residency at Baton Rouge General Medical Center.

A native of Baton Rouge, Dr. Awad received a Bachelor of Science Degree in Microbiology from Louisiana State University. She also holds a Master of Science Degree in Environmental Chemistry from Southern University, and prior to earning her medical degree, worked as an environmental scientist with the Louisiana Department of Environmental Quality.

Awad is Board Certified in Family Medicine by the American Board of Family Medicine. She is a member of the American Academy of Family Physicians. Her professional interests include prevention, wellness, and healthy families. She also speaks fluent Spanish.

## **New General Surgery Practice Opens at Lane Regional**

Lane Regional Medical Center announced that Dr. Thomas J. Kang, General Surgeon, has joined Lane Surgery Group located at 4801 McHugh Road, Suite C, in Zachary. Kang is board eligible in General Surgery and has a special interest in laparoscopic, hernia, gallbladder, anti-reflux, and colon surgery.

Dr. Kang graduated Summa cum Laude from Louisiana State University in Baton Rouge, and received his Medical Degree from Louisiana State University School of Medicine in New Orleans. He completed both his General Surgery internship and residency at Ochsner Medical Center in New

Orleans. During his training, Dr. Kang authored several presentations and publications on topics including laparoscopic and bariatric surgery.

## **St. Elizabeth Rated a "Best Workplace"**

For the second year in a row, St. Elizabeth Hospital was one of 100 healthcare facilities in the United States recognized by *Modern Healthcare* Magazine as a Best Place to Work in Healthcare.

The ranking was based on an extensive application in which the hospital reported on its policies and procedures, benefits, and practices, and on a team member survey conducted by Best Places to Work, Inc. St. Elizabeth's team members participated in the survey in July. The survey measures leadership and planning, culture and communications, role satisfaction, working environment, relationship with supervisor, training and development, pay and benefits, and overall satisfaction.

The Best Places to Work in Healthcare list can be found at [www.modernhealthcare.com/bestplaces](http://www.modernhealthcare.com/bestplaces). Specific rankings will be announced at the awards gala on Tuesday, October 9.

## **Medical Physics Residency Program Accredited**

The Commission on Medical Physics Education Programs (CAMPEP) has granted full accreditation to the Mary Bird Perkins Cancer Center Medical Physics Residency Program. Mary Bird Perkins indicated it is the first center in Louisiana to establish such a program, helping provide highly specialized professionals to the workforce and enhanced care for cancer patients.

Using a collaborative approach, Mary Bird Perkins formed a medical physics consortium with multiple affiliate sites, including Willis-Knighton Cancer Center in Shreveport, the University of Mississippi Medical Center in Jackson, Miss., and e+ Louisiana in Lafayette. This allowed for the expansion of residency training opportunities and resources. In conjunction with its affiliates, Mary Bird Perkins

now has the largest radiation oncology physics residency training program in the United States. By establishing the first accredited group model with respected affiliate Centers in Louisiana and Mississippi, the program is creating more openings for graduates of CAMPEP-accredited medical physics graduate programs, like the Mary Bird Perkins-LSU Medical Physics Graduate Program.

In an effort to address the need for well-trained medical physicists, the American Board of Radiology announced in early 2009 that by 2014 it would require medical physicists to have graduated from or be enrolled in a CAMPEP-accredited residency training program

prior to sitting for board certification exams.

A medical physicist brings a unique perspective to the clinical team in a radiation oncology program: that of a scientist trained in physics, including radiological physics; and also in clinical, basic medical, and radiobiological sciences. The physicist performs an important role working along with the radiation oncologist to assure the accurate delivery of all aspects of a treatment prescription.

For additional information about Mary Bird Perkins Cancer Center's medical physics residency program please visit [www.marybird.org/medphys](http://www.marybird.org/medphys).



**Need Storage Near the New Woman's Location?**

24-7 Access, Safe, Wireless Internet, Air-Conditioned/Climate Controlled  
Doorman Service: We sign for your delivery, see it is placed in your unit, & lock up.  
Easy, On-line Payment  
Save 10% PLUS First Month's FREE for the Healthcare industry!

**StorSafe** 9242 Barringer Foreman Rd. Near Kleinpeter Sheriff's Station (225) 753-1176 [www.StorSafeBR.com](http://www.StorSafeBR.com)  
NY • Best • Climate Controlled



**SUNSHINE CLEANERS**  
FINE DRY CLEANERS & LAUNDERERS  
OLD FASHIONED SERVICE  
ROUTE SERVICE AVAILABLE  
Family Owned & Operated  
16645-A Highland Road • Highland Place Shopping Center • 753-4060

### Ochsner Director Receives National Award

Ochsner announced that Mike Spaulding, CHFM, Ochsner Baton Rouge Facilities Management Director, was named one of only ten Emerging Regional Leaders in the nation by the American Society for Healthcare Engineering (ASHE). The Emerging Regional Leader award recognizes new and future leaders within the field of healthcare engineering and facilities management. Honorees are chosen for their demonstrated leadership skills, exemplary commitment to their local chapter and their contributions to ASHE and the healthcare profession.

Spaulding was chosen as the top facilities management leader in region 7 which includes Louisiana, Arkansas, New Mexico, Oklahoma, and Texas. As an award recipient Spaulding will now have the opportunity to attend the ASHE Leadership Institute. Spaulding has worked at Ochsner for 14 years. He serves as president-elect for the Louisiana Society for Healthcare Facility Management, and as a board member for the Texas Association of Healthcare Facility Management, both ASHE affiliated chapters.

### Parsons Joins Lane Regional Medical Center

Lane Regional Medical Center announced that Pamela J. Parsons, MD, has recently joined the hospital medical staff as Medical Director for Lane Behavioral Health Services in Zachary. She is board certified by the American Board of Psychiatry and Neurology and has a special interest in affective disorders, anxiety disorders, psychotic disorders, and psychopharmacology.

Lane Behavioral Health Services offers intensive outpatient treatment for adults experiencing life-altering emotional crises, such as depression, anxiety, panic, stress, fear, and other personal disorders. This active treatment program teaches practical ways to respond to any type of traumatic life event, behavioral difficulty or emotional distress, especially major events due to the loss of a job, health or relationship.

Dr. Parsons graduated Magna Cum Laude from Coker College in Hartsville, South Carolina and received her Medical Doctorate degree from Medical University of South Carolina in 1991. She also completed both her Psychiatry and Behavioral Sciences residency and Electroconvulsive Therapy fellowship there. Dr. Parsons has been practicing in the Baton Rouge area since 1999 in both inpatient and outpatient settings. Her psychiatric expertise includes General Adult, Dual Diagnosis, and Geriatric fields.

# The **Source** for Local News, Information & Analysis

- **Print**
- **Web**
- **Mobile**

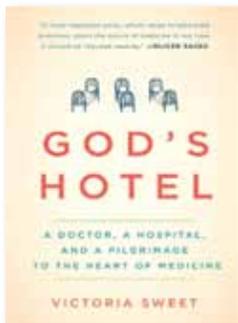


**HEALTHCARE**  
**JOURNAL**  
of Baton Rouge

Call 225.302.7500 or visit us online at [www.HealthcareJournalBR.com](http://www.HealthcareJournalBR.com)

# BookCorner

>> Reviews by **THE BOOKWORM**



## God's Hotel

by **Victoria Sweet**  
c.2012, **Riverhead Books**

\$27.95 / \$32.50 Canada  
384 pages

### Your wallet has been open for years.

You've always been generous to your favorite charities. The food pantry, the free clinic, that children's group, the animal organization, they don't stop needing help just because it's not fundraising time.

So you give what you can. Charity knows no season. And besides, you may need them someday yourself, and you know it.

But who takes care of the people who are all but invisible, the ones who don't have ad budgets or front-of-mind real estate? Read the new book "God's Hotel" by Victoria Sweet, and find out.

Victoria Sweet's family was shocked.

Becoming a doctor wasn't fitting for someone coming from a long line of "businessmen and intellectuals," but she was undaunted, and "intrigued" by death, resurrection, heaven, and hell. This eventually led Sweet to the words of Hildegard of Bingen, a medieval nun who practiced Old World medicine.

Degree in hand, and wanting to further

study Hildegard's methods, Sweet sought part-time work in a hospital setting – something that's rare in the medical world – and found Laguna Honda Hospital in San Francisco.

Laguna Honda was a rarity, a Middle Ages institution in the 20th century. The French would call it *Hôtel-Dieu* (God's Hotel) but it was known in the United States as an almshouse, a hospital for the homeless and poor, a place for sick people with no money and nowhere else to go.

Sweet made a two-month commitment. She stayed for more than 20 years.

Laguna Honda was a "special place" where rare ailments were surprisingly common and staff cared personally about their patients. Obviously, Sweet loved it there, but things changed when city officials took charge of the gently aging hospital: the old way of practice disappeared in favor of budget cuts, politics, government interference, lawsuits, and committees. Still, Sweet discovered a place for thousand-year-old medicine; for old-fashioned sitting, waiting, hands-on assessment, and for things she learned from a long-dead mentor.

As I read, I try to flag certain passages to jog my memory for writing this column. So let me tell you how much I enjoyed "God's Hotel": I forgot to take notes.

It wasn't the patient anecdotes that pulled me in, although I couldn't get enough of them. It wasn't watching the hospital morph into something different, although that made me scream in sympathy. I think what I loved so much about this book is that spending time with author Victoria Sweet's words is so calming.

Sweet shares her journey – both literally and figuratively – in a voice that seems like

a cool hand on a feverish forehead or a gentle rub on a shoulder. She lets us share her discoveries, both in hospital and outside, and we're often transported back in time with them. Sweet teaches her readers, and we become eager students.

"... none of us knows what is valuable to God," says Sweet but I think you'll find this book valuable to you. If you're concerned about social issues, especially healthcare, then "God's Hotel" is a book to check into.



## Who Will I Be When I Die?

by **Christine Bryden**,  
foreword by **Elizabeth MacKinlay**  
c.1998, 2012,

**Jessica Kinglsey Publishers**

\$19.95 / \$22.95 Canada  
172 pages

### You hate when it happens, and it's been happening a lot lately.

You walk into a room and by the time you get halfway in, you can't remember what you were doing there. Picking something up? Putting something away? Most of the time you remember – eventually – but it's a feeling you don't like.

Your mother was forgetful, too, and you hope it's not hereditary. You hope your lapse in memory isn't Alzheimer's, either.

Author Christine Bryden was sure her headaches and memory problems were stress-induced. Her job wasn't easy and neither was her life. But as you'll see in her memoir, "Who Will I Be When I Die?" something else was happening in her brain.

As head of a division in the Australian Prime Minister's department, Christine Bryden was no stranger to stress. In May of 1995, she was sure, in fact, that the stress of politics at work, a dissolving marriage, her daughter's attempted suicide, financial strains, and trying to create a new life for herself and her girls were all contributing to the memory lapses and increasingly debilitating migraines she was suffering.

With all that, who wouldn't have stress-induced health issues?

But the migraines got worse and so did the lapses. Bryden sought help and, at the "too young" age of 46, was diagnosed with early-onset Alzheimer's.

Doctors urged her to retire immediately, although government officials questioned the validity of her diagnosis. She was tested and re-tested and was ultimately, bluntly told that she would be debilitated within five years, and dead within ten years. Her memory began to slide almost immediately and everything took "lots of effort and control" but she dealt with it gracefully and leaned on her family, friends, and her faith in God to get through.

First published in 1998 and updated for this edition, "Who Will I Be When I Die?" is amazingly upbeat.

Author Christine Bryden sings the praises of her God, and gives Him much of the credit for the fact that she's still here almost twenty years later, and with manageable symptoms of her disease (the diagnosis of which was changed to a sub-set of fronto-temporal dementia known as non-fluent aphasia). She admits to have taken advantage of modern treatment, but she

says that prayer was her main medicine.

What makes this book most unique is that Bryden does a fine job chronicling the mental anguish that one feels with early-onset dementia, as well as the issues with bureaucracy and the stigma that often accompanies what some perceive as a mental illness. The frustration, confusion, and uncertainty that come with knowing that you have a "diseased brain" are palpable in this book, but Bryden's matter-of-factness and her unwillingness to sink into despair gives readers an odd sense of comfort.

While this book probably won't appeal to a huge audience, I think it's a good reminder for doctors and caregivers, and it's filled with hope for anyone facing dementia. If that's you, then "Who Will I Be When I Die?" is something you might happen to need.



**The Bookworm** is Terri Schlichenmeyer.



# Healthcare news, on the go...

View weekly eNews, calendar of upcoming events, medical professional directory, recent Healthcare Journal of Baton Rouge issues and more at [www.HealthcareJournalBR.com](http://www.HealthcareJournalBR.com)

## HEALTHCARE JOURNAL of Baton Rouge

## ADVERTISER INDEX

### ATTORNEYS

**Breazeale, Sachse & Wilson, LLP**  
One American PL., #2300  
Baton Rouge, LA 70825  
225.387.4000  
www.bswllp.com

### AUTOMOTIVE

**Paretti Jaguar • 2**  
11977 Airline Hwy.  
Baton Rouge, LA 70817  
225.756.5247  
www.paretti.com

### CARDIOVASCULAR

**Cardiovascular Institute of the South • 7**  
7941 Picardy Ave.  
Baton Rouge, LA 70809  
225.308.0247  
www.cardio.com

### CLEANERS

**Sunshine Cleaners • 70**  
16645-A Highland Rd.  
Baton Rouge, LA 70810  
225.753.4060  
www.sunshinecleaners.net

### COMMUNICATIONS

**CenturyLink • 57**  
2600 Citiplace Ct.  
Ste. 475  
Baton Rouge, LA 70808  
225.214.1100  
www.centurylink.com

### FINANCIAL SERVICES

**Campus Federal • 11**  
6230 Perkins Rd.  
Baton Rouge, LA 70808  
225.761.0888  
www.CampusFederal.org

### Wells Fargo Advisors, LLC

**Knobloch, Poché & Burns Wealth Management Group • 41**  
7031 Commerce Cir.  
Ste. 200  
Baton Rouge, LA 70809  
225.929.8423  
www.knobloch-poche-burns-wealthmanagementgroup.com

### PODIATRY

**Foot and Ankle Institute • 65**  
Baton Rouge, Denham Springs, Gonzales, Zachary, Brusly, Central, Baker  
225.757.8808  
www.footandankleinstitute.org

### HOME BUILDERS

**D.R. Horton • 31**  
7696 Vincent Rd.  
Denham Springs, LA 70726  
225.664.1240  
www.drhorton.com

### HOME HEALTH

**Personal Homecare Services • 37**  
6869 Hwy. 84 W.  
Ferriday, LA 71334  
225.736.8045  
www.personalhomecare.net

### HOSPITALS - ACUTE CARE

**Baton Rouge General Medical Center • 29**  
8585 Picardy Ave.  
3600 Florida Blvd.  
Baton Rouge, LA  
225.387.7000  
www.brgeneral.org

### Children's Hospital • 5

200 Henry Clay Ave.  
New Orleans, LA 70118  
504.899.9511  
www.chnola.org

### Ochsner Medical Center-

**Baton Rouge • 3**  
17000 Medical Center Dr.  
Baton Rouge, LA 70816  
225.752.2470  
www.ochsner.org

### Our Lady of the Lake

**Children's Hospital**  
5000 Hennessy Blvd.  
Baton Rouge, LA 70808  
225.765.6565  
www.ololchildrens.com

### HOSPITALS - LTAC

**Promise Hospital • 21**  
5130 Mancuso Lane  
Baton Rouge, LA 70809  
225.490.9600  
www.promisehealthcare.com

### Promise MidCity • 21

3600 Florida Blvd., 4th Fl.  
Baton Rouge, LA 70806  
225.387.7770  
www.promise-batonrougemidcity.com

### Promise Ochsner • 21

17000 Medical Center Dr., 3rd Fl.  
Baton Rouge, LA 70816  
225.236.5440  
www.promise-batonrougeochsner.com

### INSURANCE - HEALTH

**Blue Cross & Blue Shield of Louisiana • 19**  
5525 Reitz Ave.  
Baton Rouge, LA 70809  
225.295.3307  
www.bcbsla.com

### Louisiana Health Plan • 23

P.O. Drawer 83880  
Baton Rouge, LA 70884-3880  
225.926.6245  
www.lahealthplan.org

### Peoples Health • 76

3838 N. Causeway Blvd.  
Ste. 2200  
Metairie, LA 70002  
800.631.8443  
www.peopleshealth.com

### INSURANCE - PROFESSIONAL

**The Omni Group, LLC • 53**  
9613 Brookline Ave.  
Baton Rouge, LA 70809  
225.926.6370  
www.omniinsurance.com/125

### The Physicians Trust • 43

4646 Sherwood Common Blvd.  
Baton Rouge, LA 70816  
225.272.4480  
www.thephysicianstrust.com

### MEDICAL SOCIETIES

**Louisiana State Medical Society • 67**  
6767 Perkins Rd., Ste. 100  
Baton Rouge, LA 70808  
225.763.8500  
www.lsms.org

### NON-PROFIT

**Our Lady of the Lake Foundation**  
5000 Hennessy Blvd.  
Baton Rouge, LA 70808  
225.765.8931

### ORTHOPEDICS

**The Bone & Joint Clinic • 15**  
7301 Hennessy Blvd., Ste. 200  
Baton Rouge, LA 70808  
225.766.0050  
www.bjcb.com

### PHARMACY

**Walgreens • 8**  
24 Locations in the Greater Baton Rouge area  
1.800.Walgreens  
www.walgreens.com

### PHYSICAL THERAPY

**Peak Performance Physical Therapy • 49**  
11320 Industriplex Blvd.  
Baton Rouge, LA 70809  
225.295.8183  
www.peakphysicaltherapy.com

### QUALITY IMPROVEMENT

**Louisiana Health Care Quality Forum • 39**  
8550 United Plaza Blvd.  
Ste. 500  
Baton Rouge, LA 70809  
225.334.9299  
www.lhccqf.org

### RADIOLOGY

**Radiology Associates, LLC • 51**  
5000 Hennessy Blvd.  
Baton Rouge, LA 70808  
225.765.6470  
www.lakeradiology.com

### STORAGE UNITS

**StorSafe • 70**  
9242 Barringer Foreman Rd.  
Baton Rouge, LA 70817  
225.753.1176  
www.storsafebr.com

### WINE & SPIRITS

**Calandro's Select Cellars • 75**  
4142 Government St.  
Baton Rouge, LA 70806  
225.383.7815  
www.BatonRougeWine.com

12732 Perkins Rd.  
Baton Rouge, LA 70810  
225.767.6659  
www.calandros.com

To discuss advertising opportunities, email [advertise@healthcarejournalbr.com](mailto:advertise@healthcarejournalbr.com) or call (225) 302-7500

Est. **75**

It was a  
very good  
year...

The Seventy Five Wine Company was founded by Tuck Beckstoffer to deliver fine wines at real world prices. Tuck Beckstoffer's family's farming legacy, combined with his personal knowledge and experience in the vineyard and cellar supports his commitment to produce these creative, exquisite wines

**2010 Cabernet Sauvignon \$19.99**

**2010 The Sum \$19.99**

**2011 Sauvignon Blanc \$14.99**



"They are damn good."

CHARLIE CALANDRO

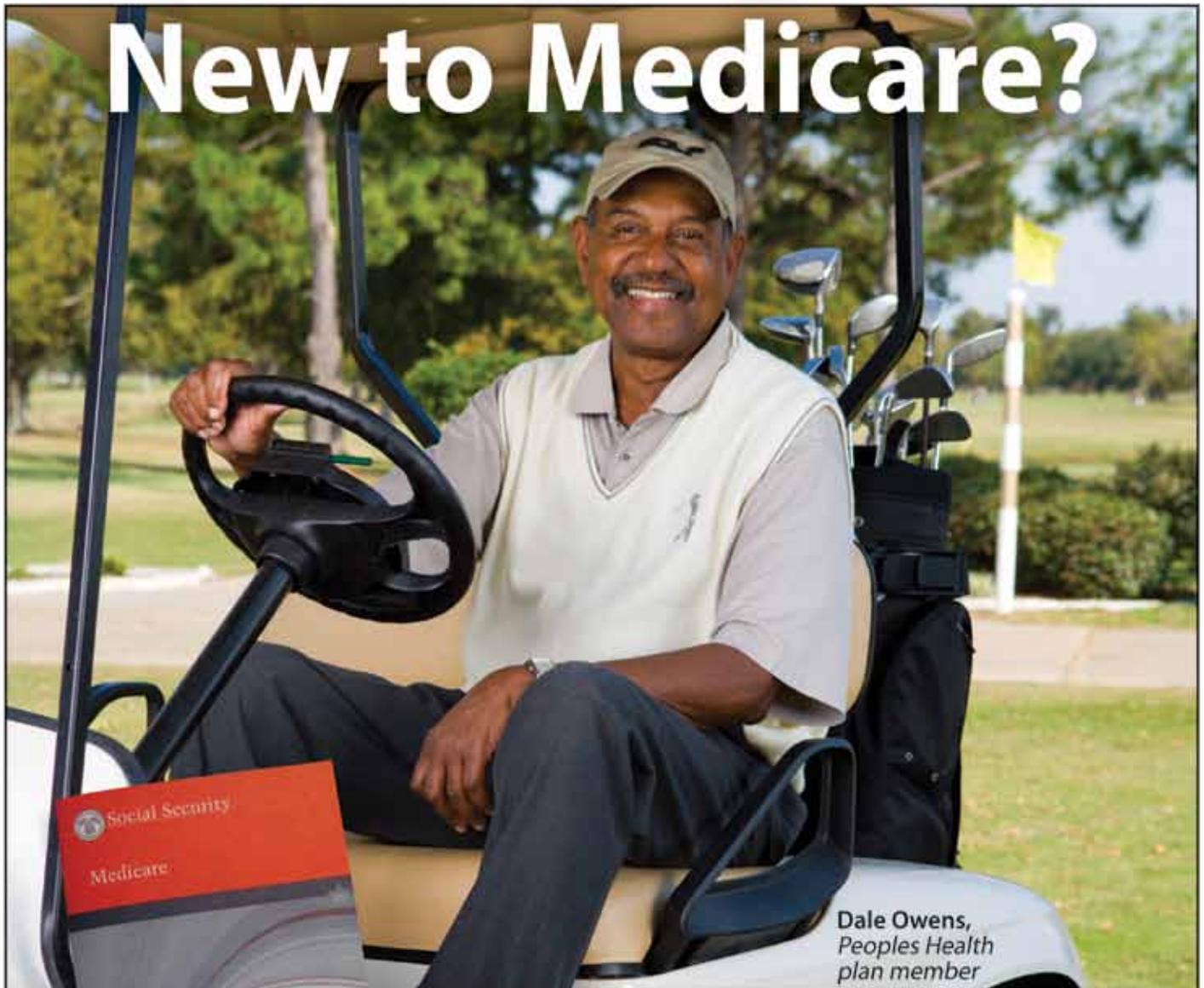


**Select Cellars**  
FINE WINE & SPIRITS DIVISION

*Found inside Calandro's Supermarkets*

4142 Government Street  
12732 Perkins Road  
[BatonRougeWine.com](http://BatonRougeWine.com)

# New to Medicare?



Dale Owens,  
Peoples Health  
plan member

Get your **FREE**  
Medicare booklet!

Call toll-free

**1-888-346-5793**

24 hours a day, 7 days a week

TTY users, please call 711

## Call today for a free Medicare information kit.

If you're going to be eligible for Medicare soon, now's the time to learn your options. We'd like to send you a **FREE information kit** including the Social Security Administration's official booklet entitled *Medicare*.

This booklet is informative and it's free. So call today. There's no obligation.

**PEOPLES HEALTH**

Your **Medicare Health Team**

[www.peopleshealth.com](http://www.peopleshealth.com)