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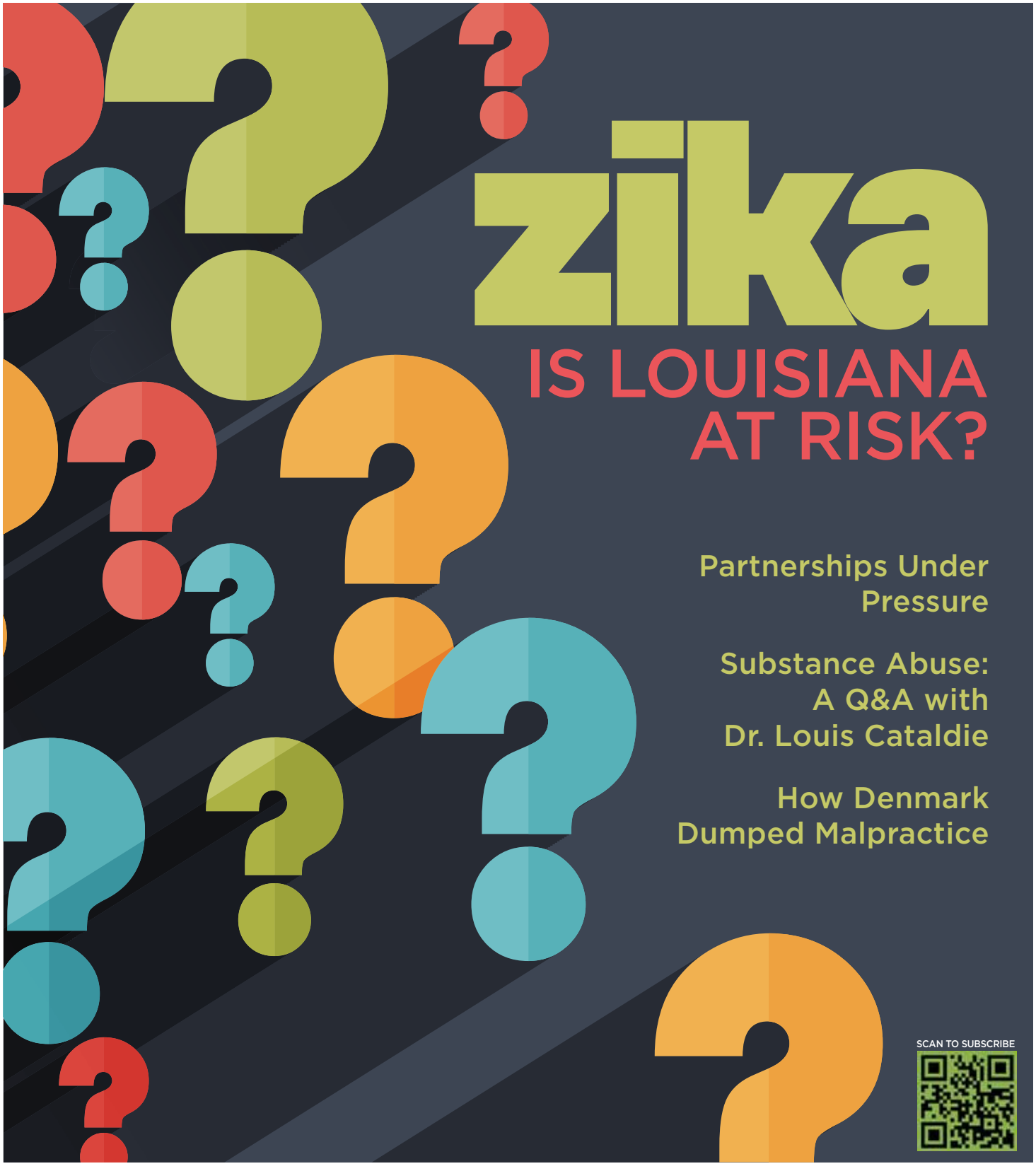

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Dr. Maurice Vick is a graduate of Louisiana State University, Baton Rouge, and LSU Medical School, New Orleans, where he graduated at the top of his class. He completed a Urologic Surgery residency at Charity Hospital in New Orleans, LA, and is certified by the American Board of Urology. Dr. Vick was Assistant Clinical Professor of Urology at LSU Medical School New Orleans. He has been recognized by AOA, the prestigious National Medical Honor Society, for his academic accomplishments.

He was awarded a National Heart Institute fellowship and was chief of his specialty at two U.S. Public Health Service Hospitals. Dr. Vick practiced Urology for twenty years in the Baton Rouge area. During that time he helped bring many cutting-edge technologies to our area from his post-graduate training in Germany and Denmark, including lithotripsy, and prostatic seed implantation (Brachytherapy).

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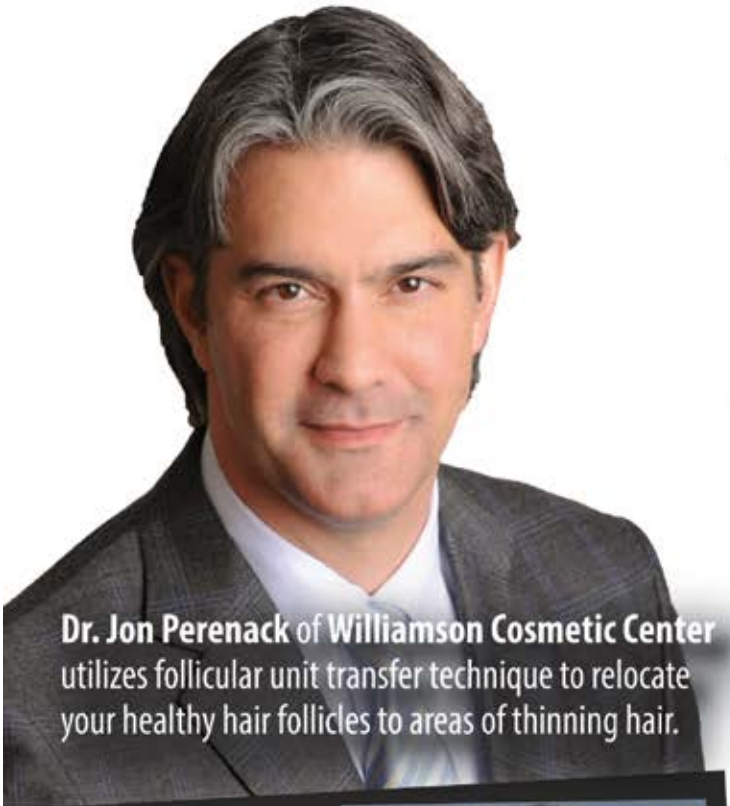

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IF IT MAKES YOU HAPPY, IT CAN'T BE THAT BAD. — SHERYL CROW 1996

CHOCOLATE IS GOOD FOR YOU. Coffee and wine can provide many wonderful benefits. For those of you who wanted to read this in a healthcare publication, there you go.

We are all amazed at how some days, some things are good for us, then the next day, they are bad. It's kind of silly. I have a feeling researchers are trying, they just don't have it all figured out yet. Maybe we're not meant to know.

All of us as human beings are more intuitive than we give ourselves credit for. Others will always judge your choices, but you know what to do. Use information and then trust your instincts. Too often we can take a ritual and dogmatic approach towards well-being. That's unhealthy. Hopefully we can encourage each other to trust our instincts. We may be pleasantly surprised at another's plan when it reaches full fruition.

If you feel like you'd like to laugh a little bit louder, go for it. If you have something to say, say it. If you want to fix an injustice, fix it. If you want to leave it all alone, let it go. Let the judgmental judge themselves. That's really all they're doing anyway. Those who accuse you of being socially or politically incorrect may be better served by learning to accept alternative approaches. Let's rise above.

If you really want to help someone, I suggest you simply ask them to look around. What do you see? You can have a great time today, but if you look around, you may be aware there's a good possibility that there's also a tomorrow. So your ultimate game becomes how do you have a great time today and have a great time in your tomorrows? That's a healthy concept.

You get to set your tone. It comes down to choices. Sometimes we don't take the time to understand our choices.

I'm not suggesting you share my point of view, but sometimes I look at life as a game. And, in any good game, there's an element of luck. We call those life circumstances. Life circumstances give everybody a beating from time to time. How do you keep playing? For me, I try to laugh, focus, then move. I think it's good for folks to know how to play through their beatings. I've always been impressed by those who can.

We should always do what makes us feel good. Sometimes these concepts can be misunderstood. Some say if people just do what they want, then when will they eat vegetables, go to work, be honest, or pray? Well, I guess when they want to be healthy, earn money, be respectable, and enjoy their spirituality. Let's don't assume everybody's stupid. It's about awareness, which leads to the greater point.

Hopefully we don't act out of compulsion. Hopefully you understand that the narrow path feels better. Hopefully you're wise enough to understand your palate for indulgences and you enjoy them. Then, hopefully you know when to walk away. You know what to do. Be aware and follow your own code.

Thanks for reading these remarks. As always, it's fun for me to write them. So, by my own logic, it can't be that bad.

Smith Hartley
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who me? worry?

Should we be concerned about a **Zika** outbreak in Louisiana?

By **Claudia S. Copeland, PhD**

In February of this year, the Louisiana DHH announced two suspected cases of Zika virus infection, now confirmed by the CDC. The patients, just back from travel in the Caribbean, likely contracted the virus there, and presumably did not pass it on; as of the beginning of April, no further Zika cases have been seen here. How long, though, can a virus like Zika, which has spread explosively throughout Latin America, be held off? Could it take hold in Louisiana and become an epidemic? And if it did, how would that affect our residents?

"...a team of neuroscientists and virologists, Tang et al., just reported in the March 2016 issue of *Cell Stem Cell* that Zika virus preferentially infects human neural progenitor cells, the cells that grow into the brain's cortex. Three days after exposure to the virus, 65–90% of their lab-grown cortical neural progenitor cells were infected, and the infection resulted in cell death for many of the cells, along with decreased expression of the genes that control cell division. Since these cells are stem cells from which other neurons are created, this sort of infection in a living brain would be expected to lead to the catastrophic results seen epidemiologically in Brazil."

IMAGE BY CDC/ CYNTHIA GOLDSMITH (HTTP://PHIL.CDC.GOV/PHIL/DETAILS.ASP?PID=20541) [PUBLIC DOMAIN], VIA WIKIMEDIA COMMONS

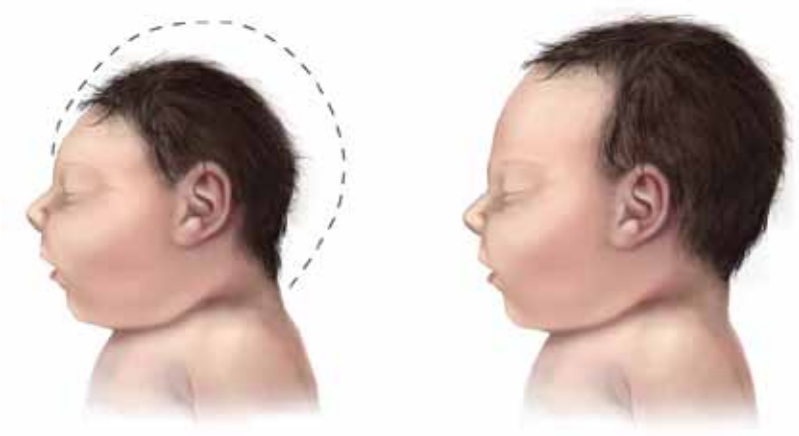
Zika virus is not a "new" virus–it was first isolated in the Zika Forest of Uganda in 1947. However, until last year, it has been a virus that few had ever heard of. This is partly due to its relative lack of symptoms–although it is related to the deadly viruses that cause yellow fever, dengue, Japanese encephalitis, and West Nile encephalitis, Zika fever is a very mild disease. In most patients, if symptoms are felt at all, they are those of a mild case of dengue–rash, fever, joint pain, conjunctivitis, muscle pain, and/or headache. In the vast majority of cases, there are no symptoms at all, and the person has no idea they were infected.

Recently, though, Zika virus has been implicated in serious neurological syndromes–most notably, thousands of cases of microcephaly in newborns in Brazil. In October of 2015, the Brazilian Ministry of Health reported an alarming increase in microcephaly cases, particularly in the hotter, more humid northeastern states. Whereas between 2010 and 2014, 150-200 cases of microcephaly had been seen in the country, that number jumped to over 3,000 in 2015. This rise was correlated with an epidemic of Zika virus, probably first introduced to Brazil from Southeast Asia or the South Pacific in late 2013.

While a causative link with Zika has not been proven, strong evidence is mounting in support of it, such as the finding of Zika virus particles in the brains of infants and fetuses with Zika-suspected microcephaly and in the amniotic fluid of Zika-exposed mothers. In addition, a team of neuroscientists and virologists, Tang et al., just reported in the March 2016 issue of *Cell Stem Cell* that Zika virus preferentially infects human neural progenitor cells, the cells that grow into the brain's cortex. Three days after exposure to the virus, 65–90% of their lab-grown cortical neural progenitor cells were infected, and the infection resulted in cell death for many of the cells, along with decreased expression of the genes that control cell division. Since these cells are stem cells from which other neurons are created, this sort of infection in a living brain would be expected to lead to the catastrophic results seen epidemiologically in Brazil. Further, Zika infection is correlated with other fetal neurological problems consistent with a virus that infects cells of the developing brain, including absent or poorly developed brain structures, defects of the eye, hearing deficits, and impaired growth, according to the CDC.

Over the years since the virus' discovery, Zika outbreaks in Africa, Asia, and Oceania have been felt by most patients as a mild febrile illness, if they get sick at all. One major exception, seen in a small minority of patients, is a serious neurological condition known as Guillain-Barré syndrome. Guillain–Barré syndrome, which affects adults more strongly than children, manifests as a progressive, symmetrical muscle weakness, often leading to temporary paralysis (and sometimes permanent damage). While the symptoms are temporary in most patients, it can be fatal: it can affect the muscles needed for breathing, and 5% of patients die from the syndrome, according to the CDC. A study by a team of French and French Polynesian researchers published in

Side-view illustration of a baby with microcephaly (left) compared to a baby with a typical head size



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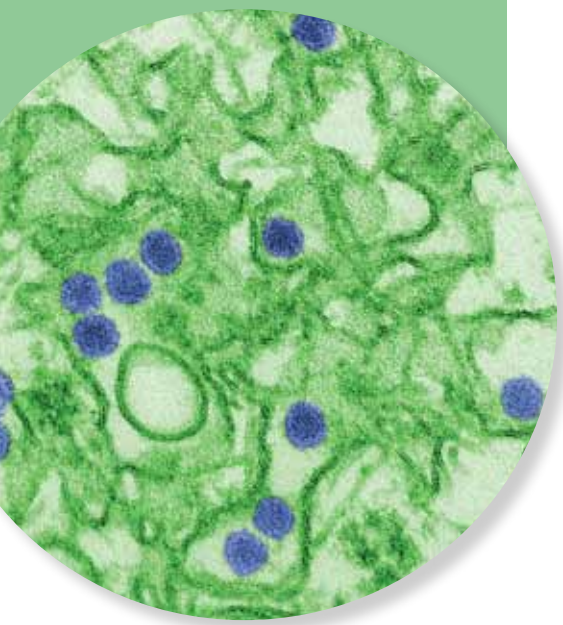


February 2016 in *The Lancet* reported a significantly increased incidence of Guillain–Barré syndrome in patients in the 2013-14 French Polynesian outbreak. The patients suffered from a form of Guillain–Barré known as acute motor axonal neuropathy, with characteristic rapid onset but favorable long-term outcomes. Most patients eventually recovered (none died), although the recovery was slow, with a substantial number still unable to walk without assistance 3 months after discharge.

Zika virus in Louisiana?

So, how likely is it that Zika virus could take hold in Louisiana? According to DHH representative Samantha R. Faulkner, "we are unlikely to have a large outbreak in the state. It is possible that we could have some more imported cases, which could potentially lead to a few cases of local transmission, but this is unlikely to cause a large chain of transmission." If someone is concerned that they might have contracted Zika, their physician can determine if they need testing. As to prevention, the best way is to protect against mosquito bites: "make sure all screens on your house are intact, empty all containers with standing water on your property, and wear protective clothing and EPA-approved mosquito repellent." In short, while it's a good idea to minimize your contact with mosquitoes, according to the DHH, there really is no need to worry about a Zika epidemic here.

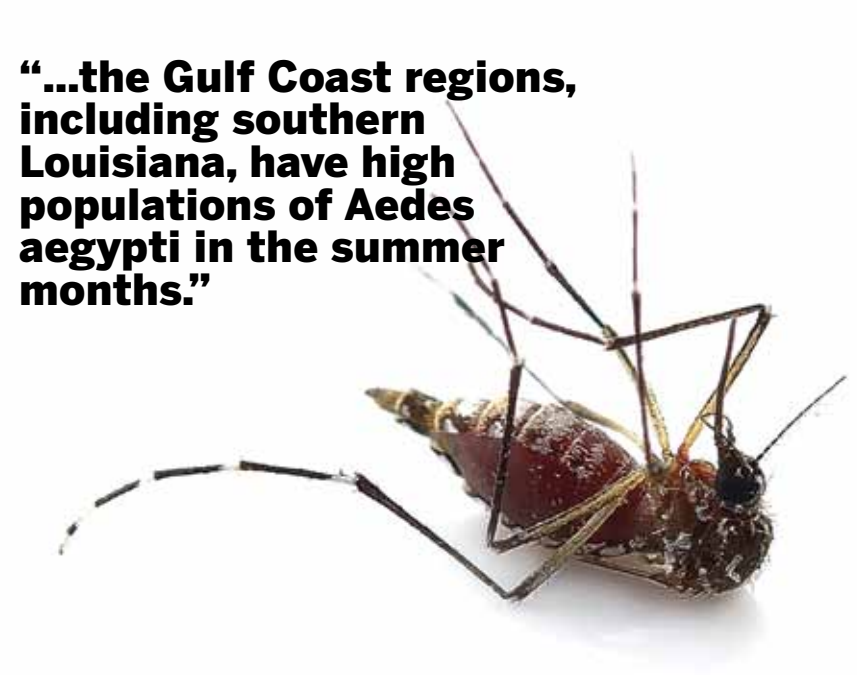
Despite this reassurance, though, several aspects of the Zika outbreak and characteristics of our region give cause for concern. First, there have been two confirmed cases here, and if up to 80% of infected people show no symptoms, it stands to reason that there could be more. Second, we have the mosquito. While the border areas of California, Arizona, New Mexico, and Texas all have large numbers of people entering from countries on the CDC Zika travel advisory, only the far south of Texas can support moderate populations of the Aedes aegypti mosquito, the main vector of Zika virus.

In contrast, the Gulf Coast regions, including southern Louisiana, have high populations of Aedes aegypti in the summer months. (While another common mosquito, Aedes albopictus, is capable of transmitting Zika, Tulane medical entomology professor Dawn Wesson points out that "given identical vector competence with Aedes aegypti, in the southern U.S., Aedes albopictus would be a less likely vector because it tends to feed less frequently on humans, and occurs in more peri-urban, suburban, and rural areas than does Aedes aegypti." She does concede, however, that in "high density urban areas in more temperate zones, Aedes albopictus may be the only species present of the two and could potentially be a vector.")

While Louisiana may not have the large influx of travelers/immigrants seen in other states, we have experienced epidemics of Aedes-transmitted diseases here, most recently West Nile virus. Over 1,600 Louisianans have contracted West Nile virus disease since 1999, with a peak of 335 cases in 2012. Last year, there were 36 cases of neuroinvasive West Nile disease (the more serious, and sometimes deadly, form of the disease), including 4 deaths. If West Nile could take hold here, why not Zika?

According to LSU epidemiology professor Susanne Straif-Bourgeois, the reason Zika virus will not take hold here like West Nile did lies in the absence of an animal reservoir. In order for a virus to maintain an infectious cycle, it needs to have a sufficiently large infected population with sustained viral transmission. Whereas West Nile virus maintains an active infection cycle in wild birds, "Zika virus has no animal reservoir in the U.S. so it will be very difficult to get established here. For an outbreak to occur, a lot of mosquitoes would have to be infected, a so-called 'epidemic threshold' ... Since we have no bird reservoirs where the virus could multiply and then reach the epidemic threshold, there is minimal risk. Unless we

"...the Gulf Coast regions, including southern Louisiana, have high populations of Aedes aegypti in the summer months."



SYMPTOMS OF ZIKA

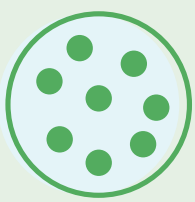

Headache


Fever


Joint Pain


Conjunctivitis


Muscle Pain


Rash

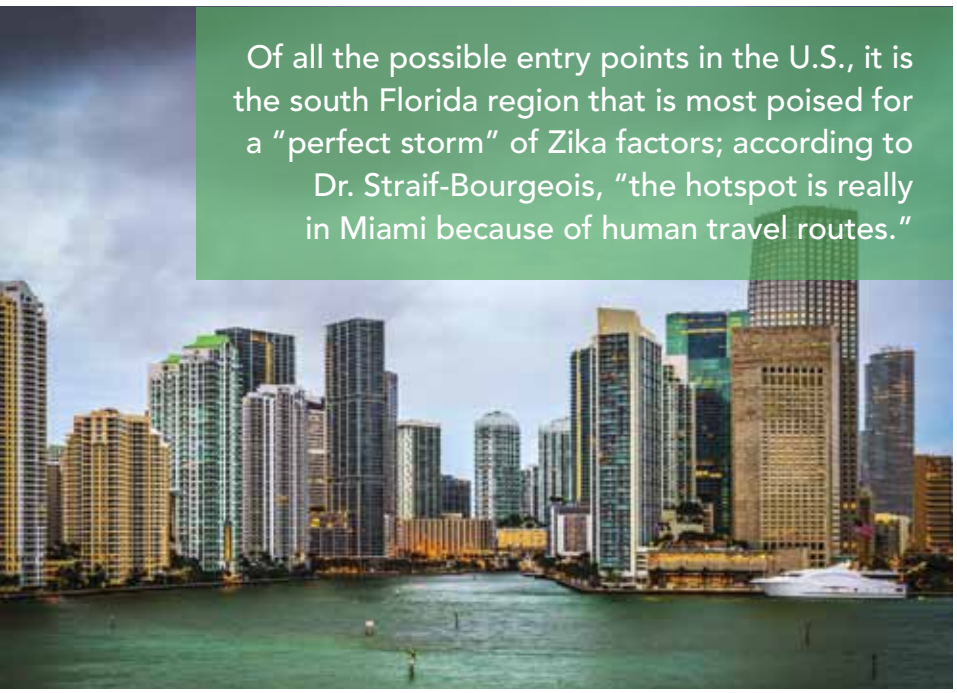
get a lot of currently infected people coming back with Zika virus in their blood it will be very difficult for Zika to become established here." (On the other hand, according to the European Centre for Disease Control and Prevention, rodents, alongside large African mammals, have been shown to harbor antibodies for the virus, indicating that they are carriers. It remains to be seen whether U.S. rodents could become animal reservoirs of Zika.)

Assuming there is no animal reservoir here capable of amplifying a Zika outbreak, what about the virus being maintained in the mosquitoes themselves? If the mosquito can pass this virus to her eggs, a process called transovarial transmission, could this alter the epidemiological prognosis? Probably not, according to Dr. Wesson: "We do not know if transovarial transmission of Zika virus by Aedes aegypti (or Aedes albopictus) can occur, but it is likely, given that both yellow fever and dengue (related flaviviruses) can be transmitted by transovarial transmission. That said, even if transovarial transmission is possible, it may not be important in the epidemiology of Zika." She explains that a recent review of dengue fever found that vertical transmission in mosquitoes was relatively unimportant in dengue virus transmission, compared with asymptomatic infection and movement of viremic dengue patients. That said, she points out that "Zika is not dengue" and highlights the need for specific data in this area.

So, the Gulf Coast has the main mosquito vector, but doesn't have the other elements that are probably necessary for an arboviral Zika epidemic to take hold. There is one U.S. region, though, that both harbors large numbers of Aedes mosquitoes and experiences regular, large influxes of travelers from Zika epidemic countries: southern Florida. Of all the possible entry points in the U.S., it is the south Florida region that is most poised for a "perfect storm" of Zika factors; according to Dr. Straif-Bourgeois, "the hotspot is really in Miami because of human travel routes." Also, in contrast to slightly more northern areas like Louisiana, Aedes aegypti mosquitoes in southern Florida maintain substantial populations not only during the summer but also over the winter. Several counties in southern Florida have already experienced local transmission of dengue and chikungunya, two other viruses that use Aedes aegypti as a vector. As of March 2016, there have been no confirmed locally acquired Zika virus infections anywhere in the U.S., but Florida has had, by far, the highest number of travel-associated infections (70 confirmed cases, out of a total of 273 in the U.S.).

It is important to remember that, if 4 out of 5 cases are too mild to report symptoms, the actual number of people infected may be five times the number of reported cases. With 70 confirmed travel-associated cases and therefore a reasonable estimate of 350 possible infections, south Florida is by far the most likely place for the emergence of local transmission in the U.S. As time moves forward, physicians might be wise to consider recent travel/residence in south Florida as a "light red flag" for Zika lab testing, along with the "dark red flags" of travel to Brazil and other countries already in the grips of the Zika pandemic.

Another factor to consider, adds Dr. Straif-Bourgeois, is the infectious period. Zika virus remains in a patient's blood for about one week after infection. This means that, for any traveler carrying the Zika virus, there is a window of about 7 days to get bitten by a mosquito and have that mosquito bite another person. Mosquitoes drink blood to support egg growth, and only need one blood meal per batch of eggs. Since this cycle takes 8-10 days, and mosquitoes only live for about a month, each mosquito can infect a maximum of about four people if they get full blood meals. (Current understanding of the threshold viremia needed for a mosquito to pick up the virus from an infected human is limited, but this is a factor that would further reduce viral transmission from a theoretical maximum.) Of



Of all the possible entry points in the U.S., it is the south Florida region that is most poised for a "perfect storm" of Zika factors; according to Dr. Straif-Bourgeois, "the hotspot is really in Miami because of human travel routes."

course, if a mosquito is interrupted in the middle of a blood meal, she will bite again, but even in this case, the number of people a single mosquito can infect is quite limited. Considering the prevalence of screens, air-conditioning, and the relatively low population density of humans compared with other animal sources of blood here, the likelihood of an infected person passing the virus to another mosquito within the infectious period is low. Clearly, in Louisiana, any introduction of Zika virus via a traveler will most likely die out rather than become sustained in the population.

Brazil, in contrast, is characterized by densely populated cities with high Aedes aegypti abundance and poor infrastructure for protecting residents, such as screens on windows. In addition, shortly after the initial introduction of the virus into Brazil, there were several large sports events that brought thousands of people together in close proximity, further facilitating transmission. It is easy to see how thousands of mosquitoes could simultaneously infect thousands of people, who could then provide blood meals to different mosquitoes during the infectious period. (For perspective, the Brazilian Ministry of Health estimated that there were 0.4-1.3 million cases of Zika virus infection in Brazil in 2015.) While anyone who lives in Louisiana can attest to the large mosquito populations here, human populations are much less dense than in the large Brazilian cities and protective infrastructure is common. Louisiana is therefore not a likely place for a Zika epidemic to take root. It could, however, be where transmission is amplified–not through mosquito bites, but through unprotected sex.

Sexual transmission could cause the epidemiology of Zika to take an unexpected turn. Whereas infectious virus stays in the blood for only about a week, Zika can survive in semen for much longer. Researchers Musso et al. were among the first to detect Zika in semen, in a French Polynesian hematospermia patient. Originally infected with Zika during the 2013 French Polynesian outbreak, the patient's infection had long cleared, and no viral RNA could be detected in blood samples, but a high Zika virus RNA load and replicative Zika virus were detected in semen samples. While it's not clear how long an infected man can continue to transmit the virus through sex, British doctors Atkinson et al. detected Zika virus in semen 62 days after infection, with an RT-PCR signal stronger than that of the original serum diagnostic result. Of the 273 confirmed cases of Zika in the U.S., 6 were sexually transmitted, according to the CDC. Louisiana has some of the highest rates of STDs in the country, reflecting the prevalence of sexually risky behavior here (see Sex in the City is Risky Business; *Healthcare Journal of New Orleans*, Sept.-Oct. 2012). Further, the lack of symptoms in most people means that Zika, like the very common bacterial infection Chlamydia, could spread stealthily through the population, with most infected people having no idea they are carriers.

Clearly, the Zika epidemic is a complicated one, with many facets and many possible outcomes. Only time will tell whether the two confirmed Zika cases in Louisiana are the end of the story here, or whether we will see more of this epidemic, perhaps taking on a new face in our bon temps-loving, but often risk-ignoring, subtropical culture. ■

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Of the 273 confirmed cases of Zika in the U.S., 6 were sexually transmitted, according to the CDC.

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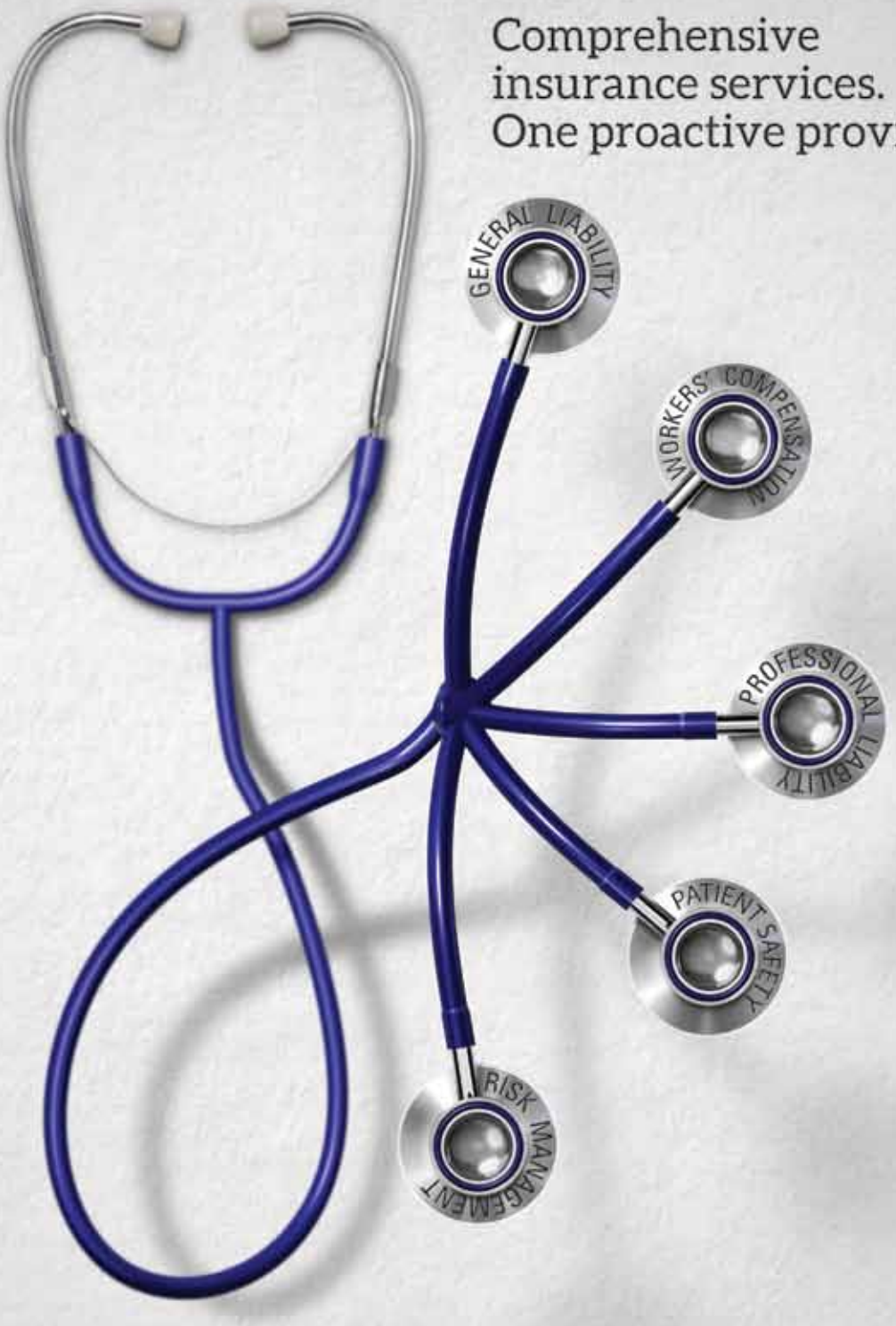

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On the Bubble

HOSPITAL PARTNERSHIPS THREATENED BY BUDGET CUTS

By **A.D. Lively**

On Tuesday, April 12, Governor John Bel Edwards presented a proposal for state fiscal year (FY) 2017 to the Louisiana House Appropriations Committee designed to meet the state mandate for a balanced budget while addressing an approximately $750 million revenue shortfall.

$408 million

... the Department of Health and Hospitals (DHH) is slated to absorb the largest proportion of cuts by far ($408 million)...

In this version of the budget, the Department of Health and Hospitals (DHH) is slated to absorb the largest proportion of cuts by far ($408 million), with higher education taking the next biggest hit ($183 million in TOPS scholarships and $46 million to institutions). With numerous other parts of the state government constitutionally protected from cuts, these two vital (and interrelated) areas are the largest that Governor Edwards can legally draw upon to close this significant gap.

This deficit is actually down from the $2 billion reflected in the executive budget presented to the House in February, which funded only two of Louisiana's nine public-private partnership hospital agreements for charity care—those with University Medical Center in New Orleans and University Health Shreveport—leaving healthcare for the poor in Baton Rouge and throughout much of the rest of the state at serious risk.

"If we cut off funding to New Orleans and Shreveport and those medical schools went down," said DHH Undersecretary Jeff Reynolds, then the state would end up facing a massive shortage of physicians, ultimately creating an even more acute and harder-to-address public healthcare crisis than the immediate one. "At the end of the day, we need to keep medical education in the state in order to keep healthcare going in the state."

Promising News for Some

In the face of these potentially devastating possibilities, the legislature met for a three-week special session, which ended on March 9, during which they managed to reduce the FY 2007 shortfall to the $750 million addressed in the April 12 budget. This additional revenue was generated primarily by increasing Louisiana's sales tax from four to five percent; by raising, establishing, or reinstating taxes in areas ranging from cigarette sales to online retail to telecommunications; and by removing selected business exemptions.

"The governor is having to make some very hard choices," says Scott Wester, CEO of Our Lady of the Lake Regional Medical Center (OLOL), which on April 15 marked the third anniversary of the implementation of its cooperative endeavor agreement with LSU and the State of Louisiana. This agreement, in which OLOL took on the care of Medicaid and uninsured patients previously served by the deteriorating Earl K. Long Medical Center, as well as the graduate medical education of many of its residents, is just one example of the public-private partnerships that replaced the previous state-run system.

The April 12 budget, however, did bring good news to three more of these "safety net" regions, including Baton Rouge, with a commitment to fund OLOL at 97 percent—"a very good position to be in," says Wester. And consistent with the state's prioritization of medical education, Lafayette and Monroe, the other markets with large graduate residency programs, also received support.

"At the end of the day, we need to keep medical education in the state in order to keep healthcare going in the state."

—Jeff Reynolds, DHH Undersecretary

Leveling the System

Reynolds has nothing but praise for OLOL and the other public-private partners, who he believes have made "tremendous strides" in improving the quality of care for the

Jeff Reynolds

Scott Wester

state's most vulnerable citizens. "They've really gotten rid of the two-tiered healthcare system that was [previously] in place.

"I hate to say it, but the Medicaid clients and the uninsured got one level of care at the charity hospitals, and then everybody else in the state got a different level of care at these private hospitals," says Reynolds, who vows to do everything he can "not to have to go back to that."

And since the partnerships have been active, he says, "I've never gotten one complaint about the care they give at those facilities ... they've done an excellent job."

Still at Risk

While the majority of Baton Rouge's services and residents appear to be relatively secure, Our Lady of the Angels (OLOA) in Bogalusa, one of OLOL's five sister hospitals under the Franciscan Missionaries of Our Lady Health System, is one of the four public-private partners still in jeopardy, along with facilities in Alexandria, Houma, and Lake Charles.

"It takes almost two hours to find another emergency room," Wester says of OLOA, which recently expanded the department in anticipation of handling nearly 25,000 emergency visits this year. OLOA also provides crucial access to inpatient, outpatient, and obstetric services to the region.

Wester is deeply concerned about "the ripple effect of how [a closure] could really unwind the community," pointing out that OLOA is one of the largest employers in Washington Parish as well as host to around twenty residents training in rural family medicine.

He encourages community members in all of the at-risk areas to talk to decision makers "and really indicate how they appreciate having a local hospital in their community, and what the effects would be if that would have to close.

"It really is sobering when you think about what could happen," he says.

IT REALLY IS SOBERING WHEN YOU THINK ABOUT WHAT COULD HAPPEN.

"Hard to Predict"

Wester looks forward to a time when "stability will enable us to continue to get even more efficient, and continue to demonstrate the value of the public-private partnerships across the state."

"The state wants to do everything in its power to preserve these partnerships," Reynolds agrees, which is why "we need to work with our legislature and the governor and our partners to see how we can get to July 1 and still have those partnerships in place."

Governor Edwards has indicated the likelihood of another special session soon after the end of the regular session in early June, offering legislators more opportunity to search for paths to additional revenue. And while the longer-term impact of the upcoming Medicaid Expansion on the nature of these public-private agreements remains undetermined—estimates anticipate another 300-500,000 added to the rolls—they are slated to save the state $184 million in their first year, money which can be used to offset the budget cuts.

In the meantime, Wester concludes, given the number of variables, it's "hard to predict" the outcome of the current situation—"but I'm hopeful that people will see the long-term implications of some of the decisions that have to be made over the next couple of months." ■

A Q&A ON Substance Abuse

With Dr. Louis Cataldie, Medical Director of Lane Recovery Solutions

PHOTOS BY SHARRON VENTURA

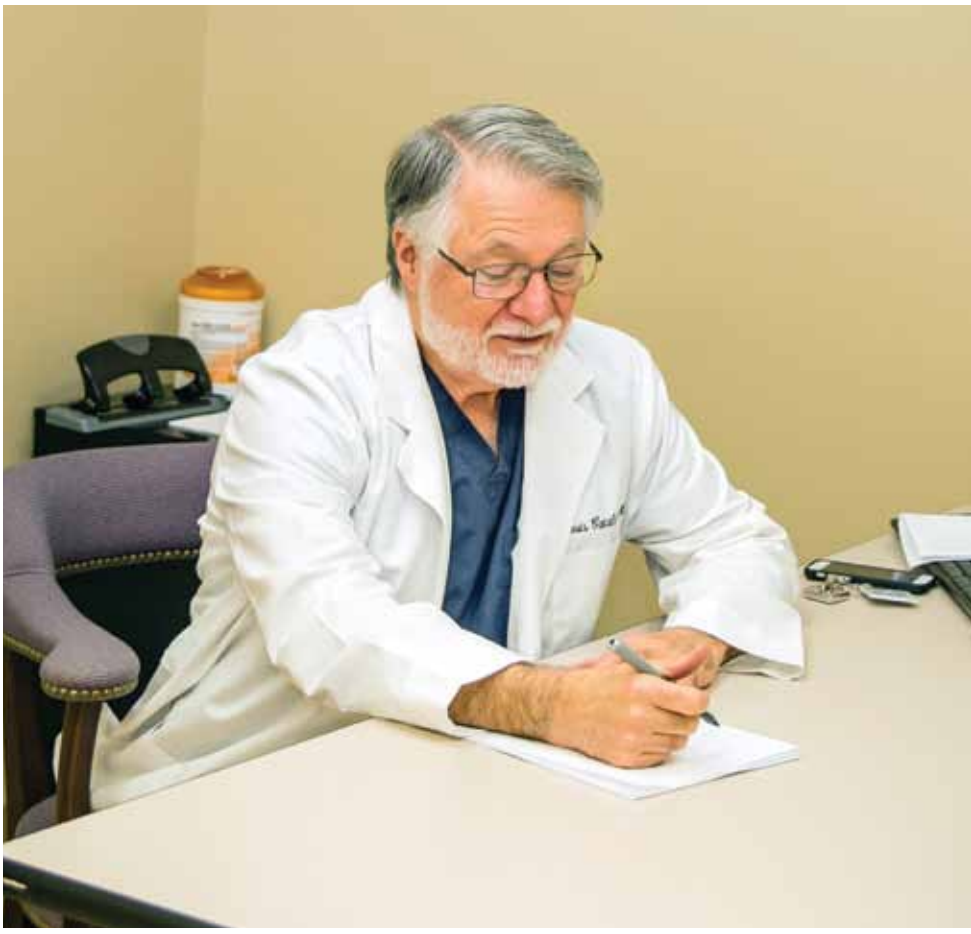
Dr. Louis Cataldie is the Medical Director of Lane Recovery Solutions, a new substance abuse treatment program located at Lane Behavioral Health Services in Zachary. Originally from Alexandria, La., Dr. Cataldie graduated from Northeast University in Monroe, earned his medical doctorate degree from Louisiana State University School of Medicine in New Orleans, and completed his training in General Practice at Lafayette Charity Hospital.

Dr. Cataldie is Board Certified by the American Board of Addiction Medicine to provide detoxification, evaluation, and treatment for both inpatients and outpatients wishing to recover from the brain disease of addiction. In addition to being a Diplomate of the American Board of Addiction Medicine, he is also a Certified Medical Review Officer.

Dr. Cataldie previously served as Medical Director for the Physician Health Program of the State of Louisiana, Medical Director for the Louisiana State Board of Nursing, and Medical Director for the Office of Addictive Disorders for the State of Louisiana. He was also Coroner of East Baton Rouge Parish for two terms.

Dr. Cataldie has been practicing in the Baton Rouge area since 1975 and has more than 30 years of extensive clinical and administrative experience in the field of addiction medicine. As a published author, he is a sought after public speaker on the diseases of addiction and is actively involved in community service, serving on the I CARE Advisory Board.

He is also currently a member of the Louisiana State Medical Society, Capital Area Medical Society, American Society of Addiction Medicine, and Federation of State Physician Health Programs.



Chief Editor Smith W. Hartley ***Let's start with the basics. How do you define addiction?***

Dr. Louis Cataldie In a nutshell, addiction is the continued use of any mood-altering substance despite adverse consequences. So if you are doing something and you can't stop and it continues to harm yourself and others, you've got a problem.

Editor ***Addiction is sometimes referred to as a brain disease. Can you elaborate?***

Cataldie There is no doubt that it's a brain disease. In addiction, as a person continues to use mood-altering substances, especially if they have a genetic predisposition—which probably accounts for about 60 percent of addiction, the other 40 percent are learned—what happens essentially is your emotional system or limbic system, overrides your executive function in the pre-frontal cortex. Most people have a normal "no" switch or "stop" switch, but as the disease of addiction progresses the stop switch loses the ability to function and to perceive when bad things are happening. We used to call it denial. And the "continue to use" switch predominates the brain functioning.

"So if you are doing something and you can't stop and it continues to harm yourself and others, you've got a problem."

Editor ***Can you explain a little more about the genetic aspect of this? How is it passed down?***

Cataldie Well actually it can be passed down or if a person starts using at a younger age we know that there is no doubt that the younger the organism the more potential there is for addiction. About 50 percent of the people who ultimately become alcoholics can tell you they were drinking at age 15. Those are very critical times for brain development. As your prefrontal cortex or the executive part of your brain that makes us different from animals starts to develop, there are a lot of chemicals in there that are guiding that trajectory, the way those pathways are going to form. If people introduce a mood-altering substance, which is obviously going to mimic your own neurotransmitters, that trajectory can change to the extent that the person ultimately confuses the need to use mood-altering chemicals with part of our survival mechanism. And those folks by definition are in trouble down the road. Maybe even earlier, but definitely down the road. It's a progressive type process.

And then there are people who genetically have a predisposition to become addicts.

Editor ***Are there statistics indicating if Louisiana has more or less substance abuse issues than other regions or states?***

Cataldie Sometimes we fall right in the middle. You would think that there would be more binge drinkers in Louisiana given our culture, but we kind of fall right in the middle there, too, on binge drinking and

Opiates are a close second to alcohol.

underage drinking. We are probably in the 50-60th percentile in those issues. Unfortunately, as you know, some of the pathways of the drug caravans go right through Louisiana so we have more of a supplier for things like heroin. And we also have a lot of methamphetamine because that is unfortunately easy to make.

Editor ***What are the predominant drug issues by category here? Is it alcohol? Is it heroin? Meth?***

"Alcohol is still number one among the people I treat."

Cataldie Alcohol is still number one among the people I treat. Right behind that I see a lot of opioids, not just heroin, but also a lot of Roxies, Roxycodone, pain pills. The opiates are a close second to alcohol. Lately we have been seeing more methamphetamine and I am not sure where that's coming from. I've talked to people around the state (Shreveport and Lake Charles) and they're seeing more methamphetamine. And of course we see the things like Xanax on the street a lot and marijuana is ubiquitous.

Editor ***Are there similarities among the different substances with regard to addiction? Are people treated differently based on their addiction?***

Cataldie There are similarities in that ultimately the same reward pathways are being impacted, although there are different ways to get there. Some substances accelerate the process. If you start using opiates there's a potential to get to a problematic pattern more rapidly. For example Cocaine is pretty rapid.

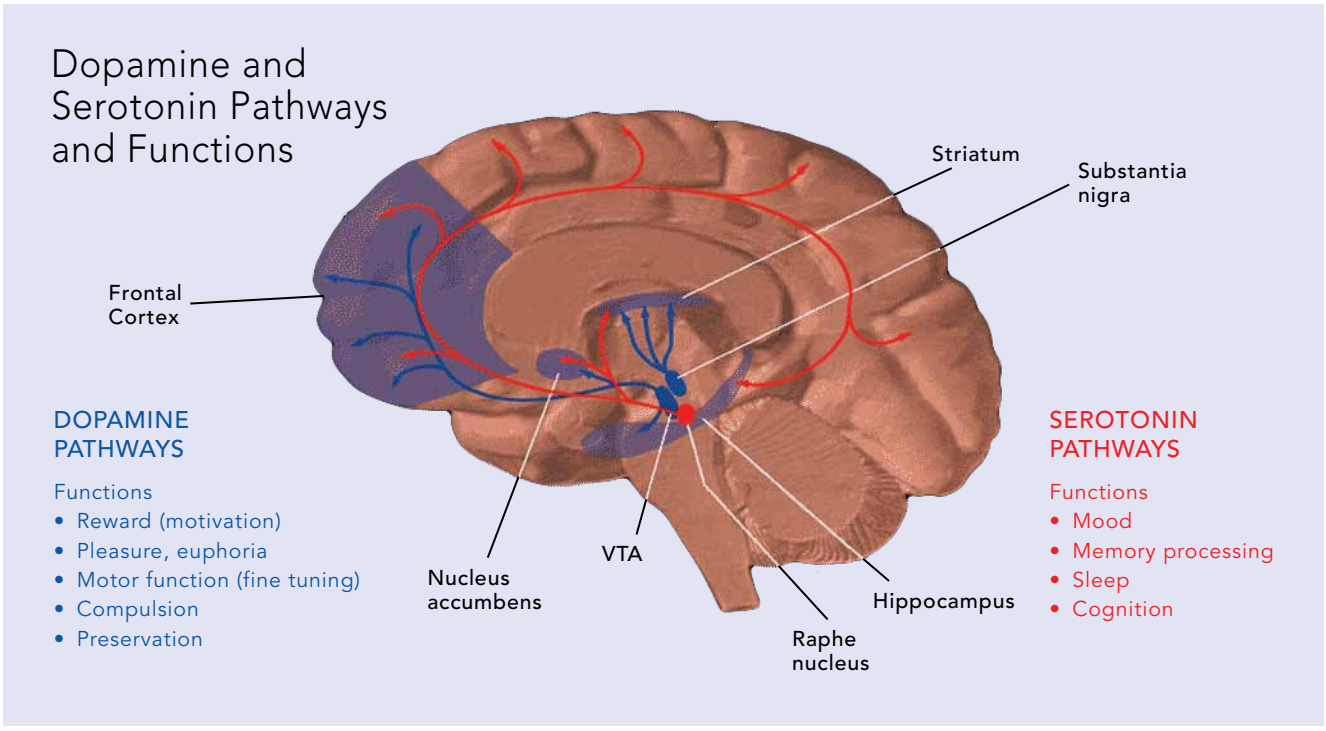
When you get into a treatment process there are several things to address. Number one, there is the legal versus illegal concept. But with the substances themselves there are some things you have to change in your world for some substances, that you don't for others. For instance, if you are using heroin or any illegal opioid you are going to have to change your cellphone number, the other numbers you have on your cellphone, change your people, places, and things much more than you would if you were say, a physician who gets in trouble with alcohol. That person is not going to have to change their lifestyle as much as someone involved in the "drug culture."

Editor ***With regard to the legal pain medicines, is the medical community doing enough among themselves to address that?***

Cataldie Actually there is a major undertaking underway. The CDC just issued some guidelines about opioids, because it is a nationwide problem. And I can tell you that locally it is certainly being addressed and definitely a topic of discussion at many of our meetings.

Editor ***What are some of the newer and more effective ways of treating addiction and substance abuse?***

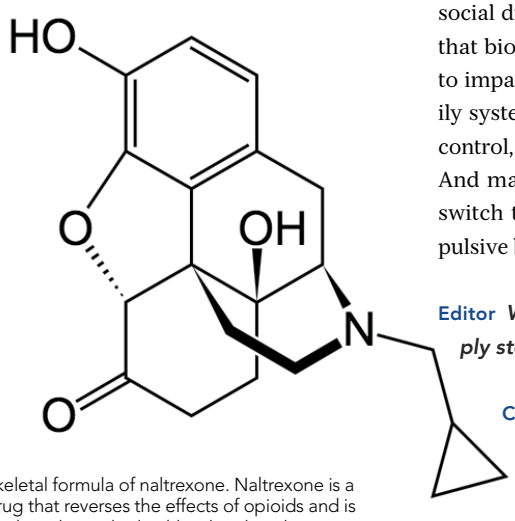
Cataldie I am glad you asked that because there have been some major breakthroughs. There's a new drug, and I don't own any stock in the company, called Vivitrol. It is an injection we can give once a month and it blocks any effect that you might have from an opiate. If you are addicted to heroin and you take Vivitrol once a month, no matter how much heroin you inject it doesn't do



anything. I have got a pretty good number of people now who are taking Vivitrol and are having a really great response. It decreases the craving and if you use, it doesn't work. If you are on that regime every 28 days you are going to find yourself not using.

It also tends to decrease the impact of alcohol on some folks. For an alcoholic the alcohol often causes some of your internal opiates to be discharged in your reward system and Vivitrol blocks that. So that's one medication out there. There are some other anti-craving medications. One is called Campral that has a lot of promise.

So we now have an armamentarium of medications that we can utilize to help the person. But it's a biological, psychological, social disease, so when you are impacting that biological component you also have to impact the social component, the family system is separate from it, do damage control, and also address the compulsions. And make sure you don't sublimate and switch to another drug or another compulsive behavior.



Skeletal formula of naltrexone. Naltrexone is a drug that reverses the effects of opioids and is marketed as its hydrochloride salt, naltrexone hydrochloride, under the trade names Revia and Depade. A once-monthly extended-release injectable formulation is marketed under the trade name Vivitrol.

Editor ***What prevents someone from simply stopping?***

Cataldie Perhaps some people can, but from a neurophysiological perspective, for the person that truly becomes addicted, that "use" switch is overriding your prefrontal cortex to the extent that you minimize, you rationalize, you project or blame others, and you actually start to believe that stuff. So until you break through or pierce that barrier of defenses, that denial, if you would, the person is not going to stop the behavior because they are getting their reward in the behavior that's causing them destruction, but they only see the reward part. And that's why folks can't "just stop." Once you become aware of that obviously it's your responsibility to stop and the things you do while under the influence of a mood-altering chemical are not to be excused. They are to be dealt with and you have to be accountable for those behaviors.

Editor ***How does somebody know if they actually are addicted?***

Cataldie Some people ultimately reach a point where they do know or they are paying the cost. The only insight you get is if the cost of using is becoming so expensive, and I don't mean just the financial cost, if you are losing your friends, if you are alienated from your spouse, if you can't spend time with your kids because you are emotionally unavailable, sometimes people get a little spontaneous insight, but usually there has to be some type of confrontation

or crisis before a person really understands the extent of the problem. The last place you are going to see it is in the workplace. By the time it gets to the workplace it's been happening a long time.

Editor ***Why is there a need for a substance abuse recovery program in Zachary?***

Cataldie This is a day hospital program that Lane Regional Medical Center has elected to bring on-line. To my knowledge and I've been in this community a long time, there may be others out there, the partial hospitalization (PHP) chemical dependency or substance abuse programs have not been available to the public or have been lacking. And the attraction for our PHP is that the person can go home. If you are a mom and have kids at home to take care of in the afternoon it is really difficult to go away and be in an inpatient facility for six to eight weeks. And while you are in a partial hospitalization program you have the ability to go home and deal with your problems. They don't disappear—you are not in an artificial environment for six to eight weeks. And I am not saying we don't need inpatient treatment, what I am saying is it's a bridge between a pure outpatient, low-intensity program and actually having to be in an inpatient residential program.

Editor ***Are your outpatient patients all local or do they come from other areas?***

Cataldie Right now with the exception of one, everybody does come from this area. So far most have been from the Lane service district.

Editor ***Are these programs covered through insurance?***

Cataldie To date we are batting 100 percent on the insurance. Everybody has insurance that has covered them adequately.

Editor ***How do you measure success in the program? Do people backslide?***

Cataldie I don't know yet because we are brand new and about to graduate our first folks.

Editor ***Is this a model that has been used elsewhere?***

Cataldie I don't know that it's a model, but it is certainly an enhancement of traditional treatments particular to most recovery programs, which include cognitive behavioral therapy, and also offer some of these medications.

Editor ***You have a lot of experience in this area. What led you to come to Zachary to lead this program?***

Cataldie I like the concept of a partial hospitalization program. They've had an intensive outpatient program here for several years for psychiatry, and this being a small community, the discussions started and it ultimately came to fruition. It is my hope that we will focus also on pregnant addicts in the community as that's something that's dear to my heart.

Editor ***Why is the issue of pregnant addicts so important to you? Is it a big problem here?***

Cataldie It's a nationwide issue and if you look at some of the younger people, sometimes those stats go up to almost 15% of those young ladies being addicted. We see neonatal abstinence syndrome. I have already gotten referrals from the obstetricians locally for young ladies having difficulties. And all these young ladies are afraid to come forward, but if they are involved in an ongoing recovery program, that helps with that stigma and also alleviates some of those fears that they are going to lose their babies when they deliver.

I believe there is an initiative at Woman's Hospital to address this problem. I am not involved with it, but I hope to be. When these babies get here, number one it's not fair to the mom, not fair to the baby, but when these babies get here, if they've been bathing in mood and mind altering chemicals, they are going to have some type of neurological dysfunction. That dysfunction may not show up until the 6th grade, or high school, but it's going to show up. It can show up in the form of all sorts of mood disorders, attention deficit disorders, oppositional disorders, all preventable. It's truly preventable medicine.

Fetal alcohol spectrum is a horrific malady for these young kids and if you can stop that cycle of addiction in one generation, perhaps you can have a domino effect and stop that cycle down the road. And that is something I think that really allows us to contribute to our society overall. I have treated a bunch of addicts over the years who were pregnant and had some really good results and had some not so good results. We are hoping to be able to offer that here more and more.

PHP

PARTIAL HOSPITALIZATION PROGRAM

"...it's a bridge between a pure outpatient, low-intensity program and actually having to be in an inpatient residential program."

Editor ***Are there some common threads among your patients, in terms of economic status, age, race, or anything like that?***

Cataldie Not really. Almost everybody has a stable or supportive home environment or they wouldn't be PHP candidates. A stable environment that is not conducive to relapse or would not tolerate relapse. A relapse could possibly signal a need to go to a more intensive level of care such as a residential facility.

Editor ***If they go to a more intensive level of care would that be done at Lane or elsewhere?***

Cataldie It would be done wherever the patient matching would seem to fit. There are several inpatient facilities in the state and several I use nationwide. I think it's important to match the patient to the facility and to do that you need to know what's going on at a particular facility. You've got to kind of keep your finger on the pulse.

...I MADE IT A MISSION TO FIND OUT AS MUCH ABOUT THIS DISEASE AS I COULD...

Editor ***With regard to addiction, I think maybe the natural body tends to find things that are consistent and things we like or are committed to. Is there a positive element of addiction? Can you become addicted to something good?***

Cataldie I think we have positive drives, but I think everybody needs to balance their lives. The bad thing about addiction is if you are susceptible that chemical hijacks the reward system and all of a sudden other things like work, relationships, become unimportant. I think we all try to reach for that higher level. I hope we do.

Editor ***What is coming down the road with this program?***

Cataldie Ultimately I hope to have a capacity for people who need to be in a sober house for a while, while they are coming here. I hope to offer that, probably a few months down the road. We also hope to be treating healthcare professionals here and ultimately get approved by the appropriate boards to do that. That's another thing dear to me obviously, being one. With physicians, dentists, nurses, PAs, NPs, it's almost an occupational hazard for some of our healthcare providers. I have been the medical director for the Physician's Health Program for the state and have been active in physician and nurse recovery for a long time. That truly is sort of an occupational risk in our careers. So we are hoping to be able to hold out a truly professional program for those folks. We expect a regional or even a national draw.

Editor ***What do you feel you personally bring to the program?***

Cataldie I don't know that it's anything that I bring to the program. I can tell you I've personally been sober 37 years and that helps. In fact when I got sober I made it a mission to find out as much about this disease as I could and I do a lot of research and stay constantly attuned to what's going on. So I think we certainly will have state-of-the-art treatment on any given day. We will address and have the ability to address any coexisting issues that might arise. A lot of people have coexisting issues such as depression or anxiety disorders. As a matter of fact, anxiety is one of the major triggers for relapse. Sleep disorders are also a major trigger for relapse and if we see somebody with a sleep disorder we'll be quick to refer to some type of sleep studies.

I think by having a physician and addictionologist here fulltime we'll be able to enhance the ability to interface with other disciplines. That's my hope. We are already interfacing with the obstetricians and the ER here; it's a great bunch of physicians, and I'm really excited about what's happening. ■

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How Denmark DUMPED MEDICAL MALPRACTICE and Improved Patient Safety

In the U.S., patients harmed during medical care have few avenues for redress. The Danes chose to forget about fault and focus on what's fair.

By **Olga Pierce and Marshall Allen**,
ProPublica, Dec. 31, 2015

It was a distressingly close call. A patient had been sent home from the hospital with instructions to take a common medication at a dose that would have poisoned her.

When Dr. Ole Hamberg heard about the mistake, he decided to investigate.

Hamberg, the head liver specialist at Rigshospitalet, the Danish national hospital, soon found something troubling. The hospital's electronic prescribing system was mistakenly prompting doctors to give the drug, methotrexate, for daily use when it is safely taken only once or twice a week.

Patients throughout Denmark were being poisoned, Hamberg learned, thanks to the medical error. At his hospital, Hamberg made sure prescribing protocols were fixed and doctors and patients were informed. The problem quickly abated.

Hamberg was able to rapidly see a dangerous pattern because of something that doesn't exist in the United States: A comprehensive national program to compensate victims of patient harm – and to learn from them by collecting and analyzing the data their experiences provide.

Patients who'd been overdosed filed claims under the compensation program, which makes its data available to hospitals and researchers. "Of course I use this information in my department," Hamberg said.

PATIENTS THROUGHOUT DENMARK WERE BEING POISONED...

"We discuss how we can avoid this injury the next time."

The Danish system offers lessons for policymakers in the United States, where medical harm remains widespread and the mechanisms for addressing it are often cumbersome and adversarial. The Danes' primary focus is on helping patients who have been hurt by the health care system. While the reams of data gathered from claims aren't used to publicly rate doctors and hospitals, or to systematically search for bad actors, they can help flag providers who have repeat errors and may pose a risk.

For the past three years, ProPublica has asked patients who've been harmed and their family members for their stories. We've heard the same things time and time again: After a medical error comes a struggle to get straight answers and accountability. Financial compensation for additional care, pain, disability or lost work is reserved only for a relative few.

The U.S. system for compensating injured patients — medical malpractice lawsuits — effectively shuts out patients when the potential damages are small. Proving negligence, the usual standard for winning compensation, is difficult. There are scant incentives for doctors and hospitals to apologize, reveal details about what happened, or report errors that might unveil a pattern.

Denmark offers a radically different alternative, as do similar programs in other Scandinavian countries and New Zealand. To be sure, these countries have nationalized health care systems, unlike the public-private model in the U.S. But alternative responses to patient harm have been tried on a smaller scale. Virginia, for example, has a program designed to compensate for severe neurological childbirth injuries that is similar in some ways to the Danish system.

Common to all these programs is a commitment to provide information and compensation to patients regardless of whether negligence is involved. That lowers the bar of entry for patients and doesn't pit doctors against them, enabling providers to be open about what happened.

"It's not easy to discuss a mistake, but there has to be a very safe relationship between doctor and patient," Hamberg said. "The most important thing in patient safety is to talk about it."

Denmark's compensation program has been in place since 1992, replacing a lawsuit-based approach much like that in the U.S. The change followed a series of high-profile cases in which patients weren't able to get compensation through the courts because it was too difficult to prove their doctor did something wrong. The Danish parliament adopted a system similar to those used in Norway and Sweden.

Today, medical injury claims aren't

handled by the Danish court system but by medical and legal experts who review cases at no charge to patients. Patients get answers and can participate in the process whether or not they ultimately receive a monetary award.

Filing a claim is free. Patients are assigned a caseworker to shepherd them through the process. The hospital or doctor is required to file a detailed response, which patients may rebut. Patients have access to their complete medical record and a detailed explanation of the medical reviewers' decisions. All of this is available for patients and their families through an online portal, which alerts them when there are developments in their claims process.

Compensation is awarded if reviewers determine the care could have been better, or if the patient experienced a rare and severe complication that was "more extensive than the patient should reasonably have to endure."

Reviewers most often apply one of two criteria, said Peter Jakobsen, chief consultant for legal affairs at the Patient Compensation Association, the body that adjudicates claims. The first is the "specialist rule:" How did the treatment compare to care an experienced specialist would provide?

"The patient is entitled to compensation if not treated at this level," Jakobsen said. "You can have a situation with compensation where the doctor did a normal, good job, but not at the specialist level."

A second common criterion is the "fairness rule." If the patient experienced a severe medical event that occurs less than 2 percent of the time, he or she is eligible for an award. An unusual drug reaction or an infection after a knee replacement are examples.

Patients may file an appeal at no cost if their claim is rejected. Appeals are reviewed by a seven-member board of doctors, patient representatives, an attorney and two representatives of the Danish health care system. Patients may request district court review after an unsuccessful appeal, although that happens in only about 2 percent of claims.

If a patient believes negligence was involved, it can be reported to a parallel system for professional discipline.

Overall, about one in three patients who file a claim is compensated. The minimum eligible claim is under $2,000, and the average paid out is $30,000, or about 15 percent of the typical amount awarded in lawsuits against U.S. doctors.

However, it's estimated that more than seven times as many claims are filed per capita in Denmark, and about four times as many patients per capita receive some award. A claim for a few thousand dollars would not be worth it in the U.S. system because of the high cost of pursuing lawsuits.

The Danish health care system helps patients file medical injury claims by providing an independent nurse with legal training to assist at every hospital. Because physicians don't have the threat of malpractice hanging over them, they also can be helpful to patients who have been harmed.

Danish doctors are known to file compensation claims on behalf of patients, which occurs in about 10 percent of the cases. All Danish physicians are legally required to tell patients when they've been harmed during medical care. That is not always the case in the United States, where state disclosure laws vary and almost never cover the information patients most desire.

Hamberg said he recently saw a patient whose liver was damaged from taking a medication for too long, a decision made by her doctor. "It was very natural for me to say, 'You have been treated not to the best standard,'" he said. Hamberg told her she could seek compensation, "and I hope she does," he said.

The Danish system is not perfect. Although the data collected from claims is freely shared with researchers, injury and error rates are not published so that patients could use them to select providers. By design, there is not communication between the claims and disciplinary systems.

The minimum eligible claim is under $2,000, and the average paid out is $30,000, or about 15 percent of the typical amount awarded in lawsuits against U.S. doctors.

The case of 59-year-old Jørgen Hemmer illustrates other potential difficulties for patients.

After surviving a bout with colon cancer in 2007, Hemmer underwent CT scans every six months. In July 2009, he was pronounced cancer free. Then, six months later, blood appeared in his urine. Doctors said he needed chemotherapy for cancer in his bladder and on his pelvis.

Those treatments failed, and Hemmer was told his best hope was surgery: He would lose his right hip and leg, and his bladder.

The rapid change in prognosis – from cheery to grim in a few months – made Hemmer suspicious, and he requested his medical records. He went through them at his dining room table and made a frustrating discovery: The Danish government had subcontracted reading of CT scans to a firm in Barcelona. A note from 2010 in his file indicated the subcontractor's radiologist had missed the cancer.

Just getting answers about what went

wrong brought him some closure, Hemmer said, but he also wanted compensation for the drastic change in his life. A soldier in the Danish army, Hemmer had been transferred to a job he could still perform as an amputee. But in a year, he will face mandatory military retirement and will need other work.

"There's a lot more in me, a lot more left," he said. "They took away some of my possibilities."

In the summer of 2010, he filed a compensation claim. Hemmer was shocked when he was rejected – on grounds that the system wasn't responsible for an error by a subcontractor outside of Denmark. "It was just as difficult to understand as when they told me, 'We have to take your leg,'" he said.

The Danish Cancer Society agreed to help him file an appeal, which initially was rejected as well. But the compensation appeals board later reconsidered and offered him $5,000. With guidance from an attorney affiliated with the Cancer Society, he filed an appeal to district court. Finally, five years after his initial filing, the court concluded an error had occurred, and the Patient Compensation Association agreed to pay him $110,000.

Hemmer said the amount isn't what he hoped for. But the government helps in other ways, by providing aides to help with household chores and to tend his garden. Most of his medical expenses are covered by the government health care system, which is free to Danish citizens.

Grafting a program like Denmark's onto the U.S. health care system would be a profound departure, but some experts say it's possible and has some precedents.

Virginia and Florida have compensation programs that cover the lifetime costs of infants who are harmed by certain neurological injuries during birth, regardless of negligence. In Virginia, hospitals and obstetricians in the state pay into a central fund, which then pays out to successful claimants. Nearly all births in the state are covered by this system.

Dr. Allen Kachalia, the chief quality officer at Brigham and Women's Hospital in Boston, has researched Denmark's program and others like it. He said something similar merits introduction and testing on a small scale in a single state or privately-owned health care organization. Funding could come from savings in the inefficient malpractice system, he said.

According to a 2010 study by the Harvard School of Public Health, $5.7 billion is spent annually in the U.S. on malpractice claim payments, but almost as much – $4 billion – goes toward administrative and other claims expenses. That overhead rate is much higher than Denmark's, which is estimated to be less than 20 percent.

Today, medical injury claims aren't handled by the Danish court system but by medical and legal experts who review cases at no charge to patients. Patients get answers and can participate in the process whether or not they ultimately receive a monetary award.

Using 10 years of compensation claims, Hedegaard conducted a study of birth injuries. He determined that doctors and midwives were not properly reading fetal monitoring strips, which led to delays in care. The finding resulted in a nationwide program to retrain and recertify all 2,000 providers who deliver babies in Denmark.

Proposed alternatives to the U.S. medical malpractice system have been strongly opposed by some powerful interest groups, most prominently trial lawyers.

Scott Eldredge, an attorney in Englewood, Colorado, and president of the National Medical Malpractice Trial Lawyers Association, said he is "completely opposed" to a compensation system like Denmark's. Eldredge acknowledged that the U.S. malpractice system is "tilted in favor" of medical providers, and that most patients can't get an attorney because their cases aren't worth enough money. He said he turns down 98 out of 100 of cases he reviews.

But Eldredge said jury trials ultimately are more transparent and fair because patients are represented by experienced attorneys and have their claims decided by peers. Compensation for successful cases would likely be less with a Danish-style system, he said.

"My fear would be that those with economically viable cases would take pennies on the dollar when their case is worth substantially more," he said. "Theoretically it sounds good, but in practice I don't see a benefit."

Lisa McGiffert, project director for the Consumer Reports Safe Patient Project, said a system like Denmark's could offer important benefits. Most U.S. patients are never told the full story about what happened to them, she said, and lawsuits are only an option for a tiny fraction.

Larger awards would be necessary, however, to fairly compensate patients, McGiffert said. That's because unlike Denmark, U.S. patients still need to pay for medical care and have a less comprehensive social safety net if they are disabled or out of work.

Alternative ways of redressing medical injuries "can give patients better access to compensation and at the same time address the fears and stress that the system causes on physicians," Kachalia said. "And if we designed this proactively, we can design it to collect information about what types of errors occur most often in our system so that providers can focus our safety efforts."

In Denmark, Kim Mikkelsen, an epidemiologist, is responsible for the database of 120,000 claims housed at the Patient Compensation Association. In minutes he can query a massive amount of useful data, as he demonstrated on a recent visit to his office, housed in a modern structure overlooking the South Harbor with a panoramic view of central Copenhagen.

In less than five minutes Mikkelsen pulled a record of every hospital fall injury reported in Denmark during the last five years. Falls are a major problem in U.S. hospitals, but there's no such centralized data that would allow researchers to identify patterns.

The Denmark data has revealed many areas for improvement. One cluster of cases involved osteoporosis related to a common type of hormone therapy. Doctors determined that the issue could be largely addressed by giving patients calcium and Vitamin D. Another analysis identified a pattern of missed breast cancer diagnoses that paved the way for new practices.

"We help direct focus on preventable, serious, and widespread types of injuries," Mikkelsen said.

The association itself has limited resources to analyze its data, but researchers like Dr. Morten Hedegaard, head of obstetrics at the national hospital, are able to dig in.

In November, as Hedegaard walked along his busy ward – more than 5,000 infants were born at the hospital in 2015 – it is clear he is passionate about delivering babies. "It's so meaningful," he said. As a trained epidemiologist, however, Hedegaard's second passion is finding patterns in data.

Using 10 years of compensation claims, Hedegaard conducted a study of birth injuries. He determined that doctors and midwives were not properly reading fetal monitoring strips, which led to delays in care. The finding resulted in a nationwide program to retrain and recertify all 2,000 providers who deliver babies in Denmark.

Now Hedegaard has a PhD student using data to see if recertification worked.

The data could be used even more effectively, Hedegaard said. For example, it could be monitored in real time to "identify individual hospitals or clinicians who do not have the quality they should have." One private hospital with a high rate of complications after knee replacements was identified using claims data, Hedegaard said, but only after several years.

Hedegaard and Hamberg said that if a doctor in their departments had multiple claims for mistakes, they would intervene. This is a less direct way that the data can be used to hold doctors accountable, Hedegaard said.

It's certain there are many more clues in the claims data that could help make patients safer, Hedegaard said. Without such data, he said, that knowledge is lost. ■

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NEWS | PEOPLE | INFORMATION

Hope and her new foster mom Barbara Keller. Hope, named after the new Fostering Hope program, is the first animal to be fostered by a Mary Bird Perkins-Our Lady of the Lake Cancer Center survivor. Keller is a two-time breast cancer survivor and recently visited the Companion Animal Alliance shelter to select her new foster dog. *For story see page 41*

HealthcareBriefs

STATE

LAHP Supports Governor Edwards on Medicaid Expansion

The Louisiana Association of Health Plans supports Gov. John Bel Edwards' comments to the Senate Health & Welfare Committee in favor of Medicaid expansion. Gov. Edwards said Medicaid expansion will result in more than $180 million in savings for the next fiscal year.

"The Governor is right to expand Medicaid under the current managed care program known as Bayou Health, and the study we recently released proves it," said LAHP CEO Jeff Drozda. "The 1.2 million moms and kids already in Bayou Health have seen a significant increase in their quality of care while the state saw nearly $440 million in savings from Bayou Health in 2015 alone. Medicaid expansion would add to those savings for years to come."

The improved health outcomes Bayou Health recipients have seen include a 46 percent increase in adolescent checkups, an 11 percent increase in timely doctor visits by pregnant women, and a 5 percent increase in adults visiting a primary care physician, said LAHP.

The study, which was performed by Wakely Consulting Group, concludes that the Bayou Health managed care organizations are operating efficiently and producing significant savings when compared to the costs the state would have incurred under the old fee-for-service program. The study, which was conducted by members of the American Academy of Actuaries and is actuarially sound, indicates a savings range from 6.7 percent, or $250 million, to 11.2 percent, or $437 million.

LPCA Names New Executive Director, Plans Summit

The Louisiana Primary Care Association announced that Gerrelda Davis has joined the association as its Executive Director. Davis comes with a wealth of experience having served over 20 years in various positions within Louisiana state government, at least 12 of those years within the Department of Health and Hospitals' Bureau of Primary Care and Rural Health.

Davis has begun to lead the association and its membership through several initiatives that will include strategic growth, health care reform, and Medicaid expansion. Under her leadership the LPCA is embarking upon a new and exciting phase of development.

On June 3 and 4, the LPCA will host its 3rd Annual Clinical Summit in New Orleans focusing on primary care, oral health, and behavioral health. This year LPCA will partner with the Louisiana Rural Health Association. The theme is "Big Ideas in the Big Easy: Uniting Rural and Urban Providers."

For more information, the agenda, and registration links visit http://bit.ly/1VjvAY6.

Humana Appoints Gulf States Medicare Medical Director

Humana Inc. announced that Dr. Shelly Gupta has been appointed Regional Medicare Medical Director for Humana's Gulf States Medicare market operations in Louisiana and Mississippi. Dr. Gupta has been a practicing physician in Louisiana for the past several years, managing private patients in a home setting, and as a staff physician in Houma, overseeing a panel of primary care patients in an ambulatory care setting.

For the past two years, Dr. Gupta has served as a medical director for Humana's Gulf States Medicare operations, based in Humana's New Orleans regional executive offices.

In his new regional medical director role for Humana, Dr. Gupta will oversee clinical and medical activities for Humana's Senior Products segment in the Gulf States, encompassing Humana Medicare markets in Louisiana and Mississippi.

DHH Announces Progress in Reducing Tuberculosis

The Louisiana Department of Health and Hospitals has announced the rate of tuberculosis cases in Louisiana continues to improve, moving from 2.6 cases per 100,000 population in 2014 to 2.5 cases in 2015 and from being ranked 17th in the nation the for highest case rates to 18th during the same timeframe.

Since 2010, DHH's Tuberculosis Prevention and Control Program helped reduce Louisiana's case rate by 43 percent, according to the latest statistics released by the Centers for Disease Control and Prevention (CDC), which rank Louisiana below the national average in tuberculosis cases.

- Louisiana's TB case rate in 2015 was 2.5 TB cases per 100,000 people, a 43-percent reduction from the 2010 case rate of 4.4 per 100,000.
- In 2015, Louisiana's rate was 16 percent below the national case rate.
- In 2010, only eight states had higher case rates than Louisiana. By 2015 that number more than doubled, with 17 states having higher case rates than Louisiana.
- Louisiana has reduced the percentage of TB cases coincidental with HIV infection. From 1993 to 2010, the average percentage of TB cases with HIV in Louisiana was 10 percent. The percentage of TB cases with HIV was reduced to 6.8 percent in 2015, a 32 percent total reduction in six years.

Gerrelda Davis

Shelly Gupta, MD

The Department credits these improvements to the close working relationships staff within DHH's Office of Public Health have with local communities as well as the modern tools adopted by the TB Prevention and Control Program in 2010, including:

- T-SPOT.TB, a blood testing procedure that improves the diagnosis of TB infection; and
- 3HRp, a therapy used to prevent the development of TB disease.

"The use of these two tools in high-risk groups has helped Louisiana make great strides towards eliminating tuberculosis within our residents," says Tuberculosis Prevention and Control Program Director Michael Lacassagne.

Attorney General Announces Guilty Pleas on Defrauding Medicaid

Attorney General Jeff Landry announced that four Northeast Louisiana women have pled guilty to defrauding the Medicaid program following an

LOUISIANA CENTER FOR HEALTH EQUITY HOSTS SUMMIT

MORE THAN 250 PEOPLE ATTENDED the 2016 Health Summit hosted by the Louisiana Center for Health Equity on March 29 at the Pennington Biomedical Research Center.

The theme was "Creating an agenda for a healthy Louisiana." Thought leaders and experts from Baton Rouge and across the state exchanged ideas on health and healthcare in Louisiana.

Participants at the all-day conference talked mostly about the benefits of the impending Medicaid expansion and how it will result not only in healthier lives, but will also greatly impact the economy. It will also make healthcare affordable to a large group of people who have previously been denied.

"Healthcare is not a constitutional right, but it should be," said Lt. General Russel Honore. "I think it is a right and most egregious form of discrimination when people are denied healthcare because they can't afford it."

"The daily reality is that many in our state are not earning enough to afford a doctor or a refill for a prescription," said Jeanie Donovan, economic policy specialist at Loyola University who stated the average income in the state is $11,156 per year, less than $1,000 per month. "The governor's decision was an important step to getting off the bottom of the national health rankings. Medicaid expansion will improve access to health and outcomes."

"The Affordable Care Act (ACA) created financial incentives for states to reform healthcare delivery to make healthcare affordable for everyone," said Alma Stewart, president of the Louisiana Center for Health Equity. "In January, Louisiana became the first state in the deep South to expand under the ACA. It's never too late to correct a wrong."

Gov. Edwards also spoke at the conference saying Medicaid expansion is the right thing to do for the people of Louisiana. "Seventy percent of the people who are getting coverage through the expansion are working people,' said the governor. "They are the working poor. They can't get insurance on their own or the exchange. They're who we're trying to get in the fold. For instance, 30,000 employees in the restaurant industry and 15,000 in construction will qualify under the expansion."

Edwards also said the expansion will save the state $100 million in the first full year alone. Savings that are badly needed with the state facing a major budget shortfall.

Audrey Haynes, the former secretary of the Cabinet for Health and Family Services in Kentucky, is helping Louisiana officials transition to the expansion. Kentucky implemented the expansion in 2013. She along with many others say it's a win/win for the state and the poor.

The event sponsors included the Louisiana Public Health Institute, Amerigroup Louisiana, Inc., UnitedHealthcare Community Plan-Louisiana, AmeriHealth Caritas Louisiana, and Pennington Biomedical Research Center.

"Seventy percent of the people who are getting coverage through the expansion are working people. They are the working poor."

– Gov. Edwards

investigation and prosecution by his Medicaid Fraud Control Unit (MFCU).

Elaine Burrell of Bastrop and Betty Jean Tappin of Monroe pled guilty to criminal conspiracy to file and/or maintain false public records. Verna Marie Tippitt of Collinston and Laurean Burrell of Collinston pled guilty to filing and/or maintaining false public records.

The four were charged with creating bogus billing documents and/or a bogus personnel file for an audit conducted at DHH's request at the Universal Care LLC office in Monroe in early April 2011. Universal Care LLC was shut down by DHH in mid-2011 shortly after these bogus billing documents were processed and analyzed as being suspicious.

Attorney General Jeff Landry's MFCU was able to recoup in excess of $300,000 as criminal restitution and civil forfeiture. All four women were given a deferred sentence of two years active supervised probation by Judge Richard Anderson from the 19th Judicial District Court. Elaine Burrell signed a lifetime exclusion from participation in Medicaid/Medicare in Louisiana; the other three were ordered, as a condition of probation, to be excluded from participation for five years.

Long Term Care Foundation Awards Nursing Scholarships

The Louisiana Long Term Care Foundation has awarded 17 nursing scholarships to recipients employed in Louisiana's long term care facilities. Recipients will receive $500 or more to further their professional development within the long term care profession.

The Louisiana Long Term Care Foundation is committed to providing annual scholarships to encourage nursing students of high academic and care-giving caliber to continue to pursue a career in the long-term care profession. This program is funded through the generosity of long term care providers and related organizations, supporting the Foundation's mission to promote the development of a skilled and quality-centered workforce.

The Louisiana Long Term Care Foundation announced the following 2015 scholarship recipients:

- Danae Ancar, Riverbend Nursing and Rehabilitation Center, Belle Chasse
- Sheneria Broussard, J. Michael Morrow Memorial Nursing Home, Arnaudville
- Natasha Cabarubio, Village Health Care at the Glen, Shreveport
- Rochelle Cousin-Batiste, Greenbriar Community Care Center, Slidell
- Brittany Evans, Village Health Care at the Glen, Shreveport
- Taviontae Farris, Harmony House Nursing and Rehabilitation, Shreveport
- Ekhara Freeman-Sturkey, Our Lady of Prompt Succor Nursing Home, Opelousas
- Meagan French, Natchitoches Community Care, Natchitoches
- Jennifer Gaspard, Riviere de Soleil Community Care Center, Mansura
- Allyson Gunn, Plantation Oaks Nursing and Rehabilitation, Wisner

Benjamin Sheats

- Joshua Issac, Village Health Care at the Glen, Shreveport
- Julie James, Wyatt Manor Nursing and Rehabilitation Center, Jonesboro
- Tanya January, Golden Age of Welsh, Welsh
- Portia Lyons, Golden Age of Welsh, Welsh
- Mona Miles, Jefferson Manor, Baton Rouge
- Sinitra Tillman, Jefferson Manor, Baton Rouge
- Shannon Williams, Golden Age Nursing Home, Denham Springs.

To learn how you can make a donation to help fund a scholarship for a deserving nursing student, call Karen Miller at 225-927-5642.

AG Announces Three Medicaid Fraud Arrests

Attorney General Jeff Landry announced that Chanel Galle, Marion Nora, and Joy Washington have been arrested by his Medicaid Fraud Control Unit (MFCU).

Galle, 37 of Westwego, was arrested for three counts of Medicaid fraud. Nora, 32 of Lafayette, was arrested for one count of Medicaid fraud and one count of filing or maintaining false public records. Washington, 52 of Baton Rouge, was arrested for four counts of Medicaid fraud.

All three surrendered to MFCU Investigators and were booked at the East Baton Rouge Parish Prison.

BCBSLA Scholarship Recognizes Nursing Students Michael Tipton and Christian Billich, Blue Cross and Blue Shield of Louisiana representatives, presenting a scholarship check to Our Lady of the Lake College students (holding check) Jordan Bailey, Elizabeth Nichols and Karley Broussard.

LHA Announces Director of Physician Programs

The LHA Trust Funds announced Benjamin Sheats as its Director of Physician Programs. He joins the Trust Funds' team with a wealth of experience, having spent the last 13 years providing professional liability coverage to physicians and medical facilities across the country.

Sheats has been working in the Atlanta area for 25 years. His past work experience includes Regional Director of The Georgia Medical Professionals Association and Regional Vice President of MedMal Direct Insurance Company.

LOCAL

BCBSLA Scholarship Recognizes Nursing Students

Blue Cross and Blue Shield of Louisiana has awarded three impact scholarships to outstanding nursing students at Our Lady of the Lake College. Those recognized were Jordan Bailey, Karley Broussard, and Elizabeth Nichols, students in their final year of the college's nursing program, working toward a Bachelor of Science in Nursing.

These scholarship awards are part of a collaboration between Blue Cross and Our Lady of the Lake College to develop the nursing workforce and give Louisiana students an incentive to achieve excellence in their training. Students wrote essays about their calling to be nurses and shared how winning a scholarship would impact them. Student candidates were also asked to demonstrate a financial need. Each scholarship winner received $2,500 toward their tuition and fees for the Spring 2016 semester.

The awards were presented at a reception last month. Among the attendees were Michael Tipton, president of the Blue Cross and Blue Shield of Louisiana Foundation, and R. Christian Billich, Blue Cross' manager of Human Resources.

Program Connects Cancer Survivors and Homeless Pets

Fur-filled unconditional love is being prescribed at Mary Bird Perkins – Our Lady of the Lake Cancer Center through the new Fostering Hope program for survivors. Research shows that the human-animal bond is real and benefits are far-reaching, especially for people who have been through a traumatic experience such as cancer. In partnership with the Companion Animal Alliance (CAA), the Cancer Center's Fostering Hope program is connecting survivors and animals in need of a foster home to complement one another's lives.

Fostering Hope is an extension of the Cancer Center's successful pet therapy program offered in conjunction with Tiger H.A.T.S., the LSU School of Veterinary Medicine's Human Animal Therapy Services program. Pet therapy entails certified dogs visiting patients in the Cancer Center's treatment environment to provide comfort and relief from stress. Fostering Hope takes pet therapy a step further by providing animal interaction in a survivor's home while at the same time providing a safe, loving environment for a pet. There is no cost to survivors, thanks to a donation by the Charles Lamar Family Foundation that covers food, veterinary, and other expenses. In addition, the eighth grade class of Episcopal School of Baton Rouge has selected Fostering Hope as a service-learning project and is raising funds to sponsor families participating in the program.

Oxytocin, a bonding hormone, is released in humans and pets during mutual interactions and is proven to reduce blood pressure and anxiety while increasing pain tolerance. Other benefits of participating in Fostering Hope include comfort and companionship, emotional and physical healing, lessened feelings of isolation, increased physical activity, improved mood, and an enriched life for the animal.

"Fostering is a win-win for both the animal and the cancer survivor," said Lily Yap, foster and rescue coordinator at CAA. "When brought into a home environment, shelter animals receive love and training that helps them find their forever families faster. It also benefits the survivor because they can enjoy the health perks of a companion pet relationship without a long-term commitment."

Sonnier to Lead BR Health District

The Baton Rouge Health District has selected Suzy Sonnier as its first executive director. In her role, Sonnier will lead the implementation of a strategic plan for the Health District. Initial priorities identified by members of the District include improving traffic flow and reducing street congestion near hospitals as well as connecting parks and walking paths. Recognizing the significant and sweeping impact of chronic illness on the health status of the entire Baton Rouge community, a diabetes and obesity center is also recommended in the plan.

Sonnier will report to a joint operating board made up of leaders from healthcare organizations throughout Baton Rouge. She will collaborate with hospital administrators, government agencies, community leaders, and medical staff to implement the District's master plan.

The plan, released in December, creates a unified medical community that will enable Baton Rouge healthcare providers to combine their diverse strengths and make coordinated investment decisions about land-use and transportation to improve access and services for the people of Baton Rouge.

Suzy Sonnier

Sonnier previously worked as Secretary of the Department of Children and Family Services, where she managed Louisiana's child welfare, child support enforcement, disability determination services, and low-income economic assistance programs. Prior to that, she worked as the Chief Operations Officer at the Louisiana Workforce Commission.

Ochsner Announces Cancer Center in Baton Rouge

Ochsner Medical Center – Baton Rouge officially announced plans for a $12.8 million Ochsner Baton Rouge Cancer Center. The new dedicated space, made possible in part by the generosity of community donors, will be located in the current Physicians Plaza II building at the O'Neal Lane campus and will open in October.

The Ochsner Baton Rouge Cancer Center will conveniently offer a hematology/oncology outpatient clinic with both chemotherapy infusion and radiation oncology services on one floor in the same building. The addition of radiation oncology will also benefit the underserved population of East Baton Rouge and surrounding parishes.

Louisiana ranks near the highest in the U.S. for cancer deaths and one in three Louisianans will battle an invasive cancer in their lifetime. Over the next decade cancer is estimated to increase nationally by 50 percent. Cancer deaths worldwide are projected to reach 13 million annually by 2030.

Ochsner Medical Center – Baton Rouge is estimated to see an additional 1,500 patients in 2016. The Ochsner Health System as a whole is

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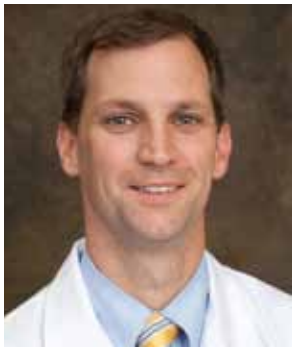

Brad Gaspard, MD

Kristen Ducote, MD

Kaley W. Hill

April Kluka McIntyre, MSN, FNP-C

predicting a 30% increase in cancer care over the next five years. The new Ochsner Baton Rouge Cancer Center will serve this growing need with:

- More than 20,000 square feet of expanded oncology space and the addition of 15 personalized and semi-private patient chemo infusion stations—more than doubling the patient space in a relaxing and compassionate atmosphere.
- A full spectrum of specialty-trained physicians who employ a team approach to treating cancer patients through weekly conferences and open and integrated communication.
- A comprehensive approach to urologic, gynecologic, and surgical oncology for all cancer types.
- A clinical cancer research program with a large range of clinical trials for all cancer types; including cutting-edge drugs, new agents, and anti-cancer agents for treating cancer.
- A fully integrated electronic medical record where all physicians have a common chart to review.

Future plans for the Ochsner Baton Rouge Cancer Center also include the addition of breast surgery, thoracic oncology, gynecology oncology, head and neck cancer, and MOHS Treatment for skin cancer.

Ochsner Baton Rouge also currently offers support groups, survivorship resources, access to clinical trials, palliative care, screenings such as 3D mammography and an integrated system of medical records, meaning that patient information is immediately accessible to every physician that cares for that patient across all Ochsner locations.

St. Joseph Hospice Chosen for Medicare Model

St. Joseph Hospice of Baton Rouge, part of the Carpenter Health Network, now offers the Medicare Care Choices Model, which enables eligible patients to receive hospice-like services while continuing curative care.

The Medicare Care Choices Model was created in the agency's ongoing effort to give Medicare beneficiaries more choice. All Medicare-certified hospices across the country were invited to apply. St. Joseph locations in Baton Rouge and Alexandria were among 140 that were chosen last year to participate and the only hospices in Louisiana offering the model.

St. Joseph Hospice offers this model as the St. Joseph Palliative Care Choices Model. Patients who qualify for St. Joseph Palliative Care Choices Model are allowed, for the first time, to seek curative treatment for their disease while they also receive palliative care, which focuses on reducing the pain and stress from chronic illness.

In addition, patients receive help with:

- Managing treatments and appointments
- Coordinating information among doctors
- Receiving in-home treatment
- Extra support for improving quality of life

The St. Joseph Palliative Care Choices Model is available to patients who qualify for the Medicare hospice benefit, as well as those who qualify for hospice benefits under both Medicare and Medicaid. There are no copays or deductibles for the services offered under this model.

More information on the St. Joseph Palliative Care Choices Model is available StJosephHospice.com.

Baton Rouge General Physicians Names Gaspard Medical Director

Baton Rouge General Physicians (BRGP) has announced that Brad Gaspard, MD, will serve as Medical Director of BRGP. In his role, he will focus on enhancing quality, value, and the overall experience for patients. Gaspard is a board-certified family physician who has served patients for 14 years.

Gaspard was one of seven local physicians recently recognized for contributing to the success of the Blue Cross/Blue Shield Quality Blue Primary Care program. He was also named a Quality Blue "Top Performer" in all four categories measured. The three year-old program rewards physicians for meeting quality measures that help keep patients healthy.

Ducote Joins Baton Rouge General Physicians

Kristen Ducote, MD, has joined Baton Rouge General Physicians. She will practice at BRGP Family Medicine in Prairieville.

Dr. Ducote earned her undergraduate degree in Biology from Louisiana State University in Baton Rouge, and her medical degree from St. Matthew's University School of Medicine in the Cayman Islands. She completed her residency training at Baton Rouge General Medical Center's Family Medicine Residency Program.

Dr. Ducote is board certified in family medicine and her office is located at 17520 Old Jefferson Hwy, Prairieville, LA 70769.

Tangi Pines Under New Ownership

Tangi-Pines Nursing Center of Amite, a licensed


MGMA-Baton Rouge Announces 2016 Board

Nursing Home and Skilled Nursing Facility, is now under the ownership and management of Hometown Healthcare, LLC, a Baton Rouge based healthcare company.

The 100 bed Nursing Center, which services Amite, Tangipahoa Parish and surrounding communities with Medicare, Medicaid, and private insurance program approved services, became part of the Hometown Healthcare organization March 1, 2016.

Administrator and co-owner of Tangi-Pines Nursing Center is Kaley W Hill. Hill, a licensed Registered Nurse, comes to Tangi-Pines after serving as Administrator for Grace Health and Rehab, a Slaughter, Louisiana based nursing home facility. He is a 2004 Graduate of LSU in Baton Rouge and earned an Associate of Science Degree in Nursing from Our Lady of the Lake College in Baton Rouge. Hill is also a Licensed Nursing Facility Administrator through the Louisiana Board of Examiners of Nursing Facility Administrators.

Tang-Pines Nursing center, under its new ownership and leadership, will provide a broad range of programs to families in its service area. Included are dementia care facilities, Alzheimer's care, daily activities and support care, medication management and support, personal grooming and bathing, and a special needs program for physically impaired individuals. Included in the care offered by the staff of Tangi-Pines are onsite mental health services, diagnostic X-ray, dietary services, housekeeping, nursing, physical and occupational therapy, clinical lab services, social service consultation, and speech - language and pathology services. Off site pharmacy services are also provided to the center's residents. The center is staffed around the clock to provide a safe and secure environment for residents.

Health Leaders Network and Humana Team Up

Health Leaders Network and Humana Inc. announced they have signed a three-year Medicare network agreement designed to provide more coordinated, more personalized healthcare experiences for more than 11,000 Humana Medicare Advantage members throughout Louisiana. Health Leaders Network is a clinically integrated network recently introduced by the Franciscan Missionaries of Our Lady Health System.

Under the new value-based care arrangement, which took effect Jan. 1, Health Leaders Network will be using clinical and claims data from Humana to identify and proactively reach out to the health plan's most medically vulnerable Louisiana Medicare members to ensure delivery of the highest quality of care possible; reducing gaps in care; and, assisting Humana members in navigating the healthcare system by providing greater access to primary care and specialty providers.

The Health Leaders Network is made up of more than 850 independent and employed providers throughout the state that have partnered with the Franciscan Missionaries of Our Lady Health System and committed to working in a unified effort to improve healthcare outcomes, increase access to care and control healthcare costs. Participating providers include primary care and specialty physicians, facilities such as Woman's Hospital and the Mary Bird Perkins-Our Lady of the Lake Cancer Center, and non-physician clinicians.

Under the new value-based care arrangement, Humana now joins these entities in providing quality and utilization metrics that will enhance the network's ability to manage and improve population health. Those metrics include breast cancer screening, colorectal cancer screening, diabetes care management, patient experience rating, 30-day readmission rates, ER utilization rate, medication adherence, and Humana at Home Chronic Care Program participation. Health Leaders Network will be responsible for managing medical expenses for Humana Medicare members in excess of $100 million.

FNP Joins North Oaks Primary Care Clinic

Springfield native and resident April Kluka McIntyre, MSN, FNP-C, has joined North Oaks Physician Group as a Family Nurse Practitioner with North Oaks Primary Care Clinic in Livingston. New adult and pediatric patients, age 2 and older, are now being accepted.

A member of the North Oaks Health System team for 9 years, McIntyre comes to North Oaks Primary Care Clinic in Livingston from the North Oaks Medical Center Emergency Department, where she worked as a Nurse Practitioner for the past 2 years.

McIntyre is certified by the American Academy of Nurse Practitioners. Professionally, she is a member of both the American Association of Nurse Practitioners and Louisiana Association of Nurse Practitioners.

Other North Oaks Primary Care providers in Livingston include: Family Medicine Physician Gayle H. Beyl, MD, and Internal Medicine Physician Felix L. Torres, MD.

MGMA-Baton Rouge Announces 2016 Board

Steven R. Winkler, MHA, FACHE, of Baton Rouge has been named President of the Board of Directors for MGMA-Baton Rouge. He is the Administrator of Hematology/Oncology Clinic in Baton Rouge.

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Toshiba's Ultimax-i FPD system

Other officers are Vice President Tim Barrett, CPA, with Radiology Associates, LLC in Baton Rouge; Treasurer Tom Baggett, MPA, FACMPE, with Medical Business Consultants, LLC in Baton Rouge; and Secretary AnnaBeth Scarle, MBA, with Ochsner Health System in Baton Rouge.

Additional Directors are Edie Tucker, COPM, 1st Past President, with Baton Rouge Ear, Nose & Throat; Barbara D. LaBauve, 2nd Past President, with OLOL Pediatric Specialty Clinic; and Vanessa J. Tate, CPC, 3rd Past President, with Vascular Clinic.

MGMA-Baton Rouge is one of six local chapters affiliated with MGMA-Louisiana, state chapter of MGMA national. MGMA, and its associated state and local chapters, is a professional association for medical executives and managers dedicated to supporting the professional growth and development of its members and, in turn, the medical organizations with which they are affiliated.

AHF, Baton Rouge Reach Agreement Over AIDS Funding Dispute

AIDS Healthcare Foundation (AHF) has reached an agreement with the City-Parish of Baton Rouge to settle a lawsuit in which AHF claimed Baton Rouge unlawfully and arbitrarily discriminated in awarding contracts for some AIDS services. After AHF initiated the lawsuit on March 23rd, the City-Parish of Baton Rouge suspended distribution of all federal Ryan White CARE Act funding to organizations in the Baton Rouge area, an action that caused outrage in the HIV/AIDS community. The parties involved have now agreed to a mutually beneficial resolution of the lawsuit.

The settlement agreement keeps the funding of other HIV/AIDS organizations unchanged and establishes that AHF—which cares for over 1,500 HIV/AIDS patients at its two Baton Rouge healthcare centers—is recognized as a qualified medical provider that can and should receive Ryan White funding for its outpatient care. The funding amounts other HIV/AIDS organizations received also remains unchanged.

Time to Talk to Your Parents About Drugs?

Plenty of programs stress the importance of talking to teenagers about the dangers of drug misuse, but who's talking to seniors? With multiple doctors and specialists, a variety of dosage instructions, and an alternating schedule of refills, managing a medication regimen can be daunting for anyone – especially seniors.

To help families have this important conversation, the Baton Rouge Home Instead offices have launched a new public education program called Let's Talk about Rx℠ which offers families free print outs and resources, tips, and insight into potential medication pitfalls facing seniors.

A new survey found that nearly one in five seniors have experienced difficulties, including keeping track of which medications they have taken and when. This type of medication management uncertainty can lead to devastating consequences – from an adverse drug interaction to the need to move to a nursing home.

For more information go to www.LetsTalkAboutRx.com.

Spine Hospital of Louisiana Expands Spinal Imaging

The Spine Hospital of Louisiana at The Neuro-Medical Center is the first hospital in the nation to expand its clinical capabilities with the installation of the UltimaxTM-i FPD multipurpose system from Toshiba America Medical Systems.

A state-of-the-art X-ray system capable of providing a wide range of angiographic services, the Ultimax-iFPD has already proven itself to be a valuable tool in The Spine Hospital's imaging arsenal when it comes to enhancing patient comfort, increasing patient safety, and improving physician efficiency for a wide range of specialized spinal procedures including myelograms, lumbar punctures (spinal taps), and numerous pain management procedures.

Toshiba's Ultimax-i FPD system greatly improves patient comfort for a wide range of spinal procedures, increases patient safety by limiting areas of anatomy receiving radiation exposure and can help enhance physicians' efficiency by rendering detailed digital images of the spine. The Ultimax-I FPD can accommodate up to 500 lb with the tabletop horizontal, enabling patients to rest comfortably during exams, and offers more room for patients with wider shoulders. The high-capacity table can be lowered to just inches above the floor, making it easier for patients to maneuver.

A tilting C-arm provides flexibility and image quality, while limiting areas of anatomy receiving unnecessary repeated radiation exposure. Toshiba's Ultimax i-FPD allows for maximum flexibility and efficiency, making exams more comfortable and accommodating for both staff and patients.

The nation's first Toshiba Ultimax-i FPD multipurpose system was installed at The Spine Hospital of Louisiana in January of 2016. The system is designed to efficiently use the space providers have to improve patient access and enable clinicians to diagnose and treat their patients, without the need for major renovation.

Local Researcher Publishes Work on Exergaming

Pennington Biomedical Research Center's Dr. Amanda Staiano was recently published in the journal *Pediatric Obesity* for her work on an exergaming study with overweight and obese teenage girls. The study found that "exergaming"–or exercising using video games three times a week–girls lost fat mass, increased their bone density, and increased their confidence. It even garnered some attention from CBS news: http://www.cbsnews.com/news/child-obesity-research-study-video-games-help-lose-weight/.

You can read Dr. Staiano's research at http://onlinelibrary.wiley.com/doi/10.1111/ijpo.12117/full. ■

Making Every Moment Meaningful

Canon Hospice is making a difference in our community by providing quality end of life care to those seeking comfort and dignity while dealing with a life limiting illness. Care is provided by skilled hospice professionals who specialize in pain and symptom management.

Canon's community involvement is extended even further through the non-profit Akula Foundation. The foundation sponsors:

- Camp Swan, a children's bereavement camp held three times a year, in Biloxi in the spring, Baton Rouge in the summer and the Northshore of New Orleans in the fall.
- The Canon Hospice Health Hour of New Orleans airs each Saturday from Noon – 1pm on WGSO 990 AM.
- The Grief Resource Center (GRC) offers educational inservices to health care professions, free of charge, throughout the year. In addition the GRC offers grief support to anyone in the community experiencing any type of loss.

All Foundation services are free and open to the public. For information about Canon Hospice, Camp Swan, The Canon Hospice Health Hour or Community Education and support, contact a Canon location in your area.

Northshore
985.626.3051

Mississippi Gulf Coast
228.575.6251

New Orleans
504.818.2723

Baton Rouge
225.926.1404

AKULA FOUNDATION

www.canonhospice.com • www.akulafoundation.com

CANON HOSPICE

"Making Every Moment Meaningful"

FUTURE OF NURSING™ Campaign for Action IN LOUISIANA

LOUISIANA CENTER FOR NURSING

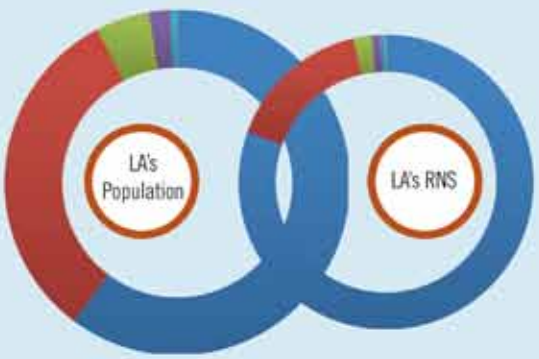
Complete infographic available at louisianafutureofnursing.org.

THE DIVERSITY OF LOUISIANA'S REGISTERED NURSE WORKFORCE

White | Black/African American | Hispanic/Latino | Asian | American Indian/Alaska Native | Native Hawaiian/Pacific Islander

LICENSED RNs RESIDING IN LA ACCORDING TO RACE/ETHNICITY
n=53,087

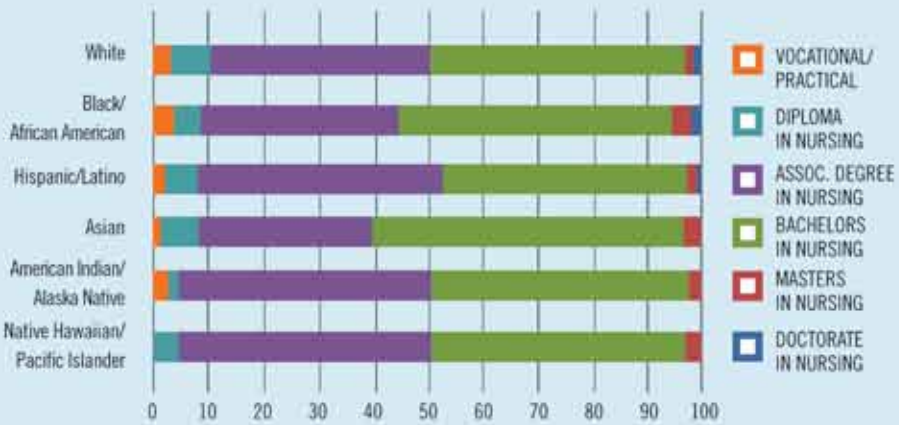
LA POPULATION AND RNs WORKFORCE BY RACE/ETHNICITY
population=4,649,676 / n=53,087



According to the July, 2014 U.S. Census Population Projections (2015) minorities represent over 40 percent of Louisiana's population, but only 19 percent of Louisiana's RN workforce.

AGE OF THE REGISTERED NURSE WORKFORCE ACCORDING TO RACE/ETHNICITY

RNs RESIDING IN LA ACCORDING TO BASIC NURSING EDUCATION AND RACE/ETHNICITY

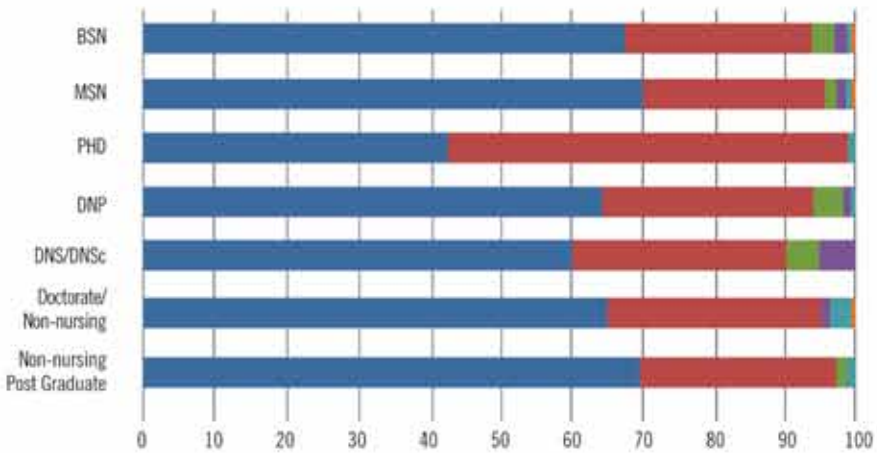


The majority of Asian (59%) and Black/African American (52%) RNs in Louisiana began their nursing careers with a baccalaureate in nursing degree.

White | Black/African American | Hispanic/Latino | Asian | American Indian/Alaska Native | Native Hawaiian/Pacific Islander

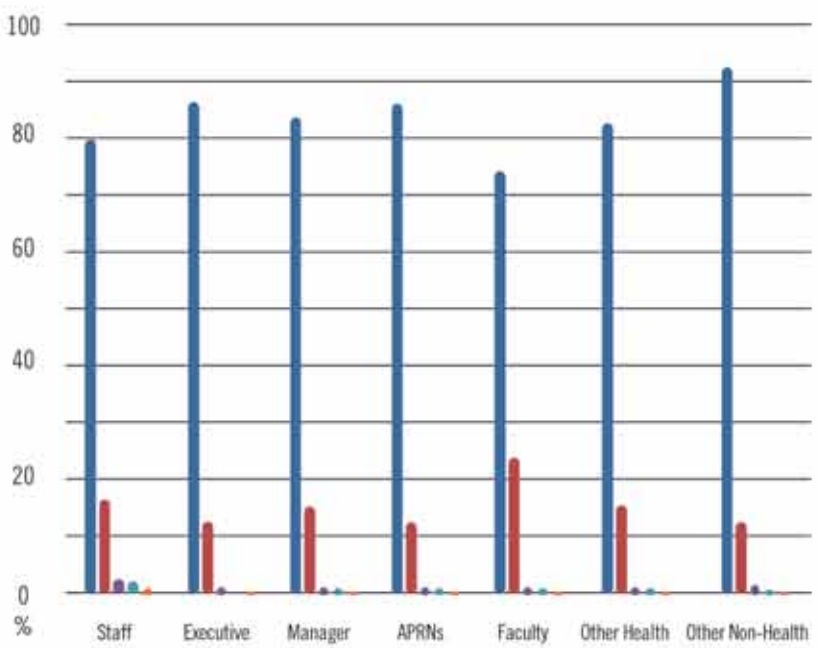
RN WORKFORCE WITH A BSN OR HIGHER DEGREE IN NURSING ACCORDING TO RACE/ETHNICITY

ENROLLMENT IN POST-RN PROGRAMS ACCORDING TO RACE/ETHNICITY



4,219 licensed RNs were enrolled in school in 2014

TYPES OF POSITIONS HELD BY LICENSED RNs ACCORDING TO RACE/ETHNICITY



Minorities held approximately 16% of nurse executive positions and 18% of nurse manager positions in LA in 2014.

RN WORKFORCE IN LA PROVIDING DIRECT CARE ACCORDING TO RACE/ETHNICITY

As the CEO of an organization with initiatives that include health IT, patient-centered care transformation, quality measurement and analytics as well as a program that focuses on ensuring that the end-of-life care wishes of patients with life-limiting illnesses are honored, I field a lot of questions about health care. But the one I'm asked most often – particularly of late – is related to value-based health care.

Value Versus Volume: When Less Becomes More

MORE OFTEN THAN NOT, this question comes from providers and leaders of health care delivery organizations, many of whom are struggling to identify strategies to adopt value-based care models. And generally, the question is followed by a lengthy discussion of why the current fee-for-service (FFS) model is no longer working and how the transition to value-based reimbursements will impact our state.

The fact is, according to the Centers for Medicare and Medicaid Services (CMS), value-based programs are part of a larger quality strategy that supports its three primary goals of better care, better health, and lower costs. These programs are rewarding providers for providing greater quality care to their patients, rather than the quantity of patients they are seeing.

Fortunately, in our state, we have a distinct advantage in driving that model.

The Value-Based Concept

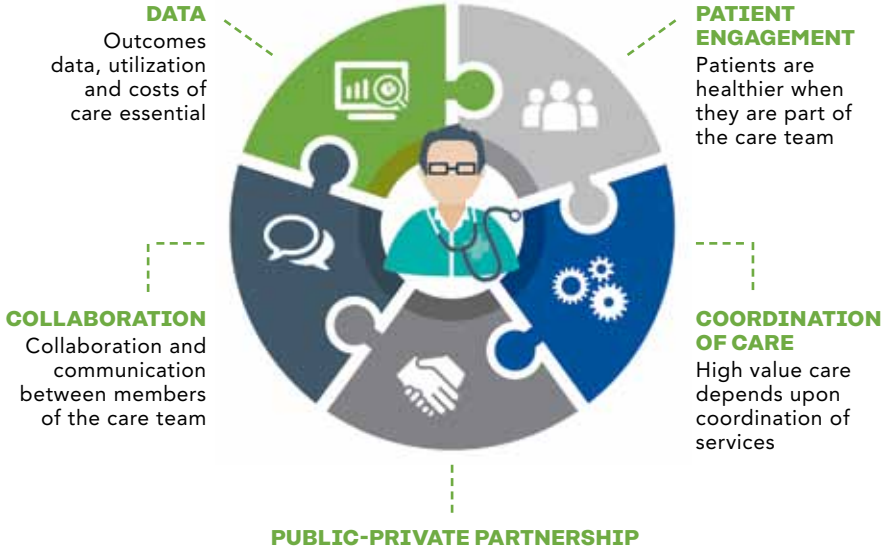
Since the passage of the Affordable Care Act (ACA), the U.S. Department of Health and Human Services (HHS) has focused its energies on a three-pronged strategy: tie payment to value through alternative payment models (APMs); improve care quality through greater integration and coordination of providers across care settings; and leverage patient data to improve care delivery.

This strategy is driven, in large part, by what many call "out of control" health care spending in our nation. CMS reports that in 2014, national health care spending increased 5.3 percent, reaching $3 trillion, representing 17.5 percent of our country's gross domestic product (GDP). By 2020, it's estimated that health care will consume nearly 20 percent GDP. This increase will result from the facts that many Americans aren't receiving the care their providers have recommended and nearly half of all Americans suffer from chronic diseases such as diabetes. Recognizing that these expenditures are non-sustainable and that there are few deterrents to discourage providers from performing services that have little to no impact on health, HHS is working to incentivize value-based care delivery.

HHS Secretary Sylvia Burwell, in a January 2015 *New England Journal of Medicine* article, wrote that the focus of these efforts is to "build a health care system that delivers better care, that is smarter about how dollars are spent, and that makes people healthier."

"We are dedicated to using incentives for higher-value care, fostering greater

Cindy Munn
Chief Executive Officer
Louisiana Health Care Quality Forum



integration and coordination of care and attention to population health, and providing access to information that can enable clinicians and patients to make better-informed choices," Burwell explained.

The Louisiana Advantage

There are several critical components of the type of health care delivery and payment system described by Burwell: data access; collaboration; patient engagement; care coordination; and public-private partnerships.

In our state, the foundation for each of these elements has already been built: the Louisiana Health Information Exchange (LaHIE). Successful transition to value-based care requires that providers treat patients holistically rather than episodically. With the largest repository of clinical data in the state and one of the most advanced, analytics-enabled HIE platforms in the country, LaHIE ensures Louisiana's health care providers have access to the most comprehensive details on longitudinal care for their patients while supporting their efforts to reduce unnecessary service delivery.

LaHIE's reporting capabilities have already been leveraged to support reductions in non-emergent Emergency Department (ED) utilization and to provide a statewide quality reporting framework to enable near real time reporting on cost, quality, and efficiency. Through the Louisiana Emergency Department Information Exchange (LaEDIE), ED data is collected from hospitals across the state, including those that have not yet established direct connectivity to LaHIE. This data allows LaHIE to provide regular, transparent insight into individual ED utilization by hospital, diagnosis, and patient trends to providers and payers. The availability of this data enables providers and payers to conduct direct outreach and care management with patients to improve outcomes and reduce costs.

That outreach and care management coincide well with our state's current position as a model for patient engagement. Since August 2015, we have led a statewide, direct-to-consumer patient engagement campaign to educate Louisiana's patients and families about the value of health IT as a care management tool. As one of the first states in the nation to conduct such a campaign, Louisiana's patient engagement model has been presented at the national level – most recently at the national HIMSS Conference in Las Vegas – and is currently being emulated by several other states.

Further, our state has had significant successes in the adoption of patient-centered care models, EHR adoption, end-of-life care, and quality measurement. Together, this infrastructure and the related programs and initiatives are essential to achieving the critical components necessary to the transition to value-based care.

Less Is More

Across the country, health care providers and organizations are coming to terms with the idea that when it comes to health care delivery, more isn't necessarily better. A model that rewards providers for performing more procedures and services rather than achieving better outcomes cannot be sustained.

We are fortunate to be at an advantage here in Louisiana, yet the shift toward value-based care will not be a simple one. Any time there is change, there are questions, confusion and concerns, but we must move past the uncertainties and realign our health care system to support value over volume. ■

Nursing Regulation at the National Level

AN **UPDATE** FROM THE NATIONAL COUNCIL OF STATE BOARDS OF NURSING MIDYEAR MEETING

LSBN Board members and staff joined our colleagues from throughout the United States, American Samoa, Guam, and Canada at the National Council of State Boards of Nursing (NCSBN) Midyear meeting in Baltimore, MD March 14 – 16, 2016. With this month's column, I will update our readers on the regulatory issues that are being addressed at the national and international level, which impact and inform nursing regulation in Louisiana.

NCSBN set four strategic initiatives for the 2016-2019 timeframe. These initiatives will underpin the implementation of contemporary regulatory excellence practices.

Envision and reform regulatory systems for increased relevance and responsiveness to changes in health care. NCSBN and LSBN are partners in working toward a state-based, evidence-based professional nursing licensure system. This initiative is the core of what nursing boards are all about and we have to respond rapidly to a changing environment and build a regulatory system that is not only relevant but future-oriented.

Champion regulatory solutions to address borderless health care delivery. This initiative supports NCSBN's work to establish an enhanced Nurse Licensure Compact (NLC) and the APRN Compact. This is a future oriented initiative that affects not only the United States but also our international partners. Telehealth continues to increase and influence boards of nursing. Increasing our efforts to provide for portability of licensure and the movement of the nursing workforce facilitates the work of nurses throughout Louisiana as they work with patients who cross state borders for care or as the nurses cross state borders to provide that care.

Expand the active engagement and leadership potential of all members. NCSBN has been focused on engaging all of its membership in leadership activities in order to benefit from the richness of experience, expertise, and diversity of these individuals. There are multiple programs at the national level to develop the expertise of members to be leaders in regulation including the Institute for Regulatory Excellence, the Leadership Succession Committee and the Center for Regulatory Excellence grants program.

Pioneer competency assessments to support the future of health care and the advancement of regulatory excellence. There has been a richness of discussion and wisdom in the transition of the NCLEX-RN examination from paper-based into a computer adaptive model. The national examination for nursing licensure is recognized by the profession and other disciplines as a psychometrically valid and reliable predictor of entry-level competency. NCSBN will continue to lead the way in adapting technology for cutting edge initiatives in competency-based assessment.

Relative to APRN practice, the NCSBN APRN Education Committee made some bold recommendations in regards to oversight of APRN programs as follows:

NCSBN will gather evidence that regulatory oversight of APRN programs does or does not protect the public. This is timely in that NCSBN has concluded a survey of member boards in relation to APRN program oversight. Of the 37 state respondents, 48% engage in regulatory oversight of APRN programs while 52% do not. NCSBN has just developed its research agenda for the next three years, so developing research protocols around the effects of regulation on APRN nursing education outcomes will be a priority.

NCSBN will establish uniform criteria for

Karen C. Lyon, PhD APRN, NEA
Executive Director, Louisiana State Board of Nursing

regulatory oversight of APRN programs by reviewing and revising the current APRN model rules. The current model rules for APRN programs are extensive and overly burdensome for many boards of nursing. NCSBN is proposing review and revision of these model rules in order to come up with more key criteria for APRN programs.

In those states/jurisdictions that want regulatory oversight, but don't have the resources, NCSBN will collaborate with them to review regulatory criteria. Louisiana isn't currently in this situation because we do have the resources for APRN regulation and APRN practice is well defined in both law and rules. Under the expert guidance of Jennifer Alleman Wright, APRN, FNP, LSBN's Advanced Practice Department reviews and approves all APRN licenses and requests for prescriptive authority and authority to prescribe controlled substances. This department is actively engaged this year in working on rules for APRN and RN delegation of medication administration to certified medication attendants in outpatient clinics, rules clarifying CRNA practice in regards to their exemption from the need for a collaborative practice agreement and their provision of ancillary services within their scope of practice, amendment to the Nurse Practice Act relative to exemption of APRNs from the requirement for collaborative practice agreements after a specified time in practice with physician colleague, and a declaratory statement related to nurse fatigue and safety issues.

NCSBN will assist BONs that don't have statutory authority for regulatory oversight of APRN programs to seek the authority, if they want it. Again, this initiative is not relevant to Louisiana because we have regulatory authority over all APRN nursing programs in the state and out-of-state, but whose students engage in clinical experiences in Louisiana. We will continue to serve in a leadership and collaborative role with our colleagues in other states to assist them with their efforts to establish regulatory authority over APRN programs.

We will continue to serve in a leadership and collaborative role with our colleagues in other states to assist them with their efforts to establish regulatory authority over APRN programs.

Finally, in the area of simulation, Dr. Maryann Alexander, NCSBN Chief Officer of Nursing Regulation, presented an update on simulation guidelines. Low, middle, and high fidelity simulation activities have replaced direct care clinical practice in many pre-licensure programs. Although most boards of nursing do not specify what percentage of clinical hours can be accomplished through simulation, these types of activities are becoming more frequent in clinical practice as a methodology for preparing students for patient care. Simulation guidelines include:

- Institutional commitment to simulation
- Letters of support from administrators
- Budgetary plan for sustainability and faculty training
- Written objectives for integration and evaluation
- Appropriate simulation facilities
- Description of physical space, storage and debriefing areas
- Plan that outlines use of equipment towards achievement of objectives
- Qualified faculty and personnel
- Submission of faculty CVs and documentation
- Conferences
- Coursework
- Certifications
- Training
- Mentoring
- Established policies and processes
- Method of debriefing
- Method of evaluation
- Plan for faculty orientation and training

NCSBN simulation resources are available on the NCSBN website. The guidelines will be supported by model rules to be voted on by membership at the August 2016 Annual meeting including use of simulation as a substitute for traditional clinical experiences not to exceed 50% of a program's clinical hours; program compliance with standards; program framework providing adequate resources including qualified faculty and appropriate budget allocation; educational, technological and equipment resources; faculty preparation in didactic and clinical simulations and ongoing professional development; simulation activities linked to program outcomes; evaluation criteria and ongoing evaluation of activities by students; and program report to boards of nursing including simulation use.

LSBN continues to be an active partner with NCSBN in providing regulatory excellence for public health, safety, and welfare. Our shared values of collaboration, excellence, innovation, integrity, and transparency help to insure regulation and discipline of professional nursing practice through respect, diversity and the collective strength, knowledge and expertise of all stakeholders. ■

REFERENCES

Proceeds of NCSBN 2016 Midyear Meeting, Leading Transformation: Architects of Nursing Regulation. March 14-16, 2016; Baltimore, MD.

There are two immediate dangers for people with diabetes who are insulin dependent: blood sugar that dips too low and blood sugar that climbs too high. Over time and if left untreated, high blood sugar can lead to cardiovascular disease, limb amputations, kidney failure, and blindness. Blood sugar that's too low can lead to symptoms ranging from weakness and lightheadedness to seizure and even death. For people with diabetes and their support networks of family and friends, maintaining healthy levels of blood sugar is a constant balancing act that at times can be tricky.

Blood Sugar and Brain Metabolism: A New Research Study

DOCTORS AND CLINICIANS are currently only able to accurately monitor the long term exposure to one of these risky conditions: blood sugar that rises too high. Through a test known commonly as the Hemoglobin A1C test, clinicians are able to see a patient's average blood sugar levels over a three month period to check whether their levels surged too high. While A1C testing is indispensable for physicians who are treating patients with diabetes, what if there were something more that could detect a chronic problem with blood sugar that is dangerously low?

That's exactly what scientists at LSU's Pennington Biomedical Research Center are working toward.

"We know that people with diabetes can repeatedly experience low blood sugar, or hypoglycemia. Over time this causes them to lose the ability to identify the telltale signs of hypoglycemia, such as sweating,

GLIMpSE

GLIMpSE is designed to investigate how brain metabolism is impacted by prolonged fasting, which naturally causes moderately low blood sugar.

nausea or irritability," said Dr. David McDougal, assistant professor of research and scientist at Pennington Biomedical's Neurobiology of Metabolic Dysfunction Lab. "That's when it becomes tricky, because if someone's blood sugar drops too low, but they don't have the ability to recognize that something is wrong, they risk very hazardous repercussions, such as slipping into a coma."

McDougal wondered if he might be able to lay the groundwork for a future test to detect whether a patient has experienced chronic low blood sugar over time, much like the A1C test does for high blood sugar.

That's when he and his colleagues developed the GLIMpSE research study. GLIMpSE is designed to investigate how brain metabolism is impacted by prolonged fasting, which naturally causes moderately low blood sugar.

"What we know right now is that in people with diabetes, the brain's metabolism is altered, but what we don't know is how fasting in healthy people may temporarily change the brain's metabolism in a similar way," said McDougal.

To observe how fasting has an impact on the brain, researchers ask participants to fast before several MRIs. During the scans, researchers will take a series of images from the MRI scan that will show how the brain metabolizes compounds labeled with carbon 13, a stable isotope of carbon that's found in nature. If metabolism in the brain is altered, scientists will be able to detect a change in these labeled compounds in the brain, and thus, be able to measure a temporary change in how the brain's chemistry works.

THIS RESEARCH HAS THE POWER TO TRANSFORM THE WAY WE TREAT PATIENTS WITH DIABETES IN THE FUTURE

With this information, McDougal and his colleagues can better understand some of the variations in brain metabolism during fasting, and how this may be similar to variations seen in the brains of individuals with diabetes.

"If we do see similar changes in brain metabolism, perhaps that's a good biomarker for exposure to hypoglycemia," said McDougal, who noted that changing the diet—which changes the brain's metabolism—is already used to treat some conditions such as epilepsy.

McDougal adds that while similar techniques have been used widely in Alzheimer's research, this is the first time researchers will be analyzing the effects of fasting on the brain through carbon 13 MRI.

With this more complete picture of both how high and how low a patient's blood sugar has been over a period of several months, doctors could be equipped with more information to help them as they make personalized recommendations for managing each patient's blood sugar levels over the long term, thus producing a longer life and increasing quality of life.

"While we're still in the very beginning stages, this research has the power to transform the way we treat patients with diabetes in the future, since it may provide a way to measure prior exposure to hypoglycemia in a safe and non-invasive way, potentially in just 15 or 20 minutes," said McDougal.

You can learn more about this research study and how to participate by visiting www.pbrc.edu/healthierLA or calling 225-763-3000.

For more information on Pennington Biomedical and its work, follow on Facebook (Facebook.com/PenningtonBiomedical), Twitter (@penningtonbiomed) and Instagram (penningtonbiomed). ■

Rebekah E. Gee, MD, MPH
Secretary, Louisiana DHH

Governor John Bel Edwards recently announced that enrollment for expanded Medicaid in Louisiana will begin June 1. We will be expanding Medicaid coverage under the banner Healthy Louisiana, and eligible adults can apply online at healthy.la.gov. Expanding Medicaid will give comprehensive health care coverage to residents who previously earned too much to receive Medicaid coverage but did not earn enough to purchase insurance under the Affordable Care Act. Coverage will begin on July 1.

Medicaid Expansion Is On the Way

ENROLLMENT BEGINS JUNE 1

I AM PROUD to lead the Department of Health and Hospitals during this time and through this effort. It is no small feat bringing new health care coverage to hundreds of thousands of people. Thanks to the support of a broad coalition of stakeholders, including hospitals, providers, nonprofits, industry leaders, legislators, and Governor Edwards, we will soon see more Louisianans gain the peace of mind that comes from having it. For many, this will be the first time they receive both life- and livelihood-saving preventative and primary health care. For others, this will be a much-needed return to coverage after a loss of employment or income. We encourage you and anyone who lacks health insurance or knows someone who does to visit the healthy.louisiana.gov website to learn more about how Medicaid expansion will work in Louisiana and to enroll for coverage.

Individuals who currently receive health care services through the Take Charge Plus or Greater New Orleans Community Health Connection (GNOCHC) programs will be automatically enrolled in Healthy Louisiana. Take Charge Plus provides family planning services, wellness care, and other services, while GNOCHC provides primary care for individuals that met income requirements in the New Orleans area. Enrollees of these programs will be transferred from their current program and into Medicaid coverage, where they will receive a more robust array of services than ever before. Anyone else who meets Medicaid enrollment requirements, however, will have to visit health.louisiana.gov to enroll.

Healthy Louisiana will cover its new enrollees under the managed care model introduced to Louisiana in 2012. In managed care, private companies known as managed care organizations (MCOs) provide coverage for a set fee paid by the State for each Medicaid recipient. Since launching the managed care model, Louisiana has become a national trendsetter, with costs growing more slowly than other states' Medicaid programs while health outcomes and quality of care have improved.

Under Healthy Louisiana, enrollees will be able to choose the health care plan of their choice as offered by each MCO and its associated network of providers. While all plans offer required basic services, including primary care, emergency care, and behavioral health care, each plan offers different additional services. After we determine an applicant's eligibility, the next step is for the individual to review each plan's package of benefits at healthy.louisiana.gov and select the plan that best meets their needs. Individuals who do not select a plan on their own will be assigned one by DHH.

Providers are also encouraged to prepare for expansion, especially primary care providers and specialists. If you are a provider and are interested in joining an MCO's network, you should contact them as soon as possible to discuss the benefits of participating. Provider contacts for each managed care organization can be found at http://new.dhh.louisiana.gov/index.cfm/page/1065.

Looking forward, July 1 will be a historic day for Louisiana. On that day, hundreds of thousands of working Louisianans will be able to breathe a collective sigh of relief. Relief knowing that if they get sick or hurt that they can go to the doctor of their choice. Relief that they won't have to wait until it gets so bad they have to go to an emergency room. Relief that they can now get help before it's too late. And all Louisianans across the state will also know that their friends and neighbors will no longer have to suffer with illnesses they cannot afford to treat. I hope each of you joins me in celebrating this new day in health care in Louisiana. ■

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HEALTHCARE JOURNAL of Baton Rouge

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Silent Heroes Honored at OLOL Butterfly Release

On April 14, 2016, the Louisiana Organ Procurement Agency – a member of Donate Life Louisiana – with Our Lady of the Lake Regional Medical Center honored Silent Heroes from 2015 with a Gift of Life Service and butterfly release.

In 2015, thirty-two men, women, and children became organ donors at Our Lady of the Lake. They gave a second chance at life to 97 people who were waiting on life-saving transplants. Those heroes were also able to give the gift of sight to 44 individuals through corneal transplants.

Donate Life Louisiana (DLL) is a collaboration of donation and transplant related organizations whose mission is to create trust, save and enhance lives, and positively impact the donor registry through education, awareness and leadership. They accomplish this through education, outreach and advocacy programs.

HospitalRounds

Students Honor Burn Center Patients

Middle school English, Homeroom, and Religion teacher Beth Jones knew her Sacred Heart of Jesus School eighth grade class was exceptional, but when she introduced a new unit this spring, she saw even more amazing character traits emerge.

"We talked about genuine courage versus what society deems as heroic, and the students agreed that those battling health issues were the definition of true heroes," said Jones. "I am so proud of them for choosing an avenue that offers others comfort by making capes to help the heroes at Baton Rouge General Regional Burn Center feel as brave as we see them."

Students were excited about designing and making the capes, commenting that the project made their own rough days better, helped them relate to family members with illnesses, and made them glad they could comfort people even when they couldn't visit the hospital.

The BRG Regional Burn Center is Louisiana's only verified burn center and one of less than 100 nationwide. The Center treats pediatric and adult burns for the entire Gulf Coast region, receives referrals from hospitals across Louisiana and Mississippi, and continues to treat more than 90% of all inpatient burns in the greater Baton Rouge region each year.

Woman's Receives Grant for HIV Transmission Prevention

Woman's Hospital has been awarded a $15,000 grant from The Elizabeth Taylor AIDS Foundation (ETAF) for its Mother-to-Child HIV Transmission Prevention Program. The program provides case management for women with HIV and their babies from diagnosis and during prenatal care through one year after delivery.

Services for HIV-positive mothers-to-be begin before birth and focus on disease management, medication adherence, and lifestyle choices. After delivery, babies receive antiretroviral medication for six weeks. Since 2005, Woman's has not had an HIV-positive baby born to a mother enrolled in the program.

To date, The Elizabeth Taylor AIDS Foundation has granted funding to more than 675 organizations in 44 countries across the globe.

BR General and Ochsner Announce Partnership

General Health System (GHS) and Ochsner Health System have announced the signing of a Letter of Intent (LOI) to form an integrated, strategic partnership that brings together two of the state's most respected healthcare providers. The partnership will create a high quality, cost effective, financially integrated healthcare delivery system which will offer patients an improved experience, more service and program options, and better access to care at a wider range of destinations. The partnership will encompass all hospitals and clinics in the Greater Baton Rouge area including Baton Rouge General's Mid-City and Bluebonnet campuses, which includes the region's only verified burn treatment center.

The strategic partnership creates a joint operations structure without merger or acquisition by either organization, providing an opportunity to deliver the highest quality and most cost effective care through a combined integrated system that includes joint governance, management, and financial integration. When final, the partnership between Ochsner and GHS will provide clinical benefits and cost synergies for both of the health systems, physicians, community partners, and, most importantly, patients.

Once formed, the partnership will encompass a full spectrum of patient care and wellness services: comprehensive inpatient and outpatient hospital care; primary care and specialty medicine physician practices; a freestanding emergency department; urgent care clinics; home health; skilled nursing and post-acute services; behavioral wellness; inpatient and outpatient rehabilitation; and outpatient imaging; comprehensive burn care; and infusion and radiation therapy services. Together, the partnership will also provide comprehensive cardiovascular and

Sacred Heart of Jesus students London Scott, Caroline Dazzio, Abby Ligon, teacher Beth Jones, and students Amelia Cave, Maggie Hurdle and Beau Brown display handmade and designed capes with Baton Rouge General Regional Burn Center Social Worker Beth Barback Jarreau, center.

cancer services including surgery, infusion, and radiation therapy services. Working as an integrated team in the greater Baton Rouge area, the partnership will offer patients an even wider range of options when it comes to where they want to receive their care.

Although the organizations will now work through the final details of the partnership, the partners have agreed that GHS/Baton Rouge General President and CEO Mark Slyter will serve as CEO of the partnership.

A combined, local leadership team will be built by Slyter in partnership with Ochsner CEO Warner Thomas, drawing from both GHS and Ochsner teams. This management team will work collaboratively with physicians and Ochsner Health System leadership to develop a joint strategy for the integrated operations which will be approved by the joint operations board.

Both Ochsner Clinic Physicians and Baton Rouge General Physicians will be included in the integrated system and leadership. This partnership will not affect the employment of either group. Ochsner Clinic Physicians will remain part of Ochsner as they are today, and Baton Rouge General Physicians will remain a part of the General Health System. Both organizations will maintain open medical staffs.

In the coming months, the General Health System and Ochsner will explore opportunities to improve patient access, expand programs and services, and work together to deliver healthcare in a more efficient, patient-centered way.

While the LOI signifies the intent of both parties to work together, a binding definitive agreement will take several months to finalize.

Barrett Receives Chamber Award

The Baton Rouge Area Chamber presented its annual awards at its April luncheon, recognizing individuals and companies who contribute so meaningfully to the regional economy through service to the business community. Coletta Barrett, vice president of mission at Our Lady of the Lake Regional Medical Center, received the Community Champion Award for her outstanding contributions to her company and above-and-beyond leadership in the community.

Barrett has more than 35 years of professional experience and has served in many roles throughout her career. She has demonstrated a lifelong contribution to nursing practice, education, administration, research, economics, and literature.

Coletta Barrett

She is currently a member of Louisiana State Nursing Association/American Nurses Association and has been an effective facilitator of strategic planning for the organization. Her professional memberships include a charter membership in the Baton Rouge Chapter of the American Association of Critical Care Nurses. She is currently a member of the American Heart Association, Council on Cardiovascular Nursing, and was elected to Fellow Status (FAHA) in 1986. She holds membership in the Louisiana Hospital Association (LHA) and currently serves on the Board of Directors for LHA Education and Research Foundation. Since 2005, she's held legislative appointment to the Louisiana Healthcare Commission as LHA representative. She is also a member of the American College of Healthcare Executives and became a Fellow (FACHE) in the College in 2010.

Lane Designated as Blue Distinction® Center for Maternity Care

In an effort to help prospective parents find hospitals that deliver quality maternity care, Blue Cross and Blue Shield of Louisiana announced that Lane Regional Medical Center has been awarded the national Blue Distinction® Center for Maternity Care designation.

As a Blue Distinction Center for Maternity Care hospital, Lane is being recognized for delivering quality specialty care safely and effectively, based on objective measures developed with input from the medical community.

The Blue Distinction Center for Maternity Care program evaluates hospitals on several quality measures, including the percentage of newborns that fall into the category of early elective delivery. Compared with babies born 39 weeks or later, early term infants face higher risks of infant death and respiratory ailments such as respiratory distress syndrome, pneumonia, and respiratory failure, among other conditions. These babies also have a higher rate of admission to Neonatal Intensive Care Units.

As a Blue Distinction Center for Maternity Care designee, Lane has agreed to meet requirements that align with principles that support evidence-based practices of care as well as initiating programs to promote successful breastfeeding.

New Treatment Stops Irregular Heartbeats Cold

Being cold-hearted may not be as bad as it sounds, especially for sufferers of atrial fibrillation (afib). Electrophysiologists at Our Lady of the Lake Heart & Vascular Institute are using a new technique to fix irregular heartbeats using intense cold to freeze small areas of heart tissue in a procedure called cryoablation. This minimally invasive procedure can reduce pain and recovery times, and also minimize damage to critical structures of the heart.

The process involves inserting a special balloon catheter into a blood vessel to reach the heart's left atrium and find the location of the disruptive electrical activity. The balloon is then inflated with coolant and placed against the opening of the vein for several minutes. This seals the vein temporarily and freezes the abnormal electrical signal there.

Electrophysiologists have seen a number of benefits to using cold as opposed to heat for this procedure. Because cold is one of nature's anesthetics, patients generally experience less pain. Using cold also reduces some of the risk that comes with using heat, such as injury to the esophagus. Cryoablation also offers greater stability because the cryocatheter sticks to the tissue it touches, much like a tongue sticks to metal in the cold.

BR General, Ochsner Recognized for Patient Safety

Only 466 hospitals across the nation recently achieved the Healthgrades Patient Safety Excellence Award™, including BRG's Mid City and Bluebonnet campuses and Ochsner Baton Rouge. The distinction places this elite group of hospitals within the top 10 percent of all hospitals evaluated for their excellent performance in safeguarding patients from serious, potentially preventable complications during their hospital stays.

Patient Safety Excellence Award recipients were determined by evaluating the occurrence of observed incidents and expected performance for 14 Patient Safety Indicators as defined by

Woman's Hospital Hosts Foundation Meeting
Left to right: Christel Slaughter, PhD, Chair of the Board; Jeffrey Breaux, MD, Chief of the Medical Staff for 2015; Teri Fontenot, President and CEO

the Agency for Healthcare Research and Quality (AHRQ).

Four types of events make up nearly 75 percent of all patient safety events reported by hospitals. These include: accidental cut, puncture, or hemorrhage; collapsed lung; infections; and bed sores.

Recently, BRG's parent company (General Health System) and Ochsner announced plans to partner to create the region's highest quality, lowest cost healthcare delivery system. Both health systems share a like-minded approach to patient care and safety. In 2015, BRG and Ochsner were the only two hospitals in Baton Rouge to receive an 'A' for safety from the Leapfrog Group. Of the 2,530 hospitals in the country that were issued a Hospital Safety Score, only 773 earned an A. Both hospitals have also been recognized by CareChex for medical excellence and overall medical care. In 2016, Baton Rouge General was named #1 in Louisiana for overall medical care, while Ochsner Baton Rouge was named #1 in Louisiana for medical excellence.

OLOL Hosts Event to Help Expand Robotic Surgery

Surgeons from 12 hospitals across Louisiana and Mississippi gathered in Baton Rouge in March to learn and observe the fundamentals of robotic surgery from experts at Our Lady of the Lake Regional Medical Center.

The Robotic Surgery Symposium was the first of its kind to use video streaming of multiple live robotic operations to educate surgeons on robotic surgery. The surgeons could also interact with the operating room in real-time via teleconferencing equipment while watching the surgeries on screen.

Sixteen surgeons observed five live robotic surgeries that were performed using the da Vinci Xi and da Vinci Si surgical systems. The surgeries they viewed included a ventral hernia (abdomen), two inguinal hernias (groin), a colectomy (colon), and a single site cholecystectomy (gall bladder). They also participated in lectures and learned about the benefits of robotics, surgical technique, improving procedure outcomes, and tips and tricks to create a successful da Vinci general surgery program.

The Robotic Surgery Symposium was hosted by Our Lady of the Lake surgeons Karl A. LeBlanc, MD, MBA, FACS; John J. Tabor, MD; and Mark G. Hausmann, MD, FACS.

Woman's Hospital Hosts Foundation Meeting

Woman's Hospital Foundation held its 59th annual meeting earlier this year. Foundation membership includes 121 physician and community leaders who are dedicated to preserving and advancing the hospital's mission to improve the health of women and infants. The audited financial statements, an update on medical staff activities, and organizational accomplishments for fiscal year 2015 were presented. Newly elected Foundation members and directors of the Board were also announced.

New 2016 Foundation Members:

- Britani Bonadona, MD
- Jolie Bourgeois, MD
- Stephen Sanches, MD
- Christel Slaughter, PhD

Supermodel Visits Baton Rouge General Birth Center Jeremy Rogers, COO, Baton Rouge General Physicians; Christy Turlington Burns, Founder, Every Mother Counts; Anna Cazes, RN, MSN, DNS, VP Patient Care Services and CNO; Debra Duffy, Director of Communications, Every Mother Counts; Stephen Mumford, VP, Clinical Service Lines.

Supermodel Visits Baton Rouge General Birth Center

Supermodel and maternal health activist Christy Turlington Burns toured Baton Rouge General's Birth Center and NICU while talking to hospital leadership about Every Mother Counts, her nonprofit that promotes safe pregnancies and births. The visit was hosted by the Irene W. and C.B. Pennington Foundation.

Turlington Burns commented on the importance of having healthcare resources available during delivery, especially if things don't go as planned. "I don't know of many hospitals in the country that could handle all the needs of both the mother and the child if something were to go wrong," she said.

Interventional Pain Management Available at Lane

Lane Regional Medical Center announced that Victor Rodriguez, MD recently joined the hospital medical staff as Medical Director of DPI Pain Management, an interventional pain management treatment program located at 4727 West Park Drive, Suite B, on Lane's campus in Zachary.

Dr. Rodriguez is board certified in anesthesiology by the American Board of Anesthesiology and in interventional pain management by the American Board of Pain Medicine. He specializes in post-operative pain control and advanced techniques in the management of neuropathic and cancer pain.

He is a member of the American Society of Anesthesiologists, American Society of Regional Anesthesia, International Anesthesia Research Society, Louisiana State Medical Society, and American College of Sports Medicine.

Bollone Named OLOL Human Resources VP

Our Lady of the Lake has named Ann Bollone as its Vice President of Human Resources responsible for the recruitment, retention, and engagement of its workforce of more than 7,300 team members. In addition to her executive responsibilities at Our Lady of the Lake, Bollone will also support human resources activities across the Franciscan Missionaries of Our Lady Health System.

Bollone joins the organization with more than 25 years of experience in healthcare. She most recently served as the Vice President of Human Resources for Northern Arizona Healthcare.

Lane Opens NeuroSpine Destination Center

Lane Regional Medical Center recently opened the Lane NeuroSpine Destination Center for the delivery of minimally invasive laser, endoscopic, percutaneous, and open surgical procedures for patients suffering from lumbar, cervical, thoracic, wrist, and musculoskeletal pain.

Located on Lane's campus at 6110 Main Street, Suite B, in Zachary, Lane NeuroSpine Destination Center was developed in strategic alliance with SpineMark, a developer of spine destination centers for the diagnosis and treatment of back and neck problems.

The Center provides comprehensive diagnostic, conservative, surgical, and non-surgical care to patients suffering from back, lumbar, and neck pain. Cutting-edge services include sacroiliac joint fusion, microdiscectomy, kyphoplasty, cervical disc fusion and replacement, laminectomy, carpal tunnel repair, pallidotomy, shunt placement and removal, and radiofrequency ablation.

A multispecialty team of physicians and allied health providers will support Medical Director Dr. Adam Lewis, an accomplished neurosurgeon, in the delivery of operative, non-operative, diagnostic and holistic care.

Baton Rouge General Honors Outstanding Employees

Baton Rouge General employees are known for going above and beyond. But sometimes they make lasting impressions on patients and visitors at the hospital. Baton Rouge General recently honored seven of these outstanding employees with the hospital's highest honor, the Pinnacle Award.

The Pinnacle Award was established by volunteer Nadine Carter Russell in 2009 to honor one outstanding employee. Winners are nominated by patients and visitors and selected by a committee of BRG employees and volunteers. This year, the selection committee decided that all seven nominees were deserving of the award.

The 2016 Pinnacle Award winners and their families were treated to a special dinner and presentation, along with a prize package that included a reserved parking space, a customized gift basket, and a check for $1,000.

Erin Baloney, ED Tech, Emergency Department: Early one morning, a young mother was on her way to the hospital to deliver a baby, but only made it as far as the area outside the Emergency Room. Ready or not, the baby was coming. Many employees ran outside to help, including Erin Baloney, who actually used her own clothing to wrap the newborn.

Alisha Black, Telemetry/Cardiac: Every letter written on behalf of Alisha Black describes her as a kind, caring, and loving nurse who clearly has a big heart. One woman wrote about her husband who wasn't an easy person to get along with. "Alisha knew just how to deal with him … she was always kind, always professional, always able to cut through the tension and help everyone relax." Another woman was moved by how

Ann Bollone

Adam Lewis, MD

Alisha took care of her mother. "She cared for my mother with such gentleness and love. To be honest, she treated my mother as if she were her own, and that meant so much to me and my family."

Robbie Darbonne, RN, Pediatric ICU: Robbie Darbonne made an unforgettable impression on an Opelousas family when their 10-year-old son was hospitalized for several weeks. "He always did whatever he could to make sure my son was comfortable," said the boy's mother. "Every time we saw Robbie, he brought something to my son … a chicken dinner, a bag of candy, always something to make him smile." But she is most grateful that Robbie offered to stay by her side when she had to tell her son that his father had passed away. "I had to give this heartbreaking news to my little boy … and when I could no longer talk, Robbie was there to help me get through it. It's been a year, and to this day, Robbie still calls my son every week just to check on him."

Kelvin Marshall, Ambassador I, Nutritional Care: Joyce Benton's husband was starving himself to death. He had lost 30 pounds in just a few weeks and had to be hospitalized. Even after extensive counseling, he would only eat tiny portions of food and only if it came from home. This meant

that Joyce had to pretend his meals were either prepared by her or sent in by a friend or relative. When Kelvin Marshall realized what Joyce was doing, he went along with the ruse. "He would quietly knock at the door to let me know the food was ready, but he never let my husband see the tray or let him hear us talking about the meal orders," Joyce said. "Instead, he noticed which foods my husband liked and mixed and matched dishes and foods to encourage him to eat more. Eventually, my husband started eating well enough that the doctors canceled a stomach surgery that had been planned."

Ronald Montagnino, Ambassador II, Nutritional Care: Many patients have commented on Ronald Montagnino's cheerfulness and friendly nature as he discusses diet options with them and delivers meals to their rooms. One family was especially impressed with Ronald, who cared for a family member who had a hearing problem. "Even though he had to repeat himself over and over, day after day, Ronald never got impatient or annoyed," they wrote. "He was always engaged, always enthusiastic." One family member said he made it clear that he was there to serve. "He would come in the room to take away the food tray and ask, 'Did you enjoy your meal? Is there something special you'd like for your next meal? Is there anything else I can do for you?' He shows such respect for the patients and really helps them feel better."

Octavia Smith, Patient Care Coordinator, Nutritional Care: "What a special person," says one patient about Octavia Smith. In 2013, the patient was hospitalized and during her stay, Octavia found out that she loved cinnamon rolls. On several occasions, Octavia made a special trip to the cafeteria to bring her cinnamon rolls straight from the oven. "Two years later, I had to be hospitalized again, and when Octavia saw me, she immediately remembered me … and yes, she brought me warm cinnamon rolls that very day. Who remembers such a thing? Baton Rouge General is fortunate to have such thoughtful and kind people working with patients. I felt very special that she remembered me and was looking out for me."

Brunetta Spears, Tech III, Environmental Services: The hospital gets dozens of letters from patients who sing the praises of Brunetta Spears. She impresses people with how well she does her job (her patient rooms are often described as spotless) and how much she seems to enjoy her work. But it's the way she connects with people that makes her so special. People often say that she makes them feel at home and that they leave our hospital feeling like Brunetta is part of their family. And this is because Brunetta seems to have a gift for knowing when a patient is feeling down, needs someone to talk to or a shoulder to cry on. She is positive, encouraging, and always has time to listen.

Local Physicians Among First to Use Pantheris Pictured with Dr. Gadi (center) are the cath lab team at BRG, Dr. John Simpson (cardiologist and creator of the device), regional rep and manager for Avinger, and Ben Schuler, director of the cath lab.

Local Physicians Among First to Use Pantheris

Vascular surgeon Dr. Glen Schwartzberg and interventional cardiologist Dr. Satish Gati were among the first in the United States to perform a new treatment recently cleared by the U.S. Food and Drug Administration (FDA). The procedure, performed at Baton Rouge General, provides relief for patients suffering from the painful symptoms of peripheral artery disease.

The device, Avinger's Pantheris™ lumivascular atherectomy system, is an innovative image-guided therapy that, for the first time ever, allows physicians to see and remove plaque simultaneously during atherectomy – a minimally invasive procedure that involves cutting plaque away from the artery and clearing it out to restore blood flow.

Because the Pantheris device incorporates real-time optical coherence tomography (OCT) imaging on a therapeutic catheter – like having a small camera on the tip of the device – physicians are able to remove this plaque more precisely than ever before, with less risk of damage to the artery walls, avoiding scarring that greatly increases the risk of restenosis, or re-narrowing of the artery. In the past, physicians have had to rely solely on X-ray as well as touch and feel to guide their tools when treating arterial disease.

For patients, this safe and more-precise treatment may potentially reduce the need for follow-up procedures and stents.

BR General Doctors Earn Superlative Awards

Do you remember your high school superlative awards? Most Athletic? Most Likely to Succeed? In honor of National Doctors' Day – March 30 – Baton Rouge General hosted a physician superlative contest to celebrate. Voted on by hundreds of employees, the winners were:

Best Dressed – Dr. Kaycee Weaver
Most Athletic – Dr. James Crowell
Best Hair – Dr. Dhaval V. Adhvaryu
Biggest Prankster – Dr. David Melton
Most Likely to Be Found at the Hospital at 2 a.m. – Dr. Sidney Ross
Best Sense of Humor – Dr. John Godke
Most Caffeinated – Dr. Dhaval V. Adhvaryu
Most Likely to Brighten Your Day – Dr. Jeffrey Littleton
Most Tech-Savvy – Dr. Uyen Caro

Most Likely to Rock a Bow Tie – Dr. Louis Minsky
Best Singing Voice – Dr. Dhaval V. Adhvaryu
Most Baton Rouge General Spirit – Dr. Venkat Banda

In addition to the superlative contest, Baton Rouge General employees were invited to sign an enormous 7x5 ft. Doctors' Day card or write a personal thank you note to doctors and place it in a drop box for special delivery. Members of the community were also invited to thank their doctor by liking, sharing, and commenting through an annual social media campaign.

On Wednesday, March 30, all physicians were invited to a special lunch in honor of their commitment to providing compassionate, innovative, quality care to the community.

Woman's Hospital Earns Women's Choice Awards

Woman's Hospital has received three Women's Choice Awards from WomenCertified, Inc.: America's Best Hospitals for Obstetrics, America's Best Hospitals for Cancer Care, and America's Best Breast Centers. The Women's Choice Awards identify the nation's best hospitals based on robust criteria that consider clinical performance, patient recommendation ratings, and women's preferences.

Woman's earned the America's Best Hospitals for Obstetrics award for ranking above the national average for patient safety, having low rates of early elective deliveries (between 0-1%) and having an on-site NICU. Additionally, Woman's ranked above the national average for patient recommendations, as indicated by the data reported by the U.S. Department of Health and Human Services in Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys.

The hospital received the America's Best Hospitals for Cancer Care and America's Best Breast Centers awards for meeting accreditation standards set forth by the American College of Surgeons Commission on Cancer and the National Accreditation Program for Breast Centers as well as being recognized as a Breast Imaging Center of Excellence by the American College of Radiologists.

Wilder to Head BR General Behavioral Health Services

Baton Rouge General has appointed Ann Wilder Executive Director of Behavioral Health Services, to lead the expansion of the hospital's psychiatric service line at its Mid City campus.

Wilder brings 20 years of behavioral health experience to the General, with expertise in the design, launch, and implementation of new inpatient, outpatient, and specialty behavioral health programs. In her role, Wilder will serve as the program coordinator for inpatient psychiatric and outpatient behavioral wellness, helping provide much needed behavioral health services to the Baton Rouge community.

"Behavioral and mental health is a critical factor in improving the health and wellness of our communities, especially among seniors and those with chemical dependency challenges" said Wilder. "With an expected rise in the demand for inpatient behavioral health services, this expansion will allow us to help meet the need to care for patients." Currently, 12 beds have opened, with the remaining 7 set to open in the coming months.

Before coming to Baton Rouge General, Wilder served as Assistant Administrator of Anchor Hospital in Atlanta, Georgia. Prior to that, she led the behavioral health program at HCA Eastside Heritage Behavioral Health Center, also in Georgia. While there, she was extremely active in her community, serving as Director for National Alliance for the Mentally Ill (NAMI) of Gwinnett County, and as co-chair of the suicide prevention network.

Ann Wilder

Terrie Sterling, RN, MBA, MSN, FACHE

Lane Regional Named 2016 Hospital of the Year

Lane Regional Medical Center was named "2016 Acute Care Hospital of the Year" (61-160 beds) at the 15th Annual Nightingale Awards. This is the second time the hospital has received this award.

The annual Nightingale Awards are sponsored by the Louisiana Nurses Foundation and the Louisiana State Nurses Association to recognize excellence in nursing and quality service in the nursing and healthcare industry.

The Nightingale Award for Acute Care Hospital of the Year is based on four criteria:

- innovation through nursing leadership and management within the hospital
- organizational initiatives supportive of nursing practices
- evidence of registered nurse decision making and participation in management decisions
- recognition of registered nurse achievements and support of nursing participation in professional organizations.

Ochsner–Baton Rouge Named in 100 Top Hospitals

Ochsner Medical Center – Baton Rouge was recently named one of the nation's 100 Top Hospitals® by Truven Health AnalyticsTM, a leading provider of data-driven analytics and solutions to improve the cost and quality of healthcare. Ochsner Baton Rouge was the only hospital in the state of Louisiana to receive the honor.

The Truven Health 100 Top Hospitals® study identifies hospitals and leadership teams that provide the highest level of value to their communities, based on a national balanced scorecard measuring overall organizational performance across 11 key analytic measures including patient care, operational efficiency, and financial stability. The study has been conducted annually since 1993.

OLOL Named Hospital of the Year Seventh Time

Our Lady of the Lake Regional Medical Center has been named Louisiana Hospital of the Year for the fourth year in a row, and seventh time since 2008, by the Louisiana Nurses Foundation in the large hospital category. This award recognizes quality service in the nursing and healthcare industry. Our Lady of the Lake previously earned the award in 2008, 2010, 2011, 2013, 2014, and 2015.

The award was presented at the annual Louisiana Nurses Foundation Awards Gala, along with several Nightingale awards to individual nurses.

Andrea Normand, RN

Paul Murphy, PMP

Terrie Sterling, chief operating officer, Our Lady of the Lake, was inducted into the Hall of Fame and Andrea Normand, RN, was honored as the Nurse of the Year.

Terrie Sterling, RN, MBA, MSN, FACHE began her career as a nurse at Our Lady of the Lake thirty years ago and has served in many leadership roles within the regional medical center. Today Sterling is the executive vice president and chief operating officer of Our Lady of the Lake.

Andrea Normand, RN began her nursing career 45 years ago at Our Lady of the Lake after earning her nursing degree from Our Lady of the Lake School of Nursing. Normand is a pediatric nurse and serves patients in the Our Lady of the Lake Pediatric Emergency Department.

Ochsner-Baton Rouge Offers EUS/EBUS

Ochsner-Baton Rouge is now providing two new procedures to the Baton Rouge area that will assist doctors in assessing and treating lung and gastrointestinal conditions. These procedures are more accurate and less invasive options for better understanding conditions such as lung cancer, gastrointestinal tract cancers, pancreatic cancer, chronic pancreatitis, and other lung and gastrointestinal issues.

Endobronchial Ultrasound (EBUS) and Endoscopic Ultrasound (EUS) will help doctors and patients determine the best treatment options, including when to opt for surgical solutions and when less invasive treatments are required.

With the recent acquisition of the OLYMPUS: Endobronchial ultrasound and radial peripheral probe system, physicians will be able to augment standard interventional bronchoscopy procedures offered to patients. Procedures will be administered by highly trained pulmonary specialties within the Baton Rouge area and will be very useful to collaborating specialties like oncology.

This state-of-the-art, minimally invasive procedure is used to look at the lungs and take samples of the glands in the center of the chest (mediastinum) using the aid of an ultrasound scan. The ultrasound provides real-time confirmation of target lesion localization and therefore improves identification of peripheral pulmonary nodules.

Endoscopic Ultrasound (EUS) is a minimally invasive procedure to assess gastrointestinal and lung diseases. It uses high-frequency sound waves to produce detailed images of the lining and walls of the digestive tract and chest, nearby organs such as the pancreas and liver, and lymph nodes. EUS is performed on an outpatient basis and is well tolerated by most people.

EUS is used in staging of gastrointestinal tract cancers, staging of pancreatic cancer, detection of small pancreatic lesions or cysts, sub mucosal tumors and chronic pancreatitis. When combined with fine-needle aspiration, it is used for sampling fluid, tumors, and lymph nodes in the chest and abdomen. It is used to evaluate abnormal findings from imaging tests such as CT scan or MRI, such as cysts of the pancreas. It can also be used for drainage of pseudo cysts and celiac plexus neurolysis.

Murphy Named Chief Information Officer

Paul Murphy, PMP, has been named Chief Information Officer at Lane Regional Medical Center. Murphy is responsible for overseeing all operational efforts in the analysis and design of Lane's network infrastructure, including equipment,

Ochsner-Baton Rouge Reopens Path
Pictured at the ribbon cutting are Scott Mabry, Ochsner COO; Jessica Pocorello, Central Chamber of Commerce; Bill Golden, President Ochsner Board of Trustees; Andy Allen, Office of the Mayor President, Baton Rouge; Eric McMillen, CEO, Ochsner Baton Rouge; and Stephanie Bushart, CFO, Ochsner Baton Rouge.

procedures, development, and maintenance. He will work with various departments along with his team of developers, system administrators and network engineers to manage risks, control costs, and improve operations.

A native of Baton Rouge, Murphy has more than 15 years of IT experience. Prior to joining Lane, he was an IT Program Manager at Geocent, a technology consulting and software engineering company in Baton Rouge. He has also been a member of the Air National Guard since 2001.

Ochsner-Baton Rouge Reopens Path

Ochsner Medical Center-Baton Rouge at O'Neal announced the opening of its new, improved lake path. After a $500k renovation to repair structural issues, the path is open with new circuit training stations to enjoy. The path is open to hospital, staff, patients, and visitors in search of improved wellness.

Woman's Named "Great Place to Work in Healthcare"

Woman's Hospital has once again been named one of the "150 Great Places to Work in Healthcare" by *Becker's Healthcare*. This annual ranking is a compilation of hospitals, health systems, ambulatory surgery centers, physician groups, and other healthcare organizations that provide excellent work environments and outstanding benefits to their employees. Woman's also earned this recognition in 2014 and 2015.

Woman's Hospital's nearly 1,900 employees benefit from a variety of traditional and non-traditional services, including discounts on services, free mammograms and biometric screenings, an employee wellness program, bariatric surgery reimbursement and more. Many amenities are also located on site, including a walk-in clinic, a credit union and a one-mile walking trail.

To compile the 2016 list, the *Becker's Healthcare* editorial team evaluated organizations based on their benefits offerings, wellness programs, commitment to diversity and inclusion, professional development opportunities, and environments that promote employee satisfaction and work-life balance.

LHATF Safety Grants Awarded to 14 Louisiana Facilities

The Louisiana Hospital Association (LHA) Trust Funds announced the 14 recipients of its Funds for Safety grant in April. Each year, the Funds for Safety Grant Program awards up to $300,000 to LHA Trust Funds members for initiatives designed to improve safety or reduce liability exposure.

The 2016 Funds for Safety Grant Recipients are: Acadia-St. Landry Hospital, Avoyelles Hospital, Bunkie General Hospital, East Carroll Parish Hospital, Lane Regional Medical Center, Mary Bird Perkins Cancer Center, Natchitoches Regional Medical Center, North Oaks Health System, Richardson Medical Center, Shreveport Surgery Center of Caddo Parish, St. James Parish Hospital, Terrebonne General Medical Center, Winn Parish Medical Center, and Woman's Hospital.

Created in 2012 to help fund LHA Trust Funds members' initiatives to improve patient or visitor safety, the Funds for Safety Grant Program has awarded $1.5 million to fund 71 unique projects of member hospitals in Louisiana. These initiatives include reducing medication errors, preventing patient falls and infections, improving patient outcomes, security and communication and implementing new technology to improve the culture of safety. ■

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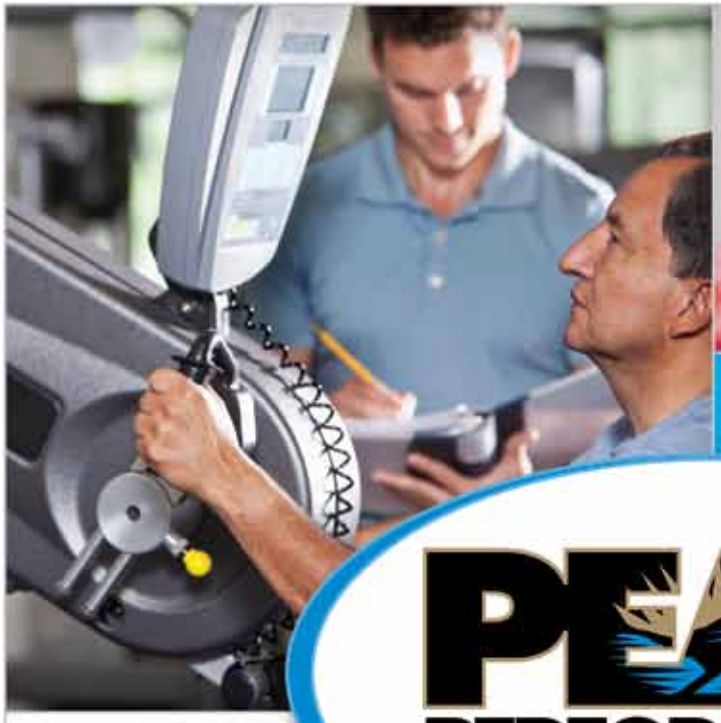

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