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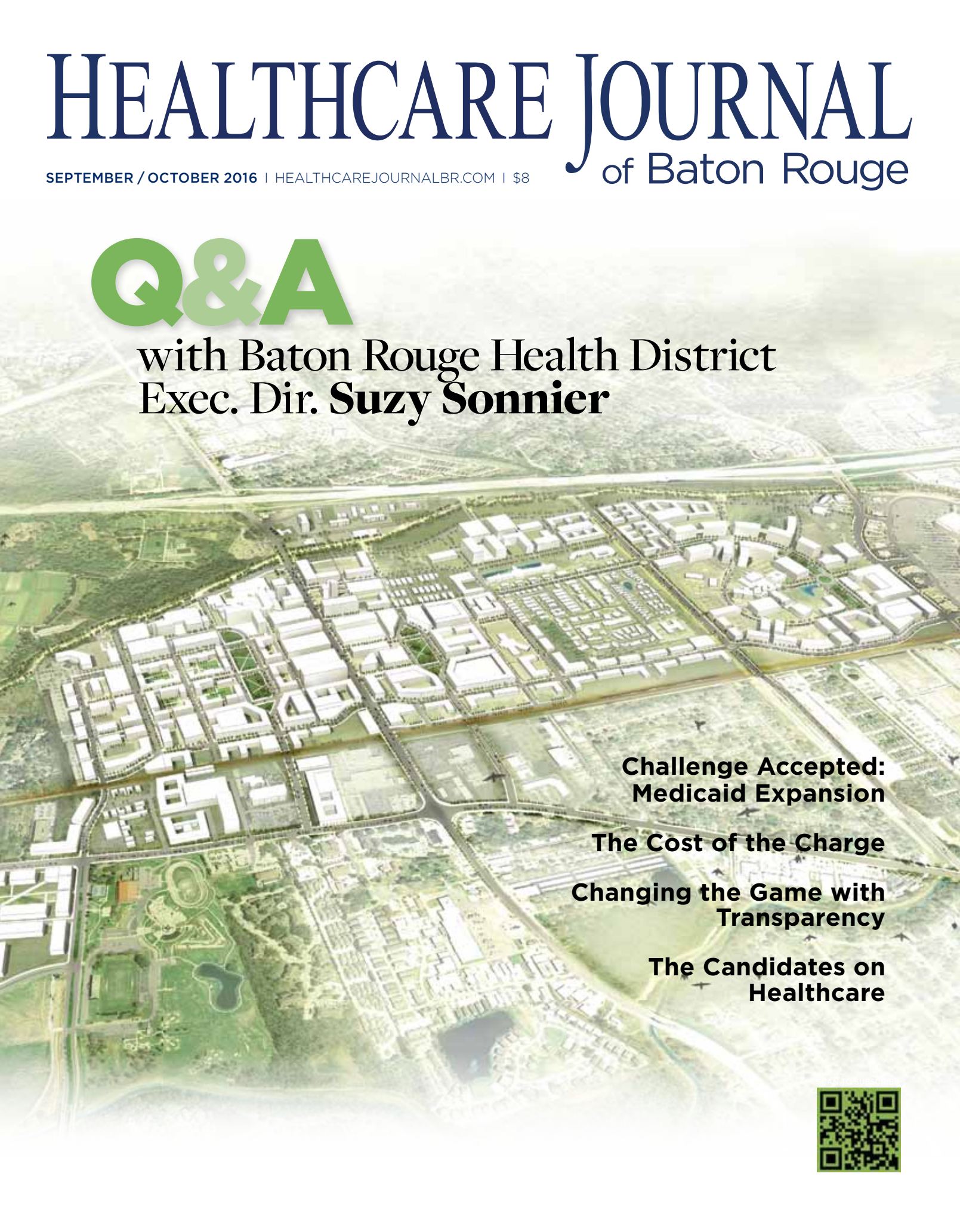


Q&A

with Baton Rouge Health District Exec. Dir. **Suzy Sonnier**

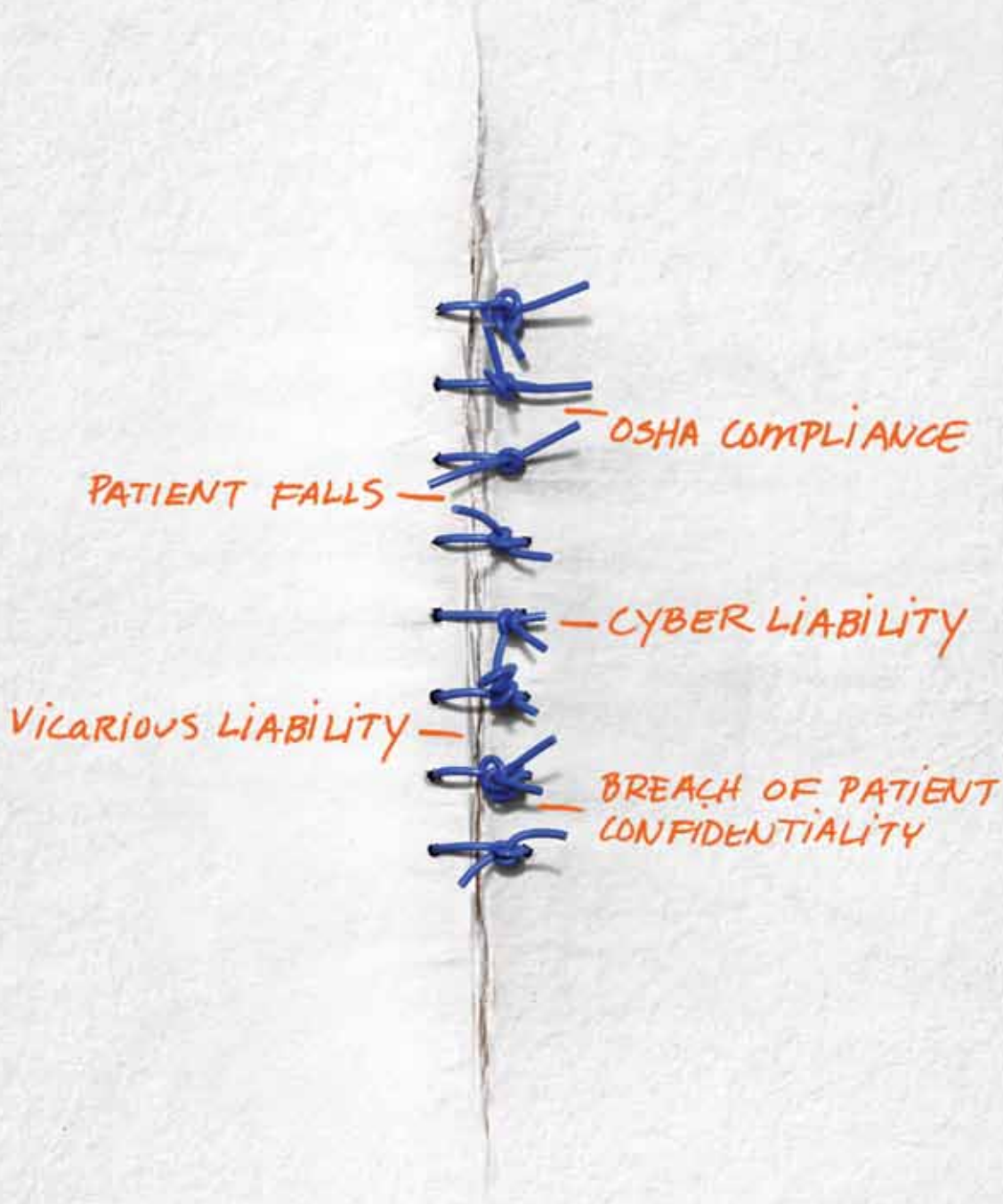
Challenge Accepted: Medicaid Expansion

The Cost of the Charge

Changing the Game with Transparency

The Candidates on Healthcare

Insurance assessments designed to close coverage gaps.



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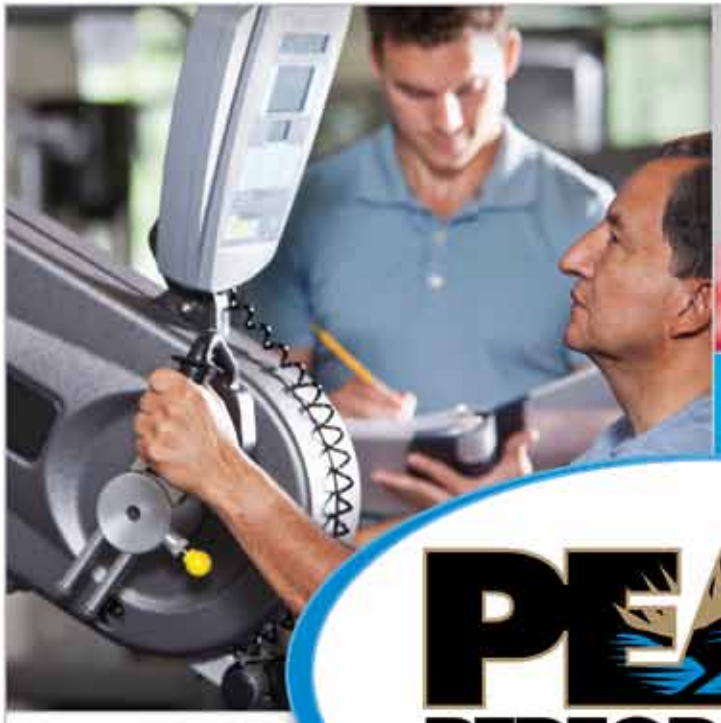

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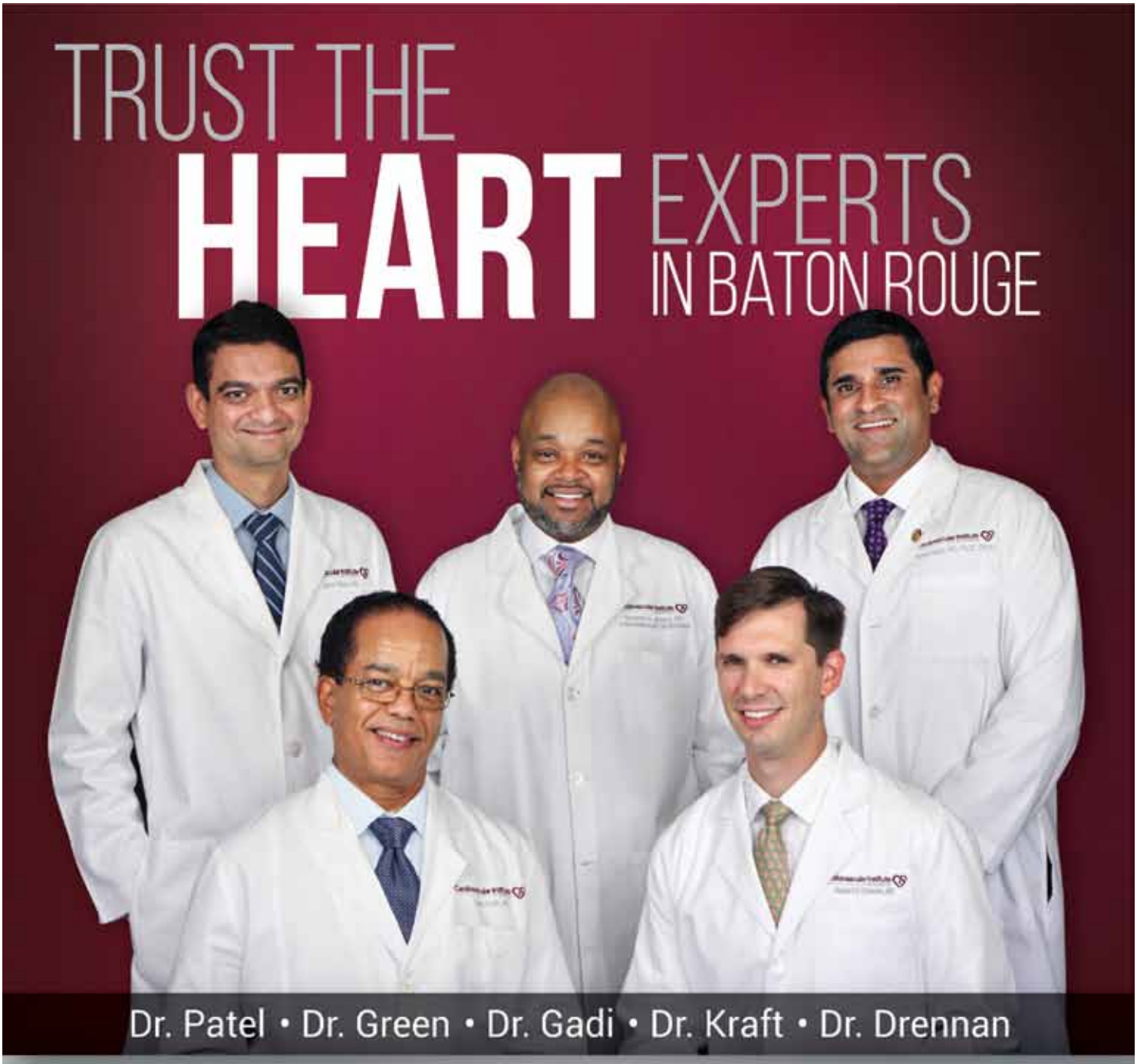

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Choose your government – for real

IT'S POLITICAL SEASON. One thing's for certain. We all don't want the same things. What's interesting is why are we all so committed to saying we all are one people? We aren't all the same. We don't want to be governed the same. There was a time when Louisiana was Louisiana and California was California. One world government doesn't work. Administering over 300 million people in the United States in the same manner doesn't work. Everyone is feeling the discontentment. But our discontentment doesn't have to lead to fruitless anger. Let's be smart. Let's design the future.

Here's what the future will look like. There are lines in the sand with entirely different governments. But, here's the big difference – transferability. Everyone should be able to choose their type of government. Then, be able to easily make it happen. Imagine, in one land you can be a risk taker. The rules are limited. Social, economic, and regulatory controls are minimal to none. You can express your heart's desire and take chances, live free, risk death; it's your choice. In a nearby land, your choices are limited. Administration is tight. But, you will be very safe. A long life is likely. Safety is the focus. And of course, there will be blends – a government for your taste. Some will offer 100% income taxation, some 50%, some 0; all with a variety of choices on social issues. Religious can be with religious, others can be with others. When lands innovate to compete for people, people win.

In order to make this work, we must allow the ability to transfer easily into your preferred government. This is ideal. When someone in a risk-taking land decides they want more safety with tight rules, they can transfer. Transportation is easy and accessible. We should avoid thinking most of us are bad people; we just all have different ideas of how we want to be governed. Let's make it easily available.

We are not talking about two different lands. We are talking about 100 different lands. Lands will compete for each other by offering varieties of hope, beauty, or opportunity. Lands will compete for people by offering a version of an ideal government. Can you imagine choosing from a brochure of 100 entirely different forms of government? Freedom to transfer is the key. You and your friends with similar interests will be united with those of similar interests and desires. If you are discontent with your government, change is easy. With this plan, excuses for discontentment dissipate. Or perhaps you choose to live in a land of people who like to be discontent. Many actually do.

There will be a wide spectrum of choices. I'm sure people from across the globe would be glad to participate. Imagine choosing to live in New Orleans, South Carolina, or Sweden because their unique style of government suited you. This is the future.

Since we're the *Healthcare Journal*, let's use healthcare as an example. Some lands will be highly regulated and pharmacological based. Some lands will have no insurance, or financial regulations, and your visit with a provider will be an economic agreement simply between patient and provider. Some lands will attempt natural, holistic health and only use medicine as a last resort. Money does not exist–many choices, many systems.

So while many are wrangling between the choices of Donald Trump and Hillary Clinton, let's consider other options. Don't we say the definition of insanity is doing the same thing and expecting different results? Let's step back, reconsider, be smart, and fix it. We all want different things. That's not only okay, it's good.

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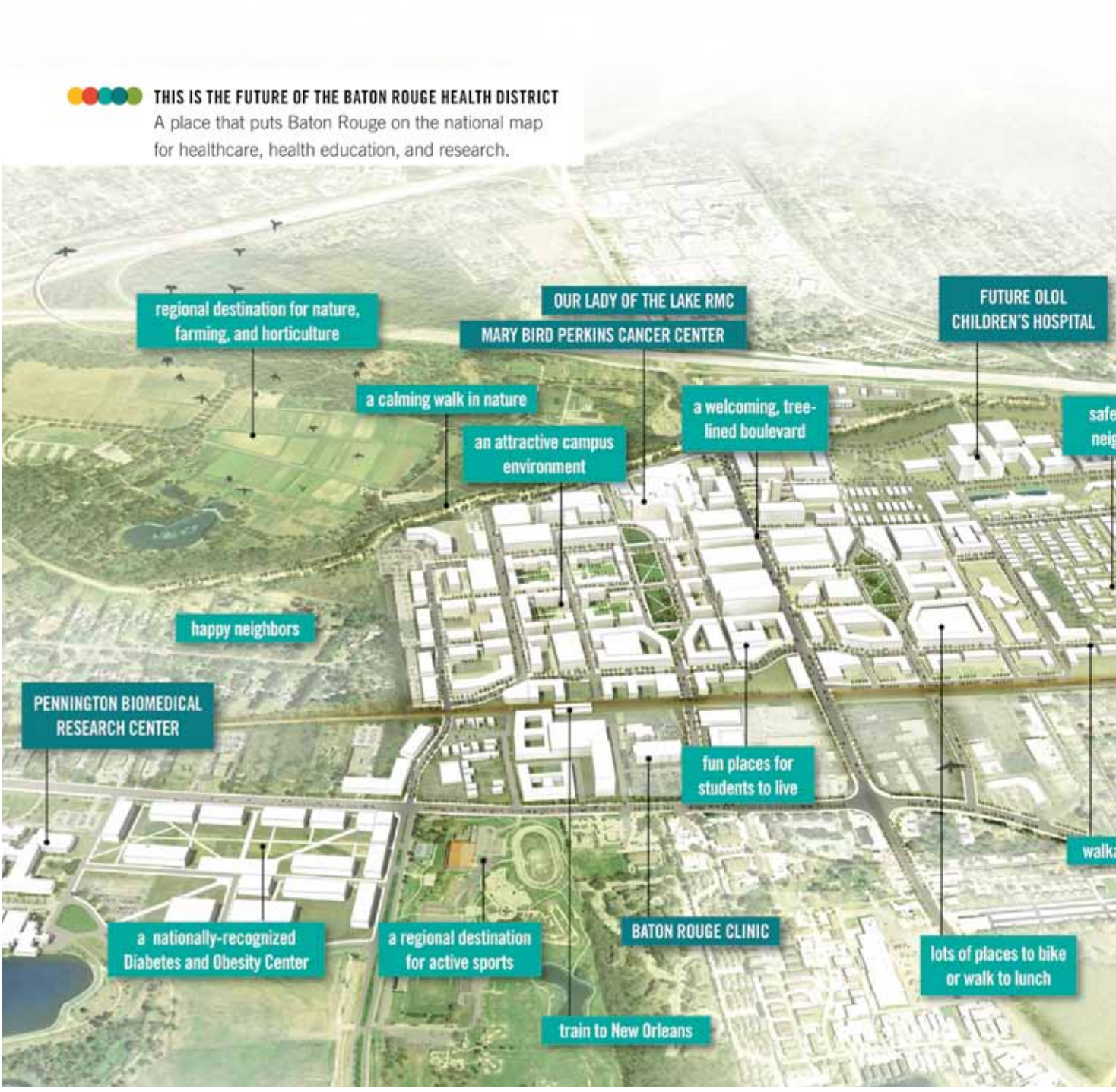
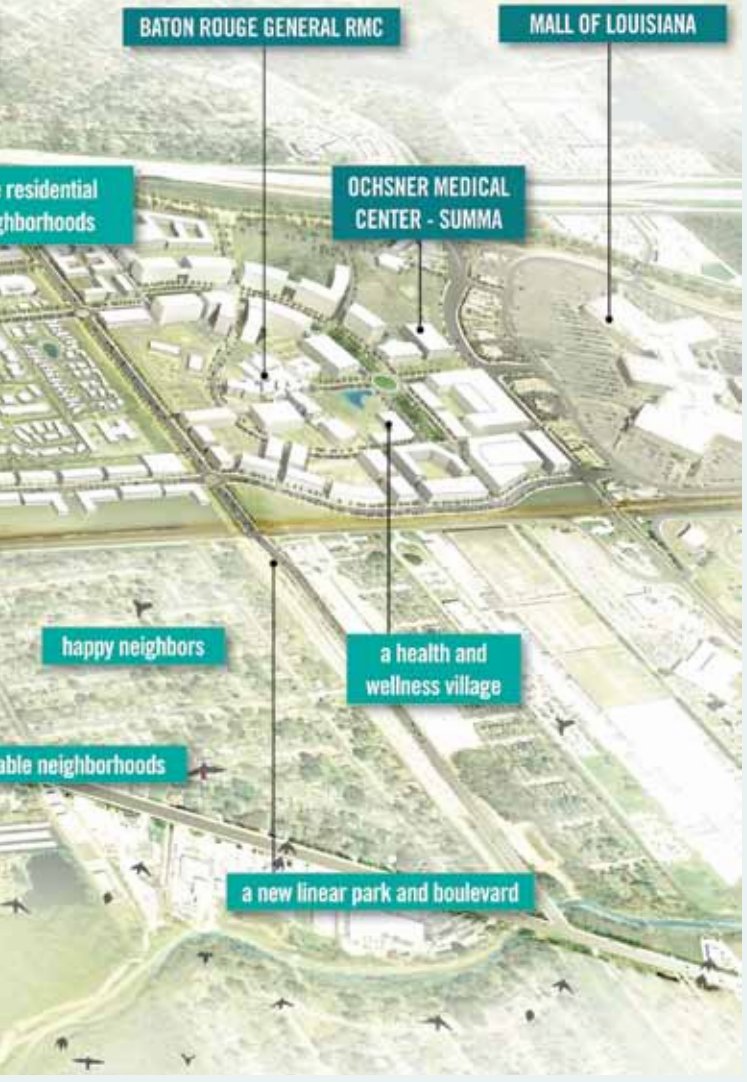


BATON ROUGE Health District

A **Q&A** with Executive Director **Suzy Sonnier**

For some time now, the area around Essen, Bluebonnet, Perkins, I-10 has been unofficially called the medical corridor because of the cluster of large hospitals and healthcare employers in that area.



ALL RENDERINGS AND SCHEMATICS COURTESY OF PERKINS+WILL
IMAGE ON PAGE 18 COURTESY OF THE CDC

Suzy Sonnier

Not only was that title unofficial, it implied a cohesiveness that did not yet exist and excluded several major healthcare players in the community that didn't happen to fit the parameters of the "corridor."

In 2011, East Baton Rouge's comprehensive plan, FuturEBR, found a critical need for better planning and coordination in this corridor—especially with $500 million in additional hospitals and clinics proposed for the area. At the request of the FuturEBR Implementation Team, the Baton Rouge Area Foundation hired a team led by Perkins+Will to create a grand strategy for transforming this part of town into a Health District, a true destination in its own right.

Marshaled together, the unique medical assets in this area will enable researchers and physicians to collaborate in productive new ways, to offer patients better healthcare, and to conduct clinical trials of the latest innovations. They can work together to challenge chronic illnesses, not only here at home, but also among the sick far outside our city limits and throughout the world.

A unified medical community, brought together within the bounds of a shared Health District, will enable Baton Rouge healthcare providers to combine their diverse strengths and compete with medical centers nationwide.

To find out more about the Baton Rouge Health District, *Healthcare Journal of Baton Rouge* visited with Executive Director Suzy Sonnier.

Let's start with why have a Baton Rouge Health District?

I think the core of why have a Baton Rouge Health District is because the sum of our parts is greater than what each one of us can do alone. We have great healthcare in Baton Rouge. Almost every day I see stories or awards or announcements about some of the great things that are going on in our Baton Rouge community and yet together we can do even more. Whether that is obtaining more research opportunities because we have a larger number of patients, whether that is through collaboration that we can reduce costs, there are many, many things that we can do as a healthcare district with a focus and an understanding that together we can have a healthcare community. We can continue to provide excellent services and we can stay abreast of the ever moving direction of healthcare.

Was it difficult to establish a coalition of partners? What were some of the challenges?

As you know I was brought on as the executive director earlier this Spring and so what actually led to the conversation about a health district was that in the planning for the Baton Rouge Parish there is a plan called Future Baton Rouge that really looks at the community as a whole, but also identifies that within our community there are areas where we capitalize on synergies in that area. As they looked at Baton Rouge, one area that was identified was this medical corridor that has evolved. It didn't evolve in a planned way; it just evolved, but yet, there's a real opportunity to look at the synergies around that and to create something within what we would call the health district core.

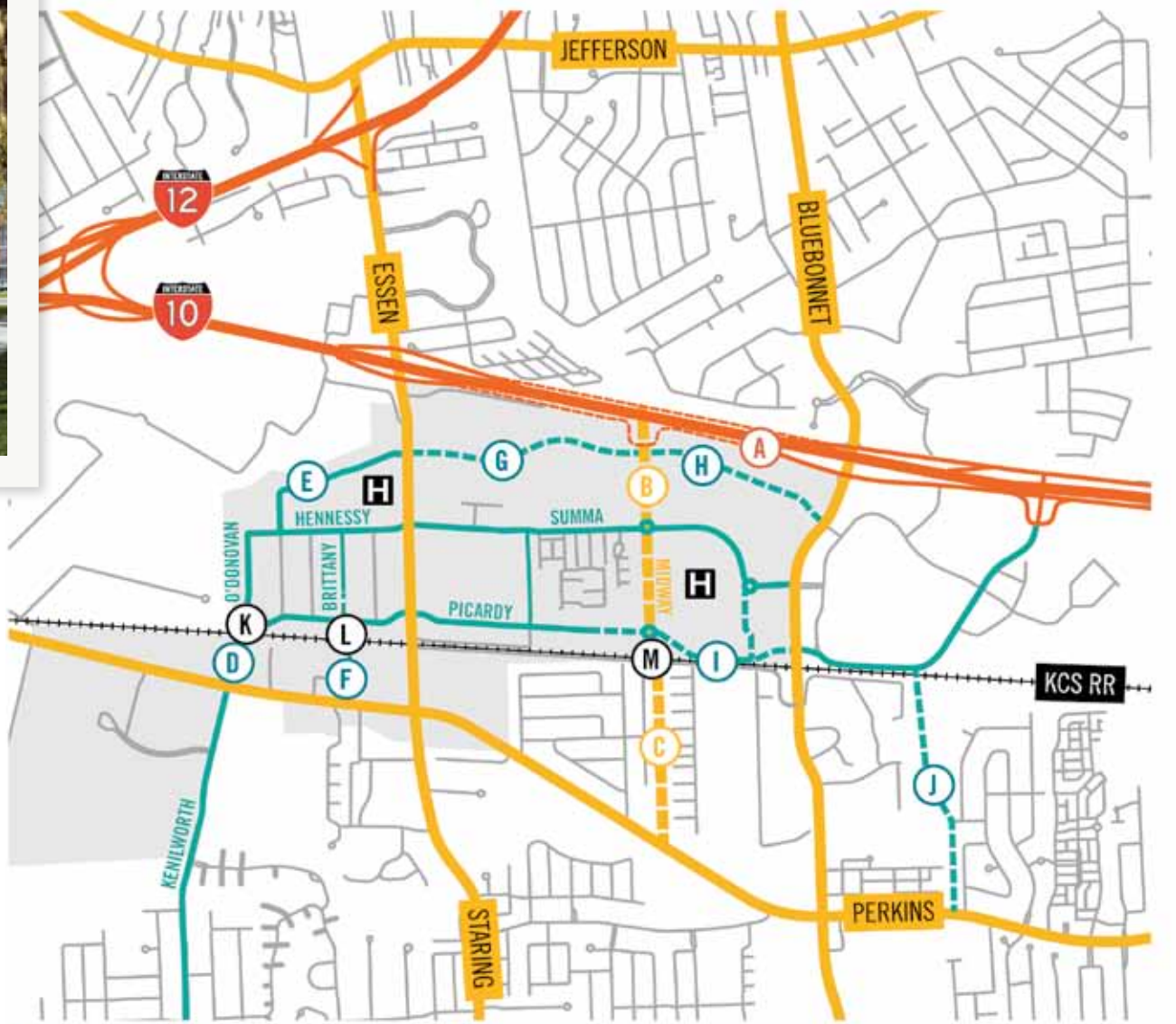
So the city of Baton Rouge had reached out to the Baton Rouge Area Foundation to work with them to develop a plan for this medical corridor. I think one of the first things they decided right off the bat was that we didn't want to focus on being medical, we wanted to focus on health; we want to really look at how do we improve the health in our entire community? Yes, we have some very specific things we want to do in the area where several of our hospitals are located, to promote health and promote walkability, and we need better transportation in that area. But we also have an opportunity to look beyond just that area and look at what the health needs in the community are and I think that's where they came up with broader ideas within the master plan, which include health education and emergency preparedness collaboration as well as innovation such as the diabetes and obesity center. So I think there were a lot of conversations. I think Baton Rouge is a community where people are very willing to come together and look at ways that we can work together to see better outcomes. And that was no different in this planning process. There is a deep sincere commitment to improved health outcomes in our greater Baton Rouge community.

So they planned over about two years and one of the things that was determined was that if we really want to focus on accomplishing these goals we need to create a non-profit. We need to have someone who is focused on these efforts every day so that we can see them come to fruition. When you think about that there is a lot of involvement

> "I think Baton Rouge is a community where people are very willing to come together and look at ways that we can work together to see better outcomes. And that was no different in this planning process."

BRHD STREET FRAMEWORK PLAN:

Organizational Hierarchy of Existing and Proposed Streets



HIGHWAY

PROPOSED

(A) I-10 frontage roads between Essen Ln. and Bluebonnet Blvd.

URBAN ARTERIALS

EXISTING

Essen Ln.
Bluebonnet Blvd.
Perkins Rd.

PROPOSED

(B) Midway Blvd. to frontage road
(C) Midway Blvd. to Perkins Rd.

MAJOR STREETS

EXISTING

Picardy Ave.
Kenilworth Pkwy.
Mall of Louisiana Blvd.

PROPOSED

(D) Kenilworth-O'Donovan connection
(E) Service road (Dijon) upgrade
(F) Brittany Dr. extension to Perkins Rd
(G) Dijon Dr. extension to Midway Blvd
(H) Dijon Dr. extension to Bluebonnet Blvd
(I) Picardy Ave. rerouting to Mall of LA Blvd.
(J) Picardy-Perkins Connector

RAIL CROSSINGS

EXISTING

Essen Ln. (at grade)
Bluebonnet Blvd. (underpass)
One Perkins Pl. (at grade) - see K below

PROPOSED

(K) O'Donovan Dr. (underpass) replaces One Perkins Pl. at-grade crossing
(L) Brittany Dr. (underpass)
(M) Midway Blvd. (underpass)

and I think there is a lot of interest and I think there is truly a great commitment and a lot of hope for what we can do collaboratively.

Looking at that medical corridor area, what are some of the biggest physical challenges to creating a health district?

Well clearly, there are challenges with the streets and the "movability" of cars. I think there are about 40,000 plus cars a day on the major streets in the health district core. That impacts patients, that impacts their families, our staff, our doctors, as well as the other community organizations that exist in this area. There are not a lot of street intersections, so everybody is using the same major arteries. One of the goals in the health district is to implement some additional streets, extending Dijon and creating a street that they have tentatively called Midway, but really increasing some street opportunities, some additional roadwork on Essen and so forth.

It also is an area that could really better promote health because there's not a whole lot of walkability within the health district core; there are not a lot of sidewalks. So there's an opportunity to really promote increased green space. This is something we are seeing around the country in urban planning—more areas where people can be active. Certainly as a health community we want to reflect that within the district core area that many of our healthcare providers are located within.

Will the district encourage more cooperation among healthcare entities or will they continue to operate independently?

The idea is that we are in coalition so while each of our hospital providers and our healthcare providers do have their own business plans and models and goals and objectives, we will continue to seek ways and places where we can work collaboratively towards the same outcome. So the infrastructure area and the focus around the district core is one area where they can come together and they can focus on signage and the advocacy around the streets that are needed. You would want to have a feel for people who come to the health district, that they are in a place that is reflecting health.

Other areas of collaboration include the focus on the diabetes and obesity center. As we talk to different healthcare professionals throughout the community this is an issue facing all of them, whether it is primary care providers who are struggling to provide the time and education that is needed to help prevent and maintain the diabetes and obesity situations that we are seeing in our community. Or whether it is the hospitals that are facing someone who comes in with very chronic conditions. When I talked to Teri Fontenot at Woman's some of her patients may come in with just gestational diabetes, but if they aren't getting appropriate care and maintenance and support, once they have the baby they could develop full-fledged diabetes. So it is an issue that is on the top of mind for many of our healthcare providers and it's an area where we have an opportunity to truly collaborate, to come up with a consistent model that really provides comprehensive and holistic care, that is innovative and uses the latest and greatest technology, and collaborates with Pennington, which is already doing incredible research in this area and our community. So that's another place where collaboration can occur.

Another area that you see in the treatment plan is opportunity for shared services. So here we have these hospitals and large healthcare providers that are purchasing services. Is there a way to reduce cost by working collaboratively—which then benefits their patients as well? So I think there is a lot of opportunity for us to work collaboratively and from what I've seen, a genuine commitment to do so.

"So there's an opportunity to really promote increased GREEN SPACE."

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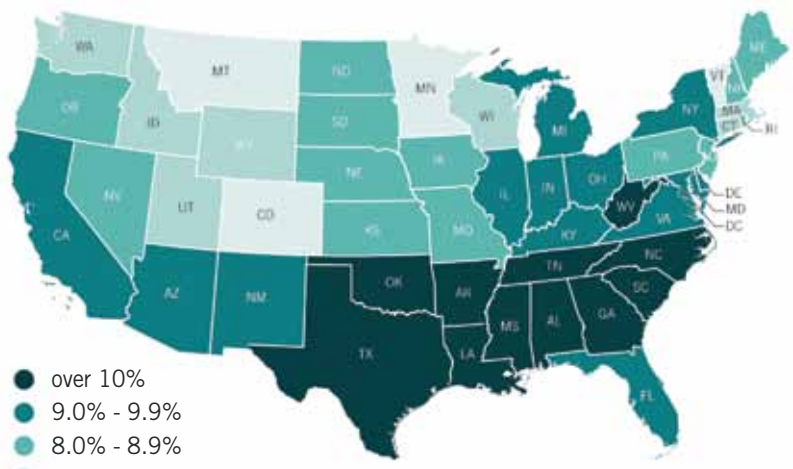
Prevalence of Self-reported Obesity Among Adults, by State, 2013



Source: CDC, http://www.cdc.gov/diabetes/atlas/obesityrisk/atlas.html

Will this require much relocation of providers? Would we see providers that currently aren't in this area moving to this area or moving around within the area?

I think we could see that. When we think about a health district we have to think about what we would want to see 10-20 years from now. At the Texas Medical Center or the Buffalo Niagara Medical Center, some of those centers that we've looked at, they didn't start the way they are today; they've evolved over a number of years. So I absolutely think we will see some providers move to this area, other folks moving out of this area as new development occurs. I think we will also see developers who come in who really want to align with the large economic engines that are our healthcare institutions, in that they provide housing or hotels for our families that have patients in our hospitals. I think we will see that grow as well.

The entire economy in this area can benefit from the collaborative efforts that we are working on. But I do think you will see some transition and I think again, as we go forward, a focus on development that promotes healthy, active lifestyles, that promotes a healthcare community where our physicians and medical professionals want to work and be a part of that. But I think we also have to recognize that this area isn't the only place where we have community that needs access to healthcare services. So we will constantly be looking at access throughout the community. Many of the providers that are involved with the health district have services throughout Baton Rouge, whether it's through urgent care clinics or other hospitals or their physician partners and so we will not just look at the district core and the services and providers that might be in this area, but really look to make sure we are connecting with the appropriate primary and preventive services and healthcare services throughout the community. At the end of the day we want to see an improved healthcare community and city for the greater Baton Rouge area.

Will the set up of our city impact the creation of a health district? Are other models as spread apart as ours?

Yes that is definitely the case with most. Even when you look at the Texas Medical Center, although they have multiple hospital systems right there in that community, the benefit is also through the satellite offices and services they are offering throughout the community. I think any medical district that we've looked at, some are more compact as far as space, but they definitely rely on their full system approach and not just on the buildings that might exist in that space. I think all of them look at what they do for the good of the community and I think particularly when you think about the future of healthcare, and there's more and more telemedicine and more mobile opportunities for medicine, we'll continue to see that.

I also think about the district core as sort of a hub and spoke kind of thing. We have Ochsner in this area off of Bluebonnet, but also an Ochsner hospital in another part of the city. Same with Baton Rouge General where you have Mid City and Bluebonnet locations, and the Lake with the urgent cares throughout the community. So we look at the whole of those as being important to the services we provide when we talk about what is the strength in the Baton Rouge area?

Louisiana Ranks #6
among all states in prevalence of adult obesity

1 in 3 Adults
in Louisiana are obese, or have a self-reported BMI of 30 or higher.

1 in 10 Adults
in Louisiana have been diagnosed with diabetes

$1.5 Billion/Yr
estimated cost of treating diabetes and obesity in the Baton Rouge area.

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So facilities that are kind of removed from that core, like Woman's Hospital, are still engaged?

They are extremely engaged. Woman's is an important partner. While we will at times talk about infrastructure specific to the Essen and Bluebonnet corridor, the services and the healthcare access, and improved outcomes and quality is much broader than that. When you look at the planning process, there were also a number of hospitals that are close, some surgical centers, and there are medical centers, Baton Rouge Clinic, some of which are right within that area and some of which not far, but we look at the holistic network.

With all the independent healthcare providers involved, that will require a lot of signatures. Is there a regulatory or approval process?

Just to be clear this is not a taxing district or a hospital services district that might have been created through legislation. What we did do is create a non-profit organization that is providing collaborative leadership for the coalition of members that have become involved at this time. So it doesn't require that. One of the things we did do, as I first came on board, is we were able to work with the East Baton Rouge Parish Council who adopted the Baton Rouge Health District's plan as a component of the larger community plan. So as I mentioned, EBR Parish has the Future Baton Rouge plan that covers our entire parish and recognizes that within the parish we have small areas that could develop further planning. We have the Downtown Development District, we have areas throughout the community where there are opportunities to really do collaborative planning. So the parish council did adopt the health district master plan into their current planning process. That wasn't required, but it's good because it will allow us to plan collaboratively and work closely with the parish leadership as we go forward. It wasn't mandatory for us to be able to make the kind of progress we want to make, but it is very helpful.

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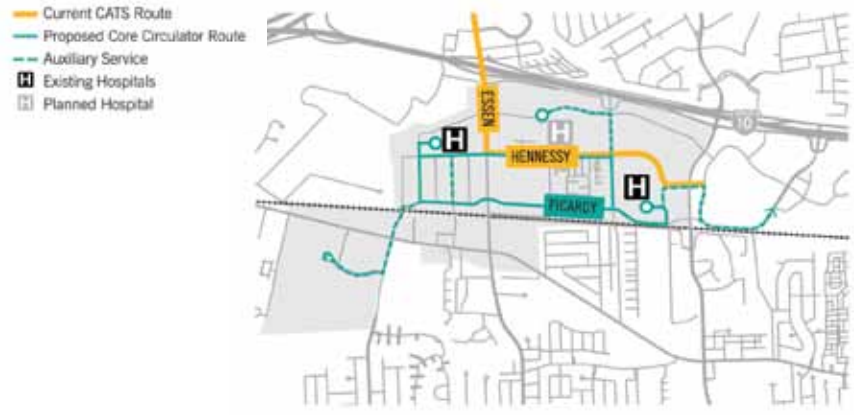
Proposed Circulator Shuttle Route



Can you talk a little about the funding and the type of expenditures and also the expected return on investment?

When we look at health districts around the country all of them have been created in different ways and have had different levels of return on investment based on what their priorities are. In this case we have been working with some of our healthcare institutions to put up contributions to support the development of the health district. We will begin to look at other ways we can generate sustainable funds. It could be through grants, it could be through other projects. For example, if we did do a shared service there are opportunities where if we are coordinating the shared service and creating the collaborative effort there could be a potential for some of the resources that are saved to go back into the sustainability of the health district.

As we look at different health projects each one of them will require different funds as well as there may be different people

BUT WHEN WE THINK ABOUT WHAT WE CAN DO TOGETHER I THINK THE SKY'S THE LIMIT.

interested in providing. We could potentially identify private equity investors who want to invest in the development of the health district. As I mentioned before, there may be grants or foundations that have a particular interest in an area we are looking at. For the diabetes and obesity center, we certainly would expect that as we created a center that had better health outcomes it would generate savings, maybe among our insurance companies and those who are providing funding for the care for all patients impacted with diabetes and obesity. So it's possible we could work with some of them on different reimbursement structures.

As you know, there is a move away from fee-for-service structures into more of a focus on reimbursement for outcomes so we look to have those conversations–how that could help support some of the activities within the health district.

So I think you will see us look at every possible avenue, but return on investment can be any number of ways as well. One of the focuses of the Baton Rouge Health District is to ensure we promote Baton Rouge as a healthcare destination. As I mentioned before, there are incredible services being provided in our Baton Rouge community, but about 93% of the people who are served by our hospitals in Baton Rouge are right from our area. So how do we draw in folks who might be from other communities to the Baton Rouge area for their services? And what are the services people leave Baton Rouge for? And do they need to leave Baton Rouge to receive the same or even better quality care? So I think one of the returns on investment will be seeing increased services that are provided for people who aren't currently receiving services in Baton Rouge.

Another is that we know that as we generate additional economic activity we will see an overflow in our entire community, whether that is through people who are going to the restaurants or the services that are offered in our area and beyond. I think there are a number of ways that we will see that return on investment that really stems from a collaborative effort with targeted goals and focus.

I truly cannot wait to see what we look like ten years from now because I think, just like you mentioned, there are a lot of folks doing their individual plans and they are great plans, but when we think about what we can do together I think the sky's the limit. And I think we are going to begin to see that. And our community will benefit from that.

I know you have touched on some of this, but what does a health district really mean for the citizens of Baton Rouge?

For the citizens of Baton Rouge the goal is improved health outcomes, whether that be through specific projects that we work on collaboratively, through increased economic impact, through training of medical students. I was looking at something just today–there is a very large projected shortage of medical students in the next ten years and yet we know it takes ten years to train medical students. We know that medical students that are trained in our community tend to live in our community and those students then are providing services to our ever-growing and aging population.

So I think a medical district is vision, it's improved health outcomes, and it generates a positive economic impact for the Baton Rouge area and beyond. I think that's also so important–it's not just within a specific area of Baton Rouge–we will touch the lives of Baton Rougeans throughout our parish and even beyond as we are able to draw in folks who come here for the healthcare services we are providing.

It all sounds great. Hopefully it will all come to fruition.

When you look at it, that's the piece that can be daunting. One of the more recent ones was the one we looked at in New York, and that's still fifteen years old. The Texas Medical Center is much older than that, but people talk about it all the time. We have just as much potential to be recognized. We already have that recognition in a number of areas, but I think collaboratively we really have a potential to be recognized and to have people, when they think about where to go for healthcare, think about Baton Rouge as a place to provide excellent and compassionate, quality healthcare. ■

Challenge Accepted

LOUISIANA EXPANDS MEDICAID

By **Claudia S. Copeland, PhD**

Take a drive down I-10 in Louisiana, and you'll soon see billboards with smiling faces announcing the good news: starting July 1st, you may qualify for expanded Medicaid! Yes, at long last, Medicaid expansion has come to Louisiana.

For three years, Louisiana governor Bobby Jindal declined Medicaid expansion, saying it would be too expensive. The reality, though, is that all states will lose federal funding for indigent care; according to the original Affordable Care Act plan, Medicaid expansion would replace these funds in a more cost-efficient way to cover the uninsured. Without Medicaid expansion, Louisiana would lose billions. Now, with the election of Governor John Bel Edwards, Louisiana has turned on a dime—after just six months' time for organization and implementation, over 200,000 Louisianans had Medicaid cards in their hands by the target start date of July 1st, 2016.

In the past, among non-pregnant adult Louisianans, only the very poor or disabled were eligible for Medicaid. Meanwhile, wealthy residents and professionals with benefits provided by their jobs were covered by private insurance. The working poor, small business owners, and creative professionals like musicians and artists were stuck in the middle—neither wealthy enough to afford private insurance, nor poor enough to qualify for Medicaid. The original ACA was written to close this gap, but when a supreme court ruling allowed states to refuse to expand Medicaid, some states like Louisiana refused the offer to expand—even though the state would pay none of the costs in the first years, and then slowly increase to only 10% of the costs. Since the original ACA planned for moderately low income Americans to be covered by Medicaid, there was no provision for them to get subsidized health insurance through the federal Health Insurance Marketplace. This left working class residents in the paradoxical position of not qualifying for Medicaid but being too poor to qualify for the federal subsidies.

With Edwards' decision to expand Medicaid at the beginning of the year, though, Louisianans with incomes up to $16,395 per year for individuals to $33,534 for a family of four are now eligible for healthcare coverage. This is good news for the newly eligible individuals, but it's also smart in terms of state-level finances: while Gov. Edwards' primary goal was to improve the health of Louisianans, "in the process, we are saving Louisiana taxpayers more than $180 million." Unlike many hard choices he has had to make upon taking the helm from former governor Jindal, "expanding Medicaid in Louisiana was the easiest decision I've made since taking office in January, and I meet people from all walks of life who will be positively impacted by expansion."

While the decision may have been easy, implementation was another matter. Putting together a statewide health program for hundreds of thousands of people in just under six months is no small task. Luckily for Louisiana, the state had Medicaid Director Ruth Kennedy on board.

A month after Gov. Edwards took office, Kennedy left her position as Medicaid Director to concentrate all her energies on the ambitious goal of expansion in less than 6 months. As Louisiana's first Medicaid Expansion Project Director, she had her hands full: "Edwards did not say that we would start signing people up by July 1st; he said that people should have cards in their hands by July 1st. It's been highly challenging, and we are proud of what we've been able to achieve in such a compressed time frame."

This is not the first time Kennedy has expanded Medicaid. In the late 1990s, Louisiana was facing a crisis in uninsured children, and it was Kennedy who expanded Medicaid into what we know today as LACHiP, the Louisiana Children's Health Insurance Program. LACHiP, together with its sister program, the LaCHiP Affordable Plan, a

375,000

In reality, it's a paradigm shift for hundreds of thousands of Louisianans—an estimated 375,000 are eligible for expanded Medicaid.

low-cost option for residents with moderate incomes, serves to ensure that all children in Louisiana have access to healthcare. "In 1998, Louisiana had the third highest percentage of uninsured children (behind Texas and Arizona). Now, there is only one state (Maryland) that has a lower percentage of uninsured children. So, that's why I'm confident that with the [current] Medicaid expansion, this is the gateway to improved outcomes."

One of the biggest hurdles for Medicaid expansion was the practical challenge of getting such a large number of people enrolled quickly. Whereas in some states, expansion represented a relatively small change, in Louisiana it is huge. For example, in Ohio, the previous income limit for Medicaid was 100% of the Federal poverty level (FPL), and Medicaid expansion raised that limit to 138% FPL. In Louisiana, though, the Medicaid qualifying income limit for a non-disabled, non-pregnant adult was just 11% FPL. Essentially, Medicaid was just not available to working, non-pregnant adults in Louisiana. Now, after expansion, a single adult can get Medicaid if their annual income is below $16,243. "Particularly for males," says Kennedy, "this is a paradigm shift."

In reality, it's a paradigm shift for hundreds of thousands of Louisianans—an estimated 375,000 are eligible for expanded Medicaid. That's a lot of enrollees to get signed up, and at a time when there isn't any extra money lying around to help get it done. With a staggering budget deficit inherited from the previous administration, hiring a large team to enroll this eligible population was out of the question. Further, putting the state plan together took until May 27th, so enrollment did not begin until June 1st, giving them just one month to complete enrollment—cards in hand—for the July 1st goal of 200,000 people. "The previous administration was diametrically opposed to Medicaid expansion," explains Kennedy. "Until the election in November, we did not know what the direction would be. We did not begin officially working on the Medicaid expansion until the 12th of January. It was intense, it was challenging. We have done a lot of things...but not in such a compressed time period."

Facing the impossibility of enrolling hundreds of thousands of residents individually in less than 6 months, creative solutions were a must. One such solution was the use of Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps) rolls. Since SNAP data are considered very reliable, and since the income limits for the program are below those for expanded Medicaid, this was a great way to enroll a large number of people quickly and easily. Louisiana is the first state in the nation to use SNAP rolls for Medicaid enrollment. Quick enrollment was also carried out for people receiving other benefits, such as enrollees in the Greater New Orleans Community Health Connection (GNOCHC), which provided services like primary care to people with incomes below 105% FPL. Through a combination of innovative approaches and a lot of hard work, the Medicaid expansion team did it—over 200,000 newly enrolled adults had their Medicaid cards in hand by July 1st.

However, Kennedy emphasizes that this is only the first step towards a larger goal of improving the health of all Louisianans: "This will be an ongoing process. What we will be looking at as we go forward is what works, what doesn't work...this is step 1, getting people signed up with a card in their hand." What about steps 2 and beyond? "There is the recognition that enrolling people is not our endgame. To improve health outcomes, we'll be doing community outreach, but it will be dual outreach, to people not enrolled and also those newly enrolled. The health literacy of it; the options other

"Louisiana is the first state in the nation to use SNAP rolls for Medicaid enrollment."

than the emergency room, medical transportation... a focus on men's health, prevention, early detection of pre-cancer, pre-hypertension, and pre-diabetes." She expects the benefits to extend beyond individual health into greater workplace efficacy as well: "I believe this is going to make for a healthier workforce in Louisiana. It's not just about absenteeism, but about "presenteeism"–the idea that you're at work but not doing a good job because you aren't feeling well."

So, what do physicians and patients think about the expansion? Patients seem universally happy. In an informal survey in the St. Roch neighborhood–characterized by a mix of creative professionals and low wage employees–residents were very happy about qualifying for expanded Medicaid. The only negative comment was regret that not all people could have the option of public insurance (that is, a national healthcare option with middle-to-higher income people paying premiums according to income). Many were surprised that they qualify. "I had no idea; I have a Marketplace plan, but it has a high deductible, so I don't really feel like I have health insurance," said one musician and dancer, "I think I'll cancel my Marketplace plan and enroll." In fact, she may not have a choice. Residents with Marketplace plans who are now eligible for Medicaid cannot continue to receive the tax credits that subsidize the private plans. They do not have to cancel their Marketplace plan, but if they do not, they will have to pay full price for it, with the bill due around tax time next year.

For physicians, it's more complicated. A 2014 Deloitte poll of physicians throughout the U.S. found that 44% were treating an increased number of newly enrolled patients. The increase in demand was particularly high for states that expanded Medicaid. (At the time of the survey, Louisiana was not one of these.) Most affected by the increased patient load were primary care physicians, and many felt that the influx was straining resources. Adapting to the new demand presents challenges, which will need to be addressed by changing delivery systems, such as possibly expanding the role of nurse practitioners in primary care. One factor that may help is the growth of retail clinics, such as CVS's Minute Clinic. These clinics, along with urgent care clinics, can help deal with the increase in low-severity cases, allowing PCPs to focus on health management for overall wellness in their patients, especially those with chronic conditions.

William Carter, MD, an internist at Ochsner, takes a pragmatic view. "Being in the hospital, we are required to treat all patients who come to the ER no matter their insurance status." For hospital managers and case workers, though, he says that it makes quite a difference; now, they actually have somewhere they can refer their patients. "Sometimes that 'somewhere', such as the LSU clinic, takes awhile to get into, but it is at least something. Also, patients are more likely to fill their prescriptions now that they have insurance." He also points out another side to Medicaid expansion, and that is the perspective of the hospitals themselves. No matter how idealistic, hospitals cannot pay their staff if they do not receive income. "The hospital administrators are happy for the Medicaid expansion so they can get someone to pay the hospital bills. When the Affordable Care Act was passed, part of the way to pay for the Medicaid expansion was to get rid of indigent subsidies [DSH funds, paid to hospitals with a disproportionate share of uncompensated ER treatment] to pay for the uninsured. For a while, the hospital was not getting reimbursed much for

"For philanthropy-funded clinics, Medicaid expansion can be a godsend. The New Orleans Musicians' Clinic, funded through donations and grants to the New Orleans Musicians Assistance Foundation, has been providing healthcare for New Orleans musicians and other performers since before the ACA. Medicaid payments allow them to stretch their donors' dollars and provide more care."

From the New Orleans Musicians' Clinic, pictured, Margeurite Clark, LPN; Megan McStravick, MSW; Catherine Lasperches, FNP; and Felice Guimont, RN.

the uninsured, but now many can enroll in Medicaid, which will pay for hospitalization."

For philanthropy-funded clinics, Medicaid expansion can be a godsend. The New Orleans Musicians' Clinic, funded through donations and grants to the New Orleans Musicians Assistance Foundation, has been providing healthcare for New Orleans musicians and other performers since before the ACA. Medicaid payments allow them to stretch their donors' dollars and provide more care. Megan McStravick, Social Services Intake Coordinator for the Clinic, says "It's fantastic, actually. Before, a lot of patients had GNOCHC–partial Medicaid. They could get their free care here every 6 months, but had to go to University Hospital to get their labs done–biopsies, X-Rays, mammograms. They had trouble getting the care, getting all their paperwork together." They also just did not feel good about having to detail their income at every step, with some feeling ashamed that they did not earn more money. "Now, it's a lot easier; they can get all that done right here." All of the GNOCHC musicians were automatically enrolled, but there were a substantial number who had incomes above that limit, but below 138% FPL. Many of these do not know they are eligible, so McStravick has sent out postcards to all Musicians' Clinic patients, with clear instructions on how to apply, income limits for different family sizes, and her personal contact information for questions. She said they were initially a bit concerned that musicians might go elsewhere, since now they could get their care anywhere. "We thought we'd be kind of slow, but actually, we are a little bit busier than we were before." The Musicians' Clinic plans to use the money they save through Medicaid reimbursements to pay for things that aren't covered, such as expanding counseling or dental coverage.

And the patients? McStravick doesn't hesitate: "They're really excited about it. We're seeing a pretty positive response, in terms of involvement, people coming back in who haven't come in for three or four years. The only thing that seems to be not up to par is the dental. It was also retroactive, which was amazing. A lot of people had bills, for example from the emergency room, from before [July 1st]. Medicaid is taking care of the bills from the last three months."

One group of patients who may particularly benefit from expanded Medicaid is people living with HIV (PLWH). Dorian-Gray Alexander, Policy Fellow at the CHANGE Coalition, chair of the NO/AIDS Task Force community advisory board, and member of the LSU Health Sciences Center HIV Malignancy Consortium Advisory Board, says that, while it's too early to measure impact, they have seen an outstanding level of enrollment. "Sadly, in Louisiana, most PLWH, approximately 67%, lived below 138% FPL and many had never been insured before or have been uninsured from lack of steady employment." HIV is an expensive disease. Almost all currently prescribed anti-retrovirals cost $1800 - $3200 per month, and that is just the cost of the medications themselves. Crucial to the care of HIV-positive patients has been the Ryan White Care Act (RWCA), which provides "payer of last resort" funding for HIV care. The original intention of Ryan White "was as an emergency measure at a time when HIV/AIDS still had high mortality and

treatment options were fewer." Today, RWCA serves as a wrap-around safety net for HIV treatment and care coordination.

However, while RWCA funds have been critical for HIV+ patients, "all care must be tied to their HIV disease with few exceptions." This can be especially problematic when it comes to comorbid conditions, such as hepatitis C, highly prevalent in Louisiana, as well as day-to-day medical problems. "RWCA can only address HIV concerns, not the bad knee or a hernia in need of repair. Another restriction is that services must be outpatient or ambulatory. RWCA funds cannot be used for hospitalizations." Alexander believes that Medicaid expansion will help smooth out these gaps. "Medicaid expansion gives PLWH, for the first time, greater options to access care, more choice in choosing where they receive care, and the ability to not only manage their HIV disease but also other health needs requiring specialized care. The current systems of care have been from ASO [AIDS service organizations] clinics or State-operated public facilities with HIV-specific clinics. PLWH have been at the mercy of shifting access points for care and dwindling funding, often leading to reduced hours of services, lengthy appointment settings, and long waiting room times."

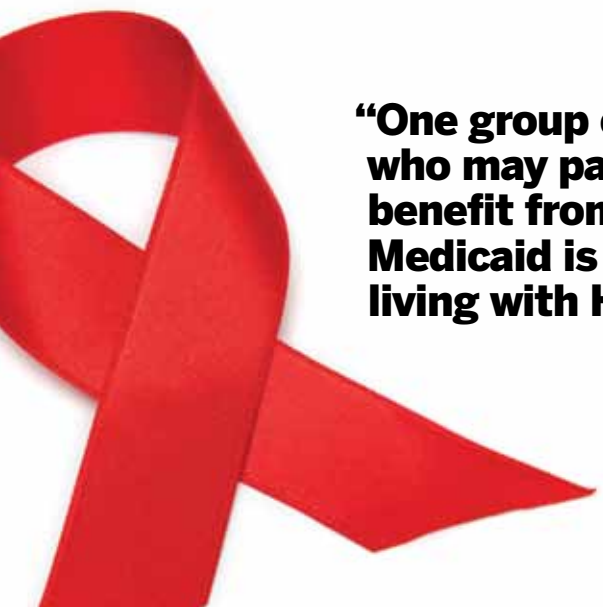
On the other hand, RWCA has provided such comprehensive HIV care coordination that it "has insulated PLWH from the 'real world' when they access HIV care, with coordination done by both medical case management and non-medical case managers. Many PLWH have complex needs depending on the level of HIV disease, but also timing. For example, a newly diagnosed person with HIV may have adjustment issues in understanding what HIV is, may need behavioral counseling, and assistance in navigating healthcare. An adolescent who was born with HIV may be dealing with medication adherence and disclosure issues. Someone who is a long-term survivor living with HIV may have a complex medical history, including long-term side effects of prior ARV [anti-retroviral] treatment and/or aging or inconsistent HIV disease management. When a PLWH accesses care outside the RW system, they are reminded that the 'hand-holding' of case management rarely exists." Medicaid is more streamlined than most private insurance systems, sparing patients the confusing and voluminous bureaucracy inherent in most private plans. A key concern for Medicaid expansion, though, is the level of case management and quality of Medicaid-based care. "What training do they need to effectively and compassionately deal with a disease still fraught with stigma and misperceptions even among healthcare professionals?" says Alexander. Also, "Great efforts are being made to make sure PLWH, who are eligible for Medicaid, don't experience treatment interruption or delays in services, chemotherapy, or planned surgeries during a transition from RW care to Medicaid."

"This will be an ongoing process... There is the recognition that enrolling people is not our endgame."

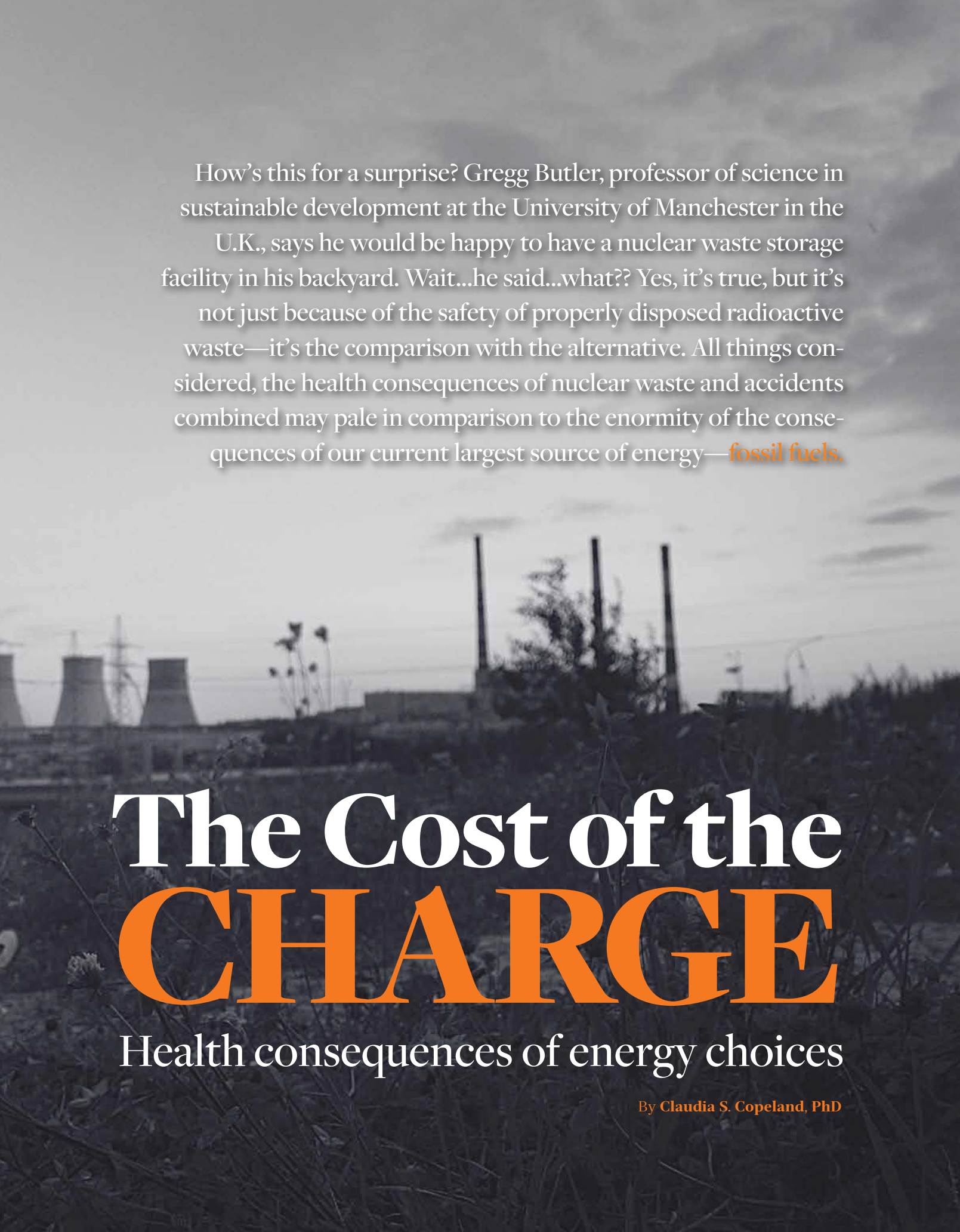
–Ruth Kennedy,

Megan McStravick of the Musicians' Clinic also favors a "whole-person" approach. The Musicians' Clinic offers counseling, and has unique approaches such as an "emergency fund" for issues that are not technically medical, but affect patients' health. Depending on how much savings Medicaid expansion can give, they would like to expand these types of programs. "It would be great to make a financial stability impact on people as well." Basic medical care is an important first step, but the overall goal is wellness and good health.

Kennedy feels the same way. Even while still in the thick of enrolling eligible residents, her eyes are on the future–how to not just get patients into Medicaid, but to also make sure the system leads to genuine health improvements. "The real success is not just achieving 375,000 enrollees, but improving people's health outcomes, their well-being, and their productivity." ■



"One group of patients who may particularly benefit from expanded Medicaid is people living with HIV (PLWH)."



How's this for a surprise? Gregg Butler, professor of science in sustainable development at the University of Manchester in the U.K., says he would be happy to have a nuclear waste storage facility in his backyard. Wait...he said...what?? Yes, it's true, but it's not just because of the safety of properly disposed radioactive waste—it's the comparison with the alternative. All things considered, the health consequences of nuclear waste and accidents combined may pale in comparison to the enormity of the consequences of our current largest source of energy—fossil fuels.

The Cost of the CHARGE

Health consequences of energy choices

By **Claudia S. Copeland, PhD**

FOR MANY, THE IDEA OF NUCLEAR ENERGY BRINGS with it fear and distrust. The symptoms of radiation sickness are horrific, and the potential impact of accidents is tremendous, and terrifying. The Chernobyl meltdown, with radiation fallout as far as Western Europe, and the Fukushima Daiichi nuclear disaster, which displaced 160,000 people, are alone enough to win nuclear power the crown for scariest source of energy. Add to this the fact that, for all practical purposes, nuclear waste lasts forever, and it certainly seems that nuclear energy must be the worst way to power our lives, in terms of human health.

In reality, though, major failures of civilian nuclear power plants are few and far between: the Fukushima disaster in 2011, the Chernobyl disaster in 1986, the Three Mile Island partial meltdown in 1979, which resulted in no deaths and no significant increases in cancer afterwards, and the 1961 explosion and meltdown of SL-1, a remote army nuclear power reactor near Idaho Falls, that killed three operators. In contrast, deadly disasters in coal mining have been a steady constant throughout its history, with more than 100,000 miners killed in the past century in the U.S. alone, and almost double that number killed in China. Globally, an estimated 12,000 coal miners die every year from accidents, according to the BBC. But accidents in the coal mine are only the

"...accidents in the coal mine are only the beginning. The current number of Chinese pneumoconiosis (black lung) cases exceeds 700,000, according to *China Daily*, and U.S. black lung cases are on the rise in Appalachia as well, according to a January report in *Environmental Health Perspectives*."

IMAGE VIA WIKIMEDIA COMMONS

FUKUSHIMA DAIICHI NUCLEAR DISASTER
Radiation hotspot in Kashiwa.

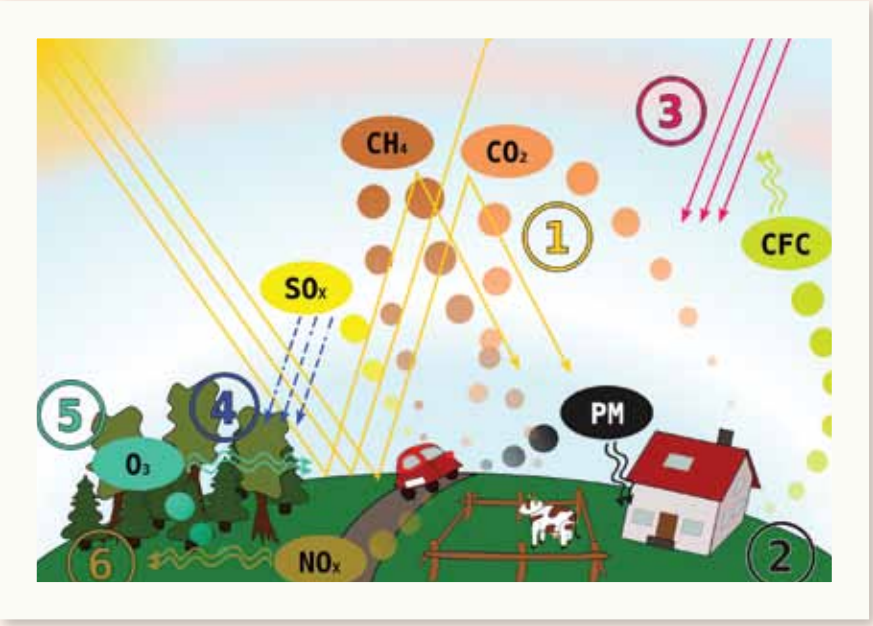
beginning. The current number of Chinese pneumoconiosis (black lung) cases exceeds 700,000, according to *China Daily*, and U.S. black lung cases are on the rise in Appalachia as well, according to a January report in *Environmental Health Perspectives*.

Burning coal affects health almost as dramatically as mining it. An unintended de facto experiment in China, in which officials gave free coal for heating to northern regions, but not southern ones, allowed the consequences of increased coal burning to be measured. According to a regression analysis reported in PNAS in 2013, the impact of the increased total suspended particles (TSPs) translated into a decreased life expectancy of 5.5 years among northerners due to cardiorespiratory diseases associated with the higher use of coal. Of course, oil and natural gas are cleaner than coal, but also generate substantial pollution, as well as accidents.

Whereas radioactive waste from nuclear power plants can be vitrified into glass, coated in concrete, and buried deep underground, there is no such solution for the waste generated by fossil fuels. It enters our air, water, and soil. Filters can help, as can increases in fuel efficiency through technology, but the fact remains that pollution from fossil fuels is a huge health issue. In the U.S. alone, each year sees over 16,000 hospital admissions for asthma, pneumonia, and cardiovascular conditions linked to pollution from fossil-fuel power plants. In addition, such pollution is implicated in more than 7,000 emergency room visits for asthma, more than 18,000 cases of chronic bronchitis and 59,000 cases of acute bronchitis, more than 1 million lower and upper respiratory infections, and more than 30,000 premature deaths. Annual lost work days due to air pollution number over 5 million.

Outside the developed world, with fewer regulations and weaker enforcement, air pollution from fossil fuels is far worse, as any traveler to big cities in Latin America, southeast Asia, or Africa can tell you. Africa not only hosts the world's most air-polluted city (in Nigeria), but also suffers from widespread oil-related water pollution that affects drinking water and fishing, a staple source of food and income for villagers. A United Nations Environmental Programme report documented extensive oil-related contamination of soil and water in the Niger Delta region; in the most serious case, they found an 8-cm thick layer of refined oil floating on the groundwater serving the community wells. In one community, drinking water in wells was contaminated with levels of benzene over 900 times the WHO upper limit.

Latin America also suffers from oil-related environmental health problems. A 2004 Pan-American Health Organization report on the oil industry in the Amazon basin of Ecuador documented a range of toxicological effects associated with oil exposure. Spontaneous abortions were 2.5 times higher in women



REASONS AND EFFECTS OF AIR POLLUTION

- Carbon dioxide from exhausts and energy production
- Methane from cattle breeding
- Sulfur oxides from exhausts and industry
- CFCs from refrigerants and propellants
- Nitrogen oxides from exhausts and industry
- Ozone from air with high oxygen level, catalysed by nitrogen oxides
- Soot and particulate from exhausts and industry

1. Greenhouse effect by keeping sun warmth and light from reflecting back into space
2. Particulate contamination affecting respiratory systems
3. Raised UV radiation levels by destruction of the ozone layer
4. Acid rain leads to acidification and forest dieback
5. Increased ozone levels affecting respiratory systems
6. Contamination by nitrogen oxides affecting respiratory systems

living near oil fields, and the rates of several forms of cancer were elevated: cancers of the stomach, rectum, skin melanoma, soft tissue, and kidney in men, cancers of the cervix and lymph nodes in women, and hematopoietic cancers in children. In China, outdoor air pollution contributes to 1.6 million deaths per year, according to a 2015 study by Berkeley scientists Rohde and Muller, reported in *PLoS*; this number represents 17% of all the deaths in China.

CLIMATE CHANGE

Beyond the effects of pollution looms the potential global catastrophe of climate change. Excessive and rising carbon dioxide in the atmosphere from fossil fuels emissions is predicted to lead to global warming, acidification of the ocean, changes in rainfall, sea level rise, and increases in the frequency or severity of extreme weather effects. How might this affect our health locally?

Hot temperatures can lead to heat stroke, dehydration, and increased cardiovascular, cerebrovascular, and respiratory disease. According to the EPA, heat-related deaths in the United States could reach the thousands to tens of thousands of additional deaths each year by the end of the century during summer months. Rising temperatures also adversely affect air quality, which increases asthma and other respiratory illnesses. Among the most problematic predicted air quality issues linked to climate change is an increase in the amount of ground-level ozone, which can damage lung tissue and inflame airways, aggravating asthma and other respiratory conditions. According to the US Global Change Research Program (USGCRP), by 2030, ground-level ozone-related illnesses and premature deaths due to climate change could number in the thousands if no mitigating air quality policy changes are put in place.

Rising temperatures can also adversely affect water quality, through increased runoff leading to pollution of recreational and drinking water sources, and through infectious disease. Disease-causing microbes expected to increase with rising temperatures include Vibrio bacteria and other pathogenic bacteria, toxin-producing algal blooms, and waterborne parasites like Cryptosporidium and Giardia.

In addition to waterborne diseases, climate change is also predicted to affect vector-borne diseases. The activity of ticks that transmit Lyme disease, for example, is restricted by climate. As temperatures rise, these ticks are likely to become active earlier, and their geographic range is expected to expand. Mosquitoes transmit a great number of diseases, many deadly. Currently, mosquito-transmitted viruses like Dengue and Zika are not seen in temperate and northern climates because the mosquitoes that transmit them cannot survive the northern winter, curtailing the infection cycle. The more warming, the greater the range of these mosquitoes, potentially affecting large numbers of people. Globally, temperature increases of 2-3ºC would increase the number of people who are at risk of malaria by several hundred million, according to the World Health Organization.

Beyond infectious diseases, climate change may affect general health through impacts on food quality. This can be through toxins–higher sea temperatures are expected to lead to an increase in mercury in seafood–or pathogens; for example, food poisoning caused by Salmonella increases with heat.

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In addition, nutrition can be affected by an increase in carbon dioxide, with lowered levels of proteins and essential minerals in crops such as wheat, rice, and potatoes. The relationships between climate change and agriculture are well-documented, according to the USDA, with risks to food security increasing with higher concentrations of greenhouse gases and extending "beyond agricultural production to other elements of global food systems that are critical for food security, including the processing, storage, transportation, and consumption of food."

One effect of particular concern to Gulf Coast residents is a predicted increase in extreme weather events. Storm-related damage to roads and communication infrastructure disrupts access to healthcare services, especially impacting the elderly and people with disabilities. Carbon monoxide poisoning due to improper use of generators increases during storm-related outages, and mental health effects such as depression or PTSD increase following storm-related trauma or loss.

ALTERNATIVES

Clearly, the health effects caused by fossil fuels are dramatic and far-reaching, even here in the U.S. Other than nuclear energy, though (which many still do not feel comfortable with), how else can we power our modern world? Hydroelectric power is a relatively clean energy source, and it is not highly accident-prone. However, when accidents do happen, they are extremely deadly: for example, in 1975, a single typhoon destroyed 62 poorly constructed dams in the Banqiao Reservoir in China, killing 171,000 people and leaving 11 million more homeless. Dams can also lead to increases in waterborne diseases, such as schistosomiasis, a parasitic infection second only to malaria in terms of morbidity and mortality.

Considered even cleaner than hydroelectric power, wind energy, in addition to being low in mortality due to accidents, emits no water, ground, or air pollution. However, since wind energy is so clean, turbines have been built very close to residences to take advantage of power infrastructure, and a strange syndrome of health complaints has emerged. The complaints include sleep disturbance, headache, anxiety, depression, dizziness, and cognitive dysfunction. Researchers are not sure what exactly is causing these symptoms, but speculated causes include audible noise, infrasound (sound at frequencies too low to be consciously heard), ground current, and shadow flicker. Shadow flicker is the phenomenon of the moving shadow of the blade of a wind turbine creating a slow flickering light effect as the shadow moves over windows, akin to someone continuously switching a light switch off and on every couple of seconds.

Wind turbines

In spite of the large number of complaints, valid studies have revealed no scientific evidence for a direct link to human health. So, what is causing the symptoms? One explanation is a "nocebo" effect. Akin to a placebo effect, which improves people's health through purely psychological effects, nocebos are phenomena that lead to adverse health symptoms due to the psychological effect of the belief that they are harmful. Some have asserted that wind turbine health complaints are correlated not with wind turbines, but with media attention to adverse effects, and accusations have even been made that fossil fuel industry proponents have fanned the flames of Wind Turbine Syndrome.

A critical review published in late 2015 in the *Journal of Occupational and Environmental Medicine* found no evidence of direct harm by wind turbine noise and no correlation of complaints with objective measures of sound pressure. Instead, indirect harm appeared to stem from stress due to annoyance, and this was significantly correlated with factors such as residents' opinions of the aesthetics of the wind turbines in the surrounding scenery. A similar scenario

ABOVE Hydroelectric power is a relatively clean energy source, and it is not highly accident-prone. LEFT Another clean energy source, well-suited to our sunny climate is solar energy.

is seen with shadow flicker; the frequency of shadow flicker brought about by commercial wind turbines is too slow to cause epileptic seizures, but it does cause annoyance. Studies of quality of life (QOL) using physical and mental health scales found contradictory results. One small study (38 participants living within 2 km of a wind turbine) found lower QOL in residents living near wind turbines, while another, large study (853 residents living within 1.5 km of a wind turbine) found significantly higher QOL levels in those living closer to a turbine. All in all, wind energy appears to be a healthy energy source, but in light of the number of complaints—regardless of whether they represent a nocebo effect—wind turbines should best not be positioned in close proximity to residences.

This brings us to another clean energy source, one that's well-suited for our sunny climate here in Baton Rouge and ideal for positioning close to the people using it—solar energy. Solar has the lowest impact in terms of accidents per kilowatt hour produced, after nuclear energy (which is low due to the high amount of energy produced, not to a low total number of accident-associated deaths), and operation of solar panels does not produce pollution. However, the production of solar panels does involve potentially hazardous materials, including lead, arsenic, copper, and a number of other toxic chemicals, and improper disposal can lead to health hazards—about the same as those associated with the general microelectronic industry. Recycling can mitigate much of the impact of solar cell components, and as the components are valuable, companies are motivated to recycle them. (Of course, it is important that conditions in recycling plants are protective of workers' health.) As technology improves, these issues are also steadily improving. The Australian independent think tank TAI, in a report on the costs and benefits of solar energy, quantified the health impacts as 0.5 cents/kWh vs. 1.9 cents/kWh for natural gas, the healthiest of the fossil fuels. Some concern has been expressed about electromagnetic fields associated with solar panels, but these fears are not supported by any valid scientific studies.

All things considered, solar energy and wind energy appear to be the clear winners in terms of human health—except for one additional source: the human body itself! Baton Rouge has an ideal climate for bike riding. While riding a bike in traffic can lead to morbidity due to accidents, if you can find a route that is free of traffic hazards, using the energy your own body generates from food calories is not only clean, but can provide a net increase in wellness due to the health benefits of exercise. Getting the benefits of exercise together with human-powered clean energy aren't confined to bikes, either: Adam Gilmore of the University of Guelph in Canada found that harnessing electricity produced by people working out in a fitness center could recover 7.9% of the facility's energy demand. (It was not economically feasible, considering the cost of fitting pedal devices to electricity generators, but decreases in the cost of the technology or rising fuel prices could tip the scales at some point in the future.)

Researchers Suhalka et al., from Jaipur, India, and Romanian researchers Mocanu et al. have designed bicycle-powered generators, capable of providing light or powering other small devices—quite useful in off-the-grid villages. Of course, if you've ever watched a playground full of kids, you may have marveled at "how much energy" they all have. Well, Tulane electrical engineering professor S. R. Pandian has developed a system for harnessing all that playground energy using pneumatic cylinders. Low-cost systems like this have lower energy harvesting efficiency, but in the case of playground energy, efficiency is not as important, since kids want to play regardless! After the low installation cost, it's free energy, free fitness, and free fun. Now, how's that for healthy?! ■

"All things considered, solar energy and wind energy appear to be the clear winners in terms of human health—except for one additional source: the human body itself!"


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HOW A PRICE TRANSPARENCY TOOL CAN REVOLUTIONIZE HEALTHCARE

Price Is Right

By **Carolyn Heneghan**

In a world dominated by the third-party payer health insurance model, patients and even providers often have no idea of the actual costs of healthcare products and services. But as healthcare premiums skyrocket and more patients choose plans with higher deductibles, those costs are coming to light.

"They've never been conditioned to ask about it, from growing up and going to visit a provider or being hospitalized. It's almost been a topic that hasn't come up in the typical delivery of care."

KENNY COLE, MD

Technology and the proliferation of product information have made price transparency more in demand across industries, and healthcare providers are starting to feel the pressure of those patient demands. In response, Baton Rouge General Medical Center has launched a pricing tool that enables patients to better identify and compare pricing for healthcare services.

Patients Insulated From Price

Patients tend to be in the dark about how much their healthcare needs actually cost—and have been for some time.

"It's part of the history of healthcare financing," said Kenny Cole, MD, chief clinical transformation officer at Baton Rouge General. "People were insulated from the cost of services by virtue of us having a third-party payer system where basically you purchase health insurance and the health insurers are the ones that are actually paying for healthcare."

As such, patients have been insulated from knowing about cost and pricing disparities within the healthcare system. While they pay a monthly premium and copays, patients don't realize that the actual cost of that medication or treatment could be several times more.

It has progressed to the point where patients don't even ask about healthcare pricing anymore. Dr. Cole said this is for three primary reasons:

- Patients have grown accustomed to this as the status quo.
- Providers aren't always aware themselves of how much healthcare costs.
- At times, the healthcare service is necessary and cost has no bearing on the urgency of the need.

"They've never been conditioned to ask about it, from growing up and going to visit a provider or being hospitalized," said Dr. Cole. "It's almost been a topic that hasn't come up in the typical delivery of care."

He continued, "If you have a child who needs an emergency appendectomy, no parent in the world is really interested in what it costs—they just want you to fix the problem."

The Role of Providers

Physicians haven't normally involved themselves in healthcare pricing on the patient side because they've never had to, Dr. Cole said. Instead, pricing discussions have tended to stay between physicians and insurance companies.

"That's never been something that's been part of a typical physician-patient relationship," said Dr. Cole. "I think to some extent providers have always kind of felt that it impinges on the whole goal of medicine. It's not about how much it costs, it's just about what we need to do to get you better."

But that status quo could be changing. Healthcare spending slowed briefly in the 1990s before sharply escalating in the first decade of the 2000s. As healthcare became prohibitively more expensive, those costs threatened the financial security of patients, providers, and the national economy as a whole.

The current system isn't sustainable. Costs continue to rise, and insurance premiums have skyrocketed for patients and employers. Now all players in healthcare, from providers and patients to lawmakers and insurance companies, are looking for ways to cut costs.

"One way is a shift toward trying to drive a bit more consumerism into healthcare," said Dr. Cole. "We're trying to give consumers skin in the game, if you will, in terms of greater financial responsibility to protect against overutilization of unnecessary care."

Enter the Price Transparency Tool

Earlier this year, Baton Rouge General launched a new price transparency tool that enables patients to learn more about how much their care costs. It's a fairly simple concept. Patients can visit a website (brgeneral.org/Visitors-Patients/Visitors/get-a-quote) and enter their name, date of birth, insurance provider, and policy number along with the name of the procedure they need. For those uncomfortable with entering the information online, a phone number, (225) 381-6276, is available Monday through Friday, from 8 a.m. - 6 p.m.

In addition to getting a quote for the cost of that procedure, designated Baton Rouge General employees who are knowledgeable about health insurance pricing communicate with patients in any of three ways: phone call, email or a live text-based chat. The employee can provide information specific to that patient and his or her individual insurance plan. Plans can vary widely based

on company, deductible, copays, and other pricing factors. The pricing benchmark for the requested procedure may be definite, such as for a chest x-ray. Or, it could be estimated based on normal anticipated circumstances, though complications could change the final price.

Where Healthcare Meets Consumerism

Pricing details enable patients to compare services among providers and infuse the basic principles of capitalism into healthcare.

With the ability to shop around for procedures and services, patients can find the best deal for their dollar. This forces healthcare providers to compete on not only quality, but also price, which could drive down prices over time.

"It's Business 101—you try to create value for your customer, so businesses compete as to who can deliver the best product, best customer service, and at the lowest cost," said Dr. Cole. "Whichever company is able to do that typically gets rewarded with more customers."

Cole added, "[Providers] who would embrace these types of tools are making a declarative statement to their dedication to customer service and that could be one element of what we're trying to do with healthcare."

Catching Up to Technology

The healthcare industry can be notorious for being a late adopter of technology—not necessarily in treatments, but in administrative work. Many facilities still depend on paper-based charts and patient files, though about 83% of physicians now report using electronic health records as of a 2015 report from the Office of the National Coordinator for Health IT.

The Internet has made medical information easier to find than ever, and about 72% of Internet users said they researched health information online in the past year, as of a 2012 Pew Research Center survey. Also, the younger generations who have only known a world with Internet access are becoming older and in control of their own healthcare decisions.

These two factors are likely to drive a movement in the healthcare system to be more technologically sophisticated, particularly when it comes to pricing for services.

"You've got a younger population that is very tech-savvy, that is used to being able to consult their smartphone to get the price of whatever it is they're researching in a matter of seconds," said Dr. Cole.

He continued, "As the healthcare system evolves and as you see the millennials occupy an increasing proportion of consumers, there's going to be an expectation, a demand, and I just think there's going to be more and more text-savvy individuals calling and asking for pricing information."

Price Transparency: An Expectation

Another increasingly common expectation is for transparency, in healthcare and elsewhere. With the Internet and social media, information about products, services, companies, and pricing is now easier than ever to obtain. If a company is not forthcoming with information about its products and services, consumers may look elsewhere before making a purchase.

This is particularly true when it comes to products and services that can impact a person's health. The food industry knows this all too well, as an increasing demand for transparency about ingredients, source, and animal welfare practices has impacted companies' sales and operations.

That expectation for transparency is coming to healthcare providers, too. Patients don't only want to know what a treatment entails or what the side effects of a medication might be. They want to know how much these services cost so they can make a more informed decision about from whom they will purchase the service.

Baton Rouge General has recognized this consumer demand and responded with a tool that could inspire the rest of the healthcare industry to improve price transparency in turn.

"If a provider is unable to give a patient that pricing, they may be inclined to go somewhere else if they don't know the cost," said Dr. Cole. "If someone can't provide them the cost of a service, in what other industry would that even be tolerated?" ■

"In addition to getting a quote for the cost of that procedure, designated Baton Rouge General employees who are knowledgeable about health insurance pricing communicate with patients in any of three ways: phone call, email or a live text-based chat. The employee can provide information specific to that patient and his or her individual insurance plan."

Donald Trump's HEALTHCARE PLATFORM

Completely repeal Obamacare. Our elected representatives must eliminate the individual mandate. No person should be required to buy insurance unless he or she wants to.

Modify existing law that inhibits the sale of health insurance across state lines. As long as the plan purchased complies with state requirements, any vendor ought to be able to offer insurance in any state. By allowing full competition in this market, insurance costs will go down and consumer satisfaction will go up.

Allow individuals to fully deduct health insurance premium payments from their tax returns under the current tax system. Businesses are allowed to take these deductions so why wouldn't Congress allow individuals the same exemptions? As we allow the free market to provide insurance coverage opportunities to companies and individuals, we must also make sure that no one slips through the cracks simply because they cannot afford insurance. We must review basic options for Medicaid and work with states to ensure that those who want healthcare coverage can have it.

Allow individuals to use Health Savings Accounts (HSAs). Contributions into HSAs should be tax-free and should be allowed to accumulate. These accounts would become part of the estate of the individual and could be passed on to heirs without fear of any death penalty. These plans should be particularly attractive to young people who are healthy and can afford high-deductible insurance plans. These funds can be used by any member of a family without penalty. The flexibility and security provided by HSAs will be of great benefit to all who participate.

Require price transparency from all healthcare providers, especially doctors and healthcare organizations like clinics and hospitals. Individuals should be able to shop to find the best prices for procedures, exams or any other medical-related procedure.

Block-grant Medicaid to the states. Nearly every state already offers benefits beyond what is required in the current Medicaid structure. The state governments know their people best and can manage the administration of Medicaid far better without federal overhead. States will have the incentives to seek out and eliminate fraud, waste, and abuse to preserve our precious resources.

Remove barriers to entry into free markets for drug providers that offer safe, reliable and cheaper products. Congress will need the courage to step away from the special interests and do what is right for America. Though the pharmaceutical industry is in the private sector, drug companies provide a public service. Allowing consumers access to imported, safe and dependable drugs from overseas will bring more options to consumers.

The reforms outlined above will lower healthcare costs for all Americans. There are other reforms that might be considered if they serve to lower costs, remove uncertainty, and provide financial security for all Americans. And we must also take actions in other policy areas to lower healthcare costs and burdens. Enforcing immigration laws, eliminating fraud and waste, and energizing our economy will relieve the economic pressures felt by every American. It is the moral responsibility of a nation's government to do what is best for the people and what is in the interest of securing the future of the nation.

Providing healthcare to illegal immigrants costs us some $11 billion annually. If we were to simply enforce the current immigration laws and restrict the unbridled granting of visas to this country, we could relieve healthcare cost pressures on state and local governments.

To reduce the number of individuals needing access to programs like Medicaid and Children's Health Insurance Program we will need to install programs that grow the economy and bring capital and jobs back to America. The best social program has always been a job – and taking care of our economy will go a long way towards reducing our dependence on public health programs.

Finally, we need to reform our mental health programs and institutions in this country. Families, without the ability to get the information needed to help those who are ailing, are too often not given the tools to help their loved ones. There are promising reforms being developed in Congress that should receive bi-partisan support.

Excerpted from: https://www.donaldjtrump.com/positions/healthcare-reform

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Hillary Clinton's
HEALTHCARE PLATFORM

- Defend the Affordable Care Act and build on it to slow the growth of out-of-pocket costs.

- Crack down on rising prescription drug prices and hold drug companies accountable so they get ahead by investing in research, not jacking up costs.

- Protect women's access to reproductive healthcare, including contraception and safe, legal abortion.

- Make premiums more affordable and lessen out-of-pocket expenses for consumers purchasing health insurance on the Obamacare exchanges. Her plan will provide enhanced relief for people on the exchanges, and provide a tax credit of up to $5,000 per family to offset a portion of excessive out-of-pocket and premium costs above 5% of their income. She will enhance the premium tax credits and ensure that all families purchasing on the exchange will not spend more than 8.5 percent of their income for premiums. Finally, she will fix the "family glitch" so that families can access coverage when their employer's family plan premium is too expensive.

- Support new incentives to encourage all states to expand Medicaid. Hillary will follow President Obama's proposal to allow any state that signs up for the Medicaid expansion to receive a 100 percent match for the first three years, and she will continue to look for other ways to incentivize states to expand Medicaid to meet the health needs of their most vulnerable residents.

- Invest in navigators, advertising, and other outreach activities to make enrollment easier. Hillary will ensure anyone who wants to enroll can understand their options and do so easily, by dedicating more funding for outreach and enrollment efforts. She will invest $500 million per year in an aggressive enrollment campaign to ensure more people enroll in these extremely affordable options.

- Expand access to affordable healthcare to families regardless of immigration status. Hillary sponsored the Immigrant Children's Health Improvement Act in the Senate, which later became law and allows immigrant children and pregnant women to obtain Medicaid and CHIP. She believes we should let families—regardless of immigration status—buy into the Affordable Care Act exchanges.

- Continue to support a "public option"—and work to build on the Affordable Care Act to make it possible. Hillary supports a "public option" to reduce costs and broaden the choices of insurance coverage for every American. To make immediate progress toward that goal, Hillary will work with interested governors, using current flexibility under the Affordable Care Act, to empower states to establish a public option choice.

- Defend the Affordable Care Act. Hillary will continue to defend the Affordable Care Act (ACA) against Republican efforts to repeal it. She'll build on it to expand affordable coverage, slow the growth of overall healthcare costs (including prescription drugs), and make it possible for providers to deliver the very best care to patients.

- Lower out-of-pocket costs like copays and deductibles. The average deductible for employer-sponsored health plans rose from $1,240 in 2002 to about $2,500 in 2013. Hillary believes that workers should share in slower growth of national healthcare spending through lower costs.

- Reduce the cost of prescription drugs. Prescription drug spending accelerated from 2.5 percent in 2013 to 12.6 percent in 2014. Hillary believes we need to demand lower drug costs for hardworking families and seniors.

- Transform our healthcare system to reward value and quality. Hillary is committed to building on delivery system reforms in the Affordable Care Act that improve value and quality care for Americans.

Hillary will also work to expand access to rural Americans, who often have difficulty finding quality, affordable healthcare. She will explore cost-effective ways to broaden the scope of healthcare providers eligible for telehealth reimbursement under Medicare and other programs, including federally qualified health centers and rural health clinics. She will also call for states to support efforts to streamline licensing for telemedicine and examine ways to expand the types of services that qualify for reimbursement.

As president, she will continue defending Planned Parenthood, which provides critical health services including breast exams and cancer screenings to 2.7 million women a year. And she will work to ensure that all women have access to preventive care, affordable contraception, and safe, legal abortion—not just in principle, but in practice, by ending restrictions like the Hyde Amendment.

Excerpted from: https://www.hillaryclinton.com/issues/health-care/

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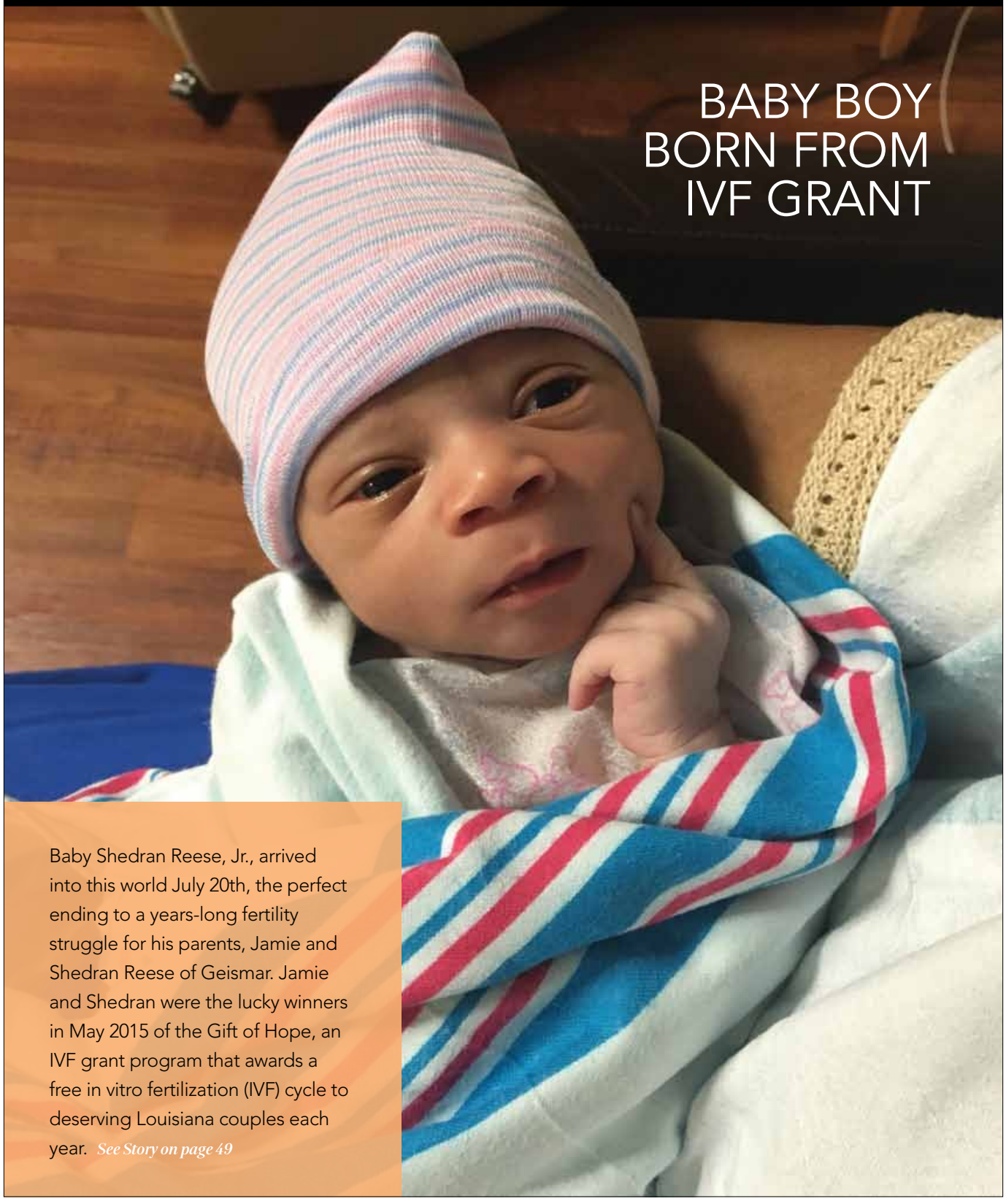

BABY BOY BORN FROM IVF GRANT

Baby Shedran Reese, Jr., arrived into this world July 20th, the perfect ending to a years-long fertility struggle for his parents, Jamie and Shedran Reese of Geismar. Jamie and Shedran were the lucky winners in May 2015 of the Gift of Hope, an IVF grant program that awards a free in vitro fertilization (IVF) cycle to deserving Louisiana couples each year. *See Story on page 49*

HealthcareBriefs

STATE

Department of Health Launches Online Data Tool

A new site developed by the Department of Health and Hospitals will provide healthcare officials and researchers with information like the number of uninsured Louisianans, the rates of those with chronic illnesses or obesity, environmental statistics, and even which communities have access to healthy foods.

The Department of Health's (LDH) Center for Population Health Informatics and the U.S. Centers for Disease Control and Prevention's National Tracking Network have partnered to create Health Data, a public data portal that provides longitudinal analyses of Louisiana health data. The site will be accessible to the general public, and will prove especially useful to researchers, scientists, educators, students, health officials, and individuals seeking to learn more about the health issues affecting their community.

Dr. Rebekah Gee, secretary of the Department of Health, said the portal is fully interactive and allows users to access health, population, environmental and exposure data, and visualizations in one place.

Quick access to associated information and links is also provided. The data will be downloadable and continually curated to ensure the best and most current information is available. New data sources will be added as they are identified.

"We hope that, by allowing free and ready access to health data, residents will become more aware of the health issues facing Louisiana and community workers and health researchers will have the information they need to better understand and improve the health of Louisiana's families and communities," said Joseph Foxhood, director of the Center for Population Health Informatics.

Users can access the Health Data portal at http://healthdata.dhh.la.gov. All data are publicly available.

More information on available health data resources is available at ldh.louisiana.gov/cphi, where users can also request custom data or visualizations.

LNHA Names Berger Executive Director

The Louisiana Nursing Home Association (LNHA) Board of Directors has selected Mark Berger to succeed its long-serving executive director Joe Donchess. Donchess will continue as executive director until his retirement on December 31.

Mark Berger

Joe Donchess

Berger currently serves as LNHA's Reimbursement Director and his experience at LNHA spans 26 years. Mark Berger has been a certified public accountant for 31 years. Beyond his accounting skills, Berger is actively involved with the legislative and regulatory processes. He has played an integral role in several major successes of LNHA, most notably the design and implementation of the case mix reimbursement system and legislative measures to advance quality care for residents of nursing facilities.

Donchess joined the Louisiana Nursing Home Association in March 1986 as executive director. He began his legal career in 1976. He started working as an attorney for the Louisiana Department of Health and Hospitals in 1978. He represented the Department in matters pertaining to health planning, licensure, and civil service appeals, and successfully defended departmental cases twice before the Louisiana Supreme Court.

Blue Cross Mobile App Adds Symptom Checker

Customers using the Blue Cross and Blue Shield of Louisiana mobile app can now search their symptoms by keyword or body area and see a suggested diagnosis and list of recommended treatments. The app also helps customers decide when they should call 911, go to the emergency room or visit their family doctor.

Other features of the app include:

•Find a Doctor or Urgent Care: Customers can use the app to get a map and directions to a nearby doctor's office or facility that is in their network, easing their access to care.

•View Benefits and Claims: Customers can see important information about their healthcare coverage benefits, including the status of their claims, deductibles, copayment amounts, coinsurance and balances.

•Save Doctors and Claims: Customers can save doctor or claims details to a favorites list for easy access upon return visits. Customers can also save doctor information, including name, phone number, and address to their contacts list.

•Contact Us: Customers can click-to-call Blue Cross customer service or submit questions securely with claims data attached, allowing for a streamlined response. Customers can also find phone numbers, maps and directions to any of our eight local offices.

Users can find the app by searching "BCBSLA" in the Apple App Store or Google Play Store. The apps can also be found by visiting bcbsla.com/mobile from any mobile device.

AG Arrests Six on Medicaid Fraud Charges

Attorney General Jeff Landry announced that his Medicaid Fraud Control Unit has arrested six people on charges of defrauding the Medicaid system.

Deborah Thomas, 47 of Baton Rouge, was arrested for Medicaid Fraud and Filing or Maintaining False Public Records. Thomas allegedly provided Home Based services to a Medicaid recipient who was working at the time the services were allegedly taking place.

Malcolm Jones, 57 of Killona, was arrested for Medicaid Fraud. Jones allegedly provided Home Based services to a recipient who was in another state, therefore not available to receive any services.

Trina West, 46 of New Orleans, was arrested for Medicaid Fraud. West allegedly provided Home Based services to multiple Medicaid recipients, in different places, at the same time.

Denise Reynolds, 44 of Monroe, was arrested for Medicaid Fraud and Filing or Maintaining False Public Record. Reynolds allegedly provided Home Based services to multiple Medicaid recipients, in different places, at the same time.

Andrea Johnson, 35 of Lake Charles, was arrested for Medicaid Fraud. Johnson allegedly provided Home Based services to multiple Medicaid recipients, in different places, at the same time.

Tevin Miller, 25 of Alexandria, was arrested on the charge of Cruelty to Persons with Infirmities. Miller allegedly struck an individual diagnosed with an intellectual disability several times with a

CAHS Increases Outreach, Sponsors Training
Attending the training for professionals held recently at the Capital Area Human Services in Baton Rouge were (left to right) Baton Chairman, Rouge City Police Chaplain Duren Boyce, Joy Osofsky, PhD, Dr. Howard Osofsky, Psychiatry Department both of LSU Medical Center and program presenters, and Capital Area Human Services Executive Director Jan Kasofsky, PhD. More than fifty outreach professionals attended the special session on "Key Concepts to Guide Response and Recovery Following Traumatic Events."

closed fist and slammed him against a wall.

Thomas, Jones, West, Reynolds, and Johnson were booked into the East Baton Rouge Parish Prison. Miller was booked into the Rapides Parish Detention Center.

Expanded Medicaid Enrollment Reaches 250,000

The Louisiana Department of Health announced the landmark enrollment of 250,000 new adults into Healthy Louisiana, the state's expanded Medicaid program. Enrollment began on June 1 and coverage started July 1.

Healthy Louisiana will bring health insurance coverage to an estimated 375,000 working Louisianans. In the first month and a half of enrollment, an average of 2,500 residents per day have signed up for Medicaid coverage.

One contributor to the state's success has been the Department's use of creative enrollment strategies. Enrollees of two limited-coverage programs, Take Charge Plus and the Greater New Orleans Community Health Connection, automatically gained full Medicaid coverage under Healthy Louisiana. Additionally, the Centers for Medicare and Medicaid Services granted Louisiana special permission to enroll residents using data from the Supplemental Nutrition Assistance Program (SNAP), more commonly known as food stamps. This innovative approach saves the State an estimated $1.5 million and 52,000 man hours.

"Reaching the quarter million enrollee milestone so quickly is the result of the tremendous effort of thousands of state workers, advocates, providers and the five Healthy Louisiana plans," LDH Medicaid Expansion Project Director Ruth Kennedy said. "While these numbers reflect a remarkable achievement that we are very proud of, our work is far from finished. Over 100,000 newly eligible adults still need to be identified, informed, and enrolled to reach our goal of 375,000 enrollees this year."

Expanded Medicaid coverage is available for adults ages 19 to 64 with a household income of up to 138 percent of the federal poverty level, or $33,534 for a family of four. Applicants must meet citizenship requirements and cannot already be covered by Medicaid or Medicare. Residents who think they may be eligible can apply in person, by phone or online at healthy.la.gov. Enrollment is ongoing.

LOCAL

CAHS Increases Outreach, Sponsors Training

Capital Area Human Services has developed programming to assist the immediate mental health needs of the community in response to recent Baton Rouge crises. CAHS has offered twice weekly mid-day and evening free facilitated sessions for individuals on coping skills in the aftermath of the Baton Rouge tragedies as well as opened its doors to anyone in need of individual counseling. In addition, the agency increased its outreach via news media and social media. The agency also developed numerous online materials for individuals, school counselors, and parents on how to respond to trauma. These free materials are available at realhelpbr.com.

On August 3, the agency held a specially-designed training and discussion session for outreach professionals featuring two international trauma experts, LSU Medical School faculty members Howard Osofsky, MD, PhD, chairman of the Psychiatry Department, and Joy Osofsky, PhD. More than fifty area social workers, teachers, mental health counselors, law enforcement personnel, ministers, and medical professionals attended the session for professionals held in Baton Rouge.

CAHS Executive Director Jan Kasofsky, PhD, noted during the session that, "We are here to offer outreach to those in need. In our next steps, we will be hosting neighborhood listening sessions with cross sectional leaders to develop a community response to the emotional needs and wellness of individuals and neighborhoods."

During the professional session, Drs. Osofsky discussed "Key Concepts to Guide Response and Recovery Following Traumatic Events." They noted that all individuals who experience a traumatic event are impacted in some ways, but most individuals are resilient and can function after a trauma. However, there will always be a need for counseling and mental health treatment for a percentage affected by the trauma.

The LSU trauma specialists also discussed steps in crisis counseling and psychological first aid, ways to support parents of children exposed to violence, as well as guidelines to responding to children exposed to violence. In their advice to the professionals, they stressed the importance of building resilience in the community, using the strengths of local providers and communities, and the need for Psychological First Aid, as well as providing and communicating the need for supporting providers and self care.

CAHS materials and links to free materials can be obtained at realhelpbr.com.

Singletary to Lead RBMA Delta States Chapter Board

Radiology Associates announced the election of its administrator Kim Singletary to Radiology Business Management Association's Delta States Chapter Board as President. She is elected for a

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Kim Singletary; Dr. Robert Drennan; Steven Kelley, MD; and Brittany Schmidt, BSN, RN.

two-year term. The Delta States Chapter covers Louisiana and Mississippi.

The Radiology Business Management Association (RBMA) is an industry-leading organization comprised of more than 2,400 professionals who focus on the business of radiology. RBMA members support diagnostic imaging, interventional radiology and radiation oncology providers in the full spectrum of practice settings. RBMA connects members nationwide to valuable information, education, and practice-related resources and serves as an authoritative industry voice on behalf of shared member interests. Chapters hold their own meetings in addition to the National Organization in an effort to reach out and connect radiology professionals in the same geographic vicinity. Chapter meetings focus on local radiology business concerns.

Singletary is one of the founding members of The Delta States chapter.

Drennan Joins CIS in Baton Rouge

Cardiovascular Institute of the South has welcomed Dr. Robert Drennan, electrophysiologist, to its team of physicians providing cardiovascular care for patients in Baton Rouge.

Dr. Drennan earned his doctorate of medicine from the University of South Carolina School of Medicine in Columbia, South Carolina. He completed a residency in internal medicine from the Tulane University School of Medicine in New Orleans. He also completed both cardiology and electrophysiology fellowships at the Louisiana State University Health Science Center in New Orleans.

Dr. Drennan is board certified in internal medicine, cardiology, and nuclear cardiology. He previously worked at Touro Infirmary, and he also worked as a lab assistant at the Medical University of South Carolina and at the College of Charleston.

Dr. Drennan is a member of the American College of Cardiology, the Heart Rhythm Society, and the American Society of Nuclear Cardiology. He has presented, researched, and written for numerous publications on a variety of topics including sudden cardiac arrest, atrial fibrillation, and peripheral arterial disease. He has earned many awards, such as the Douglas Scholarship and the College of Charleston Founder's Scholarship.

Baton Rouge Health District Names Board of Directors

With aims of collaboratively improving health outcomes, increasing economic development, and promoting Baton Rouge as a healthcare destination, the Baton Rouge Health District has enlisted Chief Executives from the area's largest and most distinguished health and research institutions for its Board of Directors.

"The founding members of the Baton Rouge Health District Board of Directors are visionary CEOs whose organizations have a significant impact on healthcare throughout our community" said Suzy Sonnier, health district executive director. "With changes in healthcare continuing at an incredibly rapid pace, the Board of Directors is focused on where we want to be as a healthcare community both now and 20 years down the road. Working collectively, we can enhance our ability to provide high-quality, cost-effective and outcomes-driven healthcare in the Baton Rouge area."

The founding members of the Baton Rouge Health District Board of Directors are:

- Dr. William Cefalu, executive director of Pennington Biomedical Research Center at Louisiana State University
- Teri Fontenot, Woman's Hospital president and CEO
- Eric McMillen, Ochsner Medical Center-Baton Rouge CEO
- Mark Slyter, former General Health System president and CEO
- Todd Stevens, Mary Bird Perkins Cancer Center CEO
- Dr. I. Steve Udvarhelyi, Blue Cross Blue Shield of Louisiana president and CEO
- Scott Wester, Our Lady of the Lake Regional Medical Center CEO
- John Spain, executive vice president of the Baton Rouge Area Foundation

Spain was named Chair of the Board of Directors and Slyter was named Secretary/Treasurer.

First-year strategies identified by the new Board of Directors include establishing governance, increasing awareness, and developing a strategic plan. In May, the Health District released a Request for Proposals to create a Business and Implementation Plan for a world-class, highly innovative Diabetes and Obesity Center. The multi-disciplinary center of excellence, envisioned for the prevention, diagnosis, and management of diabetes and obesity, will not only impact the trajectory of chronic disease in the Baton Rouge region, but have broader influence through world-renowned research currently happening in our area.

American Heart Association Names Kelley to Regional Board

American Heart Association has elected Dr. Steven Kelley, a cardiologist at Baton Rouge Cardiology Center, to serve on the 2016-2017 regional Greater Southeast Affiliate Board of Directors. During the upcoming year, Kelley's leadership will help the organization impact heart disease and stroke, the No. 1 and No. 5 leading killers, respectively, of American men and women. The Greater Southeast Affiliate services Alabama, Florida, Georgia, Louisiana, Mississippi, Tennessee, and Puerto Rico.

The board will help the association achieve its 2020 impact goal to improve the cardiovascular health of all Americans by 20 percent while reducing deaths from cardiovascular diseases and stroke by 20 percent. A few outlined responsibilities include:

- Controlling and managing the affairs, funds, and property of the affiliate
- Approving the final annual budget and other fiscal matters for the affiliate
- Approving all operational policies
- Delegating the implementation of operational policy.




Rebecca Davis, FNP-C, AGACNP-BC; Dustin Logue, ANP-C; Laura Johnston; and Thomas B. Flynn, MD.

OLOL College Student Earns CRNA Scholarship

Our Lady of the Lake College announced that Brittany Schmidt, BSN, RN, a student in the College's Doctor of Nursing Practice-Nurse Anesthesia Program, has received $1,500 from the Maria Roach CRNA Scholarship, a highly competitive scholarship provided by the American Association of Nurse Anesthetists Foundation. Schmidt was one of the 53 recipients selected from 1000 highly qualified applicants.

The scholarship was awarded to a student nurse anesthetist, who was a Louisiana resident and has completed more than a year of coursework, while in good academic standing. In addition, Brittany submitted an essay describing why she chose nurse anesthesia as a profession, and shared her professional goals for the future.

Having multiple relatives who are CRNAs, she was able to identify certain values in these individuals with which she both identified and wished to embody for herself, including personal and professional integrity, intelligence, motivation, self-accomplishment, and the pursuit of excellence. Now that she has completed over a year in her nurse anesthesia education, she appreciates the importance of the work nurse anesthetists do and the skill, grace, and safety with which they do it.

Schmidt's professional goals include successfully completing doctoral nurse anesthesia education and giving back to the profession through teaching.

She is currently a second-year student pursuing her Doctor of Nursing Practice in Nurse Anesthesia at Our Lady of the Lake College in Baton Rouge. Additionally, Schmidt serves on the curriculum committee as a student representative at Our Lady of the Lake College in order to help improve and advance the anesthesia curriculum for future anesthesia classes.

The Capital Area American Heart Association/American Stroke Association 2016-2017 Board of Directors

South Louisiana Primary Care Now Open

Nurse Practitioners Rebecca Davis, FNP-C, AGACNP-BC and Dustin Logue, ANP-C recently partnered to open South Louisiana Primary Care, located at 12902 Plank Road in Baker, Louisiana.

As a certified Nurse Practitioner with more than 20 years of healthcare experience, Davis is certified in both Family and Adult Gerontology. A native of Metairie, she graduated from Charity School of Nursing in New Orleans and received both her Masters and Doctorate degrees in Nursing from University of South Alabama in Mobile. Prior to opening the clinic, Davis was a registered nurse in the Intensive Care Unit at Ochsner.

Davis is currently a member of the American Association of Nurse Practitioners, Louisiana Association of Nurse Practitioners, and Association of Nurses in Aids Care. She is also a member of the nursing honor society Sigma Theta Tau International.

Logue is a Certified Adult Nurse Practitioner and has more than 12 years of healthcare experience. He is a graduate of Southeastern University School of Nursing where he also received his Masters of Science in Nursing. Prior to opening the clinic, Logue spent six years as a nurse practitioner with Cardiovascular Institute of the South and one year at Zachary Internal Medicine Clinic. He is a currently a member of the American Association of Nurse Practitioners.

Carpenter Health Network Hires Johnston

The Carpenter Health Network, which provides a continuum of care for residents throughout the Gulf Coast, has hired Laura Johnston as communications director. Johnston has spent the past nine years in corporate communications for a variety of organizations.

She is responsible for all internal and external corporate communications, including media relations, website management, and social media engagement for St. Joseph Hospice and The

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Carpenter House, STAT Home Health, Homedica House Calls, SAGE Rehabilitation Hospital & Outpatient Services, and Capitol House Nursing & Rehabilitation and Companion Services, all of which are part of The Carpenter Health Network.

Previously, Johnston served as senior internal communications specialist for Our Lady of the Lake Regional Medical Center in Baton Rouge. She earned a bachelor's degree in communication from Texas A&M University.

AG Arrests Two Locally

Attorney General Jeff Landry announced that his Medicaid Fraud Control Unit recently arrested two people.

Donyelle Chaney, 29 of Baton Rouge, was arrested on Medicaid Fraud. Chaney allegedly provided services to multiple Medicaid recipients after being terminated by the servicing company.

Christopher Cador, 26 of Baton Rouge, was arrested on Simple Battery of Persons with Infirmities. Cador allegedly struck a disabled individual repeatedly with a closed fist.

Chaney was booked into the East Baton Rouge Parish Prison. Cador was booked into the East Feliciana Parish Prison.

Medicaid fraud occurs when providers use the Medicaid program to obtain money to which they are not entitled. To report Medicaid fraud or abuse and neglect in residential care facilities, please contact Attorney General Jeff Landry's Medicaid Fraud Hotline at 888-799-6885 or www.AGJeffLandry.com.

OLOL Physician Group Experiences Growth

Our Lady of the Lake Physician Group announced it has grown to more than 400 providers and continues to increase access to specialty care with the recent addition of five new specialists.

"The growth of the Physician Group is a result of our ongoing commitment to putting valuable healthcare resources into the communities that need them. In just the last 12 months, we have added 32 primary care physicians and 64 specialists to our network of providers," said Curtis Chastain, MD, president, Our Lady of the Lake Physician Group.

The physician group, which began in Baton Rouge with only three physicians in 1993, has widened its depth of services over time to meet the needs of the community and make access to primary and specialty care available closer to home. Today its 416 providers are serving patients across more than 50 locations throughout Baton Rouge, Gonzales, Hammond, Lafayette, and Monroe.

The five new specialists who recently joined Our Lady of the Lake Physician Group are Drs. Cindy E. Chestaro, Maria M. Reyes, April T. Sanchez, Jessica L. Brown, and Andres Carrion.

Cindy E. Chastaro, MD specializes in the diagnosis, treatment, and management of children with developmental and behavioral conditions. She treats infants, children, and adolescents with conditions such as Autism Spectrum Disorder, ADHD, learning disorders, speech and language disorders, intellectual disability, and developmental delays. Dr. Chestaro joins Dr. Steven Felix at the Pediatric Development and Therapy Center located at 8415 Goodwood Blvd, Suite 200, in Baton Rouge.

Maria M. Reyes, MD specializes in infectious disease and is Board Certified in internal medicine. She diagnoses and treats a wide range of conditions caused by bacteria, viruses and other organisms, including fungal infections, infections of the skin and soft tissue, influenza, sexually transmitted diseases, travel-related infections, tuberculosis, meningitis, and more. Dr. Reyes is based at Our Lady of the Lake Regional Medical Center.

April T. Sanchez, MD is a dermatologist specializing in treating and preventing conditions of the skin, scalp, hair, and nails. She joins Drs. Laci Theunnissen and Jill Fruge at Our Lady of the Lake Dermatology, and will be expanding the clinic's dermatology services to the Livingston Parish area at Our Lady of the Lake Livingston, 5000 O'Donovan Boulevard, Suite 507, in Walker.

Jessica L. Brown, DO, MPH and Andres Carrion, MD are pediatric pulmonologists specializing in the diagnosis and treatment of children with respiratory issues. Dr. Brown also specializes in pediatric sleep medicine.

In addition to serving patients at the Baton Rouge clinic at 7777 Hennessy Boulevard, Suite 406, Dr. Brown also sees patients at the Pediatric Specialty Clinic in Lafayette at 5000 Ambassador Caffery Parkway, Suite 101, and Dr. Carrion also sees patients at the Pediatric Specialty Clinic in Monroe at 2600 Tower Drive, Suite 215.

NMC Founder to Receive Prestigious Scouting Award

The founder of The NeuroMedical Center, Dr. Thomas B. Flynn, has been selected as this year's recipient of the Istrouma Area Council, Boy Scouts of America's Community Development Award. This tremendous honor not only recognizes 60+ years of outstanding contributions to Scouting, but also Dr. Flynn's enormous involvement with non-profits and charities around the world.

As a longtime advocate of the Boy Scouts of America, Dr. Flynn currently holds Board Membership in the Istrouma Area Council and assists in the fundraising efforts for Scouts across the Council's 13 parish area and Wilkinson County, Mississippi. He began his interest in Scouting in the 1950s when he taught rock and mountain climbing skills to Scouts in New Mexico. He was awarded an honorary rank of "Star" Scout. His commitment to Scouting has continued ever since.

OLOL College Awarded Lilly Endowment Grant

Our Lady of the Lake College, the only Catholic Franciscan institution of higher education in the southeastern United States, recently received a $446,692 award from Lilly Endowment Inc. to develop a summer program for youth centered on Franciscan theology, ethics, and vocational discernment.

Young people often have a good sense of what Christians believe, but many do not know how those beliefs took shape or why and how they endure. This new summer program, entitled "The Franciscan Experience" (TFE), will help high school-aged students seeking deeper engagement in the Christian tradition. St. Francis of Assisi fascinates young people who find his radical love of God and emphasis on service appealing. However, few of them have studied the deeper reasons behind Francis' love of the poor.

"We find that when students engage in the 'why' questions, especially when posed in relation to their own experiences, they engage with the material in a more substantive and permanent way," explained David Whidden, PhD, the lead investigator on the grant.

As part of the week-long program, instructors will draw upon the College's nationally-recognized program in service-learning to challenge students to more actively address the ethical and theological questions posed in the classroom through service in the community. Participants in the program will have the opportunity to serve in a soup kitchen and a shelter for women and children. TFE will challenge students to reflect on questions related to ethics, social justice, and how each of us is called to care for the poorest in our community.

Designed for students looking for more intellectual, spiritual, experiential, and ethical formation, TFE will also encourage high school students to think about their own calling in life. Thanks to previous support from Lilly Endowment, Our Lady of the Lake College has an established program for assisting its own students with vocational calling. Consequently TFE leaders will have a unique vantage point from which to help high school students use theological reflection to orient themselves toward lives of service.

Lilly Endowment Inc. is an Indianapolis-based private philanthropic foundation created in 1937 and remains committed to its founders' wishes in supporting the causes of religion, education, and

OLOL College Awarded Lilly Endowment Grant
The new theology program was developed by OLOL College religion faculty (l to r) Dr. David Whidden, Dr. John Meinert, and Dr. Brian Pedraza.

community development. Its religion grantmaking is designed to deepen and enrich the religious lives of American Christians.

"We are a teaching college dedicated to our mission of academic engagement and service in the community," explained Tina Holland, president of Our Lady of the Lake College. "Each day of 'The Franciscan Experience' will focus on one of our five Franciscan values—humility, joyfulness of spirit, reverence for all life, justice, and service. In collaboration with the Diocese of Baton Rouge and with help from Lilly Endowment, we anticipate that TFE will help high school students address issues of faith and discern their gifts for the purpose of serving the common good."

Baby Boy Born From IVF Grant

Baby Shedran Reese, Jr., arrived into this world July 20th, the perfect ending to a years-long fertility struggle for his parents, Jamie and Shedran Reese of Geismar. Jamie and Shedran were the lucky winners in May 2015 of the Gift of Hope, an IVF grant program that awards a free in vitro fertilization (IVF) cycle to deserving Louisiana couples each year. The grant is sponsored by Fertility Answers, a Louisiana multi-center fertility clinic.

The Reeses were chosen by an independent committee based upon their financial and medical need for the procedure as well as their story. Jamie and Shedran endured years of miscarriage and ectopic pregnancies, a condition in which the embryo implants in the tube rather than the uterus. After seeing a specialist and informed that their best chance of pregnancy was with the advanced reproductive technology of IVF, the Reeses were given hope, but the average price tag of $15,000 was financially out of their reach.

The Geismar couple underwent their IVF cycle at Fertility Answers' Baton Rouge clinic last fall and found out they were pregnant two weeks later.

OLOL Physician Group Acquires North Point Family Health

Our Lady of the Lake Physician Group announced it has welcomed North Point Family Health, located in Central, and its team of family medicine physicians, mid-level providers and staff into the Physician Group's provider network. The clinic is now operating under the name Our Lady of the Lake Physician Group North Point.

Herschel B. Dean, MD and Robert K. Dean, MD are the family medicine physicians practicing at the clinic that serves the communities of Central and Baton Rouge. These physicians, along with two Physician Assistants, two Nurse Practitioners, and more than 25 team members, will continue to provide the same valuable healthcare services to their patients now with the added depth and breadth of the entire Our Lady of the Lake organization.

The clinic offers the evaluation and care of illnesses and minor injuries, preventive healthcare, comprehensive physical exams, evaluation and care for chronic medical conditions, school and sports physicals, and more.

Taylor Porter Helps Launch Patient Pet Partnership

The Baton Rouge law firm of Taylor Porter assisted two Baton Rouge organizations, Companion Animal Alliance and Mary Bird Perkins - Our Lady of the Lake Cancer Center, in launching a collaborative partnership, Fostering Hope, matching survivors with foster pets available for adoption. The program was created to provide comfort and companionship to cancer survivors while on their healing journey into survivorship. Through the program, patients who may not be in a position to make a long-term commitment regarding pet ownership have the opportunity to experience the healing benefits of pet companionship on a temporary basis.

"This is a first of its kind partnership between an animal shelter organization and a cancer care organization to provide patients embarking on a difficult journey with the chance to experience pet companionship with an animal looking for a home," said Taylor Porter attorney Lauren Rivera, who worked with Taylor Porter Managing Partner Skip Philips on the agreements. "We were very excited to bring two well-known local organizations together and to play a role in something that will positively impact many patients at the Cancer Center. We are comforted in knowing that the Fostering Hope participants can experience pet companionship while on their journey to healing."

Rivera and Philips drafted documents to fully develop the partnership. Under the agreements, the patient does not become the legal owner of the animal provided by the CAA, but serves as the temporary caregiver, and the animal remains the sole property of and receives routine medical care from the CAA. A questionnaire is also completed to ensure the placement is mutually beneficial for both the patient and the animal.

Phelps Dunbar Expands Healthcare Services in BR

Phelps Dunbar LLP announced that Traci S. Thompson has joined its Baton Rouge, Louisiana office as counsel practicing in the area of healthcare law.

Thompson focuses her practice on federal and state healthcare regulatory and transactional matters. She has experience advising clients on a number of healthcare topics including compliance with federal and state Stark and Anti-Kickback statutes and the Civil False Claims Act, issues related to Medicare and Medicaid reimbursement, such as upper payment limit reimbursement, disproportionate share hospital payments and reimbursement through managed care organizations, and day-to-day operational matters. She frequently counsels clients on financial relationships between physician and non-physician practitioners and

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Traci S. Thompson

Darian E. Reddick, MD

other healthcare providers and suppliers, including employment, recruitment, lease, and independent contractor arrangements.

Thompson has experience with HIPAA privacy and security issues, federal and state telehealth and telemedicine laws and assisting providers with contractual arrangements such as hospital and physician joint ventures. Thompson's practice includes the representation of a wide range of healthcare providers including hospital service districts, not-for-profit and for-profit hospitals and health systems, physician group practices and individual physicians, ambulance providers, and other ancillary service providers.

Thompson has co-authored and edited chapters in the American Health Lawyer's Association's upcoming publication of Representing Hospitals and Health Systems Handbook. She also is working with Louisiana's Task Force on Telehealth Access to assist the legislature and the Department of Health and Hospitals with creating Louisiana's policies and regulations regarding the practice of telemedicine.

She is licensed to practice law in Louisiana and is a member of the American Health Lawyers Association and its Hospitals and Health Systems and Health Information and Technology practice groups, the Healthcare Financial Management Association-Louisiana Chapter, and the Louisiana Society of Hospital Attorneys. She also is a member of the American Bar Association's Health Law Section and the Louisiana State, Baton Rouge, and Fifth Circuit bar associations.

St. Elizabeth Physicians Opens St. Amant Clinic

St. Elizabeth Physicians opened its 11th clinic in St. Amant. The clinic located at 13489 Highway 431 will provide primary care. Sean deBarros, MD, a family medicine physician, along with Family Medicine Nurse Practitioner, Hollie Ortis, FNP-C, and Pediatric Nurse Practitioner, Holly Schiele, CPNP, will staff the new 2,500 square foot clinic.

The St. Amant Clinic will provide better access to basic, quality healthcare to the growing population in the eastern portion of Ascension Parish. Medical services from check-ups and physicals to treatment of minor illnesses or injuries and chronic conditions such as diabetes and high blood pressure will be provided to children and adults of all ages.

The clinic will be open from 7 a.m. to 7 p.m. from Monday through Thursday, and from 7 a.m. to 5 p.m. on Friday.

Zachary Manor Honored For Excellence

The American Health Care Association and National Center for Assisted Living (AHCA/NCAL) announced that Zachary Manor Nursing & Rehab Center is among the 71 skilled nursing facilities and assisted living communities nationwide, and only Louisiana facility that earned the 2016 Silver - Achievement in Quality Award.

AHCA's National Quality Award Program spotlights providers across the country that have demonstrated their commitment to improving quality of care for residents in long term and post-acute care facilities and communities.

Implemented by AHCA/NCAL in 1996, the National Quality Award Program is centered on the core values and criteria of the Baldrige Performance Excellence Program, which is the foundation of the metric-based] AHCA/NCAL Quality Initiative. The program assists providers of long term and post-acute care services in achieving their performance excellence goals.

All 2016 National Quality Award recipients will be honored on October 18 during AHCA/NCAL's Annual Convention & Exposition in Nashville, Tennessee.

American Heart Association Announces Board of Directors

The Capital Area American Heart Association/ American Stroke Association (AHA) Board of Directors is made up of community leaders and executives that are committed to the fight against the No. 1 killer in the Capital Area, heart disease.

The Capital Area American Heart Association/ American Stroke Association 2016-2017 Board of Directors includes:

- Anna Leah Cazes of Baton Rouge General Medical Center, Chairperson
- Coletta Barrett of Our Lady of the Lake Regional Medical Center, President

Other board members include: Stephanie Anderson, Mary Leah Coco, Dr. Kenny Cole, Gerald Drefahl, Trey Godfrey, Darryl Hurst, Dr. Steven Kelley, Debra Lockwood, Bill Slaughter, Terrie Sterling, and Thomas Temple.

Reddick Joins NeuroMedical Center Team

The NeuroMedical Center has announced the association of Darian E. Reddick, MD in the practice of Neurology. Joining the region's largest network of brain, spine, and nervous system experts, Reddick becomes the 9th neurologist on the medical staff at The NeuroMedical Center.

Fellowship-trained in neuromuscular medicine, Dr. Reddick brings extensive expertise in the treatment of complex disorders such as ALS, neuropathy, and muscular dystrophy to The NeuroMedical Center's Neurology Department. One of only a handful of physicians in the region with advanced training and experience in electrodiagnosis, Dr. Reddick will perform leading-edge electromyography (EMG) procedures in-house at The NeuroMedical Center's Neurodiagnostic Lab.

Dr. Reddick earned his medical degree from Meharry Medical College School of Medicine in Nashville, Tennessee. He completed his neurology residency at the University of Miami Miller School of Medicine. During his residency, Dr. Reddick earned recognition as Chief Resident for the Neurology Department and Neurology Resident of the Year. Dr. Reddick went on to complete his neuromuscular medicine fellowship through Harvard Medical School at Massachusetts General Hospital and Brigham and Women's Hospital in Boston. Prior to pursuing his passion for medicine, Dr. Reddick attended graduate school at Harvard University in Cambridge, Massachusetts where he earned his Master's Degree in Mind, Brain and Education (MBE).

Latest Brain Tumor Therapy Available in Baton Rouge

The NeuroMedical Center is one of the first hospitals in the nation to offer the latest in brain tumor therapy. A second generation Novocure Optune System, recently approved by the FDA for patients with newly diagnosed glioblastoma multiforme,

Jon D. Olson

or GBM, is now being prescribed to patients by the area's only board certified neurologist/neuro-oncologist, Dr. Jon D. Olson.

Optune is a non-invasive, wearable and portable device that has been shown in clinical trials to safely deliver continuous therapy to the area of the brain where a GBM tumor is located. Optune delivers therapy through 4 adhesive patches, called transducer arrays, which are placed directly on the patient's scalp based on MRI results to maximize the therapy's effect on the tumor. When Optune is turned on, it creates low-intensity electric fields called Tumor Treating Fields, or TTFields. TTFields help slow or stop glioblastoma cancer cells from dividing and may also cause some of them to die. Because the arrays connect to a TTFields generator and a power supply which fit into a small backpack, the patient is able to go about his or her daily activities while receiving continuous treatment.

On July 13, 2016, the FDA approved an even smaller, lighter Optune system. At 2.7 pounds, the second generation Optune System is half the weight of the first Optune system, making the therapy more convenient and manageable for the patient. In addition to being smaller and lighter for enhanced carrying comfort, new features of the second generation Optune System include a battery indicator that displays power and alerts patients when to change the battery or power source without disrupting the delivery of the tumor treating fields.

Affecting up to 12,500 Americans every year, GBM is the most common type of primary brain cancer in adults. Optune was first approved for the treatment of newly diagnosed GBM in adults 22 years of age or older by the FDA on October 5, 2015 based on the successful results of the EF-14 phase 3 trial. Optune is the first FDA-approved therapy in more than a decade to demonstrate statistically significant extension of survival in GBM patients. Although a relatively new technology, Optune has shown great promise in extending survival time for GBS patients. In clinical trials, 48% of patients treated with Optune lived at least 2 years after starting the therapy. Historically, the median overall survival time from initial diagnosis is 15 months with optimal treatment. It is recommended that the Optune system be worn by the patient 18 hours a day or more for best results. ■

IMAGE ©2016 NOVOCURE

Non-emergent use of hospital emergency departments (EDs) has been and continues to be a critical, complex, and costly issue facing Louisiana.

FOLLOW-UP: ED Utilization in Louisiana

ACCORDING TO THE KAISER Family Foundation report released in 2014, Louisiana has the fourth highest rate of ED visits in the country. Additionally, the Louisiana Department of Health (LDH) ranks the state as third in the country in per capita ED utilization with 511 visits per 1,000 population, and at an average cost of $1,000 per visit.

From a financial perspective, the Louisiana Medicaid program spent approximately $176 million on hospital payments for ED visits in 2013. Of that total amount, LDH estimated $73 million was for non-emergent visits that could have been more effectively and efficiently treated in a primary care setting. In addition to impacting health care spending, preventable ED visits often result in unnecessary medical tests and treatment as well as erode the patient-primary care provider (PCP) relationship.

To combat this growing problem, a multi-stakeholder work group – the Emergency Room (ER) Reform Committee – developed several key strategies in 2014 designed to decrease primary care utilization in Louisiana's EDs. One specific recommendation established an electronic registry to securely receive and compile utilization data from hospital EDs via the Louisiana Health Information Exchange (LaHIE). The registry is an HIE application and is operated by the Louisiana Health Care Quality Forum.

LaEDIE launched in the fall of 2015 and began providing the state's Medicaid managed care health plans – Healthy Louisiana – with daily notifications whenever their plan members presented to a hospital ED in Louisiana. Currently, 72 of the state's 110 ED-equipped hospitals, or 65%, are contributing data to LaEDIE. The data is generated as an Admit, Discharge, Transfer (ADT) message and includes, but is not limited to, the patient's name, date of birth, diagnosis, facility name, the date/time of visit, member identification number, and name of the PCP.

But what happens once the data is created? How is it used to reduce non-emergent ED use among the at-risk Medicaid patient population? Is LaEDIE making a difference?

UnitedHealthcare Community Plan of Louisiana is one of five health insurance plans that comprise the Healthy Louisiana program. In 2015, its patient population in the state included approximately 311,000 members. Of these patients, 70 percent were under the age of 21, and two-thirds were managed through Accountable Care Communities (ACCs). In addition to signing with the ED registry, the health plan agreed to participate in a pilot project with the Quality Forum using LaHIE information dating back to late 2013. The aim of the program was two-fold: to demonstrate a reduction in non-emergent ED admissions as well as reduce inpatient admissions among the health plan's Medicaid patient population.

"At United Healthcare (UHC) Community Plan of Louisiana, we realized that much of the use of the emergency room was not for emergent or urgent care, but for care that would be better served in the PCP's office or in an urgent care center," said Ann Kay Cefalu Logarbo, MD, FAAP. Dr. Logarbo serves as the health plan's Chief Medical Officer. In addition, she noted that prior to data sharing via LaHIE, no formal communication system existed between the health plan and hospital EDs in Louisiana to augment provider data and ultimately, to address member behavior in a timely manner.

As the pilot commenced, the health plan began receiving ADT messages for each member who visited an ED that participated in the data exchange. The data fed into LaHIE was also accessible by all providers in the ACCs. UHC Community Plan of Louisiana utilized the LaEDIE data to calculate a risk score, enabling the health plan to predict a member's likelihood of readmission within 90 days. The factors considered in the score included age, chronic conditions, medication compliance, ED history and inpatient admission history. For high-risk care management, the health plan used another model to predict readmission within 30 days post-hospitalization and to identify individuals who were anticipated to be chronic high utilizers. In addition to using

Cindy Munn
Chief Executive Officer
Louisiana Health Care Quality Forum

UnitedHealthcare Community Health Plan of Louisiana

claims history, this model assessed clinical condition, comorbidity factors, medication history, length of stay, and discharge needs.

Dr. Logarbo highlighted several benefits associated with accessing data via LaHIE in real time for the health plan. "It allows our case managers to quickly respond to emerging member needs, so that we can outreach and collaborate with our members about the most appropriate place of service for non-emergent conditions; ensure that those with emergent needs or chronic conditions are assigned to a specific care management team; and assist members with finding a provider if their ED use is due to a lack of a provider to care for them," she explained.

The importance of this program for the health plan, according to Dr. Logarbo, lies in the ability of the nurses working in the ACCs to address the real-time ED visits with appropriate follow-up within seven days of the appointment as well as education regarding the most appropriate health care setting for specific diagnoses.

Benefits for the providers include using the real-time data to learn where the plan members are seeking care, if the members required admission, and if they needed follow up in provider offices before claims for the services would even be received. "Providers are also an important partner in educating their patients about when to seek urgent or emergent care, versus when to come to the office for care," Dr. Logarbo added. With regard to provider participation, the opportunity for shared savings and quality incentive payment exists with UHC Community Plan of Louisiana. In fact, 63 percent of the health plan's Medicaid members in Louisiana access care from value-based physicians.

As a result of the LaHIE pilot project, UHC Community Plan of Louisiana experienced significant results. Among the health plan's top performing pediatrics practices in the state, one group utilizing the real-time data feed realized a 29 percent reduction in inpatient admissions per 1,000 members and a 10 percent reduction in ED visits per 1,000 members in 2015. Another practice experienced a 21 percent reduction in inpatient admissions per 1,000 members as well as an 18 percent reduction in ER visits per 1,000 members, also in 2015.

"Having this data allows the health plan to be a more informed partner to hospitals and allows us to immediately have knowledge of an admission so that timely discharge planning can begin, assisting the hospitals in improving length of stay rates," Dr. Logarbo said. "Additionally, educating members on the appropriate place of care allows facilities, particularly EDs, to address the emergent needs of members while non-emergent care can be re-directed back to the provider, which is where it should be."

"The LaHIE pilot program has been enormously successful for us. We look forward to expanding the program by adding a specific component that will address frequent users of the ED through education and focus more on those presenting with chronic illnesses," Dr. Logarbo summarized.

The encouraging examples from UHC Community Plan of Louisiana demonstrate the increasingly important role data and technology play in tackling ED overuse in our state. By harnessing improved, actionable data through LaHIE, Healthy Louisiana plans, other health plans, self-insured groups, and accountable care communities can track and identify trends in ED utilization, reinforce patient education efforts, and support systemic improvements in an integrated manner. Together, these collective efforts represent another step toward improving health outcomes for Louisiana residents and ultimately, transforming our state's health care landscape. ■

2016 LEGISLATIVE SESSION: Implications for the Nursing Profession

The 2016 Regular Session of the Louisiana Legislature adjourned on June 6, 2016. What was expected to be a slow year for legislation that would have implications for the Louisiana State Board of Nursing (LSBN) turned out to be fairly active with changes to LRS: 37:914 (B) (1), 916, 917, and 927 (A) and enactment of LRS 37: 920 (B) (3). Additionally, RS 40:978.2(C) (1) and (D) through (F) was amended and reenacted and LRS 40:978.2(G) and (H) was enacted, all of which have implications for nursing practice. Finally, a number of rules were enacted that updated LAC 46: XLVII: Subpart 2. Registered Nurses.

HB1161, sponsored by Representatives Dustin Miller, Bagley, Cox, Horton, Jackson, Magee, and Willmott, was signed by the Governor and became effective on 8/1/2016. The bill amends RS 37:914 (B) (1), 916, 917, and 927 (A) and enacts RS 37: 920 (B) (3) eliminating the two physician ex-officio members replacing them with two consumer members appointed by the Governor; mandates that at least one member of the LSBN board represents an Associate Degree program in nursing if such person is nominated and forwarded to the Governor's office; and delineates the fee for licensure as not to exceed $100/calendar year. The fee for licensure hasn't changed, but enacting the language "per calendar year", will allow us to move toward biennial, triennial or quadrennial renewals of RN licensees, which is currently the process in 42 states, without having to amend the Nurse Practice Act (NPA) for these types of process changes. Also, since the LSBN's mission is to "safeguard the life and health of the citizens of Louisiana" and it was the only state without consumer members and one (1) of only three (3) RN boards with physician members, it was the desire of the Board to amend membership to include two (2) consumer, non-nurse members appointed at-large by the Governor. These consumer members will have full voting rights with the nursing members of the Board and will bring active membership on the Board to eleven (11), including two (2) representing nursing administration, three (3) representing nursing education, three (3) members in other areas of nursing practice, one (1) advanced practice registered nurse (APRN) from any of the four APRN roles and one (1) certified registered nurse anesthetist.

HB1007, sponsored by Representatives Moreno and Willmott, was signed by the Governor and became effective on June 5, 2016 amending and reenacting RS 40:978.2(C) (1) and (D) through (F) and enacting RS 40:978.2(G) and (H) to authorize the storage and dispensing of opioid antagonists under certain conditions; to authorize any person to possess an opioid antagonist; to provide for an effective date; and to provide for related matters. This act allows pharmacists to dispense naloxone or other opioid antagonist pursuant to a nonpatient-specific standing order as provided for in rules to be promulgated by the Board of Pharmacy. It also allows a person acting under the standing order issued by an authorized healthcare professional to store and dispense any opioid antagonist.

The new act also allows any person to lawfully possess naloxone or other opioid antagonist and that any person acting in good faith under the provisions of this act administers an opioid antagonist to a person reasonably believed to be experiencing an opioid-related drug overdose will be immune from criminal and civil liability for that administration unless personal injury results from the gross negligence or willful or wanton misconduct in the administration of the drug. The intent of the act was, of course, to reduce death from opioid-related drug overdose by intervening in a timely manner with an opioid antagonist to prevent respiratory depression, coma or respiratory and circulatory arrest resulting from the consumption of opioids, principally fentanyl, hydromorphone, methadone, morphine, oxycodone and pethidine.[1]

In addition to the above changes in practice acts that affect the nursing profession, there were several resolutions and continuing resolutions passed that will have implications for nursing regulation. First, HR244 requesting the Louisiana State Board of Nursing and the Louisiana State Board of Practical Nurse Examiners to jointly study the feasibility and desirability of merging the two boards. Louisiana is one of only three (3) U.S. states that employ two boards. Numerous efficiencies

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

will include standardization of regulation, licensure and discipline for all levels of nursing whether LPN, RN, or APRN; facilitation of articulation among nursing education programs to promote LPN to RN, RN to BSN, and BSN to DNP programs; economies of scale which result from regulating all nurses through one board including financial, human resource, and policy development; and shared responsibility and unity in development of practice opinions.

HCR107 requests the Department of Children and Family Services to convene a consortium of emergency care facilities and stakeholder groups designated in the Safe Haven Law to create and maintain a registry of Safe Haven emergency care facilities. Louisiana established its Safe Haven Law in 2000 to provide a mechanism whereby a parent may relinquish the care of an infant not older than 60 days to the state in safety and anonymity without fear of prosecution. Between 2004, when the law took effect, and 2015, forty-four (44) infants have been safely relinquished under this law. Designated emergency facilities that are defined in the law include hospitals, public health units, emergency medical service providers, medical clinics, fire stations, police stations, crisis pregnancy centers, and child advocacy centers. The Safe Haven Consortium designated by this resolution will be directed to share best practices in training and preparedness on infant relinquishment in order to protect the health and safety of our most vulnerable infants.

Workforce issues are the subject of HR230. This resolution directs the Louisiana Department of Health (formerly Department of Health and Hospitals) to coordinate a study with select workforce stakeholders, including LSBN, to identify means to enhance access to healthcare services in healthcare professional shortage areas (HPSAs). HPSAs are designated by the U.S. Department of Health and Human Services as geographic areas with pronounced shortages of primary care services – medical, dental or mental health. Louisiana encompasses the most extensive HPSA in the United States and there are shortages of primary healthcare providers in both rural and urban areas. The legislature continues to be concerned about the lack of access to primary healthcare in the forty-nine (49) parishes that are designated in their entirety as HPSAs as well as the eight (8) additional parishes that are partial shortage areas. Lack of access to primary, preventive care is an urgent public health issue for the state of Louisiana, which will only be complicated by the addition of the newly eligible Medicaid population under Governor Edwards' Medicaid expansion. LSBN hopes to work collaboratively with this group to insure that using APRNs to their full scope of authority without arbitrary constraints to practice is one strategy considered in expanding provision of primary care services within the state.

Finally, HCR113 will establish the Louisiana Commission on Preventing Opioid Abuse to study and make recommendations regarding short and long term measures to address the prescription opioid and heroin abuse and addiction problem in our state. Additionally, the Commission will focus on developing best practices and evidence-based strategies for prevention and treatment of substance abuse and enforcement of those strategies. Louisiana ranks among the top states for the number of narcotic prescriptions written annually with 675 Louisianans dying each year from prescription opioid overdose. More than five percent of Louisiana residents engage in nonmedical use of opioids leading to 15 deaths for every 100,000 residents in the state. In 2016, health officials in New Orleans declared a public health advisory because of the increases in heroin and opioid abuse. Prescription and nonmedical opioid abuse and heroin abuse result in an increased burden on law enforcement, higher incarceration rates for abusers, higher court costs, and greater healthcare costs as abusers seek treatment in emergency departments throughout the state. The legislature has recognized that opioid and heroin abuse must be tackled as a public health priority requiring a statewide response and comprehensive strategy among healthcare providers and government entities as well as private sector resources for medication-assisted programs and behavioral health approaches to treatment.

The challenges represented by these legislative directives are just a sampling of what we do in our advocacy work on behalf of nurses in the state. Additional issues that we are working on to improve the practice of nursing in the state include review and revision of disciplinary rules for criminal acts identified in LAC.46.XLVII.3331; review of competency issues for foreign educated nurses (FENs) especially related to English proficiency, moral distress in the practice of FENs, and the promotion of ethical international recruitment practices[2]; nurse fatigue and safety including moral distress and compassion fatigue in nursing which leads to burnout and nurses leaving the profession, nurses working extended hours and multiple jobs, and the existence (or not) of supportive environments for practice. For all of these issues, we have representatives from the nursing community serving as experts to help us examine the issues and inform the decision-making, whether it is through practice opinions, declaratory statements, white papers or collaborative position statements with other state agencies and boards. We value the exceptional expertise within our nursing community and we will continue to reach out to our many partners within the state to work with us on improving nursing practice and patient care outcomes. ■

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In my last column, I wrote about the impending rollout of Healthy Louisiana, Governor John Bel Edwards' Medicaid expansion program. Since then, we've hit some major milestones: enrollment began June 1 and coverage began July 1. The U.S. Department of Health and Human Services approved a first-in-the-nation approach to enrollment using data from food stamps. We hit the quarter-million enrollee mark on July 15, just two weeks after the start of coverage.

It's All About Access

THIS IS A FAST-MOVING AND EXCITING time for our department and for the hundreds of thousands of people in the state who have never before had regular access to primary care because they lacked coverage. These are hardworking Louisianans, most with low-paying jobs in construction, hospitality, and the restaurant industry. Many of these jobs don't offer health coverage to their workers.

When Gov. Edwards issued the Executive Order for expansion, we estimated that 375,000 people would became eligible for Medicaid. Of those, more than 260,000 people have already signed up and are now receiving the benefits of access to healthcare, and with more than 1,000 people signing up every day, we expect that we will reach our goal before the end of this year.

None of this would have been possible without the hard work of thousands of people. From Governor Edwards' leadership, to the passionate work of advocates, to boots-on-the-ground enrollment workers, getting Louisianans covered took an incredible amount of dedication, commitment, and creativity.

We had to be creative because we knew that with the budget situation, getting more staff to handle enrollment was not an option. Therefore we looked at populations that were already receiving some state services for which income eligibility matched that of expanded Medicaid. These groups included people enrolled in our Take Charge Plus program; the Greater New Orleans Community Health Connection (GNOCHC); and SNAP, the Supplemental Nutrition Assistance Program, or food stamps. Take Charge Plus and GNOCHC were two limited-coverage programs previously offered by the Department. We simply automatically enrolled these recipients into Healthy Louisiana, our expanded Medicaid program.

Another almost 25,000 new adult enrollees have come from SNAP. Louisiana is the first state in the country to receive federal approval to both determine Medicaid income eligibility and enroll people receiving SNAP benefits using this special "fast-track enrollment process."

I am extremely proud that our staff has looked for creative ways to help people get the benefits to which they are now qualified – all without additional state employees.

But that isn't all. We have designed an aggressive outreach plan to help get the word out to everyone else – all being done without any sort of marketing budget. For example,

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

260,000

The number of people already signed up and receiving the benefits of access to healthcare.

we've held enrollment events across the state, and during these I've had the opportunity to meet some people who have just gained coverage under expansion and who have some amazingly inspirational stories of what coverage now means to them.

Meeting these people and learning the impact that having health insurance will have on their lives and the lives of their families makes me even more determined to keep going until we have reached every eligible person in the state.

As our enrollment "go-live" date of June 1 approached we knew there was a real possibility that our online and telephone enrollment processes would be put to the test. We are all aware of what happened when the federal government unveiled healthcare.gov and the site did not work as promised. We took steps to ensure a positive enrollment experience into Healthy Louisiana, working across state agencies and planning internally for increased call volume and website visits. We increased call center staff, extended hotline hours, closely monitored traffic to Healthy.LA.gov, worked with community outreach partners, and put contingency plans in place, we tried to anticipate all problems and prepare for them. Our goal, and we succeeded, was to provide the best consumer experience we could so that eligible residents could easily apply for new low-cost coverage available through Healthy Louisiana.

I'm proud of the work we've done with expanding Medicaid in Louisiana, and I hope that it will serve as a model for other states looking to do the same. We've done it without any increase in state funding for additional employees or administrative costs, and I believe that other cash-strapped states will look to Louisiana and see what they can accomplish.

"In addition to Healthy Louisiana, I am also excited by a new website tool we've developed, a portal that is devoted to health data. This new site, openData Louisiana, can provide journalists, researchers and anyone else with a wealth of health information."

New Health Data and Information Site

In addition to Healthy Louisiana, I am also excited by a new website tool we've developed, a portal that is devoted to health data. This new site, openData Louisiana, can provide journalists, researchers, and anyone else with a wealth of health information.

Our Center for Population Health Informatics partnered with the U.S. Centers for Disease Control and Prevention's National Tracking Network to create openData Louisiana. The site will be accessible to the general public, and should prove especially useful to researchers, scientists, educators, students, health officials, and individuals seeking to learn more about the health issues affecting their community.

Our goal was to create a site that makes it easy for anyone who is interested in Louisiana's healthcare data to find and analyze the information. Those who go to the site can search for specific topics of interest and view tables, graphs, and maps to explore datasets geographically and over time.

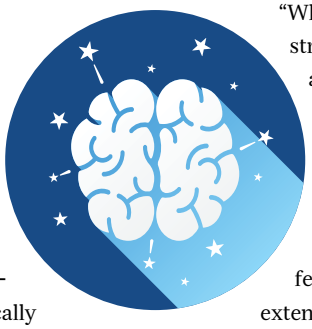
Whether it is expansion or access to data, our commitment to a Healthy Louisiana should be apparent. I am proud of the work we've done so far, but recognize that we still have a long way to go. My hope is that we can give everyone in the state the tools to get healthier and achieve a truly healthy Louisiana. ■

Advances in Health Research from **Pennington Biomedical Research Center**

Every time you change your diet—say, switching between carbohydrates and protein—your brain plays a role in telling your body how to adapt to the change. While you may not often consider your brain's role in your metabolism, it's what associate professor of neurosignaling **Dr. Chris Morrison** spends his days researching at LSU's Pennington Biomedical Research Center.

NEW RESEARCH ILLUSTRATES HOW

Hormones Respond to Changes in Diet



"What I really want is to understand how our bodies—and in particular, our brains—detect nutritional status and use that information to influence behavior and metabolism," Morrison said. "We're looking at the brain's ability to alter our metabolism in response to different components of the diet and how that may contribute to metabolic health and potentially even lifespan extension."

In a new research paper published in the journal *Cell Reports*, Morrison and his colleagues discovered that a hormone known as FGF21 (which is associated with fasting and starvation) plays an even more prominent role than previously thought in how the body's metabolism changes when protein intake is reduced. His lab was among the first in the world to illustrate this concept in 2014, and Morrison's new research more robustly illustrates the importance of FGF21 to our metabolism.

During the course of their research, Morrison found that when normal laboratory mice are placed on a low protein diet, they show increases in food intake, energy expenditure and stunted growth; but mice without the hormone FGF21 don't show any of these changes. According to Morrison, this demonstrates that FGF21 is required for the body to respond to a low protein diet both metabolically and in eating behaviors. In other words, FGF21 may be the signal that tells the brain that there is not enough protein in the diet. No other hormone has ever been shown to serve this role in the body.

Taking their research a step further, Morrison and his team shifted their focus to the intracellular mechanisms that regulate FGF21 production. They focused on a molecule known as GCN2, which is an amino acid sensor that helps cells detect the restriction of amino acids. GCN2 had previously been linked to FGF21, and Morrison's team hypothesized that mice without GCN2 would not be able to make FGF21 and would behave similarly to mice without FGF21 by showing zero metabolic adaptation to a low protein diet. They were right, but only in the immediate two week period following the start of the diet. After that, mice compensated for the absence of GCN2 by increasing their production of FGF21 and responding to a low-protein diet the same way regular mice did.

"It was surprising," said Morrison. "Mice lacking FGF21 never exhibit a metabolic response to protein restriction, and we expected that the loss of GCN2 would produce the same response. While our results show that GCN2 is important for FGF21 regulation, the results also show that some other pathway compensates for the absence of GCN2. The mice somehow adapt."

Morrison and his team are not quite sure yet what in the body is causing the delayed adaptation, but he hopes future work will allow him to delve into why this happens.

"What we're discovering is that the restriction of dietary protein produces a different response from the restriction of calories. Low protein diets stimulate FGF21, which is pro-longevity, so the restriction of protein in and of itself might be having beneficial metabolic effects that contribute to the lifespan-extending effects of dietary restriction," Morrison said. "Still, we don't really understand how FGF21 acts to produce these changes, and other hormones may also influence our metabolic response dietary change. That's what we'll continue to work on in the future."

What could come of Morrison's work in the future? He hopes that his basic research in the laboratory will help us better understand how our diet influences our health, and in particular how our brain's ability to sense nutrients controls our food intake and metabolism. One day, his research could prove instrumental in developing new therapies that help prevent or treat chronic diseases such as obesity and diabetes.

Learn more about Morrison's work by reading his full *Cell Reports* publication "Metabolic Responses to Dietary Protein Restriction Require an Increase in FGF21 that Is Delayed by the Absence of GCN2". ■

OLOL RECEIVES SUPPLIES, PATIENTS VIA HELICOPTER

During the recent devastating floods, the road leading into Our Lady of the Lake Livingston campus in Walker was under water and was not passable for two days. Still, the facility was able to continue patient care through helicopter drops in partnership with the U.S. Coast Guard and Louisiana National Guard to deliver critically needed supplies and resources for team members on the Livingston campus.

Also, over the course of three days, Our Lady of the Lake Regional Medical Center had more than 150 helicopter landings at its Essen Lane campus, compared to less than five landings on a normal day. Helipad landings from the Louisiana National Guard, U.S. Coast Guard, and emergency services personnel increased as individuals being rescued from the flood waters needed medical attention.

HospitalRounds

North Oaks Achieves Level II Trauma Designation

North Oaks Shock Trauma Center has earned official verification from the American College of Surgeons (ACS) and designation from the Louisiana Department of Health as a Level II Trauma Center.

Strategically located at the intersection of Interstates 12 and 55, known as the "Crossroads of the South," North Oaks is the only Level II center serving Region 9, which is comprised of Tangipahoa, Livingston, St. Helena, St. Tammany and Washington parishes, and one of five designated trauma centers in Louisiana.

In addition to Juan Duchesne, MD, FACS, FCCP, FCCM, North Oaks Shock Trauma Center's Medical Director, the highly specialized team of trauma providers includes: Drs. Marquinn Duke, Patrick Greiffenstein, Larry Nelson, Rosemarie Robledo, and Jeremy Timmer; Physician Assistant Jennifer Esquinance; and Nurse Practitioners Aaron Bateman, Jodee Bernier, and Ellen Wilson.

According to North Oaks Health System Executive Vice President/Chief Operating Officer and North Oaks Medical Center Administrator Michele Sutton, FACHE, the hospital's efforts to become a Level II Trauma Center began in 2012. That's when health system officials answered the call of the Louisiana Emergency Response Network (LERN) to consider becoming the first verified and designated trauma center in Region 9 of the state. LERN is responsible for developing and maintaining a statewide system of emergency care coordination for patients suddenly stricken by serious traumatic injury or time-sensitive illness (such as heart attack and stroke). LERN also serves as a vital healthcare resource in the face of larger scale emergencies and natural disasters.

One of LERN's strategic priorities is to facilitate development of a comprehensive statewide trauma network that includes a state-designated trauma center in each of Louisiana's nine regions. Accomplishing this strategic priority would place the majority of Louisiana's citizens within one hour of a designated trauma center, according to LERN Executive Director Paige Hargrove, BSN, RN.

North Oaks' announcement culminates completion of a comprehensive on-site visit conducted by members of the Verification Review Committee of the ACS Committee on Trauma. Verified trauma centers must meet the essential criteria that ensure trauma care capability and institutional performance as outlined by the ACS Committee on Trauma in its current Resources for Optimal Care of the Injured Patient manual.

The ACS Committee on Trauma's verification program provides confirmation that a trauma center has demonstrated its commitment to providing the highest quality trauma care for all injured patients. The actual establishment and designation of trauma centers in Louisiana is the function of the Louisiana Department of Health.

Louisiana's Level I Trauma Centers are located in New Orleans and Shreveport. In addition to North Oaks Shock Trauma Center in Hammond, other Level II Trauma Centers are located in Baton Rouge and Alexandria. Levels are determined by the ACS based on resources available at a verified trauma center and the number of patients admitted yearly.

LHATF Announces 2016 Safety Star Award Winners

The Louisiana Hospital Association (LHA) Trust Funds announced the three recipients of its 2016 Safety Star Award. The program acknowledges members who have developed innovative ideas that improve patient safety.

This year's Safety Star Award Winners are Central Louisiana Surgical Hospital, Slidell Memorial Hospital, and Thibodaux Regional Medical Center. This year's recipients received recognition at the LHA Summer Conference as well as $10,000 cash award for the hospital.

"We are thrilled to recognize these three facilities for their innovative ideas," said Cindy Dolan, CEO and President of LHA Trust Funds. "Since 2012, our Safety Star Award has recognized member facilities that are committed to quality patient care and safety, and we look forward to showcasing these projects with our membership."

To learn more about the Safety Star Award or to learn about this year's Awards, please visit LHA-TrustFunds.com/SafetyStar.

Our Lady of the Lake and Southern Surgical Hospital to Partner

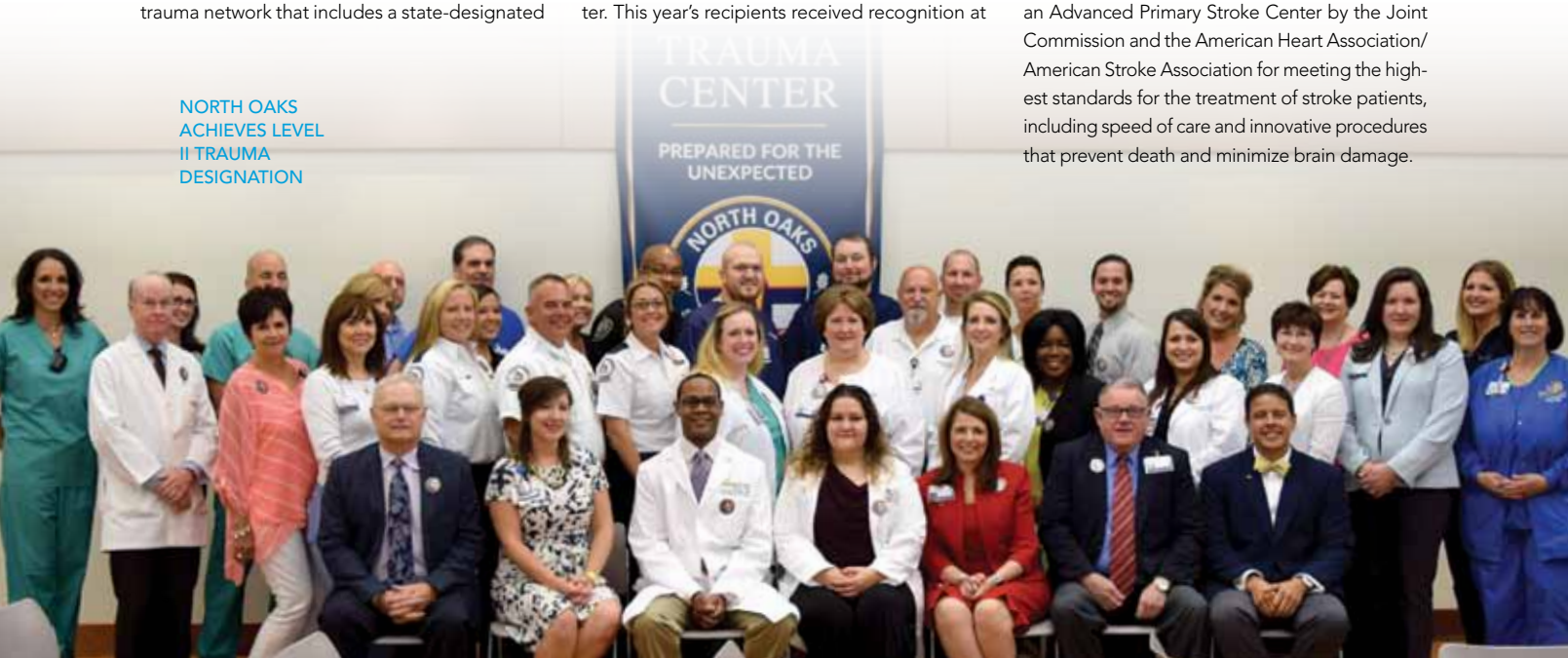
Our Lady of the Lake Regional Medical Center announced that it has acquired a majority investment partnership position with Southern Surgical Hospital in Slidell, Louisiana. The ambulatory surgical hospital offers a broad range of inpatient and outpatient surgeries for patients in Southeast Louisiana and Southern Mississippi.

The investment adds to Our Lady of the Lake's increasing access for patient care in the southeast region of the state joining the current operations of Our Lady of the Lake Surgery—Pontchartrain and Lake Urgent Care-Northshore both located in Covington, and Our Lady of the Angels Hospital in Bogalusa.

Southern Surgical Hospital, with its ownership of local physicians and United Surgical Partners (USPI), now joins Our Lady of the Lake's network of ambulatory surgical facilities that also include Lake Surgery Center and Surgical Specialty Centre in Baton Rouge.

BR General Stroke Program Earns Advanced Certification

Baton Rouge General has been recognized as an Advanced Primary Stroke Center by the Joint Commission and the American Heart Association/American Stroke Association for meeting the highest standards for the treatment of stroke patients, including speed of care and innovative procedures that prevent death and minimize brain damage.



NORTH OAKS ACHIEVES LEVEL II TRAUMA DESIGNATION

Michele Kidd Sutton, FACHE

James E. Cathey, Jr.

Earning this certification indicates that BRG joins other select stroke providers by qualifying when Joint Commission experts evaluated the hospital's compliance with stroke-related protocols, its program management, clinical care delivery, staff training, acute stroke treatments, and improvement measures. Time is critical when someone is suffering a stroke, and immediate treatment at a Primary Stroke Center offers the best chance of survival and recovery.

Stroke Program Coordinator Robin Stewart, BSN, RN, CEN, says education is a critical element of stroke care as well. "We take seriously our mission to educate the community," she said. "To recognize the signs and symptoms of a stroke by using the FAST system, and to call 911 as early as possible so that stroke patients have the best chance of recovery."

For more information, visit BRGeneral.org/services/Womack-heart-center or call (225) 819-1161.

Woman's Hospital Now Offering Cancer Rehab

Woman's Hospital has introduced what it says is the region's only certified cancer rehabilitation program to help patients heal faster and better: the Survivorship Training and Rehabilitation Program (STAR Program®).

Cancer treatments like chemotherapy, radiation, and surgery can save lives, but they can also cause side effects like fatigue, weakness, insomnia, memory loss, fear, anxiety, and depression that interfere with daily function and well-being. The STAR Program is a nationally recognized cancer survivorship program that helps survivors heal physically and emotionally.

Woman's Hospital's STAR certification, from the Massachusetts-based Oncology Rehab Partners, included an intensive training program for clinicians, including physicians, physical therapists, occupational therapists, speech and swallowing therapists, audiologists, registered dietitians, mental health professionals, and others; the team works together with each patient on a personalized rehabilitation plan. Their goals are to increase strength and energy, alleviate pain, improve physical function, achieve emotional balance, and boost the immune system.

All of the services integrated in the STAR Program, including physical therapy, occupational therapy, speech therapy, mental health counseling, and consultations with rehabilitation medicine physicians (physiatrists), are typically covered by health insurance.

"Woman's STAR program is open to everyone, no matter the prognosis, cancer stage or phase of recovery," said Michelle Spear, physical therapist. "Newly diagnosed patients may want to increase their strength and endurance; survivors living with cancer as a chronic disease may need help managing treatment-related conditions; and individuals who are cured or in remission may wish to boost their immune systems."

For more information about the STAR program, visit womans.org/STAR.

OLOL Selected for National GME Initiative

The Accreditation Council for Graduate Medical Education (ACGME) has selected Our Lady of the Lake as one of eight teaching hospitals across the country to participate as a Pathway Innovator in the Pursuing Excellence in Clinical Learning Environments Initiative. This four-year initiative will allow Our Lady of the Lake to work with seven leading institutions to create new models of integration between healthcare delivery systems and graduate medical education.

Our Lady of the Lake was selected along with Children's National Medical Center, Washington, DC; Cleveland Clinic Foundation, Cleveland, Ohio; Maine Medical Center, Portland, Maine; Strong Memorial Hospital of the University of Rochester, Rochester, New York; The University of Texas at Austin Dell Medical School, Austin, Texas; University of California (San Francisco) School of Medicine, San Francisco, California; and University of Chicago Medical Center, Chicago, Illinois.

"The proposals we received demonstrate the remarkable capacity of the GME community to do great work, and the Pathway Innovators have an exciting opportunity to innovate and share learnings across the community," said Kevin B. Weiss, MD, Senior Vice President, Institutional Accreditation, ACGME. "The ACGME and its partners look forward to collaborating with each of the institutions as they drive change that impacts learners, practitioners, and professionals across the clinical learning environment."

The institutions will come together for the first Innovators Forum taking place September 19-21, 2016 at the ACGME office in Chicago.

CEO Transition at BR General/ General Health System

Baton Rouge General (BRG)/General Health System (GHS) announced the departure of Mark Slyter as president and CEO of the organization.

"The Board of Trustees appreciates Mark's contributions over the past three years and wishes him the best in his future endeavors," said Joe Juban, chair, BRG/GHS board of trustees.

BRG Chief Operating Officer Edgardo Tenreiro will serve as acting CEO while the board prepares for a nationwide search for a permanent chief executive.

Sutton to Succeed Cathey at North Oaks

James E. Cathey, Jr. announced that he would be transitioning to a new role with North Oaks effective December 31, 2016, and the North Oaks Board of Commissioners named Michele Kidd Sutton, FACHE, as his successor.

James E. Cathey, Jr. has successfully led North Oaks Health System through a period of unprecedented growth and industry change for 30 years. Cathey shared, "It has been my honor and privilege to work with the Board, Physicians, Leadership, Staff and Volunteers of this great institution to make a difference in the lives of this community."

During his tenure, North Oaks has grown from one small hospital known as Seventh Ward General to the largest community-based health system on the Northshore. North Oaks Health System includes: North Oaks Medical Center which is a 330-bed acute care hospital; the 27-bed North Oaks Rehabilitation Hospital; North Oaks Physician Group; North Oaks-Livingston Parish Medical Complex; two Outpatient Diagnostic Centers; and North Oaks School of Radiologic Technology and Dietetic Internship Program. Since 1986, Cathey has led the organization through unprecedented growth—from 400 employees to close to 2,700 and developed the medical staff from 60 to more than 240 physicians in 38 different specialties.

HospitalRounds

A 28-year veteran of North Oaks, Sutton has worked in or overseen nearly every aspect of the more than quarter of a billion dollar organization and assisted in its many successes. Since 2006, Sutton has served as North Oaks Health System's Executive Vice-President/Chief Operating Officer. In 2012, she added Administrator of North Oaks Medical Center and Chairman of North Oaks Physician Group to her existing job duties. She also led over $250 million dollars of community reinvestment through facility expansions, new construction and services to meet the growing Florida Parishes' healthcare needs.

Sutton is board certified as a healthcare executive by the American College of Healthcare Executives. She earned both her Master of Business Administration and Bachelor of Arts Degrees from Southeastern Louisiana University.

Woman's Hospital Named One of the Healthiest Companies

Interactive Health, a provider of workplace wellness programs, has recognized Woman's Hospital as one of the 154 healthiest companies in America for helping its employees make significant and sometimes lifesaving changes to improve their health.

More than 70 percent of Woman's employees enrolled in Woman's health plan participate in Interactive Health's workplace wellness program. Based on lab work results, participants received a low-risk health score based on thorough health evaluations to identify the following modifiable risk factors: smoking, glucose, blood pressure, triglycerides, and LDL cholesterol – all of which are potential causes of serious health conditions.

When an employee is identified as being at-risk, Interactive Health immediately intervenes with a personalized action plan, including coaching with health professionals and personal physicians. The employee is assigned an achievable goal based on his or her individual results, and health improvements are subsequently measured. Of those Woman's employees who were determined to be at-risk based on their previous health evaluation:

- 95% improved blood pressure
- 77% improved LDL cholesterol
- 67% improved triglycerides
- 64% improved glucose level
- 30% improved smoking

"Woman's is committed to improving the health of our community, including our employees," said Donna Bodin, Woman's Vice President of Employee Services. "Achieving recognition as one of the Healthiest Companies in America demonstrates how employee health is a vital part of our organizational culture."

Donna Kline

Dawn Pevey-Mauk, RN

Kline Appointed to Lane Board of Commissioners

Local educator Donna Kline was recently appointed by the Metropolitan Council of East Baton Rouge Parish to the Board of Commissioners at Lane Regional Medical Center. Kline will complete the remaining three years of departing board member Jason St. Romain's four-year term.

A native of Opelousas, Kline had more than 36 years of experience as an educator and administrator during her career with the Zachary Community School System before retiring in 2015. She received both her Bachelor of Education degree and Master's in School Administration from Louisiana State University.

The Lane Regional Medical Center Board of Commissioners is comprised of nine board members. In addition to Kline, current board members include chair Joan Lansing, vice chair Gaynell Young, and members at large Jordan Charlet, Keith Elbourne, MD, Patricia Gauthier, Jimmy Jackson, Mayor Harold Rideau, and Mark Thompson.

Ochsner CNO Named Rising Star

Ochsner Health System's Dawn Pevey-Mauk, RN, System Vice President of Service Lines and Chief Nursing Officer of Ochsner Medical Center – Baton Rouge, has been named a 2016 Rising Star by *Becker's Hospital Review*. This recognition honors only 50 healthcare leaders across the nation under 40 years of age.

Becker's describes Rising Stars as administrative leaders who have made considerable accomplishments during their relatively short careers. Honorees include Chief Executive Officers, Chief Financial Officers, Chief Information Officers, Chief Operating Officers, vice presidents, and directors.

As System Vice President of Service Lines, Pevey-Mauk oversees Cancer, Cardiology, Lab, Radiology, Women's Services, Primary Care, Neurosciences, Hospital Medicine, Emergency Services, Anesthesia, and Interventional Pain Medicine services. Most recently, she also served as Chief Operating Officer for Ochsner Medical Center – Baton Rouge and the surrounding region.

The *Becker's Hospital Review* editorial team selected individuals for inclusion based on an editorial review process, including reviews of leadership experience and peer nominations. Individuals did not and cannot pay to be included on the list.

The complete list of the 2016 *Becker's Healthcare Review's* Rising Stars can be found at http://www.beckershospitalreview.com/lists/rising-stars-50-healthcare-leaders-under-40-2016.html.

North Oaks School of Radiologic Technology Graduates 47th Class

Graduates of the forty-seventh class of the North Oaks School of Radiologic Technology were urged to be committed to their patients and give each one equal amounts of attention, education, patience, and time. The ceremony was held in the E. Brent Dufreche Conference Center, located on the North Oaks Medical Center campus.

The nine graduates are Don C. Englade Jr., Taylor Renee Hendrix, Laramie Dale Pittman and Jessica Renee Raiford, Ponchatoula; Richard "Ty" Fajoni Jr., Hammond; Erin Patricia Johnston, Slidell; Christen Elizabeth Miranda, Norco; Kacy Renee Romero, New Iberia; and Patrick Wayne Spurgeon, Denham Springs.

The commencement address was delivered by North Oaks Health System's Senior Vice President of Human Resources Jeff Jarreau, SPHR, RN, BSN.

North Oaks Medical Center Director of Education Nicole Barnum presided over the ceremony that concluded 2 years of study for the students involving 2,000 clinical hours, more than 1,200 classroom hours, and more than 400 exams and quizzes.

Prior to the presentation of diplomas by Program Director Marsha J. Talbert, outstanding achievement awards were given. The Academic Achievement Award was presented to Hendrix for obtaining the highest overall scholastic average,

and the Performance and Attitude Award for exceptional performance in the clinical setting was given to Johnston.

Dr. Rodney Taylor presented the Dannye Young Taylor "Always Remembering Others" Award, named in honor of his wife, to Spurgeon in recognition of his outstanding patient care skills.

In addition, Englade, Fajoni, Hendrix, Johnston, Pittman, Raiford, Romero, and Spurgeon were recognized as members of Lambda Nu, an honor society for the Radiologic and Imaging Sciences. To become a member, one must maintain a 3.0 cumulative grade point average out of a possible 4.0.

BRG Welcomes New Class of Residents

Baton Rouge General has welcomed 18 new doctors to its family medicine and internal medicine training programs. The physicians will complete their residency training at both the Bluebonnet and Mid City campuses, which provide a clinical setting for Internal Medicine, Family Medicine, Emergency Medicine, Critical Care Medicine, Anesthesia, Psychiatry, and General Surgery Residency Programs. Through Baton Rouge General's residency programs, family medicine and internal medicine residents served more than 40,000 patients over the past year.

"With more than 100 residents and students training here each year, we are committed to continually improving the quality training experiences that began at this institution more than 20 years ago – not only for future physicians, but also for students in our Nursing and Radiologic Technology programs," said Dr. Robert Kenney, Vice President of Medical Operations and Regional Dean of the Tulane Campus at Baton Rouge General.

"As a major teaching hospital, Baton Rouge General is proud to help cultivate Louisiana's future clinical leaders and contribute to the growth of advanced medical training and clinical research in Baton Rouge," said Dr. Kenny Cole, Chief Transformation Officer of Baton Rouge General. "In addition to the academic footprint, our medical education and training programs strengthen the local and state economies with an annual economic impact of more than $63 million and 252 full-time jobs generated by physician residents upon graduation."

Through its education programs, the hospital trains annually more than 500 medical students, residents, fellows, nurses, pharmacists, physician assistants, nurse practitioners, certified registered nurse anesthetists, and radiation technologists, and provides instructional locations for medical students from other schools, including Tulane and LSU. Learn more at BRGeneral.org/medical-education.

Baton Rouge General welcomes the following new residents:

Family Medicine Residency Program

- Aarti Attreya, MD

University of New Mexico School of Medicine

- Janice Dara, MD

Louisiana State University School of Medicine Shreveport

- Rachael Kermis, MD

Ross University School of Medicine

- Stephanie Coleman-Lawrence, MD

Louisiana State University School of Medicine New Orleans

- Cory Lemoine, DO

William Carey University College of Osteopathic Medicine

- Matthew Mann, MD

Louisiana State University School of Medicine New Orleans

- William "Devin" Owens, MD

Louisiana State University School of Medicine Shreveport

- Lorene Wiley, MD

Ross University School of Medicine

Internal Medicine Residency Program

- Shanti Akasapu, MD

SSR Medical College

- Rajendra Boyilla, MD

Narayana Medical College

- Navya Eleti, MD

Gandhi Medical College, Secunderabad

- Casey Geiger, MD

American University of the Caribbean

- Nicholas Latuso, MD

University of Queensland

- Kishore Mukku, MD

Sri Venkateswara Medical College

- Bilal Saiyed, MD

American University of Antigua

- Ramandeep Singh, MD

Adesh Institute of Medical Sciences & Research

- Swapna Varakantam, MD

Kakatiya Medical College

- Prathyusha Yeturu, MD

American University of Antigua.

Telecardiology Brings OLOL Expertise to Pointe Coupee

Patients in the emergency room at the rural community hospital of Pointe Coupee General Hospital in New Roads will now have access to specialty cardiology care thanks to an innovative telemedicine partnership with Our Lady of the Lake Heart & Vascular Institute.

The new telecardiology program allows patients in the emergency room at Pointe Coupee General

Graduates of North Oaks School of Radiologic Technology include: (seated, from left) Taylor Hendrix, Kacy Romero, Erin Johnston, Jessica Raiford, Christen Miranda, (standing, from left) Don Englade, Laramie Pittman, Patrick Spurgeon, and Ty Fajoni.

Laurinda Calongne, EdD

Denise Dugas

to receive an immediate consultation with an Our Lady of the Lake heart specialist remotely, leading to faster diagnosis and treatment for patients.

Using two-way audiovisual communications, a cardiologist in Baton Rouge can speak with and observe in extreme detail a patient nearly 40 miles away in New Roads. They can listen to a patient's heartbeat and access clinical data and medical imaging, such as chest X-rays, MRI scans or heart rhythms (EKGs). This allows the specialist in Baton Rouge to coordinate patient care in New Roads in real time, allowing for improved quality and decreased decision-making time.

"Time sensitive illnesses require a time sensitive response from a clinical care team to give the patient the best opportunity for a full recovery," said Dr. Joseph Deumite, cardiologist at Our Lady of the Lake.

Having the expertise of a heart specialist readily on-hand may also reduce unnecessary hospital admissions, save on patient transfers, and help keep patients in their community for treatment.

"In the past, out of an abundance of caution, we may have transferred a patient that we felt needed a higher level of intervention. Having the immediate access to consult with a specialist will help us determine whether a patient's condition can be managed on site and if they can receive care closer to home," said Chad Olinde, chief executive officer of Pointe Coupee General Hospital.

Our Lady of the Lake's team of cardiologists are available for remote consults 24 hours a day and can participate from any location using a laptop, iPad or iPhone.

Calongne Appointed to National Board

Laurinda Calongne, EdD, has been appointed to the Board of Directors for the Alliance of Independent Academic Medical Centers (AIAMC). Dr. Calongne will serve a two-year term.

Dr. Calongne is the Chief Academic Officer and Designated Institutional for Our Lady of the Lake Regional Medical Center. Her responsibilities include leadership and oversight of all graduate medical education, clinical and educational research, and grants for the five-hospital system.

Dr. Calongne has served on a number of committees in her home state which focused on healthcare workforce issues, including the Louisiana Healthworks Commission and Louisiana Primary Care Association. In 2001, she was appointed by President George W. Bush to the Council on Graduate Medical Education where she served on several workgroups and committees with the Institute of Medicine (IOM), Association of American Medical Colleges (AAMC)- Council on Teaching Hospitals, Health Resources and Services Administration (HRSA), and Medicare Payment Advisory Commission (MedPAC).

OLOL Names Executive Director of Mental and Behavioral Health

Our Lady of the Lake has named Denise Dugas as its executive director of Mental and Behavioral Health responsible for providing leadership and oversight of the organization's services for individuals with complex mental illness or addiction.

In this role, Dugas will provide the organization with strategic planning, business development, finance accountability, quality control, and community integration and representation for mental and behavioral health services. Our Lady of the Lake offers one of the few programs in the area that provides both inpatient and outpatient therapies to treat those dealing with mental illness, addiction or emotional vulnerability.

Dugas joins the organization with more than 23 years of experience as a senior level executive in both for-profit and not-for-profit integrated healthcare organizations and free-standing behavioral health facilities. She most recently served as vice president of operations for Seaside Healthcare where she had operational oversight for behavioral health inpatient and outpatient services in Baton Rouge, New Orleans, and surrounding areas.

Dugas began her healthcare career as a nurse and worked the first 15 years of her career in various acute care and post-acute care settings. Her practical knowledge of process and workflow brought her success in later roles including hospital administrator for Vermillion Hospital in Lafayette and national director of behavioral health services for Promise Health Care/Success Health Care in Boca Raton, Florida.

Lane CEO Announces Plans to Retire

Randy Olson, chief executive officer of Lane Regional Medical Center for more than 13 years, has announced his plans to retire. Olson's exact date of resignation will be determined once a national search committee identifies a suitable long-term successor to replace him. This process is expected to take several months.

Olson came to Lane as interim CEO in May 2003. Six months later he became Lane's seventh CEO and has helped turn it into an award-winning hospital known for consistently delivering high quality care.

Olson said his decision to retire is for personal reasons – four of them to be exact. "I currently have four grandbabies in Tennessee, and since my wife and I have a second home in Bristol our plan is to live there full time in order to spend as much time with them as possible," he said.

During his tenure at Lane, Olson has been responsible for charting a course of aggressive growth and expansion for the organization, leading a team that successfully recruited new physicians and quality staff members to:

•Add new service lines – Cardiology, Urgent Care, Behavioral Health, Infusion, Rheumatology, Gastroenterology, Addiction Recovery, Pain Management, Acupuncture, Audiology/ENT, Vascular Surgery, NeuroSpine Surgery, and Hospital Medicine

•Expand services – Obstetrics & Gynecology, General Surgery, Orthopedics, Diabetes Education Management, Sleep Studies, Labor & Delivery, Outpatient Surgery, Internal Medicine, Family Medicine, Ophthalmology, Endoscopy, Rehabilitation, Wound Care & Hyperbarics, and Home Health

•Build – the new Lane Cardiovascular Center, Lane Medical Plaza & Outpatient Diagnostic Center (the first 3-story building in Zachary), Medical Office Building III on McHugh, and a helipad

•Open – FASTLane After Hours Walk-in Clinic, the Intermediate Care Unit, Lane Outpatient Diagnostic Center, Lane Endoscopy & Infusion Center, Lane Wound Center & Hyperbarics, and two new heart catheterization labs

•Renovate – the Imaging Department, Labor/Delivery/Recovery/Postpartum unit, Cafeteria, Lobby, and Waiting Room areas, Outpatient

NORTH OAKS REHAB HOSPITAL EARNS NATIONAL HONOR FOR FIFTH YEAR
Recent North Oaks Rehabilitation Hospital patient Joseph Baham with his care team.

Surgery, all 67 patient rooms with new beds, furniture and technology, as well as overall infrastructure improvements and new campus-wide landscaping

•Expand technology – with Electronic Medical Records, the new Pictorial Archiving and Communication system for Imaging, state-of-the-art MRI, Digital Mammography & 80-slice CT, bedside registration in the ER, transradial heart caths through the wrist, radiofrequency for pain management, and wireless robotics for stroke and critical care patients

•Achieve financial stability – more than doubled the hospital's net revenue from $36M to $83M, annual payroll of $34 million, deficiency free audits for 10 years in a row

•Partner with - Baton Rouge General to open the Radiation Oncology Center, AMG to open a long term acute care specialty hospital, and the Regional Veterans Association to open the Wall of Veterans on Lane's campus, as well as Wellness Works to control healthcare costs for business and industry, and the LaneRMC Foundation for funding of ongoing projects

•Invest in the community – through various sponsorships, wellness and education programs, health screenings and classes, and nurse recruitment efforts

Over the coming months Olson will continue to oversee the day-to-day operations of Lane Regional Medical Center and move forward with current plans, such as future expansion and renovation efforts, service line growth, and physician recruitment.

North Oaks Rehab Hospital Earns National Honor for Fifth Year

Achieving better patient outcomes than 90 percent of 830 similar facilities nationwide has earned North Oaks Rehabilitation Hospital recognition as a 2016 Top Performer from the Uniform Data System for Medical Rehabilitation (UDSMR) for the fifth time and third consecutive year. The hospital also earned the Top Performer Award in 2015, 2014, 2011, and 2009.

North Oaks Rehabilitation Hospital patients were found to make greater improvements faster, according to UDSMR 2015 data. The UDSMR looks at how patients improve in activities like memory; caring for one's self; eating, bathing and dressing; toileting and bladder control; and mobility, locomotion, navigating stairs and transfers (i.e., moving from bed-to-chair, tub-to-shower and wheelchair-to-toilet). In 2015, 508 patients received care at North Oaks Rehabilitation Hospital, where they participated in an average of 4 hours of therapy each day of their stay. Eighty-three to 95 percent of the patients achieved their goal, and most were discharged from the hospital after an average stay of 12 days.

Recent North Oaks Rehabilitation Hospital patient Joseph Baham of Independence can attest. He shares, "I was diagnosed with Guillain Barre Syndrome. I thought I would never walk again. Through many prayers and the wonderful therapists I was blessed with, I was on my feet going home in half the time that anyone expected."

Patients who may benefit from inpatient rehabilitation often have had a stroke or other brain injury; surgery for joint replacement or other orthopaedic or spinal cord injuries; or suffer from neurological disorders, arthritis or other congenital conditions.

North Oaks Rehabilitation Hospital is anchored by an 8,000 square-foot treatment area, featuring a kitchen and laundry area for patients to practice daily living skills. The facility also contains a transitional living apartment, therapeutic garden, and aquatic center.

UDSMR is a not-for-profit organization affiliated with the University at Buffalo, the state university of New York. Facilities from all over the world use UDSMR's measurement system to document how quickly and how completely patients recover when they receive medical rehabilitation. UDSMR provides the most comprehensive rehabilitation benchmarking data in the industry and is the world's largest database for medical rehabilitation outcomes.

Ochsner-Iberville Now Offers Telemedicine

Ochsner Medical Complex – Iberville is now offering virtual telemedicine appointments in nephrology and cardiology for patients seeking specialty care closer to home.

Once a month, Dr. Ronald Reichel – Department Head of Nephrology, Ochsner Health Center – Summa (Bluebonnet Blvd.) – is virtually treating patients suffering from various kidney diseases at the Iberville location. Additionally, Dr. Zhe Zheng, Cardiologist, Ochsner Medical Center – Baton Rouge, is virtually caring for cardiology patients experiencing cardiovascular disease.

Telemedicine patients will still have the same high quality experience, but with a significant time savings. Visits are conducted virtually, through a computer. The doctor will be able to consult patients in the same way as an in-person appointment through Ochsner's state-of-the-art technology.

"This is an important milestone for Iberville," said Dr. Reichel. "The patients love the new telemedicine service and the convenience of not having to drive across the bridge. It's truly a game changer for the patients within this community."

Telemedicine plays an integral role in how rural and urban hospitals receive access to specialty services that may not otherwise be available.

Since 2009, Ochsner's telemedicine program, CareConnect 360, has partnered with 41 facilities across Louisiana and Mississippi, has impacted over 550,000 patients, and has now expanded its services to 32 specialties including cardiology, pediatrics, psychiatry, and maternal fetal medicine.

In 2015, Ochsner completed over 135,000 telemedicine consults with other hospitals, providing stroke care, cardiac care, high-risk women's services, and advanced interpretation services – among other capabilities that other hospitals may not have locally.

The Iberville Complex also includes a 24-hours-a-day, 7-days-a-week emergency department; primary care and specialty services such as OB/GYN, cardiology, ENT, and general surgery; laboratory facilities, and diagnostic services such as x-ray, CAT scan, MRI, ultrasound, mammography, cardiology stress test, and echocardiogram. ■

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