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IT IS A TREND of Healthcare Journal to examine powerful, yet rarely discussed health benefits within the enormity of the healthcare industry. Focusing on the exhale breath is a powerful health opportunity.

The exhale is normally thought of as the passive response to the inhale. But, shifting the control from the inhale to the exhale will immediately help you take control of much of what you do.

To begin, try for a period of time to double the duration of your exhale relative to the duration of the inhale. For example, if you can normally breathe in for three seconds, then breathe out for six seconds. You immediately notice a calming effect come over your being.

Normally, we believe the effort of breath would be towards the inhale. But the inhale will come. Rather than attempting to get air, you patiently trust the inhale to show up when it's needed. This simple act of trusting the inhale will transfer into other parts of your life to let go of the many things you may be trying to control. Exhale fully, and then wait. The inhale will come entirely without your effort.

Learning to fully exhale will do wonders for slowing the heartrate and lowering blood pressure and stress. As studies have revealed, higher stress results in poorer health. And while we will never make our external life perfect, learning the full exhale can help minimize self-inflicted poor health.



THE POWER RECEIVED FROM CONTROLLING THE EXHALE SHOULD NOT BE UNDERESTIMATED.

Focusing on the exhale helps to remove carbon dioxide and harmful toxins from the lungs. This attention to the exhale will counterintuitively result in pulling in more oxygen than just thinking about the inhale, or not thinking about it at all.

Obviously, we aren't going to spend all of our time focusing on proper breathing. So we have to practice. By practicing the full exhale, you can train your breathing patterns. This practice doesn't cost you any time, because you can simply do it at any time. The more interesting question is, why not improve your breathing practice?

Regarding a few breathing pointers, keep your mouth closed. Breathe slowly through the nostrils, drawing breath from the abdomen, rather than the rib cage/chest. Notice a baby will breathe from the abdomen. Adults tend to avoid breathing from the abdomen to avoid the look of expanding the waist. As is so often the case, ego does not help in our efforts towards better health and well-being.

When spending time with patients, it's always a benefit to offer breathing options if you notice stress, control or trust issues, or simply as a way to improve calmness of mind and well-being. It's another tool in your healing tool box and an easy and free one, at that.

Healthcare as a business functions so much better when it works alongside healthcare as a path to optimal health. Exhale fully, and then wait. Good things will come.

Smith Hartley
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one on one with **SREYRAM KUY, MD**

**Medicaid Medical Director,
Louisiana Department of Health**

SreyRam Kuy, MD, MHS, FACS is a practicing general surgeon and currently serves as Chief Medical Officer for Medicaid in the Louisiana Department of Health. As CMO for Louisiana Medicaid, Dr. Kuy leads the drive for improving healthcare quality, promoting cost effectiveness, and increasing health information technology adoption in a \$10.7 billion health system serving 1.6 million patients. Under her leadership, Louisiana Medicaid was the first state to develop a Zika prevention strategy for pregnant Medicaid patients; enabled women with breast cancer to have access to needed reconstructive surgery and BRCA testing, led efforts to coordinate medical disaster relief efforts during Louisiana's Great Flood, and is leading Louisiana Medicaid's initiative to tackle the opioid epidemic as the first state in the South to implement a prescription opioid policy. She has developed state wide health performance metrics, pay for performance incentives, and established novel "Medicaid Expansion Early Wins measures" which enable the state of Louisiana to assess how access to healthcare directly impacts lives, which have been profiled by NPR and are being implemented in other states.

Prior to serving as Chief Medical Officer for Louisiana Medicaid, Dr. Kuy served in numerous leadership roles in the VA system, including Director of the Center for Innovations in Quality, Outcomes and Patient Safety, Assistant Chief of General Surgery, Chair of the Systems Redesign Committee, and on the Quality, Safety & Value Board at Overton Brooks VA Medical Center.

Dr. Kuy attended Oregon State University where she earned dual degrees in Philosophy and Microbiology. She attended medical school at Oregon Health & Sciences University, then finished general surgery residency. She earned her master's degree in health policy, public health and outcomes research at Yale University School of Medicine as a Robert Wood Johnson Clinical Scholar.

Chief Editor Smith W. Hartley Let's start with the Medicaid population itself. From a health and medical perspective, is there anything unique about the Medicaid population?

Dr. SreyRam Kuy Absolutely. Prior to July, the Medicaid population here in Louisiana was predominantly pregnant women, children, and the disabled. Then starting on July 1st of this past year, 2016, thanks to the amazing efforts of Governor John Bel Edwards, and Secretary Gee, we were able to expand Medicaid, which means we were able to make healthcare access available to a much broader population.

Previously, to be eligible for Medicaid, you were at an extreme poverty level. What we did was, we raised it to 138 percent of the federal poverty level. That's still not much; for a family of four, that's something like 30 some thousand dollars to live on. Prior to Medicaid expansion, we had about 500,000 people in Louisiana who were uninsured. So, these were folks who were going to the emergency departments to get their care because under EMTALA (the Emergency Medical Treatment and Labor Act of 1986, which requires emergency departments to treat patients regardless of ability to pay), if you have a life-threatening condition, that's where you can get care. But that's not where you go to get your chronic diseases managed. So, thanks to Governor Edwards and Secretary Gee's efforts, in July, we expanded. Now, in addition to pregnant women, children, and the disabled, we're also able to cover healthcare for the working poor. Those living at 138% of the federal poverty level.

I think there are many challenges to taking care of this population. One, this is an indigent population with many, many needs. That's why it's so important to try to provide preventive care to this group because not having had access to having a permanent primary care doctor that you go to see regularly, there were many patients who had, for instance, diabetes that was never diagnosed or had breast cancer that was never diagnosed.

Editor What about prevention and wellness and some of the ways that Medicaid can move in that direction?

Dr. Kuy All right. I'm a General Surgeon by training, but I actually see the value of good preventive care because when patients show up to me as a General Surgeon it's because their diabetes is out of control and they've developed severe peripheral vascular disease, they've developed gas gangrene, or diabetic gangrene, and they need an amputation. You never want to get to that point. What you need is good preventive care where patients get diagnosed with their diabetes. Get treated and you can prevent these very costly complications—both costly in economics and costly in terms of lives and morbidity and less stability to work and contribute meaningfully to society.

So, when we started with Medicaid expansion on July 1st, we wanted to see how having access to healthcare actually impacts lives. Is it going to change behaviors or people—do people even need health insurance? These folks didn't have it before. But the answer is, they absolutely do need it. The response has been overwhelming.

We had estimated that in the first year we would try to get about 375,000 people enrolled in Medicaid expansion. In less than a year, we've had 428,000 adults get enrolled in Medicaid expansion. That is phenomenal. When you look at other states that have done Medicaid expansion, there's really been no state that's expanded this rapidly. And so, the question is, how does that actually impact their lives and how does it impact in terms of preventive care? Among the adults who've been enrolled in Medicaid expansion over the past seven or eight months, 91,690 of them have already received some sort of preventive healthcare or new patient services. That's astounding!

When you look at other preventive care figures, we've had 2,300 adults who are newly diagnosed with diabetes and now getting treated for diabetes. That is amazing. Because if you don't even know that you have diabetes, you can't get treated and the

complications of diabetes are significant. These include stroke, heart attack, renal failure, blindness, peripheral vascular disease; the list is astounding.

We've had nearly 6,000 adults who are newly diagnosed and now getting treated for hypertension. In my book, that is phenomenal. And, as a surgeon this next number is really what touches me: we've had 9,400 adults who have been able to get colon cancer screened. These are the colonoscopies, sigmoidoscopies, proctoscopies. Among those there are 2,790, so nearly 3,000 adults, who as a result of the colon cancer screening had colon polyps removed.

Now, in my world as a General Surgeon, that's 2,790 people who are not going to show up a few years down the road in my operating room with colon cancer. Those are 2,790 colon cancers averted. That is phenomenal and I just give so much credit to Governor John Bel Edwards and Secretary Gee and all the folks at Medicaid who work so tirelessly to make this possible. And I really do say tirelessly because even when we had the great flood last summer, many of my staff were themselves affected by the floods, but yet they came, showing up to work even though they didn't have a car. They'd somehow get a ride and show up to make sure that patients who had lost their inhaler or their medication or their wheelchair in the flood were able to get replacements. And these were some of my staff members who didn't even have homes of their own to live in.

Editor I was just going to follow up a little bit on access. Is access really just getting a doctor's appointment or are there other access issues?

Dr. Kuy No, gosh no. Access goes so far beyond that. So we've developed what are called early wins. When you give someone healthcare access you give them an insurance card. Does it actually make any clinical impact on people's lives? So, we've developed these six core early wins and we've gotten some great response nationally. CMS



just did a webinar and profiled our Louisiana state early wins. It's been profiled by some national organizations, like NPR. I think Kaiser and *Washington Post* or different news organizations have profiled the work that Louisiana's doing to measure the clinical impact, the lives impacted.

So, for instance, breast cancer. People aren't just getting an insurance card. They're showing up. They're getting mammograms. We've had 6,481 women who got a mammogram, and among those, a hundred women were diagnosed with breast cancer as a direct result of that imaging. These are women who didn't even know they had breast cancer and wouldn't have gotten treatment if they hadn't gotten diagnosed. So, it makes an absolutely real clinical impact on people's lives. They're not just walking around with a card. People are rushing to get treatment, to get care.

We've had 22,000 adults who were able

to get outpatient mental health services.

These are all in the expansion population.

And how does that actually correlate in terms of economic cost to the state? Well, when you look in terms of the cost, we call that return on investment. When you look at just doing a screening, a mammogram on a woman, the research shows that it's a cost savings or return on investment between \$26 to \$67 per patient who gets a mammogram. So, if you have 6,481 women who've gotten a mammogram, that's somewhere between \$168,000 to \$400,000 in cost savings or return on investment as a result of them just getting that screening mammogram.

And then the return on investment of diagnosing a woman's breast cancer from that imaging, not waiting until you find

it in a very late stage, is about \$5,300. So, if you have 104 women who are diagnosed with breast cancer as a result of their breast cancer imaging, that's about half a million dollars in economic savings. Preventing a future cost to the state.

Editor Interesting. From a provider perspective, reimbursement is always an important component of the Medicaid program. Is reimbursement currently adequate to maintain an adequate provider network?

Dr. Kuy I'm a practicing provider, and I think we wish we could somehow increase reimbursement for the providers. Especially our primary care providers. And I know that Secretary Gee tried to have a pot of funds to go toward having an extra payment to our doctors, particularly the ones who would benefit the most in terms of helping provide preventive care, but I'm sure you've heard also about our many budget cuts to state health. So, gosh, if I could wave a magic wand, I absolutely would put so much more funding into preventive health, but we, as a state, are truly struggling.

Editor So, is that an area of the provider network that you'd like to enhance? Maybe, more on the primary care side?

Dr. Kuy I think primary care is so important. If you can prevent someone from developing diabetes, if you even diagnose them when they're pre-diabetic and you prevent all those complications, that's such a huge cost savings to the state and it's such a huge savings in terms of the morbidity. I've seen 35-year-old patients, in my practice, come in with floridly uncontrolled diabetes and we had to do an emergency amputation just to save their life. And just think about that, a 35-year-old whose leg is amputated. And that gentleman was a truck driver. How are you able to go to work or to function? So, preventive care, I think is absolutely the cornerstone of a healthy population.

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Editor I was just wondering if there are other parts of the prevention model that we're able to look at economically. Say, maybe if we did something differently with regard to early intervention, primary health, or perhaps some sort of environmental health, for example, maybe we could show more savings potential, because I know everybody's looking for the savings component.

Dr. Kuy That is absolutely true. I think that the focus on primary care absolutely results in savings. I think that having this option where patients can actually go to a family

doctor and get diagnosed is a huge, huge impact. I was going to show you some actual patient testimonies about what having access to a primary care doctor means to them. But it really astounds me that it makes such a huge impact and this really should be what the focus is on, on primary care.

I wanted to tell you about this patient, Matthew (and he allowed his name to be used), from Opelousas. He said he's lived with sickle cell anemia all his life and he used to go to the local ER for care. And he'd go there for pain relief, but they couldn't

treat all of his other chronic conditions, such as his vision problems.

So, when coverage became available in Louisiana under the newly expanded Medicaid program in July, he said, "I applied for coverage. I now have a primary care physician who can provide all of the necessary care for my sickle cell disease including infection prevention, pain management, and care that can prevent organ damage. Because of the coverage I now have through Medicaid expansion, I was also able to get two eye surgeries that were needed to re-attach my retina. I'm grateful to now have the coverage that's helping me improve my vision and manage my sickle cell disease."

It just shows you how he wouldn't be showing up in the ER if he had access to primary care and for something so basic as vision. He couldn't get treated for his retinal disease until he had access to healthcare.

Editor In terms of quality of healthcare, I know access is an important component of quality. Maybe we can talk a little bit more about some ways that the Medicaid program deals with quality of care issues.

YOU HAVE TO GO BEYOND JUST HAVING ACCESS TO HEALTHCARE AND ACTUALLY IMPROVING THE QUALITY OF CARE, AND THAT IS A HUGE FOCUS.

Dr. Kuy Absolutely. So, if all you have is access to healthcare, if all you have is coverage of insurance, then you really haven't done much. You have to go beyond just having access to healthcare and actually improving the quality of care, and that is a huge focus.

So, that's one of our goals. My team is the quality team, and we've been working for the past six months, looking at how we can really focus on the quality indicators that are going to move Louisiana forward. As I'm sure you've heard, Louisiana's rank in the United States Health Ranking is 49th or 50th. We've just been alternating between those, as being one of the last in the country for health outcomes. So, just having access to healthcare alone absolutely does not improve it.

So, we've looked, and we've not only

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looked at the data in terms of what are the biggest cost drivers to the state, and they're very clear. The biggest cost drivers to Medicaid, the Medicaid population specifically, are hypertension, diabetes, these chronic conditions that need excellent primary care intervention to prevent complications.

But, in addition to looking at the data, we've also gone out and reached out to the providers in the community. So, we had town halls in Alexandria, Lake Charles, Shreveport, Monroe, New Orleans, a total of seven different town halls across the state. And the whole purpose was to go out and listen to the providers, the doctors, the nurses, the therapists, all the folks who are taking care of the patients, who are at the bedside, who are at the front lines that don't have the time to come to Baton Rouge, to hear their perspectives about what is ailing healthcare in Louisiana and how can we improve healthcare. And the response has been phenomenal.

I've just been so overwhelmed about people who come in, whether the meeting is at 6:00 p.m., and you'd normally think that after a long day taking care of patients, you just want to get home and have dinner with your family. Instead they're taking out time in their busy day to come and give input. Or at 7:00 a.m. on a Monday, and coming in early in order to give input, and it's been phenomenal. And the response we heard was that there had never been anything done like this in Louisiana before, where the department was going across the state, and going out to do the outreach to hear from the providers.

So, we're using that input, we're using the objective data, we're using the subjective input from the providers, from the key stakeholders in the state, and using that to develop the core areas that we are going to focus on as a state to improve healthcare. We're also partnering with major payers across the state, such as Blue Cross and Blue Shield, to try to make the effort as collaborative as possible, and a united effort across the state. So, that's one huge push of my work here in Louisiana Medicaid.

The other part, which isn't about

prevention or quality, but which I think has a huge impact, is also looking at the Opioid Crisis. I'm sure you've heard all over the news about how Louisiana has one of the highest numbers of opioid prescriptions in the state. We have more prescriptions than people, including children and babies, and we have the highest overdose death rates in the South, higher than Texas, higher than Arkansas, higher than Mississippi. And one of the things that we did was we studied the CDC's guidelines for opioid prescribing and we're the first state in the Deep South to have opioid prescribing limits that mirror what the CDC guidelines are. The whole purpose is to try to prevent diversion of excess medications. So, if you have 50 tabs of Percocet sitting in your cabinet, and you only take 10 of them because it was a minor procedure, you have 40 tabs that are laying there that your child or the neighbor or a visitor could get to. And, also, it's to really change the culture and to increase the education for our providers around thoughtful prescribing.

And the second point is that in January, we enacted a Naloxone standing order, which allows any member of the public—this goes far beyond Medicaid, this is the entire state—any member of the public can go to their local drugstore, Walgreen's, CVS, wherever, and pick up a Naloxone and have it available. They don't need a doctor's prescription.

Naloxone is an antidote for opioid overdoses. So, if they have a family member, a child, a student, a neighbor, who overdoses on an opioid, they can administer this—it is very easy to administer—and help save their life and buy time while calling 9-1-1.

Editor Could you touch on the importance of good health information technology and what it means to the Medicaid program? What are some of the reports you can get out of a good HIT system that are useful for facilitating a program like this?

Dr. Kuy So that's been another one of our major pushes over the past year—trying to increase what we call EHR (Electronic Health Records) adoption. Because by

having a system where anyone, all providers, can share information about their patients, if Mr. Smith shows up in the ER for his congestive heart failure, for an exacerbation of that, his primary care doctor can look up that information and his heart specialist can look up the information, too. So, having an EHR is absolutely vital to allowing providers to communicate and know what's going on with their patient. And, it's also very important for a quality effort, as you try to improve healthcare quality. It allows you to drill down and get data about how you can improve care.

In terms of trying [to improve our healthcare technology], you cannot have EHR connectivity across the state if you don't even have providers using Electronic Health Records. Over the past year, we started on a very aggressive push to really promote EHR adoption. And not only promote EHR adoption, but bring in funds to help our Louisiana providers install their EHR. So, I administer the EHR Incentive Program. Over the past year, we were able to more than double the number of Medicaid providers who are enrolled in Electronic Health Records. We were able to, as a result of that, pay out to providers from federal funds that we brought in from CMS, about \$10 million for what we call EHR Meaningful Use. And another \$16 million for our providers who are just signing up; that's money that is new to the state that comes from the federal government.

In addition, and this is kind of hot-off-the-presses, is that we worked with our colleagues at the Department of Corrections to use these federal CMS funds to implement electronic health records in all the Department of Corrections prisons statewide. And we are the first state in the U.S. to use CMS HIT, (health information technology) funds to implement statewide EHRs in the prison system. As you probably know, there are many comorbid conditions that affect the health of prisoners and affect recidivism. Being able to better improve their health, whether it's mental health, substance use disorders, hepatitis, other conditions,



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actually affects improving recidivism.

Editor What are some of the other major health risks out there today?

Dr. Kuy Again, I very much emphasize preventive care and primary care because as a surgeon, I see the end result, and I see how bad it is when someone has poorly controlled diabetes or poorly controlled hypertension, or has a colon cancer that's metastatic or has spread to their bladder or is invading adjacent organs. So I keep going back to the importance of preventive health. But something that doesn't get discussed often is also the social determinants of health. And that's a big issue for Louisiana, as it is for other states, because if you don't have adequate housing, if you don't have transportation, if you don't have access to healthy food, it's all going to affect your health. And the research does show that probably 90% of your health is due to social determinants rather than whatever care I can provide as a doctor. But, what I can do as a doctor is try to provide the best possible primary care and preventive care.

Editor And from a national perspective, how are the national politics of our current administration affecting the Medicaid program?

Dr. Kuy Oh gosh, I don't know. I think we're all still waiting to hear, but regardless of whatever happens, I think those of us who work in Medicaid, myself, Secretary Gee, everyone who works in public service and public health, we're just committed to trying to do whatever we can to improve health in our vulnerable populations and never to give up the good fight.

Editor Good. I'm just a little curious about you. Could you tell us a little bit about being from Cambodia and how that's affected your perspective towards people and health?

Dr. Kuy Well I think it's had a huge impact on me. It's the reason why I do what I do today. So, I was born in Cambodia during a period called the Killing Fields, which was a communist genocide, and my family escaped when I was about two years old. We made our way to a rescue camp and were severely injured during a bombing. It was a volunteer Red Cross surgeon, who left behind his comfortable home and his comfortable family and went to volunteer in that camp, who operated on me and operated on my mom and saved our lives. And I was far, far too young to remember the events, but it's something that my mom, ever since we got sponsored to come to the U.S. by some Christian missionaries, that she's always reminded me of, the whole time I grew up in Oregon. "You've been blessed with so much. You're alive; you live in this amazing country of freedom and opportunity. You absolutely have to make sure that your life brings meaning and purpose and that you find some way to make it a better place."

And so, even though I was too young to remember it, I heard the stories all the time as I was growing up, and it's the reason why I'm a surgeon today, and it's the reason why I work with vulnerable populations. Before I joined Medicaid, I worked in the VA system, taking care of veterans, and I'm so proud to have had that opportunity. It's an amazing group, and I'm so thankful for the veterans who serve our country, and they truly are another population that I'm proud to get to serve.

Editor Finally, could you maybe tell us what you think the future of the Medicaid program or the future of healthcare is? And maybe just shine a little light on the direction we could move in or you're hoping we could move in?

Dr. Kuy I think it's a hopeful direction. I've seen a lot of progress over this past year alongside the challenges that Louisiana has

had for generations. But, I've seen a lot of great progress, whether it's from all these numbers that we can quantify, of people who are now being treated and diagnosed for their chronic conditions or having prevention of cancer, to an improvement in the system's, the state's electronic health records, to tackling head-on and being actually one of the leaders in the country for these aggressive problems that we have, such as the opioid crisis. There's the Zika issue as well. I think it leaves me hopeful.

And also, I work with so many amazing people. I see the folks I work with here, my staff, my team members here at Medicaid, and they really have a heart to serve and to try to do everything they can to care for this vulnerable population. I saw it during the flooding, people who showed up when they didn't even have a car, or they didn't even have a home to live in, and they still showed up every day to try to make sure that our patients were getting their medications that they'd lost in the flood.

And I, myself, went out during the flood to coordinate some of the medical relief efforts, and what I saw there is how amazingly resilient the people of Louisiana are. So, I think regardless of what changes we have, that there's a great bit of resiliency and hope. I met one man there who talked about how he'd been through Katrina, I think he said Gustav also, and now the Great Flood of Baton Rouge, and he said, "I just pick up and start over again." And I remember I was at the Celtic Studios medical shelters, one that was converted to a medical shelter for the flooding. There was a woman there who was in a wheelchair, and she couldn't even get into the door, and another man came up to help open the door for her, and he helped her get blankets at the shelter. And when you look at them, they look different, they're different genders, they're different races, they're different age groups, but yet they come together to help each other. And that really is the spirit of Louisiana. And so, I'm proud to be a part of this state. ■



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DATA DRIVING DISCOVERY

Bringing the
power of
Big Data to
biomedical
researchers

By Claudia S. Copeland, PhD





PHOTO COURTESY OF ECSEQ

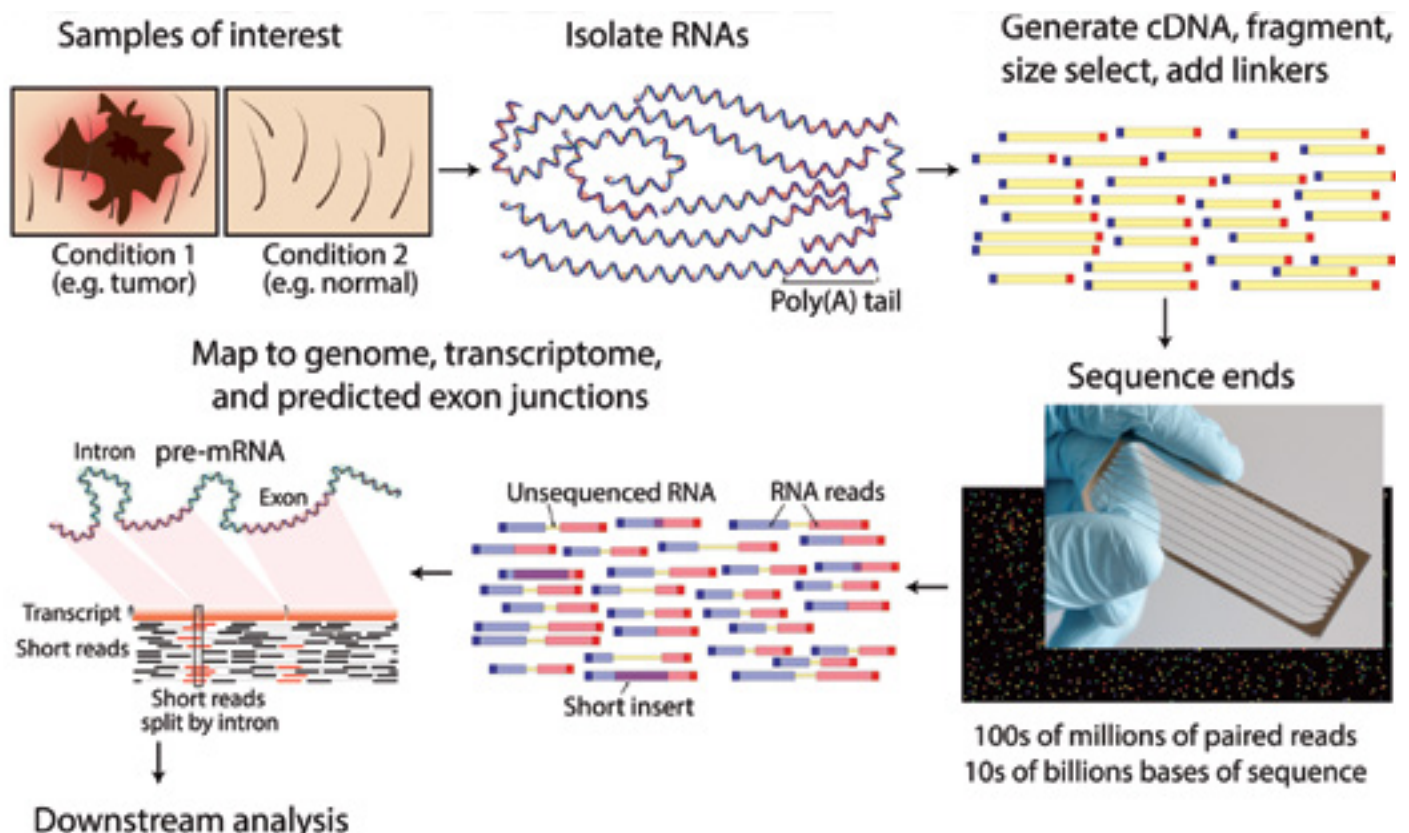
Among the very first things a good science teacher emphasizes is the overall structure of the scientific method: come up with a hypothesis, design an experiment or study to test that hypothesis, and analyze the results. Everything must be done with careful objectivity in mind, from experimental design to statistical tests for significance. It's a great method, and hypothesis-driven research has led to some of the most solid advances in knowledge throughout history. However, it's slow. And expensive.

WHEN TIME IS MONEY—when a professor’s next grant or a CRO’s next pharma contract is dependent on current results—the slow nature of hypothesis-driven science can lead biomedical researchers to choose more conservative avenues of inquiry. This is especially true for academics in the early stages of their careers or start-ups still dependent on venture capital. When you’re in the make-or-break stage, when results are a must, it’s wise to choose subject matter that’s sure to yield results. But this kind of “safe” subject matter tends to advance our body of knowledge slowly, and in the same general direction it’s already going. Breakthroughs, on the other hand, often come from a completely different, unpredictable angle—often landing in researchers’ laps by chance rather than through knowledge-based hypotheses. Penicillin was discovered not by a mycologist carefully testing a hypothesis about Penicillium mold, but by a bacteriologist who

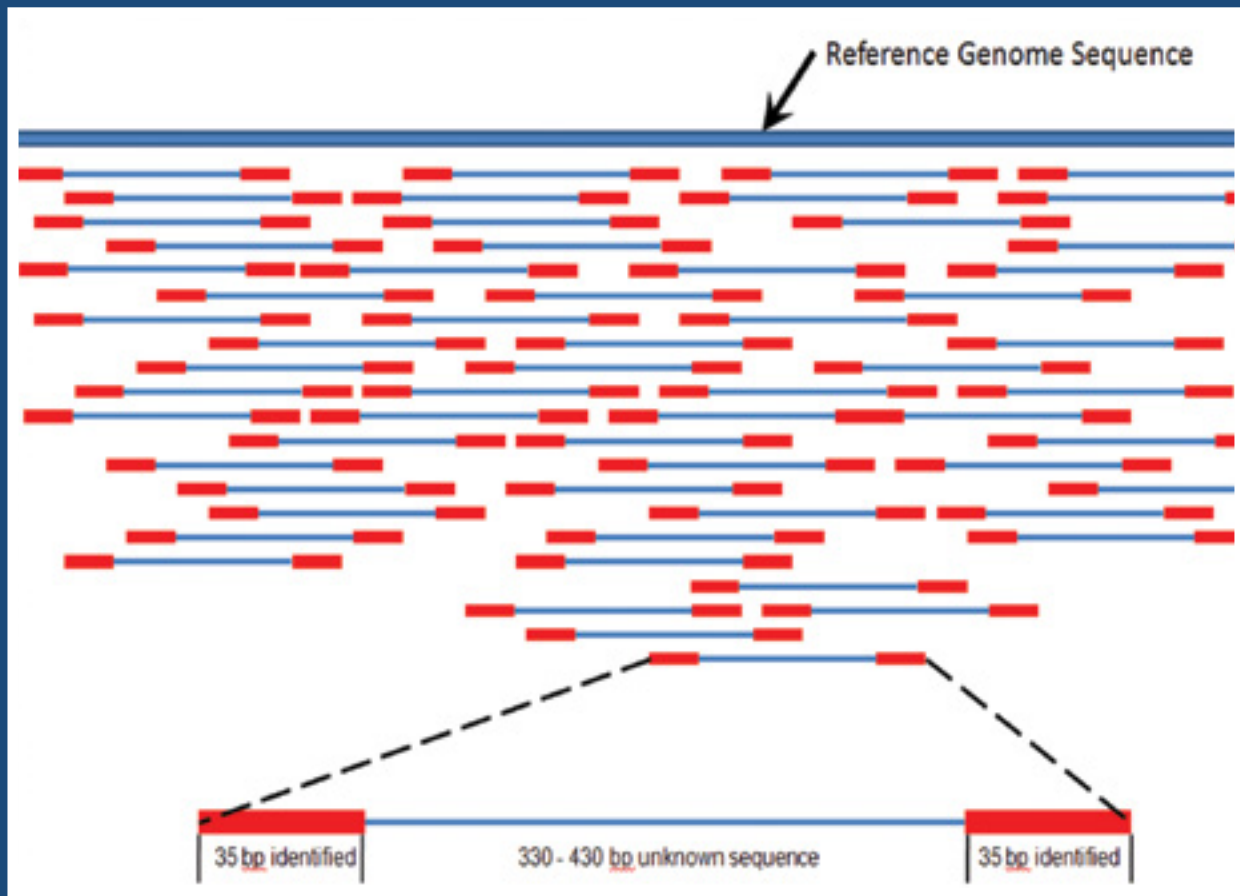
noticed that accidental mold contamination of some of his staphylococci cultures was releasing a substance that killed the bacteria. The antidepressant properties of monoamine oxidase inhibitors were discovered when anti-tuberculosis drugs had the “side effect” of improving depressive symptoms. Sildenafil was being used to treat hypertension and angina pectoris when it was also discovered to have a side effect that became a highly profitable main effect. Marketed under the brand name Viagra, it is now among Pfizer’s top selling drugs. In these three cases and countless others, it was the result that drove the hypothesis—only after discovering the unexpected properties of these drugs did researchers develop hypotheses to explain their effects (which often, as in the case of the antidepressants, led to the development of better drugs through enhanced understanding of the underlying biology).

Serendipity can be a great shortcut to discovery, but it is an elusive, fanciful beast that’s not easy to harness. What if there was another way to circumvent the constraints of predictions based on already-understood principles? A way to simply explore at random until bumping into a result that can then be put on the hypothesis-driven track? Well, there is such a way—harnessing not the power of serendipity, but the power of massive data analysis enabled by today’s technology. With the advent of next-generation sequencing, which allows rapid sequencing of fragments making up whole genomes, and software powerful enough to reconstruct those genomes from the massive datasets NGS outputs, a road has been paved to do just that.

To get an idea of how powerful today’s technology is, imagine looking at tumors from a group of patients suffering from a specific type of cancer and being able to get



Overview of RNA-Seq



...RNA-seq, is one of the hottest subfields of computational molecular biology, and one of the most powerful ways to understand disease processes and discover new treatments.

a readout of every single gene that was transcribed in that group, alongside every single gene transcribed in a group of healthy controls. You could then isolate the genes transcribed in the cancer group, but not in the controls, and start testing them for their functions and possible roles in the cancer. Just 10 years ago, this type of whole-transcriptome study would have been impossible. Today, this procedure, called RNA-seq, is one of the hottest subfields of computational molecular biology, and one of the most powerful ways to understand disease processes and discover new treatments. (Although a similar approach, microarray analysis, was being used earlier, it requires gene chips made from known genes rather than whole

transcriptomes, including unknown genes.)

Transcriptomics can be used in subfields spanning the whole of modern biology, but one of the most promising areas for RNA-seq is medical phenomena for which mechanisms are a mystery. For example, it has long been known that alcohol consumption is associated with head and neck squamous cell carcinoma. However, no clear mechanism underlying this association had been determined. U.C. San Diego researchers Yu et al. knew that noncoding RNAs—RNAs that exert their effects directly, rather than by coding for a protein—are important regulators of gene expression, and that ethanol can influence the activity of noncoding RNAs. However, they had no idea which specific

ncRNAs, if any, might have an effect—no specific ncRNAs had been associated with alcohol-associated SCC. So, they had reason to believe there might be one or more ncRNAs involved, but finding them would be, essentially, like searching for a needle in a haystack. Fortunately, with today's bioinformatic software, needle-in-a-haystack searches are, if not easy, quite do-able. Yu et al. decided to approach this question through the winning combination of next-generation sequencing, which allows the sequencing of massive amounts of DNA, with bioinformatic algorithms capable of analyzing these massive datasets, a procedure called RNA-seq.

To conduct an RNA-seq experiment,

“Together with our biomedical customers and a team of high-level academic experts, we want to find new diagnostic approaches to considerably improve people’s quality of life.”



Dr. David Langenberger

researchers must first fragment the entire set of RNA in the cell, which represents all of the genes being expressed by the cell at that moment in time, and then reverse-transcribe those fragments to create DNA copies that can be sequenced using NGS. The entire process—reverse transcription of the RNA transcript fragments, direct sequencing using flow cells in a massively parallel fashion, and use of advanced bioinformatic algorithms to reconstruct and analyze the transcriptome from this sequence data—constitutes RNA-seq. Yu and her colleagues used RNA-seq to look at the differential expression of 13,338 long noncoding RNAs, or lncRNAs. In this “haystack of RNA”, using bioinformatic analysis, they were able to find two “needles”, NETO1-1 and PSD4-1, that were differentially expressed in alcohol drinkers vs. non-drinkers among head and neck SCC patients. Further experiments indicated that these two lncRNAs are at least partially responsible—via their regulatory effects on the expression of cancer-related genes—for the pathogenesis of alcohol-associated head and neck SCC, and may be possible candidates for therapeutic targets. The power of next-generation sequencing and bioinformatics allowed these researchers to not only find “needles in a haystack,” but to find them when they had little or no idea of what they were looking for; they had no prior hypothesis about NETO1-1 or PSD4-1. Countless other computational biologists are using this same approach, and examples abound of important biomedical research

stemming from an initial hypothesis-free discovery using RNA-seq.

RNA-seq is clearly a powerful approach—it can be used to understand the etiology of disease, screen drug treatments, or figure out why some patients respond well to a certain drug while others do not, to name just a few applications. However, while Big Data approaches like this hold great potential for biomedical research, many biologists and clinical researchers are averse to taking advantage of it because of discomfort with an informatics mindset. Researchers investigating medical questions tend to be “biology people” not “computer people.” Running bioinformatic algorithms has required a computer science mindset that many biomedical researchers simply do not have and are not interested in cultivating. Until recently, such research was therefore restricted to true bioinformaticians; engineers with the skills to write computer code and work with command-line algorithms. Many biomedical researchers, however, have never worked “in the terminal” in their lives. So, those most familiar with patients, diseases, and other “real-world” aspects of biology and medicine have not been skilled enough to take advantage of the power of Big Data. Fortunately, a budding field of bioinformatics entrepreneurs are developing ways to bridge the gap.

One example is the start-up ecSeq which has been offering nucleic acid bioinformatic analysis services for genomics, transcriptomics (RNA-seq), and epigenetics research since 2012. Intimately linked with

the University of Leipzig, the company employs four full-time bioinformaticians (all with PhDs and publications) and an advisory network of over three dozen PhD-level researchers from the university. More akin to a creative outshoot from a university lab than a traditional corporation, this structure has laid the groundwork for a company that can both understand the way science works and quickly adapt to the rapidly changing needs of researchers. Recently, in response to demand for software that biologists could easily learn to use themselves, they rolled out a user-friendly computing platform called Seamless NGS. This software solution, designed for diagnostic labs and other practical biomedical labs, consists of easy-to-use, push-button analysis software with output that can be customized to customers’ wishes. In addition to providing NGS analysis services and developing software, ecSeq also conducts training workshops in NGS analysis applications that draw an international audience of students. (Their last workshop, held in Munich, Germany, is a snapshot of the global nature of this field, with students from Germany, USA, Saudi Arabia, UK, Romania, Belgium, Slovenia, and Turkey.) With clients from universities, hospitals, biotech firms, and pharmaceutical companies, ecSeq’s goal is to bring the power of computational biology to all areas of health-related research. In order to tap the great potential of NGS, the worlds of academic computational biology and translational biology/clinical applications need

to meet, and that exchange needs to be an active, two-way relationship, explains CEO David Langenberger. “It is our goal to build bridges between academia and industry in order to continuously improve the technical possibilities of Next-Generation Sequencing for the health market. Together with our biomedical customers and a team of high-level academic experts, we want to find new diagnostic approaches to considerably improve people’s quality of life.”

While NGS has catapulted nucleic acid-based analyses like RNA-seq forward, parallel advances in technology have pulled other “omics” areas into the realm of Big Data. Just 15 years ago, proteomics was done using 2D electrophoresis gels, which allowed the discovery of a couple of hundred proteins via a 3-day procedure. Today’s mass spectrometer can quantify about 4,000 proteins in just one hour. Following this increase in capacity, an increasing number of proteomics datasets are becoming available in the public domain, allowing for more comprehensive comparative studies. Metabolomics, the study of small-molecule metabolites in cells or biofluids, is rapidly taking its place alongside proteomics, transcriptomics, and genomics in the pantheon of analyses dubbed multi-omics. One local company, Pine Biotech, is developing user-friendly software to allow biomedical researchers to do not just genomics and transcriptomics, but also proteomics and metabolomics, as well as specialized big data analyses such as CirSeq, which utilizes rolling-circle reverse transcription to generate multiple copies of individual viruses, allowing the detection of rare variants and fine characterization of viral populations.

Like ecSeq, Pine Biotech is closely connected with a university—the University of Haifa in Israel, where Pine’s bioinformatics analysis platform, called t-BioInfo, was created by bioinformatics professor Leonid Brodsky. Dr. Brodsky, originally a mathematician and bioinformatician at Moscow State University, moved to Israel in 1998, where



Dr. Leonid Brodsky

“One of his (Brodsky’s) foremost goals, however, is integration of heterogeneous omics analyses, through clustering and an algorithm called BiAssociation.”

“Our collaboration with Pine Biotech will involve testing innovative big data approaches to integrate clinical and genomic information to support precision medicine clinical decisions in cancer.”



Dr. Lucio Miele

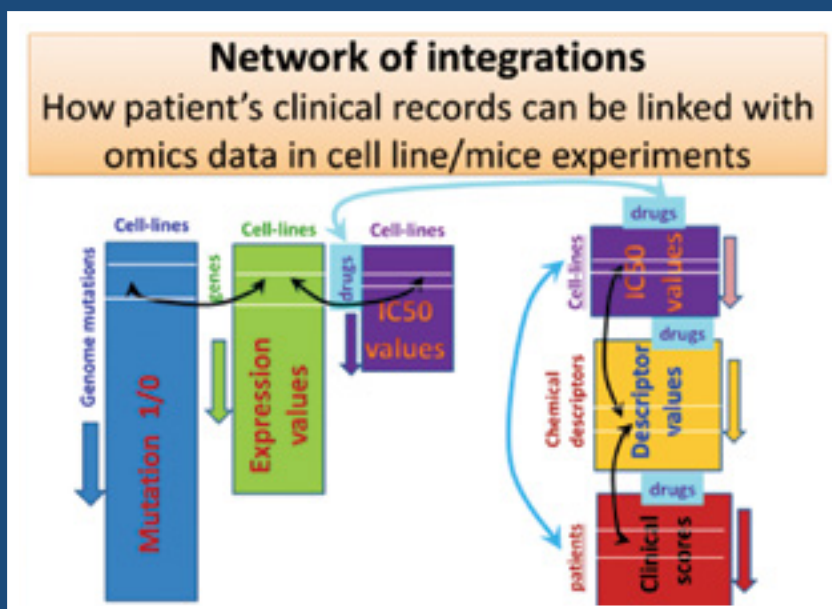
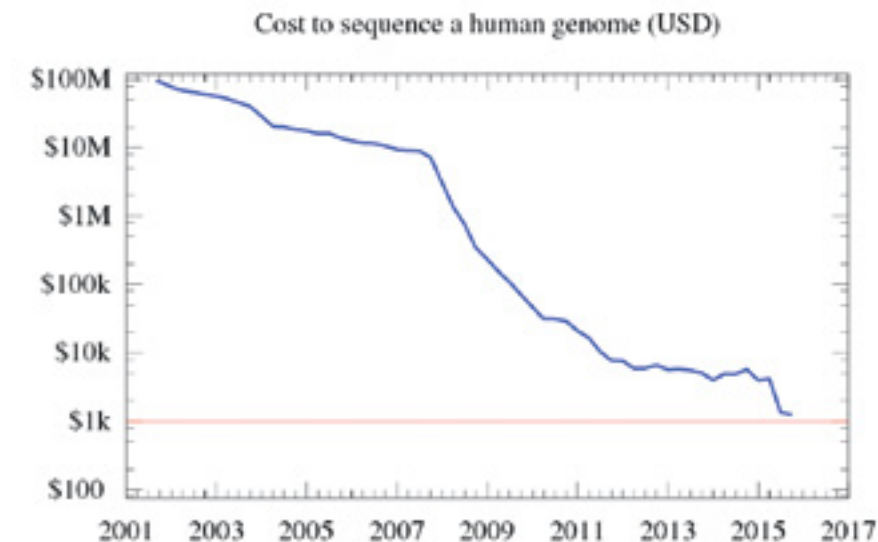


PHOTO COURTESY OF TAUBER BIOINFORMATICS RESEARCH CENTER

he conducted bioinformatics research at Quark Biotech and Tel Aviv University before becoming a scientist at the University of Haifa. Today, he is the director of the Tauber Bioinformatics Research Center, founded and supported by Dr. Alfred Tauber, where the t-BioInfo platform was developed. With t-BioInfo, Dr. Brodsky is aiming for a platform with broader analytic capabilities than open-source platforms like Galaxy, which, in addition to being user-friendly, “is mostly about RNA-seq; our platform is much wider, covering many heterogeneous omics issues and data integration.” He goes on to explain that t-BioInfo can conduct analyses in “almost any omics research direction: transcriptomics, RNA-editing, genomics (including somatic mutations), epigenetics (DNA methylation and histone modification), mass-spec proteomics and metabolomics, structural biology, machine learning methods, and evolution in virology.” In addition, several other capabilities are under development, including “image analysis, extra-structural biology, extra-mass spectroscopy, and systems biology modeling.” One of his foremost goals, however, is integration of heterogeneous omics analyses, through clustering and an algorithm called BiAssociation.

Pine Biotech CEO Elia Brodsky is working to bring the capabilities of the t-BioInfo platform, alongside the use of Pine’s powerful servers (necessary for conducting Big Data analyses) and guidance from bioinformaticians at Haifa, to American researchers. This includes researchers close to Pine’s home in the New Orleans BioInnovation Center. “We are working with Dr. Lucio Miele at LSU. We are in the early stages of the project, [which is focused on] triple negative breast cancer.” Triple negative breast cancer is a form of breast cancer that is negative for estrogen, progesterone, and human epidermal growth factor (HER2) receptors. Since specific therapies targeting these receptors are not effective for the triple negative subtype, it has a particularly poor prognosis. Dr. Miele, Chair of the Department of Genetics at LSU and



Cancer Crusaders Professor, as well as the Director for Inter-Institutional Programs at the Stanley S. Scott Cancer Center, explains the project: “Our collaboration with Pine Biotech will involve testing innovative big data approaches to integrate clinical and genomic information to support precision medicine clinical decisions in cancer. For example, is someone who has mutation X in gene Y, but also gene expression profile Z, and other mutations in specific regions of the chromosome where gene Y is AND specific clinical parameters in addition to the genomics more or less likely to respond to targeted agent XX? Information integration for clinical decision support is the key. “Specifically, with Pine, we are focusing on analyzing a large dataset including both clinical and genomic information. From this dataset we will develop hypotheses that we will validate in a clinical study here in New Orleans, focusing on predicting response to neoadjuvant therapy in triple-negative breast cancer.”

Dr. Miele is ready to take full advantage of Big Data to advance healthcare outcomes. Coming from the practical angle of treating cancer patients, he is impatient with the slow pace of integration of genomics and other omics data into the healthcare system. “We already do offer [genomics-based] tests and

therapies. The main obstacle is not availability but insurance coverage. Insurance coverage has not yet kept up with the progress of medicine, and obtaining approval for high-end genomic tests is difficult, effectively restricting access to precision medicine. With new anti-cancer agents being approved on the basis of genomic tests, we anticipate changes.” He is also heartened by some good news from the FDA that gives hope that the wider healthcare system is in fact moving forward: “In a momentous first for precision medicine and immunotherapy, the FDA granted accelerated approval for pembrolizumab (Keytruda) for patients carrying mismatch repair defects irrespective of anatomical tumor site. Importantly, the approval was based on a relatively small “basket” trial, in which patients with solid tumors in diverse organs were enrolled based on microsatellite instability and DNA mismatch repair. This is very different from a standard phase 3 clinical trial, and we can look forward to more trials like these. This is the result of 30 years of molecular genetics and immunology. Without scientists dissecting DNA repair genetics and immune checkpoint receptor biology, these treatments would have never been developed. The future of cancer therapy is here.” ■



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By John W. Mitchell

OPIOIDS: ADDRESSING THE EPIDEMIC

To even begin to understand the breadth of the opioid epidemic sweeping the U.S., consider that in seven states—including Louisiana and Arkansas—more prescriptions have been written for opioid pain pills than there are people in each state.¹ To get some insight into just what such raw numbers mean, consider the small town of Kermit, West Virginia (also one of the seven states). The pharmacy in Kermit, with a population of 392 people, dispensed nine million doses of hydrocodone pain pills in two years, as reported by the *Charleston Gazette-Mail*² in its Pulitzer Prize-winning 2016 coverage of opioid addiction. In fact, in just six years, the entire state of West Virginia went through almost 800 million hydrocodone and oxycodone pain pills—all legal and all prescribed by doctors.

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JUMP SOUTH to Louisiana and Arkansas and the same trend emerges. In Arkansas, the death rate from opioids has been rising since 2001 (based on 2013 data). And for every death from opioid overdose, ten people received treatment, while another 32 people ended up in an Arkansas hospital emergency room.³ In Louisiana, the trend is just as grim. Last year, New Orleans recorded more deaths from opioid poisoning than from murder. This was a deadly first in the city's history.⁴

It's no wonder that a July 2016 Gallup national poll⁵ found that prescription pain pill deaths were a bigger local problem (44 percent) in any given community than even heroin (42 percent)—although the two are intrinsically linked. According to a recent Centers for Disease Control (CDC) report⁶, 91 people a day in the U.S. die from an opioid overdose from pain pills or heroin.

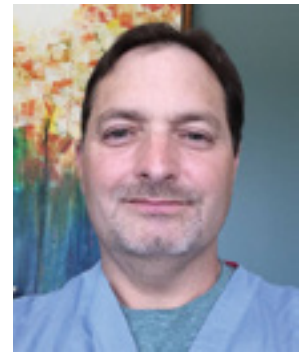
USHJ interviewed several Louisiana and Arkansas physicians about opioid addiction and deaths. A candid truth emerged from these interviews: doctors have inadvertently contributed to the problem through their well-meaning use of narcotic medicines to treat patient pain.



Peter DeBlieux, MD

"If you prescribe two Percocets every four hours to a teen who breaks his ankle in a baseball game...you're going to create an opioid addict by the end of the week—it happens that fast," Peter DeBlieux, MD, Chief Medical Officer at University Medical Center in New Orleans, told USHJ. "That was the standard of care and we were creating addicts at breakneck speed."

With this realization, physicians are not only rethinking the role of opioid pain pills and treatment strategies for heroin addiction, but they are also leading the charge to reform a wide range of medical practices and



Carlos Roman, MD

treatments. Carlos Roman, MD, a board-certified anesthesiologist and pain specialist at Southern Regional Anesthesia Consultants and chairman of the Arkansas State Medical Board's pain management committee, said that recent guidelines on opiate use issued recently by the Centers for Disease Control (CDC) on prescribing painkillers are long overdue.

"Last March, the CDC's new guidelines were a major turning point for the country, and those guidelines refuted the American Academy of Pain Management, which had been wrong on this issue for almost 20

"If you prescribe two Percocets every four hours to a teen who breaks his ankle in a baseball game...you're going to create an opioid addict by the end of the week—it happens that fast."

—Dr. DeBlieux



years,” Dr. Roman told USHJ. “The trend has been that doctors are prescribing less. When you’re prescribing an opiate, you want to strive not to create a state of physical dependency on the drugs.”

The current opioid epidemic is a two-part problem. It started with the widespread use of legally prescribed pain pills, but is morphing into a heroin problem. As physicians now prescribe less pain medication under revised federal, state, and local medical staff protocols, heroin is more and more the drug of choice for patients who can no longer get pain meds legally.

As a safety net provider to a chronic homeless population in New Orleans, Dr. DeBlieux reports that UMC rescues many of the heroin opiate users who get in trouble. In recent years, the city’s homeless population has been the second largest in the nation.⁷ This is in part due to the lingering impact of Hurricane Katrina, which destroyed a large swath of affordable housing.

“Last January, we had a two-day period where 14 patients presented to the ED near death due to illicit opioids,” said Dr. DeBlieux. “A dose of heroin on the streets is cheap—about \$10—and users have no idea what other illicit, synthetic narcotic has been added. As the supply of prescription opioids dries up because doctors are prescribing less, this is what people are turning to.”

According to William “Beau” Clark, MD,



Beau Clark, MD

East Baton Rouge Parish Coroner and emergency room physician, the number of heroin deaths in his area began to accelerate in 2012, jumping seven-fold from five to 35 in one year. He said the stage was also set for this problem in 2001 when the state legislature decriminalized heroin distribution from life to a five-year sentence. But he, too, attributed the current epidemic to both physician prescribing patterns and yet another factor.

“Part of the responsibility...lies partially with the prescriber community (doctors), but there was also a push from the federal government when the fifth vital sign was invented, one that is largely subjective, with no measurement by a thermometer or blood pressure reading—patient pain,” he said, referring to a federal patient quality measure



Stephen Mette, MD

rolled out in 2006 which determines in part how much hospitals are reimbursed. “Doctors responded by writing scripts for tons of oxycodone for minor injuries and creating addicts. It was a bad scenario altogether.”

The Centers for Medicare and Medicaid Services (CMS) announced⁸ in November that it will phase out the patient pain satisfaction survey question later this year in response to physician concerns. However, CMS also maintained there is no evidence that the HCAP patient question “unduly influences prescribing practices.”

The opioid problem is not just unfolding on the streets among the homeless, however. Stephen Mette, MD, Chief Medical Officer at the University of Arkansas for Medical Sciences (UAMS) relates how a family friend—a successful attorney with a good job—became addicted to pain pills prescribed after an injury. The attorney went on to die from a heroin overdose.

“Up to 80 percent of the heroin users we see started off on prescription opioids,” Dr. Mette told USHJ. “Somewhere between two and five percent of patients we’re seeing have an opioid dependency problem.”

He noted that because UAMS is a tertiary care acute healthcare provider, they treat patients with advanced and serious conditions with a high level of pain. UAMS’ services range from trauma to cancer care. All the physicians interviewed differentiated the use of pain medications in instances of palliative care. Such patients have terminal

As physicians now prescribe less pain medication under revised federal, state, and local medical staff protocols, heroin is more and more the drug of choice for patients who can no longer get pain meds legally.

OPIOID EPIDEMIC

conditions, such as cancer, for which treatment goals are to keep them pain-free in the end of life.

These patients benefit from prescribed opioid pain control, Dr. Mette said, but the risk of creating dependency is a serious side effect. All of the sources interviewed agree that tackling the opioid epidemic requires reinventing physician and patient culture around pain.

"It's all about setting an expectation with the patient," Mette said. "It does change the discussion. We tell patients that some pain is going to be part of the recovery, that we can manage your pain without opioids to minimize the risk of addiction and damage to your kidneys (also a side effect of opioids)."

On the physician side, Dr. Mette said that in the past, doctors typically have not received much information about opioid addiction in their medical training—but that's changing. Now, most UAMS medical residents are required to do a rotation in the system's pain clinic. They have also taken other steps, including creating an evidence-based morphine bio-equivalency measure to help their medical staff understand the relative strength of one pain medication relative to other opioid choices. This helps to set standard dose awareness to avoid creating dependency.

Dr. Mette said that they are also working to inform their medical staff about opioid



Victor Rodriguez, MD

dependency. These steps range from non-opioid pain relief for post-surgical patients to the impact the drive for shorter hospital stays can have on physician decision making around opioid prescribing.

Victor Rodriguez, MD, board-certified in anesthesiology and pain management, is on the medical staff at Lane Regional Medical Center in Zachary, La. He also advocates alternative treatments for patients with chronic pain, such as nerve blocks. He agrees that the liberal opioid pain pill prescribing practices of physicians in the recent past amount to a "national tragedy." According to Dr. Rodriguez, there was too much prescribing for benign conditions.

"We're living longer with more chronic conditions, but we've been treating disease with a disease (opioid addiction)," he told

"There are other, non-opioid options and the majority of patients who have been on opioid pain medications for a while are grateful to find this out."

—Dr. Rodriguez

USHJ. "Opioids have no ceiling. For patients who develop a tolerance, the 10 pills a week that used to manage their pain runs up to 20 pills a week."

This insidious nature of narcotic medications over the long run, he said, is what leads patients to either overdose or seek heroin when they cannot obtain prescribed opioids.

"There are other, non-opioid options and the majority of patients who have been on opioid pain medications for a while are grateful to find this out," said Dr. Rodriguez.

So, what is the answer to the opioid addiction epidemic?

"No physician wants to do harm, but we also don't want our patients to hurt," said Dr. Clark. "So, we have to diagnose pain in each patient and come up with an individualized solution."

This insidious nature of narcotic medications over the long run, he said, is what leads patients to either overdose or seek heroin when they cannot obtain prescribed opioids.





Adam Salup

Cognitive therapy for addicts and clamping down on heroin supplies as an alternative to opioid pain medication was also frequently mentioned as part of the solution. The legislatures in both Arkansas and Louisiana have either enacted or are in the process of enacting laws to address the opioid crises. To address “doctor and hospital shopping”—where addicts try to get multiple prescriptions from different doctors—both states have established pharmacy prescribing databases. This online system allows physicians to check how many opioid pain prescriptions in total any given patient has recently received.

In New Orleans and Baton Rouge, Ochsner Health System has embarked on a multi-part treatment strategy.

“Our medical staff is passionate about addressing opioid addiction,” said Adam Salup, Strategic Program Manager at Ochsner. “They have been real cheerleaders in dealing with the problem.”

The Ochsner approach has included changing protocols “upstream of addiction” for hospital surgical and medical patients to avoid creating dependency. This includes changing order sets to reduce the number of days of opioid pain medications a patient is prescribed and ensuring that patients do not leave the hospital with a surplus of pain meds or prescriptions. The system has also initiated a population health approach to the opioid addiction, similar to a diabetes registry.



“We’re not saying that opioids don’t have a place in treating patient pain, but it’s no longer appropriate for ongoing and chronic pain.”

—Salup

“We’ve piloted an opioid risk tool that considers a patient’s past medical and addiction history and we do an assessment of how much at risk a patient is for opioid addiction,” said Salup. “We’ve also made it easier for physicians to see a patient’s history for medication prescribing through our electronic health record.”

Ochsner has also initiated outpatient treatments, such as a back pain functional restoration program at its Baptist facility. This intensive five-day-a-week, three-week program provides individualized counseling, non-opioid pain management, and physical and occupational therapy to avoid dependency on opioid pain relief. Ochsner is also working with area CVS pharmacies to offer community outreach and education on opioid use.

“We’re not saying that opioids don’t have a place in treating patient pain, but it’s no longer appropriate for ongoing and chronic pain,” said Salup.

In the end, it takes dedicated and focused work by doctors to address opioid addiction. Dr. Roman who also works at CHI St. Vincent in Little Rock, said that his work is to do what he’s always done: to relieve patients

from the entrapment of opiates. He said he sees about 40 patients a day with pain and opiate dependency medical issues.

“To solve the opiate problem in the United States, you must find people who understand the problem,” said Dr. Roman. “I have developed, through the years, the proper protocols to get patients into a healthier state, get them back to work, and get them into better pain management.” ■

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The Adult Intensive Care Unit
at Woman's Hospital has been awarded
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*From the American Association of Critical-Care Nurses

Healthcare Briefs



Rotaract Professionals of Baton Rouge, along with many other groups and individuals, volunteered in various capacities at Fest for Life.

10th Annual Fest for Life Achieves Milestones

MARY BIRD PERKINS – Our Lady of the Lake Cancer Center’s Fest for Life event recently reached two major milestones: 10 years of providing prevention and early detection services and more than 5,000 people screened in the history of the event. The Cancer Center reports that hundreds were tested for cancer and other health conditions.

Following is an overview of screening statistics for Fest for Life 2017:

- 569 cancer screenings
- 256 people participated in other health screenings such as blood pressure, glucose, and heart rhythm tests
- 26 participants had abnormal findings detected from screenings; they are currently being supported by a patient navigator for additional testing and follow-up care.

STATE

New Program Pays for Some Employer-sponsored Health Insurance

Some Louisiana residents who are employed, but currently receive their healthcare coverage under Medicaid may now be eligible for a program that will allow them to afford coverage from their employer.

The Louisiana Health Insurance Premium Payment Program, or LaHIPP, pays the employee share of employer-sponsored insurance, if the insured person or a member of their family currently receives Medicaid. LaHIPP helps Louisiana residents with private insurance that are eligible for Medicaid maintain their current coverage while lessening the burden on the state's Medicaid system, saving both consumers and state taxpayers money.

Employer-Sponsored Insurance

For an employee with access to insurance coverage through their job, to be considered for the LaHIPP program, a person in that household must also be enrolled in Medicaid. Eligibility is based on whether or not it is more cost-effective for the state to pay for the insurance premium and out-of-pocket expenses, such as co-pays and deductibles, rather than Medicaid being the primary payer.

The individual must apply for LaHIPP. If LaHIPP is determined to be cost effective, the person will be notified they are approved. The reimbursement covers all or some of the employee's share of their employer-sponsored coverage that is withheld by the employer, and will be reimbursed to the employee monthly.

In addition to covering the employee's share of the monthly premium, LaHIPP will cover the cost of other out-of-pocket medical expenses for the Medicaid recipients.

Individual Policies, including a Qualified Health Plan

For a person with an individual private policy to be considered for LaHIPP, that person must also be eligible for Medicaid. Once again, eligibility is based on whether or not it is more cost-effective for the state to pay for the insurance premium and out of pocket expenses, such as co-pays and deductibles rather than Medicaid

being the primary payer.

In each of the above cases, if it is found to be cost effective, the member is required to enroll in the plan. If they don't they may lose their Medicaid eligibility.

For more information, visit www.ldh.la.gov/lahipp for more information.

Blue Cross and Blue Shield of Louisiana Names New VPs

Blue Cross and Blue Shield of Louisiana announced the addition of two vice presidents to its Provider Networks and Healthcare Value division (formerly named Medical Economics).

Tamara Mayo is vice president of Provider Reimbursement and Payment Innovation, and Kevin Maher is vice president of Healthcare Value Transformation. Both began their positions with Blue Cross in May 2017.

In her role, Mayo will oversee aspects of provider reimbursement, including transitioning from fee-for-service to value-based payment models and analyzing and reporting financial metrics.

Mayo has more than 20 years of experience in healthcare finance, reimbursement and analytics, and was director of Finance and Healthcare Analytics for General Health System/Baton Rouge General Medical Center prior to joining Blue Cross.

She recently earned a master's degree in healthcare delivery science from Dartmouth College, and has undergraduate degrees in accounting and marketing from Louisiana Tech University. Mayo is a licensed certified public accountant and a certified Lean Six Sigma Green Belt.

Maher will oversee programs that transform healthcare delivery, and will work with staff to develop strong provider partnerships in creating programs that improve the quality of care while keeping costs in line.

He has more than 30 years of experience in the healthcare delivery, consulting and clinical innovation areas, and was Evolent Health vice president for National Care Management Operations and Clinical Innovations prior to joining Blue Cross.

Maher has also worked at Horizon Blue Cross and Blue Shield of New Jersey, McKesson Health Solutions, Deloitte, Booz & Company and University of Chicago Hospitals, and is a national speaker on primary care collaboration and transformation.

He has a master's degree in health administration from Tulane University and an undergraduate degree from Holy Cross University. Additionally, he earned his RN from Charity Hospital School of Nursing.

Building Partnerships to Transform Health Summit Addresses Health Needs

This Spring, the Louisiana Action Coalition (LAC) hosted more than 130 healthcare professionals, business and community leaders, and interested parties from across the state to discuss Louisiana's healthcare challenges, explore partnerships, and learn about collaborative projects that are building a culture of health in Louisiana.

Building a Culture of Health is a movement led by the Robert Wood Johnson Foundation and shared with others to take on one of the most pervasive challenges of our time: improving the health and well-being of everyone in America. A Culture of Health places well-being at the center of every aspect of life, so that all communities can flourish and all individuals thrive, regardless of race, creed, income, or location. It's built on the premise that everyone deserves to live the healthiest life possible.

"LAC recognizes that we are stronger together and that the health of current and future generations depends on the ability of diverse leaders to create a shared value for health in Louisiana," said Cynthia Bienemy, PhD, RN, director of the Louisiana Center for Nursing and Louisiana Action Coalition co-lead. "Today's goal is to join committed health professionals and health care allies in a one-day summit to foster connections and build collective capacity to improve conditions for every Louisiana resident to have the opportunity to achieve physical, mental, and social health."

Through the LAC, Louisiana is one of 50 states and the District of Columbia supporting the Future of Nursing: Campaign for Action, a national initiative to guide implementation of the recommendations in the landmark Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health*. The report, released in October 2010, includes recommendations for a variety of system improvements including proven, solution-oriented ways to address the nursing and nurse faculty shortage in the U.S.

The Campaign envisions a healthcare system

where all Americans have access to high-quality care, with nurses practicing to the full extent of their education and training. As the largest group of healthcare workers, nurses will play a key role in building a culture of health.

Parham Jaber, MD, medical director for the Louisiana Department of Health and assistant state health officer, spoke to attendees about the culture of health from a Louisiana perspective. The day's agenda also included a five-member panel discussion, Integrating the Social Determinants of Health into Building a Culture of Health in Louisiana, and tabletop networking sessions during which attendees were able to spend time learning about a variety of organizations and projects that work in different ways to build a culture of health in Louisiana.

Learn more about the Louisiana Action Coalition at www.louisianafutureofnursing.org.

Louisiana Heart Rhythm Specialists Moves to New Office

Cardiac Electrophysiologist William Bailey, MD, Cardiac Electrophysiologist, has announced the relocation of his office from College Road to 5000 Ambassador Caffery Pkwy, Bldg 1, Suite 100, in Lafayette.

Under the medical direction of Dr. Bailey, Louisiana Heart Rhythm Specialists is focused solely on the comprehensive diagnosis and treatment of heart rhythm problems. Dr. Bailey has 25 years of experience in the cardiac electrophysiology field and founded Louisiana Heart Rhythm Specialists in 2007. He is board certified in the areas of Internal Medicine, Cardiovascular Disease, and Clinical Cardiac Electrophysiology. Dr. Bailey is a Fellow of the Heart Rhythm Society and is recognized nationally and internationally as a leading expert in his field. He has served as a principle investigator for numerous clinical device trials and has been instrumental in the development of new pacemaker and ICD technology.

BlueCare: The Doctor Will See You – Anywhere, Anytime

Imagine being able to get in to see the doctor any time of the day or night, without having to take time away from work or school – or even leave your home. Imagine no more; Blue Cross and Blue Shield of Louisiana has made this a reality with BlueCare, a new service that lets

customers have online doctor visits.

BlueCare is a benefit for most customers, who can have online doctor visits with a computer, laptop, smartphone, tablet or any device with internet and a camera. BlueCare will cost customers \$39 per visit. Depending on their plan type and benefits, Blue Cross may mail them a refund once the claim for their BlueCare visit has processed. But, customers will never pay more than \$39 total for using BlueCare.

To sign up for BlueCare, customers can go to www.BlueCareLA.com or download the BlueCare (one word) app from Apple Store or Google Play for iOS and Android devices. They will need to create a log-in ID and password, which they will use for any BlueCare visits.

Once on BlueCare, customers will enter basic information about their symptoms and why they need to see a doctor. Customers will see which doctors are available for online visits and choose the one they want to see. BlueCare meets state and federal healthcare services and privacy laws, and it is as legitimate as an in-person visit. Customers can choose to share the record from their BlueCare visits with their regular doctors.

Online visits are effective for treating non-emergency, minor illnesses like colds, allergies, bladder infections, sinus trouble, mild stomach bugs or rashes. Doctors can send a prescription for most medications over BlueCare. Customers can also use BlueCare to check in with a doctor if they need follow-up care.

BlueCare is powered by American Well, a telemedicine company. To learn more about BlueCare, visit www.bcbcla.com/BlueCare.

Former Social Services Director Charged

Attorney General Jeff Landry's Louisiana Department of Justice, with the assistance of the Minden Police Department and the Bienville Parish Sheriff's Office, arrested a Minden woman for stealing approximately \$391,000 from residents of Leslie Lakes Retirement Center (LLRC) in Arcadia.

Stephanie Sanders Hays, 49 of Minden, was arrested on 15 counts of Theft of the Assets of a Person who is Aged or Person with a Disability, 19 counts of Money Laundering, 17 counts of Forgery, and 17 counts of Exploitation of Persons with Infirmitities. Hays allegedly executed several schemes from September 2012 through

February 2016 in order to gain access to the financial assets of at least one resident of LLRC, where Hays worked as a Social Services Director. Hays allegedly abused her Power of Attorney authority over the affairs of a resident – draining a bank account, IRAs, annuity plan, and proceeds from the sale of the resident's home. She also allegedly shopped for items requested by the residents at local Walmart stores with forged retirement center checks. A portion of the funds allegedly stolen included Social Security payments, pension payments, and German reparation payments. Hays was arrested without incident after investigators located her in a pharmacy parking lot in Minden. Minden Police transported Hays to the Webster Parish Jail, where she was then extradited to Bienville Parish. Hays' bail was set at \$300,000.

New Study Challenges Accuracy of BMI Measures

A new study published in the *Journal of the American Medical Association Pediatrics* shows that tri-ponderal mass index (TMI) estimates body fat more accurately than the traditional body mass index (BMI) in adolescents. In essence, the BMI calculations that we've been relying on for decades may not be an accurate scale for assessing body fat in adolescents between the ages of 8 and 17.

These new findings are timely as diagnosing, treating, and tracking the prevalence of children and adolescents with obesity is a high public health priority. Moreover, many school districts are sending home report cards labeling adolescents as overweight—a practice that has been controversial because children and adolescents tend to be more vulnerable to weight bias and fat shaming than adults.

"Treating obesity in adolescents requires an accurate diagnosis first," said lead scientist Dr. Courtney Peterson, an assistant professor at the University of Alabama at Birmingham. "We found that TMI is both more accurate and easier-to-use than BMI percentiles. These new findings have the power to potentially change the way we diagnose obesity in children and adolescents aged 8-17."

To test BMI's accuracy in adolescents, the researchers compared body composition data

from 2,285 Caucasian individuals aged 8 to 29 who participated in the 1999-2004 U.S. National Health and Nutrition Examination Survey (NHANES). Their findings challenge the accuracy of BMI (weight in kilograms divided by height in meters squared) in adolescents aged 8-17 and show that the tri-ponderal mass index, or TMI (weight in kilograms divided by height in meters cubed), estimates body fat more accurately than BMI in adolescents.

Using three different calculations (stability with age, accuracy in estimating percent body fat, and accuracy in classifying adolescents as overweight vs. normal weight), the researchers compared BMI to several different obesity indices. They found that TMI is the best overall body fat index to use in Caucasian adolescents between the ages of 8 and 17 years old.

The researchers found that TMI better estimates body fat percentage, especially in male adolescents for which the investigators found BMI to be particularly inaccurate. Their analysis also showed TMI to be a better index for diagnosing overweight adolescents than the current BMI percentiles. Using current BMI percentiles, the researchers noted that adolescents are incorrectly diagnosed as overweight 19.4% of the time, versus only an 8.4% incorrect overweight diagnosis rate for TMI. The data showed this is especially true for lean adolescents, a significant fraction of which are incorrectly being diagnosed as overweight.

The researchers also used mathematical strategies to show how the relationship between body weight and height is much more complex in children and adolescents than it is in adults, particularly when adolescents are rapidly growing. The authors explained that for decades this complexity made it challenging to figure out the optimal body fat index for adolescents.

"Historically, BMI was used in children in part because it worked so well in adults," said Dr. Steven Heymsfield, one of the team's physician scientists at LSU's Pennington Biomedical Research Center. Heymsfield added that to make BMI work in children, complicated BMI percentiles (called "Z scores") were developed to diagnose overweight status and obesity based on BMI levels specific to a child's age and gender. But the researchers found that using percentiles does not solve BMI's accuracy problems.

Peterson mentions that percentiles are problematic because they change over time and can become outdated. However, she emphasizes that even if BMI percentiles were updated to be as accurate as TMI for diagnosing adolescents as lean versus overweight, TMI still inherently estimates levels of body fat in adolescents more accurately than BMI does, while also eliminating the need for complicated percentiles.

"The percentiles make BMI difficult to use because they involve separate diagnostic numbers for every age for both boys and girls. TMI is an improvement because TMI involves only single numbers for boys and girls, respectively," explained mathematician Dr. Diana Thomas, a professor at the U.S. Military Academy, who also worked on the study.

Obesity increases the risk of several chronic diseases in adults, including diabetes, cardiovascular disease, and cancer. Children who are overweight are at an even higher risk than adults for chronic disease. With nearly one in six children in the U.S. classified as overweight, several national and global initiatives are now underway to screen and diagnose children as a first step in curbing the obesity epidemic and the chronic diseases that follow.

The investigators agree that further research is needed to assess the effectiveness of TMI in broader audiences, including wider age ranges and ethnicities.

Researchers from LSU's Pennington Biomedical Research Center, The University of Alabama at Birmingham, Montclair State University, The United States Military Academy, The Albert Einstein College of Medicine and Verona University Medical School collaborated on this research and publication.

You can find the full paper online at <http://jamanetwork.com/journals/jamapediatrics/fullarticle/10.1001/jamapediatrics.2017.0460>.

Investigators and affiliations: Courtney M. Peterson, PhD, University of Alabama at Birmingham; Haiyan Su, PhD, Montclair State University; Diana M. Thomas, PhD, United States Military Academy, West Point; Moonseong Heo, PhD, Albert Einstein College of Medicine; Amir H. Golnabi, PhD, Montclair State University; Angelo Pietrobelli, MD, Verona University Medical School, Verona, Italy; Steven B. Heymsfield, MD, LSU's Pennington Biomedical Research Center.

AmeriHealth Caritas Louisiana Expands Primary Care Quality Enhancement Program

AmeriHealth Caritas Louisiana greatly expanded its Primary Care Provider (PCP) Quality Enhancement Program (QEP) this year, by reducing the minimum member per practice threshold from 500 to 50. To date, the number of participating providers has increased from 70 to more than 500, more than doubling the number of members served by practices committed and incentivized to deliver high-quality and cost-effective care, member service and convenience, and participate in health data submission.

This program supplements primary care reimbursement through a performance incentive payment, which is based on the provider's scores on various quality and efficiency measures as compared to his or her peers. The opportunity for enhanced payments encourages quality care. AmeriHealth Caritas Louisiana's PCP QEP Program Manual contains detailed information on each measure:

- Quality performance
- Severity of illness
- Cost-efficiency management
- Non-emergent emergency room utilization
- Improvement incentive
- Patient Centered Medical Homes

The QEP program was designed with extensive input from network physicians from across the state via AmeriHealth Caritas Louisiana's Quality of Clinical Care committee. AmeriHealth Caritas Louisiana has invested more than \$5 million dollars in QEP provider reimbursement programs since the health plan began serving Louisianans in 2012.

The PCP QEP reflects AmeriHealth Caritas Louisiana's commitment to provide quality health-care for Louisiana communities, and this commitment is evidenced by recently released figures in the Louisiana Department of Health's Healthy Louisiana & Performance Metrics report that show significant quality improvement progress being achieved by the five Medicaid managed care organizations participating in the Healthy Louisiana program. In 2016, Healthy Louisiana performed above the 2015 National Committee for Quality Assurance Quality Compass South Central — 50th Percentile Benchmark on 11 Health-care Effectiveness Data and Information Set

(HEDIS) performance metrics. In particular, AmeriHealth Caritas Louisiana held the highest ratings in 10 categories:

- Adolescent Well Child visits
- Ambulatory Care/Outpatient Visits
- Breast Cancer Screening
- Medication Management for people with asthma (50%)
- Timeliness of prenatal care
- Medication Management for people with asthma (75%)
- Frequency of ongoing prenatal care
- Adherence to Meds for people with schizophrenia
- Postpartum Care
- Child and Adolescent Access to PCP, 12-24 mos.

Local

Lane Recovery Solutions Celebrates 1st Anniversary

This month, Lane Recovery Solutions is celebrating their 1st anniversary of providing substance abuse treatment to the region.

Lane Recovery Solutions is a program of outpatient addictionology and psychiatric services provided to adults over the age of 18 who are impaired by one or more addictive substances, such as alcohol, prescription medications or other drugs.

The program is medically directed, comprehensive and structured to meet individual patient needs. It offers intensive treatment options that can be an alternative to inpatient care allowing patients to return home each day.

Physician referrals are not required. Anyone may contact Lane Recovery Solutions directly; especially individuals who want to reclaim their lives from the torments of addiction, as well as family members, friends, employers, physicians and behavioral health professionals.

Baton Rouge Urgent Care Centers Win Community Service Award

The Urgent Care Association of America (UCAOA) announced that Lake After Hours and Lake Urgent Care have won the UCAOA Community Service Award, which is presented to an organization or individual for significant volunteer

work that has positively impacted the health of their community.

After serious, damaging floods hit the Baton Rouge area (where Lake After Hours and Lake Urgent Care have 16 locations) in August 2016, the company initiated a "We're Here for You" campaign to help meet the community's health-care needs in this time of crisis. Despite some clinics experiencing flooding of more than four feet of water, Lake After Hours' volunteer team of administrative, clinical, and medical providers – many of whom were personally impacted by the flood – worked in the 100-degree post-flood heat to feed, treat, and comfort displaced residents.

With many cell towers down, Lake After Hours and Lake Urgent Care informed residents about clinic openings and closings, operational hours, tetanus shot information and school/road closures on Facebook. Additionally, Lake After Hours' medical leadership team appeared on local TV and radio to direct residents where to seek treatment for flood-related and other health issues, as well as to provide tips for safe flood cleanup.

FMOL University Announces Spring 2017 Graduates

More than 200 Franciscan Missionaries of Our Lady University students were conferred master's,

bachelor's or associate degrees during the University's commencement exercises.

The commencement keynote speaker was George Weigel, the Distinguished Senior Fellow of the Ethics and Public Policy Center (EPPC).

Taylor Bush, a student leader from Baton Rouge, was recognized at commencement with the Student Excellence and Commitment to Service Award. This award distinguishes a graduating student who exemplifies the mission of our institution and who has shown a strong commitment to scholarship, leadership, and service.

Vascular Neurologist & Stroke Specialist Joins NeuroMedical

The NeuroMedical Center (NMC) announced the association of board certified vascular neurologist and stroke specialist, Sheryl Martin-Schild, MD, PhD, FANA, FAHA. Dr. Martin-Schild brings nine years of clinical experience to NMC, and becomes the organization's tenth neurologist on staff.

Dr. Martin-Schild is a Louisiana native and has spent the majority of her training and career in New Orleans. In addition to joining The NeuroMedical Center's Neurology Department, Dr. Martin-Schild will assume the position of Co-Stroke Director of the Stroke Program at Our Lady of the Lake Hospital in Baton Rouge, Louisiana



Pictured from Lane Recovery Solutions, L-R: Scott Roy, Pat Haggerty, Ashley Armstrong, Dr. Marc Zimmermann, Dr. Pamela Parsons, Pam Reed, Tom Buchmann, and Katie Bell.

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alongside NMC Neurologist, Dr. Glenn Kidder, and will remain in charge of the Stroke Programs at both Touro Infirmary and New Orleans East Hospital. Dr. Martin-Schild will also remain the State Medical Director for Stroke of the Louisiana Emergency Response Network (LERN).

AHA Adds Walking Path to Perkins Rowe

Walk the Rowe for Heart served as the formal ribbon cutting for Perkins Rowe's 1-mile designated walking path. The property is installing way-finding signage along the paths, which will include handbill guides for walkers.

The American Heart Association's Designated Walking Path Program is designed to create safe and accessible walking paths in the community to increase heart health. The American Heart Association recommends walking 10,000 steps a day to work toward a healthy heart, and walking paths are a resource to help complete those steps.

Laughinghouse Named CAHS Addiction Recovery Program Director

Janzlean Laughinghouse, PhD, has been appointed to a newly created position Addiction Recovery Program Director at Capital Area Human Services (CAHS) agency. Dr. Laughinghouse will oversee the implementation of several addiction recovery grants dedicated to reducing the opioid epidemic in the agency's seven parish region.

CAHS has been awarded several grants and another is expected in the near future. According to Jan Kasofsky, PhD, CAHS Executive Director, "These grant activities range from grassroots communications and advocacy activation to work with the Department of Corrections and prison/local jail reentry programs."

Dr. Laughinghouse has served as a social worker in agency's Adult Addiction Recovery Program for the past three years. As program director, she will work closely with CAHS medical and executive team staff on medication assisted treatment (MAT) and referral to MAT providers. Prison reform legislation could require an expansion of addiction recovery services by all human services districts to provide treatment access to this emerging population. Dr. Laughinghouse will oversee clinic based services on the agency's

Government Street campus and in the Felicianas.

She is also an adjunct faculty member in the Department of Social Work at Southern University. She has over 19 years of experience in substance abuse treatment settings. Within the field of addictions, she has worked extensively with women, veterans, individuals who are dually diagnosed, and those who have experienced trauma and chronic homelessness.

Mary Bird Perkins – OLOL Cancer Center Hosts Volunteer Appreciation Luncheon

Mary Bird Perkins – Our Lady of the Lake Cancer Center recently hosted its annual volunteer appreciation luncheon and celebrated the spirit of giving back by recognizing its volunteers, including the Anna B. Lipsey Volunteer Service Award recipients, Bob and Bev Jones.

Susan and Richard Lipsey hosted the luncheon at the Baton Rouge Country Club and presented the Anna B. Lipsey Memorial Volunteer Service Award, which is given in honor of Richard's mother. Bob and Bev Jones have volunteered at the Cancer Center for more than 30 years combined. During this time, the couple's service has been far reaching, offering assistance and compassion to patients and team members alike.

Richard Lipsey thanked the Joneses and the other volunteers for being impactful members of the Cancer Center community. "Volunteers help make the Cancer Center what it is," said Lipsey. "The smiles on their faces, their greetings, their warmth. You can truly see their impact on patients."

On receiving the honor, Bev Jones simply said, "When I was told I was being honored with this award, I didn't think I deserved it because when I leave the Cancer Center every Wednesday, I have gotten a lot more than I have given."

Anna B. Lipsey was a founder of Mary Bird Perkins Cancer Center and served as secretary-treasurer of the Board of Directors from 1968 until shortly before her death in 1985. The Anna B. Lipsey Memorial Volunteer Service Award, established in 1986, is presented each year to the volunteer(s) who best exemplifies the volunteer spirit and dedication for which Lipsey was known.

Speaking were: Brett Furr, board chair, Mary Bird Perkins Cancer Center; Linda Lee, administrator, Mary Bird Perkins – Our Lady of the Lake



Pictured, L-R: Todd Stevens, president and chief executive officer, Mary Bird Perkins Cancer Center; Bev and Bob Jones, Anna B. Lipsey Memorial Volunteer Service Award recipients; and Linda Lee, administrator, Mary Bird Perkins – Our Lady of the Lake Cancer Center.

Cancer Center; and Leslie McArdle, guest and volunteer services manager, Mary Bird Perkins – Our Lady of the Lake Cancer Center.

African American Male Tobacco Cessation Campaign Launched

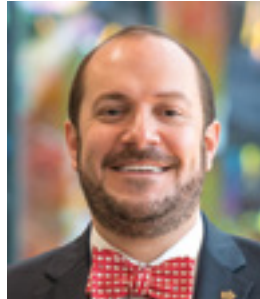
Statistics have shown that Louisiana's African American males have higher than average smoking rates, and lower than average use of Quitline services. To combat this trend, the Louisiana Campaign for Tobacco-Free Living (TFL) recently launched the African American Male Cessation Campaign in the Greater Baton Rouge area.

This campaign was developed to raise awareness on the dangers of tobacco use while also encouraging the use of Louisiana's free Quitline services. In addition to social and paid media tactics, TFL's grassroots partner, the Communities of Color Network (CoC) via the Southern University Agricultural Land-Grant Campus, will work across the Baton Rouge area to host a series of targeted events, educational sessions with community stakeholders and providers, as well as a Community Conversation event in the coming months.

In Louisiana, African American males have the highest smoking prevalence of any racial/gender



Leanne Redman, PhD



Ethan Bush



Carter Stone

group, at 28.2 percent, and smoke at a rate 1.2 times higher than white males.

According to the Louisiana Tumor Registry, African American males maintain the highest rates of lung cancer diagnosis and death in the state. Additionally, Louisiana's African American males have a lung cancer diagnosis rate 27 percent higher than the national average and a death rate 32 percent higher than the national average among this demographic.

QWULA operates a toll-free phone number (1-800-QUIT-NOW) and a website (www.quitwithusla.org), both of which provide quit coaches, quit plans and medications at no charge to Louisianians looking to quit tobacco. The Quitline works hand in hand with the Smoking Cessation Trust, which began operation in 2012. The Trust also offers free medications, nicotine replacement therapy, group and individual counseling and coaching to help Louisiana residents who started smoking prior to September 1, 1988, to quit.

Walker & CIS Impact PAD Epidemic

CIS founder Dr. Craig Walker has dedicated his life to Peripheral arterial disease (PAD) prevention and limb salvage. He founded New Cardiovascular Horizons, which hosted its 18th annual conference May 31-June 2 in New Orleans at the Roosevelt Hotel. Known as the peripheral event of the year, NCVH is a multispecialty conference focusing on limb salvage and amputation prevention techniques for patients suffering from PAD and critical limb ischemia (CLI). The conference attracts world authorities and international attendees with one common goal—to improve care for patients through the use of cutting-edge technology and techniques.

PAD is the leading cause of amputations and, though it is a common and treatable disease, it is largely undiagnosed and unrecognized. It is a marker of increased risk of premature death and disability—even when symptoms are not present.

LSU'S Pennington Biomedical Launches New Study

A new study at LSU's Pennington Biomedical Research Center is looking to identify genes that increase the likelihood of a woman developing Polycystic Ovary Syndrome (PCOS).

PCOS is a hormonal disorder which prevents many women from getting pregnant. It affects one in 12 women worldwide (15 percent of reproductive age women) and is the most common reason many women have trouble getting pregnant. PCOS can cause irregular menstrual cycles, weight gain and is a risk factor for type 2 diabetes.

Through the new Gene Mapping of PCOS study, researchers are examining which specific genes, among women of different races, lead to this disorder.

"Mapping the genes that increase the likelihood a woman could develop PCOS could help many families who suffer from this condition, which affects not only fertility but metabolic health as well," said Dr. Leanne Redman, LPFA Endowed Fellow and associate professor, who is leading Pennington Biomedical's work on the study.

The study is being conducted in collaboration with internationally-renowned PCOS physician scientist, Dr. Andrea Dunaif, of the Icahn School of Medicine at Mount Sinai and Dr. Geoffrey Hayes of Northwestern University. The Pennington Biomedical portion of the study is focused on African American women.

Pennington Biomedical is seeking 300 women of African American heritage to participate. Women should be between the ages of 18-40, have been diagnosed with PCOS, and not taking any medications.

For more information on this gene mapping research study or other maternal and infant health studies, please visit www.pbrc.edu/healthierLA or call 225-763-3000.

Mary Bird Perkins Receives Award for Innovation in Fundraising

Mary Bird Perkins Cancer Center's development team has been awarded the inaugural Innovator of the Year Team Award by the National Association of Cancer Center Development Officers (NACCCDO) for its efforts in fundraising and philanthropy.

Ethan Bush, vice president and chief development officer, accepted the award at the NACCCDO annual conference in Lexington, Kentucky. The award, honored Bush and Carter Stone, director of development, for their outstanding leadership and successful transformation of Mary Bird Perkins – Our Lady of the Lake Cancer Center's fundraising efforts through the Take the Fight Forward initiative.

Take the Fight Forward is a \$25 million, five year, major and planned gift initiative focused on supporting the organization's position as a destination cancer center for the Gulf South.

Capital Area Human Services Conducts Crisis Intervention for Law Enforcement

Capital Area Human Services (CAHS) conducted its 16th Crisis Intervention Team (CIT) training recently, providing a 40-hour seminar to assist law enforcement officers to respond to behavioral health crises in their communities. Thirty-seven law enforcement officers from five agencies completed the crisis de-escalation course led by CAHS Program Manager John Nosacka, MSHCM, LCSW.

The law enforcement agencies represented in this year's training were from the Baton Rouge Police Department, the East Baton Rouge Parish Sheriff's Office, the Zachary Police Department, Louisiana Office of Probation and Parole, and the Louisiana Department of Corrections.

Since the Capital Area Human Services agency



Darla M. R. Burnett, PhD, MP



Brian Higgins, JD, MD, ABFM



Harmanjot K. Grewal, MD

started offering CIT trainings in 2008, more than 1,350 law enforcement officials from various agencies in the Capital region and Mississippi have participated in the various classes that have been offered.

Topics covered in the 40-hour course include active listening; signs and symptoms of behavioral disorders and intellectual disabilities, suicide prevention, and active listening and de-escalation techniques. Course instructors included several CAHS experts: CAHS Executive Director Jan Kasofsky, PhD.; Board of Directors volunteer Gerri Hobdy; Peer Recovery Support Specialist Tonja Myles; Community Support Services Karen Pino, LCSW; Children's Behavioral Services Director of Department of Psychology Bryan Gros, PhD; Program Director for Addiction Recovery Janzlean Laughinghouse, PhD, LCSW; and Addictions-Gambling Counselor Matricia Green, LAC, CCGC. A number of community partners also partnered as training instructors, including Rick Jackson, LCSW, Crisis Intervention Center; William R. Hill, PsyD from the Southeast Louisiana Veterans Health Care System; Molly Benbrook, LMSW, Alzheimer's Services of the Capital Area; and Florence Day, National Alliance on Mental Illness.

LOLO Opens Family Medicine Clinic in Picayune

Our Lady of the Lake Physician Group today added a second location in Mississippi to its growing provider network with the opening of Our Lady of the Lake Physician Group – Picayune. The family medicine clinic was formerly part of Louisiana Heart Hospital of Lacombe, La., which declared bankruptcy in February.

Walter Gipson, IV, MD and Nanci Parish,

FNP-BC are trusted and respected providers in the Picayune community who will continue to serve their patients with the same valuable healthcare services supported by the depth and breadth of the entire Our Lady of the Lake organization.

Our Lady of the Lake Physician Group also operates the Heart and Vascular Institute Clinic in Natchez, Miss., an extension of the anchor facility in Baton Rouge offering diagnosis and treatment of cardiac patients.

Our Lady of the Lake Physician Group – Picayune treats patients of all ages with preventive care, evaluation and care of illnesses and minor injuries, management of chronic illness, urgent care, school and sports physicals, and more.

Clinical, Forensic, and Medical Psychologist Joins NeuroMedical

The NeuroMedical Center has added clinical psychologist, Darla M. R. Burnett, PhD, MP, to its Neuropsychology Department. Dr. Burnett brings 17 years of clinical experience to NMC, and becomes the organization's third clinical psychologist on staff. Dr. Burnett will work alongside two staff neuropsychologists, as well as neurologists, neurosurgeons, PM&R/Pain Medicine specialists, and neuroradiologists to deliver the highest level of comprehensive care for individuals with known or suspected brain-related injuries and illness.

Dr. Burnett's expertise centers around the evaluation and treatment of individuals with psychological difficulties including mood disorders, anxiety disorders, brain injury, and learning issues. Dr. Burnett specializes in diagnostic interview, mental status examination, psychological testing, treatment therapies, and medication management. Dr. Burnett's knowledge, background and experience

will help NMC meet the demand for services for people with known or suspected psychiatric illness and psychological factors associated with concurrent medical conditions.

Dr. Higgins and Westside Family Medicine Join OLOL Physician Group

Our Lady of the Lake Physician Group welcomed Brian Higgins, JD, MD, ABFM, and Westside Family Medicine Clinic in Brusly into its network of healthcare providers. The clinic will now operate under the name Our Lady of the Lake Physician Group – Westside.

Higgins will continue to lead the local clinic and provide healthcare services to his patients as an Our Lady of the Lake Physician Group provider.

Higgins graduated from Southern Methodist University with a bachelor's degree in political science and in 1998, graduated Louisiana State University School of Medicine New Orleans. He completed his residency at Baton Rouge General and has practiced at Westside Family Medicine for nearly 15 years. Higgins also holds a law degree from LSU Paul M. Hebert School of Law.


Our Lady of the Lake Physician Group – Westside offers evaluation and care of illnesses and minor injuries for patients of all ages. Services also include management and treatment of chronic illness, comprehensive physical exams, health screenings, immunizations, and more.

Grewal Joins North Oaks Rheumatology Clinic

Dr. Harmanjot K. Grewal has joined North Oaks Rheumatology in Hammond and is accepting new patients. She is certified by the American Board of Internal Medicine in internal medicine and rheumatology.

Dr. Grewal comes to North Oaks Physician Group from the Louisiana Heart Hospital Medical Group in Lacombe. Prior experience also includes practicing with Merit Health Wesley Medical Group in Hattiesburg, Mississippi.

As a rheumatologist, Dr. Grewal specializes in the diagnosis and treatment of various forms of arthritis, including osteoarthritis and gout. She also treats autoimmune disorders, such as lupus and rheumatoid arthritis. ■



Can eyes that look
the same as yours make
you see differently?

Kids are amazing. They often inspire us to see the world in a different way. And at Our Lady of the Lake Children's Hospital, we are constantly striving to ensure they receive the best medical care possible. Like offering more than 20 pediatric specialties including critical care and operating the area's only 24/7 pediatric ER. Yes, kids are amazing. We're here to do amazing things for them.

www.ololchildrens.org



OUR LADY OF THE LAKE
CHILDREN'S HOSPITAL

In 2005, Hurricanes Katrina and Rita devastated the existing healthcare system in the coastal regions of southeast and southwest Louisiana. In addition to rebuilding entire communities, the storms left behind another challenge: repairing a crippled healthcare infrastructure in the affected areas and throughout the state.

Reshaping Health and Healthcare in Louisiana: LOOKING BACK, LOOKING AHEAD

WITH FORMER GOV. KATHLEEN BLANCO AT THE HELM, the state legislature created the Louisiana Healthcare Redesign Collaborative in 2006 to develop and oversee implementation of a health care reform blueprint. One of the proposed components was the creation of a private, not-for-profit organization that would bring stakeholders together to reshape health and health care in the state. Gov. Blanco commended the Collaborative for its work, noting that “We have an unprecedented opportunity to rebuild a reformed system that provides quality care. Working together, we will achieve fundamental change.”

On July 6, 2007, the state legislature established the Louisiana Health Care Quality Forum and tasked it with driving improvements in health care quality, safety and value. The organization has since served as a neutral convener, partnering with the Louisiana Department of Health to advance the state’s health care agenda with several core initiatives: the patient-centered medical home (PCMH) model; quality improvement and analytics; health information technology (IT); advance care planning; and education/community outreach.

A dedicated Board of Directors, serving on a voluntary basis, leads the Quality Forum. Current members, which include former Gov. Blanco, represent providers, payers,

physicians, patient advocates, business leaders and insurers from across the state. To mark the organization’s tenth anniversary, the past presidents and current president shared their thoughts about the key initiatives and challenges that lie ahead.



Michael Fleming, MD, FAAP, was a founding member of the Quality Forum and its first board president. Dr. Fleming practiced family medicine for 30

years in north Louisiana, led a professional medical association and has served as a national health care company administrator.

“I’ve come to believe that one of the biggest challenges today is the belief that health care is a single, huge “entity.” I think there are four distinct domains. Each one is separate, but each must also coordinate with the others. The “science” of health care is first – the development of guidelines, best practices, standards, procedures, pharmaceuticals, etc. The second domain is the provision of health care, which consists of providers and their interactions. Health care payment is third, and this one is complex and difficult. Finally, the fourth domain is one that should not be forgotten – the people for whom we care because they are often left out of the discussion. We have lived in a health care universe where these domains do not converse

or relate well with each other. To make this work, all must orbit with each other in synchrony. I believed it in 2007 and still do in 2017 – the Quality Forum is the only place I know that can design such an eco-system.”



Karen DeSalvo, MD, MPH, MSc, experienced Hurricane Katrina first-hand as an administrator and professor with Tulane University’s School of Medicine in New

Orleans. She helped restore health care in the decimated areas and continued this work as the city’s Health Commissioner. More recently, Dr. DeSalvo served as the National Coordinator for Health Information Technology and Assistant Secretary for Health for the U.S. Department of Health and Human Services (HHS).

“Louisiana’s focus on improving access to quality, affordable care was, and is, groundbreaking. We were thoughtful about the need to advance a high-quality, person-centered community health infrastructure and establishing expectations for practices to become patient-centered medical homes (PCMHs). Because those practices demonstrated better outcomes, Medicare and other payers are now supporting these kinds of models. I would similarly point to Louisiana’s leadership in health IT. We have linked the importance of an electronic health record (EHR) to better primary care in our PCMH work and our efforts to demonstrate better care coordination through the emergency room alerts program. I have no doubt that the movement toward value-based care will continue. This cannot be accomplished without a fully-digitized and interoperable, learning health system. Though it is hard to know what will unfold, the vision and work plan to advance value-based care and a learning health system were developed in a public-private partnership by HHS with bipartisan support. I have every reason to expect the trends to continue.”



Ray Peters serves as Vice President of Human Resources and Marketing for RoyOMartin, one of the largest independently owned

lumber companies in the South with a workforce of 1,100 employees. Patient-centered primary care, in alignment with the Triple Aim framework, has always been a core initiative of the Quality Forum, and one that his company has embraced for several years.

“The most purposeful reason for starting a patient-centered primary care clinic is access. Having access to quality/affordable care is the key to effectively managing health and its associated costs. Nearly 80 percent of our employee population and their families indicate that our clinic serves as their primary health care provider. Since opening it, we’ve seen cases of chronic conditions decrease as well as the cost of providing health care. Over the past five years, we haven’t seen more than a five percent increase in costs, and that includes funding the clinic. Employees say it’s our best benefit. With vertical integration of health care in mind, we’ve moved the clinic to a nearby hospital site that can offer additional services. I think employers unfortunately still lack the necessary understanding to fully participate in offering health care alternatives to their workforce. Even with the sensitivity of personal health information, employers can do much more to promote a healthy workplace. I encourage them to seize the opportunity and promote wellness – healthy employees are more productive employees.”



Vendell Washington, MD, MHCM, FACEP, a long-time proponent of health IT, has also served as the National Coordinator for Health Information Technology with

HHS. Previously, he was the chief medical information officer for the Franciscan Missionaries of Our Lady Health System

(FMOLHS) in Baton Rouge and president of its medical group. While with FMOLHS, Dr. Washington was instrumental in the health system’s adoption of EHRs.

“On the national level today, almost all hospitals and health systems and 75 percent of physician practices have EHRs. The work over the next three to five years will be to harness the power of this information to deploy best practices more efficiently and to provide safer, more efficient care. I saw many technologies capable of revolutionizing the provider and patient experience in development during my time as National Coordinator that will likely be deployed in the future. These innovations will lead to extraordinary clinical insights and positively affect the health of our population. Payment policies are also important. The bundled payment initiatives for hospitals, for example, have shown promise in bending the cost curve, increasing care quality and rewarding providers for the effort. I believe we will continue to make progress in this space as technology allows us to analyze, target and improve care in virtuous cycles.”



Louis Minsky, MD, has practiced family medicine in Baton Rouge for nearly 30 years. Currently with Minsky and Carver Medical Center for Personal Well-

ness, Dr. Minsky is chief of staff at Baton Rouge General and a member of the Board of Trustees. He also serves as the East Baton Rouge Medical Officer for the Mayor’s Office of Homeland Security and Emergency Preparedness.

“Data collection/sharing plays an important role in the education of physicians and health care providers. We need to know what we are doing right and where we miss our mark. Patients must understand their disease, too. Only then can physicians make significant gains to improve the outcomes. This affects us at a state level regarding our work force and healthy places to live. At a

local level, we can invest dollars to provide quality care for our communities, which affects our work environment, schools and families. Using data, providers, hospitals and physicians can affect change and outcomes for patients and communities in the next three to five years. Without positive change, we will see continued escalation in the price of the health care delivered without significant change in the health of our communities and states. Without improving outcomes, we will spend more dollars caring for the chronically ill rather than investing in an infrastructure for healthy individuals to thrive.”



John Carroll, C(K)P®AIF® CRPC®AAMS® is the Quality Forum’s current board president and brings 30+ years of experience in corporate benefit planning and private wealth management to this role. Carroll is the chief executive officer of Well-spring Advisor Group, LLC in Alexandria, and a Wealth Advisor.

“One of the Quality Forum’s challenges will be continuing to have the support of our legislature, even with budget cuts, and helping them understand the long-term, positive effects of programs designed to improve utilization and efficiencies. We will also be challenged by changes to health care legislation and the unknowns that surround this. If I take a “big picture” look, it really deals with inefficient utilization of resources due to patient behavior. We have to start educating our population to use more preventative care so we can reduce emergency department utilization and have a real impact on chronic conditions like diabetes and heart disease. This will take years to accomplish and will be difficult, but with quality data and analysis, technology can truly help us move toward clinical improvement of results, measurement of trends and ultimately, a proactive approach to addressing problems before they happen.” ■

ON APRIL 27, 2017, the Louisiana Action Coalition (LAC) in partnership with AARP Louisiana, Humana, Louisiana Department of Health, Louisiana State Board of Nursing, Louisiana Public Health Institute, Louisiana State Nurses Association, Louisiana Center for Nursing, LSU Health New Orleans School of Nursing, and Our Lady of the Lake presented the Culture of Health Summit. The Summit was an opportunity for nursing, the largest segment of the healthcare workforce, to take a leadership role in transforming our healthcare system. The LAC was created in response to the 2010 Institute of Medicine (IOM) Report, *The Future of Nursing: Leading Change, Advancing Health*¹. The IOM Report focused on opportunities for the nursing profession to influence access to quality healthcare for all Americans in a system focused on patient-centered care driven by evidence-based practice. Recognizing that we are stronger together, the Summit brought together diverse stakeholders to discuss healthcare challenges and propose solutions to effect viable change in a healthcare system that is currently fragmented, often disorganized, and universally expensive.

CULTURE OF HEALTH SUMMIT: BUILDING PARTNERSHIPS TO TRANSFORM HEALTH

KEYNOTE SPEAKERS for the event included Dr. Susan B. Hassmiller, the Robert Wood Johnson Foundation (RWJF) Senior Advisor for Nursing, and Dr. Parham Jaber, Assistant State Health Officer for the Louisiana Department of Health and Medical Director for the Office of Public Health. Dr. Hassmiller focused on the role of nurses in building a culture of health. Her remarks targeted nursing strategies for insuring higher quality health for individuals, families, and communities. Dr. Hassmiller has worked tirelessly during her 20 years at RWJF to advocate for the less fortunate and underserved. Her current work in building a culture of health informs our understanding that health and well-being are influenced by complex social factors that must be addressed in addition to providing adequate medical care for acute and chronic illnesses. The 10 underlying principles of a culture of health identified by Dr. Hassmiller and RWJF include:

- Good health flourishes across geographic, demographic, and social sectors.

- Attaining the best health possible is valued by our entire society.
- Individuals and families have the means and the opportunity to make choices.
- Business, government, individuals, and organizations work together to build healthy communities.
- No one is excluded.
- Everyone has access to affordable, quality health care.
- Health care is efficient and equitable.
- The economy is less burdened by excessive and unwarranted health care spending.
- Keeping everyone as healthy as possible guides public and private decision-making.
- Americans understand that we are all in this together.²

Dr. Hassmiller noted that for the 15th consecutive year, nurses have been recognized by the Gallup Poll as the most trusted professionals with the highest rankings for honesty and ethical standards.³ They singularly spend more time with patients and their families, promoting prevention and wellness and providing population-focused services to entire communities.

Dr. Jaber shared fascinating stories about nurses involved in public health initiatives and how the culture of health is playing out within Louisiana. He noted the more than 50 programs operating in 63 parish units, which bring together engineers, doctors, nurses, chemists, biologists, sanitarians, clinicians, emergency preparedness experts, and other professionals who work collaboratively to address the public health challenges in our state. Included in their activities are:

- Monitoring the food Louisiana's residents and visitors eat;
- Keeping our water safe to drink;
- Fighting chronic and communicable diseases;
- Ensuring we are prepared for hurricanes, disasters, and other threats; and
- Managing, analyzing, and disseminating public health data.⁴

The morning session ended with a panel of professionals discussing how the social determinants of health must be integrated in to our plans to develop a culture of health. Representatives from the Metropolitan Human Services District, the New



Orleans Family Justice Center, the Mayor's Healthy City Initiative, City Planning and Transportation, and the Bureau of Performance Improvement Public Health Community Assessment participated. The discussion centered on several topics. Included was service delivery to individuals suffering from mental illness, addictive disorders, and developmental disabilities and how to advance knowledge and skills for treating these individuals. The Mayor's Healthy City Initiative was credited for achieving a 2% reduction in adult obesity over 2 years and a year-over-year 4% drop in preventable hospital admissions. Workforce development in the public health arena, health equity, and quality improvement were also addressed as human factor issues that influence the culture of health. Domestic violence, sexual assault, sustainable transportation, and environmental challenges were also addressed by the group in their discussion of fostering a culture of health in Louisiana.

The day-long Summit concluded with table top discussions in a round robin format that allowed all participants to spend time with community representatives to learn about their projects, which promote a culture of health and how the participants could get involved. Following are the initiatives included in the afternoon sessions.

Louisiana Public Health Institute Healthy Communities builds civic partnerships that address social, economic, and political factors that influence health.

Jefferson Parish Council on Aging provides seniors with support and empowerment to age with dignity, maintain independence, facilitate community involvement, and ensure senior well-being. From counseling on health insurance choices, transportation, delivery of healthy meals to promotion of social activities, and wellness opportunities, the Council on Aging monitors and coordinates care to res-

idents 60 years of age and older who require assistance.

Louisiana STD/HIV Program administers statewide programs to prevent transmission of STDs and HIV and to provide quality health services for individuals diagnosed with these diseases. The program's mission includes prevention, care, and education that reduce health disparities in the area of sexually transmitted diseases.

The State Health Improvement Plan (SHIP) provides a framework to build community capacity and improve health outcomes. This five-year plan recognizes that no one entity or person can accomplish healthy outcomes alone. SHIP integrates different sectors within our state and allows stakeholders to share data and resources.

Fit NOLA is a partnership between the city of New Orleans and local organizations working together to promote physical activity and improved nutrition. Fit NOLA has been awarded a RWJF Culture of Health prize for its efforts to improve the quality of life for all who live, work, and play in New Orleans.

Healthy Baton Rouge was established to promote better health and healthier lifestyles in Baton Rouge, the largest metropolitan area in the United States without its own local public health department. Seventy-five partner organizations work collectively to address health priorities including obesity, HIV and STDs, behavioral health, and access to care.

The Rapides Foundation's Healthy Behaviors Initiative addresses the health challenges of tobacco use, overweight/obesity and substance/alcohol abuse prevention. These factors are directly linked to premature death, heart disease and stroke, diabetes, cancer, increased crime, domestic violence, and decreased workplace productivity. The Initiative includes work in the schools, communities, and workplaces

as well as policy, advocacy, and counter marketing efforts.

The Louisiana Action Coalition, created in 2011, is one of 51 national coalitions working to transform healthcare through nursing initiatives. Informed by the Institute of Medicine's 2010 report cited in the opening paragraph, LAC works to promote nurses initiating change to transform the healthcare delivery system in Louisiana. Current initiatives include programs to promote nurse leadership, workforce diversity, and collaboration with other professionals to build a culture of health.

The Summit ended with a challenge from Dr. Cynthia Bienemy, Director of the Center for Nursing at LSBN and co-lead for the Louisiana Action Coalition. Dr. Bienemy charged each participant to "...move forward with what you have learned here today. Make connections and collaborate with those whose work complements your efforts in building a culture of health in your community. The only way that we will achieve the goal of building healthy communities in Louisiana is if we learn to appreciate the fact that this work must be done through a multidisciplinary effort; there is no one discipline or entity that can do this work in isolation. We can only achieve a culture of health in Louisiana if we work together."⁵ ■

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FOR THE LAST EIGHTEEN MONTHS, the Louisiana Department of Health has been focused on increasing access to health care for all residents. Enrollment began for Medicaid Expansion one year ago, and I'm extremely proud of our state where now more than 430,000 people have health insurance, many of them for the first time in their lives. You can continue to track Medicaid Expansion progress by visiting <http://www.ldh.la.gov/HealthyLaDashboard/>.

HEALTHCARE COVERAGE, OPIOID GRANTS, AND BIRTH OUTCOMES

THE DEPARTMENT OF HEALTH continues to initiate new programs; seek and receive grant funding; and analyze results of our work, all to improve health in our state. I'm pleased to share some good examples here in this column.

Some workers with Medicaid may now find it affordable to join their employer-based plan.

Some Louisiana residents who are employed but currently receive their health care coverage under Medicaid may now be eligible for a program that will allow them to afford coverage from their employer.

The Louisiana Health Insurance Premium Payment Program, or LaHIPP, pays the employee share of employer-sponsored insurance, if the insured person or a member of their family currently receives Medicaid. LaHIPP helps Louisiana residents with private insurance who are eligible for Medicaid maintain their cur-

rent coverage while lessening the burden on the state's Medicaid system, saving both consumers and state taxpayers money.

For an employee with access to insurance coverage through their job, to be considered for the LaHIPP program, a person in that household must also be enrolled in Medicaid. Eligibility is based on whether or not it is more cost-effective for the state to pay for the insurance premium and out-of-pocket expenses, such as co-pays and deductibles, rather than Medicaid being the primary payer.

The individual must apply for LaHIPP. If LaHIPP is determined to be cost effective, the person will be notified they are approved. The reimbursement covers all or some of the employee's share of their employer-sponsored coverage that is withheld by the employer, and will be reimbursed to the employee monthly.

In addition to covering the employee's share of the monthly premium, LaHIPP will cover the cost of other out-of-pocket

medical expenses for the Medicaid recipients.

For more information, visit www.ldh.la.gov/lahipp for more information and to apply online or call a LaHIPP representative at 1-855-618-5488.

Opioid Crisis grant awarded to Louisiana Department of Health

The State now has more funding to fight the opioid epidemic. The Substance Abuse and Mental Health Services Administration (SAMHSA) has awarded the Louisiana Department of Health a grant to target and reduce opioid abuse across the state. The State Targeted Response to the Opioid Crisis Grant is funded at almost \$8.2 million a year for two years.

Louisiana averages 122 opioid prescriptions per 100 people. This is a significant concern because 80 percent of heroin users reported starting out misusing prescription opioid medications.

Our Office of Behavioral Health will administer the grant which will be used to enhance existing statewide prevention, treatment and recovery services that are available to individuals who are addicted to opioids or who are at risk for opioid addiction or opioid abuse or misuse.

Initiatives funded by the grant include:



- Implement opioid prevention strategies that includes a mass media educational campaign targeted to those who are at risk for an opioid disorder, and health care provider training.
- Develop an intervention strategy that focuses on Naloxone education and distribution of this medication to target populations.
- At the local level, build treatment capacity within the existing networks of behavioral health providers. The goal is to provide access to evidence-based treatments, particularly Medication Assisted Treatment, and education and training on non-opioid alternatives. Funding will be directed to the state's 10 local opioid treatment programs.
- Increase treatment and prevention capacity for people with opioid addictions or disorders through funding that will be directed to the state's 10 local human service districts/authorities.
- Partner with the Department of Corrections to provide opioid treatment services for offenders who participate in re-entry-programs at two designated prison facilities. These programs will identify at-risk offenders nine months prior to release, and will provide individualized treatment and robust discharge planning to ensure they continue treatment after leaving prison.

Birth outcomes in Louisiana improving

In an effort to create a generation of healthier women and children in Louisiana, our team at the Louisiana Department of Health initiated the Louisiana Birth Outcomes quality effort in 2010. The team, which included staff from Medicaid, the Office of Public Health, the Louisiana Perinatal Commission, and other medical experts throughout the state, is beginning

Recent data shows from 2005 to 2014, the Louisiana infant mortality rate dropped from 10.1 per 1,000 births to 7.6 per 1,000 births – a 25 percent decrease.

to see some of the results of their work including a decrease in infant mortality.

Infant mortality represents the number of babies who die before their first birthday and is expressed per 1,000 live births.

Recent data shows from 2005 to 2014, the Louisiana infant mortality rate dropped from 10.1 per 1,000 births to 7.6 per 1,000 births – a 25 percent decrease. This decrease is better than the national average of 15 percent during this same time period. It means there were about 160 fewer infant deaths in 2014 than in 2005.

For African American women: the 2005 rate was 15.2 infant deaths per 1,000 live births; the 2014 rate was 11.3 infant deaths per 1,000 live births. This difference is also about a 25 percent reduction. The estimated number of infant deaths averted is about 92.

Louisiana has worked tirelessly to reduce pre-term births and infant mortality through focused interventions including the 39 week initiative which educated moms and providers on the risks associated with delivering before 39 weeks gestation; Medicaid reforms; education; increased access to reproductive health services; STD prevention, testing and treatment; and smoking cessation for residents of child-bearing age.

Some of our ongoing initiatives include:

- Increasing access to reproductive

health services and the full range of contraceptive methods, including a recent Medicaid policy change for reimbursement related to Long-Acting-Reversible-Contraception, for women who want them.

- Partnering with the March of Dimes, Medicaid, and the Louisiana Perinatal Commission to make sure 17P is available. 17P is medicine that can help prevent preterm birth in some pregnant women who have previously had a preterm birth.
- Implementing two evidence-based models of home visiting services that provide family coaching and support to expectant mothers and new families.
- Leading statewide efforts with families, delivery hospitals, providers, first responders, and communities on strategies to help babies sleep safely.
- Ensuring resources and information are available to pregnant women through www.PartnersforHealthyBabies.org and our helpline 1-800-251-BABY.

We recognize that we still have much work to do, but I am confident that by working together with health care providers, community leaders, and individual Louisiana residents, we can change the future of our women's and children's health. ■

We establish routines to guide us through our daily repetitive activities as efficiently as possible. Think about the beginning of your day from the moment you wake up until you walk out the door. Visualize the things you do, and the order in which you do them. They are almost the same every day. You do them automatically while your mind starts engaging the challenges of your day.

TAKING CARE OF YOUR OWN (E)STATE OF AFFAIRS

Estate Planning Requires Proper Preparation of Documents; Tips for Health Care Professionals to Plan Ahead



WHAT HAPPENS WHEN the routine is disrupted? Healthcare professionals well know how quickly and unexpectedly life can be interrupted. You've witnessed, and perhaps experienced, the chaotic scramble to reestablish normalcy of daily activities after an injury, illness, or death has severed the routine. Other events, such as storms – recall a recent flood or a canceled airplane flight – can also cause disruption and can have financial or health consequences far beyond mere inconvenience.

Routines handle daily, expected activities, but disruptions are certain to occur. Although daily routines are reflexive and almost mindless, it took some level of planning to establish them. Planning for the inevitable disruptions is also necessary. The

planning is not difficult, and may be referred to as estate planning.

What is an Estate Plan?

An estate plan is the organization of your affairs for their control and utilization in the absence of your ability to handle them yourself, and for the final disposition of your assets upon your death. An estate plan should address any special needs a member of your family might have. It might also include tax planning to reduce income tax and death taxes.

Everyone has an estate plan. The question is, is yours intentional, or by default? If you fail to intentionally plan your estate, the laws will provide a plan for you. The laws are necessary to protect your assets while you



are living from theft or misappropriation, and, upon your death, to assure the orderly passage of your property to your family. However, the “one size fits all” formula is not likely to be the best for you and your family. Further, if you are fortunate enough to leave a legacy to benefit a special cause or charitable organization, you must do so intentionally. A purposeful estate plan will secure the best use of your finances for your benefit during all phases of your life, and provide for the transfer of your assets upon your death in the manner that best serves your desires and the needs of your family.

The basic estate planning documents include powers of attorney, living wills, and trusts. Beneficiary designations for life insurance policies, annuities, and retirement accounts are also important documents. Finally, a will is essential.

Granting a Power of Attorney

A financial power of attorney is your grant of power to another individual to act on your behalf with respect to your property. A healthcare power of attorney is your grant of power to another individual to obtain confidential medical information and to make healthcare decisions on your behalf.

Granting a power of attorney does not deprive you of legal capacity to make decisions for yourself. Your agent has a responsibility to use the power solely for your benefit, and to use it subject to your instructions, if any are given. A power of attorney may be revoked by you at anytime, and otherwise is valid only during your life. After death, succession and probate laws apply, and the administration of your property is handled by a succession representative – either an administrator or executor.

Granting a general, unrestricted power of attorney is the equivalent of legally cloning yourself. By granting such powers, you allow another person to act on your behalf with respect to all legal, financial, property, and

healthcare matters. While powerful and very useful when needed, they are also subject to abuse by the agent in whom much trust is placed. Therefore, give power only to a person in whom you have absolute trust that they will use the power solely for your benefit, and in the manner that best matches how you would act on your own behalf.

What is a Living Will?

A living will is your directive to withhold life-sustaining procedures. It applies if you are diagnosed by your treating physician and one other to be suffering an incurable, irreversible injury or illness that will result in your death. A living will applies only when you are otherwise unable to give instructions on your own behalf, and it supersedes any instructions that may be given by family members or your agent under a healthcare power of attorney. Essentially, you make

this difficult decision for yourself and relieve your family of making it for you. The Louisiana statutory form for a living will requires you to instruct how invasive nutrition and hydration is to be administered. You either designate it as “life sustaining,” in which case it will be withheld, or as “comfort care,” in which case it will be provided. Although Louisiana has a statutory form for a living will, you are free to modify it as you wish.

What are Trusts?

Trusts can be used to accomplish a variety of estate planning purposes. Generally, a trust is the possession and administration of property by one person for the benefit of one or more other persons. The typical use of a trust is to provide for special circumstances when an heir is unable or incapable of managing inherited property prudently, or to provide for asset protection

WHY HAVE A WILL? YOU MUST HAVE A WILL TO DO ANY OF THE FOLLOWING:

1. To give your spouse any of your separate property.
2. To give your spouse more than a usufruct of your share of community property.
3. To extend the spousal usufruct beyond remarriage or for the lifetime of your spouse.
4. To make particular bequests of special items.
5. To provide for the needs of your legatees, such as leaving property in trust.
6. To make bequests to persons other than your children.
7. To make charitable bequests.
8. To disinherit a child or other heir.
9. To waive collation.
10. To name an executor.
11. To provide for independent administration of your estate.
12. To give authority to your executor to allocate assets of your estate.
13. To provide for or waive compensation to your executor.
14. To provide for special instructions for the sale or other disposition of property.
15. To name a tutor guardian for your minor children, or to name a guardian for a special needs child.
16. To maximize federal estate tax planning opportunities.
17. To address the order of succession in case of simultaneous death.
18. To address issues inherent in second marriages and mixed families.

and management. An important planning feature of a trust is that it can be made exempt from the claims of the beneficiary's creditors. Such a trust is called a "spendthrift trust." A spendthrift trust is critical planning if your heir has existing financial problems, is in a high risk profession, or is in a troubled marriage.

Special Needs Trusts are used to prevent the disqualification of a child or other family member who is, or may become, the recipient of means-tested government benefits. A special needs trust can be used to supplement the level of care and to pay for health-care and living expenses not otherwise covered by means-tested benefit programs.

Trusts are used for estate tax planning purposes to take advantage of lifetime gifting opportunities, and, upon death, to minimize federal estate tax. Trusts are often created to own life insurance for the purpose

of excluding life insurance proceeds from the taxable estate of the insured. Trusts for estate tax planning purposes are usually irrevocable.

Revocable living trusts may be used as a substitute for a testament, to avoid probate with respect to the property placed in trust, and for management of property after the owner becomes disabled or incompetent.

Beneficiary Designations and Wills

A review of life insurance policies, annuities and retirement plans should be a part of your estate planning. The proceeds of these assets pass strictly according to the beneficiary designation of record with the insurance company, and with the administrator of any retirement plan.

The primary estate planning document is a will or a testament. It addresses the distribution of your property after your death. Any

property not disposed of by your testament will be disposed of by operation of law.

You have an estate plan. Do you know what it is? ■

About John McDermott: Practicing law close to 40 years since 1978, John McDermott serves as the Chair of the Taylor Porter Tax and Estate Planning and Administration practice. He is ranked among Louisiana Super Lawyers and Best Lawyers in Tax Law. John represents and advises clients in the selection, formation, and governance of business entities, including corporations, limited liability companies, and partnerships. He represents hospitals and physician practice groups with respect to business and tax matters. He designs and drafts executive compensation packages and non-qualified deferred compensation plans. He also does estate planning and handles successions, probate, and estate administration matters. In 2017, John was appointed to chair the Internal Revenue Service Advisory Council's Small Business/Self-Employed and Wage & Investment Subgroup. John is a Board Certified Tax Law Specialist, Louisiana Board of Legal Specialization, and he is a certified public accountant.



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Barbara W. Auten
Executive Director
Alzheimer's Services of the Capital Area



SUPPORT AND TRAINING FOR ALZHEIMER'S CAREGIVERS

ALZHEIMER'S DISEASE is the 6th leading cause of death in the United States. It affects 1 in 10 over age 65 and approximately 20,000 in the ten-parish Capital Area.

The national statistics report 4% of those with the disease have younger onset Alzheimer's and are under age 65. Locally, we at Alzheimer's Services are seeing more of the younger onset Alzheimer's in those served. In 2017 Alzheimer's will cost our nation \$259 billion dollars. While advances have been made in both cancer and heart disease, deaths from Alzheimer's have increased 89% since the year 2000. With no

diagnostic test and no effective treatment these numbers will continue to skyrocket as the Baby Boomer population ages.

While there is research ongoing and the National Alzheimer's Action Plan goal is an effective treatment by 2025, there are millions facing the disease today and the near future. Care is critical for both the individual with the disease and the caregivers supporting him or her. Family members provide 264 million hours of unpaid care for loved ones. Alzheimer's Services provides support and resources for them through a variety of programs. Another avenue of support is through training professional caregivers in nursing homes.

The Centers for Medicare and Medicaid Services has a goal to reduce the use of antipsychotic drugs in nursing homes. In 2011 Louisiana ranked 49th among the states in nursing home use of antipsychotic drugs. Through the Louisiana Department of Health, Alzheimer's Services provides Dementia Care Training and provides a

Recollection Collection Kit to nursing home staff to help reach this goal and improve the care of nursing home residents. Though it is not the only strategy implemented, the nursing homes trained by Alzheimer's Services have shown a significant reduction in the use of antipsychotic drugs. Louisiana now ranks 41st among the 50 states. Following just ten nursing homes trained in 2016, the quarterly report showed a 19% average reduction in antipsychotic drugs used in nursing homes trained in the Alzheimer's Services Dementia Care program. That translates into a huge cost-savings for Medicare and Medicaid, and ultimately, the taxpayer.

Healthcare costs continue to rise while the implementation of person-centered care is an effective, compassionate, and cost-saving care method that works. As we Baby Boomers age we will want to remain independent as long as possible and then when long-term care is required, the best care possible. ■

You've likely heard that what you eat impacts your weight, your risk for chronic disease, your bathroom habits, and even your energy levels. But did you know that the diet that helps build your gut microbiome also plays a role in the health of offspring?

NEW RESEARCH
SHOWS THAT A
MOTHER'S GUT
MICROBIOME
IMPACTS INFANT
HEALTH





NEW RESEARCH from LSU's Pennington Biomedical Research Center shows that the gut microbiome—the millions of bacteria that live in the gut and change hourly based on what you eat and drink—can impact the behavior of infants as well.

Associate Professor of Research Dr. Annadora Bruce-Keller, and colleagues Drs. J. Michael Salbaum and Hans-Rudolf Berthoud; along with Sun-Ok Fernandez-Kim, Leigh Townsend, Susan Newman, Claudia Kruger, and Richard Carmouche isolated the gut microbiome from two groups of animals. One group of animals was overweight and metabolically sick and another group was healthy animals. Bruce-Keller and her team then transplanted one or the other of these microbiome samples into healthy female mice that then gave birth to babies—or pups, to use laboratory terms.

After watching the mothers' behavior to make sure they took proper care of their pups, the team watched the pups' behavior closely.

What they found is that the pups from the mothers who received the high-fat diet microbiome had a handful of significant behavioral differences. First, the researchers noted some bonding differences. When the team separated the pups from their mothers and listened for ultrasonic squeaks that ordinarily would signify that the pups missed their moms, the pups from the high-fat diet mothers didn't call out to their moms as much as the pups from healthier moms.

They also showed some differences once they reached adulthood: the male pups had behavior manifestations of anxiety, fear and cognitive impairment. As Bruce-Keller said:

"They weren't as confident, bold or smart. They were more anxious."

Bruce-Keller and her team spent a lot of

time talking about why these changes only seemed to manifest themselves in males. When they looked at the actual composition of the gut microbiome in the mothers and pups, Bruce-Keller and her team found that male pups from high fat diet mother had profoundly different microbiomes compared to males from healthy, control diet mothers. Conversely, there wasn't as much difference in the composition of the female pups' gut microbiome.

"It's almost as if females had some sort of protection. Some evidence from previous research shows that female embryos can respond better to placental changes, but we don't yet know why," said Bruce-Keller.

She notes that the team did see a small increase in body weight in female pups from high fat diet mothers, but none of the offspring were obese or metabolically impaired.

"This data certainly contributes to the literature that says the brain, even in the development of a young animal, is a plastic, dynamic system that is affected by things in the periphery," Bruce-Keller said. "So whether these changes happened during nursing, whether they happened in utero,

or whether they happened just because the males picked up the microbiome and as they grew into adulthood it changed their brain—it could be any or all of these things."

What implications does this research have on what we should eat? While Dr. Bruce-Keller cautions that mice are not humans and there's no need to panic over occasional doughnuts or cheeseburgers, the bigger picture is that our health is impacted in many ways by what we put in our body.

"Variety in our diet is still key. The issue isn't just body weight or how often we go to the bathroom. The issue is really – how healthy are your intestines? How well are you taking care of your body?" Bruce-Keller said. "The benefits that transcend the obvious body weight and bathroom habits impact your overall health, and not just for you, but for your baby too."

The paper "Maternal obese-type gut microbiota differentially impact cognition, anxiety and compulsive behavior in male and female offspring in mice" was published in *PLOS One* in April 2017.

This research was funded by the Louisiana Clinical and Translational Science Center. ■

"What they found is that the pups from the mothers who received the high-fat diet microbiome had a handful of significant behavioral differences."



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Hospital Rounds



Members of the North Oaks Medical Center Stroke Team celebrated the hospital's recent recertification as a Primary Stroke Center. Seated, from left, are Casey Alford, Jackie Carr, Jennifer Mercer, Christy Lee, and Dr. Mark Haile. Standing, from left, are Charles Abrams, Ashley Woodward, Gerald Magliolo, Mike Holliday, Eric Neal, Brent Graham, Ben Bourgeois, Heidi Morreale, and Crystal Vicknair.

North Oaks Medical Center Team Receives Recertification as Primary Stroke Center

In conjunction with National Stroke Awareness Month, the North Oaks Medical Center team celebrated the hospital's recent recertification as a Primary Stroke Center by The Joint Commission.

With recertification, the hospital has earned the Joint Commission's Gold Seal of Approval®, as well as the American Heart Association/American Stroke Association's Heart-Check mark, for using best practices in providing prompt stroke intervention and care and for improving patient outcomes.

Recertification follows a rigorous on-site review in December 2016 and validates the certification first earned in 2014 for another two years through 2018. A Joint Commission expert conducted the on-site review to evaluate the hospital's compliance with stroke-related standards and requirements, including program management, the delivery of clinical care, and performance improvement.

Hospital Rounds

Louisiana Poll Respondents: No More Cuts to Hospitals

A statewide poll released by Southern Media & Opinion Research shows more than 77 percent of Louisiana residents oppose any further budget cuts to community hospitals, and nearly 70 percent want to repeal a controversial new tax on medical devices.

"When people are told that a new tax was placed on items like stents and pacemakers, they get upset," said Paul Salles, LHA President & CEO. "It's no secret that hospitals are the economic backbone of nearly every community in Louisiana. People recognize that and want to protect their local hospitals and healthcare jobs."

Life-saving medical devices often allow people to avoid major surgeries and improve patients' quality of life. Stents, pacemakers, dental implants, and knee and hip implants are among the devices that lost their exemption from state taxes in a last-minute move in the 2016 Special Legislative Session.

Senate Bill 180 by Sen. J.P. Morrell was introduced this session in an effort to restore the long-standing sales and use tax exemption for medical devices that are used by patients under the supervision of a physician.

Woman's Hospital Now Offering Online Support Groups

Woman's Hospital is now partnering with Smart Patients, a free online community where patients and caregivers with common challenges and illnesses can ask questions, get advice, and share their experiences in a safe, supportive environment. Woman's patients and families facing breast cancer, gynecologic cancer, postpartum depression, and neonatal intensive care can join.

While there are countless online support groups, Smart Patients members can feel confident about the accuracy and safety of information they receive; all communities are managed by an experienced team. As patients and caregivers learn from each other, Woman's hopes to use the platform as an opportunity to improve the patient experience.

Woman's patients and their families are encouraged to create a free Smart Patients account at www.smartpatients.com/womans. Once the account is confirmed, participants will have access to information and resources, and will be able to

participate in community conversations on topics of interest.

Our Lady of the Lake Offering Free Help to Quit Smoking

Louisiana residents who started smoking cigarettes before September 1, 1988 are eligible to receive free smoking cessation help through Our Lady of the Lake and the Smoking Cessation Trust. The program offers free medications, group and individual counseling, and quit line coaching to help smokers kick the habit for good. The program consists of five to seven sessions, and is specially tailored to each individual to help them achieve the highest degree of success.

The Smoking Cessation Program at Our Lady of the Lake has helped nearly 800 people kick their tobacco habit since it launched in March 2016. Another 200,000 Louisiana residents across Louisiana are estimated to be eligible for the free program through the Smoking Cessation Trust.



Baton Rouge General Named Workplace Champion for New Mothers

Baton Rouge General Medical Center has been designated a Breastfeeding-Friendly Workplace Champion by the Mary Amelia Women's Health Center and the Louisiana Breastfeeding Coalition. Companies that receive this designation provide time, space, and support for employees who breastfeed or pump milk to feed their babies, and have written policies to support breastfeeding in the workplace.

In 2016, BRG's Foundation awarded funds from its "You, Me and BRG" employee giving campaign to renovate space at the Bluebonnet campus into a lactation room where three nursing mothers can pump privately at one time. In addition, breast pumps were added to employees' insurance coverage.

BRG's Bloom Event Gives Moms- to-Be Special Deliveries

The second Red Stick Moms Blog Bloom event at Baton Rouge General's Bluebonnet campus was sold out, with nearly 100 new and expecting parents touring BRG's Birth Center and celebrating motherhood with a catered brunch.



John Finan, Jr. (left) receives the Lifetime Achievement Award from Sr. Carol Keehan, president and CEO of the Catholic Healthcare Association, and Dr. Rodney Hochman, Chair of the CHA Board of Trustees.

Catered by BRG's award-winning chefs, The Ambrosia Bakery, Leave Dinner to June, Ty-Ty's Italian Ice and Truly Southern Pretzel Crunch, the event featured educational booths, drawings, and swag bags with items from local and national vendors, including Bebe Au Lait, Kind, Maidenform Shape, Paris Parker, and Smarty Pants Vitamins. Participants networked, gathered resources, and toured BRG's comprehensive Birth Center.

Ochsner – Baton Rouge Offers Free Breast Cancer Support Group

The Baton Rouge Breast Cancer Support Group, The Hope Chests, meets at Ochsner Health Center - Summa, located at 9001 Summa Avenue in the 3rd floor lobby on the first Tuesday of every month) from 6:00 – 8:00 p.m.

The Hope Chests group is an education/support network used to inform, encourage and meet the needs of breast cancer patients and their family members. These monthly opportunities for education are offered by speakers who are knowledgeable in the field of interest chosen by the group. Emotional support is achieved through group member interaction and group exercises that promote release of feelings and fears.

This group is offered free to all breast cancer patients and their support persons.

OLOL Hosts Seminar on Groundbreaking Sepsis Research

Our Lady of the Lake Regional Medical Center

and national experts from UCLA and biotech company Cytovale hosted a seminar to discuss research on a new device that may lead to remarkable advancements in testing for sepsis, potentially reducing what can take days for a diagnosis to about an hour. Because early detection is key to patient survival, this new technology could have a life-saving impact on patient care.

Our Lady of the Lake was a major site for the medical research for the device, with more than 300 patients enrolled in the study and many physicians, residents and nurses who participated. The study took place over the course of the past year and concluded in January.

Baton Rouge General Helps People with Diabetes Learn How to Manage Care

At least one in eight Louisianans lives with diabetes, with another 32,000 citizens diagnosed each year. Baton Rouge General's Diabetes Education and Nutrition Program has been educating people on strategies for managing their condition since 2013, and recently renewed its national accreditation.

Assisting nearly 500 patients per year, BRG's Medicare-certified program offers diabetes and nutrition counseling, and helps those who are living with or who are at high risk of developing the disease understand the importance of lifestyle changes as well as how to monitor and interpret blood glucose levels.

The accreditation is by the American Association of Diabetes Educators, a National Accredited Organization certified by the Centers for Medicare & Medicaid Services. This distinction assures that BRG's program meets the National Standards for Diabetes Self-Management Education and Support. Programs that meet this criteria are considered high quality and have been shown to improve the health status of the individuals who embrace the education and help to modify sometimes unhealthy behaviors, or simply provide the education that the person with diabetes has not previously received.

Woman's Recognizes Special Employees

During Hospital Week, Woman's Hospital recognized four employees who go above and beyond to demonstrate Woman's values to patients,

GOLDEN RULE AWARD WINNERS L-R: Kristy Simmons, Excellence winner; Erma Beavers, Compassion winner; Alainna Arena, Innovation winner; and Pam Parker, Respect winner.

families and co-workers.

Golden Rule Awards were given for each of Woman's four values: Respect – accepting and appreciating differences; Innovation – improving lives by accepting challenges, never giving up and relentlessly nurturing new ideas; Compassion – being gentle and considerate through actions and expressions; and Excellence – exceeding expectations.

John Finan, Jr. Receives Lifetime Achievement Award

John Finan, Jr. has been named a 2017 recipient of the Catholic Health Association's Lifetime Achievement Award for his work as CEO of the Franciscan Missionaries of Our Lady Health System and lifelong contributions to Catholic healthcare. Finan was presented with the award on June 12 during the awards banquet at the 2017 Catholic Health Assembly in New Orleans.

The Lifetime Achievement Award is given each year to a leader in Catholic healthcare who has inspired and mentored many others, and whose leadership extends past the Catholic health ministry to influence and impact the community at large.

Finan has more than 40 years of experience in healthcare leadership and has served as the CEO of the Franciscan Missionaries of Our Lady Health System in Louisiana since 1996. He leads the largest Catholic health system in the state, serving over 40 percent of the population.

For decades, Finan has faithfully advanced Catholic healthcare ministry. He is known nationally for his leadership, having served as former Chair of the Board of Trustees of the Catholic Health Association, Chair of the Board of Governors at the Clinical Center at the NIH, member of the American Hospital Association Board of Trustees, and Vice Chair of the Board of Mercy Health System in St. Louis. His influence has also been felt locally through his experience as Chair of the Board of Directors of the Louisiana Association of Business and Industry and Chair of the Board of Loyola University New Orleans. He is also a member of the



boards of the Public Affairs Research Council and Blueprint Louisiana.

Our Lady of the Lake Children's Hospital Participates in Red Nose Day

Red Nose Day is on a mission to end child poverty – one nose at a time, and Our Lady of the Lake Children's Hospital is participated in the effort by celebrating its programs that improve access to healthcare across our community.

Our Lady of the Lake Children's Hospital's Health Centers in Schools operates seven school-based health centers and manages the school nurse program at all 90 East Baton Rouge public, charter, and state-run schools serving more than 42,000 students. With parents' consent, Health Centers in Schools helps all children, regardless of income, get the preventive and emergency healthcare they need to be able to stay in school.

Health Centers in Schools is able to provide care across the region through its mobile medical clinics, also known by students and around the community as the "Blue Buses." The Blue Buses go into the community to deliver free medical and behavioral health services to children, a program that began after Hurricane Katrina in 2005.

In the 2015-2016 school year alone, Health Centers in Schools completed:

- 13,578 school-based health center visits
- 5,242 mental health visits
- 1,419 comprehensive risk assessments
- 4,208 seasonal flu immunizations
- 25,208 vision screenings
- 21,494 hearing screenings
- 104,000 total encounters

Red Nose Day was celebrated across the U.S.

Hospital Rounds



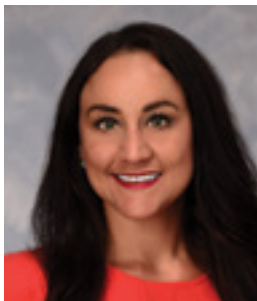
Child Life Manager Sharon Wesberry, CCLS brings comfort to a patient in the playground at Our Lady of the Lake Children's Hospital.

on Thursday, May 25 to bring awareness to children living in poverty here and around the world. People can support the cause by visiting their local Walgreens and purchasing red noses. Funds raised from the purchase of noses go to partner charities like Children's Health Fund, the national foundation that supports the Blue Buses.

OLOL Children's Hospital Receives Accreditation for Child Life Internship Program

Certified child life specialists play an important role at Our Lady of the Lake Children's Hospital by helping children understand their illnesses in age-appropriate ways, calming their fears during medical procedures, and assisting families in coping with potentially traumatic events. Now the hospital's child life team is also playing a significant role in shaping the future of the child life profession.

The Child Life Clinical Internship Experience at Our Lady of the Lake Children's Hospital recently earned accreditation by the Association of Child Life Professionals, becoming one of only 33 hospitals worldwide and the only hospital in Louisiana to earn this distinction. Child Life Council Clinical Internship Accreditation recognizes those institutions that meet the requirements established for clinical preparation programs in child life and promote the child life profession through continuous quality improvement of learning and professional



Melisa Poole, LPN

practice.

Sharon Wesberry, CCLS, Child Life manager at Our Lady of the Lake Children's Hospital, leads a team of 10 certified child life specialists at Our Lady of the Lake Children's Hospital, which is the only hospital in Baton Rouge with child life specialists and has the largest child life team in Louisiana. These individuals specialize in areas such as intensive care, surgery, hematology/oncology, and general pediatrics. Child life specialists are trained to provide evidence-based, developmentally and psychologically appropriate interventions including therapeutic play, preparation for procedures, and education to reduce fear, anxiety and pain.

The program's internship accreditation goes through March 31, 2022.

Lane Rehabilitation Center Names Clinical Liaison

Melisa Poole, LPN has been named Clinical Liaison at Lane Rehabilitation Center. An affiliate of Lane Regional Medical Center, Lane Rehabilitation Center is a 30-bed in-patient acute rehabilitation center specializing in physical, occupational and speech therapy.

Poole will be responsible for the overall marketing efforts at the center, which include communication, physician relations, and business development. Prior to this position she was the Clinical Liaison at AMG Hospital of Feliciana.

Our Lady of the Lake Receives Quality Achievement Award for Stroke Care

Our Lady of the Lake Regional Medical Center has received the American Heart Association/American Stroke Association's Get With the Guidelines®-Stroke Gold Plus Quality

Achievement Award with Target: StrokeSM Honor Roll Elite. The award recognizes the hospital's commitment to providing the most appropriate stroke treatment according to nationally recognized, research-based guidelines based on the latest scientific evidence.

Our Lady of the Lake has earned the Stroke Gold Plus award for five consecutive years, and this year is being recognized for the first time as a Target: Stroke Honor Roll Elite recipient. The hospital is Joint Commission-accredited as a Certified Primary Stroke Center of Excellence for its comprehensive system for rapid diagnosis and treatment of stroke patients.

All FMOL Locations Now In-Network Providers for Vantage

Patients with Vantage Health Plan insurance can now schedule appointments and receive treatment at any location across the Franciscan Missionaries of Our Lady Health System. Our Lady of the Lake Regional Medical Center in Baton Rouge, Our Lady of Lourdes Regional Medical Center in Lafayette, and St. Elizabeth Hospital in Gonzales have joined other health system facilities, physician groups, and ancillary providers as in-network providers for Vantage Health Plan.

St. Francis Medical Center in Monroe and Our Lady of the Angels in Bogalusa, also members of Franciscan Missionaries of Our Lady Health System, will continue to serve as in-network providers for Vantage Health Plan.

Vantage Health Plan provides commercial and Medicare Advantage coverage throughout Louisiana, including to the Office of Group Benefits and the individuals selecting coverage on the Affordable Care Act marketplace or Exchange.

OLOL Children's Hospital Highlights Developmental Services

In light of the growing prevalence of autism spectrum disorder, Our Lady of the Lake Children's Hospital has continued to expand its pediatric developmental services to meet the needs of communities across Louisiana and surrounding states. The hospital's Pediatric Development and Therapy Center, which offers a multi-disciplinary approach to the assessment and management of pediatric developmental disabilities, is the only medically based clinic in Louisiana offering both medical and therapy services in one location.



LANE RMC DAISY AWARD NOMINEES L-R: Meagan Holcombe, Brittany Weaver Dicharry, Cassie Lemoine, Cristy Walker, Brian Dixon, Clint Lawrence, Amanda Welch, Gabrielle Coats, Courtney Spring, and Tiffany Perkins. (Not Pictured: Douglass McNabb, Samantha Summers and Landon Hunt.)

The Pediatric Development and Therapy Center, in its 17th year of practice, has grown to treat nearly 2,000 patients by physicians and more than 1,000 patients by therapists. The clinic treats patients from 48 Louisiana parishes and from Mississippi and Alabama.

The practice is led by Dr. Felix and Cindy Chestaro, MD. Dr. Felix is Board Certified in developmental pediatrics, and along with Dr. Chestaro, provides diagnosis, treatment, and management of children with developmental and behavioral conditions. This includes the diagnostic evaluation, biomedical management, and family support for children with motor, communicative,

sensory, developmental, genetic, neurological, learning, and behavioral disorders.

Extraordinary Nurses Recognized at Lane

Thirteen nurses at Lane Regional Medical Center were nominated by patients, family members, physicians and colleagues for the DAISY Award for Extraordinary Nurses. The DAISY Award was established to celebrate the extraordinary compassion nurses provide their patients and families every day.

The 2017 DAISY Award Honorees are Brian Dixon, RN, from the Intensive Care Unit and Clint

Lawrence, RN, from the Emergency Department.

Our Lady of the Lake Honored for Work in National Health Equity Initiative

Our Lady of the Lake Regional Medical Center was recently recognized as one of only 29 hospitals nationwide to have successfully completed "National Initiative V: Improving Community Health and Health Equity through Medical Education." The hospital was honored for its independent project aimed at improving knowledge, attitudes, and behaviors about healthcare disparities in resident physicians.

Our Lady of the Lake has been engaged in National Initiative V since 2015 when it was selected to participate based upon a demonstrated commitment to better understand and reduce health disparities in the Baton Rouge community. Since then, a team consisting of residents and faculty from pediatric, internal medicine, emergency medicine, psychiatry, general surgery and ENT residency programs have been working on a project aimed at incorporating education about healthcare disparities into physician training.

Twenty-nine AIAMC-member hospitals and health systems were selected to participate in National Initiative V, each focusing on a different project aimed at identifying and addressing healthcare gaps in communities across the nation. Our Lady of the Lake and the other institutions were honored at the recent AIAMC Annual Meeting in Amelia Island, Florida.

Baton Rouge General Home Health Services in Top Five Percent

Baton Rouge General Home Health was recently recognized as the only agency in the capital area to earn a five-star rating from the Centers for Medicare and Medicaid Services (CMS) in both Quality of Patient Care and Patient Satisfaction. The ranking puts the agency among the top five percent of home health centers nationwide.

The quarterly CMS Five-Star Quality Rating



OLOL AIAMC INITIATIVE TEAM

L-R: Dr. Kathleen Crapanzano, Dr. Carine Nzodom, Dr. Keith Rhynes, Dr. Laurinda Calongne, Dr. Rebecca Horn, Dr. Rachel Bernard, Dr. Diane Kirby, and Dr. Roberta Vicari

Hospital Rounds

System is one of the industry's most comprehensive and respected performance indicators for home health providers, and is viewed as a key differentiator in post-acute care. Instituted by CMS as part of its Home Health Compare website to offer a "tool for consumers to use when choosing a home health care provider," the system ranks providers in Quality of Patient Care and Patient Satisfaction categories.

Baton Rouge General Home Health opened last February, and is part of LHC Group, a national provider of post-acute care services with 12,000 employees operating more than 400 locations in 26 states, with an office on BRG's Mid City campus.

Six Join Lane Foundation Board of Directors

Six local community members have recently joined the Lane Regional Medical Center Foundation Board of Directors for three-year terms. They are Jennifer Boyd, Brandon Frederic, Brian Guidry, Dr. Elizabeth Heitzler, Donna Kline, and Laura O'Brien.

Boyd is the Deposit Operations Manager at Landmark Bank in Zachary. She also serves as an ambassador for the Zachary Chamber and is a member of the Zachary Rotary Club.

Frederic is the Branch Manager at Whitney Bank's Zachary location and serves on the Lane Foundation's Chili Cook-off Committee.

Guidry is the General Manager at Superior Ford of Zachary and previously served on the Americana YMCA board of directors.

Heitzler is the owner of Elizabeth Heitzler DDS dental practice in Zachary. She is active in various

fundraising activities throughout the community and is chair of the Lane Foundation's Special Events Committee.

Kline is a retired educator and administrator from the Zachary Community School System with 36 years of experience. She currently serves on the LaneRMC Board of Commissioners, is on the board for a local Christian children's home, Heritage Ranch, and is a longtime member of Country Classics Book Club.

O'Brien is a member of the Zachary City Council and owns Fitness Design for Women in Zachary. She also serves as chair of the Americana Economic Development District and is on the Baton Rouge Area Kids Force Gold Foundation board.

Ochsner Health System Announces More than \$100 Million Expansion

In June, Ochsner Health System announced a more than \$100 million expansion to the Baton Rouge region. Local and state government officials including Mayor-President Sharon Broome; East Baton Rouge Parish Councilman District 9, Dwight Hudson; East Baton Rouge Parish Councilman District 11, Matt Watson; and Vice President of Development for Stirling Properties, Michael Bucher celebrated the significant investments to meet the growing need for healthcare across the Greater Baton Rouge region. Ochsner Baton Rouge provides nearly 400,000 patient visits.

This project includes the newly completed comprehensive Cancer Center, development of a new Medical Office Building, Micro-Hospital and

Surgical Center along the I-10 Bluebonnet/Siegen Corridor, and the expansion of several new clinics across multiple parishes. Anticipated completion date for the new Medical Office Building, Micro-Hospital and Surgical Center is scheduled for 2019.

Ochsner will expand its presence along the I-10 Bluebonnet/Siegen Corridor with a new clinic on approximately 25 acres of property as part of the High Grove development planned between the Mall of Louisiana and I-10. This will include a five-story, 155,000 square foot Medical Office Building (MOB), which will offer Imaging such as X-ray, MRI, and CT scan capabilities as well as Lab, Pharmacy and retail food services on site. More than 85 providers will work at this facility to support primary care, urgent care and multi-specialty clinics.

Attached to the MOB will be a 30,000 square foot, 10-bed Micro-Hospital – a smaller inpatient unit offering robust services as a more intimate healthcare option – and a Surgical Center that will include:

- Four state-of-the art operating rooms
- Two gastrointestinal procedure suites
- Two pain management procedure rooms

Ability to perform general, ENT, orthopedic, gynecology and urology surgeries Increase of specialty care at this location will include Thoracic Surgery, Neurosurgery, Pediatric subspecialties and other surgical specialties.

Additionally, Ochsner is a member organization of the Baton Rouge Health District, working together with other healthcare providers to leverage unique capabilities, deliver healthcare in a more collaborative way and create a more



LANE RMC FOUNDATION BOARD MEMBERS, L-R:

Jennifer Boyd, Foundation Director Theresa Payment, Dr. Elizabeth Heitzler, Brian Guidry, Donna Kline, Teresa Webb, Tanya Phillips, Brandon Frederic, Laura O'Brien, Foundation Board Chair Joan Lansing, and Charlene Smith.



EVERYDAY HEROS L-R: Gwen Hamilton, BRG Foundation Board Chair; Colby Delahoussaye, former LSU placekicker and former BRG patient; Jeff LeDuff, former BRG Director of Security, former Baton Rouge Chief of Police and former BRG patient; Claudia Boudreaux, BRG Registered Nurse and former BRG patient; Beth Veazey, BRG Foundation President; and Edgardo Tenreiro, BRG President & CEO enjoy BRG's Experience the Difference luncheon.

connected community that supports healthy behaviors.

Kendra Scott Helps OLOL Children's Hospital Patients Design Jewelry

Representatives from the Kendra Scott Perkins Rowe location visited Our Lady of the Lake Children's Hospital and brought their Kendra Cares Color Bar to help patients create jewelry for their moms for Mother's Day. Java Mama was also on hand with special coffee treats for moms at the children's hospital.



BRG Foundation Celebrates Everyday Heroes

Baton Rouge General's Foundation celebrated everyday heroes at their annual luncheon at the Renaissance Hotel. The event raises money to support patients at Baton Rouge General's two hospital campuses. Former LSU placekicker Colby Delahoussaye spoke at the luncheon, sharing his story about being treated at BRG's Regional Burn Center after a car accident left him with burns on his leg.

In addition to Delahoussaye, other former patients offered their stories in person and via video. Sgt. Bruce Simmons, who was injured in last summer's shooting that killed three officers, shared his thoughts about the BRG care team.

"If you're injured in such a way that your passion is going to be taken away from you, I think you would want the best staff," said Simmons. "I was very fortunate to be taken to Baton Rouge General. The care that I got is why I'm able to continue doing what I love to do."

Funds raised at the luncheon were matched by HHS, Transformyx, and Promise. The money will be used to enhance the Regional Burn Center, to expand the hospital's critical care tower, and to purchase technology and equipment that benefit patients at the hospital.



Former LSU placekicker Colby Delahoussaye honors everyday hero BRG Regional Burn Center Medical Director Dr. Tracee Short at BRG's Experience the Difference Luncheon.

Steel Now Going Up at Freestanding OLOL Children's Hospital

The first of 2,500 tons of structural steel started going up in early June at the construction site of the new Our Lady of the Lake Children's Hospital. Construction crews also continue to pour concrete at the new facility. To date, more than 65,000 of the anticipated 95,000 square feet of first level concrete have been poured.

A second steel crew and crane will begin construction on the main hospital tower in June. The tower will go up in three phases until top out, which is slated for late 2017.

The new facility is expected to open in 2019. To follow construction updates, including footage from a live web cam, visit letsbuildamazing.com. ■

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