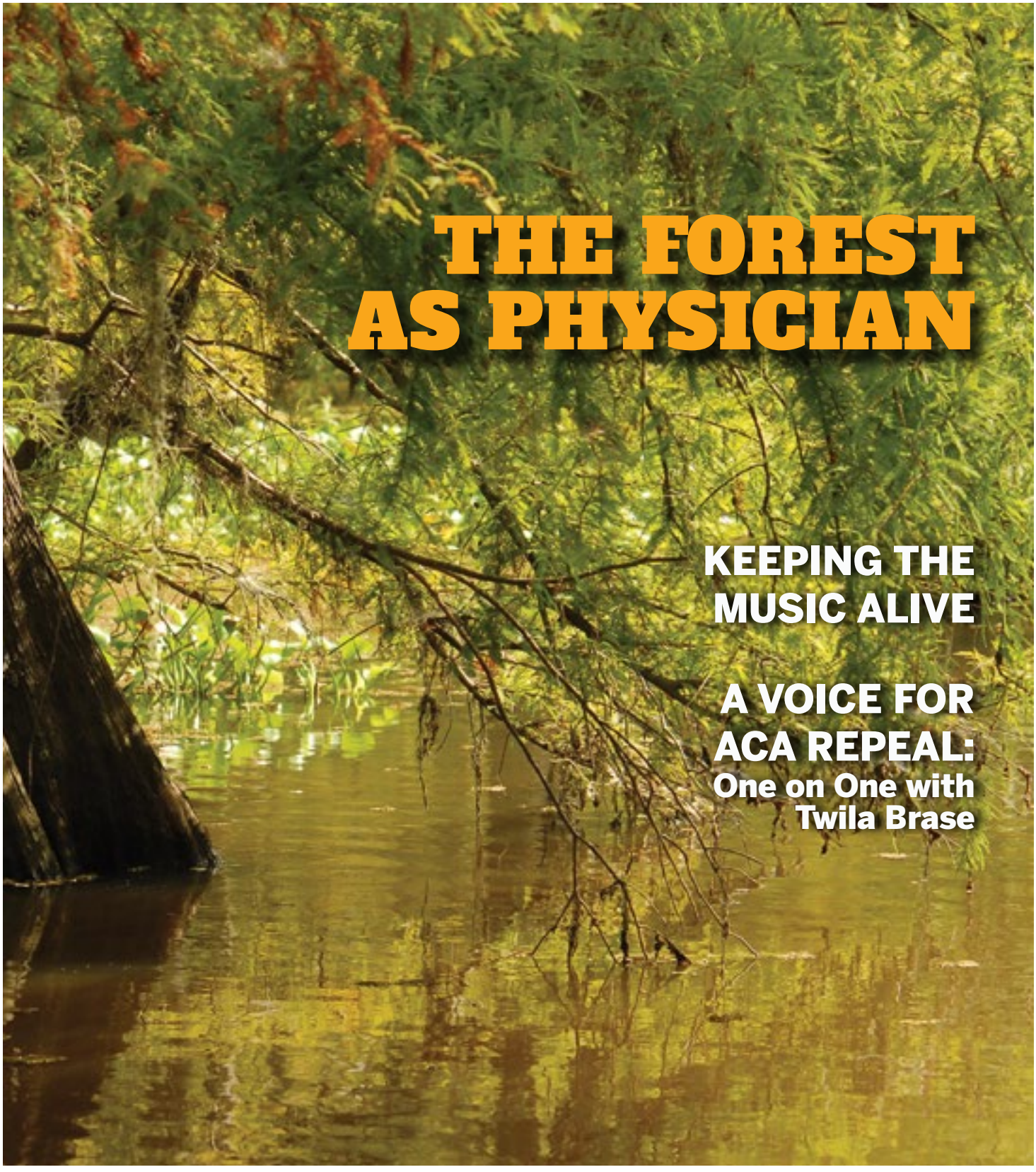
HEALTHCARE JOURNAL of Baton Rouge

NOVEMBER / DECEMBER 2017 | HEALTHCAREJOURNALBR.COM | $8



THE FOREST AS PHYSICIAN

KEEPING THE MUSIC ALIVE

A VOICE FOR ACA REPEAL:
One on One with Twila Brase

TAYLOR PORTER

LOUISIANA'S LAW FIRM®

SINCE 1912

DEPTH. RANGE. DELIVERY.

OUR HEALTH CARE LAWYERS PRACTICE MORE THAN JUST "HEALTH CARE LAW"

Transactions	Employment and Employee Benefits
Compliance	Tax Planning and Compliance
IT, IP, and Trademarks	Litigation and Dispute Resolution
Operations	Risk Management

Founded in 1912 in Baton Rouge, Taylor Porter is one of the oldest, largest and most respected law firms in Louisiana.

Chase North Tower
450 Laurel Street | Suite 800
Baton Rouge, LA 70801

P: 225.387.3221
F: 225.346.8049

www.taylorporter.com

Health Care Practice Group Leader
Pat Seiter : 225.387.3221 | patrick.seiter@taylorporter.com

Pictured above, left to right: Blue Loupe (transactions), Mac Womack (litigation), Bob Barton (litigation), John Murrill (transactions, employment), Cindy Amedee (transactions, compliance, IT), Andrée Cullens (employment, employee benefits), Pat Seiter (health care team leader), John McDermott (tax), Amy Lambert (litigation), Ann Halphen (litigation), Marc Whitfield (transactions, IT), and Adam Thames (litigation).

Radiology Associates L.L.C.

WE HAVE YOUR IMAGING NEEDS COVERED *for life*

Dr. Allison S. Vitter is a board certified, fellowship trained pediatric radiologist.

"Pediatric Radiology is a unique specialty in Radiology, not just adult imaging on a smaller scale. One of my many challenges as a pediatric radiologist is to stay up-to-date on ever-changing technologies and practices, with much of the emphasis placed on faster scans, low dose techniques, and advanced utilization of ultrasound and MRI. I also have the unique opportunity to collaborate with many of our community's pediatricians, ensuring our children get the best care possible. Above all, my goal is to provide high quality imaging in a family-friendly environment," says Dr. Vitter.

PEDIATRIC IMAGING PROCEDURES

- Ultrasound
- MRI
- CT
- Nuclear Medicine

PROVIDING DIAGNOSTIC, VASCULAR AND INTERVENTIONAL RADIOLOGY

OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER ▪ WOMAN'S HOSPITAL
MARY BIRD PERKINS CANCER CENTER ▪ LAKE IMAGING CENTER ▪ MORAN IMAGING CENTER
www.lakeradiology.com

Dwayne Anderson, M.D.
Beau S. Black, M.D.
Michael L. Bruce, M.D.
Keith R. Gibson, M.D.
Marcia B. Gremillion, M.D.
Robert F. Hayden, MD.
John O. Lovretich, M.D.
Ryan N. Majoria, M.D.
Jonathan C. Malone, M.D.
Laura S. Miller, M.D.
Christian E. Morel, M.D.
Misty M. Norman, M.D.
Claire K. Roberts, M.D.
James F. Ruiz, M.D.
Scott B. Schuber, M.D.
Steven C. Sotile, M.D.
Brandon S. St. Amant, M.D.
Matthew A. Stair, M.D.
Gerard B. Tassin, M.D.
Allison S. Vitter, M.D.
David W. Walker, M.D.
E. Gay Winters, M.D.
Mark Wofford, M.D.

SMART, IN-DEPTH, AWARD-WINNING HEALTHCARE NEWS AT YOUR FINGERTIPS.

Each issue of *Healthcare Journal of Baton Rouge* provides important articles, features, and information for healthcare professionals.

Access current and past issues online at:

HealthcareJournalBR.com

HJBR

November / December 2017

"SET-N-FORGETITIS"

Occurs When Policies are Renewed Before Being Reviewed.

An insurance policy stuck on autopilot is just bad medicine. Trust your path forward to LHA Trust Funds, where proactive professionals deliver best-practice solutions designed to evolve alongside your practice.

Think you might be suffering from Set-N-Forgetitis?

Get Diagnosed at FreeRiskCheckup.com

40 YEARS

LOUISIANA HOSPITAL ASSOCIATION

TRUST FUNDS

Administered by HSLI

Insurance Solutions for Louisiana Healthcare Providers

HJBR

November / December 2017

Our Mission

Healthcare Journal of Baton Rouge analyzes healthcare for the purpose of optimizing the health of our citizens.

Healthcare Journal of Baton Rouge SPONSORS

Alzheimer's Services of the Capital Area
www.ALZBR.org

Baton Rouge General Medical Center
www.BRGeneral.org

Calandro's Select Cellars
www.Calandros.com

Cardiovascular Institute of the South
www.Cardio.com

LAMMICO
www.LAMMICO.com/br

LHA Trust Funds
www.LHATrustFunds.com

Our Lady of the Lake Regional Medical Center
www.OLOLRMC.com

Peak Performance Physical Therapy
www.PeakPhysicalTherapy.com

Personal Homecare Services
www.PersonalHomecare.net

Radiology Associates, LLC
www.LakeRadiology.com

Taylor Porter
www.TaylorPorter.com
The Spine Center
www.SpineCenterbr.com

Williamson Cosmetic Center
www.WilliamsonCosmeticCenter.com

Woman's Hospital
www.Womans.org

Subscribe
To subscribe to Healthcare Journal of Baton Rouge ($48 for one year) go to subscription@HealthcareJournalBR.com

Advertising
To receive information regarding advertising in Healthcare Journal of Baton Rouge, contact us at advertise@HealthcareJournalBR.com

Feedback
We would love to hear from you. Email to editor@HealthcareJournalBR.com

Laser Spine Surgery
NOW AVAILABLE
in Baton Rouge

The Spine Center is South Louisiana's leader in minimally-invasive spine surgery.

Now, Dr. Kevin P. McCarthy and Dr. C. Chambliss Harrod are proud to offer laser technology to relieve back pain and other spine conditions through a partnership with The Spine Hospital of Louisiana.

If you are tired of living with chronic pain visit **www.spinecenterbr.com** to learn more and find out if you're a candidate.

THE SPINE CENTER at
BONE & JOINT CLINIC
OF BATON ROUGE

FOLLOW US ON **FACEBOOK** /batonrougespinecenter | 7301 Hennessy Blvd., Baton Rouge | (225) 766-0050

30 YEARS OF CANCER CARE

- Surgical Oncology
- Radiation Therapy
- Chemotherapy
- IL2 Treatment
- Genetic Screening
- Imaging
- Arts in Medicine
- Patient Navigation
- Nutritional Support
- Clinical Trials
- Hidden Scar Surgery
- Rehabilitation Therapy
- Cancer Support Groups
- Cancer Wellness Program

#1 in Greater Baton Rouge Cancer Care – *Carechex (2016)*

Innovator Award - *Association of Community Cancer Centers (2016)*

Breast Imaging Center of Excellence – *American College of Radiology (2013)*

Louisiana's First Accredited Comprehensive Breast Center – *National Accreditation Program for Breast Center (2009)*

Region's First Accredited Cancer Center – *Commission on Cancer (1989)*

CareChex
A Division of COMPARION

Commission on Cancer

ACR

NAPBC

Baton Rouge General

Mid City • Bluebonnet • Zachary
BRGeneral.org

Contents

HJBR

November/ December 2017 | Vol. 6, No. 6

20

12

31

FEATURES

DEPARTMENTS

CORRESPONDENTS

Hate is bad for your health.

WHEN HATE DISAPPEARS, misery disappears. You'll laugh more, love more, and enjoy life more. It can all happen with a choice. But, we all know someone who would gladly trade their own health just for the self-destructive dark pleasure of hate.

I'm not talking about the media's version of hate, which seems more political, or manufactured. I'm talking about what you know as real, the kind of hate you feel. If you suffer from the affliction of too much hate, you may be causing serious problems for yourself. The first big step to take is to understand who, or what, or why you hate. Then, consider other options.

For the most recent Super Bowl, I was at a Super Bowl party. I talked with a guy I like very much and asked him, "Who are you cheering for"?

"The Atlanta Falcons," he said immediately.

"Why the Falcons?" I asked.

And he said, "Because I hate Tom Brady so much."

Of course, I laughed and asked, "Why do you hate a guy who has so many Super Bowl MVP awards?"

And then he said, "Because he's also so good-looking".

The truth made us both laugh.

Hate is very interesting. Many times, hate comes from flat-out envy. Many times, hate comes from witnessing a behavior we do not understand. Many times, hate comes from a place of fear.

Does hate serve a useful purpose? It certainly puts people into action. Those running with an emotion of hate, are also running with an emotion of moral superiority. These emotions often go together.

I'm not sure hate is really the opposite of love. I heard someone say they thought indifference was the opposite of love. That seems to make more sense to me because hate seems like an entirely different thing, especially since hate usually involves someone you love.

Hate is dislike but with powerful, deep-seated emotions attached to it.

Hate is also a decision. Bringing mindfulness to the decision helps to clarify the decision. It helps the person choosing hate, as a decision, to better understand themselves.

Concerning the healthfulness of hate, research indicates it can often lead to weakening of the immune system, the ruin of relationships, loss of sleep, and a troubled mind. It puts a person at risk for much more serious health complications.

Hate is often acted upon, usually in the form of slander or something more serious. Hate can have a harmful effect on the person or group receiving the hate, but haters will likely cause much more damage to themselves, both physically and through an erosion of spirit.

Be mindful of those selling hate, and avoid being gullible and seduced by their misery. If you are thinking of accepting some new hate, it may taste fascinating at first, but then it will begin to destroy you. Wisdom will help you graciously avoid the offer.

When speaking with patients, it's sometimes appropriate to ask them about grudges, jealousies, and focused anger. It's unlikely you'll get an admission, because with grudges, jealousy, and anger, comes pride. But, let them know that if they can understand their source of pain and disease, they begin the path to healing.

No one really likes to hate, or be hated. It's really an odd thing to do. Peaceful and forgiving people seem to enjoy life so much more.

Please be patient with haters, for they know not what they do. Most haters want to return to a place of peace. Most importantly, be at peace yourself.

Smith Hartley
Chief Editor
editor@healthcarejournalbr.com

CHILDREN'S HOSPITAL
BATON ROUGE

Expert care from Children's Hospital available in Baton Rouge!

We've got you covered

Allergy/Immunology
Endocrinology
ENT
Gastroenterology
Genetics
Hematology/Oncology
Nephrology
Neurology
Neurosurgery
Orthopedics
Pediatric Forensic Medicine
Physical Medicine and Rehab
Pulmonology
Rheumatology
Sleep Medicine
Urology

www.chnola.org

BogueChitto State Park

SHINRIN-YOKU
森林浴

By Claudia S. Copeland, PhD

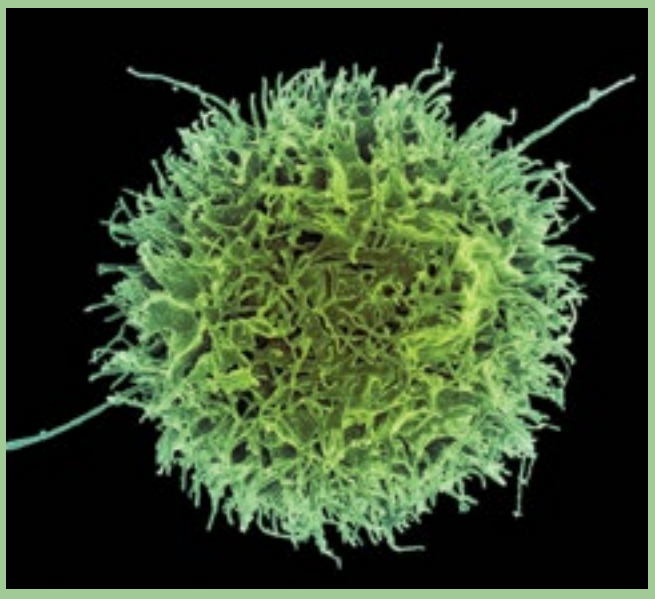
Time in nature as a wellness practice is as old as history itself. Hippocrates, more than 2,000 years ago, stated it plainly: "Nature itself is the best physician". However, in today's high-tech world, we tend to view time in nature as a pleasant pastime at best and, at worst, an irresponsible indulgence—a guilty pleasure when there are so many more important things to do. When pressed, though, even the busiest of us would concede that health should be among our topmost priorities. So, can spending time in nature truly be considered a high-priority wellness activity, alongside other lifestyle health practices like exercise and good nutrition? According to recent research from Japan, the answer to that question is a resounding "yes," at least when it comes to spending time in a forest.

Fort Randolph and Buhlow State Park

THE JAPANESE PRACTICE of shinrin-yoku (森林浴), translated into English as "forest bathing," is the practice of mindfully walking in the environment of a forest for the sake of one's health. Somewhat different from hiking, shinrin-yoku is a slow, meditative immersion in the forest environment. Intrinsic to the practice is taking time to appreciate the richness of a living ecosystem, with all the senses: breathing the air, mindfully seeing the forest's natural beauty, feeling the roughness of bark or smoothness of stones, and listening to the sounds of the living and nonliving elements that make up an arboreal ecosystem. On a shinrin-yoku walk, you might stop to watch a column of leaf-cutter ants on the march, or take in the glint of sunlight on a spider weaving her web. You might slow your pace to listen to the rapid-fire tapping of a woodpecker hidden in the foliage overhead, or the gentle murmur of a stream flowing through rocks and logs, all while mindfully breathing in the scents of the forest air. Recently, the physiological effects of this practice have been studied scientifically, and biomedical researchers have found significant health benefits, ranging from lowered blood pressure to increased immune cell activity and expression of anticancer proteins.

Volatile Organic Compounds

One prominent explanation for the health benefits of shinrin-yoku is immersion in the volatile organic compounds—experienced as smells—of the forest. Many of these compounds, known as phytoncides or wood essential oils, are antimicrobial, and laboratory evidence has supported their ability to stimulate the immune system. Researcher Qing Li of the Nippon Medical School in Tokyo has looked into this aspect of forest bathing, both in the lab and in the field. In the lab, he and his associates have found that compounds such as alpha-pinene, 1,8-cineole, and d-limonene enhance antimicrobial immune activity in cell culture. The compounds do this in a dose-dependent manner, and are also able to partially counteract



"Looking at measures of immune function before and after walking in a forest, they found increased numbers of natural killer (NK) cells, which kill tumor or virus-infected cells, as well as increased NK activity and intracellular perforin-, GRN-, and GrA/B-expressing lymphocytes, known mediators of NK activity."

a decrease in immune activity induced by dichlovos, an organophosphorus pesticide. In cell culture, they also worked as preventatives: pretreatment of the cells with the phytoncides lowered the immune activity reduction induced by subsequent dichlovos exposure. Brazilian researchers da Silva et al. found that volatile oil from Zanthoxylum rhoifolium, used in South American traditional medicine as an anti-inflammatory and malaria treatment, and the phytoncide compound beta-caryophyllene, increased anti-tumor immune activity and significantly increased survival time in tumor-bearing mice. Similar positive effects, including improved immune activity and reduced oxidative stress, have been identified from several other phytoncides.

To better understand the effects of forest immersion on humans in realistic conditions, Dr. Li and his associates followed their cell culture experiments with field studies. One group of subjects spent time walking in a forest, shinrin-yoku style, while a comparison "city tourist" group walked in an urban setting for the same amount of time, to control for the effect of exercise. Looking at measures of immune function before and after walking in a forest, they found increased numbers of natural killer (NK) cells, which kill tumor or virus-infected cells, as well as increased NK activity and intracellular perforin-, GRN-, and GrA/B-expressing lymphocytes, known mediators of NK activity. These increases were not fleeting; they lasted for more than 7 days, with some increases still evident 30 days later. The control subjects, who spent time walking in a city, did not show any of the increased immune indicators.

Stress management and psychological well-being

Although volatile organic compounds have been shown to increase NK activity, another factor may be at work in the forest: stress. The stress hormones adrenaline and noradrenaline (epinephrine and norepinephrine) are associated with decreased immune function, including NK activity. Qing Li's group compared levels of these neurohormones in the "city tourist" walkers and forest bathers, and found significantly lower levels of both stress hormones in the forest bathers. The decrease in adrenaline after spending 1-2 days in the forest was particularly dramatic in female subjects: adrenaline levels had dropped to nearly 1/3 of their baseline levels by the end of the second day spent in the forest.

Another group of Japanese researchers, Chiba-based University and Forestry Institute collaborators Park at al., also compared subjects spending time in a forest vs. a city area (sitting and walking for timed periods). To ensure that their results were not restricted to any specific location, they conducted the studies in 24 different Japanese forest environments. As an added control, they switched the groups so that comparisons could be made between the same subjects in the different environments, as well as between groups. Before, during, and after sitting and walking in the urban or forest environment, a number of parameters were measured, including salivary cortisol concentration, heart rate variability (time between R waves on an electrocardiogram), sympathetic and parasympathetic nervous activity, blood pressure, and heart rate. In addition, psychological response was measured using the Profile of Mood States (POMS).

When the subjects spent time in the forest environment, several of the measures of stress went down. Cortisol concentrations, pulse rate, blood pressure, and sympathetic

nervous activity were significantly lower, and parasympathetic nervous activity was higher, after subjects spent time in the forest, compared with time in the city. Psychologically, as measured by the POMS, subjects showed improved psychological condition on the scales of tension, depression, anger, fatigue, and confusion, as well as enhanced psychological vigor, when spending time in the forest, compared with their scores after spending time in a city environment.

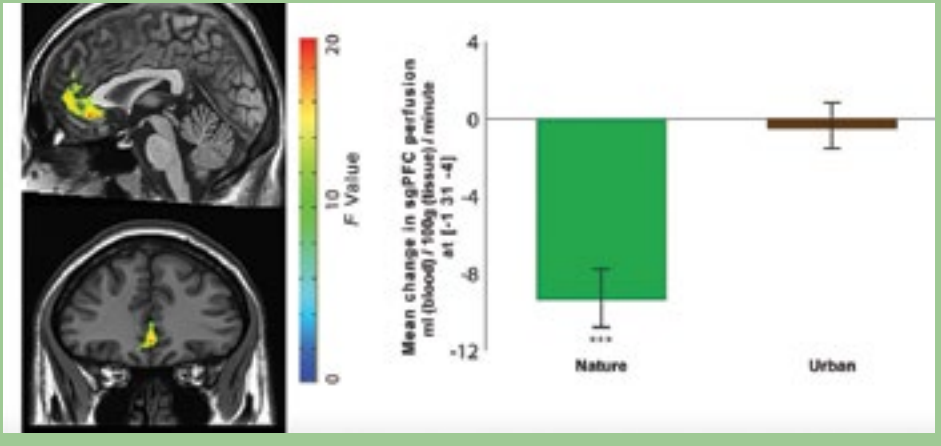
In Zhejiang, China, a mixed team of hospital-based and forestry-based researchers, Xiang et al., conducted a similar study, comparing students who were immersed in a forest environment, the Wuchao Mountain Forest, or an urban environment located nearby (15 km away). In accord with the results from Japan, they found that the forest-immersion group had significantly better immune profiles, lower stress indicators, and more positive psychological states as measured by the POMS, including tension-anxiety, depression-dejection, anger-hostility, vigor-activity, and fatigue-inertia. In addition, they looked at the cardiovascular indicator ET-1, a powerful vasoconstrictor associated with cardiovascular disease. ET-1 levels were significantly lower in the forest bathers than in the urban group.

Outside of East Asia, other research has supported the folk wisdom that time in nature builds psychological well-being. Stanford researcher Gregory Bratman and an international team of collaborators looked at activity in the subgenual prefrontal cortex, which is associated with a maladaptive pattern of self-referential thought that heightens the risk for depression and other mental illnesses. After a 90-minute walk in a natural environment, differences in regional cerebral bloodflow in the subgenual prefrontal cortex could be detected by neuroimaging, compared with control subjects who walked the same distance along an urban street in the same time frame. They also found, in a separate study, that subjects who had just completed a nature walk had better scores in certain cognitive and affective measures, including verbal working memory and anxiety, than those who had just completed an urban walk.

Diabetes

While little research has been done specifically on diabetes and shinrin-yoku, one study by Hokkaido University researchers Ohtsuka et al. found that blood glucose levels declined by 74 and 70 mg/dl in diabetic patients taking short and long walks in a forest. The decreased blood glucose levels were significant, but there was no control group, so the improvement could have been due simply to the exercise, rather than the forest. The authors do discuss this issue, however. They present expected levels of glucose decline based on the amount of exercise activity from the walks, and compare this with the greater decrease seen in the forest-walking patients. They conclude that the levels of blood glucose decline that they saw are greater than those that would be expected solely from the exercise of the walks.

Regardless of whether the effects are due to exercise, time in the forest, or a combination of both, what is clear is that shinrin-yoku walks can lower blood glucose levels in diabetic patients—all without any



Regional cerebral bloodflow in the prefrontal cortex is significantly different after walking in nature, compared with walking along an urban road.

Image originally published in: Bratman et al., 2015: Nature experience reduces rumination and subgenual prefrontal cortex activation. PNAS; 112(28):8567-72. Used by permission.

"After a 90-minute walk in a natural environment, differences in regional cerebral bloodflow in the subgenual prefrontal cortex could be detected by neuroimaging, compared with control subjects who walked the same distance along an urban street in the same time frame."

Both Arkansas and Louisiana are home to large swaths of forest, including the Ouachita and Ozark National Forests in Arkansas and the Kisatchie National Forest in Louisiana.

But you don't need to go far to go forest bathing: smaller tracts of forest can be just as conducive to shinrin-yoku as large wildlife reserves. In Baton Rouge, the Frenchtown Conservation Area offers a forest environment just 30 minutes from downtown. Other trails throughout Louisiana can be found at: ‹https://www.alltrails.com/us/louisiana›.

negative side effects and substantial positive side-effects in terms of enhanced mental health and immunity.

Beyond Japan — the growing practice of global shinrin-yoku

While the Japanese may have been the first to formally propose shinrin-yoku as a practice, the general idea that being outdoors is healthy has long been around in other cultures. Throughout the world and throughout history, the belief that spending time in nature is healthy has been strong, despite its lack of a formal name. So, it should not be surprising that the more deliberate Japanese version of the practice–which combines elements of meditation with light exercise and time in nature–is catching on rapidly throughout the world. The North American Association of Nature and Forest Therapy, the Spanish Asociación Europea Shinrin-Yoku, and the Australian In My Nature all provide training programs and support for the global practice of this Japanese art. Shinrin-yoku guides are increasingly advertising their services in corners of the world far from the centers of the practice in Japan, Europe, and the United States. If you're in Johannesburg, shinrin-yoku South Africa will be happy to provide guided natural immersion walks nearby; in Ontario, Ben Porchuk of Restorative Nature Experiences can guide you in the Canadian forest; in Siem Riep, Cambodia, the Navutu Dreams wellness resort provides guided forest bathing in the Angkor Archeological Park.

Closer to home, in Abita Springs, Louisiana, Rue McNeill, the executive director of the Northlake Nature Center, gives guided shinrin-yoku tours, as well as a number of focused forest walks: "We do several 'walks' in the woods, " she explains. "Our 'Nature Walk & Titivation' is done about three times a month–it goes with trimming the trails. Our 'Walk in the Woods' program is done four times a year–a seasonal tree and plant identification walk. Our 'Bird Watch thru the Woods' is done twice a year, with bird migration in the spring and fall, with avid bird guides." In addition, "we take people into the woods via biking with our 'Biking the Back Trails', a 7 mile bike ride, and kayaking or canoeing on our bayou goes through very scenic woody areas. The benefits are amazing; as participants comment afterwards, 'How invigorating and uplifting!'" ■

BATON ROUGE ORTHOPAEDIC CLINIC

COMPASSIONATE CARE | ADVANCED TECHNOLOGIES | SPECIALIZED HEALING

Our Specialists Specialize

BATON ROUGE
8080 Bluebonnet Blvd.
(225) 924-2424

BATON ROUGE
8585 Picardy Ave., Suite 518
(225) 478-8722

ASCENSION
1023 W. Highway 30
(225) 743-2366

LIVINGSTON
5000 O'Donovan Blvd., Suite 514
(225) 380-1312

ZACHARY
6500 Main St., Suite 2300
(225) 658-1808

OTHER SERVICES
MRI • CT • Digital X-Ray • DME
Physical Therapy • Occupational Therapy

AFTER HOURS CLINIC
Monday - Friday: 5:00 PM – 10:00 PM
Saturday: 10:00 AM – 8:00 PM
Sunday: 12:00 Noon – 6:00 PM

(225) 924-2424
BRORTHO.COM

WE ARE PROUD TO ANNOUNCE OUR ASSOCIATION WITH

RYAN L. BLISS, MD
Fellowship Trained Orthopaedic Surgeon
Specializing in Hand and Upper Extremity

BRIAN T. PERRY, MD
Fellowship Trained Orthopaedic Surgeon
Specializing in Foot and Ankle

JOHN R. FAUST, MD
Fellowship Trained Orthopaedic Surgeon
Specializing in Pediatric and Scoliosis Surgery
Pediatric and Adolescent Sports Medicine

JOHN M. WHATLEY, MD
Fellowship Trained Orthopaedic Surgeon
Specializing in Orthopaedic Trauma
and Joint Reconstruction

A VOICE FOR ACA REPEAL: One on One with Twila Brase, RN, PHN

Citizens' Council on Health Freedom

AS THE NATIONAL HEALTHCARE DEBATE RAGES ON, diverse voices are weighing in on alternative visions of healthcare in the United States. For this issue, Chief Editor Smith Hartley spoke with Twila Brase, RN, PHN, of the Citizens' Council for Health Freedom, a group that advocates for a full repeal of the Affordable Care Act. The goals of the Citizens' Council on Health Freedom are to promote the principles of free market healthcare, freedom in healthcare decision making, and protection of patient privacy, physician autonomy, and patient dignity.

Chief Editor Smith W. Hartley **Could you talk about your ideas as to why the federal government would want to intrude into our privacy and take control through the Affordable Care Act, and why the federal government would want control over our medical records?**

Twila Brase Well, Congress writes the laws, right? I think Congress believes that the only way to cut the cost of healthcare is to get control of the doctors. And, essentially, to get control of patients as well, through profiling the doctors, profiling the patients, and figuring out a way to get the patients to take care of themselves and get the doctors to only provide services that other folks might think are medically necessary or needed.

Editor **But why would the federal government want to control doctors and patients?**

Brase Because Medicare has a 43 trillion-dollar unfunded liability, and because Medicaid is an even more expensive program than Medicare, although only paid about 50/50 by the federal government versus the state government. So, the programs are a huge draw down. They're a huge burden to the budget. Our country is facing a deficit that will become even larger as the Baby Boomers head into retirement. There are 10,000 people entering Medicare every day, so there is not enough money coming into Medicare to pay for the Medicare bills in the future. As a matter of fact, the amount of money coming out of Medicare in payments


“There are 10,000 people entering Medicare every day, so there is not enough money coming into Medicare to pay for the Medicare bills in the future.”

exceeded the amount of money coming into Medicare in payroll taxes in 2008. That was the first time there was a structural deficit in the program. So, really, if you're Congress, and you're looking at budgets, then you're looking at Medicare and, well, Social Security too, but you're looking at Medicare and Medicaid just being something that is going to blow huge holes in the budget. They already are, but it's only going to get worse, the longer we go.

Editor **With regard to medical records, why do you think the federal government wants control over our medical records?**

Brase The mandate of the electronic health record was a mandate that allowed the government to get control of the medical records. So that's the first thing. Well, actually, there's one thing before that, and that is HIPAA. So, the passage of HIPAA in 1996, and the administrative simplification section of it allowed the movement of all of our medical records into an electronic format. Then, when the HIPAA privacy rule was published, it clarified that individuals no longer have consent over the sharing of their data and that government is one of the entities, in its various forms (state, local and federal) that can have access to our medical records without our consent if those who are holding the data choose to give the data to the government.

So that was the beginning. HIPAA, which said we don't have any consent rights anymore, and then the mandate to have electronic health records, which facilitates the sharing with the government and others, outsiders. And coming up in the future, through the electronic health record, is a National Health Information Network. They don't call it that anymore, that's its old name, and the short way of saying it was NHIN. Now it's called the eHealth Exchange. But the whole idea there is that all of our electronic medical records will be digitized and hooked up through federal specifications to the e-Health Exchange, and then available to everyone that can have access to it under HIPAA. The federal government, in a 2010 regulation, listed who is under HIPAA's permissiveness, and there are more than 700,000 covered entities; the health plans, the doctors, the hospitals, the nursing homes, the data clearing houses, all those sorts of folks. And then there are 1.5 million business associates who contract with these covered entities. But not included in that number, not in that 2.2 million number, are all of the government entities that can have access without consent. Because the government is neither a covered entity nor a business associate, but HIPAA still provides access.

Editor **Why wasn't the Citizens' Council for Health Freedom in favor of the GOP's Graham-Cassidy bill?**

Brase Our organization is in favor of a real repeal, and Graham-Cassidy doesn't even come close to a real repeal. It doesn't. It isn't a repeal. It is a reshuffling of the money, and it is a zeroing out of penalties, but the penalties aren't repealed, which means another Congress can come in and just raise those penalties even higher than they are today. Because all the language is still present in the law.

In addition to that, it's still federal control of the entire healthcare system. The Affordable Care Act is really a takeover of both the financing and the coverage of medical care, as well as the delivery of medical care. And so, there are so many things in the Affordable Care Act that most of the American

"So that was the beginning. HIPAA, which said we don't have any consent rights anymore, and then the mandate to have electronic health records, which facilitates the sharing with the government and others, outsiders."

public has no idea about, but none of them would be going away.

Particularly troublesome to us is the fact that most Americans don't understand all of the controls on medical practice, particularly through payment reform and through the Medicare administration's innovation center, which will lead to limits on treatment choices and outside controls on the treatments that are actually provided. And all of it happens through data. So, there are a lot of data requirements in the Affordable Care Act, a lot of reporting requirements, and payment is made according to what the data looks like.

"He who holds the data makes the rules"; that's one of our big mottoes. That's one of the reasons why we support real privacy rights, which HIPAA took away, so that we can choose who will see our information, who will know all of the details of our lives, who will even know what our doctor does. And if the outsiders don't know what our doctor does, they don't know anything about us, they can't control us. But with our data, they can. Outsiders should not be in control of medical practice, that should be between the patient and the doctor.

Editor **Could you talk about your vision of what a truly free healthcare market would look like, in terms of relationships, such as patients choosing doctors, or choosing hospitals or other providers, and how that would all look from a financing perspective and a quality perspective?**

Brase We have something called the five C solution for health care and there are obviously five Cs, right, so cash for care, catastrophic coverage, charity, confidentiality, and compassionate care. We believe that unless you understand what freedom looks like, you will never reach it. And freedom for us is encompassed in those five Cs so that if those five Cs were implemented, we would have affordable care, confidential care, and patient-centered care.

Right now, we have a health care system that is not working for the patient; it's working for the payers. So, within the five Cs, cash for care, that would be cash, check, or charge payments for routine and minor care. It would not go through a health plan, it wouldn't go through an insurance company. It would be between the patient and the doctor. Even some things like less catastrophic surgery could be paid for that way, as is happening right now down at the Surgery Center of Oklahoma, which is doing surgery for people all over the country and into Canada for cash. Cash, check, or charge. And at a far, far, more affordable price than anywhere else. It is an example of how low the prices can go and how affordable health care can be. So that's cash for care.

Next, catastrophic coverage. So, catastrophic coverage is true insurance. The current health plans are not insurers; they are prepaid healthcare that has morphed into a catastrophic kind of a plan, but at a prepaid healthcare price. So catastrophic coverage means a true insurance plan that is there for the conditions you do not have, do not want to have, but would be financially devastating if you get. That's what insurance is for. It is financial protection against a medical catastrophe. And because so few people actually have medical catastrophes, it's very affordable.

It's the kind of policy that you tuck into a drawer and you leave it there and you forget about it, and then you go pay your

cash prices for minor and routine care and because they're not running through a third-party payer, they do not cost the doctor or the surgical center, or whoever, the same price. And so, the prices can come down because it doesn't require all of that overhead and all of that bureaucracy, all that reporting, and all that extra staff.

Charity recognizes that the foundation of medical practice is charitability. And that even in countries where they have so-called "universal coverage," people are in need of charity. There are people who haven't signed up, there are people who don't pay taxes, which are required in some of those countries. There are systems that don't provide care when you actually need it because you have to wait too long. And so, there will always be a need for charity, and we must always keep the charitable part of medicine in play. We must always keep charity in play.

As a matter of fact, I have heard from physicians who find such joy in charity because there is such gratitude from the recipients. It's this wonderful relationship of someone being able to give freely, and someone receiving it with gratitude, as opposed to the government entitlement programs, where there's a sense when the patient comes in that the patient just thinks that they have a right to the doctor's services even though they're paying nothing. Charity really honors the long-standing mission of medicine. Today's health care system essentially is trying to move away from the mission of medicine to the business of healthcare, and that is not patient friendly.

The fourth one is confidentiality. So again, "he who holds the data makes the rules," and as a nurse myself, I understand that when you come in as a patient, sometimes you have to say things that are embarrassing. You might have to say things about other members of your family that are embarrassing. You might need to say certain things in order to just get the care that you need.

If there is anything standing between you and a frank conversation with your doctor, you may not get the accurate or the timely care that you need. There are studies, already, way back in the late 90s, that showed that people were trying to protect themselves and they were not, there were certain things that they wouldn't tell the doctor. They'd use different doctors. They would use a false name. There are all these things that they were doing to protect their own privacy because they felt like they were losing their privacy.

The exam room should be a sanctuary. It should be a safe place to say whatever has to be said. And the relationship between the patient and the doctor should be as privileged as it is with the attorney, so that the patient can feel, in complete confidence, that they can say whatever has to be said in order to get the cure and the care that they need.

The last one is compassionate care. You can see the problem today as healthcare has become a business, rather than a mission. The doctors' eyes are trained on the computer screen. The doctor's mind is wrapped around whatever is in the computer. The doctor is thinking about how he will get paid for this visit; there is information he has to collect, there are boxes he's got to check, there are certain things that he's got to do, so he's spending a lot of time, or she's spending a lot of time looking at the computer screen. Considering all the 132,000 plus pages of Medicare regulations and all the other regulations, state and federal laws have intruded in the doctor-patient relationship and impeded the entire medical decision-making process.

Compassionate care requires a doctor who can look at a patient, watch the patient, listen to the patient, touch the patient, and give the patient his or her full attention, so that they feel cared for. Today, a lot of people do not feel cared for. They don't even feel like the doctor is looking at them. In the practice of medicine, without compassionate care, then what do you have? What do you have with a doctor who is considering other things before they consider the patient, or vice-versa, with the patient towards the doctor. We don't have a healthcare system whose whole attention is focused on the patient. It's focused on other things.

"Today, a lot of people do not feel cared for. They don't even feel like the doctor is looking at them. In the practice of medicine, without compassionate care, then what do you have?"

Editor **There are so many ways to go from here. But, if we were to have a truly free market economy, with true catastrophic insurance, then what role, if any, would the federal government play? Would role do you think it would be important for the federal government to play? If any?**

Brase So, constitutionally, the federal government does not belong in healthcare. So, when they first stepped into healthcare they stepped out of their Constitutional bounds. Because the Constitution is very clear that all of the powers not given to the federal government that are precisely stated in the Constitution are for the states and the individuals.

And a really good reason for that, of course, is: who is the closest to the people, the federal government or the state legislatures? So, when you put things at the federal

Honored to Be
Nationally Recognized in Six Areas of Care

Colon Cancer Surgery
COPD
Heart Bypass Surgery
Heart Failure
Hip Replacement
Knee Replacement

BEST REGIONAL HOSPITALS

U.S.News & WORLD REPORT

BATON ROUGE, LA

RECOGNIZED IN 6 TYPES OF CARE

2017-18

OUR LADY OF THE LAKE
REGIONAL MEDICAL CENTER

"With the whole purpose of reducing costs in Medicare, the only way you can reduce costs in a program that's already $43 trillion in unfunded liability with 10,000 patients coming in every day is to ration the care."

level and then you have all the federal agencies, they are very far from the American people and yet they are making all sorts of decisions concerning the people's doctors and the patients themselves.

Our organization is focused on building escape hatches back into freedom. You can see this with Medicare with the $43 trillion underfunded liability and what the Affordable Care Act did. It took half a billion dollars from Medicare. It put in this innovation center whose whole purpose is to figure out ways to cut down access to care and therefore cut down costs. And then we have the IPAB, the Independent Payment Advisory Board, which is not yet in place, but is supposed to be in place to make decisions about whether a treatment will ever get funding. As soon as Medicare gets to a certain point of financial difficulty, IPAB is supposed to take over these decisions and completely bypass the President and Congress. That's why people said that it's all unconstitutional, but that's particularly unconstitutional because it is an unelected entity all unto itself.

With the whole purpose of reducing costs in Medicare, the only way you can reduce costs in a program that's already $43 trillion in unfunded liability with 10,000 patients coming in every day is to ration the care.

The other thing that the Affordable Care Act has in it are the Accountable Care Organizations, the ACO's, which have been called HMO's on steroids. People in Medicare are being assigned to an ACO if they are in original Medicare. Not all of them. To date, the last number I saw was 9 million. You have a choice as a senior in Medicare, of traditional or original Medicare, which means you can go anywhere you want. Anywhere in the country. Any doctor. Any hospital. Or you can go into Medicare Advantage, which is a health plan with a network, so your options are limited. But the ACO is a managed care entity, an HMO entity. And so, at least 9 million people who have chosen original Medicare, where they can go anywhere, are being assigned to the ACO. Without their knowledge. And they freely admit that you might not know.

And then the doctors that they get...a lot of people don't know that their doctor is in an ACO. But those doctors are graded and the ACO gets more or less money according to how well they keep their Medicare patients within the ACO.

So here are patients who think they can go anywhere. They have paid more, probably, to be able to go anywhere. And yet their doctor is kind of working a little bit against them to make sure they stay within the ACO network, and the patient doesn't even know. These kinds of rationing strategies are happening. This is one of the reasons why we are building the escape hatches.

One of the escape hatches could be that people, when they turn 65, would not be automatically enrolled in Medicare Part A. Right now, they're not automatically enrolled, but if they don't enroll they lose their Social Security benefits. That's not a law. It's not a rule. It's something the Clintons put in the procedural manual in 1993 and we are trying to strike that out of that manual. All it would take would be President Trump doing so, because it's not a law, it's not a rule, it can just be struck.

And there's now a lawsuit about it, but the Supreme Court chose not to hear it. That was unfortunate.

The whole idea is that once you're in Medicare, Medicare becomes your primary coverage. So even though you had better private insurance and even though you still have private insurance, that private insurance can't be your primary coverage. You are limited to all of these rationing restrictions with Medicare and you have to go through that entire process before you can move into your secondary coverage. And for some people that might be too late. Right? And they're vulnerable. They could be dying. They could be dealing with cancer, and they just can't figure out they are limited by Medicare.

So that's one of our escape hatches: to strike that from that procedural manual. Another one is the Wedge of Health Freedom, which is our initiative to drive patients to doctors who are in the free trade zone. We call that free trade zone the Wedge of Health Freedom because we needed Americans to have something to grab onto as a place to go for affordable, confidential, patient-centered care. These doctors have no contracts with insurance, no contracts with the government, but they will welcome any patient. So, whether you're Medicare, Medicaid, uninsured, Obamacare, private insurance-- it doesn't matter. You have to come with cash, check, or charge in order to receive care, but the prices are so much lower because they don't deal with the government or insurers and they don't do all that paperwork. They don't do all that reporting. They don't have electronic health records that leave their four walls.

Space Available
in Baton Rouge & Gonzales

Charlie's Place provides a purposeful day for those with Alzheimer's disease or dementia, and respite time for caregivers.

Alzheimer's
SERVICES
of the Capital Area

YOUR LOCAL RESOURCE
FOR ALZHEIMER'S AND DEMENTIA
EDUCATION AND SUPPORT.

TEACHING • CARING • CONNECTING

3772 NORTH BLVD., BATON ROUGE 70809 | 225.334.7494 | ALZBR.ORG

THE ALZHEIMER'S COMPASS:
DIRECTIONS FOR LIFESTYLES & LIVING

25TH ANNIVERSARY

APRIL 11, 2018
BATON ROUGE MARRIOTT HOTEL
KEYNOTE SPEAKER: CAMERON CAMP, PhD

2018 EDUCATION CONFERENCE

Another escape hatch is letting people know about health-sharing, which is outside the insurance system. These are cooperatives that share medical expenses amongst themselves. And they pay cash, check, or charge for everything as well.

Those are just three of the escape hatches. There are more. Rescinding HIPAA and giving people back control over their data or putting in true patient consent is another one that would stop the violation of the Fourth Amendment with the government getting all this data without our consent. And it would also allow you to have a confidential patient-doctor relationship without government or health-plan interference.

Editor **What do you think it would take to get full repeal and to get to a position of a free market economy in healthcare? Is it a matter of political will with people? What will help achieve this goal?**

Brase Right now, because of the combination of Medicare/Medicaid and the Affordable Care Act, the policy in this nation is moving towards socialized medicine run by the health plans for the government. We look at health plans as socialized medicine under corporate cover. Ted Kennedy, who was a proponent of single payer socialized medicine, was the author of the act in 1973. He intended, according to his comments, which I've written up in something called, "Blame Congress for HMOs" to meld the delivery and the financing of healthcare together, and that is a socialized system. And that's what's happening in health plans in this corporate version of socialized medicine.

So, when you asked, "What would it take?"-- the whole country is moving in that direction and most of the American people are not realizing it because there are still these health plans around and a lot of them think of those as being the private market. Often Congress talks about them as though they were the private market.

I was recently in Washington D.C., where I was telling one of the staffers, "You know, we think about the health plans like they are the tail wagging the dog." And he looked at me and he said, "They are the dog."

So, they have extraordinary power, and Congress gave them that extraordinary power in trying to deal with... well, Ted Kennedy, when he did it, he had the Medicare healthcare cost crisis or something. I think he had four hearings, or four days of hearings. (I can't quite remember which, it was in 1971.) Then he had this bill that got passed in 1973 and it was all about dealing with Medicare.

I think nobody in Congress wants to see the whole Medicare system implode while they're in office. I think they would believe that they would lose their positions. And so, they're all just trying to keep this thing going and they look at the health plans as the way that healthcare can be rationed at an arm's-length distance from Congress. So, it looks like the health plans are the bad guys, but Congress put them in. And now Congress has given them all this authority, particularly under the Affordable Care Act, which prohibits traditional indemnity health insurance-- the real, affordable catastrophic type, the law prohibits them from being sold to anyone over the age of 29. So, their competition, the affordable competition of the health plans has gone away. Now they are in this very powerful position and when they say, "Jump," Congress does, because Congress doesn't know what to do anymore since they have made themselves dependent on the health plans.

So, when we think about how we're going to move from this situation, we don't necessarily believe Congress has the political desire to repeal the Affordable Care Act. They haven't even put up a real repeal bill for a vote. The repeal bills are two pages long. Just repeal the entire 2700-page law and away go all the 20,000 or more pages of ACA regulations. Then we could at least have catastrophic coverage reemerge.

"The repeal bills are two pages long. Just repeal the entire 2700-page law and away go all the 20,000 or more pages of ACA regulations. Then we could at least have catastrophic coverage reemerge."

So, we're not waiting for Congress. Congress is doing all of these bills and they're calling them Repeal and Replace. The federal government doesn't belong in healthcare, so the last thing we want to do is replace one federal program of control with another federal program of control. And they keep loosely using the word repeal, when there's no repeal whatsoever here. That's because they made a promise, but I don't think that they really intended to follow through on that promise. I think some Republicans did, but I think leadership never intended to do so.

So, we're not waiting for them. I don't exactly know what's going to happen, but under the Affordable Care Act, there are so many wage redistribution and premium redistribution schemes that if those schemes fail, the health plans are likely to back away. And if the health plans back away from the exchanges and they don't get the bailouts, probably the very best thing that happens is that the states do what the states should be doing. That is, they should stand up and say, "You know what? We remember our Fourth Amendment state's rights. That you, the federal government, don't actually get to tell us, the states, what to do in healthcare. And we are going to bring back two things. We're going to bring back catastrophic coverage to

our state. We're going to allow these really inexpensive plans to be purchased. We're going to encourage these kinds of companies to come back to our state, so that we can offer our people affordable coverage no matter what you do and if you try and come after us as a state, I'd like to see it."

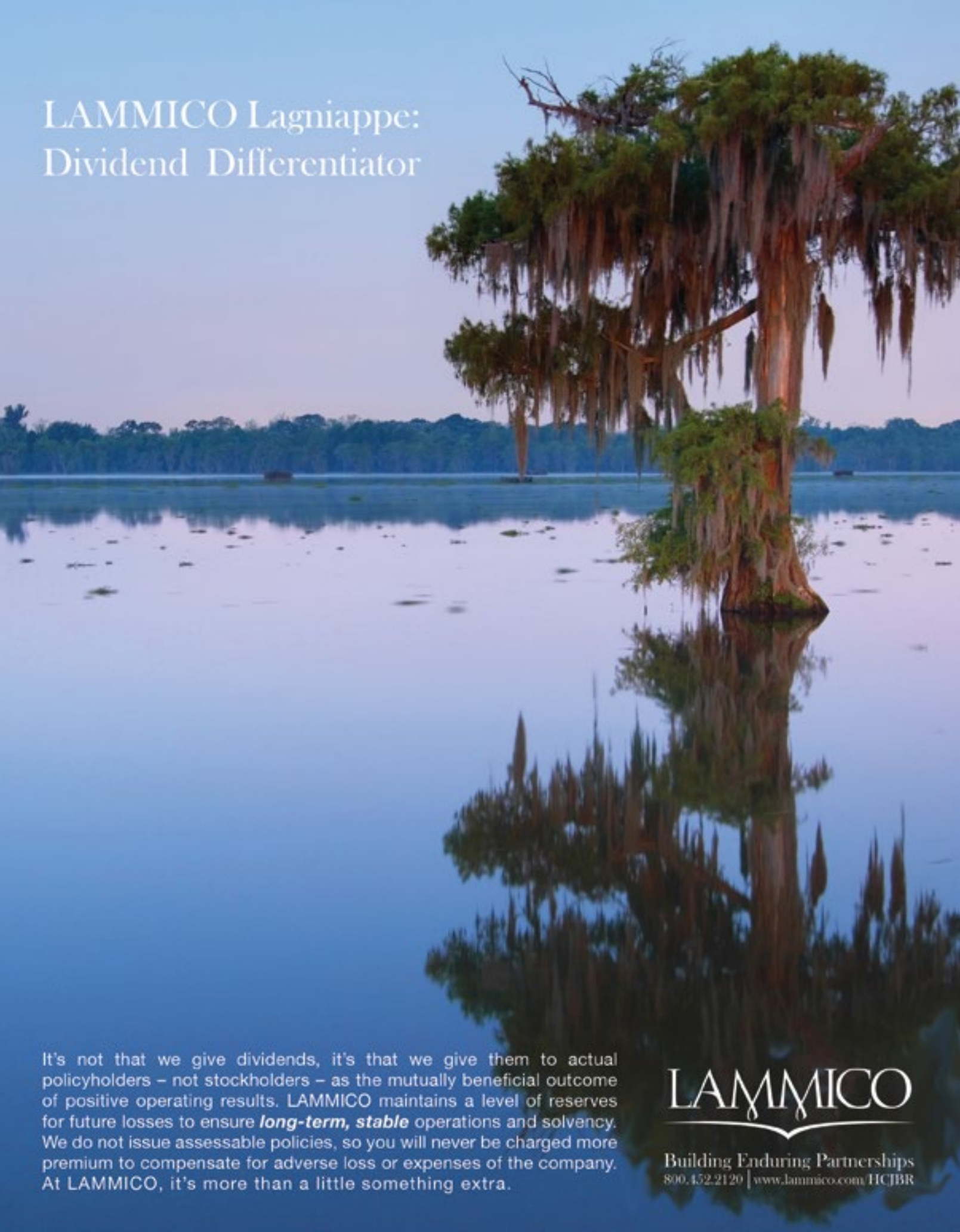
I can't actually imagine the Trump Administration coming after the states that decided to rise up and give affordable coverage to their people. That is, not health plan coverage, but indemnity insurance.

And the other thing that would happen is the states would likely, for the people with pre-existing or what we call uninsurable conditions, they would start up their risk pools again. They would begin their high-risk pools and they would spread that out amongst the states. But then hopefully, they would look and say, "You know, we don't want to have this high-risk pool thing going forever. How do we keep people from ever getting in this situation of having an uninsurable condition?" And the way they do that is to move towards individually owned and preferably lifelong policies. We would like those policies sold pre-birth to parents to then hand off to their child once the child reaches maturity, which is what often happens with life insurance policies. Then their child goes out into the world with their own personally owned, very affordable, true catastrophic health insurance policy. Never locked into an employer, they would get their entire compensation in cash rather than having it shifted to the health plans through their employer.

And then, they get to make their own decisions about what they want to do with all of their money, rather than having part of it taken by their employer for a plan.

If you go to jointhewedge.com, you can go to the "Find a practice" page and you can see all the practices, well, they're not all the practices, but we put them on every week or so, those that have newly joined. They don't automatically join because we don't just let people automatically put themselves on our map. So, we don't have them all yet. But jointhewedge.com is an initiative that we're building.

Healthcare has become so complicated because of all the third-party payer involvement. That's why costs are so high and that's why it's complicated. It doesn't have to be complicated, but because it is so complicated there are things I learn every day that I didn't know before. ■


LAMMICO Lagniappe:
Dividend Differentiator
It's not that we give dividends, it's that we give them to actual policyholders – not stockholders – as the mutually beneficial outcome of positive operating results. LAMMICO maintains a level of reserves for future losses to ensure ***long-term, stable*** operations and solvency. We do not issue assessable policies, so you will never be charged more premium to compensate for adverse loss or expenses of the company. At LAMMICO, it's more than a little something extra.
LAMMICO
Building Enduring Partnerships
800.452.2120 | www.lammico.com/HCJBR

By **Zara Zemmels**

Keeping the Music Alive

The New Orleans Musicians' Clinic: Providing healthcare for the city's musicians

Musicians perform at the 2017 Tropical Blood Drive.

Musicians and other performing artists are expected to sacrifice for their art, but all too often, the sacrifice they make is their own health. Performers face unique challenges that prevent their access to affordable health care, nutritious food, restful sleep, good emotional health, and care of injuries from day jobs. The New Orleans Musicians' Clinic was founded to address these unique healthcare needs and respond to the challenges musicians face in their mental, emotional, and physical well-being.

BETHANY BULTMAN, co-founding director of the clinic, spoke about what her clinic does and what inspired its founding. "I was part of a team of people who realized New Orleans might be the birthplace of American music, but it was an early grave for everybody who played it."

In 1998, when the clinic was founded, she was working as a journalist and being paid more money to write about the tragic demise of certain musicians, than those artists made in any calendar year. "I saw this as a horrible, horrible irony that everyone wanted to write about the tragedy but they didn't want to solve the problem."

The deaths of great musicians are so commonplace as to be cliché. From Kurt Cobain to Karen Carpenter, the world of professional music is awash with great musicians who died before their time. But those dying most often and in the greatest numbers, often from preventable causes, are impoverished musicians in inner cities. Catherine Lasperches, nurse practitioner and primary care provider at the Musicians' Clinic, explains that "most of the time, I treat chronic diseases like diabetes, hypertension, and depression." All of these are conditions that can be prevented or managed through lifestyle changes, but musicians struggle with preventable complications stemming from them at staggering rates.

"Buying health coverage is overwhelming for anybody, regardless of socioeconomic status," said Megan McStravick, the intake coordinator and social worker for the Musicians' Clinic. Many musicians can't afford healthcare through commercial providers but also can't prove their income is low enough to qualify for low-income government coverage. This is because a performer's world is usually a cash-only world. "Most of the time everything is cash," says Lasperches. "[Our patients] panic because they don't pay taxes, they have no idea how much they make, and it's very hard for them to figure out how much they make. If you have no income taxes to show, you can't get coverage."

McStravick gave this example to illustrate the struggles musicians face when seeking health coverage: A number of the clinic's patients work on Bourbon Street. They might work four days per week and make $100 for each day that they work. So $1600 per month, right? Not so. The problem is that taxes are not taken out of those gig checks, so a musician's overall adjusted gross income ends up being a lot less. And when they're not getting a W-2 from the venue where they work, it's difficult to prove their actual income. "The musicians who are trying to do the right thing are the ones who are negatively impacted," she says. "Here they are, trying to project what their income is going to be [so they can get health insurance,] but when asked to prove it, they can't, so they lose coverage. The insurance system is not set up for self-employed artists."

Catherine Lasperches, N.P. taking a clinic patient's blood pressure.

Difficulty getting healthcare coverage isn't the only challenge New Orleans musicians confront when trying to lead a healthy lifestyle. The staff at the clinic reported that many of their patients work another job, often in service or construction. Those jobs come with health risks of their own, from sleeping odd hours to getting hurt on the job. "You would think most of the musicians who come in have hurt themselves playing music but it's not the case," says Lasperches,

> "I was part of a team of people who realized New Orleans might be the birthplace of American music, but it was an early grave for everybody who played it."
>
> — Bethany Bultman

now open

Same Day Surgery Center at Woman's Hospital

Your Choice. Choose Woman's.

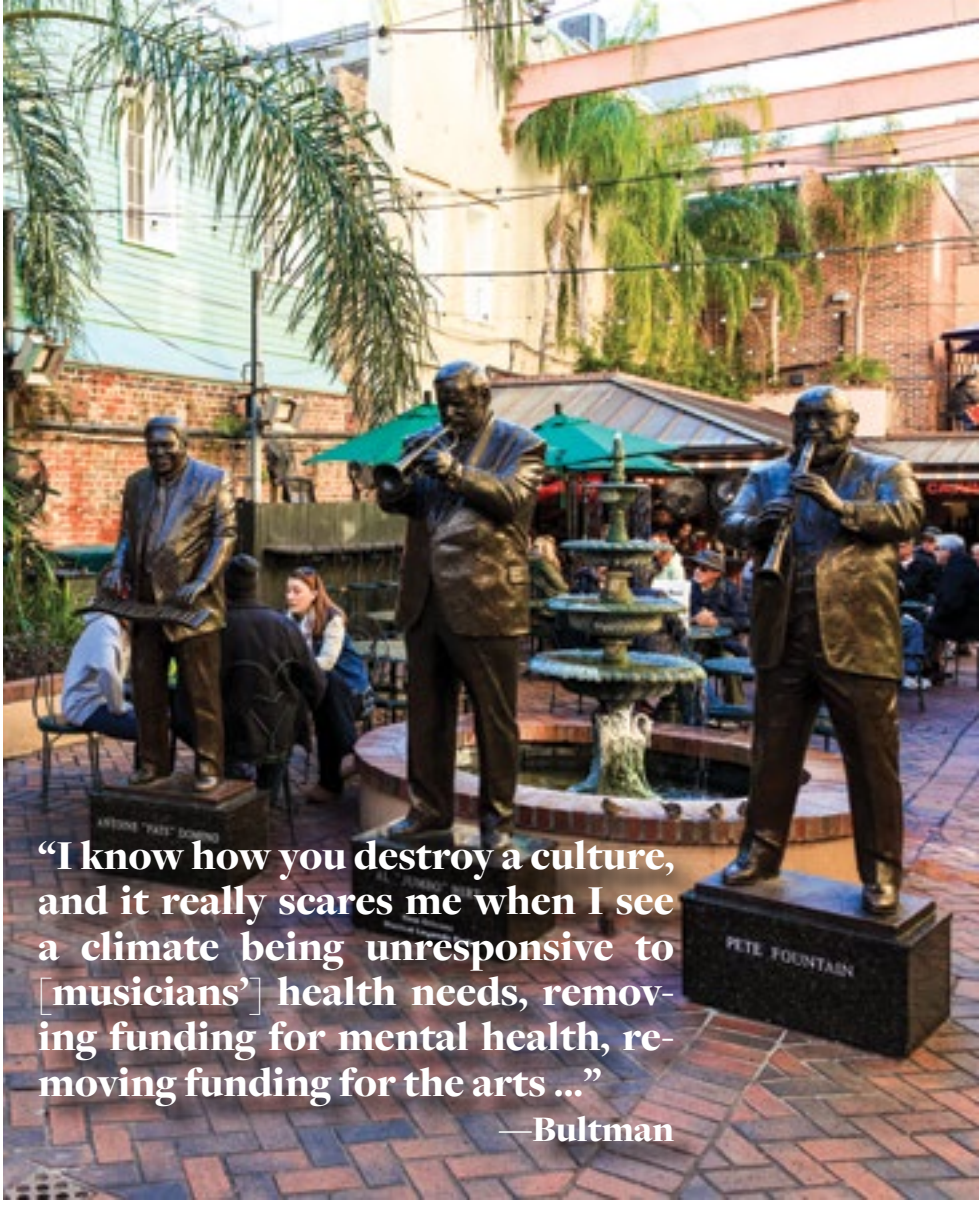
It's just a simple procedure, right? You can still choose the place that's best for you. Woman's is nationally recognized for its surgical care[1] and exceeds all patient expectations in safety, timeliness and experience[2].

- Robotic Surgery featuring the only daVinci™ for same day surgery in Baton Rouge
- Colonoscopy and Upper GI
- General Surgery
- Minor GYN Surgery
- Plastic Surgery
- Adult & Pediatric ENT

Choose the place doctors trust. Ask your doctor to schedule your procedure at Woman's, or visit **womans.org/FindADoctor.**

[1] The Joint Commission Top Performer on Key Quality Measures for Surgical Care
[2] The Hospital Consumer Assessment of Healthcare Providers and Systems Survey

Woman's



"I know how you destroy a culture, and it really scares me when I see a climate being unresponsive to [musicians'] health needs, removing funding for mental health, removing funding for the arts ..."
—Bultman

"Most of my patients are carpenters; they cut their fingers a lot doing carpentry, not from playing music. Or they do pressure washing, which is really hard on the wrists and fingers. There are a lot of injuries not related to playing."

One of the biggest issues the Musicians' Clinic addresses is mental health problems in their patients. Musicians, as a group, are especially vulnerable to depression and anxiety disorders. Bethany Bultman addressed this topic specifically. "There's research coming out showing that with that gene to be creative you also get depression," she says. "The fact is there's no performer who doesn't struggle with it. It's like a handmaiden of the creative gift you've been given."

For artists who live in poverty, emotional health is an area of their wellbeing that is sorely neglected. For musicians in poor communities, criminality and violence become such familiar parts of life, it never occurs to them to seek mental health care following traumatic experiences. Megan McStravick elaborated on this point: "Because we didn't have mental health services for so long, they've become very stigmatized. We've worked with a grammy-nominated band who witnessed one of their bandmates shot, and none of them have ever addressed their trauma or had any form of grief counseling. They just became accustomed to substance abuse of any kind."

Especially for performers in poverty, poor mental health brings substance abuse. The nature of a musician's work and lifestyle also put them at high risk for these problems. "A very high number of our patients struggle with substance abuse issues," says McStravick, because musicians have a work environment that is, for their audience, a relaxation environment. While they perform, they are surrounded by alcohol and patrons who have access to drugs. Much like in the service industry (which has significant overlap with the musician population), a huge part of musician culture is having a few drinks (or more than a few) after you've finished your set. Working in an environment where it can be so tempting to party after every set makes musicians more likely to develop an addiction.

Catherine Lasperches believes the healthcare situation for musicians will improve when musicians as a subculture begin to take their health more seriously and become more vocal advocates on their own behalf. "I don't think musicians are neglected so much as they neglect themselves. For an artist, certain parts of the brain are more developed than others, it's true, but they still need to be held responsible for their own health." Bethany Bultman adds, "Many people are willing to say [to a musician] 'this is what you signed up for, get another career if you don't like it,' but do we really want a society where the bearers of our musical culture are dying young of treatable diseases, simply because their chosen profession limits their access to affordable care?"

When we talk about the loss of New Orleans' musical culture, we're not just talking about the loss of our favorite local bar to the tourist hordes; we're talking about the poor quality of life of the people who are in the business of creating and promoting New Orleans culture. Speaking of her background in anthropology, Bultman says: "I know how you destroy a culture, and it really scares me when I see a climate being unresponsive to [musicians'] health needs, removing funding for mental health, removing funding for the arts ... [Music is] different here. It's like a wildflower, it has to come up through the crack in the concrete. No matter what, it has to come through that crack."

Here's to watering our New Orleans wildflowers, like the Musicians' Clinic and the culturally invaluable population they serve. We've got plenty of water! ■

Peak Performance Physical Therapy.

Evidence-Based Exceptional Care.

Peak Performance Physical Therapy works closely with referring physicians and provides quality, personalized service that incorporates a hands-on therapy approach to further the care of your patients.

Patient Centered Services. Highly Effective Outcomes.

PEAK PERFORMANCE PHYSICAL THERAPY

At Peak our goal is to provide each and every patient an exceptional experience throughout their entire course of treatment.

Clinic locations throughout the Baton Rouge and surrounding areas, with clinic hours of 7:00 AM – 6:00 PM, allow for maximum opportunities for compliance and consistent participation in therapy.

Call (225) 295-8183 for the location nearest you.

Locations in Baton Rouge, Denham Springs, Geismar, and Brusly

www.peakphysicaltherapy.com

BEST PLACES to WORK

Healthcare Briefs

Home Instead Senior Care Hosts Webinars on Alzheimer's Disease

Story next page

Healthcare Briefs

Home Instead Senior Care Hosts Webinars on Alzheimer's Disease

As the number of individuals with Alzheimer's and other forms of dementia grows, the need for communities to adapt and become more accessible to those living with dementia-related diseases will also grow. This September, as part of World Alzheimer's Month, the Home Instead Senior Care® network set out to educate Americans about Alzheimer's. To reach caregivers throughout the area Home Instead Senior Care invited people in greater Baton Rouge to participate in free, live training webinars. The online sessions featured leading experts in Alzheimer's and dementia care.

"As the number of seniors in our community grows, it is likely that every one of us will be touched by Alzheimer's at some point, whether it's a family member, neighbor, friend, or customer at work," said Matt Cohn, owner of the Home Instead Senior Care offices serving greater Baton Rouge. "That's why it's important for each of us to learn how to better interact with people living with Alzheimer's or dementia. That way we can create a supportive environment that engages them."

Rep. Hodges, Capital Region Mental Health Host One Mind Symposium

The One Mind Symposium: A Response to Persons Affected by Mental Illness, sponsored by International Association of Police Chiefs (IAPC), the Substance Abuse and Mental Health Services Administration, and the Capital Region Mental Health Team, was held at the Renaissance Hotel in Baton Rouge. Over 100 federal, state, and local law enforcement officers, judicial system professionals, mental health professionals, and elected officials were in attendance.

The Symposium began with opening remarks from State Representative Valarie Hodges, Governor John Bel Edwards, Senator Bill Cassidy, Mayor Sharon Broome, and Chief Louis Dekmar, IAPC's Ascending President. In his remarks, Dekmar emphasized the use of "calming techniques and then de-escalation techniques, so that instead of taking a situation where an individual is aggravated and agitated; by employing these techniques you're able to de-escalate the situation." Point Coupee Sheriff Bud Torres shared Best Practices procedures he has implemented and the successes that he had in the Point Coupee Sheriff's Office. EBRP Coroner Dr. Beau Clark gave an overview of what is happening in EBRP regarding persons suffering mental illness and substance abuse. Sheriff Randy Smith and Maj. Wharton Muller, St. Tammany Sheriff's Office, and Exec. Dir. Richard Cramer, Florida Parishes Human Services Authority, shared Crisis Intervention Techniques that the St. Tammany Sheriff's Office has implemented. Nick Richard, Exec. Director, NAMI-St. Tammany, demonstrated how to use a resource guide app. The symposium concluded with Exec. Dir., Dr. Jan Kasofsy, and Dir. of Training and Emergency Preparedness, John Nosacka, with Capital Area Human Services.

Valarie Hodges

"Louisiana has the highest incarceration rate in the world. Our goal should be to train law enforcement officers to more effectively respond to persons with mental illness in order to protect our officers and the offenders, reduce arrests, and get the offenders suffering from mental illness appropriate treatment," said Representative Hodges.

North Oaks Physician Group Opens Endocrinology Clinic in Hammond

Endocrinologist A. Mannan Khan, MD, who is certified by the American Board of Internal Medicine in internal medicine, will staff a new North Oaks Endocrinology clinic, located within the North Oaks Clinic Building in Hammond, LA. A graduate of Tulane School of Medicine in New Orleans, Khan carried out a residency in internal medicine and fellowship training in endocrinology through Ochsner Medical Center in New Orleans. Khan specializes in diagnosing and treating medical conditions affecting the endocrine system, which is a collection of glands that chemically control organ function through the secretion of hormones via the circulatory system. Commonly treated conditions include thyroid disorders and cancer, osteoporosis, diabetes, metabolic syndrome, pituitary disorders, hyperparathyroidism, obesity, and adrenal disorders.

A. Mannan Khan, MD

Louisiana Department of Health Continues Efforts to Reduce Opioid Abuse

Gov. John Bel Edwards announced that the Louisiana Department of Health will utilize new and expanded federal grants to continue implementing innovative, effective strategies for combating the opioid problem in Louisiana. The U.S. Centers for Disease Control and Prevention (CDC) has awarded nearly $1 million for ongoing data collection, tracking, and analysis of opioid-related overdoses, statewide.

"Experts suggest that the actual impact of opioid overdoses and deaths might be underreported, for the simple reason that there is no standard for recording opioid overdoses and deaths," said Gov. Edwards. "Accurate reporting and tracking is crucial to determining how funding is allocated. Grants like this will allow Louisiana to have the data that is necessary to best target prevention and response strategies."

The CDC's Data-Driven Prevention Initiative has awarded $540,000 to be used for increased surveillance of opioid overdoses and deaths.


Pat Seiter


Mike Polito

Taylor Porter Healthcare Practice Leader Pat Seiter Ranked 'Lawyer of the Year' in Baton Rouge in Healthcare Law

Taylor Porter Partner and Healthcare Practice Team Leader Pat Seiter has been ranked, by his peers, "Lawyer of the Year" in Baton Rouge in Healthcare Law in the 2018 edition of Best Lawyers in America®. Best Lawyers is an annual list compiled since 1983, and universally regarded as the definitive guide to legal excellence. Rankings are based on a peer-review survey, in which more than 50,000 leading attorneys cast nearly five million votes on the legal abilities of other lawyers in their practice areas. Only one attorney is recognized as the "Lawyer of the Year" for each specialty and location. This is the third time Seiter has received "Lawyer of the Year" honors by Best Lawyers, after receiving the same recognition in both 2013 and 2016.

Capital Area Heart Walk Names Mike Polito 2018 Walk Chair

Local executives will lead Capital Area residents, survivors, and businesses on the road to reduce disability and death from the country's No. 1 cause of death–heart disease. Mike Polito, CEO at MAPP Construction, is serving as chairman of the American Heart Association's 2018 Capital Area Heart Walk. The Heart Walk is held to raise funds to support the American Heart Association, and to inspire people to take that first step in improving cardiovascular health, or to celebrate successes in improving their health. This year, the Capital Area Heart Walk will be held on April 7, 2018 at the LSU Old Front Nine. Visit www.CapitalAreaHeartWalk.org for more information.

LAMMICO Presents Solutions for Safer Medical Practices

LAMMICO, the leading medical professional liability insurance company in Louisiana, announces the launch of Practice Solutions, a new on-demand risk management resource for its policyholders and qualifying practice managers. This new online hub is the insurance carrier's new one-stop collection of resources and services for their policyholders to use in mitigating malpractice risk and other risks, and to help make the business of medicine more manageable. LAMMICO policyholders and their registered office staff can access Practice Solutions by logging in to LAMMICO.com as a Member for a collection of risk mitigation tools to help with the daily challenges of managing their practice. To become a registered member, please contact our Risk Management and Patient Safety Department at (504) 841-5211 to speak with a LAMMICO representative.

LA Dept. of Health Offers Funding For Local Mosquito Control Efforts

Funding is now available to help local communities start new mosquito control programs. Using a one-time grant of $500,000 from the federal Centers for Disease Control and Prevention (CDC), the Louisiana Department of Health is now offering funding to local governments to help them establish new mosquito control programs. With the funding from the CDC, the LA Department of Health will award up to five individual grants to parishes or municipalities that currently do not have an in-house mosquito abatement district. Those who receive the grants can use the money to purchase equipment and supplies to start local mosquito control efforts.

Local governments must apply for the funding from the Department of Health. The amount of each individual award will be adjusted, depending on the number of qualified applicants. To enhance surveillance and control efforts, the funding may also be awarded to an existing mosquito abatement district in which local transmission of the Zika virus is discovered. Applications must be received by 4:30 p.m., CST, on Dec. 1, 2017.

"Surveillance-based local mosquito abatement districts provide a tremendous benefit to their communities," said State Medical Entomologist Kyle Moppert. "Identifying disease-carrying mosquitoes, and keeping them under control, helps keep the community safe from a host of mosquito-borne diseases, such as West Nile virus and Zika."

29 Ochsner Nurses Named to "Great 100 Nurses of Louisiana" List

Twenty-nine registered nurses from Ochsner Health System and the Ochsner Health Network were named among the 2017 "Great 100 Nurses of Louisiana," including David Howell and Kayla Rogers of Ochsner Medical Center in Baton Rouge. Congratulations to the following outstanding nurses: David Howell, Kayla Rogers, Leslie Chirinos, Lisa Dickens, Gina Kanzig, Elizabeth Licata, Lacie Rivere, Amy Belknap, Lori Besselman, Theresa Buchert, Albertina Burgos, Michelle DeFrisco, Rachel Ferguson, Angie Hakenjos, Heather Rouyer, Felicia Stevens, Ashley Abboud, Julie Delaney, Deshine McGlothlin, Jamie Macheca, Christine Bromley, Donna Mayeux, Nicole Sesser, Natalie Beasley, Nancy Caillouet, Juie Hess , Melanie Kendrick, Andrea Thibodeaux, and Jeffrey Hamilton.

Cardiovascular Institute of the South Is First to Use New Stent in South Louisiana

Recently, at Baton Rouge General Hospital, CIS interventional cardiologists, Dr. Charles Thompson and Dr. Satish Gadi, were the first in South Louisiana to utilize a new stent technology to treat coronary artery disease. The flexible

Healthcare Briefs

TRYTON Side Branch Stent is designed to fit the shape of a blocked main heart artery that also has a blockage located in the side branch of the heart. It is used in conjunction with a conventional drug-eluting stent implanted in the main vessel. Stenting of the main branch is the current standard of care, but in many cases, the side branch is not stented, leaving it vulnerable to complications such as future blockages, thus leading to emergency stent placement.

"This new stent allows patients with this particular type of case to avoid bypass surgery, and simply have an outpatient procedure in the cath lab where they can go home that day," said Dr. Charles Thompson. "This means a quicker recovery time, and more time with their family."

Opioid Epidemic Is Focus of Behavioral Health Sessions

The Behavioral Health Collaborative is presenting a series of programs to educate the public and providers on community needs to respond to the opioid epidemic, with a goal of developing a continuum of care for the greater Baton Rouge region. Treatment approaches, Medicaid and grant support for services, and private insurer initiatives have been presented by Louis Cataldie, MD; Arwen Podesta, MD; Sue Fontenot, Louisiana Department of Health, pharmacist; and Brice L. Mohundro, PharmD, Clinical Pharmacist- Population Management, Blue Cross and Blue Shield of Louisiana. The collaborative meets monthly at Capital Area Human Services, 4615 Government Street, Building #2, in Baton Rouge. The meeting is open to the public.

AmeriHealth Caritas LA Achieves NCQA's Commendable Accreditation Status

AmeriHealth Caritas Louisiana, a Healthy Louisiana Medicaid managed-care health plan, and part of the AmeriHealth Caritas Family of Companies, has earned a Commendable Health Plan Accreditation status from the National Committee for Quality Assurance (NCQA). NCQA awards a status of Commendable to organizations with service and clinical quality that meet NCQA's rigorous requirements for consumer protection and quality improvement. In 2016, AmeriHealth Caritas Louisiana had the highest HEDIS rankings of all Healthy Louisiana plans in 10 of the measured categories, and it has continued to show growth in key quality measures.

AHA Names Kerin Spears as Vice President for Greater Louisiana

The American Heart Association has named Kerin Spears as Vice President for Greater Louisiana. Spears will work with executives, residents, survivors, and businesses to reduce disability and death from the country's No. 1 cause of death–heart disease. Spears will lead the communities of Baton Rouge, Lafayette, Lake Charles, Alexandria, Shreveport, and Monroe.

Starmount's Amy Marko Receives the Dental Benefits Industry's Highest Honor

The National Association of Dental Plans (NADP) awarded Amy Marko, the Senior Vice President of Dental and Vision Products and Professional Relations for Starmount, Unum Group's dental and vision center of expertise, with the dental benefits industry's highest honor, the Gabryl Award, at the 2017 CONVERGE conference in Atlanta, Ga. The award, presented annually by the NADP to honor a member's industry leadership and long-term contributions to help the organization's mission, recognizes Marko's service and achievement in fostering communication, education, and collaboration between dental plans and providers. "I am honored and humbled to receive the recognition," Marko said. "I know the past Gabryl recipients and the work they've done, and am honored to be in their company."

Open Health Care Clinic Hosts Conference for Healthcare Providers

Open Health Care Clinic hosted their annual health education conference, "Open Talks," presented by Avita Pharmacy and Clinical Pathology Laboratories on Oct. 27. The conference featured speakers from across the United States, presenting on topics related to adolescent healthcare. Open Health Care Clinic believes that addressing adolescent healthcare needs is essential to promoting healthier behaviors into adulthood, thereby bridging the gap between pediatric and adult primary care. The program goal is to increase the knowledge of current adolescent health issues, youth clinical practices, current legal rights, and culturally appropriate health promotion to provide better quality service to our community's youth.

Kerin Spears

East Meets West Mindful Medicine Conference

The East Meets West Mindful Medicine Conference, organized by the Louisiana Himalaya Association, Ochsner Hospitals of New Orleans, and the Louisiana-Mississippi Hospice Palliative Care Organization, is taking place in Dharamsala, India, home of the Tibetan community in exile and of His Holiness the Dalai Lama, from Oct. 26 to Nov. 5. The purpose of this year's conference was to create a dialogue on Western and Tibetan medical philosophies. At the conference, Western MD's met with Tibetan Physicians to share ideas and practices.

Blue Cross Foundation Selects Three Angels from Baton Rouge Area

This October, the Blue Cross and Blue Shield of Louisiana Foundation honored 10 everyday Louisianans doing extraordinary good for the state's children at the 2017 Angel Award® ceremony. Among them, three residents from the Baton Rouge area were honored for their selfless commitment to improving the lives of local kids.

The Baton Rouge awardees are: Jonathan James, the President and CEO of Hope Charities, a Baton Rouge-based nonprofit that helps people living with hemophilia and their families by providing financial, emotional, and practical support; Dr. Clyde Johnson, with Volunteers in Public Schools in 2004, where he inspired the organization's one-on-one tutoring and mentorship model; and Anselmo Rodriguez, who will be recognized as this year's "Blue Angel," a separate award for a Blue Cross employee who goes above and beyond in volunteer service for Louisiana's children. Anselmo volunteers as a presenter for the Rotary Club's CHOICES program, a school retention program designed to improve Louisiana's graduation rate. The other awardees are: Kim Winston Bigler of Covington, the founder of James Storehouse, a nonprofit that ensures children in the foster care system have the necessities they need to thrive through tough transitions; Tammey Cook of Lake Charles, the creator of School2U, a mobile classroom providing academic support to Lake Charles area children; Lloyd Dennis of New Orleans, co-founder and executive director of the Silverback Society, Inc., which connects young men with adult male mentors who can relate to, motivate, and mentor them; Mark and Maegan Hanna of Lafayette, who have made a lifelong commitment to children through building the Clearport Learning Center, a no-cost resource facility to help teens succeed through high school; Verni Howard of Shreveport, the executive director of Providence House, a nonprofit that provides shelter and a childhood development center for homeless men and women with children; and Peggy Kirby of West Monroe, the executive director of the Louisiana Foster & Adoptive Parent Association, and a foster parent for nearly 30 years, who has opened her home to more than 100 teenage girls.

Healthcare Briefs

Pictured at the memorial service are, (first row, from left), Hospice Program Assistant Lacey Norwood, Hospice Manager Courtney Ridgedell, Hospice Chaplain Ty Wells, Lois Gordon, Maureen Felder, Hospice Bereavement Counselor Sr. June Engelbrecht, (second row, from left) Hospice Certified Nursing Assistant Elaine Varnado, Hospice Social Worker II Jessica Wilkes, and Hospice Nurses Jane Frederick, Trenice Coleman and Patrice Pellittieri.

Memorial Service at North Oaks Hospice Helps 98 Families Cope with Loss

Ninety-eight former patients were remembered at the Annual North Oaks Hospice Memorial Service, held in the E. Brent Dufreche Conference Center on the North Oaks Medical Center campus. The Memorial Service is a component of the North Oaks Hospice Bereavement Program, which provides support to family members and caregivers for one year following each patient's passing. It is a special time for families to come together through music, prayer, scripture, words of encouragement, remembrance, and fellowship. While the reading of the names of those lost, and the presentation of memorial gifts to their families, continue to serve as the cornerstones of the service, a butterfly release was added this year. People around the world see butterflies as a symbol of endurance, change, hope, and life, according to North Oaks Hospice Manager Courtney Ridgedell.

St. Elizabeth Physicians Open Second STEP-In Location

St. Elizabeth Physicians has opened a second STEP-In clinic location in the Prairieville Medical Plaza on Old Jefferson Highway. The new clinic accepts walk-ins for the treatment of sprains and strains, allergies, colds, coughs, flu, strep, sore throats, and other minor illnesses and injuries, Monday through Friday from 7 a.m. – 7 p.m., and on Saturday from 8 a.m. – 2 p.m. St. Elizabeth Physicians President, John Fraiche, MD, said, "The Prairieville STEP-In Clinic will provide additional access to primary care, and an added level of convenience for the residents in the Prairieville area. No appointment is necessary to be seen."

St. Elizabeth Physicians has been recognized for quality by the Louisiana Quality Foundation and as the Large Business of the Year, twice, by the Ascension Chamber of Commerce.

OLU Honors Business Leader, Nurses, Doctor with Franciscan Awards

Franciscan Missionaries of Our Lady University honored Alden Andre with the prestigious Franciscan Impact award at its Fête des Fidèles annual fundraiser on Saturday, Oct. 21. Deacon Dan Borné served as the event's master of ceremonies with Bishop Robert Muench serving as the keynote speaker. Other award recipients include Sandra Launey, RN, as the Distinguished Alumna; John Vincent, CRNA, as the Shining Star Alumnus; and Lisa McDivitt, MD, as the Rising Star Alumna.

The Franciscan Impact award recipient, Andre is a retired leader of Formosa Plastics Corporation and also the past chair and current member of the Franciscan Missionaries of Our Lady University Board of Trustees. A humble business leader committed to helping the community, he has served on numerous boards and commissions including the Louisiana Chemical Association, Capital Area United Way, Governor's Workforce Development Commission and American Red Cross. Holding various managerial positions throughout his 50-year career at the Baton Rouge Plant of Formosa Plastics Corporation, Andre helped to build the business while also being an early environmental forerunner in the reduction of toxic emissions. A faithful servant of the Franciscan Missionaries of Our Lady ministries, Andre demonstrates his faith in his service and his personal relationships, believing "that to love life we must treat one another with kindness, respect and dignity."

Launey, RN, is a 1962 graduate of Our Lady of the Lake School of Nursing. She worked as a nurse in various locations in Louisiana and Texas throughout her career and currently volunteers for a number of organizations, including serving as an alumni volunteer for Franciscan Missionaries of Our Lady University. She is a consistent presence at her church, Our Lady of Wisdom and Catholic Student Center, where she serves the church and the students on the campus of the University of Louisiana at Lafayette. She also volunteers at Our Lady of Lourdes Hospital as a Eucharistic Minister and a volunteer recruiter for the hospital.

Vincent, CRNA, currently works as a nurse anesthetist at Woman's Hospital in Baton Rouge. He is passionate about his anesthesia career and about showing compassion for each and every patient

Alden Andre

he cares for. He is equally passionate about finding ways to serve in his community. He has traveled to Belize on a construction mission to build a chapel, a medical mission to offer assessments and health supplies to a community in Mexico, and a general relief mission to Peru after a devastating earthquake. More recently he and his brother took a boat to Houston to rescue more than 125 victims of the flooding after Hurricane Harvey.

McDivitt, MD, despite a full pre-med course load during her undergraduate years and challenging work during medical school, has always made time to volunteer in her community. Focusing on advocacy for children's health rights, McDivitt's service has included a four-week medical mission trip to Mombasa, Kenya, and fundraising to support childhood cancer research. McDivitt recently graduated medical school and is employed as a pediatric resident at the University of Alabama at Birmingham. ■

Louisiana Academy of Family Physicians Installs 70th President

The Louisiana Academy of Family Physicians (LAFP) announced that Dr. Jonathan Hunter of Alexandria, La. will serve as its 70th president for 2017-2018. As Medical Director of Oasis Hospice, he has gone above and beyond the call of duty to educate the public about the importance of hospice care, home health care, and preventative medicine. Dr. Hunter also serves as Medical Director of Thompson Home Health. He has served on various hospital committees at Rapides Regional Medical Center, including Physician Advisor to the Patient Resource Committee, and serves as a Rapides Parish Deputy Coroner. Dr. Hunter is a fellow of the American Academy of Family Physicians, and currently serves on the LAFP Foundation Board of Directors.

National Healthcare Group Recognizes Louisiana Department of Health with Prestigious Award

Well-Ahead Louisiana, an initiative of the Louisiana Department of Health, was recently honored with the prestigious Wellness Frontiers Award, created by the Healthcare Leadership Council to promote best practices and draw attention to existing wellness initiatives that demonstrate excellence and quality. Well-Ahead Louisiana earned this recognition for their work to create WellSpots across Louisiana. WellSpots are worksites, hospitals, schools, childcare centers, colleges/universities, and restaurants that have worked with the Louisiana Department of Health to meet wellness benchmarks, and to implement voluntary, smart changes to make healthier living easier for all Louisiana residents. Mary R. Grealy, president of the Healthcare Leadership Council, is pictured here presenting the Wellness Frontiers Award to Melissa Martin, director of Well-Ahead Louisiana. There are currently 2,267 WellSpots across Louisiana.

BACKGROUND: In his 2004 State of the Union Address, President George W. Bush outlined a bold plan to ensure that most Americans would have electronic health records (EHRs) by 2014. Later that year, he established the Office of the National Coordinator for Health Information Technology (ONC) to advance the national health information technology (IT) agenda. President Barack Obama reinforced the mandate in 2009 by signing the Health Information Technology for Economic and Clinical Health (HITECH) Act into law, as part of the American Recovery and Reinvestment Act. This ambitious legislation was designed to promote the adoption and meaningful use of health IT to improve healthcare quality, safety, and efficiency. With its passage, the health IT landscape quickly evolved, enabling rapid digitization of paper medical records and facilitating the increased electronic exchange of health information.

ASSESSING THE HITECH FACTOR: Physicians' Perspectives

IN THE SEPT. 7, 2017 issue, *The New England Journal of Medicine* featured two articles that focused on the impact of the HITECH Act with observations regarding current challenges and health IT's future.

"The HITECH Era and the Path Forward" was written by four former leaders of the ONC–**David Blumenthal, MD, MPP**; **Karen DeSalvo, MD, MPH**; **Farzad Mostashari, MD**; and **Vindell Washington, MD, MHCM**. The authors begin by acknowledging that the HITECH Act spurred the digitization of health information among providers and hospitals. Citing ONC's 2015 statistics, they note that almost all hospitals in the country and nearly 80% of office-based practices are using certified EHR systems. In addition, they mention that numerous studies indicate this transformation has affected care quality, safety, and efficiency in a positive or partially positive manner. On the other hand, the former national coordinators state that the swift progress has also burdened healthcare providers, especially physicians. And looking ahead, the group identifies ongoing issues such as interoperability, usability, privacy, security, and data stewardship, among others, as challenges and opportunities to foster an improved electronic health system for the nation.

John D. Halamka, MD, CIO for Beth Israel Deaconess Hospital in Boston and **Micky Tripathi, PhD**, president and CEO of the Massachusetts eHealth Collaborative, offer a more targeted view of HITECH progress. In "The HITECH Era in Retrospect," they also recognize the fast-tracked growth of EHR utilization, echoing the ONC statistics. The authors note that while considerable progress was made, hospitals and physicians were overloaded on many levels. To clarify, they list five major areas of concern: usability, workflow, innovation, interoperability, and patient engagement. The article offers examples of how "burdensome requirements" complicated the digitization of healthcare for clinicians who were simultaneously dealing with EHR system costs, Meaningful Use (MU) reporting, new payment models, updated billing codes, cultural change, and privacy/safety/security concerns, among other complex issues. Finally, the authors recommend reassessing the current situation and considering changes related to MU and payment models, EHR certification, interoperability, and adoption of standards to facilitate EHR exchange.

With this national perspective as a backdrop, how has the HITECH Act affected Louisiana's health care system? According to the ONC's latest dashboard, 96% of hospitals and 69% of office-based physicians are using certified EHR systems in our state.

As the state's Regional Extension Center, the Louisiana Health Care Quality Forum assisted more than 2,000 providers and 40 critical access/rural hospitals with adoption, implementation, and meaningful use of EHRs. "The providers we have supported include physicians, nurse practitioners, certified nurse-midwives, physician assistants, and dentists, and they have definitely experienced the same pain points as those referred to in these articles," said Marcia Blanchard, MHA, SHRM-SCP, vice president of strategic development and operations for the Quality Forum. "There's no doubt that the transition has been challenging. Our goal has been to mitigate those challenges for providers by serving as a trusted advisor for health IT information, helping them successfully implement and utilize their EHR system, and working with them to improve the value and quality of patient-focused care in their practice."

To learn more about how HITECH's impact is affecting physicians in general and in Louisiana, I asked Jonathan Hunter, MD, for his perspective. In addition to practicing family medicine with the Brian Clinic in

Cindy Munn
Chief Executive Officer
Louisiana Health Care Quality Forum

Marcia Blanchard, MHA, SHRM-SCP

Jonathan Hunter, MD

Alexandria, Louisiana, Dr. Hunter serves as the current board president of the Louisiana Academy of Family Physicians (LAFP).

As LAFP's board president and a family medicine doctor, what are your thoughts about these two articles?

"In my opinion, these articles are written by authors with differing views regarding the ease by which EHR technology has been adopted within our healthcare system. While they both acknowledge the difficulties that have surfaced, Dr. Blumenthal et al. place considerable blame on the lack of interoperability as a principal culprit for the difficulties that providers and patients have encountered. The challenges of EHR implementation and use are far more broad and significant than data transmission. I am grateful that Drs. Halamka and Tripathi recognize the onerous burden of MU! As a concept, the aim of EHRs is noble: more thorough documentation, increased patient accessibility, reduced errors, and data transmissibility. Unfortunately, the reality is increasing provider dissatisfaction, a higher propensity for burnout, reduced provider-patient communication, and ultimately, another blow to our beleaguered delivery system."

How has EHR adoption/implementation affected solo/small group practices with usability, workflow, innovation, interoperability, and patient engagement in mind?

"Principally, the herculean task of EHR adoption cannot be understated. It is a markedly expensive endeavor that yields a profound effect on solo/small practices. In an era of contracting reimbursement, many providers simply cannot withstand such a capital investment without stifling adjustments to their ability to care for their patients–if not a change of their practice model. Many practices are faced with the hard decision to either comply or be penalized. Based on dialogue with Louisiana family physicians, usability, workflow, and patient engagement are the principal impediments to the successful use of EHR in patient care. While fluid interoperability is clearly a desired eventual outcome, it is viewed as less of a priority than efficient, quality, direct patient care. Family physicians are passionate about their patients, and anything that impedes this relationship will draw their ire–and rightly so."

How has the transition to EHRs as well as these key areas affected your practice?

"As a private practice physician that adopted EHRs in 2011, I can provide an admittedly equivocal assessment. Thankfully, I am in a group that could sustain the significant financial impact of adoption. My documentation is at least more elaborate than when we were paper-bound. I have also found that durable medical equipment companies are more responsive, and insurance companies are more amenable to approving medications and diagnostic studies. Unfortunately, workflow in the office is decidedly disaffected. Providers must devote at least as much time to the laptop as to the face. We are now as obligated to checking boxes as we are to stamping out disease. For the most part, we are agreeable to innovation and best practice, but both have groaned under the introduction of EHRs. My partners and I prioritize usability, workflow, and effects on patient engagement over technology and communicability."

You mentioned patient engagement as one of your priorities. How has the use of EHRs impacted your relationship with your patients?

"The physician-patient relationship has been undeniably affected by the integration of documentation technology in my practice. Put simply, it is slower. While the charting is superior and the exchange capability ostensibly bettered, the heft placed on the physician-patient encounter is undeniable. While charges may be more accurately captured, daily scheduling has been altered to allow for the time needed to document. The end product is more thorough and useable, but it is generated at a price."

If you could make one recommendation relative to MU and EHR adoption and implementation, what would it be?

"After six years of EHR use within my practice, if I could make one recommendation, it would be to place the heaviest software design emphasis on advice from those who are actually using the products. What may initially seem brilliant and efficient in a beta-phase trial may in practice be a clunky, inefficient platform that hinders more than helps the provider. And once the product is in use, continual feedback from the provider is essential to success. In the end, we want this to work!" ■

REFERENCES

"Perspective: The HITECH Era and the Path Forward" Vindell Washington, MD, MHCM, Karen DeSalvo, MD, MPH, Farzad Mostashari, MD, and David Blumenthal, MD, MPPN Engl J Med 2017; 377:904-906 September 7, 2017 DOI: 10.1056/NEJMp1703370 http://www.nejm.org/doi/full/10.1056/NEJMp1703370

"Perspective: The HITECH Era in Retrospect" John D. Halamka, MD, and Micky Tripathi, PhD N Engl J Med 2017; 377:907-909 September 7, 2017 DOI: 10.1056/NEJMp1709851 http://www.nejm.org/doi/full/10.1056/NEJMp1709851

The Future of Nursing Campaign for Action is an initiative of the AARP Foundation, AARP, and the Robert Wood Johnson Foundation.[1] Together with the American Association of Nurse Practitioners, these groups have been sponsoring workshops around the country directed at identifying barriers to APRN full scope of practice and developing strategies to overcome said barriers. Since 2010, the Campaign, in response to the Institute of Medicine report *The Future of Nursing: Leading Change, Advancing Health*, has been advocating for removal of laws, regulations, and policies that prevent APRNs from delivering the care they are educated and trained to provide.[2]

WINNING STRATEGIES FOR APRN FULL PRACTICE AUTHORITY: Using the Future of Nursing Campaign for Action Model

TO BEGIN, it is important to note what is meant by the acronym 'APRN' and the term 'full practice authority'. There are four categories of APRN, which stands for Advanced-Practice Registered Nurse: certified nurse practitioners (CNP), certified registered nurse anesthetists (CRNA), certified nurse midwives (CNM) and clinical nurse specialists (CNS). Although each state has its own licensing, titling and practice act privileging for APRNs, 'full practice authority' has been defined by the American Association of Nurse Practitioners as "the collection of state practice and licensure laws that allow for nurse practitioners (APRNs) to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments–including prescribing medications–under the exclusive licensure authority of the state board of nursing."[2] Louisiana is not a full practice authority state–we are a limited practice state where a written collaborative practice agreement (CPA) exists between APRN(s) and collaborating physician(s) that specifies acts of medical diagnosis allowed, including prescriptive and controlled substance authority, with general supervision requirements specified within the CPA.[4] Other barriers to APRN full practice authority that have been identified include legislative support or lack thereof, organizational restrictions within the credentialing process, and reimbursement restrictions.

Since the beginning of the campaign, nine states (South Dakota, Connecticut, Maryland, Minnesota, Nebraska, Nevada, North Dakota, Rhode Island, and Vermont) have removed statutory barriers to APRN practice.[1] By allowing APRNs to provide care within the full scope of their education, these states have improved access to care and ensured that consumers have increased choices for high-quality healthcare. Additionally, the federal government has incorporated full APRN care and nurse-led practice models within the Veterans Administration (VA) as of December 2016 for the roles of CNP, CNS, and CNM. Although CRNAs were not included in the VA guidelines, nursing organizations across the country have gone on record in support of full practice authority for CRNAs within the VA system.

Louisiana is a primarily rural state and APRNs provide broad healthcare services across the age continuum in a variety of settings. Although many of our state's APRNs care for patients within hospitals or hospital systems, others provide their services within critical access hospitals or in single or small group practices. They are often the only healthcare providers in these rural settings, and the requirement for collaborative practice agreements in our state has been cited as a barrier to full access to care. Fateux et al. summarize the effects of collaborative practice agreements on access to and costs of care. These are summarized below.[5]

- Physicians often charge APRNs for their collaborative services and these charges are unregulated. They can amount to thousands or tens of thousands of dollars.
- Many physicians hesitate to enter CPAs with APRNs because of perceived additional liability.
- Laws often limit the geographic distance that is permitted between the APRN and

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

their collaborating physician(s), which can discourage APRNs from practicing in rural areas where they are desperately needed.

- When physicians move, retire, leave practice, or die, the termination of the CPA can leave patients without care. Often patients will fill this gap in services by seeking care in emergency departments. This overwhelms emergency services with provision of primary care, further limiting their ability to care for patients with emergent or trauma needs.
- An insufficient supply of collaborating physicians limits the opportunity of APRNs to provide interventions that improve health outcomes and lower costs.
- States with more restrictive practice acts are penalized in terms of workforce as APRNs are attracted to practice in areas where full practice authority is allowed.

One of the prevailing arguments from the medical community against APRNs being granted full practice authority is that APRNs have fewer years of education than their medical colleagues. While it is true that medical doctors have more formal education, APRNs often have more years of experience. The general education model for APRNs is 4 years of baccalaureate education in nursing followed by 3-5 years of graduate education at either the master's or doctoral level for a total of 7-9 years of formal education plus their experiential foundation, which can range from 2-20 years of practice as a registered nurse before entering their APRN program. Physicians' education model is 4 years of baccalaureate education, 4 years of medical school, and 3-5 years of residency in a medical specialty, bringing their formal education to 11-13 years. Additionally, physicians don't usually have similar practice experience because their education takes them from undergraduate education to medical school to residency. It is in their residency where significant experience in practice for their chosen specialty begins.

It is also important to note that APRNs are not practicing medicine. They are practicing advanced levels of nursing with provision of services that overlap with their medical colleagues. APRNs "... practice within established standards and [are] accountable for the quality of advanced nursing care rendered, for recognizing limits of knowledge and experience, planning for the management of situations beyond one's expertise; and for consulting with or referring patients to other health care providers as appropriate."[4] APRNs are properly educated to perform the scope of services within their respective roles and populations and for which they are certified and licensed. They make appropriate referrals to their medical colleagues and other healthcare practitioners when their patients' needs fall outside of their scope of practice and competence level. They act in these ways because they are educated to consult and collaborate in these ways and not because of the existence of the requirements in a CPA.

The Louisiana State Board of Nursing (LSBN) and the Louisiana State Board of Medical Examiners (LSBME) have been working closely and collaboratively to address barriers to full practice authority for APRNs. In September 2016, LSBN and LSBME published a joint statement on physician/APRN collaboration and collaborative practice. With the provision of that statement, both agencies intended to:

(i) safeguard the life and health of the citizens of Louisiana through promotion of safe and competent practice;

(ii) provide guidance to advanced practice registered nurses and physicians licensed in Louisiana in order to meet the expectation and requirements for practice in this state; and

(iii) foster compliance with regulations in Louisiana.[6]

The Joint Statement makes clear that "in no instance is the scope of practice of APRNs delegated to them through the physician's scope or authority. The provision of effective, comprehensive care hinges upon all professionals functioning to their maximum ability, with coordination of care and communication that provides for patient needs and mutual recognition of and respect for each professional's knowledge, skills, and contributions to the provision of health care."[6] The joint statement serves as a basis for rulemaking by both agencies, with said rules currently working their way through the normal rulemaking processes.

APRNs have been providing safe, effective, quality healthcare for over four decades. Their track record demonstrates exceptional outcomes. We will continue to work with our dedicated medical colleagues, legislators, patients, and other providers to modernize practice laws and regulatory activities in order to ensure that all Louisianans have access to quality healthcare at affordable costs. ■

REFERENCES

[1]Robert Wood Johnson Foundation; AARP Foundation, September 2017. *Campaign Successes.* Future of Nursing Campaign for Action. Princeton, NJ.
[2]National Academy of Sciences, Institute of Medicine, 2010. *The Future of Nursing. Leading Change, Advancing Health*. http://www.nationalacademies.org/hmd/-/media/Files/Report%20Files/2010/The-Future-of-Nursing/Future%20of%20Nursing%202010%20Report%20Brief.pdf. Accessed October 2, 2017.
[3]American Association of Nurse Practitioners, 2013. *Issues at a glance: Full practice authority.* http://c.ymcdn.com/sites/www.npamonline.org/resource/resmgr/imported/Full%20practice%20authority.pdf. Accessed September 27, 2017.
[4]Louisiana Administrative Code, Title 46, Part XLVII, Subpart 2. Registered Nurses, Chapter 45, §4505 Definitions. As amended July 2017.
[5]Fauteux, N., Brand, R., Fink, J.L.W., Frelick, M. and Werrlein, D. March 2017. *The Case for Removing Barriers to APRN Practice.* Robert Wood Johnson Foundation, Princeton, NJ.
[6]Louisiana State Board of Nursing and Louisiana State Board of Medical Examiners, September 2016. Joint Statement of Position. *Collaboration and Collaborative Practice.*

Did you know that the Louisiana Department of Health plays a significant role in disaster response? While our state was mostly spared from what has turned out to be an active and devastating hurricane season, our department was still involved in helping our brothers and sisters in neighboring states and even in Puerto Rico.

Responding to and Mitigating CRISES

IN THIS COLUMN, I'll share more about our role during times of crisis and tell you how the Louisiana Department of Health continues to improve the lives of our residents by addressing opioid drug use and obesity.

Responding during a crisis

In the aftermath of Hurricanes Harvey, Irma, and Maria, instead of having to help our residents recover, Louisiana is fortunate to be in a position of assisting people from other states.

While our state was spared, we find ourselves better prepared because of lessons learned from the devastation of previous storms such as Hurricane Katrina, that killed thousands of people. We've learned to identify resources, and to activate and evacuate early.

Today, we have a statewide response network of public and private partners that includes hospitals, EMS, nursing homes, home health, and forensic and public health officials. These networks coordinate directly with the state to mobilize a response by providing on-the-ground assistance and real-time coordination with local emergency responders and the Governor's Office of Emergency Response.

We've shifted from a system of post-storm evacuation to pre-storm evacuation. Approximately fifty percent of Louisiana's population, and the majority of its healthcare infrastructure, is located near the coast. These facilities are now ready to move their patients early.

Detailed medical evacuation plans and planning today allow for the safe evacuation of more than 1,000 patients from multiple hospitals within a 38-hour period. Additionally, sites where we will open medical shelters are readied to accept patients before a hurricane makes landfall.

If there is one thing Louisiana knows how to handle, it's a hurricane. And, I guess, you can add floods, tornadoes, and other various natural disasters to the list. Although our southern location provides many jobs and vital resources, it also makes us vulnerable to the elements. Years of experience have brought Louisiana to the forefront of disaster expertise, and we are now considered a national leader in emergency preparedness and disaster response.

In fact, in August, September, and October, emergency responders from our department have been actively engaged in responding to the human needs of those affected by hurricanes Harvey, Irma and Maria.

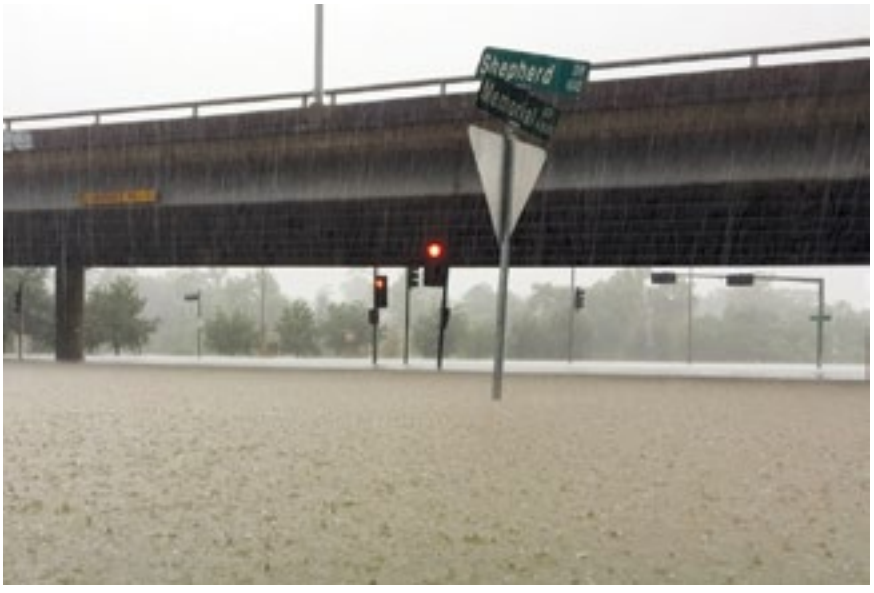
Hurricane Harvey made three landfalls in Texas, with Louisiana receiving heavy rainfall in the southwest area of the state. In the aftermath of this terrible storm, our department operated a medical special needs shelter within a mega-shelter in Alexandria and another medical special needs shelter in Shreveport. Our team, along with medical volunteers, provided healthcare for more than 100 patients and worked with partners to deliver over 1,300 prescriptions.

After Hurricane Irma caused major destruction in Florida, our state was able to send 22 nurses to the state for medical assistance.

Almost immediately following Hurricane Maria, Louisiana went to work.

Within the National Disaster Medical System, or NDMS, Shreveport has been designated as a federal coordinating center (FCC). A main component of the NDMS is coordinating the movement of patients from a disaster area to an FCC in an unaffected area. The team is made up of a Veteran's Administration leader, Hospital Designated Regional Coordinator, and EMS Designated Regional Coordinator. They are supported by hospitals in the Shreveport region, EMS personnel, first responders from the City of Shreveport, the Caddo Parish Sheriff's Office and Fire Department, and our federal partners, all

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



"In the aftermath of this terrible storm (Hurricane Harvey), our department operated a medical special needs shelter within a mega-shelter in Alexandria and another medical special needs shelter in Shreveport."

working together to receive evacuees from Puerto Rico.

One week after Hurricane Maria made landfall, the Shreveport Federal Coordinating Center had received a total of 29 patients from Puerto Rico, including several babies who were evacuated from hospitals on the island. They were accompanied by 15 caregivers, with additional patients and caregivers expected. These patients were brought to the FCC by the teams with the Department of Defense and a FEMA contractor, American Medical Response, and are being treated in Louisiana hospitals.

Louisiana is committed to supporting our fellow human beings and lending expertise in the wake of this tragic storm. Our years of rebuilding and devastation have allowed us to provide comfort and assistance to those in need. We understand what it takes to rebuild. Natural disasters like Hurricane Maria will continue to happen for decades to come, but Louisiana stands strong and ready to face what is next.

Ongoing work to reduce opioid abuse

The Department of Health continues our work to reduce the opioid problem in our state. The CDC has awarded our Department nearly $1 million for ongoing data collection, tracking, and analysis of opioid-related overdoses statewide.

The CDC's Data-Driven Prevention Initiative has awarded $540,000 to be used for increased surveillance of opioid overdoses and deaths. This funding is an extension of a grant first awarded in 2016, which allowed us to work with external partners to merge statewide data sources that track deaths, prescription rates, and emergency-room and inpatient utilization.

Additionally, through its Enhanced State Opioid Overdose Surveillance initiative, the CDC has awarded a second grant for $457,702, which will be used to establish a "rapid surveillance" system through a collaboration with local law enforcement agencies and coroners. This will make data on fatal and non-fatal overdoses available within weeks of the event.

Having the best data is crucial to effectively combating the opioid epidemic in the state. These surveillance tools, along with our already robust prescription drug monitoring program, will help us to better target responses, resources and life-saving interventions.

National recognition for wellness initiatives

Well-Ahead Louisiana, an initiative of the Louisiana Department of Health, was recently honored with the prestigious Wellness Frontiers Award from the Healthcare Leadership Council.

The Healthcare Leadership Council created the Wellness Frontiers Award to promote best practices and draw attention to existing wellness initiatives that demonstrate excellence and quality.

Well-Ahead Louisiana earned this recognition for their work to create WellSpots across Louisiana. WellSpots are worksites, hospitals, schools, child care centers, colleges/universities, and restaurants that have worked with the Louisiana Department of Health to meet wellness benchmarks and to implement voluntary, smart changes to make healthier living easier for all Louisiana residents.

There are currently 2,267 WellSpots across Louisiana.

Each WellSpot designation is a small step toward improving Louisiana's health outcomes and reducing the financial and personal cost of chronic disease.

To learn more about becoming a WellSpot, visit www.wellaheadla.com. ■

HOLY "CAP!" Health Care Providers Now Face Uncapped Exposure for Negligent Credentialing

LOUISIANA LAW IMPOSES on health care providers a duty to investigate, select, and retain only qualified and competent physicians to care for their patients. A provider's liability and resulting exposure for breaching these obligations, sometimes categorized as negligent credentialing, has historically been "capped" by Louisiana law. Stated more specifically, a patient's claim for negligent credentialing was considered to be inherently related to medical treatment and thus subject to the Louisiana Medical Malpractice Act ("LMMA")—including, most notably for healthcare providers, the limitations of liability, or "cap" on money damages, that a patient could recover in a lawsuit. The Louisiana Supreme Court, however, recently removed this layer of protection for healthcare providers in the landmark decision of *Billeaudeau v. Opelousas Gen. Hosp. Auth.*, 2016-0846 (La. 10/19/16).

In *Billeaudeau*, a patient sued an Emergency Department ("ED") physician for allegedly failing to diagnose a stroke and timely administer tPA (tissue plasmingogen activator), causing her to suffer severe brain damage. In that same lawsuit, the patient also sued Opelousas General Hospital contending, among other claims, that the ED physician was not qualified to be credentialed under the hospital's own policies and, thus, should not have been allowed to practice medicine in its ED. Both the trial court and the Third Circuit Court of Appeal found, over the objection of Opelousas General Hospital, that the patient's negligent-credentialing claim was not related to the delivery of healthcare by the ED physician and thus fell outside the scope of the LMMA.

In a surprising 4-3 decision, the Louisiana Supreme Court affirmed the decisions of the lower courts and found as a matter of law that a patient's negligent-credentialing claim against a healthcare provider was not subject to the LMMA. In the Court's majority opinion, Justice Knoll explained that although "...the staffing of a hospital does in some aspects involve the degree and quality of healthcare provided by a hospital, the decision to hire a physician in and of itself is administrative and does not directly relate to the treatment of any given patient or involve a dereliction of professional skill." (*Billeaudeau*, at *8). Thus, the Court drew a clear distinction between a patient's claim for negligent supervision of a physician, which does fall under the LMMA, and the initial decision of the healthcare provider to credential a physician, which the Court determined fell outside the LMMA. In a concurring opinion, Justice Weimer further found that negligent credentialing did not fall under the LMMA because it was not specifically included in the statute's definition of malpractice. (*Billeaudeau*, at *15).

In reaching their decision, the majority in *Billeaudeau* failed to directly address prior decisions where Louisiana courts held that a claim for negligent credentialing fell squarely within the LMMA. Nevertheless, *Billeaudeau* is now controlling and, therefore, must be followed by lower courts that are confronted with claims of negligent credentialing. Only being a year removed from *Billeaudeau*, it is too early to gauge how our courts and legislature will confront the new landscape of uncapped negligent-credentialing claims. However, there are practical ramifications of this ruling that are already affecting healthcare providers, including but not limited to: increased litigation fees, the potential for disclosure of confidential information, and disputes or gaps in insurance coverage for healthcare providers faced with this new exposure.

INCREASED LITIGATION FEES

Most obviously, healthcare providers should expect—and, in fact, are already seeing—an increase in negligent-credentialing allegations in lawsuits brought by patients with underlying claims of medical malpractice. As a preliminary matter, it seems counterintuitive to litigate a negligent-credentialing claim before the patient's underlying complaint of medical malpractice against the physician concludes at the panel stage. Because *Billeaudeau* found that these claims are not treatment-related, however, patients can arguably litigate the merits of the negligent-credentialing allegations in state court while simultaneously pursuing the claims of medical malpractice before the PCF. This dual-track litigation will necessarily result in an increase in legal fees and expenses for healthcare providers facing the inevitable uptick in negligent-credentialing lawsuits.

DISCLOSURE OF CONFIDENTIAL INFORMATION?

Perhaps more importantly, healthcare providers should expect patients to aggressively pursue information about its confidential credentialing policies and

Adam Thames
Taylor Porter Partner

procedures. In most instances, the credentialing process is based on the decisions of a committee formed by the healthcare provider. Under Louisiana's peer-review statutes, La. R.S. 13:3715.3(A), decisions of a peer-review committee, arguably including a credentialing committee, are privileged and not subject to disclosure. Further, under La. R.S. 40:2205, the records and proceedings of a hospital committee are confidential and not subject to court subpoena. While the peer review statute is primarily aimed at protecting information exchanged in association with the issuance or denial of privileges, a healthcare provider should be allowed to assert these peer-review protections by analogy to significantly, if not wholly, limit evidence available to a patient asserting a negligent-credentialing claim. Unfortunately, courts have not provided much guidance in this area, presumably because discovery of negligent credentialing was never a priority when the claim was capped under the LMMA.

Certainly, healthcare providers should take a hard line against producing in litigation any of their confidential protocols and procedures for credentialing. If a provider decides to waive a known privilege, or if a court orders a provider to produce this credentialing information, there is no defined scope of what can, or should, be disclosed in an uncapped negligent-credentialing lawsuit. A patient may be able to fashion a very strong argument that he or she is entitled to all of a provider's internal policies and procedures for credentialing a physician, along with the committee's file materials for the credentialed physician being sued for malpractice. However, it is unclear how much more information, if any at all, a patient will be able to discover about a healthcare provider's confidential and sensitive credentialing process.

The purpose of the peer-review protections are, of course, to allow committee participants to speak candidly about the candidates and fully engage in the process. While likely not an intended result, *Billeaudeau* may have a chilling effect on the credentialing process if participants are no longer confident their work will remain confidential, or if they are concerned with potentially being subject to a subpoena to testify under oath about their role in the credentialing of a certain physician. At a minimum, healthcare providers that disclose confidential information to a patient in a negligent-credentialing claim—whether in response to a court order, voluntary waiver, or otherwise—should ensure that the information produced is subject to a strict protective order, signed by the court and all parties and designed to survive the life of the litigation.

INSURANCE COVERAGE

Many professional liability policies insure damages caused by the failure of a physician to adhere to the acceptable standard of medical care, i.e. medical malpractice, yet specifically exclude coverage for other liability claims, like negligent credentialing. Given *Billeadeau's* clear distinction between these two claims, healthcare providers should confirm they have adequate insurance coverage in place to protect against not only "capped" claims of professional negligence as defined by the LMMA but also their "uncapped" exposure for negligent-credentialing. In light of *Billeaudeau*, many healthcare providers may also be faced with a drastic increase in insurance premiums for liability coverage designed to protect the insurer from this new risk. Thus, *Billeaudeau's* financial impact on healthcare providers may extend well beyond the courtroom.

Proponents of *Billeaudeau* may contend that the Court's opinion will incentivize healthcare providers and their physicians to take credentialing more seriously and ensure that only the best physicians are hired and maintained on staff. Opponents, however, could reasonably argue that *Billeaudeau* undoes years of court precedent and sound legislative policy and effectively creates a back door for patients to circumvent Louisiana's long-held constitutional cap on recovery of money damages for medical malpractice. Regardless, *Billeaudeau* is the most recent directive from our state's highest court on a healthcare provider's liability for negligent credentialing and short of a legislative amendment, this new landscape of uncapped liability is here to stay. Healthcare providers and those who sit on the committees formed to investigate, select, and retain physicians must appreciate the seriousness of this ruling and be proactive in reviewing credentialing policies and procedures to ensure they are compliant, use caution in disclosing confidential information gathered during the credentialing process, and maintain adequate insurance to protect against this now-uncapped exposure.

If you require additional information about this article, would like a consult about a pending or threatened negligent-credentialing claim, or wish to evaluate your credentialing policies and procedures, please contact me at adam.thames@taylorporter.com or 225.381.0272. You can learn more about our law firm's healthcare legal services by visiting our Taylor Porter Health Care Practice Team web site page at: http://www.taylorpor er.com/practice-areas/health-care-regulation -and -litigation/ ■

-Contributions in research made to this article by Taylor Porter attorney Ne'Shira Millender

Adam Thames is a Partner at Taylor Porter and a member of the Firm's Health Care Practice Team. He devotes a significant portion of his practice to representing physicians, hospitals, dialysis clinics, nurses, and other healthcare providers in medical malpractice and other professional liability claims. Adam also has extensive experience litigating class action, products liability, personal injury, and insurance defense claims. Adam is ranked by his peers among the *2017 Louisiana Super Lawyers*' "Rising Stars." Within Taylor Porter, Adam serves as Chair of the firm's Recruiting Committee.

You can view Adam's profile at: http://www.taylorporter.com/our-attorneys/l-adam-thames

COLUMN
ALZHEIMER'S

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

"Cancer is the painful disease. Alzheimer's is the cruel disease." This is how Dr. Jeffery Keller of the Dementia Institute at Pennington Biomedical Research Center describes Alzheimer's disease. James Carville was the first I heard say, "Alzheimer's is contagious because it affects the whole family." Both comments are framed by the experiences of the individuals either through research or caring for a family member with the disease.

THE INVISIBLE VICTIMS OF ALZHEIMER'S DISEASE

WE SEE THE INDIVIDUAL with the disease slowly lose cognition and memory–the memories that are core to our being–thus making Alzheimer's the cruel disease. Most of us can't truly imagine what it would be like to wake up and not recognize ourselves in the mirror or become fearful because we don't recognize a spouse in the bed next to us. National statistics report 10% of the population over age 65* will develop Alzheimer's and typically live 8 to 10 years with the disease. In that time, the affected person will likely have a minimum of three and possibly ten caregivers. Caregiving falls mostly on family members who often sacrifice their own health seeing to the care of a loved one. As the disease progresses and care is needed more and more, caregivers may become isolated and depressed. Their social circles get smaller and smaller due to the demands of caregiving, time constraints, and simply because they are exhausted. Caregivers for those with younger-onset Alzheimer's (under age 65) may still be working, raising a family, or may also be caring for aging parents. Twice as many caregivers for a loved one with dementia, compared with caregivers for one without dementia, indicate substantial physical, mental, and financial burdens causing tremendous stress. The medical community agrees that stress is our enemy. The Alzheimer's Association's 2017 Facts and Figures reports that medical treatment for individuals with Alzheimer's is 65% higher than for patients without it. Quantifying the increased health challenges in caregivers is more difficult, making them the **Invisible Victims of Alzheimer's Disease**. Some of the adverse effects reported in the 2017 Alzheimer's Facts and Figures include:

- 59% of family caregivers indicate high to very high levels of emotional stress.
- 41% report they have no assistance, and care for the family member alone.
- 30-40% suffer from depression compared with 5-17% of non-caregivers.
- Spousal caregivers experience depression two and a half times more than non-spousal caregivers.
- 35% report a decline in their own health compared with 19% of caregivers of non-Alzheimer's family members.
- Spousal caregivers are more likely to have physiological changes that reflect declining health, including increased levels of stress hormones, reduced immune function, coronary heart disease, and hypertension.

Caregivers need support in a variety of ways to help them on what becomes a long journey down the path of Alzheimer's disease. Education provides the knowledge to understand the characteristics of the disease and helps develop coping skills that reduce stress. Caregivers can find information easily online, yet getting out and socializing with others experiencing the same thing is more beneficial. Caregiver Support groups, monthly Lunch 'N Learn series, and Financial Literacy are all opportunities provided by Alzheimer's Services to engage the caregiver in both the learning experience and a social setting. Often Caregiver Support Group members become friends and continue the relationship, providing support to one another. Respite time is also important for caregivers. Getting a "break" from caregiving allows the caregiver opportunities to re-energize. Just getting to take a nap, go to the grocery store or to lunch with a friend allows caregivers time and space to let go of the constant demands of caregiving.

November is National Alzheimer's Awareness month and Alzheimer's Services will observe it with a variety of events including *Day of Memories* on November 5th at Perkins Rowe, memory screenings each Thursday and Friday throughout the greater Baton Rouge community, and Making Sense of Cents Financial Literacy classes. *The Faces of Alzheimer's* photo exhibit will also be on display at Our Lady of the Lake and St. Elizabeth's hospitals. A special candlelight ceremony remembering those we have lost to Alzheimer's will be held at 5:00 p.m. during the Day of Memories activities at Perkins Rowe. Everyone is invited–especially caregivers and affected individuals on this journey. Perkins Rowe merchants are offering special discounts to participants. More details for November Awareness activities can be found at www.alzbr.org.

Don't be an invisible victim–reach out, ask for support–join us. If you are not a caregiver but you know one, offer to sit for an hour, make or take dinner for them, even meet for a cup of coffee and listen or offer support. Your effort will be appreciated more than you know. ■

* Alzheimer's Association 2017 Alzheimer 's Disease Facts and Figures

BECAUSE WE CARE...

At Personal Homecare Services, our family is your family... We provide 24/7, in-home companion care. The client remains in the comfort of their own home, with their personal memories and possessions, and you can regain the time and energy needed to experience being a real family again. PHS is one of the first non-medical services specializing in live-in care and working in conjunction with doctors, healthcare providers, and hospices to provide continuous around-the-clock care without the worry and expense of hourly services. Our clients call us because someone they trusted told them about PHS.

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

PHS

To learn more about PHS call 877-336-8045
or visit us online at personalhomecare.net
Like us on Facebook

Serving Louisiana and Mississippi

It's time to talk Body!

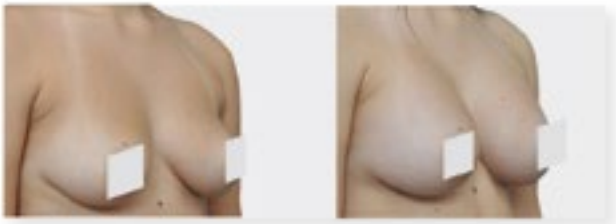
LET US HELP YOU GET READY FOR THE HOLIDAYS

TUMMY TUCK | BODY CONTOURING | BREAST AUGMENTATION | LIPOSUCTION

Actual patient before and after Tummy Tuck

Actual patient before and after Arm Lift

Actual patient before and after
Breast Augmentation



Actual patient before and after
Breast Augmentation

LUCIUS DOUCET III, MD, FACS

Board Certified by American Board of Plastic Surgery

WILLIAMSON
COSMETIC CENTER
& PERENACK AESTHETIC SURGERY

BATON ROUGE & GONZALES | **225-927-7546**
WWW.WILLIAMSONCOSMETICCENTER.COM

LSU OFFICIAL PARTNERS OF LSU ATHLETICS

Hospital Rounds

Our Lady of the Lake Hosts Annual Blessing of the Pets

In honor of the Feast Day of St. Francis of Assisi, Our Lady of the Lake hosted its 11th annual pet blessing for the community and their animals. St. Francis is the patron saint of nature, animals, and of Our Lady of the Lake's founders, the Franciscan Missionaries of Our Lady. The blessing of animals is a tradition that originated in the 13th century in remembrance of St. Francis, who believed all animals should be treated with dignity and respect. Father Don Ajoko administered the pet blessing on the lawn outside of LSU Health-Baton Rouge, Perkins Surgery Center.

Hospital Rounds

Woman's Hospital's Bariatric Program Named a 'Blue Distinction Center Plus'

Woman's bariatric program has earned the Blue Distinction Specialty Care Center Plus (BDC+) designation from Blue Cross Blue Shield, which recognizes healthcare providers that deliver specialized care in a safe, effective, and cost-efficient manner. The distinction helps patients seeking weight loss surgery find both quality and value for their care, while encouraging healthcare professionals to improve the overall quality and delivery of healthcare, nationwide.

Our Lady of the Lake Adds Cardiology Services to Baker Clinic

Our Lady of the Lake Physician Group Internal Medicine and Pediatrics at Baker has expanded its services to include cardiology, providing a more accessible and comprehensive healthcare experience for patients in the community. Services at the clinic now include general cardiology, preventive cardiology, and electrophysiology (heart rhythm disorders). Patients will be able to receive important heart testing on-site, including echocardiograms, vascular ultrasound, and stress testing. The cardiologists providing diagnostic exams and treatment at the clinic are Drs. Leon Cannizzaro, III, Jeffrey Hyde, David Moll, and Wenjie Xu.

Baton Rouge General Opens Express Care Clinic on Picardy

Baton Rouge General announced the opening of its new after-hours Express Care clinic on Picardy Avenue in Baton Rouge on the Bluebonnet campus. Open seven days a week, the clinic will accept walk-in patients of all ages, and will treat common illnesses and injuries, including allergies, colds, eye swelling, fever, heartburn, nausea, sprains, and strains. Baton Rouge General Express Care also features a lab, an X-ray machine, and an EKG for more moderate injuries.

"Patients expect convenience, affordability, and excellent service," said Edgardo Tenreiro, President and CEO of Baton Rouge General. "Now, if you wake up with strep throat or pink eye on Sunday morning, you don't have to visit the ER to get the high quality of care BRG is known for."

BCBS of LA, Ochsner Announce Partnership to Address Rising Healthcare Costs

Blue Cross and Blue Shield of Louisiana, the largest insurer in the state, and Ochsner Health System, a nationally ranked, global healthcare destination, will be working together to identify solutions to help remedy rising healthcare costs, increase access to healthcare options, and address quality issues for individuals and businesses in Louisiana. Ranked 49th in the 2016 America's Health Rankings report, Louisiana has ongoing problems with poor health outcomes and rising costs. Meanwhile, 6 of the 10 most expensive places to purchase healthcare in the nation are in Louisiana, according to a 2013 Institute of Medicine study looking at Medicare markets.

"What's unique is that an insurer and provider are now aligned with a shared vision of what it takes to improve the health delivery system, and we are working in partnership with Ochsner Health System to do just that," says Blue Cross President and CEO Steve Udvarhelyi. "We both understand that transforming healthcare is the only way to achieve the results we need in terms of quality and value."

Our Lady of the Lake Earns 110 WellSpot Designations

Our Lady of the Lake is helping drive healthier lifestyles across Louisiana through its 110 WellSpot locations, recently designated by the Louisiana Department of Health (LDH). A WellSpot is a place, space, or organization that has implemented voluntary changes to make healthy living easier for Louisiana residents.

"As a healthcare provider, we lead by example to promote and recognize healthy choices in the workplace and beyond," said Coletta Barrett, Vice President of Mission, Our Lady of the Lake Regional Medical Center. "We have embraced a culture of wellness that extends not only inside our own organizations, but reaches families of team members, children in schools, and the community around us."

BR GENERAL'S VINCE WEAVER, MD, PERFORMING NEW STROKE PREVENTION PROCEDURE

Dr. Vince Weaver, a vascular surgeon with Baton Rouge Vascular Specialty Center, is the first physician in South Louisiana, and the only physician in Baton Rouge, to perform a new, minimally invasive procedure called TransCarotid Artery Revascularization (TCAR), which reverses the blood flow through the brain to divert blood clots and plaque away from the brain, to prevent blockage and stroke.

"Strokes can be tragic and life-altering, and I'm thrilled to be able to offer such an important new option in the fight against them," said Dr. Weaver. "TCAR is particularly suited for the large portion of patients we see who are at higher risk of complications from other, traditional procedures."

Pink Concrete Mixer Truck Kicks Off MBP OLOL Cancer Center's Geaux Pink Campaign

Martha Thomas, a driver for Quality Concrete Group (QCG), is proud to drive the company's new pink concrete mixer truck around town to help spread greater awareness for breast cancer. Thomas has been touched by cancer, with both of her parents having fought the disease. As a woman, she's excited to be a part of the rolling public service announcement that thousands will see as she visits job sites throughout Baton Rouge. The newly designed truck is part of QCG's participation in Mary Bird Perkins - Our Lady of the Lake Cancer Center's annual Geaux Pink fundraising and awareness campaign.

Mike Price, QCG co-owner, said that, as a company, they wanted to do something to help fight breast cancer in the community and partner with an organization through which their support could touch the greatest number of people. "Patients being treated for breast cancer can get the best care possible at the Cancer Center, and our city is fortunate to have a facility of this caliber," said Price. "We wanted to be a part of bringing even greater care to those fighting a disease that has touched almost every person we know in some way."

In addition to generating awareness with the pink truck, Price and his business partner, Jeff Poche, will also make a contribution to the Cancer Center to directly support cancer awareness, early detection, and screening programs in the local area.

"We so appreciate Quality Concrete Group's willingness to do something so vastly different and visible that will make a strong statement about their support for those fighting breast cancer, and we also thank them for their generosity in helping to fund the vast services we surround patients with when they receive a cancer diagnosis," said Ethan Bush, Vice President and Chief Development Officer, Mary Bird Perkins Cancer Center. "It takes many resources and experts to provide premier care, and community partners like Quality Concrete Group help us continue providing the highest quality cancer care locally."

Hospital Rounds

Patrick Murphy

Barbara Brunet, MD

Robert Chasuk,MD

Patrick Murphy Named Director of Physician Practices at Lane Regional

Patrick Murphy has been named Director of Physician Practices at Lane Regional Medical Center. He will manage the day-to-day functions of specific practices, including Bayou Regional Women's Clinic, Zachary Family Practice, Lane Surgery Group, Lane ENT Clinic, and FastLane After Hours Clinic. Murphy joins Lane with an extensive and varied background in healthcare, most recently serving as the Practice Operations Manager at Tulane University Health System in New Orleans.

"I am very excited to be a part of the Lane team," said Murphy. "It is an honor to be involved with such an outstanding group, and be able to serve by helping the hospital continuously improve the services we provide."

Murphy, a six-year veteran of the United States Navy, and his fiancé, Dr. Danielle Alsandor, live in Baton Rouge with their two dogs, Conway and Domino.

Barbara Brunet, MD, Joins OLOL Allergy & Immunology Physician Group

Barbara Brunet, MD, has joined Our Lady of the Lake Physician Group - Allergy & Immunology, where she is providing care for pediatric and adult patients with allergic conditions and diseases of the immune system. Dr. Brunet is a fellowship-trained specialist who received her medical degree from Ross University School of Medicine in Dominica, West Indies, completed her residency at LSU Health Sciences Center in

Woman's Hospital Launches New Pregnancy App

Woman's Hospital, a leading expert on pregnancy and childbirth, has launched a new app that combines trusted medical information with the best features from the most popular pregnancy apps. "Woman's Pregnancy" app offers educational resources and helpful tools for expectant moms to utilize throughout pregnancy and after baby arrives. Created in collaboration with Baton Rouge-based software firm Envoc, the app was designed to be a comprehensive resource for pregnant and breastfeeding women; it includes all of the educational information that Woman's recently published in a paperback pregnancy journal. Because the app features tools for timing contractions and tracking breastfeeding sessions, women won't need to download separate apps.

"Education is an essential part of a healthy pregnancy," said Cheri Johnson, Woman's Vice President of Perinatal Services. "Through the Woman's Pregnancy app, we're able to share our expertise with women all across the country, furthering our mission to improve the health of women and infants."

LAFAYETTE GENERAL, OCHSNER OPEN PEDIATRIC SUBSPECIALTY CLINIC

Lafayette General Health and Ochsner Health System recently hosted a ribbon cutting and open house to celebrate the opening of a new pediatric subspecialty clinic, a joint venture between Lafayette General Medical Center and Ochsner Hospital for Children. Working together, LGH and Ochsner continue to look for opportunities to expand access to high-quality care for people in Acadiana. "Access to specialists is paramount, and we are thankful Ochsner is helping us provide local options," said LGH President David L. Callecod, FACHE. "Asking patients, especially children, to travel for care is not ideal."

New Orleans and her fellowship at the University of Mississippi Medical Center in Jackson. She is board certified in pediatrics and a member of the American Academy of Allergy, Asthma and Immunology, the American College of Allergy, Asthma and Immunology, the American Academy of Pediatrics, and the American Medical Association. Dr. Brunet joins Dr. Sandhya Mani and Dr. Theron McCormick in serving patients at Our Lady of the Lake Physician Group - Allergy and Immunology.

Ochsner Names Dr. Victoria Smith and Kenneth Polite to Board of Directors

Ochsner Health System has announced the addition of Dr. Victoria Smith and Kenneth Polite to its Board of Directors. Dr. Smith is a highly accomplished medical provider and administrator, and currently serves as the Associate Medical Director for St. Charles Parish Hospital and Primary Care for the River Region at Ochsner Health System. Mr. Polite, a New Orleans native, is a well-respected attorney and public servant who served as US Attorney for the Eastern District of Louisiana from September 2013 to March 2017. He currently acts as Vice President, Ethics and Compliance for Entergy Corporation.

Shell Pledges $200K to Our Lady of the Lake Children's Hospital

Shell has pledged $200,000 to the new, freestanding Our Lady of the Lake Children's Hospital and will be recognized for their donation with a Live Oak and Reflection Walk named in its honor. The Reflection Walk will be an area in the main garden where patients and their families can go to enjoy the outdoor scenery and reflect. Also, a signature Live Oak tree will be planted in the garden once the hospital construction has been completed. The new, freestanding Our Lady of the Lake Children's Hospital is currently under construction and set to open in 2019.

Woman's and Mary Bird Perkins-OLOL Cancer Center Partner for Cancer Care

Woman's Hospital and Mary Bird Perkins - Our Lady of the Lake Cancer Center have partnered to increase access to cancer care for women battling breast and gynecological cancers. This partnership blends the recognized expertise of each organization in caring for women with cancer to deliver the most advanced, coordinated care throughout Baton Rouge and neighboring parishes.

BR General's Dr. Robert Chasuk Honored for Excellence in Fertility Care

Baton Rouge General Physicians' Dr. Robert Chasuk was honored for his outstanding contributions to fertility care through service, education, and research with the 2017 Outstanding FertilityCare Medical Consultant Award from the American Academy of FertilityCare Professionals at their annual meeting this summer. The accolade is presented each year to a physician committed to treating health problems by empowering women to better understand factors that influence their fertility cycles.

Sports Medicine Specialist Jeffrey B. Witty, MD, Joins North Oaks Orthopaedic

Orthopaedic Surgeon and Sports Medicine Specialist Jeffrey B. Witty, MD, has joined North Oaks Orthopaedic Specialty Center in Hammond. Witty is certified by the American Board of Orthopaedic Surgery in orthopaedic sports medicine, and comes to North Oaks from the Lafayette area,

Hospital Rounds


Jeffrey B. Witty, MD


Jacob LeBas, MD


Bill O'Quin

where he was a practicing physician for three years. Dr. Witty has provided athletic coverage for a variety of sports organizations, and schools, including the Louisiana High School Athletic Association, LSU, Southwest Mississippi Community College, Tulane University, and Vermillion and Acadia Parish High Schools, to name only a few. He will continue to share his athletic coverage expertise as a member of North Oaks Health System's official healthcare provider team for Southeastern Louisiana University Athletics.

In describing his approach to patient care, Witty points to the achievement of two core goals that are key to establishing a successful relationship with those under his care: "The first is clear communication, and the second is education, specific to his or her particular problem, so that he or she can understand what is going on and why a particular treatment is recommended," Witty explains. "I find that if these two goals are achieved, my patients are motivated to get better and play an active role in their recovery, which leads to better outcomes and happier patients."

Jacob LeBas, MD, Offering Pediatric Services for Lane Regional Medical Center

Lane Regional Medical Center announced that Jacob LeBas, MD, has opened Lane Pediatrics at 6110 Main Street in Zachary. He is board certified in pediatrics by the American Board of Pediatrics. Originally from Baton Rouge, Dr. LeBas graduated from Louisiana State University, earned his medical doctorate at Louisiana State University School of Medicine in Shreveport, and completed his pediatric residency training at Our Lady of the Lake Regional Medical Center. Prior to this position, he was a pediatrician at Cedar Park Pediatric and Family Medicine in Cedar Park, Texas.

"I am looking forward to helping families with the most important job in life – raising children," said LeBas. "It is my privilege to care for the children of this region."

Mary Bird Perkins Cancer Center Board of Directors Elects New Members

Mary Bird Perkins Cancer Center is pleased to

Baton Rouge General Graduates Sport Medicine Fellows

One of Louisiana's two Primary Care Sports Medicine Programs recently graduated a new class of physicians. After passing their certification exams, Dr. Brian Williams of Lindenhurst, NY., and Dr. Tara Bagen of Gainesville, Fla., began their respective careers in New York and Texas. Since becoming the first accredited Primary Care Sports Medicine Fellowship Program in the state in 2008, Baton Rouge General has given nearly 20 fellows firsthand experience in sideline care for athletes, and a focus on comprehensive sports medicine, from prevention to injury management. "In addition to hands-on interaction, BRG fellows work with prominent orthopedic surgeons throughout the year," said Dr. Vincent Shaw, Sports Medicine and Family Medicine Residency Program Director at Baton Rouge General. "These experiences help develop skills that are necessary to be not only effective team members, but also leaders in the sports medicine field."

BATON ROUGE GENERAL CELEBRATES 30TH ANNIVERSARY, EXPANDS CANCER CENTER

Celebrating its 30th year of providing treatment to cancer patients, Baton Rouge General has announced plans to expand its Pennington Cancer Center at the Bluebonnet campus in Baton Rouge. The new cancer center will expand and centralize Baton Rouge General's cancer services, including radiation, chemotherapy, imaging, clinic space, hematology/oncology, nutritional support, and clinical trials, to the first floor of the Bluebonnet hospital's Medical Tower 2. The project will begin early next year, with the expected completion date in early 2019.

announce new members have been elected to its board of directors to help further the Cancer Center's mission to improve survivorship and lessen the burden of cancer.

Board members newly elected for a three-year term include R.J. "Ronnie" Daigle and Collis B. Temple, III. Daigle is the president of RJ Daigle & Sons and Co-Owner of Daigle Industries. He currently serves on several boards including St. Elizabeth Hospital, OLOL Franciscan Ministry Fund, Baton Rouge Area Chamber, Ascension Chamber of Commerce, Gonzales Mayor's Council on the Arts, and Gonzales Area Foundation. Temple is the National Sales Director for Primerica, serves on the Louisiana Board of Regents, and is currently a member of 100 Black Men of Metro Baton Rouge, the NAACP, and several other local boards.

Board members re-elected for a three-year term include John Boyce, Cordell Haymon, Tom Adamek and Art Favre. Board officers appointed include Bill O'Quin, chair; Art Favre, vice chair; David Winkler, secretary/treasurer; and Brett Furr, immediate past chair.

Additionally, Paul Thompson and Tom Meek, MD were recognized by the board for their significant contributions through their appointment to the honorary position of Director Emeritus. Thompson has served in in a number of capacities at Mary Bird Perkins since 2007, including on the executive, professional affairs, and finance committees. Dr. Meek most recently served two years as Immediate Past Chairman. He joined the

Hospital Rounds


Jeanenne Brignac, MD


Tim Durel, MD


Edith Mbagwu,MD


Jason Schrock, MD


Pavan Mular,MD


Karan Verma, MD

board of directors in 2006 and has served on every board committee, and in various leadership positions, culminating in his role as Board Chairman from 2013 to 2015 and Immediate Past Chairman from 2015 to present

Ochsner BR Expands Primary Care, Cardiology, Pain Management Services

Ochsner Medical Center - Baton Rouge welcomes primary care and specialist physicians Jeanenne Brignac, Tim Durel, Edith Mbagwu, Jason Schrock, Pavan Mular, and Karan Verma to expand its services across the region. Dr. Brignac, Dr. Durel, Dr. Mbagwu, and Dr. Schrock are board certified in Family Medicine with the American Board of Family Medicine. Dr. Mular is board certified in Internal Medicine and Nuclear Cardiology. Dr. Verma completed anesthesiology training at the University of Miami Miller School of Medicine/Jackson Memorial Hospital and a fellowship in pain medicine at Cedars-Sinai Medical Center, Los Angeles.

Dr. Jeanenne Brignac is a native of the Baton Rouge area, and received her undergraduate degree in Biology from Southeastern Louisiana University. She received her medical degree from Louisiana State University Health Sciences Center in Shreveport, and then remained at LSU Shreveport to complete her Family Medicine residency. After residency, she served as a primary care physician in a rural community health clinic, and worked in urgent care. Dr. Brignac is board certified in Family Medicine with the American Board of Family Medicine.

Dr. Tim Durel grew up in Baton Rouge, and received his bachelor's degree in Human Geography from Louisiana State University. He earned his medical degree from The University of Queensland in Brisbane, Australia, with training at Ochsner's Clinical School. He completed his residency through Baton Rouge General's Family Medicine program. Dr. Durel is board certified in Family Medicine with the American Board of Family Medicine.

A graduate of Loyola University New Orleans, Dr. Edith Mbagwu earned her medical degree from LSU Health Sciences School of Medicine New Orleans. She completed her residency in Family Medicine at Baton Rouge General Medical Center. Dr. Mbagwu is board certified in Family Medicine with the American Board of Family Medicine.

A Louisiana native, Dr. Jason Schrock received his bachelor's degree from Louisiana State University, and went on to earn his medical degree from American University School of Medicine in Saint Maarten. He completed his residency in Family Medicine at Baton Rouge General Medical Center. Dr. Schrock is board certified by the American Board of Family Medicine.

A Baton Rouge native, Dr. Pavan Mular received his medical degree from Drexel University College of Medicine in Philadelphia, Pa. He then completed an Internal Medicine internship and residency at Ochsner Medical Center in New


Joseph DiPietro, MD


Corey Majors

Orleans. Following that, he completed his Cardiology fellowship training at Drexel University/Hahnemann University Hospital in Philadelphia. Dr. Mular is board certified in Internal Medicine and Nuclear Cardiology.

Dr. Karan Verma completed his bachelor's degree in Biochemistry, and his medical degree at McGill University in Montreal, Quebec, Canada. He then relocated to Miami, where he completed anesthesiology training at the University of Miami Miller School of Medicine/Jackson Memorial Hospital. Dr. Verma also completed a fellowship in Pain Medicine at Cedars Sinai Medical Center in Los Angeles, Cal.

Drs. Joseph DePietro and Corey Major Join North Oaks Health System

Joseph DiPietro, MD, has joined North Oaks Physical Medicine and Rehabilitation Clinic, and Dr. Corey Majors has joined North Oaks Endocrinology Clinic, both located in Hammond.

After earning his medical degree from Mercer University School of Medicine in Savannah, Georgia, DiPietro completed a residency in Internal Medicine and a residency in Physical Medicine and Rehabilitation as chief resident through Albany Medical Center in Albany, New York. He belongs to the American Medical Association and the American Academy of Physical Medicine and Rehabilitation. DiPietro also has conducted research on recovery time for sports-related concussions in adolescents, and reducing referral wait times for U.S. Armed Forces veterans to improve care quality.

Majors earned his medical degree through Louisiana State University School of Medicine in New Orleans. He completed an Internal Medicine residency through Louisiana State University Health Sciences Center in Baton Rouge. A fellowship followed in Endocrinology, Diabetes and Metabolism through the University of Mississippi Medical Center in Jackson. Professionally, he belongs to the Endocrine Society. Majors specializes in diagnosing and treating medical conditions affecting the endocrine system, which is a collection of glands that chemically control organ function through the secretion of hormones via the circulatory system. Commonly treated conditions include: thyroid disorders and cancer, osteoporosis, diabetes, metabolic syndrome, pituitary disorders, hyperparathyroidism, obesity and adrenal disorders.

At the North Oaks Endocrinology Clinic, Dr. Majors practices with A. Mannan Khan, MD. At the North Oaks Physical Medicine and Rehabilitation Clinic, Dr. DiPietro practices with Drs. Julie Larson and Dong Sik Cho; and Nurse Practitioner Vyrl Traylor . They specialize in the diagnosis and treatment of illnesses or injuries affecting movement, and work to improve performance without surgery. They also are experts in treating brain and spinal cord injuries, stroke, arthritis, carpal tunnel syndrome, and neck/back pain.

Ochsner Medical Center Listed Among Top 100 Oncology Programs

Becker's Hospital Review has recognized Ochsner Medical Center among its 2017 list of 100 hospitals and health systems with great oncology programs. Ochsner was one of only two hospitals in Louisiana and Mississippi to be recognized on this list, with the Cancer Center of Acadiana at Lafayette General Medical Center being the other hospital, both of which are now in a strategic partnership to increase local access to care, improve quality, and reduce the cost of healthcare for patients across southwest Louisiana.

The hospitals and health systems selected for this list lead the way in oncology expertise, outcomes, research, and treatment options. Hospitals were selected based on rankings, ratings, designations, and outstanding achievement awards for the specialty from a range of firms and clinical bodies, including U.S. News & World Report, CareChex, BlueCross BlueShield Association, National Cancer Institute, and American College of Surgeons Commission on Cancer.

The oncology program at Ochsner Medical Center is part of the Ochsner Cancer Institute (OCI). OCI offers comprehensive cancer services, and provides multidisciplinary care for adult and pediatric cancer patients. These patients benefit from a collaborative approach to cancer care by a highly skilled team of physicians, oncology nurses, social workers, researchers, and other healthcare professionals. Dedicated to cancer research and new cancer treatment development, OCI has access to a robust clinical research program, including the Precision Cancer Therapies Program, providing access to innovative therapies, cutting-edge drugs, anti-cancer agents, and early-phase clinical trials previously unavailable in Louisiana. Recently, OCI opened the Ochsner Baton Rouge Cancer Center, increasing capacity to offer convenient access to fully-integrated cancer care to the people of East Baton Rouge Parish, and surrounding areas.

Patients of Ochsner Health System have the benefit of Epic, which provides an environment to safely and securely share patient information, no matter where the patient receives care. In addition, through the Epic Care Everywhere Network, Ochsner [providers] can see patient records from hundreds of hospitals and healthcare facilities across the nation and four countries, allowing Ochsner to connect and coordinate with other cancer facilities as an extension of treatment, if

Hospital Rounds

Our Lady of the Lake Trauma Symposium

needed. This ensures a higher level of coordinated care, improves outcomes, and is a great benefit for patients.

Children's Hospital Pediatric Clinic Opens in Laplace

Expanding to meet the needs of the New Orleans region, Children's Hospital announced the grand opening of a new clinic in Laplace: Children's Pediatrics. The Laplace clinic will feature treatment provided by three pediatricians, Drs. Joanna Buckingham, Mary Hulin, and Isabel Remedios, who will offer care to children from birth to 18 years of age.

"Offering increased pediatric specialty care close to home for our Laplace families has been a goal of Children's for some time," said Matt Gronginger, Vice President, Ambulatory Services for Children's Hospital. "This endeavor strengthens our mission to provide comprehensive pediatric care to the residents of the River Parishes area."

Ochsner's Dr. David Carmouche Named Among 'Physician Leaders of Hospitals & Health Systems to Know'

Becker's Hospital Review has recognized Dr. David Carmouche, Senior Vice President and President for the Ochsner Health Network, as a 2017 Physician Leader of Hospitals and Health Systems to Know. The list features hospital and health system presidents and CEOs with MDs who have demonstrated outstanding leadership and clinical expertise. Dr. Carmouche joined Ochsner with 19 years of progressive, healthcare leadership experience in medicine and operations. Before joining Ochsner, Dr. Carmouche served as the Executive Vice President of External Operations and Chief Medical Officer at Blue Cross Blue Shield of Louisiana in Baton Rouge, where he successfully led important initiatives designed to organize care, improve quality, and increase affordability.

Dr. Carmouche earned a Bachelor of Science in Biology from Tulane University, a Medical Degree from Louisiana State University – New Orleans School of Medicine, and completed a Residency in Internal Medicine at the University of Alabama at Birmingham. He also completed the Executive Program for Managing Health Care Delivery at the Harvard Business School.

"It is an honor to be included in such a prestigious group of respected and influential individuals," said Dr. Carmouche. "I am proud of our efforts to improve the quality and access to healthcare for our patients, and look forward to continuing this great work with our partners throughout our network."

Our Lady of the Lake Trauma Symposium Draws Experts to Baton Rouge

Our Lady of the Lake Regional Medical Center hosted trauma experts from across the US at its 12th annual Trauma Symposium, aimed at improving emergent care and expanding the knowledge of trauma medicine for healthcare professionals in Louisiana. The event examined topics including pediatric trauma, combat casualty and anesthesia, cranial and spinal trauma, and organ donation. The audience also heard a firsthand account from a trauma survivor. A highlight of the symposium was a presentation by Alexander Eastman, MD, trauma surgeon and Deputy Medical Director of the Dallas Police Department, who spoke about his experiences as part of the team onsite at the 2016 police shooting in Dallas.

"Having access to advanced trauma care in Louisiana is essential, which is why our trauma team hosts regular events like this symposium to ensure that medical professionals across our state and region are aware of new developments in treatment methods, and are providing patients with the highest quality of trauma care," said Tomas Jacome, MD, Trauma Director at Our Lady of the Lake.

Swollfest Pledges $500K to Our Lady of the Lake Children's Hospital

The Swollfest Fishing Rodeo has grown into a premier fishing event in the last 20 years, and now is playing a major role in the growth of Our Lady of the Lake Children's Hospital. The organization recently donated $250,000 toward building the freestanding children's hospital, and has announced an additional pledge of $250,000 to be fulfilled over the next five years.

"This partnership with Swollfest is an incredible blessing for all of the children who will be treated in the new state-of-the-art Our Lady of the Lake Children's Hospital," said John Paul Funes, President and CEO of Our Lady of the Lake Foundation. "Dr. Nick Rauber and his team have built the most successful fundraising tournament in the Gulf South, and we look forward to continued teamwork with Swollfest as together we aim to improve healthcare for children in Baton Rouge, and across the state of Louisiana."

Ochsner Opens New Therapy & Wellness Center in Baton Rouge

Ochsner Medical Center - Baton Rouge announces the opening of its new, state-of-the-art Therapy & Wellness Center. As one of the largest dedicated outpatient facilities in the region, the 10,000 sq.ft. center provides comprehensive physical therapy and occupational therapy to treat injury, pain, or any conditions that impact a patient's ability to function in his or her daily life. At full capacity, the center will include as many as 12 therapists, offering evaluation and treatment of musculoskeletal injury or pain, sports injuries, neurological conditions and diseases, hand injuries, pelvic floor dysfunction, and back conditions.

Ochsner's pelvic floor specialist, one of only a handful with advanced certification in this area in Greater Baton Rouge, treats pelvic pain conditions, incontinence, and other related issues. A manual therapy specialist with the highest certification available will treat soft tissue problems via mobilization and manipulation of the joints and tissue. The center will also include therapists with advanced certifications in hand therapy and dry needling for pain management. ■

The Swollfest Fishing Rodeo donated $250,000 to Our Lady of the Lake Children's Hospital.

ADVERTISER INDEX

ALZHEIMER'S SERVICES

Alzheimer's Services of the Capital Area • 27
3772 North Blvd.
Baton Rouge, LA 70806
225.334.7494
www.ALZbr.org

ATTORNEYS

Taylor Porter • 2
Chase North Tower
450 Laurel St.
Suite 800
Baton Rouge, LA 70801
225.381.0281
www.TaylorPorter.com

CARDIOVASCULAR

Cardiovascular Institute of the South • 68
7941 Picardy Ave.
Baton Rouge, LA 70809
225.308.0247
6550 Main St., #1000
Zachary, LA 70791
225.654.1559
www.Cardio.com

HOME HEALTH

Personal Homecare Services • 53
6869 Hwy. 84 W.
Ferriday, LA 71334
877.336.8045
www.PersonalHomecare.net

HOSPITALS - ACUTE CARE

Baton Rouge General Medical Center • 8
8585 Picardy Ave.
3600 Florida Blvd.
Baton Rouge, LA
225.387.7000
www.BRGeneral.org

Children's Hospital • 11
200 Henry Clay Ave.
New Orleans, LA 70118
504.899.9511
www.CHnola.org

Our Lady of the Lake Children's Hospital
5000 Hennessy Blvd.
Baton Rouge, LA 70808
225.765.6565
www.OLOLChildrens.com

Our Lady of the Lake RMC • 25
5000 Hennessy Blvd.
Baton Rouge, LA 70808
225.765.6565
www.OLOLRMC.com

Woman's Hospital • 34
100 Woman's Way
Baton Rouge, LA 70815
225.927-1300
www.Womans.org

INSURANCE - PROFESSIONAL

LAMMICO • 30
1 Galleria Blvd., Ste. 700
Metairie, LA 70001
800.452.2120
www.LAMMICO.com/br

LHA Trust Funds • 5
4646 Sherwood Common Blvd.
Baton Rouge, LA 70816
225.272.4480
www.LHATrustFunds.com

ORTHOPAEDIC - SPINE SURGERY

Baton Rouge Orthopaedic Clinic • 19
Locations near you in Baton Rouge, Ascension, Livingston and Zachary
225.924.2424
www.BRORTHO.com

The Spine Center at the Bone and Joint Clinic • 7
Dr. Kevin P. McCarthy
Dr. C. Chambliss Harrod
7301 Hennessy Blvd., Ste. 300
Baton Rouge, LA 70817
225.766.0050
www.SpineCenterbr.com

PHYSICAL THERAPY

Peak Performance Physical Therapy • 36
Locations near you in Baton Rouge, Denham Springs, Brusly and Dutchtown
225.295.8183
www.PeakPhysicalTherapy.com

PLASTIC SURGERY

Williamson Cosmetic Center & Perenack Aesthetic Surgery • 54
8150 Jefferson Hwy.
Baton Rouge, LA 70809
2306 S. Burnside Ave.
Gonzales, LA 70737
225.927.7546
www.WilliamsonCosmeticCenter.com

RADIOLOGY

Radiology Associates, LLC • 3
5000 Hennessy Blvd.
Baton Rouge, LA 70808
225.765.6470
www.LakeRadiology.com

WINE & SPIRITS

Calandro's Select Cellars • 67
4142 Government St.
Baton Rouge, LA 70806
225.383.7815
www.BatonRougeWine.com
12732 Perkins Rd.
Baton Rouge, LA 70810
225.767.6659
www.Calandros.com

HOLiday SPiRiTS

Select Cellars
FINE WINE & SPIRITS
A Division of CALANDRO'S SUPERMARKET

CALANDRO'S
SUPERMARKET, INC.
Service · Quality · Selection | Since 1941

4142 Government Street
225.383.7815
12732 Perkins Road
225.767.6659
BatonRougeWine.com
Calandros.com

Excellence in CARDIOLOGY

DR. GREEN BATON ROUGE | DR. JASTI ZACHARY | DR. AGARWAL ZACHARY | DR. KRAFT BATON ROUGE/ ZACHARY | DR. GADI BATON ROUGE | DR. PATEL BATON ROUGE | DR. THOMPSON ZACHARY | DR. DEEPAK ZACHARY | DR. LINDSAY BATON ROUGE | DR. DRENNAN BATON ROUGE/ ZACHARY

Our Team is at the Forefront of INNOVATION.

We use the latest techniques to open blocked arteries and pioneer life-saving technology to treat heart and vascular disease. CIS provides comprehensive cardiovascular services to the Baton Rouge and Zachary area including:

- Same day appointments
- Diagnostic procedures
- Interventional, non-invasive procedures
- Full vascular lab
- Coumadin clinic
- In-clinic vein treatments
- 24/7 Call Center
- Pacemaker and defibrillator implantation
- Cardiac rhythm monitoring
- Smoking cessation program
- Electrophysiology

Cardiovascular Institute OF THE SOUTH

TO SCHEDULE AN APPOINTMENT, CONTACT US:

Baton Rouge | **225.308.0247** or Zachary | **225.654.1559**

Learn more at cardio.com. ***No Referrals Necessary.***