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## Health, Hype, and **HYSTERIA**


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**WE ACCEPT DEATH AS PART OF LIFE.**  
But, we perhaps haven't quite turned the corner in discussing it openly and honestly – perhaps it's still too uncomfortable.

Let's look at some data. It's estimated that 5-10% of cancer is genetic and unpreventable. That means 90-95% of cancer is to some degree preventable. But, to be preventable requires major lifestyle changes concerning tobacco use, diet, stress, environmental factors, etc. It's also estimated that this coming year about one million Americans and 10 million people worldwide will be diagnosed with cancer. In America we spend about \$100 billion a year just on cancer medication.

Let's look at automobile accidents. Over recent years there have been more than five million auto accidents a year, with more than two million injuries, and over 30,000 deaths per year. That's more than 90 deaths per day for auto accidents just in the United States.

These are uncomfortable topics. My point in mentioning these two examples is the opportunity for individuals and society as a whole to be aware of our everyday choices. We sometimes pretend we do everything to prevent deaths, but we clearly don't. We make rational decisions. We accept a certain number of deaths.

In the latter example of auto accidents, we can consciously state that we can bring 2.5 million injuries and 30,000 deaths per year to zero. What would we give up? Well, off the top of my head, we would give up convenience and freedom of individualized transportation, not to mention the economy of automobile travel. I don't hear anyone recommending we give up auto travel. We accept the deaths.

With regard to the millions of cancer deaths, we choose to accept environmental and lifestyle choices. One can only imagine if the \$100 billion spent annually on cancer medication was spent in one year on cancer prevention. However, there is no economic benefit to preventing cancer so it is a highly unlikely scenario. Besides, prevention isn't that expensive.

Please know I'm not making a case for or against any choices. It's just interesting to consider them. We all know people who have died of cancer and auto accidents, and it's painful. My only point is we have more control and power to do things than we give ourselves credit for. Let's just don't pretend we haven't considered an acceptable level of deaths in our equations. It's a more honest and conscious approach.

A stylized, handwritten signature in blue ink, appearing to read 'Smith'.

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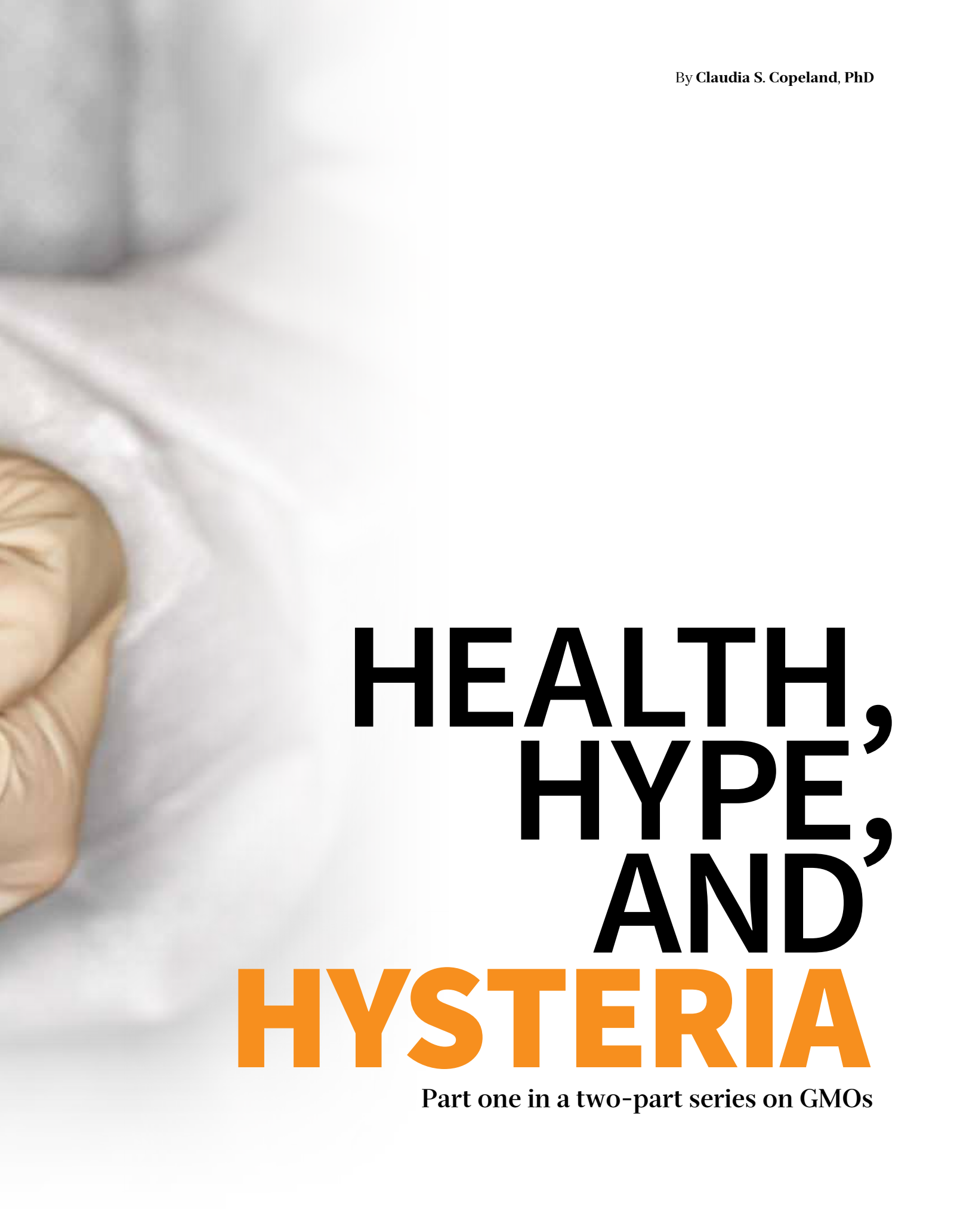
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GMOs







By Claudia S. Copeland, PhD

# HEALTH, HYPE, AND HYSTERIA

Part one in a two-part series on GMOs

**Every year,** an estimated 250,000 to 500,000 children go blind due to vitamin A deficiency. According to the World Health Organization, half of these children will die within 12 months of losing their sight. This is because rice is the staple food for many impoverished people without access to high-quality, varied produce, and conventional rice does not provide vitamin A. Despite decades of global public health efforts, vitamin A deficiency continues to be a public health problem in more than half of all countries, especially in Africa and South-East Asia. What if it were possible to create a new strain of rice that was rich in vitamin A? In the late 1980s, a team of molecular biologists supported by the Rockefeller Foundation set to work using the new techniques they

were developing in the lab to address this global challenge. Over a decade later, in 2005, a new strain of vitamin A-rich rice, dubbed Golden Rice, was being field tested right here in Louisiana.







Golden Rice grain compared to white rice grain in greenhouse of Golden Rice plants.

IMAGE BY INTERNATIONAL RICE RESEARCH INSTITUTE (IRRI)

Using bioengineering techniques, they introduced genes from daffodil and the bacterium *Pantoea ananatis* into a commercial rice genome, and then spent years optimizing the rich golden-orange colored rice. One bowl now provides about half of a person's daily requirement for Vitamin A. For its work, the non-profit Golden Rice Project—in particular Drs. Ingo Potrykus, Peter Beyer, and Adrian Dubock—won a 2015 Patents for Humanity award.

According to the Golden Rice Project humanitarian board, "Once locally developed varieties containing the Golden trait have cleared the regulatory hurdles at the national level, they will be made available to subsistence farmers free of charge. The seed will become their property and they will also be able to use part of their harvest

to sow their next crop, free of cost. Golden Rice is compatible with farmers using traditional farming systems, without the need for additional agronomic inputs. Therefore, no new dependencies are created."

In other words, this is a not-for-profit project that is committed to giving free nutrient-enhanced seeds to farmers in developing countries for the purpose of saving lives. A win-win project to be sure—what's not to love about this?

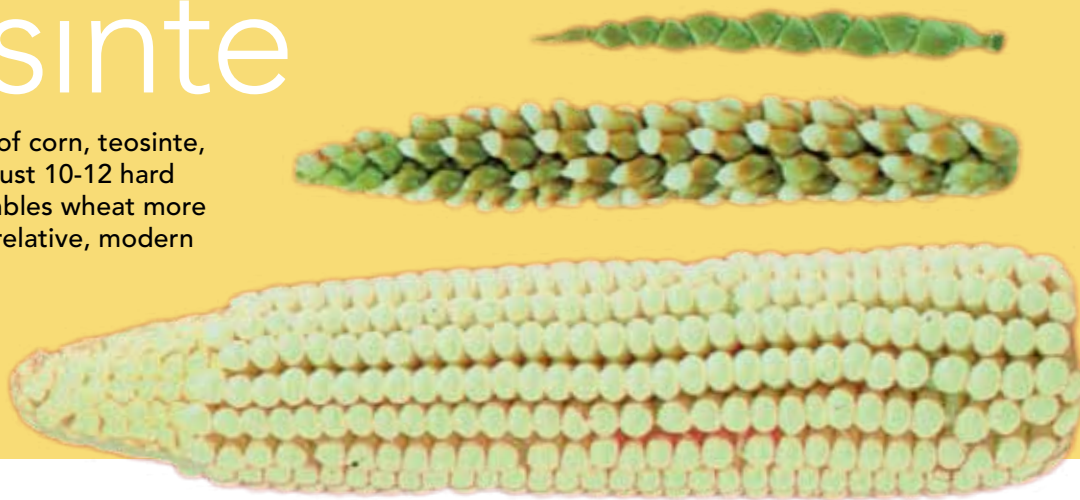
And yet, not everyone is happy, and some are downright furious. Greenpeace, opposed to all genetically modified organisms, claims that Golden Rice is an industry-sponsored ploy to introduce GMOs to the world; an agricultural trojan horse that "poses risks to human health, and could compromise food, nutrition, and financial security."

Though they present no solid evidence supporting their claims about human health risks, they have a point about Golden Rice promoting GMOs. Dr. Steve Linscombe, the LSU AgCenter's regional director and a key collaborator in the Golden Rice project through LSU's field testing, openly states, "We look at this as a good mechanism for informing the public that genetic engineering does have a lot of positive benefits. This is just one example of many things to come down the road. This is the first step of many different things that can be accomplished with genetic engineering—and not just in rice."

But is this a good thing? Peruse the internet and you'll hear plenty of voices decrying the danger of GMOs. There is unease about tinkering with nature, and this fear

# teosinte

The wild ancestor of corn, teosinte, has tiny ears with just 10-12 hard kernels, and resembles wheat more than its succulent relative, modern commercial maize.



has been further increased by the lack of labeling of GMO food products. Concerned consumers feel like anything they eat could contain shadowy, unknown dangers. Dr. Shahla Wunderlich, in a recent publication in *Advances in Nutrition*, examined consumer knowledge and preference regarding GMOs. Awareness and understanding of GM foods was extremely low and subject to the way in which the investigators framed their questions. At the root of the issue is the newness of bioengineered food for humans—these products have not been around long enough for long-term epidemiological studies of humans. She believes

that there “have not been enough research studies and evidence-based publications to confirm the health effects (positive or negative) of GM foods, as they have been only available commercially for purchase since the 1990s. Many consumers are, therefore, puzzled as they receive their information about GMO food products from the media, internet, and other news sources that may not be reliable. The scarcity of scientific research in this area leads to uncertainty among consumers about the direct health effects of GMO products.”

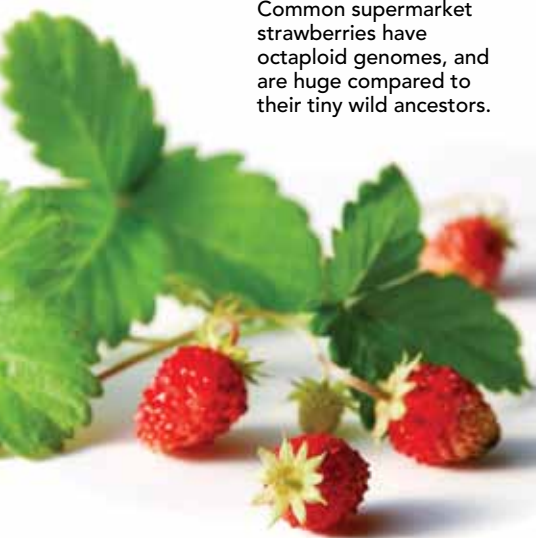
This uncertainty has been fanned into public fear by anti-GMO activist groups and propagated in popular media outlets by non-scientist writers. It has also been compounded by serious social missteps and media naiveté by scientists. A study on the bioavailability of beta-carotene in Golden Rice fed to Chinese children was retracted for ethical reasons this September—the parents had been informed that the children in the study would receive beta-carotene, but not that the rice was genetically engineered. Quite understandably, they are worried and angry, even though there were no adverse health effects, believing that the rice must be dangerous if its nature was omitted in the consent forms. “If it’s safe, why did they need to deceive us into this?” asked one angry father. It was not a simple oversight; according to *Nature* news, a Chinese Centers

for Disease Control and Prevention official had changed the wording from the original consent forms to avoid mentioning Golden Rice because it was “too sensitive”.

In this roiling social cauldron, getting a clear, objective picture of GM food is a formidable challenge, even for educated consumers. Are GMOs a better way to feed the world, or a threat to human health? And, what exactly are GMOs, anyway?

The term “GMO” is not a well-defined one. Virtually all food crops are genetically modified; organisms that have not been changed from their wild ancestors are few and far between, and in general not to be found in supermarkets. Unless you foraged your food from a forest, or hunted or fished it, you have been eating genetically modified organisms. Most crop plants, in fact, barely resemble their unmodified relatives. The wild ancestor of corn, teosinte, has tiny ears with just 10-12 hard kernels, and resembles wheat more than its succulent relative, modern commercial maize. Common supermarket strawberries have octaploid genomes, and are huge compared to their tiny wild ancestors. Wild almonds are bitter and filled with cyanide—a dozen could kill you. Genetic modification over thousands of years has given us food crops that are leaps and bounds above the natural fruits and vegetables our hunter-gatherer ancestors ate, in terms of size and nutrition.

Common supermarket strawberries have octaploid genomes, and are huge compared to their tiny wild ancestors.





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## **Fundamentally, GMOs are defined by legal bodies, not scientists, and are designated according to the processes used to create them, rather than the products that they are.**

But wait, that is natural genetic modification; GMO refers to artificial genetic modification, right? Well, not really. Scratching the surface to try to discern what is and is not a GMO, it quickly becomes clear that there is no solid biological dividing line between legally natural and legally modified. (For example, many would be surprised to know that a crop plant produced through mutagenesis by nuclear radiation is not only considered natural, but can also be farmed organically and labeled as organic.) Organisms have traditionally been genetically modified through a number of means, from selective breeding of organisms with favorable traits to application of radiation or chemicals to produce mutations. According to European Union law, which is quite restrictive regarding GMOs, organisms produced through in vitro fertilization, conjugation, transduction, transformation, polyploidy induction, mutagenesis, and cell fusion (including protoplast fusion) of plant cells of organisms which can exchange genetic material through traditional breeding methods are all considered natural and not genetically modified. The GMO label is limited to organisms produced through recombinant DNA technology.

Since the products of these different methods are not substantially different, this has caused problems for bodies like the European Union, which has had working groups bogged down for years in the task of trying to define which organisms are GMOs. Fundamentally, GMOs are defined by legal bodies, not scientists, and are designated according to the processes used to create them, rather than the products that

they are. Since the same product can be created using different means, this has led to a frustratingly irrational framework for biologists. Giovanni Tagliabue of the National Research Council in Rome, puts it this way: “The basic concept boils down to the following: there is no such thing as ‘GMOs’ (it’s not a significant category), and therefore any question regarding ‘them’ as a supposed whole is nonsensical.” He has a point, but at the same time, world governing bodies have made GMOs into a legal category, and therefore GMOs do exist in human society, biologically nonsensical or not.

Two plants with the same genetic change being labeled and regulated differently because of how that change was induced may seem absurd. However, there are clear examples of crop plants produced through recombinant DNA technology that could not have been produced by conventional techniques, such as strawberries made cold-resistant through the insertion of a gene from arctic flounder. The idea of inserting a gene from one organism into a very different organism is unsettling to many, especially those who are either religious (“the world should be as God created it”) or uncomfortable with the idea of the artificial (“food products should be natural”). Certainly, we all should live according to our own values, but, objectively, is there reason to believe that engineered foods are more dangerous or less healthy than “non-GMO” foods?

Ironically, genetically modified foods may in fact be safer than non-GM foods, for two reasons. First, all foods produced through recombinant DNA technology require extensive testing for toxicity, allergenicity, and



nutritional content prior to allowing them to be introduced as food or animal feed. Non-GMOs do not require such testing, even if they are produced by high-tech modern breeding techniques. Second, genetic engineering is a more targeted approach than traditional methods, which are quite







random—either chance, or a “shotgun”-type treatment, e.g. dousing the plant with mutagens—followed by selection of plants with positive traits. Traits are the outward expression of genes via the proteins they encode. Genetic engineers know exactly what genes they introduced into the plant, and therefore

what proteins are being expressed in the phenotypic trait. Traditional plant breeders do not; they see the final trait, but they do not know what mutations underlie it, nor do they know about other genes that may have changed alongside the new trait. Fundamentally, the new organisms are not well-understood, and could be dangerous, especially since many plants produce toxic substances in order to defend themselves.

This has happened in the past on a number of occasions. For example, solanine is a natural toxin present in all potatoes in small amounts. The conventionally bred Lenape potato, however, had almost four times as much solanine as normal potatoes, resulting in severe gastrointestinal sickness in people who ate these potatoes before they were withdrawn from the market. The Solanaceae family includes potatoes, tomatoes, peppers, and eggplant, but also tobacco and the hallucinogenic and highly toxic mandrake, deadly nightshade, and Datura. With a little spontaneous mutation from nature or chemical mutagenesis, mild domesticated potatoes can regain traits more characteristic of their toxic cousins. Such mutations arise spontaneously, and can be selected by

natural selection, since they protect plants from herbivores. Not only the Lenape, but other varieties of potatoes have spontaneously mutated to become toxic, such as a 1986 harvest of Magnum Bonum potatoes in Sweden.

Other examples of spontaneously toxic vegetables include zucchini, yellow squash, and celery. Outbreaks of celery-induced photodermatitis in grocery and farm workers were caused by psoralens, normally low-level toxins that were expressed at high levels in a strain of celery that had mutated under natural conditions. Natural toxins can even be deadly, as in the case of the cytotoxin curcubitacin, responsible for killing an elderly man in Germany who ate zucchini grown by a neighbor. (The emergency department leader, Norbert Pfeuer, stated that the highest risk is in fact in small gardens, when gardeners use their own seeds each year to grow more zucchini. The development of a toxin is a natural evolutionary process to protect a plant.) Curcubitacin has been found in the USA as well, arising from sources as divergent as home-gardened yellow squash from Alabama and conventionally farmed zucchini from California.



## “spontaneously toxic vegetables...”

Natural toxins can even be deadly, as in the case of the cytotoxin curcubitacin, responsible for killing an elderly man in Germany who ate zucchini grown by a neighbor. (The emergency department leader, Norbert Pfeuer, stated that the highest risk is in fact in small gardens, when gardeners use their own seeds each year to grow more zucchini. The development of a toxin is a natural evolutionary process to protect a plant.) Such poisonings have never happened with GMOs, because not only do biologists know exactly which genes are being modified, and how, but all transgenic plants must be rigorously tested before being approved for marketing.





Consistently, GM feed had fewer unintended effects than feed developed through conventional breeding techniques.

Such poisonings have never happened with GMOs, because not only do biologists know exactly which genes are being modified, and how, but all transgenic plants must be rigorously tested before being approved for marketing. In contrast, the actual genetic change in conventionally modified foods is unknown, so toxicity (including carcinogenicity) will not be detected until after consumers become sickened.

In addition to requiring testing for toxicity and allergenicity, the Food and Drug Administration requires testing for nutritional quality; newly engineered plants must provide the same nutrition as their conventional counterparts. Also, if a pest-resistance gene has been introduced, the plant requires EPA approval as well. The FDA maintains a public database of all genetically engineered plants with a summary of their testing results. The searchable database can be accessed at <http://www.accessdata.fda.gov/scripts/fdcc/?set=Biocon>.

This testing regimen appears to be working well, with respect to food safety. Undesirable traits have certainly been found, but they have been discovered during the pre-market testing. This testing process is not

infallible, of course, and significant differences between GM plants and conventional plants have been noted, such as reduction in phytoestrogens in a strain of GM soy, which could have health effects in the form of reduced nutrition. The testing does, however, provide a level of protection against major health risks that is absent from conventionally bred crops.

While there is no solid evidence (accepted by the scientific community) of health dangers stemming from GMOs, several studies have been published in the past proposing GMO-associated health problems. All have failed to be replicated and some have been retracted. One of the most recent and well-known is a report in *Food and Chemical Toxicology* by Seralini et al. (2012) of cancer, liver necrosis, and increased mortality in rats fed genetically modified corn. The study was widely criticized due to small sample sizes, a lack of a dose-response effect, and other flaws, and Elsevier retracted the report in 2013. It has been republished in *Environmental Sciences Europe* without peer review.

Earlier, in 1999, Ewen and Pusztai reported abnormalities in development and immunity in rats fed transgenic potatoes.

While the report was published in the *Lancet* and widely disseminated in popular media, it was only published alongside a letter from a committee of researchers from the Rowett Institute and the Royal Society questioning the study. Subsequently, several researchers tried and failed to replicate the findings. A number of other studies that were too methodologically flawed to be accepted in peer reviewed journals have nonetheless been widely circulated on the internet.

In contrast, a large body of widely respected, peer-reviewed literature documenting a lack of safety issues has failed to garner the media spotlight. Dr. Alison Van Eenennaam of the University of California at Davis recently reviewed hundreds of studies of the effects of GM feed on animals over the past 15 years. Since over 70% of GM biomass is fed to farm animals, this provides a very large population of animals in which to examine any possible health effects of GMOs. Several long-term studies, including multigenerational ones, have been conducted (the longest of which was a 10-generation study of quail fed 50% GM corn). Consistently, GM feed had fewer unintended effects than feed developed through



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**“The labeling of all GMO products would give consumers the choice to select their food as they wish. It would be like organic foods that are labeled now and consumers have freedom to choose.”**

conventional breeding techniques. None of the unintended effects were at the level to be considered health hazards.

This preponderance of scientific evidence, and the view of the scientific community at large, has not reached the majority of the population. Most consumers do not have a good understanding of genetics, and with strong media attention to flawed, alarmist studies alongside little coverage of solid, “boring” studies, many feel a sense of misgiving or even fear towards GMOs. One proposal to ease this fear is to allow labeling of GM foods. Dr. Wunderlich emphasizes that choice can help allay consumers’ fears about engineered food. “The labeling of all GMO products would give consumers the choice to select their food as they wish. It would be like organic foods that are labeled now and consumers have freedom to choose. Organic

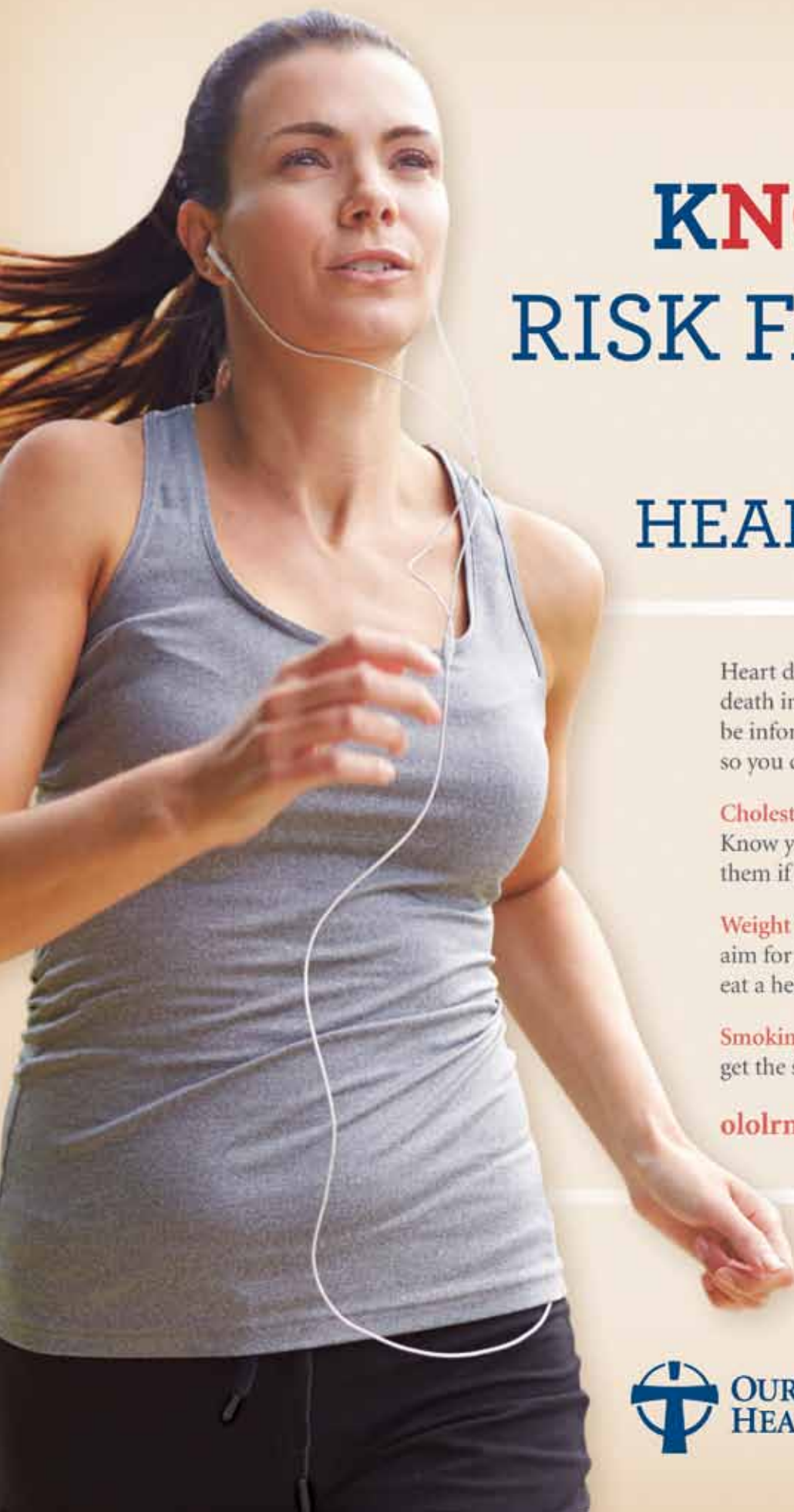
products are by definition non-GMO and so they offer consumers at least one option if they are concerned about GMO foods.”

GM growers tend to be against labeling, but it may in reality be in their best interest, since a lack of labeling feeds into a sense of GMOs as shadowy unknowns being imposed on concerned consumers. It does not facilitate understanding and rational comparison between foods developed through genetic modification vs. conventional breeding. Dr. Wunderlich understands the concerns of GM growers, but does not believe that labeling will result in the large-scale economic consequences the growers fear. “The GMO growers may have a fear that labeling their products may initially change the consumers’ selections, but ultimately consumers will expand their knowledge and learn more about the differences in

food production systems. Consumers with higher scientific knowledge may tend to have less negative attitudes towards GMOs. Our studies show that consumers’ attitudes, however, impact purchasing behavior more than knowledge.” A perhaps more palatable alternative might be an official “non-GMO” label, regulated like the USDA organic label.

Setting aside the issue of consumer attitudes, overwhelmingly, the evidence points to a lack of any significant direct negative health effects of GMOs. So, does this translate into a lack of any problems related to GMOs? Well... no. There are a host of indirect effects that could stem from GMOs, from natural pesticides killing “good” insects to increased herbicide use with engineered glyphosate-resistant crops. Such effects could stem from the way GMOs are farmed or from behavioral changes by consumers. For example, if people who have access to carrots and other orange vegetables stop eating them because they think they’ll get plenty of vitamin A from Golden Rice, they will be ingesting fewer of the micronutrients and other macronutrients in those vegetables. Environmental effects could also impact human health. These indirect effects will be considered in the March/April issue of the *Healthcare Journal*, in the second part of this 2-part series on GMOs and health. ■





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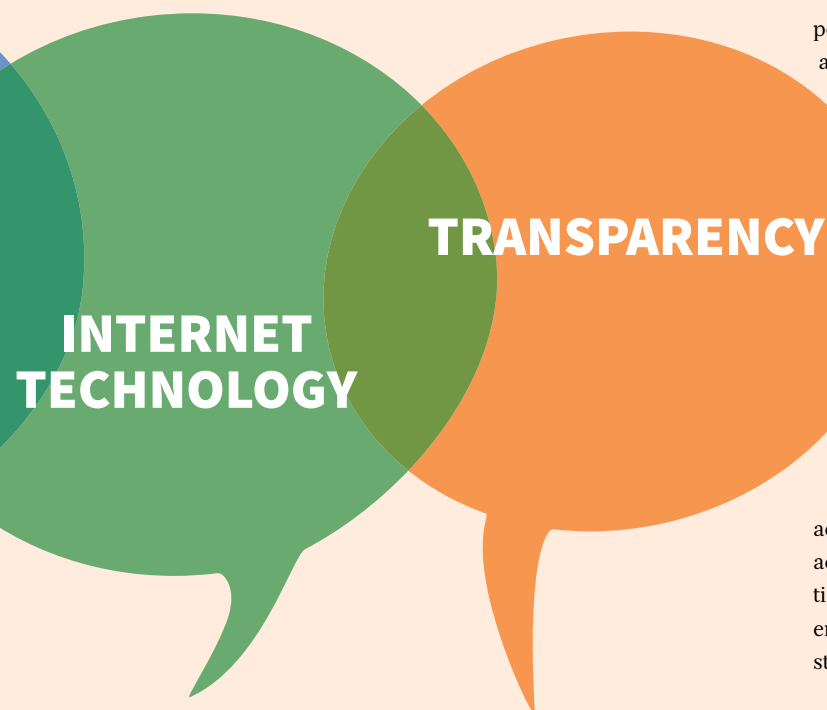
## NEW URGENCY WITH SHIFT TO VALUE-BASED HOSPITAL REIMBURSEMENT

# “No Margin No Mission”

By John W. Mitchell

Sister Irene Kraus is credited for coining the phrase “No margin, no mission.” A hard charging Daughters of Charity nun and nurse by training, she went on to become a visionary hospital administrator who engineered one of the first major hospital system mergers in 1994. Sister Irene led the union of Catholic and Baptist hospitals in Jacksonville, Florida into a new system and a new model for providing care. Many of the operating efficiencies she reinvented in this merger were predecessors to the rapid change occurring today in healthcare under the Affordable Care Act.





The “no margin, no mission” mantra is in full effect in Louisiana. While area hospitals work to meet new “mission” quality and outcomes for better patient care, the nonclinical business “margin” back end of hospital operations is also undergoing rapid change. In a recent survey commissioned by *HealthLeaders* Media and Parallon<sup>1</sup>, a company that consults on a wide range of hospital operational areas, senior hospital leaders identified several key financial/operational performance challenges. The top three were:

- System implementation and interoperability (different electronic records systems that “talk” to other electronic systems)
- Recruiting and retaining talent
- Reengineering the revenue cycle (collecting reimbursement)

Bill Davis, CEO at Slidell Memorial Hospital (SMH), has a broad perspective for managing such changes. He joined the facility in 2001 as the hospital’s Chief Financial Officer (CFO) and was promoted to CEO four years ago. He said the first requirement any leader needs is to be up for the challenges of these changes and see it as an opportunity.

“It’s easy to think of the changes going on in healthcare as a burden,” said Davis. “But that’s not taking ownership. Healthcare is local and it’s better for patients and the local economy if we jump in head first into managing the population health of the community.”

He said that more than three years ago, he worked with the hospital board to get agreement that a major transition was coming with the implementation of the Affordable Care Act. It was obvious that, more and more, hospitals would be better reimbursed to keep patients out of the hospital through active management of chronic disease in an outpatient setting. To accomplish this “mission” goal, many of the backend “margin” functions – such as the management of patients’ health records (interoperability), collecting reimbursements (revenue cycle), and retaining staff – had to improve.

“My brain goes down the path that all process improvement we do is clinical, even the nonclinical work,” Davis emphasized.

According to Sandy Badinger, Davis’ CFO at SMH, the top challenges identified by Parallon mirror her priorities. The recent national conversion to ICD-10 – a new medical coding system that more than quadrupled the number of billing codes hospitals must use to get reimbursed – is one example of how the hospital works to create effective interoperability platforms. The ICD-10 conversion – which properly documents and codes patient care to submit to payers so that hospitals can be paid for services – was widely feared to be a catastrophic event that would severely disrupt hospital care, patient records, and cash flow. But, for most hospitals it turned out to be a Y2K-variety false scare.



**“My brain goes down the path that all process improvement we do is clinical, even the nonclinical work.”**

—Bill Davis, CEO, Slidell Memorial Hospital

Any interoperability accomplishment at SMH is notable given their medical staff remains largely in private practice, as opposed to hospital employed. But she said interoperability progress between any hospital and its private practice partners takes shared commitment to create and share the electronic health records.

“Affordability for adopting an electronic

health record is sometimes a challenge for physicians in private practice. I think we’re seeing more physicians consider employment in the market because of this cost and as a way for some hospitals to get everyone on the electronic health record (to achieve interoperability),” said Badinger. “But we had a lot of success with our medical staff when we brought up a new physicians documentation system in June, three months before ICD-10 went live.”

Davis notes that the medical staff rises to the occasion when system changes such as ICD-10 are required.

“We have some really good physician leaders. The doctors participate with us in achieving clinical system effectiveness,” he said.

This can-do attitude has paid off for SMH; in the past few years, the hospital has increased its market share by at least eight percent, according to Davis. While a new ED and heart center contributed to this growth – ED visits are up 23 percent since the new facility opened with patient throughput down from 370 minutes to 210 minutes – they have also strived to be the healthcare subject matter experts in the community. To date, the hospital has offered 830 class sessions with attendance by 22,000 people as part of their population management strategy to better educate patients.

At Woman’s Hospital in Baton Rouge the number one priority is employee and physician engagement.

“Research shows there that there is a direct positive correlation between an engaged team and patient experience,” said Stephanie Anderson, Executive Vice



Bill Davis



Sandy Badinger

President and Chief Operating Officer. She noted strategies to support staff engagement are key for employee retention.

For Woman’s Hospital this includes a gain-sharing plan. If certain targets for patient satisfaction, patient safety, and financial goals are met, the employees receive a performance payment. They also conduct regular department and hospital-wide employee satisfaction surveys to identify and resolve employee concerns.

“We also understand the importance of transparency (to employee satisfaction) and have a variety of ways to accomplish that,” Anderson said. For example, the leadership team maintains constant communication through a variety of channels. These include an intranet site called “Ask Anything” that provides a forum for employees to ask questions or express concerns and get a response from a member of the senior management team. She said the leadership team also often goes to the employees to get feedback to give them a voice in decisions that affect them. The hospital relies on



“Champions for Change” – highly regarded leaders in the organization – to help get buy-in for operating benchmarks.

This focus on staff retention has paid off. According to Anderson, Woman’s is the “preferred employer” in the market and they have the accolades to prove it. Among numerous recognitions, Woman’s Hospital has been: named “Top 100 Places to Work” eight consecutive years by *Modern Healthcare* magazine; a “150 Best Places to Work” by *Becker’s Hospital Review*; and attained a four-star rating in the HCAHP (Hospital Consumer Assessment of Healthcare Providers) patient satisfaction survey.

Anderson also pointed out that Woman’s Hospital has other “margin” success stories. It works closely with its medical staff (who are mostly in private practice) through several initiatives. This includes



Stephanie Anderson

Anderson said “is in some ways related to clinical operations.”

At LCMC Health in New Orleans, a different kind of transition is under way. The hospital system has grown rapidly, from a two-hospital system in 2013 to a five-hospital system today. This includes the new University Medical Center, which was built partly as a replacement hospital for the old Charity Hospital damaged during Hurricane Katrina ten years ago. For CFO Suzanne Haggard, who after nine years in her own consulting practice came out of retirement and was appointed to her current position in 2014, the chance to rise to this unique challenge was too interesting to pass up.

“One of our key initiatives is information technology,” Haggard said. “When you bring five hospitals together at such an exponential pace you’re dealing with five platforms for everything.”

To achieve interoperability, they are working with a new Chief Information Officer to create common IT governance – and are close to announcing a common electronic health record system across the LCMC system.

“When I started looking at this, I interviewed CFOs at large systems outside of our market – from systems that were new, to systems that were 20 years old. I was surprised by the variability I found. One long-time system had not even started working on their interoperability; the attitude

## “Research shows there that there is a direct positive correlation between an engaged team and patient experience.”

–Stephanie Anderson, Executive Vice President, COO, Woman’s Hospital

co-management agreements in their surgical service lines for outcomes improvement. They also work to improve their revenue cycle, including a “V2V” (Volume to Value) program to involve staff to identify process improvements, many of which have been hardwired into operations. The hospital is working to adopt a new cost accounting system to determine costs of episodes of care. Anderson said this will help position the hospital for risk-based reimbursement models, such as bundled payments (for episode of care under the Affordable Care Act). And like the other hospitals interviewed, one of its top priorities for capital spending is on the information technology (IT) platform (interoperability), which





Suzanne Haggard

**“...the LCMC leadership is also re-emphasizing old school rounding, where hospital administrators get out of their office to visit and talk with staff on all shifts about what they need.”**

seemed to be if it's not broke, don't fix it,” explained Haggard.

But with the Affordable Care Act, which requires that hospitals reinvent themselves from fee-for-service to fee-for-value, the switch to a common electronic health record platform is a must. This is why Haggard feels LCMC is in the right place at the right time.

“Every system we are putting in place

now – from the electronic health record, to the revenue cycle, to the supply chain – is going to be connected from the front to the back,” she said. “We’re doing this to make the patient experience better – for us, the patient is the tail that wags the dog.”

To address employee retention, LCMC is working on its infant culture. This includes developing a new employee forum to help improve care, be more patient friendly, and get input from caregivers.

“I’m not on the frontline taking care of patients, the employees are,” said Haggard. She said the LCMC leadership is also re-emphasizing old school rounding, where hospital administrators get out of their office to visit and talk with staff on all shifts about what they need. She said the LCMC senior Human Resources leader is also working closely with the teaching programs at Tulane and LSU to recruit specialties such as laboratory techs and physical therapists.

“We want all our employees to feel engaged, and not just be the system that throws dollars at staffing,” Haggard stressed.

LCMC is also turning to benchmarks, which is generally a proprietary database that compares like hospitals to each other. Such performance improvement benchmarks can include labor productivity (staffing), supply chain costs, and quality measures.

“We’ve just completed over a year-long review of benchmarks with a consulting group. To be effective, we have to solve the IT platform first, but definitely have our eye on using a benchmark service,” Haggard said.

Despite the challenges that come from the birth of a new system, Haggard said she’s proud of their progress.

“We brought together five hospitals in 30 months and we’re still standing,” she said. “That’s a success story and says something about our vision. This included rebuilding a destroyed and antiquated facility, which was a good federal, state, and city effort.” ■

**(Endnotes)**

<sup>1</sup> [http://images.parallonassets.com/Web/ParallonBusinessSolutions/%7b71c998a5-8f3a-4fe3-8f5b-126db7b6b6f7%7d\\_Parallon\\_HealthLeaders\\_Intelligence\\_Report.pdf](http://images.parallonassets.com/Web/ParallonBusinessSolutions/%7b71c998a5-8f3a-4fe3-8f5b-126db7b6b6f7%7d_Parallon_HealthLeaders_Intelligence_Report.pdf)





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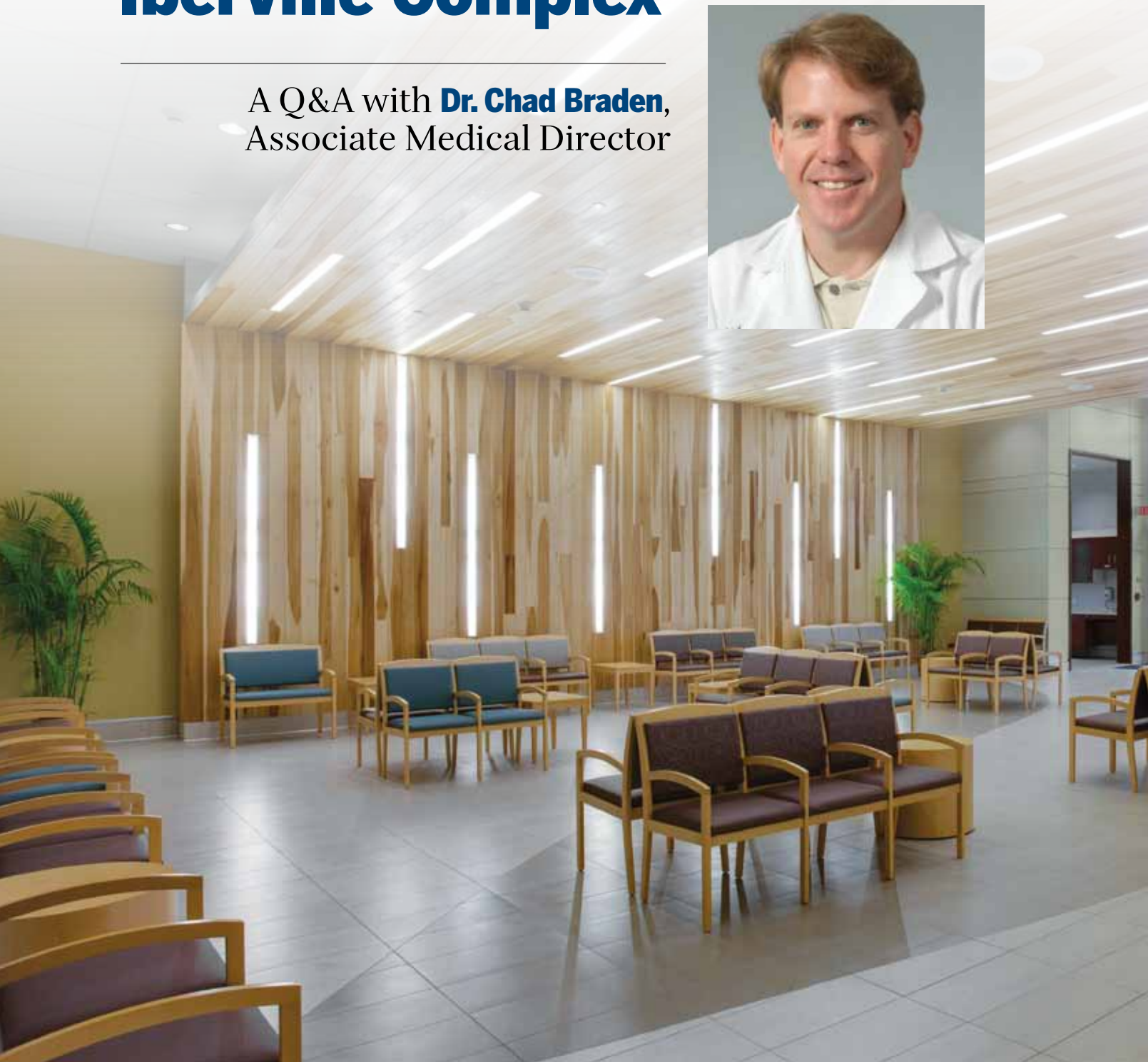
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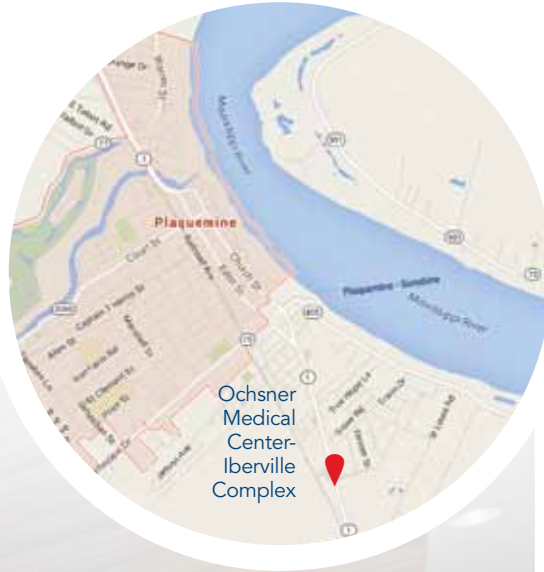
# EXPLORING THE Ochsner Medical Center- Iberville Complex

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A Q&A with **Dr. Chad Braden**,  
Associate Medical Director







**Why did Ochsner feel there was a need for a medical complex in Plaquemine?**

**A.** Several years ago there was a hospital out there, River West, that was serving that population, and for various reasons, including a hurricane, that hospital is no longer around. So there was a service gap or deficiency out there and to access emergency care people had to go across the river.

**And how do you currently handle urgent and emergent situations?**

**A.** For urgent situations there are walk-in services available on the clinic side. But we also have a freestanding emergency room, which is very busy and very capable of handling both emergencies and urgencies. The difference from the typical set up is we don't have a hospital attached to the emergency room. So if someone has to be admitted to the hospital from the emergency room they would have to transfer.

**Can you give us some idea of the numbers of patients you see at the complex and how many are referred to the hospital?**

**A.** As far as the emergency department I think they are averaging about 44 patients a day and about 3-4% are actually transferred and admitted.

**Are they all referred to the Ochsner Medical Center in Baton Rouge?**

**A.** Not necessarily. If there is patient preference they may go elsewhere. We would obviously like for them to stay in our system, because it's a great system, but it's not an absolute.

**Can you describe the services that are offered at the complex?**

**A.** We have the emergency room side obviously, that handles all of the emergency visits. Then about half of the clinic space is dedicated to clinical services such as primary care, cardiology rotation, OB/Gyns, and midwives who are there throughout the week. We will have nephrology fairly



soon. We are developing a smoking cessation program, which will be a free service starting probably in January, and we will have telemedicine starting in the early part of the year, so people can actually see a specialist on their side of the river without having to make the trip. We have a general surgeon who comes to the clinic. We also have MRI machines, CT machines, a full lab, ultrasound, and x-ray capabilities for both the emergency department and the clinical side.

**Are there any health issues you encounter that might be specific to the Plaquemine area?**

**A.** Practicing out there my experience has been that it's similar conditions to what I see in Baton Rouge, but there has been much less healthcare available. There are doctors out there, but some of them have left. So because they've had some gaps in care, I am seeing some more advanced disease, more disease like diabetes, things like that that have had a delay in treatment. So I am seeing more complications than I would normally see in Baton Rouge.

**It's an industrial area. Do you offer occupational health or have any relationships with the larger companies in the vicinity?**







**“...so the vast majority of the people being seen in the emergency room are not being transferred; they are being taken care of right there in the community and not having to go across the river for an urgency or emergency.”**

**A.** We’ve talked to some out there, but as far as I know we don’t see any occupational medicine patients. I don’t know about the emergency department.

**What are some of the reasons patients would choose not to cross the bridge?**

**A.** There’s a large body of water. The commute can be an hour one way or longer depending on car wrecks and traffic. The ferry isn’t much faster. You can spend all day if you travel.

**Is there a growth plan? Are there other services that you could be doing out there that you might not be doing?**

**A.** Provider-wise we will probably add at least two more primary care doctors. Along with that comes other specialists who will probably join up, so we will have urology coming up soon, potentially a rheumatologist, down the road. And there will be other specialties, depending on how many primary care doctors end up being out there. We have got the room and we will eventually have the need just with the patient mix.

**Are the physicians there full-time or do they split their time?**

**A.** Right now all the Ochsner physicians are part-time. Our plan is to have full-time primary care and then the specialties will be part-time.

**So I am guessing there are not many physicians who live in that community?**

**A.** They have some good primary care doctors there, but I think some of them have left, so the ones that are still there aren’t as

available. And there aren’t any physicians in the community to recruit from over there. They have to come from Baton Rouge or elsewhere.

**What about the nursing and ancillary staff? Do they also split their time?**

**A.** The ones I work with in primary care are about half and half. I think as we roll this out more it will be more full-time living in that community. And that’s what we want. We want, ideally, for the doctors to live there and be part of that community. And the same with the staff.

**What made Ochsner decide to open a facility in Plaquemine when its main hospital in Baton Rouge is probably the furthest from that location?**

**A.** I am not sure how the travel time would compare to any of the hospitals in Baton Rouge. The main thing is we have only a 3 percent admit rate, so the vast majority of the people being seen in the emergency room are not being transferred; they are being taken care of right there in the community and not having to go across the river for an urgency or emergency.

**Have you heard any ideas being floated about a full-service hospital for that area? Or is this enough to serve the needs of the community?**

**A.** I haven’t heard anything about a hospital. I have no clue if the area would be busy enough to support a hospital. I haven’t heard anything about that from an Ochsner standpoint. ■



OPHTHALMOLOGY

**EYES**

**A**

**FAMILY**

**FOCUS**

By Anna Thibodeaux



**“So many families in town have trusted their eyes to us for generations...”**

**When the Williamsons say they operate their eye centers in the Baton Rouge area like a family, they mean it literally.**

Although they have over 120 other employees, three generations of Williamsons come to work at four eye center locations every day. They represent a close-knit family whose power formula to success has led to a multi-generational, 65-year-old business.

“The fact that all of my siblings and children possess an inner drive to succeed and perform at a level higher than that which is expected of them has kept our practice thriving for generations,” said Dr. Charles Williamson, medical director and CEO. “The business

has thrived because each successive generation has made it their duty to improve upon the situation they were given. Forty years ago, when my brother joined the practice, he brought the latest techniques in phacoemulsification, or modern cataract surgery.”

That has been a sort of trend – each member has contributed experience and knowledge that has stepped up the practice’s collective expertise in eye care.

When Charles Williamson joined the business, he contributed the latest techniques in

refractive surgery and cataract surgery.

"I went on to pioneer the way all modern cataract surgeries are done in the USA, which is topical anesthesia and uses a temporal clear corneal incision," he said, "that's an accomplishment I'm very proud of. Of course this was all done in our own surgical center, separate from a hospital, which was the very first outpatient surgical center for sight in the state. For years, I had visitors from all over the world watching how we did surgery right here in Baton Rouge."

Dr. Charles Williamson is a teacher and author, writing numerous textbooks and many articles related to eye surgery. He is a pioneer and one of the developers of clear cornea cataract surgery under topical anesthesia which is the procedure done throughout the world today. He developed many surgical instruments that are used nationally and internationally, as well and has lectured and worked overseas, and received national recognition and awards from the American Academy of Ophthalmology.

According to Dr. Charles Williamson, the secret to a successful family business is primarily growth that makes room for the younger generations.

"All companies, especially healthcare companies, have to grow or die," he said. "All members of the family didn't have to specifically go into the family business; they are encouraged to find a place in that business whether or not it's in administration, surgery or patient care, at which they can develop a career. This is why the Williamson Eye Center started in a small office downtown

Baton Rouge on Third Street some 65 years ago and has developed into one of the largest and most respected eye care practices in the United States."

The family tree of the business begins with Dr. William N. Williamson, who started the practice in Baton Rouge in 1951. Initially, Williamson's eye care practice was downtown on Third Street.

Over the years, he developed his practice into a multi-office practice with five locations and same-day service for optical service, which was a progressive move in the 60's. He had four sons, all of whom went into the business. The oldest son, Dr. Bill Williamson, has been in practice for over 40 years. The second son, Dr. Charles Williamson, has been in practice for 35 years. Bill and Charles developed Louisiana's first outpatient eye surgery center in 1982 and the first LASIK center in Baton Rouge in the early 1990s.

The third son, Dr. Baron Williamson who practiced in Baton Rouge for the initial 12 years of his practice, moved to Monroe to be near his children and practices ophthalmology there. The youngest son, Brett Williamson, is a physician assistant with the practice.

Three of Charles' children are also in the practice. His oldest son, Chuck Jr., came into Williamson Eye Center as chief administrator and helped double the operation from two locations, a few doctors, and staff to four locations that feature optical shops along with 10 doctors and more than 120 employees. His daughter, Shelly Williamson Esnard, who later joined the practice as a Physician Assistant & Center Director on the cosmetic

side, has developed a robust cosmetic surgery practice at the Williamson Cosmetic Center.

Dr. Bill Williamson, comprehensive ophthalmologist, also readily testifies to the company's intense work ethic embedded in the company from its very beginning.

"The day we buried my father, myself and all of my brothers went to work that morning and saw patients. Some of us in surgery and some of us in clinic, Bill said. "Many people asked me, how could you work on the day of your dad's funeral? And I said, 'Simple, Dad would have wanted it that way.' Dad always taught us, 'Above all else...go to work and do your job.' I think it's this relentless approach to hard work that has made us the very best at what we do. And this identity has been furthered by successive generations, first by my nephew, Chuck Jr., who has been instrumental as an administrator in expanding our practice, and more recently with the addition of my other nephew, Dr. Blake Williamson, who is already known to be a surgical prodigy and will carry us on into the next generation.

According to Brett Williamson, a Physician Assistant with the practice, being a part of a recognized practice is a definite advantage.

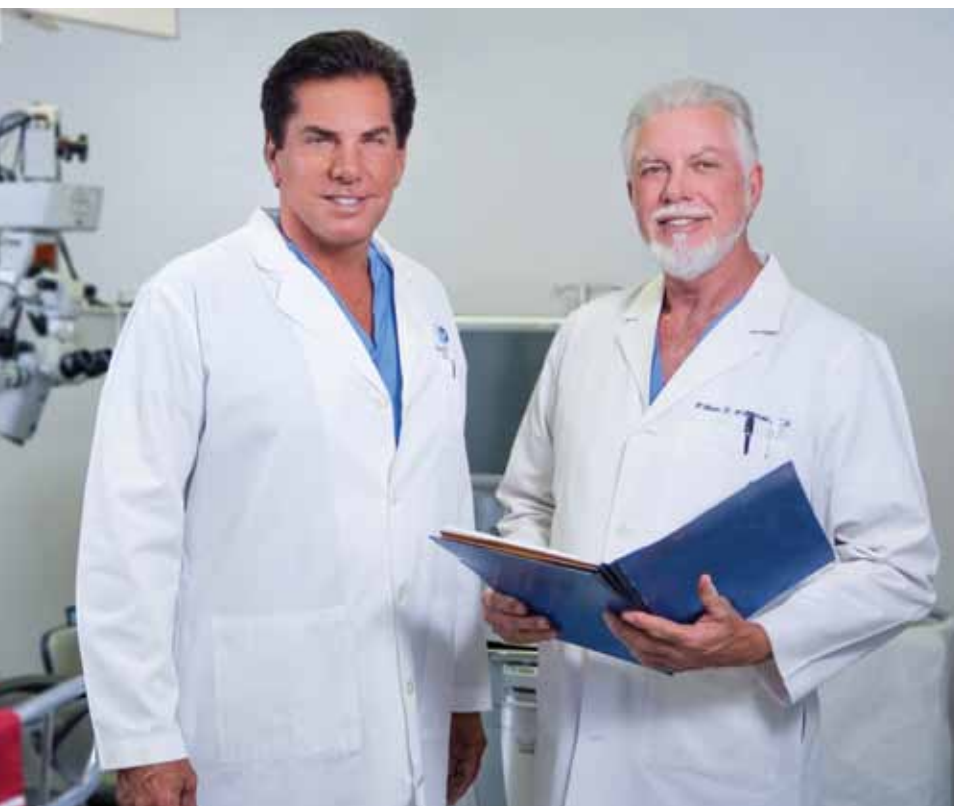
"Being in a multi-generational eye care practice is as natural as can be for me," Brett said. "I was in the fifth grade when my oldest brother began working with my father to expand our family business, and it has continued to grow organically since then."

His main pro for being in business with family is knowing he can rely on them to help with difficulties "because at the end of the

**"The day we buried my father, myself and all of my brothers went to work that morning and saw patients. Some of us in surgery and some of us in clinic. Many people asked me, how could you work on the day of your dad's funeral? And I said, 'Simple, Dad would have wanted it that way.' Dad always taught us, 'Above all else...go to work and do your job.'"**







day we are all pulling in the same direction.”

The latest addition to the practice is Williamson’s third and youngest son, Dr. Blake Williamson, who also significantly builds on the practice’s expertise and aspires to lead the practice’s third generation.

Blake has a master’s degree from Columbia University. He also completed his ophthalmology research and a master’s degree in public health at the world renowned Johns Hopkins Hospital, as well as later trained in ophthalmology at Tulane Medical Center. He went on to perform the most modern phaco-cataract surgeries in the history of the program, which dates back over 100 years, and he is involved in research and won the grand prize at the annual O’Brien Research Symposium two years in a row for his work on glaucoma valves in New Zealand white rabbits.

Dr. Bill and Dr. Charles Williamson have been awaiting Dr. Blake Williamson to finish his training and join the practice as the third generation of the Williamson family.

“Just as I wanted to achieve more than my father before me so, too, has he displayed that drive in both academic and professional

lives,” Charles Williamson said of his son.

For Blake, going to work with family every day is a blessing.

“For many, I can understand how the prospect of joining a family business is met with trepidation,” said Blake, who is a comprehensive ophthalmologist and cataract surgeon. “For me though, this process has been truly exciting and the culmination of a decision I made when I was 15 years old to be a surgeon at the Williamson Eye Center and continue on the tradition of excellence in eye care that my family has brought to Baton Rouge. While many multi-generational businesses are in need of rescue or repair by the time the younger generation comes into play, I’m lucky to have joined a practice that is state-of-the-art and firing on all cylinders. Seeing my father, brother, sister, and uncles everyday is a blessing because it provides an endless source of experience and knowledge to a younger surgeon like myself.”

Blake welcomes knowing he can trust his co-workers, particularly because they share strong work ethic, and besides, according to him, his family is fun to work with.

“We have a very close family and we are all spirited, fun-loving people so we enjoy being around one another,” he said. “More importantly, we absolutely love what we do. We all understand the standard we have set and enjoy the challenge of meeting and exceeding all expectations our patients have for their vision.”

He mused there’s only one problem with working in a family businesses – they can’t all take the same day off.

“If every Williamson had to leave for a family reunion or something, it would be like an old western movie around here, with tumbleweed rolling down the halls,” Blake said.

But there’s no question about the DNA that keeps Williamson Eye Center forging ahead to Blake either – strong work ethic.

“The coolest thing for me has been the honor and responsibility that comes with carrying on my family’s name, which has been synonymous with eye care for 65 years, into the next generation,” Blake said. “Just as my Dad mimicked his father and was dissecting eyeballs at the dinner table with his brothers in middle school, so too can I remember going into the operating room and watching cataract surgery before I was even old enough to play tackle football.”

With all of these experiences from his childhood that have become part of his daily surgical routine, Blake said he can “speak the language” now and is daily reminded of the impact of his father’s contributions to eye care.

“I operate on people now who tell me that my father did their father’s eyes and they are all thrilled to death with how well they see,” he said. “Dad and Uncle Bill have operated on people that my grandfather used to see. So many families in town have trusted their eyes to us for generations, and I think that is pretty cool. In addition, I’ve learned new techniques and technologies in my training that are being introduced to our patients as well. It’s now come full circle, and that’s pretty cool.”

His father, Charles, added, “I have six grandchildren...so we plan to be around for a very long time.” ■



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From left, Burke Moran, Judy Byers, Jim McIlwain, Kim and Trey Bowman



## CANCER CENTER CELEBRATES SPIRIT OF VOLUNTEERISM

Three prestigious awards, named after individuals who are outstanding examples of fighting cancer through volunteer leadership, were recently presented to several exemplary community members. The awards were presented at a special reception at Mary Bird Perkins – Our Lady of the Lake Cancer Center. *See story on page 42*



## STATE

### Well-Ahead Louisiana Designates More than 1,000 WellSpots

The Louisiana Department of Health and Hospitals' (DHH) Well-Ahead Louisiana initiative has designated 1,166 WellSpots across Louisiana in only a little more than a year of implementation. Well-Ahead supports healthier communities across Louisiana by promoting and making smart changes in the spaces and places we live and work in every day that make it easier for us all to live healthier lives. Organizations that meet certain voluntary health and wellness criteria are as designated as various tiers of WellSpots based on the level of wellness they achieve.

Since April 2014, DHH's Health Promotion team has provided technical assistance on the design and implementation of health policy or programs to 586 organizations in 169 cities in all 64 parishes across the state.

Historically, the Department approached worksite wellness by providing guidance without technical assistance. The result was only three worksite wellness assessments in one year. Well-Ahead has proven unique and incredibly successful by providing technical assistance to 586 organizations, designating 1,166 WellSpots that impact residents across Louisiana. A few of the most recently designated WellSpots include, Lake Charles Memorial, the City of Slidell, Christus Health, Lafayette Parish School District, Bossier Parish School District, and all of the LSU AgCenters. For a full list of WellSpots, visit [www.wellaheadla.com/wellspots](http://www.wellaheadla.com/wellspots).

In addition to providing technical assistance, Well-Ahead partners with local organizations that provide help state policy makers understand the challenges and successes of wellness programming at the local level. These relationships allow DHH staff to connect with communities, but, most importantly, it allows for Louisiana residents to connect with those resources in their area that can help them achieve their health and wellness goals.

### LaPOST Offers End-of-Life Care Planning Resources

Medicare recently finalized a rule that will reimburse doctors who discuss advance care planning options with their patients. The policy change took effect on Jan. 1, 2016. The Louisiana Physician Orders for Scope of Treatment (LaPOST) Coalition encourages healthcare professionals across the state to consider the LaPOST website as a valuable source for advance care planning

information.

The program is centered around LaPOST, a specialized advance care planning document designed for those facing serious, advanced illnesses. The LaPOST website consists of instructional resources for physicians, patients, and caregivers that include the Conversations Change Lives guidebook, a web-based video learning series, a religious and cultural resource library, a guide to medical treatments, and the official LaPOST document.

The LaPOST Coalition also offers webinars for professionals and has launched a statewide educational program that will assist long-term care facilities in implementing advance care planning and LaPOST into their existing operations. For patients and caregivers, there are community forums to discuss issues related to end-of-life care.

For more information about advance care planning and LaPOST, visit [la-post.org](http://la-post.org), or call (225) 334-9299.

### Nursing Workforce Study Reveals Demand for Nurses

The questions continue to be: Is there a nursing shortage? If there is an actual or impending nursing shortage, what is being done at the national, state, and regional levels? The responses to these questions will vary depending on who is asked, the geographical location under consideration, and the data sources brought to bear.

In 2014, the Louisiana Center for Nursing launched the state's second Nurse Employer Survey to determine the demand for registered nurses (RNs), advanced practice registered nurses (APRNs), licensed practical nurses (LPNs), and nursing assistants (NAs) in Louisiana based on data obtained from employers. Major healthcare industries employing the vast majority of nurses such as hospitals, long term care (LTC) facilities, home health agencies, hospices, and public health facilities were surveyed to gather information about vacancy rates, turnover rates, and growth rates for the various types of nursing personnel.

Highlights from the Survey include:

There was a significant increase in unmet demand for RNs between 2010 and 2014, driven largely by an increase in the number of direct care RN vacancies in hospitals. When the current unmet demand for personnel (vacancies) is combined with anticipated growth, the additional 2015 demand for all types of nursing personnel in Louisiana is estimated at 8,983.

Of all healthcare industries surveyed, psychiatric hospitals, long term care (LTC), public health, and

hospice had the highest vacancy rates for direct care RNs, 13.8 percent, 11.9 percent, 11.7 percent, and 10.9 percent, respectively. High vacancy rates are generally associated with a nursing shortage. These industries are struggling to attract qualified nurses, and though it may not indicate a statewide shortage, it certainly indicates a shortage of personnel qualified and willing to work in these industries.

Between July 1, 2013 and June 30, 2014 (or the most current report year), there were an estimated 6,602 RN separations, 3,509 LPN separations, and 9,817 NA separations. The majority of the separations for RNs were within hospitals, whereas the majority of the separations for LPNs and NAs were in LTC/SNF and hospitals.

The median turnover rate for direct care RNs in hospitals, the largest personnel category identified in the employer survey in terms of budgeted positions, was 13.8 percent over the course of one year. Psychiatric hospitals had the highest median turnover rate for direct care RNs (56.6%) and NAs (45.8%). The largest median turnover rate for LPNs occurred in LTC/SNF (33.3%).

The utilization of temporary nursing staff was up in several industries, which is also consistent with an improving economy and increased difficulty in hiring permanent staff. In 2014, there was a substantial increase in the percentage of temporary staff utilized by the public health system when compared to 2010. Approximately 43% of the public health system nursing personnel were temporary employees in 2014.

The healthcare industries included in the current study reported that they expected a substantial increase in new direct care RN positions over the next year. In particular, elder care settings such as hospice and home health expect their direct care RN positions to grow at a faster rate than acute care hospitals over the next year – a sign that the aging population is anticipated to increase demand in settings offering specialized aging care.

The report in its entirety can be accessed at <http://lcn.lsbns.state.la.us/Portals/0/Documents/NursingWorkforceDemandReport2014.pdf>.

### DuFour Appointed Chairman of Telehealth Task Force

Lonnie DuFour, Director of Client Services for the Louisiana Health Care Quality Forum, has been appointed Chairman of Louisiana's Telehealth Access Task Force, effective Jan. 1, 2016.

DuFour is a recognized champion of telehealth in Louisiana and has spoken at numerous state and regional conferences about the value of



Lonnie DuFour

telehealth in advancing access to quality, connected healthcare for patients. He has been a member of the task force for several years and serves as the Louisiana Project Coordinator for the Texas/Louisiana Telehealth Resource Center, based at Texas Tech University in Lubbock, Tex.

The Telehealth Access Task Force was created through Louisiana House Concurrent Resolution No. 88 (HCR 88) as an advisory body to the legislature and the Louisiana Department of Health and Hospitals (DHH) on policies and practices that expand access to telehealth services. The task force is required to report to the governor and the legislature on the status of telehealth access in Louisiana.

### BCBSLA Names New President and CEO

The Board of Directors of Blue Cross and Blue Shield of Louisiana has named Dr. I. Steven Udvarhelyi as the company's new president and CEO. Udvarhelyi, who is currently executive vice president, health services, and chief strategy officer at Independence Blue Cross in Philadelphia, will assume his new responsibilities in the first quarter of 2016.

Udvarhelyi spent almost 20 years at Independence Blue Cross (Independence). His current role, held since 2012, is executive vice president of health services and chief strategy officer, which includes responsibility for the health services division, comprising medical management, pharmacy management, provider contracting and provider relations, and enterprise-wide informatics; and for strategy and planning, corporate development, and innovation, including the Independence Blue Cross Center for Health Care Innovation. As Chief Strategy Officer, Udvarhelyi is responsible for working with the CEO and senior leadership team to help Independence achieve its vision and mission.

Udvarhelyi joined Independence in 1996 and in



I. Steven Udvarhelyi, MD

his time there served as senior vice president and chief medical officer before moving into his current position.

### Partnership to Improve ADHD Assessment/Treatment

Broadening its response to both the human and financial costs of attention deficit hyperactivity disorder (ADHD), the Louisiana Department of Health and Hospitals (DHH) has announced a partnership with the Louisiana Department of Education (LDOE), and CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder), the national resource on ADHD. The partnership will train more Louisiana teachers to recognize classroom behaviors caused by ADHD and to use appropriate and effective techniques to address them.

Louisiana has one of the highest rates of ADHD prescription drug use in the country. While ADHD is a neurological condition affecting children in all communities, the rate of ADHD prescriptions is especially high in boys, with 17 percent of all Louisiana boys enrolled in Medicaid taking ADHD medication. DHH formed the ADHD Task Force in August 2014 to research and promote best practices regarding the proper diagnosis, medication and treatment of ADHD. This new partnership is an expansion of the Task Force's efforts to help ensure that teachers throughout Louisiana have the best possible information and training when instructing children they suspect or know to have ADHD.

### Greater Integration of Medicaid and Behavioral Health Begins

After a year-long transition, the Louisiana Department of Health and Hospitals (DHH) has integrated behavioral services for Medicaid members within the Bayou Health program. Bayou Health managed care organizations (MCOs) already provide for the physical health needs of Medicaid members. The newly integrated Medicaid

program provides members with a single source of care for their total health needs. Approximately 980,000 of the 1.4 million total Medicaid enrollees will be affected by the change.

Bayou Health Plans include:

- Louisiana Healthcare Connections
- United Healthcare
- Ameri-Health Caritas
- AmeriGroup
- Aetna

To avoid disruption of services, the Bayou Health plans will honor any Magellan authorized service for a designated grace period. Bayou Health plans will not deny payment solely if a provider is not in network on the day of service through February 29. Members can change plans until February 26 for any reason by calling (855) 229-6848. The new changes will take effect on the first day of the following month.

While there is a level of additional complexity for some behavioral health providers, the Department has worked preemptively to alleviate their concerns by providing tools and work aids and simplifying administrative tasks.

A number of factors have played an important role in the Department's decision to integrate behavioral health into Medicaid. These factors have created an environment in which behavioral health can flourish in a managed care setting:

- The private behavioral health provider network has been greatly expanded and has matured.
- Providers now have experience in billing and following the authorization requirements of a managed care entity.
- The Bayou Health MCOs have improved their abilities to execute care coordination.
- The state's ability to provide necessary monitoring and oversight has improved.
- All parties are positioned to place greater focus on behavioral health.
- Clinical support for members has increased.
- Commitment to transparency and improved outcomes has strengthened.
- Identifying and addressing co-occurring behavioral health needs has led to better management of physical health concerns (e.g. diabetes, hospital readmissions)
- Integrated claims data, access to synthesized information and the assumption of financial responsibility for all care has led to better management of behavioral health, including mental health needs and substance use care.
- The level of involvement between plans and members has been raised.
- Both DHH and MCOs can now exercise greater accountability for both physical and behavioral

health outcomes.

A series of statewide integration summits, initiated in 2012 by DHH and hosted by local lead agencies, significantly contributed to behavioral health providers' preparedness for integration. Care coordination, communication, and funding were identified as areas of concern. In September, DHH convened a culmination summit allowing prior participants the opportunity to interact with state partners and MCOs for up-to-date guidance and discuss any evolving areas of concern.

DHH also established a rapid response phone line for any questions regarding the integration. The line can be reached at (225) 219-4195 and will be open from 8:00 a.m. to 4:30 p.m. Monday through Friday. For more information on the integration and Medicaid please visit [www.Making-MedicaidBetter.com](http://www.Making-MedicaidBetter.com).

## LOCAL

### Three Physicians Join Capital Area Human Services

Three psychiatrists recently joined the medical staff of Capital Area Human Services (CAHS), which serves behavioral health clients in seven parishes in the region. According to CAHS Executive Director Jan Kasofsky, PhD, the agency now has a team of 10 full time psychiatrists, seven part-time psychiatrists, and a psychiatric nurse. Aniedi Udofa, MD, is the agency's medical director.

The new physician appointments to the medical staff are:

Terry LeBourgeois, MD, who is a Metairie native and attended Tulane for Psychiatry Residency and University of Massachusetts for a Forensic Psychiatry Fellowship. He is board-certified in Psychiatry and Forensic Psychiatry.

Serafin Gabriel, MD, who has worked with the State of Louisiana for more than 18 years, most recently for 13 years at the Shreveport Behavioral Health Clinic. He graduated in biology from Marquette University, earned his Doctor of Medicine degree at Universidad Tecnológica de Santiago, and completed his residency at LSU's Health Sciences Center in Shreveport.

Andrew D. Calhoun, MD, who has practiced psychiatry since 1987 and comes to CAHS from New Orleans where he worked for 11 years at the Metropolitan Human Services District. Dr. Calhoun served his residency at Tulane after earning his medical degree from LSU and his undergraduate degree from Louisiana Tech University. He has also worked as assistant professor of Psychiatry at LSU in Shreveport and past medical director of Region 8 in Monroe.

### Cancer Center Celebrates Spirit of Volunteerism

Three prestigious awards, named after individuals who are outstanding examples of fighting cancer through volunteer leadership, were recently presented to several exemplary community members. The awards were presented at a special reception at Mary Bird Perkins – Our Lady of the Lake Cancer Center.

The Hillar C. Moore Jr., Memorial Outstanding Leadership Award was presented by Hillar Moore, III to Jim McIlwain, General Counsel and Secretary of Lamar Advertising Company. The award recognizes a Mary Bird Perkins – Our Lady of the Lake Cancer Center volunteer who has made a significant and unique service contribution to the organization's philanthropic initiatives.

A board member, philanthropist and volunteer since 2004 when he joined the Annual Giving Campaign Committee, McIlwain also joined the Cancer Center Foundation board of directors and the Joint Development Committee (JDC) in 2007 and served as Chair of an extremely successful annual Giving Campaign that same year. He has continued his service on the JDC every year since 2007, serving as Chair from 2011-2013. Under his chairmanship, the JDC led efforts to develop and implement the largest fundraising campaign in Mary Bird's history – \$25 million. Leading by example, McIlwain and his wife, Terri, continue to take the fight against cancer forward as leadership donors every year.

The Louis D. Curet Volunteer Fundraising Award was presented posthumously to Thomas J. "T.J." Moran who passed away in May of this year. Moran's son, Burke, accepted the award from Louis Curet on his father's behalf. This award recognizes an individual, organization or foundation that has launched or led a significant philanthropic effort in support of Mary Bird Perkins – Our Lady of the Lake Cancer Center.

In 1990, Moran was a founding member of the Cancer Center's annual Golf Classic. Known today as the Merrill Lynch Open, it is one of the Cancer Center's largest fundraising events. Just two years after the golf tournament was created, Moran envisioned and assumed leadership for the highly successful Brick by Brick capital campaign for the construction of the six-story addition to the Cancer Center. In 2010, Moran made an extraordinary \$1 million gift to the endowment of the Cancer Center's Foundation to ensure patients and their families access to all the services they need now and in the future. His overwhelming generosity, born of his desire to thank his caregivers at the Cancer Center for the excellent care he received



Terry LeBourgeois, MD



Serafin Gabriel, MD



Andrew D. Calhoun, MD

as a 26-year survivor of throat cancer, brought the Heart of a Hero grateful giving program to life.

The D. Jensen Holliday Memorial Community Service Award is a community-wide award created as an expression of gratitude for the significant contributions Holliday made to Mary Bird Perkins Cancer Center as a board member for 10 years, including the two years he served as chairman (1998 – 2000) prior to his death from cancer. Estelle Holliday presented this year's award to Kim and Trey Bowman for reflecting Jensen Holliday's vision and dedication to the greater good of the community while making a sustained and measureable difference in the fight against cancer.

The Bowmans created the Bella Bowman Foundation after their eight-year-old daughter lost her life to brain stem necrosis, a rare side effect from



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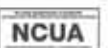


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the proton radiation she received for brain cancer. The foundation aims to help families of children suffering from brain cancer and further research and education on radiation necrosis. Kim actively serves on the board of Cancer Services of Greater Baton Rouge where she and her husband lead support groups for parents and grandparents coping with a child's cancer. The Bowmans are involved in all the activities of the Foundation, including personally directing and managing Bella's Ball, the foundation's signature fundraiser. The foundation has granted \$75K to the LSU Medical Physics program to support research to study the cause of radiation necrosis.

## Donaldsonville Woman Arrested for Cheating Medicaid

A Donaldsonville woman was arrested for Medicaid fraud after illegally billing the Louisiana Medicaid Program for healthcare services that were not performed.

Sandra Fisher, 52, of 3039 Mount Olive Road, was charged with two counts of Medicaid fraud after submitting time sheets and service logs to her employers for 140 hours of services that were not provided during February and March. As a result of Fisher's actions, the personal care agency where she was employed erroneously billed Medicaid \$647.68. Fisher was arrested by investigators with the Attorney General's Medicaid Fraud Control Unit and the Ascension Parish Sheriff's Office. She was booked into the East Baton Rouge Parish Prison.

Fisher was working as direct care service workers, hired by Medicaid providers to care for physically handicapped or elderly Medicaid recipients. Direct care service workers provide caregiver services such as cooking, grooming, and bathing.

If convicted of Medicaid fraud, Fisher could face up to five years in prison and pay up to \$20,000 in fines for each count.

## CAHS Announces IT Director

Capital Area Human Services has appointed Bruce Salisbury as Director of Information Technology. Salisbury was formerly the Infrastructure Manager for the Louisiana Department of Health and Hospitals and served as a Senior Systems Engineer for Venyu Solutions in Baton Rouge.

## NMC Founder Named 2015 Outstanding Philanthropist

The Association of Fundraising Professionals (AFP) Greater Baton Rouge Chapter has named founder of The NeuroMedical Center, neurosurgeon

Thomas B. Flynn, its Outstanding Philanthropist for 2015. Dr. Flynn was honored during a special National Philanthropy Day ceremony. Dr. Flynn was recognized alongside a handful of honorees who have provided substantial financial support and leadership to numerous nonprofit organizations and agencies in our community.

Dr. Flynn has made enormous contributions to local nonprofits and charities over the past several decades. While he retired from medical practice in 2008, he remains very involved with Our Lady of the Lake College, where he serves on the Board of Directors and chairs the Institutional Development Committee. Additionally, Dr. Flynn remains on the faculty of Tulane University's Neuroanatomy department where he serves as teacher and mentor to first-year medical students.

When Dr. Flynn began practicing in Baton Rouge in 1967, he was the only board-certified neurosurgeon between Baton Rouge and Shreveport. Recognizing a need for expert neurological care in South Louisiana, Dr. Flynn joined forces with other neuro specialists to form The Neuro-Medical Center in 1978.

## Our Lady of the Lake College Announces New Deans

Our Lady of the Lake College recently announced Dr. Brian Rash as the Dean of the School of Arts & Sciences and Dr. Alison Wells as the Dean of Students.

In his role as Dean, Dr. Rash's primary responsibilities include managing and facilitating the assessment of Arts & Sciences programs (including core curriculum), optimizing course schedules, new program development and providing oversight regarding school-related proposals for revised curricula, policies, and procedures.

Dr. Rash most recently served as the Associate Dean of the School of Arts, Sciences, and Health Professions. Since 2006, he has held many other positions within Our Lady of the Lake College including Director of the College's Biology program, Professor of Biology, Assistant Professor and Adjunct Professor.

In her role as Dean, Dr. Wells supports the mission of the College by creating and maintaining a safe, healthy, and supportive environment for students and supports a culture that enhances the spiritual, intellectual, physical, social, and emotional development of students in a holistic way.

Before joining Our Lady of the Lake College, Dr. Wells served within the Dean of Students Office at The University of Houston as the Assistant Dean from 2009-2015. Also at The University of



Bruce Salisbury



Thomas B. Flynn, MD



Dr. Brian Rash



Dr. Alison Wells



Houston, Dr. Wells served as an Activities Advisor and adjunct faculty member for the online Masters in Higher Education Program.

### **Cancer Center Receives Achievement Award from CoC**

The Commission on Cancer (CoC) of the American College of Surgeons has granted its 2014 Outstanding Achievement Award to a select group of 75 accredited cancer programs throughout the United States. Award criteria were based on qualitative and quantitative surveys conducted last year.

Of these award-winning cancer programs, Mary Bird Perkins - Our Lady of the Lake Cancer Center in Baton Rouge was the only facility in the State of Louisiana to receive this distinction in 2014.

The purpose of the award is to raise the bar on quality cancer care, with the ultimate goal of increasing awareness about quality care choices among cancer patients and their loved ones. In addition, the award is intended to:

- Recognize those cancer programs that achieve excellence in providing quality care to cancer patients.
- Motivate other cancer programs to work toward improving their level of care.
- Facilitate dialogue between award recipients and health care professionals at other cancer facilities for the purpose of sharing best practices.
- Encourage honorees to serve as quality-care resources to other cancer programs.

The American Cancer Society and The Commission on Cancer have a long standing relationship where the American Cancer Society supports the CoC efforts by providing consultative support and resources to accredited cancer programs like Mary Bird Perkins - Our Lady of the Lake Cancer Center.

### **Local Doctors Earn Awards for Patient-focused Care**

Blue Cross and Blue Shield of Louisiana rewarded 14 area doctors for their top performance for patient care in the Quality Blue Primary Care program. These local doctors achieved health quality scores in the top 10th percentile for patients with one of the program's four targeted conditions: diabetes, hypertension, vascular disease, and chronic kidney disease.

They are among 58 recognized statewide by Blue Cross for the role they play in improving the health and lives of Louisianians, while helping to hold down costs.

#### **Quality Blue Top Performers - Baton Rouge Area**

##### **Top Performers in Hypertension Care:**

Timothy Bella, Bella Family Medicine; Brad Gaspard, Baton Rouge Family Medical Center; Adrian Landry, Baton Rouge Clinic; Lauren Moore, Baton Rouge Family Medical Center - Livingston; Rebecca Treuil, Baton Rouge Clinic; Vasanthi Vinayagam, Primary Care Group; Edmund Vinci, Baton Rouge Clinic.

##### **Top Performers in Kidney Care:**

Lara Falcon, Baton Rouge Clinic; Brad Gaspard, Baton Rouge Family Medical Center; Vasanthi Vinayagam, Primary Care Group.

##### **Top Performers in Diabetes Care:**

Andrea Brown, Baton Rouge General Physicians - Plaquemine; David Wayne Fontenot, Baton Rouge Clinic; Brad Gaspard, Baton Rouge Family Medical Center; Edmund Vinci, Baton Rouge Clinic; Eric Waguespack, Baton Rouge Clinic; Robert Wood, Baton Rouge Family Medical Center; Michael Yorek, Baton Rouge Family Medical Center.

### **Cancer Center Receives Achievement**

**Award from CoC.** Courtney Goodell, American Cancer Society staff; Linda Lee, Administrator, Mary Bird Perkins - Our Lady of the Lake Cancer Center; Lindsay Turner, American Cancer Society staff.

#### **Top Performers in Vascular Care:**

Roan Flenniken, Highland Clinic; Brad Gaspard, Baton Rouge Family Medical Center; Adrian Landry, Baton Rouge Clinic; Eric Waguespack, Baton Rouge Clinic; Robert Wood, Baton Rouge Family Medical Center.

### **Heart & Vascular Institute Expands Services in Zachary**

Our Lady of the Lake has announced the expansion of new heart care services in Zachary, providing a more accessible and comprehensive healthcare experience for heart patients in the community.

Cardiologists practicing at the new Heart & Vascular Institute Clinic include Drs. David Moll, Wenjie Xu, and Leon Cannizzaro. These physicians are providing general and preventive cardiology services, electrophysiology care, and heart failure cardiology services.

The clinic is anchored by the advanced expertise of the Heart & Vascular Institute building located at Our Lady of the Lake Regional Medical Center in Baton Rouge. The 330,000 square-foot facility is a destination for comprehensive cardiovascular care with state-of-the-art treatments and world-class specialists.

The Heart & Vascular Institute Zachary Clinic is located at 20103 Old Scenic Highway, Building 5. The hours are Tuesday - Friday, 8 a.m. to 5 p.m. In addition to providing care for patients at this new clinic, Drs. Tara Jarreau and Jeffrey Hyde continue to see patients on Mondays at 4242 Highway 19, Suite C in Zachary.

### **LOL Physician Group Opens Primary Care for Women**

Our Lady of the Lake Physician Group recently opened Primary Care for Women. The clinic offers a full spectrum of healthcare services for women ages 18 and older. The clinic features a comfortable, spa-like environment and provides primary and preventive care to meet the unique medical needs of the female patient. The clinic also provides nutritional and dietary services and counseling.

The clinic is staffed by Dr. Jeri Johnson and Dr. Katherine Pearce. Both are Board Certified





in Internal Medicine. Through this clinic patients have access to preventive healthcare, comprehensive physical exams, evaluation and care of chronic illnesses, well woman visits, breast cancer screenings, executive woman's wellness, cardiovascular screenings, nutritional and dietary services, and more.

Primary Care for Women is located in the O'Donovan Medical Plaza at 5131 O'Donovan Drive, Suite 201.

## PBRC Launches New Diabetes Research Study

LSU's Pennington Biomedical Research Center marked National Diabetes Awareness Month by opening screening for an innovative research study that may help women minimize the risk of being diagnosed with diabetes.

Pennington Biomedical's RISE research study is investigating whether a current post-menopausal treatment can also improve the body's response to insulin—an important step in protecting against diabetes. The FDA-approved generic medication is already used for the treatment of post-menopausal symptoms and prevention of osteoporosis.

"What we learn through this research study could help us improve treatment options for post-menopausal women around the world and possibly minimize the risks associated with diabetes," said Dr. Eric Ravussin, associate executive director for clinical science at Pennington Biomedical and principal investigator on the RISE research study. "After menopause, women struggle with side effects (hot flashes, weight gain) associated with declining estrogen levels, which can lead to decreased insulin sensitivity – a risk factor for diabetes."

Learn more on the RISE research study and

specifications for participating at [www.pbrc.edu/RISE](http://www.pbrc.edu/RISE).

In addition to the RISE research study, Pennington Biomedical has a number of diabetes and prediabetes research studies currently enrolling participants:

The GRADE study is working to find out which of four FDA-approved diabetes medications, when combined with metformin (Glucophage®), is most effective in treating the disease.

The D2d study is investigating whether taking vitamin D can prevent diabetes in people who are at high risk for the disease.

The Cranberry study is looking to learn if cranberry extract can improve blood sugar and insulin levels.

The Raspberry study aims to discover the effect of red raspberries on insulin resistance, pancreatic cells and inflammation in people with type 2 diabetes.

The STARCH study is trying to determine the effect of a slowly digesting starch on gut bacteria, sugar and fat metabolism, hunger hormones and body fat in people with pre-diabetes.

Anyone interested in participating in a research study at Pennington Biomedical can visit [www.pbrc.edu/healthierLA](http://www.pbrc.edu/healthierLA) or call 225-763-3000.

## Walker First to Use New Technology

Cardiovascular Institute of the South announced that founder, president, and medical director Dr. Craig Walker, was the first in the world to use the Turbo-Power laser atherectomy catheter by Spectranetics for in-stent restenosis in peripheral arteries.

The Turbo-Power laser atherectomy catheter is the latest technology in treatment for in-stent

restenosis, which refers to the narrowing of a previously-stented vessel with restricted blood flow. The catheter allows for better directional control and a larger opening in the blood vessel. The tip rotates by the use of an external remote and uses radiofrequency ablation to open the vessel. The procedure took place in the cath lab at Terrebonne General Medical Center.

## CAHS Receives CARF Accreditation

The Commission on Accreditation of Rehabilitation Facilities (CARF), a private, nonprofit organization that accredits healthcare and behavioral healthcare organizations, has recommended a three year accreditation of the Capital Area Human Services agency of the capital region.

The agency initially received accreditation in 2012,

CAHS serves the behavioral healthcare needs of the seven parish region: East and West Baton Rouge, Iberville, Pointe Coupee, Ascension, and East and West Feliciana.

CARF evaluates organizations based on standards of quality related to an agency's mission, philosophy, and service delivery. Accreditation is a requirement for reimbursement from Medicaid, Medicare, and some commercial insurance carriers.

The re-evaluation was conducted in late September by three CARF experts from other states. The evaluators visited all CAHS mental health and addictions service delivery sites, interviewing board members, clients, staff, consumers, and community stakeholders.

## Zucco Earns ACHE Fellowship

Ronda K. Zucco, FACHE, Director of Business Development and Operations at Apollo Behavioral Health Hospital in Baton Rouge, Louisiana, recently became a Fellow of the American College of Healthcare Executives, the nation's leading professional society for healthcare leaders.

Fellow status represents achievement of the highest standard of professional development. In fact, only 9,100 healthcare executives hold this distinction. To obtain Fellow status, candidates must fulfill multiple requirements, including passing a comprehensive examination, meeting academic and experiential criteria, earning continuing education credits, and demonstrating professional/community involvement. Fellows are also committed to ongoing professional development and undergo recertification every three years.

Zucco has been a member of the American College of Healthcare Executives since 2011. ■

# FACE LIFT

*lets talk about it*



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Rhinoplasty, Fat transfer and Chin Implant

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Face lift surgery is Dr. Perenack's passion and signature procedure. He performs almost 100 face lift procedures each year, many times the number performed by the average cosmetic or plastic surgeon in the US.\* Dr. Perenack performs every step from the first touch to the last stitch. His practice is solely devoted to surgery of the face and neck, which allows him to focus his expertise on this area.

\*per Allergan nationally reported statistics



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*Diplomate of the American Board of Cosmetic Surgery  
Facial Cosmetic Surgery*

In Louisiana, quality of care is a primary focus in statewide efforts to improve health and health care, and for the Quality Forum, it is more than a focus – it's a mission.

## LaPost 101

### ADVANCE CARE EDUCATION FOR LONG-TERM CARE SETTINGS



IMPROVING QUALITY across the spectrum of care, from the earliest point in life to the last, is critical, but it is often the latter that gets overlooked, if for no other reason than the difficulty of broaching the subjects of death and dying with patients who have life-limiting illnesses.

This is why advance care planning education and training is a key objective for our organization.

Louisiana's patients and families are fortunate to have a number of ways to document their advance care planning preferences and wishes, including a health care power of attorney and an advance directive or 'living will.' But since 2010, patients in Louisiana with serious, advanced illnesses have had another way to record their end-of-life treatment wishes and goals of care: the Louisiana Physician Orders for Scope of Treatment (LaPOST) document.

A quality initiative of the Quality Forum, this voluntary, non-biased document places control into patients' hands. It serves the dual purpose of allowing them to determine what kinds of medical treatment they do and do not want to receive at the end of life and preventing their loved ones from having to make difficult decisions about their care.

Susan Nelson, MD, LaPOST Coalition Chair, explained, "Many years ago, patients had limited options when it came to the selection of treatments at the end of life. Today, in some cases, medical advancements have made it possible for doctors to significantly extend patients' lives, but while some patients could benefit from those advancements, they may not be ideal for everyone. LaPOST gives patients more control in deciding the point at which curative treatment is no longer attempted, and focus then shifts to comfort and symptom management."

LaPOST serves as a physician's order, traveling with patients across health care settings to serve as a point of reference for all members of the patients' care team. Because the LaPOST document is so critical to ensuring that patients' end-of-life care wishes are met, the Quality Forum, in coordination with the LaPOST Coalition, is committed to providing advance care planning-focused education to Louisiana's health care professionals. These efforts have included the development of instructional materials and resources; local, regional and national speaking engagements; community outreach; and educational workshops and webinars.

Now these efforts include a specific focus on educating long-term care staff and residents about the value of communicating and documenting end-of-life care wishes, and for long-term care professionals, this





**AFTER SEEING  
THE VIDEO  
AND READING  
THROUGH THE  
MATERIALS ALONG  
WITH LaPOST,  
IT BECOMES  
PERSONAL...**

training program could not have come at a better time.

In late 2014, the Louisiana Department of Health and Hospitals (DHH) began requiring all nursing homes across the state to record the completion of a LaPOST document as part of their Minimum Data Set assessments. The adoption of this measure reflects the importance of tracking such information to better monitor LaPOST residents and to ensure their treatment needs are met.

In addition, Medicare has finalized a policy change that, beginning Jan. 1, 2016, will reimburse physicians who discuss end-of-life care planning options with their patients.

In response to this increased state and federal focus on quality of care at the end-of-life, the Quality Forum has launched a 12-month, grant-funded project designed to

educate and train long-term care staff in advance care planning processes and options, including LaPOST.

Nelson said, "By preparing long-term care staffs to discuss end-of-life care planning options such as LaPOST with their patients, we are helping to ensure that those patients receive the kinds of care and quality of care that they want."

She added, "It is so important for health care professionals to educate and talk with their patients and their families about the types of care available, who provides it, who pays for it, and other related issues. Having these conversations is difficult for families, but they can also be difficult for health care professionals. Our nursing home-focused educational efforts will

better prepare them for those conversations by arming them with the information and training necessary to ask and answer questions and document treatment wishes and goals of care."

As part of this project, the Quality Forum and the LaPOST Coalition have developed a toolkit of training videos, downloadable materials, and other resources to facilitate LaPOST implementation at each nursing facility. Regional symposiums, in which trained health coaches guided participants in how to appropriately initiate discussions with residents about advance care planning and the LaPOST document, have been held. As of December 2015, more than 90 nursing facilities in Louisiana have participated in the training program.

Kim Byers, a Baton Rouge long-term care facility administrator, recently completed the training. Having this targeted education is

critical because while many long-term care professionals are aware of LaPOST and other advance care planning documents, they may not fully understand how those documents are applied, she said.

For example, noted Byers, part of the training is focused on how to include LaPOST as part of the admission process. She said long-term care facilities can include a review during admission to determine whether a patient has a LaPOST or other advance care planning documents in place. If not, she said, the facility can "use that as an opportunity to start that discussion."

Byers added that the training assists long-term care professionals in initiating those conversations about end-of-life goals of care. "After seeing the video and reading through the materials along with LaPOST, it becomes personal... They begin to understand the importance of the patient and the patient's family having comfort in knowing their end-of-life care wishes will be carried out."

Nelson agreed, "This program is equipping nursing care administrators and staff with the necessary knowledge and training to guide residents through the advance care planning process and to best support their treatment wishes."

"Most importantly, it requires health care professionals, patients, and caregivers to have real conversations about treatment options for end-of-life care," Nelson said. "These can be difficult conversations to have, but by discussing treatment options and personal goals, values and beliefs, we can help make patients' final days easier, for themselves as well as for their loved ones."

To learn more about LaPOST, participate in online advance care planning education training, download educational materials or find out about upcoming webinars and events, visit [www.la-post.org](http://www.la-post.org). ■

Soon a new legislature will assemble in Baton Rouge with a new governor. The legislature convenes on March 14, 2016, and the public eye will be fixed on the 90-day session with the hope that state leaders will correct many of the problems the last administration left our state. Here are several long-time trouble spots that can be resolved only by the governor and the legislature working together.

## THE TO-DO LIST GETS LONGER FOR Governor-elect John Bel Edwards

### Medicaid Expansion

Louisiana, and other states, have wasted time and money by refusing to participate in the Medicaid expansion, a part of the Affordable Care Act that allows states to enroll persons with incomes below 138% of poverty. For the first three years, states do not have to provide matching funds and only small amounts thereafter.

Louisiana, for example, could have provided no matching funds until 2016 and then small amounts until the tenth year, paying only 10% state match in the tenth year and thereafter. That is quite a bargain compared to the regular state Medicaid match for our state, which is 35% for almost all Medicaid services.

So Louisiana will pay approximately \$1.2 billion over the 10-year period ending 2022. The federal government will pay \$15.8 billion over the same period. Without the very favorable match rate (7% rather than 35%) Louisiana would have to pay about \$6

billion instead of \$1.2 billion over the 10-year period. And the reward for this will be coverage for 289,000 low-income persons who will now have healthcare coverage.

The gubernatorial election in November 2015 changed the outlook for Louisiana. Governor-elect John Bel Edwards had Medicaid Expansion as part of his platform and now it appears to be a certainty.

As of November 2015 the state count for and against Medicaid Expansion is as follows:

- 31 states (including D.C.) have joined the Medicaid Expansion
- 19 states have refused the Medicaid Expansion
- 1 state (Louisiana) is now a certainty to join the Medicaid Expansion

For those readers who remain skeptical, I remind you that our capability to operate a Medicaid Expansion program has already been tested—20 years ago on LaCHIP (Louisiana's Children's Health Insurance Program). While we did not have the incentives I describe above (billions of federal dollars, etc.), we were certainly ready to "make things happen." Our Medicaid staff got to work and within two years we were being heralded as one of the top five states in the nation. By the end of Governor Foster's term, more than 320,000 children were enrolled—a testimony to our fine staff. It was an honor to work with them.



## Control Private Health Insurance Costs

The Louisiana Department of Insurance (LDI) website states that “LDI does not have approval authority over health insurance rates.” Louisiana is one of only seven states that lack the ability to stop health insurance companies from hiking rates. Just a few examples from the LDI website of high health insurance rate increases during 2015 are noted in Fig. 1. These are well above national averages for health insurance premium increases. Although LDI does analyze in detail each proposed rate change, it cannot stop a company from proceeding with a planned change.

The Louisiana legislature can help solve this problem by changing the statutes which prevent LDI from ensuring fair pricing of health insurance for families and individuals in Louisiana. Additionally, high deductibles have become a problem for many consumers who may pay relatively low premiums but must also pay huge sums out-of-pocket in accordance with the policy they have chosen. For many families and individuals who don’t have thousands of dollars on hand, they may have health insurance, but it is worthless if they can’t pay the deductible. Health insurance without the ability to access health care—that’s another problem LDI and the legislature should minimize.

## Reinvest in Higher Education

Governor-elect Edwards has made it clear

that Louisiana’s higher education facilities have suffered significantly during the past administration and recovery is needed fast.

This represents a major about-face in higher education financing compared to the deep cuts almost every year during the Jindal administration.

The budget for the current fiscal year is \$769 million for Louisiana’s four public university systems. The Louisiana Board of Regents has requested \$1.7 billion for next year’s higher education budget. According to Dr. Joseph Rallo, Commissioner of Higher Education, the budget that was appropriated to higher education five or six years ago was approximately \$1.5 billion but it was significantly cut each year down to about half of that amount (\$769 million) in the current fiscal year (WRKF, Nov. 4, 2015).

“All these jobs that are coming to Louisiana require a skilled, educated workforce. And if we are not even right now graduating enough people to fill the current jobs, how are we going to be able to fill the jobs that are coming?” Ralla asks (WRKF, Nov. 4, 2015).

It seems inevitable that a tax increase would be needed to properly fund state colleges and universities, as well as numerous areas of the state budget that have suffered deep reductions over the past eight years. Taxes are typically unpopular among many legislators and their constituents, yet many taxes are clearly indispensable in areas like education, road construction, coastal restoration, healthcare, and hurricane recovery.

Yet, even though a tax may provide

needed aid in many areas, the opposition may be overwhelming and the tax is doomed. Here is a recent example:

In 2002, Rep. Vic Stelly (Republican from Lake Charles) authored a constitutional amendment that would impose a sales tax. In the general election in 2002, Louisiana voters approved the Stelly Plan, listed as a constitutional amendment, 51 percent to 49 percent.

Under the Stelly Plan, the state sales tax on food for home consumption and the sales tax on natural gas, electricity, and water for residential use was lowered on January 1, 2003, from 3.9 cents to 2 cents per dollar. To replace revenue lost through Stelly, individual income tax returns were not filed until after January 1, 2004, the withholding tax tables were revised, and the new rates went into effect on January 1, 2003.

Governor Mike Foster (1996-2003) (Republican) wasted no time in taking advantage of the new dollars coming in, and some \$800 million was dedicated to Higher Education. Governor Kathleen Blanco (2004-2007) (Democrat) added \$700 million to education, \$600 million for road construction, \$200 million for coastal restoration, and \$1 billion to the Road Home program for hurricane recovery. With large amounts in several areas, this is definitely progress. Or...should be.

Foster and Blanco are no longer in the top position to maintain course with Higher Education. The Stelly Plan was dismantled in 2011. ■

**FIG. 1**

DATE FILED	COMPANY	PROPOSED RATE CHANGE	IMPLEMENTED RATE
05/14/2015	United Healthcare Life Insurance Co.	24.00%	29.50%
08/24/2015	Aetna Health Inc. (Coventry Healthcare of LA, Inc.)	22.85%	22.85%
05/14/2015	Louisiana Health Service & Indemnity Co. (BCBSLA)	19.68%	19.68%



## BECOMING AN INFLUENCER: Leading Change in the Volatile Healthcare Environment

I recently read a book by Patterson, Grenny, Maxfield, McMillan, and Switzler called “Influencer. The Power to Change Anything.”<sup>1</sup> The book was a *New York Times* bestseller by the authors of “Crucial Conversations” and, while not directed at healthcare workers specifically, contains lessons for all of us, from CEOs to the lowest level of the organizational ladder. It promotes ideas that allow for anyone to lead change by empowering us to influence human behavior. Since patient care is a uniquely positioned industry that relies on humans to care for other humans, I thought that the lessons of the book could inform the everyday actions that nurses take on behalf of their patients.

WHEN YOU ASK MOST NURSES WHY THEY chose the profession in the first place, the answer most often provided is “to make a difference.” But when faced with overtime, lack of sufficient staff, non-compliant patients, unhappy family members, unreasonable administrators, inter-departmental competition for scarce resources, and the myriad other challenges of everyday patient care, we don’t often feel very successful at making a difference. These authors point out that the reason for this is because the tool we most often attempt to use to change others’ behaviors is verbal persuasion. When that doesn’t work, we fall back on that time tested acceptance of “que sera sera” (what will be, will be) and we ask God to grant us the

strength to change what we can, the serenity to accept the things we cannot change, and the wisdom to know the difference. But what if we didn’t have to be serene; what if we could use our wisdom not to *know* the difference, but to *make* a difference? I am not Steve Jobs and I will never build the next Apple computer, but I can influence people by identifying vital behaviors and then developing strategies to influence others to action.

What are the other strategies that have been identified as powerful influencers? One of the first is to create personal experiences. While you may not be able to take your entire nursing staff on a field trip to a Magnet® institution, you can share the successes of

these institutions through virtual or vicarious experiences.<sup>2</sup> Magnet recognizes hospitals that promote nursing excellence by promoting quality in a setting that supports professional practice, identifies excellence in the delivery of nursing services to patients, and disseminates best practices in nursing services. There are numerous articles in the literature that define what it means to be a Magnet® institution, but to have your staff experience this virtually, follow the experiences of the nurses at Lowell General Hospital in Lowell, Mass. at <http://www.lowell-general.org/about-lgh/a-magnet-hospital/what-it-means-to-be-a-magnet-hospital> including two videos on supporting nursing excellence and Magnet® redesignation.<sup>3</sup>

Another strategy used to change minds is to tell stories. One doesn’t have to be a published author or Hollywood producer to use stories to change minds. I have over 40 years of nursing stories to tell and I use them on a regular basis to try to get nurses and nursing students to change their behavior. One of the most influential stories I tell nursing students is about an experience in which one of my students went to Facebook to rant about a nursing manager who had verbally reprimanded her loudly and in public for some minor infraction of hospital policy. This occurred in the hospital hallway in the presence of other nurses, physicians, and members of the public. The nurse manager was wrong in her behavior, but posting the



name of the nurse and, more importantly, the hospital was also wrong and a significant violation of professional boundaries. The hospital had sophisticated security systems that alerted them whenever their name was mentioned in any publication, written or on the web. As a result, they were aware of the post and prohibited the student from returning to do any clinical work, not only in their facility, but in their entire national system. Additionally, the student was banned from ever being employed in any institution in the system. It is a powerful story and, I

believe, has influenced more students than any lecture on privacy rights.

The authors end by describing a model of six sources of influence as depicted in Fig. 1.

So, to give an example of how this model might work, suppose a nurse was faced with a physician who constantly went from patient to patient without washing his hands, but was afraid to confront him on this behavior. We would assess that he finds washing his hands before and after each patient encounter undesirable. How do we use personal motivation to change this behavior?

Try confronting the physician with one of his own patients who developed a hospital-acquired infection (HAI). Ask him to investigate the case himself, not to delegate it to others, including complications the patient had developed, increased length of stay with associated costs, etc. Make the population statistics of HAIs real and personal for him. Assuming he has a positive and personal relationship with his patients and wouldn't want harm to come to them as a result of physician-initiated bacterial infection, we can make the undesirable washing of hands desirable for him in order to avoid causing harm to his patients. Structural ability has also been used to address this infection control problem by placing hand antiseptic dispensers throughout hospital public access thoroughways to remind nurses, physicians, allied health workers, patients, family members, and the public to sanitize their hands often.

Nurses do not work alone and neither do *INFLUENCERS*. In the complex system of healthcare, it takes a village to effect change. We must all work together using the principles of behavior change to solve institutional challenges. Fostering innovative work environments that use the principles of influence will help us work smarter, faster, and more efficiently. Open networks of communication and support of the risk takers who challenge group think and model creativity will go a long way in producing the innovation that we all seek. ■

FIG. 1

	Motivation	Ability
PERSONAL	Make the undesirable desirable	Surpass your limits
SOCIAL	Harness peer pressure	Find strength in numbers
STRUCTURAL	Design rewards and demand accountability	Change the environment

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Are you one of the millions of people who, at some point in your life, has rolled your eyes and blamed your mother and father for one genetic shortcoming or another? Most of us are guilty of it. Perhaps your eyelashes are not quite long enough or you wish your eyes were a different color. Maybe your muscles do not carry the definition you would like, or perhaps you carry too much extra weight.

## YOUR GENES MAY NOT DETERMINE YOUR Weight Fate

FINDING THE LINE between nature and nurture can be tricky, according to Dr. Tuomo Rankinen at LSU's Pennington Biomedical Research Center. He works in the Human Genomics Laboratory and studies how our genes play a role in our bodies, with a focus on how responsive the body is to exercise.

Rankinen estimates that for most people in our population, between 40 and 60 percent of our body weight comes from the genes that we inherited from our parents; however, the genetic effect for each person may vary from as little as 1 percent to as much as 99 percent. This means that it is not guaranteed that our body shape or fitness level will mirror that of our parents.

"There is clearly a genetic component

here, but it is unlikely that genetics are the only driving force," explained Rankinen. "If your parents are overweight, it may make it easier for you to gain the weight, but it certainly does not mean that you will gain it no matter what."

The genes we inherited may mean that we just have to work harder to keep extra weight off. Rankinen says if our parents or siblings carry extra weight, it can increase our chances of being overweight or obese – and combatting the extra pounds is possible.

Rankinen suggests everyone should work in 150 minutes of moderate to vigorous exercise each week, which could be broken down into 30 minutes of physical activity each day. Brisk walking is a good example of moderate intensity ac-

tivity, and slow jogging can get you to that vigorous level, Rankinen said, adding that anything which gets us moving is a good place to start.

For Rankinen, who has always had to work harder than most to maintain his healthy weight, that means an hour-long walk around a lake every day at minimum. Injuries have kept him away from the gym he once loved, so now Rankinen also runs regularly to preserve his health.







working to figure out exactly how our genes play a role in our weight, Rankinen noted, although there is plenty of work ahead in the years to come.

“Eventually, this research may help physicians personalize treatments for obesity, because they will better understand the genetic components of weight,” Rankinen said.

Rankinen estimates there could be thousands of undiscovered genetic factors that play a role in our weight, which is why he

**“There is clearly a genetic component here, but it is unlikely that genetics are the only driving force.”**

“I’m one of those people who have to add in more than the recommended amount of exercise to maintain my weight,” Rankinen said.

Parents can help their children fight the lifelong burden of carrying extra weight by setting healthy household standards early on, Rankinen said.

“What we know is that although our genes do play a role in what the scale says, our environments have a very large impact on our weight also,” Rankinen explained.

Parents who eat fewer fruits and vegetables tend to have children who follow that path later on in life, along with parents who choose a sedentary lifestyle over one that incorporates physical activity, Rankinen said.

“In our classic genetic studies, it has been easy for researchers like me to differentiate between weight gained from an

environment and weight gained from genetics,” Rankinen said. “Now the challenge is to isolate the genes—and their mutations—which contribute to weight gained because of someone’s genes.”

Rankinen, along with fellow researcher Dr. Claude Bouchard, is looking into the genes that play a role in our weight. The three researchers received accolades in 2015 as part of a worldwide network of researchers studying the genetic factors contributing to obesity. It is the largest genetic study of obesity to date.

Along with hundreds of their colleagues around the world, Rankinen and his Pennington Biomedical counterparts helped to uncover 97 genetic factors which contribute to obesity, 56 of which were previously unknown.

This is a tremendous step forward in

and his colleagues at Pennington Biomedical and around the world are continuing their search for these genes and to figure out how exactly they work.

In the meantime, he is continuing to follow two proven methods for controlling weight: keeping an eye on his calories and making sure he is moving around throughout his day. Rankinen said those two seemingly small habits add up to quite a few pounds over the years, which reinforces the importance of including a healthy routine into your everyday lifestyle.

While we thank our parents for some genes, Rankinen said we may not need to throw our hands up and give up on the battle against those extra pounds.

“Those small, healthy practices may make a difference of 20, 30 or 40 pounds over the years,” Rankinen said. ■

In this age of social media, 24-hour news, and viral videos, it's easier than ever to fall prey to fad diets or the newest exercise crazes before medical science has had the chance to truly evaluate their benefits. The overabundance of information available to the public can be intimidating, contradictory, and difficult for individuals to evaluate critically. Louisiana residents need to know what works best for maintaining health, improving life expectancy, and losing weight. Eating a healthy, balanced diet and exercising for at least 150 minutes a week is the best recommendation for most of them.

## Making Health A HABIT



LOUISIANA RANKS AMONG THE WORST states in the nation in obesity. Many of the leading causes of death in our state, including heart disease, cancer, stroke, diabetes, and kidney disease, can be prevented by keeping a healthy diet and routinely exercising. In fact, the Milken Institute has predicted that we could avoid 612,000 cases of chronic conditions in 10 years if we made

healthier choices in our lives. Each year millions of Americans, including those right here in Louisiana, make New Year's resolutions to get in shape and stay healthy. I myself recently changed my regular workplace snack from chips to carrots. This year will surely be no different, and it is as important as ever for Louisiana's residents and their care providers to know how to best accomplish these goals. According to the best research available, the answer for most individuals looking to start healthy habits in 2016 is really quite simple: participate in at least 150 minutes of moderate-intensity exercise a week and eat a healthy, balanced diet. Every medical provider should know these basic recommendations and that they are suitable for most adults.

Individuals who maintain these habits have lower rates of all-cause mortality, coronary heart disease, high blood pressure, stroke, type 2 diabetes, metabolic syndrome, colon cancer, breast cancer, and depression. They have a lower risk of a hip or vertebral fracture and exhibit higher levels of cardio-respiratory and muscular fitness. Such individuals are also more likely to both achieve weight maintenance and have a healthier body mass indices.

The 150 minutes is just two and a half hours of total time each week, and exercise sessions can be broken up into increments as small as 10 minutes. By exercising five days of the week, individuals can focus on getting just half an hour a day, making goals achievable within almost anyone's schedule. The 10- to 30-minute exercises can be just about anything, including climbing stairs or playing sports. Aerobic exercises benefit the heart and should take up the bulk of the 150 minutes. Aerobic exercises are those that elevate the heart rate and use the major muscle groups, like the arms and legs. Examples include walking, jogging, swimming

**Kathy Kliebert**  
Secretary, Louisiana DHH



or biking. Two sessions of strength or resistance exercise should also be included. Strength exercises don't have to be complicated or use weight machines. Simple activities like moderate yard work can fulfill the need.

While the 150 minutes is a minimum, it's also important for Louisiana's residents to understand that the benefits of this level of exercise are tremendous and that they do not have to be athletes to be healthy. In fact, the health benefits from performing minimal weekly exercise compared to no exercise at all are far greater than the benefits of exercising beyond the 150 minute minimum.

As for diet, we Louisianans sure do love our food. It's one of the things that makes our state special, but a healthy diet is part of the foundation of staying healthy. After all, what you put in your body becomes your body. Eating healthily means focusing on plenty of fruits, vegetables, and whole grains. Fat-free or low-fat dairy products are also important, and everyone should include healthy, protein-rich items like poultry, fish, beans, eggs, nuts, and lean meats in their diet. We should also try to avoid foods that are high in saturated fats, sodium, and added sugars. More thorough diet recommendations and tools to help Louisianans of any age keep a healthy diet can be found at [choosemyplate.gov](http://choosemyplate.gov).

Finally, those looking to lose weight as part of their commitment to a healthier life should know that the best way to lose weight is to keep a healthy diet and spend more energy than you eat through exercise. How much you adjust your diet and how much you must exercise to lose weight is different for every person, as we all have different metabolisms. If an individual is interested in going beyond the recommended 150 minutes of exercise, the World Health Organization recommends that adults either double their moderate-intensity aerobic physical activity to 300 minutes per week or engage in 150 minutes of vigorous-intensity aerobic physical activity per week (or an equivalent combination of the two). However, the best way to find out the healthiest way for anyone to lose weight is to speak to a medical provider about what balance of diet and exercise might work best.

As medical providers, I urge each of you to make these recommendations to your patients at every opportunity. The health benefits of a healthy diet and regular exercise are undisputed, and they are also the best and most affordable way we can combat many of the leading causes of death in Louisiana. As employers and employees, I also call on you to participate in worksite wellness. Creating healthy workspaces that encourage regular exercise and healthy eating are crucial to this fight. To find out more about the Department of Health and Hospitals' program for worksite wellness, visit [wellaheadela.com](http://wellaheadela.com). ■



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## WOMAN'S RAISES FUNDS FOR NEW MAMMOGRAPHY COACH



Since 2006, Woman's Hospital has taken the fight against breast cancer on the road with its Mobile Mammography Coach. The Mobile Mammography Coach provides onsite mammograms to underserved women throughout a 15-parish area, visiting churches, workplaces, grocery stores, community centers, and more. The hospital's recent BUST Breast Cancer bra art fashion show and Woman's Victory Open golf tournament raised more than \$298,000 for the Mobile Mammography Coach, including the purchase of a second coach.



Despite serving 5,300 patients each year, the current Mobile Mammography Coach cannot meet its demand. If a second coach was to hit the road today, it would already have a booked-solid schedule for three months. An additional coach would extend services to a total of 21 parishes and give Woman's the ability to screen more than 10,000 women each year.

In addition to purchasing a second coach, funds will be used to upgrade the current

Mobile Mammography Coach from 2D mammography to 3D. 3D mammography – also known as tomosynthesis – produces clear, precise images that allow doctors to pinpoint abnormalities with greater accuracy.

Major sponsors for BUST Breast Cancer and Woman's Victory Open included Price LeBlanc Toyota-Lexus-Nissan, Arkel Constructors, BancorpSouth Wright & Percy Insurance, and Capital One Bank.



**A** Left to right: Gerald and Teri Fontenot, President and CEO, Woman's Hospital; Rose Marie and Johnny Fife, Arkel Constructors, Inc. Underwriting Sponsor. PHOTO KLEINPETER PHOTOGRAPHY

**B** Models get ready to walk the runway at Woman's BUST Breast Cancer bra art fashion show held at L'Auberge Casino & Hotel on Thursday, September 24. PHOTO RACHEL S. PHOTOGRAPHY

**C** Clockwise from top left: Elena Rome, Mary Sibley, Carla Jumonville and Cherie Giblin. PHOTO KLEINPETER PHOTOGRAPHY

**D** Left to right: Janet Olson, Capital One Bank; Beverly Brooks Thompson, Nancy Bondy, Price LeBlanc Toyota-Lexus; and Patsy Picard, WVO Chair, at the Woman's Victory Open golf tournament held at the Country Club of Louisiana on Monday, October 12. PHOTO KLEINPETER PHOTOGRAPHY



## BR General Receives Top Marks

Baton Rouge General (BRG) recently announced top honors in several healthcare categories from three different ratings organizations. For the fourth year in a row, Baton Rouge General received an 'A' for patient safety from the Leapfrog Group, an independent, non-profit employer-sponsored organization. Of the 2,530 hospitals in the country that were issued a Hospital Safety Score, only 773 earned an A.

Leapfrog Group's Hospital Safety Score program reviews the outcomes and processes of more than 2,600 facilities across the country and generates a report card for each, with an A, B, C, D or F letter grade. The grade indicates the hospital's overall outcomes in keeping patients safe from potentially preventable healthcare acquired conditions, such as infections and bedsores, as well as leadership and structures that promote patient safety.

In addition to the safety rating, BRG was also rated first in overall medical care and heart failure care in the state of Louisiana and first in cancer care in Baton Rouge by CareChex, a healthcare analytics organization that specializes in hospital and physician rankings. Additionally, Healthgrades rated BRG five stars for treatment of heart failure, pneumonia care, and respiratory failure. Healthgrades is the top online resource for information on physicians and hospitals.

The full list of accolades includes:

'A' for patient safety, Leapfrog Group; #1 in Overall Medical Care, CareChex; #1 in Cancer Care in Baton Rouge, CareChex; #1 in Heart Attack Treatment in Louisiana, CareChex; #1 in Heart Failure Treatment in Louisiana, CareChex; #1 in Major Neuro-Surgery in Baton Rouge, CareChex; #1 in Orthopedic Care in Louisiana, CareChex; #1 in Stroke care in Baton Rouge, CareChex; 5-star rated for heart failure treatment, Healthgrades; 5-star rated for pneumonia care, Healthgrades; 5-star rated for respiratory failure, Healthgrades.

## Consumers Choose OLOL for 17th Year

For the seventeenth consecutive year, Our Lady of the Lake has been selected by National Research Corporation as the Consumer Choice Award winner for the hospital with the highest overall quality and image in the Baton Rouge metropolitan area.

The Consumer Choice Award identifies the top hospitals nationwide that healthcare consumers have chosen as being the most-preferred hospitals throughout the United States.

Recipients are determined by consumer

perceptions on multiple quality and image ratings collected in the company's Market Insights survey, the largest online consumer healthcare survey in the country. National Research surveys more than 300,000 households in the contiguous 48 states and the District of Columbia. Hospitals named by consumers are analyzed and ranked based on Core Based Statistical Areas defined by the U.S. Census Bureau, with winning facilities being ranked the highest.

A complete list of winners can be found at [www.nationalresearch.com/ConsumerChoice](http://www.nationalresearch.com/ConsumerChoice).

## Roberts Joins LHA as VP of Clinical Affairs

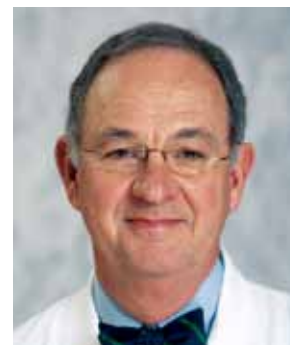
Dr. Floyd J. "Flip" Roberts, Jr., FACP, FCCP, has joined the Louisiana Hospital Association as the vice president of clinical affairs. In this position, Dr. Roberts will provide strategic leadership on clinical and professional matters impacting the Association and its member hospitals in all areas pertaining to physician/hospital integration, clinical affairs, quality improvement, and patient safety.

Dr. Roberts previously served as the chief medical officer of Baton Rouge General Medical Center (BRGMC). He was responsible for developing the Tulane University School of Medicine satellite campus in Baton Rouge and served as the first regional dean. Dr. Roberts also served as medical director of graduate medical education at BRGMC, as well as the initial program director of the Baton Rouge General/Tulane Internal Medicine Residency Program.

He has earned numerous awards and honors, including the AHA/HRET Fellowship in Patient Safety Leadership; the "Resident's Choice" award in 2000, which is awarded by graduating family medicine residents for outstanding support, teaching, and role modeling; and the Physicians' Recognition Award from the American Medical Association.

## Baton Rouge General Unveils Vision for the Future

Following more than 18 months of strategic planning, Baton Rouge General/General Health System's (BRG) Board of Trustees shared their vision for the future of the organization. The strategic plan includes the transformation of its Mid City campus into a hub of ambulatory care and innovation focused on the needs of seniors and patients with chronic health conditions, as well as those who have behavioral health needs. The changes are part of BRG's efforts to realign its operations around community needs and provide patients



Floyd J. "Flip" Roberts, Jr., FACP, FCCP

with increased value in a new era of healthcare.

BRG's Mid City campus will focus on caring for patients suffering from chronic conditions, behavioral health issues, or recovering from illness or injury. The campus will offer a wide range of post-acute and ancillary services including cancer care, rehabilitation, skilled nursing, geri-psych, wound care, palliative care, hospice, imaging, sleep medicine, intensive primary care, and clinical/graduate medical education.

BRG's new vision for Mid City includes:

- The expansion of inpatient behavioral health services, adding 19 more beds to care for patients age 50 and older with behavioral issues (such as depression, bipolar disorder, dementia, etc.) who also require medical attention for additional diagnoses. Plans include adding chemical dependency services and expanding the Behavioral Wellness Center outpatient services for both adults and adolescents.

- The Health Innovation Center, a pilot program that will provide comprehensive, team-based care – including behavioral health, pharmacy counseling, primary care, nutritional counseling, education, and health coaching – to patients with complex medical needs like diabetes or heart disease.

- Expanded primary care clinic access at the Mid City Medical Clinic, including walk-in and week-end appointments. For uninsured patients, the clinic offers a flat nominal fee and reduced lab rates.

- Continued development of the Mid City campus as a destination through community resources including meeting space, dining and catering, retail shopping, wellness, and education as well as exploring relationships with other like-minded partners who share our mission for serving and optimizing the Mid City campus' capacity.

- Support of the larger Mid City area through continued strategic partnerships with organizations such as the Mid City Redevelopment



Alliance, Mid City Merchants, AARP, the Better Access to Care Coalition, and others.

Part of the seismic change in value-based healthcare is the increased amount of care provided in physician offices, clinics, retail settings, and in the home. Concurrently, Baton Rouge's senior population is growing faster than any other group. Projections show that Baton Rouge, like many U.S. cities, will need fewer hospital beds in the future, however the demand for behavioral health services is expected to increase.

BRG's 142-acre Bluebonnet campus will continue to provide general medicine, emergency, acute critical care such as intensive burn care, surgery, labor and delivery, cancer services, heart and vascular services, and gastroenterology as well as outpatient and ambulatory care services and clinics. These services combined with Mid City's focus on post-acute and ambulatory care uniquely position the system to comprehensively serve patients throughout every phase of life.

BRG's Bluebonnet campus is located in the heart of the Baton Rouge Health District which is focused on improving the overall health of the community and making improvements in access that will allow more people to access the health care services located in the corridor. Those improvements include expanding roads and improving the flow of traffic and people in the area.

Other plans at the Bluebonnet campus include:

- Relocating and expanding the Regional Burn Center with centralized services that will enhance the experience of patients and their families.
- A hub of wellness and lifestyle programs that create opportunities to be active, including a walking path and community green spaces.
- Creating a development plan that optimizes the campus to create a welcoming, easy-to-navigate environment.

In addition to bricks and mortar, BRG also announced several technology-related initiatives that will make receiving care more convenient for patients:

- A new online tool that allows consumers to get live estimates for the cost of their care before scheduling a surgery, procedure or visit.
- A telehealth pilot based at Mid City that will allow patients to visit with physicians and healthcare providers by computer or camera-enabled mobile device.
- The formation of a multi-disciplinary data analytics team that helps BRG identify and respond to healthcare trends in real-time, building on the combined influence of finance, decision support, quality and market intelligence.

## St. Francis Medical Center Dedicates Pediatric Unit

St. Francis Medical Center in Monroe has formally rededicated its pediatric unit as St. Francis Pediatrics, a partner of Our Lady of the Lake Children's Hospital. This rededication demonstrates an important step forward in the journey to improve the health of Louisiana's children.

St. Francis Pediatrics is the first hospital-based partner of Our Lady of the Lake Children's Hospital located in Baton Rouge, Louisiana. The partnership is a clinical collaboration that connects the best of local and regional resources and builds upon existing linkages between St. Francis and Our Lady of the Lake Children's Hospital. It will allow for extended expertise in the hospital as well as specialty clinics and community programs that will improve pediatric health in Louisiana. The partnership creates a model of coordinated healthcare whose vision is to improve the overall health of our children across the state.

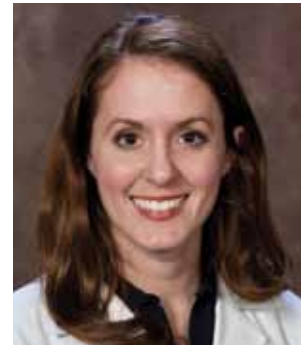
Patients will benefit from this partnership by having greater access to physicians and providers specifically trained to care for children close to home; by having more connectivity between Monroe-based providers and Baton Rouge-based providers; and updated hospital amenities and technology, such as telemedicine, that enhances patient care.

In addition, Our Lady of the Lake Children's Hospital will soon open a Pediatric Specialty Clinic in Monroe, which is the fourth such clinic to open this year extending specialty care to more children of Louisiana. Clinics have opened in Lafayette, Hammond, and Gonzales. The Monroe clinic will initially provide pediatric gastroenterology services, with the intention of adding more specialties as needs arise. Meredith Hitch, MD, and Elizabeth McDonough, MD, both Board Certified pediatric gastroenterologists will provide services at the clinic beginning in December.

## Woman's Receives Guardian of Excellence Award

Woman's Hospital announced it has been named a 2015 Guardian of Excellence Award® winner by Press Ganey Associates, Inc. for outstanding patient experience. This award recognizes top-performing healthcare organizations that have consistently achieved the 95th percentile or above of performance in inpatient experience.

The Press Ganey Guardian of Excellence Award is a nationally recognized symbol of achievement in healthcare. Presented annually, the award honors clients who consistently sustained



Jill H. Fruge, MD

performance in the top 5% of all Press Ganey clients for each reporting period during the course of one year. Some of the best practices and programs that led Woman's to achieving this award include: patient rounding, noise reduction initiatives, medication education cards, food service efficiency, reduced patient wait time, and additional parking lot and campus signage.

## Our Lady of the Lake Announces New Dermatologist

Our Lady of the Lake Physician Group recently welcomed Jill H. Fruge, MD, dermatologist, to the network of more than 350 providers.

Dr. Fruge has joined Dr. Laci Theunissen where she is now accepting new patients at Our Lady of the Lake Physician Group Dermatology at Bogue Clinic. Drs. Theunissen and Fruge, are board certified dermatologists, and are experts in treating and preventing diseases of the skin, scalp, hair, and nails.

## Ochsner Wins Innovation Award

The American Association of Integrated Healthcare Delivery Systems (AAIHDS) has announced Ochsner Health System as the winner of the 2015 Innovation Award for its Hypertension Digital Medicine (HDM) program. The second annual award sought to recognize a company or organization that is improving quality and reducing costs using an innovative method.

Hypertension is the most common chronic condition in the United States, affecting 30% of adults with an annual estimated cost of over \$50 billion. Using unique and collaborative methods to combine innovative technologies with treatment tools and a team of healthcare professionals, Ochsner's HDM program addresses hypertension holistically, providing patients with a convenient way to effectively manage high blood pressure while supplementing their management with in-depth

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education on hypertension and lifestyle changes to improve control.

Through wireless blood pressure cuffs integrated with Apple HealthKit and Epic, Ochsner's Electronic Medical Record (EMR), patients regularly measure their blood pressure and heart rate readings at home while the data is sent directly to the clinic for monitoring. Specialized pharmacists review the data in real time to make medication adjustments and lifestyle recommendations as needed to ensure blood pressure control. Results are incorporated into MyOchsner, the system's online patient portal, so that patients have access to their information and receive reports on their progress.

AAIHDS considered the following factors in selecting Ochsner as the recipient of the 2015 Innovation Award:

- Innovative solutions that bring increased value to the healthcare delivery system
- Improvements in population health and patient outcomes
- The importance of the role of the provider engagement and collaboration in transforming the healthcare delivery system.

### Berthelot Receives Mentor Award

Danielle Berthelot, MHI, RHIA, CHTS-IM, has received the American Health Information Management Association's (AHIMA) 2015 Mentor Award. Berthelot currently serves as the Director of Health Information Management/Privacy Officer at Woman's Hospital.

Over the past 25 years, Berthelot has mentored more than 50 students in the health information management profession during their internships at Woman's. She involves the students in experiences that foster their learning and gives them the opportunity to experience the daily life of a health information management professional in a hospital setting.

### Adult Coloring Books Help Patients Reduce Stress

Coloring isn't just for kids anymore. As adult coloring books top the charts at both online and local retailers, Baton Rouge General patients will soon enjoy a creative way to ease stress and reduce anxiety.

"Something about coloring helps people relax and takes their minds off illness or treatment," said Baton Rouge General's Arts in Medicine Supervisor Kim Henderson. "It's comforting to zone out for a while and just focus on creating something beautiful."



Danielle Berthelot, MHI, RHIA, CHTS-IM

Baton Rouge General's coloring book was designed by several patients, including Muriel Prejean, who is legally blind, but has long loved creating art. "When I was going through chemotherapy, Arts in Medicine brought painting and drawing back into my life. It was so fulfilling," she said. "And now, it feels like I've come full circle. By designing these coloring pages, I'm able to give back to the hospital and hopefully help other patients focus on something besides their illness."

Patients in several units will receive the coloring books and a set of colored pencils at no cost. They can also be purchased in the BRG gift shop for \$10.

### Thomas Named "CEO to Know"

Ochsner Health System President and CEO, Warner Thomas, has been named as one of the 2015 "130 Nonprofit Hospital and Health System CEOs to Know," by *Becker's Hospital Review*. According to *Becker's*, "The men and women on this list lead some of the largest, most successful, and prominent non-profit healthcare organizations in the country. They have overseen financial turnarounds, shown commitment to their community through memberships and governance involvement with various organizations, and helped advance the healthcare industry as a whole through their advocacy and professional efforts."

Thomas joined Ochsner, Louisiana's largest non-profit health system, in 1998 and served as president and COO for 14 years before being named president and CEO in 2012. He was instrumental in guiding the system's substantial growth over the past decade.

### All Internal Medicine Residents Pass Board Exam

Baton Rouge General announced that 100 percent of its Internal Medicine residents who took the board examination have passed. Nationally, 86 percent of residents passed the exam between

2012-2014.

"This is a laudable achievement, made all the more so because it's only the second Internal Medicine Residency class at the General," said Dr. Robert Kenney, BRG Vice President of Medical Operations. "The fact that it happened in just our second year is a testament to Dr. Banda's leadership and the residents' and faculty's commitment to medical education."

Baton Rouge General's Internal Medicine Residency Program is a three-year residency program affiliated with Tulane University School of Medicine. The program is designed to provide broad-based clinical training with an emphasis on primary care medicine. The program assists residents in developing the knowledge and skills needed to become outstanding comprehensive internists capable of managing diverse patients with a broad range of diseases. Residents on inpatient rotations have graded responsibilities and provide much of the direct patient care. BRG's class of 2015 is the second class of residents to graduate from its program.

The Class of 2015:

- Sunil Buddaraju, MD
- Rajasekhar Katuru, MD
- Aurash Khoobei, MD
- Srikar Mapakshi, MD
- Sami Mohammed Abdus, MD
- Thankam Nair, MD
- Anusha Nallaparaju, MD
- Shohala Numaira, MD.

### Our Lady of the Lake Ranked Nationally for Quality

Our Lady of the Lake Regional Medical Center has been ranked as one of the top 10 percent of hospitals in the nation in nine patient safety or medical excellence measures of healthcare quality by CareChex, a division of Comparion. The hospital ranked in the top 10 percent of all hospitals in the U.S. for the following measures:

#### Patient Safety

- Gastrointestinal Hemorrhage; Heart Attack Treatment; Hip Fracture Repair; Neurological Care; Stroke Care

#### Medical Excellence

- Gastrointestinal Hemorrhage (also ranked as one of the top 100 hospitals in the U.S.); Pneumonia Care; Pulmonary Care; Stroke Care

Other CareChex Rankings include:

#### Patient Safety

- Bariatric Surgery - #1 Market
- Gastrointestinal Hemorrhage Care - Top 10% Region; Top 10% State; #1 Market



- Heart Attack Treatment - Top 10% Region; Top 10% State
  - Hip Fracture Repair - Top 10% Region; Top 10% State
  - Interventional Coronary Care - Top 10% State; #1 Market
  - Neurological Care - Top 10% Region; Top 10% State; #1 Market
  - Stroke Care - Top 10% Region; Top 10% State
- Medical Excellence**
- Bariatric Surgery - #1 Market
  - Gastrointestinal Hemorrhage Care - Top 10% Region; #1 State; Top 10% State; #1 Market
  - Pneumonia Care - Top 10% Region; #1 State; Top 10% State; #1 Market
  - Pulmonary Care - Top 10% Region; Top 10% State; Stroke Care; Top 10% Region; Top 10% State
  - Trauma Care - #1 Market.

## Ochsner Medical Center Earns High Marks

An announcement released nationally by the independent hospital watchdog The Leapfrog Group, shows key shifts among many hospitals on the A, B, C, D and F grades rating them on errors, injuries, accidents, and infections. Ochsner Medical Center - Baton Rouge was one of only two hospitals in the area to earn an 'A' grade in this national ratings program, recognizing its strong commitment to patient safety.

The Hospital Safety Score is compiled under the guidance of the nation's leading patient safety experts and administered by The Leapfrog Group, a national, independent nonprofit. The first and only hospital safety rating to be peer-reviewed in the Journal of Patient Safety, the Hospital Safety Score is free to the public and designed to give consumers information they can use to protect themselves and their families when

facing a hospital stay.

Developed under the guidance of Leapfrog's Blue Ribbon Expert Panel, the Hospital Safety Score uses 28 measures of publicly available hospital safety data to produce a single A, B, C, D, or F score — representing a hospital's overall capacity to keep patients safe from preventable harm. More than 2,500 U.S. general hospitals were assigned scores in October 2015, with 773 hospitals receiving an 'A' grade.

Additionally, CareChex® — a division of Comparion® — ranked Ochsner Medical Center - Baton Rouge as the #1 hospital in Baton Rouge across 14 specialties and amongst the top 10% in the nation in 9 different specialties in its 2016 hospital rankings.

CareChex® is a division of Comparion® Medical Analytics is an innovative medical quality rating system designed to assist hospitals and health systems in improving the quality of inpatient care and promoting medical excellence to consumers, payers and employers. This prestigious distinction encompasses three components of medical quality: process of care, outcomes of care and patient experiences.

Following is a list of Ochsner Medical Center - Baton Rouge's 2016 CareChex® awards:

### **Top 10% in Nation – Medical Excellence**

Overall Hospital Care (top 100 in the nation); Overall Medical Care (top 100 in the nation); Overall Surgical Care; Cardiac Care; Coronary Bypass Surgery; Gastrointestinal Care; Gastrointestinal Hemorrhage; Heart Failure Treatment (top 100 in the nation); Neurological Care; Orthopedic Care; Women's Health.

### **Top 10% in Nation – Patient Safety**

Overall Hospital Care; Overall Medical Care; Overall Surgical Care; Gall Bladder Removal; Gastrointestinal Care.

### **#1 in Baton Rouge – Medical Excellence**

Overall Hospital Care; Overall Surgical Care; Cardiac Care; Major Cardiac Surgery; Coronary Bypass Surgery; Gastrointestinal Care; General Surgery; Interventional Coronary Care; Joint Replacement; Major Bowel Procedures; Neurological Care; Major Orthopedic Surgery; Pulmonary Care; Vascular Surgery; Women's Health.

### **#1 in Baton Rouge – Patient Safety**

Overall Hospital Care; Overall Medical Care; Overall Surgical Care; Major Cardiac Surgery; Coronary Bypass Surgery; Gall Bladder Removal; Gastrointestinal Care; General Surgery; Pulmonary Care; Women's Health.

For more information, please visit [www.ochsner-quality.org](http://www.ochsner-quality.org) or [www.carechex.com](http://www.carechex.com).

## BATON ROUGE GENERAL PATIENTS AND STAFF 'CELEBRATE LOUISIANA'

With titles like Katrina Rose, Christmas Swamp and Oak Alley, the paintings in the current Baton Rouge General Arts in Medicine exhibit are clearly designed to Celebrate Louisiana. Patients and staff have tapped into their feelings about home, family, and belonging to create beautiful works of art that remind us why we love our state.

The exhibit opened December 6 at the ManSHIP Theatre in the Shaw Center for the Arts downtown, and will remain on display through February.

One artist depicts a peaceful swamp filled with trees draped in Spanish moss, and placed against a brilliant sky. Another artist captures a solitary fisherman seated in a blue boat, lost in thought as he floats down the river. A collaborative piece takes the viewer from the streets of New Orleans, to the masked balls of Mardi Gras, through the warm Gulf waters, and into the eye of a hurricane. Every painting in the exhibit is an affirmation that our home is unique — its food, its music, its people, its ambience.

"Many of our patients and visitors were drawn to the Louisiana theme," said Kim Henderson, Arts in Medicine Supervisor. "It's familiar, comfortable and reassuring. Everyone wanted to participate. More than 200 people added their personal touches to our collaborative painting, Rolling Down the River."

Arts in Medicine at Baton Rouge General is a special program that allows patients to explore their creative sides through art, music, dance and oral history. Studies show that the focus on creativity promotes hope and healing.



## Baton Rouge General Offers Insurance Enrollment Help

Baton Rouge General is offering members of the community assistance with enrolling in an Affordable Care Act (ACA) health plan for the first time, or exploring their options if they already have one.

As part of the Affordable Care Act, most U.S. citizens were required to have health insurance beginning in 2014. During last year's enrollment period, nearly 200,000 Louisiana residents signed up for insurance through the Healthcare Exchange, with nearly 700 of them enrolling at one of Baton Rouge General's two campuses. However, more than 580,000 Louisiana residents are still currently uninsured.

Trained navigators with experience in ACA health plans are now available to help individuals of any age understand their options, determine eligibility and financial assistance levels, and complete and submit their applications. The navigators are available every day from 8 a.m. to 8 p.m. at the Bluebonnet campus and Monday through Friday from 8 a.m. to 5 p.m. at the Mid City campus. The help is free through January 31 and provided in partnership with Health Agents for America (HAFA). Individuals must bring a valid ID and income information, such as a recent pay stub, with them.

For more information, visit BRGeneral.org or call HAFA at 1-855-981-4232. For information about ACA health plans, visit HealthCare.gov.

## Ochsner Medical Center Offers Low Dose CT to Patients

Ochsner Health System is one of the first and largest health systems in the nation and the first in the Southeast to partner with GE Healthcare to provide patients with higher quality images with lower, safer doses of radiation. Ochsner now offers low dose radiation computed tomography (CT) technology across most sites, including Ochsner Medical Center - Baton Rouge, and will be all low dose across its entire system by March 2016.

The American College of Radiology and The Joint Commission have increased awareness to the cumulative doses of radiation a patient receives. They also call on healthcare providers to better monitor radiation levels and to avoid radiation unless medically appropriate.

## Healthgrades Gives Ochsner Five Stars

Ochsner Medical Center, Ochsner Baptist Medical Center, Ochsner Medical Center – West Bank

Campus\*, Ochsner Medical Center Kenner, and Ochsner Medical Center – Baton Rouge have received 5 stars for the quality of care across 13 specialties from Healthgrades, the leading online resource helping consumers make informed decisions in order to find the right doctor, the right hospital, and the right care.

Based on the Healthgrades 2016 Report to the Nation, Healthgrades evaluates hospital performance at nearly 4,500 hospitals nationwide for 33 of the most common inpatient procedures and conditions.

A 5-star rating indicates that Ochsner's clinical outcomes are statistically significantly better than expected when treating the condition or performing the procedure being evaluated.

Overall, Ochsner Medical Center, Ochsner West Bank, Ochsner Baptist, Ochsner Baton Rouge, and Ochsner Kenner achieved 13 Five-Star ratings and seven Specialty Excellence Awards, and ranked top five percent in the nation in four specialties and top 10% in eight specialties.

### Five Star ratings

- Colorectal Surgeries: Ochsner Baton Rouge
- Coronary Interventional Procedures: Ochsner Baton Rouge
- Hip Fracture Treatment: Ochsner Medical Center, Ochsner Baptist, Ochsner West Bank, and Ochsner Baton Rouge
- Repair of Abdominal Aorta: Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank
- Total Knee Replacement: Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank
- Treatment of Chronic Obstructive Pulmonary Disease: Ochsner Baton Rouge
- Treatment of GI Bleed: Ochsner Medical Center, Ochsner Baptist, Ochsner West Bank, and Ochsner Baton Rouge
- Treatment of Heart Attack: Ochsner Baton Rouge
- Treatment of Heart Failure: Ochsner Baton Rouge
- Treatment of Pneumonia: Ochsner Medical Center, Ochsner Baptist, Ochsner West Bank, and Ochsner Baton Rouge
- Treatment of Respiratory Failure: Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank
- Treatment of Sepsis: Ochsner Medical Center, Ochsner Baptist, Ochsner West Bank, Ochsner Kenner, and Ochsner Baton Rouge
- Treatment of Stroke: Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank

### Specialty Excellence

- Cardiac Care Excellence Award™: Ochsner

Baton Rouge

- Coronary Intervention Excellence Award™: Ochsner Baton Rouge
- Critical Care Excellence Award™: Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank
- Neurosciences Excellence Award™: Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank
- Patient Safety Excellence Award™: Ochsner Baton Rouge
- Pulmonary Care Excellence Award™: Ochsner Medical Center, Ochsner Baptist, Ochsner West Bank, and Ochsner Baton Rouge
- Stroke Care Excellence Award™: Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank
- Women's Health Excellence Award™: Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank

### Top 5% and 10% in the Nation

- Top 5% in the Nation for Cardiology Services: Ochsner Baton Rouge
- Top 5% in the Nation for Coronary Interventional Procedures: Ochsner Baton Rouge
- Top 5% in the Nation for Neurosciences: Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank
- Top 5% in the Nation for Treatment of Stroke: Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank
- Top 10% in the Nation for Cardiology Services: Ochsner Baton Rouge
- Top 10% in the Nation for Coronary Interventional Procedures: Ochsner Baton Rouge
- Top 10% in the Nation for Critical Care: Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank
- Top 10% in the Nation for Neurosciences: Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank
- Top 10% in the Nation for Treatment of Stroke: Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank
- Top 10% in the Nation for Overall Cardiac Services: Ochsner Baton Rouge
- Top 10% in the Nation for Overall Pulmonary Services: Ochsner Medical Center, Ochsner Baptist, Ochsner West Bank, and Ochsner Baton Rouge
- Top 10% in the Nation for Patient Safety: Ochsner Baton Rouge
- Top 10% in the Nation for Women's Health: Ochsner Medical Center, Ochsner Baptist, and Ochsner West Bank. ■

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225.387.7000  
[www.brgeneral.org](http://www.brgeneral.org)

**Our Lady of the Lake Children's Hospital • 23**  
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225.765.6565  
[www.ololchildrens.com](http://www.ololchildrens.com)

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[www.lammico.com/br](http://www.lammico.com/br)

**The Physicians Trust • 11**  
4646 Sherwood Common Blvd.  
Baton Rouge, LA 70816  
225.272.4480  
[www.thephysicianstrust.com](http://www.thephysicianstrust.com)

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

### NEUROSCIENCE & PAIN

**Neuroscience & Pain Institute • 17**  
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19184 Dr. John Lambert Dr., Ste. 103  
Hammond, LA 70403  
1570 Lindberg Dr., Ste. 4  
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985.892.8934  
[www.neuroscienceandpaininstitute.com](http://www.neuroscienceandpaininstitute.com)

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Gonzales, LA 70737  
225.927.7546  
[www.williamsoncosmeticcenter.com](http://www.williamsoncosmeticcenter.com)

### QUALITY IMPROVEMENT

**Louisiana Health Care Quality Forum • 29**  
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Baton Rouge, LA 70809  
225.334.9299  
[www.lhcqf.org](http://www.lhcqf.org)

### RADIOLOGY

**Radiology Associates, LLC • 5**  
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Baton Rouge, LA 70808  
225.765.6470  
[www.lakeradiology.com](http://www.lakeradiology.com)

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225.753.1176  
[www.storsafebr.com](http://www.storsafebr.com)

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Baton Rouge, LA 70806  
225.383.7815  
[www.BatonRougeWine.com](http://www.BatonRougeWine.com)

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