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We are pleased to announce that Heather G. Strittmatter, M.D. has joined the practice. She is a board certified, fellowship trained radiologist who brings breast imaging expertise to the group.

Congratulations to Woman’s Hospital on their new campus opening in Summer 2012. We are excited to be part of the new facility!

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Spotlight on Service: Dr. Rebecca LaRochelle-Carollo, Pharm D

Rebecca is a graduate of the University of Louisiana at Monroe School of Pharmacy and has worked for Walgreens since 2000. She has been a pharmacy manager since the fall of 2008 and is currently managing the Walker, LA, Walgreens pharmacy. Rebecca takes great interest in keeping her patients healthy, and immunization is one service that she focuses on daily.

Q: As a pharmacist, what role do you play in making sure your patients are up to date on immunizations?

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_I wish my doctor and my nurses could be treated by themselves, just so they’d know how special they really are._”

– JK Bordelon

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LEAPFROG—a game in which one player bends down and is vaulted over by another player

—MERRIAM-WEBSTER

As we continue working toward bringing US Healthcare Journals to other cities, we find it important to really familiarize ourselves with these cities’ local newspapers. So, I would sincerely like to take this opportunity to say Baton Rouge’s The Advocate is truly a superior product compared to what many other cities are producing. The Advocate also publishes some really nice healthcare pieces. But, in the spirit of positive media collaboration, allow us to help just a bit.

On June 6th, The Advocate gave front page headlines to local hospital grades from The Leapfrog Group, in spite of the fact that this organization has been highly criticized by many organizations, including the American Hospital Association, for its frequent inaccuracies. The problem is this information implies to the general public a greater degree of accuracy than is probably realized. Whenever we report, we should do so within proper balance. Studies and statistics are a funny game. All media organizations want the big “headline,” but, especially when it comes to healthcare, we should be very responsible. A few days after this front page headline, The Advocate ran an article about The Leapfrog apologizing to Woman’s Hospital for including them in the study inaccurately, as if the problem was truly between The Leapfrog and Woman’s Hospital. The point is who really cares about The Leapfrog? I’m sure The Leapfrog was shocked The Advocate gave them that much credibility as an accurate source.

Healthcare will be producing more and more quantitative and qualitative information in the future. We all want good comparative quality data. Because of this phenomenon, we have to be more careful in our assumptions and assessments of these studies. Many organizations are popping up as the statistical experts.

I would suggest to the media that it’s okay to report these studies. But, first understand the credibility of the studies and then present them in the proper balance. Whether you are print, television, or other, give us a call and we’ll gladly advise on the proper balance of healthcare statistics. On many of these studies, we’ll likely advise that you leapfrog right over them.

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LEGISLATIVE UPDATE

bills, budgets, and band aids
A Wrap-Up of the 2012 Legislature’s Impact on Healthcare

Squealing in on two wheels, with just hours to spare, the Louisiana Legislature wrapped up what was by many accounts a contentious session. Of course, that is always somewhat to be expected when a budget has to be hashed out, but the arguments were particularly heated in these lean times. Where healthcare was concerned it was a bit of a wild ride, too. There were even bouts of billboard warfare surrounding certain pieces of proposed legislation. Undoubtedly there were important issues at stake, but even among the healthcare community, the budget took top billing. >>
As anticipated, the Legislature’s initial budget proposal took aim at its customary victims—education and healthcare. Significant proposed cuts had the healthcare community on edge and protesting that further decreases to already depleted funds would lead to closures of facilities and reduction of services. Unswayed, however, the House submitted its budget with the cuts intact, arguing that government needed to get leaner. The House strenuously resisted the proposed use of one-time funds to pad areas that were growing threadbare.

The Senate became the healthcare heroes of the hour when they repealed the cuts and allowed the use of non-recurring monies to address the shortfall. The Senate version is what ultimately passed in the waning hours of the session, but the problem with being the hero of the hour, is the glory is usually short-lived. While hospitals and other healthcare entities breathed a sigh of relief that they were spared...what happens next year when there is no one-time funding available? Ripping off the bandaid then may be even more painful than the original cut. Of course, the hope is that by then the economy will have rebounded, the new managed Medicaid program will be saving the state money and the Legislature will not need to turn to its habitual victims. We don’t recommend holding your breath...it’s bad for your health.

The budget wasn’t the only thing being bandied about the Capitol this session, though. Literally dozens of bills had potential healthcare impacts. Depending on varying points of view, these were good, bad or ugly. Here are the highlights. >>
Passed

**Act 47** HB 108 by Rep. Hoffmann (R-West Monroe) provides for a membership position for the LSMS in the Health Works Commission, which is tasked with serving as a collaborative working group to integrate and coordinate resources relative to healthcare workforce development within various state departments and key organizations.

**Act 318** SB 231 by Sen. Murray (D-New Orleans) requires that health insurance issuers use a standardized prior authorization form for prescription drugs. Testimony in the insurance committees revealed that many plans use a very large number of different forms (one plan uses over 200 different prior authorization forms). The vast number of possible forms creates an administrative nightmare for many physicians and increases administrative costs. This legislation would require that each plan develop a standardized form no longer than 2 pages in length to be used for all prescription drug prior authorizations.

**Act 360** SB 235 by Sen. Fred Mills (R-New Iberia) will require the Department of Health and Hospitals to consult with all parish and municipal entities to identify funds received from any source other than the state dedicated or used to provide healthcare. Sen. Mills stated in committee that he filed the bill because he knew of potential local sources of funding that he would like to explore to maximize healthcare funding.

**Act 410** HB 693 by Rep. Cromer (R- slidell) requires a health insurance issuer that provides coverage for cancer treatment to provide for coverage of prescribed orally administered anti-cancer medications on a basis no less favorable than intravenously administered or injected cancer medications. In addition, health insurance coverage of orally administered anti-cancer medications shall not be subject to any prior authorization, dollar limit, copayment, deductible, or other out-of-pocket expense that does not apply to intravenously administered or injected cancer medications, regardless of formulation or benefit category determination by the health insurance issuer.

**Act 538** SB 176 by Sen. Buffington (R-Keithville) expands the definition of “medical malpractice” to include those actions that arise out of decisions made by healthcare providers concerning “Do Not Resuscitate” orders. The Second Circuit Court of Appeal has held in several recent cases that the decision made by a healthcare provider whether to follow a purported DNR order fell outside of the realm of what was protected under the medical malpractice act. This meant that liability was unlimited in the event a provider resuscitated and it could be shown that a valid DNR order existed. This legislation places those decisions under the auspices of medical malpractice and therefore caps the liability risk healthcare providers could possibly face.
LEGISLATIVE UPDATE

**Act 600** HB 866 by Rep. Abramson (D-New Orleans) and SB 239 by Sen. Murray (D-New Orleans) recreates the Medical Disclosure Panel which had been abolished in 2008 and the functions moved into the Department of Health and Hospitals. The purpose of the panel was to develop standardized lists of accepted medical risks which may be used in obtaining informed consent. The bill allows the use of medical disclosure lists by healthcare providers as an acceptable method of obtaining informed consent for medical treatment. The panel will include six physicians, one of whom shall be a hospital employed physician. The panel will develop informed consent forms notifying patients of the possible known risks to patients of medical procedures.

**Act 620** SB 86 by Sen. Buffington (R-Keithville) will clarify that the reporting requirement mandated by the Sanitary Code does not in and of itself create any generalized duty to warn on the part of the physician. This legislation makes it clear that simply because a physician is required to report to the state the existence of a communicable disease, this by itself does not impose a duty on the physician to warn other third parties with which the patient may come into contact. This is critically important as the state is, and should be, the only entity in the position to lead any type of public response to an outbreak of a communicable disease.

**Act 651** SB 378 by Sen. Mills (D-New Iberia) allows a pharmacist to administer the Zoster and Pneumococcal immunizations without a prescription from a physician. Providers who opposed the bill are concerned that pharmacists may seek future scope of practice expansions.

**Act 725** SB 88 by Sen. Buffington (R-Keithville) requires state agencies to publish on their respective websites public notice of their rulemaking activities. Under prior law, there is a lapse in the public notice requirements for the rulemaking process.

The Department of Health and Hospitals promulgates a large number of rules and regulations every month which makes this issue extremely important for the healthcare provider community.

**Act 772** SB 320 by Sen. Martiny (R-Metairie) requires that when certain mid-level healthcare providers present themselves to a patient using the title of “Doctor” or the abbreviation “Dr.” that they also use a suffix which sufficiently describes the type of licensure held or the degree that they have obtained.

**Act 857** SB 758 a substitute for SB 571, by Sen. Fred Mills (R-New Iberia) creates a pilot project for DHH Region IV (Lafayette) healthcare service district. The original bill would have allowed for taxing authority to support the state-owned charity hospitals, which would have conflicted with many service district hospitals. The Louisiana Hospital Association worked with Sen. Mills and LSU in the Senate to amend the bill to allow for local solutions for care of the uninsured while not encroaching on existing service districts.

**Act 860** SB 763 by Sen. Jack Donahue (R-Mandeville), a substitute bill for SB 560, clarifies the intent of the Workers’ Compensation statute to eliminate jurisprudence that claimants should be given broad, liberal construction in their favor; changes timelines on the determination of the employees weekly wage and payment of benefits and to allow disagreements about indemnity benefits to occur without penalties if resolved fairly and promptly; and increases other cash indemnity payments from thirty to fifty thousand dollars. The original bill would have allowed the payors to take over the medical delivery for workers’ compensation by setting up exclusive networks and would have eliminated provider protections and penalties for underpayments. All provisions dealing with providers and their payments were amended out of the bill.
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LEGISLATIVE UPDATE

HB 429 by Rep. Kirk Talbot (R-River Ridge) was initially filed as a balance billing prohibition on non-contracted hospital-based physicians and was heavily opposed by the provider community. The Department of Insurance (DOI) sought to drastically amend the bill by offering a substitute bill with language that would have required hospitals to provide estimates to patients for services expected to be received by non-contracted hospital-based physicians based on the expected DRG and would have required the physicians to provide that type of charge information to hospitals annually. The bill was voluntarily deferred in the House Committee on Insurance and died.

HB 612 by Rep. John Bel Edwards (D-Amite) would have eliminated the requirement that medical review panels determine whether healthcare providers complied or didn’t comply with the appropriate standard of care “as charged in the complaint.” Providers were concerned that the elimination of “as charged in the complaint” would have led to a lack of specific allegation, and require panels to establish the allegations for the plaintiff. Died in House Committee.

HB 908 by Rep. Harold Ritchie (D-Bogalusa), which would have given the DOI rate review and approval authority over health insurance issuers, was involuntarily deferred in the House Committee on Insurance. The bill would have required health insurers to file proposed rates with the DOI and would have allowed the Department to determine if those rates were reasonable and justifiable and issue a subsequent approval or disapproval. This legislation was in response to a requirement of the Affordable Care Act that requires states to have a rate review process in place. Died in House Committee.

HB 951 by Rep. Willmott (R-Kenner) and Rep. Patrick Williams (D-Shreveport) would have allowed nurse practitioners the ability to practice independently without having to enter into a collaborative practice agreement with a physician. The bill, which was strenuously opposed by LSMS and other physician groups, was deferred by the House Committee on Health and Welfare.

HB 1161 by Rep. Katrina Jackson (D-Monroe), the Hospital Bill Payment Fairness Act, would have required hospitals to offer discount programs for qualified patients; to screen patients for eligibility for a discount program; and to offer installment plans to qualified patients with a maximum interest rate of 3 percent. The bill was scheduled to be heard in the House Health & Welfare Committee but was not heard at the request of the LHA and withdrawn from House Files.

SB 207 by Sen. Dan Morrish (R-Jennings) would have authorized the DOI to institute a rate review process as called for by the Affordable Care Act of 2010 and subsequent regulations issued by the Department of Health & Human Services (HHS). SB 207 went through numerous changes in an effort to bring the bill into compliance with the Affordable Care Act provisions. The legislation was sent to conference committee on June 3 where it died.
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LEGISLATIVE UPDATE

SB 310 by Sen. Eric LaFleur (D-Ville Platte) would have prohibited out-of-network physicians from billing for emergency services. It would have required these physicians to accept the greatest of three state mandated rates: the health plan’s in-network rate, the health plan’s out-of-network rate, or the Medicare rate. DOI proposed that this bill was to address a problem where consumers purchase health insurance and through no fault of their own they see an out-of-network physician and receive a bill. Several physicians and the LHA testified that this bill would be an unprecedented interference in private contracts and government rate setting that would completely destroy the contract market for these physicians. The LHA further testified that this was a health insurance product issue and that the appropriate course of action was not to unfairly advantage health plans and harm physicians, but to ensure that networks that are sold in the state are adequate and for health plans to better communicate with their customers. Died in Senate Committee.

SB 446 by Sen. Karen Carter Peterson (D-New Orleans) would have prohibited primary care providers from discriminating and refusing treatment to an individual with mental illness. The bill originally applied to all healthcare providers, but hospitals were amended out of the bill on the Senate side. When SB 446 reached the House Health and Welfare Committee, all healthcare providers were amended back into the bill. House Health and Welfare Chairman Scott Simon made the motion to defer the bill, and the committee voted to do so.

SB 629 by Sen. Ronnie Johns (R-Lake Charles), the Coordinated Care Network Transparency Bill, required the Louisiana Department of Health and Hospitals (DHH) to report on an annual basis, beginning Jan. 1, 2013, to the Senate and House Committees on Health and Welfare specific information related to the implementation of the Bayou Health Medicaid Managed Care and the Louisiana Behavioral Health Partnership and Coordinated System of Care programs. The data to be reported centered around three broad areas: cost, outcomes, and administrative burden. Unanimously passed but vetoed by the Governor.

SOURCES:
Louisiana State Medical Society
Louisiana Hospital Association
2012 Louisiana State Legislature

For complete details on all legislation filed during the 2012 session please visit the Louisiana State Legislature website at http://www.legis.state.la.us/. 
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The Doctor is Not In...

Reform Will Highlight Shortage of Primary Care Physicians
If it survives, the new health reform law is expected to create 32 million more insured Americans, according to the Congressional Budget Office. The federal government plans to expand Medicaid to low-income adults and subsidize purchases on the health insurance exchanges when it requires most Americans to carry insurance in 2014.

However, an insurance card will not mean much to patients without providers to care for them.

Louisiana will have 530,000 more insured residents because of reform, according to an Urban Institute analysis.

A primary care physician is the first contact for people with undiagnosed illnesses. They include family physicians, pediatricians, and internal medicine doctors. Primary care physicians’ share of the U.S. healthcare dollar is only 7 cents. However, primary care doctors control 80 cents of the healthcare dollar by sending their patients to hospitals, referring them to specialists, and handing out prescriptions.

The U.S. has about the same number of physicians per capita as other industrialized nations. However, the U.S. has far fewer primary care physicians than specialists. They make up about 50 percent of the physician workforce in most other developed nations, compared with 35 percent in the U.S.

The number of U.S. specialists per capita has risen dramatically since 1965, while the ratio of primary care physicians has remained relatively constant, because they earn as much as three times more income. The outlook is for more of the same: greater scarcity of primary care and a growing supply of specialists.

Massachusetts reformed its state healthcare system in 2006, giving the nation a glimpse of what is to come when access to health insurance is expanded without expanding the supply of primary care. The average wait for a non-urgent appointment with an internist rose from 17 days in 2005 to 48 days in 2011. Less than half of family physicians there are accepting new patients, compared with 70 percent four years ago.

Massachusetts has about 108 primary care physicians for every 100,000 residents, compared with only about 68 per 100,000 in Louisiana. This ultimately suggests an even longer wait locally.

The primary care workload is expected to increase by nearly 30 percent between 2005 and 2025. A number of factors feed this demand, including a growing population, a flood of baby boomers becoming Medicare beneficiaries and acquiring medical conditions as they age, and the newly insured because of the reform law.

However, the supply of primary care physicians is expected to rise by only 2 to 7 percent. Three out of four physicians say they are already at or over capacity. The math screams that there will be a crisis of healthcare access in the next 15 years. Expect longer waits for appointments, shorter physician visits, greater use of non-physicians for routine care, and higher prices.

The U.S. trains about 16,000 doctors a year. The nation would have to increase that number by 6,000 to 8,000 annually for 20 years to meet expected demand.

Adding to the sense of urgency is the fact that about one out of four Louisiana physicians is age 60 or older.

About 30 percent of Louisiana residents currently live in federally designated primary care shortage areas. Physicians tend to cluster in areas where supply is already high rather than where the need is greatest. About 80 percent of new physicians in the 1980s and 1990s did this. They like affluent areas with well-insured patients, high-tech hospitals and civic amenities that offer a better quality of life. These high-income enclaves are also home to the nation’s healthiest people.

Most do not want to recognize that healthcare is rationed. It is done so by lack of insurance. Health reform is expected to rectify that, but it will exacerbate a new form of rationing: the doctor is not in.

Steve Jacob is a veteran healthcare journalist and author of the new book Health Care in 2020: Where Uncertain Reform, Bad Habits, Too Few Doctors and Skyrocketing Costs Are Taking Us. He can be reached at steve@unitedstatesofhealth.com.
A microscopic view of the most dangerous animal in the world.
What is the most dangerous animal in the world?
The answer may perhaps come as a surprise: the humble, albeit annoying, mosquito.

Mosquitoes Really Bite
Mini Pest Can Pose Major Problems
These tiny insects, through their striking ability to transmit disease, have been responsible for more deaths than any other animal, both currently and throughout history. In Louisiana, this is particularly true.

Malaria

Malaria alone, transmitted by Anopheles mosquitoes, kills over 300,000 people each year, according to the World Health Organization, mostly in developing countries. Fortunately for Americans, the post-WWII National Malaria Eradication Program effectively eliminated malaria in the United States by 1951. Historically endemic in Louisiana, the disease is now only seen in sporadic cases, brought via mosquitoes transported from malaria-endemic countries or from immigrants or travelers who return with the Plasmodium parasite in their blood. Vigilance is crucial, however; such cases number over 1,000 per year, according to the CDC. Louisiana averages about 9 cases per year, including about 1 case each per year in East Baton Rouge and Orleans parishes, according to the Louisiana Office of Public Health. Since Anopheles mosquitoes capable of transmitting the malaria parasite are present throughout Louisiana, especially in rice-growing areas, outbreaks could occur if imported cases are not addressed immediately and aggressively.

Yellow Fever

Historically the most devastating mosquito-transmitted disease in Louisiana, yellow fever, by 1905, had killed over 40,000 people in New Orleans alone. Outside the developed world, yellow fever continues to be a very serious threat to global health, in spite of the existence of a vaccine, sickening 200,000 people each year, with 30,000 deaths, according to the WHO. Brought under control in the U.S. by mosquito control measures and vaccination, however, yellow fever virus is no longer considered a serious threat for Americans, though it is occasionally seen in travelers who become infected abroad.

Dengue Fever

Considered among the most serious emerging infectious diseases, dengue fever is a tropical, febrile illness transmitted by Aedes aegypti and other Aedes mosquitoes. Known as “breakbone fever” because of the pain suffered by patients, the pain and fever can be extreme, but uncomplicated dengue is generally not fatal. However, dengue is unique in that, rather
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Diagnosing Dengue

IN JUNE, THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) announced approval of a new diagnostic test to detect the presence of dengue virus, a reportable disease, in people with symptoms of dengue fever or dengue hemorrhagic fever. The test, called the CDC DENV-1-4 Real Time RT PCR Assay, can potentially detect the virus earlier than current tests and can be performed using equipment and supplies many public health laboratories already use to diagnose influenza.

The new test will help diagnose dengue within the first seven days after symptoms of the illness appear, which is when most people are likely to see a healthcare professional and the dengue virus is likely to be present in their blood. The test can identify all four dengue virus types. This is the first FDA-approved molecular test for dengue that detects evidence of the virus itself. The other available FDA-approved test detects a certain type of antibody (immunoglobulin M (IgM) class antibodies) to dengue virus. Most patients begin to develop these antibodies four days after they become ill. However, because not everyone develops these antibodies until seven days after they get sick, the antibody test might not recognize dengue early in a patient’s illness.

The new CDC test has been authorized by the Food and Drug Administration for use in the United States and will be available to clinical and public health laboratories within the United States and internationally. Kits will be available for distribution beginning July 2, 2012. More information can be obtained at the CDC dengue website at http://www.cdc.gov/Dengue/.

than conferring protection, infection with one serotype of dengue virus can increase the severity of subsequent infection with another serotype. Such subsequent infections can cause a dangerous syndrome known as dengue hemorrhagic fever (DHF). DHF has a fatality rate of 50% in the absence of early treatment, due to internal bleeding, disseminated intravascular coagulation, and a syndrome of severe low blood pressure known as dengue shock syndrome. According to the WHO, 50 to 100 million people are infected each year, with 500,000 annual cases of DHF and 22,000 deaths.

Importantly, human-mosquito-human transmission is the normal life cycle for dengue virus. This has facilitated the spread of dengue, and several U.S. territories, including Puerto Rico, the U.S. Virgin Islands, Samoa, and Guam, are now endemic for the disease. A 2007 epidemic in Puerto Rico included over 10,000 cases. In the continental U.S., however, most dengue cases are travelers or immigrants infected abroad, and secondary transmission has mostly been prevented. Occasional outbreaks do occur, however, including one in south Texas, in 2005. While Louisiana has not seen any outbreaks, the presence of two major vectors, Aedes aegypti and Aedes albopictus, puts the state at significant risk. Last year, three single cases were reported in Louisiana, one each in Ascension, Lincoln, and Saint Tammany Parishes.

West Nile Virus

West Nile virus (WNV), transmitted by Culex mosquitoes, especially Culex quinquefasciatus, has infected over 300,000 U.S. residents, according to CDC estimates. Most cases of WNV infection are asymptomatic, but about 20% result in a syndrome known as West Nile fever (WNF). WNF generally lasts a few days, with fever, headache, body aches, and fatigue, and occasionally swollen lymph glands, eye pain, and skin rash. Much more serious, however, is West Nile-based neuroinvasive disease (WNND), a rare (< 1% of WNV infections), but often fatal syndrome generally seen in very old, very young, and immunocompromised patients. WNND can include encephalitis, meningitis, poliomyelitis (inflammation of the spinal cord), and acute flaccid paralysis (sudden weakness in the arms, legs, or breathing muscles). Symptoms are severe and persistent: high fever, severe headache, stiff neck, disorientation/confusion, stupor/coma, tremors/muscle jerking, lack of coordination, convulsions, pain, partial paralysis/sudden weakness, or death. In Louisiana, case fatality rates have been almost 20% for severe West Nile disease, and neurological sequelae one year after infection are common.

In 2011, 12 cases of WNV were reported in Louisiana. Of these, 6 were WNND. This fits with a trend of steadily declining WNV in Louisiana since 2002, when 204 cases of WNND and 124 cases of WNF were reported, probably due to increased efforts in surveillance, mosquito control, and public education.

St. Louis Encephalitis

St. Louis encephalitis is a zoonotic disease transmitted by Culex mosquitoes, particularly Culex quinquefasciatus, and maintained in wild birds. Symptoms range from a
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In Louisiana, case fatality rates have been almost 20% for severe West Nile disease, and neurological sequelae one year after infection are common.

La Crosse Encephalitis

La Crosse Encephalitis virus (LAC) is transmitted by the tree-hole breeder Aedes triseriatus, which can breed in small artificial containers such as tires and pots. LAC has also been found in wild populations of Aedes albopictus. The majority of cases are asymptomatic or involve a mild febrile illness. Severe disease is more common in children under 15 years of age, and is characterized by encephalitis, with seizures and possibly coma. Sporadic cases of LAC have occurred in several rural parishes in Louisiana. None have been reported in recent years near Baton Rouge or New Orleans.

Eastern Equine Encephalitis

Another zoonosis maintained in wild birds, eastern equine encephalitis (EEE) can cause serious illness in humans and horses. Severe disease can result in encephalitis, and about 1/3 of those who develop clinical encephalitis die from the disease. As with West Nile, however, infection is most often asymptomatic, with clinical disease more common in children under 15 and adults over 50.

In nature, the EEE virus is maintained in swamps, in wild birds and Culiseta melanura mosquitoes, which do not feed on humans or horses. However, it escapes from this cycle when Coquillettidia or Aedes mosquitoes feed on infected birds and transmit the virus to humans or horses, both of which are dead-end hosts. Sporadic cases have occurred in Louisiana in recent years, including one case in East Baton Rouge Parish in 2006.
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Chikungunya

Chikungunya virus is transmitted by Aedes aegypti and Aedes albopictus, both well-established in Louisiana. It causes a debilitating illness characterized by fever, headache, fatigue, nausea, vomiting, muscle pain, rash, and severe joint pain that can last for weeks or even months. The term ‘chikungunya’ means ‘that which bends up’ in the Kimakonde language of Mozambique, describing the contorted posture of patients afflicted with the disease’s characteristic severe joint pain. Despite much clinical similarity to dengue fever, chikungunya fortunately does not appear to be capable of developing into a hemorrhagic fever.

Like yellow fever and dengue fever, chikungunya epidemics are sustained by a human-mosquito-human transmission cycle; this, together with the presence of well-established mosquito vectors, makes chikungunya a virus of particular concern. In 2006, 35 travelers, including one Louisiana resident, returned from India infected with chikungunya. So far, however, fears of a North American outbreak have not materialized.

Mayaro Virus

Mayaro fever, a South American tropical disease also known as Uruma Fever, is endemic in Trinidad, Brazil, Venezuela, Bolivia, and Peru. It is a febrile illness clinically similar to dengue fever and chikungunya, with symptoms of headache, rash, and severe arthralgia that can last for weeks or months. Mild hemorrhagic symptoms have been documented in some cases in Brazil. Mayaro is transmitted by Haemagogus mosquitoes, also efficient vectors of yellow fever. Mayaro is a zoonosis maintained in wild animals such as marmosets, and has been historically associated with exposure in the rainforest. However, recent cases in a metropolitan setting in Brazil, along with the finding that Aedes aegypti can transmit the virus, have raised concerns that Mayaro could “jump” to a new, urban transmission cycle.

There has been at least one case of Mayaro fever in Louisiana. Diagnosed in 2011, the patient had recently traveled and worked in South America. Since Haemagogus mosquitoes are present in Louisiana, and there has been a human case of the infection here, physicians should be aware of this possibility, especially in patients with severe joint pain that lasts for more than a month.

Mosquito Bites

Of course, the mosquito bite in and of itself is a significant nuisance. The characteristic itching and red bump of the bite is caused by an immune reaction to proteins in the mosquito saliva deposited during the bloodmeal. To ease the discomfort associated with mosquito bites, the Mayo Clinic recommends topical treatment with hydrocortisone cream or calamine lotion. In addition, several natural or folk remedies also exist. In Belize, for example, the fresh bark of the “tourist tree” (so named because it is red and peeling) provides excellent relief for itching. Other untested natural remedies include vinegar, aloe, garlic, onion, toothpaste containing peppermint or neem, raw honey, lemons or limes, rubbing with a dry bar of soap, pastes of baking soda or salt and water, and several essential oils: tea tree, rosemary, neem, lavender, witch hazel, and cedar.

Of course, prevention is the best treatment, and mosquito exposure can be greatly curtailed through simple measures. The Louisiana DHH has issued several practical recommendations: installation of tight-fitting, intact screens, disposal of water-holding containers, such as tin cans, plastic containers, ceramic pots, and used tires, in outdoor areas, drilling of holes in the bottoms of necessary containers such as recycling bins, regular cleaning of roof gutters, and landscaping of property to avoid the pooling of water into puddles that last for more than four days.

Christine Scott-Waldron, the Arbovirus Surveillance Coordinator at the Louisiana Office of Public Health, also advises that residents “avoid bites by covering their skin with clothing, wearing repellent, and keeping mosquitoes out of their homes.” Considering the hot and humid weather in southern Louisiana, repellents become more important. The CDC recommends repellents containing the following ingredients: DEET, picaridin, PMD, and IR3535. The EPA characterizes the active ingredients DEET and picaridin as “conventional repellents” and PMD and IR3535 as “biopesticide repellents” (derived from natural materials). All are considered safe and effective for adults. They caution, however, that repellents with DEET should not be used on infants under two months old, and that PMD should not to be used on children under three years.
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Telemedicine Brings Literal Meaning to "ICU"
STUDIES ARE CLEAR on the fact that the presence of intensivists (physicians specializing in critical care) on ICU floors improves patient outcomes and can decrease length of stay. So you would presume that every ICU would have one, right? Well, the fact is there just aren’t enough to go around.

There is a distinct shortage of critical care docs and nurses in this country and those we have tend to be found at academic medical centers or urban hospitals, leaving smaller community hospitals and rural hospitals at a loss. In fact, according to a recent study, fewer than half of the nation’s ICUs are staffed by intensivists. Even those hospitals that can manage to lure an intensivist or two onto their roster don’t typically have enough to cover a busy ICU 24/7. Even in an ICU well-staffed by both critical care physicians and nurses they can’t be at each bedside constantly. Or can they?

Telemedicine, which has been a solution to medical access issues for years, is now creating a presence in ICUs across the country. Touted as a patient safety measure, remote ICU monitoring of the kind recently adopted locally by Ochsner at several of its hospitals can also alleviate staffing issues in the face of critical care specialist shortages and provide 24/7 access to those specialists for facilities with no or too few intensivists on staff.

Ochsner’s LifeWatch Critical Care Telemedicine utilizes software and continuous remote monitoring technology from Phillips VISICU. This consists of both an electronic and a two-way audio/video link between each patient’s ICU room and a remote site staffed continuously by board-certified critical care specialists (generally an intensivist and two critical care nurses).

Upon admission to the ICU the patient is added to the LifeWatch system meaning the remote site has full electronic access to not only the patient health record, but also lab results, diagnostic tests, and bedside monitors. Changes in the patient’s condition such as an elevated heartrate, a change in respiration, or an abnormal lab result will trigger attention, not only on the ICU floor, but also at the remote site. The idea is that the constant monitoring provides additional eyes and ears on every patient and allows ICU staff to address any issues proactively before they become life-threatening problems. Although a single VISICU remote site
can monitor as many as 150 ICU beds, the advantage to the remote monitoring site is that the specialists have no other clinical responsibilities to distract them.

In the interests of patient privacy there is no recording capability on the in-room cameras and the audio/visual capacity is disabled unless there is a triggering event or a staff member at bedside initiates the conversation by pressing a red call button. A chime will sound indicating the camera is enabled. It can then zoom in and rotate to all areas of the room allowing staff at the remote site to see who is in the room, read monitors, or observe the patient. A large in-room screen displaying a live image of the remote specialist allows for natural interaction and conversation between that person and bedside staff, family members in the room, or even the patient if he/she is alert. That way a concern or question can immediately be addressed by a specialist no matter the time of day or night. In addition, the eICU provides health systems with the opportunity to standardize care across all ICUs and ensure that every patient is receiving every protocol.

Ochsner’s remote LifeWatch site, dubbed “the bunker,” is located in the New Orleans area because of the availability of specialists there to staff it. However, the secure second floor facility is fully backed up by an emergency generator and the technology is completely mobile so the remote monitoring site can be moved, if necessary, in the case of a disaster. It has the ability to monitor 150 ICU beds across the Ochsner system. LifeWatch went live at Ochsner Medical Centers in Kenner, Baton Rouge, and Baptist in March. Ochsner Medical Center-North Shore will implement the system this summer, with the WestBank ICU following suit in October. In addition, Ochsner plans to offer the system as a resource to other community and rural hospitals that could benefit from enhanced critical care staffing.

According to Phillips VISICU, approximately 300 hospitals in 30 states are currently utilizing the remote eICU services to monitor more than 300,000 patients annually.

**STAFFING STUDY**

With intensivists in high demand, scheduling becomes a key factor. A recent study out of the University of Pittsburgh School of Medicine found that the presence of an intensivist on the ICU floor at night significantly reduced patient mortality in ICUs that were not staffed by critical care physicians during the day. However, in ICUs with robust intensivist staffing during the day, keeping a critical care doc on staff at night did not affect patient mortality numbers. The study looked at patient outcomes and intensivist staffing between 2009 and 2010 at 34 community and academic hospitals.

*The study was conducted by Jeremy M. Kahn, MD, associate professor, Department of Critical Care Medicine, Pitt School of Medicine; David J. Wallace, MD, MPH; Derek C. Angus, MD, MPH; and Amber E. Barnato, MD, MPH, all of Pitt’s Department of Critical Care Medicine; and Andrew A. Kramer, PhD, of Kansas City, Mo.-based Cerner.*
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Secretary’s Corner

By Bruce D. Greenstein

Health Care Lacks a Sputnik Moment

In the past few months, schools of medicine and allied health across the state graduated a new class of health care professionals and clinicians. Many of these will remain to practice here in Louisiana. This new generation is being thrust into one of the most uncertain times in the history of our nation’s health care system. Not only are technological advances fundamentally changing the way their profession is practiced, but there exists enormous uncertainty about what the year 2014 and the implementation of the Affordable Care Act will bring.

Yet these young men and women are expected to make rational decisions about their own professional futures amidst this volatility.

But to me, there is a much bigger picture to be considered – a much more pressing and fundamental issue which we face. Having served now for nearly two years as the Secretary of the Louisiana Department of Health and Hospitals, I’ve had the opportunity to see it first-hand. While I don’t have a clinical education, I’ve always maintained a strong personal interest in health care, and more importantly, in people’s health. Those two things don’t exactly have the same meaning. Health care is sometimes the antithesis to health, for those in good health require little health care. And too much health care, or duplicative or inappropriate health care, is neither healthy for the patient or the wallet. And the problem is that our system is built to deliver and finance health care, not promote good health.

Consider that the average health care cost for a family of four in our country has more than doubled in the last 10 years. Americans are utilizing more health care than
ever – but yet we only become less healthy with each passing year. In 1994, only two states breached the 20% threshold of obesity among adults. By 2010, not a single state had a prevalence of obesity among its adults lower than 20%. Twelve states primarily clustered in the Deep South boasted rates of over 30%.

As our engineering friends will tell us, a system is perfectly designed to produce the outputs that it does. For generations, we’ve graduated health care professionals into a perverse system that incents greater utilization of health care services, and we’ve gotten exactly what we should expect. And I expect it will continue to happen until this country chooses health – not health care – as a priority.

What we are missing is a Sputnik moment.

Let’s go back to October 4, 1957. The Soviet Union has just launched Sputnik I, the world’s first artificial satellite. America watched in shock as we were quite literally left behind by the Russians. That launch became the rallying cry of a generation, and it launched a momentous space race. President John F. Kennedy further ignited the movement through his famous speech in 1961. With this catalyst, we ushered in a new era of technological and scientific advancement. Our country began producing math and science majors in unprecedented numbers. Twelve years after that launch, we put a man on the moon.

It took a momentous event – a shock to the system – to rally our country to a cause of change. But our health is different. Our country is suffering a slow death of obesity, diabetes, and other chronic diseases. Where is our Sputnik moment? Will it come, or will we simply wake one day and realize it is too late, and we will have lost our nation’s future competitiveness in the global market to fried food and sedentary lifestyles.

Every speech I give, every statement I release, every message we craft – carries the same theme: own your own health. For health care professionals, that responsibility weighs even heavier – for your patients will not only look to you for their health care, they will take from you examples for their health.

There is no legislation that we can pass to make people make better choices for their health. To be sure, we will have launched some of the most fundamental reforms of our state’s health care system in just the last few months. And while I believe that those reforms lay the foundation for better health in Louisiana, I know it’s not enough. We need each other – as policy maker, as provider, as family member, as consumer – we are each integral to the reforms that are needed to get our country off the predictable path to poor health outcomes.

We can’t afford to wait for a Sputnik moment. Every day, we must seize the opportunity to not only provide health care, but teach health – to those we care for, our colleagues, our family, our congregations, and our communities. Hopefully, one day we’ll fix the payment system, and we’ll perfect our health care delivery infrastructure. Then, perhaps, the incentives will be aligned with the desired outcomes of good health.

But each day, until that day, we have to remind ourselves that our country, and in particular this state, is on a predictable path to poor health. To my clinical friends both old and new: use today, this year, this point of your career, as the time to make that call to arms.

Bruce D. Greenstein is Secretary, Louisiana Department of Health and Hospitals
STATE

DHH Opens Dialogue on Medicaid Pharmacy Program Changes

The Louisiana Department of Health and Hospitals (DHH) has released its pharmacy concept paper and held a series of regional forums to discuss the modernization of Louisiana’s Medicaid pharmacy program. During the implementation phase of BAYOU HEALTH, pharmacy was one of several services that were “carved out”, meaning Medicaid recipients in a BAYOU HEALTH Plan got prescriptions filled and received other pharmacy services through the legacy Medicaid fee-for-service program.

Now, DHH is moving forward with adding pharmacy as a benefit for recipients in the three BAYOU HEALTH plans that are a prepaid model, meaning they operate as traditional, MCO-style healthcare networks with a capitated rate. The three BAYOU HEALTH prepaid plans are Amerigroup, LaCare, and Louisiana Healthcare Connections.

The other two plans, Community Health Solutions and United Healthcare Community Plan, are enhanced primary care case management networks. These Plans process and pay claims using the Medicaid fiscal intermediary, and pharmacy benefits for recipients in these networks would continue through the legacy Medicaid fee-for-service program.


LA Docs Urge Study of Expanded Medicare Options

Louisiana State Medical Society (LSMS) members attending the American Medical Association (AMA) Annual Meeting in June were successful in convincing the nation’s largest physician organization to commit to studying critical policy issues associated with introducing choice into the Medicare program.

“Our fundamental goal in transforming Medicare should be to assure the health of the elderly and disabled while preserving access to high quality medical services,” said Keith DeSonier, MD, chair for the LSMS’ AMA Delegation.

Dr. Johnson is from Metairie and is a past president of the LSMS. Dr. DeSonier is from Lake Charles and serves as the chair for the LSMS’ Council on Legislation.

New Medicaid Program Director for DHH

In June, Ruth Kennedy took over as Louisiana Department of Health and Hospitals (DHH) Medicaid Director. She replaced Don Gregory who had served as Medicaid director since 2010 and retired June 21st after 36 years of public service. Kennedy, who also has been with the state more than 30 years, was previously Medicaid deputy director and BAYOU HEALTH project director.

BCBSLA Awards Grant to Louisiana Association for the Blind

The Blue Cross and Blue Shield of Louisiana Foundation awarded a $12,500 grant to the
Louisiana Association for the Blind (LAB), one of 200 nonprofit groups from across Louisiana that receive nearly $2 million in grants from the health insurer. Funds from the Blue Cross grant will be used to revise and update LAB’s Orientation and Adjustment to Blindness (OAB) curriculum. OAB is designed to help people who have lost or are losing their sight learn independent living and work readiness skills.

RTI International to Study Hurricanes’ Effects on Children

A new study recently launched in Louisiana and Mississippi will look at how living conditions – such as storm-damaged housing, FEMA-supplied trailers, and unaffected housing – have impacted the health of children living in areas affected by the storms. Led by RTI International, the Children’s Health after the Storms (or CHATS) study, is funded by the U.S Centers for Disease Control and Prevention and will examine and compare the health of Gulf Coast area children who may have come in contact with air pollutants associated with living conditions after the storms.

For more information about the study, please visit https://chats.rti.org.

DHH Holds Off on Extending Claims Processing Cycle

The Louisiana Department of Health and Hospitals (DHH) recently announced the department would add approximately 1,600 mental health clinicians as well as nearly 300 support staff to its existing workforce. Locally, the VA estimates that 14 clinicians and three support personnel will be hired to support mental health operations at Southeast Louisiana Veterans Health Care System.

Currently, 125 mental health clinicians and support staff work locally supporting southeast Louisiana Veterans. With each additional mental health care provider, a facility could potentially reach hundreds more Veterans battling mental illness.

Veterans Health Care System to Boost Mental Health Staff

Secretary of Veterans Affairs Eric K. Shinseki recently announced that new Medicaid check write schedule, which would have pushed Medicaid claims payments toward an approximately 21-day cycle. Medicaid claims will continue being paid on the current 14-day schedule.

For more information about the study, please visit https://chats.rti.org.

DHH Hosts Telehealth Discussion

The Department of Health and Hospitals (DHH) held a stakeholder meeting recently to discuss the merits and challenges of advancing high quality, low cost telehealth technology solutions for Louisiana. The goal of the meeting was to seek and share creative innovations, challenges, and opportunities regarding telehealth technology in Louisiana from knowledgeable stakeholders and interested parties.

LSU Adds to State’s Healthcare Workforce

Students from LSU Health Sciences Center New Orleans’ six professional health schools graduated during the 138th Commencement on May 17, 2012 at the University of New Orleans Lakefront Arena. Graduates included students from LSU Health Sciences Center New Orleans’ Schools of Allied Health Professions, Nursing, Public Health, Graduate Studies, Dentistry, and Medicine.

More than 800 students completed their degree requirements this academic year. This commencement will bring the total number of degrees and certificates awarded by LSU Health Sciences Center New Orleans to 35,030.

monitoring of the state’s new Medicaid program. The 19-member committee includes healthcare quality experts, advocates, provider organizations, and representatives of the five BAYOU HEALTH Plans whose role is to advise DHH on best practices, provider relations, ongoing quality improvement measures, and recommendations for changes to BAYOU HEALTH’s structure as appropriate.

Committee members include:
- Rodney Wise, MD, Medical Director, Louisiana Medicaid (Chairman)
- Sonya Nelson, Executive Director, Amerigroup (BAYOU HEALTH Plan)
- Yolanda Hill-Spooner, MD, Medical Director, LaCare (BAYOU HEALTH Plan)
- Karenlyn Dawson, MD, Plan Medical Director, Louisiana Healthcare Connections (BAYOU HEALTH Plan)
- Michael H. Dickey, PhD, Director of Clinical Quality, United Healthcare (BAYOU HEALTH PLAN)
- Stewart Gordon, MD, Chief Medical Director, Community Health Solutions (BAYOU HEALTH Plan)
- Representative Scott Simon, Chair, House Health & Welfare Committee
- Chris Wroten, MD, Doctor of Optometry, Designee, Senate Health & Welfare Committee
- John A. Vanchiere, MD, Pediatric Infectious Disease Specialist
- Rebekah Gee, MD, Project Director, DHH Birth Outcomes Initiative
- Sandra Blake, PhD, Director, Office of Outcome Research & Evaluation, University of Louisiana at Monroe - College of Pharmacy
- Joe Rosier, CEO, Rapides Foundation
- James Hussey, MD, Medical Director, Louisiana Behavioral Health Partnership
- Ron Ritchey, MD, Chief Medical Officer, EQHealth Solutions (Louisiana’s Medicare

The Committee will meet at least quarterly, and more often as necessary. Meetings will be open to the public, with meeting dates and minutes published online at www.MakingMedicaidBetter.com.
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HEALTHCARE BRIEFS

External Quality Review Organization
- Bryan G. Sibley, MD, Pediatrician, specialized on children with special health needs
- Justin Bennett, Rural Nurse Practitioner
- Mary Noll, Director of Case Management, HCA Mid America, Louisiana Hospital Association Representative
- Lyn Kielyka, PhD, Epidemiologist, CDC Representative working with DHH Maternal and Child Health Program
- Matland Deland, MD, Radiation Oncologist, President and CEO, Oncologics, Inc.

DHH Outlines Strategy for FY 13 Budget
The Louisiana Department of Health and Hospitals has outlined the impact that House Bill 1, the state’s budget bill, will have on healthcare services. As enrolled, HB 1 allocates the Department $8.929 billion for FY 13. In order to achieve target spending levels and further improve efficiencies, the Department is in the process of implementing a series of reductions that affect DHH’s program offices and the Medicaid program.

Program changes are outlined by office below:

**Bureau of Health Services Financing/Medicaid** ($129.8 million SGF; $353.4 million Total; 34 TO). There are three components to Medicaid Program reductions. Medicaid will regionalize all eligibility processing offices, resulting in one processing office per DHH Region (nine total). Individuals will continue to have access to over 500 in-person application centers as well as online and telephone services. Medicaid will also achieve additional savings through an average private provider, Louisiana Behavioral Health Partnership and BAYOU HEALTH program reduction of 3.7 percent. Finally, DHH will continue its focus on better management of Medicaid services through BAYOU HEALTH. Under this strategy, acute care services for three additional populations - nursing home, ICF/DD and waiver recipients - and two additional services - dental and pharmacy services - will be carved into managed care. Further, LSU Health Care Services Division (HCSD) funding will be reduced by $4.5 million SGF.

**Office of Aging and Adult Services** ($28,233 SGF; $39,780 Total). In order to maintain current census levels without additional funding, OAAS is undergoing a reorganization of positions at Villa Feliciana. Additional savings will be realized as a result of the closure of an underutilized ventilator unit at Villa Feliciana Medical Complex and a reduction of investigation staff associated with the anticipated privatization of two OCDD facilities, Northwest, and North Lake.

**Office of Behavioral Health** ($5.87 million SGF; $5.87 million Total; 421 TO). This budget anticipates the first phase of a multi-year plan to relocate and right-size Central Louisiana State Hospital (CLSH). OBH will save SGF by better leveraging resources through the new Louisiana Behavioral Health Partnership for services now offered through the Access to Recovery Program (ATR) and paid for with SGF-only funding. This reduction also includes transfer of programs to local Human Service Districts, privatization of food services, and additional program efficiencies in statewide and regional operations.

**Office for Citizens with Developmental Disabilities** ($959,385 SGF; $62.8 million Total; 1,163 TO). This budget includes the privatization of North Lake and Northwest Supports and Services Centers for a Medicaid savings of $6.9 million SGF. The facilities will be transferred to private providers in their current locations and remain large Intermediate Care Facilities (ICF/DDs), working closely with quality partners in the community. Additionally, OCDD will generate savings in its and Medicaid’s budget through staff realignment at Pinecrest due to lower census levels; reducing SGF for employment services; eliminating administrative positions; privatizing food services; and holding NOW attrition slots. The annualization of the FY 2012 hiring freeze and the Leesville consolidation also contribute to the savings.

**Office of Public Health** ($1.58 million SGF; $1.58 million Total; 100 TO). Savings will be realized as a result of a policy change that expands the role of local and municipal water systems to include collecting water samples for bacteria testing. OPH lab and environmental experts will continue to test, analyze, report, and monitor water safety results, and work with systems on maintenance and improvements. In addition, in personal health services, parish health unit services in Ascension and St. Helena parishes will be transitioned to FQHCs or parish government operation, and regional administrative and social services support will be reorganized. OPH will also generate additional savings by consolidating some central office operations and like programs. Further, OPH anticipates additional program and staffing changes as it undertakes several initiatives to realign systems, environmental sanitation operations, and consolidate like programs to continue to modernize its business operations and achieve further efficiencies.

New Medical Director of Q&I for BCBSLA
Dr. Paul D. Murphree has been named medical director of quality and informatics at Blue Cross and Blue Shield of Louisiana. Murphree served as chief resident of family medicine in 1998 and chief resident of internal medicine in 1999 at Ochsner Health System in New Orleans. His background also includes extensive roles in healthcare informatics, including positions as chief medical information officer and medical director of quality and patient safety. He holds a doctorate in health systems management and is certified in both family and internal medicine. Murphree holds the rank of major in the U.S. Army inactive reserve.

LSU Telemedicine Boosts Access
With a click of a mouse, LSU telemedicine gives patients in rural Louisiana access to quality subspecialty care, removing the obstacles of the time and cost to travel to major medical hubs in New Orleans and Baton Rouge. The hubs also benefit from this tool, used to full effect at the LSU Lallie Kemp Regional Medical Center in Independence. Lallie Kemp patients not traveling to LSU clinics in New Orleans or Baton Rouge for
words of affirmation for PHS...

“Thank you for all your kind words, sincere care, and much appreciated services. We could not have made it without you. We will always be ready to recommend you highly to anyone...

We could leave Daddy with tremendous confidence that he was in excellent hands...”

—AMY, CINDY & BUTCH

“The caregivers from PHS have provided a much needed and welcome relief for our family and have shown great compassion and patience. Vicki has accepted them as her good friends and they have cared for Vicki with that level of love and attention. Their care has allowed her to maintain her dignity and self esteem.”

—RICHARD DAVIET

“What would we have done without you? Sandy and Paula, I just want you to know how much I appreciate your work with my mother and me. You were always so accommodating... Please know that I will continue to recommend PHS to family and friends. Thank you so much for being there for us.”

—MYRA R. WOOD

“PHS has provided companionship for Mother for over two years now... Janice and Denny have been able to bring happiness back into her life... They are Mother’s friends...

Thank you and your staff for making the past two years so comfortable for Mother and assurance to the family that she is in the best of care...”

—JAMES T. SESSIONS

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appointments leave those slots open for others, increasing access there as well.

LSU says the numbers prove the point. From July 1, 2010, to June 30, 2011, patients in the LaLaurie Kemp Heart Failure Clinic had 413 telemed appointments with LSU cardiologists in New Orleans. Patients in the LaLaurie Kemp Mental Health Clinic had 159 telemed appointments with JSA Health Telepsychiatry in Houston, Texas. This combined total of 572 telemed appointments opened up a large number of in-person appointment slots at the hubs.

LOCAL

Ravussin Named Boyd Professor

Dr. Eric Ravussin, an internationally recognized scientist whose work is helping to unravel the causes of obesity, was unanimously promoted by the LSU Board of Supervisors to be a Boyd Professor, the LSU System’s highest academic rank. A Boyd Professorship is awarded based on a nominee attaining both national and international recognition for outstanding research, teaching or other creative achievements.

Ravussin holds the Douglas L. Gordon Endowed Chair in Diabetes and Metabolism at the Pennington Biomedical Research Center.

CAHSD Hosts Substance Abuse Forum

Capital Area Human Services District (CAHSD) held its annual Public Forum in June to gather input and ideas from the public throughout its seven parish area concerning substance abuse prevention and treatment. The goal was to outline specific community needs so that strategies can be developed to address key issues that will enhance the regional recovery oriented system of care.

Substance abuse causes more deaths, illnesses, and disabilities than any other preventable health condition and is viewed as the nation’s number one health problem. According to the 2012 County Health Rankings Report for Louisiana, the rate of adults reporting smoking is 22% (Benchmark-14%), excessive drinking is 15% (Benchmark-8%), inadequate social support is 23% (Benchmark-14%), and poor or fair health is 19% (Benchmark-10%). The violent crime rate is 676 per 100,000 (Benchmark-73 per 100,000).

The 2010 Caring Communities Youth Survey conducted in Louisiana for grades 6, 8, 10 and 12, showed that in the CAHSD region, the rate of binge drinking ranged 4.5%-22.9% among students surveyed (highest in grade 12). Twelve percent of students in 12th grade indicated a need for alcohol and/or drug treatment. Students in the 12th grade who reported drinking and driving in the past 30 days was 13.8%. Students who reported being suspended from school during the past year ranged 16.7%-24.9% (highest in grade 8). Among sixth graders, the average age at initiating alcohol use and cigarette smoking was 10.7 years, and smoking marijuana was 11.7 years of age. Students who reported that they did not feel safe at school ranged from 21.3%-28.2%.

New Facility for Medically Fragile Children

The state’s first daytime healthcare facility, which offers a new healthcare option to Louisiana’s medically fragile children and their families, has opened in Baton Rouge. Pediatric Health Choice on Drusilla Lane is the first provider to be licensed as a Pediatric Day Health Care Provider in Louisiana. Pediatric Day Health Care Facilities provide parents of medically-fragile children and young adults under the age of 21 with an integrated setting in which to treat, and even educate, their children. Due to a variety of factors, medically-fragile children are in stable condition, but require assistance, such as help with medications, treatment, or medical equipment.

Grant to Improve Outcomes for Childhood Cancer

Wayne Newhauser, LSU professor of physics & astronomy and Charles M. Smith Chair of Medical Physics, has been awarded a grant to investigate ways to improve the outcomes of childhood cancer survivors. The project, conducted in collaboration with colleagues from Northern Illinois University, is funded by the Department of Defense. The award provides $500,000 over two years.

Newhauser’s research group focuses on personalizing and integrating cancer treatment and survivorship care after the cancer treatment has ended. A multi-disciplinary team will perform in silico, or computer simulation, clinical trials to develop an evidence base to guide clinical and policy decision-making. The team includes researchers at Mary Bird Perkins Cancer Center, LSU, the University of Texas MD Anderson Cancer Center (MDACC), and other research institutions.

OLOL College Names 2012 Alumni and Franciscan Impact Award Recipients

Each year, Our Lady of the Lake College acknowledges three special people, a distinguished recent alumini, a distinguished alumni, and a community service leader within the Baton Rouge region. This year’s awards will be presented to these exceptional individuals at the OLOL College Annual Luncheon on September 22, 2012.

2012 Distinguished Recent Alumni: Alysha Bonvillian, BSRT (R) (T) Class of 2004

After graduation, Bonvillian completed advanced Radiation Therapy certification at M.D. Anderson and is currently the Senior Radiation Therapist at the Pennington Cancer Center. In addition, she volunteers her time to support health initiatives in the community.

2012 Distinguished Alumni: Sr. Brendan Mary Ronayne, OSF Class of 1966

Sister Brendan Mary has made many contributions to the health care ministry both as a clinician and as a leader. As a clinician, she founded the Immunological Support Department at Our Lady of the Lake and served as the Director of this program for several years. Sister Brendan Mary was the first elected Provincial of the North American Province, leading for four terms from 1978-1986 and again from 1994-2002 during challenging periods of change in healthcare.

2012 Franciscan Impact Award: Robert Davidge, MBA, Retired CEO, Our Lady of the Lake Regional Medical Center
Davidge arrived to lead the Our Lady of the Lake Regional Medical Center in 1979, one year after the Medical Center relocated to Essen Lane from Downtown Baton Rouge and helped the system evolve and grow. His recent civic activities include Board participation with several organizations including the Capital Area United Way, the National Conference of Community and Justice, the Board of Supervisors/University of Louisiana System, and as a founding member of the Greater Baton Rouge Health Forum.

Luncheon registration information is available at www.olocollege.edu/annualluncheon or by calling (225) 490-1637.

Coulon Publishes PT Research


Coulon is certified in manual therapy, he is a certified strength and conditioning specialist, and is currently pursuing a PhD degree in kinesiology. In addition, he is performing original research pertaining to rehabilitation of shoulder and spinal pathologies.

Lallie Kemp Receives National Patient Safety Award

The National Patient Safety Foundation (NPSF) has recognized Lallie Kemp Regional Medical Center in Independence, for its exemplary efforts in improving patient safety. The NPSF has given LKRMC the 2012 Stand Up for Patient Safety Management Award for the development and implementation of a program that dramatically reduced falls among its inpatient population.

Although LKRMC already had better than average fall rates, staff designed a comprehensive program to evaluate falls and their cause, train staff, and institute preventive measures. Their efforts resulted in an overall 95 percent reduction in falls, with zero serious injuries from falls, and no repeat falls for the year after implementation compared to the prior year.

PBRC To Address Health of Female Collegiate Athletes

Pennington Biomedical Research Center has been awarded a five-year, $2.3 million grant by the National Institutes of Health (NIH) to investigate a program designed to improve the health and well-being of female collegiate athletes. The Pennington Biomedical study, “Female Athlete Body Project: A Randomized Controlled Trial”, is a partnership with Louisiana State University (LSU) Athletics, American University in Washington, D.C., and Trinity University in San Antonio, Texas.

The study will include 500 female athletes recruited among the three sites’ sports teams including basketball, volleyball, soccer, swimming, diving, tennis, golf, softball, gymnastics, and cheerleading.

OLOL College Alumni and Faculty Recognized for Excellence

Several Our Lady of the Lake College alumni were recognized as regional leaders in healthcare by the Louisiana Nurses Foundation during the 2012 Annual Nightingale Awards.

Special recognition went to Wanda Spurlock, DNS, RN, ’76 who was named to the prestigious Louisiana Nightingale Hall of Fame. Dr. Spurlock has focused her career on improving the quality of life for persons suffering with Alzheimer’s Disease and their family and caregivers.

Recognized as the Nursing School Administrator of the year was OLOL College Dean Jennifer Beck, PhD, RN, CNE. Dr. Beck, who has served as the Dean of the School of Nursing since March 2011, is overseeing major curriculum advances in the School along with the development of a foundational Bachelor of Science in Nursing (BSN) program.

The following alumnae were also recognized as nominees in these different categories: Rookie of the Year, Paige Pedersen, RN, ’88; Nursing Educator of the Year, Bronwyn Doyle, RN, ’09 (Bronwyn Doyle is an instructor at OLOL College); Outstanding Community Service by a Registered Nurse, Laura Peel, RN, ’93; and Nurse of the Year, Annalee Starks, RN, ’07 and ’08.

BCBSLA Connects Veterans with Opportunities

In June, Blue Cross and Blue Shield of Louisiana hosted Mission Louisiana Care—Hiring America’s Veterans, a special event connecting veteran service organizations and community resource network members with Blue Cross hiring managers as part of the company’s commitment to hiring veterans and to helping them transition to life back home.

The Mission Louisiana Care—Hiring America’s Veterans effort is designed specifically to increase employment of veterans by educating HR personnel and hiring managers on the benefits of hiring veterans, tapping into community resources, and establishing partnerships with other employers throughout the state.

Strittmatter Joins Radiology Associates

Radiology Associates recently announced the hiring of Heather G. Strittmatter, MD, a board certified, fellowship trained radiologist who brings breast imaging expertise to the group.

Most recently Dr. Strittmatter completed her Breast Imaging Fellowship at UT Southwestern Breast Center in Dallas, Texas. She graduated summa cum laude with a bachelor of science from Louisiana State University and earned her MD at Louisiana State University School of Medicine-New Orleans. She completed her Internal Medicine Internship at St. Luke’s-Roosevelt in New York, N.Y. and her Radiology Residency at UT Southwestern in Dallas, Texas.

Dr. Strittmatter is a member of Alpha Omega Alpha, American College of Radiology, and Radiological Society of North America.
The Centers for Disease Control and Prevention (CDC) recently released a report on the growing burden of asthma in the United States. The report found that the number of patients with asthma rose nearly 15 percent from 2001 to 2010. In that same time period, the rate of asthma visits to primary care providers, such as physician offices and hospital outpatient groups, fell.

Why is that and what does it mean? More incidence but less care – the numbers just don’t add up. Health data of rising asthma rates and lower visits to traditional healthcare providers strongly suggest that those with asthma are not receiving the care they need to effectively manage their condition. This, in turn, results in people who suffer more frequent asthma symptoms and healthcare costs that rise.

Of those living with asthma across the country, an estimated seven million are children 18 years or younger. In fact, asthma is the single most common chronic condition among children. But two out of three children do not receive recommended treatment, only half of the families are advised on how to manage asthma, and fewer than that receive an asthma action plan. Childhood asthma is the leading cause of missed days of school in the nation and here at home in Louisiana.

In Louisiana, children who are 10 years old and younger account for more than 50 percent of the state’s asthma Medicaid recipients and almost half of the state’s asthma expenses. Children and families living in poor, minority, and medically underserved communities have the least access to preventive care and the most visits to the emergency room. At a time when we are working desperately to remove unnecessary costs from our healthcare system, ensuring that we focus on effective programs, interventions, and policies that are evidence-based is essential.

Reaching high-risk children where they live, learn, and play is an important part of an evidence-based approach – and it’s a
Dr. Shaun Carpenter, President and CEO of WCA, is a board-certified emergency physician and Fellow of the American Professional Wound Care Association. He is a graduate of Tulane University Medical School and completed his emergency medicine residency at Charity Hospital’s trauma center in New Orleans.

With a team of highly trained specialists, who are experts in their field, WCA follows a state-of-the-art, multi-disciplinary approach to wound healing and offers the best technology and products. WCA treats all types of chronic wounds, including venous insufficiency and arterial ulcers, Methicillin-Resistant Staphylococcus Aureus (MRSA), decubitus ulcers/bed sores, diabetic foot wounds, post-operative surgical incisions and minor burns and skin tears that are slow to heal.

After entering the program, each patient is evaluated then given a customized healing plan. WCA providers strive to heal the wound while addressing the underlying cause behind it. This “whole person” approach allows providers to educate patients on wound infection, proper nutrition and importance of exercise and proper offloading techniques. The WCA team is committed and determined to make you feel your best.

Promise Hospital is working in partnership with Wound Care Associates to provide a long term, comprehensive program for the treatment of chronic wounds.

Because Time Does Not Heal All Wounds...

For most people, wound healing is a natural, uneventful process. For others, it can be a complex problem requiring specialized medical treatment. If you suffer from wounds that are difficult to heal, Wound Care Associates (WCA) can help.

With a team of highly trained specialists, who are experts in their field, WCA follows a state-of-the-art, multi-disciplinary approach to wound healing and offers the best technology and products. WCA treats all types of chronic wounds, including venous insufficiency and arterial ulcers, Methicillin-Resistant Staphylococcus Aureus (MRSA), decubitus ulcers/bed sores, diabetic foot wounds, post-operative surgical incisions and minor burns and skin tears that are slow to heal.

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model being tested in our state. Xavier University of Louisiana’s Center for Minority Health and Health Disparities Research and Education, Daughters of Charity Services of New Orleans (DCSNO), and the Children’s Health Fund are partnering with the Merck Childhood Asthma Network, Inc. (MCAN) to implement the second phase of the Head off Environmental Asthma in Louisiana (HEAL) program that aims to appropriately manage childhood asthma and reduce costs. This innovative, evidence-based program and partnership provide reliable care directly to children through community health centers and mobile clinics in neighborhoods where asthma rates are disproportionately high.

In the HEAL program, allergists, primary care providers, and certified asthma educators/counselors work together to deliver care compliant with the National Heart, Lung and Blood Institute asthma guidelines, which have been shown to improve health outcomes. Community health workers will engage schools, churches, social services, and community-based organizations near the care sites to enhance the child’s network of support. These evidence-based resources increase parents’ confidence that they can better manage their child’s asthma and empower them to take control of their child’s disease. The result is an improvement in the child’s quality of life.

Asthma educators/counselors have been shown to significantly reduce the number of days with symptoms, hospitalizations, and visits to the emergency room. In the HEAL program, they will counsel children and their families on effective management strategies. Besides educating families about asthma, educators drive home the importance of preventing attacks by avoiding symptom triggers. While the positive role of asthma educators/counselors in helping children manage the disease has been borne out in research, the practice of involving these caregivers across healthcare teams is not standard or widely used. This is due to many things, including lack of reimbursement for such services, recognition of a standardized certification process, and the low overall awareness of their role and benefit.

According to the 2008 Louisiana Asthma Surveillance Report, learning common asthma triggers and working with healthcare providers to create asthma action plans can help reduce the burden of asthma on Louisianans. Programs like HEAL, where healthcare organizations effectively reach children where they are, are helping to implement these recommendations “on-the-ground” in communities that need help most.

Federal and state agencies as well as healthcare providers have important roles to play in connecting patients and communities to programs and services that provide better access to quality, affordable care. Given the growing asthma burden in Louisiana, its subsequent healthcare costs, and our significant debt, we need to focus on programs and policies that contain costs over the long term. Empowering parents and children to control the disease and its symptoms is our best preventative weapon. While we don’t know everything about childhood asthma, we know enough to help more children and families effectively control it. And local, evidence-based programs and partnerships are a great place to start.

Given the growing asthma burden in Louisiana, its subsequent healthcare costs, and our significant debt, we need to focus on programs and policies that contain costs over the long term.

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Louisiana’s Health Information Exchange: Progress and Partnerships

This year has been one of progress and partnerships for the Louisiana Health Information Exchange – LaHIE. When LaHIE was launched in November 2011 at the conference for the Louisiana Chapter of the Healthcare Information and Management Systems Society, in attendance were state health officials and industry leaders. Joining them were David Callecod, Chief Executive Officer of Lafayette General Medical Center (LGMC), and Jared Lormand, Vice President of Information Technology and Chief Information Officer at Opelousas General Health System (OGHS), whose hospitals in the Acadiana region piloted LaHIE.

LaHIE went live in December 2011. An initiative of the Louisiana Healthcare Quality Forum, LaHIE is the mechanism that allows for the secure exchange of health information among authorized providers and across Louisiana’s health care system to help improve patient safety, quality of care, and health outcomes. Its launch marked a milestone.

Addressing launch attendees, Brenda Ikerd, the Forum’s Health Information Technology Director, noted, “There has been extensive involvement with many stakeholders, and they are excited that it is now a reality. We are one of the first states in the country to be doing it. The successful exchange between the two pilot hospitals created secure, real-time access to information for high quality patient care. LaHIE is the next critical step in Louisiana’s journey to advance health information technology and connectivity.”

Throughout Louisiana many doctors and other providers are currently transitioning from paper records to electronic health records (EHRs). For example, the
Louisiana Health Information Technology (LHIT) Resource Center reached its initial goal of enrolling 1,042 priority primary care providers in the state in December, as part of the national effort to accelerate the adoption of EHRs.

Nationally, the Centers for Medicare and Medicaid Services (CMS) announced that 225,765 eligible health care providers and hospitals were actively registered to adopt EHRs in a meaningful way, as of March 2012. These providers and hospitals are building the foundation for a fully-electronic health care system that will enable Americans to have access to their personal EHR by 2014.

LGMC has affiliations with nine hospitals throughout Acadiana. Becoming an early adopter and first mover of this technology was important for several reasons. “As we looked at this technology, it was very important for us to think about ways in which we could communicate information across the system from ER to ER, from hospital to hospital, in order for us to get clinical and demographic information on these patients to make it easier for all of the health systems to exchange key information about patient care,” says Callecod.

In January 2012, LGMC began implementation of their new EHR system. To date, more than 85% of their Computerized Physician Order Entry has been implemented, “which leans to this new era of technology where health systems and physicians are exchanging information, reducing the amount of information the patient has to provide, as well as hopefully reducing the number of duplicative studies and unnecessary work that has been happening because of the lack of communication among systems.” Callecod adds that any information technology (IT) system is not without challenges, “but we have great support from the Forum as well as the IT departments at both facilities. What we’ve seen is a wonderful improvement of the exchange of information about patients from Opelousas General to Lafayette and then vice versa. Opelousas and Lafayette General are the two largest hospitals in Acadiana, and so it has really helped us improve care.”

In June, LGMC plans to introduce its patient portal that will allow patients to directly access information about themselves, their conditions, their lab tests and financial information. Callecod looks forward to the planned summer rollout of the state’s interface within LaHIE that will allow hospitals to send their information about immunizations and syndromic surveillance to the state-level data repositories. Callecod says he and his hospital colleagues, “are very excited about this new development, of the support of the Louisiana Department of Health and Hospitals (DHH), the vision of LaHIE, and what the Quality Forum is doing to improve the care that we deliver here in our hospitals.”

Lormand recalls when the Forum approached OGHS to help pilot LaHIE. “We felt that it was a huge opportunity to connect our community hospital to larger health systems in the state. We were especially excited because of our clinical affiliation with Lafayette General Medical Center on cardiology and neuroscience service lines,” says Lormand.

Being a three-campus health system, Lormand notes that it was an asset to share data between their emergency departments. “Providing our physicians, on both ends of the spectrum, access to patient diagnostic information at their fingertips has improved access to information, and will ultimately improve the health care that we give,” he explains. “OGHS recently attested to Stage 1 Meaningful Use, and our medical staff was instrumental in helping us achieve this goal. Many of the Stage 1 requirements engage clinical practices that involve physicians, and their participation is paramount to meeting the standard.”

Responses from patients and family members have been positive, adds Lormand, with patients taking notice of the hospital’s technology advances, “especially after visiting other facilities that have yet to acquire it. They are now expecting their medications to be barcode-scanned every time medication is given. That is a huge
advancement in improving quality care and reducing medication errors.

“We are looking forward to having a richer exchange by including more hospitals and care providers. Ultimately giving patients access to their health information within the exchange is vital to its sustainability,” he says.

Bunkie General Hospital, located in central Louisiana, has 25 medical beds, eight psych beds, and owns two rural health clinics. It serves patients in Avoyelles, St. Landry, and Evangeline Parishes. One of the first hospitals in Louisiana to use telemedicine, the hospital has received the American Heart Association’s Get with the Guidelines Heart Failure Silver and Gold Performance Achievement Awards. In the July 2011 Healthgrades ratings, Bunkie was among the 48 Louisiana hospitals ranked top in the nation. Bunkie also ranked in the top 10 hospitals in Louisiana for pulmonary services based on three years of data related to pneumonia and Chronic Obstructive Pulmonary Disease (COPD) diagnoses.

In March 2012 Bunkie added another first, when it became the first Critical Access Hospital in the state to enroll as a participant in LaHIE. Linda Deville, Chief Executive Officer, counts access to both patient information and specialists as major benefits in partnering with LaHIE.

“It was important to enroll in LaHIE because our hospital was already participating in a health information network, and we saw the added value of increased access to specialty care,” shares Deville.

“During Hurricane Katrina much of the southern part of the state migrated north. When patients arrived at Bunkie General some could not speak, and we had no patient information for many of them. One patient, transported by helicopter, was in a coma. When the staff opened the purse that was with her, they found information citing the patient had tuberculosis. We put the patient in isolation and did all of the precautionary work. However, when the patient was able to communicate she said the purse was not hers.”

Based on the information available at that time, Deville said the precautions were necessary, adding, “Improved patient identification and our ability to access patient information is critical in a disaster or emergency.”

Bunkie’s medical staff has been receptive to the LaHIE partnership. The hospital is centrally located in the state, with many patient referrals going beyond the local area. Deville says LaHIE connectivity gives their patients choices. “For example, if one of our primary care physicians refers a patient to a cardiologist in Opelousas, when that patient returns to our hospital for X-ray and lab work, the physician automatically gets those results. There is no wait time. That will improve patient care as we progress with this integration,” notes Deville.

The LaHIE team is now meeting with hospitals, health systems, and other health providers throughout out state but continues to work with the Acadiana region to build valued usage of LaHIE. Core services include a master patient index, provider registry, record locator service, user identity management and authentication, audit trail, and consent management.

LaHIE is currently adding features such as single sign on; direct secure messaging; additional data flowing through HIE (medications, procedures); and facilitation of additional functionality with DHH services (e.g., public health reporting on immunizations, Medicaid eligibility verification, electronic lab reporting, and syndromic surveillance). Features to be developed in later phases include case management/analytics, patient access to LaHIE, quality reporting capabilities, and interstate exchange capabilities.

To learn more about LaHIE, contact a representative at 225-334-9299 or (toll-free) 877-676-9298, or by email at lahie@lhcqf.org.

Cindy Munn is the Executive Director of the Louisiana Health Care Quality Forum.
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Governor’s Veto Continues Lack of Transparency for Healthcare Programs

On June 8 Governor Bobby Jindal signed a three-sentence letter authorizing the veto of Senate Bill 629. That bill, authored by Senator Ronnie Johns (R), outlined key information that the Department of Health and Hospitals (DHH) would report to the Legislature on an annual basis beginning January 2013 regarding the performance of two new programs:

- **Bayou Health Coordinated Care Networks (Medicaid privatization program).** Bayou Health replaces a state-operated managed care program called CommunityCARE. Private managed care plans have enrolled more than 900,000 Medicaid recipients over the past six months.

- **Louisiana Behavioral Health Partnership and Coordinated System of Care.** LBHP is a privately managed behavioral health network that provides mental health and substance abuse programs for Medicaid adults and children.

Language in SB 629 explains the need for DHH to share health plan performance data with the Legislature:

> It is in the best interest of the citizens of the state that the Legislature of Louisiana ensure that the Louisiana Medicaid program is operated in the most efficient and sustainable method possible. With the transition of over two-thirds of the Medicaid eligible population from a fee-for-service based program to a managed care organization based program, it is imperative that there is adequate reporting from the Department of Health and Hospitals in order to ensure the following outcomes are being achieved:

1. Improved care coordination with patient-centered medical homes for Medicaid recipients.

2. Improved health outcomes and quality of care as measured by metric, such as the Healthcare Effectiveness Data and Information Set (HEDIS)

3. Increased emphasis on disease prevention and the early diagnosis and management of chronic conditions.

4. Improved access to Medicaid services.

5. Improved accountability with a decrease in fraud, abuse, and wasteful spending.

6. A more financially sustainable Medicaid program.

SB 629 also lays out specific categories of data that would enable the Legislature to monitor and assess the performance of programs that the Legislature itself approved and appropriated billions of dollars for in the state budget. The Governor’s terse veto message for SB 629 argues that the legislation “requires duplicative and unnecessary reporting requirements for programs” within DHH. Most of the information requested in SB 629 is already planned to be collected on a routine basis by DHH from private plan contractors. Additional data referenced in the bill would provide better information for more thorough legislative oversight.

This is the second time the Legislature has been snubbed in its attempt to be engaged in the most important change ever made (so far) to the Louisiana Medicaid program. Senate
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Bill 207, authored by Senator Willie Mount (D) in the 2011 legislative session, was also vetoed. It incorporated language similar to SB 629 for the Bayou Health CCN program but did not include the Louisiana Behavioral Health Partnership. SB 207 also included a “sunset” clause which would have terminated the Bayou Health program at the close of 2014. That clause was omitted from SB 629 in 2012 in an attempt to ensure that the bill would not be vetoed. The Governor ignored that olive branch and vetoed the bill anyway.

The voting in favor of passage of both bills has been overwhelming. No votes were recorded against these bills at any point in the legislative process. The final vote on SB 629 in the 2012 session was 102-0 in the House and 38-0 in the Senate. The vote on SB 270 in the 2011 session was 100-0 in the House and 36-0 in the Senate. Support for this legislation this year and last was clearly non-partisan.

While the Legislature obviously wants to be involved in oversight of these important programs, it needs to take a much more aggressive role. The administration’s unwillingness to collaborate on key healthcare policy issues with the Legislature and other stakeholders has been apparent since 2008. The Public Affairs Research Council and other “government watchdog” agencies have spoken out on this issue.

PAR has made recommendations repeatedly since 2009 that the Legislature should become an active player—rather than a spectator—with respect to shaping healthcare policy and program oversight. A key recommendation from a December 2011 PAR report (“Checkup on Bayou Health”) urges the Legislature to form an ad hoc commission to provide oversight of state-level reform efforts (e.g., Bayou Health), as well as federal reform implementation (The Affordable Care Act) for Louisiana. Special commissions or committees can be established by the Legislature for specific purposes. That authority should be used to appoint an ad hoc commission to review issues, make recommendations and provide reports related to Bayou Health, the Louisiana Behavioral Health Partnership, and implementation of the Affordable Care Act. If needed, the Legislature’s subpoena power can be invoked to obtain documents and testimony. Oversight meetings should be public and frequent.

Establishing such a commission would put Louisiana in the company of 31 other states, including Mississippi and Texas, that have either ad hoc or standing committees solely for the purpose of addressing health policy concerns. Typically, these committees were established either by the legislature or by executive order of the governor. In almost every case the healthcare committee review and recommendation process is designed so that the executive and legislative branches of government work collaboratively, something that needs improvement in our state.

There is no shortage of things to do for a legislative commission as described above. The first order of business would be to conduct public forums to ensure an open process for state-level changes in vital health programs that serve almost a third of Louisiana citizens (e.g., Bayou Health and the Behavioral Health Partnership). But a flood of policy changes from the federal level are on the way in the form of the Affordable Care Act (ACA) once the Supreme Court rules on its constitutionality. At this writing, the Court has not announced its decision.

Most experts anticipate a health policy “train wreck” of historic proportions if the Court makes major changes, such as finding the insurance mandate unconstitutional. But almost no one believes that ACA will be overturned in its entirety. If that is correct, it would dash the hopes of governors in Louisiana and 25 other states that have joined together in an anti-ACA lawsuit. Regardless of the final outcome, all states will have a plethora of issues to address.

A few major items that demand attention include mandatory insurance coverage, health insurance exchanges, Medicaid expansion, and health insurance rate review. These topics, together with the Bayou Health and Behavioral Health Partnership programs, are complex and far-reaching in scope. The state level programs combined serve nearly 1.5 million Louisiana citizens at a cost exceeding $2.5 billion annually. ACA changes will impact the entire state population in some way, with costs of more than a billion dollars, most of it federal funds. Needless to say, all of the funds are tax dollars and need to be spent effectively and efficiently.

Louisiana needs active participation of all parties in finding solutions to the state’s healthcare woes. Policy-making by press release and refusal to share factual information cannot be accepted. The Governor and the Legislature need to work together to ensure that real progress is made.


David Hood is the Senior Healthcare Analyst, Public Affairs Research Council of Louisiana.


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Burgess Takes Over as St. Elizabeth CEO

As of July 1st, Robert Burgess is the new President and Chief Executive Officer of St. Elizabeth Hospital. Burgess replaces outgoing President and CEO, Dolores “Dee” LeJeune, who announced her retirement in March.

A native of Lafayette, Burgess earned a Bachelor of Science degree from University of Louisiana, Lafayette, and a Masters of Business Administration from NOVA Southeast University. He has served in active duty as a Naval Officer. For nearly 40 years, Burgess worked in the telecommunications industry beginning with South Central Bell in 1972. He moved to AT&T following the breakup of the Bell System and for the past 12 years has served as President and COO of Gulf Coast Wireless, a Sprint affiliate, and later EATEL, a Gonzales-based telecommunications firm.

Burgess was selected with the assistance of a search committee including Sr. Kathleen Cain, Provincial of the Franciscan Missionaries of Our Lady (FMOL), and Sisters Margarida Vasques, Barbara Arceneaux, and Martha Abshire who, together with Sr. Kathleen Cain, represent the leadership of the FMOL. The search committee also included Bill Martin, PhD, Chairman of the St. Elizabeth Hospital Board of Directors, John Fraiche, MD, and Chris Trevino, MD, members of the hospital’s Board of Directors. Members of the committee were supported by John J. Finan, Jr., President and CEO of the Franciscan Missionaries of Our Lady Health System.

Lane Infusion Center Now Open

Lane Regional Medical Center has announced the opening of its new Infusion Center as an alternative to the traditional hospital setting for receiving intravenous infusion therapy. Each infusion station has its own flat screen television and guest chairs so family or friends can remain with patients receiving treatment. Wireless Internet, reading materials, blankets and snacks are also available.

Lane Infusion Center provides intravenous infusions for antimicrobial therapy and therapeutic injections, including, but not limited to:
- Hydration and electrolyte management
- Blood product administration
- Iron deficiency management
- Remicade infusions
- Reclast infusions
- Immunoglobulin therapy with IVIG
- Subcutaneous management therapies, such as Neupogen
- Additional infusions are available.

The new center is located at 6550 Main Street in Zachary, on the 3rd floor of the Lane Medical Plaza & Outpatient Diagnostic Center.

Woman’s Hospital Goodwood Campus Sold

Woman’s Hospital and The Physicians Alliance Corporation of Baton Rouge have signed a sales agreement on the 24-acre Woman’s campus located at Goodwood and Airline Highway. The sale to the Physicians Alliance Corporation, which is being handled by Beau Box Commercial Realty and One Source Commercial, is subject to the completion of due diligence. The sale will include the hospital building, medical office...
Building, support services building, materials management building, parking garage, and all surface parking.

According to the agreement, The Physicians Alliance Corporation will take possession of the property through an affiliated corporation called TPAC Holding, LLC, once Woman’s fully vacates the campus this summer. Woman’s new address is 100 Woman’s Way, which is six miles south on Airline Highway at the corner of Pecue Lane.

**Lane Nursing Home Receives Capstone Quality Award**

Lane Nursing Home received the 2011 Louisiana Nursing Home Capstone Quality Award, presented by eQHealth Solutions, the Medicare Quality Improvement Organization for Louisiana. With this award, Lane is recognized as one of only 31 nursing homes in the state for achieving continued improvement of resident care through reducing restraint use and reducing pressure ulcer incidence.

**LHA Launches HEN**

The Louisiana Hospital Association (LHA) has launched a statewide Hospital Engagement Network (HEN), which focuses on improving patient care and reducing healthcare costs in the state. The goal of the HEN is to reduce avoidable patient harm in nine areas by 40 percent and readmissions by 20 percent by December 2013. Ninety-three Louisiana hospitals have joined the LHA HEN initiative, including the local facilities listed below:

- AMG Specialty Hospital - Denham Springs (Formerly LTAC of Denham Springs)
- Baton Rouge Rehabilitation Hospital, LLC
- Lane Regional Medical Center
- Ochsner Medical Center-Baton Rouge
- Promise Hospital Baton Rouge
- Promise Hospital of Baton Rouge, Inc. (MidCity Campus)
- Promise Hospital of Baton Rouge, Inc. (Ochsner Campus)
- Surgical Specialty Center of Baton Rouge, LLC
- The NeuroMedical Center Rehabilitation Hospital

The LHA has been awarded a contract, in partnership with The Health Research & Education Trust (HRET), by the Centers for Medicare and Medicaid Services (CMS) to support the Partnership for Patients (PPP) campaign. PPP is a national initiative launched earlier this year by the U.S. Department of Health and Human Services. HRET is the largest HEN contract in the country with over 34 hospital associations and 1,600 hospitals participating in its network. There are five HENs operating in Louisiana. The LHA has the largest, with 93 participating hospitals.

Over the coming months, best practices will be shared with participating hospitals to improve quality in the initiative’s 10 targeted areas:

1. Adverse drug events (ADE)
2. Catheter-associated urinary tract infections (CAUTI)
3. Central line-associated blood stream infections (CLABSI)
4. Injuries from falls and immobility
5. Obstetrical adverse events
6. Pressure ulcers
7. Surgical site infections
8. Venous thromboembolism (VTE) or deep vein clots
9. Ventilator-associated pneumonia (VAP)
10. Preventable readmissions

For more information on the HEN, visit www.healthcare.gov/compare/partnership-for-patients or www.hret.org.

**Gravois Joins Baton Rouge General Physicians**

Wayne Gravois, MD, has joined Baton Rouge General Physicians. He previously practiced family medicine with Zachary Family Practice Clinic. Dr. Gravois is a faculty member of the Baton Rouge General Family Medicine Residency Program. He also serves as Clinical Assistant Professor of Family and Community Medicine in the Department of Family and Community Medicine with Tulane Medical Center.

Dr. Gravois received his medical degree from Louisiana State Medical Center in New Orleans and completed his residency training in Family Practice at Earl K. Long Hospital. He is a diplomat in the American Board of Family Medicine and a fellow in the American Academy of Family Physicians. Dr. Gravois is also a member of the Louisiana State Medical Society and the East Baton Rouge Parish Medical Society. He is Board Certified in Family Practice.

**New Due Date for Woman’s Hospital**

August 5, 2012 is the new expected move-in date for the new Woman’s Hospital located at the corner of Airline Highway and Pecue Lane. The previously scheduled date of June 3, 2012 was revised because the building was not complete enough in April to allow adequate time to train staff for their new work environment and ensure that all clinical systems were fully tested. Woman’s administration, contractors, equipment suppliers, moving companies, and Acadian Ambulance collaborated to set the new date.

**Best Receives Adoption Award**

Dr. Joshua Best, OB/GYN, recently received the Always St. Elizabeth Award from the St. Elizabeth Foundation. To receive the award, Dr. Best demonstrated his dedication to the birthmothers in his care, as well as his commitment to making the adoption experience a positive one for both birth family and adoptive family alike.

Executive Director Terri Casso acknowledged the work of Dr. Best and the staff of Lane Regional Medical Center for their contribution to awareness and understanding of adoption, as well as the services they provide that are essential to the successful completion of an adoption plan by a woman experiencing a crisis pregnancy. Casso also noted that Lane Regional was the first hospital in the area to provide a room for the adoptive parents while the newborn was in the...
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In partnership with the Office of the National Coordinator for Health Information Technology (ONC), U.S. Department of Health and Human Services, Grant #90HT005001.

The Louisiana Health Care Quality Forum is a private, not-for-profit organization that is building and supporting the Louisiana Health Information Exchange, or LaHIE.

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hospital, prompting all other area hospitals to follow suit.

St. Elizabeth Foundation is a non-profit, non-sectarian, licensed maternity and adoption agency whose mission is to offer options counseling to birthmothers and placement services for adopting couples, providing an alternative to abortion and single parenting.

**Baton Rouge General Holds First NICU Reunion**

Baton Rouge General Medical Center recently held its first Neonatal Intensive Care Unit Reunion for graduates and their families. Over 80 parents, children, and hospital staff members attended the event which was held at Baton Rouge General's Bluebonnet hospital. NICU graduates and their families reconnected with NICU staff and celebrated with face painting, craft activities, and a balloon release in recognition of the graduates. Attendees also shared information about Baton Rouge General's NICU family support groups to offer a forum for NICU parents to share their experiences. The Oaks Kiwanis Club helped sponsor the event, providing jambalaya and music. Several community organizations participated in the event and provided safety and community resource information, including the EBR Sheriff's Office, Volunteers of America, and Lexlee Kid's which offered car seat safety checks.

**CIS & Lane Celebrate Partnership**

Since collaborating in August of 2006, Cardiovascular Institute of the South (CIS) and Lane Regional Medical Center (Lane) announced they have performed more than 5,000 procedures in the Lane catheterization laboratory to treat patients with cardiovascular disease. Additionally, CIS and Lane are celebrating a new record set for door-to-balloon time—an average of 57 minutes for the first quarter of 2012 and for the last quarter of 2011. This is compared to the national average of 90 minutes. Door-to-balloon time is a quality measure indicating the amount of time between a heart attack patient's arrival at the emergency room to the time that patient's blocked artery is reopened in the catheterization lab.

**Baton Rouge General Expands Women's Health**

Baton Rouge General Medical Center and private physicians network Baton Rouge General Physicians announced the expansion of its comprehensive Women's Health program. Five women's health specialists Drs. Evelyn Hayes, Jane Peek, Jo Anne Barrios, Kimberly Neathamer-Guillory, and Nurse Practitioner Erin Michel have joined Baton Rouge General Physicians, collectively bringing more than 75 years of obstetrical, gynecologic, and related women's health clinical experience to the organization.

In addition to her clinical practice, Dr. Peek will also continue to serve as Obstetrics and Gynecology Clerkship Director and Clinical Assistant Professor for Tulane School of Medicine's satellite campus at Baton Rouge General. “Importantly, this initiative will also enhance the medical education we provide our physician and clinician students, residents and fellows through our hospital’s affiliation...”
with Tulane University School of Medicine,” said Baton Rouge General’s Chief Medical Officer and Dean of Tulane School of Medicine’s Satellite Campus Dr. Floyd “Flip” Roberts.

Baton Rouge General provides comprehensive services for women including:
- Gynecologic care, including the latest platform for daVinci minimally-invasive robotics
- Fertility and Maternal Fetal Medicine
- Labor and delivery
- Neonatal and pediatric care, including Level 3 NICU, Pediatric ICU and Peds ER
- Genetic counseling and early detection (imaging) of female cancers and other related diseases, including and screening and diagnostic mammography through the Women’s Imaging Center, Louisiana’s first NAPBC-accredited comprehensive breast center
- Diagnosis and treatment of female cancers through advanced medical, surgical and radiation oncology services, including the Nation’s first ARTISTE technology and robotics
- Support and ancillary services such as social work, nutritional counseling, physical and occupational therapy.

**Tulane Graduates First Class of BR General Trained Docs**

Tulane University School of Medicine and Baton Rouge General celebrated the inaugural graduation of Tulane’s Baton Rouge LEAD Academy class, marking the first time in the school’s 177-year history that a portion of its graduating class spent their formative hospital training years in Baton Rouge.

Tulane and Baton Rouge General Medical Center established the LEAD (Leadership, Education, Advocacy and Discovery) Academy two years ago to allow medical students to spend their third and fourth-year clinical rotations based at Baton Rouge General’s Mid City hospital. Experienced Baton Rouge General physicians serve as teachers, mentors and role models for students at the satellite campus.

The inaugural graduation was accompanied by the presentation of the first Eugene Berry, MD, Outstanding Student Award, which recognizes a medical student from the Baton Rouge LEAD Academy graduating class for outstanding performance in the areas of scholarship, professionalism, leadership, research, and includes a $500 gift. The award went to Gregory Mitchell, who plans to complete his residency training in urology at Tulane University School of Medicine in New Orleans. The award was named for Dr. Eugene Berry, distinguished Tulane University School of Medicine Alumnus and recently retired surgeon, who was instrumental in developing and supporting the creation of the Baton Rouge General Medical Center satellite training campus.

**St. Elizabeth Receives Capstone Quality Award**

St. Elizabeth Hospital has received the 2011 Louisiana Hospital Capstone Quality Award, presented by eQHealth Solutions, the Medicare Quality Improvement Organization for Louisiana. This award recognizes St. Elizabeth Hospital as one of only 24 hospitals in the state achieving certain improvements in the quality of healthcare given to their patients.

Previously titled the Louisiana Hospital Quality Awards (platinum, gold, silver and bronze levels), the Louisiana Hospital Capstone Quality Awards are aligned with the Centers for Medicare & Medicaid Services’
Ochsner Sleep Disorder Center Reaccredited

The Ochsner Sleep Disorder Center has earned reaccreditation from the American Academy of Sleep Medicine. The Center, which is located at Ochsner Health Center on Bluebonnet Boulevard, opened in 2000 and was the first sleep center to be accredited in the Baton Rouge region. The center treats patients with a range of conditions including insomnia, sleep apnea, circadian rhythm sleep disorder, jet lag, chronic fatigue, and many more.

According to the American Academy of Sleep Medicine, accreditation is an indicator to patients and physicians that the accredited facility is committed to providing the highest quality of care. Sleep centers voluntarily apply for accreditation which measures the center’s commitment to quality and management of sleep patients.

Survivorship Picnic Features Familiar Faces

In May, the Cancer Program of Our Lady of the Lake and Mary Bird Perkins welcomed cancer survivors to its annual survivorship picnic. Anthony Ryan Auld, fashion designer, former contestant on Lifetime’s Project Runway, and testicular cancer survivor, served as the keynote speaker. Col. Mike Edmonson, Louisiana State Police commander and skin cancer survivor also spoke.

OLOL Announces 2012 Chief of Staff

Our Lady of the Lake Regional Medical Center recently announced Elizabeth Seiter, MD as the new Chief of Staff. Dr. Seiter will lead the Medical Executive Committee and participate on the OLOL Board of Directors. Other board members include:

Officers
Charles Freeburgh, Chair
Don Daigle, Vice-Chair
Danny Montelaro, Secretary

Directors
Timothy Andrus, MD
Walter L. Bringaze III, MD
Mrs. Renee S. Furr
Sr. Lilian Lynch, OSF
Mr. Van Mayhall
John McClelland, MD
Elizabeth Seiter, MD, Chief of Staff
Sr. Eileen Rowe, OSF
Joel Silverberg, MD
K. Scott Wester, Chief Executive Officer
Karen Williams, MD.

Baton Rouge General Supply Chain Wins Award

Baton Rouge General Medical Center is a winner of the Premier healthcare alliance’s sixth annual Supply Chain Excellence Award. The award recognizes exceptional management of hospital supplies and resources. Baton Rouge General is one of only 29 Premier members to receive the award this year.

Supply expense ratios are supply expense as a percent of total operating expense, supply expense as a percent of net patient revenue, supply expense per adjusted patient day, and supply expense per adjusted discharge. To be eligible, each organization had to submit four quarters of calendar 2011 data to SupplyFocus®, the industry’s largest comparative database of operational and supply chain cost information for acute care hospitals.

With 40 indicators measuring and trending performance in cost and operations, SupplyFocus enables hospitals to compare supply expense performance to that of similar facilities and easily identify improvement opportunities. Winners were identified using four industry standard supply expense ratios and a case-mix-index-based peer grouping methodology to ensure that organizations
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- Rehabilitation
- Fall preventive
- Increase range of motion and flexibility
- Anodyne therapy

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- Achille tendonitis
- Custom orthotics fabrication
- In-house certified pedorthist
- In-motion gait analysis
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  Extracorporeal Shock Wave Therapy  
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OLOL Provides Single Incision Gall Bladder Removal
Our Lady of the Lake Regional Medical Center (OLOLMC) announced that Dr. Mark Hausmann, who is also with the Surgeons Group of Baton Rouge, is among the first surgeons in the country to perform a single site robotic gallbladder removal, or cholecystectomy. The incision is in the navel making the scar invisible. Hausmann is one of only 50 surgeons in the country trained to perform this procedure. For patients, the benefits of this new technique include minimal scarring, less pain, less bleeding, and faster recovery. For surgeons, the benefits include better visualization and more precision.

Traditional robotic surgeries may require three to four incisions. This procedure is completed with one incision and usually takes about one hour followed by a two-hour hospital stay.

Concert Benefits Cancer Center
Hundreds of fans showed up to hear Baton Rouge’s own Better Than Ezra play at the Varsity Theatre benefitting the Ochsner Baton Rouge Cancer Center slated to open in 2013. VIP tickets holders enjoyed an intimate acoustic set and food by The Edible Event before the general admission concert got underway. The event was sponsored by Baton Rouge Coca Cola Bottling Company, Ricoh, Regional Healthcare, Feliciana Hospice & Palliative Care, Lamar Advertising, Massengale Grounds Management, Raising Cane’s, The Edible Event, and the Varsity Theatre.

OLOL Named Advanced Primary Stroke Center
Our Lady of the Lake Regional Medical Center has been designated an Advanced Primary Stroke Center by The Joint Commission in collaboration with the American Stroke Association. This designation means patients can expect best-in-class care that meets or exceeds national standards for stroke and stroke symptoms.

The Joint Commission’s Primary Stroke Center Certification program was developed in collaboration with the American Stroke Association and recognizes hospitals that make exceptional efforts to meet the unique and specialized needs of stroke patients and to ensure patients have the best possible experience and recovery.

In addition to Advanced Primary Stroke Center designation, Our Lady of the Lake is certified by the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) for both its Cardiovascular and Pulmonary Rehabilitation programs. The OLOL Heart Center has earned Chest Pain Accreditation, Cycle III, which is the highest cycle awarded.
Heart disease affects men and women of any age. Your risk of developing heart disease increases if you have a family history, smoke, are overweight, are inactive, have high blood pressure or high cholesterol or have diabetes.

If not detected and treated, heart disease restricts blood flow in the arteries and can result in chest pain, shortness of breath or a heart attack.

The best way to fight heart disease is to prevent it! Call the experts at Cardiovascular Institute of the South and get checked today.
Alonso Joins Baton Rouge General Physicians

Elizabeth Alonso, MD, has joined Baton Rouge General Physicians. Specializing in pediatric gastroenterology, Dr. Alonso brings more than 20 years of experience to Baton Rouge General Physicians. She currently serves as Associate Professor of Pediatrics and Pediatric Gastroenterology at Louisiana State University Medical Center in Baton Rouge.

Alonso received her medical degree from Universidad Libre in Cali, Colombia and completed her Pediatric residency at Universidad del Valle in Cali, Colombia and Tulane University School of Medicine in New Orleans. She also completed a fellowship in Pediatric Gastroenterology and Nutrition at Tulane University and Louisiana State University Health Sciences Center in New Orleans.

She is a member of several professional organizations including the American Academy of Pediatrics, North American Society of Pediatric Gastroenterology, Louisiana Gastroenterology Association, and the Hispanic American Medical Association of Louisiana.

MBP Receives Rite Aid Foundation Grant

Mary Bird Perkins Cancer Center places great emphasis on early detection and prevention of cancer in addition to treating the disease. A recent $8000 grant from The Rite Aid Foundation to expand colorectal cancer screenings, working in partnership with local Councils on Aging across the Center’s 18-parish service area, will be used to screen those over age 50 who are at higher risk for the disease. The Rite Aid Foundation previously awarded a $10,000 grant to Mary Bird Perkins Cancer Center in 2010.

Rheumatologist Opens Zachary Office

Lane Regional Medical Center announced that rheumatologist, Dr. Joseph P. Nesheiwat, has opened Zachary Rheumatology located at 6110 Main Street. He is board certified in both Rheumatology and Internal Medicine, and treats all rheumatic diseases including rheumatoid arthritis, osteoarthritis, and gout. Nesheiwat also has a special interest in severe osteoporosis and psoriasis related arthritis.

Nesheiwat graduated Magna Cum Laude from Florida Atlantic University in Boca Raton, Fla., and received his medical education from Saint George’s University School of Medicine in Grenada, West Indies. He completed both his Internal Medicine residency and his Rheumatology fellowship training at the University of Tennessee Health Science Center in Memphis, Tenn. He is a member of the American College of Rheumatology.
As Healthcare Journal of Baton Rouge celebrates its fifth anniversary we would like to express our appreciation to the Baton Rouge Healthcare Community for its support.

Your enthusiasm has inspired our launch of Healthcare Journal of New Orleans and Healthcare Journal of Austin.

Thank you for the first five years...we couldn’t have done it without you.
Brain Power
by Michael J. Gelb and Kelly Howell
c.2012, New World Library
$14.95 / $16.95 Canada
230 pages

Once upon a time, you thought Grandma was old.
It was easy to think that when you were small, and short in both stature and brains. Grandma had to be, oh, probably 50-something then; nowhere near as ancient as you figured her to be. What’s funny is that you’re now around the same age as Grandma was when you thought she was a fossil, and “old” seems very far away.

So how do you keep that mindset? How can you stay sharp and mentally active for the rest of your life? Find the answers in the new book “Brain Power” by Michael J. Gelb and Kelly Howell.

Let’s face it: from the moment you were born, you started to get old. Resistance, as they say, is futile so the first thing you can do to age well is to give up the idea that you’ll ever find The Fountain of Youth.

The good news, say the authors, is that your brain is designed to improve throughout life and it won’t wear out. Brain matter benefits from “plasticity,” which means you can even raise your IQ and sharpen your memory if you use what’s in your noggin.

The biggest thing you can to do to help age-proof your brain, according to Gelb and Howell, is to maintain a positive attitude. Studies show that staying engaged in the world around you, cultivating child-like curiosity, looking for positive expectations, and being upbeat can improve memory and mental well-being. Those tips also help your physical state and can lower blood pressure.

Practice GFH (gratitude, forgiveness, and humor). Notice your surroundings and try to learn something new every day. Change your way of looking at aging by changing the way you talk about it: you are not a “geezer” or a “granny.” You are an elder or a matriarch.

Challenge yourself. Learn a musical instrument or a new language. Stay active, stay hydrated, and eat well. Get outside at least 30 minutes a day. Cherish your friends and maintain relationships.

And if all else fails, learn to juggle. It’s fun, and it entertains the grandchildren.

“Brain Power” is filled with great tips and ideas for maintaining a youthful presence, no matter how much past youth you get. Authors Michael J. Gelb and Kelly Howell present some interesting and easy-to-do ways to keep active, both physically and mentally, and they even offer some “brain sync audio” downloads that you can use to help keep your grey matter from sinking into the blues.

The problem is that most of this has been written about already - a lot. That doesn’t make it bad information; it’s good, in fact, but it’s been around the block a time or two.

I think if you’re new to these ideas and this is the first book you’ve considered on the topic, what you’ll find in “Brain Power” will be revolutionary. If you’ve read other books like this one, though, this stuff is already old.

Beyond the Magic Bullet: The Anti-Cancer Cocktail
by Raymond Chang, MD
c.2012, Square One Publishers
$16.95 / $19.95 Canada
190 pages, includes appendices and index

You're feeling a little like a warrior.
Every day, it’s another battle. You’ve got your fierce-face on and yes, you win most times, but combat takes a lot out of you. Still, your doctor has your back, and there’s no way you’re giving up this fight with cancer.

But what if your weapons gained power, mid-skirmish? What if you could bring a whole arsenal to do battle with the disease? In the new book “Beyond the Magic Bullet: The Anti-Cancer Cocktail” by Raymond Chang, MD, you’ll find out how.

More than forty years ago, the National
Cancer Act declared “war” on one of the most dreaded diseases known. In the past four decades, we’ve learned a lot about cancer, but we still can’t completely cure it.

What complicates things for researchers is that there is no one cancer (there are over 100 distinct ones) and each can mutate differently, depending on the patient. Therefore, since there is no singular cancer, there is no singular treatment.

“Simply put,” says Chang, “the current strategy and standards for treating cancer are inadequate.” He points out that there are four basic common treatments for cancer now (radiation, chemotherapy, surgery, and hormone therapy) but these treatments alone are not working well enough. He advocates a “cocktail” to attack the disease.

What would happen, he says, if two or more “specialized cancer therapies” are added to a “classic” treatment? Or how might Eastern medicine help kill cancer cells if used in conjunction with Western medicine? Many cancer treatments are ministered one at a time; what would happen if several methods were used simultaneously to “achieve the critical mass needed to… reverse the tide”? We know the latter course of action works with HIV; why not with cancer?

Chang says that you may already be consuming foods and medicines that could enhance treatment; many off-label medicines do double-duty. Conversely, you may need to embrace a macrobiotic diet and eliminate artificial ingredients or processed foods while under a physician’s care.

Find the right doctors to work with you and to tailor your treatment, Chang says. Become informed. Set goals and use conventional medicine “as a backbone.” And be sure your entire plan is evidence-based and “synergistic,” not “antagonistic.”

When a doctor says the C-word to someone, it’s natural that they panic and think the worst. If it’s happened to you, though, take a deep breath. Then take a look at this book.

“Beyond the Magic Bullet” makes a lot of sense. Author and oncologist Raymond Chang advocates something radically different, his words are soothing and reassuring, and it’s empowering for patients to take the cancer-bull by the horns.

But will Chang’s methods work?

I couldn’t say, but “Beyond the Magic Bullet” may be the weapon one needs for a fighting chance at survival.

The Bookworm is Terri Schlichenmeyer.
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