

# HEALTHCARE JOURNAL

of Baton Rouge

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## INSIDE

**The Tangled Web  
of Genome Mapping**

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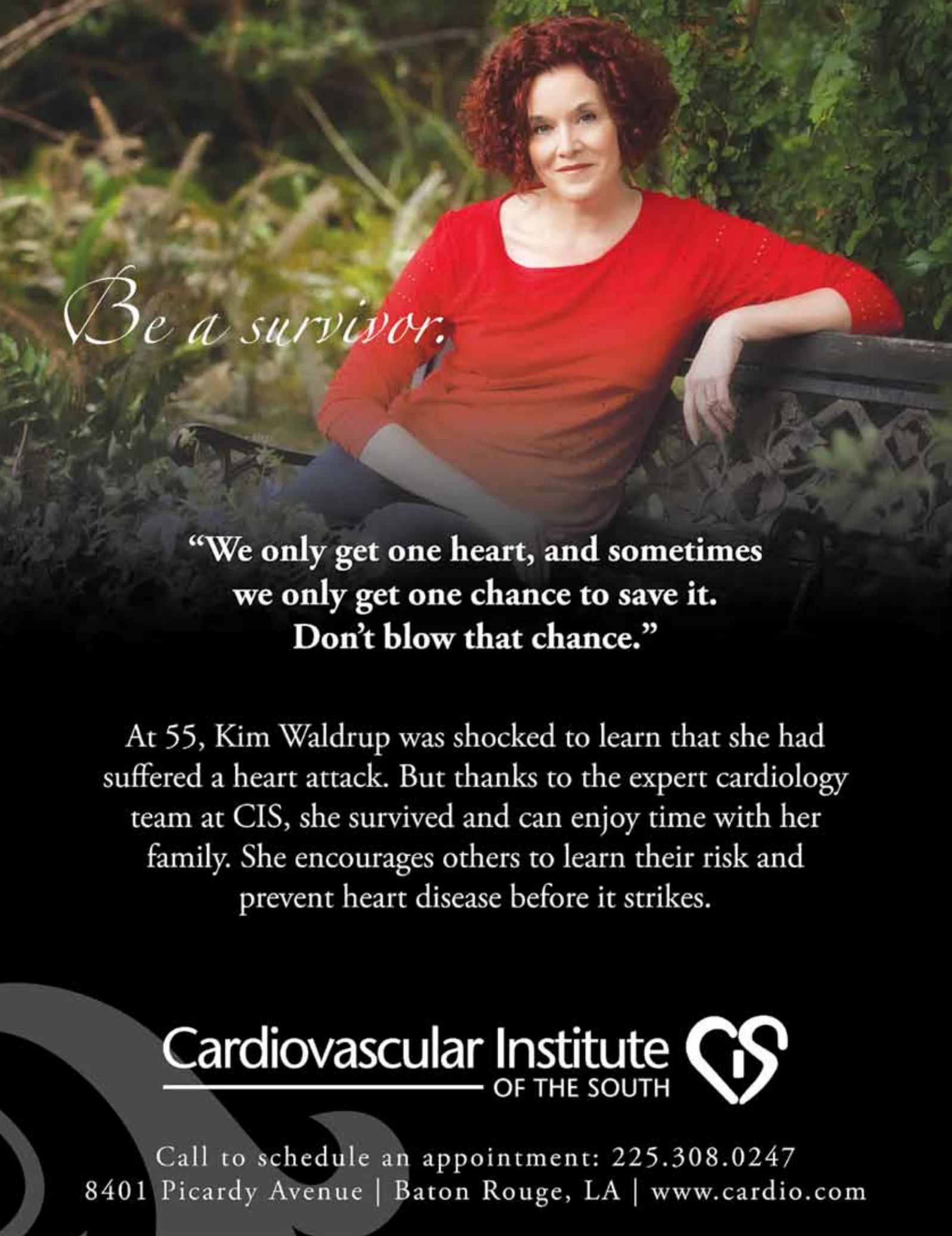
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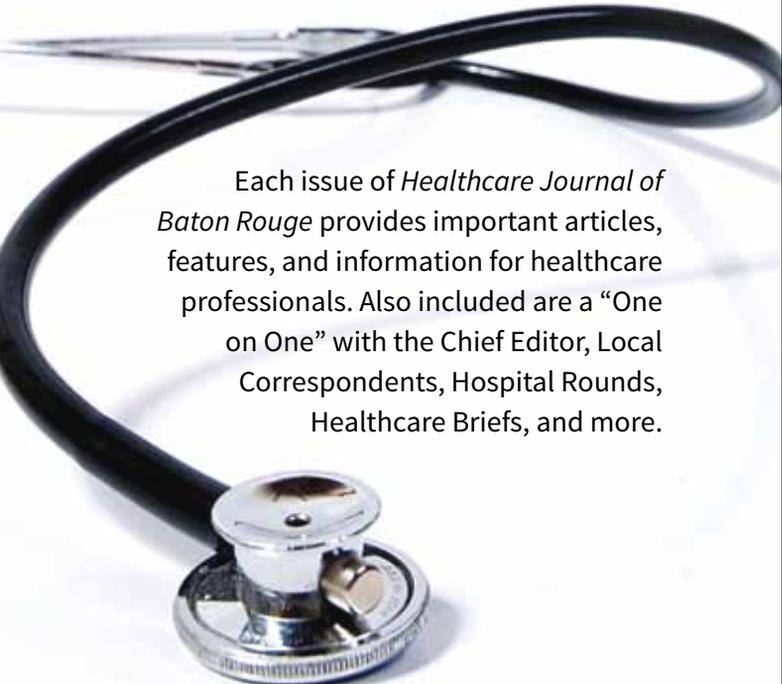
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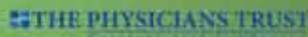
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# What I dream of is an art of balance.

— HENRI MATISSE (1869-1954)



The challenge in healthcare is not an inability to achieve a single objective. A single objective can be quite simple to achieve with unselfish people. The challenge in healthcare is finding a proper balance among oftentimes competing interests

Balancing the highest levels of optimal care while containing costs is always at the forefront of the healthcare discussion and always will be. To further complicate the equation, we are continually tweaking a macro system, while most healthcare decisions exist at the individual patient level. As patients, we're just not all created the same.

I was asked the other day, "You interview all these healthcare people, what's the right answer?" My answer is the right answer is always changing. Finding balance means continually altering something that often gets out of balance. Sometimes physicians and other providers need more help, sometimes it's hospitals and facilities, sometimes it's the expense of it all, sometimes it's patient access, sometimes it's quality objectives, and most times it's our philosophical notions of providing healthcare.

Healthcare is forever changing and evolving. We may never settle into the perfect answer for everyone. It's important that we openly embrace the constant change of our healthcare system and our ideas about health. But, I hope we can all agree that the pursuit of optimal health can be our guiding light.

Optimal health has less to do with our healthcare system and more to do with our life system. Optimal health is more about nourishing our bodies, minds, and spirits. It's about an infrastructure of encouraging uplifting relationships, well being, and hope. I always respect those working to improve the lives of others. It's the noblest pursuit.

Working to improve the health of others means a pursuit of balance. We may not have all the right answers. But, with the right intentions, the right answers may begin to reveal themselves.



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

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WHAT A  
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WE WEAVE

**INDIVIDUAL FREEDOM, PUBLIC SAFETY, AND THE  
COMPLEX FRONTIER OF PERSONAL GENOMICS**

| By Claudia S. Copeland, PhD

**IT'S CHEAP, IT'S EASY—\$99 and a simple swab to generate a DNA sample, and in a few weeks you possess DNA sequence data and analysis for your own genome. Along with ancestry information, personal genomics services like 23andMe used to provide information on personal risk for health conditions based on genetic factors. The service was popular; customers found it to be helpful and fascinating, so when the FDA decided to shut down 23andMe's genome-based health analysis services in early December 2013, many Americans reacted with anger and indignation. What right did the FDA have to prevent them from accessing knowledge about their own genomes?**

**T**he FDA, though, has a responsibility to prevent “quackery” by requiring that drug and medical device manufacturers prove that their products are safe and effective. Doing this is expensive; that is why pharmaceutical companies maintain exclusive rights to manufacture their products for several years before “generics” can be legally made. Clinical research into safety and effectiveness is considered part of the process of making a drug or medical device. No such research, however, has been carried out by 23andMe or any of the other personal genome analysis companies. According to

the FDA, they were marketing their product as a medical device without any proof of safety or efficacy. Genotyping analysis can certainly be considered safe in terms of physical harm from the procedure, but is there any solid evidence that it is effective? And what about psychological harm from being diagnosed with disease risk without the benefit of a health professional to put things in perspective and provide counseling?

Personal genotyping involves analysis of select regions of the DNA making up an individual's genome. DNA is made up of four types of nucleotides, or DNA bases:



adenine (A), thymine (T), cytosine (C), and guanine (G). These bases are arranged end-to-end to form long strings of distinct sequences. (They are often referred to as base pairs, since, in the living body, each base is bonded to a complementary base, with each C bonded to a G and each A bonded to a T, to form two complementary strands connected together in a highly stable, twisted-ladder structure.) In the same way that 26 letters can encode thousands of English words, sequences of these four DNA bases encode thousands of genes. The genes then direct the building of proteins and functional RNA, the two molecules



that, along with minerals such as calcium, zinc, and iron, form the structures and tools that make up our bodies. By looking at an individual's DNA sequence, much can be learned about that person's health

risks—for example, once a woman knows the sequence of her tumor suppressor genes BRCA1 and BRCA2, she will know if she has a harmful BRCA mutation, associated with increased risk of breast and ovarian cancer.

Since whole-genome sequencing is prohibitively expensive for most individuals, personal genome analysis services focus on a subset of variable regions of the genome, which may be correlated with different diseases, traits, and responses to medications. For example, variants might be correlated with the risk of Alzheimer's disease, non-disease traits like eye color, or response to the anti-coagulant Warfarin. These regions, known as markers because they “mark” a spot that varies between different individuals, are immobilized on chips to make tools called whole-genome genotyping arrays. These arrays allow a sample of DNA to be compared with thousands of reference markers. (The chip used by 23andMe includes over 700,000 markers identified by the International HapMap Project, a collaboration between researchers from around the world to develop a “map” of common patterns of human DNA sequence variation.)

Among the most useful types of genetic variation are single nucleotide polymorphisms, and these are the types of markers used by 23andMe. SNPs are variations involving just one DNA nucleotide. For example, if some members of the population have the sequence CCTGA at a certain genome location, and the others have the sequence CCCGA at the same location, this is a T/C polymorphism at that location. SNPs can be neutral, representing variations such as eye color or blood type that have little if any effect on health, or they can be harmful mutations seen in a small

percentage of the population, such as the carcinogenic BRCA mutations.

The former can be of interest for people who would like to learn more about their ancestry. In Louisiana, where even multi-generational “natives” have immigrant roots from all over the world, gaining this knowledge can be particularly fascinating and enlightening. One “Creole” musician with multi-generational roots in Southern Louisiana spoke of his results: as expected, he had African genes, but he found it gratifying to learn which specific part of Africa his ancestors were from. In addition, he was intrigued to find a substantial percentage of Iberian ancestry, with almost none of the

French ancestry that would be expected in most New Orleans Creoles. This dovetailed with what had always felt like an “instinctual” connection to Portuguese-diaspora music, and set him on a fascinating path to discovering more about the culture of his ancestors and their diaspora.

This type of analysis is undisputed as a legitimate service by personal genome companies; if a customer misinterprets part of the analysis, he will not end up hurt as a result. The FDA gets concerned, though, when polymorphisms are reported that are correlated with an increased risk for disease conditions, because these correlations have never been tested for diagnostic efficacy; that is, they have been characterized for the purpose of biology, not medicine.

This is not to say that they have nothing to do with health; on the contrary, epidemiology is a common focus of genomic biology, and whole-genome genotyping arrays have been extremely useful in studying variation in traits relevant to disease. Genome-wide association studies (GWASs) look at a population of individuals with certain disease traits, and seek to find genome variants that are associated with the condition. For



# The FDA gets concerned, though, when polymorphisms are reported that are correlated with an increased risk for disease conditions, because these correlations have never been tested for diagnostic efficacy; that is, they have been characterized for the purpose of biology, not medicine.

example, Tulane epidemiologist Hao Mei and his colleagues found several genes associated with blood pressure response to salt. They did this by giving 1,906 people a low-salt diet for a week, followed by a high-salt diet over the following week. Looking at blood pressure, they separated the subjects into those who were salt-sensitive (whose blood pressure changed in response to the salt) and those who were not, and ran whole-genome analyses on the subjects. Comparing the two groups, they were able to find two SNPs that were correlated with salt sensitivity. One was significantly correlated, the other only borderline, but when they were considered together, they affected blood pressure in an additive way. This information clearly advances our understanding of genetics and blood pressure, and might even be helpful to clinicians dealing with patients with high blood pressure, but would certainly not be valid as the basis for any sort of diagnosis.

Personal genome analysis of health-related traits is based on research like this; research that, as opposed to clinical trials, is



intended to increase our understanding of disease characteristics, but is not designed to develop or test a particular diagnostic strategy per se. It's a fine distinction, but an important

one, especially since even diseases with strong genetic bases generally have complex causes that include much more than just the genetic variation. For example, according to the National Cancer Institute, about 12 percent of women in the general population will develop breast cancer at some point during their lives. By contrast, according to the most recent estimates, 55 to 65 percent of women who inherit a harmful BRCA1 mutation and around 45 percent of women who inherit a harmful BRCA2 mutation will develop breast cancer. Having either of these mutations, then, indicates a greatly increased risk of breast cancer. Nevertheless, 35-55% of women with a harmful BRCA mutation will NOT get breast cancer, so even for this gene (among the clearest-cut cases of gene-disease correlation), the genetic correlation is only one part of a complex set of causes of the disease.

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Three researchers from the European Society of Human Genetics, Patch et al., deride the tests as “genetic horoscopes.” They cite analyses suggesting that “this genetic astrology could be regarded as producing no more than entertaining horoscopes; there is, however, a potential for harm and the need to consider mechanisms to ensure that these tests are evaluated and used appropriately.”

Untrained customers getting personal genome information may be unprepared to understand this complexity. Considering the salt-sensitivity results of Dr. Mei, knowing whether a patient with high blood pressure has this variation might be helpful to a physician. However, what if an individual using a personal genome service finds one of these mutations? No personal counseling is included in the service; only an online readout of results. Might such a person be compelled to lower their salt intake, perhaps leading to eating fewer vegetables if they find them bland without salt, when an examination at the doctor’s office would have found no blood pressure problems and no need to worry about sodium intake? What about someone who found they did not have the gene, and concluded that lowering their dietary salt would not help their blood pressure anyway, so why bother?

Criticism of personal genome analysis

has been ongoing. Aside from errors—even though the error rate in 23andMe’s system is less than .01%, across the whole genome there will be errors—there is the general issue of whether the healthcare conclusions from the data really provide meaningful information to the customer. Based on review and meta-analyses, Dutch researchers Janssens et al. concluded that “there is insufficient evidence to conclude that genomic profiling is useful in measuring individual genetic risks for common diseases, or in developing personalized diet and lifestyle recommendations for disease prevention.” A 2006 study by the U.S. Government Accountability Office conducted an investigation in which a number of randomly selected companies were provided with samples for testing, and found that



the information reported after analysis was medically unproven and ambiguous. Three researchers from the European Society of Human Genetics, Patch et al., deride the tests as “genetic horoscopes.” They cite analyses suggesting that “this genetic astrology could be regarded as producing no more than entertaining horoscopes; there is, however, a potential for harm and the need to consider mechanisms to ensure that these tests are evaluated and used appropriately.”

Some of this might be dismissed as hyperbole, but it is not unreasonable to anticipate some very real problems stemming from mail-order genetic testing. David Dobbs, in a piece in *The New Yorker*, describes the scenario of receiving unwanted test results: “Kenneth Britten, a neurobiologist and a customer, learned he has one copy of the gene that increases Alzheimer’s risk, which raises his nominal risk to about one in seven. But he then did enough reading to learn that because neither of his parents developed Alzheimer’s, he could essentially erase this extra nominal risk if he started exercising regularly before he developed symptoms...but he’s a neurobiologist in his prime. A fifty-five-year-old who is confused and depressed and learns that he carries two copies of the risk gene and stands an eighty-percent chance of getting Alzheimer’s might reach for a gun, which is the kind of scenario that some genetic counselors worry about.” Add to this the inevitability of errors, and it becomes clear that there is a potential for harm in delivering pseudo-medical information without the involvement of a healthcare professional. While people should be able to access information about their own genomes, in no other medical setting would information this momentous be given out without personal, face-to-face counseling about implications and next steps.

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to address both the problem of counseling and efficacy. They offer full sequencing rather than genotyping, which is a more comprehensive approach (though it is full sequencing of the exome only—the exons, or protein-coding regions—rather than the whole genome). Importantly, they also offer counseling—in fact, their doctor, designated the “Royal Doctor,” or the customer’s own personal physician, is given the results of the analysis first; the customer does not receive the results until after the counseling session. According to the company’s website: “The Royal Doctor will hold a thorough tele-



conference consultation about your genetic results. He will explain the impact of your test results for your health and that of your (future) children. In addition, he will give useful advice on preventive measures you can take in order to stay healthy. After this consultation, the doctor will release your results so you can explore them yourself through the iPad and web apps.” This platinum service, however, comes at a price: whereas 23andMe charges \$99 for whole-genome genotyping, Gentle’s whole exome sequencing service rings in at \$1,990.

At over 20 times the cost of 23andMe’s services, the pricetag of the more sophisticated Gentle analysis might be prohibitive for many customers. In addition, Gentle has the disadvantage of ONLY looking at exons; this is problematic because most individual variation is found outside protein-coding regions. So, what’s a poor, libertarian-minded genomics customer to do? If she wants health-related annotation of her raw personal genomics data, she could do her own bioinformatics searches if she has the skills and time to do so. But there is at least one other option: SNPedia.

While companies like 23andMe are now



barred from providing diagnostic or health-related information, they do provide raw SNP data as well as ancestry analysis. SNPedia, a wiki that collects and shares health-related information about DNA variations, offers free access to its information, and cheap access to Promethease, a program that annotates raw data from personal genotyping services. For \$5, customers who have obtained personal genomic data about themselves, from any company, can input that data into Promethease and obtain a report of risk assessments and other health-related information from SNPedia. The site is so geared towards 23andMe input that they have a video tutorial that shows exactly how to upload personal data from 23andMe into Promethease (<http://www.youtube.com/watch?v=mbbRhGJhsg8>). Narrated by co-owner Mike Cariaso, the video also goes over how to navigate the Promethease report, in great detail. The personal report allows searching based on disease, frequency, or other keywords, and shows a wealth of community-collected information on each SNP, including summaries of functional information about



the SNP, “good” or “bad” classification of the trait, and frequencies in different ethnic populations. Different parts of the report can be accessed for specific concerns, such as SNPs related to drug reactions.

(A user can pull up a list of medicines, and click on a given drug to see what SNPs he has and what research has said about these SNPs. For example, he may have an SNP associated with particularly rapid metabolism of a given drug.) The entry for each SNP includes links to research papers in PubMed so that the customer can read the original research and evaluate it for themselves.

The allure of such a treasure trove of individualized information is seductive, for people both with and without suspicions about their genetic health risks. While the FDA is tasked with protecting the public from ineffective or unsafe medical devices, the desire of individuals to learn more about themselves is strong, and they will find ways around FDA regulations in order to do so. Clearly, whether you believe personal genomics is possibly dangerous, “genetic astrology,” or a valid, useful service, it appears that this horse is out of the barn, running fast, and unstoppable. ■

## While the FDA is tasked with protecting the public from ineffective or unsafe medical devices, the desire of individuals to learn more about themselves is strong, and they will find ways around FDA regulations in order to do so.

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# one on one

with **Teri Fontenot**  
President/CEO Woman's Hospital



**Teri Fontenot**, FACHE, is the President and Chief Executive Officer of Woman's Hospital, a 350 bed Level III regional referral hospital for obstetrics, newborn, and women's cancer care. Its \$340 million replacement campus opened in August 2012 with increased capacity for current services and new growth opportunities.

Fontenot served two terms as a member of the board of directors of the Sixth District Federal Reserve Bank and chaired its Audit Committee. Headquartered in Atlanta, the board oversees the Federal Reserve operations for six southeastern states. She is on the board of the Louisiana State University System Research and Technology Foundation and the Baton Rouge Water Company, chaired the Greater Baton Rouge Chamber of Commerce in 2001, was an independent director on the Capital One Mutual Funds board and chaired the Audit Committee, and is on the Baton Rouge advisory board for Iberiabank.

Fontenot was the 2012 chair of the American Hospital Association board of trustees. She has chaired the Chief Executive Officers Committee of the American College of Healthcare Executives and has also served on its board and Officer Nominating Committee. She is chair of the Louisiana Hospital Association Professional and General Liability Trust Fund. Other healthcare service includes a six-year term on the Advisory Committee on Research on Women's Health for the National Institutes of Health and chair of the board of the Louisiana Hospital Association in 2002.

Fontenot received the inaugural *Becker's Hospital Review* Healthcare Leadership award in 2013, and was the only Louisianian named to the *Modern Healthcare* magazine's Top 100 Most Influential People in Healthcare in 2011 and 2012. She was also named in 2012 as one of the 40 Most Powerful People



in Healthcare by *Becker's Hospital Review*, was a 2011 inductee of the Louisiana State University E. J. Ourso College of Business Hall of Distinction, received the Louisiana Hospital Association's Golden Pelican President's award in 2010, received the ACHE Service award in 2009, and named to *Modern Healthcare* magazine's inaugural list of the Top 25 Women in Healthcare in 2005.

Fontenot graduated with honors from the University of Mississippi with a BBA in Accounting and earned a Master's of Business Administration degree from Northeast Louisiana University. She is a Certified Public Accountant (inactive) and a Fellow of the American College of Healthcare Executives.



WHAT  
WE ARE  
DESCRIBING  
RIGHT NOW IS  
REDEFINING  
THE “H”

**Chief Editor Smith W. Hartley:** *You have been at the new campus a little over a year. Can we go back and talk a little about the transition and maybe what you learned? Did things go as you hoped they would?*

**Teri Fontenot:** We've been here a little over 17 months now, and most people say, "Gee I can't believe it's already been that long!" But it has started to feel like home. It's hard to remember what it was like at the old facility. We settled in very nicely, but it did take longer than we thought it would. My naive self thought about 30 to 60 days and we'll be set and it will be business as usual, but it took a good year for us to really learn how to use the building optimally. People ask me now, "Do you feel like you are settled in?" and I say that I guess we must be because we've already started renovating and expanding. That happened about a year after we moved in.

As far as the transition, it's been very nice. We've put in a lot of new systems, a lot of new technology. Of course, the departments are in different locations and the rooms are much larger, so it's a little bit more walking for our staff, but all in all I think we are really enjoying the benefits that we built into the facility. We had a vision when we were designing it, that there were some very specific things we wanted to happen in this facility to enhance the experience for our patients and their families, and I think we have hit a home run on every one of those.

**Editor:** *So Woman's is not involved in the old facility anymore?*

**Teri Fontenot:** The City Parish purchased our former 22-acre campus, which had the hospital, the garage, the office building, some outbuildings, and several acres of parking. They moved the Police headquarters in December and they plan to make it a public safety complex. We're just really excited

about the next use for the campus because we think it's a great opportunity for the City Parish to utilize something that's very centrally located and we had made a commitment when we decided to move that we did not want to do anything that would disrupt or hurt the people who had been such wonderful neighbors—the residential areas around the campus. So I think that what we have been able to do as a partner with the City is definitely working well for them and for us, too.

**Editor:** *In 2012, you were the Chair of the American Hospital Association Board. Can you talk at that level about some of the issues that are going on with hospitals, some of the initiatives you worked on, and some of the things important to hospitals in Louisiana?*

**Teri Fontenot:** It was a very exciting time because it was right after the Affordable Care Act had been passed. In fact, it was the year that the Supreme Court decision came down about whether or not states and individuals could be mandated to purchase health insurance. So it was a very interesting time as it pertained to activities on Capitol Hill, but for hospitals and health systems, we had recognized a few years before that that it was critical for us to figure out how to improve the health and wellbeing of the people who live in the United States.

The Affordable Care Act is primarily centered on getting insurance coverage for 32 million uninsured Americans. But when you think about all the other costs associated with healthcare they are huge because of how unhealthy our population is, particularly in Louisiana. We seem to be at the top of the bad lists and the bottom of the good lists. So hospitals have to get more involved in promoting health and wellness and helping patients view a hospital as a place you go when you need acute medical care, rather

## “...there is more interaction and intervention for chronic disease management that is really going to bring the cost of healthcare down and improve the quality of life for patients and their families.”

than a place you go because you don't have access to a physician, or don't have insurance. This is costly and it doesn't provide a continuous quality of care for that patient. So the American Hospital Association is continuing to work on healthcare reform in a way that focuses on keeping people healthy, and making sure they have access to good wellness and prevention activities. What we are describing right now is redefining the “H”. That big, blue “H” sign is well known throughout the United States and probably the world as where you go when you are sick, but we are redefining the “H” to describe a healthcare system that provides care prior to needing hospital care and then once you leave the hospital, doing everything we can to keep people from needing to come back.

**Editor:** *And what sort of pressures do you think reform will have on hospitals in general and specifically, Woman's Hospital?*

**Teri Fontenot:** It takes the focus off of infrastructure and puts a lot more effort into technology. Technology provides patient information electronically both to the patient and to other care providers for that patient, including pharmacies.

The other piece of technology that I find really exciting is the amount of care that can be provided in a patient's home and having patients more engaged in their care. A good example is patients with congestive

heart failure. Now many hospitals are putting electronic scales in patient's homes, and having those patients weigh themselves every day and having that information sent back electronically. An early sign of going into another episode related to congestive heart failure is weight gain. If the patient has gained two or three pounds over the past day or so, a nurse will call that patient and may send someone to that patient's home. In some cases hospitals actually arrange for transportation and make the appointment for the patient in a doctor's office versus bringing them into the hospital for a couple of days, which is the typical course of treatment.

Another good example is diabetes education and therapy. Now glucose tests are done at home and the information can be sent electronically. So there is more interaction and intervention for chronic disease management that is really going to bring the cost of healthcare down and improve the quality of life for patients and their families.

**Editor:** *There are some things that technology can do to improve the costs internally in a hospital. Can you speak to some of those new technologies that are out there?*

**Teri Fontenot:** This is an old technology, but something we brought back into this hospital that's been very helpful – a pneumatic tube system similar to what banks use. Years

ago most hospitals had those, but they were not very reliable. In the other campus we didn't have one, but we installed one in this campus so now we can send information as well as fluid samples from patients to the lab or other areas a lot faster than having an individual carry that information back and forth.

We've also got a lot of patient safety features in the new campus related to our electronic health record. We are moving to computerized order entry so all the caregivers can have access to information on that patient at the same time and it's real time.

So it's those sorts of things that will reduce the cost of care, because you are eliminating duplication of effort or delays in getting information for treatment purposes. Those are things that all hospitals are doing to get the data and information to everyone in a more accessible and faster fashion. The other advantage is, by having the data submitted electronically, we can then pull the information for studies and research to make sure that our care processes are as reliable, cost-effective, and patient-centered as possible.

**Editor:** *With having a new hospital are there other revenue possibilities that are created here?*

**Teri Fontenot:** Yes. One of the reasons that we wanted to move to this campus, in addition to having something that was more aesthetically pleasing – more of a park-like setting, lots of natural light, larger rooms – is the ability to expand and grow services. So we bought the old Briarwood golf course, which was 225 acres, a little over ten years ago and the new campus is on about 65 acres of the 225. The remainder will be available for development. Some of it will be medically related services, much of it won't be. We envision a mixed use residential

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development so there would be different types of residences, some apartments, a hotel possibly, a fitness center, retail stores, along with other physician offices and medical services.

**Editor:** *I have seen the ads for the orthopedic services here. I never realized there was a specialty for women's orthopedics. Is Woman's Hospital planning just to capture all the healthcare for women?*

**Teri Fontenot:** What we've historically been known for are services that are exclusive to women—OB/GYN, breast care, newborn care, and we've always done general surgery at Woman's Hospital, but most women don't think of us for general surgery or for those other types of surgical needs shared by both men and women. A few years ago we identified two or three service areas that are used primarily by women. For example, about 2/3 of the patients that were getting weight loss surgery were female, so we started doing bariatric surgery and we are a Center of Excellence now. The orthopedics opportunity that we saw was primarily sports and shoulder injuries because women carry really heavy purses, and they have foot and ankle problems because they wear high heels and other uncomfortable shoes. So the orthopedics program that we have is somewhat specialized. We are not doing hips and knees, trauma from car accidents, back surgery or things like that. We are primarily focusing on shoulder, arm, foot, and ankle surgeries. We have a physical therapy department and a fitness club so we have the other pieces and parts of these programs, we just didn't have that surgical component. It helps us pull together some of the other outpatient services we've always had into a more comprehensive program for women. Our orthopedic surgeon and physical therapists treat men, they just can't have surgery here.

**Editor:** *Woman's is doing wellness initiatives, walking trails, a market, that sort of thing. I was wondering what brought that on and how that's going to work.*

**Teri Fontenot:** Our mission is to improve the health of women and infants. Part of that, we believe, is to help women stay healthy. So we built the Woman's Center for Wellness. The building has been there a little over ten years, but we've had a fitness center exclusive to women for over twenty years. We've always wanted to help women stay in good health.

When we moved to this campus we had the opportunity to expand that vision. One of our physicians, Dr. Renee Harris, made a very generous donation for us to build a one-mile walking path around the lake in front of the hospital and it has been very well received. We see a lot of families using it, children and families who are here with a loved one in labor. Sometimes the children get cabin fever and so do the adults, so we see them walking around the path. We encourage our employees to use the path particularly for walking meetings when the



**“We encourage our employees to use the path particularly for walking meetings when the weather allows it. As a matter of fact I have a pair of tennis shoes in my office, too.”**





weather allows it. As a matter of fact I have a pair of tennis shoes in my office, too. If it's just going to be one or two of us and we don't need to be sitting in front of a laptop or anything then we try to get out and get some fresh air and just walk and talk.

The farmer's market is something we have always wanted to do as well, to make fresh fruits and vegetables available to not only our employees, but our neighboring community, and there's really not anything like that in this part of the parish. The community garden is something I am really excited about. The LSU AG Center is helping us identify a plot of land on our campus. It won't be acres of crops, but we think it will be fun for our employees and other people in our community to come and help us develop a garden, enjoy the results of the crops that we are able to grow, and hopefully some of us will learn how to do it better at our own homes.

We have also had indoor walking meetings. We have the half marathon that Woman's started sponsoring two or three years ago, downtown in December. We are really looking for ways to promote health and wellness, not only among our employees, but fun ways for our community to enjoy being in good health, too.

**Editor:** *Switching a little bit here. Medicaid is one of your significant payers. How do you operate in the Medicaid world because it just seems as if Medicaid is always getting tighter?*

**Teri Fontenot:** In Louisiana about 72% of all babies born are covered by Medicaid. At Woman's Hospital, about half of our deliveries are Medicaid. There are a disproportionate number of Medicaid patients generally in more rural areas. So about 50% of our deliveries and about 60% of the babies in our neonatal intensive care unit are covered by Medicaid, primarily because when women become pregnant their eligibility increases. The state recognized years ago

that access to early prenatal care can save money after the baby is born in addition to improving the quality of life of the infant.

Medicaid is our largest payer, but we only have about four or five percent Medicare—another government payer that is known to pay less than the actual cost of care just like Medicaid. The rest of our patients are covered by employer-provided insurance, private insurance company policies, or commercial insurance, and so we are able to negotiate with them an amount that helps us offset the losses from the Medicaid and Medicare patients that we see. We're fortunate in that we have very few uninsured patients, primarily because we are an OB/GYN hospital and the eligibility for Medicaid is easier once you become pregnant. Shortly after giving birth, however, the mom may not qualify anymore. With the exchanges in place as of January 1st and all Americans expected to have insurance coverage, hospitals should see fewer uninsured patients. The challenge that we all see now is these plans have very, very high deductibles. So for most hospitals, while they may have patients who now have insurance coverage, they are not going to be able to pay their deductibles, so we are expecting our bad debt writeoffs to go up significantly. In fact ours have.

**Editor:** *You have managed to maintain a status of freestanding hospital. That's unusual. Can you talk about your commitment to remaining a freestanding hospital?*

**Teri Fontenot:** We just completed our strategic plan post-move, because the strategic plans for the last ten years have been focused on the move. So once we moved we wanted to get back to focusing on programs and services and our vision, our long-term commitment to our community. Early on we affirmed our commitment to stay independently owned, even though it's very unusual to see freestanding hospitals, particularly freestanding specialty hospitals that are

## You should really try to learn from others, because in healthcare I find that it can be a competitive business, but we're all trying to do the same thing, and that is to improve the lives of the people we have the responsibility to care for.

non-profit and community-owned like we are. We think the benefit is that because there are scarce resources for every hospital, we do not have to make decisions relating to having to buy this piece of equipment or add ORs for cardiovascular surgery or neurosurgery or some of those other services, because we have a narrow service line. It's a lot easier for us to focus.

We also believe, and studies have shown, that hospitals that have high volumes of certain types of cases have better outcomes, which you would expect—the more you do, the better you are going to be at it. In addition, by staying focused, it allows us to have a full range of subspecialty services, which most general hospitals can't offer, because they are trying to provide care to a lot of different types of patients. So as long as our community continues to support us and our medical staff continues to support us by admitting their patients here, we think we can be that anomaly and continue to be independent.

That's not to say that we don't work collaboratively with other organizations. We work very closely with Our Lady of the Lake Regional Medical Center on a variety of different initiatives. We participate in the Mayor's Healthy City Initiative where all the hospitals, Blue Cross, and some other agencies have come together. We meet about

once a month to identify those community health needs that we all need to work on collectively such as HIV and obesity. Each one of us has a different role to play. For example, there are mobile food markets that are going into some of the food deserts in our community. Because one of our goals is to increase breastfeeding rates because it's important for the baby's health and also reduces obesity later on, we are sending nurses to the mobile markets with information about breastfeeding. So when people in these food deserts come to get fresh fruits and vegetables it's a teaching opportunity for us to also talk to them about another type of very important nutrition for their children.

**Editor:** *In regards to those relationships, could you explain and tell us a little about the value of your relationship with LSU?*

**Teri Fontenot:** LSU approached us several years ago about creating an Obstetrics residency program here in Baton Rouge because the number of deliveries at Earl K. Long was diminishing as a result of women qualifying for Medicaid and having access to private physicians and private hospitals. So they asked us to help them with their training needs. It started with Earl K. Long about six years ago when they closed their

Obstetrics unit and the OB/GYN residents began getting their OB training here at Woman's Hospital.

Almost two years ago LSU asked if the GYN surgery program could also move here because we had the da Vinci robotic system and other state-of-the-art equipment, and the GYN patients moved here as well. Then on April 15th, 2013 we took over operation of the LSU OB/GYN clinic on our campus. The clinic had been here since we moved, but it was still owned and operated by Earl K. Long and LSU. We've gotten very good feedback from patients since taking it over.

We've scheduled about 150 patients a day for the residents and faculty to see. We were able to retain the subspecialty services that Earl K. Long was providing in their procedure room and their clinic. It's a much more robust training experience for the residents because they have access to patients on our campus, many of them work side by side with private physicians, they have access to state-of-the-art equipment and technology, and they can work with subspecialists. We think it's been a great win for LSU and the training program. The patients seem to like it a lot because the 150 patients actually get appointments. Previously, it was a clinic where everyone was asked to come at one time and a lot of these individuals didn't have transportation or had to take off work for several hours or the day. That's why a lot of people show up in emergency departments—because they don't have the flexibility that some of us do to be able to go to the doctor. Scheduling appointments improved the compliance rate and hopefully they are seeing these patients earlier so that they are able to take care of any medical needs they have before they get to the point where they have to be in the hospital.

We have what we call Woman's Touch awards. When someone gets good care they can write the person's name and talk about

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it. The clinic team had their staff meeting last week and ten of those awards were handed out for one month so I think that’s pretty indicative of how patients like it. We also now have bus service out here so the transportation is easier, which was a concern when we moved to this location.

**Editor:** You mentioned that you had just finished your strategic plan. Can you tell us a little bit about the direction Woman’s Hospital is going?

**Teri Fontenot:** One of the things that we knew we wanted to do is offer a more comprehensive cancer treatment program onsite. Woman’s already cares for

the supermajority of breast and GYN cancer in our community, but radiation therapy was not available on our other campus. So on this campus we intend to have all the modalities and that, we think, is going to be significant. We’ve got space set aside in our office building to fully build that out, but now we are talking about a different model of care that would include other community partners like Mary Bird Perkins. So it was an exciting process to go through. Our consultants talked to people in our community, other hospitals, board members, some of our physicians, and community leaders, and the feedback was very helpful as we look for what the community

expects from us and what we can provide in the way of comprehensive cancer care for women and infants.

**Editor:** You were recently named one of the 100 most influential people in healthcare. So with that I was wondering what sort of advice you could offer people that are maybe just going into healthcare administration, leadership or something like that? Perhaps some things that you have learned through the years?

**Teri Fontenot:** I get asked to speak a lot about women in leadership and so one of the first things I like to tell young women is don’t act like a victim, don’t let gender be an excuse, particularly in healthcare, because I don’t think the glass ceiling is in healthcare like it may be in some other business sectors. You should work hard and be willing to take on new responsibilities, stay current with the journals like yours and others, and then network. You should really try to learn from others, because in healthcare I find that it can be a competitive business, but we’re all trying to do the same thing, and that is to improve the lives of the people we have the responsibility to care for. As stewards of health in our communities, we need to learn from each other through best practices and programs and services. I have found that if I am able to develop a relationship with others, they are very free and open to sharing any information that they think is going to allow us to be able to care for our patients. When you keep patients at the forefront and the center of every decision then it becomes a fairly easy job. ■

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| *By Carolyn Heneghan*





**Between Obamacare and** the rampant spread of chronic diseases in the U.S., the state of the country's healthcare system is up in the air, to say the least. As a result, more and more people are turning to healthcare alternatives to cure what ails them. One such alternative is naturopathic medicine, which is gaining a foothold in the healthcare community as a non-pharmaceutical based option for people looking to take a different direction for their health. Is Baton Rouge joining that naturopathic community as well?



JoAnn Yanez, ND, MPH



Dr. Conrad Adams

## What is Naturopathic Medicine?

Naturopathic practitioners have varying definitions for naturopathic medicine. Dr. JoAnn Yanez, ND, MPH, executive director of the Association of Accredited Naturopathic Medical Colleges (AANMC), defines naturopathic medicine as, “a profession where the primary goal is guiding people using natural therapy to support a patient’s innate symptoms and innate healing process. Naturopathic medicine prevents, diagnoses, and treats human health conditions, injuries, and pain, but it does so naturally.”

Dr. Conrad Adams did not go to an AANMC-certified school, but he is allowed to practice in Louisiana through the informed consent of clients who sign a waiver acknowledging that they understand his

educational background and what he is allowed to do as a naturopathic practitioner. He trained with a former medical doctor who transitioned into naturopathic medicine and whom he met while both were on a committee to decide whether or not naturopathic medicine should be licensed in Louisiana.

“[Naturopathy] is a process of bringing about health and wellness using natural products or natural remedies other than pharmaceuticals,” says Dr. Adams. “The medications that are given [in traditional medicine] treat the symptoms rather than the source of the problem.”

In naturopathy, instead of treating the symptoms of a disease, these practitioners look for the root cause of the issue to alleviate or even stop the symptoms altogether. They also believe in prevention of diseases by identifying potential issues and treating those issues before they ever become a full-fledged disease.

Naturopathic practitioners are also wary of the potential side effects of medications, which can cause more problems for the patient in the long run. They turn instead to natural remedies to give the body the tools it needs to heal itself. This can include everything from adjusting diet or water consumption to using natural supplements or finding ways to relieve stress at home.

“My belief is that if you can go to the core, the initial problem, the cause of breakdown in health and you work on that and get that taken care of, then the body is naturally going to heal itself because all healing comes from within,” said Dr. Adams.

In addition to figuring out the actual cause of a patient’s symptoms, naturopathic practitioners believe in looking at the whole body, the whole person, and how all of the different aspects of life interact with each other and the body. They take an individualized approach rather than provide treatments that might benefit a blanket of different people.

“I am a licensed addictions counselor, and I just liked the way naturopathy sounded

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**“If we can really start focusing on true primary prevention, we’ll be making so much of a greater impact in the healthcare of Americans.”** –*JoAnn Yanez, ND, MPH*

when they talked about mind, body, and spirit being in harmony, and one really can’t consider themselves totally healthy unless all three of those spheres are in balance,” says Dr. Tom Buchmann, who practices out of Buchmann Natural Health Center in Baton Rouge. He is a graduate of Clayton College of Natural Health (not certified by the AANMC) in Birmingham, Alabama, and he is not licensed in any state. He is also able to practice in Louisiana through informed consent.

Naturopathic practitioners believe that while there is a time and a place for traditional medicine, naturopathy can offer

patients who are suffering from various diseases, from cancer to constipation to depression, a natural alternative that can have different effects on their health.

A naturopathic consultation generally lasts from one to two hours, which differs greatly from the average 15 minutes of a traditional medical doctor’s appointment. During the consultation, the naturopathic practitioner will thoroughly discuss with clients their physical, mental, emotional, and even spiritual health, looking for issues in diet, exercise, allergies, work, and home environments and, perhaps most importantly, stress levels. Both Dr. Buchmann and Dr.

Adams agree that stress is the number one cause of disease in this country, as it breaks down the immune system, and if clients can control stress, they will lead healthier lives.

**The State of Naturopathic Care in Baton Rouge**

In Baton Rouge, residents who are curious about how naturopathy can work for them can find a few different naturopathic practitioners to choose from, including Dr. Buchmann, Dr. Adams, and others.

“Everybody expresses a real interest,” says Dr. Buchmann. “But the first question is, ‘Do you take insurance?’ I think it’s sad and really a shame that insurance doesn’t pay for a healthcare that is proactive, that really plays a major role in keeping people healthy. Unfortunately, the way insurance companies look at it is they would rather wait until somebody becomes sick and then pay for it on that end.”

While Louisiana continues to be an unlicensed state, with insurance companies that do not insure naturopathic care, it will be difficult for naturopathic practitioners to provide the natural treatment needed by their clients in Baton Rouge and the rest of the state.

Dr. Adams is relieved that more doctors today have the tendency to go the naturopathic route—still prescribing drugs, but also including more natural remedies and determining what’s causing the symptoms rather than just treating them. All three doctors hope that naturopathic care continues to grow in the U.S. and that medical doctors, too, begin to recognize prevention and natural body support as viable options for patients.

“Right now we have a disease management system—we manage hypertension, we manage diabetes, we manage patients with a stroke. But you know what? They already have it,” says Dr. Yanez. “If we can really start focusing on true primary prevention, we’ll be making so much of a greater impact in the healthcare of Americans.” ■



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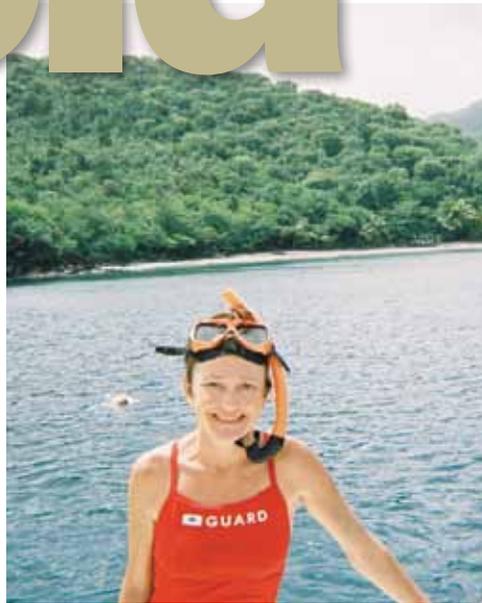
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# Team Louisiana Transplant Athletes Go for the

# gold

Over 120,000 people are currently waiting for an organ transplant. Of those, approximately 18 people die daily due to the shortage of organ donors. Members of the Ochsner Multi-Organ Transplant staff, Louisiana Organ Procurement Agency (LOPA), and Legacy Foundation as well as other transplant facilities across the state are passionate about changing these statistics and raising awareness about the importance of organ, tissue, and eye donation. ➔



**A**s a result, Team Louisiana, a group comprised of 30 post-transplant recipients, living donors, and donor families from across the state and surrounding areas, was created. Led by co-managers and Ochsner employees, Kim Black and Debi Dumas-Hicks, the team will compete in the 2014 Transplant Games of America® on July 12 – 15, 2014 in Houston, Texas.

The Transplant Games of America® is a biennial, Olympic-style competition that recognizes the tremendous accomplishments of individuals whose lives have been



Chase Cunningham, far left, is a kidney recipient who will partake in the swimming and 5K competitions at the Transplant Games. Tyrone Cooper, left, is a heart transplant recipient participating in swimming, tennis, table tennis and possibly basketball at the Transplant Games.

affected by organ donation in some way. The goal is to promote the life-changing impact that donation represents today as well as celebrate the gift of life. Nearly 3,000 participants from virtually every state are expected to compete in a variety of sporting and non-sport events to demonstrate how their lives have been changed through the gift of organ, eye, and tissue donation. ([www.transplantgamesofamerica.org](http://www.transplantgamesofamerica.org))

“LOPA is excited to be part of Team Louisiana,” said Kelly Ranum, CEO of LOPA. “The generosity of just one donor can save up to nine lives and enhance up to 50 more. We

hope everyone is inspired to register as an organ, tissue, and eye donor after witnessing the passion and gratitude of the recipient athletes.”

Team Louisiana will compete against other state teams to win the most medals in events that include swimming, track & field, golf, bowling, basketball, cycling, racquetball, and table tennis, among others. Living donors and donor families will participate in various workshops held throughout the Games and will be honored during the Opening Ceremonies and a special donor tribute.

“Our patients recognize that life is a gift and want to honor the donors and donor families that saved their lives,” said Kim Black, Ochsner’s Heart Transplant Social Worker and Co-Manager of Team Louisiana. “With others throughout the country, they are sharing their experiences and encouraging people to join this effort.”

For more information on how to donate or sponsor a Louisiana athlete, visit [www.ochsner.org/transplantfund](http://www.ochsner.org/transplantfund). Designate gift for “other”: Transplant Games Fund 2601137.

Register to become a donor at [www.donatelife.org](http://www.donatelife.org). ■



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## STATE

### REC Assistance Available for Medicaid Specialists

The Louisiana Health Information Technology (LHIT) Resource Center, the state's regional extension center (REC) is now providing outreach, technical and support services to help Medicaid specialists meet Meaningful Use (MU) objectives.

The Medicaid Specialists Program is the result of funding received from the Louisiana Department of Health and Hospitals (DHH) Medicaid Office through the Centers for Medicare and Medicaid Services (CMS). It is focused on assisting providers who were previously ineligible for support from RECs for MU initiatives offered by the Office of the National Coordinator for Health Information Technology (ONC).

Specialists are eligible for this program if they meet specific criteria including the 30 percent patient threshold established by CMS. They must demonstrate each year that at least 30 percent of their patient volume is attributed to Medicaid during a selected 90-day reporting period.

Providers who satisfy the Medicaid threshold, who have not received a Year 2 payment from Medicaid, and who are not under another contract for REC direct assistance would qualify for this program, explains Nadine Robin, Health IT Program Manager for the Quality Forum. Specialist physicians, dentists, nurse practitioners and certain physician assistants are among those eligible for participation.

For more information about the Medicaid Specialists Program, eligibility guidelines and types of assistance, contact Robin at [nrobin@lhcf.org](mailto:nrobin@lhcf.org) or call 225-334-9299. For more information, visit [www.lhcf.org](http://www.lhcf.org).

### BCBSLA Promotes Carmouche to Executive VP

Blue Cross and Blue Shield of Louisiana has promoted Dr. David Carmouche to the position of executive vice president of external operations and chief medical officer. Carmouche previously was senior vice president and chief medical officer.



Dr. David Carmouche

Mike Reitz, Blue Cross president and CEO, said that in his new position Carmouche will play a larger role in coordinating and executing corporate strategy.

In addition to heading up Blue Cross' Clinical Solutions division, Carmouche now will lead and have the support of the Network Administration and Sales and Marketing divisions. He will continue leading the company's medical staff in its efforts to promote health and wellness, implement population health strategies to more effectively manage chronic diseases, promote clinical quality, and assist in the transformation of the healthcare delivery system and its payment structure.

Carmouche joined Blue Cross in September 2012 as senior vice president and chief medical officer after spending 15 years in internal medicine practice at the Baton Rouge Clinic.

Carmouche earned his bachelor's degree at Tulane University and his medical degree at LSU before serving his internship and residency in internal medicine at the University of Alabama at Birmingham. He is board-certified in internal medicine and a specialist in clinical hypertension as well as a diplomate of the American Board of Clinical Lipidology.

### DHH Announces Waiver Services Expansion

Department of Health and Hospitals Secretary Kathy Kliebert was joined by advocates for individuals with disabilities as she announced \$10 million in funding in Governor Jindal's proposed budget, which will dramatically expand access to

home and community-based services for some of Louisiana's most vulnerable residents.

Governor Jindal's Fiscal Year 2015 executive budget proposal invests \$10 million in expanding access to home and community-based waiver services. The FY 15 budget proposal includes more than \$606 million in spending on waivers, an increase of almost 6 percent when compared to FY 14's proposed budget of \$573.9 million.

If adopted, this investment will allow DHH to open access to nearly 2,500 waiver slots across programs both for individuals with developmental disabilities and those who are elderly or have adult-onset disabilities.

By DHH's estimates, opening up the previously unfilled slots and the addition of the newly appropriated waiver slots will ultimately remove more than 4,000 individuals from the Department's waiver waiting lists, either by offering individuals waivers services or by removing them from the list because they no longer desire the services. In addition, DHH's Office for Citizens with Developmental Disabilities is currently reviewing its own registry as part of its system transformation process, which it expects will remove another 750 individuals who have not responded to an offer for services or who could not be located.

### Reynolds to Succeed Phillips as DHH Undersecretary

Louisiana Department of Health and Hospitals (DHH) Secretary Kathy Kliebert has announced the appointment of Louisiana Medicaid Deputy Director Jeff Reynolds to succeed Jerry Phillips as undersecretary of the Department. Reynolds will assume his new responsibilities following Phillips' retirement on March 10, 2014 after 25 years of service at DHH and a 30-year career in the United States Marine Corps.

The undersecretary for the Department is responsible for planning, directing and coordinating all activities for the Office of Management and Finance, including Medicaid, planning and budget, human resources training and development, fiscal information, information technology, engineering and architectural services, contracts and procurement support, materials management, Health Education Authority of Louisiana,

and safety and security.

The undersecretary is also charged with coordinating efforts with various other state agencies including the Division of Administration, for conferring with the Legislature, and for coordinating efforts with federal agencies and programs.

Reynolds' began his career at the Department in 1990 as an account specialist for the payroll division. He was appointed the Medicaid Deputy Director in May 2011 after 21 years of work as an auditor, account manager, and administrator. Reynolds helped lead the transition from the state's antiquated fee-for-service Medicaid model to a system of managed care.

Reynolds earned his Bachelor of Science in Business Administration and Finance at Oklahoma State University. He served on the board of the National Association of State Human Services Finance Officers from 2006 to 2009 and was the board president in 2010.

## Community Advocacy Grants Available From TFL

The Louisiana Campaign for Tobacco-Free Living (TFL) recently announced the availability of up to \$600,000 in Community Advocacy Grants (CAGs) for Fiscal Year (FY) 2014-2015.

In order to promote smoke-free policies and decrease other tobacco use in Louisiana, these grants have been designed to reach key priority populations while assisting in the implementation of effective and evidence-based practices in tobacco prevention and control.

The TFL CAGs are available for nonprofit agencies, organized groups, 2- and 4-year colleges/universities and/or coalitions throughout Louisiana that have experience with youth advocates and teen councils reducing health disparities, and Louisiana college and universities. The application is located on the TFL website, [www.tobaccofree-living.org](http://www.tobaccofree-living.org), and submissions are due by 3 p.m. on March 12, 2014.

TFL plans to offer two CAG Scope of Work options for the period of July 1, 2014 to June 15, 2015 (FY 2014/2015). They are:

- Scope of Work Option 1: Tobacco Prevention & Control Point of Sales Strategies (P.O.S.S) with Youth (11-17 year olds)

- Scope of Work Option 2: Tobacco Prevention & Control Advocacy with Young Adults (18-24 year olds)

\*Must be a College or University to apply

For more information or to view the full application in detail, visit [www.tobaccofree-living.org](http://www.tobaccofree-living.org) and view the TFL CAG 2014-2015 RFA.

## Cerise Named CEO of Dallas Health System

Parkland Health & Hospital System in Dallas has named Frederick Cerise, MD, to serve as its new Chief Executive Officer. In the announcement of his hiring, it was noted that Dr. Cerise had worked extensively in large public hospital systems that serve patient populations similar to Parkland. His outspoken support of public healthcare and its importance to communities was a factor in his hiring according to Debbie D. Branson, chair of Parkland's Board of Managers.

Dr. Cerise was Health System Vice President at Louisiana State University, but was replaced in that position by Dr. Frank Opelka. Despite his initial resistance to the privatization concept, Dr. Cerise stayed on at LSU to help manage the process of creating public-private partnerships for the LSU hospitals and maintaining graduate medical education opportunities. Dr. Cerise had also served as Secretary for the Louisiana Department of Health and Hospitals.

## 2014 Angel Award Nominees Sought

Nominations for the Angel Award, which recognizes and rewards exceptional volunteer work for the benefit of Louisiana children, have been opened by the Blue Cross and Blue Shield of Louisiana Foundation. Now in its 20th year, the Angel Award will honor eight individuals. Each winner will name a 501(c)(3) organization to receive a grant of \$20,000.

Individuals who themselves have been honored as "Angels" make up the committee that will decide this year's winners. The following are the criteria they consider and nominators are asked to carefully consider this list:

NEED: Did the nominee contribute a needed



Frederick Cerise, MD

service to Louisiana children?

ACTION: Was the nominee active, not just a figurehead?

INITIATIVE: Did the nominee initiate new programs or activities and use new methods to solve problems?

ACHIEVEMENT: Has the nominee accomplished desired results?

IMPACT: Has the activity or service provided by the nominee produced positive changes and provided examples for other groups?

TIME: Was the amount of time devoted to the activity or service significant?

CHALLENGE: Did the nominee have to overcome any unusual challenges, such as limited resources or public misperception of the problem?

A nominee may be recognized for work performed individually or through churches, schools or civic organizations, but a group cannot be nominated. The volunteer work must have been performed in the state of Louisiana with Louisiana children as the primary beneficiaries.

An online nomination form and more details on the program are available at the Blue Cross website, [www.bcbsla.com/angelaward](http://www.bcbsla.com/angelaward). Nomination packets are also available by calling toll-free 1-888-219-BLUE (1-888-219-2583) or emailing [Angel.Award@bcbsla.com](mailto:Angel.Award@bcbsla.com). The deadline for nominations is April 4, 2014.

## Quintal Assumes LSMS Presidency

On February 1, 2014, Dr. Roberto Quintal of New Orleans officially began his presidency of the Louisiana State Medical Society (LSMS).



Roberto Quintal, MD

As president-elect for the society in 2013, Dr. Quintal spent the last year learning more about the society's involvement on key healthcare issues at both the state and federal level.

"In the coming year, our greatest challenges will be the erosion of the physician-patient relationship and the barriers in providing adequate access to quality healthcare," Dr. Quintal said.

Dr. Quintal earned his medical degree from the Universidad de Yucatan in 1975. His residency was at the Tulane University Affiliated Hospitals from 1978-1982 in internal medicine and he continued his training with a cardiology fellowship at the same institution. He is board certified in internal medicine, cardiovascular diseases, and interventional cardiology.

He first joined the faculty of the Tulane School of Medicine in 1983 and is currently a clinical professor of medicine at Tulane. Dr. Quintal was appointed clinical associate professor of medicine at LSU's School of Medicine in New Orleans in 1988 and promoted to full professorship in 2006. Today, he is the Rajendra Dhurandhar Professor of Cardiology at LSU Medical School in New Orleans.

Dr. Quintal was elected president of the Orleans Parish Medical Society following Hurricane Katrina in 2006.

## LHEC Pledges Continued Educational Efforts

To date, nearly 200 healthcare, community, business, trade, and faith-based organizations from across the state have joined the Louisiana Healthcare Education Coalition (LHEC) as official partners

in a continued effort to help better prepare Louisianians for the changes that come with the Affordable Care Act. The coalition was launched in an effort to address the existing void in healthcare reform information and the need for a trusted – and unbiased – source to provide this information.

Since its statewide launch in March 2013, LHEC has:

- Hosted and participated in more than 50 news conferences and educational events across the state;
- Added nearly 200 partners to the coalition from across all facets of Louisianians' daily lives;
- Launched a weekly and breaking news update feature on its website to keep readers users informed;
- Hosted a webinar – attended by more than 40 coalition partners – which reviewed the fundamentals of the Affordable Care Act's health insurance marketplaces, discussed the state of the state in Louisiana, and educated on several grassroots strategies partners can use within their own constituencies to drive understanding and enrollment.

LHEC will continue these efforts in 2014 and look for even more ways to educate the public about the ACA through educational materials, white papers, webinars and partner engagement.

To learn how your organization can become a partner, review the complete list of coalition partners, or request a speaker, please visit [lhec.net](http://lhec.net).

## CIS Launches Free Smoking Cessation Program

Cardiovascular Institute of the South (CIS) has partnered with the Louisiana Smoking Cessation Trust to offer free smoking cessation counseling appointments and free medications that aid in quitting smoking to residents of Louisiana who started smoking prior to September 1, 1988.

Residents who are interested must first enroll in the Trust to receive their benefits packet in the mail (this may take up to 3 weeks after enrolling). This can be done 2 ways: via website at [www.smokingcessationtrust.org/CIS](http://www.smokingcessationtrust.org/CIS) or by phone at 1 (800) 425-2565.

Once residents receive their packet, they should contact CIS to schedule a free smoking cessation

counseling appointment. It is important that participants obtain their benefits packet prior to attending their smoking cessation counseling appointment.

The benefits packet entitles participants to smoking cessation medications (prescription and over-the-counter), individual smoking cessation counseling visits with a provider, and group counseling sessions. These products and services are free of charge but only to residents of Louisiana who started smoking prior to September 1, 1988.

## DHH Seeks Input on Managed Long-Term Care

The Department of Health and Hospitals (DHH) hosted a series of public meetings in February to gather input about its proposal to transition people receiving long-term supports and services through the Medicaid program to a model of managed care.

Over the past decade, DHH has engaged stakeholders in a comprehensive effort to reform long-term support and services (LTSS) by striking the appropriate balance between providing care in institutional and community settings, improving quality of care, expanding service options, and addressing financial sustainability. In December 2012, DHH issued a Request for Information seeking creative, innovative and viable strategies to move forward with its next phase of delivering coordinated care through the creation of a new managed long-term supports and services (MLTSS) program.

DHH convened an advisory group of stakeholders in 2013 to discuss basic program design and how the Department can best meet people's needs through MLTSS. These stakeholders discussed research and information available from other states. Topic briefs and other information used in these advisory group meetings are posted on [MakingMedicaidBetter.com/LongTermCare](http://MakingMedicaidBetter.com/LongTermCare).

DHH also hosted three traditional public forums and three online Webinars, which allowed interested stakeholders to choose an option that is most convenient for them.

To provide feedback use the "Submit a Comment" link on [MakingMedicaidBetter.com/LongTermCare](http://MakingMedicaidBetter.com/LongTermCare) or email [LongTermCare@la.gov](mailto:LongTermCare@la.gov).

## LOCAL

### LaPOST Workshop Set For March

A LaPOST workshop for healthcare professionals, administrators, and social workers will be held at 2 p.m. on March 24 at Nottingham Regional Rehab Center, 2828 Westfork in Baton Rouge.

The workshop is part of the LaPOST Coalition's mission to empower healthcare professionals with information and resources to assist patients with serious, advanced illnesses in making educated decisions about end-of-life care.

The workshop will feature Susan Nelson, MD, Chair of the LaPOST Coalition. Board certified in internal medicine, geriatrics and hospice and palliative medicine, Nelson serves as medical director of Senior Services and PACE Baton Rouge, Franciscan Missionaries of Our Lady Health System and St. Joseph Hospice.

The workshop is certified for one-hour of CME credit by the American Academy of Family Physicians and one-hour of CEU credit by the Louisiana Chapter of the National Association of Social Workers and the Louisiana State Board of Examiners of Nursing Facility Administrators.

There is no cost to attend the workshop. For information, contact Cynthia Michael via email at [cmichael@lhcf.org](mailto:cmichael@lhcf.org). Online registration will be available on the LaPost website at [lhcf.org/lapost-home](http://lhcf.org/lapost-home).

### PBRC Announces New Physical Activity Study

Pennington Biomedical Research Center is conducting a new clinical trial to compare the effects of physical activity and lifestyle changes on energy balance and how these changes may impact an individual's body composition. This study, called E-MECHANIC: Examination of Mechanisms of Exercise-Induced Weight Compensation, is open to adults age 18-65 who are not currently involved in a structured exercise program.

The co-principal investigators of E-MECHANIC, which is funded by the National Institutes of Health (NIH), are Timothy S. Church, MD, MPH, PhD, professor and director of the Preventive

Medicine Laboratory, and Corby Martin, PhD, associate professor and director of Behavioral Science and Epidemiology, both of Pennington Biomedical. E-MECHANIC will examine how three different exercise programs can affect changes in your body and influence your overall health.

Participants will complete a 6-month exercise intervention at the Pennington Biomedical Fitness Center. Those enrolled in one of the exercise groups will visit the Fitness Center 3-5 times per week for sessions that will last approximately 60 minutes. Those enrolled in the healthy living group will receive weekly health tips through text message, email, or postal mail. This intervention will also include monthly seminars at Pennington Biomedical on health-related topics. All procedures associated with the study will be provided at no cost to participants.

The study will require participants to complete an orientation visit to determine eligibility. Participants are also required to complete 5 screening visits and 11 clinic visits, and enrolled participants will receive up to \$400 for participation.

To determine eligibility, call 225-763-3000, email [clinicaltrials@pbrc.edu](mailto:clinicaltrials@pbrc.edu), or visit [www.pbrc.edu/clinical-trials](http://www.pbrc.edu/clinical-trials).

### Padgett Joins Baton Rouge General Physicians

Philip Padgett, MD, has joined Baton Rouge General Physicians. He specializes in family medicine and has practiced in the Baton Rouge area for more than 20 years.

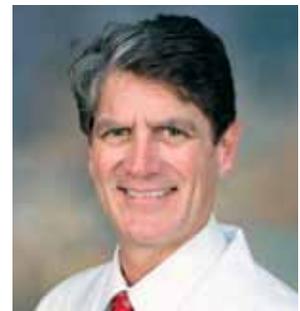
Dr. Padgett earned his medical degree from Louisiana State University School of Medicine in New Orleans and completed his residency training at Earl K. Long Memorial Hospital in Baton Rouge. Dr. Padgett is board certified in family medicine and is a member of the American Academy of Family Physicians and the Louisiana Academy of Family Physicians.

### Local Dentists Donate Services for EBR Students

During "Give Kids A Smile Day every Friday in February, National Children's Dental Health Month," local dentists teamed up with Health Centers in



Susan Nelson, MD



Philip Padgett, MD

Schools to donate services to help many East Baton Rouge Parish School System (EBRPSS) children stay healthy and remain in school and learn.

Every Friday during the month of February, many area dentists closed up their offices to take care of the dental needs of nearly 1,000 EBRPSS students selected for assistance.

The Louisiana Dental Association (LDA), the Greater Baton Rouge Dental Association, Health Centers in Schools (HCS), Our Lady of the Lake Children's Hospital, and EBRPSS collaborated to provide educational materials and dental screenings, as well as preventative care, to selected low-income children who do not have access to proper dental care. The effort was part of the American Dental Association's (ADA) National Give Kids A Smile (GKAS) program and was also, in part, to acknowledge February as National Children's Dental Health Month.

Making the programs possible nationwide are generous corporate co-sponsors: Henry Schein Dental, Colgate's Bright Smiles Bright Futures, and Dexis.

## Primary Care Plus Moves to New Location

Primary Care Plus has relocated their clinic to a new facility just down the road from their old office. Physicians began seeing patients at this new location in February.

The new location at 2645 O'Neal Lane provides a new setting that is better suited to meet patients' needs. It includes separate suites for Primary Care, Specialty Care, and Administrative Services.

In addition to the relocation of the current clinic, Primary Care Plus will be opening a second office on Perkins Road and Kenilworth in the spring. This newest location will allow Primary Care Plus doctors and staff to deliver their unique model of care to even more of the community.

## Taylor Porter Announces New Partners

Taylor Porter announced that Cindy M. Amedee and Katia D. Bowman became partners with the firm.

Amedee focuses her practice on healthcare, which includes a wide variety of healthcare transactions and healthcare compliance and regulation. Her practice includes acquisitions and mergers, the privatization of public healthcare operations and information technology, including the privacy and security of electronic medical records, and exchange of patient health information via technology systems.

Bowman practices in the area of civil litigation with an emphasis on employment law. She has defended the interests of public and private clients in retaliation, defamation, wrongful termination, discrimination, insurance, breach of contract, unfair trade practice, and general tort matters.

## Husband and Wife Physicians Join Primary Care Plus

Louisiana natives, Doctors Kim and Vaughn Meiners have left a successful family medicine practice in Florida to join Primary Care Plus. The doctors said they were drawn to the company's unique model of care because it allows them more time with patients and a proactive and personalized

approach to medicine.

Drs. Kim and Vaughn Meiners completed medical school at LSU Health Sciences Center in Shreveport and continued their medical education at St. Vincent's Family Medicine Residency in Jacksonville, Fla. Prior to joining Primary Care Plus, they spent eight years in private practice as owners of Fountain Family Medicine in Jacksonville. Both have a special interest in the management of diabetes and cardiovascular risk management. Dr. Vaughn Meiners has a special interest in men's health.

## Faucheux Named to PTPN Board

Cristina Faucheux, PT, Co-Owner and Vice President of Moreau Physical Therapy and Co-Owner of Spectrum Fitness in Zachary and Central was recently elected a shareholder and member of the Board of Directors of Physical Therapy Provider Network, Inc. (PTPN), a statewide network of outpatient physical and occupational therapist owned outpatient clinics.

Faucheux is a member of the American Academy of Orthopedic Manual Physical Therapists and she has served as the Governmental Affairs Chair for the Louisiana Physical Therapy Association since 2012. Additionally, she advocates for the physical therapy profession nationally through her volunteer activities with the Private Practice Section of the American Physical Therapy Association.

## BSW's Healthcare Division Recognized by Chambers

Breazeale, Sachse & Wilson, LLP recently received high rankings for five practice areas, including Healthcare, and had twelve attorneys listed in Chambers USA: America's Leading Lawyers for Business for Louisiana. Full rankings information, including bandings and commentary will be made public after publication in May 2014.

The BSW Practice Areas listed in the 2014 edition of Chambers USA include:

- Construction
- Gaming & Licensing
- Healthcare
- Labor & Employment
- Litigation: General Commercial

The BSW attorneys listed in the 2014 edition of Chambers USA include:

- John T. Andrishok—Construction
- Robert L. Atkinson—Healthcare
- Thomas M Benjamin—Gaming & Licensing
- David R. Cassidy—Corporate/M&A: Tax
- Murphy J. Foster, III—Construction and Labor & Employment
- Alan H Goodman—Bankruptcy/Restructuring and Litigation: General Commercial
- Richard D. Leibowitz—Banking & Finance: Public Finance
- Steven B. Loeb—Construction
- Eve B. Masinter—Labor & Employment
- E. Fredrick Preis, Jr.—Labor & Employment
- Claude F. Reynaud, Jr.—Litigation: General Commercial
- Jerry L. Stovall, Jr.—Labor & Employment

Chambers USA ranks the leading firms and lawyers in an extensive range of practice areas throughout America.

## PBRC Opens New Pediatric Research Clinic

Pennington Biomedical Research Center, a campus of LSU, has created a Childhood Obesity and Diabetes Research Program at the research center's Baton Rouge-based campus, and opened a newly renovated space for the program's activities, the Translational Research Clinic for Children (TReCC).

The \$6.4 million in funding for the newly renovated building that houses the research clinic was provided by the State of Louisiana, and Pennington Biomedical officials praised Governor Bobby Jindal and the legislature for the investment. The new research program and clinic is housed in the heart of the campus, in 14,000 square feet of repurposed space.

According to Pennington Biomedical Research Center Executive Director William Cefalu, MD, since the State of Louisiana committed resources to these new and renovated facilities, Pennington Biomedical has averaged \$21 million annually in grant expenditures from federal, private industry, and philanthropy sources specifically related to this investment. This has created and sustained 160 biomedical jobs.

PBRC's Dr. Peter Katzmarzyk highlighted some of the important projects including a recently completed Pennington Biomedical study funded by the National Institutes of Health on identifying the best markers of abdominal obesity and future health risks among 400 children. In addition, Dr. Katzmarzyk is currently leading a 12-country childhood obesity research study of 6000 children to better understand the underlying determinants of the development of obesity. He noted other new children's efforts underway including community-based programs in West Carroll Parish, an LSU Ag Center-led program.

In addition, Pennington Biomedical has partnered with Blue Cross and Blue Shield of Louisiana for the Challenge for a Healthier Louisiana program aimed at tackling obesity. Pennington Biomedical also recently launched a clinical trial testing video game exercise for girls and is conducting a new pharmaceutical trial for pediatric diabetes.

Pennington Biomedical's Translational Research Clinic for Children will informally be known as "the TRCC" and offers a youth-friendly environment for children and adolescents to participate in research studies aimed at improving health and reducing the incidence of childhood obesity. The name of the clinic was chosen to convey a positive and welcoming feeling for young study volunteers, underscoring the importance of physical activity, which will be featured prominently along with nutrition, behavioral and pharmaceutical research studies.

For more information on Pennington Biomedical's Obesity and Diabetes Research Program for Children and the Translational Research Clinic for Children and its research studies and programming, call 225-763-3000 or go to <http://pediatrics.pbrc.edu>.

## CIS Relocates

Cardiovascular Institute of the South (CIS) has relocated its Baton Rouge location from 7041 Picardy Avenue to 8401 Picardy Avenue to provide more comfort and convenience to patients. The new location is larger, providing more space for world-class testing and consults, and will also offer more parking spaces.

CIS provides a full range of cardiovascular evaluations and procedures including: opening blocked coronary arteries, stent placement, removal of plaque from arteries, insertion of pacemakers, and diagnostic cardiac and peripheral catheterizations. Cardiologists at the CIS Baton Rouge practice include Drs. Amit Patel, Satish Gadi, Garland Green, and Leon Kraft.

## BSW Attorneys Named to LA Super Lawyers

Two Medical Malpractice attorneys were among 13 Breazeale, Sachse & Wilson, LLP (BSW) attorneys named to the 2014 edition of *Louisiana Super Lawyers*. Eight BSW attorneys, include two who specialize in Healthcare have been named Rising Stars.

### Super Lawyers—Baton Rouge

- Robert T. Bowsler—Mergers & Acquisitions
- David R. Cassidy—Tax
- Cullen J. Dupuy—Personal Injury - Medical Malpractice
- Murphy J. Foster, III—Employment & Labor
- Paul M. Hebert, Jr.—Family Law
- David R. Kelly—Tax
- W. Brett Mason—Transportation/Maritime
- Van R. Mayhall, Jr.—Business/Corporate
- Douglas K. Williams—Personal Injury - Medical Malpractice

### Super Lawyers—New Orleans

- Thomas M. Benjamin—Business Litigation
- Peter J. Butler, Jr.—Business Litigation
- Alan H. Goodman—Business Litigation
- Eve B. Masinter—Employment & Labor

### Rising Stars—Baton Rouge

- Stephen M. Angelette—Health Care
- Carroll Devillier, Jr.—Business Litigation
- Nicole F. Gould—Tax
- Eric B. Landry—Banking
- Van R. Mayhall, III—Business/Corporate
- Traci S. Thompson—Health Care

### Rising Stars—New Orleans

- Joseph R. Hugg—Employment & Labor
- Wesley M. Plaisance—Gaming.

*Louisiana Super Lawyers* is an annual publication that identifies attorneys from more than 70 practice areas who have achieved high levels of peer recognition and professional achievement.

Additionally, Rising Stars recognizes the top up-and-coming attorneys in the state who are 40 years old or younger, or who have been practicing for 10 years or less.

## Dupont Joins Baton Rouge General Physicians

J. Benton Dupont, Jr., MD, FACS, has joined Baton Rouge General Physicians. Dr. Dupont specializes in general surgery and surgical oncology. He serves as Chief of Cancer Patient Service Group for Baton Rouge General Medical Center, is a Fellow of the American College of Surgeons, and is board certified in general surgery.

Dr. Dupont earned his medical degree from Louisiana State University School of Medicine in New Orleans and completed his surgical internship at Emory University School of Medicine, Grady Memorial Hospital in Atlanta. Dr. Dupont completed his residency training at Charity Hospital in New Orleans and completed his surgical oncology fellowship at The University of Texas MD Anderson Cancer Center in Houston.

## Siddhi Offers Baton Rouge Residents Brain Cleanse

Meditation and yoga master teacher Siddhi has developed a program based on 10+ years of experience around yogic cleanses focused on different organs or body systems. In February many Baton Rouge residents had the opportunity to experience Siddhi's Brain Cleanse™.

The Brain Cleanse™ is a 7-Day program designed to nourish and awaken the power of one's brain. It includes yoga, yogic brain training exercises, meditation, an optional food cleanse, and other practices to heal and nourish the brain, releasing old habits, patterns, and beliefs that keep us stuck and can lead to illness and depression.

Later in the year Siddhi will offer a Brain Cleanse facilitator certification training in Baton Rouge. For more information please visit [www.siddhi-syoga.com](http://www.siddhi-syoga.com). ■



# Conversations Change Lives

## LaPOST COALITION PROMOTES NATIONAL HEALTHCARE DECISIONS DAY

On April 16, the Louisiana Health Care Quality Forum, on behalf of the Louisiana Physician Orders for Scope of Treatment (LaPOST) Coalition, will join hundreds of health care-related organizations across the country in support of National Healthcare Decisions Day (NHDD), a nationwide initiative to increase awareness about advance care planning.

**D**espite gains in advance care planning education, a recent Pew Research Center study found that while 95 percent of Americans had heard of ‘living wills,’ or advance directives, only 29 percent had one. Further, according to research by the Agency for Healthcare Research and Quality (AHRQ), 76 percent of physicians whose patients did have an advance directive were not aware that it existed.

“These are statistics that we seek to change in our state,” says Susan Nelson, MD, Chair of the LaPOST Coalition. “We have a shared goal with our NHDD partners: to improve these numbers by educating and empowering the public and health care providers with information about the value of advance care planning and available advance care planning options.”

Nelson notes that in Louisiana, patients can record their end-of-life care preferences through advance directives and health care power of attorney documents, but adds that

Louisiana also has an advance care planning document specifically for patients with serious, advanced illnesses. LaPOST is based on effective communication of these patients’ wishes, a promise by health care professionals to honor these wishes and documentation of the corresponding medical orders on a brightly colored form, Nelson says.

“LaPOST is unbiased, voluntary and complementary with advance directives,” she explains. “As a medical order, it travels with the patient across the care continuum. LaPOST provides a framework for patients to have real conversations about care decisions with their physicians. Having LaPOST in place can make a tremendous difference in end-of-life care for these patients.”

Alexandria Leigh, MD, palliative care physician with Southeastern Louisiana Veterans Healthcare Administration, has witnessed that difference. She tells of a patient with an advanced, aggressive form of cancer; in spite of the intense medical care required by his condition, the patient had continually

expressed his desire “to do as much as possible to live another day,” she says.

“However, during one clinic visit, he admitted he was tired. He’d arrived on a stretcher, unable to sit up anymore and short of breath with simple conversation,” says Leigh. “I asked if his wishes had changed, and he said he’d lived a good life and was ready for a natural death. He wanted to die at home, without machines. He did not want to suffer.”

Leigh and the patient discussed these wishes with his spouse, and then she worked with the couple to document his desires with a LaPOST.

“A week later, his wife called 911 because he wasn’t waking up, and he was transferred to a local hospital. Because of LaPOST, he was not intubated,” Leigh says. “His wife contacted me, and I consulted with the hospital’s palliative care team. The team assured me he had a peaceful death in the hospital. He didn’t die at home, but I’d argue that because of a conversation and the document that resulted from that conversation, his death was a good one, and his wife was grateful.”

At the other end of the advance care planning spectrum, however, are patients who haven’t had such conversations and haven’t documented their end-of-life care wishes. In these cases, says Michael Rolfsen, MD, a Baton Rouge internist, the patient often receives care that prolongs life but does not improve quality of life.

“In one case in particular, an elderly gentleman had a fairly severe stroke. He required a ventilator temporarily to keep his respiratory status stable and tube feedings for nutrition.

His wife felt strongly that he would not want to be kept alive in this way. One of his children was neutral but agreed with the wife, while the other child was adamant about doing all we could to keep him alive.”

Through “aggressive measures,” says Rolfsen, the patient was saved, though he was transported to a long-term care facility “where he required tube feedings and was



fairly comatose.”

“Over the next several months, he developed bed sores, was hospitalized twice with pneumonia, and eventually died six months later...I think his wife felt guilty, but was not strong-willed enough to overrule the child since no one had ever had this particular conversation with the patient. No one was really sure what he would have said.”

Rolfsen adds that he’s also seen cases in which “the family had discussed the issue well in advance.” In those cases, he says, “Everyone knew what the patient’s wishes would have been, and the patient had a much smoother, more peaceful death.”

Leigh and Rolfsen agree that completion of advance care planning documents such as LaPOST and conversations about end-of-life care are not only important to the patient, but also to the patient’s family.

“The decision about what to do at the end of life can tear a family apart or bring them together. The difference is usually that the families who are torn apart are those who

have never discussed the issue and have strong but differing emotional feelings about what’s best for their loved one,” Rolfsen says.

Says Leigh, “In my experience, most patients have not completed advance care planning. Fortunately, most seem to have given their family members some idea of what they would and would not want. Most family members seem to rely on the medical establishment for guidance.”

In fact, according to numerous studies, most patients would discuss advance care planning if their physicians broached the subject, notes Nelson.

“Research shows that patients who discussed end-of-life care issues with their physicians had reduced fear and anxiety, felt they had more influence over their own medical care and expressed a greater understanding about their prognoses. In addition, these patients then typically continued these conversations with their loved ones,” says Nelson. “This is why the LaPOST Coalition has made provider education a priority goal – because for many patients, advance care planning begins with a conversation with their physician.”

Nelson notes that every health care provider has a different method for initiating these conversations, but adds, “The common factor is concern for the patient and the desire for the patient to receive the type of care he or she wants. LaPOST serves as a foundation for that.”

For Leigh, experience has taught her how to approach end-of-life care discussions. She says the first step is to be certain “that you’ve spent some time getting to know your patient,” and adds that timing is crucial to a productive conversation.

“If a patient is suffering in pain, you can be sure it’s the wrong time. It’s also important that patients know I have no agenda where their end-of-life decisions are concerned. This is their life, not mine, but it is my job to be clear about my recommendations. I am not afraid to recommend for and against

medical therapies, and I share data about the successes of certain treatments in persons of their age or with their disease,” she explains.

Adds Rolfsen, “The most difficult thing is, no one likes to admit that we’re all going to die at some point. To have that discussion seems to indicate that we’re giving up, no longer value the person’s life or that we don’t care about them. Of course, that’s the farthest thing from the truth. The most loving thing we can do is recognize when the time has come to let go. The decision to forego aggressive treatment simply means we have decided to put comfort ahead of life prolongation.”

Leigh and Rolfsen agree also that in addition to being willing to initiate the discussion about end-of-life care goals and treatment preferences with patients, physicians should also encourage patients to have these discussions with their loved ones.

Leigh says, “A physician can be a great mediator for these conversations, and LaPOST can ensure that your family and you are on the same page. LaPOST ensures that even those who know nothing about you can honor your wishes.”

Rolfsen says, “A discussion regarding a person’s wishes at the end of life is so important and a written document like LaPOST helps even more. Even if there is no document, if the family knows their loved one’s wishes, the decisions are so much smoother and what is a very difficult time is made easier.”

And that, says Nelson, is why the LaPOST Coalition encourages Louisiana’s health care providers to support the mission of NHDD by discussing and promoting advance care planning with their patients. “We want everyone to have that important conversation on National Healthcare Decisions Day,” says Nelson.

To assist patients and health care providers, the LaPOST Coalition has developed several resources and tools. To download these tools, visit [www.la-post.org](http://www.la-post.org). ■



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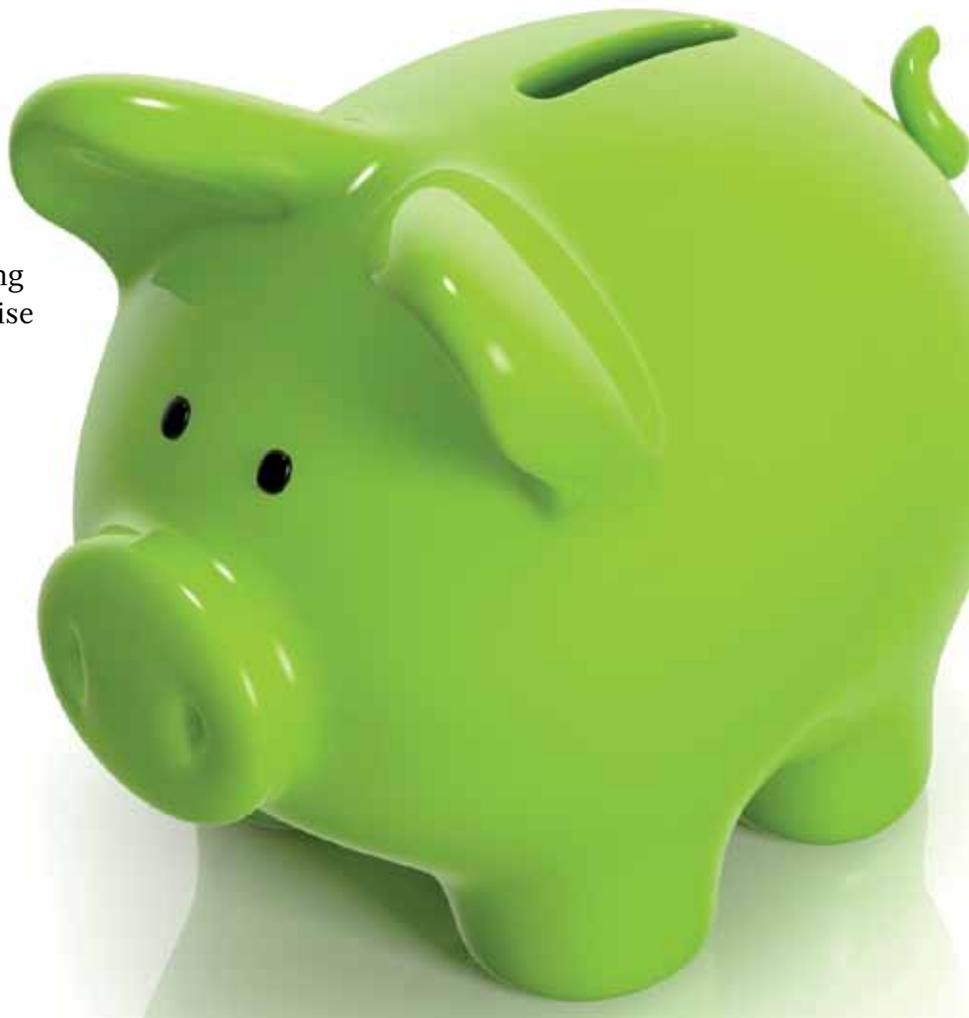
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## TAKING A LONG LOOK AT **Managing Long-Term Care**

Over the last several years, the Department of Health and Hospitals has invested countless hours into rethinking and retooling how we care for Louisiana's most vulnerable populations. That has come to fruition in the shape of managed care for the general Medicaid population – Bayou Health. For behavioral health, the Louisiana Behavioral Health Partnership has treated individuals with both addiction treatment and mental health care needs holistically. Those transitions were not without their challenges, but the early improvements in outcomes we are seeing prove those transformations worthwhile.



Individuals with developmental disabilities and adults with age-related disabilities have not yet been included in a managed care system. We have, however, begun working with stakeholders across the state to carefully construct the framework for a system of managed long-term supports and services. The input we are receiving will be critical to how we construct the program's framework.

Louisiana has a historic reliance on costly institutionalization of individuals with disabilities. In 2010, we ranked first among states in the utilization of all intermediate care facilities for persons with developmental disabilities. Rebalancing efforts produce better outcomes and provide a higher quality of life for the individuals we serve.

The goal of designing a system of managed long-term care is to improve the health outcomes and quality of life for those individuals with the most complex needs and vulnerabilities. That means we want to reduce unnecessary hospitalizations and emergency room utilization. It also means helping our service providers speak to each other. If an individual is receiving home health care and transportation services or behavioral health services, that care should be coordinated to ensure the best outcome for that patient.

Transitioning to home and community-based services where appropriate reduces the likelihood that individuals are moved far from family members and community supports. We know that individuals who receive care where they live, in their homes and

communities, are healthier, happier, and in some instances, have a better chance at more fully participating in the kinds of activities that we all hope to do – work, engage with family, and build a social network.

The Department has already made a

substantial move toward re-focusing its resources to support better outcomes. We have moved our dollars from owning and operating costly inpatient facilities. In

**MANAGED  
LONG-TERM  
CARE MUST BEST  
FIT LOUISIANA'S  
NEEDS ON  
LOUISIANA'S  
TIMELINE**

and the Office of Aging and Adult Services have particularly complex medical needs and vulnerabilities. We know that taking a more holistic approach to providing care is what makes the most sense.

We also know that managed

long-term care has the potential to create savings within the system. Any savings we would realize would be directed back into providing services to more individuals and, I expect, reducing the wait list of individuals who have been seeking additional care through waivers for years.

There are best practices exhibited by other states and demonstrated by the federal government. We intend to learn from those experiences of the 16 other states that have implemented similar managed care systems. Since the first managed long-term care transition in 1989, key principles have been identified that are helping to guide our plans so that we may maximize the positive experiences for Medicaid recipients during any transition period. We're also learning from the experiences shared with us by the stakeholders attending meetings as a part of our advisory group.

This will be a long process; one that we are thoughtfully approaching. We have not built any changes or savings into next year's budget. We have not committed to a firm timeline and so we will not rush this process. Managed long-term care must best fit Louisiana's needs on Louisiana's timeline. We have been listening to the families, stakeholders, and providers throughout this process and we will continue to do just that. I hope that you will continue to work with us as we create the framework for a managed care system for Louisiana residents.

To learn more about this initiative, and to provide feedback to the Department's plans, visit [MakingMedicaidBetter.com/LongTermCare](http://MakingMedicaidBetter.com/LongTermCare). ■



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the year 2000, 78 percent of all of our spending for citizens with developmental disabilities was for institutional care. In the last fiscal year, the picture was very different – only 45 percent of our funds were spent on institutional care, while 55 percent was spent on home- and community-based care. Managed long-term care would serve more than 70,000 individuals with nearly \$2 billion of the annual Medicaid budget.

Managed long-term care is the logical and essential next step in improving how we ensure access to and coordination of care. In the more than twenty years that I have worked for the Department, I have seen the challenges of a fragmented system. The populations currently served by the Office for Citizens with Developmental Disabilities



# Transforming Nursing

## TO MEET THE NEEDS OF A REFORMED HEALTHCARE SYSTEM

Much has been written regarding the need for healthcare reform and the debate surrounding the wisdom of the Affordable Care Act (ACA). While the ACA will expand the number of individuals accessing the system, its effects on healthcare cost and healthcare spending are difficult to predict. While one may not agree with Obama Care, it is hard not to agree that the U.S. healthcare system is in serious need of reform.

**L**ittle attention, however, has been given to the need for the healthcare professionals that comprise the system to both contribute to the solutions and to adapt to the changing environment that must occur.

While we can be encouraged by the recent slowdown of the rate of growth of healthcare spending, policy analysts contribute this to a large extent to broader changes in the economy. Changes in the delivery system and efforts to control healthcare costs have had only temporary or modest effect (Kaiser). Transforming the healthcare system into an accessible, cost-effective, high quality system able to meet the needs of the United States' diverse population, will take aggressive, collective action by all healthcare professional groups in partnership with providers, payers, and policy makers

to address the complexity of issues surrounding reform.

A movement is now spreading across the nation to address the need for the transformation of the nursing profession to better equip it to meet the needs of a reformed healthcare system. Sparked by a major study of the nursing profession conducted in partnership with the Robert Wood Johnson Foundation (RWJF) and the Institute of Medicine (IOM) from 2008-2010, Action Coalitions are spreading from state to state to develop strategies to better prepare the profession for the future (AARP/RWJ). The IOM's 18-member committee, led by former U.S. Secretary of Health and Human Services Donna Shalala, included an extraordinary group of professionals, including health experts from the spectrum of business, academia, nonprofits, and healthcare

organizations. They were charged with developing a report on the future of nursing, with solutions to improve the quality of patient care while controlling costs.

The landmark study report, *The Future of Nursing: Leading Change, Advancing Health*, challenges nurses, individually and as a profession, to embrace changes needed to enhance the quality and value of the U.S. healthcare system. Further, it acknowledges that many of the necessary changes in the profession cannot be achieved by nursing alone and requires multisector support and interprofessional collaboration (IOM). Action Coalitions include nurses, other healthcare professionals, providers, consumers, educators, healthcare payers, and businesses coming together in partnership to effect change.

Why such attention on nursing? With over 3 million nurses (2.8 million Registered Nurses (RNs) and 690,000 LPNs), nursing represents the largest population segment of healthcare professionals (HRSA). Nurses care for individuals everywhere healthcare is delivered; acute care, ambulatory care, primary care, long-term care, schools, homes, military, and community. Any shift in healthcare services requires a shift in or expansion of the nursing workforce. Further, many of the point of care strategies to either reduce healthcare spending or quality measures to determine value reward, are services that are now delivered by or could be delivered by nurses. There is a need for greater understanding by the healthcare system as a whole as to how the quality of nursing services

Barbara L. Morvant, MN, RN, is the former Executive Director of the Louisiana State Board of Nursing and continues as a member of the Louisiana Action Coalition for the Future of Nursing Leadership Council.

delivered impacts healthcare cost and how better utilization of nursing services can improve access and quality outcomes and reduce spending.

Take, for example, work like the Transitional Care Model (TCM) program at the University of Pennsylvania in Philadelphia, where nurses are assigned to elderly hospitalized patients deemed to be at high risk

Partnership (NFP) that links low-income, first-time mothers with nursing home visits. Over thirty-five (35) years of extensive research demonstrates that Nurse-Family Partnership improves pregnancy outcomes, improved child health and development, and increased economic self-sufficiency. These outcomes contribute to preventing child abuse, reducing juvenile crime, and

provided at a price this is affordable for both individuals and society. The rate of growth of healthcare spending slows and the delivery of services are truly patient centered (IOM, Report on the future of Nursing, 2010).

In accessing nursing's readiness to fulfill the vision of a reformed healthcare system, the Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing at the Institute of Medicine determined that given the crucial role of nurses with respect to the quality, accessibility, and value of care, the nursing profession itself must undergo a fundamental transformation. Four key messages and eight major recommendations for change were issued (IOM, 2010). For a more in-depth discussion on the recommendations, I would refer you to the full report which can be found at the following link: <http://www.iom.edu/Reports/2010/The-future-of-nursing-leading-change-advancing-health.aspx>.

Key issues that must be addressed to achieve the study recommendations include (RWJF/AARP):

- **Advancing Education Transformation:** Preparing our nursing workforce for the future by strengthening education and training. A more highly educated nursing workforce can lead system improvements and improve quality, accountability, and coordination of care.

- **Leveraging Nursing Leadership:** Preparing the next generation of nurses to meet the healthcare needs of people, their families, and the communities where they live and position nurses to lead system change.

- **Removing Barriers to Practice and Care:** Expanding access to care by maximizing the use of nurses and removing outdated laws, regulations, and policies that prevent nurses from practicing to the full extent of their education and training.

- **Promoting Workforce Diversity:** Recruiting and training the nursing workforce to provide culturally competent care in a



**ANY SHIFT IN HEALTHCARE SERVICES REQUIRES A SHIFT IN OR EXPANSION OF THE NURSING WORKFORCE**

for relapse. For up to three months after discharge, the nurse makes home visits, accompanies the patient to doctors' offices, and collaborates with the primary care physician and family caregivers. The program has significantly decreased hospital readmissions and costs by as much as \$5,000 per patient. The Penn team formed partnerships with leaders of the Aetna Corporation (Aetna) and Kaiser Permanente Health Plan (KP) to translate and integrate the TCM for use in everyday practice and promote widespread adoption of the model by demonstrating its effectiveness among at risk, chronically ill older adults. Work is on-going to test the model through the Enhancing Care Coordination project. More on this model and the ongoing work being done can be found at [www.transitionalcare.info](http://www.transitionalcare.info).

Or take the work of the Nurse-Family

increasing school readiness. A 2012 cost-benefit update by Washington State Institute for Public Policy estimated long-term benefits of almost \$23,000 per participant in Nurse-Family Partnership (NFP). See more at <http://www.nursefamilypartnership.org>.

Envision a transformed healthcare system that makes quality care accessible to the diverse populations of the United States, intentionally promotes wellness and disease prevention, reliably improves health outcomes, and provides compassionate care across the lifespan. Primary care and prevention are central drivers of the system. Interprofessional collaboration and coordination are the norm. Payment for healthcare services regards value and quality care is



variety of settings to more aging and ethnically diverse people with more chronic illness.

- **Fostering Interprofessional Collaboration:** Promoting a team-based approach to education and practice to improve the quality and coordination of healthcare.

With my over 40 years of experience in the nursing profession, 25

years as Executive Director of the Louisiana State Board of Nursing, what I have observed supports this report. While nursing has been one of the most trusted professions (Gallup) and one in the highest demand, it has failed to meet its full potential and capacity within the healthcare system. Issues of nurse and nurse faculty shortages have hindered the full utilization of nursing knowledge and skills to its full capacity.

Like the provisions of the ACA, I appreciate that one may not agree with all of the recommendations for the future of nursing, however, there are certainly parts that can be embraced by everyone involved with healthcare delivery. Champions for nursing across the country are joining the movement to help advance components of work that pique their passion and vision for a reformed healthcare system, e.g., Kaiser Permanente, National Rural Health Association, Target.

Here in Louisiana, the Louisiana Center for Nursing and AARP Louisiana came together to form one of the first fifteen (15) action coalitions in the country. The Rapides Foundation has joined as a major supporter and as the fiscal agent. Work has begun to develop initiatives to fulfill the study recommendations in Louisiana.

Transforming the healthcare system will take the efforts of everyone involved in healthcare policy and healthcare provision; providers, all healthcare professionals, legislatures, and the public. Likewise, transforming the profession of nursing to meet the needs of a reformed healthcare system cannot be achieved by the profession on its own. It would behoove all of us to get involved in the efforts to transform the future of nursing, not for the nursing profession, but for the future of healthcare and the health of Louisiana citizens.

To learn more about how you or your organization can get involved in transforming the future of nursing in Louisiana, please contact Ann Jenkins, Coordinator, Louisiana Action Coalition, at [www.louisianafutureofnursing.org](http://www.louisianafutureofnursing.org).

For nurses interested in understanding more regarding healthcare reform and its impact on the nursing profession, I would refer you to an excellent article recently published in the *American Nurse Today* by Lori Ewoldt, MA, RN and original source references listed in that article and below. ■

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# HOSPITAL Rounds

HOSPITAL NEWS & INFORMATION



## Baton Rouge General Celebrates WOMEN'S HEART HEALTH



Baton Rouge General supported community efforts to raise awareness about women's heart health at the Capital Area American Heart Association's 2014 Go Red Luncheon in February. As a local major sponsor of this year's Go Red campaign, Baton Rouge General called on women and men in the community to take steps today to "Love Your Heart" by empowering themselves through conversations with their doctor and talking with family about their health history. Physicians were also on hand at the General's photo booth to encourage heart health.

The Go Red luncheon featured survivor stories, including Roxane Bingham, a recent Baton Rouge General heart patient who shared her story of surviving a heart attack. Check out all the Go Red event photos at [Facebook.com/BatonRougeGeneral](https://www.facebook.com/BatonRougeGeneral) and share your heart health tips and #StartAConversation today.

In celebration of National Wear Red Day, Baton Rouge General's campuses also went red on Friday, Feb. 7, with heart healthy menus in the cafes as well as passing out apples and heart health information throughout the hospital.

Even the babies at Baton Rouge General Medical Center were dressed in red hats in support of women and the fight against heart disease throughout the month of February. By wearing red, the babies sent a lifesaving message to their mothers and all of the women in their lives: Love Your Heart.



**TOP** Members of Baton Rouge General's team get together to encourage women to "Love Your Heart" by taking charge of their heart health.

**CENTER** Baby Avery wears her red cap at Baton Rouge General to support women's heart health and share the lifesaving message with all women: "Love Your Heart."

**BOTTOM** Posing with Baton Rouge General's "Love Your Heart" sculpture – (Standing L to R): Hollye Briggs; Roxane Bingham, recent Baton Rouge General heart attack survivor; Elaine Hillman; (Kneeling L to R): Denise Brister; Frances Bingham.

## Wood Named Cancer Center Medical Director

Charles G. Wood, MD was recently named medical director of Mary Bird Perkins Cancer Center. Wood is a member of Southeast Louisiana Radiation Oncology Group (SLROG), a group of radiation oncologists practicing exclusively at Mary Bird Perkins Cancer Center locations.

Wood is also a member of both the head and neck and the lung cancer multidisciplinary care teams for Mary Bird Perkins – Our Lady of the Lake Cancer Center. As part of these groups, Wood brings his expert knowledge of radiation therapy to work with other specialists to ensure patients receive the most advanced and comprehensive cancer treatments.

A Baton Rouge native and summa cum laude graduate of LSU, Wood received his Medical Doctorate from the Louisiana State University Health Sciences Center School of Medicine in Shreveport where he was class Valedictorian.

## LOLO Receives AHRA Grant

Our Lady of the Lake has been selected as a grant recipient of the AHRA: The Association for Medical Imaging Management and Toshiba Putting Patients First Program. Funding from the grant will help LOLO's pediatric and emergency medicine residents and providers to implement a research-based pediatric cervical spine clearance protocol with children 10 years and younger. The protocol will reduce radiation exposure to children receiving cervical spine treatment through LOLO's pediatric trauma service.

Dr. Cristina Zeretzke from the Pediatric Residency Program will lead the project with support from Jennifer Hussey, Divisional Director of Diagnostic Services, Dr. Allison Vitter, Radiologist, Dr. Shannon Alwood, Emergency Medicine Residency Program, and trauma.

The Putting Patients First Program grant will support training of physician and resident providers and pediatric emergency department nurses. The grant will also support a Grand Rounds education session for all area physicians who choose to participate.

“The Putting Patients First grants allow



Charles G. Wood, MD

healthcare facilities to increase the quality and efficiency of patient care,” said Carlos Vasquez, CRA, FAHRA, president, AHRA.

## Woman's Recognized for Women's Health Programs

On the heels of celebrating its 45th year in operation, Woman's Hospital continues to be recognized as one of the top hospitals for women in the country. *Becker's Hospital Review* recently named Woman's to its list of “100 Hospitals With Great Women's Health Programs.” According to *Becker's Hospital Review*, “These hospitals offer outstanding women's health programs, such as gynecology, obstetrics, reproductive medicine, and other women's health needs.”

Woman's is the only freestanding specialty hospital for women in the nation that remains private and nonprofit. Ranking 17th in the country in total births, with more than 8,500 births each year and more than 300,000 babies born since the hospital opened in 1968, the hospital also serves more than 15 parishes through its mobile mammography coach.

Hospitals selected by *Becker's Hospital Review* demonstrated clinical excellence, quality care, and women's health awards. The publication recognized Woman's mammography services, metabolic health services, nutrition services, cancer care, and surgery programs as being top in their respective categories. *Becker's* is an annual publication featuring business and legal news and analysis relating to hospitals and health systems with an audience of approximately 18,500 healthcare leaders.

## Quality of Care Initiatives Lead to Millions in Savings

Hospitals in Louisiana, through the efforts of the Louisiana Hospital Association Research and Education Foundation Hospital Engagement Network (HEN), have reduced healthcare costs by more than \$66 million while making marked improvements in quality and safety of patient care, according to an analysis performed through a cost calculator created by Cynosure Health Corp, the National Improvement Advisors to the American Hospital Association Health Research, and Educational Trust (HRET) HEN.

The LHA Research and Education Foundation HEN has been working with 97 hospitals in the state, focusing on 10 improvement areas, including reducing readmissions, eliminating early elective deliveries, and reducing infection rates.

“Hospitals are dedicated to improving care, creating safer environments for their patients and the communities they serve,” said LHA President & CEO Paul Salles. “This translates into cost savings that benefit patients, employers, and insurers.”

One of the most significant decreases was seen in the number of patients readmitted to the hospital within 30 days after an inpatient stay. By ensuring that patients play an active role in their own discharge planning and fully understand their physicians' care plans, hospitals were able to reduce readmissions by over 29 percent.

“Keeping patients from being readmitted to the hospital benefits patients and their families, and reduces costs to the hospital and the system,” said Ken Alexander, LHA vice president of quality and regulatory activities. “For the patient, the education they are receiving on how to stay out of the hospital empowers them to take better charge of their own care, and creates a more optimal healing and recovery environment—their own home.”

Infection prevention is a major component of this quality improvement initiative. A noteworthy win for our state is the decrease in both Central Line Associated Blood Stream Infections (CLABSI) and Catheter Associated Urinary Tract Infections (CAUTI). By focusing on creating a unit safety program and implementing best practice criteria for evaluating the need for devices, hospitals in the LHA Research and Education Foundation HEN

were able to reduce CLABSI by over 32 percent and CAUTI by over 27 percent.

In addition, these hospitals were able to reduce early elective deliveries by 90 percent. Hospitals instituted a hard-stop policy, meaning early elective deliveries will not be scheduled prior to 39 weeks gestation unless they meet nationally-accepted, medically-necessary criteria. This method allows the baby to fully develop and reduces the chance of complications for both the mother and baby.

“Take the time to thank your doctors, nurses, hospital leaders, and support staff for this remarkable accomplishment of improving the quality of patient care and contributing to healthcare cost savings of \$66 million,” said Salles. “This is a group effort, and everyone at the hospital plays an important role. Healthcare professionals are there to take care of patients, and they are working hard to improve patients’ experiences and outcomes. I am impressed with the passion and level of commitment from each facility.”

The LHA Research and Education Foundation is able to provide these quality improvement services to hospitals under a subcontract with the American Hospital Association HRET in coordination with the federal Partnership for Patients initiative. Ninety-seven Louisiana hospitals are working directly with the LHA Research and Education Foundation HEN. In addition to the LHA Research and Education Foundation HEN, the LHA has member hospitals working with four other contracted HENs in Louisiana to achieve the same improvements.

## Casso Named St. Elizabeth Hospital Board Chair

Teri James Casso has been named Chair of the St. Elizabeth Hospital Board of Directors effective January, 2014. Casso has been a director since 2009. She served as the board’s Vice-Chair in 2013. Casso fills the position which was vacated by William Martin, PhD who retired at the end of 2013.

Casso serves as the Executive Director of St. Elizabeth Foundation (not affiliated with St. Elizabeth Hospital), a non-profit organization devoted to promoting awareness and education about adoption.

Casso also currently serves as the Finance Chair of the Ascension Parish Council where she has

been a council member representing District 8 since 2012. She has served on numerous boards and Committees since 2008. She is the owner of Casso Enterprises, a real estate holding company.

## Schwartzenburg Elected Chief of Staff

Cheree Schwartzenburg, MD, FACOG, has been elected to a one year term as the Chief of the Medical Staff of Woman’s Hospital, the highest elected leadership position among the medical staff. Dr. Schwartzenburg’s duties include the coordination of clinical improvement activities as well as chairing the Medical Executive Committee. As Chief of Staff, she will also serve on Woman’s Hospital Board of Directors.

A practicing obstetrician and gynecologist with Schwartzenburg Lafranca & Guidry, she is certified by the American Board of Obstetrics and Gynecology and graduated from LSU School of Medicine in Shreveport, where she completed her OB/GYN residency.

Additional 2014 medical leadership at Woman’s includes:

- Jeffery Breaux, Vice Chief of Staff
- Shawn Kleinpeter, MD, Secretary-Treasurer
- Sarah Davis, MD, Chief of Department of Clinical and Support Services
- Timothy Maher, MD, Chief of Anesthesiology
- Marshall St. Amant, MD, Chief of Maternal Fetal Medicine/High Risk Obstetrics
- Lalitha Chalasani, MD, Chief of Medicine
- Steven Spedale, MD, Chief of Neonatology
- Julie Martin, MD, Chief of Obstetrics/Gynecology
- Beverly Ogden, MD, Chief of Pathology
- Samantha Gulino, MD, Chief of Pediatrics
- Marcia Gremillion, MD, Chief of Radiology
- Alec Hirsch, MD, Chief of Surgery
- Henry Hollier, MD, Chief of Urology

## General Health System Announces New Board

Baton Rouge General/General Health System recently announced new appointments and members to the Board of Trustees.

After concluding her post as Interim President and CEO of Baton Rouge General/General Health



Teri James Casso



Cheree Schwartzenburg, MD, FACOG

System, Evelyn K. Hayes, MD, has returned to her seat as Chair of the Board of Trustees. Serving on the board for 12 years, Dr. Hayes specializes in women’s health and has practiced medicine in our community for more than 35 years. Baton Rouge General/General Health System also welcomed three new members – Everett Bonner, MD, FACS, Debra Lockwood, and Isabelina Nahmens, PhD – to its Board of Trustees.

Everett Bonner, MD, FACS, is a general surgeon with The Baton Rouge Clinic and specializes in breast diseases, and also serves as Breast Committee Chair for Baton Rouge General.

Debra Lockwood is the Executive Vice President and Chief Financial Officer at Provident Resources Group Inc., and previously served as Volunteer-Chairman on the 2010-11 National Board of the American Heart Association.

Isabelina Nahmens, PhD, is an Associate Industrial Engineering Professor with appointments in the Mechanical and Industrial Engineering and Construction Management Departments at Louisiana State University. Her work focuses

# HOSPITAL ROUNDS



Evelyn K. Hayes, MD



Everett Bonner, MD, FACS



Debra Lockwood



Isabelina Nahmens, PhD

on quality engineering and construction management through Lean and Six Sigma process improvement methods.

Sue Anne Cox and Roy G. Kadair, MD, have concluded their service on the board.

The Baton Rouge General/General Health System Board of Trustees includes:

- Evelyn K. Hayes, MD, Chair
- Janice Pellar, Vice Chair
- Venkat Banda, MD
- Everett Bonner, MD, FACS
- Peter J. Bostick, MD
- Gregory Bowser
- Perry Franklin
- Gary Graphia
- Margaret Hart
- Leslie Herpin Marx
- Joseph E. Juban
- James Llorens, PhD
- Debra Lockwood
- Isabelina Nahmens, PhD
- Andrew Olinde, MD
- Charles (Buddy) Roemer
- Reverend Ronnie L. Williams
- Elaine Vallette, DrPH, RN.

## North Oaks Hosts ACA Educational Sessions

North Oaks teamed up with Navigators for a Healthy Louisiana to help the community get answers to their questions about the Affordable Care Act and purchasing insurance through the Health Insurance Exchange. A series of community educational sessions on this important topic were held January through March. The free sessions were made possible by a grant received by the Area Health Education Centers of Southeast, Southwest, Central, and North Louisiana that funds Navigators for a Healthy Louisiana.

People attending the sessions reviewed insurance options available through the federal Health Insurance Marketplace, and received one-on-one assistance from a Navigator to choose the right health insurance plan for them. As a Health Insurance Exchange Certified Application Center, North Oaks also had Certified Application Counselors on-site to offer application assistance to individuals.

People who do not have health insurance may be penalized, starting May 1, 2014. To avoid the



Certified Application Counselors for the Affordable Health Care Act Health Insurance Exchange at North Oaks include: (seated, from left) Kavadas Cox, Lavelle Bonds, (standing, from left) Julie Blount, Morag Cumberland, Deborah Dodd, Meredith Ohler, Pat Fazzio, Stacy Hebert, Lee Hagan, and Jeanne Jones.

penalty most consumers must purchase health insurance by March 31, 2014.

Navigators and Certified Application Counselors have received training on the ACA, and provide unbiased information to help people understand, choose, and enroll in a qualified health plan through the Health Insurance Exchange. They also can refer or assist with Medicaid and Children's Health Insurance Program (LaCHIP) enrollment.

To speak with a Health Insurance Exchange Certified Application Counselor at North Oaks or for more information call (985) 230-6400 or visit the Navigators for a Healthy Louisiana website at [www.LAHealthcareNav.com](http://www.LAHealthcareNav.com).

## St. Elizabeth Hospital Weight Loss Center Reaccredited

The Weight Loss Surgery Center at St. Elizabeth Hospital has been reaccredited as a Bariatric Surgery Center of Excellence by the American Society for Metabolic and Bariatric Surgery/ Bariatric Surgery Center of Excellence (ASMBS BSCOE).

According to David Provost, MD, FASMBS, Chair of the ASMBS Bariatric Surgery Review committee, ASMBS BSCOE accreditation acknowledges the commitment of St. Elizabeth's Weight Loss Surgery Center to quality improvement and patient safety for its bariatric surgery patients.

In his letter to St. Elizabeth Hospital CEO, Robert Burgess, and Medical Director of St. Elizabeth's Bariatric Surgery, Provost said that St. Elizabeth's center meets the needs of bariatric surgery patients by providing multidisciplinary, high-quality, patient-centered care.

## OLOL Names New Leadership

In 2013, Our Lady of the Lake grew as an employer by thirty percent including significant additions of the Heart & Vascular Institute, expansion of Our Lady of the Lake Physician Group, as well as LSU Health Baton Rouge and Our Lady of the Lake College. With this growth, Our Lady of the Lake announced three new executives to lead the areas of Quality, Children's Services, and Physician Group:

Christi Pierce, Vice President of Quality and Safety—Pierce will lead quality and patient

safety across the enterprise. In addition, she is responsible for building the organizational competence of Lean Six Sigma and accountability for outcomes/results.

Nicole Telhiard, Vice President of Children's Services—Telhiard will expand the comprehensive programs and services of Our Lady of the Lake Children's Hospital to meet the needs of children and their families throughout Louisiana and the Southeast region.

Jamy Richard, Vice President of Finance, Our Lady of the Lake Physician Group—Richard will serve the Physician Group comprised of more than 300 primary care and specialty physicians and lead the finances of over 44 clinic locations.

## AARP Volunteer Receives Andrus Award

Eileen Butler Kennedy of Baton Rouge was awarded the 2013 AARP State Andrus Award for Community Service by AARP Louisiana during a ceremony and reception at Baton Rouge General Medical Center. The association's most prestigious and visible volunteer recognition, the Andrus Award is given nationwide each year to honor one individual in every state for exceptional service to the community.

A retired college director of special programs, Kennedy is a church music director and pianist/organist, and also serves as board chairman of the United Methodist Church's Wesley Foundation at Southern University and A & M College. At the award ceremony, Dionne Viator, Executive Vice President and Chief Business Development Officer, Baton Rouge General, provided the welcome address, and Brenda Hatfield, PhD, AARP State President for Louisiana, gave the introduction and presented Kennedy with the award.

Baton Rouge General partners with Louisiana AARP in education and outreach to promote the health of seniors in the Greater Baton Rouge community. As the region's first and only Seniors ER, Baton Rouge General has a special focus on serving the unique healthcare needs of seniors and recently launched wellness classes specially designed for seniors and caregivers at the hospital's Mid City campus. Learn more at [BRGeneral.org/seniors](http://BRGeneral.org/seniors).



Christi Pierce



Nicole Telhiard



Jamy Richard

## 26 Graduate BR General's School of Nursing

Baton Rouge General Medical Center's School of Nursing recently held its 30th commencement exercises announcing the graduation of 26 registered nursing candidates. The ceremony was emceed by Carol A. Tingle, PhD, MSN, Director, School of Nursing, Baton Rouge General. The commencement address was delivered by Evelyn K. Hayes, MD, Member, Board of Trustees, General Health System. Ginny Harrington, MSN, WHNP, RN, provided the faculty address, Anna Cazes, RN, MSN, DNS Vice President, Chief Nursing Officer, Baton Rouge General, provided welcome remarks

# HOSPITAL ROUNDS



BR General's School of Nursing graduates - Front Row: Emily Perdue, Carol Ann Edwards, Jessica Garrene, Danny Torregrossa Second Row: Kristen Naquin, Susan McClay, Angela Cobb, Nicole Daniel, Brandy Dykes-Comardelle, Amanda Nichols, Kristen Melancon, Tammy Landry Third Row: Rosa Davis, Nicole Hebert, Shandy Guidry, Alicia Poche, Kayla David, Jazel Banks-Mitchell Back Row: Rolanda Hebert, Meaghan Caston, Calli Smith, Ryan Rotolo, Aimee Kolwe, Brooke Jensen, Brittany Rome, Kayla Hotard.



Tina S. Holland, PhD



Eunice H. McCarney

and Rev. Lusinda Warren provided the invocation and benediction.

During the ceremony, a number of honors were presented to students who demonstrated the values of Baton Rouge General: caring, excellence, service and integrity. The Class of 2013 joins a group of more than 850 nurses who have graduated from Baton Rouge General's School of Nursing. Last year the Louisiana State Board of Nursing commended Baton Rouge General's nursing program for the second consecutive year for its 100% pass rate for first-time test takers on the NCLEX-RN national nursing licensing exam. Additionally, the program has achieved #1 ranking among more than 800 nursing programs nationwide in 2007, 2008, 2012 and 2013, based on NCLEX-RN first-time pass rate. Notably, Baton Rouge General's School of Nursing is the only program in the state to have more than half of its previous graduating classes achieve 100% pass rate.

Most of the new graduates will begin their careers at both Baton Rouge General campuses, in Medical-Surgical Units, Emergency Department, Telemetry, the Neonatal Intensive Care Unit, Endoscopy, and the Operating Room. After entering nursing, Baton Rouge General's nursing

graduates have earned bachelor's, master's, and doctorate degrees, and many work in management or leadership positions, and as nurse practitioners and educators.

## Holland to Lead Our Lady of the Lake College

Our Lady of the Lake College has announced Tina S. Holland, PhD, as the new President of the private Catholic institution. Holland will lead the four-year college which provides a foundation in health sciences, nursing, and liberal arts programs.

Holland will join Our Lady of the Lake College from Holy Cross College in Notre Dame, Indiana where she serves as the Executive Vice President and Provost and also held the roles of Vice President for Student Affairs, Mathematics Professor, and the Director of the Conditional Acceptance Program. She will assume her position on April 22.

Dr. Holland earned her PhD in Higher Education from Indiana State University and received her MA in International Relations from the University of San Diego. Before attending graduate school she graduated from the United States Naval Academy and served as an officer in the United States Marine Corps.

## Lane Regional Medical Staff Elects Officers

Bradford J. Smith, MD, has been elected Chief of Staff at Lane Regional Medical Center for 2014. Joining Dr. Smith as Medical Staff Officers for 2014 are Joshua K. Best, MD, Vice Chief of Staff; Thomas J. Kang, MD, Secretary/Treasurer; and Reagan E. Elkins, MD, Medical Staff Representative to the Board.

Dr. Smith is a graduate of Louisiana State University Health Sciences Center School of Medicine in Shreveport. He is board certified in Internal Medicine and Pediatrics and has been a member of Lane Regional's medical staff since 1999.

Dr. Best is a graduate of Louisiana State University Health Sciences Center School of Medicine in Shreveport. He is board certified in Obstetrics and Gynecology and has been a member of Lane Regional's medical staff since 2010.

Dr. Kang is a graduate of Louisiana State University Health Sciences Center School of Medicine in New Orleans. He is board eligible in General Surgery and has been a member of Lane Regional's medical staff since 2012.

Dr. Elkins is a graduate of Louisiana State University Health Sciences Center School of Medicine in New Orleans. He is board certified in Family Medicine and has been a member of Lane Regional's medical staff since 2008.

## BR General Foundation Announces New Board Members

Baton Rouge General Medical Center's Foundation announced the addition of two new board members, Kenny Hodges and SoonJa Williams, to the Foundation's Board of Governors:

Kenny Hodges is the founder and managing partner of Assurance Financial. He is a licensed mortgage banker through the National Mortgage Licensing System Registry and is a founding member of the Louisiana Mortgage Lenders Foundation. He is actively involved in his community, having served on many boards and committees over the years including the Mortgage Bankers Association, National Association of Mortgage Professionals, Greater Baton Rouge Mortgage Lenders Association and the Residential Mortgage

Licensing Board of the Office of Financial Institutions. His company, Assurance Financial has been a lead sponsor for the Foundation's Father/Daughter Sweetheart Dance for many years.

SoonJa Williams has served as the administrator of the Cosmetology Department of Camelot College for the last thirteen years and has been instrumental in producing graduates who are now working as owners and employees of salons across our nation. She has a compassionate heart for students who are economically disadvantaged and those who have a sincere desire to become independent, successful Americans. She and her husband Reverend Ronnie Williams lead several ministries in Baton Rouge including: World Ministries, Power in the Word, Power in the Word Bible College, The Windsor Christian Daycare Center, and The Windsor Courts Office Plaza. They are members of Baton Rouge General Foundation's Visionary Partner Society and Rev. Williams serves on the Baton Rouge General's Board of Trustees.

## LOL College Welcomes First Director of Annual Giving

Eunice H. McCarney recently joined Our Lady of the Lake College as the school's first Director of Annual Giving. McCarney will be responsible for developing the College's internal and external giving programs as well as helping develop long-term fundraising strategies.

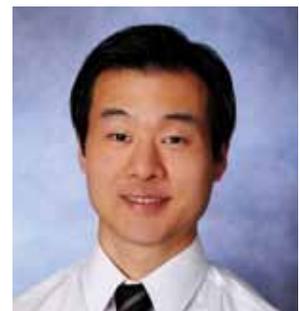
Before joining Our Lady of the Lake College, McCarney was Development Director at McMains Children's Developmental Center. She has done extensive volunteer work in the area as an active member of the Junior League of Baton Rouge, serving on the Research and Development and Ready Hands committees. She is also a member of the Association of Fundraising Professionals (AFP) and has previously served on the AFP of Greater Baton Rouge Board as Secretary and Vice President of Philanthropy. ■



Bradford J. Smith, MD



Joshua K. Best, MD



Thomas J. Kang, MD



Reagan E. Elkins, MD

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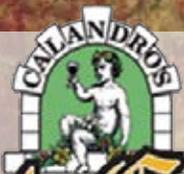
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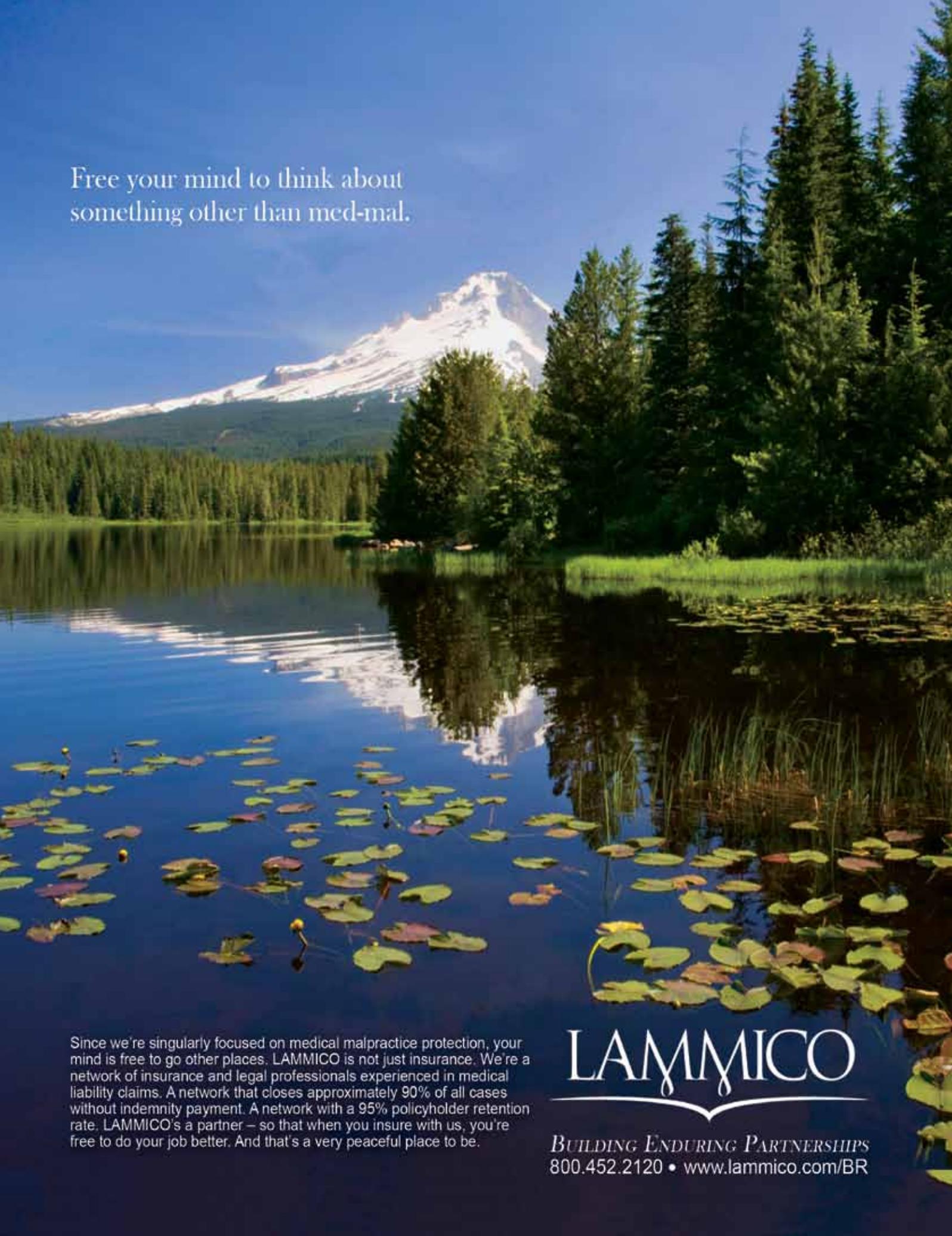
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