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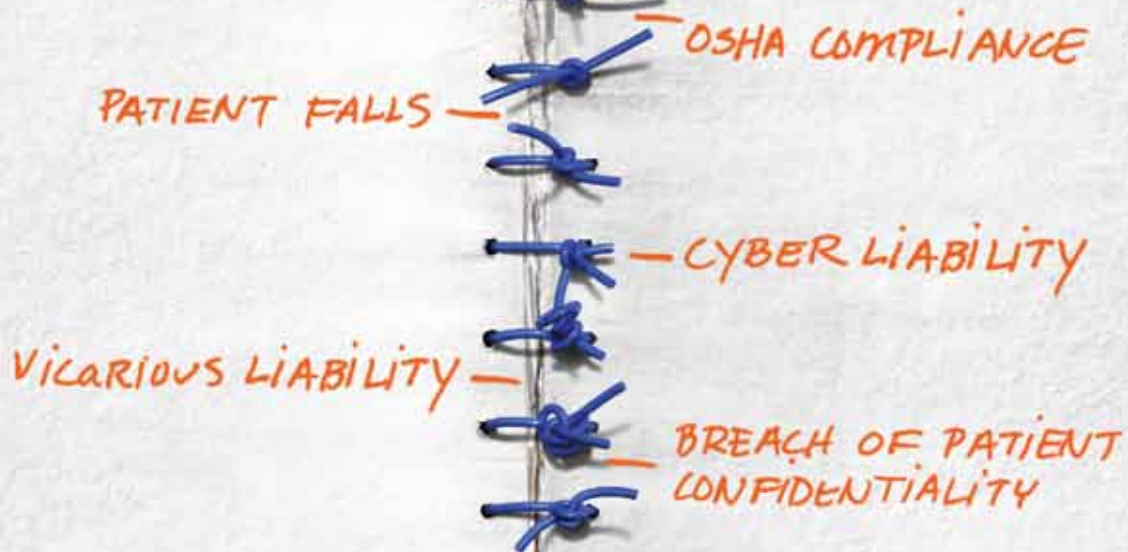
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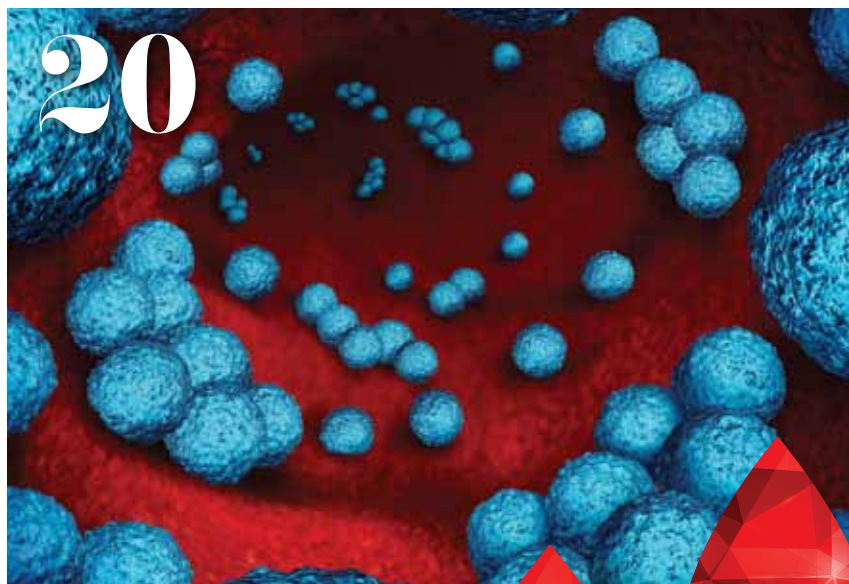
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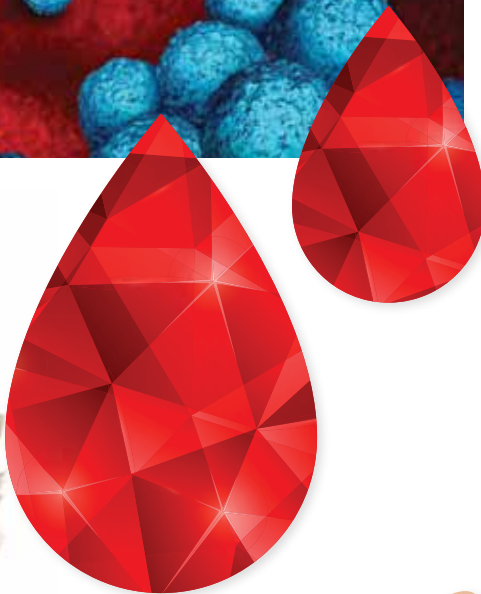
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GRATITUDE IS POWERFUL FOR GOOD HEALTH.

Gratitude unlocks the fullness of life. It turns what we have into enough, and more. It turns denial into acceptance, chaos to order, confusion to clarity. It can turn a meal into a feast, a house into a home, a stranger into a friend. | MELODY BEATTIE



ONE OF THE MOST ENCOURAGING ASPECTS OF health is that much of it boils down to simple choices. In spite of genetic and accidental circumstances, life is a series of choices. The wonderful news is gratitude is a simple choice that can be made by anyone. The results are proven and remarkable.

Studies have shown that choosing to be grateful results in reduction of stress and an improvement of the immune system. A society of grateful people means a lowering of healthcare costs, a more productive environment, and a better and more pleasant way to live for all.

So why do people choose ungratefulness. First of all, most don't consider it a choice. Most believe that they are subject to their own minds and bodies rather than the master of their own thoughts. However, ingratitude usually comes from a spirit of pride. The humble are grateful. When we choose humility, gratefulness is a natural fruit.

Also, externally we are bombarded with images intended to incite ingratitude. Politicians want to get elected. They will try to convince us of why we need them to be happy. Businesses will hope to convince us our happiness will come through them. But mostly, we can surround ourselves with ungrateful speech. Morose doom and gloom talk is contagious. But, so is pleasant uplifting talk. Be aware.

Gratitude offers many benefits such as better sleep, more attractiveness, more creativity, confidence, better energy, better emotional well-being, and improved relaxation. Overall, gratitude leads to better health and well-being.

So how can we lead our patients to gratitude for improved health? It begins with a discussion. Some other ideas to consider are:

- Create a journal. List 5 things to be thankful for every day.
- Be aware that gratitude is a state of mind. It's a choice. Pain is many times not a choice. But misery and gratitude are a choice.
- Look at the external environment. Identify images intended to create dissatisfaction and understand the motive. Don't follow the crowd.
- Look at your thought processes. Explore improving your thought patterns.
- Be part of the solution and not the problem. Don't be so anxious to create misery in the world. Extend kindness when it doesn't seem natural. You may change the world for the good.
- Don't expect everybody to be on board. Some people enjoy being in a state of misery. They may come around to a different decision later.
- Finally, lighten up the perspective. We'll probably be okay.

I hope this thought helps someone.

A handwritten signature in blue ink that reads "Smith".

Smith Hartley
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A Timeline of Fad Diets

Unless they've been blessed with a mighty metabolism, wondrous willpower, or endless energy, the average person, at some point in his/her life has witnessed the sneaky accumulation of unwanted pounds. The seemingly endless quest to eliminate excess weight (preferably with as little effort possible) has led to a long tradition of diet plans and methods. From the fairly sensible to the supremely silly, these fad diets have mostly come and gone, but a few have really pulled their weight.

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Dr. Misty M. Norman



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The Quest for Blood

By Carolyn Heneghan

MAINTAINING A HEALTHY BLOOD SUPPLY IN BATON ROUGE

Shortages in the blood supply are a real threat to the medical community across the nation and Baton Rouge is no exception. Consider these facts about blood and the U.S. blood supply from the American Red Cross:

- Every two seconds someone in the U.S. needs blood.
- More than 38,000 blood donations are needed every day.
- One out of every 10 people admitted to a hospital needs blood.
- While the average red blood cell donation is one pint, the average red blood cell transfusion is about three pints.
- Approximately 60 percent of the U.S. population is eligible to give blood, but only 5 percent do so in a given year.
- Blood shortages are particularly pronounced during the summer and winter holidays.

123



India's *Caraka Samhita* recommends a moderate diet high in fiber and carbohydrates to prevent diabetes.

1087



Liquid William the Conqueror, King of England, may have thought of the first fad diet. In a vain attempt to lose weight so he could ride his horse, the king embarks on an all-liquid diet. The bump in his fairly sound plan is that the liquid is alcohol.

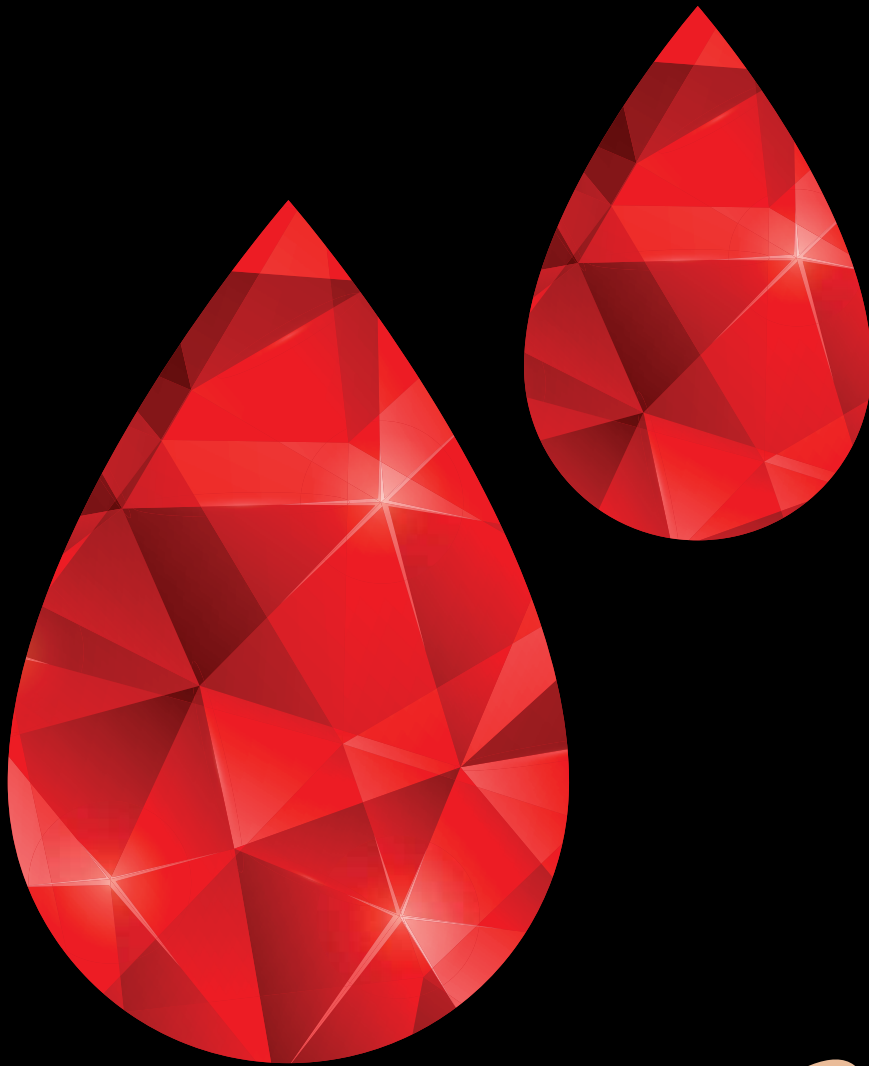


1727



Swamp People Thomas Short derives the strange notion that living near swamps makes people fat (perhaps after visiting Louisiana). Need to lose weight? Simply step away from the swamp.





THESE ARE FACTS THAT THE BATON Rouge medical community faces every day, and hospitals and clinics turn to blood donor centers to meet the needs of their patients. Baton Rouge has five blood donor centers: Our Lady of the Lake Regional Medical Center's Blood Donor Center, LifeShare Blood Centers, United Blood Services, Ochsner, and The Blood Center, which is based in New Orleans but serves Baton Rouge as well.

These centers all work toward a central goal: maintaining the local blood supply to care for patients in the Baton Rouge area. These centers have several ways to go about collecting blood, but they face challenges along the way.

Building the Blood Supply

Healthcare providers gather blood for patients in a variety of ways. Blood centers throughout Baton Rouge collect blood within the center itself during set office hours, which includes calling regular donors to encourage them to come in to donate.

Blood centers also set up blood drives throughout the community for an outreach approach.

These include mobile blood drives that employ buses and vans. Mobile blood drives actually account for about 65% of all blood collected by Our Lady of the Lake's Blood Donor Center.

Blood collection organizations host blood drives in a variety of places, from schools and churches to local businesses and retail stores. Businesses, for example, might host a blood drive in the office and encourage their employees to donate blood while on the clock.

Companies in the oil field and petrochemical industries have been particularly vital

to the needs of some local blood centers. Dow Chemical, for example, has been the most generous corporate supporter for Our Lady of the Lake's Blood Donor Center for decades.

After blood is collected, it is sent off for testing, including for HIV, Hepatitis B and C, syphilis, and other infectious diseases, before being sent to hospitals and clinics. Because blood can also be processed into separate parts—red cells, platelets, plasma, and cryoprecipitate—blood donor recruiters say that one blood donation can save up to three lives. Another option is donating platelets or plasma only via apheresis.

Healthcare providers can store blood products for different amounts of time. Providers must transfuse red blood cells within 42 days of collection, platelets within five days of collection, and plasma, which can be frozen, within one year. Expiration dates are particularly important for collecting platelet donations, as about two days of platelets' lifespan is taken up by testing.

While all blood types are important to have on hand in some supply, certain blood types and products are used more often than others, particularly for trauma patients. When someone comes into the emergency room and needs blood without time to be tested and typed, a healthcare provider can give the patient O negative red cells or AB platelets, depending on which is needed.

Both blood products are universal types that can be transfused to anyone. Therefore, providers tend to keep a larger supply of these blood products on hand in addition to the necessary amounts of other types.

Also, because these products are in such high demand, if a hospital has a shortage of one of these two types, it is sometimes difficult for providers to purchase those products on the mass market. The products are often in short supply everywhere.



Everyone seems to be very stressed lately, so taking that time out of their day to donate blood sometimes just doesn't become a priority anymore."

Challenges Posed to Maintaining the Blood Supply

A lack of commonly-needed blood products on the market represents just one of several challenges faced by healthcare providers and blood donation centers in keeping the blood supply healthy. A major challenge is the sheer volume of blood products needed

for healthcare providers to meet the needs of patients every day, and that is while contending with the limited shelf life of some products.

Human blood has no substitute, and it cannot be manufactured, so providers and blood centers rely entirely on the generosity of donors, all of whom are volunteers, to



5%

With only about 5 percent of the U.S. population donating blood each year, that puts blood centers in a tight supply situation.

restrictions once placed upon donors. The questionnaire for donations is longer nowadays, but the regulations for donors are actually more lax in some areas. This includes the deferral period for travel to some countries or for people with tattoos or piercings, depending on certain factors set by the U.S. Food and Drug Administration (FDA).

This enables more people to be donors right away rather than being deferred. More patients with cardiac disease or diabetes are able to donate now as well.

Low Time Supply, Low Blood Supply

One of the major constraints for the blood supply is the amount of time it takes to donate. The questionnaire necessary for each person to answer before donating now contains nearly 50 questions, which is much more than in the past. These questions protect the safety of the blood supply as well as the health of the patient, but they do take more time to answer.

“Our business culture has changed, and a lot of businesses are doing more with less, so everyone is really busy,” said Mitzi Breaux, marketing and communications manager of United Blood Services. “Everyone seems

to be very stressed lately, so taking that time out of their day to donate blood sometimes just doesn’t become a priority anymore. We have seen that shift.”

A typical blood donation can last anywhere from 30 minutes to 45 minutes, or even upwards to an hour in some cases. The actual blood donation from needle-in to needle-out is about 10 to 12 minutes, but the registration and medical history questionnaire, in addition to a mini physical to test a donor’s vitals, comprise the rest of the time it takes to donate blood.

Some blood centers have devised ways to shorten the duration of time for each donation. United Blood Services offers a Donor Health History Questionnaire online which donors can fill out at home or in the office before donating to bypass part of the process. Donors do have to complete the questionnaire the day they donate, as required by the FDA.

Some centers also host special events that extend their office hours for accepting donations to enable more donors to fit in the donation around their work and home responsibilities.

Despite the time it takes, centers

donate the blood providers need for their patients every day. With only about 5 percent of the U.S. population donating blood each year, that puts blood centers in a tight supply situation.

One challenge that has been somewhat lifted for blood centers, however, is the

1820



Vinegar Lord Byron waxes poetic about the cleansing and weight loss powers of mixing water with apple cider vinegar.

1830



Crackers A high-fiber diet of vegetables and abstinence from sex are the key ingredients in a diet plan touted by Sylvester Graham, the eventual creator of Graham crackers. Hmmm.

1863



Banting In what may well have been the first attempt at a low carb diet, Englishman William Banting loses 50 pounds simply by cutting out bread, butter, milk, and potatoes and eating more meat. For a while, “banting” actually becomes slang for dieting.





A lot of times people don't think it's important to donate blood until you know someone that needs blood or you need blood yourself, and then you realize the urgency to do it."



Mitzi Breaux

encourage donors to come in a few times a year to maintain a healthy blood supply for the Baton Rouge community.

"A lot of times people don't think it's important to donate blood until you know someone that needs blood or you need blood yourself, and then you realize the urgency to do it," said Tommie Langlois, donor resources coordinator for LifeShare Baton Rouge. "But the bottom line is, if someone doesn't make the time, it won't be there for any of us. You have to make the time."

How Standalone and Hospital-based Blood Donor Centers Differ

Blood donors have the option of donating at hospital-based centers, such as Our Lady of the Lake's Blood Donor Center, or

standalone blood centers, such as LifeShare or United Blood Services. While the donating procedures are generally the same, the two types of centers do differ in other ways.

Hospital-based blood centers work more directly with hospitals and their patients, so these centers may have a better chance of their blood being used. Blood centers in hospitals also have a better opportunity to encourage family and friends of patients who have recently needed blood to donate blood to replace the blood used by their loved one. It can also be more financially viable for a hospital to have its own blood center than to have to buy those products from a third party.

A drawback for hospital-based blood centers, however, is that donors may assume the



Tommie Langlois

blood goes only to patients at that hospital. While that is often true, it is not always the case, as the Blood Donor Center at Our Lady of the Lake provides blood for many facilities throughout the region outside of the hospital itself. Still, standalone blood centers tend to be immediately recognized as the "community's blood centers," which may be more attractive to some donors.



1902



Hay Thankfully the Hay Diet does not involve eating hay, but rather is named for William Hay who introduces the notion of avoiding "foods that fight"—combinations that cause imbalance in our bodies.

1903



Masticate On the advice of British PM William Gladstone, Horace Fletcher suggests that chewing each bite of food a minimum of 32 times can aid digestion and weight loss, especially if you spit the food out before swallowing.

1917



Every Bit Counts Perhaps the first to suggest counting calories, Los Angeles physician Lulu Hunt Peters also holds "Watch Your Weight Anti-Kaiser" classes for wartime food conservation.





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If you can connect that donor to patient needs, you complete that circuit, and when you complete that circuit, it just makes sense.”



David Gremillion

Because the Baton Rouge area has five blood donor centers, sometimes there is competition among the different centers for the limited donor base in the community. For the most part, however, the centers work together for a united cause—maintaining the blood supply for Baton Rouge and other Louisiana communities.

Spreading the Word

For now, it is the job of these blood centers and healthcare providers to inform patients and potential donors about the importance of blood donations and keep a steady blood supply for the community.

“A lot of times people say the reason why

they have never donated blood is because they were never asked to donate,” said Langlois. “You have to ask someone to donate. People don’t just think to do it on their own.”

This includes educating the general public as well as young people. Blood donations from high school students make up about 15 percent of the nation’s blood supply, according to David Gremillion, director of blood donor services for Our Lady of the Lake’s Blood Donor Center. The Blood Donor Center is also working to recruit high school students through initiatives such as providing a red cord for graduation when students donate three times before they graduate.

Highlighting the importance of

maintaining the blood supply by demonstrating its ability to save lives is one of best solutions blood centers have found to inspire the Baton Rouge area to give back to their community.

“If you can connect that donor to patient needs, you complete that circuit, and when you complete that circuit, it just makes sense,” said Gremillion. “Time becomes less of an issue than the need. We do that well in generating a highly motivated donor base that’s willing to come back and do it again.” ■

15%

Blood donations from **high school students** make up about 15 percent of the nation’s blood supply...

1920s



Light ‘em Up In fairness, this was before the Surgeon General’s warning, but smoking is recognized and promoted as a way to curb one’s appetite. In 1925 The Lucky Strike cigarette brand launches the “Reach for a Lucky instead of a sweet” campaign.

1928

Are You Inuit? Tougher than most to follow due to lack of availability (and palatability) of ingredients—the Inuit Diet consists of all the caribou meat, raw fish, and whale blubber you want.

1930s



Grapefruit Later known as the Hollywood Diet, eating grapefruit with (or in some cases for) every meal is meant to promote weight loss. Indeed grapefruit has been shown to have some appetite suppressing capabilities.



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STALKING THE Super bug

By John W. Mitchell

HOSPITALS ADOPT STRATEGIES TO REDUCE ANTIBIOTIC RESISTANT INFECTIONS

1934



Bananas! And skim milk are promoted as a weight loss combo by the United Fruit Co.

1950s



Cabbage Soup It is unknown how long anyone is able to stick to this diet, which consists of eating very little and consuming cabbage soup daily.

1950s



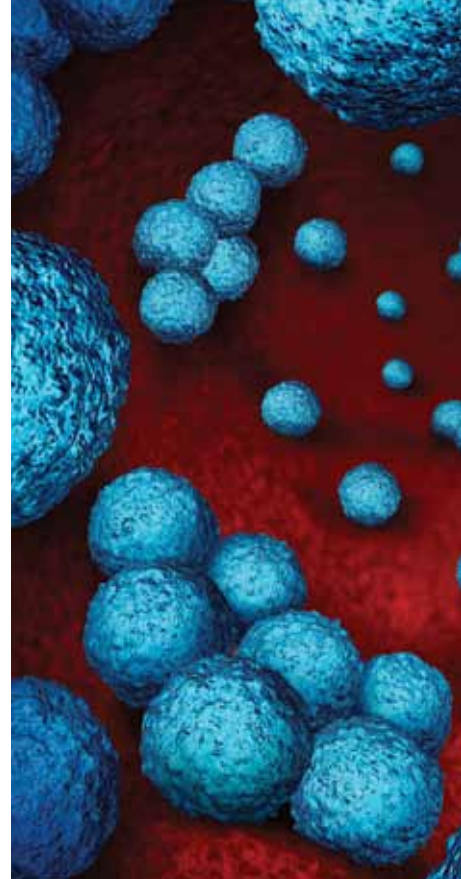
Tapeworms Swallowing a tapeworm in a pill to lose weight seems beyond imagination, but rumors run rampant about opera singer Maria Callas and others doing just that. Gruesome and deadly side effects lead to a ban on the sale of "tapeworm pills."





"Antibiotic drug resistant infections put patients in a position where we may not be able to treat them."

In August, the Centers for Disease Control & Prevention (CDC) made the sobering announcement* that drug resistant infections, often dubbed “superbugs”, cause more than two million illnesses a year, resulting in 23,000 deaths. This comes on the heels of the National Action Plan for Combating Antibiotic-Resistant Bacteria ** (NAPCARB) initiative released by the White House in March, setting specific goals for hospitals to reduce such drug resistant infections.



HOSPITALS HAVE PROVEN to be remarkably adept at rising to such challenges. The Centers for Medicare and Medicaid (CMS) has over the past decade held hospitals accountable for such quality and outcome measures as reducing surgical infections, early deliveries, and central line infections. This latest NAPCARB initiative is wide reaching, setting goals for antibiotic use in agriculture (the food supply), educating patients about their roles in requesting and using antibiotics, creating a high functioning stat testing network in the U.S., and other measures. The plan is also designed to mesh with World Health Organization initiatives at the international level.



Hospitals and physicians, as usual, are leading the way in combating this public health problem. Under NAPCARB, hospitals are required to achieve a “reduction of inappropriate antibiotic use by 50 percent in outpatient settings and by 20 percent in inpatient settings.”

“We’re paying attention to this because it’s a threat internationally and globally,” said Vicki Allen, MSN, a clinical spokesperson for the Association for Professionals in Infection Control and Epidemiology (APIC). Allen is also an Infection Control Director who oversees a clinical staff of five at CaroMont Regional Medical Center, a 435-bed hospital in Gastonia, NC. “Antibiotic drug resistant infections put patients in a position where we may not be able to treat them,” she explains. APIC, which helped the White

1957

Shot in the Dark Would be weight losers receive injections of human chorionic gonadotropin derived from the urine of pregnant women, rabbits or mares.

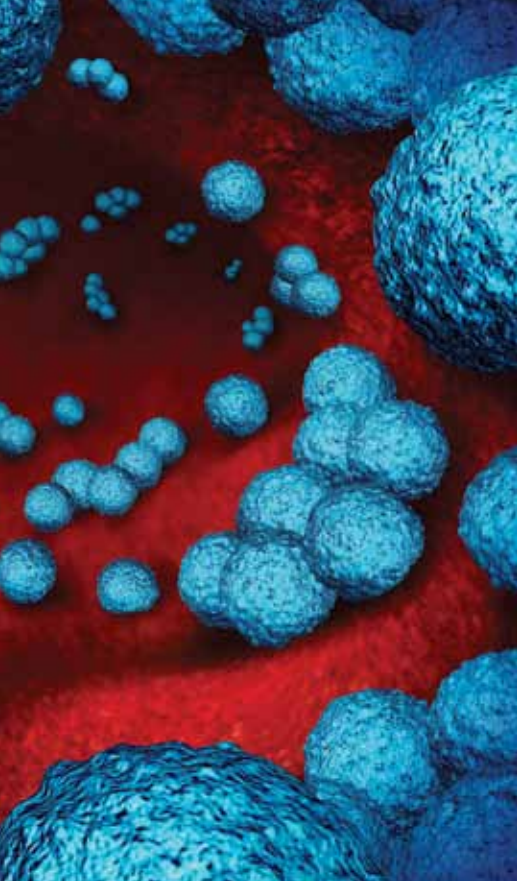
1960

Zen The first appearance of the macrobiotic diet in the western world goes heavy on the grains.



1961

Calories-Don't-Count Oh if only this were true! In 1961, Brooklyn doctor Herman Taller invents the CDC diet after losing 65 pounds in eight months. He avoids carbs and sugar but packs in the meat three times a day. The FDA eventually rules this practice as unsafe.



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—Vicki Allen



House shape the NAPCARB initiative, works with both hospitals and patients to educate about superbugs.

“We’ve been focusing on reducing all hospital acquired infections,” said Todd Burstain, MD, Chief Medical Officer at Tulane University Hospitals. He said Tulane uses a multidisciplinary team solution to reduce infection rates. This solution has, for example, reduced the rate of Foley catheter patient days by half, which has resulted in a corresponding reduction in catheter related infections to less than one percent. This improvement was made with a major and minor tweak instructive for all infection reduction efforts.

“We developed and instituted a new protocol that allowed registered nurses to remove catheters within 24 hours without a

doctor’s order,” said Dr. Burstain. “But we had to change the name from “nurse driven” protocol to a “sepsis reduction” protocol. Some doctors feel it is their responsibility to make these decisions and this judgment should not be unduly shifted to nurses. Once we changed the name, everyone was fine with it.”

One of the reasons hospitals are being charged with a 50 percent reduction in the inappropriate use of antibiotics is that more and more hospitals – not just academic

organizations such as Tulane – are employing physicians. Dr. Burstain’s colleague Jeffrey Percak, MD, an Assistant Professor of Clinical Medicine and an infectious disease specialist, said they have thought a lot about the best way to communicate with prescribers in such settings as the ER and primary care clinics, as well as with the hospitalists, ICU intensivists, residents, and other specialists who take care of patients in the hospital.

50/20%

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1963

Weight Watchers It may be a little unfair to include this diet, which was founded by Jean Nidetch, a self-described “overweight housewife obsessed with cookies” as a fad, as it is still going strong today.

1964

I’ll drink to that Harkening back to William the Conqueror, the Drinking Man’s Diet is more about drinking than diet and is eventually dubbed “unhealthy” by the Harvard School of Public Health.

1970

Sleeping Beauty This dubious diet is actually nothing more than extended unconsciousness aided by sedatives. Elvis is said to have tried this one.



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“The solution to these kinds of challenges is sometimes just as much about human connections as technological issues,” said Dr. Percak. “I oversee bringing people together from the different departments to help them make better prescribing decisions.” Not that technology isn’t important. Dr. Percak cited several recent advances in testing technology that now greatly aids doctors in deciding quickly if a patient has a viral or bacterial infection. This is key, as in the past it was



Todd Burstain, MD



Jeffrey Percak, MD

often the clinical practice to prescribe antibiotics first and get the lab results second.

“We’ve been using the same Gram stains and Petri dish methods for the past 50 years,” Dr. Percak explained. “These are still needed, but these are also old tools. Just as there have been technological advances in imaging and cardiac testing, thanks to technology, doctors get excited when they see that we can get c-diff (clostridium difficile) bacterial test results back now as quickly as 45 minutes and results for tuberculosis, which is highly contagious in hospitals, in two hours or less.”

One of the stated outcomes of NAPCARB is the “the establishment of State Antibiotic Resistance Prevention Programs in all 50 states to monitor regionally important multi-drug resistant organisms and provide feedback and technical assistance to health care facilities.” Such data collection and sharing has been in place at Baton Rouge General Medical Center.

“We started an antimicrobial stewardship program five years ago and have already reduced inappropriate use of antibiotics by 60 percent. We’ve been data sharing with the CDC for a while and are now in

the early stages – two months – of information sharing with other city-wide hospitals,” said Kenny Cole, MD, Clinical Transformation officer at Baton Rouge General. “The only way to decrease antibiotic resistant infections is for all hospitals in a community to work together. It doesn’t work for just one hospital to make changes.” He said that otherwise, the drug-resistant strains can re-emerge in other facilities.

Dr. Cole said the NAPCARB goals are reasonable for any hospital to achieve. He said that in 2008 Baton Rouge General adopted the Six Sigma Lean process improvement program hospital-wide to make the reduction of inappropriate antibiotic use and other quality improvements part of a cultural change. As at Tulane, Baton Rouge General adopted a protocol that allowed nurses to participate in the initiative, adopting a similar catheter removal policy. He also said that physician engagement, including working with medical residents, was a critical in achieving their improvement.

“This effort has been part of the transformation to value-based purchasing under the Affordable Care Act. We got buy-in by sharing evidence-based medicine to change practice patterns of use of broad spectrum antibiotics on the inpatient side and by working with ER and the primary care physicians in the outpatient clinics,” Dr. Cole explained.

He also said that use of broad-spectrum antibiotics, as opposed to narrow-spectrum antibiotics, is a prescribing practice that has promoted resistance. Broad-spectrum antibiotics kill both good and bad bacteria in our

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body. Repeated over time, this can cause bad bacteria to rise up to recolonize space occupied by good bacteria. These “bad” players can then become resistant to the antibiotics.

“We’ve had very good success in getting our medical staff to change this practice pattern. We strive to speak the language of good patient care and create a team approach

between nurses and doctors in everything we do. Reducing inappropriate antibiotic use is good patient care,” said Dr. Cole.

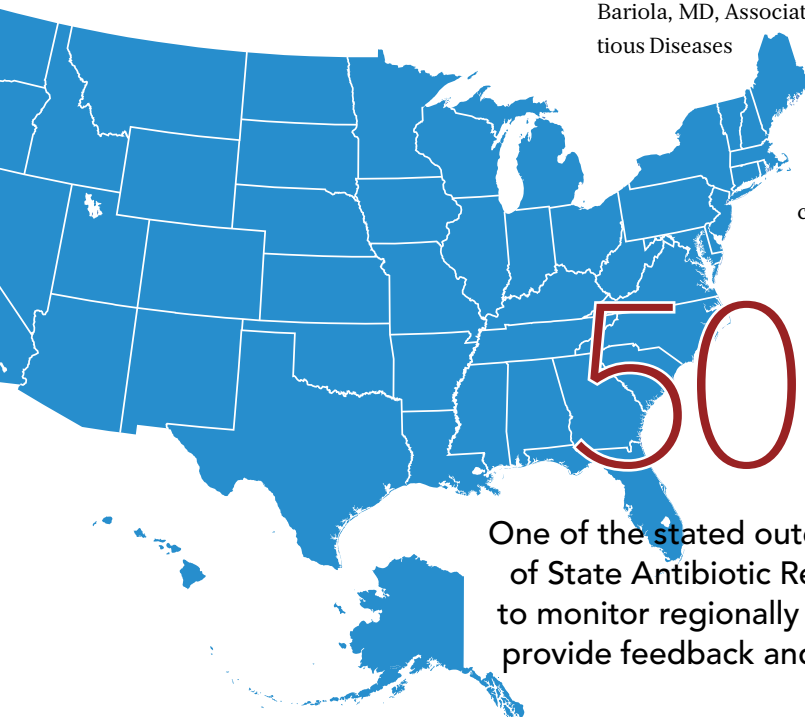
Another contributing factor to antibiotic resistant bacteria as identified in NAP-CARB is that there are not many promising new antibiotics being developed. The plan lays out actions to address this reality. Ryan Bariola, MD, Associate Professor of Infectious Diseases

and Director of the Antimicrobial Stewardship Program at University of Arkansas for Medical Sciences (UAMS),

said there is not much incentive under the current healthcare financing structure for pharmaceutical companies to develop new varieties.

“The reality is it’s expensive to develop drugs and antibiotics are not a long term use medicine that generates extended revenue for pharmaceutical companies,” said Dr. Bariola. “I think it is good that we have a federal initiative rather than each hospital trying to figure this out individually.”

He added that the rate of antibacterial resistant infections in Arkansas is lower than other parts of the country and that the rate of antibiotic resistance has declined over the



50 States

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1975



Cookies Sanford Siegal, a south Florida doctor, creates weight loss cookies from a mixture of amino acids. Patients consume six cookies a day in addition to a 300-calorie dinner. Something tells me it wasn’t the cookies.

1977

Slim-Fast Another one with some staying power, dieters can still have “a shake for breakfast, a shake for lunch, then a sensible dinner” today.

1978

Scarsdale Perhaps remembered more for the scandal that ensued after Dr. Herman Tarnower was shot by his girlfriend, “The Complete Scarsdale Medical Diet” gained some notoriety.



ANTIBIOTIC RESISTANCE

last four years at UAMS, which is the only academic medical center in Arkansas. Dr. Bariola stressed that antibiotics are strong tools in curing patients, so it's a matter of keeping perspective.

"We're not trying to stop antibacterial use. It's all about giving the right antibiotic in the right dose at the right time," he said. "Antibiotic resistance creates expensive medical problems, but this is not mainly about money. It's about doing what's right for patients."

As with many programs, real time intervention is an effective strategy, which means reviewing prescriptions as they come into the pharmacy. For Gretchen Blondeau, PharmD, BCPS, an infectious disease pharmacist at Slidell Memorial Hospital outside of New Orleans, antibacterial resistant strains have redefined her role in healthcare.

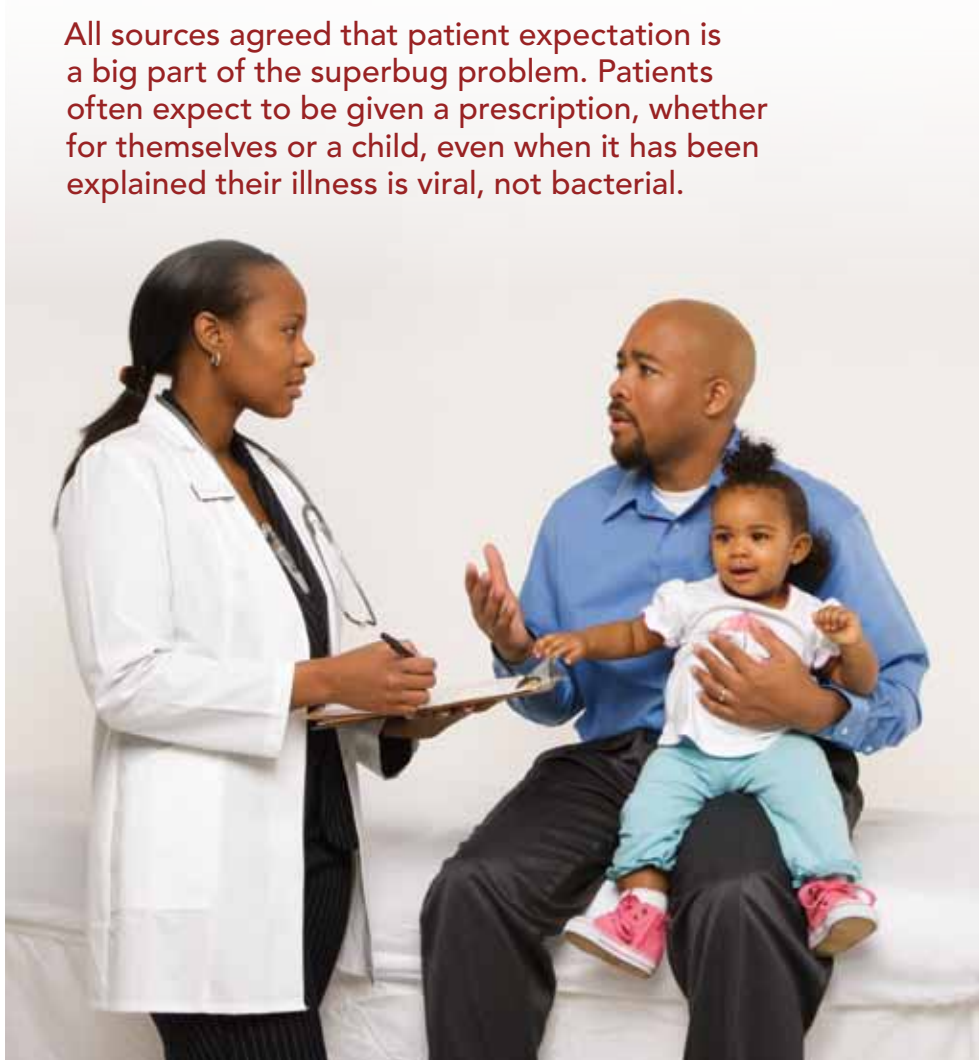
"The practice of pharmacy has changed since I started in 1984," said Dr. Blondeau. "It's gone from dispensing medications to helping the physicians protect the patients," she said. "Reducing these cases is a focus for us at Slidell Memorial. We've hired a second clinical pharmacist to expand our efforts." As in Baton Rouge, she said the hospital is working with two other hospitals in the area within a 30 mile radius – St. Tammany Parish Hospital and Lakeview Regional Medical Center – to share information on pathogens and to work on initiatives with doctors, many who practice at two or more of the hospitals. She works with an infectious disease doctor to review charts, orders, and put new strategies into place, such as switching patients to narrow-spectrum antibiotics. The result has been about a 50 percent

reduction in inappropriate antibiotic use at Slidell Memorial Hospital.

All sources agreed that patient expectation is a big part of the superbug problem. Patients often expect to be given a prescription, whether for themselves or a child, even when it has been explained their illness is viral, not bacterial.

"Patients need to understand that just because they are sick, it doesn't mean they must have a prescription," said Dr. Blondeau, a point all the clinicians interviewed also stressed. Doctors often feel under pressure from patients who have been conditioned to think of a prescription as a value-added component of their office or ER visit.

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1979



Dexatrim For those looking for an easy way out, diet pills become popular and Dexatrim is a household name. When the key ingredient, phenylpropanolamine (PPA), is linked to an increased risk of stroke in 2000, the formula is changed and dieters become more wary.

1980s

Cabbage Soup Repeats Well you knew that already, but this diet returns as a seven-day plan consisting of as much cabbage soup as the dieter wants along with additional foods such as fruit or raw veggies on selected days. Also known as the "Dolly Parton diet."

1980s

Timing is Everything Ayds, an appetite-suppressing candy gains some popularity, but the name becomes an issue when the AIDS crisis hits. It soon disappears from the market.



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Changing these attitudes is part of the goal of the NAPCARB plan. APIC offers patient education tools on their website about inappropriate antibiotic use that can be adopted by hospitals. An APIC post *** also broaches other related topics, such as not using antibiotics prescribed for someone else, as well as not insisting on antibiotics if the doctor says the illness is viral and medicine is not required.

“Patients should always ask questions about any prescription. They need to understand why they are taking a medicine plus how long they need to take it. This helps patients keep themselves safe,” added Dr. Bariola at UAMS.

Now that both CMS and the White House

have elevated the issue of antibiotic resistance as another in a long line of quality metrics, hospitals can expect to see the accountability ratchet up.

“In the circles I travel in, most hospitals are in process or have started working on this metric,” said Vickie Allen with APIC. “I think that most likely we will see this measure emerge as a penalty metric with CMS in the near future.” ■

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- ** <https://www.whitehouse.gov/the-press-office/2015/03/27/fact-sheet-obama-administration-releases-national-action-plan-combat-ant>
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1981

Beverly Hills This diet focuses on food combinations or lack thereof. For example, fruit should be consumed alone and Champagne is neutral. Cheers!



1982

The F-Plan Audrey Eaton suggests restricting daily calories to 1000 and choosing foods with a high fiber content.



1985

Fit for Life This diet plan, published by Harvey and Marilyn Diamond, prohibits consuming complex carbs and protein in the same meal.





CAT SCRATCH FEVER?

By Claudia S. Copeland, PhD

REALLY?

**CATS, FLEAS, AND THE MANY
FACES OF BARTONELLOSIS**

The girl was 15, and for six days had been losing vision in her right eye when she was referred to Drs. Farhan Irshad and Robert Gordon at Tulane's Pediatric Ophthalmology clinic. A former chronic myelogenous leukemia patient, she had been in remission for the past 8 years, on the anti-cancer prophylactic imatinib. Although she had recently had a fever, she had suffered no weight loss, and intermittent headaches and mild eye pain were her only other symptoms. The doctors biopsied her enlarged submandibular lymph node for malignancy, but the tests came back negative. Also, while her lymphadenitis indicated infection, the biopsy was culture negative. Blood cultures and serologic testing for syphilis, Lyme disease, toxoplasmosis, cytomegalovirus, tuberculosis, bartonellosis, and Epstein-Barr virus were all negative. The doctors discontinued the imatinib, which she had been taking without incident, but which has known ocular side effects. But still, the culprit behind the mysterious loss of vision remained at large.



A WEEK LATER, a decisive clue appeared—a characteristic “macular star” pattern on retinal examination. This prompted a repeat screening for IgG against the bacterium *Bartonella henselae*, and whereas the titers had been equivocal the first time around, they had now risen to the level of a clear positive diagnosis. The neuroretinitis causing this teenager’s loss of vision was one of the many and varied manifestations of bartonellosis, a.k.a. Cat Scratch Disease.



Cat Scratch Disease (CSD) is no simple fever, nor is it transmitted only by cats. (In fact the above-described retinitis patient had had no history of contact with cats.) More properly called bartonellosis, according to veterinarian and *Bartonella* expert Dr. Edward Breitschwerdt, the true vector of *B. henselae* infection is not cats, but fleas. Cats, who are generally asymptomatic carriers, are infected by the fleas, and act as reservoirs of the disease.

While infected cats don’t generally show any disease symptoms, bartonellosis can

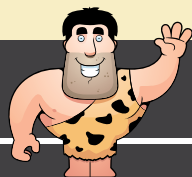
be a big problem for humans. In immunocompromised individuals, it can be deadly. Even in immunocompetent people who fight off the infecting organism without any need for medical intervention, CSD can be a nasty sickness. In the acute phase, the characteristic swollen lymph nodes and papule at the inoculation site are accompanied by fever, malaise, headache, and/or extreme fatigue, rather like a bad case of the flu plus the headache phase of a migraine, sometimes accompanied by abdominal pain and vomiting. The initial sickness is often followed by

a pronounced fatigue for up to two weeks. Other symptoms are sometimes present as well, including anorexia, splenomegaly, sore throat, parotid swelling, rash, and/or conjunctivitis.

In “classical” CSD, cats transmit *Bartonella* through a scratch or bite, and this injection of bacteria from the infected cat leads to the acute febrile illness commonly called “Cat Scratch Fever.” However, the “classical” triad of a cat scratch/bite, swollen lymph node, and self-resolving fever + headache is far from the only presentation of infection with *Bartonella*. While most CSD is self-limiting, some bartonellosis patients develop an incredibly varied range of unique symptoms, including ophthalmological, neurological, cardiac, and many other manifestations. Moreover, there are plenty of other ways to contract *Bartonella*. Children are especially prone to inoculating themselves by getting

1985

Paleo This modern diet fad marks a return to food as found in nature. References to “eating like a caveman” encourage embarrassing consumption of large amounts of meat and sometimes even grunting.



1987

Star Power Actress Elizabeth Taylor publishes a book, “Elizabeth Takes Off,” in which she advocates eating veggies and dip daily at 3 p.m. Methinks the other meals might be the problem.

1988

O My! Oprah loses 67 pounds on a liquid diet. She appears on TV pulling a wagonload of fat to demonstrate her weight loss. Ewww, that is 3% gross.



infected flea dirt on their hands, and then rubbing their eyes or an open scratch. Also, in addition to relatively rare cases of bartonellosis transmitted by needle stick or wild animal bite, it is thought that Bartonella can be inoculated into a human directly by flea bites and also by a number of other arthropod vectors: ticks, lice, sandflies, and probably biting flies all harbor Bartonella.

In urban Louisiana, though, it is safe to say that bartonellosis risk is all about fleas. Fleas carry the bacteria, and Louisiana, as most pet owners can testify, is a haven for fleas. Since we don't have the kind of winter freezes that kill off flea populations in colder climates, we are faced with bigger flea-related problems. According to the CDC, about 40% of cats are thought to be Bartonella carriers at some point in their lives. In Louisiana, though, with our flea-favoring climate, the percentage appears to be quite a bit higher. An informal study by Jefferson Animal Hospital in Baton Rouge found that over 55% of their healthy pet cats were positive for *B. henselae*. It stands to reason that the prevalence is probably even higher in feral cats as they do not receive flea treatment. Cats contract Bartonella not only through flea bites but also flea dirt (flea feces), which contacts wounds made when the cats scratch themselves. Humans can also contract CSD through flea dirt, so washing hands after petting cats is recommended, as is refraining from touching open-skin lesions or mucous membranes after petting cats. Of course, cats should not be allowed to lick any open wounds.

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55%

An informal study by Jefferson Animal Hospital in Baton Rouge found that over 55% of their healthy pet cats were positive for *B. henselae*.

Beyond Cat Scratch Fever—diverse manifestations of Bartonellosis

While Dr. Breitschwerdt acknowledges that in normal healthy people, CSD symptoms usually resolve without treatment, a growing body of evidence is indicating that Bartonella is not as benign as traditionally thought. Ophthalmological symptoms, for one, are quite common. In addition to neuroretinitis, experienced by up to 2% of CSD patients, other ocular manifestations include optic neuritis, anterior and posterior uveitis, Parinaud's oculoglandular syndrome, and even macular holes.

Bartonellosis can also become a severe cardiac disease. Recent reports from countries as disparate as Brazil, Japan, Laos,

Egypt, and France have described cases of endocarditis that are culture-negative, but seropositive and/or positive by PCR, for Bartonella. One report estimated that 2% of endocarditis cases are due to Bartonella infections. These studies emphasize the importance of molecular testing for Bartonella in endocarditis cases, as treatment for Bartonella-based endocarditis is relatively simple and inexpensive compared with treatment for endocarditis with other etiology. Bartonella can also infect the liver, kidney, lungs, spleen, bone, and muscle tissue.

Neurological ramifications extend beyond the eyes, as well; patients have suffered from severe symptoms like encephalitis, as well as extended CSD sequelae such as headaches



CAT SCRATCH FEVER



Clinical presentations are remarkably diverse, making diagnosis difficult. Bartonellosis patients have presented with encephalitis, meningitis, convulsions, loss of consciousness, muscle weakness, inability to walk, myalgia, numbness, urinary retention, lethargy, sleep disturbances, psychological illness such as hallucinations and depression, and expressive aphasia (inability to talk), as well as combinations of these.

and fatigue that continue for months, and peripheral symptoms like paresthesias. Clinical presentations are remarkably diverse, making diagnosis difficult. Bartonellosis patients have presented with encephalitis, meningitis, convulsions, loss of consciousness, muscle weakness, inability to walk, myalgia, numbness, urinary retention, lethargy, sleep disturbances, psychological illness such as hallucinations and depression, and expressive aphasia (inability to talk), as well as combinations of these.

With more sensitive detection methods, bartonellosis is being implicated in more and more unexplained cases of strange neurological syndromes. In one striking case, a family of a mother, father, and two boys had experienced an infestation of woodlouse hunter spiders. The boys were both clearly bitten by the spiders. Soon after the extermination of the infestation, the previously healthy mother and both sons developed recurrent rash-like skin lesions, disruptive sleep patterns and the boys developed anxiety accompanied by episodes of inconsolable crying, panic attacks, and neuromuscular symptoms. (The father did not develop any symptoms.) A year later,

the oldest son was seen for enlarged lymph nodes in the neck, and the mother had developed a host of neurological symptoms including fatigue, headaches, joint pain, eye pain, insomnia, memory loss, disorientation, irritability, weakness in the upper extremities and loss of sensation to both legs. Then, the youngest son was diagnosed with Guillain-Barré syndrome, and subsequently with chronic inflammatory demyelinating polyneuropathy. By this point, he was unable to even climb stairs.

The mother contacted Dr. Breitschwerdt, and a team of researchers, Mascarelli et al., set out to investigate the family. All three patients, the mother and the two children, tested positive for *B. henselae*. Upon antibiotic therapy, their symptoms receded, with the exception of minor residual symptoms such as joint stiffness and dizziness. In addition, the researchers collected woodlice (land-dwelling crustaceans) and woodlice hunter spiders (predators of woodlice) from the area around the initial infestation. Enhanced PCR confirmed by sequencing revealed *B. henselae* in both the woodlice and the woodlice hunter spiders. This was the

first documentation of *Bartonella* in woodlice or spiders.

Clearly, *Bartonella* infection extends beyond cats, fleas, and acute febrile illness. In addition, clinical presentations vary widely, even within a single family presumably infected together. So, why do these severe syndromes manifest in some patients, when most people just get a simple case of “Cat Scratch Fever” that spontaneously resolves with no further problems? Dr. Breitschwerdt thinks that there is no single, simple answer; that the variation instead likely lies in a combination of genetics of the patient, strain of *Bartonella*, conditions of inoculation, and/or perhaps other factors. Clearly, there’s a lot we don’t know about this mysterious organism and how it interacts with the human body.

Indeed, Dr. Breitschwerdt believes that bartonellosis may in fact represent a highly underdiagnosed epidemic that is responsible for widespread unexplained chronic and often degenerative neurological diseases, from depression to chronic fatigue syndrome to progressive polyarthritis, especially among veterinarians. “If our research is substantiated in the context of causation and not just

1990s

Mediterranean Another old way of eating is recognized for its health benefits and the Mediterranean Diet becomes the latest fad.

Undetermined

Feeling Blue It has been long believed that the color blue is a natural appetite suppressant, perhaps because of the dearth of blue foods in nature. Blue plates, linens, even tinted eyewear is said to help reduce the amount of food you consume.

1992

Atkins There are few Americans of a certain age that haven’t tried some version of this low carb diet created by Dr. Robert C. Atkins. The promise of copious amounts of protein and fat soothes the sting of giving up sugar.



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This \$4.5 million center is now open, led by Dr. William Russell and Dr. Andrew Lauve and staffed by an expert team of nurses, technicians and caregivers.

It is located at 6180 Main Street in Zachary, adjacent to the hospital, and is accepting new patients. Physicians may refer their patients directly to the center. Treatments are scheduled Monday through Friday.

For more information,
call 225-570-1212
or go online to
ROCZachary.com



At **Lane** Regional Medical Center

“...the southern part of the United States, along with Hawaii, has the highest prevalence of CSD caused by *B. henselae* due to the high colonization and bacteremia in the cat population.”



association,” he posits, “bartonellosis may explain a spectrum of animal and human illnesses.” He recommends that anyone who has been in contact with animals and is suffering from unexplained neurological or psychological symptoms get tested for Bartonella. While certain signs can alert physicians (for example, arthritis patients also reporting blurred vision and numbness in extremities are more likely to test positive for *B. henselae*), most cases of neurobartonellosis have unique clinical presentations, so it may not occur to physicians to test for Bartonella.

Even nearly classical cat scratch disease is easy to miss. Ochsner Children’s Health Center physicians Jake Kleinman and Russell Steele detail the case of a 5-year-old girl with leg pain and swelling that had gotten so severe that she could no longer bear weight on her legs when she presented at Ochsner. Accompanying the pain and swelling were fatigue and decreased appetite. Three weeks earlier, she had seen her primary care physician with fever, sore throat, and an enlarged left submandibular lymph node. Despite the fact that the family had adopted a new pet kitten and the girl had allowed the kitten to lick her face and eyes, the PCP did not suspect CSD. Fortunately, Kleinman and Steele did suspect bartonellosis, and successfully treated the girl with antibiotic therapy. The *B. henselae* infection was subsequently

confirmed by serology. They point out that the southern part of the United States, along with Hawaii, has the highest prevalence of CSD caused by *B. henselae* due to the high colonization and bacteremia in the cat population. It is therefore not unlikely that unusual neurological symptoms may be due to infection with Bartonella.

Hypotheses about the mechanisms underlying the diversity of Bartonella-based illness include autoimmune reactions, neurotoxic reactions, and direct neurological damage. In addition, Bartonella has a number of cellular targets besides neurons, including erythrocytes, epithelial cells, microglia, macrophages, and CD34 progenitor cells. Dr. Breitschwerdt favors an inflammation and immune-mediated etiology: “Bartonella infects endothelial cells, pericytes, erythrocytes, and monocytes within the vasculature throughout the body. The bacteria appear to cause microvascular injury (small vessel disease). This becomes a very chronic inflammatory illness, with the development of secondary immune-mediated and autoimmune phenomena.”

Even severe bartonellosis syndromes clear fairly quickly upon treatment with

appropriate antibiotics (such as azithromycin). Diagnosis is key, and the difficulty due to such highly variable clinical presentations is compounded by the high false-negative rate of laboratory assays. Dr. Breitschwerdt and a team of researchers from North Carolina State University College of Veterinary Medicine (NCSU-CVM) have developed a sensitive diagnostic system based on culturing in a novel growth medium (Bartonella/alpha-Proteobacteria growth medium) followed by PCR, with confirmation by sequencing.

This system, called enhanced PCR or ePCR, ramps up the sensitivity of lab-based diagnosis by increasing the bacterial population before PCR, resulting in up to 10X the sensitivity of conventional PCR. Still, Bartonella is elusive in the body, and remains easy to miss, necessitating repeated testing at different timepoints in the case of a negative result. Repeated testing, though, can be far cheaper than years of clinical confusion and ineffective treatment because of baffling symptoms; bartonellosis is quite treatable in immunocompetent patients. Testing using the NCSU-CVM-developed Bartonella ePCR assay is available through Galaxy Diagnostics (<http://www.galaxydx.com/web/>). ■

1994

Labels Not a diet, but an important development for dieters. The Guide to Nutrition Labeling and Education Act requires food companies to include nutritional info on nearly all packaging.

1995

The Zone Recognizing that too much of anything can be a bad thing, the Zone Diet rethinks low carb by proscribing a ratio of 40-30-30 for carbs, fat, and protein at each meal.

1995

Sugarbusters The latest incarnation of the Atkins low-carb trend.





Making Every Moment Meaningful

Canon Hospice is making a difference in our community by providing quality end of life care to those seeking comfort and dignity while dealing with a life limiting illness. Care is provided by skilled hospice professionals who specialize in pain and symptom management.

Canon's community involvement is extended even further through the non-profit Akula Foundation. The foundation sponsors:

- Camp Swan, a children's bereavement camp held three times a year, in Biloxi in the spring, Baton Rouge in the summer and the Northshore of New Orleans in the fall.
- The Canon Hospice Health Hour of New Orleans airs each Saturday from Noon – 1pm on WGSO 990 AM.
- The Grief Resource Center (GRC) offers educational inservices to health care professions, free of charge, throughout the year. In addition the GRC offers grief support to anyone in the community experiencing any type of loss.

All Foundation services are free and open to the public. For information about Canon Hospice, Camp Swan, The Canon Hospice Health Hour or Community Education and support, contact a Canon location in your area.

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stuck in the mid

By Claudia S. Copeland, PhD

This April, for the third year in a row, the Louisiana Legislature joined Governor Bobby Jindal in saying “No” to Medicaid expansion. Just two months later, though, the Senate approved House Concurrent Resolution 75, a framework for funding a possible Medicaid expansion in the future. The hospital-supported resolution, which will go into effect only if the next governor approves expansion, allows hospitals themselves to pay for the state’s share of the cost. But wait—with many Louisiana hospitals already struggling, why would they elect to take on extra fees? (And what will happen if Louisiana instead continues on its path not to expand Medicaid?) ➔

LOUISIANA WEIGHS MEDICAID EXPANSION, LOSS OF FUNDING

THE SHORT ANSWER IS LOUISIANA'S healthcare systems stand to lose a crippling amount of money if the state does not expand Medicaid. According to a RAND corporation analysis, states not accepting Medicaid expansion were slated to lose billions of dollars in federal funds, while substantially increasing their uncompensated care costs after 2016. On the other hand, while the federal government would cover all Medicaid expansion costs through 2016, starting in 2017, states will have to pay a gradually increasing percentage of the costs for the newly eligible Medicaid enrollees; eventually, 10%. While this may seem small, it has been a concern in light of Louisiana's tight budget and overwhelming number of low-income and uninsured residents. The five states with the highest numbers of uninsured residents before the Affordable Care Act were Texas, Arkansas, Mississippi,

Florida, and Louisiana. With the exception of Arkansas, all of these highest-uninsured states have chosen not to participate in Medicaid expansion. (Since accepting expansion, Arkansas has cut its uninsured population by a third and is therefore no longer in the most-uninsured group.)

HCR 75 would address this by essentially billing the hospitals for the state share of the Medicaid expansion, capped at 1% of total net patient revenues. This should largely solve the problem, except for three issues: (1) the 1% cap (hospital revenue could dip such that 1% of total revenues is not sufficient to cover the state share); (2) costs related to the "woodwork" population (residents who are eligible for, but not enrolled in Medicaid, but who might sign up when the publicity of expanding the program raises their awareness); and (3) unanticipated costs. While little concern has been expressed over the ability of hospitals to cover the state share of expansion, the "woodwork" effect is more of an unknown. The funding for this "regular Medicaid" population would not get the 90-100% subsidies that cover the "expansion" population, so in theory this could be

die
with
you

MEDICAID EXPANSION

a substantial expense. Emerging evidence also suggests that unanticipated costs may accompany unexpected patient behavioral changes.

In addition to these financial concerns, the Louisiana Department of Health and Hospitals (DHH) has expressed clear misgivings about the very nature of Medicaid expansion as a means to address the problem of the uninsured, stating in a 2013 white paper, "It is important to reiterate that Louisiana does not believe that simply enrolling an individual in Medicaid guarantees their ability to access high quality health care services. State policy makers cannot afford to ignore the fact that expanding an inefficient 1960s-era entitlement program limits choice and fails to fully integrate its recipients into the broader health care system."

While more market-based ideas are emerging, including the introduction of the Bayou Health model into existing Medicaid, concerns over expanding government-managed healthcare remain.

Clearly, in Louisiana and other non-expansion states, the short answer favoring Medicaid expansion is complicated by factors beyond the simple arithmetic of federal funds lost and federal funds gained. Regardless of these reservations, though, hospitals assert that the loss of federal funding to cover uncompensated care means that Louisiana can't afford *not* to expand Medicaid.

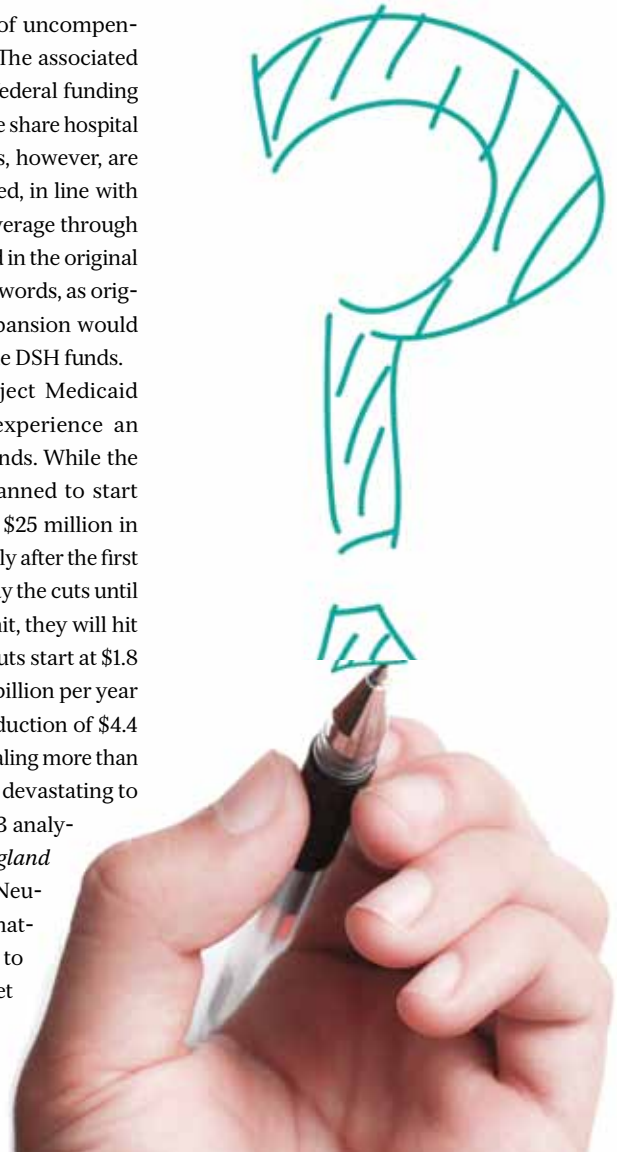
Medicaid expansion, DSH, and hospitals

In low-income areas, emergency rooms cost hospitals money. Since emergency departments must treat all incoming patients, regardless of their ability to pay, hospitals

treating large numbers of uninsured patients can face staggering costs. (As reported in the *Healthcare Journal of Baton Rouge*, May/June 2015, Baton Rouge General-Mid City was forced to close its emergency room doors in the face of overwhelming uncompensated care costs.) Such hospitals, known as safety-net facilities, make up only 2% of acute care hospitals, but provide 20% of uncompensated care to the uninsured. The associated costs are partially offset by federal funding known as the disproportionate share hospital program, or DSH. DSH funds, however, are slated to be steadily decreased, in line with the increase in insurance coverage through Medicaid expansion included in the original Affordable Care Act. In other words, as originally planned, Medicaid expansion would compensate for the loss of the DSH funds.

States that choose to reject Medicaid expansion, however, will experience an unmitigated loss of these funds. While the reductions were initially planned to start small (\$500 million in 2014; \$25 million in Louisiana) and ramp up steeply after the first three years, legislation to delay the cuts until 2017 means that when they hit, they will hit harder, and last longer. The cuts start at \$1.8 billion in 2017 and rise to \$5 billion per year in 2022-2023, with a final reduction of \$4.4 billion in 2024. These cuts, totaling more than \$35 billion by 2024, could be devastating to safety net hospitals. In a 2013 analysis published in the *New England Journal of Medicine*, authors, Neuhausen et al. assert that, "as matters stand, states that refuse to expand Medicaid and to target DSH payments more carefully will not only forfeit

billions of dollars for covering their poorest residents; they will also forgo hundreds of millions more when DSH cuts are ramped up in 2017. If politics continue to trump economic self-interest in these states, the consequences for their safety-net hospitals could be dire."



1996

What's Your Type?

This diet, created by Peter J. D'Adamo suggests that diet should be determined by blood type.

2000s

Cotton-Balls So the thinking goes "I need more fiber and fewer calories and I want to feel full..." and that's where they lose me. Sure, cotton balls (how does one even swallow one?) fit the bill, but their complete lack of nutritional value, taste, or any other food-like quality make this idea a little too fluffy.



2000s

Juicy Juicing, the art of creating healthy cleanses or dietary supplements by combining various vegetables, leafy greens, and sometimes fruit, takes off. Experts warn that a liquid only diet should not exceed 5 days.



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MEDICAID EXPANSION

A joint team of researchers from Tulane and Georgia State University, Cole et al., sought to better clarify the nature of the financial risk from the DSH funding cuts. They found that 225 out of the 529 hospitals that rely most heavily on DSH funding are already in a weak financial state. Medicaid expansion has been projected to provide a net benefit to such hospitals, but those in non-expansion states are left facing the DSH cuts empty-handed. This could be partially mitigated by targeting—allocating the DSH funds to hospitals with high percentages of Medicaid and uninsured patients—but this approach could have unintended consequences. The study found that in Georgia, a non-expansion state, 9 out of 17 heavily DSH-reliant hospitals with few Medicaid/uninsured patients, i.e. non-targeted DSH payments, were nevertheless in weak financial shape. Taking a closer look, many of the low Medicaid/uninsured hospitals are located in rural areas, and are key service providers for the communities they serve, so cutting their DSH funding in order to target high Medicaid/uninsured hospitals would have serious consequences for those populations.

Clearly, the cuts in DSH funding mean that, if Louisiana continues to reject Medicaid expansion, alternative sources of funding will need to be established to avoid the collapse of vital services to key populations. No such alternatives have been proposed. Considering that the Louisiana Hospital Association played a key role in crafting HCR 75, it seems clear that Louisiana hospitals are convinced that it would be better to take on the costs of expanding Medicaid than to suffer the alternative.

Patients, providers, costs, and benefits

While the DHH emphasizes the view that Medicaid is not the ideal solution for the uninsured, for many Louisianans, it is the only affordable option. It is also an option that would provide much-needed income to struggling hospitals. However, at the same time, there are concerns about the costs it could bring to the state. Expanding Medicaid would clearly expand the rolls of patients using the program, including “woodwork” patients, those who are eligible already but would only learn of their eligibility when investigating the option of expanded Medicaid. While the humanitarian perspective favors providing healthcare for all, the reality of Louisiana’s tight budget has to be considered. Predicting the impact on state coffers is complicated. On the one hand, according to researchers Dorn et al. of the Robert Wood Johnson Foundation, new enrollees are likely to be healthy, with fewer medical needs than currently insured patients. On the other hand, the state could be surprised by unanticipated costs. Then again, those costs might be offset by long-term benefits.

One of the clearest insights into unanticipated effects of expansion comes from a rare, randomized controlled study of Medicaid expanded enrollment. Some lines of thought—and preliminary study results—have suggested that expanding Medicaid will lead to increased utilization of primary care and a corresponding drop in use of emergency departments. To objectively investigate whether this intuitive outcome would materialize, the study, reported in *Science*



2000

Macrobiotic A restrictive Japanese diet based on whole grains and veggies creates a brief buzz.

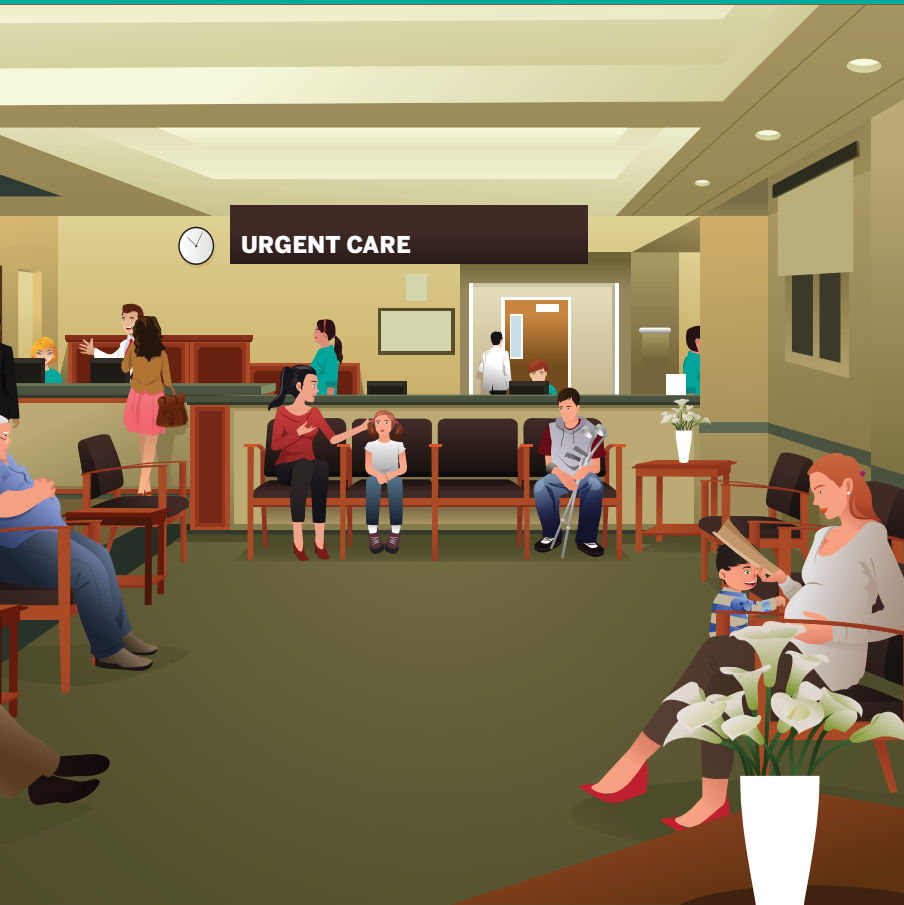
2000

Raw Another siren call away from the joys and dangers of processed food, the Raw Food Diet has some traction.

2003

South Beach A less drastic low-carb diet than Atkins, Dr. Arthur Agatston's South Beach Diet is an instant hit.





“If the state does not wish for the unintended consequence of Medicaid expansion leading to more, not less, emergency room use, careful attention must be paid to how to prevent newly enrolled patients from using the emergency department for primary care and urgent care conditions. Preventive measures could include education, incentives, penalties, and/or increased ease of access to primary or urgent care.”

in January 2014, used a randomized, controlled design in which 90,000 uninsured Oregon residents were entered into a lottery, and 30,000 of them “won” Medicaid coverage. Comparing these expanded-Medicaid lottery winners to the still-uninsured residents, they found that self-reported use of primary care increased, accompanied by improvement in self-reported general health and depression, and the near elimination of catastrophic expenses. However, surprisingly, this did not result in the anticipated reduction in emergency room visits.

On the contrary, the Medicaid lottery winners visited the emergency department 41% more than the non-winners. To further scrutinize the visits, they were classified into four categories: emergent not preventable (a visit to the emergency room was unavoidable); emergent but preventable by timely ambulatory care; immediate care needed, but primary care treatable; and nonemergent (visits that did not require immediate care). The increases in emergency department use were solely in the latter three categories—in other words, conditions that could have been treated elsewhere. Further, the increases were seen during business hours as well as off-hours, another indication that patients were using the emergency department when they could have used primary or urgent care. The authors estimated that the expanded Medicaid increased ER costs by about \$120/year per individual enrolled.

The importance of these findings in considering cost-benefit predictions for Medicaid expansion is clear. If the state does not wish for the unintended consequence of Medicaid expansion leading to more, not less, emergency room use, careful attention

2004



Heart Unhealthy The FDA bans the sale of diet drugs and supplements containing ephedra after it's linked to heart attacks.



2006



Master Cleanse This concoction of hot water, lemon juice, maple syrup, and cayenne pepper, promises quick results. I think we can work out how.

2007



Alli The latest thing since Dexatrim, this nonprescription diet supplement keeps your body from absorbing some of the food you eat, with some rather disturbing side effects.



MEDICAID EXPANSION

must be paid to how to prevent newly enrolled patients from using the emergency department for primary care and urgent care conditions. Preventive measures could include education, incentives, penalties, and/or increased ease of access to primary or urgent care. (Patients may be going to the emergency department because they find it too complicated to figure out the appropriate alternative. User-friendly directive systems could prevent this. For example, a nurse telephone line could direct patients to the appropriate treatment location for their condition.) Implementing such systems would cost money, of course. On the other hand, they would provide the added benefit of helping prevent ER misuse by current Medicaid enrollees as well—enrollees for whom the state is covering a higher percentage of the cost than the 0-10% for the expansion enrollees.

While the increase in emergency room visits meant increased costs from Medicaid expansion in the Oregon experiment, another result was a significant reduction in stress. Stress is correlated with a number of chronic physical disease conditions, and stress reduction is preventive. Therefore, the short-term cost increases due to emergency department misuse, even if not prevented, might end up offset to a greater or lesser degree by a reduction in chronic illness due to stress reduction.

Diabetes is one chronic condition for which early detection and care (especially lifestyle change) can yield big returns in terms of decreased costs. A recent study published in *Diabetes Care* in May of this year found that states that accepted Medicaid expansion experienced a surge of new

diagnoses of diabetes (a 23% increase in newly diagnosed diabetes in Medicaid expansion states vs. a 0.4% increase in non-expansion states). In the short term, more patients means increased expense for treatment. In the long term, though, early detection and treatment of diabetes lowers the rates of long-term complications, which are much more expensive to treat.

Another area that could experience a surge in new costs is that of mental illness. A 2015 analysis by US Health and Human Services researchers Han et al. compared rates of mental health treatment among Medicaid patients and non-enrolled but Medicaid-eligible patients. Looking at the 28 states that had accepted Medicaid expansion, outpatient mental health treatment was more than 30% greater among the Medicaid patients than the Medicaid-eligible non-insured. This could add up to substantial short-term costs, but also could yield savings; for example, if major mental health issues are managed without hospitalization. It may also save court and jail/prison costs, since without treatment, the mentally ill often end up in prison—some estimates say 50% or more of the prison population—and they stay longer than other prisoners. Add to this the probability that a released prisoner with an untreated mental illness will most likely return, and it becomes clear that untreated mental illness is not just a matter of human suffering, but can also become a very large expense for the state.

ANOTHER AREA THAT COULD EXPERIENCE A SURGE IN NEW COSTS IS THAT OF MENTAL ILLNESS.

Finally, the Robert Wood Johnson researchers predict macroeconomic advantages due to the influx of federal dollars into states that expand Medicaid. These include jobs in healthcare, increased revenue to providers, and other economic activity related to the implementation of the program. Administrative costs and savings are more complex, with a likely net increase in cost in the short term and net benefit in the long term as states streamline in terms of information technology, and save in hard-to-pin-down areas like “churning”, or the movement of people in and out of Medicaid eligibility. While the effect on each state will vary, based on their 2013 analysis of 10 states, they conclude that, “In each state where relatively comprehensive analyses of costs and fiscal gains were conducted, the net result showed that, on balance, Medicaid expansion would yield state fiscal advantages.” The models for the ten analyzed states predicted increases in state revenues ranging from \$1.7 million for Alabama to \$60.6 million for Oregon from macroeconomic side effects of expansion.

All in all, it's clear that Louisiana can expect a net positive effect from accepting Medicaid expansion, and that continuing to reject it would be detrimental to hospitals and a lost opportunity for the state economy. The time has come to move forward, but with flexibility, careful monitoring, and the readiness to respond quickly to the inevitable complexities that change—even positive change—can bring. ■

2010

Weight Watchers? Perennial favorite Weight Watchers gets a big plug when singer/actress Jennifer Hudson loses 80 pounds on the plan.

2010

Paleo Part II The “caveman diet” has a resurgence of popularity and related publications.

2011

HCG If you want underweight triplets, the HCG diet is for you. This weird fad combines a fertility drug with a 500- to 800-calorie-a-day regimen.

*For sources and attributions of timeline images see page 66



Dr. Jon Perenack of Williamson Cosmetic Center utilizes follicular unit transfer technique to relocate your healthy hair follicles to areas of thinning hair.

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Gordy Rush | Spokesperson, Radio Host, and Patient

"...first broadcast I did after my hair replacement surgery with Dr. Perenack and my bald spot was gone...amazing!"



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FLOWER POWER BRINGS SMILES TO FACES OF CANCER SURVIVORS

Cancer survivor
Jennifer LeBlanc
admires her creation.

CANCER SURVIVORS learned a new way to express themselves at a special floral arrangement workshop recently at Mary Bird Perkins – Our Lady of the Lake Cancer Center. The interactive class was part of the Cancer Center's free THRIVE survivorship programming aimed at helping survivors better cope with the emotions often experienced following a cancer diagnosis.

Presented by Rickey Heroman's Florist and Gifts, the flower arranging tutorial is just one example of many survivorship programs offered by the Cancer Center. THRIVE is based on the Mind-Body Medicine approach, which uses the power of thoughts and emotions to influence physical health.

Anyone impacted by cancer is invited to attend THRIVE events. For more information, call Francinne Lawrence at (225) 215-1392 or flawrence@marybird.com.

STATE

DHH, Quality Forum Announce HIT Advisory Council

The Louisiana Department of Health and Hospitals (DHH) and the Louisiana Health Care Quality Forum have announced the formation of the Health Information Technology (IT) Advisory Council, which will support the development of health-IT related strategies in the state.

Council members are: Ann Kay Logarbo, MD, Medical Director/United Healthcare Community Plan of Louisiana; Bernie Clement, Chief Information Officer/Thibodaux Regional Medical Center; Beverly Hardy-Decuir, Section Chief/Medicaid Quality Management, Statistics & Reporting/Louisiana Department of Health and Hospitals; Brian Richmond, Chief Technology Officer/Louisiana Health Care Quality Forum; Cheryl Tolbert, CHRS, President & CEO/Louisiana Business Group on Health and Member/Louisiana Health Care Commission; Cian Robinson, Executive Director/Lafayette General Foundation; Hank Fanberg, Associate Vice Chancellor/South Louisiana Community College and President-Elect/Healthcare Information and Management Systems Society – Louisiana Chapter; Jinger Greer, Chief Financial Officer/Richland Parish Hospital and Executive Director/North Louisiana Regional Health Alliance; Joseph Foxhood, Director, Center for Population Health Informatics, Office of Public Health; Juzar Ali, MD, FRCP(C) FCCP, Chief Medical Officer, LSU Health and Member, Board of Directors/Greater New Orleans Health Information Exchange; Lemar Marshall, Chief Operating Officer/North Oaks Obstetrics and Gynecology, LLC; Linda Holyfield, RN, MSN, President & CEO/P&S Surgical Hospital and Specialty Management Services of Ouachita; Marcia Blanchard, Vice President of Operations/Louisiana Health Care Quality Forum; and Mary Ellen Pratt, FACHE, CEO, St. James Parish Hospital.

Contributing members include: Jamie Martin, Marketing & Communications Manager/Louisiana Health Care Quality Forum; Nadine Robin, HIT Program Director/Louisiana Health Care Quality Forum; and Rosalyn Christopher, EHR Medicaid Program Manager/Louisiana Department of Health and Hospitals.

Registration Open for Behavioral Health Conference

The 2015 Dialogues in Behavioral Health annual conference will be held in New Orleans at the

Renaissance Arts Hotel from November 8 through 11, entitled "Preventing the Criminalization of Persons with Mental Illness: Solutions and a Call to Action". The conference's objective is to create solutions, both short-term and long-term, that trigger a new agenda to prevent and end the criminalization of persons with mental illness.

An unfortunate but commonly accepted factor across interventions for persons with mental illness, is the role of the justice system as their "safety net". This is unacceptable to involved persons, their families, law enforcement, correctional facilities, the Judiciary, mental health providers, and taxpayers.

Conference registration and a detailed listing of topics and presenters is available at www.nationaldialoguesbh.org. Early registration is encouraged.

DHH Delays LaHIPP Discontinuation

The Department of Health and Hospitals (DHH) extended the discontinuation date of the Louisiana Health Insurance Premium Payment (LaHIPP) program, moving the date from July 1 to Dec. 1, 2015.

DHH is moving the date in an effort to give families more time to make arrangements for the change, such as enrolling in Bayou Health or finding a new provider if their current providers do not accept Medicaid as primary payer.

LSMS Gains Funds for Physician Leadership Program

The Louisiana State Medical Society (LSMS) has been granted \$146,000 by the Physicians Foundation, a national nonprofit organization that seeks to empower practicing physicians, to develop a targeted physician leadership program.

The LSMS is working with LSU Executive Education to create this unique program for physicians. The inaugural class is scheduled to begin February 2016. Interested physicians should contact Sadie Wilks at 225-763-8500 or sadie@lsms.org for more information.

ACP, LSU Partner to Increase Adult Immunization

The Louisiana chapter of the American College of Physicians (ACP), together with the Healthcare Services Division of Louisiana State University (LSU), are partnering with the national office of ACP in a major new effort called I Raise the Rates with the goal of raising adult vaccination rates. The initiative will assist physicians and other healthcare providers in protecting their patients



Shannon L. Ost

from vaccine-preventable diseases by providing tools for communicating with their patients about the importance of immunizations and by tracking and providing access to vaccines.

To learn more about I Raise the Rates: Louisiana or to join the campaign, please contact: Angie Duck at angieduck4@gmail.com.

Seaside Names VP of Govt. & Regulatory Affairs

Shannon L. Ost has been named Vice-President of Government and Regulatory Affairs for Seaside Healthcare, a Louisiana corporation headquartered in Shreveport with Corporate offices in Baton Rouge

In her role with Seaside Healthcare, Ost will be responsible for developing and maintaining relationships with the State of Louisiana and its employee base, Bayou Health plans, Magellan Health Services, and various commercial insurance carriers in the state of Louisiana. Additionally, she will coordinate oversight of all professional credentialing and contracting activities with Seaside Healthcare while serving as a liaison between the corporation and various stakeholders.

Cassidy, Murphy Tackle Mental Health Reform

U.S. Senator Bill Cassidy, MD (R-LA) and U.S. Senator Chris Murphy (D-CT), both members of the U.S. Senate Health, Education, Labor, and Pensions (HELP) Committee, have introduced bipartisan legislation to comprehensively overhaul and strengthen America's mental health care system.

The Mental Health Reform Act of 2015 will make critical reforms to address a lack of resources, enhance coordination, and develop meaningful solutions to improve outcomes for families dealing with mental illness.

If passed, the Cassidy-Murphy Mental Health

Reform Act will do the following:

- Integrate Physical and Mental Health
- Designate an Assistant Secretary for Mental Health and Substance Use
- Establish New Grant Programs for Early Intervention
- Establish Interagency Serious Mental Illness Coordinating Committee
- Establish New National Mental Health Policy Laboratory
- Reauthorize Successful Research & Grant Programs
- Strengthen Transparency and Enforcement of Mental Health Parity
- Improve Mental Health Services within Medicare/Medicaid.

LAHC Bows Out of Open Enrollment

Louisiana Health Cooperative, Inc. (LAHC) announced that the company has voluntarily decided that it will not participate in the upcoming open enrollment period for policies effective January 1, 2016; but will continue to honor policies and protect lives through December 31, 2015, as it begins to cease operations.

Millet Chosen as RWJF Public Health Nurse Leader

Clair Petit Millet, DNP, APRN, PHCNS-BC, the Director of Nursing at DHH OPH, is one of just 25 nurses from across the country to be selected as a Public Health Nurse Leader (PHNL) by the Robert Wood Johnson Foundation (RWJF). She has worked for 23 years with the Department and has been the Director of Nursing since March 2006.

Millet will participate in a two-year leadership development program designed to strengthen the capacity of senior public health nurses to improve population health, address social determinants of health, respond to emerging trends in health and health care, influence policy, and lead collaboration in their communities.

LOCAL

PBRC, Local Groups Bring Play Streets to BR

Several streets in the Brookstown neighborhood of North Baton Rouge were open for play on July 18, 2015 as part of a program new to Louisiana, called Play Streets. This program affords children and families in a local neighborhood increased space to play outside and engage in physical activity.



“Efforts like this one are really critical in ensuring the health of our city’s children, considering that one in two of Louisiana’s children is currently overweight or obese.”

children is currently overweight or obese,” said Dr. Broyles.

Modeled after successful programs in cities such as New York and Chicago, Pennington Biomedical is leading the local effort in partnership with the ExxonMobil Foundation and the BREC Foundation. Enthusiastic support from area leaders such as Baton Rouge District 5 City Council Member Ronnie Edwards also helps to make these events possible.



BR Clinic Recognized for Diabetes Care

The National Committee for Quality Assurance (NCQA) announced that The Baton Rouge Clinic, AMC has received Recognition from the Diabetes Recognition Program for providing quality care to their patients with diabetes. Earning NCQA Diabetes Recognition shows that the Baton Rouge Clinic is providing the best care possible for their patients.

To receive recognition, which is valid for three years, the Baton Rouge Clinic submitted data that demonstrates performance that meets the Program's key diabetes care measures, which include blood pressure, cholesterol and hemoglobin (HbA1c) controls, and eye examinations, among others. When people with diabetes receive quality care as outlined by these measures, they are less likely to suffer complications such as heart attacks, stroke, blindness, kidney disease, and amputations.

Malone Joins Radiology Associates

Radiology Associates has announced the hiring of Jonathan C. Malone, MD. Dr. Malone is a fellowship-trained radiologist, who recently completed his musculoskeletal fellowship at Mayo Clinic.

Dr. Malone is a member of the American Board of Radiology, American Roentgen Ray Society, Florida Radiological Society and Radiological Society of North America. He served as a Lieutenant in the United States Navy, Medical Corps, as the Battalion Surgeon for 1st Battalion 3rd Marines.

According to Malone, "Advanced MRI techniques can detect early arthritis before irreversible cartilage damage takes place. MRI and other techniques provide a crucial component of surgical planning for various conditions, from fractures to tumors."

LOL College Welcomes New VP

Brother Edward A. Violet has joined Our Lady of the Lake College as the school's Vice President for Academic Affairs, continuing his distinguished career in higher education and faith-based non-profit organizations. Br. Violet served for seven years in Rome, Italy on the General Council as Chief Financial Officer for the Society of Mary, and most recently was on sabbatical while functioning as the mission and finance consultant for the Marianist Province of the United States based in Philadelphia, Pennsylvania.

Prior to his work in Rome, Br. Violet served as an assistant professor and director of the graduate program in international relations at St. Mary's University in San Antonio, Texas. Under his guidance the international relations program thrived and grew. Additionally while at St. Mary's he played a pivotal role in helping to develop a mission-focused core curriculum for the university, grounded in rigorous outcomes assessments.

Boudreaux to Lead NCVH Board

Jones Walker LLP announced that Charles J. Boudreaux, Jr. has been elected as Board President of the New Cardiovascular Horizons Foundation (NCVH). Boudreaux will serve as the Board President through July 2017. Boudreaux is special counsel on the firm's Healthcare Team in the Lafayette office.

NCVH is a nonprofit with the primary mission of facilitating



Jonathan C. Malone, MD



Brother Edward A. Violet



Charles J. Boudreaux, Jr.



Jingya Wang, MD

medical education for physicians, nurses, allied health professionals, administrators, and other interested individuals, demonstrating new procedures, technologies, and treatments for the betterment of public health.

BSW Receives AHLA Honors

The law firm of Breazeale, Sachse & Wilson, LLP (BSW) has been recognized by the American Health Lawyers Association as having one of the top healthcare teams in the country and in Louisiana with 100% involvement.

The American Health Lawyers Association bases its ranking by the number of AHLA members each law firm has enrolled in the association; this includes attorneys, paralegals, and non-paralegals. All 14 members of BSW's healthcare law practice group are members of AHLA.

Wang Joins Cancer Center Medical Staff

Mary Bird Perkins-Our Lady of the Lake Cancer Center announced the addition of radiation oncologist Jingya Wang, MD to its medical staff.

Dr. Wang is a summa cum laude and Phi Beta Kappa graduate of Yale University in New Haven, Conn. She earned her Medical Doctorate degree from Johns Hopkins University School of Medicine in Baltimore, Md. and most recently completed her radiation oncology residency at The University of Texas M.D. Anderson Cancer Center in Houston.

HAART Awarded FQHC Status

HIV/AIDS Alliance for Region Two, Inc. (HAART), recently received Notice of Award as a New Access Point under the Federally Qualified Health Center or "FQHC" program by the Health Resources & Services Administration. Through this designation, HAART will receive federal funds that will allow expansion of quality healthcare services to a greater number of medically underserved residents in the Baton Rouge community.

HAART offers a complete continuum of care to people living with HIV/AIDS including housing, case management, counseling, and an array of supportive services. In 2007, HAART opened the Caring Clinic of Louisiana to provide affordable, quality medical services and treatments to Baton Rouge and surrounding areas.

McWhorter Invited to World Congress on Larynx Cancer

Andrew J. McWhorter, MD, a laryngologist and expert in laryngeal cancer at Mary Bird Perkins-Our Lady of the Lake Cancer Center, was one of



Family History of Heart Disease?

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a week

For more than 32 years, CIS has offered a full-range of cardiovascular care to communities in south Louisiana and is recognized as an international leader in treating both cardiovascular and peripheral vascular disease.

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HealthcareBriefs

a select number of American physicians recently invited to present at the International Federation of Head and Neck Oncologic Societies' (IFHNOS) World Congress on Larynx Cancer 2015 in Cairnes, Queensland, Australia.

Dr. McWhorter, a member of the Cancer Center's Head and Neck Cancer Multidisciplinary Care Team and director of the Our Lady of the Lake Voice Center, spoke to colleagues at the global conference in July. His presentation focused on the management of laryngeal dysplasia or pre-cancer in the operating room and in the office, the role of transoral laser microsurgery (TLM) in laryngeal salvage surgery, and patients' swallowing and voice outcomes post surgery.

Fay Joins Moreau Physical Therapy

Mark Fay, PT, MPT is now accepting patients at 3129 Perkins Road. As Clinical director, Fay is excited to lead the Moreau team at that location. Fay, who has been practicing for more than 15 years, has a strong passion for treating runners and also enjoys treating a wide range of musculoskeletal and sports injuries. He is certified in a variety of treatments, such as Dry Needling, ASTYM, Kinesiotaping, and Active Release.

CAHS Offers Services for Children with Autism

A new treatment center for children with autism was recently opened by Capital Area Human Services. The recently opened Applied Behavioral Analysis (ABA) program is open to children ages two to five years old with a diagnosis of autism.

The new program, called ASCEND, stands for Accelerated Supports for a Child's Evolving NeuroDevelopment. Six hours



Mark Fay, PT, MPT



Charlotte Dupré

per day of comprehensive therapy is provided to children who have been professionally diagnosed with autism.

The ASCEND program was designed by the agency's Division of Developmental Disabilities to address unmet needs in preschool children who lack access to needed comprehensive services and programming to achieve the greatest benefits. The treatment team uses intensive Applied Behavioral Analysis which has been empirically validated as being effective in leading to substantial improvements in a child's social and communication skills, intellectual ability, educational performance, and general adaptive capability.

CIS Celebrates 32 Years

On August 15, 2015, CIS celebrated its 32nd anniversary of providing high-quality, comprehensive cardiovascular care to communities in south Louisiana and beyond.

CIS began in 1983 as a one-man practice under the leadership of Dr. Craig Walker in Houma and has since grown to become the largest single-specialty practice in the state with more than 40 physicians and 525 employees in 15 cities. Since its inception, death rates due to heart disease have significantly decreased in south Louisiana, particularly in communities with CIS locations.

CIS has received international acclaim as a leader in research, development, and education, and remains on the forefront of technology to provide the most advanced cardiovascular care available.

New Firm to Guide Hospitals, Medical Clients

Strategies & Ventures LLC, a business and health-care consulting and development firm based in Hammond, has begun serving clients nationally. The new firm, headed by CEO, Charlotte Dupré, offers a key range of services to general business and healthcare in specific including strategic planning, fiscal management, community assessment, organizational development and structuring, SWOT analysis, focus groups, and management development.

Teen USA Contestants Visit Cancer Patients

Miss Teen USA Pageant contestants visited Mary Bird Perkins – Our Lady of the Lake Cancer Center recently to distribute care packages and bring joy to patients. Visiting the radiation oncology, imaging, and infusion suite outpatient areas, Miss Louisiana and 13 other teens provided a pleasant distraction for patients who were at the Cancer Center.



Carpenter Foundation Names Mathes Exec. Director

The Carpenter Health Network has hired Paul Mathes as executive director of The Carpenter Foundation, a non-profit that provides free educational, emotional and health care support for residents in the Gulf Coast communities served by St. Joseph Hospice.

As executive director, Mathes will help advance The Carpenter Foundation's mission through offerings like grief support for adults, adolescents and children, continuing education credit for healthcare professionals, support groups for residents of nursing homes and assisted living facilities, and research into improving the quality and affordability of healthcare services in communities that lack financial resources.



AG Announces Two Arrests for Medicaid Fraud

Attorney General Buddy Caldwell announced that two caregivers are facing charges involving separate schemes to defraud the state's Medicaid program.

Beatrice S. Scott, 55, of 25841 McCarroll Road, Springfield, was charged with one count of Medicaid fraud and one count of filing false public records after submitting time sheets and service logs that contained overlapping service hours which resulted in claims being submitted to the Medicaid Program for services not rendered. The submission of 149 false claims caused Scott's employer to bill for services costing \$8,531 to the Louisiana Medicaid Program. Scott was arrested by the Attorney General's Medicaid Fraud Control Unit investigators and booked into the East Baton Rouge Parish Prison.

In a separate matter, Juandricka Qualette Williams, 41, of 6064 North Howell Drive, Baton Rouge, was charged with one count of Medicaid fraud after submitting time sheets and service logs with overlapping service hours. Williams' actions caused her employer to bill Medicaid for services not rendered which resulted in the agency being paid \$5,478 by the Medicaid Program. She was arrested by the Attorney General's Medicaid Fraud Control Unit investigators with assistance from the Baton Rouge Police Department and booked into the East Baton Rouge Parish Prison.

Scott and Williams were working as direct care service workers, hired by Medicaid providers to care for physically handicapped or elderly Medicaid recipients.

CIS Clinics Named Level One Wellspots

Cardiovascular Institute of the South's 14 clinic locations have been designated as Level One "WellSpots" by the Louisiana Department of Health and Hospitals (DHH) Well-Ahead initiative. CIS clinics represent 14 of 38 Level One well-spots in the state.

Well-Ahead designates places and spaces that have implemented voluntary, smart changes to encourage healthy lifestyles for all Louisiana residents as WellSpots. Organizations that meet the necessary criteria are designated as Level Three, Two, or One WellSpots, with the highest level being Level One.

CIS has received the highest designation of Level One for programs such as a tobacco-free campus policy, which was instituted in 2009, and an employee wellness program, which includes employee screenings and provides health challenges, workshops, coaching, and more for employees. ■



Katrina's Legacy:

THE REBUILDING OF LOUISIANA'S HEALTH CARE SYSTEM

The month of August marked a milestone for Louisiana this year: the 10-year anniversary of the arrival of Hurricane Katrina on our Gulf Coast. The storm brought with it death and destruction, fear and sadness, grief and misery, and over the last decade, media outlets around the globe have reported hundreds – if not thousands - of stories about Louisiana's journey of recovery from that devastating event.

One part of that journey hasn't received as much attention, however: the efforts to rebuild our state's health care system.

The Stories We Tell

The stories about lost lives, missing persons, destroyed homes and infrastructure, and political fallout were covered from nearly every angle by media around the world in the days, weeks, and months after the hurricane. Thousands of evacuated Louisiana residents watched these stories unfold from afar, and the ones who remained shared heartbreaking stories that left the world in tears.

For most of us in south Louisiana, the question, "Where were you when Katrina hit?" yields a torrent of these tales, and it probably always will. Someday, much as grandparents today tell their grandchildren about where they were and what they were doing on the day President John F. Kennedy was shot, the future generations of Louisiana will hear stories from their grandparents about the day Katrina arrived in our beautiful state.

The Untold Story

Yet in the midst of the stories told about Katrina, the one story that never received quite as much attention is the one about what the storm did to health care in our state.

Even before Katrina made her entrance, there were problems with health care in Louisiana. More than one in five residents lacked health insurance; the state had one of the highest uninsured rates in the nation. Louisiana also ranked as among the highest in the country in per capita health care costs and among the lowest in clinical quality and outcomes.

In the aftermath of Katrina, these problems became even clearer. The storm virtually wiped out the state-operated safety net hospital system in the Greater New Orleans



Cindy Munn
Chief Executive Officer
Louisiana Health Care Quality Forum



area, leaving many of the region's residents without access to care for more than a year after the storm. Charity Hospital, which had provided more than 80 percent of the inpatient and outpatient care to the area's large Medicaid population, was closed, and only three of the nine acute care hospitals in Orleans Parish were operational and only at limited capacity. In adjacent Jefferson Parish, only three hospitals were operational throughout the hurricane. Approximately 4,500 physicians were dislocated by the storm and unavailable to treat their patients. Many long-term care facilities closed, and mental health services – already inadequate for the need – were drastically reduced.

Residents found their problems compounded by the devastating and irreparable loss of their personal health records. Thousands of those evacuated to other areas were

in need of immediate treatment for chronic conditions and injuries sustained in the storm, yet treatment was delayed in many cases while medical personnel scrambled to gather the information necessary to provide care.

The Dawn of a New Age

Katrina left behind an unparalleled opportunity to initiate the change necessary to rebuild Louisiana's health care system, and our state has answered that call through advancements in health information technology (IT) and a growing focus on patient-centered, quality care delivery.

We've successfully transitioned thousands of Louisiana's health care providers from paper-based records to electronic health records (EHRs), and a growing number of providers, hospitals, and health care-related organizations have connected to the state-wide health information exchange (HIE) to ensure the availability of critical health data even in times of disaster. Hundreds of providers have transformed their practices into patient-centered medical homes (PCMHs) to ensure that patients receive coordinated, holistic and family-centered care.

While the rebuilding of Louisiana's health

care system is far from complete, it now has a strong health IT infrastructure in place, and the gaps in care that existed before Katrina are closing.

The Lessons We Learned

Experience is a hard teacher because it gives the test first and the lesson later. Nowhere is that truer than here in Louisiana in the years after Katrina.

Katrina tested us mightily and in the 10 years since that test, she has taught us many lessons – the necessity of preparation and planning, the value of community spirit, the importance of neighbors, friends and family among them. Even now, we continue to learn from our experiences in Katrina, and we continue to rebuild – not just our lives, properties, and communities, but also our health care system, our disaster planning and recovery strategies, and in general, our future.

In Louisiana, in many ways and on many fronts, Katrina will forever be a benchmark by which we measure ourselves, and while much progress has been made, there is still much to do.

We continue to look forward, to plan, to learn, and to rebuild. That has always been, and will always be, the spirit of Louisiana. ■

“Experience is a hard teacher because it gives the test first and the lesson later. Nowhere is that truer than here in Louisiana in the years after Katrina.”



Prescription Monitoring Program UTILIZATION MAY LEAD TO DECREASE IN ACCIDENTAL OPIOID OVERDOSE

The Centers for Disease Control (CDC) (2014) estimated the number of deaths in the United States (U.S.) related to prescription pain medications to be 100 people per day.

In 2008, over 36,000 individuals died from overdose of painkillers, representing an increase in excess of three times the number of deaths since 1990. Sale of controlled substances (CS) has experienced an unprecedented 300% growth since 1999 and was correlated with more than 475,000 emergency room visits in 2009. According to DuPont (2010), over six million people aged 12 and over reported nonmedical use of prescription-type psychotherapeutic medications, during a 30-day study period. Deaths from recreational use of opioids now exceed fatalities from automobile accidents and occur twice as often as deaths from murders.

Presenting as a major health concern, treating chronic and intractable pain in the U.S. is estimated to cost \$560-635 billion annually, with the financial expense related to opioid abuse being approximated at \$10 billion. United States prescriptions for opioid medications soared by 700% between 1997 and 2007 (Han, Kass, Wilsey, and Chin-Shang, 2012). With said increase in prescriptions, came an increase in the number of

accidental deaths due to easy access pill mills, prescription drug diversion, and doctor shopping.

Betses and Brennan (2013) declared pill mills the worst form of inappropriate prescribing. Pill mills are staffed by fully licensed healthcare providers, with legal Drug Enforcement Administration (DEA) numbers, who write prescriptions for sizeable quantities of powerful analgesics to single patients. Self-proclaimed pain management clinics have provided customers with large quantities of CSs regardless of not having health problems to warrant receiving prescriptions. Patrons of pill mills receive a quick health examination and the prescriber takes a cursory history. Referrals are not required and previous laboratory and diagnostic test results are accepted, regardless of how dated they may be and even if they appear to be fabricated (Twillman, 2012).

Rigg, Kurtz, and Surratt (2012) characterized prescription drug diversion (PDD) as “the transfer of a prescription drug from a lawful to an unlawful channel of distribution or use” (p.144). Although PDD has been estimated to be a \$25 billion business, researchers have had difficulty gaining empirical data mostly due to the diversity of those involved with the illegal activity. Drug dealers are a common resource among teens and are responsible for supplying as much as 70% of the drugs purchased by high school students.

Worley and Hall (2012) described doctor shopping as patients “who visit more than one prescriber to obtain controlled drugs and do not tell the prescribers that they have been

obtaining prescriptions for the same or other controlled drugs from other prescribers” (p. 263). While some providers consciously prescribe narcotics to individuals they believe may be abusing them, patients obtaining prescriptions for the same drugs from different unaware prescribers is more commonplace. McDonald and Carlson (2013) performed a study to estimate the incidence of doctor shopping in the US and determine the volume and types of opioids involved. The study analyzed pharmacy records relative to “146.1 million prescriptions for opioids that contained buprenorphine, codeine/dihydrocodeine, fentanyl, hydrocodone, methadone, oxycodone, oxymorphone, propoxyphene, or tramadol dispensed during 2008 by approximately 37,000 retail pharmacies, including specialty pharmacy prescription and mail services” (p. 2). The results of the study revealed one out of every 143 individuals who obtained opioids from a retail pharmacy, acquired a prescription from a questionably large number of providers. Remarkably, the study revealed some patients obtained prescriptions from over 200 different health care providers, representing nearly one of every 50 narcotics sold during 2008.

Recent DEA data indicates sale of potent opioids continue to increase, particularly oxycodone, hydrocodone, methadone, and buprenorphine at 32%, 40%, 17%, and 97% respectively. Prescribers who do not have direct access to prescription history are subject to exploitation by the patient who fails to furnish accurate information. One mechanism for the prevention of doctor shopping and





Cynthia York, RN, MSN, CGRN
 Director, RN Practice/Credentialing
 Louisiana State Board of Nursing

1999



From 1999 to 2013 the amount of prescription painkillers prescribed and sold in the U.S. nearly **QUADRUPLED**. Yet there has not been an overall change in the amount of pain that Americans report.

Source: Centers for Disease Control (2015). *What health care providers need to know about the epidemic*. Available at <http://www.cdc.gov/drugoverdose/epidemic/providers.html>

2013



diversion is utilization of prescription drug monitoring programs (PMPs). Originally established in the 1990's, PMP programs have received state and national government support, allowing advancement from a paper system (which offered little information to prescribers), to an electronic system that puts prescription information at the healthcare provider's fingertips. By 2012, almost all states had operationalized PMPs, some of which allowed for state to state sharing of information (Jena, et al, 2014).

According to the Association of State and Territorial Health Officials (2015), the President's Prescription Drug Abuse Prevention Plan calls for a decrease in unintentional

opioid overdose deaths by at least 15% by the year 2015. Utilization of PMPs may decrease nonmedical use of opioids and help tackle abuse and diversion of prescription drugs (Dupont, 2010). Furthermore, widespread implementation of PMP should "reduce the shift of drug diversion activities from a state with a monitoring program to adjacent states without one" (Deyo, Irvine, & Millet, et al, 2013, p. 609). During the 2006 Louisiana legislature, the Louisiana Board of Pharmacy was authorized to create and put into operation an electronic system that monitors the dispensing of CS and other drugs of concern within the state.

The program requires dispensers (pharmacies as well as other practitioners dispensing to their patients) of CS and other drugs of concern to report the essential data elements of those transactions to the program. The program houses the data in a secure database and makes that information available to authorized users – primarily prescribers and dispensers caring for their own patients. Regulatory agencies monitoring prescribers and dispensers also have access to that information. Law enforcement agencies may also access that information, provided they have acquired the appropriate administrative warrants or other judicial documents (Louisiana, 2009, page 1).

Authorized healthcare prescribers may elect to utilize "delegates" to access the PMP system on their behalf. Should you wish to obtain more information relative to the Louisiana Board of Pharmacy PMP, please visit one of the resources listed.

Additional resources:

- <http://www.astho.org/Rx/About/>
- <http://www.cdc.gov/drugoverdose/epidemic/providers.html>
- http://store.samhsa.gov/shin/content/SMA14-4742/Overdose_Toolkit.pdf ■

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In the 10 years since Hurricane Katrina, both the Department of Health and Hospitals (DHH) and the State as a whole have implemented numerous changes to ensure that our responses to future hurricanes and other disasters are as cohesive and effective as possible.

Looking Back and Moving Forward

TEN YEARS AGO, HURRICANE KATRINA made landfall in Louisiana and inundated the city of New Orleans and other Gulf Coast communities. In the days, weeks, months, and years after, we the people of Louisiana made the commitment to each other and ourselves that we would all be better prepared for future disasters. Now, through the efforts of all levels of government and other disaster response organizations, both DHH and the State are better prepared than ever for the next major disaster. DHH's reform of its disaster response efforts has involved four primary approaches: clearly defining DHH's role in disasters, strengthening and streamlining DHH disaster response practices, improving community preparedness and support, and improving the integration of information technology into DHH's disaster response strategy.

One of the most important changes we made in the wake of Katrina was the statewide effort to clearly define and assign responsibilities in the event of a disaster. DHH now works with the Governor's Office of Homeland Security and Emergency

Preparedness (GOHSEP) to lead the Emergency Support Function 8 Response Network, an organized collection of public-private partnerships that prepare for and coordinate during disasters. Members of the network include hospitals, emergency medical services, nursing homes, and more. Using the Network's resources, members have created plans under which they can evacuate their facilities within 36 to 48 hours. To further coordinate our own disaster response, DHH participates in annual, statewide hurricane response exercises hosted by the Louisiana National Guard and GOHSEP. These week-long exercises allow state agencies to practice our own departmental response plans, evaluate them for areas of improvement and implement those improvements so that we're all prepared when the next major storm or event hits.

Perhaps the most important change within DHH itself is the complete reorganization, pre-identification, and pre-preparation of disaster response resources. For example, the Department's Center for Community Preparedness (CCP) stores medical equipment and supplies that it can provide to response personnel during a disaster. DHH has acquired mobile medical assets that can augment shelter, search, rescue, and decontamination operations. We also now maintain and annually inspect medical special needs shelter sites throughout the state, and DHH employees supervising these shelters receive training from the Federal Emergency Management Agency (FEMA). These shelters have fully fueled generators on standby, so instead of rushing to prepare these sites as a storm approaches, DHH can open each of them within 24 hours. DHH also maintains contingency contracts for additional hospital beds, oxygen tanks, and surge ambulances in case the need for these resources outstrips supply.

DHH has also made changes to the services it performs during disaster-related



Kathy Kliebert
Secretary, Louisiana DHH

evacuations. Before Katrina, DHH's shelter operations were largely limited to providing public health nurses to Red Cross shelters, but we are now fully utilizing the variety of human and material resources available to our agency to take an active role in providing leadership and support at shelters and other settings during a crisis. All DHH employees are pre-trained for specific disaster response work and are required to report for work at shelters or other sites in times of disaster. Using our new employee emergency database (EED), we can assign our employees shifts and duty locations almost instantaneously. The EED also assists incident commanders in locating staffing gaps, which can then be corrected by reassigning staff from other locations. DHH has also created the Environmental Health Assessment and Response Team (EHART), which assembles after each disaster to help restore public infrastructure and

confirm the safety of affected areas before residents return to the area. EHART inspects schools, hospitals, restaurants, food manufacturers, farms, shelters, and other locations. Additionally, DHH now maintains an emergency operations center (EOC) during each disaster to manage and provide medical equipment and supplies to response personnel.

In addition to these reforms, DHH has taken vital steps to ensure our most vulnerable citizens are safe during

1,200

More than 1,200 hospitals, nursing homes, emergency services, and other sites and organizations are now monitored.

times of disaster. The State is now intently focused on preparing communities to respond before a disaster has occurred, rather than focusing on reacting after an event. For our part, DHH has created emergency preparedness training manuals for community providers, worked with all service providers to create emergency plans, and now requires all licensed care facilities to have evacuation plans. Critically, once a threat is identified, DHH now reaches out to providers, facilities, and case managers to make sure that they are fully supplied and are reaching out to patients to ensure they are aware of the danger and are taking appropriate action. This outreach helps us ensure our community-based care recipients are safe and allows us to coordinate any additional disaster response necessary. Finally, DHH has worked with the Legislature to create rules that require hospitals and nursing homes to submit emergency operations and evacuation plans, have generators to support critical patients, and have the capabilities to evacuate their own residents.

To support this work, we've improved our information systems to make them more powerful. In addition to the EED described above, we've improved resource management and tracking, allowing hospitals,

emergency medical services, and DHH staff to easily track and report critical items, including: the location and status of patients; the availability of beds, power or fuel at a given location; the evacuation status of shelters and hospitals; and more. More than 1,200 hospitals, nursing homes, emergency services, and other sites and organizations are now monitored. We also now contract with Everbridge, the most comprehensive emergency notification platform available, to provide a single solution for mass notifications, geographic information system (GIS) targeting, secure mobile communication, and incident management. We have also launched the Louisiana Volunteers in Action (LAVA) database, which allows the State to pre-credential possible volunteers in advance of future events and to quickly credential spontaneous volunteers that step up during times of need. In addition to these improvements, we have created the Louisiana Electronic Event Registration System (LEERS) to house birth certificates and other vital records in cloud storage, ensuring such documents are not lost in a future storm. LEERS also helps DHH document mass fatality incidents.

Through our efforts as a state and as a community, Louisiana is far better prepared for storms and other disasters than it has ever been. The final piece of the puzzle, though, is the most critical: you. Nothing the State can do to prepare – no plan, no strategic placement of resources, no amount of employee training – can take the place of an informed and prepared individual. Please visit dhh.louisiana.gov/ccp to learn more about how your organization can participate in disaster response; lava.dhh.louisiana.gov to register as a disaster volunteer; and getgameplan.org to create your personal disaster plan.

During disasters, Louisiana state government will post emergency information at emergency.la.gov. ■



In the midst of a discussion with Dr. Owen Carmichael on the texture of melted chocolate or the color and hue of a fresh batch of French fries, you might guess that he is a chef or a food critic. As cool as those jobs are, those guesses don't come close. Take his fascination with food and mix in a heavy dose of the biomedical sciences to find the answer. Dr. Carmichael is a brain scientist at LSU's Pennington Biomedical Research Center, and he is striving to understand the way cravings, such as those we have for food, are embodied.

NEW BRAIN RESEARCH SEEKS TO UNDERSTAND the Nature of Cravings

SOME OF US MAY BRUSH OFF CRAVINGS as a normal aspect of our personalities, but Carmichael reveals that overwhelming cravings are a very real problem often found at the center of weight struggles and obesity – struggles that can lead to diabetes, high blood pressure and a host of other health problems.

“We think that becoming overweight could change the brain, and people who are obese may have a heightened sensitivity to certain attributes such as the sweetness of food,” said Carmichael. “We want to know how to combat these cravings.”

The first step to combatting cravings is in understanding how the brain processes food information, something Carmichael is doing now with the help of volunteers from the community.

Carmichael and researchers at Pennington Biomedical have put together a catalog of different food images ranging from high fat and sugary foods to those that are much healthier.

Carmichael asked volunteers to undergo an MRI while his team showed them the food photos. They asked volunteers several questions: Is this food delicious or is it disgusting? Do you eat this food or do you not eat this food? How interesting is this photo?

While each volunteer saw food images

appearing, the MRI was scanning their brain to show which area lit up in response to each photo.

“We see different parts of the brain light up when we are shown foods that taste really good to us such as indulgent dishes, than we do when we are shown foods that we know are ‘good for us,’” said Carmichael. “The reward circuit uses past experience to value a stimulus, like a skinless chicken breast for example. Sure, chicken breasts can be flavorful but there is not a lot of pleasure associated with them. Looking at cheesecake, on the other hand, will turn on that reward circuit, thanks to its sweetness and taste.”

Armed with that information, Carmichael is able to better understand the reward circuit in our brains, which could eventually lead to better weight management therapies and to a better understanding of weight loss – something vitally important, given the increasing rate of obesity in Louisiana and around the world.

Carmichael hopes to amp up this work in the future by not only showing volunteers photos of food, but by asking them to taste foods while in the MRI.

“Adding taste response to visual response could give us information about how the brain starts to crave desirable foods in the first place. Eventually we may be able to test the feasibility of medications that suppress cravings by collecting MRI data before and after volunteers take those medications,” said Carmichael.

“This is all a part of our effort to help people live longer, healthier lives,” said Carmichael, “One day those New Year's resolutions to eat better and lose weight may be a little easier to keep thanks to scientific research and innovations from Pennington Biomedical right here in Baton Rouge.” ■



HOSPITAL Rounds

HOSPITAL NEWS & INFORMATION



CODE RED CHILI COOK-OFF REGISTRATION OPENS

Entries are now being accepted for the second annual Code Red Chili Cook-off set for Saturday, September 26th, 10 a.m. – 4 p.m., at The Pointe of Americana, 4200 Liberty Road, in Zachary. The Code Red Chili Cook-off is presented by Americana, Level Homes, Superior Ford, The Advocate, WYNK, Fox 44, and Lane Regional Medical Center. All proceeds will benefit the many projects of LaneRMC Foundation, such as cancer treatment services at the new Radiation Oncology Center on Lane's campus.

Admission is free. The entry fee for cooks is only \$25. Register online at LaneRMCFoundation.org or by calling Theresa Payment at (225)658-6699.

Travis Hughes, head cook for 'The Heat Is On' (pictured center with hat and sunglasses), had the winning chili and won the People's Choice Award at the 2014 Code Red Chili Cook-Off.



Kenney to Serve as Regional Dean for Tulane Baton Rouge

Dr. Lee Hamm, Senior Vice President and Dean of Tulane University School of Medicine, has named Dr. Robert Kenney the Regional Dean, overseeing the Leadership Education Advocacy and Discovery (LEAD) Academy Baton Rouge satellite campus housed on Baton Rouge General's Mid City campus.

Dr. Kenney serves as Baton Rouge General's Vice President of Medical Operations and is a core faculty member in the hospital's Internal Medicine Residency Program. He is an American Hospital Association sponsored National Patient Safety Fellow and has nearly 30 years of nephrology practice experience. Dr. Kenney currently serves on the Board of Directors for the Renal Physicians Association and is a Fellow of the American College of Physicians.

The satellite campus is an innovative program in which Tulane medical students reside in the Baton Rouge area and work side by side with community physicians to complete their third and fourth years of medical training.

OLOL Announces New VP of Facilities

Our Lady of the Lake has named Jeff Mosely, PE, as the new Vice President of Facilities and Construction to lead the maintenance and construction activities of more than 70 buildings across the organization.

As the Vice President of Facilities and Construction, Mosely has responsibility over the maintenance of buildings and grounds, all construction and renovation activities, and the procurement and repair of hospital equipment. He is a part of the executive leadership team for Our Lady of the Lake, and works in conjunction with regulatory, safety, and clinical departments on regulatory issues.

BR General Recognized for Health Initiatives

Baton Rouge General's commitment to workplace wellness has earned it new recognition. Both campuses earned WellSpot designations from the Louisiana Department of Health and Hospitals as part of DHH's Well Ahead campaign. WellSpot recognizes smart choices and positive changes that improve the health of Louisiana's citizens.

The hospital has capitalized on many opportunities for healthy living through initiatives like the BRG Fit! program, tobacco-free policy, employee gyms, biometric screenings, healthy



Robert Kenney, MD



Jeff Mosely, PE



Staci Sullivan, MSN



Dell Guerra, RN

dining options, fitness classes, and ongoing health education. Since the employee wellness pilot program was launched in 2011, employees have achieved: a 33 percent reduction in body mass index (BMI); a 16 percent reduction in waist size; and a 10 percent reduction in overall health risks.

Baton Rouge General also received the Fit Friendly Award earlier this year from the American Heart Association, for promoting a culture of wellness among employees through healthy programs and services.

LHA Recognizes Three as Safety Stars

The Louisiana Hospital Association (LHA) Trust Funds announced the three recipients of its 2015 Safety Star Award. This year's Safety Star Award Winners are Gastrointestinal Specialists in Shreveport, Lady of the Sea General Hospital in Cut Off, and Terrebonne General Medical Center in Houma.

The Safety Star Award recognizes members of the LHA Malpractice and General Liability Trust Fund who have implemented programs at their facility that have improved patient safety. The three facilities received a \$5,000 cash award and were recognized at the LHA Summer Conference.

Sullivan Named Chief Nursing Officer

Staci Sullivan, MSN, PMHCNS-BC, NEA-BC, RNC has been named Chief Nursing Officer for Lane Regional Medical Center.

Sullivan has more than 14 years of professional healthcare experience and will oversee all aspects of nursing care for the hospital according to accreditation and professional standards, including patient satisfaction, quality assurance, staffing, and physician relations. Prior to this position, she was the Vice President of Infant and Pediatric Services at Woman's Hospital.

Sullivan holds an Advanced Practice Nursing License in Adult Psychiatric and Mental Health Nursing and is a member of the American Nurses Association and the Louisiana Organization of Nurse Executives. She is certified by the National Certification Corporation for Neonatal Intensive Care Nursing, the American Nurses Credentialing Center in Adult Mental Health Nursing Clinical Nurse Specialist, and is a Board Certified Advanced Nurse Executive.

BR General Graduates 15 Residents

Fifteen new physicians are embarking on careers at health systems and physician practices across the country after graduating from Baton Rouge General's family and internal medicine residency programs in June. Seven of the graduates are beginning their clinical practices or additional specialty training here in the Greater Baton Rouge region.

Guerra to Chair LaneRMC Foundation

Dell Guerra, RN, was recently named chair of the Lane Regional Medical Center Foundation Board of Directors. The Foundation's current project is to raise \$1 million for the new Radiation Oncology Center on Lane's campus that opened in March of 2014.

Guerra has been in the healthcare field since age 15 when she started as a Red Cross Volunteer nurse's aide. She began



BATON ROUGE GENERAL HOSTS PEDIATRIC BURN CARNIVAL

Baton Rouge General's Regional Burn Center hosted its first Pediatric Burn Survivor Carnival on its Bluebonnet campus. The event brought former and current burn patients and their families together for an afternoon of support, food, and fun. Additionally, support groups were held for the patients, their siblings, and their parents throughout the day.

The St. George Fire Department, Louisiana State Police and SWAT teams were on site to offer children and their families the chance to ask questions and explore response vehicles.

- 1) June, 10, is a classically trained pianist. He showed off his skills at the carnival's music station.
- 2) Lala, 3, tries cotton candy for the first time.
- 3) Jaynie, 4, helps complete a painting for the Baton Rouge General Arts in Medicine program, which offers patients the opportunity to explore their own creativity while participating in art therapy projects.
- 4) Hallie and a BRG volunteer practice their pop star moves at the music station.





Cathy Griffiths, DNS, RNC-OB

her career as an RN at Lane in 1972. Guerra was the first nurse at Lane to receive the Nurse Excellence Award.

She currently serves as the Chair of the Lane Board of Commissioners, and is the Director of Nursing for The Serenity Center of Louisiana located in Baton Rouge.

Blood Donor Center Marks 10 Years of Service

The Blood Donor Center at Our Lady of the Lake celebrated its 10-year anniversary as one of the largest hospital-based blood suppliers in the country. Since its merger with the Our Lady of Lourdes blood donor program in 2005, the Blood Donor Center has collected blood from more than 300,000 volunteer donors and distributed more than 700,000 blood products.

The Blood Donor Center provides blood

products to more than 40,000 patients in need each year at such facilities as Our Lady of the Lake, Woman's Hospital, St. Elizabeth Hospital in Gonzales, Our Lady of Lourdes Regional Medical Center in Lafayette, the St. Jude Affiliate Clinic at Our Lady of the Lake Children's Hospital, the NeuroMedical Center, and the Surgical Specialty Center.

Woman's Names Griffiths VP of Quality

Cathy Griffiths, DNS, RNC-OB, has been named Vice President of Quality at Woman's Hospital, overseeing all aspects of hospital quality and patient safety. Griffiths will also assume responsibility for Educational Services, Operational Excellence, and Pharmacy.

Griffiths has more than 35 years of nursing experience and currently leads the Quality, Data Analysis, Risk Management, and Infection Control departments of Woman's. In 2011, she earned a doctorate in nursing science with a concentration in graduate education. She is also on faculty at LSU Health Sciences Center teaching graduate level nursing leadership courses.

Our Lady of the Lake Welcomes New Residents

Our Lady of the Lake recently welcomed a new class of residents with 50 doctors to begin specialty training in one of four Baton Rouge-based Graduate Medical Education programs including internal medicine, pediatrics, psychiatry, and emergency medicine.

The new class of Our Lady of the Lake residents together with residents from LSU Health Science Center will make over 260 doctors and 300 medical students training at the Regional Medical Center for the 2015-2016 academic year.

Baton Rouge General Aligns with Physician Groups

Baton Rouge General (BRG) recently announced co-management agreements for the hospital's cardiovascular service line with the Baton Rouge Cardiology Center (BRCC) and the Cardiovascular Institute of the South (CIS) that will set new standards for clinical quality and patient care. The agreements offer patients collaborative care from leading physicians trained in cardiology, radiology, nuclear medicine, electrophysiology, and prevention services.

Aligning with BRCC and CIS allows BRG to continue this commitment to providing innovative, quality services and lead to the expansion of heart treatment options for patients as well as new technologies and advances in care. Recently, physician-led innovation led to the expansion of surgical space for BRG physicians, including a hybrid operating suite for minimally invasive interventions.

LOLO Receives American College of Cardiology Award

Our Lady of the Lake has been recognized for its commitment and success in implementing a higher standard of care for heart attack patients



Our Lady of the Lake Welcomes New Residents

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NOVA AWARD Pictured (L to R) at the AHA's NOVA Award presentation: Denise Dugas, Vice Presidents of Operations, Seaside Healthcare; Eric McMillen, Chief Executive Officer, Ochsner Medical Center – Baton Rouge; Teri Fontenot, President and CEO, Woman's Hospital; Mark Slyter, Chief Executive Officer, Baton Rouge General Medical Center; Scott Wester, President and CEO, Our Lady of the Lake Regional Medical Center; Coletta Barrett, Vice President of Mission at Our Lady of the Lake Regional Medical Center and Chair of the Mayor's Healthy City Initiative; Andy Allen, Community Outreach Coordinator, Office of Mayor-President Melvin 'Kip' Holden.

with the American College of Cardiology's NCDR Action Registry-GWTG Silver Performance Achievement Award. Our Lady of the Lake is one of fewer than a hundred hospitals nationwide to receive the honor.

The Silver Performance Achievement Award signifies that Our Lady of the Lake has reached an aggressive goal of treating heart attack patients as outlined by the American College of Cardiology/American Heart Association clinical guidelines and recommendations. To receive the award, the hospital consistently followed treatment guidelines for four consecutive quarters and met a performance standard of 90 percent for specific performance measures.

OLOL Offers Peek at Future Children's Hospital

Our Lady of the Lake shared an update on its vision for Our Lady of the Lake Children's Hospital this summer. For the last 18 months, OLOL has been working with its physicians, team members, and patient families, while guided by HKS Architects, to develop this long-time goal and build upon the hospital's existing expertise and commitment to further improve children's health in Louisiana.

Our Lady of the Lake proposes building Our Lady of the Lake Children's Hospital on property that runs parallel to I-10 in between Essen and Bluebonnet near Our Lady of the Lake's main campus. Hospital plans will include inpatient

beds, an emergency room, surgical unit, and a dedicated hematology/oncology unit to further enhance care as one of seven St. Jude Affiliates in the country. Plans also include a connected medical office building.

Lane Behavioral Health Turns Four

Lane Behavioral Health Services recently celebrated their 4th anniversary of providing behavioral health services to the region. Lane Behavioral Health Services offers an Intensive Outpatient Program designed to help individuals through times of stress, fear, depression, anxiety, and behavioral or emotional crises.

Lane Behavioral Health Services also hosted a Ribbon Cutting and Open House to celebrate moving into their new location at 4801 McHugh Road, Suite A, in Zachary.

Healthy BR Honored with NOVA Award

Many Baton Rouge residents are eating better, exercising more, and improving their health, thanks to Mayor-President Kip Holden's Healthy BR initiative. With more than 70 partner organizations, including the area's five acute care hospitals, Healthy BR received the prestigious NOVA Award from the American Hospital Association. Representatives from local hospitals and the Mayor's office accepted the award at presentation in San Francisco on July 25. Healthy BR, part of the Mayor's Healthy City Initiative, is one of five national winners of this year's NOVA Award which recognizes hospitals and collaborations that are taking innovative steps to improve community health.

BR General Earns NAPBC Accreditation

Baton Rouge General's (BRG) Pennington Cancer Center has been awarded a three-year/full



LANE ANNIVERSARY Pictured from left to right: Nathaniel Johnson, Monica Henry, Gina Vince, Missy Gilpin, Dr. Pamela J. Parsons, Katherine Bell, Patrick Haggerty, Christy Tircuit, Pam Reed, Scott Roy, Sue Lanclous, Sonya Davis.



Brandi Basso, MD



Jason Beeharilal, MD

accreditation designation by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons. In 2009, BRG's cancer program was the first in Louisiana to be granted accreditation by NAPBC.

The Pennington Cancer Center includes a full slate of resources dedicated to helping women fight breast cancer.

OLOL Children's Hospital Opens Gonzales Clinic

Our Lady of the Lake Children's Hospital has opened a pediatric specialty clinic in the St. Elizabeth Hospital Physician Medical Office in Gonzales offering diagnosis and treatment for such conditions as asthma, food and environmental allergies, sinusitis, skin rashes, ear infections, and more.

The Our Lady of the Lake Children's Hospital

THERAPISTS DISCUSS INNOVATIVE TREATMENT

Team members of Baton Rouge General's Therapy Department pictured at the event (L to R): Jane Ladmirault, Michelle Chellew, Lisa Zeppuhar, Lisa O'Rourke, Rachel Pope, Amy Catalano, Laci Sherman

Pediatric Specialty Clinic-Gonzales is the first clinic to offer these specialized pediatric services in the Gonzales area.

Theron McCormick, MD is the Board Certified specialist at the clinic offering allergy and immunology treatment for children ranging from newborns to teenagers. He also provides care at Our Lady of the Lake Children's Hospital in Baton Rouge.

Basso Joins North Oaks Primary Care

Local Family Medicine Physician Brandi Basso, MD, has joined North Oaks Primary Care Clinic in Denham Springs.

Certified by the American Board of Family Medicine, Dr. Basso comes to North Oaks Physician Group with more than six years of experience serving Livingston Parish. She offers personalized care for adults and children, ages 2 and older, through regular check-ups, immunizations, screenings, and preventive medicine.

Beeharilal Offers New Treatment for Allergies

Dr. Jason Beeharilal, specializing in Internal Medicine and Medical Aesthetics services, is now offering a long-term solution for those suffering from seasonal allergies. "Dr. Bee" practices at Premier Wellness Associates on Lane Regional Hospital's campus.

Typically allergies are treated through immunotherapy, which desensitizes your body to the allergens until your immune system learns to 'ignore' them and they are no longer perceived as a

threat. The most common form of immunotherapy is an injection. Allergy shots have been used for decades but require you to visit your doctor's office up to twice a week for 3-5 years.

Now there is a better way – daily drops under the tongue. Known as sublingual immunotherapy, placing drops under the tongue uses the same serum used in allergy shots, but it is a much easier and more convenient way to treat allergies, and, you only need to visit your doctor once every 12 weeks for a refill and follow-up.

Therapists Discuss Innovative Treatment

In July, Baton Rouge General joined the community, physicians, and healthcare professionals at the 4th Annual Parkinson's Conference at Pennington Biomedical Research Center to promote awareness for this debilitating disease. Attendees learned about current research, approved treatments and new medications for Parkinson's disease from leading experts in the field.

Among the featured speakers at the conference were Baton Rouge General therapists Michelle Chellew, PT, DPT, Rachel Pope, MA/CCC-SLP, and Lisa Zeppuhar, MCD, CCC-SLP, who presented information on speech and gait treatments. Baton Rouge General's team of therapists provide expertise in LVST (Lee Silverman Voice Treatment) BIG and LOUD therapies, which have been shown to improve speech and motor functions, such as walking and balance, in patients with Parkinson's disease and other neurological conditions. Nearly 90% of individuals with Parkinson's disease will have speech problems. ■



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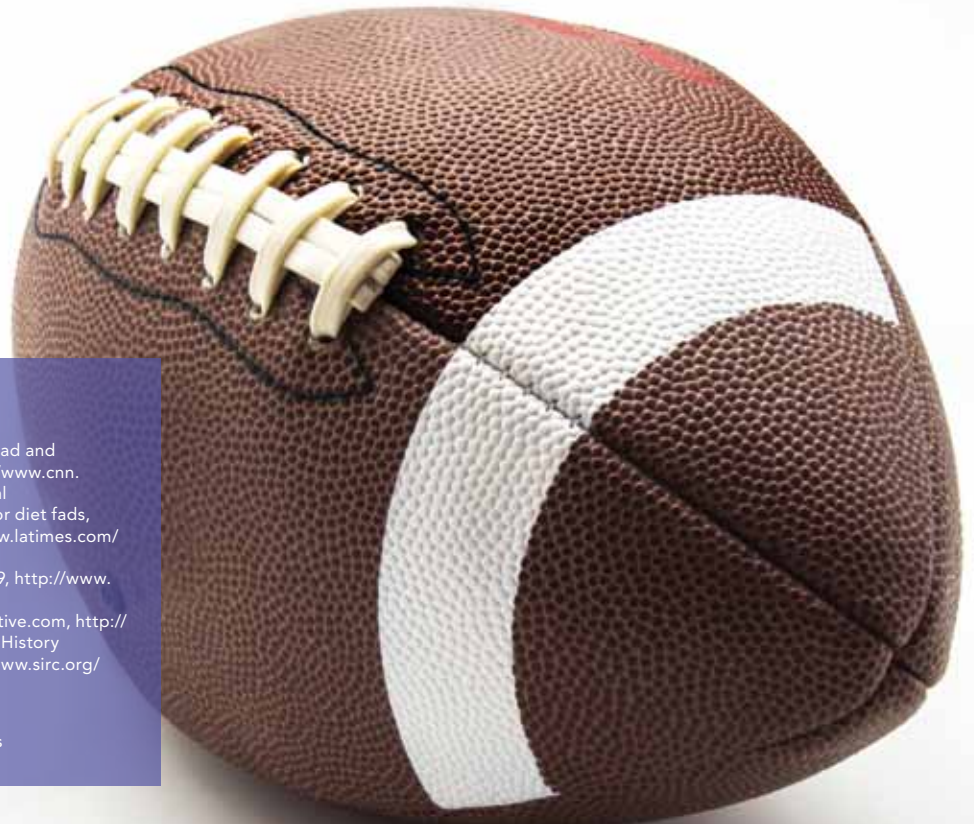
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