

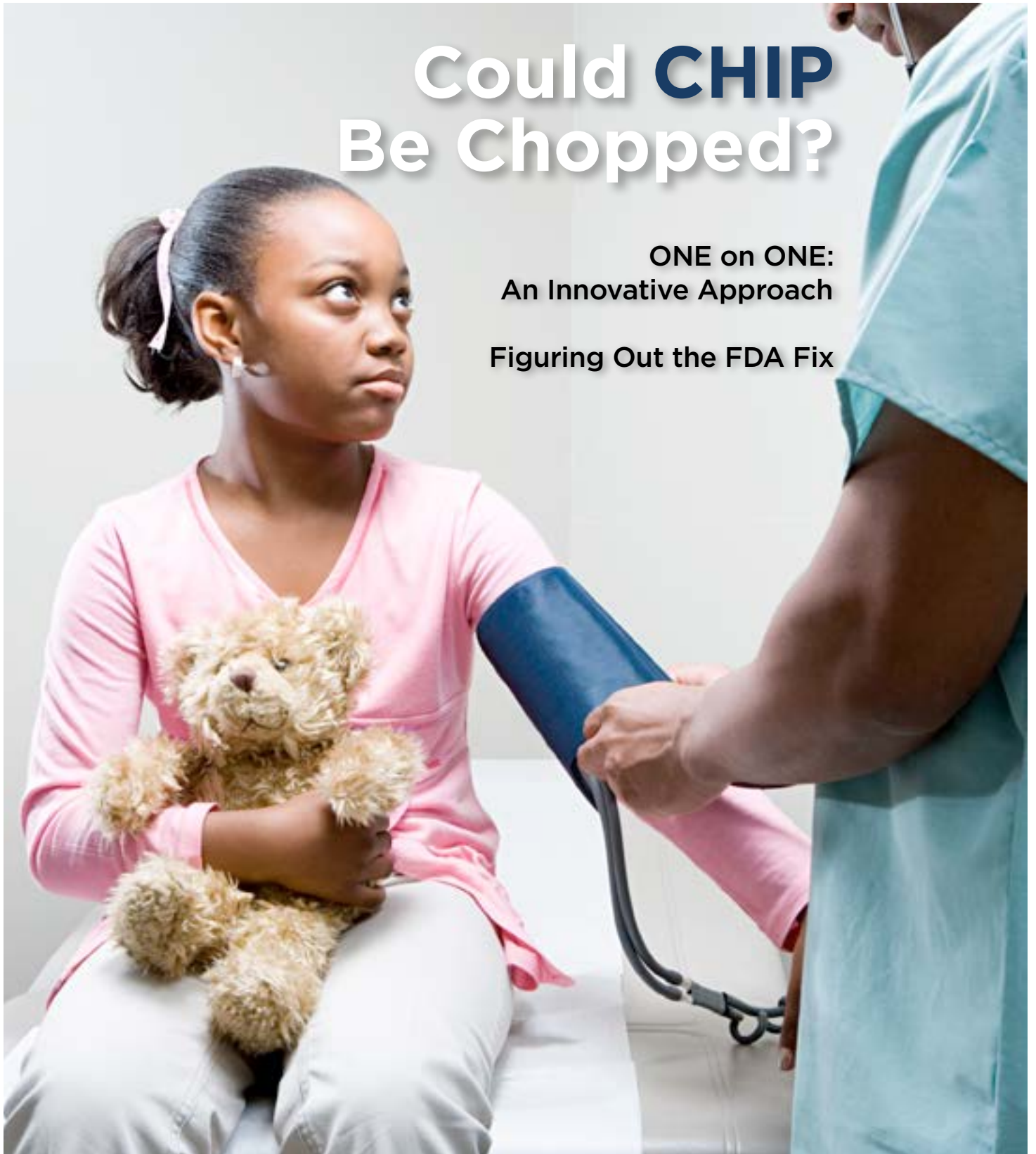
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“We have to repeal and replace Obamacare.”

- Donald Trump



OKAY. HERE WE GO AGAIN.

There is no doubt the passing and implementation of the Affordable Care Act has caused a fair amount of angst among healthcare providers and American citizens throughout the past administration. Nobody quite knew how they were to be affected. Some people were hopeful. Some people were angry and downright scared.

One thing we know is the implementation wasn't easy. It's estimated by *Forbes* that the development and implementation of the Affordable Care website alone is in the range of two billion dollars. Apparently we couldn't find a website company to build the healthcare marketplace site for only one billion dollars. But as usual, I digress.

After all of this hubbub, the Trump administration is now discussing ways to repeal and replace this system. But what does this mean?

At one point, Mr. Trump toyed with the idea of a single-payer system, but he's since backed off that. He has floated ideas of importing prescription drugs, pricing transparency, free-market principles, keeping the prohibition on denying coverage for preexisting conditions, designing Medicaid as a state block grant system, tax exemptions for individuals purchasing their own coverage, and allowing insurers to sell policies across state lines. These are some of the potential ingredients. But, the coordinated balance has yet to be explained.

Trump will need 60 votes in the Senate to get a true repeal and replace. It's not determined yet if he will in fact, seek

full repeal and replace as he campaigned on. Even if Trump doesn't achieve repeal and replace, there are many significant changes he can make to the current system, especially considering the power to control much of the funding.

According to the CDC, the uninsured rate is at an all-time low of 8.9%. Also, healthcare premiums have risen, significantly. We are seeing some outcomes of the Affordable Care Act; some we like and some we don't.

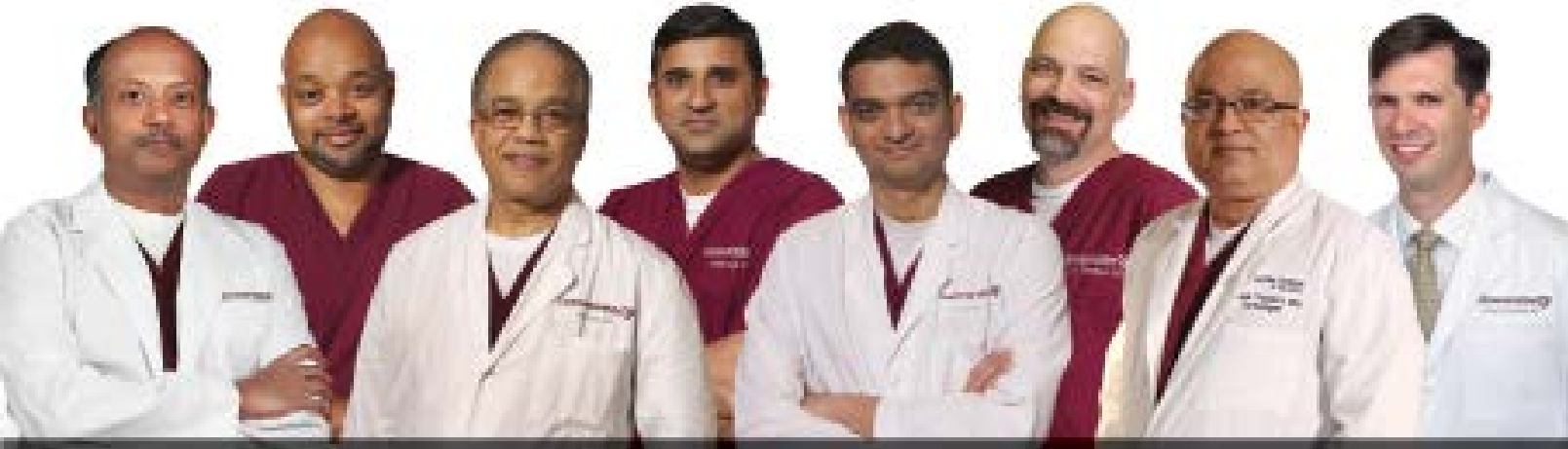
But what does this all mean to local hospitals, doctors, and patients? Well, we get to wait and see. Somehow I think whatever direction is chosen will also be wrought with aspects we like and aspects we don't like, but somehow the shock has diminished. Even if we return to the system prior to the Affordable Care Act, it's a system we know. Most people seem to prefer what they know and dislike over what they don't know.

Moving forward, we do know one thing. We know if we treat patients well and skillfully, present ourselves well, and avoid frivolous mistakes, we are much more likely to succeed.

Bottom line – Change is inevitable. The future is unknown. It's just like every other day.

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Human Resources Director/
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One of the on-site workout areas Laitram has created for its employees.



Laitram, LLC, headquartered in Harahan, is a global manufacturer with four operating divisions that produce a diverse set of products and services including seafood processing equipment, conveying solution technology and systems, fabricated metal stairs, and precision machining services. With more than 2,000 employees, Laitram operates manufacturing and assembly facilities in nine countries and employs people in more than 30 different countries outside the United States.

The company has implemented a unique and successful wellness program for its employees and their dependents.

Franck LaBiche joined Laitram's legal department in 1995 in a corporate counsel role. Supporting the company's commercial, production, and administration areas, he worked in various areas including labor and employment, benefits, commercial transactions, immigration, and others. LaBiche has also worked alongside Laitram's CFO to manage the company's insurance and risk management program. In 2009, he was volunteered to manage the company's Human Resources group.

CHIEF EDITOR SMITH W. HARTLEY What does it mean to be self-insured?

FRANCK LABICHE Basically from a self-insured perspective you're assuming all the risk of the claims that you incur in your health or other type of benefit plan. So basically you are taking on all that risk unless you put in place a stop loss type of policy to cover any losses above a certain amount, which companies our size typically do. A lot of larger companies do not do that. They will self-insure their total risk. So basically all claims are paid through the assets of the company.

EDITOR And that includes hospital as well?

LABICHE Correct. So in the health plan, you are including basically your medical spend, your pharmacy spend, and then you have your administrative expenses, reinsurance expenses, and for us, we have our on-site health clinic expenses included in that.

EDITOR I guess your protection is your stop loss?

LABICHE Correct. We have a \$250,000 per member, per year stop loss, so as an individual if I incur \$250,000 in losses the company will pay that amount. Then above that we have a reinsurance company that will pay any claims above that amount in a given year.

EDITOR Let's talk a little bit about the on-site clinic. That's a little bit unusual for a company. How much does it cost, how is it staffed, and how does it pay for itself?

LABICHE The emphasis behind the clinic from our perspective was that we were seeing our medical premiums for our employees trending up, from 2005 to 2011, roughly 40%. We knew that would be really unsustainable in a sense that something would have to give. Either we would have to pass on more premium to the employee or we might have to reduce our benefits. So with the on-site clinic what we were trying to do is create better or greater control over ourselves and our employees in their healthcare and wellness. So we are trying to get employees engaged with the health center, with the practitioners. What you are doing is you are basically creating a fixed cost, so you create that control and you are trying to redirect behavior and engagement from more expensive providers.

Think about when you have an acute type situation you are



possibly going to urgent care, the ENT, in some situations folks will go to the emergency room, so you are spending a lot more on care or conditions that could be treated at the health center by a nurse practitioner. At our health center, you can really set these up depending on what your resources are, what your anticipated capacity is. Our health center is currently staffed by one full-time nurse practitioner, one part-time nurse practitioner, and a medical assistant. When we started however, we actually started out with one part-time nurse practitioner and a medical assistant, but we quickly reached capacity within about three months. So we moved those folks to full-time and within the year we were looking to bring on another nurse practitioner.

So the cost is obviously relative to the capital expenditure that you want to put into the health center. You can really convert an office into a health center, just a standalone office, or you can go very elaborate. Some health centers have X-ray services and a lot of other amenities that we don't have. A lot of those are trying to do things like occupational medicine and may have much larger populations than we do.



The Health and Wellness Team at Laitram includes two nurse practitioners, a medical assistant, two personal trainers, and a dietician.

of negotiating all the imaging and lab and those sorts of things?

LABICHE From an imaging perspective, things that are outside the health center, would fall under our health plan. The third party administrator, since we are self-insured, is Highmark of Pennsylvania. They are a Blue Cross and Blue Shield provider so we basically use the Blue network in Louisiana and any other state where we have employees. And they follow the typical insurance model where they are negotiating in-network providers with local hospitals and physicians. So anything that can't be done in the clinic, most of the time employees will use those in-network negotiated rate providers.

EDITOR How is this communicated to employees? Is it done in a way that you tell them the clinic is now their primary care provider?

So it all depends on the scale you are trying to achieve and the resources that you have. Our health center costs from an annual operating perspective, is roughly \$500,000, but it's actually, when you go look at our budget, the smallest expense in our healthcare spending, our whole healthcare budget. Hopefully, we are creating that fixed cost because we can put as many people through the clinic as capacity allows with the same cost. So the more people we redirect from higher cost providers, the more we are going to save long term and of course, we are hopefully engaging those folks from a wellness and behavioral aspect to improve their health and well-being long term, thereby reducing costs even further.

EDITOR Do you go through the process

“The emphasis behind the clinic from our perspective was that we were seeing our medical premiums for our employees trending up, from 2005 to 2011, roughly 40%. We knew that would be really unsustainable in a sense that something would have to give.”

LABICHE What we wanted to do with the health centers, we wanted to really, as much as possible, remove any barriers to access. One of the things we care about with the current state of affairs with healthcare is that access can sometimes be limited. So we wanted to prevent that as much as possible. With our health center if you are on the Laitram health plan you can go to the health center at no charge; you are not paying any copay or any deductible to go visit the health center. And you can visit as much as you want.

We also dispense roughly 30 generic medications from the health center that the nurse practitioners are allowed to dispense at no charge. Again, there's no cost for getting those medications. And if they don't have the medication they can always send in an electronic scrip to their local pharmacy, be it Walmart or Walgreens, or whatever it may be.

So what we have tried to do when we are messaging this to employees and supervisors is when someone has to leave the campus to go to an offsite provider we say that on average that's roughly two and a half hours lost time or lost productivity both from our standpoint and the employee's standpoint. And a lot of times those employees may not

come back depending on the type of doctor or visit they have. By going to the health center we don't have any walk-in appointments, so everything is by appointment. Once you arrive you are seen immediately and then you are back at your work station or desk within 20 to 30 minutes. So we have a lot of productivity gains by having the health center. Also, for employees, which is a big benefit and reduces that barrier to access, is they remain on the clock. So they are being paid for the time they are at the health center. There is no incentive not to go to the health center. You are actually incentivized to go to the health center by being paid versus having to take PTO time if you have to leave the campus to go to a personal physician.

EDITOR I imagine this system encourages a focus on wellness.

LABICHE It's a focus on wellness, but it's really a focus on behavior. Poor behavior with respect to lack of physical activity or poor nutrition typically drives chronic disease, which is the driver for most costs under our health plan and I think you would find in most health plans. We know that in order to reduce that risk we have to change behavior, so we are always trying to focus on how

we can engage employees to change their behavior and by doing so we improve their wellness.

EDITOR And that's probably one of the million dollar questions. In the state of Louisiana everybody likes food and drink so how do you address that?

LABICHE Yes, we are usually at the bottom of most lists. We know that at our company more than 50% of our employees are over 40. Obviously when you live in New Orleans there's a lot of great food to eat all the time, but we also have a lot of individuals who have been sedentary for the majority of their life or at least their adult life. So if you think about how difficult it is to change that behavior, it's not a very easy battle to win in order to change people. They've not eaten well or exercised at all for a good part or the majority of their adult life so you are fighting an uphill battle to start, and then also given our demographics. We treat it as a journey or a marathon; we know we have a long way to go. We are really early in the program; we're in our fourth year. We've seen some significant gains, but we know we still have a long way to go.

“Our health center costs, from an annual operating perspective, roughly \$500,000, but it's actually, when you go look at our budget, the smallest expense in our healthcare spending, our whole healthcare budget.”



Laitram employees can attend free healthy cooking classes.

EDITOR With regard to encouraging wellness, what are some of the motivations that are working? Are they financial, peer pressure, health-driven?

LABICHE We have a little of all that. There's always the question is it the carrot or the stick approach to this? I think when you talk to people that have wellness programs you can find success both ways. And we have an element of each. When I talk to our employees I try to talk to them about accountability and what I try to make them understand is in the world of employer-provided health-care really you are just talking about one risk pool. And people really don't in general I think, understand how their behavior or actions impact that risk pool and ultimately

impact the cost to themselves and the company by way of premiums and how that aligns.

So we try to bring it back to when they are in the outside world purchasing products for themselves such as auto insurance and life insurance and homeowner's insurance. We try to make them understand or at least tie it to those items so that they know when they go to try and purchase that type of insurance they have to answer questions and have to basically create a risk profile. That risk profile drives their premium. When you explain it to them that way the light bulb kind of goes off and they start to understand how their individual behavior drives the risk in the pool for our plan, which ultimately drives premiums.

So we try to create some accountability through biometric screenings. We require employees every year to do biometric screenings, to do an online health assessment, and then every other year they have to have at least one health coaching visit with one of the nurse practitioners. If they don't do that then they are going to pay more in premiums. So that's where we try to create that accountability for both the employee and the spouse on the plan.

We also try to do a lot of things that create more of a community. We have an on-site fitness center where we have group exercise classes, we have group training with personal trainers, we have a registered dietitian. And we use some technology to create a community around an exercise program

we call MyZone, which is a heart monitoring system that basically operates something like Facebook where you can see others' workouts, you can send comments about a workout, you can like a workout. So we try to create that peer pressure you talked about earlier, but in the context of a kind of community, a wellness community.

EDITOR So basically you do have a metric of some sort to measure the wellness and health outcomes?

LABICHE Right. The company that runs the on-site health center is Marathon Health, out of Vermont. So they are constantly crunching the data to evaluate our metrics to see where we are actually moving the needle in different areas and they are calculating an ROI on the investment of the health center. You know some assumptions of course go into those calculations, but over time they are trying to project for us what the savings are that we have with the health center.

And we have a lot of visible success stories...there are a number of employees who have done great things with either their weight or their diet or their physical fitness in connection with this program so we see a lot of benefits to that. We see a lot of productivity gains with people not having to leave the campus. We have roughly 250 to 300 visits to the health center a month and if you multiply that by 2 ½ hours you can get to the number on the productivity side that we're gaining with that. So yes, there are a lot of metrics that get generated out of the data that we are able to obtain from both Marathon Health and Highmark, who administer our plan.

EDITOR After all the numbers are crunched and you look at the expenses of having a clinic, and a fitness center, and staff, when you compare that to the traditional insurance system can you confidently say this is a financially

"We see a lot of productivity gains with people not having to leave the campus. We have roughly 250 to 300 visits to the health center a month..."



successful program for your company?

LABICHE If I look at some of the metrics that we trace...I can't go into them all obviously here...but we look at things like specialty care visits. We have reduced our specialty care visits from 7.3 to 3.5 per health plan member, per year. We've reduced our ER visits from 230 to roughly 170. The projected ROI we calculated over three years was roughly over \$7 million assuming our pre-go-live trend of 13% that we were incurring before we put the health center on site. So yes we believe that the health center, and as I said it's the lowest cost of our plan, has definitely provided the payback that we wanted to, both from some of those quantifiable costs, but

then you get into some of those soft costs that are harder to quantify from a number perspective, but we know are there—retention, recruiting, things of that nature that employees say, "Hey, that's something that nobody else is doing in this area."

EDITOR Since you have looked at this a lot and you have looked at the numbers a lot, Laitram has 2000 - 3000 employees, how many employees do you think are needed for this program? Do you think that maybe other companies might be interested in something like this or maybe co-oping with each other to create something?



LABICHE Sure. When we talked to Marathon Health, they say that the scale you need is 500 employees because you are typically going to bring in spouses and dependents also so they can utilize the clinic. But there are opportunities to co-op, if they are a smaller company within the same geographical area and can align along their values and what they want to get out of the health center. Some companies have remote sites that they will use a traveling nurse practitioner or RN to handle those folks. And of course you can always go part-time. You don't have to always have your health center fully staffed from the get-go. So there are different ways to reduce the cost in order to fit the individual company's needs or budget. But roughly, we have always heard around 500 is the starting point.

EDITOR Do you think this might be a future trend for companies?

LABICHE I think as healthcare continues in its current state with the trend they are seeing in the opportunity to add these clinics, I definitely see that there is going to be an increase. And we have seen more vendors coming into the market. We hear from Marathon Health that they continue to increase their book of business so I think there's a great opportunity for this market to continue to grow. ■

“We have reduced our specialty care visits from 7.3 to 3.5 per health plan member, per year. We’ve reduced our ER visits from 230 to roughly 170...So yes we believe that the health center, and as I said it’s the lowest cost of our plan, has definitely provided the payback that we wanted...”

MEDICAID

**LACHIP,
MEDICAID,
AND THE
FUTURE OF
CHILDREN'S
HEALTHCARE
IN LOUISIANA**



By Claudia S. Copeland, PhD

Could CHIP Be Chopped?

LaCHIP, Louisiana's children's health program, provides healthcare for more than 130,000 children from low-to middle-income families on top of the more than 600,000 children covered by traditional Medicaid. CHIP, the joint federal-state Children's Health Insurance Program that provides funding for LaCHIP, was created to complement Medicaid's mission of providing healthcare to low-income children. CHIP filled a gap by providing coverage for children from families earning too much to qualify for Medicaid, but too little to afford private health insurance. In Louisiana, the LaCHIP program has allowed working-class and small-business owning families to receive the same care as traditional Medicaid-eligible families, either for free or at an affordable cost, for almost two decades. Federal funding for CHIP, however, is set to expire in 2017. In the current climate of political uncertainty, LaCHIP's future is in question—what would happen if federal funding for CHIP failed to be reauthorized?

One way to look at the consequences of CHIP nonrenewal or funding cuts is to revisit Louisiana in the years before CHIP existed. In November of 1998, when LaCHIP was first introduced, Louisiana had the third highest rate of uninsured children, according to former Medicaid director Ruth Kennedy.

Today, Louisiana is among the leading states for lowest rate of uninsured children nationwide, with only Illinois, New Jersey, and Michigan reporting lower percentages of uninsured individuals in the 0-18 age range, according to the Kaiser Family Foundation.

What is LaCHIP?

Before 1998, healthcare coverage was provided to very low-income children through traditional Medicaid. Created in 1965, Medicaid is provided on the basis of income and age thresholds that are the same throughout the U.S. There are no per-state caps on spending, so anyone who falls within the income and age limits will receive Medicaid. CHIP was introduced in 1997 to address the needs of children whose families earned too much to qualify for traditional Medicaid, but who could also not afford private health insurance. Many small business owners and hourly wage earners fall into this category, as do creative professionals like musicians and artists. Unlike traditional Medicaid, the federal funding for the program is provided as block grants, with considerable flexibility given to states in how to implement the funds.

CHIP was introduced in 1997 to address the needs of children whose families earned too much to qualify for traditional Medicaid, but who could also not afford private health insurance.

In Louisiana, CHIP-funded care is provided through expanding the Medicaid system to accommodate lower-to-middle income families. (In other states, other models and practices are employed—some states address the funding limitations through waiting lists, for example.) Louisiana has been nationally recognized for its continued work in expanding eligibility, enrollment, and retention; for example, expanding eligibility from 133% of the Federal Poverty Level to 200% FPL in 2001, and providing coverage to pregnant women through the LA-MOMS program in 2002.

LACHIP AFFORDABLE PLAN. In addition to free LaCHIP coverage for families earning up to 200% of the Federal Poverty Level, in 2007, Louisiana expanded coverage to many middle-income families through a low-premium (\$50/month) plan called the LaCHIP Affordable Plan, a non-Medicaid plan administered through the state’s Office of Group Benefits. Coverage eligibility limits are generous, designed to ensure that all children in the state have access to healthcare. For example, a family of four can earn up to \$61,968 annually and still be eligible for the LaCHIP Affordable Plan.

CHIPRA and MACRA. By 2008,



CHIP, originally designed to be funded by a tobacco tax, was facing shortfalls in several states. The CHIP Reauthorization Act, or CHIPRA, was enacted in 2009 to extend and improve CHIP coverage, while mandating increased vigilance; for example, requiring allotments to be reassessed every two years on the basis of the amount of care actually provided by the states. The new authorization was generous, allowing and incentivizing expansion to more children, and Louisiana took advantage of most of the provisions. (One notable exception: while CHIPRA explicitly allows Medicaid/CHIP coverage for legally resident immigrant children and pregnant women in their first five years in the United States, Louisiana chose to retain the previous 5-year waiting period for new immigrants.) In 2015, CHIP was once again extended through the Medicare Access and CHIP Reauthorization Act of 2015, or MACRA. Meanwhile, as part of the ACA, CHIP programs' funding was mandated to increase by 23% starting in October 2015, raising the federal share of CHIP funding for Louisiana to 96%.

Together, LaCHIP and the LaCHIP Affordable Plan were designed so that, with the exception of new immigrants, there would essentially be no economic

reason any child lawfully residing in Louisiana should be uninsured. However, there are social/psychological reasons for not enrolling—from a lack of knowledge about the program to a sense of “pride” that repels some families from taking advantage of public services.

According to the Urban Institute, Louisiana has been unique among states in its proactive approach to such issues: “A critical factor that has permitted Louisiana’s success over the last decade has been the significant effort to change the ‘culture’ of the eligibility staff that performs these functions for Medicaid/LaCHIP. Specifically, this change involved reshaping staff attitudes toward eligibility, and moving away from a gatekeeper frame of mind toward a more facilitative, client-centered approach aimed at making enrollment and renewal processes as minimally burdensome as possible. To accomplish this goal, DHH drew upon the expertise and experience of those working in the field—the Medicaid analysts themselves—to solicit their input on process improvements.”

Outreach efforts have included participation in health fairs and community gatherings, distribution of flyers with key messages such as “applying for LaCHIP is easy!”, and the branding of both Medicaid

and LaCHIP as a single, seamless program. While the behind-the-scenes structure of the two programs (traditional Medicaid vs. block-grant funded CHIP) are very different, consumers generally have no idea whether their children are enrolled in traditional Medicaid or CHIP—it is all called LaCHIP and treated as a unified program, a single application, single renewal process, and single program in terms of the healthcare provided to the children.

LaCHIP beyond 2017?

The outlook for U.S. healthcare in the coming years is, at the moment, a big question mark, and this extends to children’s healthcare programs. The ACA specified the continuation of the federal CHIP matching rate through 2019, but this guarantee will disappear if the ACA is repealed. In addition, while it authorized the program through 2019, federal funding has not been allocated past September of 2017. Trump campaign promises included repealing and replacing the ACA, but few details have been offered on how healthcare will be restructured, either for adults or children.

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Dr. Rebekah Gee

“While it is much too early to speculate about President-elect Trump’s health care plans – especially as they relate to the Affordable Care Act – we are aware of existing plans that call for reduced federal funding for the Children’s Health Insurance Program, the elimination of federal funding for Medicaid expansion to low-income adults in states such as Louisiana, and plans that would make Medicaid a block grant program.”

While the most immediate concern of the Louisiana Department of Health is adult Medicaid expansion, a key component of the ACA brought to Louisiana last summer and now under direct threat, the future of our children’s healthcare programs is also uncertain. According to Dr. Rebekah Gee, Secretary of the Louisiana Department of Health, “While it is much too early to speculate about President-elect Trump’s health care plans – especially as they relate to the Affordable Care Act – we are aware of existing plans that call for reduced federal funding for the Children’s Health Insurance Program, the elimination of federal funding for Medicaid expansion to low-income adults in states such as Louisiana, and plans that

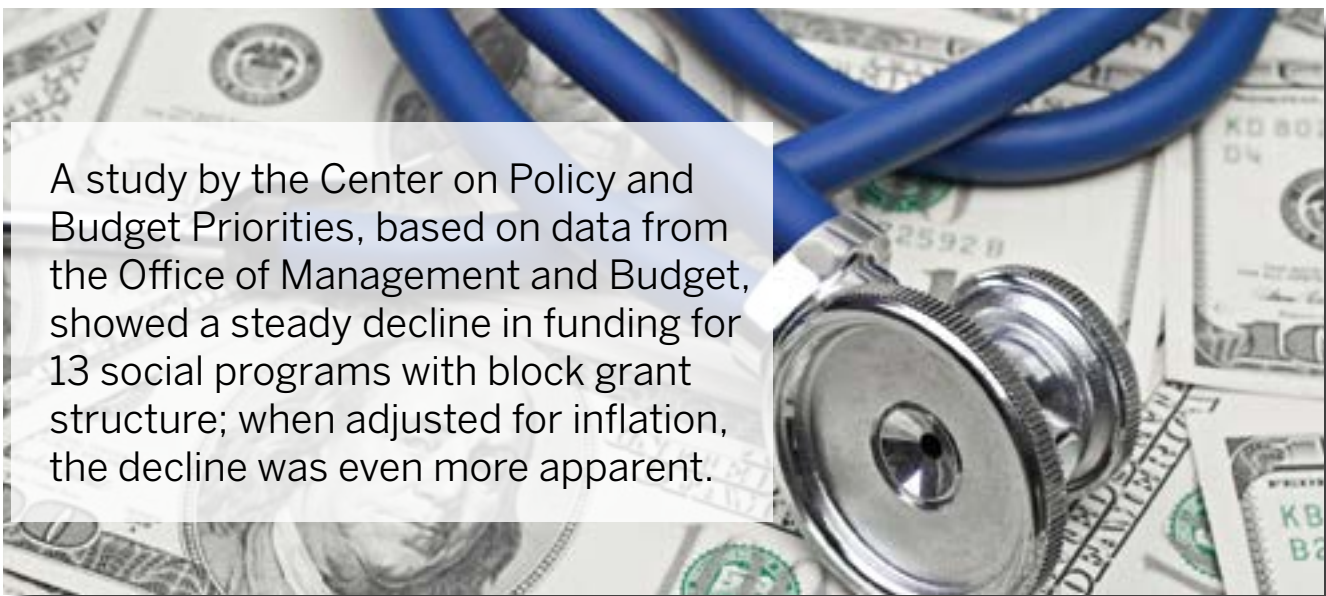
would make Medicaid a block grant program. We are currently analyzing the financial impact to the state for each of the different options that have been proposed so far. Also, the Department and the Edwards Administration are sharing our concerns, and the impact to Louisiana and its health care community, with our legislative delegation, and we are committed to working with President-elect Trump’s Administration to ensure continued access to affordable health care to Louisiana residents.”

Both CHIP and Medicaid are funded jointly by the federal government and states, but not in the same way. The federal share of funding for CHIP has been consistently higher than that for Medicaid,

and while the federal share of Medicaid funding has been essentially level for the past several years, CHIP federal funding has steadily risen, from just over 72% to over 96%. This high level of funding has allowed Louisiana to expand LaCHIP into the robust program it is today, but it also means that the impact will be harder if that funding is not renewed in 2017. Furthermore, a proposal to switch traditional Medicaid funding to block grants, one of the seven cornerstones of the Trump health-care policy, could have key implications for the future of LaCHIP as a whole.

The problem with block grants

The success of LaCHIP is undisputed.



A study by the Center on Policy and Budget Priorities, based on data from the Office of Management and Budget, showed a steady decline in funding for 13 social programs with block grant structure; when adjusted for inflation, the decline was even more apparent.



However, the fact that the CHIP portion is built on a foundation of federal block grants builds in a degree of instability that would only be increased if the Medicaid portion were to be switched to a similar structure. Block grants provide funding as capped allotments, meaning that once the funds run out, the state will be responsible for any remaining costs. Block grant proponents tout this structure as allowing states—assumed to know their people’s needs better than the federal government—to choose how best to administer social programs. While the CHIP grants have been well-funded in recent years, the inherent structure of block grants makes them uniquely susceptible to budget cuts and fiscal erosion.

A study by the Center on Policy and Budget Priorities, based on data from the Office of Management and Budget, showed a steady decline in funding for 13 social programs with block grant structure; when adjusted for inflation. In general, when block grants are first used to replace traditionally funded programs, they are structured to provide the same amount of funding as the previous version of the program. However, over time, they tend not to keep

up with inflation and population growth—most block-granted programs show a steady decline in real funding over time.

In addition, all funds with built-in flexibility are more vulnerable to being “raided” than strictly allocated funding. Diversion of funding away from clearly intended purposes is far from unknown in Louisiana; in one health-related example, according to a 2012 Urban Institute report, several million dollars in performance bonuses for excellence in the management and expansion of the LaCHIP program did not go back into the program; instead, the money went directly into the General Fund to fill budget shortfalls.

In addition to the issue of instability, conversion of Medicaid to a block grant structure would be problematic because, in times of economic stress, block-grant funded programs are not forced to respond when they are needed most. For example, during 2008-2009, the unemployment rate skyrocketed. In response, SNAP program (“foodstamps”; a traditionally funded program) expenditures grew steadily, and have since declined along with the unemployment rate. In contrast, TANF (Temporary Assistance to Needy Families), funded with

a block-grant structure, rose by only 13% in response to a 200% increase in unemployment. The flexibility of the TANF funding was originally touted as a mechanism for states to take innovative approaches like job training and childcare.

None of these reforms have materialized, though—the percentage of funding allocated for such services has declined since changing from the previous program, AFDC, to the block-grant funded TANF. If economic hard times were to hit Louisiana families, capped funding for traditional Medicaid could mean a shortfall in funding for the state’s poorest children, creating pressure to lower income thresholds for CHIP to allow those funds to be used for low income children formerly insured through traditional Medicaid.

Families, Insurance Companies, and Hospitals

While CHIP funding cuts would hurt low- to middle-income families, recipients would not be the only entities to be affected. The five insurance providers for the program—Aetna Better Health of Louisiana, Amerigroup Louisiana, Inc.,



Children can be insured for less than a quarter of the cost of insuring the elderly and less than a sixth of the cost of insuring disabled adults.

AmeriHealth Caritas Louisiana, Inc., Louisiana Healthcare Connections, and UnitedHealthcare Community Plan—would be directly affected by cuts. On the other hand, other insurance companies might actually come out ahead, since children are medically inexpensive and perhaps some of the former CHIP population would move to private insurance. Most families in the LaCHIP program, however, will most likely revert to being uninsured if they lose their public health insurance. In the past, the healthcare behavior of this population has tended towards forgoing primary and preventative care. Then, when severe sickness or injury strikes, they seek care at the local emergency department.

Since 1986, when the Emergency Medical Treatment and Labor Act (EMTALA) was passed as an unfunded mandate, emergency departments have been required to screen and stabilize all patients, regardless of their ability to pay. In the past, many uninsured

families turned to emergency rooms as the only care available for their kids, saddling hospitals located in low-income areas with staggering uncompensated care costs. Such hospitals, known as safety-net facilities, made up only 2% of acute care hospitals, but provided 20% of uncompensated care to the uninsured before the ACA. In the past, the associated costs were partially offset by federal funding known as the disproportionate share hospital program, or DSH. DSH funds, however, are being steadily reduced in line with increased insurance coverage through ACA-based insurance subsidies and Medicaid expansion. If the ACA is repealed, will DSH funds be reinstated? If they are not reinstated, will there be any other, new mechanism to compensate safety-net hospitals for treating uninsured patients in their emergency rooms?

The low cost of insuring children through Medicaid. Amid all of the complicated

legislative and financial details surrounding children's healthcare, it is easy to forget one simple fact: providing children with healthcare coverage through Medicaid is cheap, relatively speaking. Medicaid has very low administrative costs, and while children make up 44% of Medicaid enrollment, they generate only 19% of Medicaid expenditures, because they incur fewer costs than other groups. The cost per child as of 2015 was less than \$125 per child per month. Children can be insured for less than a quarter of the cost of insuring the elderly and less than a sixth of the cost of insuring disabled adults. The vast majority of LaCHIP care is preventative and primary healthcare, which is relatively inexpensive. For this and many other reasons, the wise and compassionate choice for 2017 is clear: retain the CHIP program, for the sake of families, insurance companies, and hospitals, but most of all, for the children themselves. ■

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A bill that would speed up approval for medications and medical devices shows how a major initiative can get traction even in the midst of Washington gridlock – but critics say all the lobbying is drowning out some warnings about patient safety.

Would Washington's FDA Fix Cure the Patients *or* the Drug Industry?

By **Alec MacGillis**
ProPublica, Nov. 30, 2016
(Update: This legislation was passed and signed into law in December 2016)

THIS WEEK, Congress is taking back up a sweeping bill introduced last year that would expand medical research funding while also loosening the regulations for approving new drugs and medical devices. While the legislation has undergone revisions, it still includes many of the deregulatory provisions that have drawn criticism from some consumer safety advocates. Back in October 2015, we detailed the bill's origins and the massive lobbying push by the drug and device industry supporting it.

This might seem to be a rough political patch for the pharmaceutical and medical device industries. The exponential price increases of several drugs have brought scrutiny to the overall rise in drug costs and have prompted several 2016 candidates, most notably Hillary Clinton, to vow action to rein in the industry. Meanwhile, thousands of complaints are pouring into the Food and Drug Administration about a contraceptive implant made by Bayer.

In Congress, however, things are looking better for the manufacturers. Legislation is advancing that would speed up the FDA's approval process for medications and medical devices, offering a rare example of how major initiatives can get traction even in today's gridlocked Washington.





In Congress, however, things are looking better for the manufacturers. Legislation is advancing that would speed up the FDA's approval process for medications and medical devices, offering a rare example of how major initiatives can get traction even in today's gridlocked Washington.

The industry has mounted a major lobbying and public relations push for the 21st Century Cures Act. The bill, in turn, has garnered an unusually broad range of support, ranging from Republican lawmakers and conservative think tanks to the White House, patient advocacy groups, Democrats and nonprofit organizations that are typically leery of deregulatory efforts by industry. One reason: Lawmakers softened up the usual opponents of looser rules with a big carrot – billions of dollars in new federal medical research funding for the National Institutes of Health. After years of austerity,

that money is awfully difficult to turn down.

But the enthusiasts have left a small band of critics warning that bipartisan consensus does not necessarily affirm the bill's worth. Far from showing that Washington can still get big things done, they say, it shows how a lobby can blow past skeptics if the pot of resources is sweet enough. They maintain that the bill, which easily passed the House in July and has a counterpart soon to be introduced in the Senate, hasn't received the scrutiny that such sweeping legislation deserves.

"Expanding NIH funding in a substantive

amount is a grand and wonderful thing," said Susan Wood, a former assistant FDA commissioner for women's health who is now a professor at George Washington University. "But the price of that expansion should not be the gutting of the FDA."

Wood's criticism is echoed by other former FDA officials including David Kessler, who was appointed commissioner by President George H.W. Bush, as well as by two Harvard medical school professors who argued in a leading journal that the bill "could lead to the approval of drugs and devices that are less safe or effective than existing criteria would permit."

For their part, the bill's proponents say it would spur innovation, particularly when it comes to finding cures for rare diseases – of the 10,000 or so known diseases, 7,000 are considered rare and treatments exist for only 500. Francis Collins, director of the NIH and a leading champion of the bill, says it now takes "around 14 years and \$2 billion or more" to develop a new drug and notes that all but five percent of drugs fail during development.

If the legislation passes the Senate and is signed by President Obama, the FDA would be encouraged to develop faster routes to the approval of new products. Under the current system, most new drugs and devices must pass through multiple levels of clinical trials that can take years to conclude. One alternative would be to make more frequent use of so-called "biomarkers" that gauge physical responses to a drug rather than waiting for the final results from a patient trial.

To increase the incentive for drug makers to seek cures for rare diseases, the bill also would grant an extra period of exclusive marketing rights to a company if an existing drug were approved to treat a rare disease after having been previously approved for a different disease.

"The 21st Century Cures legislation is viewed very positively by both political parties and the public at large," said Michael

Castle, a former House Republican from Delaware who is the vice chairman of Research America, an organization that lobbies for biomedical research funding. “If you get down to a list of substantive legislation that has actually a chance of passage now, something like 21st Century Cures is very high on that list.”

The legislation is responding, in part, to the demand from many patients’ groups for medical breakthroughs. “It doesn’t mean you give the industry free rein, but are you really protecting the public if you’re preventing real cures from getting to them?” said Brian Baird, a former Democratic congressman from Washington state who supports the bill.

The bill’s critics have argued that the FDA has already greatly streamlined its approval processes. A recent analysis by Forbes found that so far this year the FDA has rejected only three never-before marketed drugs, and approved 25, an approval rate of 89 percent, up from 66 percent just seven years ago. “We’re the fastest regulatory agency in the world,” said Gregg Gonsalves, a prominent HIV activist now working as a research scholar at Yale Law School. “Pharma would just be very pleased to do less work for more gain.”

Stephen Ostroff, now the FDA’s interim commissioner, has said the agency initially had concerns about the House bill, but that officials were reassured by revisions. The version that passed would only encourage the agency to use the alternate approval methods, rather than require them. Still, critics note that the FDA would get only \$550 million to administer the new approval processes, far less than it says it needs to do so properly.

The legislation has its roots in a longstanding push by conservative groups to liberate drug and device development from red tape. “Now, I don’t want to get your hopes up, but Phase Three, maybe we’ll take out FDA,” said Newt Gingrich during the Republican Revolution of 1994, when he also called the agency the nation’s “leading job killer.” More

recently, the deregulatory crusade against the FDA has been led by conservative think tanks such as the Goldwater Institute and Manhattan Institute, which launched its “Project FDA” to reform the agency so that it provides a “more predictable, transparent, and efficient pathway” for new medications and devices.

The cause was taken up in Congress over the last couple years by House Energy and Commerce Committee Chairman Fred Upton, a Michigan Republican who will be giving up his gavel to term limits next year and is, his colleagues say, eager for a major legislative capstone before he leaves. Upton has received major backing from the drug and device industries—in the last election cycle, they contributed about \$370,000 to him and his associated political action committee, according to the Center for Responsive Politics, more than all but two other business sectors.

Besides campaign contributions, the industry has invested in lobbying. The Pharmaceutical Research and Manufacturing Association, which represents drug makers, increased its quarterly lobbying from \$3.96 million to \$5.44 million as Upton prepared to release the legislation early this year. The Advanced Medical Technology Association, which represents device makers, increased its quarterly lobbying spending from \$550,000 to \$740,000 in the same period. Drug and device makers themselves also increased their lobbying expenditures, the records show.

But the key for the legislation’s proponents has been to earn support beyond Republicans and the industry. Early on, Upton enlisted help in crafting the bill from Rep. Diana DeGette, a Colorado Democrat, for whom the legislation was a chance to make a mark on the Energy and Commerce committee, and Rep. Gene Green, a Texas Democrat whose physician daughter took great interest in aspects of the bill.

Then many other Democrats, including New Jersey’s Frank Pallone, the ranking member on Energy and Commerce, lined

The legislation has its roots in a longstanding push by conservative groups to liberate drug and device development from red tape.

up behind the legislation when Republicans in June added nearly \$9 billion in new support for the NIH over the next five years. The agency has seen its funding essentially flat-line for more than a decade at about \$30 billion per year. Pallone did manage to scale back many of the “marketing exclusivity” provisions.

The NIH money also brought the bill support from patient advocacy organizations, from the American Cancer Society to smaller groups seeking cures for rare diseases, which the bill’s proponents say would benefit particularly from the deregulatory reforms.

“I don’t see this as a pro-industry bill,” said Ellen Sigal, the founder and chairwoman of the Friends of Cancer Research. “It’s a bill for innovation and research at basic levels.” She added: “It’s hard, frankly, not to support it. There are very few people who are not supporting it.”

The promised NIH money also brought on board major universities, which carry out about \$15 billion of all NIH-funded research. “It was the investment in NIH that led everyone to get behind it,” said Atul Grover, chief public policy officer at the Association of American Medical Colleges. “As soon as we talked about innovation, people said, look, you can try to grease the skids on the approval process, but if we’re not investing as a nation in research, then this other stuff



is not going to make much difference. You have to invest in cures to get them.”

The list of entities lobbying on the bill now runs to about 1,800 quarterly entries in the Senate’s lobbying database, with more than 1,100 lobbyists registered as working on it, which is staggering even by the standards of Washington. And what has been so beneficial for the legislation is that the vast majority of those entities are not companies or trade associations, which are motivated by bottom-line demands, but patient groups and universities, which have a far more neutral sheen.

“Members of Congress who wouldn’t

be responsive to pharma’s lobbying did respond to universities’ lobbying or to patients’ lobbying,” said Diana Zuckerman, president of the National Center for Health Research, an advocacy group that has spoken out against the legislation. “It was a perfect storm of lobbying.”

In fact, there is considerable overlap between the sets of advocates. Drug and device makers have long provided financial support to many patient and disease groups—some of the money that those groups are spending in pushing for the legislation is also coming from industry coffers. Similarly, many academic researchers whose

institutions are lobbying for the legislation in Washington have received consulting and speaking fees from the industry.

The lobbying has also gotten a big boost from Michael Milken, the former junk-bond king who took up the cause of medical research after surviving prostate cancer. Milken has been hosting events in Lake Tahoe, New York, and elsewhere to bring members of Congress together with researchers, patient advocates and industry executives who support the bill.

Meanwhile, an array of the bill’s promoters, including industry representatives, patient groups and scientific associations, are monitoring the legislation’s progress in weekly conference calls and monthly meetings at the office of the American Association of Medical Colleges, regular contacts that the association says it has been hosting for years to push for funding.

The overlap was on display recently at the annual luncheon for one of the nonprofit groups backing the bill, Research America. At the Newseum in Washington, dozens of industry officials, patient advocates and academic researchers mingled with the event’s sponsors, which included the drug companies Astellas, Shire, Janssen, Celgene and Gilead, as well as AdvaMed, the device lobby. Various panel discussions ranged widely across the challenges facing medical research, but throughout the event there was a steady drumbeat urging those in attendance to keep pushing Congress to pass 21st Century Cures.

“We want them to hear us in the Capitol,” said Research America director Mary



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Woolley as she kicked off the event. “Decisions made just a few blocks from here this fall will be consequential.” (Research America itself receives support from the industry to help cover its costs, which includes Woolley’s roughly \$500,000 in annual compensation.)

She was followed by Jeffrey Bloss, Astellas’ senior vice president for medical affairs, who hailed the “groundswell of support” and “massive effort” for the bill. “We need to count on your impassioned advocacy for these changes,” he said.

In an interview afterward, Woolley hailed the coalition behind the legislation. “It’s a very broad consensus—as broad as you can have,” she said. “It’s patient groups, it’s physicians, it’s industry, it’s the academic community, it’s everybody. It’s a goal America can embrace. This is legislation that can make everybody look good.”

And she dismissed the notion that concerns about the bill’s impact on drug safety were being cast aside. “Industry are people too, and they’re patients too,” she said. “The idea that industry is just in this to peddle toxic drugs to sick people is absurd.” She added, “You’d have to think that people from industry and their families are exempt from disease. It’s preposterous. Mistakes hurt everybody.”

Also buttressing the coalition are experts and organizations that in the past have sometimes cautioned against FDA deregulation. One of the bill’s strongest early proponents was the Bipartisan Policy Center,

which in January announced a one-year initiative to overhaul the FDA led by former Senate majority leader Bill Frist, the Tennessee Republican and physician.

The bill has also gotten vocal backing from the center-left Brookings Institution, whose director of health care policy, Mark McClellan, served as FDA commissioner under George W. Bush. “None of [the bill’s reforms] is replacing or modifying the FDA’s standards that it needs to be confident that a drug is safe before approval,” he said. “It’s just modifying the evidence that can be brought to bear in making that decision.” McClellan said his support for the bill had zero connection to the funding Brookings receives from drug and device companies, which includes between \$500,000 and \$999,000 from Genentech and between \$100,000 and \$249,000 from Amgen. “Those are gifts to the overall institution and they are a small fraction of support to the institution,” he said.

The bill has even gotten support from Pew Charitable Trusts, which has in the past taken the lead in advocating for drug safety. More recently, though, it has taken up the cause of developing antibiotics to combat dangerous infections, and the legislation includes language to speed the development of new antibiotics. Allan Coukell, Pew’s director of health programs, says the organization has endorsed only that portion of the bill, along with a section on prescription painkiller abuse. “I have to limit myself to talking about the provisions we’re working

on,” he said. But in promoting those sections of the bill, Pew has also not issued public criticisms of other sections of the bill, to the dismay of some of its usual allies.

“The most difficult thing for the consumer-protection groups has been seeing these seemingly nonpartisan groups sweeping in and embracing the bill as if it’s good for science when everything shows it has the opposite effect,” said Vijay Das, a health care advocate with the watchdog group Public Citizen.

The legislation passed the House by a lopsided 344–77 vote in July. All eyes are now on Lamar Alexander, the Tennessee Republican who chairs the Senate Health, Education, Labor and Pensions Committee, which is expected to release its own version of the bill soon. Alexander has also spoken out for the need to speed up drug approvals—he co-authored a Bipartisan Policy Center report calling for an FDA overhaul—which leaves it likely that the deregulatory language in the Senate version will mirror that in the House. What remains to be seen is whether the Senate will match the House in mandating additional billions for the NIH, an approach that would break from the Senate’s traditional appropriations process.

Meanwhile, the White House has also expressed support for the legislation, while suggesting some changes, lauding it as a rare example of bipartisan action and a breakthrough against GOP-led budget austerity.

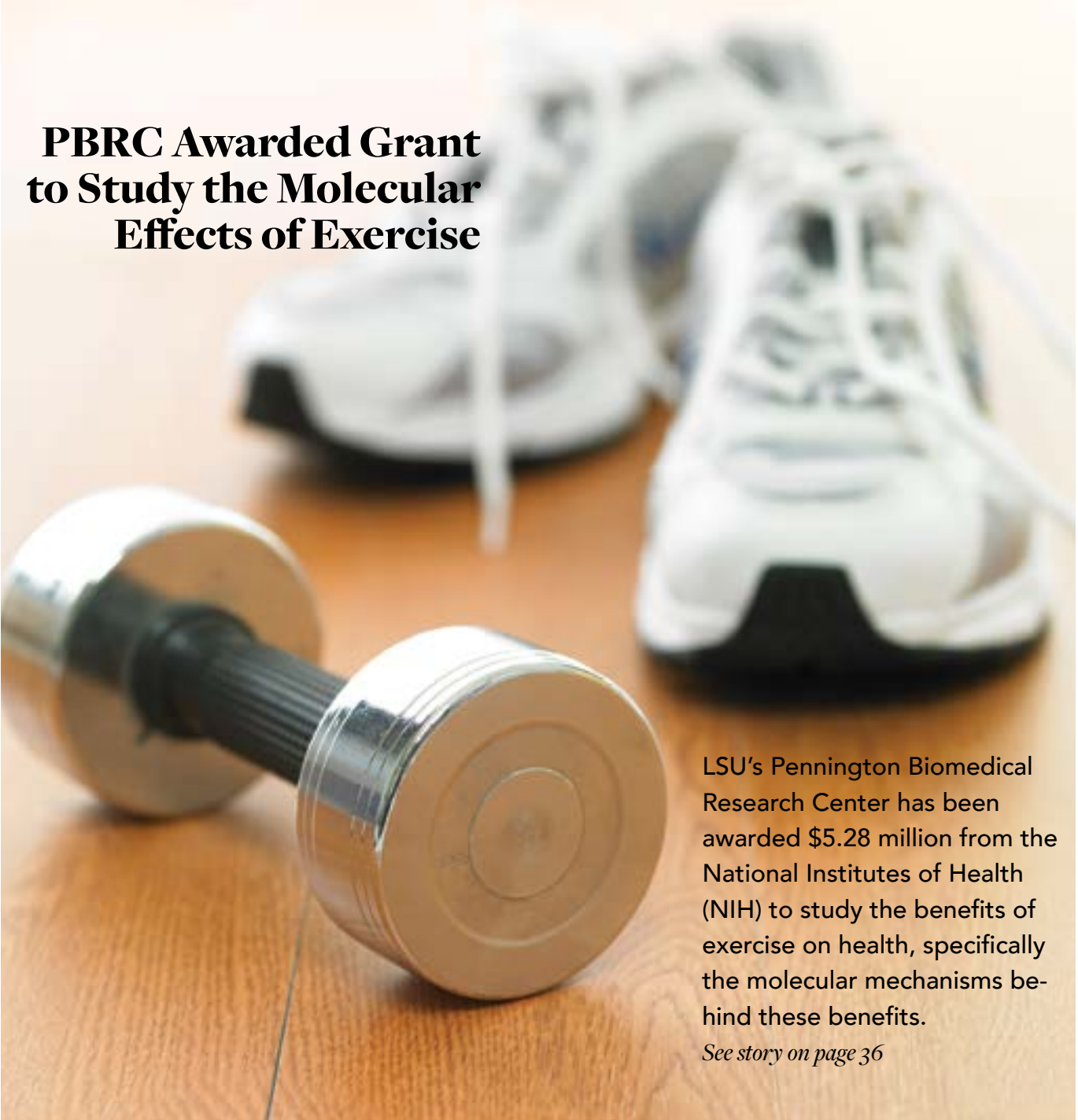
But David Ross, a former deputy director of drug evaluation at the FDA who now oversees HIV, hepatitis and public health pathogen treatment for the Veterans Administration, still questioned the bill’s underlying justification – that it would result in a higher number of effective drugs getting to market much faster.

“We definitely need more effective drugs, but just calling something effective doesn’t make it so,” Ross said. “It’s a little like gluing some feathers together and calling it a duck. Most drugs that go into studies don’t make it not because the FDA is too strict, but because they don’t just work.” ■

What remains to be seen is whether the Senate will match the House in mandating additional billions for the NIH, an approach that would break from the Senate’s traditional appropriations process.

Healthcare Briefs

PBRC Awarded Grant to Study the Molecular Effects of Exercise

A photograph showing a pair of white sneakers with black accents and white laces, and a silver dumbbell with a black handle, resting on a light-colored wooden floor. The sneakers are in the background, slightly out of focus, while the dumbbell is in the foreground, in sharp focus.

LSU's Pennington Biomedical Research Center has been awarded \$5.28 million from the National Institutes of Health (NIH) to study the benefits of exercise on health, specifically the molecular mechanisms behind these benefits.

See story on page 36

STATE

Louisiana Long Term Care Foundation Awards 10 Nursing Scholarships

The Louisiana Long Term Care Foundation (LLTCF) awarded 10 nursing scholarships to recipients employed in Louisiana's long term care facilities. These scholarships support education and training to help improve the high quality of clinical care provided in Louisiana's nursing facilities.

The LLTCF is committed to providing annual scholarships to encourage nursing students of high academic and caregiving caliber to continue to pursue a career in the long-term care profession. This program is funded through the generosity of long-term care providers and related organizations, supporting the Foundation's mission to promote the development of a skilled and quality-centered workforce.

The following nursing students are the recipients of the 2016 LLTCF scholarships:

- Natasha Cabarubio, Village Health Care at the Glen, Shreveport
- Bianca Cantu, Pontchartrain Health Care Centre, Mandeville
- Bryan Counts, Village Health Care at the Glen, Shreveport
- Tiffany Dubroc, Colfax Reunion Nursing and Rehabilitation Center, Colfax
- Brandi Ervin, Village Health Care at the Glen, Shreveport
- Brittany Evans, Village Health Care at the Glen, Shreveport
- Darryl Ford, Pontchartrain Health Care Centre, Mandeville
- Nikita Jones, Guest House of Slidell, Slidell
- Alicia Joseph, Chateau D'Ville Rehabilitation & Retirement, Donaldsonville
- Toni Streams, Metairie Healthcare Center, New Orleans

Amerigroup Louisiana and BCBSLA Announce Collaboration

Amerigroup Louisiana and Blue Cross and Blue Shield of Louisiana have signed a definitive agreement to pursue a Medicaid-focused collaborative effort that will bring together expertise to benefit hundreds of thousands of Louisianans who participate in the state's Medicaid, Medicaid



Carol Solomon

Expansion and LaCHIP programs.

Amerigroup Louisiana is a managed care organization that administers Healthy Louisiana services and benefits to approximately 229,000 members who participate in the state's Medicaid, Medicaid Expansion and LaCHIP programs. Blue Cross and Blue Shield of Louisiana is the state's oldest and largest health insurer. Formed in 1934, the company and its subsidiaries currently provide group and individual health insurance plans and services, life and disability insurance, and group voluntary products to more than 1.5 million Louisianans.

Blue Cross and Blue Shield of Louisiana's stability, brand recognition, and established local presence are expected to complement Amerigroup's best-in-class Medicaid solutions and capabilities as a leading managed care provider. Synergies in products and service areas will provide opportunities for the health plans to address the health-care challenges of the increasingly diverse segments, customers, members, and communities they serve.

This collaboration will have no immediate impact on Amerigroup or Blue Cross and Blue Shield of Louisiana health plan members, network providers or associates. Also, it will have no effect on Blue Cross and Blue Shield of Louisiana's commercial or Medicare businesses. All necessary approvals to this transaction and satisfaction of the conditions of the definitive agreements are expected to occur in the first quarter of 2017.

Peoples Health CEO Solomon Dies

In December, Peoples Health announced the sudden passing of Chief Executive Officer, Carol Solomon at the age of 72. "Carol was a true

visionary who inspired everyone around her as a healthcare innovator, business leader, and compassionate, supportive friend," said a company statement.

Solomon grew Peoples Health into one of the largest employers in the area. More significantly, the way she led, and through the company she created, she touched the lives of hundreds of thousands of people in Louisiana and beyond. Solomon demonstrated a passion for creating a healthier, happier community inside and outside of the office. From the creation of the Peoples Health Champions program to her commitment to ending the epidemic of senior hunger, she positively impacted countless individuals.

Solomon gave generously throughout her life and led Peoples Health in support of impactful community and philanthropic organizations. "While our lives will never be the same, Carol's legacy will continue forward tomorrow and in the years ahead with the same exceptional care and performance that was her hallmark," said the company.

LDH Team Member Recognized for HIV Prevention Efforts

David Armstead, HIV program monitor with the Louisiana Department of Health Office of Public Health, has been named as one of the Top 100 people in the nation working to end the HIV/AIDS epidemic. Armstead was recognized for his volunteer outreach efforts in the New Orleans area where he also serves as chair of the New Orleans Regional AIDS Planning Council.

In addition to Armstead, six other Louisiana residents were also recognized by POZ, an award-winning print publication and website that targets people living with and affected by HIV/AIDS.

POZ wrote that Armstead became involved with HIV prevention in 2012 when a friend asked him to volunteer at an outreach event. "Six months later, Armstead started working as a community specialist and began conducting HIV testing and outreach to young black gay and bisexual men. He has built a strong relationship within the New Orleans community by providing a source of information people could trust," POZ said in their feature on Armstead.

The POZ 100 focuses on nominees located in the south as this part of the country generally lags behind other U.S. regions in many key HIV



Warren Murrell

prevention and care indicators.

The other Louisiana residents on the *POZ* 100 list include:

Dazmine Allen, New Orleans

Chip Eakins, Shreveport

Darnell Ferrell, Marrero

Monica Johnson, Columbia

Alleen King-Carter, Shreveport

Dr. Joyce Turner-Keller, Baton Rouge

Go to poz.com/100 to see this year's full list.

Peoples Health Promotes Warren Murrell to President and CEO

Peoples Health, a Medicare Advantage company serving Louisiana residents, announced the promotion of Warren Murrell to president and CEO. Murrell's new position reflects the increased role he has played in representing the company at all levels, both within Peoples Health and in the community. He assumes the leadership role after the passing of the former CEO, Carol Solomon, on Dec. 4, 2016.

In his new role, Murrell is the driving force behind the Peoples Health business model and is focused on making a positive impact on the overall health of plan members. He will steer the development and enhancement of the Medicare Advantage plans the company offers and will direct the development of the strategic plan for the continued growth of Peoples Health.

Murrell brings more than 24 years of healthcare experience to this role, 16 of which have been with Peoples Health. In January 2015, he was named president and chief operating officer as part of the long-term leadership succession plan. Previously, he served as chief operating officer, vice president of IPA services and regional director of IPA services.

Prior to joining Peoples Health as sales manager

in 2000, Murrell developed his healthcare expertise at Memorial Sisters of Charity Health Network and Prudential Healthcare, both in Houston, Texas. Since 2012, he has served on the Louisiana Association of Health Plans board of directors, for which he is currently president. He also serves on the board of directors for Greater New Orleans Inc. and for Peoples Health.

Am I Your Type?

The Blood Center recently launched a regional donor awareness campaign with the theme, "Am I Your Type?" to raise greater understanding and recognition for The Blood Center and the critical need for donors, both life-saving and philanthropic.

The Blood Center is the largest supplier of blood and blood components in the Gulf South, and most people don't know that a not-for-profit organization is out there ready to save their life if they need blood. The Blood Center, led by a volunteer Board of Trustees, is the primary supplier of blood and blood components to more than 30 hospitals and outpatient transfusion facilities throughout Southeast Louisiana and Southern Mississippi. The Blood Center operates 14 donor centers in the Gulf South.

Every type is the right type, and while 60% of the population is eligible to donate blood, less than 5% does it. To maintain a healthy and stable community blood supply, The Blood Center must collect between 300 to 350 pints of blood every day.

Fast facts:

- Just one pint of blood can help save up to three lives
- Donating blood is safe, simple, and easy
- The donation process takes less than an hour
- Someone needs blood every three seconds

Blood is traditionally in short supply during the holidays, yet the demand is constant. The campaign, which hopes to attract a younger audience, will be driven largely through social media and includes paid outdoor and in-theater advertising. Find The Blood Center on social media at [@TheBloodCenter](https://twitter.com/TheBloodCenter) and [#ItTakesAllTypes](https://twitter.com/ItTakesAllTypes).

Tulane and Blue Cross Join Forces to Improve Healthcare

Blue Cross and Blue Shield of Louisiana and Tulane University have created the Partnership for

Healthcare Innovation, an unprecedented level of cooperation between the insurer and a university. The venture will find solutions for healthcare issues in Louisiana, where a disproportionate share of the population suffers from diabetes, heart disease, and other chronic illnesses.

"Researchers from across Tulane are exploring different facets of these healthcare challenges," said Senior Vice President for Academic Affairs and Provost Robin Forman. "This new partnership will combine their ideas, questions and analysis with the deep expertise and experience of Blue Cross and Blue Shield of Louisiana to yield new insights and innovative solutions in healthcare delivery."

Blue Cross President & CEO Dr. I. Steven Udvarhelyi said, "This collaboration is a tremendous opportunity. We are working with Tulane to share data, develop research projects and deliver findings to consumers, business owners, healthcare professionals, and policymakers across our state—all with the goals of driving innovation and improving how our healthcare system works."

The two organizations recently held an inaugural workshop at Tulane where nearly 100 people gathered to exchange information about the resources each can offer the partnership. John Maginnis, vice president of Corporate Communications at Blue Cross, told the crowd it was important to understand why they were there.

"There is a health crisis here in Louisiana," Maginnis said, noting that Louisiana has the highest adult obesity rate in the nation at 36.2 percent, as well as ranking No. 4 in obesity for children ages 10 to 17, No. 5 for adult diabetes, No. 4 for hypertension and fifth worst for heart disease.

Maginnis also said Louisiana has six of the 10 highest-spending Medicare markets in America. "For these compelling reasons, Blue Cross and Blue Shield of Louisiana and Tulane University are coming together with a mission of transforming healthcare in this state—and beyond," he said.

The original steering committee for the partnership, made up of representatives from both Blue Cross and Tulane, brainstormed an extensive list of potential projects for the group to consider. As examples, the School of Science and Engineering might examine issues related to telemedicine, while Public Health and Tropical Medicine could develop simulations and mapping tools for anticipating health threats. Several

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The MBP-LOL Cancer Center's Hillar C. Moore Jr., Memorial Outstanding Leadership Award was presented to Sheldon Johnson, MD. Pictured with Dr. Johnson (center), l-r: Leanna Elchos, Susan Nodurft, Judith Johnson, and Amelia Gibbs.

collaborations, formal and informal, have already taken place, and a research project on medication adherence—headed by a Tulane professor of Medicine and Epidemiology and a Blue Cross clinical pharmacist—is ongoing.

Attendees at the Oct. 19 event heard updates on those projects and were given handouts for submitting project ideas they would like to see developed. The original steering committee that saw the partnership through its inception has divided itself into two committees—one devoted to research, data, and analytics and the other to education and community outreach—that will evaluate submissions, choose projects to help develop, and work with the researchers as needed.

LOCAL

PBRC Awarded Grant to Study the Molecular Effects of Exercise

LSU's Pennington Biomedical Research Center has been awarded \$5.28 million from the National Institutes of Health (NIH) to study the benefits of exercise on health, specifically the molecular mechanisms behind these benefits.

The Molecular Transducers of Physical Activity in Humans (MoTrPAC) program aims to understand the molecular mechanisms of how physical activity improves health and prevents disease.

The award is part of the largest-ever targeted NIH investment into better understanding the benefits of physical activity. With data gained from the study, the NIH plans to develop a comprehensive map of the molecular changes that occur in exercise in response to physical activity.

"Although previous research has already extensively shown how exercise benefits human health, little is known about the molecules—and therefore the mechanisms—that trigger these improvements. If we can get a better understanding of exactly what is going on at the molecular level during physical activity, we hope to be better equipped to understand why some people benefit more or less from exercise and to develop future treatment targets to help people reap the maximum benefits from physical activity," said Dr. Eric Ravussin, an investigator on the study and associate executive director of clinical research at Pennington Biomedical.

Pennington Biomedical is one of six clinical centers across the country that will recruit healthy, inactive adults for this exercise study beginning in 2018. During the study, participants will be

assigned to one of three groups: an aerobic exercise group, a resistance training group, and a control group. Additionally, athletes will be enrolled to compete in endurance and strength sports to serve as an active control group.

During the course of the 12-week study, scientists will analyze a variety of molecules and how they change following training and acute exercise. This data will help scientists assemble a comprehensive map of the proteins, peptides, circulating nucleic acids, lipids, hormones, and other molecules that change during or after exercise—all of which scientists believe are probably "molecular transducers" or physical activity's health benefit.

MoTrPAC is a national research consortium designed to discover and perform preliminary characterization of the range of molecular transducers (the 'molecular map') that underlie the effects of physical activity in humans. MoTrPAC is supported by the NIH Common Fund and managed by a trans-agency Working Group representing multiple NIH Institutes and Centers, led by the NIH Office of Strategic Coordination, National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institute on Aging (NIA), and



The Cancer Center's Louis D. Curet Volunteer Fundraising Award was presented to Merrill Lynch, who was represented by Donald Minor, director and associate market manager. Pictured with Minor (far left) are Eric and Monica Waechter.



The Cancer Centers' D. Jensen Holliday Memorial Community Service Award award was presented to Bob and Janet Leslie and the J.L. Foundation. Pictured are the Leslies as they prepare to place a special recognition plaque on a wall that highlights award winners from previous years.

National Institute of Biomedical Imaging and Bioengineering (NIBIB).

The NIH Common Fund brings together scientists from diverse fields, encourages collaboration and supports a series of exceptionally high-impact, trans-NIH programs. Common Fund programs are designed to pursue major opportunities and gaps in biomedical research that no single NIH institute could tackle alone, but that the agency as a whole can address to make the biggest impact possible on the progress of medical research. Additional information about the NIH Common Fund can be found at <http://commonfund.nih.gov>. More information on the MoTriPAC program can be found at <https://commonfund.nih.gov/MolecularTransducers/>.

Cancer Center Celebrates Spirit of Volunteerism

Three prestigious awards, named after individuals who have supported cancer patients through volunteer leadership, were recently presented to several exemplary community members and an outstanding corporate partner. The awards were presented at a special reception at Mary Bird Perkins – Our Lady of the Lake Cancer Center Tuesday, Nov. 29.

"All of the award recipients are superheroes

among us—and for that, we all thank you for the respective roles you have played in helping take the fight against cancer forward in our community," said Donna Saurage, chair of the Mary Bird Perkins Cancer Center Foundation Board of Directors and chair of the joint development committee. "They are extraordinary people who give of their time and treasure for the sheer satisfaction of making a difference; it deserves special recognition and it's the reason why we are honoring them."

The Hillar C. Moore Jr., Memorial Outstanding Leadership Award was presented by Steven Moore, member of the Mary Bird Perkins Cancer Center Foundation Board of Directors, to Sheldon Johnson, MD, radiation oncologist. The award recognizes a Mary Bird Perkins – Our Lady of the Lake Cancer Center volunteer with unwavering dedication, outstanding leadership and a sense of responsibility in the fight against cancer.

Dr. Johnson, a radiation oncologist who joined the Cancer Center in 1981 and is now semi-retired, is loved and revered by the thousands of patients he has cared for throughout his career. His commitment to the organization's advancement as a board member, philanthropist, and volunteer is also widely known throughout the community. He has supported many of the Cancer

Center's fundraising campaigns and made a leadership gift to the effort to bring TomoTherapy, the most sophisticated radiation therapy technology at the time, to the Cancer Center in 2004. Today, he continues to dedicate generous amounts of time and resources to patients and the Cancer Center.

Mrs. Jean Curet James, and her husband David, presented the Louis D. Curet Volunteer Fundraising Award to Merrill Lynch, who was represented by Donald Minor, director and associate market manager. This award recognizes an individual, organization or foundation that has launched or led a significant philanthropic effort in support of Mary Bird Perkins – Our Lady of the Lake Cancer Center.

Since 1992, Merrill Lynch has supported the Cancer Center and its mission to improve survivorship and lessen the burden of cancer. Most notably, the company has served as title sponsor of the Cancer Center's golf tournament for the past eight years, which has raised more than \$2 million to provide patients with comprehensive cancer services, including groundbreaking clinical trials, survivorship support, multidisciplinary care teams and patient assistance to those who need it most. Since the start of the company's partnership with the Cancer Center nearly 25 years ago,

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Merrill Lynch has donated more than \$300,000 to help fight cancer in the region.

The D. Jensen Holliday Memorial Community Service Award is a community-wide award presented to an individual whose vision and dedication to the greater good of the community has made a sustained and measurable difference in the fight against cancer. Estelle Holliday presented this year's award to Bob and Janet Leslie and the J.L. Foundation.

The Leslies created the J.L. Foundation after their teenage daughter, Jennifer, passed away from a long, courageous battle with leukemia. The Foundation, which has raised more than \$1.6 million since 2002, assists individuals living with leukemia across South Louisiana. One-hundred percent of the money raised goes directly to patient support with the Leslies personally covering any expenses. More than \$100,000 of these funds have been provided to the Cancer Center's patients, which is meant to quickly assist families with reimbursement for transportation, per diems for hospital visits and more. In addition to the financial gifts, the Leslies also offer emotional support and empathy for families impacted by leukemia by providing practical advice and resources outside the clinical community.

Sage Breaks Ground on New Facility

Sage Rehabilitation Hospital and Outpatient Services hosted a groundbreaking ceremony to bless the future site of their new 10,000-square-foot outpatient clinic, prior to the start of construction December 5th. The clinic will be located near the Intersection of Picardy and Mancuso in Baton Rouge.

Sage's new outpatient facility will feature a 3,000-square-foot therapy gymnasium and indoor walking track, clinic rooms, and patient treatment rooms, exterior walking track and activity court, and more.

At Mary Bird Perkins – Our Lady of the Lake Cancer Center's Celebration Tree lighting: l-r, Susan Cresap, Jessica Nguyen, Laura Gaddy, Becky Simmons, and Paula Samuels.

CAHS Starts Crisis Counseling Program Disaster Services

A new federally-funded Crisis Counseling, Assistance, and Training Program (CCATP) grant has been awarded and was announced by the Capital Area Human Services (CAHS) agency, which serves a seven parish area in Greater Baton Rouge. CAHS will oversee the Louisiana Spirit teams in the parishes of Ascension, East and West Baton Rouge, Iberville, Pointe Coupee, East and West Feliciana. CAHS will also conduct the CCATP in St. James Parish.

The Capital Area Human Services agency has assumed management and oversight of the program, known as Louisiana Spirit, in this region through designation from the Louisiana Department of Health, Office of Behavioral Health, according to CAHS Executive Director Jan Kasofsky, PhD.

John Nosacka, CAHS Emergency Services Director, will serve as the CAHS' Program Manager. Other parishes receiving disaster declarations will be by Louisiana Spirit but managed by agencies in those areas.

Crisis counseling programs, like Louisiana Spirit, are funded by FEMA following presidential disaster declarations. Affected individuals are offered services that promote resilience, empowerment, and recovery on a short-term basis.

Historically, Louisiana Spirit has provided assistance in the past to individuals and families affected by Hurricane Katrina, Rita, Gustav, Ike and Isaac.

Louisiana Spirit at Capital Area Human Services will provide:

- assessment and referral services to adults and children for gateways to additional disaster relief services or mental health or substance abuse treatment;
- counseling to assist disaster survivors in understanding their current situation and reactions;
- counseling to mitigate stress and build resilience;
- assistance in the review of their disaster recovery options, and;
- general support/information on resources and services available.

The program encourages linkages with other individuals and agencies that may assist in their recovery while they strive to return to their pre-disaster level of functioning, said Dr. Kasofsky.

She noted that Louisiana Spirit Capital Area Human Services staff, in collaboration with the LDH/OBH, will offer disaster mental health interventions, which includes outreach crisis counseling and education to disaster survivors, their families, staff of local governments, rescuers, disaster first responders, business owners,





A group of students from Franciscan Missionaries of Our Lady University, formerly Our Lady of the Lake College, volunteer with Habitat for Humanity to provide homes for the homeless.

religious communities, and other special populations. Free stress management services are available for employees of public, private, and non-profit entities statewide.

Louisiana Spirit employs a diverse workforce of social service providers, first responders, clinicians, and even survivors, particularly those indigenous and knowledgeable about the local impacted communities.

CAHS will have a team comprised of program managers and support staff at its administrative offices at 4615 Government Street in Baton Rouge. In the field, crisis counselors and a Resource Linkage Coordinators will be paired to offer support and resources at the Disaster Recovery Centers and by going door-to-door in some areas. To request assistance, please contact 225-335-2795.

More information on CCP can be found at the FEMA website: <https://www.fema.gov/recovery-directorate/crisis-counseling-assistance-training-program>.

For more information about Louisiana Spirit, please visit the LDH website: <http://dhh.louisiana.gov/index.cfm/page/201>.

Cancer Center's Tree Lighting Ceremony Celebrates Survivorship

Jingle bells rang out during the countdown of the annual Celebration Tree lighting at Mary Bird Perkins – Our Lady of the Lake Cancer Center, Thursday, Dec. 1. Three Celebration Trees were lit and adorned with ornaments hand-painted by cancer survivors and family members, as well as Cancer Center team members.

The theme for the art project, an offering of the Cancer Center's survivorship program, was "holiday wishes." Through ornament painting, participants used pictures and positive words to convey what they wish for themselves and others this holiday season. Creating a unique design on bisque ornaments proved to be inspirational and fun for so many that it ultimately took three trees to hold the almost 300 pieces. The project was led by the Cancer Center's survivorship department's staff and art volunteers.

An inspirational poem read by cancer survivor Paula Samuels provided a special touch for the occasion. In addition, Lawrence thanked the volunteers who helped coordinate the ornament

decorating, including Susan Cresap, Jessica Nguyen, Becky Simmons, and Cheryl Strehle.

Individual jingle bells, each on a lanyard and accompanied by a holiday card, were distributed to those attending the tree lighting event. The bells symbolize the special bell survivors ring on their last day of treatment.

FMOL University Recognized with Distinction for Community Service

Franciscan Missionaries of Our Lady University, formerly Our Lady of the Lake College, has been named to the President's Higher Education Community Service Honor Roll for the eighth time and is the only institution of higher learning in Louisiana to be recognized this year. The award is given with distinction in General Community Service and Education by the Corporation for National and Community Service (CNCS).

This designation is the highest honor a college or university can receive for its commitment to volunteering, service learning, and civic engagement. Franciscan Missionaries of Our Lady University is one of 115 colleges and universities across the United States to be recognized for a strong commitment to service. Approximately 80 percent of the University's almost 1,700 students participated in community service projects, logging more than 61,000 total service hours that represented an economic impact of nearly \$1.4 million in-kind donations to the community.

CNCS manages the program in collaboration with the U.S. Department of Education and the U.S. Department of Housing and Urban Development, as well as the American Council on Education and Campus Compact. Inspired by the thousands of college students who traveled across the country to support relief efforts along the Gulf Coast after Hurricane Katrina, CNCS has administered the award since 2006. Institutions are chosen based on their achievements in general community service or in one of two special focus areas that align with the U.S. President's education and

innovation priorities. Schools are recognized with distinction when there is evidence that their service has made measurable improvement in the community.

The entire list of schools recognized by the President's Higher Education Community Service Honor Roll can be accessed at <http://www.nationalservice.gov/honorroll/>.

Majority of Kids Fail to Meet Physical Activity Guidelines

Three quarters of children in the United States are currently not meeting physical activity recommendations, putting them at increased risk for future obesity, diabetes and related chronic illness, according to a recent report. The report was authored by researchers from LSU's Pennington Biomedical Research Center and concerned health experts from across the country, assembled by the National Physical Activity Plan Alliance.

The 2016 United States Report Card on Physical Activity for Children and Youth shows only 21.6 percent of children ages 6-19 meet U.S. physical activity guidelines. Further, nearly 63 percent of children are exceeding sedentary behavior guidelines, which suggest no more than two hours of screen time per day. Less than 13 percent of children walk or ride their bike to school, a habit that has been associated with lower odds of obesity among children. The report does show an improvement in the number of youth who are participating on at least one sports team—half of America's children—since the 1970s but shows a significant gender disparity with more boys participating than girls.

There is a strong consensus among health professionals that physical activity plays a major role in promoting children's health. The World Health Organization and the U.S. Department of Health and Human Services recommend that children and youth engage in a minimum of 60 minutes of moderate-to-vigorous physical activity daily, including vigorous-intensity activity at least three days per week.

Each organization involved in supporting the National Physical Activity Plan has already made a commitment to take substantial steps toward encouraging greater physical activity for U.S. children. One objective is to galvanize other organizations to take action, with the ultimate goal

of improving physical activity grades on the next report card.

Four key messages and recommendations to increase physical activity among youth were included in the report:

- Schools should work to increase physical activity opportunities among youth and should be a key part of a national strategy to increase physical activity.
- Preschool and childcare centers should enhance physical activity.
- To advance efforts to increase physical activity among youth, key research gaps should be addressed.
- Changes involving the built environment (such as safe outdoor and indoor recreation spaces) and similar sectors are promising, but need additional work.

The Report Card assessed data from multiple nationally representative surveys to evaluate levels of physical activity and sedentary behavior in American children and youth, facilitators and barriers for physical activity and health outcomes related to physical activity, among 10 key indicators:

- Overall physical activity levels
- Sedentary behaviors
- Active transportation
- Organized sport participation
- Active play
- Health-related fitness
- Family and peers
- Schools
- Community and the built environment
- Government strategies and investments

The 2016 U.S. Report Card is the second comprehensive assessment of physical activity in U.S. children and youth, updating the first Report Card released in 2014. It was released today in conjunction with 37 other countries at the 2016 International Congress on Physical Activity and Public Health in Bangkok, Thailand. The U.S. Report Card produced by the National Physical Activity Plan Alliance's (NPAP) U.S. Report Card Research Advisory Committee and can be downloaded from the National Physical Activity Plan Alliance website at www.physicalactivityplan.org. Further information about the international release of the Report Card can be obtained from the Active Healthy Kids Global Alliance website (www.activehealthykids.org).



Paige Pedersen Muller

Unum Launches Dental and Vision

Employee benefits company Unum and Baton Rouge-based Starmount Life, one of the fastest-growing dental and vision insurance businesses, launched Unum Dental and Unum Vision coverage on January 1, 2017.

The two companies are rolling out the new coverages only five months after Unum acquired Starmount and its parent company, H&J Capital.

While Unum is well-known nationally and highly experienced in employee benefits, integrated dental and vision plans are new additions to its benefits portfolio. Unum purchased Starmount to serve as Unum's dental and vision center of expertise in the U.S.

Starmount has extensive experience in both the dental and vision markets, and offers several key advantages, including national networks, on-demand ID cards, and a mobile app to locate a network provider or to check claim status.

The inclusion of dental and vision insurance enables Unum to become the single provider of supplemental employee benefits outside of health and retirement benefits, which means one-stop shopping, simplified enrollment, streamlined billing and comprehensive customer service processes for brokers, employers and plan administrators.

Unum is set to enter the integrated dental and vision insurance markets in the New Year, and will market the new coverages to select markets in 2017 and nationally by 2018.

Paige Pedersen Muller Joins Bayou Regional Women's Clinic

Paige Pedersen Muller, APRN, FNP-C, has joined the staff of Bayou Regional Women's Clinic, 6550 Main Street, Suite 2000, in Zachary.

Originally from Baton Rouge, Pedersen Muller is a Certified Family Nurse Practitioner and has more than six years of experience in women's healthcare. Prior to this position she was a nurse practitioner at Zachary OB/GYN Services.

Pedersen Muller attended Louisiana State University for undergraduate classes, graduated from Our Lady of the Lake School of Nursing, and received her Masters of Science in Nursing from the University of Louisiana at Lafayette. She is a member of the Baton Rouge Region of the Louisiana Association of Nurse Practitioners and the Junior League of Baton Rouge.

Cancer Center Receives CVS Health Community Grant

Mary Bird Perkins Cancer Center announced that it has received a \$15,000 CVS Health Community Grant to expand its Geaux Free tobacco cessation program.

The Community Grants Program was created by CVS Health as part of its commitment to help people achieve their best health by providing financial assistance to the programs that are focused on smoking cessation and prevention. The grant is part of Be The First, CVS Health's \$50 million, five-year initiative to help deliver the nation's first tobacco-free generation and extend the company's commitment to help people lead tobacco-free lives.

"The support from CVS Health will help Mary Bird Perkins Cancer Center expand on Geaux Free individualized counseling sessions for cancer patients and community members to reduce their tobacco use," said Renea Duffin, vice president of cancer support and outreach at Mary Bird Perkins Cancer Center.

Mary Bird Perkins was selected to receive a grant through the CVS Health Community Grants 2016 application process. This year, grants were specifically awarded to smoking cessation programs offered in a community setting that are helping people lead tobacco-free lives and are reducing the prevalence of smoking.

Hatcher Joins The Blake at The Grove as Executive Director

Blake Management Group announced that Regina Hatcher will join the company and serve as executive director of its newest senior living community, The Blake at The Grove.

Hatcher brings over eleven years of experience in senior living, having served the past five and a half years as the Executive Director at Sunrise of Baton Rouge. Her resume also includes senior positions at both Lakewood Quarters Assisted Living and Sage Rehabilitation Hospital. Hatcher's credentials include passing Executive Director Level course and exam approved through the Louisiana Assisted Living Association and the Louisiana Department of Health.

Hatcher has volunteered and served on numerous, relevant community boards including the Junior League of Baton Rouge, Alzheimer's Association, and the Louisiana Assisted Living Association. She was recognized by Alzheimer's Services of the Capital area with its prestigious Rosemary Award.

The Blake at The Grove is expected to open in the summer of 2017.

Cancer Center Selected for National Effort to Enhance Lung Cancer Care

Mary Bird Perkins – Our Lady of the Lake Cancer Center is one of only five facilities throughout the country selected to participate in a project with the Association of Community Cancer Centers (ACCC) to address disparities in cancer care for vulnerable populations. The ACCC Optimal Care Coordination Model for Lung Cancer Patients on Medicaid project seeks to reduce barriers to care through development of a care coordination model that will leverage effective partnerships among cancer programs and practices, community organizations, patients, and primary care and specialty providers. The three-year project is funded by the Bristol-Myers Squibb Foundation.

The Cancer Center is a leader in lung cancer prevention, diagnosis, treatment, and survivorship, most notably with its Lung Cancer Multidisciplinary Care (MDC) Team. The MDC team, comprised of physician specialists and support staff, collaborate to ensure patients receive the highest level of comprehensive cancer care available.

As evidenced in an environmental scan conducted by ACCC, patients with lung cancer covered by Medicaid have poorer outcomes, including higher incidence rates, later stage at diagnosis, and poorer survival rates, even after adjustment for stage of diagnoses. Recent studies by Markt S, et al. and Rong X, et al., published

in the journal *Cancer* further affirm gaps in cancer treatment and worse outcomes among cancer patients on Medicaid and uninsured patients as compared to those with private insurance.

From a competitive applicant pool, five cancer programs have been selected to participate as Development Sites for the project. By serving as a Development Site, Mary Bird Perkins – Our Lady of the Lake Cancer Center will help lay the foundation for development of a care coordination model that will seek to overcome identified social, financial, and institutional barriers to care for this vulnerable patient population. The model will then be tested in the community cancer centers across the country.

The Cancer Center offers an array of lung cancer screening and treatment support services. Since its launch in November 2012, the Lung Cancer Screening Clinic has provided hundreds of screenings, and diagnosed the disease in its earliest stages for a number of patients. With this success and focus on quality, the Cancer Center was the first site in Louisiana recognized as a Center for Lung Screening Excellence by the Lung Cancer Alliance (LCA). The LCA acknowledges organizations adhering to its quality standards, referred to as the National Framework for Excellence.

Additional lung cancer services offered at the Cancer Center include:

- Free help to quit cigarette smoking and other tobacco products
- Clinical trials for the treatment of lung cancer

For more information on the ACCC Optimal Care Coordination for Lung Cancer Patients on Medicaid project visit the ACCC's website at acc-cancer.org/carecoordination. For information of lung cancer services at the Cancer Center, visit mbpolol.org/lung.

PBRC Marks Alzheimer's Awareness Month with Study

LSU's Pennington Biomedical Research Center marked Alzheimer's Awareness Month by opening its participation in a new multi-site research study that seeks to test a new method for preventing Alzheimer's disease. Funded by the National Institutes of Health (NIH), The Risk Reduction for Alzheimer's Disease (rrAD) study aims to determine whether aerobic exercise combined with specific blood pressure and

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cholesterol medications can help preserve brain function.

"Alzheimer's is a complex disease without a cure or any new treatments. This research study aims to figure out which combination of medications and lifestyle changes may best help people avoid the disease. We hope the information learned from this study helps us as we work to target therapies for Alzheimer's prevention," said Dr. Jeff Keller, an investigator on the study and director of Pennington Biomedical's Institute for Dementia Research and Prevention.

The rrAD study builds upon prior research linking healthy lifestyles to better brain function. There is compelling evidence that hypertension is linked to development of dementia later in life, but more information is needed to determine whether treating high blood pressure can preserve the brain's function. Physicians and researchers also need to know what kind of exercise and which medications and blood pressure levels will benefit at-risk patients most. Over the next five years, the rrAD study hopes to enroll more than 600 older adults across the country who are at high risk for Alzheimer's disease. Participants will take part in regular aerobic exercise and will receive medications to reduce high blood pressure and cholesterol.

To qualify for the rrAD research study, participants should:

- Be between the ages of 60 and 85 years old
- Have concerns about memory loss or have an immediate relative with a diagnosis of dementia
- Have high blood pressure or be on medication for high blood pressure
- Have a primary care physician

In addition to Pennington Biomedical, other trial sites for the rrAD study include The University of Texas Southwestern Medical Center, Texas Health Resources in Dallas, the University of Kansas Medical Center, Washington University School of Medicine and Michigan State University.

For information about how to participate in the rrAD study or other brain aging studies, click here, call 225-763-2973 or e-mail dementia@pbrc.edu.

**Statistics from the Alzheimer's Association.*

Girl Scouts Learn the Science of Cancer Care

Girl Scouts Troop 10770 recently learned about

the fields of nuclear technology and medical physics, especially as it relates to cancer care, when they attended a special workshop at Mary Bird Perkins – Our Lady of the Lake Cancer Center. The Girl Scouts, seeking to earn a "Get to Know Nuclear" patch, participated in a number of engaging information sessions presented by staff members, residents and graduate students who are part of the Mary Bird Perkins/LSU Medical Physics Partnership.

One of the sessions, "Girls in Science," led by female LSU graduate students and a Cancer Center medical physicist, focused on famous women physicists and their influences on science, medicine, and engineering throughout the ages.

"Sharing the world of science is rewarding on so many levels, and to share this with young women who may choose a career in this field is gratifying," said Rebecca Guidry, a medical physicist at Mary Bird Perkins. "Through my work at the Cancer Center, I see how science impacts people; it can help save lives. I wanted the Scouts to know they can choose a science-related career and impact their community on a number of levels."

Other topics covered during the workshop included computer science, medicine, and engineering. Funding and event coordination was provided by the American Nuclear Society - LSU Chapter.

The Mary Bird Perkins – LSU Medical Physics Partnership provides for a multi-layered joint academic and research program between the two organizations. Created in 2004, the partnership leverages the educational and research resources of LSU and the cancer expertise of Mary Bird Perkins to benefit patients receiving cancer care in Southeast Louisiana and beyond.

Medicaid Fraudsters Ordered to Pay Over \$7 Million Restitution

Attorney General Jeff Landry recently applauded the sentencing of a conviction made by the Louisiana Department of Justice's Medicaid Fraud Control Unit.

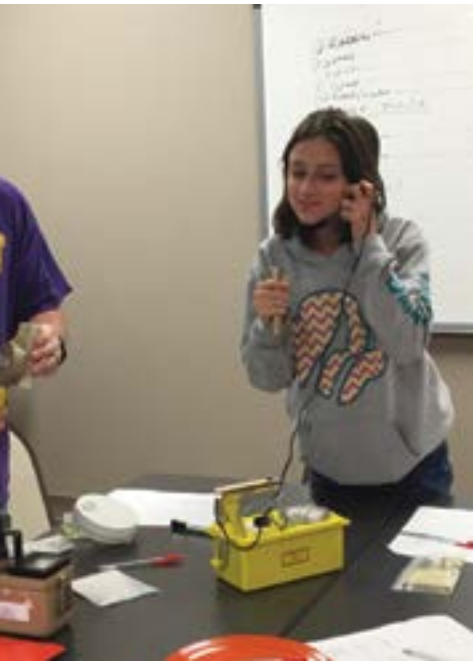
Judge Bruce Bennett ordered Millennium Health Care Services, the company owner Dwaine Woods, and his wife Dynetta Woods to make an over \$7 million restitution payment to the State of Louisiana for their guilty verdicts in a scheme to defraud the Medicaid system. Dwaine Woods was also sentenced to ten years of hard labor.



Joe Steiner, an LSU medical physics graduate student and president of the American Nuclear Society – LSU Chapter, helps Girl Scouts Savannah Tyer and Claire Carroll test everyday items for radioactivity, demonstrating that radiation and radioactivity are a natural part of our world.

Millennium Health Care Services was in operation from 2004-2010 and was fully funded by Medicaid dollars. The company had offices in Baton Rouge, Denham Springs, and Lafayette. Evidence in this case showed that the company and Dynetta Woods engaged in a criminal conspiracy to create multiple false CPR cards for Millennium's service workers, though the workers didn't attend a training to properly be certified.

Millennium Health Care Services was convicted of one count of Conspiracy to Commit Forgery, 19 counts of Forgery, and one count of Theft by Fraud. The company was ordered to pay \$6,985,249.73 in restitution and \$17,500 in fines. Dwaine Woods, 47 of Prairieville, was convicted of Theft by Fraud and sentenced to 10 years hard labor. He was ordered to pay \$6,985,249.73 in restitution. Dynetta Woods, 44 of Prairieville, was convicted of one count of Conspiracy to Commit Forgery and 19 counts of Forgery. She was sentenced to five years of supervised probation, ordered to pay \$54,729.72 in restitution, and \$5,000 in fines. The Court also instructed Mrs. Woods that she may no longer do any business with the State of Louisiana.



Philanthropist Supports Breakthrough Technologies and Therapies

On National Philanthropy Day, Mary Bird Perkins – Our Lady of the Lake Cancer Center announced a major gift from philanthropist Art Favre that will help drive future innovative treatments, technologies and services. The \$1 million donation, a contribution to the Cancer Center's major gift initiative, will spur pioneering and creative solutions that positively impact thousands of patients served by the organization.

In talking about his motivation to give to the Cancer Center, Favre recalled losing an aunt to cancer when he was a child. He said her loss affected him profoundly and is something that has remained with him his entire life.

"The suffering she experienced is always in the back of my mind," said Favre. "And I don't have to look far to find others affected by the disease; there have been quite a few of our company's employees who have been directly impacted by cancer. When the opportunity arose to help make a transformational difference in the way cancer care is provided, I jumped at the chance. Funding excellence and creativity in medicine is how I choose to support the Cancer Center's work."

An additional component of the gift will be the



Art Favre

annual Favre Family Award for Innovation. Strategic funding will be provided annually to support original project ideas submitted by researchers, educators, and clinicians working at the Cancer Center to enhance cancer care. A selection panel, including Favre, will review proposals and award grant dollars to the idea with the greatest likelihood of influencing patient care.

"The Cancer Center not only seeks the latest innovations and brings them to our patients; we also develop best treatment practices in-house that are often shared in national and international scientific journals," said Todd Stevens, president and chief operating officer of Mary Bird Perkins Cancer Center.

One example of successful innovation already underway at the Cancer Center is the medical physics program and its contributions to treatments. Through an ongoing partnership with LSU, the medical physics team develops improved ways of delivering radiation therapy to cancer patients. The renowned program also helps train the next generation of medical physicists.

Favre's gift will also support the Cancer Center's capacity to launch and sustain breakthrough cancer technologies that are often not available elsewhere in the Gulf South, such as the revolutionary Leksell Gamma Knife® Icon™ stereotactic radiosurgery system, which was recently installed for the treatment of primary brain tumors, brain metastases and other functional disorders. The Cancer Center is the first in the region and one of only a handful of American institutions to offer the Icon.

Favre, a longtime Cancer Center donor and volunteer board member, is founder and president of Performance Contractors, a general industrial contractor firm established in 1979. He served on

Mary Bird Perkins Cancer Center's Board of Directors for two consecutive terms and has served in a number of other volunteer and philanthropic capacities.

National Philanthropy Day celebrates the charitable work that everyone does to make a difference and create impact in communities across America. From major donors to the humblest volunteer, from youth to senior citizens, the contributions that generous people make from the heart help make life better for all.

Making Strides Walk Raises \$105,000

More than 1,800 Baton Rouge residents came together on Nov. 13 at Pennington Biomedical Research Center for the inaugural American Cancer Society Making Strides Against Breast Cancer walk and raised \$105,000 to help create a world free from the pain and suffering caused by breast cancer.

Since 1993, more than 12 million Making Strides supporters have raised more than \$750 million nationwide. The 2016 walk was made possible in part by the generous support of Flagship Sponsors Baton Rouge General and Wal-Mart.

While significant progress in the fight against breast cancer has been made, more needs to be done. Excluding cancers of the skin, breast cancer is the most frequently diagnosed cancer in women and is the second-leading cause of cancer death in women. According to the American Cancer Society Cancer Facts & Figures 2016, an estimated 246,660 women in the United States will be diagnosed with breast cancer and 40,450 will die from the disease this year.

Peak Reopens Denham Springs Clinic

Peak Performance Physical Therapy has re-opened its Denham Springs clinic location at 145 Aspen Square. The clinic had been closed since the August flooding and is now fully re-opened and treating patients for outpatient physical and occupational therapy.

PBRC Researcher Recognized by The Obesity Society

LSU's Pennington Biomedical Research Center scientist Dr. Steve Heymsfield has been awarded the 2016 George A. Bray Founders Award from

Healthcare Briefs

The Obesity Society (TOS). The prestigious award was bestowed during the ObesityWeek opening session in New Orleans.

The TOS Founders Award is given to individuals who have made significant contributions to the scientific or clinical basis for understanding and treating obesity. The award is named for Dr. George A. Bray, a former executive director at Pennington Biomedical and the chair of the organizing committee that established The Obesity Society. Dr. Bray later served as the group's fifth president.

Heymtsfield's research focuses on the interrelations between energy balance, metabolism, and body composition across the translational spectrum. He has authored or co-authored more than 400 peer-reviewed basic science, clinical and population science research papers, chapters, editorials and books on these interrelated topics. He has long served as a public advocate for the field, including testifying before congressional committees on multiple occasions. He has mentored or co-mentored more than two dozen pre- and post-doctoral students who now serve in academic and industry positions. Heymtsfield served as President of the American Society of Clinical Nutrition and the American Society of Parental and Enteral Nutrition. In addition, he served as executive director of Pennington Biomedical from 2010 – 2013.

Heymtsfield joined TOS in 1990, and during that time served on the Development Committee (2012-2015), IASO Representative on Council (1998-2008), the Ethics Committee (2006-2009), the Audit Committee (2007-2009), Nominating Committee (2007-2010), and Finance Committee (2009-2012). He also served as an associate editor for the scientific journal *Obesity*, published by TOS. In addition to the Founders Award, Heymtsfield also received the society's 2003 TOPS Award which recognizes an individual for singular achievement or contribution to research in the field of obesity.

The Obesity Society is a nonprofit scientific and educational organization dedicated to expanding research, prevention, and treatment of obesity and reduction in stigma and discrimination affecting people with obesity.

Helveston Joins BSW Healthcare Section



Rebecca Helveston

Breazeale, Sachse & Wilson, LLP (BSW) has welcomed a new attorney to the Baton Rouge office. Rebecca S. Helveston has joined the firm's Healthcare section.

Helveston practices in the area of healthcare. Before joining BSW, Rebecca worked at the Adams and Reese law firm in Baton Rouge. She was employed in the areas of government relations, public utility regulation, administrative law and healthcare. In August of 2016, she was selected for the Louisiana State Bar Association's 2016-2017 Leadership Class.

Helveston received her Juris Doctor from Louisiana State University Paul M. Hebert Law Center in 2013. She also earned her Masters of Business Administration from the Louisiana State University Flores MBA program in 2013. Helveston received her Bachelor of Science in Finance with a specialization in Internal Audit from Louisiana State University in 2008. Prior to attending law school, she worked as an auditor at Postlethwaite & Netterville in New Orleans.

Thayer Named Director of Business Development

Chase Thayer has been named Director of Business Development by New Beginnings Adolescent Recovery Center in Opelousas, Louisiana. Thayer previously held the position of National Outreach Coordinator with the nationally recognized substance abuse recovery center and served in that capacity since early 2016.

A native of Provo, Utah, Thayer successfully left his own addiction to enter the field of substance abuse treatment and helping teens and adolescents similarly find hope and help. Thayer has been in sobriety for nearly a decade. Commenting on his own addiction, Thayer states, "Having been there myself, I understand fully what leads



Darian Reddick

to addiction to alcohol or other substances, but I also understand the way out of that disease. It is that personal experience that I will bring to helping families and teens at New Beginnings in my role as Director of Business Development."

Thayer's career began in 2008 following his treatment for his own addiction and he has held several marketing positions for a local recovery center on to an adult wilderness recovery program based in Utah. Thayer along with his family is a current resident of Austin, Texas from where he will work in his new position with New Beginnings. He is a frequent speaker at high schools on the subject of addiction.

In his new role with New Beginnings, Chase Thayer will connect families with the best treatment options to ensure that their teen, struggling with addiction, is given the best chance for recovery.

Cancer Center Names Sister Linda Constantin Courage and Compassion Award Winner

Mary Bird Perkins – Our Lady of the Lake Cancer Center has named Jamie Wilson, a member of the guest services department, as the 2016 Sister Linda Constantin Courage and Compassion Award winner. The annual award is named in honor of a longtime nurse and member of the senior administrative team at Our Lady of the Lake Regional Medical Center who passed away in 2005 after battling colon cancer. Each year the award is presented to a Cancer Center team member who exemplifies her deeply held values and beliefs.

Wilson, a member of the Cancer Center team for more than 20 years, is often referred to as "the director of first impressions," as she is often the initial team member warmly welcoming patients



Pictured l-r: Scott Wester, Our Lady of the Lake chief executive officer; Jamie Wilson, Sr. Linda Award winner; Terrie Sterling, Our Lady of the Lake executive vice president and chief operating officer; Sister Barbara Arceneaux, Franciscan Missionaries of Our Lady provincial; Linda Lee, Cancer Center administrator; and Todd Stevens, Mary Bird Perkins Cancer Center president and chief executive officer.

as they enter the facility. Linda Lee, Cancer Center administrator, says Wilson's compassion and generosity reflect the same ideals and principles Constantin held dear.

Sister Barbara Arceneaux, provincial, Franciscan Missionaries of Our Lady, presented the award to Wilson in front of an audience of Mary Bird Perkins and Our Lady of the Lake team members gathered to pay homage to the award winner and Constantin.

Riverside Family Medicine Joins OLOL Physician Group

Our Lady of the Lake Physician Group announced it has welcomed Riverside Family Medicine, located in Maurepas, and its team of family medicine providers and staff into the Physician Group's network. The clinic is now operating under the name Our Lady of the Lake Franciscan Group Riverside.

Our Lady of the Lake Physician Group Riverside is a Nurse Practitioner-led clinic that treats patients of all ages with preventive care, urgent care and manages patients with chronic illness. Services include the evaluation and care of

illnesses and minor injuries, immunizations and vaccines, school and sports physicals, cancer screenings, newborn visits, and more.

Justin Bennett, FNP-BC and Trina Keller, FNP-BC are trusted and respected providers in the Maurepas community, and will continue to provide the same valuable healthcare services to their patients with the added depth and breadth of the entire Our Lady of the Lake organization. Seven staff members at the clinic are also being welcomed into the Physician Group.

Keller is a Board Certified family nurse practitioner and treats children and adults of all ages. Bennett is a Board Certified family nurse practitioner with more than 15 years of experience treating children and adults of all ages.

NMC Neurologist Receives Board Certification in Neuromuscular Medicine

The NeuroMedical Center announced that neurologist, Dr. Darian E. Reddick, recently fulfilled criteria for board certification in the medical subspecialty of Neuromuscular Medicine from the American Board of Psychiatry and Neurology

(ABPN). Already board certified in neurology with the ABPN, Dr. Reddick is now the only dual board certified physician in both neuromuscular medicine and neurology in the Baton Rouge Metropolitan Area, and only the seventh physician with such recognition in the entire state of Louisiana.

The medical subspecialty of Neuromuscular Medicine was established by the American Board of Medical Specialties and ABPN in 2005 to officially establish this focus as a definite area of sub-specialization in neurology and to provide a means of identifying properly trained and experienced physicians in neuromuscular medicine.

As a board certified neuromuscular medicine specialist, Dr. Reddick has confirmed his exceptional expertise in the treatment and diagnosis of complex disorders such as ALS, peripheral neuropathy, and muscular dystrophy. Additionally, Dr. Reddick is one of only a handful of physicians in the region with advanced training and experience in electrodiagnosis, currently performing leading-edge electromyography (EMG) procedures in-house at The NeuroMedical Center's Neurodiagnostic Lab. ■

January 1 marks the beginning of a new year for most people. Jan. 1, 2017 was particularly significant for the U.S. health care system because it also signaled the implementation date for the Medicare Access and Children's Health Insurance Program Reauthorization Act, also known as MACRA.

GAINING PERSPECTIVE ON MACRA



Richard Bridges, MD



Flip Roberts, MD



Jeff Williams

MACRA REFERS TO bipartisan federal legislation passed in 2015 that aims to transform and reform the way our health care system evaluates and pays for care. Key to this rule is a physician payment system that replaces the Medicare Sustainable Growth Rate formula and is designed to drive the industry from volume to value-based care. The practical implications of the new Quality Payment Program will be far-reaching, affecting providers, payers, purchasers and consumers

For providers across the health care continuum, MACRA will not only profoundly alter the way they deliver care, but the way they practice in general. Recently, I surveyed leaders of several provider-related organizations in Louisiana and asked them for a broad, overall view of the legislation's potential impact on their respective members.

DO YOU BELIEVE THAT YOUR MEMBERS ARE KNOWLEDGEABLE ABOUT MACRA AND READY FOR IMPLEMENTATION?

Richard Bridges, MD, Chair of Legislative and Membership Issues Committee for the Louisiana Academy of Family Physicians (LAFP): I feel that the members are aware. I think some have been very aggressive at preparing, but there is a generational gap in being ready for this. At our hospital staff meetings, where only two of the physicians are less than 40 years old and the rest are 60 plus years old, there are a lot of questions. I don't think most of them are ready for the implementation. I feel that those who are active in their medical societies are more aware, but many are not. In our community, frankly, we are seeing the older physicians weigh the cost of changing their practices to fit MACRA versus the years until they retire.

One is doing away with electronic medical records. And two have decided not to change and just accept the financial penalties involved. They feel that the disruption to their practices is not worth it.

Dr. Floyd J. "Flip" Roberts, Jr., FACP, FCCP, Vice President of Clinical Affairs for the Louisiana Hospital Association (LHA): I have had the opportunity to speak with medical staff leaders from across the state in recent weeks. It appears that many Louisiana physicians have little, if any, familiarity with the MACRA or its implications for their practices. From my perspective, many physicians are fortunate that CMS has created an opportunity to avoid a penalty during the 2017 measurement period (for calculation of what a physician will be paid in 2019) by minimally reporting in 2017. This strategy will then create the opportunity to use the year of 2017 to prepare for a full year of reporting Merit-based Incentive Payment System (MIPS) measures in 2018 (for calculation of physician payment in 2020).

Jeff Williams, Executive Vice President/CEO of the Louisiana State Medical Society (LSMS): National surveys show that a significant number of physicians are not aware of MACRA and/or ready for its implementation, and I believe that to also be the case for Louisiana, especially in rural areas. That is why the LSMS is currently working internally and with external partners to craft tools and educational materials that will both educate and prepare Louisiana physicians not just for the implementation of MACRA but for success within the Quality Payment Program as well.

HOW WILL THE IMPLEMENTATION OF MACRA IMPACT YOUR MEMBERS IN THE SHORT-TERM? LONG-TERM?

Dr. Richard Bridges: In the short-term, I think it will result in physicians making less on reimbursements. Long-term, I think it

Cindy Munn
Chief Executive Officer
Louisiana Health Care Quality Forum



can have many different effects on the practice of primary care. Some may be good and some may be bad. This is a very large federal policy, and we will not know the full impact of the changes until we are in the middle of them ... sort of what creates the anxiety of the situation.

Dr. Flip Roberts: The vast majority of Louisiana physicians will be paid under the MIPS mechanism in 2019, and likely for years to come. In the short-term, the issues are educating physicians about the MIPS measures and assisting with the complex task of setting up mechanisms of reporting to CMS. Successful performance under MIPS essentially requires the use of electronic health records (EHRs), and many practices in Louisiana are not currently using EHRs. The cost and complexity of this transition will likely lead to smaller practices re-evaluating whether to work with or for a larger institution. There are incentives in the MACRA to move toward the Alternative Payment Model (APM), in which the physician practices in a payment situation which puts the practice at substantial downside financial risk. Over the long-term, physicians and institutions will evaluate the possibility of creating a mechanism to take advantage of the APM.

Jeff Williams: In the short term, MACRA is another administrative burden that will cost practices time, money and resources in preparation and reporting requirements. In the long-term, the impact is financial in nature depending upon how each physician/practice is scored and where they are rated in comparison to others. Some will be winners, but many will be losers simply because CMS does not allow for any disparities in socioeconomic and/or population health. Additionally, the fact that physicians won't know how they performed until two years after the fact is problematic in many ways.

FOR YOUR MEMBERS, WHAT ARE THE BIGGEST CHALLENGES ASSOCIATED WITH MACRA?

Dr. Richard Bridges: For those that are well-established and their practices are running well for them, it will be changing how they do things, implementing facets and steps they have not previously used.

Dr. Flip Roberts: First, physicians need to know much more about the MACRA and MIPS. The assessment of what to report and how to report will be the next chapter. Then comes the work of how to improve performance on the measures ... meaning the ability to analyze their data and undertake performance improvement redesign of processes within the practice. Note well, all of this is on top of trying to stay current with the rapid progress in medical knowledge, technology and patient care that is the foundation of what patients expect. Adapting to the MACRA might be likened to trying to change the wheels on a car that is flying down the road at 60 mph!

Jeff Williams: Initially the biggest hurdle is the reporting requirement itself. After that, it's insuring that each physician/practice is reporting the best data for their individual practices to receive higher quality scores. There are multiple ways to achieve compliance while increasing quality within MACRA and MIPS but they do not all lead to the same score, i.e. reimbursement. Our goal is to help physicians build a road map that will allow them to strike a balance between what they report and how they are reimbursed.

HOW DO YOU SEE MACRA RESHAPING THE HEALTH CARE LANDSCAPE?

Dr. Richard Bridges: I think that it can have many effects on health care, one being the redesign and changing of the model of primary care delivery. It is possible that you could see more and more providers transitioning to the Patient-Centered Medical

Home model. I think this will be driven by new physicians and new practices along with the changing landscape of more hospital-owned practices. This will be part of the quality versus quantity reimbursement changes. There can also be possible negative outcomes. One would be more doctors beginning to see fewer and fewer Medicare patients, if any at all. This would strain an already stressed model. Other concerns are that it could drive more and more physicians into concierge and direct primary care which would also take them away from seeing Medicaid and Medicare patients.

Dr. Flip Roberts: Unlike the Affordable Care Act of 2010, the MACRA of 2015 was passed with bipartisan support in Congress. Accordingly, the principles in the MACRA appear likely to be the foundation of physician payment for the near term. That is, Congress and the people are expecting physicians to focus on value and outcomes, and there will be new transparency to inform patient choice. A challenge is that after a nearly 1,000-page piece of legislation in 2015 (the MACRA), CMS has provided nearly 2,500 pages of rules that have to be digested and accommodated. There will clearly be further discussion about how best to deliver value and good outcomes to patients and some fine-tuning of this massive redesign.

Jeff Williams: As fee-for-service reimbursements are replaced by value-based payments, I think you'll see private insurers mimic the same reporting metrics as contained within MACRA.

In closing, as these three leaders have noted, change is the overriding theme for health care providers in Louisiana and across the country in 2017. But even in the middle of this transition, one thing is certain: MACRA is here with possibilities, challenges and opportunities for all stakeholder groups to deliver and/or receive high-quality, high-value and patient-centered care. ■

PRACTICE DRIFT: Avoiding Work Arounds that Imperil Safe Nursing Practice

IN THE HECTIC WORLD that is professional nursing practice, Registered Nurses (RNs) and Advanced Practice Registered Nurses (APRNs) have developed work arounds, shortcuts, and rule bending that may imperil patient care and violate our standards for integrity and practice guided by best evidence. We are experts at this kind of ‘practice drift’ whereby we abandon safe practices in our fast-paced, high intensity work environments and risk human error in our quest to care for more patients, with less staff, in shorter periods of human-to-human interaction. A review of some of the actions that constitute ‘practice drift’ might include the following:

- Borrowed a medication from another patient to override slow pharmacy systems;
- Administered pain medication without a thorough pain assessment;
- Signed as a witness for a narcotic waste that you didn’t actually see because the nurse was your friend;
- Failed to check two identifiers for any patient procedure or medication administration because you were too busy;
- Pre-documented care in the medical record because you knew you might not have time later;
- Looked up information in a medical chart on a patient for whom you weren’t assigned;
- Delegated a task to an experienced certified nursing assistant that was outside their scope of practice because you knew they had done the task before;
- Talked about patients with other nurses in public settings within the organization;
- Worked overtime or an extra shift even though you were so fatigued you were falling asleep just because your supervisor stated there was “no one else to work”.¹

As a regulatory agency, the Louisiana State Board of Nursing (LSBN) is tasked to reduce preventable errors, protect the public by ensuring that RNs and APRNs are safe practitioners, and oversee the education of our future nursing workforce. Nurses practice in complex environments and often struggle to adapt new technologies and treatments in caring for their patients. When barriers are perceived in either structure or process that interfere with nurses’ adoption of best practices through deviations from policy, protocol, and/or procedure, the Board has a professional obligation to work with our nursing constituents to correct those process and structure problems.

The Institute for Safe Medication practices posits that behavioral research supports that all humans are programmed to change gradually in their responses to everyday behaviors that become routine. As our perceptions of risk diminish over time, we are more likely to try to do more with less and to ‘drift’ away from actions that we know to be safer.³ Generally, nurses develop these types of solutions to save time, enhance patient care or improve a faulty process. Rather than solve the problem, we treat the symptoms without ever analyzing the consequences of our short-cuts. Over time, these short-term solutions become a cultural norm, especially if there are no immediate untoward outcomes that threaten patient safety.

In a recent study by Westphal et al., fourth year nursing students were asked to identify common work-arounds and describe the reasons why nurses engaged in these types of behaviors.⁶ The student assignment revolved around identifying behaviors that were inconsistent with the Quality and Safety Education for Nurses



“RCA is an analytical tool in which the problem is first identified and then a series of “Why?” questions are asked to drill down until a process or system is identified that has a potential for redesign to reduce risk.”

(QSEN) six core patient competencies including patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics.⁴ The researchers conducted content analysis to identify commonalities and differences related to the work-arounds. Specific categories and themes emerged from this iterative process. Most of the work-arounds occurred on medical-surgical units and were related to prevention of infections and medication administration. Included under prevention of infections were breakdowns in isolation procedures, violation of sterile technique during invasive procedures, and violation of proper hand hygiene. Work-arounds related to medication management included following correct verification procedures, interpretations of medication orders, and violation of special handling procedures. Time was a factor in that, during heavy workload, nurses did not have sufficient time to perform routine responsibilities. Patient condition was also a factor including patient preferences and care prioritization, either of which might preclude nurses following proper protocols.⁶

At LSBN, we don't believe that most nurses intentionally commit mistakes that threaten patient welfare. Generally, when nurses are brought to our attention for disciplinary reasons, it is because they violated rules that caused patient harm. When asked for explanation, these nurses often believe that their deviations from standards were an attempt to provide the best care possible within environ-

ments where they are consistently faced with limited resources. Unfortunately, the outcomes of using shortcuts, bending the rules, or developing work-arounds are often compromised patient care and damage to one's reputation and credibility. Additionally, these deviations from standards have the potential to result in suspension or even revocation of your license. If patient injury or death occurs from the nurses' actions, financial loss is also a possibility through malpractice claims.

A better solution to process and structure problems within our institutions is root cause analysis (RCA). RCA is an analytical tool in which the problem is first identified and then a series of “Why?” questions are asked to drill down until a process or system is identified that has a potential for redesign to reduce risk. The Joint Commission has developed a framework that assists in answering analysis questions which aid in organizing the steps of the RCA after a sentinel event occurs. Some of the relevant questions include:

1. What was the intended process flow?
2. Were there any steps in the process that did not occur as intended?
3. What human factors were relevant to the outcome?
4. How did equipment performance affect the outcome?
5. What controllable environmental factors directly affected this outcome?
6. What uncontrollable external factors influenced this outcome?
7. Was the staff properly qualified and

currently competent for their responsibilities at the time of the event?

8. How did actual staffing compare with ideal levels?
9. Did staff performance during the event meet expectations?
10. To what degree was all the necessary information available when needed? Accurate? Complete? Unambiguous?
11. How does the organization's culture support risk reduction?
12. How can orientation and in-service training be revised to reduce the risk of such events in the future?⁵

All nurses need to work together to identify work-arounds and other ‘practice drift’ issues. Specific problems that may be amenable to the processes identified herein include short staffing, insufficient supplies and equipment, inadequate support services, and inefficient education and in-service training.² Regulatory agencies like LSBN are committed to working with our practice partners to promote solutions to practice challenges that will ensure excellence in patient outcomes and protection of public health. ■

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I accepted the position of Secretary of the Louisiana Department of Health about a year ago and I still believe that I have the best job in state government because we have increased health care coverage to so many residents through Medicaid expansion. It is both an honor and a privilege to work with a team of professionals who care so deeply about improving the health of all Louisianians and creating a better future for our state.

Wrapping Up the Year and Looking Ahead

IT'S BEEN A BUSY YEAR. In addition to being faced with daunting budget problems when we first took office, we have taken on several major efforts. First, the Louisiana Department of Health worked with Governor John Bel Edwards to expand Medicaid; and we have worked to plan, prepare for and educate residents about the Zika virus.

Medicaid Expansion

Only six months after Louisiana implemented Medicaid Expansion, more than 8,600 newly enrolled Louisiana residents

are getting care for chronic conditions. As of December 1, more than 350,000 new adult members have enrolled.

Matthew Guidry of Opelousas is one of thousands of Louisiana residents who is now getting care because of Medicaid expansion. Guidry, who has lived with sickle cell anemia almost all of his life, looked to the local emergency room for care. Although he could get relief for his pain there, it was much more difficult to find someone to treat his ongoing vision problems.

When coverage became available in Louisiana under the newly expanded Medicaid program in July, Guidry applied. He now has a primary care physician who can provide all of the necessary care for his sickle cell disease including infection prevention, pain management and care that can prevent organ damage.

Matthew's story is not unique. He is one of thousands who are now receiving lifesaving care. The most recent data provides this picture of the benefits of Medicaid coverage that began for adults this past July:

- Over 38,500 members have received preventative care visits with a care provider.
- 3,565 women have completed important screening and diagnostic breast imaging such as mammograms, MRIs and ultrasounds, and 45 were diagnosed with breast cancer as a result of this imaging.
- Over 3,000 adults had colonoscopies; and 786 patients had precancerous polyps removed.
- Treatment has begun for almost 600 adults newly diagnosed with diabetes.
- Nearly 1,500 patients have been newly diagnosed with hypertension.
- During this year's flu season, more than 6,300 new members have received a flu shot.

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



350,000

The number of new adult members that have enrolled in Medicaid as of December 1.

Medicaid expansion is leading to better health outcomes for hardworking Louisianians who previously did not have coverage. Before expansion, some of our sickest, most vulnerable citizens, the majority of whom work every day, could not afford health insurance. Consequently, they either did not seek the medical attention they needed or, like Mr. Guidry, visited hospital emergency rooms for care. That led to many being diagnosed late when care is the most expensive and the prognosis is poor. Thanks to Medicaid expansion more people are getting their health needs met and our state is realizing significant savings in health care costs.

Zika Virus

As I was writing this column (November 30) the state of Texas reported their first locally transmitted case of Zika virus. A South Texas woman was diagnosed and health experts confirm that she likely received the virus from a local mosquito.

So what does local transmission in Texas mean for Louisiana? According to Dr. Raoul Ratard, State Epidemiologist, Louisiana is in a different situation than Texas.

“We can look to dengue as an indicator for Zika, as the two viruses are very similar and can both be transmitted by Aedes mosquitoes. South Florida and south Tex-

as, the two areas in the United States that have had local transmission of Zika, both have a history of dengue transmission by local mosquitoes. This is not the case in Louisiana, where we have not had a local dengue case in over 30 years,” Dr. Ratard explained.

There have been 39 total identified cases of Zika virus in Louisiana. None of these cases were contracted from a local mosquito; all are travel-related. Residents are urged to check their travel plans to see if there is local Zika transmission, which means they could get Zika from a mosquito bite, in the areas they are visiting.

Zika virus is of greatest threat to pregnant women, as their child may be at risk for certain severe birth defects as a result of infection. Pregnant women and women trying to get pregnant should avoid travel to areas with Zika transmission. Because Zika can spread through sexual activity, pregnant women should have their partners use a condom correctly every time or abstain from sex if their partner has traveled to an area of the world with Zika transmission.

Preventing Mosquito-Borne Diseases

- All travelers to areas where Zika virus is active should be aware and take the following steps to protect themselves from mosquito bites:

- Use an EPA-approved insect repellent. Wear light-colored, long sleeves and pants.
- Sleep under a mosquito net if you are outdoors or in an area without door and window screens.
- The same precautions apply at home, and people should also make sure their house is mosquito-proof by ensuring their windows and doors have intact screens. Once a week or after every rainfall, empty standing water from any containers around your home, especially small containers.

Looking Ahead to 2017

The Louisiana Department of Health is focused on HEALTH. We believe in accountability, transparency and high-quality care. One of the key issues that we plan to address in 2017 is Medicaid payment reform. In fact, we are actively meeting with health care administrators to begin this process. You will also see a renewed focus on electronic health records for Medicaid providers and ongoing efforts to reduce opioid abuse. I fully expect the New Year to be just as exciting as 2016 has been. ■

With escalating obesity rates facing our state and nation, there is a need for a deeper understanding of the mechanisms that modulate body weight.

TURNING UP THE HEAT ON OBESITY

Brown adipose tissue (BAT)-induced heat could be a promising therapy to treat obesity and metabolic diseases, according to new research

OBESITY RESULTS WHEN WE CONSUME more energy, or calories, than we expend, but underlying mechanisms have many factors.

Brown adipose tissue (BAT), or brown fat, burns calories in order to generate heat and maintain body temperature. Leptin, a hormone produced by fat cells, plays a part in the process of heat generation, also called thermogenesis. It is a crucial and powerful hormone in keeping body weight normal. Past research shows that leptin receptors in specific brain regions regulate the amount of energy expended, body weight and food intake.

Researchers are honing in on how brown adipose tissue can be used to burn fat more effectively. A team of scientists from LSU's Pennington Biomedical Research Center with colleagues from Tulane University sought to determine the role of leptin receptor expressing neurons in distinct brain areas in energy homeostasis. Previous research discovered brown adipose tissue (BAT)-induced thermogenesis as a promising therapeutic target to treat obesity and





metabolic diseases, but scientists do not exactly understand the brain circuits that activate BAT-induced thermogenesis.

“After all these years of obesity research, still we’re not able to completely treat the disease because there are so many different circuitries that contribute to obesity. With soaring obesity rates, this research is critical to our understanding of how the energy balance in our bodies is regulated. With a deeper understanding, we can devise better strategies for obesity treatment. Every research endeavor is a proactive step towards a healthier Louisiana,” said Dr. Heike Münzberg, associate professor of research at Pennington Biomedical.

Key Findings

Neurons in our brains that express leptin receptors promote weight loss and negative energy balance by suppressing food intake and enhancing energy expenditure. Notably, the preoptic area (POA), which is a region of the brain that controls body temperature, is not considered a site for body weight control and its role in balancing body weight equilibrium is unknown.

These neurons mediate adaptations to ambient temperature changes. In animal models, the activation of these neurons decreased core body temperature and energy expenditure, thus suppressing food intake

and causing significant body weight loss.

Most importantly, these neurons regulate food intake and energy expenditure, and are critical for maintaining equilibrium in body weight and body temperature.

Another result was these leptin-receptor preoptic neurons are activated by warm temperatures, but not by cold temperatures.

One result of the study that was inconsistent with earlier models of this circuitry showed other neurons to have no effect on energy expenditure. This study was the first to test the activation of specific neuronal subpopulations at different ambient temperatures in animal models. This research significantly expands our understanding on how the circuits and mechanisms in our brains operate and modulate energy homeostasis, but further investigation is still needed.


This discovery about neural circuits mediated by these neurons has significant implications in better understanding how energy balance is regulated and devising new

strategies for obesity treatment. The data suggests a new view into the neurochemical and functional properties of BAT-related preoptic area circuits and highlights their additional role in modulating food intake and body weight. This study contributes to a better understanding of how BAT activity is regulated by the brain and holds great potential as a therapeutic strategy to target obesity.

This type of biomedical research is key to our understanding of chronic diseases such as obesity and it contributes to a body of knowledge that advances the diagnosis, treatment, and prevention of this and other metabolic diseases.

The study entitled “Glutamatergic preoptic area neurons that express leptin receptors drive temperature-dependent body weight homeostasis,” was recently published in the prestigious *Journal of Neuroscience*. For more information on research underway at Pennington Biomedical please visit www.pbrc.edu. ■

“After all these years of obesity research, still we’re not able to completely treat the disease because there are so many different circuitries that contribute to obesity. With soaring obesity rates, this research is critical to our understanding of how the energy balance in our bodies is regulated.”

A photograph of a hotel room. In the foreground, a bed with white linens is visible. In the background, a lamp with a white shade is mounted on the wall, and dark curtains are partially open. The lighting is warm and soft.

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Hospital Rounds



**Dr. Cliff Moore, the Gulf Coast's
Only Fetal Surgery Specialist,
Joins Woman's Hospital**

Story next page

One of Dr. Moore's tiny patients, Isabel, shortly after her birth. Baton Rouge residents Beau and Sara Dantin sought Dr. Moore's expertise after discovering their unborn baby had spina bifida.

Hospital Rounds



Cliff Moore, MD

Gulf Coast's Only Fetal Surgery Specialist Joins Woman's Hospital

Woman's Hospital announced that Dr. Cliff Moore has joined its Maternal-Fetal Medicine group, bringing the region's only fetal surgery specialist to Baton Rouge. Dr. Moore's extensive training in caring for women with high risk pregnancies and treating fetal conditions prior to birth brings an added layer of expertise to Woman's and to women in the Gulf Coast Region. Fetal surgery specialists are uncommon in this area, with the closest medical specialists residing in Houston and Miami.

Dr. Moore's special interest in fetal anomalies and antenatal diagnosis and treatment of fetal disorders includes two highly complex pregnancy surgeries, utero myelomeningocele correction (Spina Bifida) and laser therapy for twin to twin transfusion syndrome. In addition to his surgical specialties, Dr. Moore also focuses on caring for mothers who have a history of cardiac disease.

Dr. Moore, a native of Elm Grove, Louisiana, completed his medical degree at LSUHSC-Shreveport, and his internship and Ob-Gyn residency at University Medical Center in Jackson, Mississippi. He then went on to complete a fellowship in Maternal Fetal Medicine at Magee Women's Hospital at University of Pittsburgh Medical Center. Following seven years in practice, he joins Woman's Hospital.

Maternal-Fetal Medicine specialists work with a woman's obstetrician to offer care for all types of pregnancy complications, ranging from premature labor and rupture of membranes to gestational diabetes maternal hypertension, multiple births and fetal anomalies. Woman's physicians travel throughout the region to provide care for



NICU graduates Gracie (left) and Abbey Wainwright gave Santa a helping hand during NICU activities.

high-risk pregnancies at the following hospitals:

- Lake Charles Memorial
- Lake Area Medical Center
- Thibodeaux Regional
- North Oaks Medical Center (Hammond)
- St. Francis Medical Center (Monroe)
- St. Tammany Parish Hospital (Covington)

Annual North Oaks NICU Reunion Attracts 200 Guests and Graduates

Fourteen-year-old twins Gracie and Abbey Wainwright spent eight weeks in North Oaks Medical Center's Neonatal Intensive Care Unit (NICU) as babies, but were on hand at this year's annual NICU Reunion to welcome their fellow "graduates."

Dressed as elves, the twins "wanted to give back" to the NICU by helping out with the event, held Dec. 3, at the North Oaks Diagnostic Center. The free event was attended by about 200 former NICU patients and their family members who came out on a rainy, gloomy Saturday to enjoy holiday music and videos, storytelling, craft-making, face painting, and refreshments provided by Chick-fil-A. In addition, each child had his or her photo taken with Santa Claus, and received a coloring book and crayons.

Sometimes, a baby may be born prematurely

Brittany Carey (left) and 3-year-old Deuce visit with Neonatal Nurse Debbie McGinnis during the NICU Reunion. Deuce was in NICU for 98 days after his premature birth.



Parents Nick (left) and Tiffany, along with son, James, and daughter, Tinsley, visit with Neonatal Nurse Practitioner Scott Landry at North Oaks' NICU Reunion on Saturday.





Andrew Olinde, MD

or with a health condition that requires admission to North Oaks Medical Center's NICU. In these cases, the baby's NICU stay may range from a few days to as long as 6 months.

The Wainwright twins, who are now freshmen at Albany High School, were born about 12 weeks prematurely. Gracie weighed 2 pounds, 2 ounces and Abbey weighed 2 pounds, 5 ounces. They have attended the event each year since their birth and wanted to assist Santa this year with the younger graduates.

It was the first NICU reunion for the Brown family, who attended the NICU event with 6-month-old Tinsley. She was born in June, 10 weeks early, weighing in at 4 pounds. Today, she weighs 11 pounds.

"The NICU was absolutely wonderful," shares her mother, Tiffany, who visited with Neonatal Nurse Practitioner Scott Landry about the baby's progress.

NICU Nurse Debbie McGinnis, RN, attended the event to "see my little patients." Having worked on the unit for the past nine years, she greeted many familiar faces. Although the babies have grown and changed in appearance, she recognized their parents and was eager to hear about the progress her former patients have made.

"Because these babies often spend a long time in the hospital, it is natural for a strong bond to form between medical personnel and the families, sometimes becoming close friends," according to Kirsten Riney, North Oaks Vice President of Patient Services.

"We love to celebrate the growth and good health of our patients," Riney explains. "It's a joyful way to start the holiday season with these families with whom we have shared so much."

Along with the Wainwright twins, 33 North Oaks Health System staff members volunteered their personal time to make the event a success.

For more information about North Oaks' NICU or any of the health system's services for women and children, please call the North Oaks Business Development Department at (985) 230-6742 or visit www.northoaks.org.

Baton Rouge General Names Olinde Chief Medical Officer

Baton Rouge General has named vascular surgeon Andrew Olinde, MD, its Chief Medical Officer.

In this role, Dr. Olinde will be responsible for building positive relationships with the physician community and representing the General publicly on medical topics. In addition, he will continue to see patients at the Vascular Specialty Center located on the General's Bluebonnet campus.

Olinde is a board-certified general and vascular surgeon who has practiced medicine for 30 years. An LSU undergrad, he attended medical school at LSU-New Orleans and completed his residency in general surgery at the University of Mississippi in Jackson and his fellowship in peripheral vascular surgery at Northwestern University in Chicago.

Olinde completed his term as BRG's Chief of Medical Staff at the end of the year. He also serves on the faculty at Tulane Medical Center in New Orleans, and is a member of the Louisiana State Medical Society, the James Hardy Surgical Society, the Society of Vascular Surgery, the Southern Association of Vascular Surgery the Capital Area Medical Society, the American College of Phlebology and the board for the Gulf Coast Vascular Society.



LSU Basketball team members sign basketballs for children at Our Lady of the Lake Children's Hospital.

Hospital Rounds



Traci Vaughn, MD, MPH

ENT, Allergy, Otolaryngology Services Available at Lane

Lane Regional Medical Center announced that Traci Vaughn, MD, MPH, recently opened an Ear, Nose & Throat/Allergy/Otolaryngology practice at 6100 Main Street, Suite D, in Zachary.

A native of New Orleans, Dr. Vaughn graduated Summa cum Laude from Howard University in Washington, DC, earned her medical degree at Harvard Medical School in Boston, Massachusetts, and completed residency training in both general surgery from Cleveland Clinic Foundation in Ohio and otolaryngology from Tulane Medical Center in New Orleans.

Vaughn also earned a Masters of Public Health degree from Tulane School of Public Health and Tropical Medicine and is board certified by the American Board of Otolaryngology.

Dr. Vaughn specializes in comprehensive diagnosis and treatment of a wide range of conditions affecting the ears, nose, throat, head and neck for patients of all ages, including thyroid, voice and swallowing disorders, upper respiratory, sinus and ear infections, tonsillitis, allergies and sinus disease, vertigo, sleep apnea, neck and oral masses, and hearing loss.

She is currently a member of the American Academy of Otolaryngology and the National Medical Association.

LSU Basketball Team Visits OLOL Children's Hospital

The LSU men's basketball team continued its long-standing holiday tradition by visiting Our Lady of The Lake Children's Hospital to visit patients who are hospitalized during the Christmas season. LSU players sang Christmas carols



Frank Sanfiel, MD, FACS

and autographed basketballs for each of the patient rooms.

Consumers Name OLOL Top Choice

For the eighteenth consecutive year, Our Lady of the Lake announced it has been selected as the NRC Health Consumer Choice Award winner for the hospital with the highest overall quality and image in the Baton Rouge metropolitan area.

The Consumer Choice Award, provided by NRC Health, identifies the top hospitals nationwide that healthcare consumers have chosen as being the most-preferred hospitals throughout the United States. Consumers see these hospitals as having the best doctors, best nurses, best image and reputation, and best overall quality in their respective markets.

Recipients of the Consumer Choice Award are determined by consumer perceptions on multiple quality and image ratings collected in NRC Health's Market Insights survey, the largest online consumer healthcare survey in the country. The 2016-2017 study surveyed more than 300,000 households in the contiguous 48 states and the District of Columbia.

Our Lady of the Lake says it was the only hospital to be recognized in the Baton Rouge region.

Dr. Frank Sanfiel Joins Lane Surgery Group

Frank Sanfiel, MD, FACS, General Surgeon, has joined Drs. Dan Bourgeois and Sam Field at Lane Surgery Group, 4801 McHugh Road, Suite C, in Zachary.

With more than 12 years of experience, Dr. Sanfiel specializes in a broad range of general surgery,

including colorectal, breast, endoscopy, laparoscopy, and robotics. Prior to this position he was an attending surgeon at Glenwood Regional Medical Center in West Monroe, Louisiana.

A native of New Orleans, Dr. Sanfiel graduated from Loyola University in New Orleans and received his medical degree from Meharry Medical College in Nashville, Tennessee. He completed residency training at the University of Kentucky in Lexington, received an Executive Healthcare MBA from George Washington University in Washington, D.C., and a Fellowship in minimally invasive surgery from Tulane University in New Orleans.

Dr. Sanfiel is board certified in General Surgery by the American Board of Surgery and is a member of the American College of Surgeons.

St. Elizabeth Earns Coveted Leapfrog Top Hospital Award

The Leapfrog Group announced that St. Elizabeth Hospital has been named a Top General Hospital. Widely acknowledged as one of the most prestigious distinctions a hospital in the United States can receive, the recognition showcases St. Elizabeth Hospital's commitment to patient safety and quality.

St. Elizabeth Hospital was one of 56 hospitals in the country to receive a Top General Hospital distinction. In addition to the Top General Hospital distinctions, hospitals were also recognized in three additional categories – Top Children's Hospitals, Top Rural Hospitals, and Top Teaching Hospitals.

The selection of Top Hospitals is based on the results of the 2016 Leapfrog Hospital Survey. Performance across many areas of hospital care is considered in establishing the qualifications for the award, including infection rates, and a hospital's ability to prevent medication errors. The rigorous standards are defined in each year's Top Hospital Methodology.

To see the full list of institutions honored as 2016 Top Hospitals, visit www.leapfroggroup.org/tophospitals.

FASTLane Urgent Care Expands Occupational Medicine Services

FASTLane Urgent Care has expanded its Occupational Medicine Services and is now a certified collection site for Hair Analysis and Oral Fluid Testing for DISA.

Located at 19900 Old Scenic Hwy in Zachary, FASTLane offers both DOT and Non-DOT drug and alcohol testing, as well as eScreen and DISA drug tests. The clinic also offers DOT and Non-DOT physicals, TB tests, lift tests, vaccinations, and many other occupational services.

Scheduled testing is available Monday - Friday from 7 a.m. - 9 p.m. by calling Lane Regional Medical Center's Service Coordination Department at 1-888-977-3319.

Hair Analysis:

- Identifies repeat drug use to prevent drug users from ever entering your workforce
- Identifies 6 to 10+ times more drug users
- Eliminates common cheating methods
- Eliminates sample deterioration so samples can be easily collected, stored, and shipped

Oral Fluid Testing:

- Provides a smart and reliable alternative to urine drug screening
- Tests for the most common drugs of abuse: THC, cocaine, opiates, PCP, methadone, barbiturates, synthetic marijuana/K2, benzodiazepines and amphetamines (including methamphetamine and ecstasy)
- Provides an easy to do collection, and unlike a urine test, is performed by the donor in the presence of an observer, virtually eliminating the risk of adulterated samples

Workplace drug testing is the most efficient method for identifying employees who use illicit drugs. The goal is to identify individuals with potential drug problems and/or repeat drug users in order to maintain a safe, drug-free work environment.

If you are a DISA employer and are interested in setting up collections at FASTLane Urgent Care or scheduling Occupational Medicine Services, please call Lane Regional Medical Center's Service Coordination Department at 1-888-977-3319.

Baton Rouge General Announces Medical Staff Leadership Positions

Baton Rouge General has announced its 2017 medical staff leadership. The team includes Louis Minsky, MD, who has been named Chief of Staff. A family practitioner with Baton Rouge Family Medical Center since 1988, Minsky also serves as the East Baton Rouge Medical Officer for the Mayor's Office of Homeland Security and Emergency Preparedness. Jeffrey Littleton, MD has been named

Vice Chief of Staff. Littleton, a St. Louis native with more than 15 years of surgical experience, specializes in general and burn surgery.

Other members of the Baton Rouge General/General Health System Medical Staff Leadership are:

- Michael Dunn, MD – Secretary of Staff
 - Raju Vatsavai, MD – Chairman, Medicine Services
 - Glen Schwartzberg, MD – Chairman, Surgical Services
 - Andrew Olinde, MD – Immediate Past Chief of Staff
- Members-at-Large are:
- Roy Culotta, MD
 - J. Benton DuPont, MD
 - Tonya Eichelberger, MD
 - Marci Fabre, MD
 - Joseph Griffin, MD
 - Douglas Hanks, MD
 - Niels Linschoten, MD
 - Christopher McCanless, MD
 - Nakia Newsome, MD
 - Jones Samuel, MD
 - John Sparks, MD
 - Vasudev Tati, MD
 - Amit Patel, MD
 - Mark Posner, MD
 - Jonathan Taylor, MD

Ad hoc Members are:

- Venkat Banda, MD
- John Jones, MD
- Robert Miller, MD
- William Russell, MD

Lemoine Wins Luxury Condo Benefitting Children's Hospital

Polly Lemoine of St. Francisville, Louisiana, was selected as the winner of the \$600,000 luxury condo raffled off to benefit the new freestanding Our Lady of the Lake Children's hospital.

The condo is located in the luxurious Crescent at University Lake Condominiums on Stanford Avenue in Baton Rouge, directly across from LSU. The 2,682-square foot condo has three bedrooms, two bathrooms and a view of University Lakes.

"We would like to congratulate Polly on winning our condo raffle," said John Paul Funes, President/CEO of Our Lady of the Lake Foundation. "We also would like to thank Mike Wampold and the developers of The Crescent for donating

the condo, our sponsors, and everyone who purchased tickets to help raise money for our new freestanding children's hospital. Their generosity will allow us to purchase state-of-the-art equipment and invest in programs that will improve the lives of many children across the region."

Ethan Hawkins, a seven-year-old Our Lady of the Lake Children's Hospital patient, was on hand to help draw the winner.

Proceeds will go toward the new freestanding children's hospital and to help provide advanced pediatric healthcare to even more children across Louisiana and the Gulf South. The Foundation has raised \$36 million toward its \$50 million philanthropy goal for the new facility, which is slated to open in 2019.

Clouatre Named BR General's Behavioral Health Services Director

Baton Rouge General recently named Angie Clouatre as Director of Behavioral Health Services. A BRG team member since 2006, Clouatre previously served as ICU Clinical Nurse Educator and Head Charge Nurse, then Inpatient



A luxury condo at University Lake Condominiums was donated by developer Mike Wampold for Our Lady of the Lake Children's Hospital fundraising raffle.

Hospital Rounds



Angie Cloutre

Behavioral Health Services Nurse Manager. She most recently oversaw daily clinical operations of both campuses' Behavioral Inpatient units.

Cloutre is a graduate of SLU in Hammond and the Baton Rouge General School of Nursing, and is currently completing the BSN program at ULL – Lafayette. She is also a member of the American Nurses Association the Louisiana State Nurses Association.

Our Lady of the Lake Ranked Among Nation's Top Hospitals

Ranked No. 1 in Baton Rouge, Our Lady of the Lake has once again been recognized among the best in the nation by *U.S. News & World Report* in its 2016-17 "Best Hospitals" rankings. The annual list distinguishes those facilities that excel in treating the most challenging health conditions.

"*U.S. News* evaluates nearly 5,000 hospitals nationwide," said Ben Harder, chief of health analysis at *U.S. News & World Report*. "A hospital that emerged from our analysis as one of the best has much to be proud of."

Out of 210 hospitals in Louisiana, Our Lady of the Lake is ranked best in Baton Rouge and number two in the state. The hospital earned a "high-performing" designation in seven adult procedures and conditions, more than any other hospital in Louisiana. Those areas include:

- Abdominal aortic aneurysm repair
- Chronic Obstructive Pulmonary Disease (COPD)
- Colon cancer surgery
- Heart bypass surgery
- Heart failure
- Hip replacement
- Knee replacement

U.S. News & World Report publishes "Best



Monica Nijoka, MHA, BSN, RN

Hospitals" to help guide patients who need a high level of care because they face a particularly difficult surgery, a challenging condition or extra risk due to age, multiple health issues or other problems. Several objective measures factored into the rankings, including patient survival and safety data, the number of times a given procedure is performed, infection rates and adequacy of nurse staffing.

The specialty rankings and data were produced for *U.S. News & World Report* by RTI International, a research organization based in Research Triangle Park, N.C. The rankings are available at health.usnews.com/best-hospitals.

Ochsner – Baton Rouge Named to 50 Top Cardiovascular List

Ochsner Medical Center – Baton Rouge says it is the only hospital in Louisiana to be named to the 50 Top Cardiovascular Hospitals® list by Truven Health Analytics™ (Truven Health), an IBM company. Earlier this year, Ochsner Baton Rouge was also named the state's only Truven Health 100 Top Hospitals® for overall care.

The Truven Health 50 Top Cardiovascular Hospitals study measures performance in key performance areas: risk-adjusted mortality, risk-adjusted complications, core measures (a group of measures that assess process of care), percentage of coronary bypass patients with internal mammary artery use, 30-day mortality rates, 30-day readmission rates, severity-adjusted average length of stay and wage- and severity-adjusted average cost. The study, now in its 18th year, singled out the 50 hospitals that achieved superior clinical outcomes in this critical area of hospital care.

As is the case with the Truven Health 100 Top

Hospitals study, the rigorous processes used to calculate and measure hospital service lines leverage industry-leading, risk-adjusted methodologies developed and maintained by Truven Health scientists over many years. The 100 Top Hospitals study is widely regarded as the leading program for evaluating leadership impact in a hospital, as well as for evaluating quality indicators and efficiencies.

More information on this study and other 100 Top Hospitals research is available at 100tophospitals.com. Organizations do not apply or pay for this honor, or pay to promote their award.

Nijoka Named Baton Rouge General CNO

Baton Rouge General (BRG) announced it has named Monica Nijoka, MHA, BSN, RN as its Chief Nursing Officer (CNO). Nijoka has a long history with BRG, beginning her career at the hospital as a student nurse in 1975 and working her way up to Vice President of Patient Care Services by 2001, a position she held until 2005.

Since 2007, Nijoka has served as Chief Nursing Officer at The NeuroMedical Center in Baton Rouge. A well-respected leader in the healthcare community, Nijoka has been honored by the Louisiana State Nursing Association (LSNA) as Nurse Administrator of the year, as Southeastern Louisiana University's alumni of the year, and as a Woman of Achievement by the Zonta Club. During her time at BRG, she led the hospital to three consecutive LSNA Hospital of the Year awards.

Departing CNO, Anna Cazes, will move into a new role at Lake Charles Memorial Hospital in Lake Charles. As CNO, Cazes led Baton Rouge General to its highest ever patient satisfaction scores, with BRG's overall rating currently in the top 10 percent of hospitals nationwide.

Woman's Hospital Receives Guardian of Excellence Award

Woman's Hospital announced it has been named a 2016 Guardian of Excellence Award® winner by Press Ganey. This award recognizes top-performing healthcare organizations that have consistently achieved the 95th percentile or above of performance in patient experience.

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

honors clients who consistently sustained performance in the top 5% of all Press Ganey clients for each reporting period during the course of one year.

Some of the best practices and programs that led Woman's to achieving this award include: patient rounding, noise reduction initiatives, bedside handoff, medication education cards, food service efficiency, and reduced patient wait time.

This award represents an important recognition from the industry's leader in measuring, understanding and improving the patient experience.

St. Elizabeth Earns Pelican Awards

St. Elizabeth Hospital received several Pelican Awards from the Louisiana Society for Hospital Public Relations and Marketing at its 35th Annual Fall Conference and Pelican Awards Luncheon held at the Hilton Baton Rouge Capitol Center on November 4.

St. Elizabeth Hospital received Five Pelican Awards and a Certificate of Merit in the following categories:

- External Periodicals – Production Cost Per Issue of \$5,000 or Less
- Pelican Award for Community Education Brochures
- Invitations & Cards, Hospital – 150 Beds or Less
- Pelican Award for Awards Banquet Invitation
- Internal Events, Hospital – 150 Beds or Less
- Pelican Award for Awards Banquet Event
- Print Campaign, Hospital – 150 Beds or Less
- Pelican Award for "Exceptional" Campaign Print
- Outdoor – Billboard, Hospital – 150 Beds or Less
- Pelican Award for "Exceptional Hospital" Billboard
- Advertising Campaign – Agency Produced, Hospital – 150 Beds or Less
- Certificate of Merit for "Exceptional" Campaign

According to St. Elizabeth Marketing Director, Jon Hirsch, "All areas of our organization, clinical and non-clinical, take seriously their commitment to produce exceptional work and to continuously improve outcomes for our patients, our community, and our organization. The members of St. Elizabeth's Marketing and Communications Department are pleased to bring honor to our organization and our community through our efforts recognized at this year's Pelican Awards."

The awards banquet was sponsored by Gordon & Breau Marketing Communications, Inc.,

Coffey Communications, Patient Engagement Solutions, TCI - The Communication Institute, Morgan & Company, and Geiger. The Louisiana Society for Hospital Public Relations and Marketing is a member group of the Louisiana Hospital Association and supports continued growth of the marketing and public relations professions through educational programs, newsletters, and networking opportunities.

BR General Receives Top Marks for Safety and Overall Medical Care

Baton Rouge General (BRG) announced top honors in several healthcare categories from two ratings organizations.

Baton Rouge General says it was rated first in overall medical care and heart failure care in the state of Louisiana by CareChex, a healthcare analytics organization that specializes in hospital and physician rankings. Out of the 3,800 hospitals in the country ranked, Baton Rouge General ranked 43 – in the top 2% of hospitals nationwide.

In addition to the top hospital ranking, BRG received an 'A' for patient safety from the Leapfrog Group, an independent, non-profit employer-sponsored organization, for the fifth year in a row. Of the 2,633 hospitals in the country that were issued a Hospital Safety Score, only 844 earned an A. Baton Rouge General and Ochsner Baton Rouge are the only two Baton Rouge hospitals to receive an 'A' rating in Baton Rouge, and both again received top marks in this Fall's survey.

Leapfrog Group's Hospital Safety Score program reviews the outcomes and processes of more than 2,600 facilities across the country and generates a report card for each, with an A, B, C, D or F letter grade. The grade indicates the hospital's overall outcomes in keeping patients safe from potentially preventable healthcare acquired conditions, such as infections and bedsores, as well as leadership and structures that promote patient safety. Analysis shows that more than 33,000 lives could be saved nationwide if all hospitals performed at an A-grade level.

Baton Rouge General also achieved the Healthgrades 2016 Patient Safety Excellence Award™ earlier this year. This designation recognizes superior performance in hospitals that have prevented the occurrence of serious, potentially avoidable complications for patients during hospital stays.



Donna D. Fraiche

This places Baton Rouge General among the top 5% of hospitals in the nation for excellent performance as evaluated by Healthgrades, the leading online resource for comprehensive information about physicians and hospitals.

Baton Rouge General Receives Cardiac Rehab Certification

Baton Rouge General (BRG) announced the three-year certification of its cardiovascular rehabilitation program by the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR). BRG is the only hospital in Baton Rouge with an AACVPR-certified cardiac rehab program.

"Heart disease is the number one killer in Louisiana," said Dr. Lance LaMotte, BRG Cardiac Rehab Medical Director. "That's why this program is so important. Cardiac rehab helps patients decrease their chances of heart attack or re-hospitalization with a customized plan designed for each individual's unique circumstances."

Cardiovascular rehabilitation programs are designed to help people recovering from heart attack, bypass surgery or heart disease recover faster and improve their quality of life. The BRG program includes tailored exercise routines, a healthy eating plan, emotional support, and highly skilled therapists who continuously monitor participants.

BRG's cardiac rehabilitation program participated in an application process that requires extensive documentation of the program's practices. AACVPR Program Certification is the only peer-review accreditation process designed to review individual programs for adherence to standards and guidelines developed and published

Hospital Rounds

by AACVPR and other professional societies. Each program is reviewed by the AACVPR Program Certification Committee and Certification is awarded by the AACVPR Board of Directors.

AACVPR-certified programs are recognized as leaders in the field of cardiovascular and pulmonary rehabilitation because they offer the most advanced practices available. AACVPR Program Certification is valid for three years.

Fraiche Appointed to AHA Committee on Governance

Donna D. Fraiche has been appointed to serve on the American Hospital Association Committee on Governance as an at-large member. In this national leadership role, she will focus on the development of policies to represent, guide and assist the nation's hospitals, as well as foster grass-roots advocacy and policy development among trustees.

Fraiche practices law in the New Orleans, Baton Rouge, and often Washington, D.C. offices of Baker, Donelson, Bearman, Caldwell & Berkowitz, where she concentrates in the general representation of healthcare organizations, companies and individuals in major regulatory, strategic, and public policy efforts.

Immediate Past Chair of the Louisiana Health Care Commission, Fraiche is a former member of the Louisiana Recovery Authority (LRA) and served as Chair of the Long Term Community Planning Task Force and the Health Care Committee and was the LRA delegate to the Louisiana Health Care Redesign Collaborative chartered to develop and oversee the blueprint for health care policy in Louisiana. She is President of the Louisiana Supreme Court Historical Society, Past President of the Louisiana Bar Foundation and a Past Chair of the Board of Loyola University. She is on the Executive Committee of the Board of Woman's Hospital and serves on a number of other community non-profit and public company boards. Fraiche was the first female President of the organization now known as the American Health Lawyers Association.

Ochsner Medical Center – Baton Rouge Earns “A” Grade for Patient Safety

The Leapfrog Group has awarded Ochsner Medical Center – Baton Rouge an “A” grade in

its 2016 Hospital Safety Scores, the highest score possible. Ochsner Baton Rouge and Baton Rouge General (BRG) each received top grades, placing both among the nation's leaders in safety.

The Leapfrog Group, a national patient safety watchdog, recently released the Hospital Safety Grades by assigning A, B, C, D and F letter grades to hospitals throughout the country based on patient safety research data. Only 844 hospitals received an “A” ranking.

Developed under the guidance of an Expert Panel, the Leapfrog Hospital Safety Grades use 30 measures of publicly available hospital safety data to assign grades to more than 2,600 U.S. hospitals twice per year. Data is calculated by top patient safety experts, peer-reviewed, fully transparent and free to the public. The initiative also grades hospitals based on their record of patient safety, helping consumers protect themselves and their families from errors, injuries, accidents, and infections.

Ochsner Baton Rouge also achieved the Healthgrades 2016 Patient Safety Excellence Award™ earlier this year. This designation recognizes superior performance in hospitals that have prevented the occurrence of serious, potentially avoidable complications for patients during hospital stays. This places Ochsner Baton Rouge among the top 10% of hospitals in the nation for excellent performance as evaluated by Healthgrades, the leading online resource for comprehensive information about physicians and hospitals.

To view The Leapfrog Group's complete Hospital Safety Scores, visit www.hospitalsafetygrade.org. Hospitals cannot pay to be included on this list.

St. Elizabeth Hospital Earns “A” Grade for Patient Safety

St. Elizabeth Hospital was one of 844 hospitals to receive an “A”, ranking among the safest hospitals in the United States. The new Leapfrog Hospital Safety Grades, which assign A, B, C, D and F letter grades to hospitals nationwide and provide the most complete picture of patient safety in the U.S., were announced by The Leapfrog Group, a national patient safety watchdog.

Developed under the guidance of an Expert Panel, the Leapfrog Hospital Safety Grade uses 30 measures of publicly available hospital safety data to assign A, B, C, D and F grades to more

than 2,600 U.S. hospitals twice per year. It is calculated by top patient safety experts, peer-reviewed, fully transparent and free to the public.

To see St. Elizabeth Hospital's full grade visit www.hospitalsafetygrade.org.

Knee and Hip Orthopaedists Relocate to BRG Bluebonnet Campus

Baton Rouge General announced that the Baton Rouge Orthopaedic Clinic's Dr. Jared L. Braud and Dr. Niels J. Linschoten have relocated to the General's Bluebonnet campus.

Dr. Braud specializes in both primary and revision hip and knee joint surgery. Dr. Linschoten specializes in knee care and offers treatments for knee-related broken bones, injuries, diseases, and conditions. The BROCC office at BRG is located on the 5th floor of Medical Tower 2 in Suite 518.

The Bluebonnet Medical Tower was opened in July of 2014 and houses 15 physician practices, including Baton Rouge General Outpatient Therapy Services Pelvic Health & Lymphedema, General Neurology Associates, and Minsky & Carver Medical Center for Personal Wellness.

The Spine Hospital of Louisiana Earns Guardian of Excellence Award

The Spine Hospital of Louisiana at The Neuro-Medical Center announced it has been named a 2016 Guardian of Excellence Award® winner by Press Ganey Associates, Inc. The award is given out annually to honor medical practices that consistently ranked in the TOP 5% NATIONALLY in categories essential to Patient Satisfaction for each reporting period during the course of one full year (May 2015-April 2016).

The Guardian of Excellence Award is a nationally-recognized symbol of achievement in healthcare, and is given out based on Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores, a federal survey administered to a random sample of adult patients after discharge. The survey contains 18 core questions about critical aspects of a patients' hospital experiences (communication with nurses and doctors, the responsiveness of hospital staff, the cleanliness and quietness of the hospital environment, pain management, communication about medicines, discharge information, overall rating of



THE BRG SCHOOL OF NURSING CLASS OF 2016

Bottom row: L-R, Christine Howard, South Bend, Indiana; Ashley Larkin, Santa Fe, Texas; Jami Blankenship, Sorrento; Julie Nguyen, New Orleans; Tana Messina, Port Allen; Britton Furlow, Central.

Middle row: L-R, Kimberly Boudreaux, Gonzales; Crystal Campise, Albany; Michelle Boudreaux, Chalmette; Jessica Meche, Port Barre; Christopher Sean Stevens, Baltimore, Maryland; Kari Williams, Central; Lindsey Tally, Baton Rouge; Hillary Guillory, Mallet; Rebekah Booth, Baton Rouge; Rachel Pirela, Ponchatoula; Natalia Barbay, Bogota, Columbia; Carley Vallette, Sulphur; Janice DePriest, Walker; Brayli Edmonston, St. Amant.

Top row: L-R, Laura Wattigney, Destrehan; Heather Sullivan, Binghamton, New York; Dawn Allement, Gonzales; Anthony Perroni, Baton Rouge; Jesse Schexnayder, Belle Rose; Naicole Robinson-Barfield, Kenner; Jagjit Lalli, Baton Rouge; Shana Carriere, Gonzales; Heather Daunis, Gonzales.

Not pictured: Cassandra Michelle Anderson, Ferriday; Kameron Aydele, French Settlement.

hospital, and would they recommend the hospital). The Spine Hospital is one of 232 hospitals nationwide, one of just 14 in Louisiana, to achieve the 95th percentile consistently, in ALL categories over a 12 month period.

This marks the second time in the past 3 years that SHOLA has earned the prestigious Guardian of Excellence Award.

BRG Physicians Awarded Top Patient Care Honors

Of the 53 Baton Rouge-area physicians recently recognized for top performance in patient care by Blue Cross and Blue Shield of Louisiana, 36 percent were Baton Rouge General Physicians.

"We are extremely proud of our physicians and staff as they continue to identify ways to improve the health of our community through education, prevention and timely access to quality care," said Jeremy Rogers, COO of BRGP. "These honors

reflect our staff's dedication to our mission of creating exceptional experiences and value for the people we serve through health and healing."

Local BRGP clinic Bella Family Medical was recognized for having the highest overall score on the program's clinical quality measures for treating chronic kidney disease and was awarded Highest Achievement in Kidney Care 2016. In addition, BRGP's physician and Medical Director Dr. Brad Gaspard was honored in all four targeted conditions – Diabetes, Hypertension, Vascular Disease, and Chronic Kidney Disease. He was the only Baton Rouge physician to achieve top scores in all areas.

Woman's Leads Louisiana with Innovative CPR Training Program

Woman's Hospital is the first facility in Louisiana to implement the American Heart Association Resuscitation Quality Improvement (RQI)

Complete Program. This program uses a mobile simulation station to provide real-time audio/visual feedback and record staff performance through a "low dose, high frequency" method of training. This new technology helps staff keep their skills sharp through quarterly CPR practice and improve patient care.

The RQI Complete Program will be implemented in two phases: RQI Complete and RQI Quarterly, which is where staff receives the ongoing training and performance evaluation.

1. The RQI Complete phase will allow Woman's staff to renew their Basic Life Support (BLS) and Advanced Cardiovascular Life Support (ACLS) certifications.
2. The RQI Quarterly phase uses realistic patient cases through a mobile simulation station that provides real-time audio/visual feedback and archives performance data in a learning management system. This data will track and document individual performance, allowing health-care providers to improve their skill-set and maintain their CPR proficiencies, thus improving the quality of patient care.

For more information, please visit www.heart.org.

BRG School of Nursing Announces 2016 Graduating Class

Thirty-one new nurses recently graduated from Baton Rouge General's School of Nursing. More than 900 talented nurses have graduated from BRG's program since 1984.

Recognized by the La. State Board of Nursing (LSBN) for its 100% first-time pass rate on the registered nurse license exam (NCLEX-RN), the School has maintained an overall pass rate consistently above state and national averages for the last 33 years.

During the December 8 ceremony at Broadmoor United Methodist Church, a number of students were honored for demonstrating the values of Baton Rouge General.

"We are excited to welcome these graduates to our nursing community and are proud to recognize their accomplishments," said SON Director Carol Tingle, PhD, MSN, RN. "This class represents a unique set of gifts for serving others and caring for our community."

Most of BRG's new graduates will begin their careers at Baton Rouge General in the Emergency

Hospital Rounds



Reopening ceremony at Ochsner Health Center – Denham Springs South.

L-R: Heidi Wendt, Community Outreach Project Manager, Ochsner – Baton Rouge; Angelle Bush, Nurse Practitioner, Primary Care; Scott Mabry, Chief Operating Officer, Ochsner – Baton Rouge Clinics; Daniela Cardoza, MD, Primary Care; Cheree Wheeler-Duke, MD, Primary Care; Zhe Zheng, MD, Cardiology; Eric McMillen, Chief Executive Officer, Ochsner – Baton Rouge Region; April Wehrs, President/CEO, Livingston Parish Chamber of Commerce; Debbie Williams, Director of Clinic Operations, Ochsner – Baton Rouge and Sabrina Puryear, Manager of Clinic Operations, Ochsner – Baton Rouge.

Department, Telemetry, Oncology, and on medical and surgical units. After entering nursing, many graduates have gone on to earn bachelor's, master's, and doctorate degrees, and many work in management or leadership positions, or as nurse practitioners and educators.

Ochsner – Denham Springs South Celebrates Grand Re-Opening

Ochsner Health Center – Denham Springs South, along with the Livingston Parish Chamber of Commerce, celebrated the facility's grand re-opening to serve the medical needs of the community. As the region continues to rebuild from the devastating August flooding, Ochsner Health Center – Denham Springs South, located at 139 Veterans Boulevard, provides residents much needed access to primary care, specialty services and urgent care.

"We know how important it is to have access

to medical care as residents work to rebuild their lives and this entire community," said Eric McMillen, CEO, Ochsner – Baton Rouge Region. "Equally important, we want everyone, including local businesses, to see our commitment to bringing this region back stronger and healthier than ever. We look forward to being an integral part of this community for the long-term."

The health center offers access to primary care, cardiology, nephrology, OB/GYN and general surgery specialists as well as urgent care. Services also include onsite laboratory, x-ray, and ultrasound. Available providers include: Daniela Cardoza, MD, Cheree Wheeler-Duke, MD, Angelle Bush, NP, Kiran Kumar Padigala, MD, George Golightly, MD, Zhe Zheng, MD, and Bethanie Genre, CNM.

"The importance of re-opening this Denham Springs location cannot be overstated for those whose lives have been so impacted by this

flooding," said Edward Martin, Jr., MD, Regional Medical Director, Ochsner Medical Center – Baton Rouge. "Our physicians and staff are here to serve families with the medical and emergency care they need. We have also extended hours and offer seven day a week access to better serve our patients."

Patients of the Ochsner Health Center – Denham Springs South, and all patients throughout the Ochsner system, have access to MyOchsner, a secure online tool that allows patients to communicate with physicians, schedule online appointments, view lab and imaging results, prescription refills and more. In addition, Ochsner physicians use Epic as their electronic medical record system. That means no matter which Ochsner facility a patient chooses to visit, the medical staff at that facility will have full access to the patient's medical record, ensuring the highest quality of care. ■

It was a very bad time.

One of the worst of your life, in fact, and you will never forget it. You'll do what you can to move on, though; you'll be okay eventually because it was a very, very bad time but, as in the new memoir "A Life Everlasting" by Sarah Gray, you've managed to find a sliver of good from it.

The best of news is sometimes followed by the worst.

For two years, Sarah Gray and her husband, Ross, had been trying for a baby. Just one was all they had room for in their tiny Washington DC apartment, but when Gray's OB-GYN found another heartbeat, they began to prepare for twins – until a routine screening showed that Baby A had a lethal birth defect and would probably die at birth.

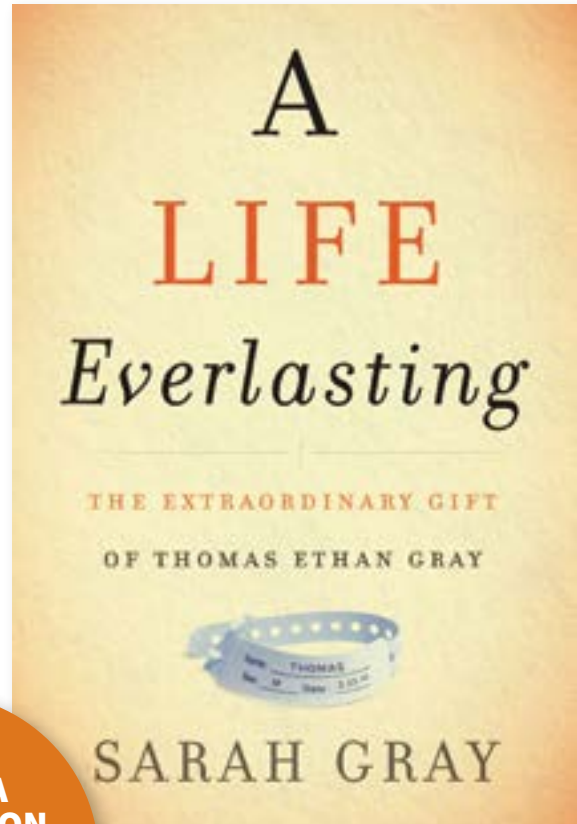
Initially informed that the fetus (Thomas, as they named him) might threaten the life of his brother, the Grays considered selective termination. It was the best option, they were told, but it was ultimately not possible so Gray carried her twins to term and gave birth to two babies, both miraculously alive.

Against all prior forecasts, Thomas Ethan Gray lived for six days.

Because of a conversation she had with her mother when she was still pregnant, Gray had looked into donating her son's organs, with the hopes of creating some meaning around his little life. Alas, at under five pounds, Thomas was too small for organ donation but his cord blood went for research on anencephaly. Gray was told later that his eyes also went for research, as did his liver.

Six weeks after her son's passing, Gray felt restless. She began to realize that she had no idea what had happened to Thomas's donations, and she wondered if her son was a life-saver or if his tissues would even help someone, sometime. And so, with a few phone calls to medical facilities and a keen desire to know, she went to find out...

Here's an unusual premise for a book: you know what's going to happen. You already know that author Sarah Gray's son dies.



IT'S
REALLY A
CELEBRATION
OF A SHORT
LIFE AND
A LONG
LEGACY...

By **Sarah Gray**
c.2016, HarperOne

You know the family donates his tissues. But what you don't know is where those cells went, and if you've ticked the box on your driver's license, there's your reason for reading "A Life Everlasting."

Religion tells you where you go when you die, but Gray tackles another aspect of life after death in the bravest way possible, in a no-holds-barred journey that no parent wants to consider. And yet, this isn't a sad book, overall, which surprised me; instead, it's really a celebration of a short life and a long legacy, of love and trust, and of generosity.

To that end, Gray also writes about privacy, HIPAA, and becoming an organ donor; that plus a glossary of acronyms all makes it even easier to love "A Life Everlasting." It's a great book for parents, medical personnel, or anyone wanting to turn a very bad thing into a very good book. ■

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