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Chief Medical Officer
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Smith W. Hartley
shartley@ushealthcarejournals.com

Managing Editor

Karen Tatum
ktatum@ushealthcarejournals.com

Editor/Writer

Philip Gatto
pgatto@ushealthcarejournals.com

Contributors

Claudia S. Copeland, PhD; John W. Mitchell

Correspondents

Rebekah E. Gee, MD, MPH; Cynthia A. York, MSN, RN, CGRN;
Cindy Munn; Dr. Claudia Kappen; Thomas R. Peak

Art Director

Cheri Bowling
cheri@ushealthcarejournals.com

Sponsorship Director

Dianne Hartley
dhartley@ushealthcarejournals.com

Photographer

Sharron Ventura

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SURGERY: A ONE ON ONE WITH **ANDREW OLINDE, MD**

Chief Medical Officer, Baton Rouge General

VASCULAR SURGEON Andrew Olinde, MD, was named Chief Medical Officer at Baton Rouge General in December. In this role, Dr. Olinde is responsible for building positive relationships with the physician community and representing the General publicly on medical topics. In addition, he continues 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 has served as BRG's Chief of Medical Staff and is a member of the James Hardy Surgical Society, the Society of Vascular Surgery, the Southern Association of Vascular Surgery, the American College of Phlebology, the American Registry for Diagnostic Medical Sonography, the Vascular and Endovascular Surgery Society and the board for the Gulf Coast Vascular Society. Olinde is a Fellow, member of the American College of Surgery, serves as a Rotarian, is a member of the board of directors for Baton Rouge General Medical Center and was first selected and has received the Best Doctors in America award since 2001.



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Andrew J. Olinde, MD.

Chief Editor Smith W. Hartley Can you tell me a little bit about your role as Chief Medical Officer?

Dr. Andrew Olinde I was Chief of Staff for the past six years, until January, and basically tenured out. It is usually a two-year term and you can serve up to three terms. They wanted me to stay on as the Chief of Staff so now I am Chief Medical Officer. It's more of an administrative job where you work with hospital administration. I'm also a vascular surgeon and have been in private practice in Baton Rouge for the past 20 years.

I think that I'm still basically in the trenches with the other doctors, so I know what's going on. I think they look at me as a surgeon, a physician, versus an administrator. Basically, my job as the Chief Medical Officer is to work with physicians at the hospital and also with the administration—make sure they work together well. I'm on the Board of Trustees and I report to the board on quality of care and take care of medical issues or medical staff.

Editor What are some of the characteristics that go into being a Chief Medical Officer, as opposed to just working as a physician?

Olinde Typically, you have to have been in a leadership role for a number of years. That's usually how it works because, even being Chief of Staff, you have to be on certain committees, have to know how the hospital works, you have to know the physicians. Hopefully, you are respected as a physician—well thought of. You pretty much have to know what's going on politically; you have to know the medical community.

You can't be polarizing. You have to get along with the medical staff, you have to know the administration, the CEO, the CFO, the Chief Nursing Officer. You work with all of these people. They are hoping that you can relate issues to the staff about what needs to be done at the hospital. And then, they are not physicians so they are relying

on you to let them know how the physicians feel.

You also have to know all the bylaws. Hospitals have medical bylaws, rules, and regulations; you have to be very familiar with that because that is very important. You have to really follow your bylaws or you get into a lot of trouble.

Editor Can we talk a little about the Chief of Surgery role, too, and how surgery has or is evolving in Baton Rouge or just in general?

Olinde Sure. I was actually Chief of Surgery at Ochsner in Baton Rouge before I left. I was at Ochsner for 10 years. I was also chief of surgery here at the General a number of years back, and the basic goal of Chief of Surgery is just to make sure that the operating room runs smoothly; make sure that physicians follow the bylaws; take care of the disciplinary actions. They also deal with peer review. You have to look at complications or outcomes of patient surgery. It's very important. The Chief of Surgery has to deal with the OR Supervisor closely. There are so many things we have to do if someone goes to have surgery—a preoperative evaluation, the medical authorization, all these things we have to do. And a lot of it is required by CMS. We make certain that we follow these things because without them you can't do the surgery, you won't be paid, it just can't be done. You have to be sure turnaround times are quick. Baton Rouge General has 15 operating rooms and we have to turn these rooms quickly so that surgeons get their work done. You have to do scheduling, you've got to check on sterility, equipment problems, all these different things. So, it gets pretty involved.

Editor As far as evaluating the surgeons and peer review, can you just talk a little bit about how surgeons are evaluated?

Olinde Well, what we do at Baton Rouge General, is we have a division chair meeting

where all the chairmen of different departments, medicine, surgery, anesthesia, different divisions, review any cases that, let's say, unfortunately said outcome is not what you want. We look at those things and we report back to individual surgeons, but also have different types of CMS reports, complication rates, mortality rates we look at. There are different metrics that we use to look at the quality of surgeons, to make sure we have the highest quality here.

I noticed in the other hospitals they have different ways of looking at it, but we are pretty familiar with complication rates, mortality rates. There is also patient satisfaction and communication by doctors. There are numerous things that we look at with individual surgeons to make sure that we have the best quality surgeons at our facilities.

Editor Can you talk a little bit about the teaching end, too? Maybe how some less experienced surgeons get involved? Do you work with residents?

Olinde In different roles that I had I noticed that at the medical executive committee, which is the big committee that meets once a month with the administration to look at various things about



the hospital, there were maybe four doctors that would show up at the meeting. And I just thought, "Huh, there's got to be more involvement than this!" What I was able to do when I was Chief of Staff, I was able to increase it. And the way that I did that, I took attendance. If they didn't show up or didn't show interest or didn't participate, I kind of weeded them off. At this point we have 15 physician members at large, we have 6 officers, and we have 5 ad-hoc members. So now we're a very involved, vibrant community that's really responsive. The young doctors are sometimes hard to get into leadership roles because they're busy, they are kind of learning how to practice, they are not sure what they want to do. But you kind of have to pick those out—you need to identify those physicians, typically younger ones, that you think already have an interest in the leadership role.

The General also has a GME program. We have an internal medicine residency. They rotate through here and they go to some of the committee meetings, they learn from that, and there is a lot of teaching involved. I think it kind of challenges the staff and also hopefully some of these physicians, the better ones, will stay in the system.

Editor From the leadership perspective, how can you encourage teamwork among all the staff in the OR, not just the physicians? How does that typically work, in practice?

Olinde The way the operating room works, we have a Chief of Nursing, Monica Nijoka, she has to have the appropriate nurses. It's very important. The OR has to run very smoothly, so you need good circulating nurses; nurses that power up between, that work in each operating room, basically. They get equipment, they get medication, they take orders. And you have to have a very good scrub tech, a technician that will actually operate with the surgeon and the instruments. So, the nursing is very important from that aspect. Some nurses you put in certain specialties—you might want to have a nurse that only does orthopedics or only does vascular. We have four surgeons in my group and we have our own scrub techs that we employ through the Baton Rouge General, which is subsidized basically, and they do a great job. They know exactly what I want for every procedure that I do. I don't have to worry about not having what I need.

Also, anesthesia is very important. Now

the Chief of Anesthesia, his job is to make sure that everything is safe, that these patients that are operated on have a good pre-op clearance, medical clearance for the procedure, make sure they are induced from the sleep safely. They follow a protocol. That is very important.

I mentioned turnaround; it's really important. You have to get the patient out, clean the room, and complete changeover. That's a lot to ask. That's very important time that we lose. So, it has to be an organized machine for things to go smoothly. The nurses are probably there for 5:30 in the morning and we tend to go to probably 6:00 at night.

Editor You kind of touched on this briefly, but maybe you could talk about how financing models have changed the process of an OR and how that gets handled from a leadership perspective.

Olinde I think the most difficult thing right now has to do with reform and the Affordable Care Act, Trump reform, that type of thing. We don't know where things are going, but what's changed lately for us, particularly in my practice and also the hospital, is that nowadays we basically have to preauthorize every case that we do. Whereas before they were a lot more relaxed with that, now they have got to be preauthorized or they can't go to surgery. With almost every insurance carrier, that's required. We have to actually

"You have to be sure turnaround times are quick. Baton Rouge General has 15 operating rooms and we have to turn these rooms quickly so that surgeons get their work done."



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hire more help in order to make sure this was done beforehand, otherwise, you can't do the surgery. You go through a long list of things you just have to do. We also have to document things very well; much more than we used to have to. Now there are CMS requirements. I do a very involved history or physical before you go to surgery; there is a long checklist. That just takes a lot more administrative time, both for private practice and the hospital, just to get a procedure done in the operating room.

Editor Has the scope of practice changed at all for physicians, because of financing or other reasons like non-surgeons becoming more involved?

Olinde Yes, I think so since I have been in practice. Nowadays all of the major hospitals

have hospitalists that basically spend 24/7 at the hospital. It's unusual now for a private internist or family doctor to go to the hospital and see their patients. They basically hand them over to hospitalists that take care of these patients. Which I think is a better thing—they do this all day long, they are more familiar with it, they're there all the time. If there is an emergency or medical problem, they take care of it quickly. We also have physician extenders. That's a lot more common. I can tell you for the surgeon on call, it's not infrequent I get called by the physician assistant, by the nurse practitioner, or by the resident. I don't get called by attending physicians. So they can see a lot more patients, more quickly, and cover more ground with these physician extenders and residents. That has changed a lot the last few years.

Editor I am sure managing innovation is part of what you do as Chief Medical Officer. Can you talk a little bit about how technology has improved and innovations have come about? How do you filter through that and make those decisions?

Olinde Sure, there are some innovative new things in surgery. One of the major ones I can think of is robotics. Robotic surgeries have gotten very large. It used to be that the robot was used almost exclusively for Urology and now General Surgery uses it, Gynecology uses it, Plastic Surgery. In fact, for me it's sometimes a headache in that I've got to find room for surgeons to use that robot. Even some surgeons at other hospitals will want to have operating room time here at our hospital, just so they can use the robot. That's a big, very expensive piece of



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technology, but it has been shown to have less blood loss, faster recovery. I don't think we can actually charge for using a robot, it's just a better quality of care for the patient.

Another big thing, in vascular surgery for instance, is what you call an OR hybrid room. I can remember we talked about it several years ago, saying, "Oh, it's going to cost over a million dollars, can we afford this?" Well, it's a room where you actually have an operating room and an intensive imaging device from the ceiling. So, we can do balloons and stents and do surgery in the same room. I can tell you right now, it's difficult to get that room. Everybody wants to use it. It allows you to do both in one room so it's quicker, it's safer, you just do a better job. That's been a major advance. And the thing in surgery now is, we are moving a lot more to be non-invasive. When I

"Another big thing, in vascular surgery for instance, is what you call an OR hybrid room... it's a room where you actually have an operating room and an intensive imaging device from the ceiling. So, we can do balloons and stents and do surgery in the same room. I can tell you right now, it's difficult to get that room. Everybody wants to use it."

was trained, everything was open surgery. Now, sixty percent of what I do is endovascular, where we use a balloon or stent, we do appendectomies, we do different things percutaneously without making an incision, and that has kind of been the big push among all of the fields.

Editor What are some of the challenging issues in the Chief Medical Officer role?

Olinde Well I can tell you the hard thing for me is that the CMO is an administrative job. And then here I am, I'm cut from the other side. I have to kind of wear different

hats. I'm a Board of Trustees member also. The CMO should be representing the hospital and doing what I think is best for the hospital. But a lot of times it has to do with expenses. We are a not-for-profit hospital, a community hospital—our resources are limited and everything we make we have to put back into the hospital. And then you have physicians, and I'm a physician also, that want certain things that we can't afford or it's really not needed. I have to represent the community and I've got to do what I think is best for the community, which is make sure that we provide the highest value product we can at the lowest cost. This is a new role for me. Before, I represented the physician, the hospital was my adversary. And now I've got to be on both sides. I've got to wear a different hat for each role.

And actually at most hospitals, or the vast majority, the CMO is an administrator. He may be an MD, but the physician staff looks at him as an administrator. I'm still practicing and pretty busy at surgery, I didn't really want to be a CMO only. I still enjoy what I do in surgery. I really wanted to take advantage of the fact that the physicians might look at me a little differently.

Editor Could you talk a little bit about where you think the future of hospital surgery or the surgical experience is headed?

Olinde Well, I think that, as we mentioned before, being non-invasive is huge. We're doing a lot more less invasive, but that's what patients want. They don't want to have some big surgical operation. I think that there's a big push now towards office-based or ambulatory care surgery. Patients would rather go to an outpatient ambulatory place, have surgery, and go home.

I think there's also a push now towards less private practice. I'm in private practice and I can tell you, I'm a managing partner at my practice so I have to manage the bills, I have to make sure my office manager is spending money correctly, and you know, we're not really trained to do that as physicians. We didn't really spend a lot of time in business. I think that is causing a shift, where

fewer doctors are going into private practice. That really is a little bit different in that we have a lot more large private practices than elsewhere in the country. But I think that a lot of the younger, millennial physicians for instance, really want to be contracted or be employed by the hospital and just do what they're trained to do and not have to worry about the bills.

I think the other thing, one of the real problems, is there is some overutilization across the nation—services that are done

that may not really be necessary—and we need to really look at that, at the cost of medicine now. I know at our hospital we're really looking at trying to go from a volume-based to a value-based system. Trying to. I mean, physicians make money by the more they do, but I think it's better if we can get it where we provide the highest quality and try to have the lowest cost possible. I think that's the big push, specifically at the Baton Rouge General. ■





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LEGENDARY ELDER TREE

Spring has arrived and along with it, the beauty and fragrance of oriental magnolias, flowering cherries, and redbuds. Blooming alongside these, though, is a tree you have probably seen dozens of times, but never really noticed. Hiding in plain sight in fields, roadsides, and empty city lots is the humble but mighty elder tree. Famous among Harry Potter fans as the tree behind the most powerful wand of all time, the real-world elder is not just for wizards—or fiction. Its true power—increasingly supported by scientific and clinical studies—lies in its effectiveness in fighting pathogens and promoting wellness.

BOTH THE FLOWERS and fruit of *Sambucus nigra*, elderflowers and elderberries, have been traditionally used as medicine. (They are also used in foods and beverages, including elderberry wine, elderflower cordials, elderflower pancakes, and elderberry cobbler, to name a few.) European folk medicine has employed them as antivirals to fight colds and the flu, as anti-allergics, and as treatments for other respiratory illnesses. In traditional Chinese medicine, a related species, *Sambucus williamsii*, has been used for bone and joint diseases as an anti-inflammatory. Native Americans, as well as Egyptians and peoples of the Mediterranean basin, have used it for various conditions for thousands of years. In addition to folk uses, several great healers of history have left written testaments to the medicinal properties of the elder. Hippocrates referred to it as his "medicine chest" in 400 BCE. The ancient healer Pliny also used it, as did the medieval abbess, composer, and herbal healer Hildegard von Bingen, and a great many physicians since then.

Elder's historical use and continued use as an herbal medicine is undisputed. Only recently, however, has this traditional remedy begun to be studied scientifically. Recent studies have identified a range of potential medicinal uses for elder, including for cancer, diabetes, and neurological damage. First and foremost, though, both laboratory and



"Elder's historical use and continued use as an herbal medicine is undisputed."

clinical studies have provided compelling evidence of elder's efficacy as an antiviral.

One of the earliest studies to look at elder in both the lab and the clinic was published in 1995. After finding that elderberry extract reduced hemagglutination and inhibited replication of several human influenza viruses in vitro, researchers Zakay-Rones et al. conducted a placebo-controlled study using the extract during an outbreak of influenza B in a small community in Panama. The results were dramatic. Over 90% of the group treated with elderberry extract showed significant improvement of symptoms within 2 days, compared with 16.7% of controls. Complete recovery from symptoms was also significantly faster in the elder extract-treated group vs. the placebo group, and the treated patients also showed higher

hemagglutination inhibition (HI) titers to influenza B than the control patients.

This study was especially important since the flu medications amantadine and rimantadine are not effective against influenza B at clinically safe doses. Even among influenza A strains, resistance to both of these is on the rise, and, like other anti-influenza drugs such as oseltamivir (Tamiflu), they are expensive. In addition, they have side effects that can be severe, especially in elderly patients, whereas elderberry extract has shown no serious side effects.

Since that initial study, several laboratory studies have supported elderberries' anti-influenza efficacy against both A and B human influenza viruses. In addition, it may also be effective against high-pathogenicity bird flu: in 2006, Balasingam and

"Recent studies have identified a range of potential medicinal uses for elder, including for cancer, diabetes, and neurological damage. First and foremost, though, both laboratory and clinical studies have provided compelling evidence of elder's efficacy as an antiviral."

Comparing elderberry extract with oseltamivir (Tamiflu) and amantadine, Sambucus compared favorably in inhibition of H1N1 influenza infections in vitro. Other studies have tested different strains, and have found *S. nigra* to be broadly effective against several influenza strains.



colleagues reported over 99% inhibition of avian influenza H5N1 virus titer in cell culture. Comparing elderberry extract with oseltamivir (Tamiflu) and amantadine, Sambucus compared favorably in inhibition of H1N1 influenza infections in vitro. Other studies have tested different strains, and have found *S. nigra* to be broadly effective against several influenza strains.

Human studies, while few, have supported these in vitro findings. In a study of Norwegian patients with flu-like symptoms, those given elderberry extract recovered four days sooner than those given a placebo. In a pilot clinical trial conducted in Shanghai, patients with flu-like symptoms were given either elderberry extract or a placebo, and

followed for 48 hours. Among the patients who received the elderberry extract, 60% had fevers that returned to normal within 24 hours, and 100% of them had returned to normal by 48 hours. In the placebo group, none were better after 24 hours, and only 22% had returned to normal after 48 hours. Headaches, muscle aches, and nasal congestion were all significantly decreased in severity and duration in the elderberry group.

In a 2016 report, Australian researchers Tiralongo et al. describe a randomized, double-blind placebo-controlled clinical trial of elderberry extract in air travelers. While there was no significant difference in the number of passengers who caught colds

(the elderberry group did catch fewer colds, but the difference was not great enough to reach statistical significance), the duration of illness was shorter and the symptoms were less severe in the passengers taking elderberry extract. Also, while no human studies have found a significant preventative effect, animal studies in chimpanzees and mice have indicated that *S. nigra* may prevent, as well as treat, the flu. (Interestingly, a preventative effect is not seen in cell cultures, indicating that this may be an immune system-based effect. If so, elder may work on two fronts—through direct inhibition of viruses, as seen in cell culture, and strengthening of immunity, seen only in animals.)

100%

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Interestingly, while research comparing *S. nigra* extract to pharmaceutical drugs such as oseltamivir and amantadine is inconclusive, some studies have indicated that elder can work synergistically with the synthetics. Also, since, like most plant-based medicines, the antiviral properties of *S. nigra* are based on a complex mixture of several compounds, resistance is less likely to develop than with single-compound pharmaceuticals. This indicates that there should be little concern that preventive or frequent use of *Sambucus* extract will result in the development of resistance among its viral targets.

Beyond the flu, *S. nigra* extracts have been shown to be effective against several other viruses, including rhinoviruses (the common cold), herpes simplex virus type 1, and HIV. In addition, recently, German researchers Karwitz et al. tested the efficacy of elderberry extract on bacteria that commonly cause secondary infections following influenza, often leading to pneumonia. As expected, the elderberry extract did inhibit the influenza viruses in cell culture. However, it also acted as an effective antibacterial in cultures of Gram-positive *Streptococcus pyogenes*, Group C and G *Streptococci*, and the Gram-negative bacterium *Branhamella catarrhalis* (but not *Staphylococcus aureus*, *Streptococcus mutans*, or *Haemophilus parainfluenzae*), all bacteria associated with upper respiratory infections. In addition, elderberry extract has been shown to inhibit *Helicobacter pylori*, bacteria associated with ulcers.

Research on the effectiveness of elder against nonviral microbes is in its infancy. However, some ideas on *Sambucus*' mechanism(s) of action are coming to light. Researchers Randall Porter and Robert Bode speculate that, since *S. nigra* components bind to SA 2,6Gal sialic acid residues, attachment sites for influenza virus, they could competitively inhibit other pathogens that attach to these same residues. Several other pathogens also bind to SA 2,6Gal receptors, including *Helicobacter pylori*, *Streptococcus pneumoniae*, *Haemophilus ducreyi*, *Haemophilus influenzae*,

and even the malaria parasite *Plasmodium falciparum*. An additional factor that could serve to explain some of elder's broad effects is the observation that *Sambucus* appears to strengthen the immune system

by stimulating macrophages.

While reported side effects from elderberry extract have been few and mild, the leaves and stems of the plant can be toxic, causing vomiting, abdominal cramps, and

IDENTIFYING THE ELDER TREE AND FLOWERS

From a distance, white crepe myrtle flowers can be mistaken for elderflowers. While both trees produce inflorescences of tiny white flowers, they can be easily distinguished. Elderflower inflorescences have a flattened, umbrella-type shape, while crepe myrtle inflorescences are more grape-like in shape. In addition, the individual flowers are very different. Elderflowers have 5 flat petals reminiscent of forget-me-nots that are quite distinct in appearance from the crinkled petals of crepe myrtles.



Elder Tree and Flower



White Crepe Myrtle and Flower



IDENTIFYING ELDER BERRIES

The poisonous American pokeweed produces purple berries that can be mistaken for elderberries. (Pokeberries can cause vomiting and diarrhea; they are commonly eaten by toddlers who mistake them for grapes.) Aside from the elder tree being taller than pokeweed bushes, pokeberries are larger (pea-sized, vs. the tiny, BB-sized elderberries) and grow in long, narrow bunches, whereas elderberries grow in wide, umbrella-shaped bunches. For more information on distinguishing between pokeberries and elderberries, see <http://www.herbalrootszine.com/articles/elderberry-vs-pokeberry/>

Elderberries



Pokeberries



FLOWER POWER

even neurological symptoms due to cyanogenic compounds. These same compounds are present at low levels in unripe fruit, but are denatured by cooking, so a good precaution is to cook elderberries instead of eating them raw. At this point, only the flowers have been approved by the German Commission E as an antiviral, and only the flowers have been designated as safe by the U.S. FDA as a flavoring agent. Nevertheless, studies on ripe elderberries have indicated that they are also safe, with minimal or no side effects.

In general, commercial anti-flu products, including Sambucol, Rubini, and the multi-herb Sinupret, use elderberries rather than elderflowers. Elderflowers are particularly convenient as home remedies, however—they can be made into an infusion (“tea”) directly after harvesting or can be dried or frozen for later use.

With few or no side effects, taking *S. nigra* extract is certainly worth a try. Extracts are available over the counter under several brand names, including Sambucol, Rubini, Quantum Elderberry, and Nature’s Way

Organic Sambucus, to name a few. However, if you live in [Louisiana/Arkansas], why not get your elderflowers or elderberries for free? Take a look around (based on the pictures in this article and others you can find online) – it won’t be long before you see an elder tree in bloom at this time of year. Later in the summer, you will see berries. Good places to forage are empty lots or the edges of fields. Chances are, once you recognize one elder tree, you will start seeing them all over!

You can make a simple infusion by placing flowers in a tea strainer, or you can make elderflower syrup by steeping the flowers in boiling water and sugar and then allowing the mixture to sit for 3-4 days at room temperature before straining through a mesh strainer or cheesecloth. (Remember, leave out the stems and leaves as they can contain toxins. Also, when using the berries, it’s best to cook them first.)

To make a delicious elderflower cordial, boil 1 kg of sugar in 5 cups of water and add 1/4 cup of lemon juice; carefully pour this

over your harvested elderflowers in a heat-safe container, and let the elderflowers steep in the syrup for 3-4 days. Then, add a few tablespoons of the resulting syrup to sparkling water (to taste) and serve over ice. (Store the remaining syrup in the refrigerator; one batch can be enough to make cordials all summer.)

For a cocktail, try adding your elderflower syrup to champagne, or to gin and tonic for a refreshing variation of this summer classic. Elderflower syrup is also lovely drizzled over pancakes, ice cream, or plain yogurt, or the flowers themselves can be dipped in batter and fried.

Elderberries, which are good sources of vitamin C as well as iron, potassium, vitamin A, and vitamin B6, can also be made into a syrup, or baked directly into muffins or pancakes. A quick keyword search will yield a host of traditional elderflower and elderberry recipes, as well as inventive culinary variations—there are endless ways to eat and drink this medicine! Bon appetit et bonne santé! ■

Elderflower Fritters – Gebackene Holunderblüten

Yield: 4-5 fritters

Ingredients

4-5 large heads of freshly picked elderflowers
1 large egg
70 g all-purpose flour (about 1/2 cup)
1/2 cup (120 ml) beer (I prefer blond lager) *
Pinch of fine salt
1 1/2 teaspoons fine, granulated sugar (optional)
Neutral tasting oil for frying (I use sunflower oil)
Confectioners' sugar for dusting

Instructions

Gently shake any dirt or insects off your flower-heads. Do not wash the elderflowers as they will lose a lot of their flavor. Cut the stems but leave about 1 inch of stem for handling.

In a bowl, beat the egg using a hand whisk. Add half of the beer, salt, and sugar (if using) and mix until well combined. Adding only half of the liquid results in a thick batter that doesn't give lumps much of a chance.

Add the flour and whisk until smooth. Whisk in the rest of the beer.

Heat about 1/2 inch of oil in a pan over medium heat. Holding the elderflowers by their stems, dip each elderflower into the batter, then drop them into the pan with the hot oil, flower side down.

Fry until lightly golden. Remove from the oil and place them briefly on a paper towel.

Dust the elderflower fritters with confectioners' sugar and eat straight away, while crisp.

You can serve them simply dusted with sugar, with a scoop of vanilla ice cream, or fruit compote. Enjoy!

* If you don't want to use beer, you can use sparkling water instead. I highly recommend the beer though.

Recipe Source: www.lilvienna.com/elderflower-fritters/





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PHYSICIAN EXTENDERS

FILLING *the* GAP

By John W. Mitchell





Advanced practice practitioners increasingly extend physician reach

“Are you going to become a doctor one day?” It’s a question Ashely Chan, a physician assistant (PA), hears often from patients. But once they get to know him, the next most common question they ask when they call for an appointment at Crescent City Physicians in the greater New Orleans area is, “Can I see Ashley?”

PHYSICIAN EXTENDERS

DR. CHRISTOPHER LEGE, Chief Medical Officer at Crescent City (the practice is a subsidiary of hospital provider, Touro Infirmary) told USHC Journals that once patients get to know the physician assistant, he's the guy with whom they want an appointment.

"After he takes care of them for a medical problem, patients call and specifically ask for Ashley," Dr. Lege said. "In our practice, PAs primarily see patients with an urgent need, patients with chronic conditions who need to be seen more often. This allows access to our practice in a day or two."

According to Dr. Lege, with the PAs' help they keep patients out of the emergency room. The medical doctors in the practice are also able to spend more time with patients who have regularly scheduled appointments.

Crescent City Physicians is among a growing number of practices and hospitals adding mid-level providers – physician assistants and nurse practitioners – to their care team. The practice, with a total of 55 providers, consists mostly of physicians, but they have been relying on a growing number of physician assistants and nurse practitioners (NP) for the past seven years.

"We started working with PAs to coordinate discharges for our attending physicians with admitting privileges in the hospital," explained Dr. Lege. As the sponsoring doctor, he reviews 20 percent of Chan's medical records every week, as required under regulation to ensure quality. "We then expanded to include them to the practice side about four years ago."

PAs and NPs are part of the growing ranks of hands-on medical caregivers and decision makers. They can be referred to by several names. These include mid-level providers, advanced practice providers, advanced practitioners, and physician extenders (although representatives from physician assistant and nurse practitioner national groups told USHC the label "physician extender" is considered improper, despite the fact that many doctors and advanced practice practitioners use the



Christopher Lege, MD

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—Dr. Lege

term themselves). These medical professionals include: physician assistants; nurse practitioners; midwives; surgical assistants; diabetes clinical educators; flight nurses; and nurse anesthetists.

It generally takes an additional two years of training after achieving a bachelor's degree to become a PA. NPs must generally acquire a master's degree in nursing after becoming a registered nurse. There are also licensing requirements that vary state by state.

Several sources cited common reasons for the rapid, recent growth in the use of mid-level providers. The general consensus: there simply are not enough doctors to meet the growing demand for health services. Factor in aging baby boomers and increased access for millions of people under the Affordable Care Act, it's no wonder the PA is one of the fastest growing professions in the U.S.* According to Josanne K. Pagel, MPAS, PA-C, Karuna@MT, DFAAPA, President of the American Academy of PAs



PHYSICIAN EXTENDERS



Michelle Capone



Cindy Cooke, DNP,FNP-C

“Forty years of research has proven that NP-managed patient outcomes are as good as their physician counterparts.”

—Cindy Cooke

sponsoring physicians have a need. If the advanced practice practitioner is part of the surgical division, they may practice with physicians in that unit,” Capone told USHJ.

Data supports the widespread acceptance of advanced practitioners among physicians as well as by patients.

“A Harris Poll found extremely high satisfaction rates among Americans who interact with PAs. The survey found that 93 percent regard PAs as trusted healthcare providers, 92 percent said that having a PA makes it easier to get a medical appointment, and 91 percent believe that PAs improve the quality of healthcare,” said Pagel with the AAPA.

Pagel also cited studies that note when PAs practice to the full extent of their abilities and training, hospital readmission rates and length of stay decrease. Infection rates also are lower. Capone noted that PAs must be supervised by the physicians in the units where they practice at BRG.

Cindy Cooke, who holds several advanced

practice degrees, including DNP and FNP-C, is President of the American Association of Nurse Practitioners. She told USHJ that NPs have provided patient-centered healthcare to a broad range of populations for more than 50 years. Unlike PAs, NPs are able to prescribe medications and other treatments. According to Cooke there are 222,000 qualified NPs in the U.S., 75,000 of whom are AANP members representing more than 200 organizations.

“The faith and confidence that patients have in NP care is evidenced by the more than 870 million visits made to nurse practitioners in the past year,” said Cooke. “Forty years of research has proven that NP-managed patient outcomes are as good as their physician counterparts.”

According to Cooke, a growing trend in the use of NPs is the passage of full practice authority legislation in states nationwide. Recently, the U.S. Department of Veterans Affairs’ (VA) also enacted a final regulation

giving veterans direct access to NP care at VA facilities nationwide. The regulation, she added, will also help to reduce wait times in the VA system.

At St. Tammany Parish Hospital (STPH) in Covington, La., nearly 100 PAs, NPs, surgical first assistants, and clinical nurse specialists have medical staff privileges, about evenly split between the hospital and in practice with physicians. According to Kerry Milton, Senior Vice President/Chief Nursing Officer, advanced practitioners are important beyond just traditional hands-on patient care.

“We also have clinical nurse specialists who use their clinical training and background to ensure we are employing best practices in our processes so that we improve our quality and maintain our certifications and achievements for quality, safety, and the patient experience,” said Milton.

She also reports that while STPH’s

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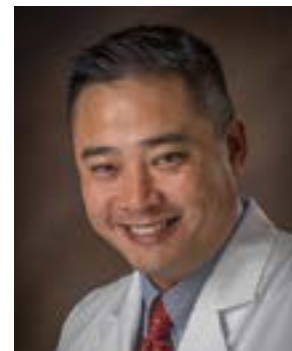
Steven T. Gremillion, MD, FACC



Robert Hart, MD, FAAP, FACP



L. Olivia Sweetnam, MSN, ACNP-BC, MPH



Ashley Chan

reliance on advanced practitioners in the Emergency Department, pediatrics, and the newborn intensive care unit has a 10-15-year history, their deployment has really ramped up in the past few years in many areas of the hospital.

“An example of where the advance practice nurse really makes a discernible difference in the patient experience really boils down to the time they can spend interacting with the patient,” said Milton. “A physician may only have five minutes per patient. A nurse practitioner can make the physician’s limited time for patient interaction far more productive.”

Physicians appreciate the help. According to Steven T. Gremillion, MD, FACC, Chief Medical Officer at Our Lady of the Lake Regional Medical Center in Baton Rouge, the physician/patient relationship is still special, but most patients understand their doctor is spread thin these days. In Baton Rouge, for example, two emergency rooms have closed in the past three years.

“Recently, one of my patients presented to the emergency room with acute heart failure while I was at another hospital. The extender was able to start therapy until I could make it to the patient’s bedside,” said Dr. Gremillion.

He also said that advanced practitioners are a great help with one of the “most onerous” aspects of the being a doctor – taking call in the middle of the night.

“Increasingly, physician extenders are assisting with this call burden by seeing

hospital patients at night with physicians and taking calls from nurses and patients at home,” said Dr. Gremillion.

Robert Hart, MD, FAAP, FACP, Chief Medical Officer for the Ochsner Health System in New Orleans and Baton Rouge told USHJ that the organization saw a big shift to advanced practice practitioners five years ago. Slightly less than a third of their 1,665 licensed, employed clinicians, including physicians, are advanced practice practitioners. This growth can be attributed to changing attitudes.

“It’s a realization that the old model of taking care of one patient at a time is not sufficient to keep up with the disease burden,” Dr. Hart told USHJ. “We are finding that if we train them (advanced practice practitioners) in a certain area – diabetes, for example, it’s another set of hands to provide a lot of care.”

His colleague, L. Olivia Sweetnam, MSN, ACNP-BC, MPH, Assistant Vice President of Advanced Practice Providers at OHS, echoed Dr. Hart’s sentiment.

“For example, we now have surgeons request an advanced practice practitioner to work with them because they (that practitioner) can then see the patient for the pre-and-post-op visit. This means the surgeon can perform more cases and take care of more patients.”

Both Dr. Hart and Sweetnam stressed that the accelerating trend in the role of advanced practice practitioners reflects how rapidly healthcare delivery is changing.

“We’re building an entire care team because we need high touch points,” said Sweetnam. “We need a team to surround the patient, from pharmacists and nurses to educators and coaches.”

Dr. Hart said there is no doubt that physician acceptance of advanced practice practitioners has come a long way. Younger physicians coming out of their training are accustomed to working with, and value, advanced practice practitioners.

“There was a time 15 years ago when some physicians saw them as competition. But physicians realize that...(healthcare) delivery is changing, it’s more complex and team-based,” he said.

Ashley Chan, who was an emergency medical technician before he trained as a physician assistant and joined Crescent City Physicians in New Orleans 18 months ago, said that he’s not a doctor, but his is an important role.

“I don’t have the expertise of physicians who have been to medical school and three to four years of residency and specialty training,” he told USHJ. “But at the same time, I can help them extend their reach, especially when they take the time to teach me what I need to know to help. This provides peace of mind to patients.” ■

* <https://www.nytimes.com/2014/08/03/education/edlife/the-physician-assistant-will-see-you.html>

** <https://www.bls.gov/ooh/healthcare/physician-assistants.htm>

*** <http://money.usnews.com/money/careers/articles/2017-01-11/unveiling-the-best-jobs-of-2017>

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Healthcare Briefs



Pictured L-R: J. Shannon Womack, Denham Springs Chief of Police; Kris Glover, Practice Manager; Thiravat Choojitarom, MD, FAAP; Shana M. Hart, MD; Karim Y. Suazo-Flores, MD, FAAP; Tausha Cavin, Clinic Manager; and Gerard Landry, Denham Springs Mayor.

Our Lady of the Lake Reopens Primary Care of Denham Springs

SIGNS OF FLOOD RECOVERY CONTINUE in Denham Springs with the reopening of Primary Care of Denham Springs, a pediatric primary care clinic with Our Lady of the Lake Physician Group that has been displaced since last August and serving patients out of a nearby clinic in Walker.

Primary Care of Denham Springs, which took on more than two feet of water during the historic flood, is the last of three Our Lady of the Lake Physician Group clinics to move back to their original locations. This clinic's patient population was also the heaviest hit with more than 90 percent of area homes suffering flood damage.

Providers at Primary Care of Denham Springs include Karim Y. Suazo-Flores, MD, FAAP; Shana M. Hart, MD; Thiravat Choojitarom, MD, FAAP; and Certified Pediatric Nurse Practitioner Laura D. Hollis.

Located at 311 Veterans Boulevard, Primary Care of Denham Springs offers a full scope of pediatric services including newborn care, wellness checkups, immunizations, school and sports physicals, and ADHD and special needs care. The building has been fully renovated and spaces rearranged to better accommodate patients receiving care at the facility.

STATE

LDH Seeks Provider Input on Medicaid Quality Measures

The Louisiana Department of Health hosted a series of town hall meetings with clinical providers from across the state to solicit input on the selection of Medicaid performance quality measures.

The information discussed and the suggestions offered at the town hall meetings, titled “Deep Dive into Quality,” will be used by the Louisiana Medicaid program in the development of publicly reported quality metrics. Ultimately, the selected quality measures will be presented in a dashboard that will be added to the department’s website.

The meetings were facilitated by Dr. SreyRam Kuy, Medicaid Chief Medical Officer and Dr. Harold D. Brandt, Medicaid Chief Transformation Officer.

ALS Association Louisiana-Mississippi Chapter’s Soiree a Success

The ALS Association Louisiana-Mississippi Chapter hosted its annual auction and gala, the Joie de Vivre Soiree, with honorary chairman Coach Paul Mainieri at the L’Auberge Hotel and Casino. The event raised more than \$117,000 for ALS (Lou Gehrig’s Disease) research and will provide families affected by ALS with comfort, care, and proper equipment. Of those funds, guests raised \$31,000 in under 10 minutes during the push for the Make a Difference Campaign.

Glen Wesley and the late Tom Grantham Jr. won the Chapter’s Iron Horse Awards; ALS champion, Lou Gehrig was called the “Iron Horse” throughout his legendary baseball career.

Alliance of Health Providers Expands Across State

What began as a local, limited-market concept has expanded to become Health Leaders Alliance, a statewide alliance of providers with the common goal of improving quality outcomes and patient satisfaction. Formerly introduced as Health Leaders Network – a clinically integrated network of independent and employed providers

in the Baton Rouge, Gonzales, Lafayette, and Monroe markets – the initiative has grown to comprise more than 2,000 leading community providers across the state. This new alliance will allow its members to continue delivering localized care in individual markets while also providing patients with additional benefits of statewide clinical collaboration. These partner organizations will share quality information, provide exceptional care and focus on the changes in the healthcare industry.

Founding members of Health Leaders Alliance are market leader organizations with track records for successful collaboration and high-quality, high-value care delivery. These include Willis-Knighton Health System in Shreveport-Bossier; Woman’s Hospital in Baton Rouge; Franciscan Missionaries of Our Lady Health System with facilities located in Baton Rouge, Lafayette, Gonzales, Bogalusa and Monroe; LCMC Health in New Orleans; and Thibodaux Regional Medical Center serving Thibodaux and the Bayou Region.

This collaboration is part of an effort to create accountable care, which focuses on high quality rather than quantity, and aligns all players in the healthcare system to improve a patient’s overall health. Care providers nationwide are showing strong interest in a shift to accountable care, also known as value-based care.

The combined service areas of the Health Leaders Alliance across Louisiana will provide access for the population in a way that maximizes value to both patients and local physicians. The structure assigns no ownership to the partners and is not considered a merger. Instead, the Health Leaders Alliance organization allows for members to maintain focus on serving unique local populations while benefiting from a partnership with an expanded network of organizations committed to working together on behalf of patients across the state.

Thompson to Serve as CHRISTUS Health System Director of Advocacy and Public Policy

CHRISTUS Health announced that Traci Thompson, JD, has joined CHRISTUS Health’s Advocacy and Public Policy team. Thompson began her new role on April 3, 2017, and will be



Traci Thompson, JD

headquartered in Baton Rouge where, among other things, she will work to advance CHRISTUS Health’s Louisiana and federal policy and advocacy priorities.

Thompson’s background includes advising clients in the healthcare industry on existing and potential regulatory and policy-driven initiatives.

Humana Announces Results of Initiative

Humana announced initial results from its national Bold Goal initiative, a five-year program that aims to improve the health of communities that Humana serves by 20 percent by 2020. Humana launched the Bold Goal last year in both New Orleans and Baton Rouge, and has established Health Advisory Boards in both communities. The program unites clinical, public health, and grassroots community organizations to take on local health challenges and social issues that influence people’s health.

For Humana members across Texas, Louisiana, Kentucky, Florida, and Tennessee, many have seen a significant reduction in Unhealthy Days (a Centers for Disease Control and Prevention (CDC) measure of health).

Here are links to new videos on Humana’s Bold Goal efforts and community partners in New Orleans and Baton Rouge:

- New Orleans (YMCA of Greater New Orleans, Your Nutrition Delivered) <https://www.youtube.com/watch?v=W9kLrMEsMIE&feature=youtu.be>
- Baton Rouge (Healthy BR, Capital YMCA) <https://www.youtube.com/watch?v=H8dhFsu0fgg>

You can find updates on Humana's efforts in New Orleans (pg. 22) and Baton Rouge (pg. 20) in the 2017 Humana Bold Goal Progress Report, http://populationhealth.humana.com/documents/Humana_BoldGoal_2017_ProgressReport-v2.pdf.

AHA to Advocate for Healthier Snacks in Schools

In the upcoming Louisiana legislative session, the American Heart Association (AHA) will seek to ensure Louisiana students are healthy and prepared to learn. The AHA is supporting regulations pertaining to Competitive Foods or "Smart Snacks" in Louisiana. Competitive Foods are defined by the USDA as foods and beverages sold at school, other than meals served through the USDA's school meal programs—school lunch, school breakfast, and after school snack programs. Some examples include meal add-ons in the lunch line, school stores, and school fundraisers.

The American Heart Association is committed to ensuring that states pass strong nutrition policies but also follow through and implement these policies. In Louisiana, the American Heart Association is encouraged by the support of the Louisiana Department of Health on this bill in addition to the School Health Coalition, the Louisiana Public Health Institute, and the Food Policy Advocacy Coalition. The goal of the legislation is to establish specific Smart Snacks standards consistent with the USDA's Interim Final Rule Standards. The Smart Snacks policy will also limit the number of fundraisers so as not to impair the effectiveness of the overall USDA Smart Snacks requirement.

New Chairman Elected to Blue Cross and Blue Shield of Louisiana Board

J. Kevin McCotter of Shreveport was elected Chairman of the Blue Cross and Blue Shield of Louisiana Board of Directors at its annual meeting.

McCotter, who has served on the board since 2008, is the former Vice President of Corporate Development and Government Relations for Chesapeake Energy Corporation. Prior to joining



Michelle Duhe, MD

Chesapeake, McCotter served in numerous positions of increasing leadership responsibility with South Central Bell, BellSouth, and AT&T before retiring with 34 years of service in 2006.

At Blue Cross' annual policyholders' meeting on Feb. 21, policyholders re-elected McCotter to the Board along with Dr. Richard Atkins of Baton Rouge, Michael B. Bruno of New Orleans, Daniel S. Borné of Baton Rouge, Jerome "Jerry" K. Greig of Lafayette, Ann H. Knapp of Lake Charles, Dr. Carl S. Luikart of Baton Rouge, Charles Brent "Brent" McCoy of Baton Rouge, Judy P. Miller of Alexandria, Thad Minaldi of Madisonville, Virgil Robinson, Jr. of New Orleans, and Blue Cross President and CEO Dr. I. Steven Udvarhelyi of Baton Rouge.

Following the policyholders' meeting, the Board elected McCotter as Chairman, Bruno as Vice Chairman, and Miller as Secretary.

LOCAL

OLOL Announces New Family Medicine Physician in Livingston Parish

Family medicine specialist Michelle Duhe, MD has joined Our Lady of the Lake Physician Group Livingston – Family Medicine in Walker.

Dr. Duhe provides acute and preventive healthcare for all ages, including infants, children, adolescents, and adults. She provides well-baby and well-child exams and vaccines, treats acute and chronic pediatric and adolescent illnesses, and provides school and sports physicals.



Alicia Taylor, MD

For adult patients, Dr. Duhe provides physicals, wellness exams, diagnosis and treatment of acute illnesses, and management of chronic illnesses. These include but are not limited to high blood pressure and cholesterol, upper respiratory infections, asthma and COPD, diabetes, skin rashes, arthritis, anemia, thyroid disorder, uncomplicated headache disorders, well-woman care, and pre-operative evaluation.

BRGP Brings Women's Care to Mid City With Taylor

Baton Rouge General Physicians has opened a new OB/GYN clinic in Mid City. Dr. Alicia Taylor's clinic will be located inside the BRG Mid City medical office building, adding obstetrics and gynecology to the services available on the Mid City campus.

Dr. Taylor will serve as Surgical Service Division Chief for obstetrics and gynecology for the hospital. She will work closely with Baton Rouge General's Birth Center, designated as a Blue Cross and Blue Shield of Louisiana's Blue Distinction Center for Quality and Efficiency for Maternity Care. The Birth Center is part of the area's only full-service community hospital, which has been 'A'-rated for patient safety for five consecutive years by the Leapfrog Group and ranked by Care-Chex as #1 in Greater Baton Rouge for Overall Medical Care for three years in a row.

Hospice of Baton Rouge's Administrative Office Moves to Mid City

Baton Rouge General (BRG) and The Hospice of Baton Rouge (THBR) announced that the

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hospice's administrative offices will relocate to the General's Mid City campus in April.

The non-profit hospice's administrative offices have been located on Siegen Lane for more than 17 years, but significant growth has created a need for more space for additional staff. Over 90 employees will relocate to Mid City as a part of the move. The Hospice of Baton Rouge opened the area's first inpatient hospice unit, The Butterfly Wing, in 2005 and later relocated the inpatient unit to Baton Rouge General Mid City's campus in 2010. It has always been a goal to combine the administrative offices and The Butterfly Wing in the same building.

Cancer Center's The Taste Fundraiser Generates More Than \$350,000

The 80s were back in a rad way for Mary Bird Perkins – Our Lady of the Lake Cancer Center's signature event, The Taste, raising more than \$350,000 for cancer care in the community. The 80s-themed event celebrated award-winning cuisine from Baton Rouge's top restaurants and caterers.

Guests sampled tasty dishes, danced the night away to music by 80s cover band Werewolf, participated in live and silent auction bidding, and made donations in others' names through the 365 Days of Giving Wall. An extraordinary highlight of the evening saw multiple individuals honor survivors and loved ones in the most personal way. Each made a heartfelt and transformational gift to support the Cancer Center, thereby receiving naming recognition on a semi-private infusion bay located in the Gery Lane Infusion Center.

Pictured L-R at the Cancer Center's The Taste Fundraiser: Brett Furr, Linda Lee, Stephen Waguespack, Terrie Sterling and Todd Stevens.



Billy Guitreau, Mayor/President Sharon Weston Broome, and Janice Guitreau at Mary Bird Perkins - OLOL Cancer Center's The Taste Fundraiser.



Primary Care Plus Welcomes New Family Medicine Physician

Primary Care Plus announced that family medicine physician Dr. Brad J. Ramsey has joined their team and is now available to see patients at the Primary Care Plus – Perkins clinic. Dr. Ramsey—a former baseball player for the Chicago Cubs—followed his interest in preventive care and wellness to Edward Via College of Osteopathic Medicine in Blacksburg, Virginia. He received a doctoral degree in 2010 and completed an internship and residency at North Mississippi Medical Center. Dr. Ramsey served as an attending physician at Wayne General Hospital, also in Mississippi, and as an emergency medicine physician under the Valley Emergency Physicians Fellowship program in California. In 2016, He returned to his home state of Louisiana. Prior to joining Primary Care Plus, Dr. Ramsey split his time between working as an urgent care physician at Lake After Hours in Baton Rouge and as an emergency physician at King's Daughters Medical Center in Brookhaven, Mississippi.

Dr. Ramsey offers complete preventive healthcare including routine primary care checkups, health risk assessments, immunizations and screenings.

Senior Medicare Patrol Warns Beneficiaries of New Medicare Card Scam

eQHealth Solutions, the Senior Medicare Patrol (SMP) grantee for Florida, Louisiana, Mississippi, and Wisconsin, is alerting beneficiaries, their family members, and caretakers of a new Medicare fraud scam. SMP is receiving calls from concerned stakeholders that scam artists posing as Medicare or other agency employees are calling people telling them that new cards are being issued and that in order to continue receiving benefits, the agency must “verify” or “update” identifying information. This includes their Medicare number and birth date and in some cases even financial accounts. Don't be fooled. This is a scam to steal personal information, money and possibly one's identity.

In an effort to help protect healthcare and financial information as well as federal healthcare benefit and service payments, the Centers for Medicare and Medicaid (CMS) is implementing the

Social Security Removal Initiative. CMS will be issuing a new Medicare Beneficiary Identifier (MBI) to replace the Social Security Number-based Health Insurance Claim Number (HICN) on new Medicare cards.

Beginning in April 2018, CMS will start mailing the new Medicare cards with the MBI to all people with Medicare. Medicare will not phone anyone asking for personal information. This includes their Medicare number. Nor does Medicare email or visit homes unannounced to “verify” or “update” information it already has.

eQHealth Solutions advises that anyone who receives a suspicious phone call, simply say, “I don't give out personal information over the phone,” and hang up. Then report the experience at 1-877-272-8720 or go to www.stopmedicarefraud.org.

Baton Rouge Selected for Addiction Intervention Program

Facing Addiction announced that Baton Rouge has been selected as one of 15 communities to participate in the organization's pilot community project to positively affect alcohol and drug abuse. The project, first announced by Facing Addiction (www.FacingAddiction.org) in 2015, will work to enact an action plan or public response to the addiction crisis in Baton Rouge via a grassroots-driven campaign strategy.

Capital Area Human Services (CAHS) will guide the community-driven project to create a public response to addiction through grassroots-driven programming. CAHS actively sought the Facing Addiction grant because of the drug abuse epidemic and the agency's record of developing community coalitions with leadership and stakeholders to reduce substance use problems in their local communities.

Facing Addiction will work with CAHS and other communities in America to secure increases in localized funding to adequately address the crisis; train advocates on proper organizational and advocacy techniques to reform their community's response; invest time and resources in communication opportunities with elected officials and other policy makers; provide media guidance to garner press and broadcast coverage to further highlight the solutions to the problem; and develop political strategies and aid community

stakeholders in the development of an overarching “campaign strategy.”

Led by Capital Area Human Services Executive Director Jan Kasofsky, PhD, CAHS recently launched a newly redesigned website www.realhelpbr.com to offer the community a more streamlined experience that includes easier navigation and detailed information about available mental health, addiction prevention, and recovery services. The agency is also conducting intensive alcohol and drug prevention programming in West Baton Rouge and West Feliciana parishes.

Fresenius Kidney Care Hosts Open House at New Facility

Fresenius Kidney Care, the dialysis division of Fresenius Medical Care North America and the nation's leading network of dialysis facilities, invited the community to attend an Open House celebration at its new clinic in Gonzales. The clinic, a joint venture with Renal Associates of Baton Rouge, can treat over 90 patients, which enables Fresenius Kidney Care's local team of expert medical professionals to better serve Ascension Parish's growing dialysis community.

Baton Rouge Area Reaches Attainment

The Louisiana Department of Environmental Quality announced that on March 21, the Greater Baton Rouge redesignation to attainment became effective for the pollutant ozone. The area includes Ascension, East Baton Rouge, Iberville, Livingston, and West Baton Rouge parishes.

Due to the cooperation of LDEQ, industry, businesses, and individuals, the Baton Rouge area has reached attainment two times before, once for the 1-hour standard and another time for the 1997 8-hour standard. This time, the area met the more stringent 8-hour ozone standard again. This means that the whole state is in compliance with ozone National Ambient Air Quality Standards.

OLOL Opens New Clinic for Internal Medicine

Our Lady of the Lake Physician Group has opened Internal Medicine at Picardy, a primary care clinic that provides comprehensive adult medicine services.

Located at 8119 Picardy Ave. in Baton Rouge,

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Internal Medicine at Picardy is led by internists Brian Gremillion, MD and Bradley Meek, MD. These physicians specialize in the diagnosis and treatment of a broad range of illnesses and medical issues, and provide preventive healthcare that helps patients recognize and control risk factors. Nurse Practitioner Joe Newell works with Meek and Gremillion in serving patients at the clinic

High Schools Receive CPR Training Kits

To support the hands-only CPR graduation requirement, The Burke Cobb Act, the American Heart Association donated CPR Training Kits to every high school in East Baton Rouge Parish. The donation was made possible thanks to a gift from the Professional Firefighters Association of Louisiana.

In 2014, Louisiana passed the Burke Cobb Act requiring all Louisiana high school seniors to

learn hands-only as a graduation requirement. This year will be the first graduating class under the new law.

The American Heart Association calls on the community to learn how to give Hands-Only CPR because effective bystander CPR provided immediately after sudden cardiac arrest can double or triple a victim's chance of survival, but only 32 percent of cardiac arrest victims get CPR from a bystander.

The NeuroMedical Center to Offer First Drug to Treat Severe Multiple Sclerosis

The NeuroMedical Center announced that it will soon offer a breakthrough treatment for adult patients with the most aggressive, and debilitating form of multiple sclerosis (MS). OCREVUS® by Genentech is the first and only disease-modifying therapy approved by the U.S. Food and

Drug Administration (FDA) to treat primary progressive multiple sclerosis (PPMS). On March 28, 2017, OCREVUS® was also approved for the more common relapse-remitting MS (RRMS), providing the potential to significantly improve the lives of more than 400,000 Americans currently living with the disease.

Until now, no FDA-approved treatment has been available to the primary progressive MS community. PPMS is marked by a gradual worsening of neurological symptoms, especially difficulty walking, and accounts for between 10 percent and 15 percent of MS diagnoses. Relapsing-remitting MS (RRMS) is the most common form of the disease and is characterized by inflammatory attacks that trigger such early symptoms as vision problems, tingling in the feet, weakness, and muddled thinking. 85 percent of people with MS are initially diagnosed with RRMS.

Researchers say OCREVUS® works by reducing



LA High School seniors fulfill the hands-only CPR graduation requirement under the 2014 Burke Cobb Act.



Danielle Mack



Patricia Lemoine

the immune system's assault on the body's own neurons by selectively targeting specific types of cells found in the immune system. In late phase clinical studies, researchers say OCREVUS® demonstrated superior efficacy on the three major markers of disease activity by reducing relapses per year by nearly half for patients diagnosed with RRMS. In patients with PPMS, studies showed

OCREVUS® significantly slowed disability progression and reduced signs of disease activity.

Mack and Lemoine in New Roles For Mary Bird Perkins

Mary Bird Perkins Cancer Center announced the addition of Danielle Mack, a Certified Fund Raising Executive and promotion of Patricia Lemoine in the organization's development office.

Mack, who was previously employed at the Center for five years, has rejoined the team as director of donor relations and strategic initiatives. In this role, she is charged with building and maintaining a comprehensive program that effectively acknowledges donor generosity, demonstrates gift impact and strengthens engagement opportunities. Mack also serves in an advisory capacity to the vice president and chief development officer relating to donor relations, prospect management and research. She was most recently employed by the LSU Foundation as

director of development for the Ogden Honors College.

Patricia Lemoine has been named associate director of development, marketing, and communications for the development office. Lemoine is responsible for the implementation and management of marketing and communication efforts related to donors, corporate sponsorships, events, and philanthropy. Over the last year, she has served in various capacities within the development office, supporting fundraising events and donor communications. Before joining Mary Bird Perkins, Lemoine worked at ID, an integrated communications agency, in Los Angeles for seven years as an account executive.

Both Mack and Lemoine are primarily focused on development activities for Mary Bird Perkins – Our Lady of the Lake Cancer Center.

AHF Files Federal Lawsuit Against Baton Rouge

AIDS Healthcare Foundation (AHF), the largest global AIDS organization and largest provider of HIV/AIDS care in the United States—including two AIDS clinics in Baton Rouge that care for approximately 30% of the city's HIV/AIDS patients—has filed a lawsuit against the City of Baton Rouge/Parish of East Baton Rouge (through the City of Baton Rouge Division of Human Development and Services) after the Mayor's Office arbitrarily defunded AHF from a federally funded, locally administered program known as the Ryan White program, an action that now threatens the delivery of quality care and



Cardiovascular Institute of the South Expands Cardiac Ultrasound Capabilities

To enhance technology and treatment capabilities for patients with coronary and peripheral artery diseases, Cardiovascular Institute of the South (CIS) has installed 20 new Aplio™ 300 Platinum CV ultrasound systems from Toshiba Medical. CIS also upgraded 20 existing ultrasounds to Toshiba Medical's Aplio 300 Platinum platform to ensure consistency and the most accurate cardiac diagnoses for all patients.

"Purchasing ultrasound systems that are extremely easy to use and installing them consistently across all of our facilities was very important to us," said Jaime Aubin, ultrasound team leader at CIS. "The Aplio 300 Platinum and Aplio 300 Platinum CV ultrasounds offer the best image quality and the cardiac applications needed for our sonographers of all experience levels to easily capture images with little to no pressure to the body, improving patient comfort. Toshiba Medical has also been an excellent partner in training all of our staff, as well as helping us to create custom reports that fully integrate with our EMR platform."

treatment to vulnerable, underserved, largely minority populations in Baton Rouge, said AHF.

AHF's lawsuit focuses specifically on the Parish of East Baton Rouge's arbitrary, and AHF asserts, illegal—denial of renewal of a Ryan White Part A Contract to AHF for its delivery of HIV/AIDS care and services in Baton Rouge, an action by the Mayor's Office and Parish which also made AHF ineligible to participate locally in the 340B Drug Pricing Program, a crucial federal, but locally-administered drug discount program in Baton Rouge.

In its lawsuit, filed Monday, April 10, 2017 in the United States District Court, Middle District of Louisiana, (Case # 17 cv00229 BAJ-RLB), AHF filed motions for Declaratory and Injunctive Relief against the City of Baton Rouge/Parish of East Baton Rouge through the City of Baton Rouge Division of Human Development and Services. AHF is seeking the court's intervention to overturn the denial of Ryan White Part A grant awards for the 2017/2018 grant year.

Louisiana Hematology Oncology Associates Recertified for Cancer Care

Louisiana Hematology Oncology Associates (LHOA), part of Mary Bird Perkins – Our Lady of the Lake Cancer Center and Our Lady of the Lake Physician Group, has received reaccreditation by the QOPI Certification Program (QCP™), an affiliate of the American Society of Clinical Oncology (ASCO). QCP builds on ASCO's Quality Oncology Practice Initiative (QOPI®), providing a three-year certification for outpatient hematology-oncology practices that meet nationally recognized standards for quality cancer care.

LHOA first achieved certification in November 2010 and is one of only two oncology practices in Louisiana with the designation. In applying for recertification, LHOA participated in a voluntary comprehensive site assessment against clearly specified standards that are consistent with national guidelines and was successful in meeting the standards and objectives of QCP.

QOPI is a voluntary self-assessment and improvement program launched by ASCO in 2006 to help hematology-oncology and medical oncology practices assess the quality of the care they provide to patients. Through the QOPI



Christine Allen, MS

program, practices abstract data from patients' records up to twice per year and enter this information into a secure database. More than 900 oncology practices have registered for the QOPI program.

To become certified, practices must submit to an evaluation of their entire practice and documentation standards. The QCP staff and steering group members then verify through on-site inspection that the evaluation and documents are correct and that the practices met core standards in areas of treatment, including:

- Treatment planning
- Staff training and education
- Chemotherapy orders and drug preparation
- Patient consent and education
- Safe chemotherapy administration
- Monitoring and assessment of patient well-being.

QOPI and the QCP are projects dedicated to innovative quality improvement programs. For more information, please visit: <http://www.instituteforquality.org/qopi-qcp>.

Allen Joins Fertility Answers as IVF Lab Director

Christine Allen, MS, has joined Fertility Answers as IVF Lab Director. A native of Brazil, Christine will complete her PhD studies at the Universidade Federal de Santa Maria, Department of Toxicology, Brazil, in August 2017. She is an American Association of Bioanalysts board-certified embryologist and andrologist.

Most recently, Allen served as the Scientific and Technical Laboratory Director of Sperm and Oocyte Banks at California Cryobank. She still serves as the Clinical Director for Elite IVF, a



Joseph Heneghan, MD

world-wide egg donation agency, and is responsible for improvements in quality control and pregnancy rates for numerous labs throughout the world.

Fluent in several languages, Allen has authored studies published in many scientific publications and continues to contribute to scientific knowledge on the cryopreservation of gametes and embryos. At Fertility Answers, Allen will direct laboratory staff and protocol of its Baton Rouge and Lafayette in vitro fertilization and assisted reproduction technologies programs.

BRG Physicians Change Care Tactics

Doctors with Baton Rouge General Physicians (BRGP) are changing the way they deliver healthcare with a new approach to promoting quality.

BRGP is working with Blue Cross and Blue Shield of Louisiana's new Quality Blue program, one of the first of its kind nationwide that aims to improve Louisiana's historically poor health outcomes and hold the line on costs. BRGP is one of the Baton Rouge area's eleven Accountable Care Organizations (ACOs) – large physician groups that agree to be responsible for improving health quality and saving costs of care across the system. ACOs are saving money on a number of services by helping patients with long-term medical needs like diabetes or heart disease to maintain health; reducing hospital stays by educating patients about when to go to an ER and when to go to an urgent care or doctor's office; and encouraging more patients to see primary care doctors for most of their health needs.

On average, BRGP patients have had fewer hospital stays and ER visits and are more likely

to have been recommended preventive care like mammograms or colorectal cancer screenings by their doctors than patients who are seeing physicians not affiliated with the Blue Cross program.

Recently, BRGP clinic Bella Family Medical was recognized for having the highest overall score on Blue Cross' 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.

MGMA-Baton Rouge Announces 2017 Board

Tim Barrett, CPA with Radiology Associates, LLC in Baton Rouge, has been named President of the Board of Directors for MGMA-Baton Rouge. MGMA, and its associated state and local chapters, is a professional association for medical executives and managers dedicated to supporting the professional growth and development of its members and, in turn, the medical organizations with which they are affiliated.

Other officers are Vice President Tom Baggett, MPA, FACMPE an independent healthcare consultant in Baton Rouge; Treasurer AnnaBeth S. Guillory, MBA with Ochsner Health System in Baton Rouge; and Secretary Lee Cox, MBA, BSN, RN, CMPE with Ochsner Health System in Baton Rouge.

Additional Directors are 1st Past President Steven R. Winkler, MHA, FACHE, with Hematology/Oncology Clinic in Baton Rouge; 2nd Past President is Edie Tucker, COPM, with Baton Rouge Ear, Nose & Throat; and 3rd Past President is Barbara D. LaBauve, with OLOL Pediatric Specialty Clinic.

North Oaks Physician Group Opens Primary Care Clinic in Walker

North Oaks Physician Group has opened a Primary Care Clinic in Walker. The new clinic specializes in comprehensive healthcare for adults, age 18 and older, and is located at 28799 Walker South Road, Suite 1, Walker.

Internal Medicine Physician Joseph Heneghan,



MGMA 2017 Board Members Front row, L-R: Lee Cox, Edie Tucker, and Tim Barrett. Back row, L-R: Tom Baggett, AnnaBeth Guillory, Barbara LaBauve, and Steven Winkler.

MD, will staff the clinic. He is experienced in treating patients with thyroid issues, Attention Deficit Hyperactivity Disorder (ADHD), hypertension, and many other complex health conditions.

North Oaks Physician Group also has primary care clinics in Livingston and Denham Springs. The Livingston clinic is located on the second floor of the North Oaks-Livingston Parish Medical Complex, 17199 Spring Ranch Road, Livingston (just off I-12 Exit 19 Colyell/Satsuma). The Denham Springs clinic is located at 31839 LA Hwy. 16, Suite B.

Our Lady of the Lake Reopens Clinic in Central

Our Lady of the Lake has reopened its clinic in Central. The clinic, located at 18901 Greenwell Springs Rd., was only accessible by boat following the widespread flooding in the Central area last August. In the immediate aftermath, the team of family medicine physicians, mid-level providers, and staff quickly mobilized and within three days had set up a mobile clinic using buses to treat

patients in the clinic's parking lot.

The clinic's doctors, nurses and staff treated patients in the mobile buses for two weeks before relocating to office space at the Lake After Hours clinic on O'Neal Lane. The group provided uninterrupted patient care for six months while their clinic underwent repairs.

The clinic opens with a new full-time pediatrician on staff, Michelle M. Salassi, MD. Dr. Salassi adds to the clinic's complement of family healthcare services by providing specialized care for children and young adults in the Central area. She joins family medicine physicians Herschel B. Dean, MD and Robert K. Dean, MD, as well as three Physician Assistants, a Nurse Practitioner, and more than 25 staff members.

Our Lady of the Lake Physician Group North Point offers evaluation and care of illnesses and minor injuries, preventive healthcare, comprehensive physical exams, evaluation and care for chronic medical conditions, school and sports physicals, and more. The clinic offers on-site X-ray imaging and lab services. ■

Since the organization was established nearly a decade ago, the Patient-Centered Medical Home (PCMH) model of care has been a primary focus of the Louisiana Health Care Quality Forum. This team-based approach to care serves as the very definition of the Triple Aim: higher quality, improved outcomes and reduced costs of care.

ALONG THE ROAD TO RECOGNITION: PRIMARY AND SPECIALTY CARE MEDICAL HOMES

ACCORDING TO A National Health Statistics Report released in February by the U.S. Department of Health and Human Services (HHS), practices that have achieved PCMH recognition have consistently yielded higher quality of care, greater access to care and reduced hospitalizations and emergency department (ED) use. The report found that the percentage of Primary Care Physicians (PCPs) in practices reporting quality measures to payers and other monitoring organizations was nearly 87 percent compared to non-PCMH practices.

Further, 94 percent of PCMH practices were equipped with an electronic health record (EHR) system, and 91 percent reported 24-hour access to their patients' medical records via a real-time data repository such as a health information exchange (HIE), enhancing their abilities to coordinate care and participate in quality improvement processes and programs.

The ability of PCMHs to meet the challenges of the Triple Aim and provide a foundation for value-based care as well as value-based payment models has not been overlooked in Louisiana. Advancement of the PCMH model in the state is ongoing and represents opportunities to reduce health care costs while improving health care quality and overall health.

The Quality Forum promotes patient-centered primary care as the foundation of coordinated, quality-driven health care. Today, practice consultants work closely with

physicians and/or groups across the state that are pursuing recognition/certification as medical homes. Services provided include practice assessment; on-site/off-site training; practice and workflow redesign; project management; and education/outreach. Because of the organization's influential role in reinforcing and advancing Louisiana's health information technology (IT) infrastructure, this program also combines health IT support with transformation processes to optimize a practice's EHR utilization and HIE integration.

"The Quality Forum is proud to have partnered with 126 practices throughout Louisiana that are committed to implementing and utilizing this patient-centered approach to health care," says Marcia Blanchard, Vice President of Strategic Planning and Operations. "Over the years, this organizational focus has developed and matured to actively support physicians and office personnel as they transition from a volume-based system to one that rewards value. In 2016, our team assisted 35 practices that were in various stages of the process, and by year's end, 14 had successfully earned recognition from a national quality evaluation organization. To date, we have helped 43 practices achieve this significant objective that is designed to provide better health care quality, promote patient engagement and lower health care costs."

But what is the process like from a practice perspective? How did the transition

affect the office in general? What about the patients? What challenges were faced? And what lessons were learned along the road to PCMH recognition? Representatives from three groups that the Quality Forum supported with practice transformation assistance reflected on their PCMH recognition experience.

St. James Primary Care, a Rural Health Clinic with offices in Gramercy and LaPlace, is currently a National Committee on Quality Assurance* (NCQA)-recognized practice (Level 3). St. James employs two physicians, five nurse practitioners and 12 employees and has served its community for 18 years. According to Office Manager Ellen Kramer, the group decided to pursue recognition because it would enable them to deliver better quality health care to their patients.

"PCMH recognition brings the value of focused care with structured guidelines and patient input, leading to better outcomes," Kramer explains. "Our biggest challenge was adapting our EHR system to produce the correct information necessary for credentialing. We were already documenting some of the required measures within our practice, and eventually, we figured out what we needed to do without duplicating the workload. From start to finish, the process took about two years."

Kramer also noted that once St. James staff adapted to the procedural changes, they had a better understanding of how the PCMH model enhances collaborative care and promotes better patient care. "Our patients seem to be very engaged. They are happy to get a copy of their visit note along with precise goals and recommendations. I think they feel they are in charge of their health care."

Based on her work with different physician groups, Practice Consultant Jody Marsh echoes the challenge cited by Kramer. "We have found that a practice's health IT infrastructure plays a major role in the PCMH transformation process," says Marsh. "Some EHR systems are limited in reporting

Cindy Munn
Chief Executive Officer
Louisiana Health Care Quality Forum



capabilities and the practice may not be able to provide every detail on a report requested by NCQA to prove they are compliant. This, in turn, requires the staff to produce manual logs which can be redundant. We work closely with office management to create and implement the required policies and procedures, assist with training the staff and gathering the necessary documentation to send to NCQA for approval of recognition.”

In addition to transforming primary care groups, the medical home concept extends to specialty practices that are committed to access, communication and care coordination through NCQA’s Patient-Centered Specialty Practice (PCSP) Recognition. As a result, the specialty community can now join their primary care colleagues in the medical home “neighborhood,” working together to care for shared patients. The Quality Forum’s practice consultants, in turn, have also successfully facilitated transformation efforts for specialist groups, beginning with North Oaks Obstetrics & Gynecology (OB-GYN).

As the first PCSP-recognized (Level 2) practice in Louisiana, North Oaks OB-GYN did not hesitate to adopt and adapt to this model of care. With six physicians, three certified mid-wives, two nurse practitioners and 30 employees, the 40-year-old practice is comprised of an OB-GYN office and a Rural Health Clinic, both in Hammond. According to Practice Administrator Lemar Marshall, “We realized this was the direction of the future, and our practice didn’t want to wait. When we successfully implemented and meaningfully used our EHR technology and understood the health care performance measures, we knew we were halfway there. It took us approximately six months to earn PCSP recognition.”

“We found that the biggest challenge we faced involved changing processes and avoiding permanent “work-arounds” in our practice. We also worked closely with our staff to demonstrate that this transition would result in a direct, positive impact on their daily functions. As for our patients, we

are finding that many appreciate the coordinated focus on their individual preferences and needs with services such as a secure patient portal. They like being more engaged. There are others, though, that don’t see the value yet,” states Marshall.

Practice Consultant Michelle Jewell reiterates the importance of staff engagement. “PCMH is a new concept for practices to embrace as the focus of care is a completely different approach based on quality and requires complete staff participation. The practice commits time and staff resources to not only meet the requirements of PCMH but to transition the current delivery of health care that is reimbursement-driven to quality and satisfaction-driven health care,” she explains. Regarding patient engagement, Jewell adds that “medical homes partner with patients and their caregivers to deliver optimum health care tailored to meet the individual patient’s needs and goals.”

The Quality Forum also assisted the Diabetes Endocrinology Center with the practice transformation process. Operating in Marrero since 2000, the Center was recognized as a PCSP practice (Level 2) by NCQA in 2016. Led by two physicians, the staff includes two nurse practitioners, two medical assistants and three office personnel. Office Manager Baishali Mallik, BSC, notes that since the practice opened, it “has been dedicated to educating and empowering patients with diabetes regarding self-care of the disease.”

With its long-standing commitment to patient engagement, the practice had the required policies and procedures in place and considered recognition as a PCSP because they were successfully implemented. Because of the practice’s readiness level and the staff’s familiarity with the process, the main challenge was to accumulate the necessary reports and to log them.

Patients have responded positively to the transition as they were familiar with the Center’s procedures. According to Mallik, “It took us almost a year to complete the

process, but PCMH or PCSP recognition is important because it shows that your practice meets quality measures, and this is a benefit to both the patients and the practice.”

Marsh adds that the latter benefit – the ability to assess and compare quality measures – enables providers and staff to better understand their patient populations. The Quality Forum’s expertise in quality improvement is also utilized to support PCMH/PCSP consulting. “We help practices use the information they are entering into their EHR systems, show them how to view different patient populations and how to analyze the data to support the practice and manage patient care. With this capability, a practice can operate proactively rather than reactively,” notes Marsh.

Finally, the practice representatives shared lessons learned for other considering PCMH/PCSP transformation:

Ellen Kramer, St. James Primary Care

“My advice is to be patient with the process. Even though it may seem overwhelming at times, knowing that your patients are receiving quality health care is worth the work you have to put in.”

Lemar Marshall, North Oaks OB-GYN

“I would urge specialty practices to pursue recognition for the right reason: improving patient care. If you lose sight of that goal, you may not see the value in making the investment.”

Baishali Mallik, BSC, Diabetes Endocrinology Center

“Being recognized as a PCSP helps us to focus on the values that we strive to achieve in our practice to deliver better patient care.”

Practices interested in learning more about PCMH/PCSP services available through the Quality Forum can call 225.334.9299 or email info@lhcf.org. ■

**NCQA is one of the national health care accreditation organizations that offers programs for primary and specialty care practices. Three levels of recognition are available with Level 3 as the highest.*

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Background

Prior to 1990, prescribers in the United States (U.S.) had taken a modest approach to prescribing opioids for non-cancerous, chronic or intractable pain. Due to the liberalization of statutes governing narcotic prescribing and more generous standards for pain management, deaths related to the overconsumption of opioids have reached epidemic proportions. During the years 1999–2013, the number of deaths more than doubled from 6.0 per 100,000 populations in 1999 to 13.8 in 2013 (Centers, 2015).

STATE PRESCRIPTION MONITORING PROGRAMS: A POLICY POSITION

ORIGINALLY DEVELOPED for use by law enforcement to identify illegal activity, Prescription Monitoring Programs (PMP) have been utilized by healthcare providers (HCPs) to screen patient prescription histories for signs of drug misuse (Centers, 2015). Managed at the state level, PMPs have electronically tracked the distribution history of controlled substances (CSs) prescriptions. In particular, PMPs have facilitated the identification of individuals who have sought to obtain the same CSs from multiple prescribers. This activity, known as doctor shopping (DS), has extended across state lines and has been directly linked to deaths from opioid overdose.

With support from legislation, enhanced functionality of the PMP has allowed interstate sharing of prescription information amongst HCPs, law enforcement and regulatory agencies. The National Association of Boards of Pharmacy (NABP) has developed the PMP Interconnect software system that has allowed HCPs and phar-

macists to conduct a multi-state query of PMP reports through a central hub. By utilizing the Interconnect System, prescribers and druggists are able to quickly view information in every participating state wherein a patient had filled a CSs prescription (Blank, 2011). More than forty states have participated in the NABP PMP Interconnect System, including the southern states of Louisiana, Arkansas, Mississippi and Texas (National Association of Boards, 2016). Figure 1 has illustrated state participation in the interstate sharing of PMP data.

Access to PMP data in the clinical setting has historically been limited to individuals authorized to prescribe or dispense CSs or drugs of concern. Many practitioners have complained that accessing the PMP system has added to their work burden (Shepherd, 2014). In response, regulatory rule changes have occurred that allow the prescriber or dispenser, while maintaining accountability, to appoint a “delegate” to access the PMP system in their stead (Boutwell, 2014).

Problem

Findings in the literature have suggested use of the PMP has aided in the detection of DS characteristics; however, the PMP database has not been widely utilized (Perone, et al., 2012). Lack of awareness and education about the value and use of the PMP data at the point of care have been cited as reasons for its lack of use (Office of the National, 2012). The reporting timeframe has also been indicated as a deterrent to the utilization of the PMP by HCPs. The inability of prescribers to see “real time” CSs dispensing data has left a window of opportunity for DS activity by patients. Consequently, HCPs have questioned the accuracy of PMP reports (Davis, et al., 2014). Another common complaint by prescribers has been the time consuming nature related to access and utilization of the PMP. Healthcare providers have toggled to and from the patients’ electronic medical record to a separate PMP database, experiencing inefficient time usage.

Cynthia A. York, MSN, RN, CGRN
Director, RN Practice and Credentialing
Louisiana State Board of Nursing

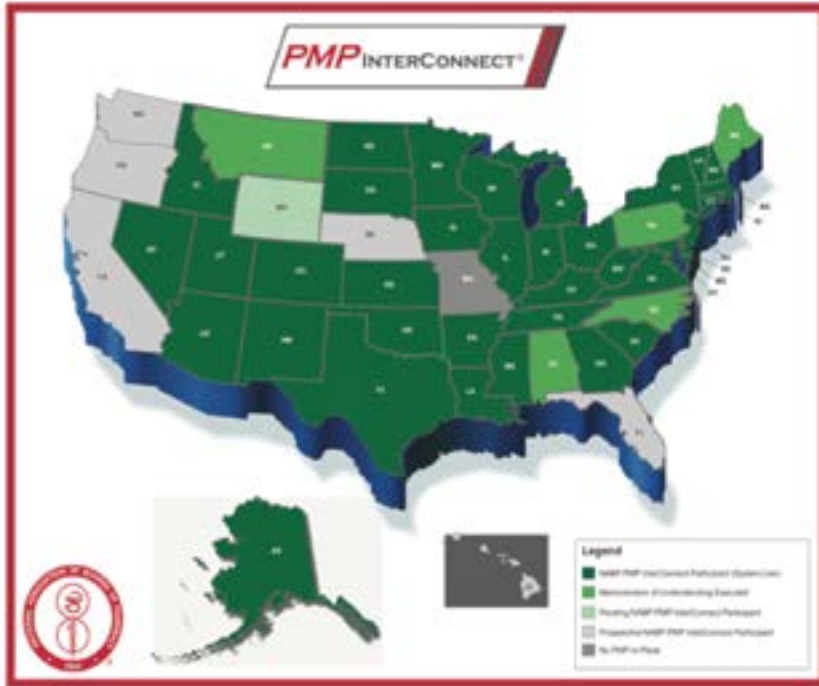


Figure 1 – State participation interstate sharing of PMP data.
Source: National Association of Boards of Pharmacy (2017).

Solution

Awareness campaigns should be initiated to ensure HCPs understand the PMP's role in combating the opioid epidemic. Further, HCPs should receive appropriate training relative to the use of the PMP, including a focus on protection of the data (Office of the National, 2012). Educational opportunities about PMP benefits should include publication in professional journals and regulatory newsletters, regular email notifications to stakeholders and inclusion during advanced practice student lectures. Increased use of the PMP should be encouraged, even in practice settings with a lower volume of pain care and CSs prescribing (Hildebran, et al., 2014).

The creation of software programs that immediately record and disclose prescription information should be considered. Development and utilization of advanced level electronic health records that allow

integrated access of PMP information to enhance clinical workflow efficiency should also be studied. The ability to have all necessary information available during the patient encounter may increase utilization of the PMP.

Summary

Combating the opioid epidemic has required a multi-faceted approach by HCPs. In addition to exploring alternative treatment options prior to prescribing opioids for pain, HCPs should utilize the PMP as a tool to identify DS activity. The Office of the National Coordinator for Health Information Technology at the US Department of Health and Human Services has initiated an effort to develop systems that integrate electronic health records, health information exchanges, and pharmacy dispensing systems with PMP data. These systems will decrease time spent by prescribers and

dispensers during the retrieval of patient PMP history (Association of State, 2017).

Utilization of the PMP by HCPs may lead to early detection of patients at risk for CSs misuse. Providing education to all health-care professionals regarding the functionality and capability of the PMP should be ongoing. As technology advances, PMPs should be enhanced to provide greater functionality and acceptance by prescribers. ■

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The Louisiana Department of Health ensures access to health care; provides health care services; provides health care coverage through our Medicaid program; ensures safe drinking water, safe restaurants, school cafeterias; day care centers and more; guides and directs processes and research to reduce addiction and to improve the overall health of the state; we plan year round to ensure proper emergency and disaster responses; we provide health education; plan and respond to reduce the spread of illness; and much more. Our services reach the entire Louisiana population of 4.6 million people. We impact every life, every person in the state with 5,000 team members.

LDH EXPANDS ACCESS TO CARE, LIMITS ACCESS TO OPIOIDS

THERE ARE MANY noteworthy improvements throughout our communities as a result of the work of the Louisiana Department of Health and I'm excited to share some of them with you here.

More than 77,000 preventive health visits by patients newly enrolled in Medicaid; Louisiana uninsured rate drops

Medicaid expansion continues to help Louisiana residents with access to health care coverage. Newly enrolled members have benefitted from more than 77,000 preventive health visits and a recent Gallup report shows the uninsured rate in Louisiana has decreased by nearly half to 12.5 percent in 2016, down from 21.7 percent in 2013. Gallup cites expansion as the key contributor for the reduction in the uninsured rate.

We're seeing a generational shift in health care for Louisiana residents. As more and more residents receive health care coverage and have access to regular and cost-effective primary care, fewer residents have to rely on expensive emergency rooms for their health needs. Medicaid expansion is creating better access to health care and saving taxpayer dollars at the same time.

To track enrollment and preventive data, the Department of Health has developed a dashboard tool on its Healthy Louisiana website, <http://ldh.la.gov/healthyladashboard/>. The dashboard shows total enrollment, enrollment by parish, by age and gender, and lives impacted by expansion and access to health care.

Also new to the website are stories from Louisiana residents who depend on Medicaid expansion. I'll share a few of my

favorites here, but to read all of them, visit <http://ldh.la.gov/testimonials/>.

I am truly grateful to have health insurance. Medicaid Expansion literally saved my life. I received word that I am a Medicaid member last August. Shortly thereafter, during my first visit to a doctor, they found tumors on my adrenal gland. They turned out to be cancerous, a rare cancer found in only 2% of people. Had they not been removed, my diagnosis would have been terminal. If I would have waited any longer to see about this, I would have been in deep hot water trying to save my life.

— Amanda, Urania

I moved here over four years ago to attend the University of New Orleans where I'm a senior studying music with hopes of specializing in music therapy. In October, I had several severe headaches. After passing out, an urgent care facility referred me to the emer-



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



The Louisiana Department of Health continues to work with partners throughout the state to address the opioid epidemic and develop potential solutions.

gency room at UMC, since I did not have health insurance. There, I learned that I had a brain mass, and would need surgery to remove it. The day before surgery, I applied for Medicaid. After the surgery, doctors shared this was a glioblastoma, a very aggressive type of brain cancer. Without this Medicaid, I didn't know that I could ever have paid for all the medicines and treatment that was needed.

– Monika, New Orleans

I lost insurance coverage for about 5-6 months and then applied for Medicaid Expansion and was able to receive it. I went to the doctor in August, and then to a cardiologist to see if my stent was working properly. While there, the doctor performed a scan on my carotid artery and found that I had a 98% blockage on one side and a 99% blockage on the other. I had surgery in December on the left side and in February on the right

side. Without this, I would have had a stroke and died. Had I not had insurance, I would not have gone to the doctor. This insurance saved my life.

– Marolyn, Opelousas

I teach a diabetes group in Slidell and I am teaching a gentleman who is 58 years old and just received Medicaid. He went to the doctor for the first time in years and he was diagnosed with Type 2 diabetes. He told me he had no idea and that it saved his life

– Hospital Nurse, Slidell

Department of Health and Department of Corrections team up to provide health care coverage for newly released offenders

The Louisiana Department of Health and the Department of Corrections are helping incarcerated individuals enroll in Medicaid, with coverage beginning once the individual's sentence is complete and they transition out of prison. As of March 18, 450 offenders have been enrolled in Medicaid and linked to a health plan.

The Department of Health and Department of Corrections began planning for this program in late 2015, scheduling implementation in phases beginning with the seven state correctional facilities. Subsequent phases include offenders housed in local jails. The Louisiana Department of Health and the Department of Corrections developed an automated enrollment process that allows the agencies to share information about offenders who are set for release within the next nine months, and get them enrolled in Medicaid and linked to a health plan pre-release. This enrollment process ensures that the health plan insurance card is mailed to Department of Corrections in time for release so that the former offender knows who to contact for access to care after release.

Numerous studies show that access to

mental health, substance use prevention and other health care services helps former offenders better integrate back into their communities, lessening the likelihood of these individuals committing future crimes.

Reducing Opioid Abuse: New Prescription Limits

Louisiana has consistently been ranked in the top states for opioid prescribing and according to the Orleans Parish Coroner's Office, the number of accidental drug-related deaths in New Orleans in 2016 exceeded the number of murders for perhaps the first time in the city's history. The Louisiana Department of Health continues to work with partners throughout the state to address the opioid epidemic and develop potential solutions.

In January Louisiana Medicaid introduced prescription limits for Medicaid Fee-for-Service. The new policy allows for a 15-day limit. Prescribers can request prior authorization for more days of coverage and the policy excludes cancer and palliative care patients. This March, the policy was expanded to all five Healthy Louisiana Managed Care Organizations for acute pain.

The policy is in its initial phase of implementation and by this summer will expand to include evidence-based guidelines for chronic pain for all five Medicaid Managed Care Organizations.

The Louisiana Department of Health continues to work closely with the Managed Care Organizations and with the providers for education about the policy, how to request prior authorization when needed, and alternatives to opioids.

For all of the latest news from the Louisiana Department of Health I invite you to follow our blog, <http://ladepthhealth.blogspot.com/>. ■

“WHAT’S IN THE (TRUMP) CARDS?”

Health Care Industry Labor and Employment Issues in Limbo Stack the Deck Under New Administration

In the 2008 movie, “21,” an unorthodox math professor at M.I.T. (played by Kevin Spacey) recruits six students and trains them to become experts in card counting in order to “win big” in Las Vegas at the blackjack tables. The movie was based on fact, and the card counting method depicted has been, and is utilized in casinos on a regular basis. Card counting is a casino game strategy utilized to determine whether the next hand is likely to give an advantage to the player or the dealer, by keeping a running tally, or “count” of all “high” and “low” cards in the multi-deck “shoe.” The count becomes more “accurate”, and therefore valuable, as more cards are removed from the “shoe.” In “21” members of the team would monitor shoes, and count cards, at several tables, signaling the “high roller” player to join the table when the count became more/most favorable to the player. If one considers President Trump’s campaign and present term in office to be the “shoe,” we are obviously not deep enough into the “shoe” (yet) to get a definitive “count.”

NEVERTHELESS, by watching as the Trump cards continue to be dealt, employers can make better decisions going forward...betting cautiously at first, but with some sense of what the next cards will likely be. As players at the “Trump Casino,” employers should be watching the following developing areas, in order to get a more accurate count and improve their odds.

The Affordable Care Act (“Obamacare”)

According to the Bureau of Labor Statistics, the Health Care Industry added approximately 1 million jobs since the Obamacare exchanges and Medicaid expansion went into effect in 2014 (259,200 jobs in 2014; 438,800 jobs in 2015; and 296,400 jobs in 2016). Employee compensation costs (pay and benefits, including health insurance) grew at rates between 7% and 10%, outpacing revenue growth. More employees were needed (and hired) in order to address (and handle) the influx of newly insured patients under Obamacare. The pace of hiring has slowed, as concerns over Obamacare’s fate grew, with exchange failures and an “insurer exodus” from certain exchanges, and as the Trump campaign (and Republicans in Congress) promised to “repeal and replace” Obamacare. True to their campaign promises, an effort to “repeal and replace” Obamacare was made in Congress, but the Bill subsequently was withdrawn in the face of criticism from both the Democrats... and the conservative Republicans. After withdrawal, it appeared that the Trump administration would shift its focus to tax reform and infrastructure, allowing Obamacare to collapse under its own weight. However, it now appears that the effort to “repeal and replace” is “not dead yet” (with apologies to Monty Python), due to the reliance on predicted resulting savings to free up space for tax reform and reduction of existing tax rates.

Thomas R. Peak
Taylor Porter Partner
Labor and Employment Attorney



Overtime Pay Exemption Minimum Salary Levels

The Department of Labor's planned change to the Fair Labor Standards Act (FLSA) overtime regulation, roughly doubling the existing minimum salary requirement to \$47,476 a year, was scheduled to go into effect on Dec. 1, 2016, before inauguration. The Trump campaign was critical of the change, and twenty-one states and dozens of business groups sued, seeking to block the rule change from taking effect. On Nov. 22, 2016, a federal judge in Texas issued a preliminary injunction blocking implementation of the rule change. While a final decision has not been rendered in this litigation (Nevada, et. al., vs. Department of Labor), it appears unlikely that the new increased salary levels will go into effect, at least in their present form, as President Trump does not support them, his Department of Labor will not defend them, and the courts may permanently block them. Regardless of the courts' decision on appeal, the Trump Administration and DOL will likely rescind or revise the regulations.

Minimum Wage

The \$7.25 per hour federal minimum wage rate has been in effect since 2009. During the campaign, President Trump indicated that he would consider raising the minimum wage to \$10 per hour, but also stated that American wages were generally "too high." With Trump's victory resting in large part on the support of working class voters, and with the passage of time since the last increase in the federal rate, it would seem that some increase would be likely. On the other hand, President Trump's reported statements that such action should be at the "state level" leaves open the possibility that no increase (in the federal rate) will take place, at least in the short term.

Employment-Related Immigration

U.S. Citizenship and Immigration Services recently released a new "guidance" that computer programmers are no longer presumed to be eligible for H-1B visas, describing the guidance as a "clarification," rather than a "policy change." In addition, the USCIS announced new measures to rein in "abuse" of

the H-1B program.

These "cards" indicate the Trump administration intends to make good on its promise to address fraud and abuse of the H-1B program, and will focus on reserving these temporary employment visas for very high-skilled (and higher paid) professionals, while encouraging lower- and middle-level jobs to go to American workers. There may also be more restrictions on the J-1 (exchange visitor) visa program and TN (NAFTA Professionals) visa programs, as these programs are believed (by some) to have an adverse impact upon American workers and pay.

National Labor Relations Board (Unions)

President Donald Trump will soon fill the National Labor Relations Board's two vacant seats with pro-business members. This will likely result in the Trump Board's reversal of some of the Obama Board's more controversial (pro-union) rulings, which have stretched the National Labor Relations Act (NLRA) far beyond its (traditional) limits, including the following:

Browning-Ferris – Perhaps the most controversial decision, in which the Obama Board "loosened" the standard for determining who qualifies as a "joint employer" and would share unfair labor practice liability and bargaining obligations with its contractors.

Specialty Healthcare – In this decision, the Board upped the "ante" for employer challenges to narrow bargaining units, in an effort to assist unions in organizing at employer facilities, by requiring an employer, contesting a proposed "narrow" bargaining unit, to prove that excluded workers share "an overwhelming community of interest" with those included. Recent statistics show that this change has increased union win rates in representation elections.

Purple Communications – A split NLRB issued this ruling, which allowed workers to use employer-provided e-mail for labor law

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protected purposes, such as to join or assist unions and/or engage in concerted activity for the worker's mutual benefit. Insofar as other communication tools are readily available for employees, many believe that the Trump Board will likely revisit and reverse this ruling.

Banner Health, D.R. Horton and Murphy Oil; and Lutheran Heritage – Other rulings which are ripe for reversal by the Trump Board are:

Banner Health – A human resource consultant's practice of asking employees (involved in investigations) not to discuss them with co-workers was determined to have violated the law. In order to justify confidentiality, the decision requires an employer to show a legitimate business need outweighing Section 7 rights.

D.R. Horton and Murphy Oil – The NLRB ruled that arbitration policies, requiring employees to waive their right to pursue class

actions for employment-related disputes, violate the NLRA. This class waiver issue will be considered by the Supreme Court, which may include President Trump's nominee, Judge (Neil) Gorsuch.

Lutheran Heritage – Under Lutheran Heritage, work rules and handbook provisions are "unlawful" if employees "would reasonably construe them" to prohibit activity protected under Section 7. The Trump Board will likely adopt a balancing test, weighing the employees' Section 7 rights against the employer's business justification.

Conclusion

While not very "employer friendly," the Obama Administration was predictable with respect to employment issues. Most pundits, predicting the election of Hillary Clinton, believed that the "count" would stay steady, believing that a Clinton Administration would represent a continuation of the Obama

"shoe." President Trump's Administration represents a new "shoe", and employers (with some level of cautious optimism that the odds have shifted in their favor) will be watching and counting cards carefully. ■

Thomas R. Peak has been practicing law since 1984 and is a Taylor Porter partner. Peak practices in labor and employment law, including employee benefits litigation (ERISA and COBRA), employment eligibility and certification (under the immigration laws), workers' compensation (representing management), and OSHA matters. He also represents clients in higher education law. He has presented seminar topics on labor and employment law, including sexual harassment, discrimination, labor certification, employment eligibility issues, family medical leave, workers compensation and Wage and Hour law for the Baton Rouge Bar Association, the National Business Institute, the Louisiana Chapter of the International Personnel Management Association, and Louisiana State University. He has authored articles in the Baton Rouge Business Report on subjects including employee privacy issues and employee payment issues.

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Dr. Claudia Kappen
Professor of Research
Pennington Biomedical Research Center

MOM'S HEALTHY WEIGHT & BLOOD SUGAR LEVELS BEFORE PREGNANCY MAY IMPROVE BABY'S HEALTH

Eating a healthy diet, exercising, controlling your weight and healthy blood sugar level are key to good health at any stage in life. But, recent research shows maintaining healthy weight and blood sugar levels are especially important for women and their babies in the earliest stage of pregnancy.

"IF A PREGNANT WOMAN is obese or has uncontrolled diabetes, her baby is at greater risk of developing heart, neural tube and other birth defects," explains Dr. Claudia Kappen, who holds the Peggy M. Pennington Cole Endowed Chair in Maternal Biology & the Risk of Obesity.

To prevent harm to the baby and problems during birth, most expectant mothers are screened for gestational diabetes in their sixth or seventh month of pregnancy. Kappen studies complications that occur much earlier in embryos' development—usually before a woman realizes she's pregnant or knows she has diabetes.

"Neural and heart tube defects that occur within the first three weeks of conception are caused by impaired cell migration in diabetic pregnancies," Kappen says. "For example, spina bifida [meaning split spine] results from the neural tube's inability to close because not enough cells migrate to that area."

Besides increasing the risk of birth defects, early exposure to diabetes in the womb appears to program children for health problems later in adult life.

Besides increasing the risk of birth defects, early exposure to diabetes in the womb appears to program children for health problems later in adult life.

Some embryos form normally, even if their mothers have gestational diabetes. So, Kappen seeks to isolate the protective factors that promote the normal development despite the diabetic environment and determine the potential for nutrition to make a difference.

While it can be aggravated by obesity and eating more calories than we need, "Insulin resistance is a normal consequence of being pregnant," Kappen says. "Presumably this is so that nutrients are first available to the embryo/fetus, and only secondarily to the mother."

Recently, the National Institutes of Health's Eunice Kennedy Schriver National Institute of Child Health and Human Development awarded Kappen \$2.84 million to study *Epigenetic Mechanisms in Diabetic Embryopathy* and \$2.73 million to study *Molecular Basis for Individual Susceptibility to Neural Tube Defects*.

With this funding, her laboratory is conducting studies on diet composition and vitamin supplements to identify beneficial factors that may prevent birth defects and the onset of other disease during pregnancy. Ultimately, Kappen hopes her research at the lab bench translates into a healthier world for generations to come. ■

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Hospital Rounds



Ainsley's Angels, one of the teams that participated in the OLOL Children's Hospital Amazing Half Marathon

OLOL Children's Hospital holds annual Amazing Half Marathon

Story next page

Hospital Rounds

OLOL Children's Hospital Announces Amazing Half Marathon Race Winners

More than 2,000 runners participated in the second annual Our Lady of the Lake Children's Hospital Amazing Half Marathon event. Winners of the half marathon include Charles Anderson (35, Zachary) for the males and Rebecca Younger (27, New Orleans) for the females. John Sanders (45, Lafayette) set a new course record by completing the 10K in 40:27 to finish in first place.

Saturday's events included kids races and a 5K fun run, and on Sunday runners took to the starting line again for a 10K and half marathon race. The starting and finish lines for all of the races were on North Boulevard downtown, and the 10K served as a qualifier for the Crescent City Classic held in New Orleans.

The Amazing Half Marathon weekend is an extension of the hospital's vision to create a healthier Louisiana through teaching families healthy habits. It helps to raise regional and national awareness of the children's hospital and the many activities that families can do together to remain active and embrace a healthier lifestyle.

Amazing Half Marathon Top Finishers

Male:

1. Charles Anderson (35, Zachary) 1:22:43
2. Joseph St. Cyr (21, Baton Rouge) 1:22:58
3. Michael Giles (28, Baton Rouge) 1:25:23



Charles Anderson of Zachary finishes in first place at the OLOL Children's Hospital Amazing Half Marathon

Female:

1. Rebecca Younger (27, New Orleans) 1:28:34
2. Erin Oswalt (37, Baton Rouge) 1:31:13
3. Amy Centanni (34, Baton Rouge) 1:35:34

Female:

1. Heidi Bray (30, Greenwell Springs) 45:32
2. Josie Whipp (14, Baton Rouge) 47:13
3. Leslie Lawhun (31, Baton Rouge) 48:07

Amazing 10K Top Finishers

Male:

1. John Sanders (45, Lafayette) 40:27
2. Jeff Gennusa (38, Covington) 42:00
3. Jasen Aidt (21, Prairieville) 43:12

Amazing 5K Top Finishers

Male:

1. Charles Anderson (35, Zachary) 17:42
2. Troy Alello (46, Denham Springs) 18:20
3. Andy Pirie (35, Baton Rouge) 18:58



Our Lady of the Lake Children's Hospital hosted its own version of #Medal-Monday to recognize the real heroes of the children's hospital: the patients. The Amazing Half Marathon blue gator mascot visited the hospital's playroom and then went room-to-room to hand out medals from the Amazing Half Marathon to patients currently receiving care at the hospital.



Dr. Vasudev Tati, Director and Dr. Sara Robichaux, Associate Director of Baton Rouge General's Internal Medicine Residency Program.

Female:

1. Kelly Goff (16, Francisville) 20:43
2. Heidi Bray (30, Greenwell Springs) 21:43
3. Jeanette Campos (27, Baton Rouge) 22:28

Tati, Robichaux to Lead Baton Rouge General's Internal Medicine Residency Program

Baton Rouge General recently named Dr. Vasudev Tati as Director and Dr. Sara Robichaux as Associate Director of their Internal Medicine Residency Program (IMRP) for the upcoming academic year, which begins in July 2017.

Since 1991, Baton Rouge General has provided quality educational and research opportunities to residents and students through its graduate medical education programs.

Dr. Tati joined Baton Rouge General as an IMRP faculty member in 2011, the program's inaugural year. Three years later he was appointed Associate Program Director in charge of curriculum, working closely with current Program Director Dr. Venkat Banda. In his time as APD, Dr. Tati grew the educational activities for the residents, led the team to a 100% board pass rate in 2015 and helped expand

the program to its current size of 30 residents.

Dr. Sara Robichaux's journey with Baton Rouge General began in 2011 as one of the first Tulane LEAD students. During her residency, she was awarded the LEAD Program's Outstanding Resident Physician by Tulane University Owl Club and served as third-year Chief Resident. Dr. Robichaux is a member of the IMRP faculty and as APD, will be responsible for instructional and scholarly activity as well as a focus on ambulatory training.

St. Elizabeth Hospital Earns "A" Grade for Patient Safety

St. Elizabeth Hospital was one of 823 hospitals in the United States to receive an 'A' ranking by the Leapfrog Group, a national patient safety watchdog, placing it among the safest hospitals in the country.

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. Grades are calculated by top patient safety experts, peer-reviewed, fully transparent, and free to the public.

Our Lady of the Lake and Health System Colleagues Turn Out for Annual Heart Walk

Hundreds of team members from Our Lady of the Lake and across the Franciscan Missionaries of Our Lady Health System showed their support in the fight against heart disease and stroke by participating in the 2017 Capital Area Heart Walk on Saturday, April 8.

The team representing all of the Franciscan Missionaries of Our Lady Health System organizations located in the Greater Baton Rouge region raised more than \$50,000 for the American Heart Association – Capital Area chapter through team member contributions and t-shirt sales. More than 2,000 t-shirts were sold in support of the Heart Walk. The health system was recognized as one of the top overall fundraisers for the event.

Participating organizations from within the Health System in the Baton Rouge region included Our Lady of the Lake Regional Medical Center, Our Lady of the Lake Physician Group, Our Lady of the Lake Children's Hospital, St. Elizabeth Hospital., St. Elizabeth Physicians, Assumption



Mike D'Amico, respiratory care supervisor at Our Lady of the Lake, holds his Jambalaya Cook-Off Championship Prize Paddle after taking first place in the competition.



Brooke Ingalls with Our Lady of the Lake Foundation participated in the Heart Walk with her daughter Clarke, who underwent heart surgery as an infant and dressed as a "heart hero" to support Saturday's event.

Hospital Rounds

Community Hospital, Franciscan Missionaries of Our Lady University, and health system senior services programs such as PACE Baton Rouge, Ollie Steele Burden Manor, and St. Clare Manor Nursing Home.

The 5K Heart Walk presented by the American Heart Association took place at the LSU Old Front Nine in Baton Rouge. The day promotes physical activity and heart-healthy living. According to the American Heart Association, more than one million people will walk in nearly 350 events this year to raise funds and celebrate progress in the fight against the heart disease and stroke.

First Grade Girl Scouts Donate to Kids at BRG Regional Burn Center

First grade Girl Scouts from St. Jude Catholic School are putting the proceeds of their cookie sales to good use. The seven-year-olds in Troop 10133 chose to give Cookie Share donations and service project activity bags to kids at the Baton Rouge General Regional Burn Center.

The girls also made activity bags for burn patients who will attend BRG's statewide summer "I'm Still Me" burn camp. At the camp, children who have survived burn injuries can play with other survivors, building self-esteem and supporting emotional healing.

When asked why they wanted to give cookies and activity bags to kids at the BRG Regional Burn Center, Camille Hamner, age 7, said that "it was nice to do something good and to help sick kids feel better."



Katie Guedry, RD, LDN

OLOL's Guedry Selected as Recognized Young Dietitian of the Year

Katie Guedry, RD, LDN, a clinical dietitian with Our Lady of the Lake, has been selected as a Recognized Young Dietitian of the Year by the Louisiana Academy of Nutrition and Dietetics (LAND). She was honored at an awards ceremony as part of LAND's annual conference being held during National Nutrition Month.

In her role as a clinical dietitian, Guedry participates in multidisciplinary rounds on the Medical Intensive Care Unit, attends weekly nutrition support team rounds and total parenteral nutrition rounds, acts as a preceptor for dietetic interns, and assists with the inventory of enteral and oral nutritional supplements. Her areas of expertise include surgery trauma, trauma critical care, nephrology, respiratory care, and medical and surgical intensive care. Guedry also previously served as an outpatient dietitian in Our Lady of the Lake's Diabetes and Nutrition Center.

Woman's Hospital Named One of the Healthiest Companies in America

For the second time, Interactive Health, a provider of workplace wellness programs, has recognized Woman's Hospital as one of the 156 healthiest companies in America for helping its employees make significant and sometimes life-saving changes to improve their health. Woman's was also recognized as a Distinguished Worksite by the Louisiana Business Group on Health's Working Well in Louisiana program earlier this year.

More than 78 percent of Woman's employees



P. Michael Davis, MD

enrolled in Woman's health plan participate in Interactive Health's workplace wellness program. Based on lab work results, participants received a low-risk health score based on thorough health evaluations to identify the following modifiable risk factors: smoking, glucose, blood pressure, triglycerides, and LDL cholesterol – all of which are potential causes of series health conditions.

When an employee is identified as being at-risk, Interactive Health immediately intervenes with a personalized action plan, including coaching with health professionals and personal physicians. The employee is assigned an achievable goal based on his or her individual results, and health improvements are subsequently measured. Of those Woman's employees who were determined to be at-risk based on their previous health evaluation:

- 93% improved blood pressure
- 59% improved LDL cholesterol
- 67% improved triglycerides
- 59% improved glucose level
- 11% improved smoking

Our Lady of the Lake Names Chief of Staff

Our Lady of the Lake Regional Medical Center announced P. Michael Davis, MD has been elected chief of staff for 2017.

In addition to participating on the Our Lady of the Lake Board of Directors, Davis will also lead the Medical Executive Committee. The Medical Executive Committee uses input from the medical staff to make key leadership decisions related to medical staff policies, procedures, and rules, with an emphasis on clinical care and quality improvement initiatives.

Davis is a vascular surgeon with CVT Surgical

Center at Our Lady of the Lake. He is certified by the American Board of Surgery in General and Vascular Surgery.

Health Centers in Schools Receives Award

Health Centers in Schools, a wholly-owned subsidiary of Our Lady of the Lake Children's Hospital, was recognized with the Gulf-South Summit's 2017 Outstanding Community Partner Contributions to Service-Learning in Higher Education Award based on its passion for improving access to healthcare for underserved children in the East Baton Rouge School System.

Sue Catchings, administrator for Health Centers in Schools, accepted the award on behalf of the organization in Greensboro, N.C., at the Gulf-South Summit, held annually to recognize the hard work and dedication of outstanding people and programs in the field of service-learning and civic engagement in higher education.

Health Centers in Schools integrates health programs and services through school-based health centers and the school nurse program, creating "medical homes" for all East Baton Rouge Parish public school students in Louisiana. Nursing students from Franciscan Missionaries of Our Lady University also assist in providing vision and hearing screenings, flu vaccinations, dental screenings, sports physicals and many other services.

Doctors at Baton Rouge General Get Shout-Outs for Humor, Volunteerism

Do you remember your high school superlative awards? Most Athletic? Most Likely to Succeed? In honor of National Doctors' Day – Thursday, March 30 – Baton Rouge General hosted a physician superlative contest to celebrate. Voted on by hundreds of employees, the winners were:

- Best Dancer – Dr. James Crowell
- Best Dressed – Dr. Michael Yorek
- Best Sense of Humor – Dr. Dhaval Advharyu
- Biggest Prankster – Dr. David Melton
- Most Baton Rouge General Spirit – Dr. Venkat Banda
- Most Likely to Brighten Your Day – TIE: Dr. Jeffrey Littleton and Dr. Michael Yorek
- Most Likely to Volunteer – Dr. Kathleen Varnes
- Most Likely to Wear Crazy Socks – Dr. James Linford



John M. Selser

- Most Tech-Savvy – Dr. Brad Gaspard
- Plays the Best Music in the Operating Room – Dr. Azem Khan

In addition to the superlative contest, Baton Rouge General team members at both the Bluebonnet and Mid City campuses signed giant Doctors' Day cards. Members of the community were also invited to thank their doctor by liking, sharing, and commenting through an annual social media campaign. Comments included:

- Dr. Venugopal Vatsavayi is always courteous and pleasant with a wonderful sense of humor! We love you, Dr. V!!!
- Dr. Sarah Drennan is WONDERFUL! She's the whole package, personable, knowledgeable, everything you'd want in a Dr!!
- Thank you Dr. Russell for all that you do for your patients From my experience while I was doing radiation you were kind and caring keep up the good work.
- Dr. Kenyetta and Tasha Shamlin thank you!!

On Thursday, March 30, all physicians were invited to a special lunch in honor of their commitment to providing compassionate, innovative, quality care to the community.

OLOL Announces Appointments to Board of Directors

The 2017 Board of Directors for Our Lady of the Lake includes three new members and will be led by newly-appointed Chairman John M. Selser, an investment specialist for Tightline Capital.

The board also appointed Donald D. Daigle, retired vice president for Exxon Mobil, to serve as vice-chair and Yolanda Dixon, first assistant secretary with the Louisiana Senate, to serve as secretary.

New board members include P. Michael Davis,



Michael Crapanzano, MD

chief of staff and vascular surgeon with CVT Surgical Center, Michael Crapanzano, MD, pediatric cardiology specialist, and Scott Hensgens, managing partner for Breazeale, Sachse & Wilson, L.L.P., Attorneys at Law.

The Board of Directors governs the operations of Our Lady of the Lake, overseeing facilities, budgets, policies and ethics. The group is made up of business professionals, community leaders, physicians and Franciscan Missionaries of Our Lady Sisters.

Officers

John M. Selser, Chair
Donald D. Daigle, Vice Chair
Yolanda Dixon, Secretary

Board Members

William E. Balhoff
Sr. Helen Cahill, OSF
Michael Crapanzano, MD
James E. Craven, MD
P. Michael Davis, MD, Chief of Staff
Henry L. Eiserloh, MD
John M. Engquist
Scott Hensgens
Richard J. Koubek, PhD
Julio Melara
Benton Oubre, MD
Harry J. "Skip" Philips Jr.
Sr. Eileen Rowe, OSF
K. Scott Wester (ex-officio)

Woman's Hospital Nurses Win Nightingale Awards

Two of Woman's registered nurses received top honors at the 16th annual Nightingale Awards Gala on April 1 at L'Auberge Hotel & Casino in Baton Rouge. The prestigious Nightingale Awards, presented by the Louisiana State Nurses Association and Louisiana Nurses Foundation,

Hospital Rounds



Charla Johnson, RN, MSN,
ONC



Jason Rogers, MSN, RN



Kent Rhodes, MD

annually recognize RNs who demonstrate excellence and innovation in the nursing profession.

There are more than 60,000 registered nurses in Louisiana, and meeting the qualifications for nomination is an exceptional accomplishment. Laura Aucoin, Labor and Delivery RN, was named Rookie of the Year. Latonya Brumfield, Adult Intensive Care Unit (AICU) RN, was named Clinical Practice Nurse of the Year. Other nominees include Karrie McCoy, AICU RN, Mentor of the Year; Siobhan Grady, AICU/Assessment Center RN, Clinical Educator of the Year; and Jessica Morris, Labor and Delivery RN, Nurse Administrator of the Year.

Our Lady of the Lake, St. Elizabeth Hospital Earn Hospital of the Year Award

Our Lady of the Lake Regional Medical Center in Baton Rouge and St. Elizabeth Hospital in Gonzales have each been named Hospital of the Year in the large and small hospital categories, respectively, by the Louisiana State Nurses Association and the Louisiana Nurses Foundation.

This is the eighth time Our Lady of the Lake has been named Hospital of Year, and the fifth time for St. Elizabeth. Our Lady of the Lake previously earned the award in 2008, 2010, 2011, 2013, 2014, 2015 and 2016. St. Elizabeth earned the award in 2006, 2011, 2012, and 2015.

Our Lady of the Lake tied with Baton Rouge General for the 2017 Hospital of the Year award (160 beds or greater).

These honors were announced on April 1 at the 16th annual Nightingale Awards ceremony, an event that recognizes quality service, commitment and excellence for registered nurses in the state of Louisiana.

The Nightingale Awards also recognize

individuals for excellence in nursing. Charla Johnson, RN, MSN, ONC, manager of community and provider education at St. Elizabeth Hospital, was presented with the Outstanding Nurse Researcher of the Year Award. A native of the Baton Rouge area, Johnson has served St. Elizabeth and the Gonzales community for four years, and is a past winner of the Outstanding Community Achievement by a Registered Nurse Award.

Our Lady of the Lake Announces Assistant VP of Nursing

Our Lady of the Lake Regional Medical Center has named Jason Rogers, MSN, RN as assistant vice president of Nursing responsible for the nursing units within the hospital's Heart and Vascular Institute. This includes all adult intensive care units, progressive care, and cardiovascular nursing departments. In addition, Rogers will maintain responsibilities as the service line administrator over Neurology.

Rogers, who has a long and accomplished history with the organization spanning 20 years, joined Our Lady of the Lake as an attendant in 1997 while still in nursing school, and became a staff nurse in 1999 on the cardiac telemetry unit. His past roles also include serving as a house manager and as a nurse manager of cardiac critical care, medical intensive care and medical surgical critical care. He most recently served as the senior director of Nursing for intensive care units and as the Neurology service line administrator.

Rhodes Appointed to Lane Board of Commissioners

Local physician Kent Rhodes, MD, was recently appointed by the Metropolitan Council of East Baton Rouge Parish to the Lane Regional Medical

Center Board of Commissioners.

Dr. Rhodes is board certified in internal medicine and pediatrics and is a member of the Southern Medical Association and American College of Physicians and is a fellow in the American Academy of Pediatrics.

He has been a member of Lane's medical staff for more than 24 years and served as Chief of Staff in 2005. He has also served as Chairman of the Medical Ethics Committee for more than 15 years.

The Lane Regional Medical Center board of commissioners is comprised of nine board members. In addition to Dr. Rhodes, current board members include Gaynell Young, Jordan Charlet, Patricia Gauthier, Jimmy Jackson, Donna Kline, Joan Lansing, Harold Rideau, and Mark Thompson.

The Spine Hospital of Louisiana Named a Top 20 Hospital

The Spine Hospital of Louisiana at The Neuro-Medical Center, announced it has been named a top 20 U.S. hospital for best overall care, and has maintained its prestigious five-star rating from the federal government. The acknowledgement as one of the nation's Best Overall Patient-Rated Hospitals (#20) is based on federal HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey data collected from over 7,200 registered hospitals nationwide. Between May 2015-April 2016, 92% of patients gave The Spine Hospital of Louisiana the highest possible overall care rating, 20 percentage points above the national average.

According to the most recent HCAHPS data available, between May 2015 and April 2016, 92% of patients gave The Spine Hospital of Louisiana a 9 or 10 overall rating on a scale of 0 (lowest) to 10 (highest), and 92% of patients would "definitely recommend" The Spine Hospital of Louisiana. High scores across the entire HCAHPS survey earned The Spine Hospital of Louisiana the coveted five-star hospital rating for a second year in a row. Additionally, the #20 Best Overall Patient-Rated Hospital ranking comes just two months after The Spine Hospital of Louisiana accepted the esteemed Guardian of Excellence Award from Press Ganey, honoring Patient Satisfaction scores that achieved the 95th percentile nationally.



James Parker, MD,
FACC, FSCA

Oaks Health System Names Parker Physician of the Year

Involving patients in their care, constantly seeking to further his knowledge and teach others, and communicating and listening to his patients with compassion are among the accolades received by Cardiologist James Parker, MD, FACC, FSCA—North Oaks Health System's Physician of the Year for 2016.

The Medical Executive Committees for North Oaks Medical Center and North Oaks Rehabilitation Hospital select a Physician of the Year annually based on nominations from North Oaks employees, volunteers and physicians. The award recognizes exceptional dedication to serving others, leadership, performance excellence, and the community-at-large.

Parker has been a provider with North Oaks

Physician Group since 2010 and cares for patients at North Oaks Cardiology Clinic in Hammond and Livingston.

OLOL Children's Hospital Reveals Name of Gator Mascot

After receiving hundreds of submissions from children in local schools and online for a contest to name its Amazing Half Marathon gator mascot, Our Lady of the Lake Children's Hospital announced the winning name of Dash, submitted by 6-year-old Cannon Jack Duncan. The kindergarten student from St. James Episcopal Day School was recognized with a celebration at his school, and a free entry in the Kids' Mini-Marathon for next year's race.

Duncan chose the name Dash in honor of his older brother Dash Duncan, a graduating college senior who played high school football at St. Michael in Baton Rouge, and college football for Nicholls State in Thibodaux. Dash Duncan is coincidentally also headed to medical school in the fall.

Our Lady of the Lake Children's Hospital also announced the winners of the Amazing Half Marathon school participation contest on Friday. Baton Rouge Foreign Language Academic Immersion Magnet (FLAIM) captured first place with 60 participants, and St. James came in second with 20 runners. The school contest was a program to encourage kids to get active, but the winners also



Six-year-old Cannon Jack Duncan (front right) was the winner of the OLOL Children's Hospital's Name the Gator contest. Duncan is pictured with his family and, of course, Dash, the mascot for the Amazing Half Marathon.

received monetary prizes to go toward physical education equipment.

The Amazing Half Marathon weekend is an extension of Our Lady of the Lake Children's Hospital's vision to create a healthier Louisiana through teaching families healthy habits. More than 2,200 runners participated in this year's races held on March 11-12.

Touch a Truck

The Junior League of Baton Rouge previewed its "Touch A Truck" event at Our Lady of the Lake Children's Hospital. The St. George Fire Department and Angelle Materials visited the hospital to give patients an up-close look their fire and cement trucks.

Touch A Truck is a unique, interactive, one-day event that allows children to see, touch, and explore their favorite big trucks, vehicles, heavy equipment and more, as well as meet the individuals who protect, serve, and build Baton Rouge.



Hospital Rounds

Touch A Truck will take place at BREC's Fairgrounds on April 29.

Baton Rouge General Wins Louisiana Nightingale Awards

Baton Rouge General won four coveted Nightingale Awards from the Louisiana State Nurses Association (LSNA) at the annual awards banquet.

The hospital took home awards in the following categories:

- Advanced Practice Registered Nurse of the Year – Danielle Bennett, NP-C; Nurse Practitioner/Outpatient Coordinator, BRG Outpatient Burn Clinic
- Registered Nurse Mentor of the Year – Denise Bradford, MSN, RN; Director of Nursing
- Clinical Nurse Educator of the Year – Linda Markey, PhD, MSN, RN; Manager, Clinical Education/Resource Pool
- Hospital of the Year – 161 beds or greater (tied with Our Lady of the Lake)

Woman's Hospital Hosts 60th Annual Foundation Meeting

Woman's Hospital Foundation held its 60th annual meeting earlier this year. Foundation membership includes 120 physician and community leaders who are dedicated to preserving and advancing the hospital's mission to improve the health of women and infants.

The audited financial statements, an update on medical staff activities, and organizational accomplishments for fiscal year 2016 were presented. Newly elected Foundation members and directors of the Board were announced. The new Foundation members include Charles Aycock, MD, Nancy Crawford, Tom Hawkins, Jr., and Robert Witcher, MD.

Ochsner – Baton Rouge One of 10 U.S. Hospitals to Receive 2017 Top Hospitals Everest Award

Ochsner Medical Center – Baton Rouge is one of only 10 hospitals in the United States representing a total of six states, and the only hospital from Texas through the Florida panhandle, to receive both the 2017 Top Hospitals Everest Award® and the 100 Top Hospitals Award® by Truven Health Analytics. The nearest hospital to receive both is in Florida.

According to Truven Health, hospitals with these



Pictured at the Woman's Hospital Annual Foundation meeting, left to right, are Edward Schwartzenburg, MD, Chair of the Board; Sarah Davis, MD, Chief of the Medical Staff for 2016; and Teri Fontenot, President and CEO.

two distinctions, "simultaneously set the national benchmark for both balanced excellence in a single year as well as for the greatest improvement over five consecutive years." More than 2,700 hospitals across the nation were independently evaluated for this study.

The Truven Health 100 Top Hospitals evaluates clinical and operational performance in 11 areas, addressing: inpatient mortality; 30-day mortality rate; complications; core measures; 30-day risk-adjusted readmission rate; severity-adjusted average length of stay; mean emergency room throughput; inpatient expense per discharge; Medicare spend per beneficiary; adjusted operating profit margin; and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) score (patient rating of overall hospital performance). The study has been conducted annually since 1993.

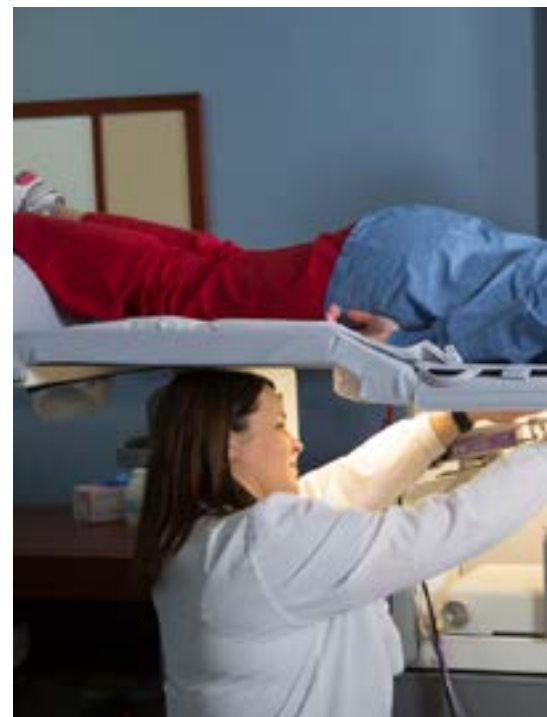
Woman's Listed In '150 Great Places to Work in Healthcare'

Woman's Hospital has once again been named one of the "150 Great Places to Work in Healthcare" by Becker's Healthcare. This annual ranking is a compilation of hospitals, health systems and other healthcare organizations that are committed to fulfilling missions, creating outstanding cultures and offering competitive benefits to their

employees. Woman's also earned this recognition in 2014, 2015 and 2016.

To compile the 2017 list, the Becker's Healthcare editorial team evaluated organizations based on

Woman's Hospital introduces the Hologic Affirm™ breast biopsy system. The first in the state, and one of the first in the nation, the new system offers patients a more comfortable experience when undergoing a breast biopsy.



employee benefits, culture, workplace excellence and previous recognitions. The editorial team also considered commitment to diversity and inclusion, professional development opportunities and environments that promote employee satisfaction and work-life balance.

Woman's employees receive a variety of competitive benefits, including discounts on services, free biometric screenings, an employee wellness program and more. Many amenities are also located on site, including a health clinic, a credit union, and a one-mile walking trail.

Manners of the Heart Names BR General Champion of Respect

Baton Rouge General (BRG) was honored at the Heart in Hand Awards Gala as the recipient of the first ever Champion of Respect Award. The gala was hosted by Manners of the Heart at Live Oak Arabians in Baton Rouge.

Presented by Mayor Sharon Weston-Broome, the Champion of Respect award presentation followed awards for educator and school of the year. It's part of this year's #BRRespect campaign that asks community members to pledge to treat each other with respect and do small good deeds each week. BRG President and CEO Edgardo Tenreiro accepted the award on behalf of BRG's 3500 team members.



LHC Group and Lourdes expand partnership to include hospice care

LHC Group and Our Lady of Lourdes are expanding their partnership to provide hospice service to patients and families in Lafayette and the surrounding Acadiana region. The provider will operate under the name of Lourdes Hospice. The full-service hospice agency will continue high-quality end-of-life care to patients in the privacy and comfort of home.

Lourdes Hospice is the second joint venture partnership between Our Lady of Lourdes Regional Medical Center and LHC Group. The first joint venture, Lourdes Home Health, was launched in February 2007 and has touched thousands of lives in the Acadiana area. Over the past year, the two organizations have worked to further blend their resources and experience in anticipation of this hospice announcement.

Woman's Hospital Now Offering More Comfortable, Faster Breast Biopsies

Woman's Hospital is the first hospital in Louisiana and one of the first in the country to use the Hologic Affirm™ breast biopsy system, which offers more comfort for patients. With this system, a biopsy can be performed much quicker than a traditional biopsy. It is less invasive than surgery and works by extracting small core samples of breast tissue. Furthermore, patients are able to lie down in a comfortable position while the procedure is being performed. It also provides easier access to help surgeons reach challenging lesions.

Promise Hospital of Baton Rouge Expands

Promise Hospital of Baton Rouge, a Long-Term Acute Care (LTAC) hospital owned by Promise Healthcare, announced an agreement with Baton Rouge General (BRG) that will allow Promise to provide acute inpatient rehabilitation care and skilled nursing services at the hospital's Mid City campus.

The agreement began April 1, and moves the management of BRG's skilled nursing and inpatient rehab units under Promise's umbrella. The units will be managed by Promise's experienced team – creating a more integrated experience for patients. Promise Hospital will continue to

house its LTAC hospital on the Mid City campus and several senior leaders will move their offices to Mid City.

Woman's Hospital Receives Highest Nursing Credential for Third Time

Woman's Hospital has again attained Magnet® recognition, the highest honor an organization can receive for professional nursing practice, from the American Nurses Credentialing Center (ANCC). ANCC's Magnet Recognition Program® distinguishes healthcare organizations that meet rigorous standards for nursing excellence. This credential is shared with only 451 out of nearly 6,300 U.S. healthcare organizations. In 2006, Woman's was the first hospital in Baton Rouge to be recognized as a Magnet® facility.

To achieve initial Magnet® recognition, organizations must pass a rigorous and lengthy process that demands widespread participation from leadership and staff. An organization reapplying for Magnet® recognition must provide documented evidence to demonstrate how staff members sustained and improved Magnet® concepts, performance and quality over the four-year period since the organization received its most recent recognition.

National Resident Match Day Reveals New Doctors Coming to Baton Rouge

Sixty-three. That is the number of new residents who will be coming to Baton Rouge next year to complete specialty training at Our Lady of the Lake Regional Medical Center as part of the next stage of their medical education. The residents were revealed at the hospital's Match Day celebration, in which Our Lady of the Lake joined other academic medical centers around the country in learning which residents were matched to different graduate medical education programs nationwide.

Our Lady of the Lake is the largest academic medical center in the region. Each year, more than 260 residents and 300 medical students train on the hospital's campus. The 62 residents matched today filled all available residency slots at Our Lady of the Lake. They will be coming to Baton Rouge from as far away as San Francisco, Michigan and Nebraska, as well as close-to-home institutions including LSU-New Orleans, LSU-Shreveport, and

University of Alabama at Birmingham.

The residents will join the following residency programs at Our Lady of the Lake for the next three to five years:

- Our Lady of the Lake Pediatric Residency
- LSU-Our Lady of the Lake Psychiatry Residency
- LSU Emergency Medicine Residency
- LSU Internal Medicine Residency
- LSU Surgery Residency
- LSU Ear, Nose and Throat Residency

The residency match, conducted annually by the National Resident Matching Program, is the primary system that matches applicants to residency programs with available positions at U.S. teaching hospitals. Graduating medical students across the country receive their match information at the same time on the same day.

Woman's Hospital Recognized for Patient Experience

Woman's Hospital has received a 2017 Women's Choice Award for being one of "America's 100 Best Hospitals for Patient Experience." Women-Certified, Inc. identifies the nation's best hospitals based on robust criteria that consider clinical performance, patient recommendation ratings and women's preferences.

Woman's earned the "100 Best" award for ranking above the national average for patient recommendations, as indicated by the data reported by the U.S. Department of Health and Human Services in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. The HCAHPS survey is the first national, standardized, publicly reported survey of patients' perspectives of hospital care. Woman's exceeds state and national averages in all measurement categories, including safety, effectiveness, patient focus, timeliness, efficiency and equity.

Woman's was also honored for outstanding patient experience in both 2015 and 2016 with the Guardian of Excellence Award from Press Ganey Associates, Inc. This award recognizes top-performing healthcare organizations that have consistently achieved the 95th percentile or above for inpatient experience.

St. Elizabeth Celebrates Certified Nurses Day

St. Elizabeth Hospital recognized 34 of its

nurses for accomplishing their board certifications as part of National Certified Nurses Day on March 22. (National Certified Nurses Day is officially on March 19.) They were: Kathy Achee, Staci Berry, Helen Broussard, Lenore Charlton, Caroline Conerly, Rachelle Conish, Toni Dantonio, Paula Doiron, Tobin Fekete, Marjorie Firestone, Jennifer Gothard, James Hendricks, Charla Johnson, Rosie Kiper, Melissa Krass, Angie Leglue, Trina Leslie, Megan Mayhew, Shari Morin, Susie Newton, Tammy O'Connor, Yvonne Pellerin, Kreg Richard, Aimee Rivet, Lynn Ross, Leigh Schexnaydre, Michelle Sheets, Sherri Simpson, Jennifer Sing, Jeremiah Spain, Pamela Stanley, Susan Waguespack, Jeffrey Williams, and Michelle Wirtz.

According to the American Nurses Credentialing Center, "Board Certification plays an increasingly important role in the assurance of high standards of care for patients and their loved ones. Nursing, like healthcare in general has become increasingly complex. While a registered nurse (RN) license provides entry to general nursing practice, the knowledge-intensive requirements of modern nursing require extensive education, as well as a strong personal commitment to excellence."

Patients are encouraged to inquire whether there are certified nurses on staff when they visit a hospital or their primary care provider.

Woman's Hospital Now Offering Hidden Scar™ Breast Surgery

Woman's Hospital is now offering Hidden Scar breast surgery, which minimizes visible scarring by removing cancerous tissue through a single, inconspicuous incision, usually along the edge of the nipple or the underside of the breast.

In 2016, Woman's performed nearly 44,000 breast procedures. Breast surgery scars can significantly impact a woman's self-confidence and body image. The Hidden Scar approach can help women through the emotional challenges of breast cancer by prioritizing cosmetic outcomes as much as clinical outcomes.

The Hidden Scar technique may be used for several procedures, including nipple-sparing mastectomies, which remove all underlying breast tissue while keeping the breast skin and nipple area intact; lumpectomies, also known as breast conserving surgeries, which remove the tumor and

a small area of surrounding healthy breast tissue while saving the majority of the breast; and sentinel lymph node biopsies, which remove lymph nodes from under the arm to test whether cancer has spread to other parts of the body.

Our Lady of the Lake Children's Hospital Highlights Developmental Services

In light of the growing prevalence of autism spectrum disorder, Our Lady of the Lake Children's Hospital has continued to expand its pediatric developmental services to meet the needs of communities across Louisiana and surrounding states. The hospital's Pediatric Development and Therapy Center, which offers a multi-disciplinary approach to the assessment and management of pediatric developmental disabilities, is the only medically based clinic in Louisiana offering both medical and therapy services in one location.

The Pediatric Development and Therapy Center, in its 17th year of practice, has grown to treat nearly 2,000 patients by physicians and more than 1,000 patients by therapists. The clinic treats patients from 48 Louisiana parishes and from Mississippi and Alabama.

"Studies show that autism is present in nearly 1 in 68 births here in the United States, and those numbers have nearly doubled in the last decade," said Steven Felix, MD, developmental medicine specialist with the Pediatric Development and Therapy Center. "For children to have improved outcomes, we have found that early intervention is the key. If we can diagnose them at a young age and begin treatment, children have the ability to thrive with autism."

The practice is led by Dr. Felix and Cindy Chestaro, MD. Dr. Felix is Board Certified in developmental pediatrics and along with Dr. Chestaro provides diagnosis, treatment and management of children with developmental and behavioral conditions. This includes the diagnostic evaluation, biomedical management, and family support for children with motor, communicative, sensory, developmental, genetic, neurological, learning, and behavioral disorders.

The clinic is located at 8415 Goodwood Boulevard in Baton Rouge. To find out how your child can be tested for autism spectrum disorder, visit ololchildrens.org/childdevelopment.. ■

The examination wasn't bad. The idea of it, perhaps, was worse.

Your doctor took your vitals, looked in your mouth, felt around your jaw, and thumped your back. He asked questions, you answered, got down from the table, got dressed, and got your prescription. In and out in fifteen minutes but what just happened? After reading the new book "What Patients Say, What Doctors Hear" by Danielle Ofri, MD, the answer may be "not enough."

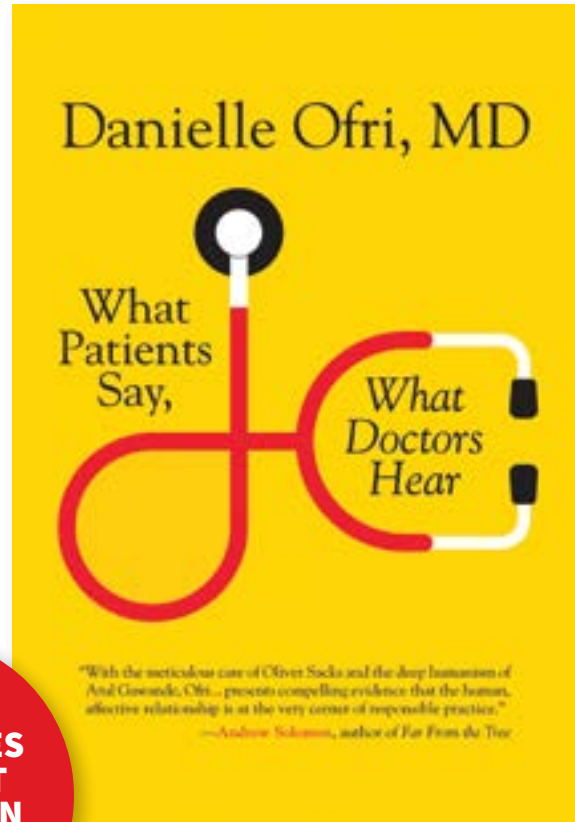
When you're sick, your doctor might order an MRI, CT, PET, EKG, good old X-rays, or any of dozens of new medicines. That alphabet soup of diagnostics may give you pause, especially when a simpler thing may work just as well.

With the advanced technology that hospitals have, simple might seem contrary, but Ofri says that listening, from a doctor's standpoint, is not just a matter of hearing a list of complaints. It's "a diagnostic tool and...a therapeutic tool..." requiring the work of two to be effective. Because body language can speak volumes, listening is also sometimes done by the eyes.

But listening goes both ways and the words a doctor says and the way she says them "can have a potency comparable to the medications we prescribe..." Patients must closely listen to what their doctor says in order to self-care and heal at home. Here, Ofri believes, is where body language comes in: sometimes, patients may give nonverbal clues or reasons for "noncompliance." Perhaps they are embarrassed, fearful, can't afford care or don't have access to it, can't read instructions or don't understand them enough. They may not know their diagnosis, or even their doctor's name.

Listening, Ofri says, can help when conflicts arise and mistakes are made. It can give patients a better outcome (although note-taking helps!). Good communication will ensure that everyone understands what is about to happen, and it helps a doctor break bad news. "Taking a history" is one of the first things physicians learn in med school. And, says Ofri, "It can sometimes mean life or death."

"What Patients Say, What Doctors Hear" is a book that makes you want to hang on to every word.



**A BOOK
THAT MAKES
YOU WANT
TO HANG ON
TO EVERY
WORD.**

By **Danielle Ofri, MD**
c.2017, Beacon Press

Obviously, author Danielle Ofri, MD is good at communicating, even though she admits here that there were times when she wasn't. That's one of the best parts of this book: Ofri not only uses herself as an example, but she spent months interviewing doctor-patient pairs in order to understand the importance of listening in a medical setting. Readers get real-life stories to illustrate the points Ofri makes, told in language that's authentic but that doesn't require a PhD to grasp. We're also given subtle advice on getting (and giving) the best care possible through listening and communicating.

This is the book you want to read in the waiting room at your next doctor's appointment. It's the one you'll want to take to the next medical conference. In both cases, it could make a difference: with "What Patients Say, What Doctors Hear," it's your listening skills you'll be examining. ■

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