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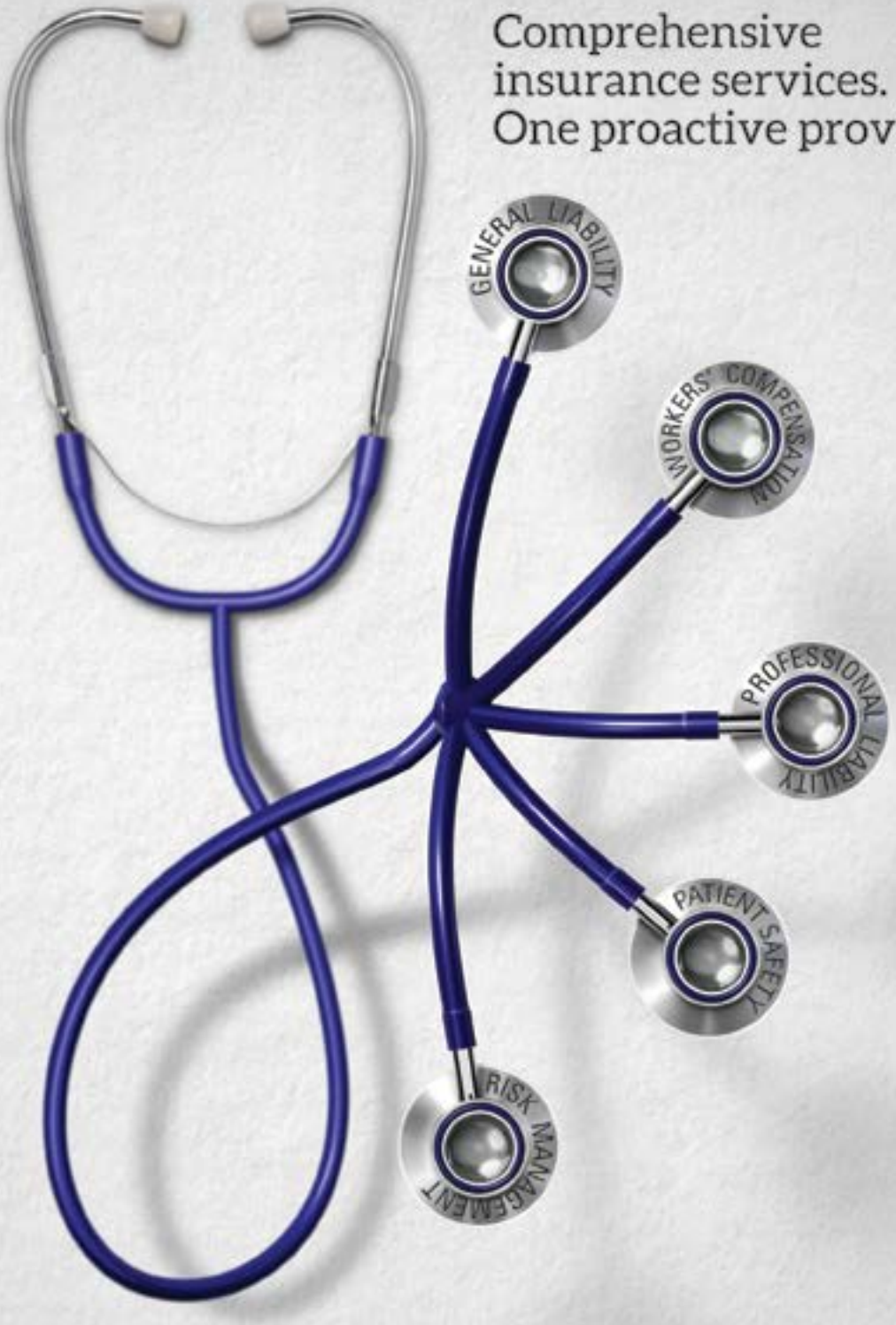

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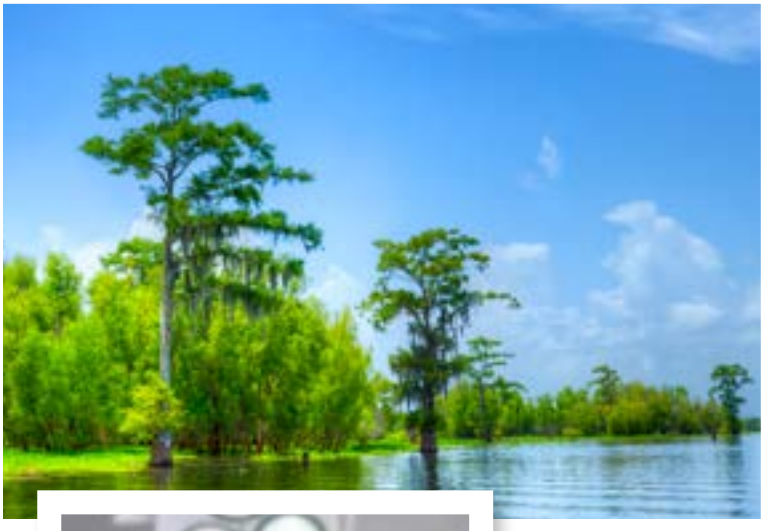

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FEATURES

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It's estimated about a quarter of all disease is a result of environmental illness.

THERE ISN'T ANYTHING that's much more important than clean air and water. The chemicals and microorganisms that alter our rivers, streams, and skies affect the health and lifestyles of all the living. The air we breathe, the food we eat travel on a path through our physical being and manifest into reshaping our cellular structure, sometimes helping to achieve an ideal health, and sometimes behaving as a destroyer. We should know the difference.

Environmental health usually doesn't get as much coverage because it's a slow and arduous process to measure. We don't understand as much as we presume. We pretend we have enough science to understand the magnitude and the process of environmental health, but in reality, our human race has a long way to go.

You can be exposed to a toxic substance one day, but won't develop symptoms for possibly years later, thus making causation an unsolvable mystery. Understanding the nature of a substance in relation to other living organisms is complex.

Another reason environmental health doesn't get much coverage is because we accept degrees of imperfection; it's much like everything else we do. But we're afraid to admit it. The factors that potentially create environmental health problems also produce energy, manufacture food, remove stains, and clean carpets and clothes, along with a variety of other life benefits. We can maturely approach environmental issues by acknowledging degrees of imperfection. Being honest with each other on the issue is imperative.

So our goal is to find balance. Some may say we have arrived. But, I think we all know we have much more ground to cover. Balance starts with awareness. After awareness comes real understanding. Understanding of complex mathematical issues, such as molecular causation of public environmental health, requires science. Scientific models must be thorough, comprehensive, and flexible. We then shouldn't overreact to science. Science comes in statistical degrees. We must understand statistics. Statistics must be transferrable from an academic sense to general common understanding. Let's ask questions. Let's be smarter.

Look at Los Angeles. It used to be a beautiful city in a beautiful part of the world. Now it's known for smog. I doubt if anyone consciously said, "Wouldn't it be great if we were a city known for smog; a smog that we can breathe into our lungs, and can change the look of our California skies?" Yet, that's where they are.

What can we do in the meantime? Well, we can deal with egregious issues. Some environmental health issues are more easily identifiable and treatable. Let's start there. There are still many cases of people dumping their trash, sometimes environmentally hazardous, as an attempt to save money by avoiding proper disposal. It's difficult to monitor. This illegal dumping can result in fines if one is caught and convicted. Considering communities could experience illness and deaths by the hundreds because of such actions, mass illness or mass murder seems like a more appropriate charge. I'm not exaggerating here; this is the reality.

It's never bothered me if an individual chooses to smoke, eat poorly, or live dangerously, but environmental decisions affect everyone without their consent.

We've come a long way. But, we've got a long way to go. I would be wary of the motives of anyone who stood in the way of clean air, water, and environment. We can do this. We can have it all. We can have good employment, sound energy, clean foods, and all the while be responsible for the environmental health of each other. Why not?

Smith Hartley
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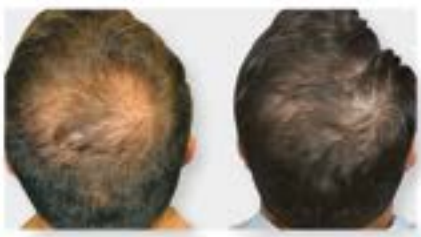

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ONE ON ONE

Chuck Carr Brown, PhD

SECRETARY, LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

Dr. Chuck Carr Brown is the 12th secretary of the Louisiana Department of Environmental Quality, appointed by Gov. John Bel Edwards. Brown first came to DEQ in 2008 when former Secretary Mike McDaniel picked him for his executive staff. Brown was appointed assistant secretary for Environmental Services by Gov. Kathleen Blanco. He served in that job until 2008.

Brown was vice president of Franklin Industries from 2008-2010, working as environmental affairs division leader. In 2010, Brown became president and CEO of Brown and Associates, LLC, a firm specializing in the delivery of environmental services, governmental relations, and issue management.

Brown also served as vice president of the Metro Service Group, a New Orleans-based firm that consults in waste collection, vertical and horizontal construction, and emergency response and was president and COO of Community Resource Services, a firm based in Hattiesburg, Miss., that develops capacity and capabilities of local minority owned businesses with the goal of enhancing their long term viability.

As DEQ secretary, Brown is responsible for facilitating the Department's Mission of providing service to the people of Louisiana through comprehensive environmental protection in order to promote and protect health, safety, and welfare while considering sound policies regarding employment and economic development with a vision of being a respected steward of the State's environment.

Chief Editor Smith W. Hartley: What are the big priorities facing LDEQ with regard to Louisiana's environmental status?

Dr. Chuck Carr Brown: When I came back to LDEQ in January, 2016, one of the things that I noticed, is we never seem to move items off our plate. It's always a slow process to actually get to an end result. What I mean by that is we've got 20-30 issues at any one time that have to be addressed. And we do so much with emergency response that we have to do that as sort of our sideline job. It's always a lot of issues and I don't think any one stands above the other; it's just that we try to make sure that we face all of the environmental challenges from a professional standpoint and that all of our decisions are rooted and based in science. So that's kind of where we are.

Editor: With regard to the science portion of it, where does that science come from? Is it federally mandated science, local science?

Brown: The way LDEQ is set up, we are stewards of the environment of Louisiana, from an air, water, and waste standpoint. We are delegated authority from EPA, the Environmental Protection Agency. So we are guided by the Clean Air Act and the Clean Water Act, and the Resource Conservation and Recovery Act (RCRA) amendments, which deal with hazardous and solid waste. So that's where the rules and regulations are promulgated, from a federal standpoint, and then in Louisiana we either adopt those rules and regulations or we adjust them to fit where we need to have it here in Louisiana. So that's kind of the process.

Editor: Are there some examples where we do things a little different than the feds? Do we involve Pennington or anybody else locally?

Brown: From an environmental standpoint, I will use an example with water quality standards. EPA has regs that basically set standards for water quality such as dissolved oxygen, total suspended solids, but when you start looking at standards

that they promulgate from a federal standpoint, the waters in Washington State are quite different than the waters in Louisiana. We don't have those clear streams. So when it comes to setting limits on, for example, suspended solids, which is basically dirt or cloudiness in water, then you can't expect our standards to mimic standards for Washington State. So we have to develop standards that are protecting of aquatic life, but still attainable here in Louisiana.

Editor: Well that brings up a good point, because we are an industrial state. How does DEQ find that balance between local industry and good environmental quality?

Brown: One thing that I will say is when you start looking at the environmental air quality in Louisiana today, the five parish area around Baton Rouge just became in attainment for ozone. That is for the first time since the standards were promulgated. Right now we are achieving that 0.075 parts per million (ppm) ozone level. That means that we are breathing the best quality air in this area since the industrial revolution. Just changes that industry has made in their processes, control equipment that's been put in place over the years, and basically sticking to the limits in their permits, even though we are one of the leading industrial states, we are actually doing a very good job with protecting the environment.

And I see that as only getting better as we continue to move forward. I use as an example, the Clean Power Plan that was promulgated last year by the EPA, aimed at reducing greenhouse gases over 40 percent by 2030. That Clean Power Plan met lots of challenges and there are actually several lawsuits being debated right now in the DC Circuit Court. Basically they are claiming that EPA didn't have the right to tell states how to use their resources in achieving better air quality from a greenhouse gas standpoint. So that's being challenged, but talking to the electric generating industry leaders, even the ones from the large coal states, they are basically saying we are going to have better environmental quality whether it's driven by environmental regs or driven by economic forces. The head of a large power generator in West Virginia told me he looked at the price of electricity being generated by natural gas and it's cheaper than he can possibly produce by running his coal units. So he doesn't even start up his coal units. So whether or not it is environmentally driven or economically driven, we are just headed toward better environmental quality, because of renewable or cheaper fuel sources from an electric generating standpoint.

That was a long way to get to your answer, but ultimately we are getting better. The general public thinks you can snap your fingers and all of a sudden it's going to be a reduction in some type of emissions. Realistically, when you start looking at the technology, at adjusting the way plants run and operate, it's not easy when you start trying to replace large engines and compressors.

But we are getting better, it just doesn't move as quickly as I guess the general public thinks it should. That's why I said it's all got to be based in science and not emotion.

Editor: When you say it's getting better, do you mean in air quality testing?

Brown: The air quality is absolutely getting better. And one other example I'll use is we

"Right now we are achieving that 0.075 parts per million (ppm) ozone level. That means that we are breathing the best quality air in this area since the industrial revolution."

had a large settlement with Volkswagen. Volkswagen was actually underestimating their emissions from their diesel engines, so back in October, they actually settled with EPA for about $4.3 billion. Each state is in line to receive money based on the number of diesel vehicles that Volkswagen had in the state at the time. In Louisiana last year it was about $18 million; a very small number compared to California's $800 million, but ultimately what it does is allow you to replace old diesel engines with either engines that run on propane or compressed natural gas, or engines that run on electricity. So now you are actually systematically cleaning up your air quality just by the way you are operating some large fleets.

One of the things that Louisiana is thinking about doing, LDEQ, Louisiana Department of Natural Resources, and Louisiana Department of Transportation are going to equally come up with projects to spend that $18 million. LDEQ and LDNR are looking at replacing aging school buses with some of the systems here in the state, with buses that run on propane or electricity. So now, once we get some of these buses in some of these systems they are going to see the advantage of the fuel savings, the longevity of their buses. We are hoping that based on that they will want to replace their entire fleet with these renewable energy type of buses. So now automatically, I mentioned we've got cleaner air here in the five parish area where we had the industrial revolution, but if we start replacing entire fleets of school buses throughout the state, you can see the air quality will tremendously improve. So those are just some of the things that are happening. Again, it's economically driven, but we are getting some serious environmental benefit.

Editor: **Did we get any increased environmental complaints as a result of the flooding in Baton Rouge?**

Brown: Fortunately we did not have any major environmental issues associated with the flooding. We have surveillance individuals, inspectors, and we have emergency response individuals, so actually after the flooding here in Baton Rouge, the first thing that our guys did is we have a large boat fleet, so we actually went out and started helping rescue individuals that were stranded. We probably rescued 600 people over a five-day period just using our boats. Then we do flyovers...we look for sheens, we look for potential explosions, and we did not have any major environmental issues associated with the flooding.

The thing that we did have was we are responsible for the safe disposal of the debris that was generated. So we authorized the contractors to actually segregate the debris on the curb, or segregate it once it gets to the final disposal site...meaning we pull out white goods, refrigerators, stoves, air conditioners. We take the oil and refrigerants out and we recycle the metal. We pulled out what we call household

"So we authorized the contractors to actually segregate the debris on the curb, or segregate it once it gets to the final disposal site...meaning we pull out white goods, refrigerators, stoves, air conditioners. We take the oil and refrigerants out and we recycle the metal. We pulled out what we call household hazardous waste, which is everything under your kitchen sink, cleaners, soaps. We take those to a private disposal facility where they combine it all and send it to a disposal facility off-site able to handle that."

Photo by Julie Dermansky for Reveal

hazardous waste, which is everything under your kitchen sink, cleaners, soaps. We take those to a private disposal facility where they combine it all and send it to a disposal facility off-site able to handle that.

We allowed furniture and carpet to go in what we call construction debris facilities because under normal circumstances we send that to a type one facility, but in an emergency, with such a large volume, we allow it to go to a construction debris site.

That's normally what our response is when it comes to floods...we make sure the debris is handled in the proper manner.

Editor: I know you get thousands of online complaints. Can you talk about how you handle that volume?

Brown: We try to respond to every complaint. We are bound to respond to a citizen complaint in a certain amount of time, but we try to respond immediately to every complaint. Normally we find that a lot of them are repetitive. We look for sources...normally it will be odors, nuisance types of complaints. And then from those field investigations we decide whether or not we need to do further investigating and then ultimately come up with a mitigation plan if we feel something is warranted. So we take every complaint seriously because for every individual that makes that complaint, it's serious to them. It's time consuming.

I was at LDEQ from 2004 to 2008 under the Blanco administration as Asst. Secretary and when I left we had 1013 employees. Today we have 677 employees. So it's a challenge because our workforce has been reduced, but we don't have any reduction in the number of complaints or the amount of work and oversight we have to maintain. So, we are basically doing more with less and we are looking to hopefully address that with trying to expand our workforce even within this tight economic environment in our state.

Editor: Are most of your investigations more preventive or reactive, based on complaints?

Brown: The way we are set up is we have the Office of Environmental Services and that's where all the permitting takes place—air, water, waste. We have a public participation group there so all the public meetings we have, all the public notices that you see, they all come through the Office of Environmental Services. And we have the Office of Environmental Compliance and Enforcement. That's where we have our inspectors and our folks who do surveillance. They go and inspect "x" amount of facilities every week. So they may go on the ExxonMobil site and spend three days looking at all aspects of their operation. So that's the preventative measures.

With all of our inspections we may go out and look for water discharge points, we may do sweeps where we go look for unauthorized discharges, so we are very proactive in our environmental oversight.

From a reactive standpoint it is mainly our emergency response folks. We may get an 18-wheeler that turns over and there's leaking diesel on the highway. We respond. We put in air monitoring around the site, we make sure if there is a liquid involved it's contained. We make sure there's a cleanup crew en route and we monitor until the situation is stable. We have what's called a single point of contact where it comes in to State Police and then it's distributed to the right agencies. It mainly comes to us; it will come to our Oil Spill Coordinator's office, or it comes to any other response agency that needs to be informed.

From a normal standpoint, like a citizen's complaint, it's logged into our system, we have a dispatcher, and it's dispatched to the proper office. We have six regional offices; one in Lake Charles, one in Lafayette, one in New Orleans, one in Monroe, in Shreveport, and one here in the capital region. And we have satellite offices in Pineville and in Lafourche. So we have folks that are in the state or around the state that are doing routine inspections, but they are also on call to react to citizen complaints.

Editor: Are any investigations ever led by health outcomes? For example, "We have noticed that in some part of Louisiana, everybody is turning green and coughing?" Does it ever lead with health problems?

Brown: We have a very healthy relationship with the Louisiana Department of Health. There are standards in place that are developed by them. If we have an issue that is related to perceived health concerns we consult with them. We give them any data we have collected, and we depend on them to give us a plan forward when it comes to whether there is a health threat or not. Because that is what they do. We already have a very healthy relationship with them and we think it's only going to get better.

I will say this, if there is a health issue

that either LDH or LDEQ in concert determines that there is an imminent threat to citizens of this state, then we are going to take immediate action on both ends. We always have as our mission being protective of human health and the environment, and if there is evidence that shows there is an imminent threat, we are going to react.

Louisiana is sort of unique in that a lot of environmental agencies also have drinking water protection as part of their mission. Here we have wastewater under our umbrella, but drinking water safety is under the Louisiana Department of Health's umbrella. What DEQ does, is we test the aquifers and wells that drinking water comes from, but any drinking water concerns actually falls within their purview. We do work with them and attend meetings with them. I will use the St. Joseph situation as an example. We've been at every meeting with the department of health, every step of the way, just being there in a support role, because they are taking the lead. The whole system up there is being repaired and we think it should be completely repaired by early 2018 or the end of the first quarter of 2018. We are there with them just as support and so if there are issues that we think are going to be harmful to human health, we stand by to take immediate action to address it.

Editor: **With regards to illegal dumping, has that always been a big problem? Is it improving? Are the fines adequate to deter that?**

Brown: We do have what we would consider a lot of illegal dumping. It's a major concern and it is one of my strategic goals to eliminate it, period. We have a criminal investigation section. Most people don't know this, but we have guys that carry badges and guns. We do surveillance, we do undercover operations, and we refer lots and lots of people to local district attorneys for prosecution. The first week that I was here, I sat down with our guys and I told them that if somebody is willfully violating, willfully illegally dumping, it's like telling DEQ basically to go jump off a cliff. And I am going to send my guys to go see him. I have no problem and I will sleep well that night because we are not going to do business as usual when it comes to that.

Now, we also have some other options for surveillance and we are going to step them up. And from a penalty standpoint, if somebody is found guilty of illegally dumping or violating our environmental regulations, we have the ability to fine them up to $32,000 to $500,000 a day. So we think the deterrent is there, but it all goes back to what I mentioned earlier—we've got 677 people and it is a 24-hour challenge to be at the right place at the right time to find folks illegally dumping. But our focus is there, our focus is keen, and that is one of my strategic goals...to eliminate illegal dumping and to clean up all of these illegal dumpsites.

Editor: **Going forward, what are some of the things you hope to see in Louisiana's environmental quality and quality of life in the future?**

Brown: My vision for this department, for whenever I am gone, is to be seen as responsible stewards of the environment and that we went above and beyond the requirements. I tell everybody that we have rules and regs, and I don't want to just follow them, I want to go above and beyond to offer a service to our citizens. I want to be protective and proactive in looking at renewable energy sources, involving our universities in the way we do business—there are a lot of bright minds out there—and I want to utilize technology and social media and get our messages out. I believe in being proactive because right now I have found out that anybody with a smart phone can send something from anywhere in the world and swear it's the truth. And we can spend months or years trying to defend decisions or to refute that base complaint. Remember I said all our decisions are going to be rooted in science?

I also have an open door policy. I work with all sides of our community. I work with industry, I work with environmental groups, I work with concerned citizens, because I want to be able to, even if I have to tell you "no," give you the opportunity to make your case. Because we have a saying here that Louisiana is a clean state of mind, we work with Keep Louisiana Beautiful from a litter standpoint. We developed a new slogan called Love the Boot, Don't Pollute. So ultimately I want to involve all the stakeholders in cleaning up and continuing to clean up our state and protect our future generations by providing them with substantial and safe environmental quality. ■

"My vision for this department, for whenever I am gone, is to be seen as responsible stewards of the environment and that we went above and beyond the requirements. I tell everybody that we have rules and regs, and I don't want to just follow them, I want to go above and beyond to offer a service to our citizens."

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Long ago, there was a time when doctors were paid mainly in cash for their services. Not anymore—now, medical bills can be staggering, accounting for more bankruptcies than any other cause. Health insurance is a necessity, and yet, how much has health insurance itself—particularly the norm of employer-purchased health insurance—contributed to the very high costs it was meant to mitigate? After all, car owners protect themselves with comprehensive, full-coverage insurance plans, but no matter how comprehensive the insurance, they don't expect their insurer to pay for oil changes or day-to-day repairs. Same with homeowners' insurance—no plan is going to pay to unclog a pipe or fix a broken heater. So, why do we expect health insurance plans to pay for similar day-to-day expenses when it comes to our health? And what would the healthcare scenario look like if we insured ourselves in a similar way to how we insure our cars and our homes?

It's on You!

The trend toward "consumer-driven" healthcare plans

By Claudia S. Copeland, PhD

THE HEALTHCARE PAYMENT structure that has evolved in the United States is unusual. U.S. residents have traditionally received health insurance through their employers, with negotiations about cost and care taking place between healthcare facilities, insurance companies, and employers, but not patients (and often without input from doctors, nurses, and other direct healthcare providers, either). Since patients have been largely shut out from negotiations about cost, most have grown used to the idea that insurance pays for all healthcare, minus a copayment or reasonable deductible. Before the ACA, those who did not receive insurance through their employers often went uninsured, but this population, while large, was not large enough to drive a cash-pay medical market.

Now, driven by skyrocketing premiums, both employers and individual consumers are increasingly turning to high-deductible healthcare plans (HDHPs) in order to keep their monthly insurance premiums under control. With an HDHP, healthcare costs are paid by the patient, up to the deductible (often $4,000 or more). In reality, many HDHP holders consider these plans to be insurance against "catastrophic" illnesses that they hope to never contend with, with day-to-day healthcare needs dealt with on a cash-pay basis. For this reason, costs are given more scrutiny by HDHP patients, and there is some sign that markets are starting to respond. Retail clinics have sprung up, with services advertised menu-style (with prices), and less-expensive alternative medical practices, like herbal medicine, are on the rise. As more people are driven by high premiums to the high-deductible structure, they have started asking questions about not only how much procedures will cost, but also options for dealing with that high deductible they are facing. One answer to this second question is a cornerstone of the Trump administration's healthcare plan: increasing the number of Health Savings Accounts, or HSAs.

HSAs, HRAs, and stand-alone HDHPs

HSAs were introduced before the ACA, but the numbers of people using HSAs for health coverage increased dramatically during the Obama years. In 2015, over 200,000 Louisianans had HSAs. An HSA is a tax-protected account that can be used for virtually any type of healthcare spending except non-prescribed, over-the-counter drugs. To open an HSA, the patient must have a high-deductible insurance plan to cover catastrophic medical expenses, should they occur. The patient can then set aside money, tax free, in an account to be used for out-of-pocket healthcare costs. If the money is not used that year, it can be rolled over and added to the next year's contribution. It can even be stored in an interest-bearing account.

One of the biggest advantages of an HSA is freedom: individuals can choose where they want to go for their healthcare, and what kind of healthcare they want to receive–they do not need to sort out a complicated web of providers. (While HDHPs specify a network of providers to satisfy the deductible, many people insured by these plans consider their day-to-day healthcare as simply cash-pay. The high deductible is considered their share of what they would have to pay in the case of a catastrophic illness.) They also are not restricted to the standard medical practice covered in most traditional healthcare plans. HSAs can be used for a broad range of health-related procedures, from orthodontics and acupuncture to lead-based paint removal. (A partial list of covered benefits

"To open an HSA, the patient must have a high-deductible insurance plan to cover catastrophic medical expenses, should they occur. The patient can then set aside money, tax free, in an account to be used for out-of-pocket healthcare costs."

HSA ELIGIBLE EXPENSES

Funds you withdraw from your HSA are tax-free when used to pay for qualified medical expenses as described in Section 213(d) of the Internal Revenue Service Tax Code. The expenses must be primarily to alleviate or prevent a physical or mental defect or illness, including dental and vision. The following list provides examples of eligible and ineligible medical expenses. This list is not all-inclusive. Remember, the IRS may modify its list of eligible expenses from time to time. As always, consult your tax advisor should you require specific tax advice.

Acupuncture
Alcoholism
Ambulance
Annual Physical Examination
Artificial Limb
Artificial Teeth
Autoette
Bandages
Birth Control Pills
Body Scan
Braille Books and Magazines
Breast Pumps and Supplies
Breast Reconstruction Surgery
Capital Expenses
Car
Chiropractor
Christian Science Practitioner
Contact Lenses
Crutches
Dental Treatment
Diagnostic Devices
Disabled Dependent Care Expenses
Drug Addiction
Drugs
Eye Exam
Eyeglasses
Eye Surgery
Fertility Enhancement
Founder's Fee
Guide Dog or Other Service Animal
Health Institute
Health Maintenance Organization
Hearing Aids
Home Care
Home Improvements
Hospital Services
Insurance Premiums
Intellectually and Developmentally Disabled, (Special Home for)
Laboratory Fees
Lactation Expenses
Lead-Based Paint Removal
Learning Disability
Legal Fees
Lifetime Care—Advance Payments
Lodging
Long-Term Care
Meals
Medical Conferences
Medical Information Plan
Medicines
Nursing Home
Nursing Services
Operations
Optometrist
Organ Donors
Osteopath
Oxygen
Physical Examination
Pregnancy Test Kit
Prosthesis
Psychiatric Care
Psychoanalysis
Psychologist
Special Education
Sterilization
Stop-Smoking Programs
Surgery
Telephone
Television
Therapy
Transplants
Transportation
Trips
Tuition
Vasectomy
Vision Correction Surgery
Weight-Loss Program
Wheelchair
Wig
X-ray

is shown above. A full list can be found at: http://www.hsacenter.com/what-is-an-hsa/qualified-medical-expenses/) Because any unused portion of an HSA rolls over into the next year, individuals can choose to save money over the years, putting them in a better position to afford more costly procedures as they grow older.

Are HSAs a solution for everyone? No. The common-sense view that low-income individuals don't make enough money to benefit much from a tax credit is backed up by Government Accountability Office (GAO) data on HSA usage. Over half of HSA participants have incomes in the top 18% for the population, according to the GAO, and the average adjusted gross income of tax filers reporting HSA contributions was over twice as high as those for all tax filers under age 65. Meanwhile, the Urban Institute reports that roughly half of those with HSA-compatible policies do not open HSAs.

An alternative option that may be more helpful to lower income employees is a health reimbursement arrangement, or HRA. The employer counterpart to an HSA, the HRA is a tax-advantaged plan in which employers complement HDHPs by paying for their employees' pre-deductible out-of-pocket health expenses. The HRA option can be cheaper for employers than traditional health insurance, while mitigating out-of-pocket expenses for employees.

Finally, stand-alone HDHPs may still be a favorable option for healthy, low-to-middle income individuals if one important criterion is met: the premiums must be very low. Currently, this is not the case. Premiums are lower for HDHPs than for traditional healthcare plans, but they are not low, and in some states they can be extremely high. In Louisiana, the cost of an HDHP is about $200-$300 per month for a young person, and rises to over $1,000/month for a 60-year-old, according to a December, 2016 call to the ACA support phone line. In Arizona, the monthly premium for the lowest-price HDHP for a 60-year-old is over $2,300. One New Orleans single mother and general manager of a mid-size business decided to simply not enroll in the company's insurance

plan, an HDHP with a premium for women of childbearing age of $400. (The premium for men was less than $100.) "I just can't afford it," she explained. "If I were to pay it, I would have to take away my kids' education, or healthy food, or our house in a safe neighborhood. I'm not going to pay $400 per month for a plan that doesn't even pay for any of the healthcare I need, when I'm not planning on having any more children. If I get really sick, I'll go to Mexico."

For low-income workers, the ACA has stepped in with subsidies that pay part or all of the premium. If the ACA is repealed, however, low-income enrollees would face premiums amounting to a truly unaffordable portion of their income. The 16 million people who gained insurance through the ACA would most likely go back to being uninsured, since the premium cost of high-deductible plans, while lower than that of traditional plans, is still prohibitively high. Key to the use of HDHPs by lower-income people are premiums low enough to allow them to save money each month (either tax-protected or not) towards out-of-pocket healthcare costs; if the premium takes up every last penny, there will be nothing left to pay the deductible. If the ACA is dismantled, ending income-based subsidies to help pay for premiums, many low-to-middle income healthy individuals will most probably revert to being uninsured.

The elephant in the room: high healthcare costs

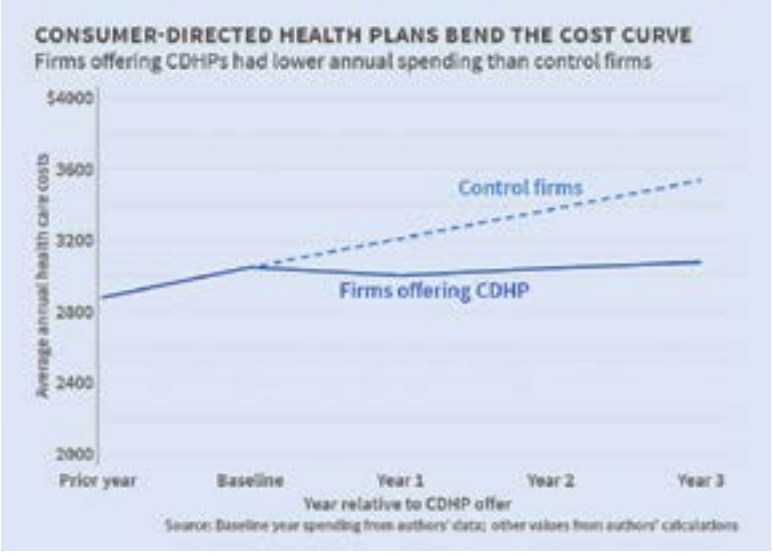
One prerequisite for lowering premiums (for traditional plans as well as HDHPs) is lowering healthcare costs in general. Whether HSA-based, HRA-based, or simply a stand-alone HDHP, this is one purported advantage of high-deductible plans. Healthcare costs have skyrocketed, often for reasons completely unrelated to the care itself. One well-known example is the EpiPen, an epinephrine injector carried as a standard piece of safety equipment by those with severe allergies. Back in 2009, a two-pack of EpiPens cost about $100. Today, the EpiPen's current manufacturer, Mylan, sells the same two-pack for over $600. Mebendazole, a medication used to treat pinworm infections that has been used for decades, costs less than $5 in Europe, about the same as it cost in the U.S. in 2010. The current manufacturer, Impax, however, rebranded the drug and raised its price. Now, the cost in the U.S. for enough Mebendazole to treat a pinworm infection (2 pills) is over $800.

Unreasonable pricing is not confined to drugs, either. One New Orleans musician was profoundly relieved to be covered by her new ACA plan when she saw the bill for a 15-minute consultation with a nurse practitioner and a prescription for antibiotics: $350. The same visit at the CVS Minute Clinic would have been only $120, according to a quick phone call she made out of curiosity. With traditional healthcare plans, such bills have simply been paid by the insurance company, and the higher costs are passed on to consumers in the form of higher premiums. When patients have a high-deductible plan, though, the costs are transparent. Many policymakers believe that patients will be motivated to shop around, and, over time, prices will decrease accordingly.

"Healthcare costs have skyrocketed, often for reasons completely unrelated to the care itself."

This may or may not be true in the long term. Presently, however, it is quite difficult to "shop around" for any care outside the very basic primary care offered at urgent care clinics or retail clinics. For most care, it is very difficult to find out what the cost of a test or procedure will be up-front. Most doctors do not know, and their medical office staff do not know. A true, single price for a given procedure may not even exist—hospitals often have a complicated, individually negotiated set of different prices for different insurers. Further, in opposition to the idea that HSA holders will help bring down costs through direct consumer choice, a 2010 GAO study found that HSA holders did not tend to research costs before receiving care. This may be related to the more affluent economic position of HSA holders and may not hold true for other HDHP enrollees, however. Overall, a report by the National Bureau of Economic Research (Haviland et al., 2015) found that healthcare costs—defined as spending by patients, employers, and insurers—flattened with high-deductible plans (also known as consumer-driven healthcare plans), compared with steadily rising costs in traditional plans .

The GAO also contends that HSAs could exacerbate the problem of inequality in healthcare coverage by removing full-coverage dollars contributed by healthy, higher-income people. HDHPs are economically favorable for healthy people but economically unfavorable for less healthy people, and this could lead to a divide in care provision, disrupting the insurance model, which requires input from healthy people



National Bureau of Economic Research, summary of Haviland et al. by Linda Gorman.

"With the cost of premiums for traditional health plans steadily increasing, it is desperation, not choice, that has driven most employers and individuals to the high-deductible option, and this trend shows no sign of reversing."

in order to cover the costs of less-healthy people. On the other hand, it is conceivable that responsibility for day-to-day healthcare costs might motivate people to make lifestyle choices favoring better health.

Finally, a major concern with the pay-as-you-go system is that patients will forego the care they need early in a medical condition, resulting in much more severe disease by the time they finally do see a doctor. Starting treatment for a major medical condition later means both higher costs and poorer outcomes, and the difference can be extreme. This is the most important difference between health insurance and auto or home insurance: whereas neglecting house or car maintenance is a poor choice financially, neglecting preventive healthcare can be deadly. For example, the 5-year survival rate for colon cancer treated in the early stages is about 90%; by late stage three, the survival rate drops to 53%, and by stage four, it drops to just 11%. Clearly, colon cancer screening can save lives. However, many people may choose to forego screening if they have to pay for it out of pocket. If the ACA requirement for all plans to provide preventive care like cancer screening is repealed, HDHP enrollees may very well end up beginning treatment for conditions like cancer at later stages, with poorer survival rates and other health outcomes. The possibility of price acting as a deterrent for preventative care is a very serious, and potentially dangerous, side-effect of HDHPs.

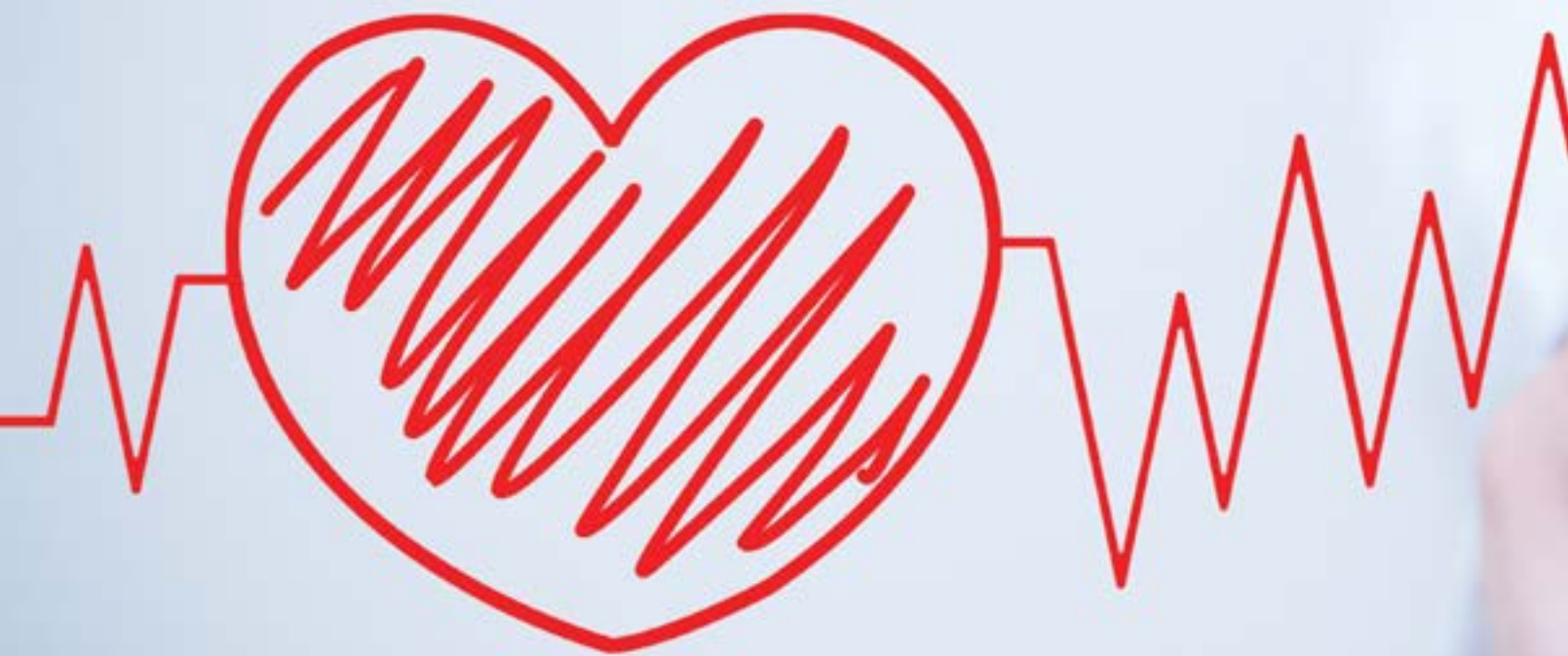
What about the poor? Hybrid public options.

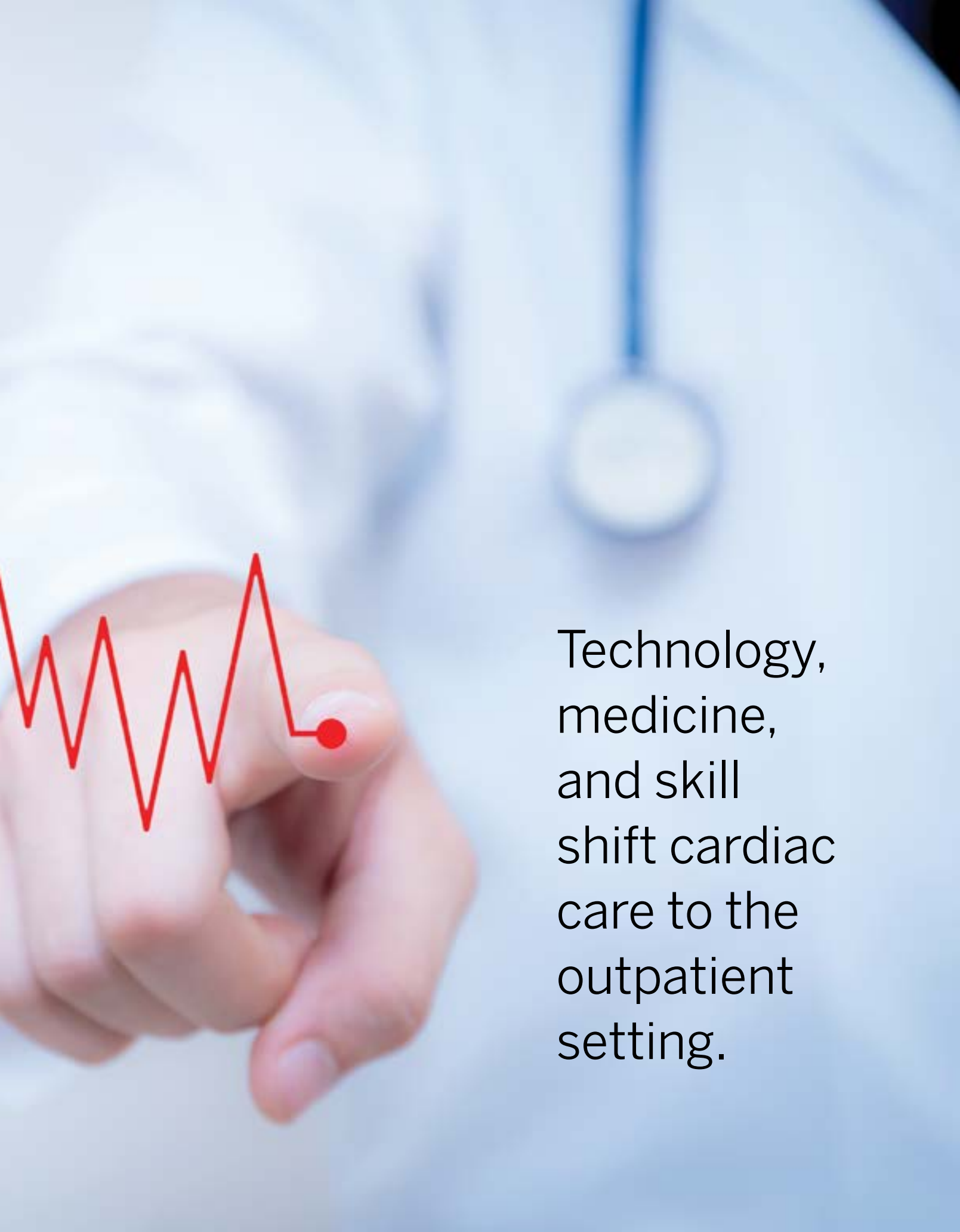
Louisiana ranks 7th for the lowest median household income among the 50 states, according to the Kaiser Family Foundation. This means that any thought about healthcare plans for Louisianans must include provisions for low-income residents. A number of analyses have shown that Medicaid for people at 138% FPL or less is the only viable way to avoid hospital emergency departments bearing the cost of healthcare for this group. However, for people who are somewhat higher in income but still not able to afford premiums for traditional insurance (for example, people between 138% and 200% FPL), perhaps a public-private option might be a viable solution. One such option could be a high-deductible Medicaid-based plan for low-to-middle-income people, with low-cost premiums combined with Medicaid coverage after a high deductible has been met. Another may be a public-private option analogous in structure to an HRA. Regardless of structure, fundamentally, it is critical to remember that any type of high-deductible plan can only work if premiums are low enough to allow enrollees to save enough money towards out-of-pocket costs.

Like it or not, high deductible plans are rapidly becoming the norm: the rise in premium costs over the past couple of years has been minimal, but the rise in deductibles has been extreme, according to the Kaiser Family Foundation. With the cost of premiums for traditional health plans steadily increasing, it is desperation, not choice, that has driven most employers and individuals to the high-deductible option, and this trend shows no sign of reversing. However, perhaps there might just be a silver lining: if premiums can be lowered to truly affordable levels, the increased freedom and price transparency of HDHPs might just lead enrollees to become the vanguard in diversifying healthcare options and lowering costs. And that could be a good thing for everyone. ■

The Heart of the Matter

By John Mitchell





Technology, medicine, and skill shift cardiac care to the outpatient setting.

Ask the average citizen about healthcare in America and you'll probably hear something about medical insurance. What often gets overlooked in such discussions is the quiet revolution in how healthcare gets delivered. As a political battle rages, doctors and other scientists have been quietly at work reinventing much about how complex medical care is provided.

NOWHERE IS THAT MORE EVIDENT than in heart care.

Make no mistake, heart disease is still a big killer. According to the Centers for Disease Control's National Center for Health Statistics report, heart disease was the leading cause of death in the U.S. in 2015.[1] In Arkansas and Louisiana, two southern states covered by USHJ, heart disease death rates are well above the national average. Arkansas ranks number four and Louisiana ranks number five in the top five states in the country for these types of deaths.[2]

Keith Owen

"In 2008 we were about 57 percent for outpatient cardiac treatment," Once we got to 2012 we jumped to 61 percent. That has gone up to 62 percent and continues to rise."

Even faced with such prevalent morbidity, Little Rock, New Orleans, and Baton Rouge hospitals and their cardiac medical teams are keeping pace with major changes in treatment protocols. Nationwide, the shift of cardiac treatment for serious heart conditions from the inpatient to the outpatient setting is on the rise. In 2014, for the first time ever (based on Medicare payments to physicians), more patients received interventional cardiology treatment in an outpatient setting than in an inpatient setting.[3]

"In 2008 we were about 57 percent for outpatient cardiac treatment," Keith Owen, Vice President for System Cardiology at Baptist Health in Little Rock told USHJ. "Once we got to 2012 we jumped to 61 percent. That has gone up to 62 percent and continues to rise."

He also said that at Baptist they have become more proficient at identifying the least invasive treatment option possible for every patient. Such solutions, more often than not, are outpatient treatments.

Owen and other sources from several hospitals offered several reasons for this transformation. These factors include: improved prevention and drug management; advances in medical implant technology; better surgical techniques; better medicines; and new payment policies that reward good outcomes over volume.

Ben Schuler, Cath Lab Director at Baton Rouge General Medical Center, said the switch to outpatient is driven by the ability to work on an increasingly miniature scale within the heart landscape.

"In the world of the cath lab, I think technology is always advancing and becoming less invasive. Our goal is to help the patient recover faster, and to get back to life as usual as quickly as possible," explained Schuler. "To help with that, we are using smaller pieces of equipment, and our approaches have lower risks of major complications along with shorter recovery times."

John Reilly, MD, FACC, an interventional cardiologist who practices in the Ochsner Health System in New Orleans cited advances in technique. Many nonsurgical, elective cardiac procedures can now be accomplished by getting to the coronary arteries though the wrist, which is known as transradial access. Procedures such as percutaneous coronary intervention, or PCI, for example, are now more and more performed through the arm.

"This technique allows for a very smooth recovery compared to facilities that don't have this technology," Dr. Reilly told USHJ.

Ben Schuler

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Dr. John Reilly

Dr. David Rutlan

Dr. Lance LaMotte

"Patients don't have the soreness in their leg. Because we can access through the two arteries next to the thumb and wrist, and can apply pressure, the risk of bleeding is less than half. Bleeding is one of the more common complications we have when we access the femoral artery at the top of the groin."

According to Dr. Reilly, until recently the U.S. has lagged behind making this site switch from the leg to the arm. He said that according to cardiac registries, five years ago the radial access PCI procedure was in the low single digits in the U.S. That has increased to about 12 to 15 percent nationally, a trend Dr. Reilly said he is seeing in his own group's practice. He said that some cardiologists have been slow to change their technique, but the national data being collected makes a strong case for the widespread change in protocol. This, Dr. Reilly explained, is a win-win.

He cited the case of a 40-year-old woman who arrived at the hospital in cardiac distress. After she was resuscitated, it was determined she did not have the right anatomy for a bypass surgery. Her surgeon was able to perform a PCI with a support device. The woman was discharged home the following day.

"It's a good value proposition for the patient," he explained. "Because they don't stay overnight, they are happier and at lower risk for a hospital-acquired infection. It also frees up a bed that we need to keep available for our sickest patients, so it makes us more efficient."

Research supports the switch to cardiac outpatient care. A 2015 study in *Cardiac Interventions Today*[4] on PCI, for example, found that "advances in clinical sciences and procedural technology have transformed PCI from a risky procedure to one with an incredible safety profile." It cited cardiac registry data that found that associated complication and mortality rates after PCI were relatively miniscule. Such complications ranged from .66 percent for death, 0.2 percent for stroke, and 0.3 for emergency bypass grafting.

David Rutlen, MD, Director of Cardiovascular Medicine at the University of Arkansas for Medical Sciences (UAMS) said they have seen "a big swing" in the last few years with about half of heart procedures now done on a same-day basis.

"We used to routinely admit patients into the hospital for observation the night before a cardiac procedure, but we often don't need to do that anymore," he told USHJ. "This means we can admit the patient in the morning based on their current medical record information, and they can go home a few hours after their catheterization."

PCI interventions have dropped about 50 percent nationally in the past eight years, and other coronary surgical interventional methods have dropped less dramatically–a good environment for outpatient growth. This is yet another indication that the medical knowledge, aided by technology and medication, is becoming more capable at preventing life threatening heart conditions.

"We're doing better at controlling blood

PCI interventions have dropped about 50 percent nationally in the past eight years, and other coronary surgical interventional methods have dropped less dramatically—a good environment for outpatient growth. This is yet another indication that the medical knowledge, aided by technology and medication, is becoming more capable at preventing life threatening heart conditions.

"Louisiana's high cardiac morbidity and mortality stems from a perfect storm of lifestyle and genetics. Socio-economic issues further complicate these risks."

Dr. Frank Smart

pressure, and tobacco use is dropping. I'd say the main reason that we're seeing fewer interventions overall is primary prevention. The secondary reason is the use of drug-eluting stents (which emit medicine preventing the blood vessel from narrowing again)."

Lance LaMotte, MD, is an interventional cardiologist and Medical Director of Cardiac Rehab at Baton Rouge General Medical Center where their outcomes are "tracking positively" based on National Cardiovascular Data Registry data. He said that no single factor can account for the growing prevalence of outpatient cardiac treatments. But he, too, believes part of the answer is attributed to more successful primary prevention.

"I think there are a couple of main reasons (for the shift to outpatient treatments)," said Dr. LaMotte. "One is the progress we've made in medical management and prevention, which has decreased the level of urgency in cardiac patients. That, combined with transitioning to less invasive approaches, has made outpatient care a more feasible option for many patients."

He added that the shift to outpatient is also much more cost-effective for patients and hospitals.

So, with all the good news in primary heart disease prevention, it begs the question: why do Louisiana and Arkansas have some of the highest heart death rates in the country? All of the sources interviewed put the blame mostly on lifestyle. High rates of obesity and smoking were most commonly mentioned.

"Louisiana's high cardiac morbidity and mortality stems from a perfect storm of lifestyle and genetics. Socio-economic issues further complicate these risks," said Frank Smart, MD, Professor of Medicine and Chief, Section of Cardiology at LCMC Health's University Medical Center (UMC) in New Orleans. "Residents of our region have a high incidence of hypertension and Type II diabetes. We are genetically prone to higher bad cholesterol levels and low or very low HDL or good cholesterol levels."

Owen at Baptist Health in Arkansas said that it's no longer a matter of waiting for the population to get sick. Hospitals have a role in helping people change their lifestyle.

"We spend more time reaching out into the community to help people take better care of themselves," said Owen. "We've got probably 20 wellness centers, as well as blood pressure check stations in other places, like churches. We need to play a role in prevention and wellness at multiple locations."

Ochsner in Louisiana is reaching deep into its communities to cut heart disease off early. Samira Brown, MD, a pediatrician, said that childhood obesity is an epidemic in the state. She is working through a variety of

Dr. Samira Brown

partnerships to bring fitness programs and personal counseling to patients. According to Dr. Brown, a child who is obese at age 11 has a 75 percent risk of remaining so for the rest of their life.

"Obesity has such an impact on a child's quality of life and their future risk for early morbidity," said Dr. Brown. "If you don't change the family lifestyle, it's really hard to change what will happen for the patient."

To that end, she offers one-on one counseling with children and their parents that is proving to be very effective at changing lifestyle when kids are young. She shared the case of a teenage girl who achieved a remarkable turnaround in her life. The girl gained five pounds in one month between visits. Dr. Brown convinced the patient to made a commitment to follow the guidelines that she recommends. In two years the girl lost 30 pounds. She exercised five days a week, with her mother working out with her two days, and her father joining her for two days.

"I hardly recognized her by the time she got into high school, she lost so much weight," Dr. Brown recalls. "She and her family changed their entire diet and lifestyle. She comes home from college now and tells me that she really did get the message when she was younger. This is no longer a diet for her, but a lifestyle."

However, achieving generational change takes time. Meanwhile, there are still plenty of patients with heart disease who need care today.

At UMC, a new state-of-the-art facility in New Orleans, all elective cardiology and about 20 percent of angioplastys and stents are performed on an outpatient basis. According to Dr. Smart, the balance of patients are treated under observation status, for less than 24 hours.

"The use of radial artery access and vascular closure devices has allowed patients to become mobile within two hours of their procedure," Dr. Smart told USHJ. "Usually the only patients staying overnight are those who were emergent because of a heart attack, or individuals with multiple co-morbid illnesses such as bad diabetes, severe anemia or severe lung disease."

He also said they made operational changes to make it easier for patients to get outpatient cardiac treatment more quickly. Now, rather than only accepting patients through primary care clinics, patients can also be admitted directly from the emergency room, community clinics, and even by patient self-referral.

The result of this change is that 85 percent of cardiac patients are seen within 10 days, which yielded an increase in clinic volume of 24 percent from 2015 to 2016.

"We have in the last month also added a nurse specialist and a nurse navigator to help get patients who are more acute into the clinic faster and avoid ED visits," added Dr. Smart.

He also credited the shift to the outpatient setting to better medical knowledge and technology to achieve lower complication rates, which he said is a fraction of what it was even just ten years ago.

"Inpatient care is expensive, and safety net hospitals such as ours are always at maximum occupancy," Dr. Smart said in explaining the importance of the cardiac outpatient trend. "Shifting appropriate care to the outpatient basis is both cost-effective and better for patients. It opens up beds for use by the more complex care patients." ■

SOURCES

[1] http://www.icd10monitor.com/enews/item/1700-icd-10-coding-the-killers

[2] http://www.healthleadersmedia.com/fact-file (12/2016)

[3] http://www.healthleadersmedia.com/fact-file?page=1%2C0

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"Obesity has such an impact on a child's quality of life and their future risk for early morbidity. If you don't change the family lifestyle, it's really hard to change what will happen for the patient."

- Dr. Samira Brown

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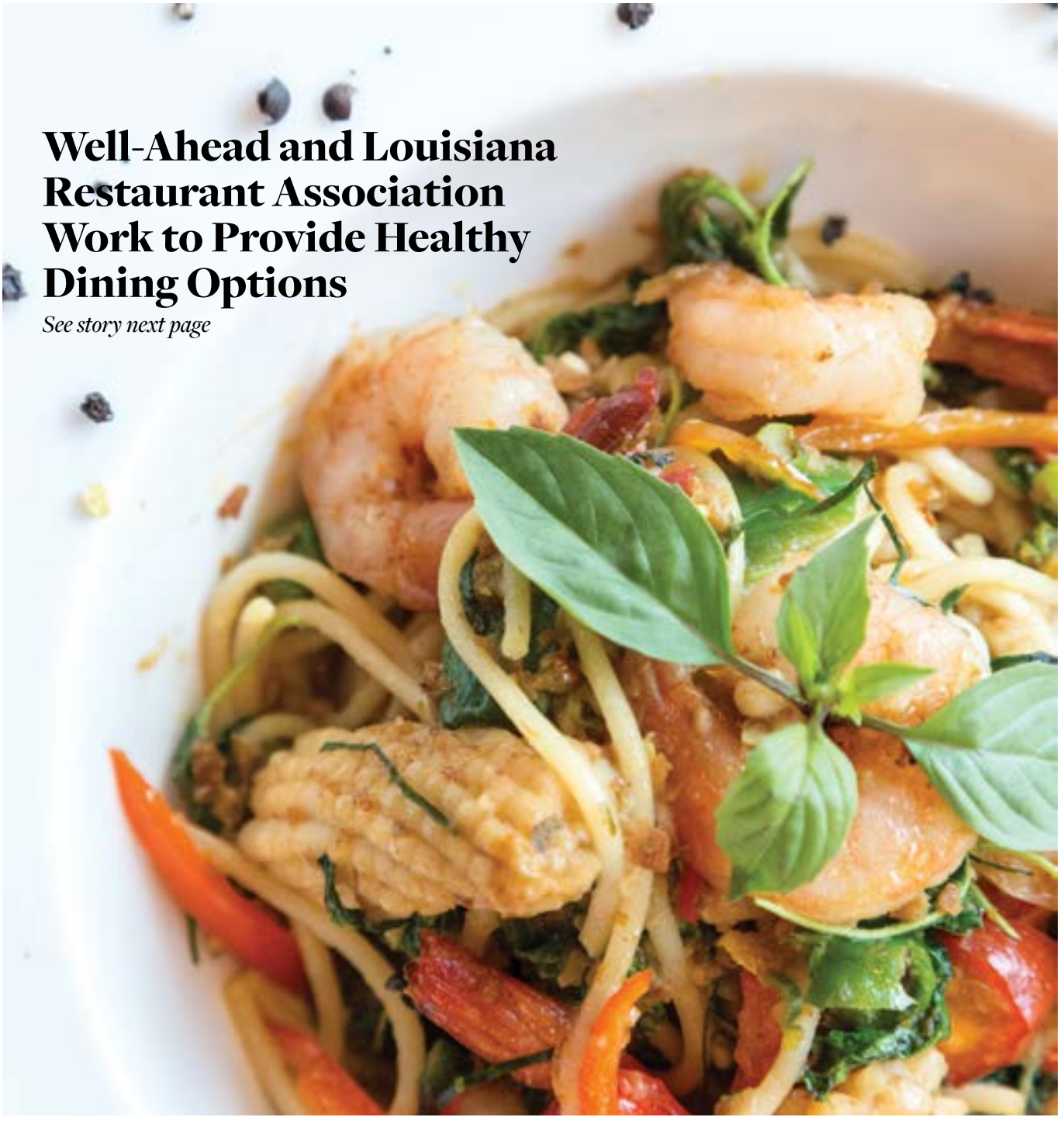

Well-Ahead and Louisiana Restaurant Association Work to Provide Healthy Dining Options

See story next page

Healthcare Briefs

STATE

Well-Ahead and Louisiana Restaurant Association Work to Provide Healthy Dining Options

Well-Ahead Louisiana and the Louisiana Restaurant Association (LRA) are joining efforts to help state residents live healthier lifestyles by offering healthier options on restaurant menus.

"Louisiana is renowned for its food and culture. Unfortunately, we also have the highest obesity rates in the nation and lead the nation in other preventable chronic diseases such as diabetes, heart disease and stroke," Melissa R. Martin, Director of the Bureau of Chronic Disease Prevention and Health Promotion, said. "In a time when Americans are eating out more than ever, this partnership with LRA is an opportunity to help residents make smarter and healthier food choices."

Offering healthier options benefits restaurants, too, as many consumers become more health-conscious.

One way restaurants can make a difference is by seeking designation as a Well-Ahead WellSpot. Designation is achieved by meeting wellness benchmarks that include offering and promoting healthy menu options, offering healthy options on the children's menu and including low-fat milk or water as the default beverage, and accommodating dietary restrictions.

To become a WellSpot, restaurant owners can visit wellaheadla.com and click 'become a WellSpot.' They will then be connected with a Well-Ahead team member who will assist them in meeting the benchmarks and becoming designated.

Residents who want to be more health-conscious when they eat out should ask restaurants about their healthy menu options, as they may not be listed on the regular menu. Residents can also search the WellSpot network for designated restaurants near them here.

BCBSLA Foundation Releases Annual Community Partnerships Report

The Blue Cross and Blue Shield of Louisiana Foundation has released its annual Community Partnerships Report, detailing the impact of charitable work by the Blue Cross and Blue Shield of Louisiana Foundation, the company itself, and its employees.

Among the work highlighted in 2016:

- The Team Blue volunteer force, which includes 612 employees who performed more than 2,500 hours of community service – including cleaning and rebuilding 63 area homes after the historic floods last August
- Details on Blue Cross' many investments in health and wellness through grants and sponsorships, impacting nearly a half-million Louisianians
- The company's partnership with the National Association of Drug Diversion Investigators to combat prescription painkiller addiction – resulting in nearly two tons of pills collected by Louisiana law enforcement
- An overview of the Challenge for a Healthier Louisiana grant program, a statewide partnership of over 180 organizations working to reverse trends in obesity

The full report is available online at www.bcbslafoundation.org.

Medicaid Expansion Enrollment Increases; Uninsured Rate Drops

Medicaid expansion enrollment in Louisiana reached 400,635 new members enrolled, and the most 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.

Medicaid expansion has reduced Louisiana's number of uninsured residents, and has offered 400,635 newly covered adults the opportunity to seek care from a primary care physician instead of in an emergency room.

Statistics compiled by the Louisiana Department of Health show that more than 58,700 adults have now received at least one preventive or primary care service after getting coverage under expansion. The most recent data shows how newly enrolled members are benefitting from Medicaid coverage by accessing care and beginning treatment for chronic illness:

- 58,713 members have received preventive care visits with a care provider.
- 5,633 women have completed important screening and diagnostic breast imaging such as mammograms, MRIs, and ultrasounds, and 67 women were diagnosed with breast cancer as a result of this imaging.
- 5,412 adults had colonoscopies, and 1,536 patients had precancerous polyps removed.
- Treatment has begun for 1,193 adults newly diagnosed with diabetes.
- 2,954 patients have been newly diagnosed with hypertension.

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 healthcare.

Foundation Challenge Grants Get Results in Tackling Obesity

The Blue Cross and Blue Shield of Louisiana Foundation has released its final report on its three-year, $10.2 million Challenge for a Healthier Louisiana grant program.

The Challenge Grants, built on the "collective impact" model, brought together 180+ partners across the state and indicated an effective path towards building healthier communities from the ground up.

In survey-based research conducted by Pennington Biomedical Research Center, those who participated in Challenge Grant programs said they were twice as likely to adopt a lifestyle of eating right and moving more.

In addition, Challenge Grant recipients across the state raised over $30 million to invest in education, exercise classes and healthy living infrastructure. Together, the twelve Challenge Grant programs:

- Distributed 577,464 pounds of fresh produce
- Built or improved 107 community, school, and home gardens
- Improved or created 78 farmers markets
- Created 8 incentive programs to increase farmers market purchases
- Built 34 new or improved sidewalk, trail or crosswalk segments
- Built 25 miles of new walking/biking paths
- Improved 49 parks, schools or other facilities with health-focused amenities

Twelve Challenge Grant projects took place in the Shreveport, Monroe, Alexandria, Lafayette,

Lake Charles, Baton Rouge, and New Orleans regions.

The full final report on Challenge for a Healthier Louisiana, along with details on each of the 12 projects, is available at www.bcbslafoundation.org/CHL.

Jury Finds Shreveport Mental Health Administrator Guilty

United States Attorney Stephanie A. Finley announced that a federal jury found a former Shreveport mental health facility administrator guilty of taking part in a kickback scheme.

Tom McCardell, 64, of Lafayette, was found guilty of 14 counts of paying illegal kickbacks. According to the evidence presented, from July of 2011 to November 2012, McCardell operated a kickback scheme while he was administrator of Physicians Behavior Hospital (PBH) in Shreveport. He paid kickbacks to an Alabama resident, who had no medical training or background, to recruit and refer patients to PBH for psychiatric and substance abuse treatment. The hospital would then purchase bus tickets for the patients to travel to PBH in Shreveport. Many of the patients traveled unattended without escort. To avoid detection and suspicion, the defendant arranged for the kickbacks to be issued in the name of the patient recruiter's son.

The defendant also ordered PBH personnel to create an "employee file" in the name of the recruiter's son in order to provide cover for the illegal kickback arrangement between the defendant and the recruiter. During the scheme, McCardell caused the hospital to pay the recruiter's son checks totaling $41,000 to which he was not entitled. As a result of the illegal kickback scheme, the hospital billed more than $6.7 million dollars to Medicare and was paid more than $1.2 million dollars.

McCardell faces up to five years in prison, three years of supervised release and $250,000 fine for each count.

Bonanno Reappointed to State Nursing Board

Governor John Bel Edwards has reappointed Laura S. Bonanno, DNP, CRNA, Nurse Anesthesia Program Director and Associate Professor of Clinical Nursing at LSU Health New Orleans School of Nursing, to the Louisiana State Board of Nursing. Bonanno's current term on the Board became effective on January 1, 2017, and runs through December 31, 2020. Her term as President of the Louisiana State Board of Nursing also began on January 1, 2017.


Laura S. Bonanno, DNP, CRNA

Bonanno, also a practicing Certified Registered Nurse Anesthetist at University Medical Center, has been awarded millions of dollars in grant support by the Health Resources & Services Administration for everything from scholarships for disadvantaged students to nurse anesthesia traineeships and advanced nursing education. She has conducted research on interprofessional teamwork; high fidelity, simulation-based operating room team training; effectiveness of teamwork and communication in simulated critical care code scenarios; improving the effectiveness and safety of general anesthesia and work culture including how fatigue may affect patient care.

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Blue Cross Foundation Accepting Angel Award® Nominations

The Blue Cross and Blue Shield of Louisiana Foundation is seeking nominations for the 2017 Angel Award® through Friday, April 14, 2017. Now in its twenty-second year, The Angel Award® program recognizes Louisiana volunteers who perform extraordinary work for children in need. The Foundation will also award a $20,000 grant to the Louisiana-based charity represented by each honoree.

Previous Angel Award® honorees represent all vocations and include retirees, students, and everything in between. Each was chosen for one reason: their impact on the lives of Louisiana's kids through countless hours of devotion.

If you know an Angel, you can find more information – including rules and guidelines – and a nomination form online at www.bcbslafoundation.org. Nomination packets are also available by calling toll-free 1-888-219-BLUE (1-888-219-2583) or by emailing Angel.Award@bcbsla.com.

Hataway Named Legal and Policy Director for LNHA

The Louisiana Nursing Home Association (LNHA) recently announced that Wes Hataway will serve in the newly created position of Legal and Policy Director.

Before joining LNHA, Hataway served as the Vice President of Legal Affairs for the Louisiana State Medical Society where his primary responsibilities were the legal, legislative, and regulatory affairs of the organization. Hataway is also the former director of the Office of Workers' Compensation Administration for Louisiana.

LWVLA Asks Senators Not To Repeal ACA

The President and Board of Directors of the League of Women Voters of Louisiana (LWVLA) sent the following letter to Senator William Cassidy, MD and Senator John Kennedy:

"The League of Women Voters of Louisiana (LWVLA) is a non-partisan citizens' organization with local Leagues across Louisiana in New Orleans, St. Tammany, Lafayette, Natchitoches and Caddo-Bossier. We neither support nor oppose any candidate or political party but we do study and take positions on issues that affect the public welfare. Healthcare for Louisianans is an issue of great concern to us.

We ask you as Louisiana's United States Senator to similarly study the issue of healthcare for its citizens and, when the issue of repealing the Affordable Care Act (ACA) comes up for a vote, act in a non-ideological and non-partisan manner and do what is best for Louisiana and your constituents.

We ask you not to repeal the ACA, including Medicaid Expansion, unless and until there is an adequate alternative plan to replace it.

Louisiana currently ranks 49th nationally on healthcare. We have the highest numbers of low-income working people in the nation. Since July 1, 2016, the working poor and their families have had access to healthcare because of Medicaid Expansion and the ACA. A total of 588,230 Louisianans, 1 in 5 adults, have enrolled in the ACA (both the State Federal Exchange and Medicaid Expansion)."

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"All of your constituents (and not just the working poor) will soon feel the harm that results from repealing the ACA without immediate and effective replacement.

- Young people would be kicked off of their parents' plans.
- Pre-existing conditions will be a barrier to getting coverage.
- Higher Medicare premiums, deductibles, and cost-sharing would result for seniors and disabled persons.
- The prescription drug coverage gap (donut hole) eliminated under the ACA would reopen and seniors would bear the cost.

The LWVLA requests that you protect the health and wellbeing of your Louisianan constituents by voting against any plan to repeal the ACA without an adequate replacement."

LA Did Not Always Comply With Medical Transportation Requirements

According to the Office of the Inspector General, during the period April 1, 2013, through March 31, 2014, the Louisiana Department of Health and Hospitals claimed Federal Medicaid reimbursement for some nonemergency medical transportation (NEMT) services claims submitted by transportation providers that did not comply with certain Federal and State requirements. Of the 120 NEMT claims in the sample, the State agency properly claimed Medicaid reimbursement for 83 claims. However, the remaining 37 claims contained services that did not comply with certain Federal and State regulations. Of the 37 claims, 14 contained more than 1 deficiency.

The claims for unallowable services were made because the State agency's policies and procedures for overseeing the Medicaid program did not ensure that providers complied with Federal and State requirements for documenting and claiming NEMT services. On the basis of sample results, OIG estimated that the State agency claimed approximately $1.1 million in improper Federal Medicaid reimbursement.

In addition, the State agency did not have adequate support for about $183,000 (Federal share) of costs claimed. The lack of support occurred because the State agency did not have adequate controls in place to monitor the reporting of expenditures claimed for NEMT services.

John Brown Jr.

OIG recommended that the State agency (1) refund $1.1 million to the Federal Government for improper claims, (2) refund $183,000 to the Federal government for costs claimed without adequate support, (3) strengthen its policies and procedures to ensure that providers comply with all State and Federal requirements, and (4) strengthen its controls over its process for reporting expenditures claimed for NEMT services. In written comments on the draft report, the State agency did not agree with parts of the finding on unallowable claims and described actions that it has taken in response to the finding on inadequate support of costs claimed.

Read the full report at http://go.usa.gov/x9UFS.

John Brown Jr. to Head Human Resources at BCBSLA

John Brown Jr. has joined Blue Cross and Blue Shield of Louisiana as senior vice president and chief human resources officer.

Brown will bring to a rapidly changing industry the experience he gained during his years working for Humana, Aetna, and Marsh USA. Before accepting his new role at Blue Cross, Brown was segment vice president–retail service operations for Humana in Louisville, Kentucky, and was responsible for enrollment, claims, and customer service support of individual business lines, including Medicare Advantage and Medicaid. Beyond his operational leadership, Brown was recognized as a thought leader on employee engagement and recruitment and as a champion of diversity in the workplace.

Brown is certified by the Society for Human Resource Management as a senior certified professional and holds a Bachelor of Science degree from DeVry Institute of Technology in Kansas City, Missouri. A community advocate, he has devoted volunteer time to organizations serving at-risk children, in roles ranging from mentor to board member.

Naloxone Now Available For Emergency Overdose Treatment

Laypeople who come to the aid of an individual who has overdosed on heroin, morphine or other opioid drugs can now receive the lifesaving medication naloxone without having to get a direct prescription from a doctor.

Naloxone is an antidote medication that reverses an opioid overdose. Used by medical professionals for years, naloxone is the most effective way to counteract an overdose and save lives.

The State of Louisiana has issued a "standing order" for naloxone. This allows for participating pharmacists to dispense naloxone to laypeople including caregivers, family and friends of an opioid user. This standing order also includes directions on how to administer naloxone to someone who has overdosed.

The standing order is the result of legislation that made it legal for medical professionals to prescribe naloxone. Now, anyone can get naloxone from a participating pharmacy in case they need to assist someone who is overdosing. Those who receive naloxone will be provided education about how to recognize an overdose, how to store and administer the medication, and given information about emergency follow-up procedures.

Healthcare experts say that making naloxone widely available is an important tool in saving the lives of people who have overdosed on opioids. For example, in Wilkes County, North Carolina, making naloxone easily available to laypeople has resulted in a decrease in overdose deaths by 42 percent and a decrease in drug-related hospital emergency department visits by 15 percent.

LAHP's Drozda on the Healthy Louisiana Program

Jeff Drozda, CEO of the Louisiana Association of Health Plans, issued the following statement:

"The five managed care organizations that make up our state's Healthy Louisiana program are doing an incredible job of improving their members' health outcomes while saving the

state hundreds of millions of dollars. The Louisiana Legislature will be meeting during the coming weeks to determine where to make cuts, and I encourage them to keep the Healthy Louisiana program off the table. The program is already operating at an unsustainable level, and further cuts would lead to reduced access to care for the program's 1.4 million members, as well as less savings for the state."

Since 2012, Healthy Louisiana members have seen increased access to primary and preventive care according to the Louisiana Department of Health.

- 32 percent increase in the number of 3 – 6-year-olds visiting the doctor for checkups
- 46 percent increase in the number of adolescents visiting the doctor for checkups
- 11 percent increase in the number of timely visits to the doctor by pregnant women
- 4.5 percent increase in the number of adults getting in to see primary care physicians

Since Medicaid was expanded in the summer of 2016, those Healthy Louisiana members have seen life-saving benefits according to the Louisiana Department of Health.

- 5,352 women have completed screening and diagnostic breast imaging, resulting in the diagnosis of breast cancer in 66 patients
- 4,904 adults have completed colon cancer screening, resulting in the removal of precancerous polyps in 1,363 patients and the diagnosis of colon cancer in 52
- 1,053 adults have been newly diagnosed with diabetes and started treatment
- 2,595 adults have been newly diagnosed with hypertension and started treatment

According to an actuarially-sound study by Wakely Consulting Group, the five managed care plans in the Healthy Louisiana program saved the state as much as $440 million in 2015 alone. Meanwhile, Louisiana has seen a $24, or 9 percent, decrease in per-member, per-month cost under the program."

Louisiana Spirit Crisis Counseling Program Helps Survivors

As the recovery from August flooding in Louisiana continues, survivors can receive free disaster crisis counseling. To date, 23,000 survivors have met with counselors from Louisiana Spirit, a program administered by the state and funded by a FEMA grant.

Survivors who wish to speak to Louisiana Spirit counselors may call 866-310-7977. A counselor can provide an ear for listening, a symbolic shoulder to lean on and guidance for establishing normalcy.

More than 100 Louisiana Spirit counselors are working in parishes affected by the flood. Although they're not mental-health professionals, the counselors are trained to support disaster survivors and, in some cases, are survivors themselves. Typically, FEMA-funded crisis counseling programs throughout the nation are staffed by former school counselors, nurses, and other professionals who have relevant experience.

Louisiana Spirit counselors can make up to five visits to survivors. If survivors want additional counseling, LA Spirit can make referrals to mental health professionals.

From August through December, survivors met with Louisiana Spirit counselors at FEMA's Disaster Recovery Centers. Now that the recovery centers have closed, the counselors are canvassing flood-affected communities throughout Louisiana.

Their outreach activities include informative door hangers in neighborhoods. The sky-blue door hangers contain the toll-free Louisiana Spirit Crisis Line phone number, business cards and advice for easing stress. Counselors also visit schools and community events. Not a mental health program, Louisiana Spirit is based in survivors' natural resiliency. For information, visit dhh.louisiana.gov/index.cfm/page/201.

FMOL University Signs Agreement with Northshore College

In an effort to maximize opportunities for students and to help build a larger nursing and health profession workforce for south Louisiana, an articulation agreement was formalized between Franciscan Missionaries of Our Lady University (formerly Our Lady of the Lake College) and Northshore Technical Community College (NTCC). The ceremony was attended by faculty and administrators from both institutions. The articulation agreement takes effect immediately for students applying for summer and fall 2017 admissions.

"The agreement provides undergraduate students with an opportunity to enter healthcare professions that may not be offered in their community," explained Susan Steele-Moses, DNS, Interim Dean of the School of Health Professions at the University.

The core of the agreement is to allow students of NTCC, which has locations throughout

Franciscan Missionaries of Our Lady University President Tina Holland and Northshore Technical Community College Chancellor William Wainwright sign articulation documents to give healthcare students more options.

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the greater northshore region, who have completed the agreed-upon 30 credit hours in general science, business, and liberal studies to enroll in healthcare profession degrees at Franciscan Missionaries of Our Lady University in Baton Rouge. Students may transition into one of five undergraduate programs at the University: Clinical Laboratory Sciences, Nursing, Physical Therapist Assisting, Radiologic Technology, or Respiratory Therapy.

LOCAL

Century Rehab Announces New Director of Marketing

Richard Pellerin, President and owner of Century Rehabilitation, announced the addition of Michelle McMahon as their new Director of Marketing.

Century Rehabilitation, Baton Rouge, offers facility and clinical consulting services as well as the staffing of Physical, Speech, and Occupational therapists in over 90 Long Term Care facilities across 3 states.

McMahon has previously been in several successful Sales and Marketing Director positions including Surgery Partners, LocalMed, Comprehensive Pain Management, and TAG Heuer.

AmeriHealth Caritas Volunteers at Food Bank

AmeriHealth Caritas Louisiana associates volunteered to spend the day on Jan. 13 packing food boxes and preparing shipments at the Greater Baton Rouge Food Bank. AmeriHealth Caritas Louisiana also presented a $20,000 donation to the food bank that will help provide meals to individuals and families across greater Baton Rouge.

AmeriHealth Caritas Volunteers (L-R): Tricia Grayson, director of communications, AmeriHealth Caritas Louisiana; Jeanine Plante, market pharmacist, AmeriHealth Caritas Louisiana; Kyle Viator, market president, AmeriHealth Caritas Louisiana; Charlene Montelaro, Senior Vice President of Development & Philanthropy, Greater Baton Rouge Food Bank; Louisiana Senator Regina Ashford Barrow; Grover Harrison, director of community education at AmeriHealth Caritas Louisiana.

Amerigroup Foundation Donates CPR Training Kits to AHA

The American Heart Association and Amerigroup Foundation are working together to help increase the number of CPR trained bystanders in the Capital Area of Louisiana. The Amerigroup Foundation has committed to donating 250 Hands Only CPR training kits valued at $9,000 to the American Heart Association. This donation is a continuation of Amerigroup's support of the American Heart Association and commitment to helping Louisianans learn critical, life-saving CPR skills.

In 2015, Amerigroup sponsored a three-day American Heart Association training tour through Baton Rouge and New Orleans where more than 700 individuals learned how to perform Hands Only CPR. This tour sponsorship and recent CPR training kit donation were made possible by a five-year, $7.8 million national grant from Amerigroup Louisiana's parent foundation and the American Heart Association.

The American Heart Association is working with Baton Rouge Cardiology Center to distribute the kits and teach the community how to use the training kits. Trained individuals will then share information to train more individuals.

Renal Associates of Baton Rouge Opens New Zachary Clinic

Renal Associates of Baton Rouge, LLC is now seeing patients at its newest clinic location at 4753 West Park Drive, Suite A, Zachary. The clinic is the fourth clinic location in Louisiana and is open from 7:30am - 4:30pm, Tuesday and Thursday each week.

Renal Associates of Baton Rouge provides services in the areas of: Nephrology, Problem Hypertension, and Management of Co-Morbidities in Chronic Kidney Disease, Electrolyte Disorders, Hemodialysis, Peritoneal Dialysis, and Vascular Access Management. Drs. Ray Corona, C. Peter Luscy, Jeremy O'Neal, and Jim Yegge will see patients in Zachary. For more information about


William T. Cefalu, MD


Darian E. Reddick, MD


Matthew B. Chamberlain, MD


Donald V. Brignac, MD

the practice please visit www.renalassociates.com.

Cefalu Named ADA Chief Scientific and Medical Officer

The American Diabetes Association (Association) announced that William T. Cefalu, MD has been selected as the new Chief Scientific and Medical Officer. Cefalu, an LSU alumnus and Louisiana native, is currently executive director of LSU's Pennington Biomedical Research Center, a position he has held since 2012. Cefalu also holds the George A. Bray Endowed Super Chair in Nutrition.

"As a Louisianian and a physician, I've seen diabetes impact my state firsthand. This new role is a tremendous opportunity for me to continue to significantly influence health, mortality, and quality of life for so many, and I look forward to the challenges," said Cefalu in the ADA press release.

NMC Neurologist Receives Board Certification

The NeuroMedical Center announced that neurologist, Dr. Darian E. Reddick, recently fulfilled criteria for board certification in the medical subspecialty of Neuromuscular Medicine from the American Board of Psychiatry and Neurology (ABPN). Already board certified in neurology with the ABPN, Dr. Reddick is now the only dual board certified physician in both neuromuscular medicine and neurology in the Baton Rouge Metropolitan Area, and only the seventh physician with such recognition in the entire state of Louisiana, according to the Center.

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

OLOL Physician Group Opens Concierge Medicine Clinic

Patients seeking more one-on-one time with their primary care doctor, including after-hours access, can now receive this convenient and comprehensive healthcare service through Our Lady of the Lake Physician Group Concierge Medicine.

The number of patients at Concierge Medicine are reduced, allowing physicians to offer a more personalized approach to each patient that focuses on their overall wellness.

Patients of the clinic, which opened on Jan. 9, pay an annual membership fee to receive benefits that include extended routine appointments, comprehensive annual wellness exams, and expedited appointment scheduling. Patients are also given direct after-hours access to their physicians via cell phone or email.

Concierge Medicine is led by Matthew B. Charmberlain, MD and Donald V. Brignac, MD. These physicians aim to treat the whole patient by taking more time to develop personal, supportive relationships and focus more on individual concerns and complex conditions.

Open Health Care Clinic Hosts Dental Clinic Open House

Open Health Care Clinic hosted an open house for its new dental clinic at 3801 North Boulevard led by Stephen Brisco, Jr., DDS and his staff.

Open Health Care Clinic, a full-service, primary healthcare option for those living and working near Baton Rouge's mid-city area, can now access dental services close to home. Serving adult and pediatric patients, the dental clinic procedures and services include dental exams, cleanings, fillings, extractions, and more.

The NeuroMedical Center Helps Advance New Parkinson's Treatment

Movement disorder specialists at The NeuroMedical Center in Baton Rouge announced their involvement in advancing a potential breakthrough treatment for Parkinson's disease. A late-phase clinical trial investigating Acorda Therapeutic's inhalable formulation of levodopa (L-dopa) showed statistically significant improvement in motor function in people with Parkinson's disease experiencing "Off" periods. The results from the Phase 3 CVT-301-004 clinical trial performed at The NeuroMedical Center and other sites across the country are so promising, Acorda intends to soon file for permission to begin marketing the new drug in the U.S.

The NeuroMedical Center's Dr. Rebecca E. Whiddon, served as the trial's principal investigator. Fellow Movement Disorder Specialists including The NeuroMedical Center's Chief of Neurology, Dr. Gerald J. Calegan, and Dr. Glenn Kidder, served as sub-investigators for the study.

Rxercise Program re-opens in Denham Springs

The Rxercise Medical Wellness Program has re-opened in Denham Springs in the newly renovated Spectrum Fitness & Medical Wellness Center located at 145 Aspen Square.

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Aimee Ferrell, MD

Kylii Bijeaux

Following the August 2016 floods, the entire facility was closed after taking on almost 4 ft. of water. The Rxercise Program is a collaboration of Spectrum Fitness and Peak Performance Physical Therapy and provides programming and guidance in specifically tailored exercise programs aimed at individuals with little or no experience with exercise, and/or those who need help developing an exercise program taking into consideration certain medical issues such as hypertension, metabolic syndrome, osteoporosis, diabetes, orthopedic/joint problems, etc. Participants can be referred to the program via their medical caregiver, or they may start the program on their own by contacting Program Director, Bill Gvoich, at Spectrum Fitness & Medical Wellness, (225) 667-6789. Rxercise is also offered in Baton Rouge and Geismar.

Pediatrician Joins Our Lady of the Lake Physician Group

Our Lady of the Lake Physician Group has welcomed Dr. Aimee Ferrell to Pediatrics at O'Donovan at 5131 O'Donovan Dr., Suite 301 in Baton Rouge.

Dr. Ferrell provides diagnoses and treatment for children of all ages, from newborns to adolescents. She is Board Certified in Pediatrics and is a Fellow of the American Academy of Pediatrics.

Dr. Ferrell graduated with Honors from LSU with a bachelor's degree in Microbiology. She received her medical degree from Louisiana State University Health Sciences Center in New Orleans, where she achieved membership in the Alpha Omega Alpha Medical Honor Society. She then completed her residency in Pediatrics at the University of Alabama at Birmingham.

New Beginnings Names New Admissions Coordinator

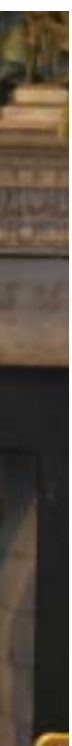
Kylii Bijeaux has been named Admissions Coordinator for the Opelousas based New Beginnings Teen & Adolescent Substance Abuse Treatment Center. Chase Glenn, CEO of New Beginnings announced Bijeaux's appointment.

Bijeaux is a native of Cecilia, Louisiana and is a 1997 graduate of Cecilia High School. She has worked with addicted individuals since 2005 and in the substance abuse treatment healthcare field since 2010. She has been associated with several adult treatment centers in the Acadiana area during her career.

Gonzales Gala Planning Committee

Below: Ronnie and Wendy Daigle

DeEtte and Johnny DeArmond



Ascension Parish Cancer Patients to Benefit from Community Generosity

Ascension Parish community members helped take the fight against cancer forward by hosting the second annual Gonzales Gala, Saturday, Jan. 28 at Houmas House Plantation and Gardens. The $150,000 raised will benefit local patients at Mary Bird Perkins Cancer Center in Gonzales, as well as advance local flood relief efforts.

At the event, a sold-out crowd enjoyed a festive evening, including dinner, a live auction, and musical entertainment. Speakers provided an update on the Center's progress and how funds raised will directly impact the impact the more than 750 patients treated each year.

The Gonzales Gala is a signature event of the newly founded Gonzales Area Foundation, which was established by DeEtte DeArmond, Ronnie Daigle, Wendy Daigle and Melanie Boudreaux.

Below: Drs. Charles and Brooke Wood

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The gala planning committee consisted of dedicated community volunteers, representing various industries and geographic locations, along with DeArmond and Ronnie Daigle serving as co-chairs.

The NeuroMedical Center Named National MS Society's 'Company on the Move'

The NeuroMedical Center, announced it has been named the National MS Society's 2017 'Company on the Move' for its outstanding commitment to people affected by multiple sclerosis in the Louisiana community. Board certified neurologist and MS specialist, Dr. April A. Erwin accepted the honor on behalf of The NeuroMedical Center at the Society's annual 'On the Move Luncheon' on Wednesday, February 8, 2017 at the Lod Cook Alumni Center.

The NeuroMedical Center has been a committed partner of the National MS Society for the past five years since fellowship trained MS Specialist Dr. April Erwin joined the practice in 2012. In 2016, Dr. Erwin was named a 'Partner in MS Care' by the Society for her demonstrated knowledge and experience in treating MS. Dr. Erwin is now the only physician in the Baton Rouge area, and one of only five neurologists in the entire state of Louisiana to earn this special designation by the largest multiple sclerosis organization in the world. Over 1,200 MS patients currently receive treatment at The NeuroMedical Center. Dr. Erwin has also earned recognition for her work in the field of MS research, serving as the primary or sub-primary investigator for 10 MS clinical trials. She is also the author of multiple publications in MS-related medical and scientific journals.

The NeuroMedical Center as an organization has been involved consistently in fundraising through the MS Luncheon and the annual MS walk. They also have hosted programs at their facility for World MS Day which is observed around the globe every May. ■

Can someone less than half your age teach you to be twice as smart?

Kids are amazing. They are constantly teaching us ways to be better. And at Our Lady of the Lake Children's Hospital, we are always striving to ensure kids receive the best medical care possible. Like employing the state's largest Child Life Specialist team that helps families cope with hospitalization, and operating a pediatric residency program that trains future pediatric specialists in state-of-the-art clinical care. Yes, kids are amazing. We're here to do amazing things for them.

www.ololchildrens.org

OUR LADY OF THE LAKE CHILDREN'S HOSPITAL

The stars are aligning in the nationwide transition from fee-for-service (FFS) care to value-based payment models.

THE NEXT FRONTIER: The Four Factors That Will Move Healthcare Forward

THE OFFICE OF THE NATIONAL Coordinator for Health Information Technology (ONC) reports that by the end of 2015, nearly 9 in 10, or 87 percent, of office-based physicians, and 96 percent of non-federal acute care hospitals, had adopted electronic health record (EHR) technology.

The Health Information Management Systems Society (HIMSS), in its 2016 Telemedicine Study, announced clear growth in telehealth utilization – specifically, fewer reimbursement restrictions and widespread adoption of the hub model in which smaller, "spoke" hospitals are connected to one or more larger, "hub" hospitals via two-way video/webcam technology.

Numerous case studies and pilot programs have revealed successful, evidence-based models for the use of patient-generated data to improve patient outcomes and reduce overall costs of care. Hospitals and health systems across the nation are finally catching on to the value of this data, with two in 10 hospitals regularly using it to inform clinical decision-making, according to a recent Health Catalyst survey.

And of course, predictive analytics—a widely used tool in nearly every industry—has finally become more commonplace in health care, with 43 percent of providers, 12 percent of payers and 10 percent of other health care organizations now using it to direct clinical and financial outcomes, reports the Society of Actuaries.

Although barriers remain, increasing emphasis on the need for quality care and improved outcomes at lower costs will drive even greater growth in these areas moving forward. This growth, however, is dependent on certain factors.

FACTOR 1: MEANINGFUL INTEROPERABILITY STANDARDS

The aim of health care providers communicating seamlessly across care settings is clear, yet market competition (or marketplace dynamics), as well as technological and geographical barriers remain a challenge across the nation, especially for smaller practices and hospitals that report incidents of data-blocking by larger systems. Efforts to address this issue have been underway for some time, but ONC is taking it even more seriously as we move forward with the transition to value-based care.

In December, ONC released its final 2017 Interoperability Standards Advisory (ISA), an updated list and assessment of the standards to meet health IT interoperability needs. While the standards and specifications are non-binding, they may be considered for rulemaking or other federal requirements.

When announcing the release of the standards, Vindell Washington, MD, National Coordinator for Health IT, said, "The ISA is a key step toward achieving the goals we have outlined with our public and private sector partners in the Shared Nationwide Interoperability Roadmap as well as the Interoperability Pledge announced earlier this year."

This "key step" truly is a critical one in the move toward a value-based health care system. Reductions in costly medical errors and redundant or unnecessary health care services, when combined with enhanced, bi-directional data systems, lead to improvements in outcomes, patient safety, provider satisfaction and, of course, significant savings from the patient level to the state and federal level.

FACTOR 2: INCREASED TELEHEALTH INTEGRATION

The benefits of telehealth are clear: it closes the gaps created by provider shortages and geographic distance, and creates greater access—and choice—for patients. In a rural state like Louisiana, where 31 percent of the population is classified as rural, according to the U.S. Census Bureau, and which currently has 126 designated primary care Health Professional Shortage Areas (HPSAs), the availability of telehealth could yield a significant positive impact on cost, quality and access.

Nationally, action is underway to drive telehealth expansion and adoption. The National Business Group on Health, in its 2017 Large Employers Health Plan Design Survey, reported that nine in 10 employers plan to make telehealth services available to employees in states where it's allowed in 2017. MGMA Stat polled providers and found that 17 percent were already offering telehealth services and 21 percent plan to

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Chief Executive Officer
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have it available in 2017. Another survey, the Telehealth Index from American Well, found that 57 percent of physicians are willing to see patients via video/webcam technology when it is medically appropriate.

Closer to home, the University of Mississippi Medical Center (UMMC) launched a telehealth pilot in 2003 that linked rural hospital emergency departments (EDs) and specialists with UMMC's Level 1 trauma center. The results were so successful that the program has since expanded across the state and includes multiple types of specialties, and very few counties in that state now lack access to services.

By capitalizing on the growing support for telehealth across stakeholder audiences, and replicating successful telehealth models on a wider scale, value-based care delivery will take a gigantic leap forward.

FACTOR 3: UTILIZATION OF PATIENT-GENERATED DATA

Modern consumers are, for the most part, technologically savvy. They are generally comfortable with new technology, and they have overwhelmingly expressed a desire for greater control over their health care data. They want to engage in their care, and patient engagement efforts, like those within the Meaningful Use program, have facilitated this level of engagement to some degree.

A patient survey conducted by the Society of Participatory Medicine found that 75 percent of patients want their data shared across their providers. Consulting firm Accenture reports that 86 percent of well patients, and 87 percent of chronically ill patients, want access and control over their data. Countless other studies indicate that patients, especially those with chronic conditions, want an avenue that allows them to contribute data to their personal health information.

The growth in the wearable technology movement has been a key driver in the increasing acceptance among providers of the value of patient-generated data. Devices like fitness trackers and mobile apps that monitor weight, blood pressure, physical activity and so on are creating massive volumes of data that can be used to improve decision-making for both the patient and the clinician.

Drastically improved health care quality, health outcomes and overall costs can be achieved if this data is accepted – and utilized – by providers at the point of care. Widespread support for patient-generated data will grow exponentially as consumer-facing technology continues to improve and the transition to value-based care moves forward.

FACTOR 4: RISE OF PREDICTIVE ANALYTICS

The ability of a provider to accurately predict patient outcomes does not depend on a crystal ball – there are no Tarot cards or psychics required. Predictive analytics has made it possible for providers to move away from treating a sick patient to anticipating health concerns before the patient gets sick, and there is economic value in predictive data.

Payer organizations have already begun realizing that economic value, largely because their business-like operations require them to base their decisions on actuarial science. Predictive analytics enable payers to employ Risk Scoring programs to identify high risk and at risk patients, which in turn allows them to conduct direct intervention and care management for those patients to address issues like poor medication adherence and gaps in primary care. When combined effectively, these Risk Scoring programs and direct outreach programs drive significant improvements in patient outcomes – not to mention cost savings for the payer.

And predictive analytics are showing results at the clinical level, too. Harris Methodist Hospital near Dallas, uses an algorithm to review multiple data points and identify patients who are most at risk for heart failure, enabling providers to target those patients with intensive follow-up care. The hospital's efforts yielded an 11 percent reduction in 30-day readmissions, according to an innovation profile conducted by the Agency for Healthcare Research and Quality (AHRQ).

In the move toward value-based care, providers will increasingly require solutions that enable them to identify high risk patients before they become high cost patients. Their ability to provide more accurate diagnoses, more effective care plans and higher quality of care—and all at reduced costs—will hinge on the widespread adoption of predictive analytics. ■

My first experience with high performance teams was as a member of the Neonatal Intensive Care Unit (NICU) at a large community hospital in west Texas. One of the most poignant memories I have of that time in my career is an infant named Frankie, born with gastroschisis, a congenital defect in the abdominal wall through which the abdominal contents freely protrude. Our hospital didn't have a pediatric intensive care unit (PICU) so we raised Frankie in the NICU for 6 months, through 4 surgeries before transferring him to a specialized children's hospital in another state. In addition to his own parents, Frankie had 15 adoptive "RN mothers" during his time in our unit. We worked as a team to get facilities planning to build him his own crib as he grew; we got physical therapy involved to work on building motor skills for this infant we were raising in our unit; there were multiple medical physicians involved in his care including surgeons, pediatricians, and neonatologists; and hospital administration had to be involved every step of the way. It was the essence of TEAMWORK. I last saw Frankie at 13 – he'd be 41 years old today and he remains in my memory as one of our greatest successes. As important, the hospital recognized the need for a PICU and facilitated the development of this highly specialized unit.

TEAMWORK IN THE WORKPLACE: Strategies to Build High Performing Teams

MY PROFESSION IS MY PASSION, and I can confirm that I have never been bored, and it has brought me the greatest and most heart wrenching moments of my life. I have worked across the age spectrum, and in clinical sites as diverse as an inpatient psychiatric unit to a burn facility. I have been part of prayer circles around premies in the NICU, and I have nursed my own family members through cancer, myocardial infarctions, strokes, and sepsis following a ruptured appendix. I have been present to hold a microcephalic baby as she died in my arms or the hand of my father in the emergency department when he passed. In each of these experiences I have been surrounded by a team of professionals who provided high tech, compassionate care to their patients.

So what makes a great TEAM? How do we foster cohesiveness among interdisciplinary medical professionals? Many organizations who have studied this issue, including both the Joint Commission and Institute of Medicine, identify communi-

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"Team members who are committed and passionate about their work will be more effective in goal accomplishment than those who are bogged down in their own self-interests."

cation as the key. Communication failures have been identified as a leading cause of errors and sentinel events leading to morbidity and mortality in hospitals.[1] It is often flawed teamwork, failure of role delineation, lack of coordination among team members, and poor communications rather than poor clinical skills that lead to adverse events. A highly functioning team is one where every member may bring a different set of skills, but they are all united to successfully accomplish the goals and objectives of the unit. The team has to feel empowered to accomplish the mission and vision, and communication is a vital tool in creating the environment that inspires people.

Motivational materials often tell us that there is no "I" in TEAM. From a grammatical standpoint, they are correct – the letter "I" isn't part of the word. From a realistic standpoint of the understanding of what makes teams work, as my grandmother would say, that's a bunch of malarkey. Teams are made up of individuals, and the workplace has to respect that each individual brings their own needs and interests to the work of the team. The leader's role is to align those varying interests with the goals of the team. Team members who are committed and passionate about their work will be more effective in goal accomplishment than those who are bogged down in their own self-interests.

Another key determinant of high performance teams is competence. When all the members of the team bring to their work the knowledge, skills, experience and expertise to handle the issues, work is expedited and goals are accomplished. In addition to the empowerment mentioned above, team members must also feel accountable and responsible for achieving the mission. They have to "buy in" to the pursuit of solutions, and the team has to agree among themselves on prioritization of tasks to be accomplished. In sum, a culture of collaboration has to be established that fosters efficiency and effectiveness in the workplace.

RECOMMENDATIONS FOR ACHIEVING HIGH PERFORMANCE TEAMS

Healthcare workplaces are transforming from hierarchical organizations to collaborative associations of interdisciplinary teams. Actions that can be taken to facilitate this shift include:

- Provide all the time and monetary resources needed for employees to accomplish the tasks assigned;
- Set limits and boundaries that all team members understand and accept;
- Prioritize the tasks needed to accomplish the work assigned;
- Encourage clear and honest communication among all team members;
- Reward and recognize teams that are successful;
- Institute processes for appraising, hiring, and motivating employees that have clear metrics for evaluating performance;
- Communicate that collaboration and teamwork are both expected and valued in the workplace;
- Reward, through bonuses and compensation, joint teamwork as well as individual effort;
- Sponsor fun activities that bring employees together to laugh and learn;
- Establish "gemba" (Japanese word meaning the place where work happens) boards, visual management boards that display movement toward an improvement initiative;[2]
- Embrace failure; understand that efforts that fail teach us what not to do as much as our successes tell us what works.

Advancing new ideas of teamwork that facilitate innovation and transformation of work processes in our institutions requires engagement of teams to create the architecture of change. That means establishing an accountability framework, and demonstrating actual performance improvement, not just evaluating performance. Only when we have defined metrics that estimate the value of the team's work, and the outcomes for patients, staff, and organizations, will we have accomplished the goal of transforming our health institutions into centers of collaborative excellence. ■

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COLUMN
SECRETARY'S CORNER

From Breaking Ground to Standing Orders

The Louisiana Department of Health continues to focus on efforts that improve a culture of health in our state. I hope you enjoy reading about some of our recent initiatives and activities.

North Baton Rouge ER groundbreaking

The Louisiana Department of Health joined elected officials, community leaders, and representatives from Our Lady of the Lake on January 31, 2017 for the North Baton Rouge ER Groundbreaking.

The Our Lady of the Lake North Emergency Room is expected to open in October of 2017. The facility will be staffed 24 hours a day, seven days a week by emergency physicians who specialize in providing comprehensive emergency care for patients with acute illnesses or injuries.

When complete, the new ER facility will have eight treatment rooms capable of expanding up to 11 treatment spaces. It will be able to provide patients with CT scans and X-rays, and will have a full-service lab and pharmacy on-site. The ER will also include a trauma room,

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Secretary, Louisiana DHH

a bariatric room, an isolation room, an ultrasound room, an OB/GYN room, and an ambulance bay.

The location for the North Baton Rouge ER already includes access to primary care, oncology infusion, urgent care, and in the near future – emergency care. Patients have the opportunity to seek care in the most appropriate health care setting at the right time, and close to home.

Leading up to this groundbreaking, the Louisiana Department of Health helped to listen to the concerns of the community and learn more about the needs for health care.

The State provided a one-time payment of $5.5 million to build and staff the ER as part of its public-private partnership agreement with Our Lady of the Lake.

One year after Medicaid Expansion order signed, more than 390,000 have coverage

Gov. John Bel Edwards recently celebrated the one year anniversary of signing the Executive Order that directed the State of Louisiana to expand Medicaid to include low income working adults. As of February 1, 2017, more than 390,000 new members are enrolled and have health care coverage.

Medicaid expansion has not only reduced Louisiana's number of uninsured residents, it has offered these newly covered adults the opportunity to seek care from a primary care physician instead of in an emergency room. In fact, a recent article in *Governing Magazine* showed "there is ample evidence of increased usage of preventive health care services and improved affordability."

Statistics compiled by the Louisiana Department of Health show that more than 54,000 adults have now received at least one preventive or primary care service after getting coverage under expansion. The most recent data as of February 1 shows how newly enrolled members are benefiting from Medicaid coverage:

- 54,354 members have received preventative care visits with a care provider.
- Over 5,000 women have completed important screening and diagnostic breast imaging such as mammograms, MRIs and ultrasounds, and 66 women were diagnosed with breast cancer as a result of this imaging.
- 4,904 adults had colonoscopies, and 1,363 patients had precancerous polyps removed.
- Treatment has begun for over 1,000 adults newly diagnosed with diabetes.
- 2,595 patients have been newly diagnosed with hypertension.
- During flu season, more than 11,500 new members have received a flu shot.

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

Naloxone now available for emergency overdose treatment via standing order

Louisiana is ranked first in opioid prescribing of all 50 states. The Louisiana Department of Health continues to work with partners throughout the state to address the opioid epidemic and develop potential solutions.

The State of Louisiana recently issued a "standing order" for naloxone. Naloxone is an antidote medication that reverses an opioid overdose. Used by medical professionals for years, naloxone is the most effective way to counteract an overdose and save lives. The standing order is the result of legislation that made it legal for medical professionals to prescribe naloxone. It allows for participating pharmacists to dispense naloxone to laypeople including caregivers, family, and friends of an opioid user. Laypeople who come to the aid of an individual who has overdosed on heroin, morphine or other opioid drugs can now receive the lifesaving medication naloxone without having to get a direct prescription from a doctor.

Health care experts say that making naloxone widely available is an important tool in saving the lives of people who have overdosed on opioids. For example, in Wilkes County, North Carolina, making naloxone easily available to laypeople has resulted in a decrease in overdose deaths by 42 percent and a decrease in drug-related hospital emergency department visits by 15 percent.

Well-Ahead and the Louisiana Restaurant Association work together to provide healthy dining options

Well-Ahead Louisiana, an initiative of the Louisiana Department of Health, and the Louisiana Restaurant Association are joining efforts to help state residents live healthier lifestyles by offering healthier options on restaurant menus.

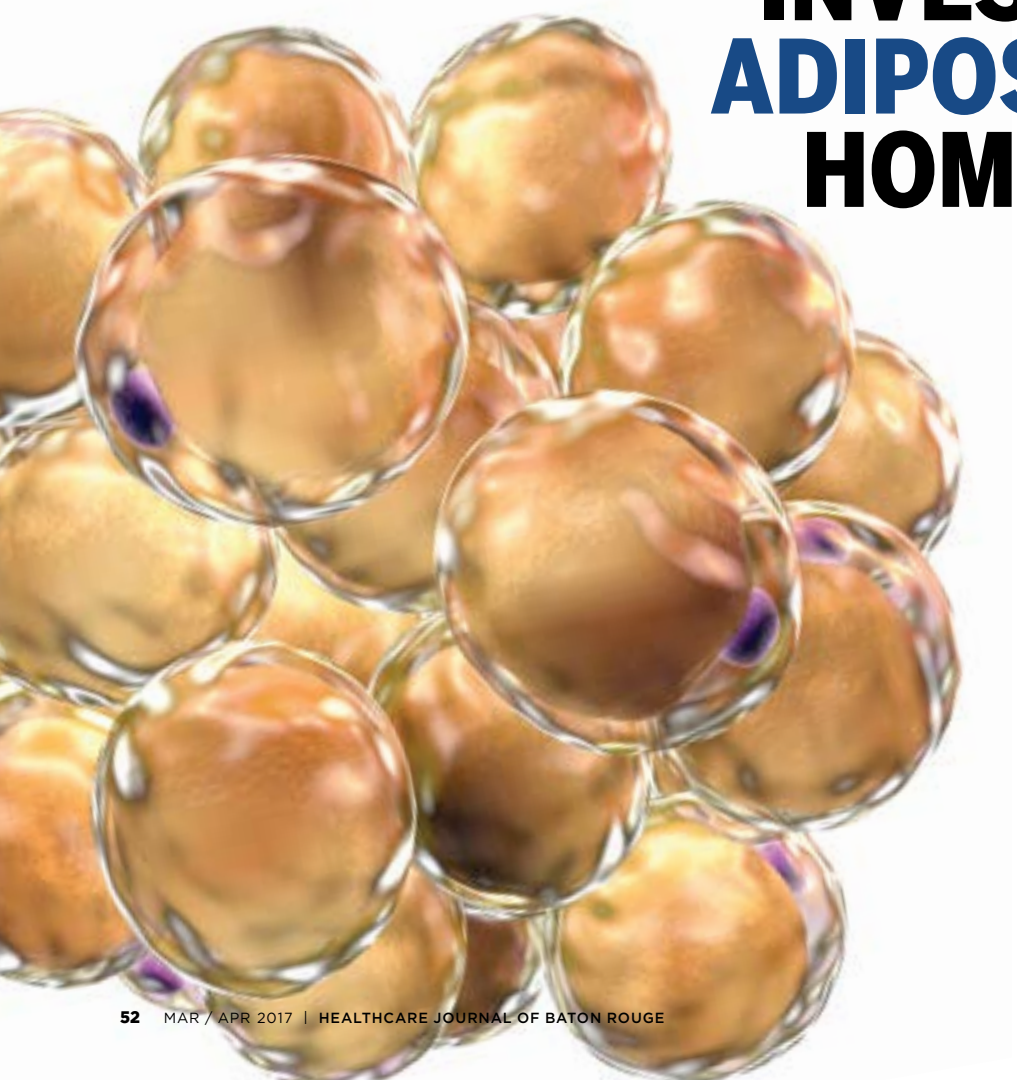
Restaurants can make a difference by seeking designation as a Well-Ahead WellSpot. Designation is achieved by meeting wellness benchmarks that include offering and promoting healthy menu options, offering healthy options on the children's menu and including low-fat milk or water as the default beverage, and accommodating dietary restrictions.

Nearly 70 restaurants across Louisiana have already been designated as WellSpots, offering their customers a variety of menu options to aid them in making healthy food choices.

I encourage restaurants to take the steps to adopt the Well Spot goals. Just go to www.wellaheadla.com. ■

Adipose tissue, or body fat, plays an important role in the how the body maintains its metabolism. The global rise of obesity, along with the increased risk for complications such as type 2 diabetes, has intensified research on the role of adipose tissue.

INVESTIGATING ADIPOSE TISSUE HOMEOSTASIS



DR. CARRIE ELKS, assistant professor of research, works in the Matrix Biology Laboratory at LSU's Pennington Biomedical Research Center. She researches how adipose tissue's extracellular matrix affects the body's function and metabolism. Her current research focuses on how cytokines affect the function and composition of the adipose tissue extracellular matrix, and how alterations in the adipose tissue extracellular matrix affect adipocyte function and insulin sensitivity. Cytokines are proteins that have specific effects on interactions and communications between cells. Adipocytes are the adipose tissue cells specialized in storing energy as fat. The main goal of the Matrix Biology Laboratory is to study connective proteins, obesity and diabetes, primarily focusing on fat tissue. Researchers also study

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"It (this research) helps us understand the adipose tissue immune response in obesity. Not long ago, people thought adipose tissue only stored fat. It is actually very active and has important endocrine functions."
-Dr. Carrie Elks

bone tissue and mammary glands, along with the roles of proteins surrounding the cell have and how they can be manipulated to treat obesity or diabetes.

A team of nine researchers from Louisiana, California, and Indiana researched the function of a specific cytokine to better understand its effects in adipose tissue. The cytokine that they investigated, oncostatin M (OSM), is produced in adipose tissue, but not by adipocytes. This family of cytokines regulate a diverse array of biological processes, including immune responses, inflammation, stem cell potency, and neuronal survival. It is important to note that several actions of OSM are unique from other cytokines in its family.

In the adipose tissue of obese mice and humans, OSM expression is significantly induced. A majority of studies support a role for OSM in promoting metabolic dysfunction. Elevated OSM levels are found in a variety of inflammatory and fibrotic diseases in humans and animals. The OSM-specific receptor is expressed in adipocytes, but its function remains largely unknown. Despite a large number of research studies showing associations between OSM, inflammation, and metabolic dysfunction, several recent reports suggest OSM is a potential agent for obesity treatment.

To combat the confounding data, and to better understand the effects of OSM in adipose tissue homeostasis, researchers inactivated OSM receptor expression in adipocytes *in vitro* in animal models. The effects of OSM on gene expression were examined *in vitro and in vivo.*

Results were surprising. The loss of adipocyte OSM signaling *in vivo* was associated with inflammation and insulin resistance, suggesting that intact adipocyte OSM signaling plays a role in the maintenance of adipose tissue homeostasis.

When asked what surprised her the most with these results, Dr. Elks said, "We found that the animal models were longer with denser bones. How can we knock out this receptor on a fat cell and get bigger bones?" Because the researchers did not expect to see any change in bone density, they are now conducting side experiments for further investigation.

Could inhibiting OSM be a potential obesity treatment? According to Dr. Elks, this is a tricky question. OSM has been widely studied in the cancer field. Depending on the type of cancer cell or tumor, inhibiting OSM can be good or bad. Previous research shows that too much OSM is a bad thing, but a little bit of it is needed for normal function. It is context-dependent as a treatment.

This basic science research is part of Pennington Biomedical's larger mission of putting science to work for a healthier Louisiana.

"This research adds a piece to the puzzle of how different proteins and molecules can interact to promote or aggravate obesity and diabetes," Dr. Elks said. "It helps us understand the adipose tissue immune response in obesity. Not long ago, people thought adipose tissue only stored fat. It is actually very active and has important endocrine functions."

You can read the research article, "Loss of Oncostatin M Signaling in Adipocytes Induces Insulin Resistance and Adipose Tissue Inflammation in Vivo," in the *Journal of Biological Chemistry.* ■

Health care providers and consumers have spent the past seven years digesting, planning for and implementing the hundreds of pages of legislation and thousands of pages of regulations published under the Affordable Care Act (ACA). Despite constant legal challenges and Congressional efforts to repeal the ACA, since its enactment in March 2010, the ACA was, and most predicted would continue to be, the law of the land. That is, until Tuesday, November 8, 2016, when Republican Donald Trump was elected President of the United States and Republicans retained their majorities in the House of Representatives and Senate, giving one political party control of the executive branch and both houses of Congress for the first time since before the 2012 elections.

BACK TO THE FUTURE?
Potential Impacts of Unraveling the Affordable Care Act

POST-ELECTION, President Trump has continued pursuing his campaign promise to repeal and replace the ACA, though few specifics have emerged regarding the President's replacement plan except that, as President Trump was quoted in the *Washington Post,* it will offer "insurance for everybody" and be "much less expensive and much better."

Among the concepts or strategies suggested as alternatives to the ACA are tax credits for consumers who purchase health insurance, increased emphasis on Health Savings Accounts (HSAs), "high risk pools" to cover individuals with expensive, chronic illnesses, and Medicaid block grants. Regardless of the plan ultimately crafted to replace the ACA, however, no doubt virtually every provision of the current law will be in play. This article highlights just a few of the many direct and major impacts that could be felt by health care providers and consumers if key provisions of the ACA are eliminated or significantly altered by new legislation.

For Health Care Providers:

Decreased Medicaid Reimbursement. A cornerstone of the ACA, expanding Medicaid eligibility to all individuals under age 65 up to 138% of the Federal Poverty Level resulted in millions of previously uninsured Americans, including approximately 350,000 in Louisiana, becoming eligible for Medicaid coverage. This resulted in both increased volumes for providers due to pent-up demand for services from the previously uninsured, as well as a payment source for care provided that was previously uncompensated. The American Hospital Association estimates that hospitals alone could lose more than $160 billion because of the decrease in Medicaid revenue and the increase in unpaid medical bills if Medicaid expansion is repealed and the expansion population loses coverage. Further, replacing the current federal financial participation (FFP) model for Medicaid funding, under which an increase in state funding for Medicaid results in a corresponding increase in federal funding, with a block grant model, under which the federal contribution to a state's

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Medicaid program would be capped, would almost assuredly result in reductions to state Medicaid budgets, particularly in states such as Louisiana with high FFP rates. A reduction in Louisiana's total Medicaid budget would undoubtedly be felt most acutely by Louisiana's health care providers.

Increased Uncompensated Care. As a corollary to the decreased revenue providers will experience if people who gained coverage under the ACA lose that coverage, if the ranks of the uninsured return to pre-ACA levels, so will the levels of uncompensated care.

Increased Cost-Sharing and Bad Debt. While no clear replacement plan for the ACA has yet emerged, virtually every plan or proposal currently under consideration promotes expanded use of HSAs. The theory behind HSAs, when coupled with high-deductible insurance plans, is that health care consumers will be more judicious in their use of health care services and products when they are responsible for paying a substantial portion of the cost out of an HSA, thereby promoting competition among providers based on cost and quality, as well as lowering premium costs. Shifting payment responsibilities from third-party payers to consumers, however, has the additional effect of increasing providers' collection burdens and bad debt for unpaid medical bills. Not every employer will fund HSAs for its employees, and not every employee is in a position to fund an HSA for himself or herself. Therefore, the funds needed to pay a high deductible may not be readily available when necessary. Further, even if the patient has funds available, collecting payments from an individual is more difficult than collecting on claims submitted to third-party payers. While it is relatively easy and common for providers to require patients to pay a modest co-pay or co-insurance up front, it is more difficult to enforce those policies when the upfront payment is $1,500, or higher.

Reimbursement Reforms. Frequently lost in the intense political rhetoric is the fact that ACA provisions designed to reduce costs and improve quality have fueled much of the movement from volume-based to value-based reimbursement. Alternative payment models such as accountable care organizations and episode-based payments have resulted from the ACA through CMS's Centers for Medicare and Medicaid Innovation (CMMI). The CMMI has been a frequent target of Congressional Republicans, and its elimination, or restrictions on its authority or budget, could have a significant impact on the future direction of health care reimbursement.

For Health Care Consumers:

Loss of Coverage. Without a doubt, the biggest threat to consumers posed by repealing the ACA is the loss of coverage facing individuals who gained it, either through Medicaid expansion or subsidies provided to purchasers on the health insurance exchanges, under the ACA. The Congressional Budget Office (CBO) estimates that approximately 18 million people would lose coverage and premiums would rise as much as 25 percent for individual purchasers in the first year alone, and the number of individuals losing coverage would rise to 32 million by 2026, if the ACA were repealed without replacement. Medicaid expansion and health insurance subsidies are the primary reasons for the significant reduction in the number of uninsured Americans since those provisions of the ACA have been implemented. While House Speaker dismissed the CBO Report as "meaningless" because it does not take into account a replacement plan, the challenge for President Trump and Republican leadership is to come up with alternatives to Medicaid expansion and health insurance subsidies that would continue to provide lower-income Americans with access to affordable health care coverage and avoid having the number of uninsured Americans return to pre-ACA levels.

Coverage of Pre-existing Conditions. Laws chipping away at an employer's or insurance company's ability to limit or exclude coverage of pre-existing medical conditions have been around since HIPAA was passed in 1996, and the ACA virtually eliminated that ability beginning in 2014. While a full repeal of the ACA would restore some of the pre-ACA "loopholes" that sometimes resulted in the exclusion or limitations on coverage of pre-existing conditions, eliminating those loopholes has proven popular with the public and been embraced by the Republican majority, so those provisions will likely not be repealed or, if repealed, will also be included in replacement legislation.

Dependent Coverage to Age 26. Requiring health plans and insurance policies to offer dependent coverage to age 26 is another feature of the ACA that has proven popular with the public. Again, therefore, those provisions

will likely not be repealed or, if repealed, will also be included in replacement legislation.

Individual Mandate. Urged by health insurers, the goal of the individual mandate is to spread the insurance risk across as wide a group of people as possible, including the young and healthy who might not otherwise feel the need to have health insurance, by requiring all people to have health insurance, or a pay a tax penalty. Not surprisingly, the individual mandate has been heavily criticized by Republican lawmakers, and is likely to be repealed. The failure to require people to buy health insurance, however, will undoubtedly result in a sicker, higher cost insured pool, especially if guaranteed issue remains the law, which some insurers have said will cause them to exit the market, or at least raise premiums even more. Repealing the individual mandate will no doubt be politically popular, but could have consequences in the insurance market that are not so popular.

With all its pros and cons, complexity and unintended consequences, the ACA is a reflection of how difficult it is to establish policies that simultaneously address health care access, cost and quality. These policy decisions are extremely difficult – yet extremely important – and the hyper-politicalization of the process only makes it more difficult to achieve. Clearly, the ACA has not been 100 percent successful delivering on its promises to improve access while controlling costs and improving quality. Neither, however, has it been the "disaster" characterized by candidate and now President Trump. Indeed, moderate Republicans have begun advocating the need to "repair," rather than "repeal and replace," the ACA. As they continue to delve into the issues, the President and Congress are likely to discover, to the extent they haven't already, that "repairing" the ACA is perhaps the only feasible route to fulfilling the President's promise of a plan that will offer "insurance for everybody" and be "much less expensive and much better."

Patrick D. Seiter is the Taylor Porter Health Care Practice Group Leader. Practicing law since 1985, he represents and advises health care clients in a wide range of business, transactional and regulatory matters, including business organizations and contracts, mergers and acquisitions, joint ventures, managed care and provider network contracts, fraud and abuse, Stark, health information technology, HIPAA, EMTALA, medical staff, Medicare and Medicaid reimbursement, federal and state regulatory compliance, and alternative delivery and payment systems. Seiter has been selected for inclusion in Chambers USA and The Best Lawyers in America® and was named "Lawyer of the Year" for Health Care Law in Baton Rouge, in both 2013 and 2016. ■

Hospital Rounds

North Oaks Honored as Business of the Year

North Oaks Health System, Tangipahoa Parish's second largest employer, has received Business of the Year honors from the Greater Hammond Chamber of Commerce. North Oaks' selection out of the Chamber's more than 620 members was announced at the organization's 67th installation and awards banquet held Jan. 26 at the Southeastern Louisiana University Student Union Grand Ballroom.

Immediate Past Chairman Brian Shirey applauded North Oaks employees' contributions of time and talent to Chamber initiatives and the region at large, and singled out the Medical Center's designation as a Level II Trauma Center as key factors in the health system's selection.

Hospital Rounds

Our Lady of the Lake Breaks Ground on North Baton Rouge ER

Our Lady of the Lake Regional Medical Center has started construction on a new emergency room that will close a gap in emergency healthcare services and bring lifesaving treatment closer to residents in north Baton Rouge.

The Our Lady of the Lake North Emergency Room is expected to open in October of 2017. The facility will be staffed 24 hours a day, seven days a week by emergency physicians who specialize in providing comprehensive emergency care for patients with acute illnesses or injuries. Emergency Medicine residents will also be included in the staffing at this location, just as they are at the Our Lady of the Lake emergency rooms at the main campus on Essen Lane and in Livingston Parish.

When complete, the new ER facility will have eight treatment rooms capable of flexing up to 11 treatment spaces. It will be able to provide patients with CT scans and X-rays, and will have a full-service lab and pharmacy on-site. The ER will also include a trauma room, a bariatric room, an isolation room, an ultrasound room, an OB/GYN room, and an ambulance bay.

To house the new emergency room, an 8,000-square foot addition is being made to the LSU Health Baton Rouge North Clinic at 5439 Airline Highway in Baton Rouge. The clinic is currently home to an infusion clinic, and services for urgent care, primary care, and oncology.

The ER is expected to treat approximately 11,000 patients per year, and the urgent care around 44,000. The State provided a one-time payment of $5.5 million to build and staff the ER as part of its public-private partnership agreement with Our Lady of the Lake.

Baton Rouge General Names Edgardo Tenreiro CEO

Baton Rouge General/General Health System's Board of Trustees has announced Edgardo Tenreiro as its Chief Executive Officer. The 53-year old executive has been serving as acting CEO since August, and has served as BRG's Executive Vice President and Chief Operating Officer for eight years.

Tenreiro earned a Bachelor of Arts in Politics, Philosophy and Economics as well as a Master of Business Administration in Finance from the University of Notre Dame. For almost three decades he has served in management roles for hospital systems in Florida, Texas, Illinois, and Louisiana including Chief Operating Officer, Chief Executive Officer and Vice President of cardiology, oncology, surgery services, revenue cycle, outpatient clinics, operations, physician network development, marketing, and quality. Since joining BRG in 2008, he has overseen many of the hospital's major functions including physician relations, clinical quality, patient satisfaction, employee engagement, and financial performance.

OLOL Children's Hospital Launches Peer-to-Peer Fundraising

As the 2017 Our Lady of the Lake Children's Hospital Amazing Half Marathon approaches, a new feature has been added for runners to make an amazing difference in the life of a child. Now, participants in the Amazing Half Marathon weekend can help raise funds to support the building of a freestanding children's hospital.

The new portal allows individuals or teams to create personalized pages to raise money and tell their stories of why they are participating in the Amazing Half Marathon. A personalized page and message can be shared through email and on social media to generate excitement for this cause.

The Amazing Half Marathon Weekend will take place on March 11-12, featuring half-mile and one-mile fun runs, a 5K, a 10K, and the signature half marathon. Register online at www.amazinghalf.com/register and start fundraising today at ololchildrens.donordrive.com/event/amazinghalfmarathon.

Adult ICU at Woman's Hospital Earns Beacon Award for Excellence

The Adult Intensive Care Unit (AICU) at Woman's Hospital recently received a Silver-level Beacon Award for Excellence from the American Association of Critical-Care Nurses (AACN).

The Beacon Award recognizes intensive care units for excellence in professional practice, patient care, and patient outcomes. Beacon-designated units also meet the following criteria:

- Unit leaders foster a positive and supportive work environment with greater collaboration between colleagues and leaders, higher morale and lower turnover.
- Staffing is appropriate for patient census and acuity.
- Staff communicates effectively, shares knowledge, and continues to develop through education and training.
- Patient care practices and processes are based on continual assessments, innovations, and improvements.
- Patient outcomes meet or exceed quality standards based on proven indicators of excellence.

The award, which lasts for three years, includes Gold, Silver, and Bronze levels so hospitals can track performance over time. Woman's four-bed AICU earned the Silver level, which signifies continuous learning and effective systems to achieve optimal patient care.

Woman's AICU is currently the only Beacon Award for Excellence recipient in Louisiana. The unit will be recognized for this achievement at the National Teaching Institute and Critical Care Exposition in Houston, Texas in May.

Board of Trustees and Leadership

Baton Rouge General/General Health System announced four new members of its Board of Trustees: Charles D'Agostino, Edgardo Tenreiro, Gwen Hamilton, and Louis Minsky, MD. D'Agostino's three-year term began January 1, 2017, while Tenreiro's term runs in conjunction with his role as BRG CEO. Hamilton's term accompanies her role as chair of the BRG Foundation Board, and Minsky's term is a part of his role as BRG's Chief of Medical Staff.

Charles D'Agostino, founder and Executive Director of the Louisiana Business & Technology Center at LSU, and the Louisiana Business Incubation Association, twice served on the Board of Directors of the Association of University Research Parks, served on the board of the National Business Incubation Association and is the 2011 recipient of Lifetime Achievement Award by the National Business Incubation Association, the 2012 recipient of the Governor's Leader in Technology Award, and was appointed to serve on Governor-Elect Edwards' 2015-2016 Economic Development Transition Team.

Edgardo Tenreiro, CEO of Baton Rouge General Health System, served in management roles for hospital systems in Florida, Texas, Illinois and

Louisiana for almost three decades including Chief Operating Officer, Chief Executive Officer and Vice President of cardiology, oncology, surgery services, revenue cycle, outpatient clinics, operations, physician network development, marketing, and quality. Since joining BRG in 2008, he has overseen many of the hospital's major functions including physician relations, clinical quality, patient satisfaction, employee engagement, and financial performance.

Gwen Hamilton serves as chair of the BRG Foundation Board, and Interim CEO of the East Baton Rouge Redevelopment Authority, and Director of Community Affairs for the New Schools for Baton Rouge. She has served as assistant chief administrative officer for the Mayor–President of Baton Rouge, senior vice president of education reform for the Baton Rouge Area Chamber, senior director for the Baton Rouge Area Foundation/Plan Baton Rouge, secretary of the Louisiana Department of Social Services, and executive director of the Children's Cabinet in the Office of the Governor for State of Louisiana.

Louis Minsky, MD, ABFP, is Chief of Staff at Baton Rouge General and has been a family practitioner in Baton Rouge since 1988. Minsky, who is at Minsky and Carver Medical Center for Personal Wellness, served as the East Baton Rouge Medical Officer for the Mayor's Office of Homeland Security and Emergency Preparedness, and the Medical Director for Clinical Informatics of General Health System.

Other members of the Baton Rouge General/General Health System Board of Trustees are:

- Joseph E. Juban, Chair
- Phyllis McLaurin, Vice Chair
- Venkat Banda, MD
- Perry Franklin
- Gary Graphia
- Margaret Hart
- Roy G. Kadair, MD
- Debra Lockwood
- Isabelina Nahmens, PhD
- Andrew Olinde, MD, Ex Officio Member
- Rev. Ronnie L. Williams

Our Lady of the Lake Celebrates World Day of the Sick

Our Lady of the Lake celebrated World Day of the Sick with a Mass and blessing of caregivers at the Rosary Chapel. World Day of the Sick is a special day to encourage people to pray for those who suffer from illness and for those who administer care to the sick.

The feast of World Day of the Sick is on February 11. It was initiated in 1992 by Pope John Paul II after he was diagnosed with Parkinson's the year prior—making this the 25th celebration of World Day of the Sick. The theme of this year's celebration is "Amazement at what God has accomplished: 'The Almighty has done great things for me.'" (Lk 1:49)

"As a faith-based institution, it's important for us not only to physically care for the sick but to pray for those who are suffering and for those who care for them," said Lucia Hamilton, director of Pastoral Care for Our Lady of the Lake.

In addition to the Mass and blessing, Our Lady of the Lake distributed prayer cards to all hospital inpatients and clinics in observance of World Day of the Sick.

Baton Rouge General Announces Ochsner's Milani, Joins Livongo Advisory Board

Dr. Richard Milani, Chief Clinical Transformation Officer, Ochsner Health System, has been named to the inaugural Livongo Health Clinical Advisory Board. Livongo Health is a leading consumer digital health company, focused on empowering people with chronic conditions to live better and healthier lives. Members of the Advisory Board include nationally-renowned healthcare leaders and key influencers in diabetes, cardiovascular disease and health economics.

Livongo's panel of diabetes and healthcare experts will provide feedback and advice as the company delivers programs to improve the care of chronic conditions. The Advisory Board will support Livongo in continuing to deliver clinically-advanced, real-time, and personalized care enabled by technology and experienced caregivers where and when appropriate.

The other members of the Livongo's Clinical Advisory Board include:

Dr. Mark McClellan, MD, PhD, MPA: Director of the Robert J Margolis Center for Health Policy, and the Margolis Professor of Business, Medicine and Health Policy at Duke University.

Dr. Anne L. Peters, MD: Professor of medicine and director of the USC Clinical Diabetes Program, and the former chairperson of the American Diabetes Association Council on Health Care Delivery and Public Health.

Richard Milani, MD

William Polonsky, PhD, CDE: Associate Clinical Professor in Psychiatry at the University of California San Diego, and President and Co-Founder of the Behavioral Diabetes Institute.

Susan Weiner, CDE: Award-winning Registered Dietitian-Nutritionist, Certified Diabetes Educator, and published author.

Baton Rouge General Rated Best Nursing Program in State

The Baton Rouge General School of Nursing has been ranked first in Louisiana by RegisteredNursing.org for historically leading the state in graduates who pass the NCLEX-RN exam. The National Council Licensure Examination has been the standard nationwide nurses' licensing test for more than 20 years.

Recently recognized by the Louisiana State Board of Nursing for its 100% first-time pass rate on the NCLEX-RN, over time the BRG School of Nursing has higher than a 98% pass rate for graduates, while maintaining consistent above-state and national average overall pass rates.

Since 1984, more than 900 talented nurses have graduated from BRG's program. Many of BRG's new graduates begin their careers at Baton Rouge General in the Emergency Department, Telemetry, Oncology, and on medical and surgical units. After entering nursing, some graduates go on to earn bachelor's, master's, and doctorate degrees, and many work in management or leadership positions, or as nurse practitioners and educators.

Watkins Promoted to COO of North Oaks Health System

Michael Watkins of Hammond has been

Hospital Rounds


Michael Watkins


Larry Meese


Andrea Normand, RN


Tracey Schiro

promoted to Chief Operating Officer of North Oaks Health System.

With Watkins' oversight, North Oaks realized implementation of a $40 million electronic medical record system, as well as more than $150 million in facility expansions to enhance and broaden access to emergency, surgical and ambulatory services on the Northshore.

The former Senior Vice President of Operations and Chief Compliance Officer began his career with the health system in 2002 as a Senior Financial Analyst. He went on to earn promotions to Budget Program Manager, Senior Business Development Representative, Contracts Coordinator, Assistant Operations Officer, and Vice President of Operations before becoming Senior Vice President of Operations in 2011, and Chief Compliance Officer in 2014. From 2003 to 2005, he also served as an adjunct instructor in finance for Southeastern Louisiana University in Hammond.

Prior to his association with North Oaks, Watkins worked as a network administrator for Elmer Candy Corporation in Ponchatoula, Louisiana, for four years. His professional career also includes 3 years of experience working as an industrial engineer technician for Intel Corporation in Hillsboro, Oregon, and 13 years of experience as a supervisor in the wood products industry in Portland, Oregon.

OLOL Children's Hospital Launches New Volunteer Program

As Our Lady of the Lake Children's Hospital continues to expand its focus on caring for not only patients but their families as well, the hospital has launched a new volunteer program with new opportunities for community volunteers. Applications are now open for dedicated volunteers who want to make a difference in the lives of patients and their families.

While all volunteers are welcome, this program is ideal for volunteers who can commit two to three hours per week, or 100 hours per year. Volunteers must be at least 18 years old and pass a mandatory criminal background check and drug screening. Volunteers must also attend an orientation and receive special training based on their volunteer assignment.

Interested applicants can apply online through a new and improved portal and select the program in which they would most like to participate. There are more than a dozen to choose from, including:

- Lullaby League – Visit room-to-room before bedtime to read stories and sing lullabies to patients.
- Puppet Pals – Help make children laugh while teaching them about important health safety topics through scripted puppet shows in our mobile puppet theatre.
- Comfort Cart – Deliver comfort items to parents and caregivers, including refreshments, books and activities.
- Walk on the Wild Side – Help patients grow their imagination through nature play in a horticulture therapy program led by the Baton Rouge Master Gardeners Association.
- Luv on a Leash – Work with the Tiger H.A.T.S. Pet Therapy program, operated by the LSU School of Veterinary Medicine, and accompany service animals and their owners as they provide pet therapy to patients and their families.

Once an application is received, volunteers will be matched to a program and receive volunteer orientation and training. Volunteers then can use the new online portal to schedule their shifts and to easily connect and communicate with Our Lady of the Lake Children's Hospital.

For more information on the new volunteer program or to fill out an application, visit www.ololchildrens.org/volunteer.

Lane Regional Medical Center Names Larry Meese as CEO

Lane Regional Medical Center announced that its Board of Commissioners has unanimously chosen Larry Meese as the organization's next Chief Executive Officer. Meese comes to Lane from Jackson Hospital in Marianna, Florida, as its CEO for the past eight years. He will succeed Randy Olson who is retiring from Lane in early March after serving the organization for almost 14 years.

The selection of Meese caps a five-month national search process conducted by Quorum Health Resources, an independent, national healthcare consulting firm. A large pool of initial prospects was narrowed by stages to a group who interviewed with Lane's search committee, and then to a final round who met with board members, physicians, senior leadership, and staff.

Meese is originally from Pittsburgh, Pa., with more than 12 years of healthcare leadership experience. He earned his Bachelor of Science in Business Administration from Washington University in St. Louis, Mo., and a Master of Business Administration from Cornell University in Ithaca, NY. He is a Fellow of the American College of Health Care Executives and a 10-year veteran of the United States Army.

Normand Selected as a Louisianian of the Year

Andrea Normand, a registered nurse with the Our Lady of the Lake Children's Hospital, was recently selected as a Louisianian of the Year by

On Valentine's Day, Woman's Hospital celebrated its NICU expansion with special Valentines for the newest arrivals.

Louisiana Life Magazine. Normand is one of only eight people selected from throughout the state for this honor, which recognizes individuals who are making a difference through various fields, including healthcare.

Normand started nursing school at Our Lady of the Lake College in 1968 and has been a part of the organization ever since—including serving as the first director of the Pediatric Emergency Department. Normand currently serves as the nurse educator for the Our Lady of the Lake Children's Hospital Emergency Department and is responsible for educating all of the department's nurses.

Ochsner Health System Announces SVP, CHRO

Ochsner Health System has announced Tracey Schiro as the new Senior Vice President (SVP) and Chief Human Resource Officer (CHRO). In this role, she will oversee all aspects of Human Resources (HR) for employees and physicians including talent acquisition, compensation and benefits, employee development and learning, and supports HR elements of strategic affiliations with other providers.

Most recently, she served interim CHRO and as Vice President of HRIS where she successfully led Project TRIO – an implementation project using Workday, Kronos, and Lawson systems to enhance Finance, Supply Chain Management, and Human Capital Management delivery, and improve processes, employee management, and payroll services.

Prior to joining Ochsner, Schiro worked for Coca-Cola Enterprises for 10 years in progressing HR leadership roles.

Woman's Hospital Opens $6.5 Million NICU Expansion

On Valentine's Day, Woman's Hospital celebrated the opening of its whale pod in the Newborn and Infant Intensive Care Unit (NICU) with special Valentines for its tiniest sweethearts. Designed with an "under the sea" theme, Woman's NICU is divided into pods to help parents easily navigate the large space. The new whale pod joins the starfish, fish, turtle, seahorse, and dolphin pods.

Since construction nearly five years ago, Woman's NICU has experienced a continual and significant increase in volume and the duration of stay, leading to a repeated relocation of lower acuity infants from single-family rooms into a traditional group setting. In 2016 alone, Woman's NICU admitted 1,249 infants and transported 90 infants. The infants totaled more than 22,000 days in the NICU with an average length of stay of two weeks.

The $6.5 million expansion includes 11 new rooms – including a room for twins – all of which are single-family and designed to feel like a baby's nursery, where parents can bond with their baby just like they would at home. This setting allows parents to stay overnight with their baby in the days, weeks, and even months ahead. The expansion also includes a versatile room with a sliding wall to transform the twin room into a triplet room.

Baton Rouge General's Birth Center Welcomes First Valentine's Baby

On Valentine's Day morning, Treneice Weber welcomed baby girl Rhiley into the world at Baton Rouge General's Birth Center. Born February 14, 2017 at 9:22 a.m., 6 lb., 08 oz. Rhiley was the first Valentine's Day baby of the year born at the hospital. Mother and baby are both doing great.

OLOL Announces New Wound and Hyperbaric Center

Our Lady of the Lake now offers advanced wound healing for patients using hyperbaric medicine, a treatment technology that uses pressurized oxygen to help boost the body's natural healing process and promote the growth of new blood vessels.

The treatment is offered at the new Wound and Hyperbaric Center, 7301 Hennessey Boulevard, Suite 103 in Baton Rouge. The center, formerly known as the Advanced Wound Center, provides evaluation, diagnosis and ongoing assessments and treatment for chronic, non-healing wounds.

Hyperbaric therapy is performed using a pressurized chamber that is filled with 100 percent oxygen, as compared to 21 percent in the normal air we breathe. Breathing 100 percent oxygen in the chamber has been shown to improve the delivery of oxygen to injured tissues, fight infection, build new blood vessels, and ultimately produce healthy tissue for advanced wound healing. The Wound and Hyperbaric Center is equipped with two hyperbaric oxygen therapy chambers and will add a third within the next six months.

Chronic wounds can cause serious complications, from severe infection to amputation. Conditions treated at the center include diabetic wounds, pressure ulcers, venous stasis ulcers, arterial ulcers, vasculitis ulcers, non-healing surgical wounds, complex soft tissue wounds, traumatic wounds, and infected wounds.

Internal Medicine and Pediatrics Returns to Pre-Flood Location

After five months of displacement due to flood damage, Our Lady of the Lake Physician Group – Internal Medicine and Pediatrics Group in Baker opened its doors again at its clinic at 6516 E. Myrtle Ave.

The clinic took on roughly 10 inches of water during the flood last August, and has undergone a full renovation that includes new flooring, furnishings, cabinetry, and an expanded reception area to serve patients with high quality healthcare in a comfortable, modern setting.

The clinic's providers provided uninterrupted patient care by operating out of other Physician Group locations in Central and Zachary. Of the four Physician Group clinics that were affected by the August flood, Internal Medicine and Pediatrics at Baker is the first to return to full operations. The other clinics continue to operate out of temporary locations.

The physicians at Internal Medicine and Pediatrics at Baker include Drs. T'Lane Folse, Brian Giarrusso, Kent Rhodes, Bradford Smith, and Stephen

Hospital Rounds


Christy Hockaday, FACHE


Amanda Pearson, MD, FACOG


Tracy Marquette


Robert Drennan, MD

Speeg. Mid-level providers serving the clinic are Catherine Pourciau, NP; Ballard Mann, PA; Alice Powell, PA; and Sara Mestepey, NP.

Hockaday Named CEO of Assumption Community Hospital

Assumption Community Hospital, a subsidiary of Our Lady of the Lake Regional Medical Center, will be under new leadership as Christy Hockaday, FACHE begins her tenure as CEO on January 21. Hockaday assumes the role of CEO upon the retirement of Wayne Arboneaux, who has overseen operations at Assumption Community Hospital for the past 20 years.

Hockaday has served as administrator of Shared Services for the Franciscan Missionaries of Our Lady Health System for two-and-a-half years, and she will retain those responsibilities in addition to her new duties at Assumption Community Hospital. Her most recent experiences have focused on the efficiencies and economy of shared supply chain, IT connectivity, and collaborative care.

Hockaday's experience includes serving as administrator and COO for Heart Hospital of Lafayette, CEO for CHI St. Vincent Morrilton in Morrilton, Ark., and Corporate Director of Business Development for Conway Regional Health System in Conway, Ark. She is a member of the American College of Healthcare Executives and has been a credentialed Fellow since 2006. In 2005, Hockaday was honored with the ACHE Early Career Healthcare Arkansas Executive Award for outstanding hospital and community leadership.

Pearson Elected Chief of Staff of Woman's Hospital

Amanda Pearson, MD, FACOG, has been elected to a one-year term as the Chief of the Medical Staff of Woman's Hospital, the highest elected leadership position among the medical staff. Dr. Pearson's duties include the coordination of clinical improvement activities as well as chairing the Medical Executive Committee. As Chief of Staff, she will also serve on Woman's Hospital Board of Directors. A practicing obstetrician and gynecologist with Louisiana Women's Healthcare, she is certified by the American Board of Obstetrics and Gynecology and graduated from The University of Mississippi Medical Center, where she completed her OB-GYN residency.

Additional 2017 medical leadership at Woman's includes:

- Ann Lafranca, MD, Vice Chief of Staff
- Pamela Lewis, MD, Secretary-Treasurer
- Kathy Guidry, MD, Chief of Department of Clinical and Support Services
- Dewitt Bateman, MD, Chief of Anesthesiology
- Marshall St. Amant, MD, Chief of Maternal-Fetal Medicine/High-Risk Obstetrics
- Charles Pearson, Jr., MD, Chief of Medicine
- Steven Spedale, MD, Chief of Neonatology
- Jill Bader, MD, Chief of Obstetrics/Gynecology
- Beverly Ogden, MD, Chief of Pathology
- Stephen Sanches, MD, Chief of Pediatrics
- Gay Winters, MD, Chief of Radiology
- Michael Puyau, MD, Chief of Surgery
- Henry Hollier, MD, Chief of Urology

OLOL's Marquette Appointed to Association of Asthma Educators Board

Tracy Marquette, a registered respiratory therapist who has been with Our Lady of the Lake for 30 years, has been appointed to a two-year term on the national Association of Asthma Educators board of directors.

In addition to being a registered respiratory therapist, Marquette is a certified asthma educator and the coordinator for the Community Asthma Management Program (CAMP) – a collaborative effort of Our Lady of the Lake Children's Hospital, Health Centers in Schools, the Children's Health project, and physicians promoting better care for the asthmatic pediatric population. She provides education in the acute care population and within the community. She works with Louisiana Healthy Homes Coalition and heads up a summer asthma camp that brings collaboration with the Our Lady of the Lake Children's Hospital and BREC.

Marquette is the only member on the AAE board from Louisiana. Her term will run through the end of 2018.

Lane and CIS Welcome Drennan to Zachary Team

Lane Regional Medical Center and Cardiovascular Institute of the South have welcomed Dr. Robert Drennan, electrophysiologist, to their team of expert physicians providing cardiovascular care for patients in Zachary.

Dr. Drennan is board certified in internal medicine, cardiology, and nuclear cardiology. He previously worked at Touro Infirmary, and he also worked as a lab assistant at the Medical University of South Carolina and at the College of Charleston.

Dr. Drennan is a member of the American College of Cardiology, the Heart Rhythm Society, and the American Society of Nuclear Cardiology. He has presented, researched and written for numerous publications on a variety of topics including sudden cardiac arrest, atrial fibrillation, and peripheral arterial disease. He has earned many

awards, such as the Douglas Scholarship and the College of Charleston Founder's Scholarship.

Foundation Formed, Board of Directors Announced

The North Oaks Board of Commissioners announced the formation of the North Oaks Foundation, a 501(c)3 non-profit organization dedicated to improving health in Tangipahoa and Livingston parishes through philanthropic and advocacy efforts supporting the health system.

A volunteer Board of Directors will govern the non-profit organization and includes: Chairman Guy Recotta Jr., Clerk of Court for the City Court of Hammond; Vice Chairman Alton Lewis, President of First Guaranty Bank; Treasurer Stan Dameron of American Bank and Trust; A.J. Bodker, retired educator, Tangipahoa Parish School System; Cally Berner, Director of Event and Conference Services for Southeastern Louisiana University; John Crain, PhD, President of Southeastern Louisiana University; James Nelson, MD, retired surgeon; Judy Nesser, owner, K-Team Printing and Imaging; and Ann Smith, retired educator, Tangipahoa Parish School System.

The Foundation already has benefitted those in need. The organization collected an astounding $45,000 from North Oaks physicians, employees, and vendors to provide assistance to nearly 300 North Oaks team members who lost homes, cars, and other belongings during the devastating floods in August 2016.

Baton Rouge General Named Bariatric Center of Excellence

Recently, Baton Rouge General gained its accreditation as a Bariatric Center of Excellence from the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP), which works to advance safe, high-quality care for of inpatient and outpatient weight loss surgery patients in the United States and Canada.

Bariatric surgery accreditation promotes uniform benchmarks and supports continuous quality improvement. Organizations achieve this status by following a rigorous review process with proof of maintaining specific physical and human resources, as well as standards of practice. Facilities certified by the MBSAQIP undergo and must maintain independent, voluntary, and rigorous peer evaluations, reporting outcomes to the MBSAQIP database.

BRG's weight management and weight loss options include non-surgical, medically supervised nutrition counseling and weight loss programs as well as bariatric surgery. The hospital has achieved a five-time "A" rating for patient safety by the Leapfrog Group, and has been rated #1 for Overall Medical Care in Greater Baton Rouge for the past two years by CareChex.

Learn more about bariatric surgery and other weight loss services at brgeneral.org/services/weight-loss or (225) 763-4000.

OLOL Offering New Non-Invasive Weight Loss Solution

Looking for a "scar-less" alternative to bariatric surgery? Our Lady of the Lake is offering a new, innovative weight loss procedure that shrinks the stomach using a suturing device inserted through the mouth rather than cutting open a person's abdomen.

"Endoscopic Sleeve Gastroplasty is a great option for patients who want to lose a lot of weight, but don't want to have surgery," said Our Lady of the Lake Surgeon Karl LeBlanc, MD, MBA, FACS. "Because it is non-surgical, the procedure is less expensive than traditional bariatric surgery and patients typically recover faster, with most being able to go home the same day."

Endoscopic Sleeve Gastroplasty involves using an endoscope, a flexible tube with a camera and a suturing device attached. The endoscope is placed down the throat and into the stomach, where the tiny camera allows the surgeon to see and operate inside the stomach without making incisions in the abdomen. The surgeon places sutures in the stomach, making it smaller and changing its shape. The procedure takes about 90 minutes to complete.

LeBlanc recently performed the first Endoscopic Sleeve Gastroplasty in Louisiana. The procedure is gaining in popularity worldwide, with nearly 1,000 total procedures performed. It is sought after as a more permanent weight solution compared to other non-surgical options, like Gastric Balloon, because it physically alters the size of the stomach. The procedure is safe and effective for those who are significantly overweight with a body mass index of 30 or more and for whom diet and exercise alone have not worked.

Our Lady of the Lake Regional Medical Center recently received full re-accreditation as a comprehensive bariatric facility by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP). Our Lady of the Lake provides many surgical and non-surgical options for success in achieving a more active and healthy lifestyle.

OLOL Children's Hospital to Host Childhood Crisis and Trauma Expert

Our Lady of the Lake Children's Hospital will host David Schonfeld, MD, FAAP as the speaker for a free community forum discussing how to help children cope with recent events in our state. Dr. Schonfeld is the director of the National Center for School Crisis and Bereavement (NCSCB) at the USC School of Social Work and a leading childhood grief expert.

The free community event will take place on Friday, March 10 at 6 p.m. at the LSU Health Medical Education and Innovation Center near Our Lady of the Lake Regional Medical Center. Dr. Schonfeld also will serve as the keynote speaker at a Continuing Medical Education (CME) Symposium for healthcare providers to be held Saturday, March 11.

In addition to his role with the NCSCB, Dr. Schonfeld is a professor at USC and a member of the American Academy of Pediatrics Disaster Preparedness Advisory Council. He is the commissioner of the National Commission on Children and Disasters and the Sandy Hook Advisory Commission. He routinely travels across the country and internationally to provide consultation and training on school crisis and pediatric bereavement in the aftermath of disasters, including several trips to New Orleans following Hurricane Katrina.

Dr. Schonfeld has authored more than 100 scholarly articles, book chapters and books, and given more than 800 presentations on pediatric bereavement and crisis.

Admission to the community forum is free to the public, but registration is required. Visit www.ololchildrens.org/events to register today.

The CME Symposium for physicians, mid-level providers, medical residents and nurses will be held on Saturday, March 11 in the Stadium Club of LSU's Tiger Stadium from 10 a.m. – 5:30 p.m.

Hospital Rounds

For more information or to register for the CME, visit www.ololchildrens.org/cme.

Sutton Pens Letter in Defense of Medicaid Expansion

North Oaks Health System President and CEO Michele Sutton, FACHE, recently penned this letter to the editor in defense of Medicaid expansion.

"As a health care professional for the past three decades, I would like to address recent criticism of the expansion of Medicaid.

For nearly 40 years, Medicaid has functioned as the nation's health care safety net by providing access to health services to those who cannot afford private insurance. Today, more than 72 million low-income Americans rely on this vital program to provide access to health care. With implementation of the Affordable Care Act (ACA), more than 15 million Americans, 350,000 of whom are Louisianans, are newly enrolled in Medicaid (based on May 2016 CMS estimates).

Medicaid's mission is more critical now than ever before in helping our state's children, poor and disabled. Many Louisianans are suffering financially and physically. Our poverty rate is the third highest in the country. We rank first in adult obesity and incidence of STDs, third highest in cancer mortality and fourth highest in adult hypertension. The expansion of the Medicaid program is an opportunity to give our most vulnerable citizens acute and preventive care and positively impact long term health outcomes.

This essential program, like any insurance program, admittedly has its flaws. But data proves that even after only six months, coverage is translating into access across our community and the state. From primary care visits and cancer care to diabetes management and so much more, hundreds of thousands of Louisianans are now getting needed health services.

In the 12 months prior to Medicaid expansion, more than 12,500 patients came to the North Oaks Medical Center Emergency Department with no type of medical insurance coverage. Some had suffered profound traumatic injuries, like our patient with a broken neck that left him paralyzed from the shoulders down. Because we were able to enroll him in Medicaid while still hospitalized, we were able to transfer him to a Neurological Rehabilitation facility. Without it, this patient would not have had access to treatment that allowed him to gain function in his upper extremities.

Access to preventive care also has improved. In the seven months since the expansion, North Oaks has seen a 60% increase in Mammograms and a 61% increase in Bone Density screenings for Medicaid patients, a 26% increase in Cervical Cancer Screenings, a 20% increase in A1C screenings for diabetes and an 18% increase in cholesterol screenings. These are all real people, with real needs, who have had their lives changed for the better.

On a related matter, I support Gov. Edwards and the Louisiana Department of Health in increasing Medicaid reimbursement rates, especially for primary care providers and certain specialists. Hospitals already experience payment shortfalls when treating Medicaid patients. North Oaks receives only $0.38 cents for every dollar of health care costs provided to Medicaid patients. Yet, some legislators continue to push for fewer dollars for the Medicaid program. This is simply not a sustainable reimbursement model. If additional cuts are made, hospitals like North Oaks will be forced to make difficult decisions about the types of services we can afford to offer.

Additionally, we are watching closely as the federal government talks about moving Medicaid funding to block grants for states, which potentially could have even a greater negative effect on our reimbursement. Past proposals would have resulted in fewer dollars for states to fund Medicaid, which would mean reductions in services, cuts to reimbursement rates and even rationing of care or waiting lists for patients.

I commend Gov. Edwards for his leadership in expanding Medicaid in Louisiana, allowing us to bring our federal tax dollars back home to provide better care for our residents, and look forward to working together for a healthier Louisiana."

Bella Family Medical Moves to New Location

Baton Rouge General Physicians – Bella Family Medical, has moved to a new location with more space for patient convenience. Effective January 23, Family Practitioners Dr. Timothy Bella and Dr. Amanda Watts are now located at 8333 Goodwood Boulevard.

Both Dr. Bella and Dr. Watts earned their medical degrees from the LSU School of Medicine in New Orleans.

Dr. Bella completed his residency in Family Medicine at Earl K. Long Memorial Hospital in Baton Rouge and has practiced Family Medicine in the Baton Rouge community for more than 20 years. Board Certified in Family Medicine, he recently received Blue Cross Blue Shield Louisiana's Quality Blue award for the highest overall score on the program's clinical quality measures for treating chronic kidney disease and was also awarded Highest Achievement in Kidney Care 2016.

Dr. Watts completed her residency training at Baton Rouge General Medical Center's Family Medicine Residency Program. She is board certified in family medicine and is a member of the American Academy of Family Physicians.

Our Lady of the Lake Newly Renovated Café Now Open

Our Lady of the Lake's newly renovated Café

re-opened for business recently with several new food stations and a modernized design. Our Lady of the Lake serves more than one million meals annually to patients and guests, approximately five times that of the average restaurant. The retail Café sees an average of 60,000 monthly transactions, and nearly 1,500 meals are delivered to patients each day.

The updated Café features an Italian station with a woodstone pizza oven, a Louisiana Grill, self-serve soup and salad bar, expanded deli and sushi station, and a coffee house. The modern design will also allow patrons to more quickly order and pay for their selections.

In addition to the Café, the medical center also hosts Subway, Taco del Mar, Community Coffee, and Smoothie King on the main campus.

Sage Rehabilitation Hospital Named a Wellspot by LDH

Sage Rehabilitation Hospital has been designated a WellSpot by the Louisiana Department of Health (LDH). Sage is the first rehabilitation hospital in Baton Rouge to receive the designation. A WellSpot is a place, space or organization that has implemented voluntary changes to make healthy living easier for Louisiana citizens. WellSpots have demonstrated to LDH that they have met a number of benchmarks to improve wellness outcomes.

In order to become a WellSpot, organizations must meet specific criteria. Benchmarks include having a tobacco-free environment, demonstrated efforts to promote and provide a healthy workplace, and more. Well-Ahead Louisiana encourages organizations and individuals to make small healthy lifestyle changes to spaces where Louisiana residents spend most of their time.

For more information on Well-Ahead Louisiana, please visit WellAheadLA.com.

FMOL Health System Celebrates Epiphany with Healing Celebrations for Team Members

The Franciscan Missionaries of Our Lady Health System celebrated the Epiphany with simultaneous healing celebrations for its team members of all faiths at health system locations across the state. Epiphany, which means "manifestation" or "showing forth," refers not only to the day itself but to the church season that follows it. As we say farewell to 2016, a year marked by suffering and loss in Louisiana, many view the Epiphany as an acknowledgment of God's unfailing presence among us, especially during the most devastating events in life.

The Franciscan Missionaries of Our Lady Health System is headquartered in Baton Rouge along with Our Lady of the Lake Regional Medical Center and its affiliates, but also has hospitals in Bogalusa, Gonzales, Lafayette, and Monroe. The health system held all of its Epiphany celebrations simultaneously as a way to symbolize unity moving forward to a year of healing.

Ochsner– Baton Rouge Named Distinguished Hospital for Clinical Excellence

Ochsner Medical Center - Baton Rouge announced that it is the only hospital in Louisiana to receive the 2017 Distinguished Hospital Award for Clinical Excellence™ from Healthgrades, a leading, independent resource for comprehensive information about physicians and hospitals. The distinction places them in the top 5 percent for clinical excellence among more than 4,500 hospitals nationwide.

According to Healthgrades, recipients of the Distinguished Hospital Award for Clinical Excellence stand out among the rest for overall clinical excellence across a broad spectrum of care. During the 2017 study period (2013-2015), these hospitals showed superior performance in clinical outcomes for patients in the Medicare population across at least 21 of 32 of the most common inpatient conditions and procedures - as measured by objective clinical outcomes performance data (risk-adjusted mortality and in-hospital complications).

Our Lady of the Lake Receives National Accreditation

Our Lady of the Lake Regional Medical Center has earned full re-accreditation as a Comprehensive Center for Metabolic and Bariatric Surgery. The accreditation was granted by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP).

MBSAQIP accreditation signifies that Our Lady of the Lake has demonstrated a commitment to delivering the highest quality of care for bariatric surgery patients. To earn re-accreditation, the hospital met the essential criteria that ensure its ability to support a safe bariatric surgical care program and measure up to the institutional performance requirements outlined by the accreditation standards.

The MBSAQIP is a joint program of the American College of Surgeons and the American Society for Metabolic and Bariatric Surgery. The program accredits inpatient and outpatient bariatric surgery centers that have undergone an independent and rigorous peer evaluation in accordance with nationally recognized bariatric surgical standards.

Positive Patient Experiences Earn North Oaks National Acclaim

For the second consecutive year, what patients are saying about the exceptional care they received at North Oaks has earned the health system's diagnostic services and network of primary, specialty, and walk-in clinics national acclaim.

"Everyone listened."

"I would recommend North Oaks to any of my friends and family members. What a blessing to have this health system!"

"They treat you with respect."

"I always get VIP treatment. I am very fond of North Oaks facilities and consider the health system to be one of the best in the country."

"I have been a patient of North Oaks Health System for about 10 to 12 years. Every staff member has always been the very best—pleasant, well-trained and considerate of patient needs."

"The staff at North Oaks is the reason we came back and will never leave."

These comments and others like them showcase the patient care that has earned North Oaks Physician Group and North Oaks Diagnostic Services prestigious 2016 Press Ganey Guardian of Excellence Awards®. This marks the second consecutive year that North Oaks Physician Group and North Oaks Diagnostic Services have been so honored.

The Press Ganey Guardian of Excellence Award is a nationally recognized symbol of achievement in health care. As recipients of this award, the North Oaks Physician Group and North Oaks Diagnostic Services teams are ranked among the top 5 percent of healthcare services in the nation in sustaining the highest level of patient satisfaction over a 1-year period from May 2015 to April 2016. ■

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