ONE ON ONE

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Quality begins with a thorough understanding of every experience along the patient’s journey.

ONCE I WAS LEAVING a paid parking lot at a healthcare facility. The price for parking was $1. I had a twenty dollar bill which I gave to the attendant. I received $19 in change in fourteen one dollar bills and twenty quarters. When I asked if I could have something other than quarters, I was told, “You should know to bring exact change when you come here.” I said “Okay,” and thought, “Wow.”

Quality is focusing on every step of the patient’s journey. We’ve all called organizations who immediately send us to an automated recording saying, “Your call is important to us.” You have to think if my call is so important, then, why not plan to answer it? Holding is one thing; now it feels like I’m being lied to as well. Trust would be better established if the recording said, “Sorry, we didn’t want to pay for enough staff to answer the phone.” We can understand staffing problems, and now we trust you.

Regarding your healthcare organization, what is the real experience for the patient when calling in, coming in to the facility, getting directions, addressing the reception, wait times, explanation of options, high deductible sensitivity, comfort, information, care, minimization of risk, follow-up plan, and actual follow-up compliance? Walk it slowly, with every detail. Then do it again.

Every organization gets caught up in their internal workings and dynamics. It’s natural. It takes a disciplined and focused mind to continually readdress the patient’s journey, all the while looking for ways to improve it.

What’s interesting is nobody is against quality. The desire to exhibit quality is led by people at all levels of the organization. Working for an organization that delivers quality is a pleasure. Every now and then you may have someone whose heart, for some reason, isn’t in it. Cut bait quickly and move on. Quality is contagious. All of us are consumers. All of us want to know that when we enter a facility that the organization has thought through all these details on our behalf. Let’s face it, it just makes for a better life existence all around us. It’s about achieving a better life for all. The customer wins, the organization wins.

Having a certain degree of empathy is why many choose a life of service in healthcare. It’s truly one of the vocations where you feel like you can earn a comfortable living and provide compassionate care to others. To be successful in achieving these objectives, simply regain focus on the patient’s journey. Organizations are always wrangling with internal operations. Costs, benefits, investments, people, operations, and strategies are always important and time consuming. But, keep the focus, involve your mind in the patient’s experience, make it better for the patient, continuously and always, and you will be more than fine. You can flourish.

Smith Hartley
Chief Editor
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In sports, they say you’re not in it for the name on the back of the uniform, but the one on the front. We tend to agree.

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Precision Medicine

By Claudia S. Copeland, PhD

HARNESSING THE EXTRAORDINARY GROWTH IN MEDICAL DATA FOR PERSONALIZED DIAGNOSIS AND TREATMENT
If the prime mission of today’s physician is medical decision-making, medical doctors are on the verge of a major upgrade in effectiveness. Advances in technology are bringing the worlds of bioinformatics, molecular biology, biochemistry, and medicine together to yield individual patient-based data as never seen before. From cancer recurrence risk to likely response to treatment, the era of using precise patient-based data to inform decision making is dawning. The potential of precision medicine extends well beyond genomics, however—future applications range from other “omics” data types, such as transcriptomics, proteomics, and metabolomics, to cutting-edge imaging technology. These advances can provide a wealth of information on individual patients and their illnesses. Together, they are laying the groundwork for a transformation in the dominant clinical paradigm: from general, illness-based medicine to patient-based, personalized medicine.

New Tools for Precision in Diagnosis and Treatment

To make effective clinical decisions, MDs can use laboratory tests, histories, and physical exams, but when it comes to difficult or unusual cases, finding the right diagnosis or treatment has traditionally been, in large part, a process of trial and error. A number of new tools are being developed to empower physicians to make more informed decisions up front, especially in the realm of complex, individual diseases like cancer. Some genomic assays are already mainstream, such as testing for BRCA genes. Several other approved genomic tests exist to classify different types of cancer based on tumor genetic profiles. Leading these are assays to distinguish different subtypes of breast cancer, such as estrogen receptor positive (the most common type of breast cancer, with a relatively good prognosis), progesterone receptor positive, HER2-positive, and triple negative. Of these, all but triple negative have specific treatments based on expressed genes. Even for subtypes that do not have individualized treatments, such as triple negative, knowledge of subtype is useful because it clearly establishes the importance of chemotherapy (in fact, some evidence suggests that chemotherapy is more effective in triple negative breast cancer than in hormone-receptor positive breast cancers) and other tailored treatment regimens, such as neoadjuvant therapy (chemotherapy before surgery).

Theoretically, tumor profiling based on gene expression could look at hundreds of genes in a tumor. While this level of precision would have been science fiction a few decades ago, it is currently in development and steadily marching forward towards approved clinical use. Already in wide use (and covered by most insurance and Medicare) is a gene expression assay known as the Oncotype DX®. To determine the chance of recurrence of breast cancer, the test analyzes the activity of 21 genes to yield a highly precise picture of the individual cancer the patient is suffering from, including the likelihood that the breast cancer will return and the likelihood of benefiting from chemotherapy at the early stage of the cancer. Based on the test results, the Oncotype DX assigns a Recurrence Score that reflects the likelihood of the cancer recurring. For example, for early stage invasive breast cancer, scores lower than 18 indicate a low risk of recurrence (suggesting that the benefit of chemotherapy is likely to be small and will not outweigh the risks of side effects); scores of 18-30 reflect an intermediate likelihood of recurrence (risk/benefit ratio unclear); and scores greater than 30 indicating a high risk of recurrence (benefits of chemotherapy likely outweigh...
risks of side effects). Another assay assesses the likelihood of benefiting from radiation therapy for ductal carcinoma in situ (DCIS), the most common type of non-invasive breast cancer.

As with all genomic tools, the results are an aid to diagnosis, along with other, more traditional factors such as tumor size and patient age. Other tailored genomic tests are also available, including the Breast Cancer Index test, used to predict the risk of node-negative, hormone-receptor-positive breast cancer coming back 5 to 10 years after diagnosis; the EndoPredict test, used to predict the risk of distant recurrence of early-stage, hormone-receptor-positive, HER2-negative breast cancer that is either node-negative or has up to three positive lymph nodes; the MammaPrint test, used to predict the risk of recurrence within 10 years after diagnosis of stage I or stage II breast cancer that is hormone-receptor-positive or hormone-receptor-negative; the Mammostrat test, used to predict the risk of recurrence of early-stage, hormone-receptor-positive breast cancer; and the Prosigna Breast Cancer Prognostic Gene Signature Assay (formerly called the PAM50 test), used in predicting the risk of recurrence for postmenopausal women within 10 years of diagnosis of early-stage, hormone-receptor positive cancer.

In addition to breast cancer, molecular testing is now a routine part of patient care for lung cancers, colorectal cancers, melanomas, leukemias, and others. In fact, Oncotype DX tests similar to the ones for breast cancer have also been developed for two other cancer types: colon cancer and prostate cancer. The Oncotype DX® Colon Cancer Assay analyzes the expression of 12 genes in a sample of colon tumor tissue to quantify recurrence risk. The Oncotype DX Prostate Cancer Test measures the amount of RNA expressed by 17 genes predictive of risk and probable treatment response. Such a test may be especially helpful for this type of cancer, since aggressive treatment can lead to sexual, bowel, and bladder side effects that are highly distressing for patients. An assay that can identify men who can safely forgo aggressive treatment in favor of a program of active surveillance and monitoring over time can radically improve the quality of life for these patients.

The CDC lists over 90 genomic tests

“Theoretically, tumor profiling based on gene expression could look at hundreds of genes in a tumor. While this level of precision would have been science fiction a few decades ago, it is currently in development and steadily marching forward towards approved clinical use.”

**THE GENOMIC ACCESS PROGRAM**

In order to assist with verifying insurance coverage and obtaining reimbursement, Genomic Health, the makers of the Oncotype DX assay, offer a program called the Genomic Access Program. If you do not have or cannot secure insurance coverage, the Genomic Access Program may be able to help. Various forms of financial assistance and payment plans are available for people facing financial hardships or those who are uninsured or underinsured. The Oncotype DX test costs about $4,000. For insurance- and payment-related questions, call 1-866-ONCOTYPE (1-866-662-6897).
Dr. Miele believes that “a critical element in the use of precision medicine is clear clinical guidance for healthcare providers, patients and patient families.”

with Tier 2 approval (FDA label mentions biomarkers; Medicare/Medicaid coverage with evidence development; clinical practice guidelines and systematic review either support use of the test or do not discourage use of the test). These include prognostic, preventative, or diagnostic tests for several diseases, including prostate cancer, non-small cell lung cancer, acute myeloid leukemia, colorectal cancer, single gene disorders, and rare familial diseases. There are also Tier 2 pharmacogenomic tests, to predict drug response for a wide array of conditions, from arthritis and bronchitis to insomnia and depression.

Dr. Lucio Miele, head of the LSU School of Medicine Department of Genetics, described some of the genomic techniques currently being used at LSU: “We use primarily exome panels and gene expression tests. Exome panels are used in several settings (congenital disorders subject to ‘diagnostic odysseys’, neurology, and oncology). Gene expression tests are routinely used in the management of breast cancer and are being expanded to other indications. Specifically in oncology, we are currently enrolling patients in the MATCH clinical trial, a large NCI-funded study which assigns patients to one of 24 different treatment arms depending on the results of a genomic panel. Additionally, we will soon offer pharmacogenomics testing, to determine how the genetic makeup of specific patients affects the way their bodies handle different medications.”

Small Companies: The Vanguard of Clinical Genomics

New tests are being developed every day, and many are moving towards approval. Meanwhile, though, several small companies are moving forward with genetic tests that have not yet gone through the clinical approval process, with results given to the physician in the form of a “research report” rather than a “clinical report.” It is made clear to both the patient and the physician that this is NOT a clinical lab report, but the physician can use the information as supplementary data; it is up to the physician to evaluate what can or cannot be concluded from the data.

Dr. Ayyamperumal Jeyaprakash is Chief Research Officer of NCF Diagnostics and DNA Technologies in Gainesville, Florida, a company that has designed several proprietary gene tests to detect mutations linked to heritable diseases. Dr. Jeyaprakash, who uses next generation sequencing (NGS, the powerful sequencing technique that is enabling affordable whole-genome sequencing) for screening crop plants for plant pathogens, explains that NGS testing for human diseases is still in the research stage. Some companies are doing it, but since it is considered research data, insurance companies will not pay for it. Instead, the current focus in human disease is on more specific tests.

Getting approval for a clinical test is a highly standardized process that is quite different from that of developing a scientific technique, Dr. Jeyaprakash explains. “I will describe a test that I designed. First, the lab needs to be approved by the Board. They come and check that you have got all the equipment and facilities. Then the lab workers need to get licensed to handle DNA. Without a molecular biology license you cannot work in the clinical lab. A PCR, Real-Time PCR, and Sanger Sequencing assay was designed to detect one mutation in the prothrombin gene (G21210A). If a G [has been mutated] to A in this gene, the patient is identified as positive for venous thrombosis or heart disease. The NIH has spent a lot of money and found out that this mutation is very important in humans. They do not even look at other mutations in this gene. My real-time PCR test is then tried on 20-40 patients. The same patients are also tested by another well-known DNA test like PCR-RFLP. If the tests are 100% matching, then I receive 6 blind samples from the Medical Board every 6 months. My real-time PCR test should pass every 6 months and score 100%. After this, I am allowed to sell the test. Patients can send samples only through the doctor. I do the testing, generate a ‘Clinical Report’ and pass it on to the doctor. He can now treat the patient using this information. I now have Heart Disease Gene tests and Drug Sensitivity Gene tests.”

DNA is not the only biological sequence data with clinical potential. Beyond genomics lies the analytical potential of transcriptomics (RNA sequence analysis), proteomics (amino acid sequence analysis), metabolomics (analysis of small-molecule metabolites), and other “omics” analyses. New Orleans-based Pine Biotech is developing a platform to provide a user-friendly interface for non-bioinformatician biologists and clinicians to harness the power of multi-omics analysis. “Collectively, we have been investing time and money into understanding the molecular machinery inside every cell,”
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Researchers now know that the complex network of relationships between genetic code, proteins, and intra-cellular communication holds the key to solving some of the most pressing challenges in healthcare—from cancer to chronic diseases, to infectious diseases. This data can be captured on an individual level and analyzed for previously undetectable irregularities. His vision is to “enable researchers and clinicians to extract real insight from omics data; we hope that new and more effective approaches to diagnostics and therapeutics will be developed. Eventually, the efficiency of early detection and new targeted therapeutics will translate into longer, healthier lives for patients, with fewer side effects and cheaper treatments or even completely new ways to manage disease.”

The view from LSU dovetails with Pine’s mission of providing user friendly tools and support for omics analyses. Emphasizing the role of guidance and accessibility in the adoption of precision medicine tools, Dr. Miele believes that “a critical element in the use of precision medicine is clear clinical guidance for healthcare providers, patients and patient families. The role of certified genetics counselors in this process is critical. Provider education is equally important. LSUHSC will organize CME events focused on precision medicine, beginning in the spring of 2017. Precision medicine is the way of the future, and we need to keep accumulating data to refine our predictive algorithms and clinical guidance. Additionally, the incorporation of genomic/multi-omic data into electronic health records in ways that are easily accessible for analysis (as opposed to reports in PDF format) is a fundamental need for clinical use of genomics. The data science aspect is the most crucial one, and requires close interactions between clinicians, geneticists, bioinformaticians, and biostatisticians.”

**Visualizing Tissue Biochemistry**

Sequence data are not the only type of patient information used in precision medicine. One particularly innovative approach to diagnosis is being developed by Cireca Theranostics, LLC. Cireca combines biochemistry, infrared spectroscopy, and imaging technology with powerful software to develop images from histological slides—images of things the human eye can’t see. Chemists have long used light shone on or through a sample to determine characteristics of chemicals. By looking at specific wavelengths of light absorbed or reflected by a sample, functional groups and other characteristics of the chemical can be determined. For example, proteins will have a different infrared spectroscopy “signature” from those of lipids, fats, and carbohydrates. At Cireca, they work with this basic principle to determine key biochemical characteristics of tissue samples; most notably, characteristics associated with cancer tissue. Key to the technique, known as infrared spectral histopathology, is the fact that cancer tissue differs from normal tissue on a biochemical level, and these differences can be visualized using spectroscopy-based imagery. Using this technique has an additional advantage: none of the sample needs to be destroyed to run the test; light is simply shone through the histopathology slides, leaving the samples unaltered and available for any other analysis.

Bioinformatic analysis of the spectroscopy data is essential to the technique, explain Cireca scientists Max Diem and Aysegul Ergin. Infrared spectral imaging is carried out on 5 mm-thick tissue sections measuring from a few mm2 to cm2 in area. The slide image is then divided into pixels...
of about 5 mm square, which represent a cube with all edges 5 mm in length. Within each of these pixels, between 100,000 and several million infrared spectra are collected. Collectively, these spectra constitute a "hyperspectral datacube." Powerful computational technology then assembles this massive amount of imaging data and either uses it for machine learning analysis or transforms it into a color representation, called a "pseudo-color image," with all similar spectra assigned the same color. Looking at such an image side-by-side with a normal H&E stained histopathology image, they clearly represent the same sample, with the H&E image showing the morphology of the tissue and the Cireca image visualizing the biochemical nature of the tissue. Essentially, this allows a pathologist to look at the cells in a tissue sample “inside and out”, with a level of precision far surpassing anything possible with a conventional image.

Cireca’s goal is to enable pathologists and oncologists to gain a highly precise picture of a biopsy sample. "Patients want to know exactly what type of cancer they have, they need to know this," Stan Remiszewski, Vice President of Research & Development at Cireca, explains. “Oncologists want to prescribe therapies with precision and target tumors with the most effective therapy, but they first must know as much as possible about the cancer cells and tumors they are facing. It's essential to know more than we do today to improve the chances for every patient having this terrible disease." The data Cireca provides, he continues, could be particularly useful for both early detection of cancer and late-disease precision treatment planning. "We bring new information in the form of a biochemical signature of the tumor cells and microenvironment, working with very small samples that are otherwise not useable with conventional methods for diagnosis. We think this will add precision where its needed: early in the disease cycle, and when it's so advanced that surgery isn’t possible and the remaining hope is well-targeted therapy [based on] as much information as possible."

**Visualizing Drugs in the Human Body**

In another perspective on "inside-out" imaging, Vyripharm Biopharmaceuticals of Houston is focused on personalized medicine via real-time visualization of drug metabolism. Vyripharm is developing drugs with
Vyripharm uses “a chelator-based technology that allows us to add a metal to the drug that will allow for an imaging of the drug in the actual patient’s body.” So, in a hypothetical clinical use, “in the beginning, the patient will come in and the physician will do the imaging with the medication, to calculate the correct dosage with the patient—see how much is being taken up by the body. Based on that, the physician will determine how much to put the patient on. Depending on the patient, the doctor may monitor him or her; giving the drug with the imaging agent [as treatment]. The patient would come in at the end of each week and we’ll take an image, or they could just come in at lunch and take an image. If everything’s great, they can just move forward with the medication.” If not, though, the doctor has gained power in a few major ways: first, he or she can see what is happening with the drug and decide on the next drug to try based on individual patient characteristics; for example, the drug may not localize well to the target organ in this patient. Second, it saves the time involved in a watch-and-wait process of trying a drug, seeing if it works, and if not, trying a different drug, etc. While payers are interested in this because saving time and testing means saving money, the value goes well beyond simple efficiency—time wasted can mean progression of a disease and unnecessary patient suffering.

Perhaps most importantly, though, this imaging technology enables precision dosing, and that can save lives. “Individuals respond differently to different drugs,” emphasizes Dr. Jackson, “there are a lot of deaths and serious adverse effects surrounding the misdosing of drugs. It’s terrible that physicians have to deal with that since their goal is to help patients.” Getting the dose right can save lives before a drug even gets to the doctor’s office. Precise dosing in clinical trials could allow effective, life-saving drugs to be approved that would not have been approved otherwise. “There are drugs that have had potential, but there was no way to determine the correct dose. Many drugs haven’t made it to the market because of adverse effects; they couldn’t get the right dose.” While many important traditional drugs, such as morphine, have narrow therapeutic index ranges, a new drug with a low therapeutic index will most probably not be approved, no matter how effective it may be. “A dose of 10 mg may be good for some people, but fatal for others. It may be effective, but that therapeutic window might be so narrow that 5 people in the trial die. Now [using drug imaging technology] we can avoid those fatalities.”

Dr. Jackson can’t emphasize the importance of precision dosing enough. He pauses after telling of volunteers who suffered severe neurological injury (one of them died) in a clinical trial in France. The dose in the hospitalized volunteers was 40x the clinical dose, and this high dose overwhelmed the elimination mechanisms in their bodies. Had dosing been done with more precision, accumulation would have been detected early, the volunteers would have been taken off the drug, and the drug might be available today, albeit with an overdose warning. “If our technology had been used, the correct doses for those drugs would have been used, saving those patients. It’s basically a game-changer.”
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One on One

Mark Anderson
CFO, Lane Regional Medical Center

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Could you talk a little bit about the transition from volume to value?

In a nutshell, Medicare is going to withhold a percentage of our payments for certain diagnosis related groups or DRGs. Then, later, down the road, after ninety days from the episode, they are going to redistribute those funds to us at the hospital based on the performance across predetermined matrices that they have assigned to each one of these DRGs. So in a sense, we at the hospital can earn back a value and an incentive payment that is either less than the stated DRG payment, more than the stated DRG payment, or equal to it.

The only caveat of the program was that each year the stakes are going to get higher as hospitals or health systems start to compete against each other and/or Medicare changes the matrices. In 2013, I believe, the holdback was around 1% and then this federal fiscal year the holdback is going to be 2% and be 2% thereafter. So if I have poor performance I am going to lose 2% of my payment. That doesn't sound like a lot, but when you start dealing with tens of millions or hundreds of millions of dollars, it does have a significant impact on your system.

I believe the Department of Health and Hospitals, by 2018 or maybe 2020, is anticipating about half of all the traditional or fee-for-service payments to be tied to some kind of value-based model. Looking forward, what does that mean for us...
as hospitals? That means we are going to be taking on more financial risk and are having to figure out the complexity of this new challenge and payment model.

How is this different than in the past? Probably not real different if you went back to the eighties when they introduced DRGs and everybody scratched their heads wondering, “What does that mean for us?” and there was a lot of angst and anxiety.

Then we went to the late nineties, early 2000s, when they introduced their APC (Ambulatory Payment Classification) Outpatient system as reimbursement for outpatient and we all went to the same type of anxiety and said, “Oh my gosh! What's going to happen?”

The beauty of this one is we've had a lot of notice to get ready for that, but how it's being rolled out, you are either in the market or out of the market. So some of us get to sit on the sidelines and watch the others that are having these type of bundled plans rolled out to them and get to question what is happening. Early on, like at our hospital, it was probably easier to meet the matrices, but as time went on and hospitals got better at the different components in the value system, they became tougher to meet. Some of us might have sat back and said, “Hey I got this,” then all of a sudden a year or two later, what we would call having a green matrix is now in the red, and we are scrambling on what we need to do to change that.

Editor: Will this affect the hospitals operationally? Do you see some changes?

Anderson: Absolutely. In the past a patient sought out a hospital for care, the care was delivered by the clinical team, the physicians, the care was documented, and we billed. There was a connection and yet a disconnect between the billing and the caregiving. Under this model there is a need to change our processes where we are blending in the clinical care to the billing. Meaning for us in the financial world, we cannot just rely on “X patient entered our hospital for Y diagnosis and we are going to get paid so much.” Now the patient comes into the hospital we think we might know what we are going to get paid for, but now we are having to really rely on the clinical teams to deliver the expected high quality care, based on the matrix, and at least have it documented to ensure that on the backend, we earn that payment.

The other complexity of it is these 90-day episodes, where the hospital is taking the financial risk. I just spoke on how we can do those processes internally and become very good at it, but when that patient discharges to the rehab, skilled nursing home, primary care doctor, home health, we have less control on the quality of care delivered and the cost of care delivered in those components. So then that whole episode is put together by Medicare and it's evaluated. When the payment is sent back to us we are scratching our heads on how we can now collaborate more between the hospital and the downstream providers to ensure that that care is delivered to Medicare's expectations. That has not happened in our marketplace before. We have all worked in silos. Now we are going to have to figure out how to bring everybody into the same one and have these conversations not just around quality, but now also around payment and about cost.

Editor: This shifts a lot of the financial risk to the hospitals. Is it too much risk or is it manageable?

Anderson: Well for me, personally, that's hard to engage because we're not in the throes of it just yet. But I would say putting
hospitals in the nucleus of it is going to burden us in the sense that we are going to have to be the beacon out there for all the downstream providers to try to set the standard of care that needs to be delivered. I think what will happen over time is we are going to have those internal conversations that if a patient needs a home health service or rehab, we are going to start looking at the whole marketplace even though patient choice is still viable. It will come down to how to have those conversations where I really don’t want to discharge a patient to a downstream provider that is not delivering the expected quality. So maybe it’s going to help raise all boats to a quality level, but if it doesn’t, there will probably be some providers fall out.

Editor What is the impact of Medicaid to your hospital in terms of adequacy and timeliness of payment, and is Medicare much different?

Anderson Medicaid here in Louisiana is changing due to expansion. If you had asked me this question pre-July 1, I would have given you a different answer. Since the expansion, the benefits that we will get at the hospital is a multipart answer. First, those patients that showed up seeking care and did not have insurance now have a source for that insurance. So for the hospital I now have a payment source where before I did not. Secondly, those patients that did not have insurance before were showing up in our ER in a very complex state because they could not seek care. They were very costly to us, meaning they needed a lot of pharmacy, their acuity was very high. With Medicaid expansion you would hope that they are going to have a primary care physician and normal visits and not show up in the ER or seeking our care in the same complexity. Hopefully, one, we have a reimbursement source, and secondly, the acuity level will come down.

Due to expansion there is one thing that could be feared, which is what I call a crossover effect. Even though the first year in an expansion state we’re all celebrating. “Hey I now have a payer source at our hospital for say 7% of my patient demographic who did not have insurance,” and let’s say that falls to 3%. But, in an expansion state, those patients that actually have a managed care product we would hope would not fall off the managed care product and migrate over to the Medicaid product because they now qualify and by doing that they don’t have to pay the managed care premiums in the marketplace. So whether it was getting off an exchange or an employer plan, that would be a financial negative to the hospital. I think we might see that in year two, year three, year four, where there might be some crossover in that regard.

Is the Medicaid payment adequate? Overall the Medicaid payment in this state is not adequate to cover the cost of care that you deliver to the patient. And any CFO or CEO that you ask in the state of Louisiana, you would get the standard answer. But you don’t want to look a gift horse in the mouth with the expansion because now I have a payment source that I didn’t have before.

Editor And what about Medicare in terms of adequacy of payment?

Anderson Medicare is marginal. And if we’re talking purely payment stream it depends on which type of DRG or what type of service the patient is seeking. Some are adequate and some are not. Overall, when I say it’s marginal, sometimes it could be a
loss, sometimes it could be a small profit. Now when they moved a lot of these services over to a managed Medicare provider, and the managed Medicare providers become very aggressive in their pricing, where they’re seeking out the hospitals—let’s say the base of one is the Medicare payment and the managed care providers want you to accept 97% of that one—that’s where it becomes more difficult. Then it is not adequate, especially in very competitive markets.

Editor Can you describe the impact of bad debt to hospitals? And are higher deductibles adding to your bad debt?

Anderson Bad debt as you know is driven by patients that seek out care that do not have a payment source. Higher deductibles are the second component of it; patients seeking care, that have a payment source, but that have deductibles that they never intend to pay. And that has changed over the last five to ten years. Where ten years ago those deductibles probably were not at the level they are now and probably our collection rate on total deductibles exceeded 50%. Now we are seeing patients show up in our hospital with deductibles of $2000, $5000, $10,000 and we’re right back to when that patient shows up I would consider that patient to not have a payment source. That is becoming more commonplace so with the bad debt having a major impact, the answer is always yes because I am forced, through law, to deliver the care knowing I probably will never get reimbursed for that care.

Going back to your previous two questions about whether Medicaid and Medicare payments are adequate, if you are now starting to put all the components together—I know I am not going to get paid by the patient without insurance. If I have a system through exchanges and a state of healthcare that’s driving copays and insurance higher, causing a greater population to seek care, then I know I may not see those copays and deductibles. Medicaid payment is not adequate. It is probably providing me 60 cents on a dollar of cost. And my Medicare payment is marginal. That puts more stress on me to have fantastic managed care contracts to cover the mediocre payments and losses of all those other payer groups.

Editor How are you managing increasing costs of staff, supplies, etc.?

Anderson Aggressively. That has changed also. I have spent most of my career in the for-profit hospital arena and we manage costs aggressively in that environment just to have returns on investment for our shareholders. In the not-for-profit market, the attitudes are a little different—as long as there are adequate reimbursement streams, costs are probably not managed as aggressively. Now that has changed, with the pinch of reimbursement and these more complex models that are being pushed out on all hospitals, not-for-profit hospitals are having to actually apply these staffing benchmarks among all the business units and figure out ways to do more with less, but keep the quality high.

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“Probably the biggest issue is this transition of value-based purchasing, bundled payments, the whole complexity of how Medicare’s wanting to change the payment of care. And I am driving back to that because we’re being forced even more to have this financial, clinical integration within our hospital and our hospital systems to ensure those payment streams are out there.”

Editor Considering self pay and increases in high deductible patients how do you determine pricing and how are you handling price transparency?

Anderson Price transparency, as you know, has been something that is being pushed to the forefront and of course, that’s a two-pronged question in the sense of you’re right, the patients without insurance want to know what they are going to pay because they are going to be responsible for the entire bill. The patients with insurance or a payment source of Medicare and Medicaid it’s not as important what my price is because those prices are predetermined through some type of contractual relationship and either copays or deductibles are determined by whatever contract it may fit.

So when it comes to that gross price, how do you determine it? The rule usually is you have to have a price that at a reasonable level cannot be below the fee schedule of any of your contracted payers that you are going to seek payment from, otherwise you are going to be paid the lower of the fee schedule or your price. So you look at your overall fee schedules and what is an average price for a procedure and you are trying to set your price somewhere in that neighborhood to make sure that price is set adequately to be a little bit higher than the highest fee schedule.

But what does that do for patients without insurance? Here at this hospital, to be compassionate in that sense, we would have our gross price set out there, but we would offer a discount to those patients without insurance and discount them down to one of the managed care plans or even Medicaid. If they have a willingness to pay. We would have these financial conversations with them up front, saying you’ll be offered this discount up front if you agree to set up some type of payment plan. You will not be charged more than x plan that is already out there that we have contracted for.

Editor What are some of the hospital strategies for funding capital improvements?

Anderson Here at this hospital and probably most hospitals I have been affiliated with, we have funded many of our capital strategies with internal funds and using our internal profits. Outside of that, if the capital improvement is going to be a major renovation or major equipment purchases you would typically go out to the bond market. The bond rates in this current market are very reasonable.

Editor What are some of the big issues right now facing hospital CFOs?

Anderson Probably the biggest issue is this transition of value-based purchasing, bundled payments, the whole complexity of how Medicare’s wanting to change the payment of care. And I am driving back to that because we’re being forced even more to have this financial, clinical integration within our hospital and our hospital systems to ensure those payment streams are out there. That, for me, would probably be the number one issue.

Secondly, is of course the Medicaid expansion and what is that going to do for us in the short term and long term.

Thirdly is management of cost and can we adequately manage our costs to the point to continue to be profitable? And if we are not profitable is there a partner out there that can help us and share with us or provide us funding, whether that’s mergers or acquisitions, to become part of a bigger system.
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When Melissa Pennebaker, CNP, the Cancer Center Nurse Practitioner in the Palliative Care Program at the Touro Infirmary in New Orleans thinks about the patients she has helped navigate through cancer – and sometimes through their final days – she remembers the young doctor.

“It was a very aggressive cancer and he was too sick to tolerate any more treatment, despite the high tech therapies we offer. He was so sick, with no semblance of quality life that it was truly heartbreaking,” said Pennebaker. “He stopped treatment on a Friday and went home. We didn’t think he was going to make it through the weekend,” she recalled.

But live he did – for five more weeks. With end-of-life care from the Touro palliative care team, the young father and husband began feeling better. He was kept comfortable from pain, living his final days with some measure of control. He spent time with his wife and kids, and visited with family and friends who flew into town to say goodbye.
Better quality of life is the common theme mentioned by palliative and hospice care clinicians who spoke to US Healthcare Journals about new Medicare end-of-life rules that went into effect this year. Medicare now reimburses doctors and other qualified clinicians such as Pennebaker to help patients with end-of-life planning. Sometime this means palliative care, which manages patients with long term conditions, such as a failing heart, to stay comfortable at home for years. Other times it means hospice care for patients diagnosed with a terminal condition, such as lung cancer. Both adults and children benefit from this relatively new field of medicine that is rapidly gaining widespread acceptance among doctors, patients, and families.

There is strong evidence for this new way to manage patients with chronic and terminal conditions. According to the Kaiser Family Foundation, eight out of ten of the 2.8 million people who died in the U.S. in 2014 were covered by Medicare. One quarter of traditional Medicare healthcare spending happens in the last year of life — a statistic that has held steady for decades. The system was ripe for reform and under the Affordable Care Act, doctors and nurse practitioners are now encouraged to educate patients about end-of-life choices. This is becoming a boon to hospitals that began developing palliative and hospice care programs in recent years, motivated by compassion for patients.

In his best-selling book “Being Mortal” which examines the changing role of end-of-life care, Atul Gawande, MD, a surgeon at Brigham and Women’s Hospital in Boston, cites compelling data for end-of-life palliative and hospice care. In a 2010 Massachusetts General Hospital study, patients who saw a palliative care specialist stopped chemotherapy sooner, entered hospice far earlier, and had a better quality of life. And like the young doctor at Touro, they lived 25 percent longer than patients who continued therapy until their death.

“Our role is to support patients and families dealing with serious illness,” explained Mary Raven, MD, Co-Medical Director of the Palliative Medicine Service at Our Lady of the Lake Medical Center in Baton Rouge. She is...
“We’re not here to push an agenda – a patient may not be ready to talk about a Do-Not-Resuscitate (DNR) order or hospice care. We just provide guidance.”

Mary Raven, MD, Co-Medical Director, Palliative Medicine Service, Our Lady of the Lake Regional Medical Center

also Lead Physician of the Palliative and Support Care Outpatient Clinic at the Lake Physician Group. “We shine a light on what the patient prefers and help their family on their journey. We help them to be free of suffering and free of machines if that’s what they want.”

Dr. Raven said they opened their outpatient palliative care clinic two years ago. As with all the doctors, clinicians, and managers interviewed, Raven said it is key to establish a relationship with any patient and their family about end-of-life care as soon as possible.

“We know that palliative care is an arm of medicine that improves quality of life and reduces costs,” she said. “We form relationships to assist patients with advanced care planning so when the time comes for the end of life they get to pass away the way they want to. We’re not here to push an agenda – a patient may not be ready to talk about a Do-Not-Resuscitate (DNR) order or hospice care. We just provide guidance.”

She said that building such relationships to help patients takes more than 15 minutes – it sometimes takes multiple meetings over hours. Dr. Raven said that the palliative care team has the luxury of time, something that can be rare in medicine between doctors and patients. The new ACA rule for doctors and advanced practitioners for such patient counseling – about $100-$160 an hour – has done much to help offset the cost of end-of-life programs and encourage the growth of such hospital services.

Children with chronic and/or terminal diseases also benefit from end-of-life care when facing a terminal disease. Carrie Brown, MD, Director of Palliative Care at Arkansas Children’s Hospital, and her team, help provide inpatient palliative services to 15-20 children a day. According to Dr. Brown, every county in Arkansas now has at least one hospice service that provides pediatric care.

“Most families we meet with have already had someone drop that load of bricks (a chronic or terminal diagnosis) on their head,” said Dr. Brown. “They are sad and upset...but the families are appreciative about what we can do for them.”

She said that in the past two years, they have seen wider acceptance of palliative and hospice care for children. The number of children with terminal disease who die at home has risen from less than 10% to nearly half of the terminal cases that the Palliative Care team follows (excludes oncology patients).

“The kids definitely have a better quality of life. They are at home with their parents, siblings, and pets. They get to go to sporting events and school plays because we can take away their pain and help with their anxiety.”

But she stressed that an at-home death is not best for every patient and they work to accommodate what the family needs.

At St. Tammany Parish Hospital in Covington, the hospital defines its palliative care program as symptom management for chronic diseases to maintain quality of life that may be provided for years, according to Cheryl Bays, RN, a certified hospice and palliative care nurse and Palliative and Hospice Liaison. The hospital has had a palliative care program for several years and just opened an outpatient palliative care clinic two months ago. She defines hospice care, which is primarily provided in the home, as targeted at patients with an expected life expectancy of six months.

“We stress to patients that this is their journey and they are in charge,” Bays explained. “The plan of care can change every day depending upon what the patient wants. Our goal is not to waste any of the precious time they have left.”

She said these can often be difficult conversations, especially if the primary care doctor has not broached the subject in advance of her visit.

“We cry with the patients,” she said. “I spoke to five patients yesterday and a family member handed me a Kleenex.”

But she can’t imagine doing any other patient care and has been a palliative and hospice nurse for 17 years.
Making Every Moment Meaningful

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

Canon’s community involvement is extended even further through the non-profit Akula Foundation. The foundation sponsors:
- Camp Swan, a children’s bereavement camp held three times a year, in Biloxi in the spring, Baton Rouge in the summer and the Northshore of New Orleans in the fall.
- The Canon Hospice Health Hour airs each Saturday on WRNO 99.5 FM in New Orleans and WBUV 104.9 FM in Gulfport/Biloxi from 2pm- 3pm and in Baton Rouge on WJBO 1140AM from 10-11am.
- The Grief Resource Center (GRC) offers educational inservices to health care professions, free of charge, throughout the year. In addition the GRC offers grief support to anyone in the community experiencing any type of loss.

All Foundation services are free and open to the public. For information about Canon Hospice, Camp Swan, The Canon Hospice Health Hour or Community Education and support, contact a Canon location in your area.
“We stress to patients that this is their journey and they are in charge. The plan of care can change every day depending upon what the patient wants. Our goal is not to waste any of the precious time they have left.”

Cheryl Bays, RN, Certified Hospice and Palliative Care Nurse

“I’m very passionate about it,” Bays stressed. “About half of our medical staff is on board with the program and the other half are talking to their colleagues about the benefits. I think that I’ve been here for a while helps the doctors because they know me.”

Physician buy-in has long been a key barrier to end-of-life services. Physicians are taught to do everything possible to save a patient’s life. Most of the doctors and nurses interviewed said that for many doctors, an end-of-life referral feels like a failure on their part.

This is no doubt why a recent survey by the California Health Care and Cambia Foundations found that physicians are not only uncomfortable initiating end-of-life discussions with patients, but half said they have never had such conversations with their own doctor. While only a third of doctors in the survey have reported receiving any training in end-of-life discussions, that is starting to change.

“Physicians graduate from medical school without great (end-of-life) communications training – maybe a one-hour lecture,” said Sarah Beth Harrington, MD, Director of the Division of Palliative Medicine in the Department of Internal Medicine at the University of Arkansas for Medical Sciences. “It’s a hard conversation to have and not possible in the 15 minutes of a normal office visit.”

She said this is why the new ACA law compensating doctors for these conversations has removed the time barrier. Dr. Harrington also said that recent medical graduates are getting better at end-of-life training. For example, palliative care is now in the curriculum for all medical students, and she said it’s a popular elective for many who choose to do a rotation their fourth year.

“We’re getting really good feedback from the medical students who rotate through our program,” reports Dr. Harrington. “They are telling us that they don’t know why they were scared to have these conversations; there was a lot of misperception about how beneficial the care can be.”

For Stanley Kellar, MD, Chief of Clinical Affairs at Baptist Health in Little Rock, the evolution of end-of-life care has been a logical extension of good, compassionate patient care. He has been practicing internal and pulmonary medicine for 34 years.

“I quickly learned that just because you can do something medically doesn’t mean a doctor should extend suffering. You have to help prepare the patient and ask them what they want.”

Stanley Kellar, MD, Chief of Clinical Affairs, Baptist Health
quickly learned that just because you can do something medically doesn’t mean a doctor should extend suffering. You have to help prepare the patient and ask them what they want.”

He is a big believer in end-of-life care and has taken steps to put in writing what he wants for the end of his own life.

“We have a law in Arkansas that if a patient writes down their wishes related to end-of-life care, the hospital is obligated to do what they want,” said Dr. Kellar. “I myself do not want to be on a vent or kept alive with a feeding tube. I’ve made sure that my wife and kids know those are my wishes.”

All of the sources interviewed stressed that an advanced end-of-life document is critical. The other advice these sources offered was don’t wait until death is near to opt for end-of-life care because it robs a patient of quality time.

Sue May, who has been the administrator at Canon Hospice in Jefferson, Louisiana for 22 years confirmed that physicians are still not as comfortable speaking about the end-of-life care that best benefits patients and families. She noted that often by the time they have a patient referred, they and their family are “terrified.”

“We do find that most families have not received any true end-of-life discussion,” May said. “Many are telling us that they believe patients admitted to hospice have all medications and food taken away and we administer morphine until the patient passes away. This is not what happens!”

She said that patient comfort – both physical and emotional – is the main objective. May advised that the goal is to for a patient to be pain free, eat the things they like to eat, and enjoy their time with friends and family.

“Hospice and palliative care is about living,” she stressed. “It is about being ... pain and symptom free. We want to educate the community that the more time you have with your family, the better job we can do to provide support, education, and comfort.”

ENDNOTES
2“Being Mortal”, Gawande, Atul, pg. 177
DOCUMENTS SHOW LOCAL OFFICIALS WERE IRATE OVER THE RED CROSS’ POOR RESPONSE TO THE MASSIVE DISASTER
IN AUGUST, THE COUNTRY’S WORST NATURAL DISASTER since 2012’s Superstorm Sandy, hit Louisiana. Flooding killed 13 people and left more than 80,000 homes severely damaged.

And once again, the American Red Cross’ response left local officials seething.


Hundreds of Louisiana government documents and emails between officials obtained by ProPublica through freedom of information requests show widespread mismanagement and understaffing at Red Cross-run shelters. Some evacuees went hungry, thirsty and without medical attention as a result.

People at one shelter had “no food or water for 24 hours over the weekend,” wrote the head of a local nonprofit eight days after the flooding began. “A woman gave birth with no medical assistance.” Another day, the shelter served only 195 meals out of 500 because Red Cross workers showed up late.

“People were pretty much just dumped there and forgotten about,” the nonprofit director, Janet Rhodus, told ProPublica. “I just happened
“Red Cross, Red Cross, Red Cross!!!” wrote a deputy to the governor when forwarding a long list of residents’ complaints. In response, another official wrote: “It is a lot to be trying to cleanup their problems as we go.”

to stop in and volunteer and I was appalled.”

State officials shut down the shelter after a week and local nonprofit groups say many area residents are still sleeping in tents, in mold-ridden homes or in their cars.

At the largest Red Cross shelter, inside the Baton Rouge River Center, baby formula was in such short supply that volunteers paid for it out of pocket, state workers found. A truckload of formula was donated by a manufacturer and delivered to a temporary Red Cross warehouse nearby but was left unused for days.

“Red Cross, Red Cross, Red Cross!!!” wrote a deputy to the governor when forwarding a long list of residents’ complaints. In response, another official wrote: “It is a lot to be trying to cleanup their problems as we go.”

The stumbles are part of a long pattern of problematic Red Cross responses to disasters. As ProPublica has detailed, the Red Cross has sharply cut back on local chapters and staff during CEO Gail McGovern’s decade-long tenure. In a September letter to the government, the ranking member of the U.S. House Committee on Homeland Security said the charity’s “poor performance in disaster response activities across the country has called into question Red Cross’ ability to meet its responsibilities.” And the charity’s troubles in Louisiana this August are similar to complaints aired by local parish officials during a separate round of flooding in March.

In response to questions about its August relief efforts in Louisiana, Red Cross officials blamed its performance problems mostly on the inherent difficulty of the situation.

“Given the size, scope and complexity of this disaster, it is not surprising that the Red Cross and our partners would be confronted by a range of challenges. This circumstance isn’t unique to Louisiana or to the Red Cross; it is the very nature of disasters,” the charity said in a statement. “Thus admitting to challenges is acknowledging reality (not failure), and pragmatically inviting collaboration in crafting solutions.”

After Louisiana officials complained, the Red Cross reached out to 64 parishes to plan for the next potential disaster and set up meetings with officials in the governor’s office, promising swift and sweeping changes. The Red Cross said it would “ensure that no persons seeking shelter will be denied a safe place to stay.” The charity was scheduled to meet with state officials at this writing.

Top Red Cross officials were clearly stung by the public criticism from state leaders. After a Baton Rouge Advocate article highlighted problems at shelters and quoted the governor’s spokesperson, McGovern wrote to the governor’s chief of staff, saying they “were very concerned” about the story.

Red Cross officials privately acknowledged stumbles to state officials. “We are focusing the challenges we’ve had into 4 major buckets: Readiness and Planning, Staffing and Leadership, Communication,
American Red Cross Procedures,” wrote Kay Wilkins, the regional director for the Red Cross.

The Red Cross was chartered by Congress in 1900 and has an official role to work alongside the government after disasters. It is still the charity of choice for many companies and officials after disasters and has collected about $25 million in donations. The Red Cross has asked for at least $35 million to cover the costs of sheltering and feeding those who have been displaced in Louisiana.

Louisiana Gov. John Bel Edwards urged people to donate to the Red Cross, among other charities. “We really need help,” he said on Aug. 21. “Typically by this point in a storm, the Red Cross would be receiving a lot more donations.”

That same day, documents show the Red Cross was too understaffed to handle the largest shelter it was supposed to be responsible for, the 10,000-person Baton Rouge River Center. Marketa Walters, secretary of the state’s Department of Children and Family Services, wrote that state officials had “hoped Red Cross would be ready to assume leadership today...However, ARC did not have enough staff for the transfer of authority.” The Red Cross did not take over the shelter for another six days.

Many of those staying at the huge shelter only received one hot meal per day from the Red Cross for days after the flooding began, said state Rep. Ted James, whose district includes some of the hardest-hit areas of Baton Rouge. “I was there the night the River Center opened,” James told us. “It was strangely ironic that they are getting an ungodly amount of money and they didn’t have the manpower to help.”

Steve Spires, who works in the governor’s policy office, wrote that he had gotten texts that Red Cross personnel at the River Center were “being difficult, turning away medical volunteers, throwing away donations, generally not working well with others.” Erin Monroe Wesley, special counsel to the governor, responded: “It’s confirmed. I was at the River Center today.”

When James Gilmore, the director of a state children’s agency, was asked by a colleague to share concerns for an upcoming meeting with the Red Cross, he wrote back that he was not “really interested in telling them how much of a failure they have been. If they want to help, then where are the debit cards and direct cash assistance these people need to replace clothing, help with gas to get to work, buy work uniforms.”

**UPDATE, OCT. 4, 2016:**

The ranking member of the U.S. House Committee on Homeland Security, Rep. Bennie Thompson, D-Miss., has asked the Federal Emergency Management Agency to investigate the Red Cross’ performance during the Louisiana floods in August.

“Unfortunately, Red Cross’ failures in Louisiana seem to be a repeat of what we saw in Mississippi after flooding earlier this year and after Hurricane Katrina over ten years ago,” he said in a statement. “I am growing increasingly frustrated with a Red Cross that rejects oversight and seems unwilling to change.”
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Blue Cross Foundation Announces 2016 Angel Award® Honorees

This October, the Blue Cross and Blue Shield of Louisiana Foundation honored ten everyday Louisianians doing extraordinary good for the state's children at the 2016 Angel Award® ceremony.

See story on page 44
**State**

**Louisiana Healthcare Organizations Expand Health Leaders Network Partners**

Several healthcare organizations across Louisiana have signed a Memorandum of Understanding in a first-of-its-kind statewide partnership to form a clinically integrated network that expands on the Health Leaders Network and its almost 1,000 providers across Louisiana. More than 100,000 lives are currently under contract for management. These partner organizations will share quality data and focus on the changes in the healthcare industry calling for predictable and consistent outcomes.

Named Health Leaders Network Partners, the founding members are market leader organizations with track records for collaboration and high-quality, high-value care delivery: Willis Knighton Health System, Shreveport-Bossier, whose facilities include Willis-Knighton Medical Center, WK Pierremont Health Center, Willis-Knighton South & the Center for Women’s and Children’s Health, WK Rehabilitation Institute and WK Bossier Health Center; Woman’s Hospital, Baton Rouge; and Franciscan Missionaries of Our Lady Health System, whose member organizations include Our Lady of the Lake Regional Medical Center in Baton Rouge; Our Lady of Lourdes Regional Medical Center in Lafayette, St. Elizabeth Hospital in Gonzales; Our Lady of the Angels Hospital in Bogalusa; and St. Francis Medical Center in Monroe. Additional partners are expected to join this clinical integration partnership in the coming months.

The vision of Health Leaders Network Partners is for these community-focused, local healthcare organizations who share common values and outcomes.

The combined service areas of the Health Leaders Network Partners represent access for the population of Louisiana in a way that maximizes the value to patients and local physicians. The structure assigns no ownership to the partners and is not considered any type of merger. Instead, the Health Leaders Network Partners organization derives greatest value from the local focus and leadership of its members who agree to work cooperatively with their partner organizations on behalf of patients.

In addition Health Leaders Network and United-Healthcare have signed an agreement to launch an accountable care program in UnitedHealthcare’s employer-sponsored plans in Louisiana. Under the new program, which took effect in October, Health Leaders Network and United-Healthcare will work together to better coordinate patients’ care, using shared technology, timely data, and information about emergency room visits and hospital admissions. This partnership will also provide services to help patients manage their chronic health conditions by enhancing relationships with their personal physicians and encouraging healthy lifestyles. Health Leaders Network member hospitals and physicians will share in the resulting savings generated through providing care under a value-based, patient-centric care model focused on keeping people healthy.

**BCBSLA Recognizes Top-Performing Clinics**

At the annual Quality Blue Primary Care State-wide collaborative, Blue Cross and Blue Shield of Louisiana leadership unveiled 2016 program statistics that show the program is driving continued improvement for customers who have chronic diseases that are common in Louisiana.

During the collaborative awards ceremony, Blue Cross named the four clinics with the highest scores on Quality Blue’s clinical quality measures for the program’s four targeted chronic conditions:

- **Highest Achievement in Hypertension Care 2016:** Bossier Family Medicine
- **Highest Achievement in Vascular Care 2016:** Bossier Family Medicine
- **Highest Achievement in Kidney Care 2016:** Bella Family Medical – Baton Rouge
- **Highest Achievement in Diabetes Care 2016:** The Family Doctors – Shreveport

For the first time in the history of Quality Blue, two clinics tied for the Highest Overall Performance award, which goes to the clinic with the highest combined score on the four healthcare quality measures and three efficiency measures that track how well a practice is reducing the use of unnecessary services.

For 2016, the co-Highest Overall Performance winners are The Family Doctors – Shreveport and Shreveport Internal Medicine.

Blue Cross also recognized more than 175 primary care doctors from around the state for achieving top scores on the clinical quality measures. Data collected over the three years of the program show that Quality Blue doctors have together gotten higher percentages of all patients enrolled in the program at goal for the quality measures for the targeted chronic conditions:

- **33%** of all diabetic patients
- **69%** of all high blood pressure patients
- **36%** of all heart disease patients
- **71%** of all kidney disease patients

For patients with high blood pressure, 163 primary care doctors enrolled in Quality Blue have gotten 70% of their own patients at goal for that condition.

**AG Books Four on Medicaid Fraud**

Attorney General Jeff Landry announced that his Medicaid Fraud Control Unit recently arrested four people from South Louisiana on Medicaid fraud charges.

Mary Altemus, 51 of LaPlace, was arrested on 4 counts of Medicaid fraud. Altemus allegedly submitted time sheets and service log for services not rendered.

Deloris Crockett, 57 of Kenner, was arrested on 8 counts of Medicaid fraud. Crockett allegedly signed time sheets and service logs for services not provided to her children.

Paulette Riley, 57 of New Orleans, was arrested on 4 counts of Medicaid fraud. Riley, the owner/biller of Employment Assistance Services, allegedly submitted false claims to the Medicaid program for long-term personal care services.

Tim Ursin, 53 of Saint Rose, was arrested on 4
counts of Medicaid fraud. Ursin allegedly submitted time sheets and service logs for services not rendered.

All four were booked into the East Baton Rouge Parish Prison.

CIS Opens in Meridian
Cardiovascular Institute of the South (CIS) has opened the doors of its new clinic located at 1102 Constitution Avenue on Anderson’s South campus to provide cardiovascular care to the community of Meridian.

Nine Meridian cardiologists will practice as one team at this clinic: Dr. Wes Bennett, Dr. Tim Boyd, Dr. L. Shea Hailey, Dr. Scott Joransen, Dr. Thomas Plavac, Dr. E. Michael Purvis, Dr. Jennifer Rodriguez, Dr. Attila Roka, and Dr. Dale Touchstone.

In addition to advanced, compassionate care from these physicians, the CIS Meridian clinic will offer a full range of diagnostic testing, including treadmill, lab, ultrasound, and nuclear tests, as well as cardiac telemetry and electrocardiograms. A support team of 50 will work together at this location, putting patients first and ensuring that each patient receives the highest quality cardiovascular care available. Patients already under the care of these cardiologists will be contacted soon regarding their follow up care at CIS.

CIS offers many new resources to Meridian that will benefit patients, hospital partners, and the local medical community. CIS offers diagnostic services as well as a wide range of treatment options for heart and vascular disease conditions. CIS is on the forefront of medical research, using advanced technology and minimally-invasive techniques with expert physicians in all aspects of cardiovascular medicine.

CIS has 15 locations in Louisiana with more than 600 employees and 60 physicians. CIS also manages several cardiology programs in Alabama.

Humana Foundation Donates to Louisiana Nonprofits
The Humana Foundation, the philanthropic arm of Humana Inc., announced up to $75,000 in grants to two nonprofit organizations providing support to those affected by the recent flooding in southeastern Louisiana. The American Red Cross and the Capital Area United Way each received an immediate gift of $25,000 from the Humana Foundation to address both immediate and ongoing community needs relating to this historic disaster.

Additionally, the Humana Foundation will match up to $25,000 in gifts from Humana associates to the American Red Cross, for a potential total of $50,000 to the American Red Cross from the Humana Foundation on top of associate contributions. Humana has more than 600 associates in Louisiana, and serves more than 350,000 health plan members across the state.

Glenn Named CEO of New Beginnings-Opelousas
Chase Glenn is the newly appointed Chief Executive Officer of New Beginnings Adolescent Recovery Center in Opelousas, Louisiana. Glenn has assumed the leadership role following the announcement of his appointment by New Beginnings President and Managing Partner, Johnny Patout, LCSW.

Glenn joined New Beginnings in 2014 in the capacity of Director of Business Development. He is a member of numerous substance organizations and national equestrian organizations and has served on charter high school boards of directors in Washington State which allowed him to continue working with youth and addiction.

New Beginnings is a 60 day, award-winning residential facility for teenagers who have substance abuse issues and co-occurring disorders.

Enrollment Open for HMO Louisiana’s Medicare Advantage Plan
Medicare beneficiaries in 14 parishes across Louisiana can now sign up for Blue Advantage (HMO), a Medicare Advantage product from Blue Cross and Blue Shield of Louisiana subsidiary.
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Blue Advantage is available in Ascension, East Baton Rouge, Jefferson, Lafayette, Livingston, Orleans, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Tammany, Washington, and West Baton Rouge parishes.

BioInnovation Center Names BioChallenge Finalists

The New Orleans BioInnovation Center has announced four finalists in the 2016 BioChallenge Competition, an annual challenge that highlights and supports emerging life science startups across Louisiana that will generate jobs and economic growth in the state. The four companies were selected from a statewide applicant pool of nearly twenty startups developing new disease treatments, better diagnostic tests, tools to improve healthcare delivery, advanced materials, and other technologies. The finalists are:

1. Carre BioDiagnostics (New Orleans) aims to treat and prevent cardiovascular diseases in chronic kidney disease patients. Carre is initially focused on a simple diagnostic blood test to identify chronic kidney disease patients with coronary artery disease who are at high risk for heart attacks, allowing for earlier treatment, improved outcomes, and reduced costs.

2. Chosen Diagnostics (New Orleans) is working to improve healthcare delivery for patients by personalizing their treatment. The company’s first product is a biomarker test that can diagnose a common and life-threatening gastrointestinal disease in preterm infants, offering more accurate results than current options and allowing earlier intervention in these fragile patients.

3. Grapheno (Shreveport) develops innovative graphene solutions. The company’s first product is a conductive coating based on graphene which protects sensitive electronics in sectors from telecommunications to medical equipment by absorbing harmful and unnecessary electromagnetic radiation. It is a low-cost alternative that meets or exceeds the protection levels of existing solutions.

4. Segue Therapeutics (Shreveport) is an early-stage privately owned biotechnology company dedicated to the discovery and medical use of repurposed drugs, or the application of approved drugs to new disease indications. Segue aims to treat pancreatic cancer, a devastating disease for which truly effective life-extending treatments are not currently available.

The final pitch event will be held Wednesday, November 16 at the Joy Theater, and it is open to the public. Each entrepreneur will make an eight-minute pitch to a panel of national investors and industry experts, who will select the $25,000 Grand Prize winner. Two additional prizes are available: the New Orleans BioFund Prize, a $25,000 investment, and the Audience Favorite Award, $2,500 cash given to the winner of a text vote by audience members and sponsored by the Conafay Group.

Learn more at www.neworleansbio.com/biochallenge/.

AG Files Suit Against Opioid Treatment Drug Maker

Attorney General Jeff Landry has joined 35 other Attorneys General in filing an antitrust lawsuit against the makers of Suboxone, a prescription drug used to treat heroin and other opioid addictions.

Reckitt Benckiser Pharmaceuticals, now known as Indivior, is accused of conspiring with Monosol Rx to switch Suboxone from a tablet version to a film that dissolves in the mouth in order to prevent or delay generic alternatives and maintain monopoly profits.

According to the lawsuit, when Reckitt introduced Suboxone in 2002 in tablet form, it had exclusivity protection that lasted for seven years – meaning no generic version could enter the market during that time. However, before that period ended, Reckitt worked with Monosol to create a new version of Suboxone – a dissolvable film, similar in size to a breath strip. Over time, Reckitt allegedly converted the market away from the tablet to the film through marketing, price adjustments, and other methods. Ultimately, after the majority of Suboxone prescriptions were written for the film, Reckitt removed the tablet from the U.S. market.

Landry and the other Attorneys General allege that this conduct was illegal “product hopping,” where a company makes modest changes to its product to extend patent protections so other companies cannot enter the market and offer cheaper generic alternatives. According to the suit, the Suboxone film provided no real benefit over the tablet and Reckitt continued to sell the tablets in other countries even after removing them from the U.S. market. Reckitt also allegedly expressed unfounded safety concerns about the tablet version, and intentionally delayed FDA approval of generic versions of Suboxone’s tablets.

As a result, the Attorneys General allege that consumers and purchasers have paid artificially high monopoly prices since late 2009 – when generic alternatives of Suboxone might otherwise have become available. During that time, annual sales of Suboxone topped $1 billion.

The lawsuit, filed in the U.S. District Court for the Eastern Division of Pennsylvania, accuses the companies of violating the federal Sherman Act and state laws. Counts include conspiracy to monopolize and illegal restraint of trade.

Blue Cross Foundation Announces 2016 Angel Award® Honorees

This October, the Blue Cross and Blue Shield of Louisiana Foundation honored ten everyday Louisianaians doing extraordinary good for the state’s children at the 2016 Angel Award® ceremony.

This year’s honorees were chosen from a record number of nominations from across the state. Each Angel will receive a $20,000 grant to the charity of their choice to deepen the impact of their work.

Receiving the Angel Award this year were:

• Gerard Barousse, Jr. of New Orleans. Gerard Barousse, Jr. is founder and Chairman of the Bayou District Foundation, the lead organization in the planning and development of Columbia Parc in New Orleans.

• Sonya Brown of Harvey. Brown is a dedicated social worker who has become a nationally recognized advocate for young people in foster care, particularly those who are “aging out” of the system. She founded Project18.

• Loren Carriere of Opelousas. Carriere founded Hope for Opelousas, a ministry that is focused on community development, educational support, neighborhood outreach, and intentional, positive relationships.

• Keith “Keif” Hester of West Monroe. Hester is a physical therapy technician who goes above and beyond to help children to overcome seemingly impossible odds on the road to
Foundation has selected two employees – Billie Jean Davis-Lomas and Glenda Chappell – who, over the last decade, have provided hands-on training, mentoring, and career development to Baton Rouge youth through the local chapter of Black Data Processing Associates (BDPA). The Foundation will make a $5,000 grant to BDPA in Davis-Lomas’ and Chappell’s names.

AG Announces Medicaid Fraud Arrests
Attorney General Jeff Landry announced that his Medicaid Fraud Control Unit arrested four people on charges of defrauding the Medicaid system.

Vickie Joseph, 53 of St. Martinville, was arrested on Medicaid Fraud. Joseph allegedly claimed to provide services to multiple Medicaid recipients on overlapping dates and times.

Joe Mitchell, 21 of Monroe, Sheila Mitchell, 45 of Monroe, and Jameshia Jenkins, 32 of Monroe, were arrested on Medicaid Fraud after allegedly submitting their time sheets and claiming services that were not provided.

All four were booked into the East Baton Rouge Parish Prison.

LOCAL

Busch Joins Baton Rouge General Physicians
Miriam Busch, MD, recently joined BRGP as an OB-GYN. A Texas native and Baton Rouge resident, Dr. Busch is certified in numerous surgical specialties, including minimally invasive Gynecologic Surgery and Da Vinci Robot training, and received accolades including Outstanding Resident Teacher.

A member of both the American College of Physicians and the American Congress of Obstetrics and Gynecology, Dr. Busch is with Baton Rouge General Physicians – Obstetrics & Gynecology, located at 8595 Picardy Avenue, Suite 320.

New Concussion Treatment Program at NeuroMedical
The NeuroMedical Center has announced a new partnership between its Baton Rouge campus and the Head Health Network (HHN) for a first-of-its-kind program addressing head-trauma in youth sports. The NeuroMedical Center will now be known as the HHN’s official Concussion Care Center, completing HHN’s visionary approach for helping to detect, assess, and treat concussions. By joining forces, both organizations hope to make football and other sports safer for athletes of all ages nationwide.

Founded in early 2015, the HHN has quickly become a leading provider of real-time impact monitors and data analytics for elite collegiate football programs including LSU, Texas A&M, Penn State, and TCU. The core function of the HHN is to utilize impact data from practices and games to help teams identify ways to create more effective, more efficient, and potentially safer playing conditions. Beyond identifying opportunities for teams to improve their methods and performance, the HHN also integrates the key multidisciplinary functions, baseline and post-injury assessment, impact monitoring, immediate access to medical experts, an insurance policy to pay for care and a medical record to track relevant medical and impact data through time, that are necessary to deliver the highest standard of care for concussions and other head trauma. Historically, this standard of care has been limited to professional and collegiate sports programs, but the HHN has created an accessible and affordable program to deliver it at all levels of play.

As the HHN’s official Concussion Care Center, The NeuroMedical Center’s expert team of neurologists and concussion specialists will provide comprehensive follow-up care for members of the HHN when necessary.

Curtis Cruz, President of the Head Health Network, says the 2016-17 season will be the first in which the HHN services have been made available to high schools and that nearly a dozen schools from across the country have been chosen to take part in the initial program launch; including some of the most respected schools in the Greater Baton Rouge Area.
AmeriHealth Caritas Louisiana Recognized as a “Best Place to Work”

AmeriHealth Caritas Louisiana, a Medicaid managed care health plan serving Louisiana, has been selected as a “Best Place to Work” by Greater Baton Rouge Business Report.

AmeriHealth Caritas Louisiana associates completed questionnaires about the business, its community presence, and the benefits offered to its associates. AmeriHealth Caritas Louisiana received its highest scores for associates’ satisfaction with the type of work they do and the benefits they receive.

LSO Foundation Introduces Children’s Book

The LSO Foundation has introduced a children’s book, Dottie’s Sun Survival Guide: The ABC’s of Sun Safety, in which Dottie the dalmatian explains how kids can be sun safe and detect skin cancer using their ABC’s.

Episcopal High School senior Arden Koschel wrote the book in partnership with the LSO Foundation, a nonprofit that endeavors to raise awareness of skin cancer. The Foundation is named in honor of 27-year-old Lauren Savoy Olinde who died of melanoma in 2012. Book sales will benefit the LSO Foundation’s Sun Safety Education Project and Sunshade (on Playgrounds) Project.

Through the Sun Safety Education Project, Arden and the LSO Foundation will bring the children’s book into first through third grade classrooms. The classroom visits will include a reading of the book, “mole hunting” activity, and sunscreen-applying education. The hardcover book is for sale ($20) on the LSO Foundation website, www.lsofoundation.org. A list of other retailers will be added to the website as they become available.

Ear and Skull Base Surgeon Joins OLOL Physician Group

Our Lady of the Lake Physician Group has welcomed Alexander B.G. Sevy, MD to the Hearing and Balance Center at 7777 Hennessy Boulevard, Suite 709 in Baton Rouge.

Dr. Sevy is a neurotologist specializing in complex otology, neurotology, and lateral skull base surgery. His practice focuses on care for the ear, hearing, balance, facial nerve disorders, and skull base lesions, and he provides diagnosis and treatment for such conditions as hearing loss, vertigo and imbalance, chronic ear conditions, and tumors and disorders of the ear and skull base.

Dr. Sevy is Board Certified in Otolaryngology, Head and Neck Surgery, and Board eligible for Neurotology certification. He has published numerous articles and book chapters on complex hearing and balance disorders and presented his work at numerous national research meetings. Dr. Sevy also serves as Assistant Professor of Clinical Otorhinolaryngology at LSU.

Dr. Sevy joins Drs. Moisés Arriaga and Rahul Mehta at the Hearing and Balance Center, a joint venture of Our Lady of the Lake and the LSU Department of Otolaryngology-Head and Neck Surgery.

OLOL College Announces Name Change

The Franciscan Missionaries of Our Lady announced that Our Lady of the Lake College will change its name to Franciscan Missionaries of Our Lady University. The announcement was made by Sr. Barbara Arceneaux, Provincial for the Sisters. Founded in 1923, Our Lady of the Lake College is the only Catholic Franciscan institution of higher education in the southeastern United States. Full implementation of the name will be complete in 2017.

Expansion of programs in recent years, including doctoral level degree programs, has prompted the College to adopt a name change to University that reflects the advanced programs being offered at the institution. In addition, the change to Franciscan Missionaries of Our Lady University honors both the ministry’s founding sponsors and its Franciscan ideals and values as expressed through education and formation. Curricula in all academic disciplines emphasizes Franciscan formation, a distinct experience for graduates, especially those seeking preparation for healthcare professions.
Our Lady of the Lake College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS) to award associate, baccalaureate, master’s, and doctorate degrees.

Franciscan Missionaries of Our Lady University will maintain its three established comprehensive schools: School of Arts and Sciences, School of Health Professions, and the Our Lady of the Lake School of Nursing. Today, the University has an enrollment of 1,600 students and a full-time faculty of 76. In keeping with the teachings of the Catholic Church, the University is devoted both to academic excellence and service to the community and welcomes students of all faiths and backgrounds.

Lee Joins Baton Rouge General Physicians
Victoria Lee, MD, recently joined Baton Rouge General Physicians – Baton Rouge General Orthopedic Associates and Surgical Associates, as a general surgeon.

New to Baton Rouge, Dr. Lee performs a variety of surgeries, including gall bladder, hernia, breast cancer, and gastrointestinal surgery. A member of the American College of Surgeons, Dr. Lee’s office is located at 8595 Picardy Avenue, Medical Tower 1, Suite 220.

New Player in Type 2 Diabetes Identified
After 25 years studying the links between Type 2 diabetes and obesity, Professor Jackie Stephens and a team of LSU researchers have identified a new player, the protein oncostatin, that could help us better understand how inflammation in fat tissue affects insulin resistance.

“Oncostatin levels are markers for a number of inflammatory diseases like rheumatoid arthritis, liver disease, and several types of cancers. To better understand the role of oncostatin in adipose tissue inflammation, Stephens and her research team used mouse models to examine the effects of the protein in obese mice. The researchers compared oncostatin activity in three different types of mice. These included normal or “wild-type” mice with a normal diet and natural oncostatin activity, mice fed a high-fat diet for six months, and genetically modified mice.

“We created this really sophisticated mouse model where we were able to knock out the receptor for oncostatin in fat tissues to show that this inflammatory mediator can also promote insulin resistance,” said Stephens.

In the obese mice fed a high-fat diet over six months, the population of adipose tissue immune cells changed due to an increase in oncostatin produced by non-adipocyte cells, or non-fat cells, rendering the mice insulin resistant. The obese genetically modified mice were also insulin resistant. In the genetically modified mice however, the oncostatin was not able to signal in a paracrine manner on adipocytes and yet adipose tissue inflammation increased in these mice. The researchers concluded that the oncostatin appeared to function as a paracrine or autocrine mediator in adipose tissue cell types other than adipocytes, particularly immune cells, and acted to further promote adipose tissue inflammation.

The genetically modified mice also experienced a significant increase in the length of their thigh bones. This peculiar bone phenotype was discovered by Margaret McNulty, assistant professor in comparative biomedical sciences in LSU’s School of Veterinary Medicine.

“Adipocytes are derived from the same lineage as bone cells (mesenchymal stem cells), thusly, there is the potential for connections between the two tissues. However, the limited data on the bone phenotype in this paper doesn’t provide enough evidence to correlate what we’re seeing in the bony tissue to treatments for adipose tissue inflammation,” said McNulty.

Stephens added, “It was not entirely surprising that we observed a change in the bone of our transgenic mice. Now, we know that when we specifically modulate OSM action in fat, we are also affecting bone development.”

Stephens and her research group are collaborating with scientists at the University of Missouri at Columbia to examine the role of oncostatin in the development of bone and for potential therapies.
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A special Gamma Knife Icon dinner/lecture for Cancer Center physicians was held recently in preparation for the device’s “go live” date in October. Several of the attendees included, l-r, Jon Olson, MD, neurooncologist, The NeuroMedical Center; Linda Lee, administrator, Mary Bird Perkins – Our Lady of the Lake Cancer Center; Renee Levine, MD, radiation oncologist and Medical Director of the Gamma Knife Icon Program, Mary Bird Perkins – Our Lady of the Lake Cancer Center; Dheerendra Prasad, MD, professor of neurosurgery and radiation oncology, Roswell Park Cancer Institute; Todd Stevens, president and chief executive officer, Mary Bird Perkins Cancer Center; and Ethan Bush, chief development officer, Mary Bird Perkins Cancer Center.

Indiana University Medical School and Pennington to show that the results are translatable to humans. The team’s complete research results were published in the Aug. 12 edition of the Journal of Biological Chemistry.

Three Arrested Locally for Medicaid Fraud
Attorney General Jeff Landry announced the arrests of three local women on Medicaid Fraud charges.

Kaitlyn Hamilton, 30 of Baton Rouge, was arrested on Medicaid fraud charges for allegedly submitting falsified service documents.

Jennifer Franklin, 49 of Baton Rouge, was arrested on Medicaid fraud charges for allegedly submitting time sheets and service logs for a patient to whom she did not render services.

Kerri Morrison, 49 of Denham Springs, was arrested on Medicaid fraud charges for allegedly submitting falsified service documents.

All three were booked into the East Baton Rouge Parish Prison.

Colorectal Surgeon Joins OLOL Physician Group
Our Lady of the Lake Physician Group has welcomed Ronald A. Charles, MD to Baton Rouge Colon Rectal Associates at 7777 Hennessy Boulevard, Suite 206.

Dr. Charles is a colon and rectal surgeon offering advanced laparoscopic techniques for abdominal procedures, colonoscopy for colorectal cancer screening, as well as a new treatment for fecal incontinence and transanal endoscopic microsurgery (TEM) for treatment of rectal polyps and early rectal cancer.

At Baton Rouge Colon Rectal Associates, Dr. Charles joins a team of experienced physicians and surgeons who provide state-of-the-art care in the evaluation and treatment of all diseases and disorders affecting the small intestine, colon, rectum, and anus. The team includes Drs. Louis Barfield, Richard Byrd, Kelly Finan, and Jay Jhunjhunwala.

Gamma Knife Icon Expert Visits Cancer Center
An international expert in the use of the Leksell Gamma Knife® Icon™ stereotactic radiosurgery system recently visited Mary Bird Perkins – Our Lady of the Lake Cancer Center to share his experience and expertise with physicians who will be utilizing the technology at the Baton Rouge facility. The Cancer Center, the first in the Gulf South and one of only a handful of American institutions to offer Gamma Knife Icon, began treating patients with the machine in October.

During a dinner and lecture for radiation oncologists, medical oncologists, neurosurgeons, neurologists, and medical physicists, Dheerendra Prasad, MD, director of the Gamma Knife Center and professor of neurosurgery and radiation oncology at Roswell Park Cancer Institute, presented a history of Gamma Knife and an overview of the technology’s power. According to Dr. Prasad, Gamma Knife technology has evolved over the years and the Icon, the newest and most advanced iteration of the machine, is a game changer for people with brain tumors, brain metastases, and other functional disorders.

Previously, similar treatments required the surgical attachment of a rigid frame to the patient’s skull to ensure accuracy. With the Gamma Knife Icon, in most cases, no frame is required due to the device’s onboard CT imaging system and pinpoint image fusion and motion tracking technologies. The treatment is noninvasive with no incision, pain, lengthy recovery time or hospital stay.

Dr. Prasad serves as an onsite advisor to institutions around the world training to use Gamma Knife Icon and is a pioneer in the use of the technology. He received his medical degree from All India Institute of Medical Sciences and has been in practice for more than 20 years. His areas of expertise include brain and spinal cord tumors, trigeminal neuralgia, vascular malformations of the brain and epilepsy. Dr. Prasad is board certified in radiation oncology by the American Board of Radiology and is internationally certified in neurosurgery.
MS Specialist Receives National Designation

The NeuroMedical Center announced that neurologist Dr. April A. Erwin, has been selected as a Partner in MS Care physician by the National MS Society for her demonstrated knowledge and experience in treating MS. According to NeuroMedical, 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.

Dr. Erwin joined The NeuroMedical Center in 2012 after completing her medical training, neurology residency, and a fellowship in multiple sclerosis at Georgetown University in Washington, D.C. She has since served as the Greater Baton Rouge area’s only fellowship-trained multiple sclerosis specialist, currently overseeing care for over 1,000 men and women living with MS in South Louisiana.

Additionally, Dr. Erwin works in detailed collaboration with her colleagues at The NeuroMedical Center to offer the full range of medical, nursing, mental health, rehabilitation, and social services for those living with MS.

Beyond her work in the medical setting, Dr. Erwin has played a significant role in the MS Movement as a dedicated advocate for the disease. She serves on advisory boards and participates in speaking events nationwide, informing the public about the latest advancements in multiple sclerosis care.

PBRC Partners with U.S. Dept. of Defense

LSU’s Pennington Biomedical Research Center is building on its long standing relationship with the U.S. Department of Defense to collaborate on a groundbreaking new research study aimed at improving the health, performance, and recovery for U.S. soldiers on the battlefield. The Optimizing Performance for Soldiers Study (or OPS) explores how maintaining normal testosterone levels can preserve endurance during physically demanding, low calorie missions.

Because soldiers are often unable to consume an adequate number of calories to maintain body weight during intense field work and military missions, many experience a drop in testosterone levels. This drop in testosterone can lead to a loss of muscle and problems with memory, mood, and concentration, which can put soldiers’ safety at risk. Through the OPS study, researchers are examining whether injections that maintain testosterone at normal levels can help prevent these negative side effects during times of calorie deficit.

“This study is the first of its kind, and the goal is to use what we learn here to help better equip our warfighters to perform at their best,” said Dr. Jennifer Rood, primary investigator on the OPS study and Pennington Biomedical’s associate executive director of cores and resources.

Pennington Biomedical has been the leading provider of nutritional information to the U.S. military for the past 28 years. PBRC research has helped shape nutrition and health programs throughout the military.

Interested in participating in the OPS research study? Pennington Biomedical is currently looking for men between the ages of 18-39 to join this study. Participants may earn up to $6,000 in compensation for completion of the study. For more information on the OPS study, including how to enroll, visit www.pbrc.edu/OPS or call 225-763-3000.

Home Instead Senior Care Launches Solution for Wandering

To help families keep their loved ones safe, the Home Instead Senior Care network has launched a free tool, the Missing Senior Network℠, now available in Louisiana.

Found at www.MissingSeniorNetwork.com, the platform enables family caregivers to alert a network of friends, family and businesses to be on the lookout for a missing senior. The service provides a way to alert the network of a missing senior via text or email. Families can also choose to post an alert to the Home Instead Remem-ber for Alzheimer’s Facebook page, connected to 270,000 followers.
UPDATE: Advance Care Planning in Long-Term Care Facilities

When the Louisiana Health Care Quality Forum was created in 2007 by the State Legislature, it was charged with leading initiatives focused on improving health care quality and health outcomes while reducing costs. By 2010, these initiatives had grown to include health information technology (IT), patient-centered models of care, quality measurement and analytics, and outreach and education.

Yet there is another initiative that lives under the Quality Forum’s umbrella – Louisiana Physician Orders for Scope of Treatment (LaPOST). Approved as Act 954 in the 2010 regular session of the legislature, LaPOST is an evidence-based model designed to improve end-of-life care for those with serious, advanced illnesses. The program’s focus on quality made it a natural fit for the Quality Forum, and it was formally adopted by our organization that same year.

Over the past few years, the LaPOST program has grown by leaps and bounds. Its vision of empowering patients, their families, and health care professionals with the knowledge and resources necessary to make informed decisions about end-of-life care has been realized on numerous levels.

LaPOST has received the endorsements of the Louisiana State Medical Society and the National POLST Paradigm Task Force. Our efforts to drive quality improvements in end-of-life care have been tremendously successful.

Thousands of health care professionals, patient advocates, and consumers across the state have received training and education in advance care planning through numerous “LaPOST Ready” education programs and virtual training courses. LaPOST awareness has grown exponentially, thanks to partnerships with health care professional and
patient organizations throughout Louisiana and an aggressive, integrated outreach strategy that includes social media, traditional marketing, and digital communications.

Perhaps one of the LaPOST program's most exciting new developments has been the inclusion of the document as an integrated component of the Minimum Data Set (MDS) assessment that is completed by health care professionals in nursing facilities. While LaPOST is a completely voluntary document, its inclusion in the MDS underlines its value as an advance care planning tool for nursing facility residents.

Susan Nelson, MD, LaPOST Coalition Chair, says the inclusion of LaPOST in the MDS is a key component in ensuring that patients and families have the ability to document the patients' end-of-life care wishes with a non-biased, medical order.

She notes, “Studies have shown that for patients with POLST documents, treatment wishes are respected 98 percent of the time. The document ensures that patients receive the care they want at the end of their lives. As a result, they don’t receive unwanted interventions such as cardiopulmonary resuscitation, intubation, intensive care or feeding tubes.”

When LaPOST was added to the MDS in June 2015, of the 29,229 nursing facility residents in Louisiana, only 31 percent had a LaPOST document. In one year, the percentage of nursing facility residents with LaPOST documents has increased to 36 percent.

"Though five percent may not seem like a huge increase, we have to remember that nationally, only about one-third of adults have an advance care planning document that expresses their wishes for end-of-life care," Nelson says. "Even among seriously or terminally ill patients, fewer than half have an advance care planning document in their medical record. By including LaPOST in the MDS, we are making significant gains in advance care planning among nursing facility residents in our state."

Nelson attributes much of the program's success to the extensive focus on education and implementation.

"Talking about death and dying is difficult, even for a health care professional, but with proper training and education and access to strong resources, that conversation becomes much easier," she says. "We have worked very hard to provide that level of training and educational opportunities. The wealth of evidence-based resources and tools available on our website to help health care professionals work together with their patients to document end-of-life care wishes and goals of treatment is remarkable."

Among those resources, she says, is the LaPOST Handbook for Long-Term Care Professionals and the LaPOST Implementation Guide for Long-Term Care Facilities, both of which are available for download from the LaPOST website, www.la-post.org.

Additionally, long-term care professionals can receive certificates in LaPOST education at their convenience via the website’s e-Learning courses, and can access a number of educational and training videos, including "Implementing LaPOST in Your Long-Term Care Facility," through the website.

"These tools, training courses, and guides were designed specifically for long-term care professionals in Louisiana," Nelson says. "They can also find many excellent educational tools to share with their patients and families such as our 'Conversations Change Lives' guidebook."

Ultimately, says Nelson, the goal is to ensure that patients receive the kind of care they want at the end of life based on their wishes and values.

"The growth in the number of nursing facility residents in Louisiana who now have LaPOST documents is very promising," says Nelson. "It means that those patients have worked with their health care providers to document their health care wishes and goals of treatment and that those wishes will be honored. Moving forward, I anticipate that we will see even greater gains in these numbers since LaPOST has become an integral component in the MDS, and we remain committed to providing Louisiana's long-term care facilities with the tools and resources they need to implement the document in their facilities."

LaPOST Update

Earlier this year, the Louisiana Legislature voted to make technical changes to the LaPOST document and place the actual form into statute. The minor modifications were made to update the language and clarify processes to be consistent with current medical standards, making it easier to complete the document. Health care professionals are encouraged to use the revised form for new patients with serious, advanced illnesses, although the original document is still valid for continued use with existing patients. The optimal time to update the document is when there is a significant change in the patient's health status or if a patient’s wishes change.

To download the new document, please visit www.la-post.org.
Ochsner Health System recently sponsored their 8th Annual EBP* /Research Conference entitled Leveraging Innovation to Drive Healthcare Transformation. There were 25 podium presentations supplemented by 35 posters representing the work of over 130 nurse researchers from Louisiana, Pennsylvania, Mississippi, Texas, Georgia, Alabama, Massachusetts, Florida, Virginia, Tennessee, and California. The conference highlighted inter-professional collaborations addressing workforce issues, clinical and ambulatory patient outcomes in diverse populations, and innovative solutions to the myriad challenges faced by nurses delivering patient care within environments that are complex and constantly in flux. Herein is presented some of the outstanding work that is being led by RNs and APRNs throughout the United States. *Evidence Based Practice

NURSES AS CHANGE AGENTS: Using Evidence to Produce Better Patient Outcomes

DR. LINDA AIKEN KEYNOTED the conference with her presentation, Using Evidence to Inform Practice and Policy. Dr. Aiken is a Professor of Nursing and holds the Claire M. Fagin Leadership Chair at the University of Pennsylvania. She is world renowned for her research on the use of performance measures to demonstrate relationships between nursing care and patient outcomes. Dr. Aiken challenged us with the information that in a 2015 survey of 27,319 nurses in 1,146 hospitals in the United States, 30% of nurses gave their own hospital a grade of C, D or F in overall safety, 29% graded their institutions similarly on prevention of infections, and 55% would not recommend their hospital to family and friends.1

Contributing factors to these findings are insufficient nurses to provide quality care, lack of confidence in management to resolve problems nurses identify in patient care, nurse burnout, punitive disciplinary environments, frequent interruptions to the delivery of patient care. Recommendations to improve patient safety and improve the quality of the work environment for nurses included prioritizing managers’ and policy-makers’ commitment to improving hospital work environments, including greater engagement by nurses in shared governance to improve patient outcomes and increase nurse retention. Additionally, hospitals are advised to standardize nursing qualifications at the bachelor’s level.

Dr. Deidra Dudley from Ochsner Medical Center – West Bank in New Orleans discussed working conditions and general wellbeing as predictors of overall quality of work life for medical-surgical nurses at the bedside in the United States. Her conceptual framework defined three sets of factors that may predict overall quality of work life. These included individual factors (age, gender, education, role), work-based factors (job and career satisfaction, control at work, stress at work, working conditions) and non-work-life factors (general well-being, home-work interface).2 The final survey was completed by 797 RN members of the Academy of Medical Surgical Nurses, 542 of whom were bedside nurses. In this sample, the overall quality of working life was 3.39 on a 5-point scale with the highest rated factor being job and career satisfaction (3.75/5.00) and the lowest rated factor was stress at work (2.17/5.00). The two best predictors of overall quality of working life were working conditions (3.90/5.00) and general wellbeing (3.03/5.00). Recommendations from Dr. Dudley’s research encompassed three areas: nursing practice, nursing research, and health policy. Nursing practice recommendations included modifying working schedules and shift patterns, providing ergonomic enhancements, participatory decision-making, recognition for accomplishments, promoting recreational activities, relaxation training, and self-instruction on stress relief. Regarding nursing research, she recommended studies of working life issues across specialties, facilities and countries, longitudinal studies to examine causal relationships between quality of working life factors in healthcare settings, and qualitative studies to define and
MEETING SEPSIS MEASURES

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<tr>
<th>EARLY RECOGNITION</th>
<th>TO BE COMPLETED WITHIN 3 HOURS PRESENTATION</th>
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<tr>
<td>• Measure lactate level</td>
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<td>• Obtain blood cultures prior to administration of antibiotics</td>
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<td>• Administer broad spectrum antibiotics</td>
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<td>• Administer 30 ml/kg crystalloid for hypotension or lactate ( \geq 4 )</td>
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<tr>
<th>EARLY ANTIBIOTICS</th>
<th>TO BE COMPLETED WITHIN 6 HOURS PRESENTATION</th>
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<td>• Apply vasopressors for hypotension not responsive to initial fluid resuscitation to maintain a MAP ( \geq 65 \text{ mmHg} )</td>
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<td>• For persistent hypotension after initial fluid administration (MAP ( \geq 65 \text{ mmHg} )) or if initial lactate was ( \geq 4 ), reassess volume status and tissue perfusion and document findings</td>
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<td>• Re-measure lactate if initial lactate elevated</td>
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describe the lived experiences of U.S. nurses in their working life. Finally, health policy changes are promoted in terms of nursing involvement in decision making activities that impact patient care and improvement in hospital work environments.

One of the most engaging sessions was the Children’s Canines for Kids Program from Children’s Healthcare of Atlanta presented by Lisa Kinsel, Karen Castro and Casper (golden retriever and first Canines for Kids Facility Dog). Casper and his 10 best friends provide animal assisted therapy (AAT) directed at minimizing the stress of the hospital environment. They support the overall social, physical, and emotional development of the patients, reduce anxiety, provide distraction from illness and hospitalization, motivate patients, and provide unconditional love and acceptance. Initial concerns and barriers to this type of program included animal allergies, cleanliness, and risk of injury or infectious disease. However, the literature overwhelmingly supports the benefits of AAT and no infection traced to animal-human interaction has yet been reported. It was evident from Casper’s interaction with the audience, all of whom were strangers to him, that he was well trained and had been carefully selected for temperament, socialization skills, and ability to adapt to new experiences.

Dr. Fiona Winterbottom and Marlene Alonzo from Ochsner Medical Center in New Orleans presented their work on Surviving Sepsis: Using Evidence to Design Workflows in the Electronic Health Record. Sepsis is a leading cause of death in the hospital. With an aging population, its incidence is expected to rise with estimated costs of $17 billion per year including hospital costs currently averaging $1,600/day. The new Sepsis Core Measures including 3-hour and 6-hour bundles became effective in the 4th quarter of 2015. The four core measures include early recognition, early antibiotics, early resuscitation, and early source control. The 3-hour and 6-hour bundles are presented in the adjacent graph.

These authors described how their institution has collaborated with clinicians and informatics technicians to incorporate these core measures into a rapid cycle feedback report. Results in terms of patient-centered care and improved outcomes include decreased organ failure, decreased hospital mortality, decreased length of stay, and decreased costs of care.

This is just a small sampling of the important work that is being led by nurse clinicians, educators, administrators, and researchers. We are replacing the basis of our practice from “opinion based” to “evidence based.” More and more, nurses are seen as credible experts designing and implementing new care models that make a difference in improving patient care outcomes while at the same time meeting the financial metrics of their institutions. Our decision making is informed by data and a clearer understanding of the human-to-human interactions involved in nursing care. Ultimately, we will use information and interactions to achieve what the Institute of Healthcare Improvement has called the Triple Aim: Improve the experience of care, Improve the health of populations, and Reduce per capita costs of health care.

REFERENCES:
Taking Stock and Making Strides

The early months of this administration were met with challenges including one legislative session followed by two more sessions to tackle the state budget crisis. Then, there were the shootings in the Baton Rouge community and the recent devastating floods.

In spite of it all, we have seen many positive outcomes over the last few months.

Medicaid Expansion

I am excited that we are seeing some of our greatest success through Medicaid expansion. Since Medicaid eligibility was expanded on July 1, over 314,000 new members have enrolled. These are real people who would not be able to afford healthcare coverage.

Not only are we enrolling working adults into the program, early data shows that new members are already benefitting from expansion.

• Over 20,000 members have received preventative care visits with a provider.
• Over 1,700 women have completed important screening and diagnostic breast imaging such as mammograms, MRIs, and ultrasounds. Of those women, 24 have been able to begin treatment for breast cancer.
• Over 1,200 adults have completed colonoscopies and over 270 patients had polyps, a precursor to cancer, removed.
• Treatment has begun for over 200 adults newly diagnosed with diabetes.
• And nearly 500 patients have been newly diagnosed with hypertension.

This data is evidence that Medicaid expansion is not just a card in the hands of members. This is life-saving care and treatment that patients would not have had affordable access to without expansion. Access to primary care and wellness screenings that help improve the health of our citizens.

To learn more about the results of Medicaid expansion, visit the new Health Louisiana Dashboard, http://www.ldh.la.gov/HealthyLaDashboard/.
Flu season reminder

We're in the middle of flu season and I encourage everyone to get vaccinated. The flu causes approximately 500 deaths and nearly 3,000 hospitalizations each year in Louisiana, and tens of thousands of deaths in the U.S. An annual flu shot is the most effective way to protect yourself from the flu. Flu shots are now available at local pharmacies, clinics, doctor's offices, and federally qualified (community) health centers.

Zika and West Nile

Zika and West Nile have been important topics in our communities. The weather is starting to cool off, but we can't forget about mosquitoes. There have been 31 confirmed cases of Zika and 26 cases of West Nile in Louisiana. None of the 31 Zika cases were contracted from a local mosquito bite. However, it's important remember these steps to reduce your risk and prevent mosquito-borne diseases.

- Use an EPA-approved insect repellent.
- Wear light-colored, long sleeves and pants.
- Frequently empty standing water around your home.
- Sleep under a mosquito net if you are outdoors or in an area without door and window screens.

Zika infection is usually asymptomatic and only rarely leads to severe illness. Infants born to mothers infected with Zika virus may suffer major negative birth outcomes, such as microcephaly, neurological disorders, vision & hearing deficits, and impaired growth. Because of this, women who are pregnant, or considering becoming pregnant, are of particular concern for preventing Zika infection.

New Coverage for Women with Breast Cancer or At-Risk for Breast Cancer

I'm excited to announce that for the first time, women receiving health benefits from Medicaid have access to coverage for breast reconstruction surgery of the contralateral breast following a mastectomy. Previously, Louisiana Medicaid only covered breast reconstruction, post mastectomy, on the affected/diseased breast.

In addition, women will now have access to BRCA1 and BRCA2 mutation testing in cancer-affected individuals and those at high-risk for breast or ovarian cancer. Until now, this genetic screening was not covered.

Breast cancer is the most common cancer among women in the United States, no matter her race or ethnicity. In addition, the CDC reports that breast cancer is the second leading cause of cancer death among women. Notably, October is National Breast Cancer Awareness Month. Medicaid is committed to providing the women of our state with access to early diagnosis and quality treatment for breast cancer.

Five to 10 percent of all breast cancers diagnosed in the United States are due to inherited gene mutations. BRCA1 and BRCA2 are genes that protect a cell from one step on the path to cancer. When these genes mutate, the cell can progress to cancer.

I lost my mom to breast cancer when I was only 16 years old. Raising awareness of this illness is extremely important to me and I’m proud to represent an agency that is always working to improve health care and reduce disparities.

A new ER in North Baton Rouge

The Governor recently announced great news for the residents of North Baton Rouge. The state has partnered with Our Lady of the Lake to build a new emergency room in the northern part of East Baton Rouge Parish. As Secretary, and with the Governor’s support, my focus has been on improving access to health care for residents across all of Louisiana. This announcement ensures greater access to care to residents in an area that has felt the loss of two emergency rooms over the last three years.

Our Lady of the Lake has long been a leader and has demonstrated their commitment to North Baton Rouge as evidenced by two urgent care clinics in the area.
SCIENTISTS ARE LEARNING MORE ABOUT
the role of hormones in bariatric surgery

Bariatric weight loss surgery has been shown to be an effective long-term solution for reducing body weight and normalizing metabolic dysfunction. In short, doctors and scientists agree that bariatric surgery helps people lose weight and better their health – and research today is helping us to understand exactly why that may be the case.

Scientists at LSU’s Pennington Biomedical Research Center who study metabolism, hormones, and bariatric surgery were curious: could the hormone FGF21, which plays a key role in regulating metabolism, be a critical factor in the success of bariatric surgery? They specifically wondered about its effect on Roux-en-Y gastric bypass (or RYGB), a type of bariatric surgery which reduces the size of the stomach to about the size of an egg.

Led by professor Dr. Hans-Rudolf Berthoud, a team of scientists at Pennington Biomedical set out to better understand this hormone's role in the body's response to bariatric surgery.

As Dr. Berthoud explained, “First, normal mice with (wildtype) and mice without (knockout) the hormone FGF21 were given a high-fat diet to make them obese. Mice of both genotypes were then subjected to either Roux-en-Y gastric bypass surgery (RYGB), or sham surgery (similar to a placebo, where the nutrient flow was not changed). A third group underwent calorie restriction to match body weight after the Roux-en-Y gastric bypass.”

Scientists then monitored and compared a host of metabolic endpoints that typically improve after RYGB: body weight, food intake, body composition (how much fat, muscle, and bone is in the body), glucose tolerance, and insulin sensitivity among others.

What they found during their observation was that even in mice without FGF21, the RYGB was still effective for weight loss and improvement in blood sugar. In short, their research showed that FGF21 is not a critical factor for the beneficial effects of RYGB. However, it is still possible that FGF21 acts as an important co-factor along with other mechanisms.

This information is useful as Pennington Biomedical’s scientists move forward to identify new ways to help people lose weight and maintain the loss. Long-term, this research helps open up the possibility to use FGF21 as an additional therapy for patients who may not have found success with bariatric surgery.

Added Dr. Berthoud, “Ultimately, we want to know exactly what the mechanism is that makes Roux-en-Y surgery so successful, and we’ll continue to work toward the goal of finding that out; however, we still consider it a success when we are able to rule certain mechanisms out since it puts us one step closer to that end goal.”

Dr. Hans-Rudolf Berthoud holds the George H. Bray Professorship.
DOZENS OF PET OWNERS gathered at the LSU Health Baton Rouge Perkins Surgery Center on Sunday, October 2 for the annual Blessing of the Pets hosted by Our Lady of the Lake Regional Medical Center. Fr. Johnson Kuriappilly blessed more than 30 pets, including dogs, cats, and rabbits.

Our Lady of the Lake hosts the pet blessing each year in honor of the Feast Day of St. Francis on Oct. 4. St. Francis is the patron saint of nature, animals and of Our Lady of the Lake's founders, the Franciscan Missionaries of Our Lady. The blessing of animals is a tradition that originated in the 13th century in remembrance of St. Francis, who believed all animals should be treated with dignity and respect.

ABOVE Michelle Hoppy brings 3-month-old pup Rowdy to be blessed while he is recovering from surgery.
BRG Donates Lifesaving Tools to St. Amant High School

Baton Rouge General donated ten CPR kits to St. Amant High School in partnership with the Capital Area American Heart Association.

“When someone who is not in a hospital has a heart attack, their chance of survival can double or even triple if CPR is performed within a few minutes,” said Dr. Kenny Cole, BRG Chief Clinical Transformation Officer and Capital Area American Heart Association board member. “These CPR kits and materials could save the life of a teacher or student at St. Amant.”

According to the American Heart Association, 90 percent of people who experience cardiac arrest at home, work or in public die because they don’t receive CPR soon enough. Teaching students CPR skills empowers them to increase the number of lives that can be saved. In 2014, Louisiana passed a law requiring all high schools students to take CPR training, but not all schools have proper equipment. In addition, St. Amant High School is under construction from recent flooding, so they are temporarily using Dutchtown High School.

“This is an amazing gift,” said St. Amant High School principal Mia Edwards. “After all that everyone has been through, it’s great to have something that is not only so needed, but also earmarked just for us.”

BRG and the AHA presented St. Amant High School with new CPR training kits with a reusable wheeled bag for convenient movement among classrooms, easy storage, and the ability to train hundreds of people.

OLOL Offering New Procedure to Treat Severe Asthma

Patients with severe asthma now have a new option for managing their disease. Our Lady of the Lake Regional Medical Center is offering an innovative procedure called bronchial thermoplasty that provides severe asthma patients with a safe, long-lasting and proven treatment option to reduce asthma attacks.

Bronchial thermoplasty is the first device-based asthma treatment approved by the U.S. Food and Drug Administration (FDA). The procedure is for patients 18 and older with severe asthma whose disease is not well controlled with medications like inhaled corticosteroids and long-acting beta-agonists.

The procedure is non-surgical and performed on an outpatient basis. During the procedure, thermal energy is applied to reduce the excessive smooth muscle tissue in the airways. This helps minimize airway constriction, making asthma attacks less frequent and less severe.

BRG Scores Highest in Patient Safety, Heart, and Pneumonia Care

Baton Rouge General (BRG) announced honors in cardiology, pneumonia, and patient safety from a top online healthcare resource.

BRG was recognized as a five-star recipient for treatment of heart failure and pneumonia, and is a recipient of the Healthgrades 2016 Patient Safety Excellence Award™ that places BRG among the top 5 percent of hospitals in the nation for patient safety. This is the second year in a row that BRG received the 5-star rating for both heart failure and pneumonia. 2016 is the first year for the patient safety excellence award.

Healthgrades is an independent, nationally-recognized healthcare rating service that releases an annual report on national hospital quality outcomes. The report highlights how well 4,500 hospitals nationwide performed for 31 of the most common inpatient conditions and procedures, such as stroke and heart attack.

The Spine Hospital of Louisiana Announces New CNO

The Spine Hospital of Louisiana at The NeuroMedical Center (SHOLA) announced that Kim Pettijohn, MSN, RN, CNOR has been named the hospital’s new Chief Nursing Officer (CNO), a position in which she will oversee all aspects of Clinical Operations, Compliance and Quality. Pettijohn, who has served as SHOLA’s Clinical Services Director for the past six years, will officially assume her new role on November 6, 2016.

Pettijohn began her career with SHOLA in 2004 as a registered nurse, when the hospital first opened its doors as The NeuroMedical Center Surgical Hospital in 2004. Six years later, she was promoted to Clinical Services Director, where she continues to effectively direct the busy day-to-day operations for Pre-Op, OR, PACU, Pain Medicine, Radiology functions, and Inpatient. Pettijohn simultaneously pursued advanced nursing certifications, receiving both a professional certification of Certified Nurses, Operating Room (CNOR) in 2013, and earning her Master of Science in Nursing (MSN), graduating Summa Cum Laude. Upon completion of her MSN, she was inducted into Sigma Theta Tau International, the honor society of Nursing.

Ochsner Health Center – Zachary Holds Ribbon Cutting

Ochsner – Baton Rouge and the Zachary Chamber held a ribbon cutting grand opening and hosted
tours for the new Ochsner Health Center-Zachary. This new clinic, located at 4845 Main Street, Suite D in Zachary, features urgent care to serve the needs of the region and also provides clinic access to physicians specializing in Primary Care, Pediatrics, OB/GYN, General Surgery, Orthopedics and Ear, Nose and Throat.

“Opening this new location in Zachary provides a much needed medical access point to the community and its residents,” said Eric McMillen, Chief Executive Officer at Ochsner Medical Center – Baton Rouge. “This is especially important as people throughout our region rebuild and need increased options for their healthcare. We now offer 10 clinic locations, each offering the highest level of care.”

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

**Woman’s Leads Baton Rouge as Family Favorite**

For the third year in a row, Woman’s Hospital has been named Family Favorite Birthing Hospital by Baton Rouge Parents Magazine’s 2016 Reader’s Choice Awards. Woman’s was also voted the winner of the Family Favorite Pre- and Postpartum Classes for the second year in a row and a top contender in the For the Grown Ups-Hospital division.

Readers of the magazine nominate and vote for local businesses that go above and beyond in their field of expertise. Both Family Favorite Birthing Hospital and Family Favorite Pre- and Postpartum Classes were within the Mom and Baby category of the magazine’s competition. The For Grown Ups-Hospital designation was part of the For Grown Ups category.

**Ochsner Offers Chronic Lymphocytic Leukemia Study**

Ellen Johnson of Crosby, Mississippi, experienced a two-year period where she felt sick all the time. With knots in her neck and battling constant fatigue, she almost felt like she was dying. In September 2014, her lymph node biopsy revealed a shocking diagnosis of Chronic Lymphocytic Leukemia (CLL), a cancer of blood-forming cells and known as the most common form of chronic adult leukemia. It was then that her physicians in Mississippi referred her to Hematologist Oncologist Dr. Jay Brooks of Ochsner Medical Center - Baton Rouge for further treatment. Dr. Brooks recommended Ellen as a candidate for a new research study which is testing the effectiveness of using cancer-fighting drug ibrutinib, in pill form, in combination with infused rituximab to treat CLL as an alternative to traditional multidrug infusion through the vein.

“CLL begins in your bone marrow and can spread from the bone marrow to the blood and, over time, to other organs and parts of the body. The standard form of treatment is chemotherapy drugs delivered through the vein,” said Dr. Brooks. “This study is testing a new concept and can potentially alter the way CLL patients are treated. This discovery tests the ability to treat patients using an oral drug so that they can continue treatment at home more conveniently and possibly with fewer side effects. It is truly remarkable to have offered this study to patients within the region.”

The American Cancer Society estimates that 14,620 new cases of CLL were diagnosed in the United States last year and that CLL accounts for approximately one third of leukemia.

This research study, which closed to enrollment of new patients in June of this year, is a randomized phase III trial that is testing how well ibrutinib, in conjunction with Rituximab, works compared to other chemotherapy drugs in treating younger patients (70 years or less) with previously untreated chronic lymphocytic leukemia or small lymphocytic lymphoma, a cancer related to CLL that is commonly found in lymph nodes. Ibrutinib works to stop the growth of cancer cells by blocking certain enzymes needed for cell growth. Monoclonal antibodies, such as rituximab, can also block cancer growth in different ways by stopping the ability of cancer to grow and spread, or by finding cancer cells to help either kill or carry cancer-killing substances to them. This study compares the effects, good and/or bad, of each treatment arm. Doctors hope that the experimental treatment in this study compared to the usual treatment will be more useful against CLL; however, results are still being investigated.

Enrolled participants receive treatment for...
about 6 months or up to a number of years depending on which treatment group assigned to. Participants will be asked to return to clinic for follow-up tests for about four times per year up to a maximum of 10 years after study enrollment.

Principle investigators at Ochsner sites included Dr. Brooks, Dr. Robert Emmons, Ochsner Medical Center – Jefferson Highway and Dr. Srikanth Tamma, Ochsner Medical Center – Kenner.

Pennington Cancer Center Offers Advanced Cancer Equipment
An advanced approach that expands cancer patients’ radiotherapy treatment options has come to Baton Rouge General’s (BRG) Pennington Cancer Center in the TrueBeam™ linear accelerator. Patients now have the option to be treated in just a few minutes a day, with a 25% smaller X-ray dosage than with previous options.

“The TrueBeam™ linear accelerator adds to our already robust cancer program,” said Dr. William Russell, BRG Radiation Oncology Medical Director. “By providing patients with the highest level of care right here in Baton Rouge, they can be treated near their homes, with their loved ones nearby instead of having to travel.”

Patients with complex tumors in the lung, breast, liver, abdomen, head, and neck are candidates for the personalized radiotherapy treatments available with the linear accelerator. The device quickly and accurately targets tumors that move, leading to shorter treatment times and allowing for more comfort during treatments.

Olson Inducted into Zachary Chamber Hall of Distinction
The Zachary Chamber of Commerce has inducted Randy Olson into its Hall of Distinction for his long-term dedication and commitment to the community through business and civic endeavors. Olson and fellow inductee Mack Lea received a rousing standing ovation at the Zachary Chamber’s annual membership banquet.

This designation is presented to persons whose life and career have embodied the core values of the Zachary Chamber of Commerce: Community, Excellence, Faith, and Family.

Olson was also recognized during the event as Zachary Rotary Club’s 2016 Citizen of the Year for demonstrating the Rotary’s philosophy of “Service above Self” and embodying the club’s characteristics of leadership, compassion, strong moral character and a desire to make Zachary a better place to live.

With more than 38 years of experience, Olson has served as Lane Regional Medical Center’s CEO since November of 2003 and during his tenure has charted a course of tremendous growth, expansion and stability for the organization. He is active in the Zachary community, serving as past president for both the Zachary Chamber and the Zachary Rotary Club, and is currently on the Louisiana Hospital Association board. In 2009, Olson was named the Chamber’s Business Person of the Year.

“Randy is a community leader in every sense of the word,” said Chamber Executive Director Kate MacArthur. “He works tirelessly for the hospital and equally as hard for the betterment of Zachary.”

The Spine Hospital of Louisiana Expands Pain Management Capabilities
The Spine Hospital of Louisiana at The NeuroMedical Center (SHOLA) has completed Phase 1 of a $5 million dollar expansion project to enhance its outpatient pain management facilities, services, and systems to bring best-in-class healthcare to the people of South Louisiana. The addition of 2 state-of-the-art pain treatment suites, 14 patient bays, and 20 clinical team members, which more than doubles SHOLA’s pain management capabilities, and is the first expansion project since the hospital first opened its doors in 2004. Phase 2 of the expansion and renovation project, which includes the construction of an additional operating room, is slated for completion in December 2016.

Designed with key input from SHOLA physicians, nurses and staff, the Pain Management master plan promotes greater efficiency, better access, and enhances the overall patient experience. Phase 1 additions provide SHOLA’s pain medicine physicians and interventional pain specialists the space and technology to accommodate a growing patient population seeking non-surgical treatment for acute and chronic neck, back, and post-surgical pain. All pain treatment suites are equipped with the technology for a wide range of specialized procedures epidural steroid injections, nerve root blocks, and rhizotomies. Patients are cared for pre- and post-procedure, by a highly experienced and specialty-trained team of nurses and radiologic technologists.

Trauma Surgeon Joins North Oaks Shock Trauma Center
Trauma Surgeon Michael E. Fahr, MD, FACS, has joined the North Oaks Medical Center Shock Trauma team.

Dr. Fahr completed fellowships in Trauma and Surgical Critical Care at Louisiana State University Health Sciences Center in New Orleans. He is certified by the American Board of Surgery in both General Surgery and Surgical Critical Care.

Other North Oaks Shock Trauma Center surgeons include: Medical Director Juan C. Duchene, MD, FACS, FCCP, FCCM; Marquinn D. Duke, MD; Lawrence E. Nelson, DO, FACOS and Rosemarie Robledo, DO. Patients also receive follow up care from Aaron Bateman, ANP-C, at North Oaks Shock Trauma Clinic.

Ochsner Health System Awarded V Foundation Grant
Ochsner Health System has been awarded a V Foundation-designated grant to create educational materials to increase awareness for the benefits of cancer clinical trials to minority populations. Designated grants are inspired by particular areas of scientific interest and/or geographic reach and are selected on the basis of scientific merit determined by the V Foundation’s scientific advisors.

The V Foundation for Cancer Research was founded in 1993 by ESPN and the late Jim Valvano. Since 1993, the Foundation has funded more than $150 million in cancer research grants nationwide. It awards 100 percent of all direct cash donations to cancer research and related programs. The Foundation awards peer-reviewed
Baton Rouge General Expands Cancer Program

Baton Rouge General (BRG) announced it has expanded its cancer program by partnering with the Hematology Oncology Clinic, a long-standing independent physician practice that specializes in treating blood disorders and cancer.

The agreement will enhance BRG’s Pennington Cancer Center by expanding physician coverage and offering a robust suite of cancer treatments, including one of the nation’s only programs for treating renal cell carcinoma and melanoma with Interleukin 2. The clinic will remain in its current location on Baton Rouge General’s Bluebonnet campus.

“We have worked with Baton Rouge General for years, and have always been impressed with the quality and technology available to patients,” said Dr. Gerald Miletello. “This partnership will give our patients access to additional services through the hospital – from the new linear accelerator to support groups and wellness programs.”

BRG’s Pennington Cancer Center was the region’s first accredited cancer center and was named the highest quality cancer program in Baton Rouge in both 2015 and 2016 by Care Chex. It was recently recognized by the Association of Community Cancer Centers (ACCC) for its telemedicine program that allows patients to consult with physicians remotely.

Over the last year, BRG has announced several partnerships with healthcare providers, including Gastroenterology Associates, LHC Group, and Ochsner Health System.

Gov. Edwards, OLOL Announce New ER

Gov. John Bel Edwards announced an agreement with Our Lady of the Lake (OLLO) to build a new emergency room at the LSU Health Baton Rouge North Clinic on Airline Highway in Baton Rouge.

“As the son of a retired emergency room nurse, I know how critical it is for a community to have access to immediate care,” said Gov. Edwards. “While this mission has been a priority for me and many other local officials, it’s the voices of the people in this community that should be credited the most for making this day happen. I am grateful to everyone involved in making this new emergency room possible, especially Our Lady of the Lake and the community leaders who have carried this fight for nearly a year and a half.”

The Memorandum of Understanding (MOU) signed by Commissioner of Administration Jay Dardenne, LSU President King Alexander, Our Lady of the Lake CEO K. Scott Wester, and Louisiana Department of Health (LDH) Secretary, Dr. Rebekah Gee makes official a mutually agreed upon plan for OLOL to extend their main campus ER to the LSU Health Baton Rouge North Clinic in North Baton Rouge. The facility will be staffed by emergency physicians 24/7 with a full service lab to help meet local health needs.

Since the closure of the Baton Rouge General Mid City ER, LSU Health Baton Rouge North Clinic has worked to deliver urgent care to the surrounding area making this location a natural fit for the new facility.

Housing both urgent and emergent care in the same location will allow ongoing community education, reduced follow up visits, and will provide more comprehensive healthcare to the people of North Baton Rouge.

To house the new ER, OLOL will make an 8,000 square-foot addition to the current urgent care center. It will include 8 treatment rooms capable of flexing up to 11 treatment spaces and will be staffed by emergency physicians 24/7. The new ER will be able to provide CTs and X-Rays, and will have a full-service lab and a pharmacy.

The goal is to have the new facility open within 12 months.
CIS and Lane Celebrate 10 Year Partnership

Cardiovascular Institute of the South recently celebrated 10 years of providing interventional cardiovascular care in partnership with Lane Regional Medical Center.

David Konur, CEO at CIS, presented their physicians and staff an award recognizing the more than 15,000 patient lives that have been touched in the past decade and thanked them for helping to fulfill their mission of providing the highest quality cardiovascular care available in the region.

Konur also presented a special award to Lane CEO Randy Olson for his vision and leadership in bringing cardiovascular care to Zachary in 2006.

Together, Cardiovascular Institute of the South and Lane Regional Medical Center jointly provide the most advanced cardiovascular technologies in the region—including:

- Transradial heart catheterizations performed through the wrist instead of femoral access through the groin
- Impella, the world’s smallest heart pump which relieves the heart’s pumping function and provides the time needed to initiate life-saving interventions
- The ultrasound-assisted CROSSE catheter to enable angioplasty in extreme cases of peripheral vascular disease
- Mo/Ma catheter that protects the brain during carotid stent placements, decreasing the risk of stroke
- S-ICD, the world’s first subcutaneous implantable defibrillator that sits just below the skin instead of placed into the heart itself
- The VenaSeal system, an almost painless way to treat varicose veins
- Crossover Catheter for minimally invasive treatment of chronic total occlusions in the arteries of the legs
- Opsens OptoWire, a pressure wire with optical technology to diagnosis the severity of lesions
- Orbital devices, such as the Diamondback 360, to remove arterial blockages
- The Supera stent to treat long lesions with low radiation exposure
- The Volcano pressure wire to measure blood pressure within the arteries, and
- The Turbohawk calcium removal system.

Our Lady of the Lake Receives Cardiac MRI Accreditation

Our Lady of the Lake has been awarded accreditation by the American College of Radiology in Cardiac MRI, making it the only facility in the Greater Baton Rouge area to hold this recognition for excellence in imaging for the heart.

Cardiac MRI, or magnetic resonance imaging, is an innovative, noninvasive, radiation-free method of viewing the heart, heart valves, arteries, and veins of the body to diagnose conditions and diseases that affect the heart. It can be used to detect such conditions as heart failure, coronary heart disease, heart valve defects, inflammation of the cardiac membrane, cardiac tumors, and muscle damage caused by heart attack.

The technique uses powerful magnets and advanced computers to view the cardiovascular system in great detail. Cardiac MRI is less invasive than other procedures, and can be performed by radiologists or cardiologists who have undergone the proper training. The program at Our Lady of the Lake Heart & Vascular Institute is unique in utilizing the expertise of both specialties to provide the highest quality, expert interpretation of images.

To earn the Cardiac MRI accreditation, applicants must meet stringent standards for physician and staff qualifications, quality control, safety policies and image quality. Our Lady of the Lake’s successful accreditation represents its commitment to these high-quality standards, expertise, and dedication to patient care.

Baton Rouge General Welcomes Ophthalmologist

Baton Rouge General recently announced the opening of the Eye and Retina Center of Baton Rouge on the General’s Bluebonnet campus and welcomed Dr. Jamie Hatcher, an eye disease specialist who treats conditions that affect the retina, macula, and vitreous.

“Having an eye specialist available on our Bluebonnet Campus will be a great addition to our community, which is already known for quality eye care,” said Dr. Robert Kenney, Vice-President of Medical Operations for Baton Rouge General.

“Many of our patients are being treated for illnesses like diabetes that can definitely affect vision, so the accessibility and convenience of such expertise onsite will be invaluable.”

According to Baton Rouge General, the Eye and Retina Center of Baton Rouge is the area’s leading retina specialty practice for both short- and long-term complex eye problems, providing complete diagnostic, personalized treatment programs designed to preserve vision, and developed to meet the unique needs of each patient.

The Eye and Retina Center of Baton Rouge is located on the 5th floor of Medical Tower 2 at Baton Rouge General on Bluebonnet in Suite 510.
North Oaks Achieves The Gift Designation

North Oaks Medical Center has earned Louisiana’s primary breastfeeding designation given by The Gift. The Louisiana Department of Health – Office of Public Health – Bureau of Family Health awards The Gift designation statewide to Louisiana birthing facilities who improve hospital practices and policies that are aligned with the evidence-based, internationally recognized Ten Steps to Successful Breastfeeding of the World Health Organization/UNICEF Baby-Friendly Hospital Initiative. Policy development, education of staff, patient education, and provision of discharge resources for breastfeeding mothers are key components of the program.

The Gift is an evidence-based designation program for Louisiana birthing facilities designed to increase breastfeeding rates and hospital success by improving the quality of maternity services and enhancing patient-centered care. The Gift designation gives North Oaks Medical Center a better opportunity to achieve further certifications and accreditations, as well as meet national and international quality measures and standards of care.

Baton Rouge General opens a new lab on its Bluebonnet campus where a wide variety of procedures can be performed, including those to help patients with abnormal heart rhythms.

Heart disease is the leading cause of death for both men and women in the U.S. Electrophysiology studies help doctors understand why patients’ hearts are beating too fast or too slowly, and help providers decide whether patients need medicine, a pacemaker, a defibrillator, cardiac ablation, or procedure.

For the last several years, Baton Rouge General’s heart program has been bringing comprehensive cardiac and vascular services together under one roof, and the new lab will allow many different procedures to be performed in one area, furthering BRG’s all-inclusive cardiac and vascular efforts. Procedures that can be performed in the multi-purpose space range from atrial fibrillation ablations and atrial flutter ablations to vascular interventional procedures.

In addition, Electrophysiologist Dr. Robert Drennan has joined the Cardiovascular Institute of the South to manage the lab and co-manage the program with Baton Rouge Cardiology Center. A graduate of the University of South Carolina, Tulane, and LSU, Dr. Drennan is trained in both cardiology and electrophysiology. Before he and his family moved to Baton Rouge, Dr. Drennan was at Touro Infirmary in New Orleans.

CEO of The Spine Hospital of Louisiana Earns National Award

The Spine Hospital of Louisiana at The Neuro-Medical Center announced that its President and Chief Executive Officer, Robert D. Blair, has been awarded the 2016 President’s Award from Physician Hospitals of America (PHA) for outstanding service and contributions to the physician-owned hospital industry. Blair was honored in front of a crowd of fellow hospital administrators and physicians from around the country at PHA’s 2016 Executive Summit in Napa, California.

During his six year tenure as Chief Executive Office, Blair has catapulted The Spine Hospital of Louisiana into national prominence. Under his leadership, the Spine Hospital of Louisiana was recognized as a 5-star hospital by the federal government and earned prestigious awards including Press Ganey’s Guardian of Excellence Award, an honor reserved for the top 5% of all hospitals in categories essential to Patient Satisfaction. The Spine Hospital of Louisiana is also the state’s reigning Hospital of the Year, voted best in the state in back-to-back years by the Louisiana Nurses Foundation. After bringing the nation’s first Ultimag-GPS multipurpose x-ray system and the Gulf Coast’s first laser for spine surgery to The Spine Hospital of Louisiana, Blair is currently heading a $5 million hospital expansion project that will double the facility’s pain management capabilities.

In 2012, Blair bolstered the power of the PHA by organizing the Louisiana Physician Hospital Association (LAPHA LLC) contingency. By uniting the state’s physician-owned hospitals, Blair has been instrumental in perpetuating the mission of PHA to advance the quality of healthcare in Louisiana. Blair has served as the association’s President for the past four years.

Woman’s Hospital and Employees Donate to First Responders Fund

Woman’s Hospital announced a $56,000 donation to the Baton Rouge Area Foundation (BRAF) East Baton Rouge First Responders Fund in honor of the region’s first responders. Woman’s employees
Hospital Rounds

donated $28,000, which the hospital matched in full. “This donation expresses the shared commitment that Woman’s and our first responders have toward providing unwavering care for our community,” said Teri Fontenot, President and CEO, Woman’s Hospital. “Woman’s intended to present the donation weeks ago, but it was delayed due to the city’s urgent response to the historic flooding.”

Fontenot continued, “These funds now have an even greater significance because many law enforcement, EMS and firefighters rescued so many in our community, including many of Woman’s employees and their families.”

Woman’s chose the BRAF fund because of the organization’s strong relationship and mutual support for our region’s first responders. Established in 1988, the East Baton Rouge First Responders Fund raises money for law enforcement officers and first responders who may be injured or killed in the line of duty and for their families. The Fund helps survivors who will require much time and assistance to recover from their wounds and the families of those who have fallen in the line of duty.

Funds are used to cover unexpected expenses, such as healthcare, therapy, lost wages, and funeral expenses.

Our Lady of the Lake Announces Endocrinology Specialist

Our Lady of the Lake Physician Group has welcomed Ivan Gamboa, MD to its Endocrinology clinic at 5428 O’Donovan Drive in Baton Rouge.

Dr. Gamboa specializes in the treatment of conditions and diseases of the endocrine system, including diabetes, thyroid disease, pituitary disease, adrenal disease, lipid disorders, and osteoporosis. He is Board Certified in internal medicine.

Dr. Gamboa completed a combined Endocrinology and Metabolism Fellowship at Rush University Medical Center and John H. Stroger, Jr. Hospital of Cook County.

Fontenot Named One of 12 Female CEOs Making Their Mark

Becker’s Hospital Review has named Teri Fontenot, Woman’s Hospital President and CEO, as one of “12 Female CEOs Making Their Mark in Healthcare.” Fontenot is the only Louisiana CEO to make the list and joins other CEOs from hospitals and health systems in Boston, Chicago, Detroit, and more.

Fontenot currently serves as a fellow of the American College of Healthcare Executives. In 2012, she chaired the American Hospital Association’s board of trustees. She has chaired the Chief Executive Officers Committee of the American College of Healthcare Executives and has also served on its board and Officer Nominating Committee. Other healthcare services includes a six-year term on the Advisory Committee on Research on Women’s Health for the National Institutes of Health and chair of the board of the Louisiana Hospital Association in 2002.

Anderson Earns LCPA Award

Stephanie Anderson, CPA, received the Society of Louisiana Certified Public Accountants (LCPA) Outstanding CPA in Business and Industry Award, which recognizes her contributions in effectively utilizing her skills and competencies as a CPA to enhance the overall performance of Woman’s Hospital.

Anderson serves as Woman’s Executive Vice President and Chief Operating Officer.

Auxiliary Installs New Officers

The Woman’s Hospital Auxiliary recently held a luncheon at Boudreaux’s to install new officers, present the 2016 Healthcare Auxilian Award, and recognize grant recipients. 2016-2017 Auxiliary officers include Francine Boyd, President; Frankie Edwards, President-Elect; Judy Peterson, Vice President/Fundraising Chair; Susan Bordelon, Treasurer; Carol Smith, Recording Secretary; Marty Davis, Corresponding Secretary; and Yvonne Caballero, Nita Gildon, Tibby Heno, and Alice Pate, Board Members-at-Large.

Nita Gildon and Frankie Edwards were both named Healthcare Auxilians of the Year.

The Auxiliary granted $10,000 to several departments at Woman’s, including $2,000 to Audiology to assist children needing hearing aids, $2,000 to Mother/Baby for at-home blood pressure machines for patients in need and $700 to the Assessment Center for clothing and toiletries for victims of sexual assault.

Young Named Chair of Lane Board

Gaynell Young was named chair of the Board of Commissioners at Lane Regional Medical Center during its August 22nd meeting.

A resident of Zachary, Young retired from AT&T in 2009 with 31 years of service and is currently a project manager with Transformyx, Inc., a leading technology architectural services company.

OLOL opens Neurological Critical Care Unit

Our Lady of the Lake has opened the first 24/7 neuro-specific intensive care unit in the region. The Neurological Critical Care Unit (NCCU) opened with 12 beds, and will treat patients with severe neurological conditions and injuries such as hemorrhagic stroke, aneurisms, and recovery from brain surgery and complex spine surgery.

The NCCU will be staffed by a multidisciplinary team of specially trained physicians, nurses,
therapists, and other professionals working collaboratively to treat patients in a specialized environment. The team will be led by Board Certified neurointensivists coordinating with neurosurgeons, neurologists, interventional neuroradiologists, and other subspecialists. The physicians staffing the unit are from Our Lady of the Lake’s Critical Care Medicine Service and the NeuroMedical Center.

**Lane Behavioral Health Celebrates 5th Anniversary**

Lane Behavioral Health Services recently celebrated its 5th anniversary of providing behavioral health services to the region.

Lane Behavioral Health Services opened in 2011 with an Intensive Outpatient Program designed to help individuals through times of stress, fear, depression, anxiety, and behavioral or emotional crises.

In early 2016, a substance abuse treatment program, Lane Recovery Solutions, was added to provide a structured program of outpatient services for adults who are impaired by one or more addictive substances, such as alcohol, prescription medications or other drugs.

**LHA Foundation Establishes Fund for Hospital Employees**

The Louisiana Hospital Association Research and Education Foundation (LHAREF) established the Louisiana Hospital Employee Assistance Fund for hospital employees who suffered significant property losses to their homes or residences during the August 2016 flooding disaster.

All tax-deductible contributions to the fund will go directly to hospital employees with no administrative costs deducted. To be eligible for assistance, full-time or part-time employees must have experienced flood damage to their residences in a parish that received a disaster declaration from the federal government.

Information on how to donate and answers to frequently asked questions are available online at www.LaHospitalEmployeeFund.org.

**Ochsner Health System Welcomes New Pediatrics Chair**

Ochsner Health System has welcomed Dr. William Lennarz, as the System Chair of Pediatrics and the AMD of Pediatrics at Ochsner Medical Center – Jefferson Highway.

Dr. Lennarz comes to Ochsner with years of experience as a pediatric emergency physician and a long history of administrative roles. Most recently he served as Chief Medical Officer in Pediatrics for Bon Secours Virginia Health System in Richmond, Virginia, a large health system on the east coast. He also served as Director of Pediatric Emergency Services of Legacy Health System in Portland, Oregon. Prior to that he worked for the U.S. Public Health Service in several locations across the world.

**Baton Rouge General Partners with Gastroenterology Associates**

Baton Rouge General (BRG) announced it has signed a management services arrangement with the area’s largest gastroenterology group, Gastroenterology Associates (GA), LLC. The agreement will provide full-time dedicated gastroenterology professionals in Baton Rouge General Perkins Road gastroenterology center as well as additional coverage for gastroenterology procedures in its hospitals. The agreement will go into effect January 9, 2017 and will provide expanded service for patients at the BRG gastroenterology center.

“Partnering with providers who share our commitment to creating exceptional experiences through high quality care is exactly what we mean when we talk about transforming healthcare,” said Dr. Kenny Cole, Chief Clinical Transformation Officer at BRG. “Across the country, these types of agreements have been proven to improve care quality and health outcomes.”

**Auxiliary Installs New Officers**

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