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Split Decision For Jefferson Parish Hospitals

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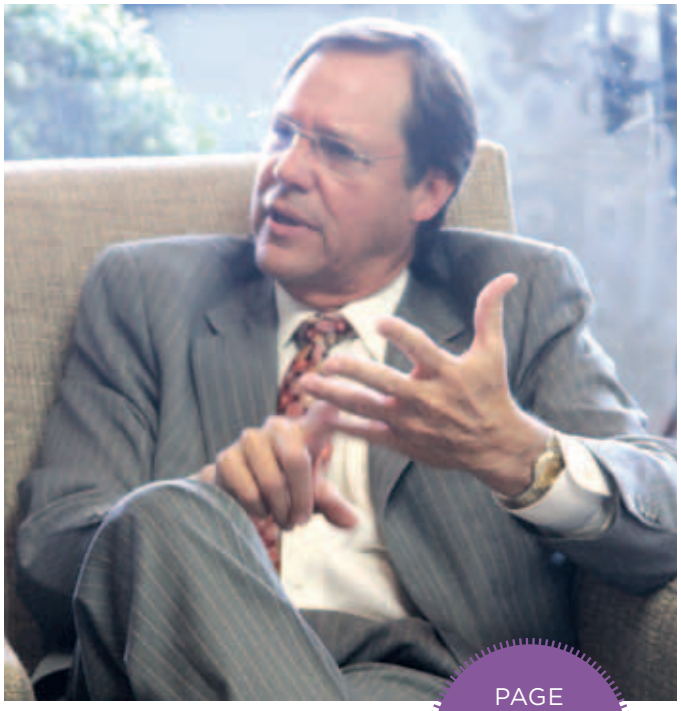

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It seemed like a good idea at the time (over two years ago, now)—the two hospitals of the Jefferson Parish Hospital Service District, West Jefferson General Hospital and East Jefferson General Hospital, like many hospitals around the country decided to explore a partnership with another hospital or system to help extend the hospitals' reach, boost cash flow, and ensure the continuation of the best possible care close to home for all Jefferson Parish residents. Like the rallying cry for the Three Musketeers, the two hospitals embarked on this endeavor together, seeking a single partner for both hospitals.

All for One & One For All?

Jefferson Parish Hospital Deal Remains a **Split Decision**

By Karen Tatum

"We've done all this hard work, we've worked together literally as a Third Service District since formation in mid-2009, so the worst case scenario would be to not do anything because these hospitals need to have a robust partnership our communities demanded. So to me, that's the worst case scenario.

– Nancy Cassagne, West Jefferson General Hospital CEO

Nancy Cassagne

Mark Peters, MD

An RFP went out and garnered a fair amount of interest–after all it was a "two for one" deal, a lease agreement covering two hospitals and broad swatches of the greater New Orleans area on both sides of the river. Among the criteria on which partnership proposals were evaluated were:

- Finance/Capital
- Payer relationships
- Care coordination
- Patient base
- Physicians
- Primary care
- Cost structure
- IT
- Mission
- Control

The respective boards of each hospital and the Third Hospital Service District Board also looked at the candidates for capital commitment, market presence, experience, the time it would take to close a deal, and several other factors. A consulting firm, Kaufman Hall and Associates, Inc., was brought in to assist in the process for $1.3 million.

After reviewing the proposals, three finalists were selected: Louisiana Children's Medical Center (LCMC) which owns Children's Hospital and Touro Infirmary and will also, in a private-public partnership with the state, run the University Medical Center still under construction; Hospital Corp. of America (HCA) which runs Tulane; and Ochsner Health System, which has been steadily increasing its footprint in Southeast Louisiana. All seemed to agree that any of the three would make an excellent partner for the Jefferson Parish hospitals. But that's where all semblance of togetherness ended.

Despite the fact that each of the three met the necessary criteria, Kaufman Hall stopped short of recommending one over the other. The firm came under fire for this, although apparently it was not contractually obligated to provide a final recommendation. West Jefferson General Hospital CEO Nancy Cassagne said that actually, in two official board meetings of the Third Service District, one of which included the Jefferson Parish Council, and a conference call, Kaufman Hall did indeed, in direct response to questions, gave their preference for a certain suitor at any given time, meaning that, "At different points in the process, Kaufmann Hall has answered Ochsner, Children's, or HCA," said Cassagne.

Despite Kaufman Hall's lack of a favorite, it soon became clear that each hospital had a clear preference. West Jefferson General Hospital's board stated that LCMC would be the best fit for its facility and East Jefferson General Hospital stated it was leaning heavily toward HCA. As discussions went on, neither board would budge from its choice of partner.

"I think the preferences for East Jeff's board are based on evaluating all the information and that includes dollars and cents, that includes experience, the value of being in multiple marketplaces both statewide and across the country," said East Jefferson General Hospital CEO Mark Peters, MD. "A lot of those successful stories of partnerships with community hospitals similar to ours, acceptance of the medical staff, I think all of those come into play. All three of the finalists are very good organizations, and no one is perfect and everybody has some strengths and weaknesses, but I think those things I mentioned are for East Jeff's board, as they assess all of that, it gets them to where they think HCA is the best choice."

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East Jefferson General Hospital

"When the responses came back we believed it was important to evaluate those responses on all of the criteria, not just the financials," said Cassagne. "From our perspective it appears that others are simply looking at the monetary component of the proposals in choosing who they believe to be the best partner." Cassagne said the West Jefferson Board did not feel those differences were enough on which to base a decision. "HCA clearly commits more up front lease proceeds and Children's clearly commits more capital infusion," she explained.

Cassagne said the board also expressed some concern over some language regarding potential pay backs of some of the capital commitments under the HCA proposal that didn't exist under the LCMC proposal. In addition, she cited a fairly recent lawsuit in Kansas City concerning an HCA partnership where the company was sued for failing to comply with its capital commitment. "It just gives pause and cause for concern to the West Jefferson Board members that there would even be a debate or potential litigation concerning commitments made in a partnership."

West Jefferson's preference for LCMC also stemmed from the fact that LCMC's proposal includes full voting, although minority positions, on their board and HCA's board structure only provides seats to review and comment. "Another big one for us was the job commitment. That hasn't got a lot of traction in the press, but we think it's crucial," said Cassagne. "HCA is requiring that we would have to pay back, through our lease proceeds, any employee vacation, sick time, and other benefits that are going to be transferred to them. That's a pretty sizeable number."

Both hospitals say their medical staffs are in agreement with the partnership preference expressed by their respective boards. And both felt their concerns about either prospective partner migrating patients over to their existing hospitals had been adequately addressed.

Faced with the strongly divided boards, the Third District Board also could not decide, leaving the final decision in the hands of the Jefferson Parish Council, the ultimate authority for both hospitals. What seemed a minor impasse at the time could easily have been resolved by a firm and binding decision by the Council, but it soon became clear that they, too, were split and members could not or would not come to a decision.

"It's in the hands of the Jefferson Parish Council," said Cassagne. "Whether it was the East Jefferson Board or the West Jefferson Board, or the Third Service District Board, any recommendations made were just that: recommendations. They were not binding. That was not within the scope of authority of the respective boards. This decision of a partnership and or a lease is always and will always be the responsibility of our governing authority which is the Jefferson Parish Council."

As time dragged on with no decision, however, each hospital dug in its respective heels. The suggestion was made by the consulting firm that perhaps each hospital could have its own partner, an approach East

"I think there is a reason we started down the path for a partner and I think that those reasons still exist and it would be of great benefit to us, so if this didn't get accomplished then I think that would be the worst case scenario."

– Mark Peters, MD, East Jefferson General Hospital CEO

Jefferson General Hospital would welcome, but which was disparaged by West Jefferson and reportedly some members of the council. True, it would be a solution to indecision, but it could potentially divide the parish and create competition between hospitals that not only had started this process as partners, but had also agreed earlier that a split was not in the best interest of the parish.

Faced with the prospect of a split, Peters expressed disappointment, but stated a clear preference to that approach over choosing LCMS or not moving forward. "I think that East Jeff went into this as a partner with West Jeff going down this path of exploration and it is certainly unfortunate that we have both ended up at a different position, but that being said, they have their opinion and East Jeff has ours," said Peters. "I think that with the very strong opinions that exist, the East Jeff feeling is that when you weigh us remaining together and choosing LCMC East Jeff feels that for our facility it's better to go alone and choose HCA or to be able to make that choice."

Cassagne explained her opposition to a split decision, saying, "The hospitals were built in Jefferson Parish for the needs of the community and the citizens of Jefferson Parish so we think by having the two hospitals have separate partners will potentially and likely lead to competing against each other. That further divides the parish and we believe in the long haul that's the wrong

...KAUFMAN HALL STOPPED SHORT OF RECOMMENDING ONE OVER THE OTHER. THE FIRM CAME UNDER FIRE FOR THIS...

West Jefferson General Hospital

thing for Jefferson Parish. It may be a short term solution for the two hospitals to move forward, but it is our opinion that looking back perhaps as little as five or ten years from now it could potentially be the worst decision that's ever made for the parish."

Also in question with a split decision was whether the finalists, who had proposed partnering with both hospitals, would still be interested in leasing just one. "Neither hospital had any proposals from these three as it relates to the single hospital," explained Peters. "I think if there was authority to go alone then those proposals need to be received and evaluated in a pretty quick fashion. It wouldn't be a new RFP, just an updated response if any of the three were interested." The three finalists have since stated that they would be willing to consider partnering with just one hospital, but that it would obviously affect some of the terms of the lease agreements.

With pressure mounting to make a decision, the Council deferred their decision until the release of the Inspector General's report. That report was delayed for personal reasons, but when it finally arrived, it only muddied the issue. According to NOLA.com/*The Times-Picayune*, instead of recommending that one of the three finalists be chosen to lease both hospitals, or indeed advocating a split, with each hospital choosing its own partner, Inspector General David McClintock suggested reopening the bidding process and allowing new contenders to enter the ring to negotiate binding lease agreements with both hospitals. It wasn't really what anybody wanted to hear, as it seemed a step further away from a decision. McClintock also called for increased transparency in the process.

Perhaps on his advice, it was decided that the people of Jefferson Parish, those with the most at stake in the outcome of this spat, should be given a chance to weigh in. Indeed, some suggested that had the public been involved from the beginning, the impasse might never have occurred. That's a debatable point, but the issue was put before the public in a series of public hearings in December. According to press reports, it seems little was resolved at those meetings, and if nothing else they have simply given the Jefferson Parish Council yet another reason to delay making a decision, which won't come now until after the New Year. "The ball is in the Jefferson Parish Council's court on this," said Peters. "Both the boards have differing opinions and different recommendations and cannot come to consensus so the council is the ultimate governing authority for both hospitals. The next steps and decisions are up to them."

The worst outcome, said Peters, is if no decision is made. "Until a decision is made it is always a possibility. I think there is a reason we started down the path for a partner and I think that those reasons still exist and it would be of great benefit to us, so if this didn't get accomplished then I think that would be the worst case scenario." One of the reasons for seeking a partner outside of the Third District was to eliminate some of the restrictions imposed on the hospitals, such as expanding into other areas. "If nothing happened with this decision, because of those restrictions, we probably would be back at the Legislature next year trying to get some things changed," said Peters. "That's not a slam dunk and that's a challenge, too, because some service district hospitals benefit from the restriction. You can't go outside your primary service area, but no one can come in, so for some it's a protective mechanism. It's just with the nuances of our market we find it more of a hindrance than a protection."

"We've done all this hard work, we've worked together literally as a Third Service District since formation in mid-2009, so the worst case scenario would be to not do anything because these hospitals need to have a robust partnership our communities demanded," said Cassagne. "So to me that's the worst case scenario. A decision needs to be made. We've gotten to a point of philosophical disagreement between East and West Jefferson and our governing authority needs to be the decision maker."

"I think either way the patients are going to benefit from some stability that will be added to the healthcare system whether we do this together with one partner or go our separate ways," said Peters. "I think we all want to strive to improve patient care to our community." ■

SOURCES: Interviews with Nancy Cassagne and Mark Peters, MD; Myers, Ben, "Inspector General says Jefferson Parish Council should negotiate multiple leases for hospitals," NOLA.com, *The Times-Picayune*, Dec. 3, 2013; Myers, Ben, "Public gets the chance to participate in Jefferson Parish hospitals lease," NOLA.com, *The Times-Picayune*, Dec. 6, 2013; Myers, Ben, "Jefferson Parish Council to vote on hospitals next month; vote can go any number of ways" NOLA.com, *The Times-Picayune*, Dec. 23, 2013.

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ONE ON ONE

WITH **MIKE REITZ**

PRESIDENT & CEO, BLUE CROSS AND BLUE SHIELD OF LOUISIANA

Mike Reitz is the president and chief executive officer of Blue Cross and Blue Shield of Louisiana, the oldest locally owned health insurance company in the state—covering more than one out of every four Louisianians.

A seasoned marketing and business leader, Reitz has more than 35 years of insurance and healthcare industry experience. The majority of his career has been spent in leadership positions within Blue Cross and Blue Shield, where he has also served as chief marketing officer, director of provider affairs, vice president of individual sales and government relations, vice president of corporate development, and vice president of individual sales and marketing.

Reitz has been a driving force behind the company's investment in new wellness tools and programs designed to keep members healthier and hold down their medical costs. He inspired Blue Cross' launch of the award-winning, statewide public health program, Louisiana 2 Step and its child-friendly companion program, 2 Step 4 Kids—both designed to battle obesity by motivating all Louisianians to eat right and move more. He has championed worksite wellness as a means to combat obesity and chronic illness both of which help keep healthcare costs under control.

A community leader, Reitz chaired the Louisiana March of Dimes' 2010 March for Babies, for which he was honored as Top Chair in the state of Louisiana. He currently serves on the boards of directors of GNO, Inc., the Baton Rouge Area Chamber of Commerce, BluePrint Louisiana, Mayor's Healthy City Initiative, and Committee of 100. As president and CEO of Blue Cross and Blue Shield of Louisiana, Reitz is a member of the board of the Blue Cross and Blue Shield Association, which represents 38 independent health insurance plans across the country.

A Louisiana native, Reitz received his undergraduate degree from Louisiana State University.

Chief Editor Smith W. Hartley: *Let's begin by talking about the exchanges. Can you describe for us the process Blue Cross went through in preparing for the health exchanges?*

Mike Reitz: The exchanges are primarily a website where companies are allowed to list their products. The purpose of the exchange was to provide a better shopping experience for the individual so that he or she would have a single source of information to look at various types of products and to compare products, which basically were grouped together in metallic levels of benefits—platinum, gold, etc.—and then compare prices as well.

The third, most critical piece is something that's not talked about often and that is the network that accompanies those products. So if you went to an exchange environment and our products were approved for the silver category you'd see the product, you'd see the price you would end up paying as a result of your income, but you may not necessarily see the network attached to it. So when you hear around the country people saying you can't keep your same doctor or hospital it's because some markets, in order to

We will share data. We will share information with the provider community and they will proactively reach out and better manage care on behalf of the membership we serve. We now will be a supplier of data and information in order to equip the physician to have a much more effective visit.

meet that affordability piece and price their products less expensively, took a narrower network that only included low cost providers and that translated into a less expensive premium.

Chief Editor: *So you pay for it first? Do they not disclose the full network on the exchange?*

Mike Reitz: That wasn't a requirement. The requirement would be that once you receive your product you would receive the network that accompanies that product. That's why we always encourage our members to use a trained, qualified agent or broker. That broker will inform you of the network that accompanies a particular product.

Chief Editor: *Did Blue Cross have to make any changes to its plans or the network to be accepted?*

Mike Reitz: Not really. The products were somewhat standard except the requirements did include some essential benefits that we ended up having to build into all of our products. For instance, pediatric dental had to be included in our products. We didn't include that in our past plans. It was necessary for us to amend some products, but for the most part they were built, it was just adding supplementary or additional benefits.

Chief Editor: *At this point has it changed the price of the products? Have they actually dropped in price?*

Mike Reitz: Now you are getting into the next rail. We went to the exchange that listed our products. The exchange tells you basically how much subsidy you are going to receive from the government so that you'll determine how much the total cost of the product is. Now the cost of the product is a piece of the shopping process that I think we will begin to hear a little bit more about in the upcoming weeks, if not months. In Louisiana we were required to shrink our community rating band from 10:1 to 3:1. If you think about $50 being the middle premium for an average 40 year old, we could bring that premium

down to a dollar or we could bring that premium up to $99. That's kind of a 10:1 model with 50 being in the middle. Under the ACA, we were required to compress that to 3:1. That compression means that older people were getting a premium break and younger people were going to pay more. So when you hear about the compression and the fact that the younger will pay more it comes as a result of that community age band that's been compressed.

Chief Editor: *So I guess you would need the mandate to go into effect to actually make it work.*

Mike Reitz: In order to make it all work we need a broad risk pool. The insurance industry is required now to extend coverage regardless of your health condition or any pre-existing condition. When you do that your risk pool needs to include not only the people that we know are going to be first in line to buy the product, those are the people who typically have multiple conditions and they need some type of third party reimbursement, but we also need to get the young and the healthy in that risk pool in order to make the numbers work. Therein lies the challenge. If now there is no requirement or mandate or penalty on a young individual to join the risk pool, then we're concerned we are not going to get enough young in there to balance it and the rates in the second year will just continue to escalate.

Chief Editor: *Would you be in favor then of the mandate coming into play?*

Mike Reitz: We are in favor of a good risk pool. So whatever incentive we can put out there for the healthy to get in the risk pool, we are in favor of it.

Chief Editor: *Do you think this is going to affect employer-sponsored plans? Are employers going to drive more people to buy their own insurance individually rather than through the employer?*

IN ORDER TO MAKE IT ALL WORK WE NEED A BROAD RISK POOL.

Mike Reitz: I think we are in a state where a lot of employers are beginning to analyze what the future of health insurance in their employee benefits package is. I think that you will still see employee benefits like mental, disability, vision, but you may not see group health insurance included in that package. Larger employers, I believe, will continue to provide health insurance as part of their employee benefit package. Health insurance has always been the anchor of employee benefits. It is used for the purpose of attracting and retaining high quality employees and as employers struggle with being able to provide group health insurance I think it is going to create an unstable employment market where employers may find some of their best and brightest possibly migrating to competitors.

Chief Editor: *So long term what do you think will be the pros and cons of the ACA?*

Mike Reitz: I think the biggest benefit is that we will be able to extend coverage to people who heretofore could not afford health insurance. They were kind of in the gap. They weren't Medicaid, but they didn't have enough income to be able to justify the cost of the health insurance premium. So the premium subsidy is going to enable 30 to 50 million Americans to be able for the first time to afford health insurance.

Chief Editor: *And the down side?*

Mike Reitz: The cost of an entitlement program—this is the single largest entitlement program since Medicare—on the taxpayer

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in order to provide the subsidy for this 30 to 50 million to access health insurance for the first time is going to be very burdensome.

Chief Editor: *Let's shift a little to marketplace issues. There are a lot of provider alliances going on. How has that affected some of your negotiations and contracts?*

Mike Reitz: Some of that's very good and some of it is yet to be determined. We do know that there are alliances that are occurring for the purposes of being able to better position a system of care to address the needs of a population. As we move away from volume healthcare to value and outcome driven healthcare, typically ACOs are better positioned to be able to address patient populations because they take you from primary care all the way through institutional care or inpatient setting care. So we think if it's for purposes of truly creating a system and better managing the population that's a good idea. However we do know that there are some consolidations occurring because it just positions a provider to be able to better negotiate with the government or with the private market over fees. We hope that's not going to end up being the case.

Chief Editor: *Are there any appreciable differences between the New Orleans and Baton Rouge markets from a member standpoint or a provider standpoint?*

Mike Reitz: You know, not really. Our products are in every parish and every zip code and we have certain products that are tied to provider networks, for instance in the New Orleans market. We are building networks of care for our products where we have the right incentives to move from that volume-based to the value-based. It takes the cooperation of the provider community, it takes leadership from our side to be able to share information, to create the relationships that are critical in order for us to work together to create this system of care for our members. We're finding that in the New Orleans markets and in the Baton Rouge markets that there are providers that are now willing, certainly not for the first time, but more aggressively than ever, to come to the table and talk about how we can build a true system of care in order to improve the outcomes of a population.

We're highly visible throughout the community and we pride ourselves in being community neighbors. And I think in Louisiana, Louisianians like doing business with Louisianians. I think that serves as a real competitive advantage for us.

Chief Editor: *Blue Cross is the largest health insurer in the state. What is your market share and what is your competitive advantage?*

Mike Reitz: We are a mutual health insurance company which means we are owned by the policyholders. We have no one but our policyholders to satisfy. There are no investors on Wall Street that we have to transfer profits to. I think by virtue of the fact that we're set up as a mutual company owned by our policyholders gives us a big advantage because we don't need the margins in our products that other for-profit companies do. Being local, I think, is a big advantage. Everybody knows how to find Mike Reitz or to find Blue Cross. We're highly visible throughout the community and we pride ourselves in being community neighbors. And I think in Louisiana, Louisianians like doing business with Louisianians. I think that serves as a real competitive advantage for us.

Chief Editor: *Operationally how have things changed over the years, perhaps with the impact of technology on claims?*

Mike Reitz: It's amazing. We've gone from just ten years ago, processing claims and answering telephone calls from a member that wants to know whether or not their claims have been paid or if a doctor is in the network, to now being more of a healthcare partner with our membership. We're slowly creating that system of care and redesigning the delivery model. Our delivery model is an investment in primary care where we are asking our customers to embrace primary care, to use a primary care physician as their medical home, so to speak. Allow that primary care setting to be the concierge to refer you to different levels of care that you may need, but to use primary care as the coach for your healthcare. I think that's the evolution you see occurring in healthcare right now as we move away from volume into value and into population health. Let's not put the insurance company in the middle of being that coach. Let's allow our primary care physicians to be that coach. So we're building and we are heavily investing in the primary care community in order for them to take more of a proactive role in the management of our Blue Cross membership.

Chief Editor: *What does the future look like? Do you see any more changes coming? Anything unique out there?*

Mike Reitz: I am really encouraged about the future. Because we are moving away from this old, archaic, fee-for-service system to one where we're managing the population and we are going into value-based

reimbursement, the purpose of which is to sit down and establish a relationship, to go through the personal conditions that you may have to more proactively find a way for you to manage your own personal condition. If we can put more effort into avoiding the need for care by more accurately and proactively diagnosing rather than waiting until such a time as you need surgery or inpatient care or to go to the emergency room, that's the value in population management.

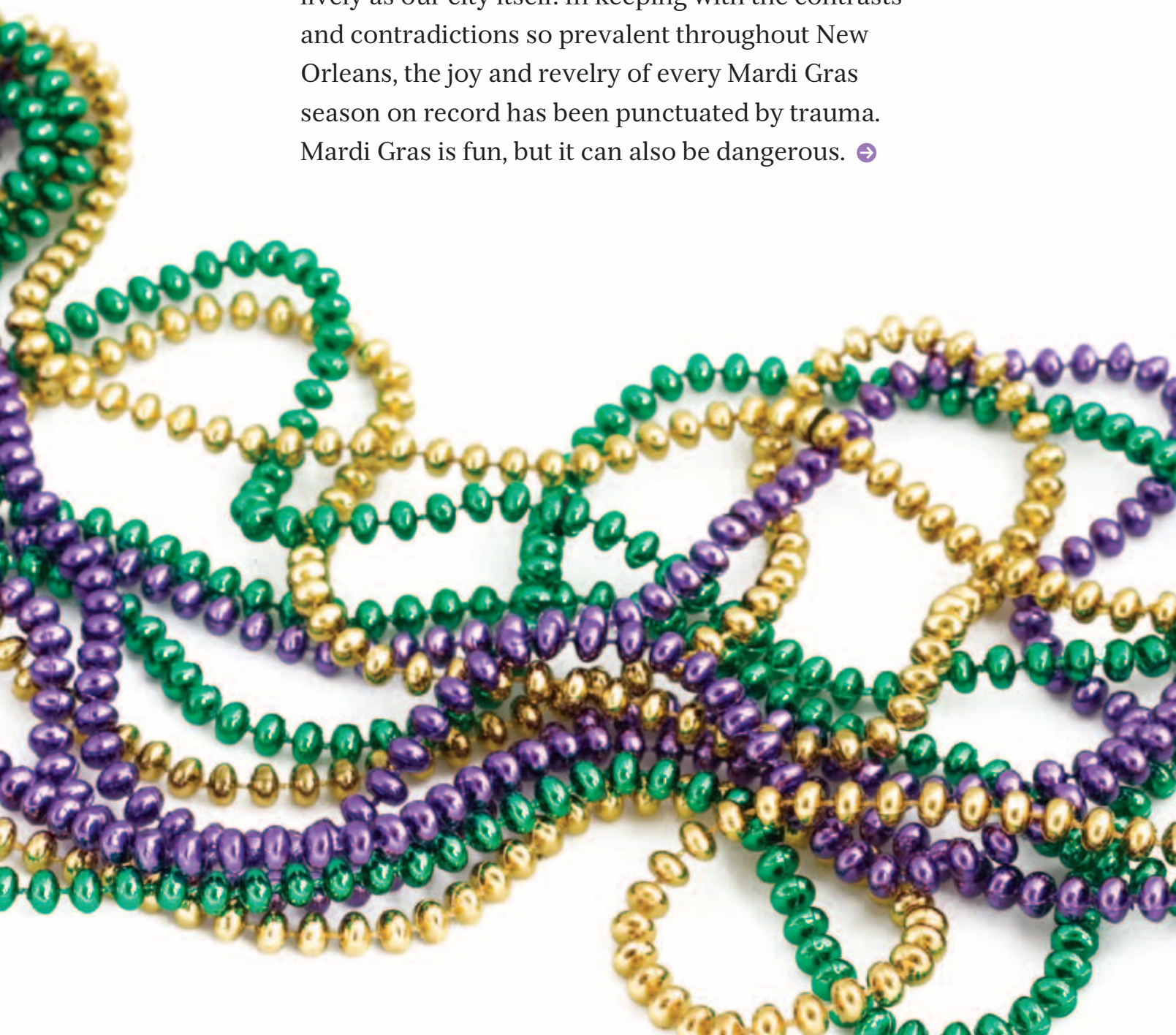
Chief Editor: *Then what role can a Blue Cross or other insurance company play in that?*

Mike Reitz: We will share data. We will share information with the provider community and they will proactively reach out and better manage care on behalf of the membership we serve. We now will be a supplier of data and information in order to equip the physician to have a much more effective visit. Now, for the first time, a physician can see the four different types of physicians you've been to, what medications you are on, the fact that you were in the emergency room last month, the fact that you are experiencing certain conditions that may be as a result of a behavioral health issue you are experiencing at home that we need to have a conversation about. By me being able to provide more information to the physician through claims, lab information, pharmacy data, and physician's notes from other practitioners that you've seen, we can arm that physician with information that makes the visit so much more effective. Rather than sitting there and spending the first 15 minutes out of the 17 minutes you are entitled to in a visit, just getting an update on the pain you are there to see the doctor for, it gives them a better holistic picture.

The things that got us into the trouble we are in today, the reason why healthcare cost is closing in on 20% of the GDP, is that there have been misaligned incentives. We have simply paid any time you have needed a drug, or an x-ray, or wanted to go to the doctor. Pay, pay, pay. Now what we are trying to do is say is there a better way to manage this population? Can we incent physicians to more aggressively treat the population prior to that population needing to seek more expensive levels of care? That's what it is all about. Really trying to stimulate primary care. And we are making some tremendous strides.

I am really pleased to report that we are having some very, very effective conversations with the provider community. They really are interested in maintaining an autonomous practice and in making sure the healthcare system as we know it in America today will be here for the next generation. I don't know of many in the industry that I'm in that want to turn this over to the government. So it is incumbent upon us to build a system that's designed to address the cost of healthcare and try to bring some balance to cost vs. outcomes. ■

Ah, Carnival! The music, the parades, the streets full of costumed revelers—from St. Charles Avenue to Frenchmen Street to Claiborne Avenue under the overpass, Mardi Gras is a shimmering rainbow of traditions as diverse and lively as our city itself. In keeping with the contrasts and contradictions so prevalent throughout New Orleans, the joy and revelry of every Mardi Gras season on record has been punctuated by trauma. Mardi Gras is fun, but it can also be dangerous.



IT'S *NOT* ALL "Bon Temps"

MARDI GRAS CAN PROVE HAZARDOUS

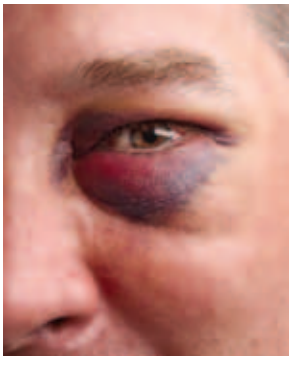
By Claudia S. Copeland, PhD

It doesn't take long to find New Orleanians with stories of injuries directly related to Mardi Gras. Bywater artist Violet Skye described getting "smacked upside the head with a whole package of Muses toothbrushes. It was like getting hit with a brick, and my face hurt for a week." Julie Condy, director of the Crescent City Lights Youth Theater, tells of a friend who "tripped when getting off a Muses float and broke her nose". Opera singer Shelley James Burton retorts, "Does being kicked by children (who want to steal throws out of your hand) so hard that you bruise, rolling your ankle on discarded beer bottles, and having tobacco-smoke induced allergy attacks count?" Even the neighborhood walking parades have their hazards. Ms. Skye continues, "In St. Anne, we were walking with a

wagon with 3 kids in it and a canopy built into the top. A staggering drunk guy wearing only a loincloth and body paint did a face plant through the canopy into the wagon on top of the kids. The other dad may have injured said drunk guy trying to pull him out of the wagon, but the kids were generally ok."

Of course, none of these folks ended up in the emergency room, and the vast majority

By far, the most common type of injury directly related to Mardi Gras activities is eye injuries.



of Mardi Gras injuries are treated with little more than aspirin, an ice pack, or just time. However, a substantial number of injuries are serious enough to warrant a visit to the hospital. According to the 2012 Louisiana Morbidity Report, there were 110 more emergency visits per day during Mardi Gras weekend than the daily average for the rest of the year. Several visits were specifically related to parades, chief among them being "marching in parade and became short of breath"; "fell off of dad's/grandfather's shoulders/neck"; "fell out of float"; "passed out at parade"; "head hit with coconut at parade"; and "swelling in eye hit at parade". Parades also roll during holidays other than Mardi Gras, and pediatrician Theresa Dise recalls one memorable St. Patrick's Day parade-throw injury. "[The patient's] mother was sitting in a lawn chair holding the baby and her husband was standing directly in front of her, and a cabbage flew over her husband and landed on the baby's head. I believe she was around 4 weeks old at the time. She had a linear non-displaced skull fracture. Treatment was observation and she did fine."

Occasionally, though, the injuries can be deadly. In 2008, an Endymion float rider exited his float prematurely and was crushed, and in 2005, a woman attending the Endymion Extravaganza fell from the Superdome's second level to the floor while watching the parade. Most injuries, however, are not notable enough to hit the newspapers. Nevertheless, they represent a sizable number of people suffering from trauma and distress.

By far, the most common type of injury directly related to Mardi Gras activities is eye injuries. Moshfeghi et al., a team of researchers from the Department of Ophthalmology at Tulane, found that eye injuries from objects thrown from floats during the major parades are quite common. Surveys of eight local emergency rooms found patients with corneal abrasion (a scratch in the transparent, outer layer of the center of the eye), conjunctival hyperemia (engorged blood vessels in the thin, clear membrane covering the "white" of the eye), subconjunctival hemorrhage (pooled blood below the conjunctiva, leading to bright red coloration in the whites of the eye), cell and flare (cells and protein in the anterior chamber of the eye), and eyelid laceration. These patients suffered from symptoms like pain, blurry vision, and sensitivity to light, among other annoyances. However, 18% of the patients seen had injuries that could be considered severe, including hyphemas (hemorrhage of the anterior chamber of the eye), which can result in permanent visual impairment if not treated properly, and open globe injuries (rupture of the eye). One of the open globe injuries eventually required removal of the eyeball. One of the researchers, Dr. Alan Fink, had conducted surveys previously, in 1986 and 1987, and also found severe injuries: two open globe injuries, a hyphema, and an orbital rim fracture. Injuries were distributed fairly evenly in terms of age, race, and gender, and about 30% of the injured were tourists. Fifty percent of the eye injuries were due to beads. The authors noted that "protective eyewear is not common during these events. Alcohol use, by contrast, was found to be prevalent among the injured patients." While it is unlikely that paradegoers will start wearing protective eyewear any time soon, perhaps public reminders of the legitimate potential for eye trauma, especially to tourists and those planning on drinking, may help to prevent some of these injuries.

Ladder-related injuries are another

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"We're in this together."
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Of all the activities that lead to injury during Carnival, though, there is none more deadly than drunk driving. ... Though not restricted to Mardi Gras, this dangerous practice increases substantially during Carnival.

serious parade-route concern. Tragically, in 1981, a child fell off a ladder placed right near the parade route, and was crushed. That prompted legislation compelling parents to place ladders back from the parade route, but enforcement is spotty at best. While no further deaths have occurred due to ladders, New Orleans emergency medical technicians respond to "their share of trauma calls from people falling off ladders," according to EMSworld.

Councilwoman LaToya Cantrell, who represents the Uptown district where the majority of large parades roll, is moving forward with proposed changes that will address both the issue of ladder safety and eye injuries. The first proposed change would require that ladders be placed 10 feet from the curb, rather than the current requirement to place the ladders as many feet back as the ladder is high. That law has never been consistently enforced, and supporters of the change hope that a standard 10 feet rule will be easier to enforce, as there will be a single "line" beyond which ladders cannot be placed. Another proposed change addresses eye injuries and other injuries caused by flying objects: the creation of a weight limit for throws. This would stop the practice of throwing whole bags of beads (or Muses toothbrushes!), as well as other kinds of heavy objects. Finally, a more general proposal to prohibit parking on both sides of the parade route along St. Charles Ave. will allow better access for emergency personnel.

Some of the most disturbing incidents during Mardi Gras are those involving violence. A quadruple shooting this year on Bourbon Street, in the early evening when the street was full of people, was particularly shocking. The year before, two teens were shot at the edge of the French Quarter on Mardi Gras night, and another two were shot along the St. Charles parade route, leading to nationwide attention on the danger of visiting New Orleans for Mardi Gras. These types of incidents have occurred throughout the years, but each time a shooting like this happens, it is so shocking that it seems that violence during Mardi Gras is spinning out of control. Violence during Carnival, however, may actually be decreasing. According to Mayor Landrieu, crimes against persons during the Mardi Gras season were down 9% and property crimes were down 6% compared with the year before. Contrary to much popular belief, most shootings tend to be related to small-scale squabbles rather than gang warfare or crime aimed at strangers. A new strategy being rolled out by the Landrieu administration is more oriented toward this than traditional approaches have been. Officially called NOLA for Life, it seeks to impact violence by approaching it from a public health perspective. The strategy includes several programs, including ones focused on increasing teenage awareness of the consequences of criminal behavior, providing community conflict-resolution and trauma-counseling services, expanding mentoring programs, and improving job and housing opportunities for ex-offenders. Other measures include increased detectives and a controversial 8 pm curfew for kids under 16 in the French Quarter and Marigny, unless they are accompanied by their parents.

Of all the activities that lead to injury during Carnival, though, there is none more deadly than drunk driving. According to the CDC, almost 30 people in the United States die every day in motor vehicle crashes that involve an alcohol-impaired driver. Though not restricted to Mardi Gras, this dangerous practice increases substantially during Carnival. Mardi Gras weekend in 2010 saw record numbers of auto accidents—509 crashes that resulted in injuries, including 11 deaths. In 2012, police and sheriffs throughout Louisiana started a new mandate to step up enforcement of drunk driving laws, including checkpoints, during the Mardi Gras season. Data from the CDC support this approach; they have calculated that sobriety checkpoints consistently reduce alcohol-related crashes, typically by 9%.

In addition to recommending sobriety checkpoints, the CDC also cites "putting health promotion efforts into practice" that influence the actions of community members as an effective measure to prevent drunk driving. This may be particularly important in New Orleans, where the attitude towards drinking is very open and tolerant. This tolerance can serve to support a festive, friendly, and fun atmosphere, but when it extends to driving, it can turn deadly. Changing this will require a fundamental change in consciousness such that concern about drunk driving is not equated with "uptight" attitudes about drinking. A simple message of "enjoy your cocktails, enjoy the party, but don't get in your car afterwards" could work wonders if it could truly sink in.

Culture is hard to change, but the decrease in tobacco use over the years shows that it is possible. Effective public health campaigns can change behavior if the message gets through that the behavior is truly dangerous. Alongside this, alternatives such as increasing, rather than the current practice of decreasing, public transportation during Mardi Gras weekend would help to keep the festival safer. ■

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NATUROPATHIC MEDICINE IN NEW ORLEANS

By Carolyn Heneghan

"A system of medicine that looks at the whole person." *–Ashley Whittemore, ND*

A buzzword in progressive healthcare, naturopathic medicine has surfaced as a new alternative to conventional medical care. While some parts of the country, such as the West Coast, have been more receptive to naturopathic medicine than others, even in New Orleans you can find practitioners of what is a new mindset when it comes to patient health.

One such local practitioner, Ashley Whittemore, ND, defines naturopathic medicine as, "a system of medicine that looks at the whole person. It focuses on the underlying cause of disease, and it utilizes natural therapies to restore the body to health. It takes an individualized approach to treatment, recognizing that every illness is as unique as the individual."

This branch of medicine takes a different approach to healthcare than other conventional methods in that it looks at the whole body and how all the systems relate. These methods tailor individualized treatment and focus on the cause of disease rather than treating symptoms. Treatments include everything from vitamin supplements and water therapy to dietary and lifestyle changes.

Six principles guide naturopathic physicians in both their education and practice. According to the Association of Accredited Naturopathic Medical Colleges' (AANMC)

Ashley Whittemore, ND

JoAnn Yanez, ND, MPH

"They're getting conventional biology and biochemistry. But when they're discussing a case, they're discussing it in terms of how the whole body is related to each other. So even in basic sciences and biomedical sciences, there's an emphasis on the entire person."

–JoAnn Yanez, ND, MPH

website, these six principles are:

- *The Healing Power of Nature* - Trust in the body's inherent wisdom to heal itself.
- *Identify and Treat the Causes* - Look beyond the symptoms to the underlying cause.
- *First Do No Harm* - Utilize the most natural, least invasive and least toxic therapies.
- *Doctor as Teacher* - Educate patients in the steps to achieving and maintaining health.
- *Treat the Whole Person* - View the body as an integrated whole in all its physical and spiritual dimensions.
- *Prevention* - Focus on overall health, wellness, and disease prevention.

At these accredited colleges, students enter a four-year curriculum parallel to that of conventional medical schools. Where they differ, according to JoAnn Yanez, ND, MPH, executive director for the AANMC, is in the application of the six principles throughout each course of study.

"They're getting conventional biology and biochemistry," says Dr. Yanez. "But when they're discussing a case, they're discussing it in terms of how the whole body is related to each other. So even in basic sciences and biomedical sciences, there's an emphasis on the entire person."

Both practitioners in the New Orleans area attended one of these accredited schools, and both have licenses in the state of their schooling. Dr. Whittemore is a graduate of Southwest College of Naturopathic Medicine in Tempe, Ariz., and Lisa Chambers Pate, ND, is a graduate of Bastyr University in Kenmore, Washington.

This deep study of the body and mind as a whole translates not only in practice but in the passing along of that knowledge to patients. Armed with the power of knowledge concerning everything from nutrition and exercise to stress levels and relationships, patients walk away from their appointments with a more grounded understanding of their own health and body.

"We're teaching people how to have healthy lifestyles so that hopefully they minimize their illnesses or get rid of them altogether," says Dr. Yanez. "Personal responsibility and personal awareness are the tools to living a healthy lifestyle."

Two of the most effective applications of naturopathic medicine are in the realm of preventative care and disease management.

"It's effective at preventative care because it educates people on diet and lifestyle in order to maintain health and prevent disease processes," says Dr. Whittemore. "It's also effective in treating chronic illnesses because it focuses on restoring health rather than managing symptoms, and in many cases, it can reverse diseases."

If someone visits one of the city's two naturopathic practitioners, he or she can expect an initial visit of an hour to an hour and a half in which the naturopathic physician will discuss the patient's history in depth

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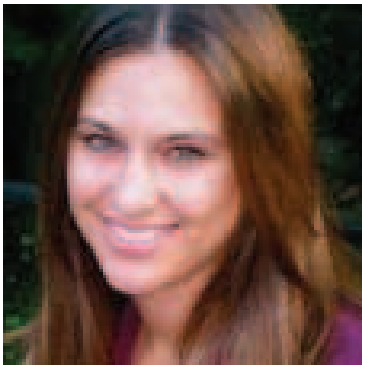
“When you give the body the tools that it needs and when you give people the information that they need, it’s amazing what I’ve seen in my practice. I truly believe that with the right tools and information, we can heal anything.”

–Lisa Chambers Pate, ND



Lisa Chambers Pate, ND

and ask questions about diet, lifestyle, and environmental factors. This is to get a whole picture of the patient to ensure the best individualized methods for that person.

Naturopathic doctors believe in the healing power of nature and the body’s natural ability to heal itself once they determine root causes for medical issues and remove certain health obstacles. In a healthcare system where symptoms management is often the primary route doctors take, New Orleanians are given the option to explore the potential of the body’s power and the effectiveness of preventative care.

“The key to addressing our healthcare crisis is preventing disease,” says Dr. Yanez. “We can focus more on the basics of health and what it takes to be a healthy person—good thoughts, good food, good water, good movement—and in most cases, most of the illnesses that we see in this country wouldn’t be there.”

As budget cuts for Louisiana healthcare have taken effect this past year, naturopathic medicine may offer another opportunity for individuals looking for other nontraditional, but effective ways for treating and preventing common illnesses.

“We see what all this healthcare is going toward, and a lot of it is diet and lifestyle related, like stroke and heart disease,” says Dr. Yanez. “I really do think that those are areas that naturopathic doctors can make an absolutely lasting impact.”

In the state of Louisiana, there is no naturopathic medical licensing program, so Dr. Whittemore and Dr. Pate are not allowed to diagnose or treat patients as they were trained to do. However, as interest grows in New Orleans and the rest of the state, local practitioners hope that Louisiana will join the other licensed states soon.

In the meantime, Dr. Pate works alongside other medical doctors to improve the overall healthcare of her patients, and Dr. Whittemore fuels her passion by assisting her clients as they transform their diets and lifestyles and lead a more healthful life.

Dr. Pate concludes, “When you give the body the tools that it needs and when you give people the information that they need, it’s amazing what I’ve seen in my practice. I truly believe that with the right tools and information, we can heal anything.” ■

HEALTHCARE briefs

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STATE

Louisiana Earns "F" for Premature Births

Despite concerted efforts by local hospitals and organizations, the March of Dimes issued the state of Louisiana a letter grade "F" on the Premature Birth Report Card for having too many premature births. Louisiana received a premature birth rate of 15.3 percent, a slight improvement from the previous year of 15.6; however, the decrease was not enough to earn a better grade. March of Dimes (MOD) measures progress by comparing each state's rate to the goal of lowering the U.S. preterm birth rate to 9.6 percent of live births by 2020. March of Dimes and the Association of State and Territorial Health Officials also established an interim goal to reduce preterm birth rate by eight percent by the year 2014.

According to the report, three key contributing factors were measured to determine the premature birth rate: (1) the percentage of uninsured women of childbearing age; (2) the percentage of late premature births, which is defined as live births between 34 and 36 weeks gestation; and (3) the percentage of women of child-bearing age who smoke.

Since 2006, Louisiana's preterm birth rate has dropped from 16.4 percent to 15.3 percent; the rate of late preterm birth is 10.5 percent; the rate of women smoking is 25 percent and the rate of uninsured women is 27.8 percent. These gradual declines not only mean stronger, healthier babies; but also a cost savings in health care and economic cost to society. According to a report released by the Institute of Medicine, premature births cost the United States more than $26 billion annually. In Louisiana, 1 in 7 babies are born premature. With approximately 7,000 premature births covered by the Medicaid program, the excess cost to the state exceeds $200 million annually.

New to the 2013 March of Dimes Premature Birth Report Card is racial and ethnic disparities in premature birth. In Louisiana, the prematurity rate among African-Americans is 20.1 percent, the highest of any racial group with Native Americans following at 14.5 percent. The gap between racial and ethnic groups has slowly narrowed, but the preterm birth rate among non-Hispanic blacks is significantly higher than (Whites at 12.0 percent) the rate of non-Hispanic whites.

Through a continual partnership with Louisiana's Maternal and Child Health leaders, including a strategic partnership with the Department of Health and Hospitals (DHH), March of Dimes has established the proper framework to addressing prematurity. Strategies encompass restructuring its educational and outreach systems to create healthy habits early in life, which leads to better health outcomes later. Through a partnership with the Louisiana Hospital Association and Bayou Health Plans, March of Dimes helped support a 20,000 day state-wide reduction in the number of days babies spent in the neonatal intensive care unit (NICU), which means approximately 1,000 babies were able to go home with their families sooner than in previous years.

To learn more about the Premature Report Card for Louisiana and the U.S., visit marchofdimes.com/reportcard.

DHH Implements New Internal Audit Processes

The Department of Health and Hospitals has announced significant improvements to its internal audit division aimed at strengthening the programs and processes that serve to protect and promote health throughout the state. Four key changes to the internal audit process have been implemented, including new risk assessment surveys, the designation of a single audit coordinator, the hiring of a new investigator and an audit "strike team" that will address urgent audit needs within the Department.

The key changes implemented within the Internal Audit Division include:

1. New risk assessment surveys to identify potential vulnerabilities within the Department so that audits may be conducted and corrective action plans may be implemented;

2. The designation of an audit coordinator who serves as the single point of contact for all external audit agencies, including the Louisiana Legislative Auditor, coordinates all results and responses, and assists in kick starting any process improvements that are found to be needed during the course of an audit as is part of the national procedure for internal audit;

3. The hiring of a new investigator who will serve as a critical member of the internal audit team; and

4. A "strike team" available to assist Department leadership in quickly investigating and auditing any urgent issues that may arise.

The internal audit division also plans to contract with an external audit firm when the audit needs of the Department require additional resources.

Two internal risk assessments have already been conducted - one within the Medicaid Program Integrity Division and the second in the Department's Fiscal Office. Many of those identified vulnerabilities within the Fiscal Office have been addressed through process improvements and simplifications. Those changes include having checks sent to the Department go directly to bank-controlled lock boxes, removing DHH employees from the process of handling checks; training of employees on new policies for the receipt of checks and strict handling protocols; and the use of electronic funds transfers where available.

Man Fakes Mental Health Credentials

Medicaid Fraud Control Unit agents arrested 44-year-old Temmie Uzzell and charged him with one felony count of Medicaid fraud for falsifying his diploma in order to work as a Mental Health Professional (MHP) at a Monroe-based Medicaid services provider.

Uzell, who is from Charlotte, North Carolina, is accused of submitting forged documentation to fraudulently misrepresent his educational background in order to meet the required qualifications for the position of MHP. In August 2011, Uzzell allegedly submitted a forged diploma and supporting transcripts stating that he possessed a master's degree in human services from the American

College of Dublin in Ireland to gain employment with a Monroe-based Medicaid provider.

Uzzell's use of forged documents led the provider to unknowingly submit fraudulent claims for payment to Louisiana's Medicaid Program for mental health counseling services rendered during the course of his employment as a MHP from August 2011 to March 2012. The claims were fraudulent, because Louisiana Medicaid Program rules prohibit reimbursing any provider for services rendered by unqualified employees.

Uzzell surrendered to Medicaid fraud agents and was booked into the East Baton Rouge Parish Prison. If convicted of Medicaid fraud, he faces up to five years in prison.

Louisiana to Receive Share of CVS Caremark Settlement

Caremark LLC, a pharmacy benefit management company (PBM), will pay the government and five states a total of $4.25 million to settle allegations that it knowingly failed to reimburse Medicaid for prescription drug costs paid on behalf of Medicaid beneficiaries, who also were eligible for drug benefits under Caremark-administered private health plans, the Justice Department announced. Caremark is operated by CVS Caremark Corp., one of the largest PBMs and retail pharmacies in the country. A PBM administers and manages the drug benefits for clients who offer drug benefits under a health insurance plan.

Under the terms of the agreement, the government will receive approximately $2.31 million. In addition, five states— Louisiana, Arkansas, California, Delaware, and Massachusetts—will share $1.94 million.

According to the government, Caremark allegedly used a computer claims processing platform called "Quantum Leap" to cancel claims for reimbursement submitted by Medicaid for dual eligibles. The government alleged that Caremark's actions caused Medicaid to incur prescription drug costs for dual eligibles that should have been paid for by the Caremark-administered private health plans rather than Medicaid.

This case was jointly litigated by the U.S. Attorney's Office for the Western District of Texas; the Justice Department's Civil Division, Commercial Litigation Branch; and the attorneys general for the states of Arkansas, California, and Louisiana. The case is captioned *United States ex rel. Ramadoss v. CVS Caremark Inc.*, SA-12-CA-929WRF (W.D. Texas). The claims settled by this agreement are allegations only; there has been no determination of liability.

Root Honored with HHS Award

Department of Health and Hospitals (DHH) Chief Compliance Officer William Root was recently honored with the U.S. Department of Health and Human Services (HHS) Career Achievement Award for his dedicated service. Root retired from HHS earlier in 2013 as the Assistant Special Agent in Charge of the Office of Investigations before joining DHH to head up the Louisiana Medicaid Program Integrity Office.

The Career Achievement Award is given annually to five or fewer employees with 10 or more years at HHS for their dedication and loyalty to the Department; they must also have received an exceptional or equivalent performance rating within the last year before their nomination.

In 2011, Root's Health Care Fraud Prevention and Enforcement Action Team (HEAT) strike team was recognized for claiming 31 indictments of 29 Baton Rouge-area defendants worth more than $35 million in just a few short months. In the latter part of 2011 through June 2012, Root's division of HEAT resulted in indictments regarding fraudulent Medicare schemes worth nearly $250 million.

Civil Health Care Fraud Case Settled

Acting United States Attorney Walt Green and Louisiana State Attorney General James "Buddy" Caldwell announced that the United States and the State of Louisiana have reached a civil settlement with defendants, Sabine Optical Laboratories, Inc. d/b/a The Vision Center ("Sabine"), Dr. Carl Carnaggio, Sr., Dr. Carl Carnaggio, Jr., and Lori Carnaggio (collectively "Sabine Defendants") and Cypress Optical Laboratory, LLC, a Sabine-affiliated company. According to the terms of the settlement, Sabine paid $1,200,000 to the United States and the State of Louisiana, $819,960 of which constitutes the federal share and $380,040 of which constitutes the state share of costs reimbursed to the Medicaid program.

William Root

The settlement concludes a two-and-a-half-year investigation into a major healthcare fraud "whistle blower" or "qui tam" law suit filed in March 2011 by a former Sabine employee under the qui tam provision of the Federal and State False Claims Acts.

The settlement resolves allegations that from August 2005 through April 30, 2012, the Sabine Defendants violated the Federal and State False Claims Acts (and unlawfully enriched themselves) by improperly billing Medicaid for services performed by an unauthorized provider using the Medicaid provider number of another provider, for adjustment and dispensing services that were never performed, for worthless services due to an excessive number of Medicaid patients being seen in one day, and for lenses that were never made.

In September 2012, the Court ordered a partial lift of the seal enabling the United States, the State of Louisiana, and the Sabine Defendants to engage in extensive discussions and negotiations which ultimately led to the signing of the Settlement Agreement.

DHH Improves Monitoring of WIC Vendors

The Department of Health and Hospitals is enacting major changes in its administration of the State's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), following

a DHH-requested audit of its operations, including enhanced procedures for monitoring vendors, their prices and their performance.

In addition, DHH will improve its communication with the Supplemental Nutrition Assistance Program (SNAP), which is run by the Department of Children and Family Services, to ensure that DCFS is informed when vendors are disqualified by WIC, so that it can determine if the vendor should remain in the SNAP program. DHH also will hire a nutritionist to serve as the Continuing Quality Improvement Coordinator and ensure that the program's goals are being met and begin to use its trained sanitarians to inspect vendor facilities when complaints of unsanitary conditions exist.

The two most substantial changes are the creation of a WIC Vendor Operations Manual that provides clear and consistent guidance, information, protocols, and procedures for WIC employees in working with vendors, and the creation of a WIC Vendor Monitoring Database to track the status and vital information on all WIC-approved vendors. Both the Vendor Operations Manual and the Vendor Monitoring Database must be approved by the USDA before the program may begin using them.

The enhanced WIC Vendor Operations Manual will include:

- Clear procedural guidelines for oversight of the vendor application process, tier assignments, competitive pricing and vendor monitoring.
- A new monitoring tool designed to more comprehensively monitor visits, including stock checks with verification of store prices based on what the vendor submits to DHH, an overall assessment of the store's WIC program and sanitary conditions of the store from the Retail Food Inspection Program.
- Protocols for proper notification of the USDA of all WIC vendor disqualifications using the new Vendor Monitoring Database.
- Procedures for monitoring and investigating high-risk vendors; and
- An enhanced vendor sanction schedule and a corrective action plan template for vendors.

The new Vendor Monitoring Database will track:

- The qualification or disqualification of all WIC vendors, including a notification to the SNAP program when a vendor is disqualified from WIC;
- Stock checks and submitted prices at each WIC vendor;
- All activities of high-risk vendors, including reminders to ensure follow-up actions are taken on pending investigations in coordination with the fraud prevention team; and
- A vendor tracking spreadsheet to monitor reports and activities related to a vendor's monitoring schedule.

In addition, OPH will begin using new auditing software recommended by the Louisiana Legislative Auditor and the USDA Southwest Regional Office, which will help WIC staff members analyze vendor data, monitor needs and apply data to improve vendor management overall.

Beginning early in 2014, vendor inspections will be done by the health inspectors who currently conduct retail food inspections throughout the state. This joint effort will allow for rapid sharing of information between the sanitarians and the WIC program staff. Already, WIC vendor unit employees are making referrals to health inspectors when they notice unsanitary conditions at WIC-approved vendors.

Beginning in January 2014, Regional nutritionists for the WIC program will be actively involved in monitoring WIC clinics and utilizing data within their regions to enhance clinic operations and efficiencies. Their current administrative responsibilities will be shifted to the State agency staff so that they can focus their attention to the vendors in their regions.

The WIC program is also continuing to pursue the implementation of an EBT program.

For more information about WIC, visit dhh.louisiana.gov/WIC.

Multi-Regional Nursing Workforce Model Created

Louisiana Center for Nursing (LCN), a division of the Louisiana State Board of Nursing (LSBN), recently announced it has developed a multi-regional, statewide nursing workforce forecasting model. Working with the consultants that developed the Northeast Ohio Nursing Initiative (NEONI) Forecasting Model, which was used as a template for Louisiana's Model, LCN was able to develop one of the country's most comprehensive tools for forecasting supply and demand within the nursing workforce.

Twenty-seven separate models, which include eight regional models and a statewide model for each level of nursing, were built for the state of Louisiana which can be used to forecast the supply and demand for registered nurses (RNs), advanced practice registered nurses (APRNs), and licensed practical nurses (LPNs). The model recognizes that population, technological advances in healthcare, regulatory changes which impact healthcare, and other market forces will vary unpredictably in the next seven years.

The model is dynamic, and allows for a number of key assumptions regarding the future of healthcare and changes in the nursing workforce to be easily changed to provide a range of future forecasts. As the model can be adjusted to address any of these changes, it can be used as a policy tool that can help identify the most effective way to manage any anticipated shortages in the availability of nurses.

LCN received funding from the Louisiana Health Works Commission (LHWC) and LSBN to develop this unique model.

The tool is functional through 2020 and can be updated annually with new licensure data and other relevant data as needed.

The technical report and summary report can be found at the following link: http://lcn.lsbn.state.la.us/NursingWorkforce.aspx. For more information contact Dr. Cynthia Bienemy at the Louisiana Center for Nursing, lcn@lsbn.state.la.us.

Attorney General Recovers Stolen Medicaid Funds

Louisiana Attorney General Buddy Caldwell announced the successful conclusion to a three year effort against more than 100 pharmaceutical companies and their subsidiaries that fraudulently raised drug prices paid by Louisiana taxpayers through the Medicaid program.

In the final settlements announced in court, 25 companies and their subsidiaries agreed to pay the state approximately $88.4 million. These final settlements, added to those previously announced over the three year litigation period, bring the total amount recovered to $238,139,268.

The settlements bring an end to Caldwell's 2010

lawsuit against 109 drug manufacturers in the case of *State of Louisiana v. Abbott Laboratories*, consolidated with *State of Louisiana v. McKesson Corporation*. The pharmaceutical companies named in the suit are accused of misreporting drug price information in order to improperly increase reimbursements paid by Louisiana's Medicaid program. The Medicaid reimbursements are based on what is called Average Wholesale Price (AWP). The suit accuses the defendants of committing fraud and violating the Louisiana Unfair Trade Practices and Consumer Protection Act and Louisiana's Medical Assistance Programs Integrity Law.

DHH Overhauls Food Safety Program

Department of Health and Hospitals Secretary Kathy Kliebert and Public Health Assistant Secretary J.T. Lane joined industry leaders to highlight major changes to the Retail Food Inspection Program. Program improvements over the last year have allowed health inspectors who survey restaurants, grocery stores, cafeterias, and other retail food vendors to conduct timely inspections at all permitted locations, track compliance orders and post survey results quickly to the EatSafe.La.gov website. This dramatic overhaul was identified by Office of Public Health staff through an internal review and with DHH's requested assistance of recommendations from the Louisiana Legislative Auditor.

For years, the Department's retail food inspection program lagged behind on inspections and struggled to identify high-risk establishments. After a comprehensive, statewide overhaul, the Department was completely caught up on all of those inspections as of Oct. 1. Health inspectors are now inspecting food retailers in real time, tracking the high-risk vendors and ensuring compliance orders are followed up on in a timely manner.

As a result of the changes made during the program overhaul, total inspections increased 60 percent from August 2012 to September 2013. Just in the period between March and May of this year after some of the early changes were initiated, inspections increased 47 percent.

The overhaul included four key components:

1. A new electronic management tool to prioritize inspections, identify high-risk establishments and better manage the time of sanitarians conducting the inspections;

2. A centralized and standardized reporting process to allow follow-up visits and corrective action plans to be clearly outlined and implemented by health inspectors;

3. A new set of performance metrics and evaluation tools for improving the morale and efficiency of the individuals responsible for all food retailers. These evaluation tools prioritize quality of inspections over the sheer quantity so that inspectors are evaluated for making smart choices about how inspections should be prioritized; and

4. A streamlined procedure for compliance orders. Inspections were meaningless before the programmatic changes when they were not tracked by our inspectors. Compliance is essential because it means that improvements are made to ensure that all consumers including, children who eat lunch at the school cafeteria and families who go out for dinner are safer.

One of the biggest keys to ensuring DHH can inspect all of the locations that sell food throughout the state is one of the simplest things—an electronic scheduler that prioritizes inspections according to guidelines from the federal government and tracks information on the history of a location.

The scheduler goes hand in hand with a Daily Success Action Plan for each employee. There are literally thousands of food retailers across the state which DHH employees are responsible for inspecting. Utilizing simple tools and technology to make their jobs more meaningful helps to keep inspections occurring on schedule.

Retail food vendor inspections are entered into the monitoring system within 48 hours of completion and are available for all consumers to view at EatSafe.La.gov within seven days.

LA Ranked 48th in 2013 Health Rankings

Americans are making considerable progress in their overall health, according to United Health Foundation's 2013 America's Health Rankings®: A Call to Action for Individuals & Their Communities. Even Louisiana showed improvement, moving up one spot from 49 to 48 in this year's assessment.

Nationwide, Americans improved in the majority of the measures captured by the rankings. The most notable gains came in key behavioral measures, including smoking, which dropped from 21.2 percent of the adult population to 19.6 percent. Physical inactivity dropped from 26.2 percent of the adult population to 22.9 percent, and America's obesity rate remained approximately the same as reported in 2012 (27.6 percent of the adult population in 2013 compared with 27.8 percent in 2012). The good news is this is the first time since 1998 that obesity rates have not worsened.

Hawaii was ranked the healthiest state. Vermont was ranked second. Minnesota is third, followed by Massachusetts and New Hampshire. Mississippi ranks 50th this year, and Arkansas (49), Louisiana (48), Alabama (47), and West Virginia (46) complete the list of the five least healthy states.

Contributing to Louisiana's improvement were high immunization coverage among adolescents, very low incidence of pertussis infections, a decrease in drug deaths and violent crime, an increase in high school graduation rates, and little disparity in health status by educational attainment. However, the state still struggles with high prevalence of physical inactivity, obesity, and diabetes. Louisiana was ranked worst in the country for obesity rates. The state was also dinged for a high percentage of children in poverty, and a high infant mortality rate and prevalence of low birthweight infants.

To see the Rankings in full, visit: www.americashealthrankings.org.

Blue Cross Goes Mobile

Blue Cross and Blue Shield of Louisiana customers can now find urgent care, get a map to their doctor's office, check the status of their claims and more—all on the go with a new free mobile app now available in the App Store for Apple's iPhone and iPad devices.

Blue Cross' new app is named "BCBSLA" and contains many features that allow the company's customers to access their healthcare coverage information easily from an Apple mobile device.

Some features of the app include:

• Find a Doctor or Urgent Care: Customers can use the app to get a map and directions to a nearby doctor's office or facility that is in the Blue

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Cross network, easing their access to care.

• View Benefits and Claims: Customers can see important information about their healthcare coverage benefits, including the status of their claims, deductibles, copays, coinsurance, and balances.

• Contact Us: Customers can find phone numbers, addresses, and maps for the Blue Cross regional office closest to them.

The app for Apple devices is the first step, but BCBSLA also plans to expand into the Android market.

To download the BCBSLA app, please visit www.bcbsla.com/iPhone on an iPad or iPhone.

LAMMICO Name Official

Effective immediately, the Louisiana Medical Mutual Insurance Company will officially be known as "LAMMICO." The announcement follows approval by LAMMICO policyholders on August 21, 2013 of the revisions to the company's Articles of Incorporation and Bylaws necessary to implement the change.

"Changing our corporate name to LAMMICO is important and historic, reflecting the evolution of our company," said Thomas H. Grimstad, MD, LAMMICO's President/Chief Executive Officer. "Louisiana Medical Mutual Insurance Company was established in 1981 by a group of physicians who advocated on behalf of the insurance needs of Louisiana physicians. In recent years, we have adapted to meet the needs of a wider segment of the healthcare community, providing medical professional liability coverage for hospitals, nurses, advanced and allied healthcare providers. Additionally, LAMMICO has expanded its core service area beyond our home state. We currently offer insurance coverage in Arkansas, Mississippi, Texas and Tennessee."

In other news, the LAMMICO Board of Directors has declared another dividend for all policyholders in Louisiana and Arkansas, marking the seventh time since 2008 the company has authorized the payment of a dividend to its insureds.

The announcement was approved by the Louisiana Department of Insurance December 13, affecting over 6,000 insureds who will receive a 10.5 % dividend of a policyholder's written premium during the first quarter of 2014.

The 10.5 percent dividend declared totals approximately $5-million. A 10 percent dividend was also declared each year from 2009 through 2012, preceded by two separate 20 percent dividend declared in 2008.

All LAMMICO policyholders in Louisiana and Arkansas (including individual physicians and other healthcare professionals, groups & healthcare facilities) holding a LAMMICO policy in force as of December 11, 2013 (with the exclusion of medical student and tail policies) will receive a dividend check early next year.

Louisiana Companies Introduce ACA Dashboard

Two Louisiana companies, SyncStream Solutions and AIM Technologies, have partnered to launch the ACA Dashboard, offering employers solutions to new federal reporting and coverage requirements set forth by the Affordable Care Act (ACA). The ACA Dashboard allows employers to effectively monitor, manage, and report their data in compliance with The Affordable Care Act.

Features of the dashboard include an ongoing compliance checklist that identifies key dates and upcoming reporting requirements, an informative guide to deciding how to set up tracking periods, and monthly reporting tools. The functional dashboard also provides insight into numerous inquiries regarding employee hours, tax liability, IRS reports, employee coverage, and more.

The ACA Dashboard will be updated as ACA regulations are revised. It is also compatible with a variety of payroll tools including Dynamics GP Payroll.

For more information about the ACA Dashboard or for any other inquiries, please contact Alice Burke at (225)938-0097 or visit www.aim-technologies.com/acadashboard.html.

LOCAL

Israeli Delegation Experiences Simulation Training

A delegation of Israeli medical and emergency experts recently received firsthand experience in one of the most sophisticated simulation-based emergency training environments in the United States at LSU Health Sciences Center New Orleans' Isidore Cohn, Jr., MD, Student Learning Center. Named for Emeritus Professor and Emeritus Chair of the Department of Surgery, the 20,000 sq. ft. facility houses high fidelity human patient simulators and new-era technology, including three simulation/demonstration laboratories, a simulation operating room, and an interactive conference room with video conferencing capability, among other resources.

LSUHSC health professions students, residents, and others hone their medical and surgical skills there year round, and teams of emergency medicine and trauma residents, faculty, and students train there annually during simulated large-scale major disaster exercises that utilize the full capabilities of the center. Along with the 10,000 sq. ft. Russell Klein, MD Center for Advanced Practice located a floor below, which houses simulation technology and facilities providing advanced training to practicing physicians from around the globe, LSU Health Sciences Center New Orleans has been a national leader in simulation-based medical education and training since its Isidore Cohn, Jr., MD, Student Learning Center originally opened in 2001.

The LSUHSC/Israeli collaboration in disaster response goes back more than a decade as well. LSUHSC's Professor and Chair of Psychiatry, Dr. Howard Osofsky, created a working group of international experts in the psychological impact of a variety of emergencies on families and children, which included Professor Danny Brom from the Israel Center for the Treatment of Psychotrauma of Herzog Hospital in Jerusalem, and Dr. Arieh Shalev from Hadassah University Hospital in Jerusalem, to improve response following disasters. Ironically the planes carrying participants for first meeting of LSUHSC's International Consortium on Meeting the Needs of Children and Families Following Disasters, Terrorism, and Mass Destruction, landed just ahead of Tropical Storm Isidore in 2002. The Consortium met in New Orleans annually until, again ironically, the devastation of the city following Hurricane Katrina brought the meetings to an end.

The interactive site visit is part of the New Orleans/Israel Partnership on Emergency Response and Medicine. Partners include the Jewish Federation of Greater New Orleans and LSU Health Sciences Center New Orleans, among other area medical and corporate organizations.

Diagnostic Imaging Acquires Northshore Centers

Diagnostic Imaging Services (DIS) has agreed to acquire two imaging centers in Covington and Slidell. Formerly known as Delta Imaging, LLC, the centers located at 71154 Highway 21 in Covington and 1310 Gause Boulevard in Slidell are now Diagnostic Imaging Services. With these additions, DIS says it expands to five independent imaging centers, continuing to increase its footprint as the largest freestanding independent outpatient imaging provider in southeast Louisiana.

With the agreement to partner exclusively with Reliant Radiology, LLC, a local radiology group, DIS and Reliant offer an innovative and progressive group of physicians who offer broad radiology subspecialty expertise.

Public Health Student Awarded LAHP Scholarship

Precious Comeaux, a student at the LSU Health Sciences Center New Orleans School of Public Health, has been awarded the 2014 LAHP Gil Dupré Graduate Student Scholarship by the Louisiana Association of Health Plans.

The Louisiana Association of Health Plans (LAHP) established this scholarship as a community service to promote careers in the health benefits industry. One or more scholarships are awarded annually to Louisiana students who have demonstrated strong promise of leadership in the healthcare profession, along with significant community involvement. The award is named for LAHP's founder and long-time chief executive officer who retired in 2012 after a 41-year-career in the health benefits industry.

Comeaux, a first-generation college graduate and a single mom, serves as a Peer Advocate Liaison at LSUHSC, helping students access resources when they are experiencing personal or academic difficulties. She has also served as the Outreach Coordinator for the Best Baby Zone project in New Orleans and worked with the Louisiana Medicaid Quality Improvement Team at the Department of Health and Hospitals.

The LAHP scholarship is designated for students enrolled in their final year of a graduate management program. LSUHSC public health students working toward a Master of Health Policy and Systems Management degree are eligible to apply.

The award, in the amount of $5,000, will be applied toward Comeaux's tuition. She is on track to graduate in May 2014.

Research Explores Obesity and Insulin Resistance

The first study of its kind, led by Melinda Sothern, PhD, CEP, Professor and Director of Behavioral and Community Health Sciences at LSU Health Sciences Center New Orleans School of Public Health, reveals that the same pro-inflammatory proteins linked to obesity and the metabolic syndrome in adults appear to protect children prior to puberty. The findings are published online in the *International Journal of Obesity* in the Accepted Article Preview.

The research team studied a group of healthy obese and non-obese African-American and Caucasian children, 7-9 years old who had not yet entered puberty. They looked at circulating pro and anti-inflammatory molecules, abdominal fat, BMI, insulin resistance, fatty tissue beneath the skin, fat in the liver, and total fat in order to better understand the role inflammation plays in the development of obesity and insulin resistance.

Although the pro-inflammatory proteins associated with obesity may cause damage to the heart, blood vessels and insulin function in adults, in this group of young children, they appear to be helpful. The researchers pose a number of explanations for their findings. Normal growth may temporarily increase inflammation, and the presence of the inflammatory biomarkers may actually preserve glucose stability. It may also be that the presence of an existing inflammatory environment is crucial for defending the body against infection, allergies, and other insults prior to puberty. Also, both metabolism and inflammation are affected by physical activity, which is higher in young, healthy children as opposed to adults.

The LSUHSC research team also included Cruz Velasco-Gonzalez, PhD, John Estrada, MD, Nicole Pelligrino, MPH, Maura C. Mohler, MPH, Hamid Boulares, PhD, Kyle Happel, MD, William Cefalu, MD, Richard Scribner, MD, MPH, and Tung-Sung Tseng, PhD, from the LSUHSC schools of public health and medicine. Eric Ravussin, PhD, from LSU's Pennington Biomedical Research Center, Yolanda Powell-Young, PhD, from Dillard University, Brian Bennett, MPH, from the Louisiana Department of Public Health, and Enette Larsen-Meyer, PhD, from the University of Wyoming, also participated.

The research was supported by grants from the National Institutes of Health.

Optometrist Indicted

An East Baton Rouge Parish grand jury has returned a three count indictment against a Baton Rouge optometrist for charges related to defrauding the Louisiana Medicaid Program, according to criminal prosecutors with the Louisiana Attorney General's Medicaid Fraud Control Unit.

Dr. Diana M. LeBreton, OD, of 16050 Plank Road in Baker, was indicted on one felony count of theft by fraud of more than $1,500, one felony count of filing or maintaining false public records, and one felony count of money laundering more than $100,000. The three felony charges arise from LeBreton's role in engaging in business with the Louisiana Medicaid Program as an optometrist and owner of Eye Care Plus, located at 5151 Plank Road, Suite 15, in Baton Rouge.

According to the grand jury indictment, between January 2008 and November 2011, LeBreton caused the submission of numerous false claims for optometric services on behalf of Medicaid recipients to the Louisiana Department of Health and Hospitals. LeBreton is accused of falsifying patient charts and billing documents in order to charge the Medicaid Program for services that were not rendered, as well as billing Medicaid for services, such as the dispensing of eye glasses deemed medically unnecessary to Medicaid recipients. In addition, LeBreton is charged with laundering more than $100,000 in Medicaid dollars after using the proceeds of her fraudulent activity at Eye Care Plus to pay her salary and that of other office staff to continue the criminal activity, as well as to make personal online shopping purchases and pay for veterinarian expenses.

An arraignment date has not yet been scheduled in the 19th Judicial District Court.

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Lisa M. Jaubert, MD

Rachel Stone Treuting, DO

NO/AIDS Task Force Recognized as FQHC

NO/AIDS Task Force has been designated as a Federally Qualified Health Center (FQHC) and named recipient of a major funding grant from the U.S. Department of Health and Human Services (HHS) to support the provision of high quality, patient-centered healthcare in seven metro New Orleans neighborhoods.

The award is part of the federal government's efforts to expand access to primary healthcare under the Affordable Care Act. NO/AIDS Task Force is one of four healthcare providers located in metropolitan New Orleans area to receive funding under the program. NO/AIDS Task Force's transition from an HIV/AIDS service organization to a community-based, primary healthcare provider began in 2008 when the Board recognized that many of the same barriers to care that existed for individuals and families living with and coping with HIV also existed in the broader community.

The new community health center will use proven interventions and evidence-based practices to improve outcomes for people living in a seven zip code area that includes Mid City (present home of NO/AIDS Task Force HIV primary care services), its historical base of the French Quarter, Marigny, Bywater, Treme and the 7th Ward, plus two contiguous 9th Ward neighborhoods in the Gentilly area.

The location of the new health clinic is under review, but plans call for the facility to be fully operational within 120 days of the Notice of Grant Award.

The funding grant for NO/AIDS Task Force to become a Federally Qualified Health Center totals $775,000. This amount is equal to 22.52 percent of the estimated total costs of the program. The remaining $2,666,888, or 77.48 percent, of the budget for the program will be financed by non-governmental sources.

The FQHC designation is awarded to community-based organizations that provide comprehensive primary and preventive care, including oral health and mental health/substance abuse services to persons regardless of their ability to pay or health insurance status.

Physical Medicine & Rehab Joins Physician Group

North Oaks Physical Medicine & Rehabilitation recently opened in the North Oaks Clinic Building on the North Oaks Medical Center campus in Hammond with Physiatrists Lisa M. Jaubert, MD, and Rachel Stone Treuting, DO, on staff.

As Physical Medicine and Rehabilitation Physicians, Drs. Jaubert and Treuting use non-surgical methods to treat illnesses or injuries that affect movement. They are experts in treating brain and spinal cord injuries, strokes, arthritis, carpal tunnel syndrome, and neck/back pain. They customize each patient's treatment plan in partnership with their other doctors.

Dr. Jaubert earned her medical degree and completed a physical medicine and rehabilitation residency through Louisiana State University in New Orleans. During her sports medicine fellowship, she provided acute medical care, rehabilitation and concussion management to college athletes. Dr. Jaubert also serves as Medical Director of North Oaks Rehabilitation Hospital in Hammond.

Dr. Treuting earned her osteopathic medical degree at Nova Southeastern University in Ft. Lauderdale, Fla. She also completed a residency in physical medicine and rehabilitation through Louisiana State University in New Orleans.

Rodriguez Receives Immunotherapy Award

Paulo C. Rodriguez, PhD, Assistant Professor – Research – of Microbiology, Immunology & Parasitology at LSU Health Sciences Center New Orleans' Stanley S. Scott Cancer Center, was selected as the 2013 recipient of the Presidential Award by the Society for Immunotherapy of Cancer (SITC). Established in 1991, the SITC Presidential Award is the most prestigious of the young investigator awards in immunotherapy, which are based upon excellence in quality of research and presentation, the strength of results and methods, and whether the reported research significantly advances the field of cancer immunotherapy. From among four candidates, the SITC leadership selects the young investigator making the most outstanding oral presentation of his/her work at the annual meeting to receive its Presidential Award. The award was presented to Dr. Rodriguez during the SITC 28th Annual Meeting.

Dr. Rodriguez's award-winning research identified a potential new therapeutic approach to make T cells, key cells of the immune system, resistant to the suppressive effect caused by tumors. T cells are a type of white blood cell that help the body fight infection and diseases, including cancer. Although it is known that cancer cells inactivate T cells, allowing tumors to grow unchecked, understanding how to prevent and overcome this process has been limited. Dr. Rodriguez studied the role of Notch, a family of receptors, in the suppression of T cell responses in cancer. By manipulating Notch-1 in transgenic mice with cancer, he found that increasing active Notch-1 levels in tumor-specific T cells dramatically enhanced their anti-tumor activity and rendered them resistant to immune suppression caused by tumors. Dr. Rodriguez's findings suggest that Notch-1 may be an effective new therapeutic approach for T cell-based immunotherapy.

Rodney E. Hillis, MD

Hillis Joins North Oaks Neurology Clinic

Neurologist Rodney E. Hillis, MD, recently joined North Oaks Neurology, a clinic of North Oaks Physician Group. Along with his colleagues, Drs. Patricio S. Espinosa and Socrates Zapata, Dr. Hillis specializes in the diagnosis and treatment of neurological conditions, including the evaluation and treatment of headaches, memory loss, seizures, neuropathy (numbness/weakness), tremors, strokes and other neuromuscular diseases and disorders.

Dr. Hillis comes to North Oaks with 11 years of prior experience practicing neurology in Florida and, most recently, Baton Rouge. He earned his medical degree through Louisiana State University Health Sciences Center in New Orleans. He completed his residency and a fellowship in electromyography (the recording of electrical activity of muscle tissue) through Tulane University School of Medicine in New Orleans.

All Smiles for the Tooth Bus

DentaQuest, the third largest dental benefits administrator in the country, recently donated $5,000 to the New Orleans Children's Hospital's Tooth Bus, a mobile dental office that provides free dental exams and other standard procedures to children in need in the New Orleans area.

In addition to providing dental treatment, The Tooth Bus also offers community education on promoting good dental health and hygiene and tips for preventing dental problems in children, such as dental caries (or cavities) which are five times more common than asthma in American children.

Clockwise from left, Marian Ulasiewicz, Tooth Bus Program Director; Jamie Robert, Tooth Bus Dental Assistant; Christina Medina, DentaQuest Executive Director; and Keela Dominick, DentaQuest LA Provider Relations Representative were all smiles in the Tooth Bus.

Honoré Earns National Public Health Excellence Award

Peggy A. Honoré, DHA, the AmeriHealth Mercy - General Russel Honoré Endowed Professor at the LSUHSC School of Public Health›s Health Policy & System Management Program, has been awarded the 2013 Excellence in Health Administration Award by the Health Administration Section of the American Public Health Association. The Excellence in Health Administration Award is given to someone who has advanced the practice of health administration through outstanding leadership and contributions working in management or an educational setting. It was presented to Dr. Honoré during the American Public Health Association annual meeting in Boston.

Dr. Honoré is also Director of the Public Health System, Finance, and Quality Program in the Office of the Assistant Secretary for Health at the U.S. Department of Health and Human Services. She leads national efforts to establish and implement concepts for quality in the public health system, advance research and competencies in the practice of public health finance, and promote public health systems research.

Dr. Honoré earned a Doctorate in Health Administration (DHA) with honors from the Medical University of South Carolina and Master of Health Administration (MHA) from Tulane University School of Public Health and Tropical Medicine. She holds a BS in Accounting. Dr. Honoré has received Professor of the Year Awards at multiple universities and is an honorary member of the Delta Omega Honor Society.

LSUHSC Celebrates 80 Years of Nursing Education

The School of Nursing at LSU Health Sciences Center New Orleans marks a milestone in 2013 – its 80th anniversary. In 1933, a program leading to the Bachelor of Science in Nursing Education degree was approved by the Louisiana State University. In 1935, three students graduated in the first class. Today, with an enrollment of 1,064 students among 12 undergraduate and graduate programs, the School of Nursing is the largest of LSU Health Sciences Center New Orleans' schools. Graduates of the school now number 8,203.

Louisiana's flagship nursing school, the LSUHSC School of Nursing is the only nursing school within

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PHOTO: PAT GARIN

From left to right are Arc volunteers Shirley Barecca, Mark Abshire, Alex Boudreaux; Nicole Blair, Director, Arc Enterprises; volunteer Polly Campbell; Cliff Doescher, Executive Director, Arc of Greater New Orleans; volunteer Judy Hoffmeister; Ann Christian, Director of Public Relations; Marc Chevis, Board President; and Louis Costello, Arc participant.

an academic health center in Louisiana. Students have the opportunity to interact with faculty and students in five other schools – medicine, dentistry, allied health professions, public health, and graduate studies – the disciplines that make up the healthcare team in professional practice and academics. Interdisciplinary learning is a unique trait of LSU Health Sciences Center New Orleans.

In addition to the RN to BSN program, the LSUHSC School of Nursing established the first doctoral nursing degree in the state in 1985 – the Doctor of Nursing Science – and now offers two Doctor of Nursing Practice degrees as well. The LSUHSC nursing school also developed innovative programs to help address special needs like nurse anesthesia and nursing shortages, including the Career Alternative RN Education, or CARE, program.

Arc of Greater New Orleans Wins Humana Grant

The Humana Foundation, the philanthropic arm of Humana Inc., has awarded a one-time, $100,000 grant to Arc of Greater New Orleans as part of the 2013 Humana Communities Benefit-New Orleans charitable giving program.

Arc, whose mission is securing opportunities for people with intellectual disabilities to develop, function and live to their fullest potential, plans to use its $100,000 Humana Foundation grant to renovate a facility that will serve as a community and health resource center for St. Bernard Parish and neighboring Orleans Parish. Arc will also use its St. Bernard Community Center to continue expansion of its health and fitness programs for adults with disabilities.

Arc of Greater New Orleans is now in its 60th year. Started in 1953 as the Association for Retarded Citizens, Arc's goal is to integrate those with intellectual disabilities into all aspects of their communities in Greater New Orleans. Today, Arc serves some 900 children, adults and their families in Jefferson, Orleans and St. Bernard Parishes.

LSUHSC's Noel Recognized Nationally

Dr. R. Adam Noel, Associate Professor of Pediatrics at the LSU Health Sciences Center New Orleans School of Medicine, was selected by the American Academy of Pediatrics as one of two recipients of the 2013 Outstanding Achievement Award. The award was presented by the Section on Epidemiology/Council on Community Pediatrics at the American Academy of Pediatrics annual meeting.

An LSUHSC pediatric gastroenterologist, Dr. Noel was honored for his work over the past two years on neodymium, or rare earth, magnets. After seeing several cases in a short period of time in his practice at Children's Hospital resulting from children swallowing these tiny, powerful magnets, he led an international effort to identify the incidence and dangers of these magnets to kids.

Dr. Noel was the principal investigator of the first large study on the issue, a landmark study he conducted with the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition that documented a drastic increase in cases and associated illness. His research results contributed to the US Consumer Product Safety Commission's action recalling neodymium magnet adult desk toys and lawsuits to compel companies to stop selling these magnet sets and comply with the recall. His work also led to similar work in Canada and abroad. At the same time, Dr. Noel has worked tirelessly to increase awareness of the dangers of these powerful magnets to protect children and families.

Saints' Lofton Visits Dental School for Big Turnover

New Orleans Saints inside linebacker, #50 Curtis Lofton, recently joined Dr. Joey Lacoste, President of Louisiana Dental Center and 1980 graduate of the LSUHSC School of Dentistry, to present a check to his alma mater for the fourth season of the Big Turnover Program.

Louisiana Dental Center, a private group dental practice, unites a commitment to support the LSUHSC School of Dentistry with its enthusiasm for New Orleans Saints football by pledging to donate, or turn over, $250 for every takeaway the Saints' defense creates. This year, Louisiana Dental Center presented a donation of $8,100 to Dr. Henry Gremillion, Dean of the LSUHSC School of Dentistry. The gift includes $3,750, the final payment of a $15,000 pledge to renovate and upgrade the preclinical teaching labs at the dental school, as well as $4,350 to support the LSUHSC Dental Summer Enrichment Program, an intensive program for undergraduate students from under-represented minorities or disadvantaged backgrounds to prepare them for dental school admission and improve the diversity of the dental profession serving Louisiana.

The LSUHSC School of Dentistry is the only dental school in the State of Louisiana and about 75% of the dentists practicing in Louisiana are its graduates. Many of the Louisiana Dental Center dentists are alumni.

New Orleans Company Wins App Challenge

Rebar Interactive, a New Orleans digital health company, won 1st place and a $100,000 prize in an app developer challenge. The announcement was made during the national Health 2.0 conference in Silicon Valley, where Rebar Interactive demonstrated its app live for attendees.

The ADHD Transitions Challenge, which was sponsored by Shire Pharmaceuticals and Health 2.0, invited the submission of technology solutions to aid young adults with ADHD. Rebar Interactive, in partnership with Omniscience Mobile, created the Traxion ADHD app in response. Traxion is based on proven ADHD management techniques, which have been re-imagined for the modern and mobile young adult. The app is the result of extensive research into the unique challenges of young adults with ADHD, including input from ADHD coaches, academic researchers, clinicians, parents, and patients.

"We found that young adults with ADHD were already using their mobile phones for ADHD management. However, they were using ill-suited tools scattered across multiple apps," said Rebar Interactive founder Rahlyn Gossen. "Traxion gives young adults with ADHD access to an integrated suite of productivity aids, personalized feedback, coaching, and behavioral modification elements uniquely tailored to their needs."

Shire's sponsorship of the ADHD app challenge is indicative of a larger "beyond the pill" trend in healthcare. "Digital health tools hold new potential to improve patient health outcomes," said Gossen. "With movement to an outcomes-based healthcare system, these tools will find increasing market demand among healthcare stakeholders."

Rebar Interactive is a specialty digital marketing and strategy company serving the clinical research industry. It works with pharmaceutical sponsors and clinical research organizations on clinical trial innovation and patient engagement initiatives. Rahlyn Gossen, Rebar Interactive's founder, is co-founder/co-chair of Health 2.0 New Orleans and was named an Emerging Leader by BioDistrict New Orleans.

Arriaga Appointed to LA Commission for the Deaf

Governor Bobby Jindal recently announced the appointment of Dr. Moises Arriaga to the Louisiana Commission for the Deaf. The Louisiana Commission for the Deaf serves to advocate for the needs and rights of people who are deaf, certify interpreters, promote and facilitate accessibility of all public and private services to people who are deaf, collect and disseminate information concerning people who are deaf, and maintain a registry of certified interpreters. Additionally, the commission›s duties include, but are not limited to, establishing and administering a statewide program to provide access to all public communications services for people who are deaf, deaf-blind or have other related impairments.

Dr. Moises Arriaga, of Metairie, is a Professor of Otolaryngology and Neurosurgery at LSU Health New Orleans and is the Medical Director of the CNC Hearing and Balance Center in New Orleans and Our Lady of the Lake Hearing and Balance Center and the Cochlear Implant Program at Children›s Hospital in New Orleans. Dr. Arriaga will be appointed to serve as a representative of professionals who work with deaf persons, as required by statute. ■

Resolving to Improve Every Day

As we embark upon a new year, many of us will begin to make resolutions and set goals for ourselves and our organizations. Eager to improve ourselves, we focus on our activities and strive to live healthier lifestyles, making plans and doing our best to stick with it throughout the year. As the state's health care agency, we too are constantly evaluating our programs and initiatives to ensure that we are doing the best we can every day.

In February of 2012, when we sat down with the Louisiana Legislative Auditor to review our Retail Food Inspection Program in the Office of Public Health, we asked the auditor's team to examine how we were inspecting restaurants, grocery stores and other food retailers. At the same time, we began a review of our own using a program commonly used in the private business world known as Lean Six Sigma. Both reviews allowed us to identify some areas in need of significant overhauls. We were willing and eager to make the improvements.

When the auditors released their plan in December 2012, their analysis found similar concerns to that of our own internal review – inspections were lagging behind, the program was missing high-risk establishments and we were not adequately following up on compliance orders issued for vendors with issues.

Our Office of Public Health Assistant

Kathy Kliebert is Secretary, Louisiana Department of Health and Hospitals

Secretary, J.T. Lane worked closely with the health inspectors to devise a strategy to completely reform the inspection program, which is charged with inspecting more than 34,000 establishments across the state. Just a few short weeks after the release of the audit, officials within the Department of Health and Hospitals announced several key changes and committed to making them over the next calendar year. Those included:

- Building and implementing a new electronic management tool to prioritize inspections, identify high-risk establishments and better manage the time of sanitarians conducting the inspections;
- Centralizing and standardizing the reporting process to allow follow-up visits and corrective action plans to be clearly outlined and implemented by health inspectors;
- Establishing a new set of performance metrics and evaluation tools for improving the morale and efficiency of the individual employees responsible for all food retailers by prioritizing quality of inspections over the sheer quantity; and
- Streamlining the procedures for compliance orders to ensure inspections are tracked by inspectors in order to carry weight and initiate change with retailers.

In November of 2013, we made another announcement regarding the retail food inspection program. This time, however, DHH proudly announced that we had completed all of the changes we committed to making. As of October 31, 2013, we have completely caught up on all outstanding inspections. The resolutions we made less than a year earlier proved to be promises kept. All of those inspections are posted online and available for the general public to review at www.EatSafe.La.gov.

I am extremely proud of the work our Public Health employees did to overhaul the system and as a direct result, they have improved the health and safety of all Louisiana citizens when they shop at a grocery store or eat dinner out with their families. Our health inspectors critically examined their own daily job responsibilities and methods for operating. Their ability to step back and take a critical look at their own work and find solutions to the problems is a testament to their dedication as public servants.

“Change can be difficult at times, but it is necessary for improvement. We want to ensure that we are operating in the best, most effective way possible so that we may be wise stewards of public dollars intended to serve the vulnerable and those most in need within our communities.”

The changes made are also evidence that we are willing and able to improve the way we operate as an agency. We want to know where we are challenged. We want to know where our weak spots are so that we can fix them. We want the opportunity to make resolutions and work to fulfill them in an open and accountable way.

We already know of certain areas within the Department that we need to change. There are some significant new policies and procedures we will be implementing in our Special Supplemental Nutrition Program for Women, Infants, and Children program, commonly called WIC. The WIC program staff is currently coordinating major changes, working closely with the federal USDA. We are also working to rethink how we prioritize the waiting lists for many of our waiver services and how we provide assistance and care for individuals with developmental or age-related disabilities. As we make plans for such changes, we are seeking guidance from an advisory group of recipients, parents, stakeholders, and providers to ensure that any changes will meet the needs of those individuals in need of long term supports and services.

Change can be difficult at times, but it is necessary for improvement. We want to ensure that we are operating in the best, most effective way possible so that we may be wise stewards of public dollars intended to serve the vulnerable and those most in need within our communities.

As 2014 gets started and many of us make our New Year’s resolutions, know that we will be making changes of our own at DHH to improve our systems, to provide better care given our resources, and to ensure the health and safety of Louisiana citizens. ■

By Cindy Munn

Shared Thoughts
FROM THE SUMMIT

The Louisiana Health Care Quality Forum's 2013 Fall Summit, "Health Care Reform and You: Professional Viewpoints," was held in Baton Rouge this fall to educate key stakeholder groups about the impact of the Affordable Care Act (ACA) on Louisiana. I wanted to share some of the highlights of the summit with you.

The event featured Sheila Burke, Senior Public Policy Advisor with Baker Donelson's Washington, DC office, as the keynote speaker. Burke's career includes more than 19 years on Capitol Hill and involvement with numerous legislative issues related to Medicare, Medicaid, Maternal and Child Health programs, and previous legislative efforts to reform health care.

According to Burke, all stakeholders must "stay up to date" on the ACA, its changes and the implementation regulations for employers, consumers, and insurers.

"Everything changes on a daily basis," she said, adding that challenges vary among stakeholder groups. For consumers and employers, challenges include affordability of premiums and cost-sharing; adequacy of coverage; access to care; enforcement of mandates; and coverage enrollment.

"We're seeing increasing concerns about people losing coverage that they've had in the past and thought they could keep. That's what they were promised, but we're finding out that increasingly, that's not the case. I think prices are also a challenge – whether or not people can afford coverage, how that will go forward, and what choices they have available to them."

For providers, said Burke, challenges include understanding and meeting new requirements; increased demand; possible payment reductions; and reorganization of care delivery. The challenges for the federal government are regulatory burden and capacity and oversight requirements.

"I think one of the negatives is the complexity – the issues that have arisen with the exchange and the sheer magnitude of the role of the federal government," she added.

The lion's share of the challenges fall on the states, said Burke. States face new responsibilities related to administration, financing, and private insurance; creation of exchanges; regulation enforcement; outreach and enrollment; integration of Medicaid with exchanges; Medicaid expansion; establishment of provider networks; increased infrastructure and capacity; and creating and

Cindy Munn is Executive Director, Louisiana Health Care Quality Forum

"I think one of the negatives is the complexity – the issues that have arisen with the exchange and the sheer magnitude of the role of the federal government."

Sheila Burke

defining essential health benefits (EHBs).

However, there are "positives" about the ACA, Burke noted. "I think the positives are an attempt to try and reform the individual market to make it more affordable for individuals and small businesses, and certainly some of the insurance reforms that get rid of pre-existing condition exclusions to make coverage more available to families."

The summit also featured a panel discussion among David Callecod, FACHE, President/CEO of Lafayette General Health; Vincent Culotta, Jr., MD, President of the Louisiana State Medical Society (LSMS); Raymond A. Peters, SPHR, Vice-President of Human Resources and Marketing for RoyOMartin Lumber Co.; and Carol A. Solomon, CEO of Peoples Health. The panelists provided insight on the ACA's impact on their individual fields.

For Callecod, the primary concern about the ACA has been, "How do we become the provider of the highest quality and overall lowest cost of care?" He said the ACA is taking the health care system from a model of fragmented care with little health information technology (IT) and adversarial payers to one based on accountable care, fully wired systems, and payer partners.

"The focus is on providing the right care in the right setting at the right time," said Callecod, noting that the implementation of health IT is a key factor in achieving that goal. "Within the Lafayette General Health System, we've been focused on investing in health IT. We need to know the tests, the results, the outcomes these patients have had in a variety of settings in order to be able to drive down the cost of care, to be a high quality-low cost provider."

Callecod said he anticipates that, because of the issues surrounding the debut of the sign-up website, "There will be far fewer people insured than expected, which is going to put a lot of pressure on providers as we get the benefit of the cuts from Medicare and Medicaid this year."

Culotta agreed that providers will be among those to feel the greatest strain of the ACA. He said the primary concerns of the LSMS are the absence of implementation guidelines, the "increase in federal bureaucracy," postponed implementation deadlines and confusion among patients and physicians.

"The cost of maintaining a practice may mean fewer physicians will accept Medicare or Medicaid, which will lead to a reduction in access to physicians for patients," he said, noting that Louisiana already has a shortage of physicians in rural areas with large Medicaid populations. "We want to keep the

Vincent Culotta, Jr., MD

David Callecod

"The idea is to build an individual insurance marketplace that can be accessed by a lot more people and a lot more people can access federal help to make sure they get good health insurance. The challenge is getting it all up and running."

positive elements of the ACA...let's keep what works and fix what's broken."

Culotta added, "I think the ACA has incited a certain amount of fear and concern about the cost of implementation. I think it's very scary to a lot of physicians. I think most physicians will see more patients as a result of the Affordable Care Act, but they'll get paid less per unit of work."

Solomon, too, agreed that providers, particularly primary care physicians, will face "the biggest impact" under the ACA. "There's a lot of change going on in their offices and in the way they practice and in the delivery system. We need to be sensitive to that, and for myself and all of us who are payers, we really need to work together to develop partnerships to make this successful."

The ACA will also change the way providers must view preventative care, Solomon added. "The ACA is focused on preventative care, and that's a big change, unfortunately, for providers and for members. We have dedicated physicians who love what they're doing, are good at what they're doing and care about their patients. But we need to help them do these things. I truly believe that this is what we're looking at in the future – more partnerships between payers and providers."

Peters, providing the employers' perspective on the ACA, said the legislation brings many "unintended consequences" to employees. "Everything about the ACA defies all prior rules and principles of underwriting. You cannot go out and say, 'We're going to give you these 10 or 15 benefits at 100 percent and your costs are going to go down.' It's becoming clear that individuals who join the exchanges will likely have to change their physicians, change their plans, and then experience a much longer wait (for care)."

For employers, the ACA's greatest challenge is "the unknown," he said. "Today, as a lot of the regulations are still evolving and changing, we really don't know what the platform is going to look like. The challenge, for employers, is really about how to get the platform stabilized so we can conduct business."

The summit closed with the remarks of Michael Bertaut, Health Care Economist and Exchange Coordinator for Blue Cross and Blue Shield of Louisiana, who summarized the impact of the ACA's regulations.

"The act is a very large piece of legislation. It has spawned over 20,000 pages of regulations to tell us how to put it in place. The idea is to build an individual insurance marketplace that can be accessed by a lot more people and a lot more people can access federal help to make sure they get good health insurance. The challenge is getting it all up and running. We're in the very early stages and it's going to be a month or two before things smooth out."

However, said Bertaut, there is a need for increased access to health care coverage for U.S. residents.

"There are a lot of people with undiagnosed health conditions. A lot of times, you can have these conditions and you feel fine, but you could be headed for a heart attack or a stroke or diabetes. Primary care is essential to detecting these things," said Bertaut. "When people have insurance, we've learned they are much more likely to seek out a primary care doctor when they feel bad. Doctors will check for these issues and help monitor these conditions."

The key for consumers, he added, is "patience."

"Healthcare.gov is a work in progress. It's going to take a little time to work the bugs out, but when it's up and running, and you can get in there and file an application, you are going to find very good insurance underneath," he said. ■

To view the speakers' presentations or to watch the video of the summit, visit http://lhcqf.org/news/lhcqf-events.

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By David W. Hood

Can Obamacare
REDUCE HEALTH COSTS?

The Affordable Care Act contains several provisions aimed at reducing the rate of increase in spending by the U.S. healthcare system, which now carries a price tag exceeding $3.0 trillion (almost 20% of the entire economy). A debate among economists, healthcare advocates, and politicians has ensued with a plethora of data and projections that show Obamacare is either winning or losing the battle against overspending in the world's most expensive healthcare system.

While the computer enrollment fiasco still occupies center stage in the national media, the spending issue is no less important because of its impact on the nation's economy, as well as the price of access (or lack of access) to care that must be borne by our citizens. Furthermore, we spend two and one-half times the average amount spent by the world's richest industrialized democracies. All that money does little to provide all of our citizens better health. Instead we lag behind in many performance measures, notably lack of coverage. Other wealthy nations provide 100% coverage but the U.S. allows more than 50 million people (about 15% of the population) to be without health insurance of any kind.

Two highly respected publications (the *New England Journal of Medicine* and the *National Bureau of Economic Research*) have now weighed in on this subject. Both provide excellent clarity and insight on a topic that is sometimes difficult to grasp yet essential for everyone working in healthcare to understand. Both concede that it is too early for accurate projections and the NBER article quotes famous economist John Kenneth Galbraith to help make the point: "There are two types of forecasters: those who don't know and those who don't know they don't know." I have included summaries of the articles below:

Health Care Spending—A Giant Slain or Sleeping? (December 26, 2013)
New England Journal of Medicine, David Blumenthal, MD, MPP, Kristof Stremikis, MPP, MPH, and David Cutler, PhD.

Introduction

"The health care system is confronting a shocking surprise: slow growth in cost. According to U.S. government actuaries, real spending for health care increased a scant 0.8% per person in 2012, slightly less than the real gross domestic product (GDP) per capita. In contrast, since 1960, spending has increased an average of 2.3 percentage points more than GDP growth. The yearly gap between increases in health spending and GDP growth explains why national health expenditures jumped from 5% of the GDP in 1960 to 18% in 2011. The recent moderation in spending is good news for payers of the health

David W. Hood is Former Secretary (1998-2004) Louisiana Department of Health and Hospitals

care bill, but analysts are divided about what to make of it. On the one hand, some believe that the Great Recession of 2007–2009 and the nation's very slow recovery can explain ebbing increases in health care costs. Writing recently in the Journal, Fuchs described how – with rare exceptions – trends in health spending have always tracked with trends in the general economy. The implication is that health care costs will probably surge as the economy recovers.

On the other hand, some analysts (including one of us) believe that the slowdown exceeds what trends in the GDP would predict and that the past may no longer be prologue. They theorize that public and private efforts to control health spending, including features of the Affordable Care Act (ACA), may finally be working."

Is This Time Different? The Slowdown in Healthcare Spending (December 2013) *National Bureau of Economic Research*, Amitabh Chandra, Jonathan Holmes, and Jonathan Skinner

Abstract

"Why have health care costs moderated in the last decade? Some have suggested the Great Recession alone was the cause, but health expenditure growth in the depths of the recession was nearly identical to growth prior to the recession. Nor can the Affordable Care Act (ACA) take credit, since the slowdown began prior to its implementation. Instead, we identify three primary causes of the slowdown: the rise in high-deductible insurance plans, state-level efforts to control Medicaid costs, and a general slowdown in the diffusion of new technology, particularly in the Medicare population. A more difficult question is: Will this slowdown continue? Here we are more pessimistic, and not entirely because a similar (and temporary) slowdown occurred in the early 1990s. The primary determinant of long-term growth is the continued development of expensive technology, and there is little evidence of a permanent slowdown in the technology pipeline. Proton beam accelerators are on target to double between 2010 and 2014, while the market for heart-assist devices (costing more than $300,000) is projected to grow rapidly. Accountable care organizations (ACOs) and emboldened insurance companies may yet stifle health care cost growth, but our best estimate over the next two decades is that health care costs will grow at GDP plus 1.2 percent; lower than previous estimates but still on track to cause serious fiscal pain for taxpayers and workers who bear the costs of higher premiums."

Both reports seemed somewhat hesitant in making definite forecasts on whether Obamacare will be a major factor in holding back rising healthcare costs when the overall economy finally takes off. The NBER report did, however, admit pessimism that Obamacare was unlikely to restrain costs in the healthcare technology sector. Items such as proton beam accelerators and $300,000 heart-assist devices are on schedule to grow rapidly during the next few years. For that reason, and others, NBER forecasts cost growth at 1.2% above gross domestic product (GDP) for several years, a sign that faith in Obamacare is waning with some groups.

Perhaps the most blunt assessment on the topic came from a *New York Times* story by Elisabeth Rosenthal, an investigative reporter who spent several months examining the hospital cost conundrum and other mysteries of healthcare pricing.

Health Care's Road to Ruin (December 21, 2013) *New York Times*, Elizabeth Rosenthal.

Excerpt

"The nation is fundamentally handicapped in its quest for cheaper health care: All other developed countries rely on a large degree of direct government intervention, negotiation or rate-setting to achieve lower-priced medical treatment for all citizens. That is not politically acceptable here. "A lot of the complexity of the Affordable Care Act arises from the political need in the U.S. to rely on the private market to provide health care access," said Dr. David Blumenthal, a former adviser to President Obama and president of the Commonwealth Fund, a New York-based foundation that focuses on health care.

With half a billion dollars spent by medical lobbyists each year, according to the Washington-based Center for Responsive Politics, our fragmented profit-driven system is effectively insulated from many of the forces that control spending elsewhere. Even Medicare is not allowed to negotiate drug prices for its tens of millions of beneficiaries, and Americans are forbidden by law to re-import medicines made domestically and sold more cheaply abroad.

And so American patients are stuck with bills and treatment dilemmas that seem increasingly Kafkaesque. The hopeful news is that American health care spending has grown at a slower pace over the past four years. While that is partly because of the recession, economists say, many credit the cost containing forces unleashed by Obamacare with a significant assist. Even at that rate, many models suggest that nearly 25 percent of gross domestic product will be eaten up by health care in 20 years. That is not sustainable.

But after a year spent hearing from hundreds of patients...I know, too, that reforming the nation's $2.9 trillion health system is urgent, and will not be accomplished with delicate maneuvers at the margins. There are many further interventions that we know will help contain costs and rein in prices. And we'd better start making choices fast."

It's time for Americans to unite and make the Affordable Care Act work. Efforts to reform healthcare started more than 100 years ago and we finally have an opportunity. Reducing unnecessary cost and providing care for those in need should never be divisive issues. Surely we can agree on that. ■

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HOSPITAL Rounds

HOSPITAL NEWS & INFORMATION

HOSPITAL ROUNDS

Local Hospitals Earn Joint Commission Recognition

Several local hospitals have been named Top Performers on Key Quality Measures® by The Joint Commission, the leading accreditor of healthcare organizations in America. Among those were Lakeview Regional Medical Center, Ochsner-St. Anne, and Chabert Medical Center. The hospitals were among just 1,099 hospitals in the U.S. earning the distinction of Top Performer on Key Quality Measures for attaining and sustaining excellence in accountability measure performance.

Lakeview Regional was recognized for its achievement on the following measure sets: acute myocardial infarction, congestive heart failure, pneumonia care, and a surgical care improvement project. Lakeview Regional was the only hospital in the Greater New Orleans area to be recognized three years in a row on four key quality measures.

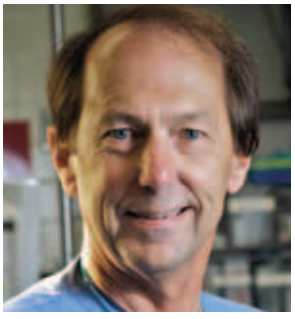
Ochsner St. Anne was recognized for its achievement in pneumonia and surgical care and Chabert was recognized in heart attack, heart failure, pneumonia and surgical care.

Liner Honored as North Oaks Physician of the Year

General Surgeon Jeff Liner, MD, has received the 2013 North Oaks Health System's Physician of the Year Award for exceptional dedication to serving others, leadership, performance excellence and the community. The Medical Executive Committees for North Oaks Medical Center and North Oaks Rehabilitation Hospital select a Physician of the Year annually based on nominations from North Oaks employees, volunteers and physicians.

Nominations described Dr. Liner as an effective medical staff leader, who is supportive of and well respected by his colleagues. Nominations also applauded his caring attitude and quality focus.

Dr. Liner is certified by the American Board of Surgery and has been a member of the North Oaks Medical Staff since 1981. He practices with Liner & Lewis Surgical Associates in Hammond. After earning his medical degree at Louisiana State University School of Medicine, he completed an internship and residency at LSU Health Sciences Center, all in New Orleans.



Jeff Liner, MD

Dr. Liner has served in numerous physician leadership roles at North Oaks Medical Center. Most recently, he served as Surgery Department Chairman and as a member of the Professional Peer Evaluation Committee. Previous Medical Executive Committee roles also have included Chief of Staff, Secretary/Treasurer, Chairman of the Blood and Procedures Committee, and member of the Bylaws and Credentials Committee and Surgery Steering Committee.

Emergency Experts Collaborate on Preparedness

The Jewish Federation of Greater New Orleans, in coordination with Jones Walker LLP, Acadian Ambulance Service, Ochsner Health System, Touro Infirmary, Children's Hospital, Louisiana State University Health Sciences Center, and Tulane University Medical Center brought together crisis management experts and emergency medical responders from New Orleans and Israel to share best-practices and lessons learned over the course of a week in December. Professionals from both countries met to hold workshops, site visits, and panels. Topics included operational readiness, hospital evacuation, temporary medical facilities, pandemics, terrorist response, and hazmat containment.

The Israeli delegation included Avi Rivkind, best known as the doctor who mentored the trauma team on blast injury treatment/triage at Massachusetts General Hospital before the Boston Marathon bombing.

STPH Announces 2014 Medical Executive Committee

St. Tammany Parish Hospital recently announced that the following physicians will serve as the 2014 Medical Executive Committee officers:

- Chief of Staff: Dr. Joseph Landers
- Vice Chief of Staff: Dr. Michael Hill
- Secretary/Treasurer: Dr. Robert Faucheux
- Past Chief of Staff: Dr. David Powers
- Staff Representative to the STPH Board of Commissioners: Dr. Katherine Williams
- Members-at-Large: Dr. David Cressy, Dr. Michael Iverson, Dr. Russell Wardlaw

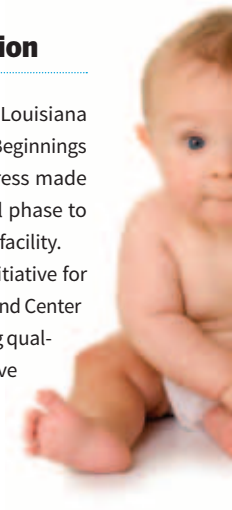
The following physicians will serve as department chairmen and vice chairmen:

- Cardiology Committee Chairman: Dr. Hamid Salam
- Vice Chair: Dr. George Isa
- Emergency Services Chairman: Dr. Michael Isabelle
- Vice Chair: Dr. Daniel Jones
- Medical Services Committee Chairman: Dr. Craig Seicshnaydre
- Vice Chair: Dr. Joseph Bobrowski
- Obstetrics/Gynecology Committee Chairman: Dr. Patricia Braly
- Vice Chair: Craig Landwehr
- Pediatrics Committee Chairman: Dr. Amar Dave
- Vice Chair: Dr. Judith Zatarain
- Surgical Services Committee Chairman: Dr. Mark Dominguez
- Vice Chair: Dr. Roch Hontas
- Credentials Committee Chairman: Dr. Patrick Torcson
- Cancer Committee Chairman: Dr. Patricia Braly.

Local Hospitals Work for "Baby-Friendly" Designation

DHH Secretary Kathy Kliebert visited Louisiana hospitals participating in the Best Fed Beginnings initiative recently to assess the progress made as each hospital approaches the final phase to become a designated "Baby-Friendly" facility.

Best Fed Beginnings is a National Initiative for Children's Healthcare Quality (NICHQ) and Center for Disease Control (CDC) breastfeeding quality improvement initiative collaborative



to improve maternity care and increase the number of "Baby-Friendly" hospitals in the U.S. Only 89 hospitals across the country were selected to participate in this initiative, including four Louisiana hospitals, Terrebonne General Medical Center, East Jefferson General Hospital, Tulane Lakeside Hospital, and Opelousas General Medical Center.

Each of the four hospitals has made significant improvements in the number of mothers that receive evidence-based practices such as immediate skin-to-skin contact after birth, no separation of mom and baby throughout the hospital stay, and exclusive breastfeeding during the hospital stay.

The Best Fed Beginnings initiative hopes to increase Louisiana's breastfeeding rate to reduce the health risks for mothers and children associated with not breastfeeding. The benefits of breastfeeding are dose-related; the more breast milk a baby receives, the greater the protection for both mother and baby.

For more information about DHH initiatives, please visit www.dhh.la.gov or contact the Bureau of Family Health at 504-568-3504.

Remote Patient Monitoring in Place at SMH

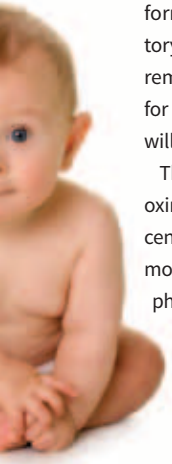
In the past, the only way for physicians and nurses to view patient device data was at the bedside or central monitoring station. Now, clinicians at Slidell Memorial Hospital (SMH) can monitor patients on mechanical ventilators or pulse oximeters remotely from laptops or smartphones with a new virtual patient monitoring system.

"SMH is the first hospital in the nation to deploy the Vital Sync™ virtual patient monitoring platform (2.2) from Covidien," said SMH Respiratory Therapy Director Jeremy Kenyon. This new remote monitoring system was first introduced for intensive care unit patients at SMH, but soon will be used throughout the hospital.

The Vital Sync platform sends ventilator, pulse oximeter and capnography data wirelessly to the central station or to the clinician's Web-enabled mobile device, such as a laptop, tablet or smartphone. With the ability to view patient data from a mobile device connected to the hospital network, clinicians have near-real time notification of changes in ventilator settings and oxygenation, and can intervene promptly. The clinical staff can monitor data that may indicate respiratory distress, get visual and audible alerts for ventilators and also see patient status, data and trends.

The remote monitoring system is software-based, which enables SMH to add more functions and layers of data in the future. Because clinicians use existing devices to connect remotely, all data transmission follows hospital protocols, ensuring patient privacy.

The Vital Sync™ Informatics Manager and Virtual Patient Monitoring Platform are intended to supplement and not to replace any part of the hospital's device monitoring.



Ochsner Baptist Women's Pavilion's first baby, Scott Stafford Crayne, born to parents Randy and Courtney Crayne.

Ochsner Baptist Opens Women's Pavilion

Ochsner Baptist officially opened its new $40 million Women's Pavilion in December. Ochsner moved the women's services departments located at Ochsner Medical Center on Jefferson Highway to Ochsner Baptist.

The Women's Pavilion occupies three floors of Ochsner Baptist hospital. The 4th floor houses The Perkin Alternative Birthing Center and Maternal Fetal Medicine; the 5th floor houses NICU; and the 6th floor houses Labor and Delivery and Post Partum Mother/Baby care. All OB/Gyn clinics are located in the McFarland Medical Plaza adjacent and connected to the Women's Pavilion.

Ochsner Health System delivers over 6,000 babies per year (across all of its hospitals). With the new Women's Pavilion, Ochsner will now be able to accommodate approximately 1000 more deliveries per year at Baptist. There are 9 Labor and Delivery Rooms, 4 operating rooms, 38 rooms made up of ante-partum, high risk, and post-partum rooms and a 23 bassinet nursery. The new mother/baby post-partum suites are at least 50 percent larger than the biggest room at Jefferson Highway. These newly-designed accommodations provide generous space for mother, family members and visitors.

The new Perkin Alternative Birthing Center (ABC) is the only hospital-based alternative birthing center in the region. A staff of three Certified Nurse Midwives will provide mothers with a natural, holistic birth experience in a homelike environment with comfortable beds and birthing tubs. Each birthing suite in the ABC will have a kitchenette for the patient and family as well as a kitchen adjacent to the family waiting rooms for the extended families to use. Each ABC room has a birthing tub (also available in two L&D rooms on the 6th floor), birthing balls, birthing chairs, and a yoga swing to assist mom while she is laboring.

The NICU is a Level 4 (according to American Academy of Pediatrics) and Level 3 Regional (in Louisiana) meaning it can accommodate the most high risk babies from across the region. There are 26 open bays, which offer more space and privacy for families than previous rooms, as well as 17 private rooms, 4 double rooms (for twins) and 3 rooming-in rooms for families with multiples. The new 54-bed space will allow room for 29% more NICU patients. For those parents who can't be with their babies every minute, the Nicview webcam service is available free of charge so families can keep an eye on their babies from a smartphone day or night.

The Ochsner Baptist Women's Pavilion welcomed its first baby just hours after the move from Jefferson Highway was completed. Scott Stafford Crayne weighed seven pounds and five ounces and was 20.5 inches long. Parents Courtney and Randy Crayne were excited to learn their first child was the first baby born at the Women's Pavilion, but said their "little guy was especially excited because now he has a claim to fame!"

HOSPITAL ROUNDS

Graduates from the STPH Nursing Residency Program.

Five Graduate from STPH Nursing Residency Program

St. Tammany Parish Hospital has recognized five registered nurses who recently completed the Nursing Residency Program: Michelle Aceves, Ashlee Renee Archibald, Kelsey Cannon, Caitlyn Monroe, and Regina Pounds.

The Nursing Residency Program was created in 2011 to offer recently graduated nurses the opportunity to build a solid professional foundation through mentoring in the area of skills development, clinical decision making, and teamwork. Since its inception, 27 nurses have completed the program.

Tulane Gaining on Green Goals

In April Tulane Medical Center launched a new program that focuses on reducing potential environmental impact from hospital waste and is now reporting measurable positive results. Tulane has joined other U.S. hospital leaders that since 1986 have kept nearly 140 million sharps containers out of landfills which is the equivalent of not burning 9.8 million gallons of gas.[1] These leaders are increasing their commitment to air and water quality based environmental leadership.

The new services that started in April have helped prevent the emissions of 16,440 pounds of carbon dioxide by not putting 28,176 pounds of plastic and 1,254 pounds of cardboard into landfills by not using disposable sharps containers These numbers equate to not burning 846 gallons of gas or 312 BBQ propane tanks. One Bio Systems reusable sharps container keeps an average of 600 disposable sharps containers from going to the landfill.

These changes are a way Tulane stays ahead of regulatory compliance while also reducing costs to reinvest the savings in more healthcare programs that benefit staff, patients and the community.

[1] http://www.stericycle.com/carbon-footprint

Lakeview Adds daVinci

Lakeview Regional Medical Center has invested in the latest robotic technology with the recent installation of the da Vinci® Si™ Surgical System for use in a wide variety of minimally invasive surgeries. This advanced technology, using four robotic arms and a magnified 3D high-definition vision system, provides surgeons with unparalleled precision, control and access to hard-to-reach areas, allowing complex operations to be performed through just a few small incisions.

As an alternative to open surgery, the da Vinci® robot provides many benefits for the patient, including less pain, fewer complications, smaller scars, a reduced risk of infection, a shorter hospital stay, and a quicker return to normal activities. With a proven track record for safety, physicians have used the da Vinci® System successfully worldwide in approximately 1.5 million various surgical procedures to date.

Patients facing surgery for chronic pelvic pain, vaginal prolapse, or endometriosis are potential candidates for this type of surgery, as well as patients needing urological and general surgery procedures.

EJGH Receives 5th Consecutive GWTG Gold Award

East Jefferson General Hospital has once again been honored for excellence in cardiac care by the American Heart Association through the 'Get With The Guidelines' (GWTG) quality program. EJGH says it is the only hospital in the state to receive the following awards:

- 5th consecutive GWTG Heart Failure Gold Performance Achievement Award
- GWTG Heart Failure Gold-Plus Award, indicating an advanced level of recognition
- Member of the Heart Failure Honor Roll, signifying advanced level of heart failure awareness, prevention and treatment.

The 'Get With The Guidelines' program is a quality improvement initiative that provides a hospital staff with the tools that follow proven, evidence-based guidelines and procedures in caring for heart failure patients. Earning the Gold Performance Award means that a hospital has met the core standard levels of care developed by the American Heart Association and the American College of Cardiology for at least 24 consecutive months.

As defined by the American Heart Association, heart failure patients under the 'Get With The Guidelines' initiative are started on aggressive risk reduction therapies such as cholesterol-lowering drugs, beta-blockers, aspirin, diuretics, and anticoagulants while in the hospital. In addition, patients receive counseling and referrals for cardiac rehab, smoking cessation, and other health education specific to their care.

Cancer Center Announces New Leadership

Mary Bird Perkins Cancer Center at St. Tammany Parish Hospital announced Robert A. Leonhard Jr. its new cancer center administrator, responsible for development and operations of the comprehensive cancer center.

Leonhard, an experienced professional with over 20 years of senior leadership and consulting experience with special emphasis on fiscal, resource, and operational management, has led several specialty hospitals in New Orleans and Ohio as CEO or COO. He joins the Cancer Center from LSU Pennington Biomedical Research Center where he was quality improvement manager with oversight of all quality improvement projects associated with a multi-organization project.

Leonhard received his bachelor's degree in cardiopulmonary sciences from Louisiana State University's School of Allied Health Professions, and his master of business administration from Tulane University's A.B. Freeman School of Business.

West Jefferson Earns GWTG Stroke Gold Plus

West Jefferson Medical Center (WJMC) has received the American Heart Association/American Stroke Association's Get With The Guidelines®-Stroke Gold Plus Quality Achievement Award. The award recognizes WJMC's commitment and success in implementing excellent care for stroke patients, according to evidence-based guidelines.

To receive the award, West Jefferson achieved an 85 percent or higher adherence to all Get With The Guidelines-Stroke Quality Achievement indicators for two or more consecutive 12-month intervals and achieved 75 percent or higher compliance with six of 10 Get With The Guidelines-Stroke Quality Measures, which are reporting initiatives to measure quality of care. These measures include: aggressive use of medications, such as antithrombotics, anticoagulation therapy, deep vein thrombosis prophylaxis, cholesterol reducing drugs, and smoking cessation, all aimed at reducing death and disability and improving the lives of stroke patients.

In addition to the Get With The Guideline-Stroke award, WJMC has also been recognized as a recipient of the association's Target: Stroke Honor Roll, for improving stroke care. Over the past quarter, at least 50 percent of the hospital's eligible ischemic stroke patients have received tissue plasminogen activator, or tPA, within 60 minutes of arriving at the hospital (known as 'door-to-needle' time). A thrombolytic, or clotbusting agent, tPA is the only drug approved by the U.S. Food and Drug Administration for the urgent treatment of ischemic stroke. If given intravenously in the first three hours after the start of stroke symptoms, tPA has been shown to significantly reverse the effects of stroke and reduce permanent disability.

EJGH PET Fusion Center Accredited

East Jefferson General Hospital announced that its PET Fusion Center, located in the Yenni Pavilion, has been awarded a three-year term of accreditation in PET/CT (positron emission tomography/computed tomography) by the American College of Radiology (ACR). The ACR gold seal of accreditation is awarded only to facilities meeting the highest level of image quality and patient safety standards, and is the result of an extensive review of facility image quality, personnel qualifications, imaging equipment, quality control, and quality assurance programs.

Salles Appointed LHA CEO

The Louisiana Hospital Association (LHA) announced that Paul A. Salles has been named the association's next President and Chief Executive Officer. Salles assumed the President and CEO role on January 1, 2014. Salles will replace John Matessino who has served the LHA for thirty-three years.

As President and CEO of the LHA, Salles will work closely with the Board and membership on the development and implementation of the strategic vision and plan for the Association. Working creatively to generate new ways to add value, he will continue to position the LHA as a leader in state policy circles, conceptualize new programs or other opportunities for revenue, and generally work to advance the interests of its members.

Salles previously served as Executive Vice President at the LHA, and the President and CEO of the Metropolitan Hospital Council of New Orleans (MHCNO).

Robert A. Leonhard Jr.

Paul A. Salles

Salles holds a bachelor's degree in business administration in finance from Belhaven College, and a master's degree in business administration in finance from the University of New Orleans.

Lakeview Offers Pelvic Rehabilitation

Lakeview Regional Medical Center provides a full spectrum of women's healthcare services, including gynecology and obstetrics, advanced imaging for breast health, and now rehabilitation for pelvic floor dysfunction, including both pelvic pain and incontinence. Chronic pelvic pain is one of the most common medical problems affecting women, while urinary incontinence affects 25 million Americans, of which 75% - 80% are women.

Katie Baird, PT, DPT is a therapist at Lakeview Regional Medical Center's Rehabilitation Department with specialized, advanced training in pelvic floor rehabilitation. Baird works closely with the medical team to provide an evidence based,

HOSPITAL ROUNDS

Megan Brown cuddles her son Norman Ray Selders, V, in a handmade quilt donated by Quilts for Kids, Inc. With Brown and Selders are Quilts for Kids, Inc. Representative Donna Rhodes and North Oaks Children's Services Unit Coordinator Meredith Templin.

multidisciplinary approach that is tailored to meet individual needs for healing pelvic floor dysfunction. Lakeview Regional's Rehabilitation Department is the only therapy center in the area to provide this unique service that caters to the special needs of women. In many cases, rehabilitation is an excellent option for patients who wish to avoid surgery.

Baird received her Bachelor of Science degree from Vanderbilt University and her Doctorate of Physical Therapy from the University of Tennessee Health Science Center. She recently began the CAPP (Certificate of Achievement in Pelvic Physical Therapy) certification process for Women's Health physical therapy through the American Physical Therapy Association.

Quilts Warm North Oaks Pediatric Patients

To help make the hospital stay less frightening for children, the Quilts for Kids organization recently delighted North Oaks Medical Center Pediatrics Unit patients and their parents with a donation of 20 handmade quilts. The quilts were made by the students of Quilts for Kids' Representative and Home Economics teacher Donna Rhodes at Bonifay Middle School in Bonifay, Florida.

The quilts are made in the name of Quilts for Kids, a non-profit organization of volunteer quilters who transform fabrics into quilts to comfort children in need. Rhodes' sixth, seventh, and eighth grade students sewed the quilts as part of a community service project. Each quilt is made with fabric chosen by the student and packaged with a handwritten note and picture from the student to the recipient.

Quilts for Kids was founded in August 2000 by Linda Arye, whose daughter was hospitalized and unable to have her favorite stuffed animal to hold on to because of allergens. The experience inspired Arye to use discontinued designer fabrics to make washable patchwork quilts for children in need. Quilts for Kids now has more than 100 chapters and distributes quilts to children's hospitals and shelters across North America. For more information about Quilts for Kids, visit www.quiltsforkids.org.

Tulane Receives Advanced Certification for Stroke Center

Tulane Medical Center was the first hospital in Orleans Parish to earn Comprehensive Stroke Center accreditation. Tulane's Stroke Program has been recognized by The Joint Commission and the American Heart Association/American Stroke Association (AHA/ASA) as meeting The Joint Commission's standards for Disease-Specific Care Comprehensive Stroke Center Certification.

Comprehensive Stroke Center Certification recognizes those hospitals that have state-of-the-art infrastructure, staff, and training to receive and treat patients with the most complex strokes. Tulane Medical Center underwent a rigorous onsite review. Joint Commission experts reviewed Tulane's compliance with the Comprehensive Stroke Center standards and requirements including advanced imaging capabilities, 24/7 availability of specialized treatments, and staff with the unique education and competencies to care for complex stroke patients.

For more information on The Joint Commission and American Heart Association's Advanced Certification for Comprehensive Stroke Center visit http://www.jointcommission.org/ or www.heart.org/myhospital.

Military Order of Purple Heart Supports STPH Program

The Military Order of Purple Heart recently presented St. Tammany Parish Hospital with a commendation for implementing Honor Red, White and Blue, a program to recognize veterans in the hospital and a check to help with costs of the program. St. Tammany Parish Hospital launched Honor Red, White and Blue as a way to recognize United States Veterans who are employees, volunteers, physicians or patients.

At patient registration, admissions personnel ask patients if they are veterans and secure permission to recognize them during their stay. Such veterans are designated with a star in their electronic record and an American flag sticker on the patient room nameplate. These visual markers allow staff to identify and thank each veteran for their service to our country. In recognition of physicians, employees and volunteers, the hospital provides a special ID badge holder for veterans, enabling fellow team members to recognize their service to our country.

If a veteran dies while in the hospital, STPH offers the family a flag tribute. Throughout the hospital, an overhead page calls, "Attention, please, honor red, white and blue." This is the signal for all available staff to assemble in the appropriate hallway to stand in silence as the veteran is escorted out, draped with an American Flag.

The Military Order of Purple Heart presented a check to the hospital foundation for purchase of flags to be used in these tributes. The foundation will also provide funds for flag purchases by the hospital for the Honor Red, White and Blue program.

Ridge Named Lakeview CFO

Carolyn Ridge has been hired as the new Chief Financial Officer for Lakeview Regional Medical Center. Ridge has been with HCA since 2000 and most recently served as the MidAmerica Division Market Vice President of Finance. As CFO of Lakeview Regional she will have executive responsibility for the Financial operations of the hospital including Accounting, Parallon Support Services, IT&S, and Case Management.

Ochsner Named Number Two in the Nation

CareChex®, a division of COMPARION, has named Ochsner number two in the country and number one in Louisiana in Overall Hospital Care in its 2014 hospital ratings. Ochsner received the highest rating and a score of 99.9 out of 100 in the national rankings. Over 4,000 hospitals from across the country were ranked in the Overall Hospital Care category which comprises ratings of all inpatient medical conditions and surgical procedures treated and performed by full-service hospitals, such as cancer care, cardiac surgery, and spinal surgery. Ochsner was second only to St Mary's Hospital, which is part of the Mayo Clinic in Rochester, Minn.

Additionally, for the second year in a row, Ochsner was named number one in the country for liver transplants and this year was named number two for kidney transplants. This distinction encompasses three quality measures: patient safety indicators, mortality rates and complication rates.

Utilizing extensive clinical data from the Hospital Quality Alliance and the Centers for Medicare & Medicaid Services, CareChex® provides a comprehensive evaluation of all components of medical quality including:

- Process of care
- Outcomes of care
- Patient satisfaction

CareChex® provides these findings to consumers, providers, and purchasers of U.S. medical care, including many Fortune 500 companies.

Following is a list of Ochsner's 2014 CareChex® awards:

Top 10% in Nation

- Overall Hospital Care (#2 in country)
- Overall Medical Care
- Cancer Care
- Cardiac Care
- Gall Bladder Removal
- Gastrointestinal Care (#9 in country)
- Heart Attack Treatment (#4 in country)
- Hip Fracture Repair
- Interventional Carotid Care (#9 in country)
- Joint Replacement
- Major Bowel Procedures
- Neurological Care (#9 in country)
- Orthopedic Care
- Major Orthopedic Surgery
- Kidney Transplant (#2 in country)
- Liver Transplant (#1 in country)
- Trauma Care (#2 in country)
- Vascular Surgery

Top 10% in State

- Overall Hospital Care (#1 in state)
- Overall Medical Care (#1 in state)
- Cancer Care
- Cardiac Care (#1 in state)
- Gall Bladder Removal
- Gastrointestinal Care (#1 in state)
- Heart Attack Treatment (#1 in state)
- Hip Fracture Repair (#1 in state)
- Interventional Carotid Care (#1 in state)
- Joint Replacement (#1 in state)
- Neurological Care (#1 in state)
- Major Neurosurgery (#1 in state)
- Orthopedic Care (#1 in state)
- Major Orthopedic Surgery (#1 in state)
- Pneumonia Care (#1 in state)
- Pulmonary Care (#1 in state)
- Trauma Care (#1 in state)
- Vascular Surgery

For more information, please visit www.ochsnerquality.org or www.carechex.com.

SMH Unveils New ER, Heart Center

Slidell Memorial Hospital recently unveiled the new Emergency Room and the new SMH Heart Center, which take up the two floors of the new wing of the hospital built with the support of area residents who approved a $25 million bond renewal to finance the construction.

Area residents will now be served by an ER being hailed within the healthcare industry as a significant advance in ER design that may be emulated across the country. And in the SMH Heart Center, patients will benefit from leading-edge patient care features and the latest in diagnostic technology.

The radical ER design concept on the first floor gives patients a calmer, faster experience in private treatment rooms that ring a technology core where specially trained staff is armed with the right tools to quickly diagnose and treat patients more effectively – all coming together in a streamlined, efficient functionality bringing lower costs and improved outcomes.

The all-private room cardiac facility is on the second floor. It has 38 private rooms and improves local cardiac care through more efficient design, state-of-the-art cardiac cath labs, advanced patient monitoring system and care being delivered by one continuous team from "door to discharge." A second phase will finalize the Heart Center concept, by relocating all other cardiac services in other areas of the hospital into the area formerly occupied by the old emergency department. When the second phase is completed early next year, all cardiac services will be physically centralized, officials said. The final result will be a specialized heart hospital within a full-service acute care hospital.

Pinsky Receives AAP Founder's Award

William W. Pinsky, MD, FAAP, received the American Academy of Pediatrics (AAP) 2013 Founder's Award (Section of Cardiology and Cardiovascular Surgery) at the AAP's Annual Meeting. The Founder's Award recognizes outstanding contributions in the field of pediatric cardiology and cardiovascular surgery. Pinsky is executive vice president and chief academic officer at Ochsner Health System. He also is a Professor and Head of the Ochsner Clinical School as part of the University of Queensland.

Before joining Ochsner in 1999, Pinsky served as chief of pediatric cardiology at Tulane and Wayne State universities and at the latter he also served as Associate Dean of the medical school.

35 Ochsner Clinics Achieve HIMSS Stage 6

HIMSS Analytics recently announced that 35 Ochsner Health System clinics achieved Stage 6 designation of the HIMSS Analytics Clinic Electronic Medical Record (EMR) Adoption Model. The designation recognizes the clinic's accomplishments in implementing technology that has the ability to improve patient safety and quality of care.

HOSPITAL ROUNDS

STPH Groundbreaking: (l-r) Steve Holzhalb, STH Foundation Trustee; Keith Barré, FL+WB Architects; Midge Collett, STPH Corporate Compliance; Ann Ellis, Milton J Womack General Contractors; Bill Jones, Jones Fussell; Laurie McCants, STH Foundation Trustee; Brent Savoy, FL+WB Architects; Sharon Toups, STPH Chief Operating Officer; Kieran Weldon, FL+WB Architects; Dr. Bob Capitelli, STPH Chief Medical Officer; Greg Lemons, STPH Board of Commissioners; Councilman Rick Smith, City of Covington; Sue Osbon, STPH Board of Commissioners; Kerry Milton, STPH Chief Nursing Officer; Greg Gauthier, Womack; Steve Carville, Womack; Ryan Pruett, Womack; Mayor Mike Cooper, City of Covington; Dale Phillips, Womack; Dr. Michael Isabelle, STPH Emergency Department; James Core, STPH Board of Commissioners; John Evans, STPH Board of Commissioners Chairman; Cecil McClendon, Womack; Councilman Jerry Coner, City of Covington; Pizzie Romano, STPH Board of Commissioners; Terry Hill, Womack; Patti Ellish, STPH Chief Executive Officer; Tom Davis, STPH Board of Commissioners

There are no other clinics in Louisiana with Level 6 designation.

Ochsner hospital campuses at Jefferson Highway, Baton Rouge, Kenner, West Bank and Baptist have also been awarded this recognition. Ochsner Medical Center – North Shore was recognized earlier this year.

Over a year ago, Ochsner began implementing the new electronic medical record system known as Epic at various hospitals and health centers across the state. Since that time, these locations have effectively adopted the system's use in all aspects of patient care.

STPH Celebrates Groundbreaking

St. Tammany Parish Hospital executives and Board of Commissioners, along with representatives of St. Tammany Hospital Foundation, hosted contractors, architects, and officials from the City of Covington, in a groundbreaking ceremony of the hospital's latest expansion project, which will expand emergency services and add new private patient rooms.

The two-and-a-half year project will increase private rooms and emergency capacity while also introducing specialized areas of emergency care. The Emergency Department currently has 20 beds; the expansion will deliver 30 total emergency services beds. The expanded footprint for the emergency wing of the building will accommodate pediatric, geriatric, and mental health crisis emergency response. The hospital intends to attract subspecialty physicians to elevate the level of specialized care available to these populations.

3North will be a new all-private-room unit, based upon the principles of the Healing Arts and Evidence Based Design, much like the 4South unit opened in April 2008. The unit will provide 21 private rooms to allow for loss of 11 beds on the first floor in the footprint of the expanded Emergency Department. Ultimately, the net gain on the hospital's license will be 10 beds, taking the license to 232 beds.

Cancer Institute Surgeons Break New Ground

Two surgeons at the Ochsner Cancer Institute recently performed procedures that are the first of their kind in the state of Louisiana.

In the first, W. Charles Conway, MD, FACS, surgical oncologist at Ochsner Medical Center, recently performed the first totally robotic pancreaticoduodenectomy (Whipple procedure) in Louisiana. This complex operation is most commonly done for pancreatic cancer, and traditionally requires a large abdominal incision. Robotic surgery allows complex operations to be done in a minimally invasive fashion, with small incisions, all while maintaining the principles of cancer surgery.

The second, a surgical debulking procedure with hyperthermic chemotherapy to treat malignant mesothelioma of the chest was performed by Dr. Rodney J. Landreneau, Director of the Ochsner Cancer Institute and Vice-Chairman of the Department of Surgery for Cancer Services. This is the first intervention of its kind in Louisiana, though Landreneau successfully performed many of these procedures during his 25-year career at University of Pittsburgh Medical Center.

Surgical debulking with hyperthermic chemotherapy involves removal of all visible tumors from the chest cavity, commonly saving the patient's lung, and then instilling "hot" chemotherapy throughout the chest cavity to treat microscopic tumor cells that may remain. ■

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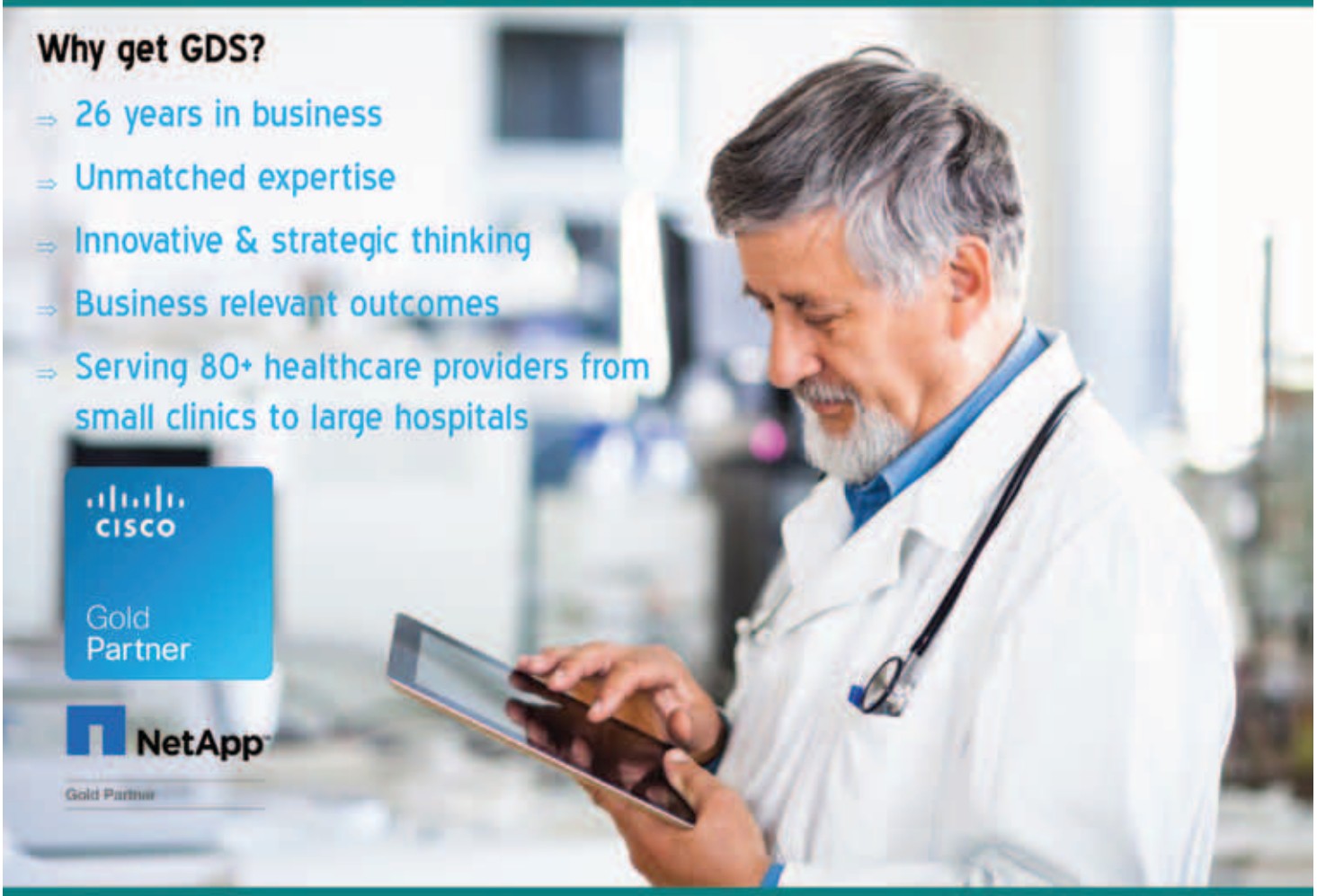

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