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1. Thomas GS, Voros S, McPherson JA, et al. A Blood-Based Gene Expression Test for Obstructive Coronary Artery Disease Tested in Symptomatic Nondiabetic Patients Referred for Myocardial Perfusion Imaging: The COMPASS Study. *Circ Cardiovasc Genet.* 2013;6(2):154-162.
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CHIEF EDITOR

SMITH W. HARTLEY shartley@ushealthcarejournals.com

MANAGING EDITOR

KAREN TATUM ktatum@ushealthcarejournals.com

EDITOR/WRITER

PHILIP GATTO pgatto@ushealthcarejournals.com

CONTRIBUTORS

NEIL BAUM, MD
CLAUDIA S. COPELAND, PhD
CAROLYN HENEGHAN
JOSHUA LOWENTRITT, MD
CYNTHIA YORK, RN, MSN, CGRN

CORRESPONDENTS

DAVID HOOD
KATHY KLIBERT
KAREN CARTER LYON, PhD, APRN, ACNS, NEA
CINDY MUNN

ART DIRECTOR

LIZ SMITH ismith@ushealthcarejournals.com

SPONSORSHIP DIRECTOR

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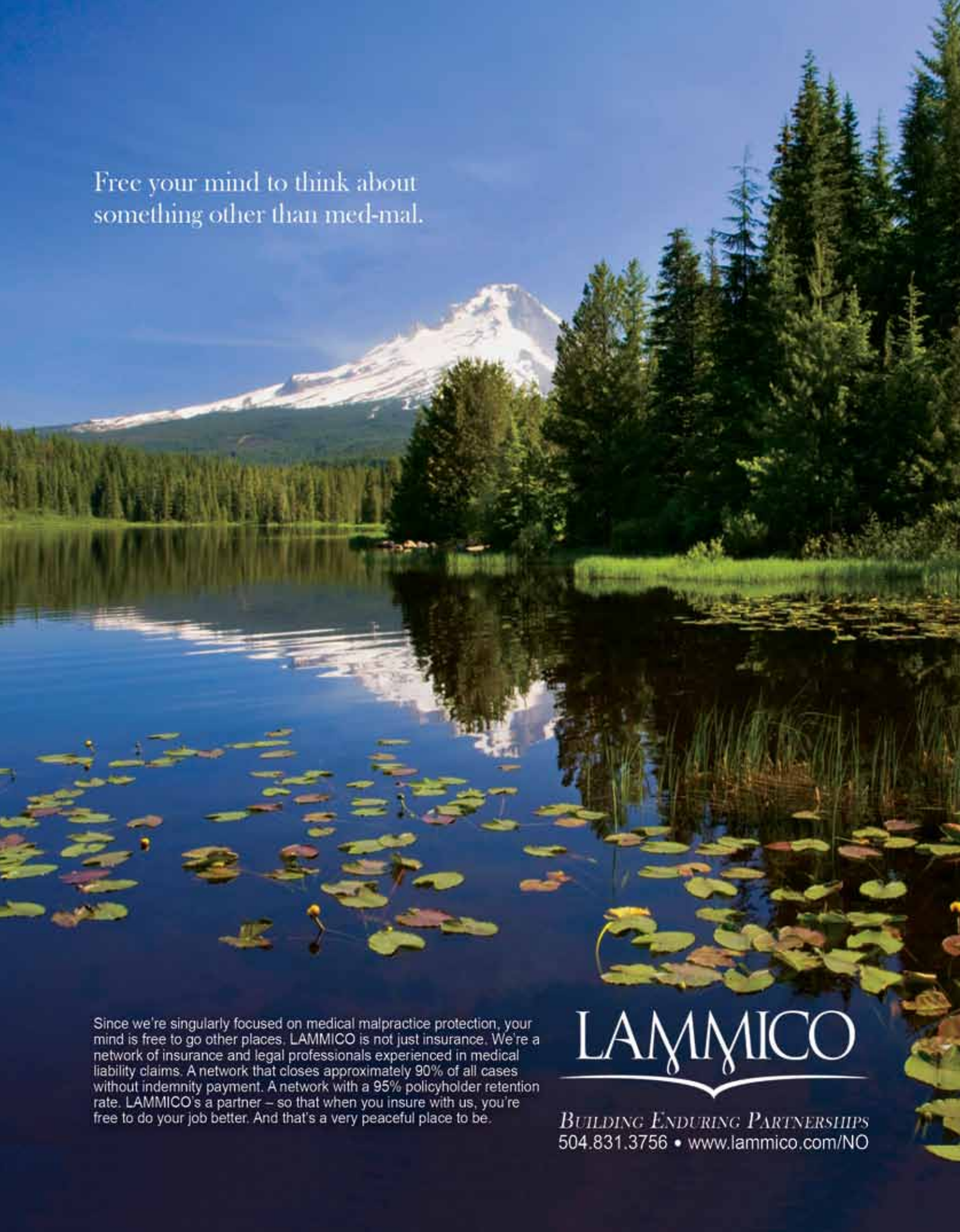
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Contents

May / June 2015 | Vol. 4, No. 3



12

VA Marches On

Q & A with
Fernando O. Rivera, MBA, FACHE
Director/CEO
Southeast Louisiana Veterans
Health Care System



22

Features

22 **Something in the Air**

Hyperbarics breathe life into TBI and PTSD therapy

28 **A Healthy State of Mind**

Meditation's beneficial effects

34 **PCMH**

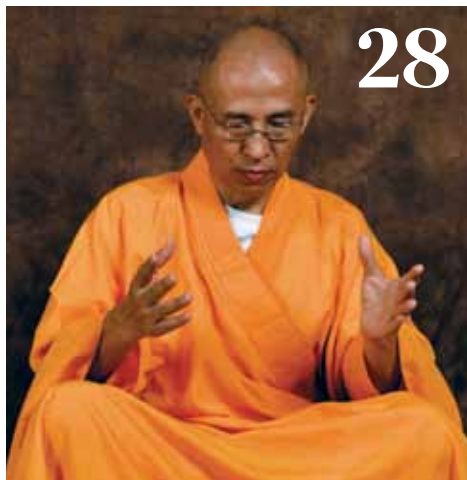
What may be on the horizon for physicians

Departments

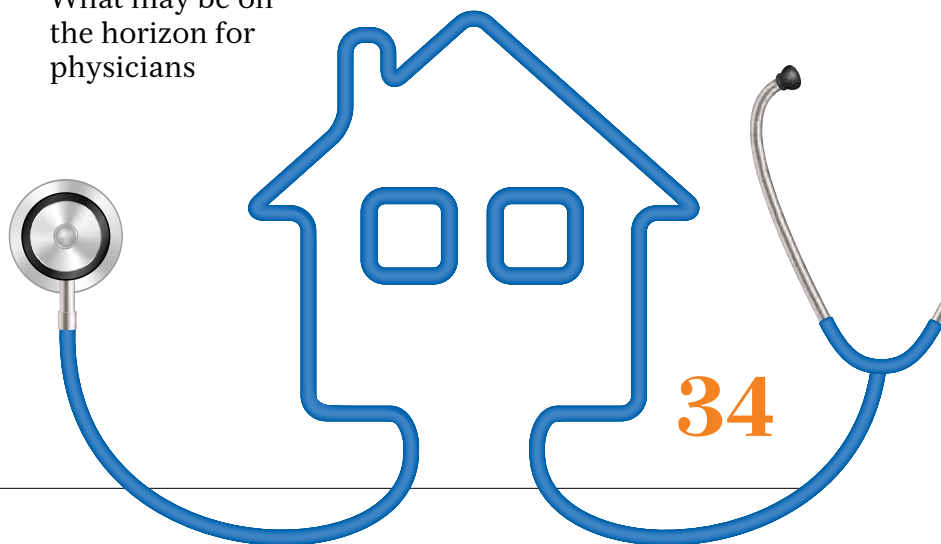
Editor's Desk	10
Healthcare Briefs	41
Hospital Rounds	57
Advertiser Index	66

Correspondents

Quality	48
Policy	50
Nursing	52
Secretary's Corner	54



28



34

I'VE BEEN TO THE FUTURE AND IT'S PRETTY GOOD.

THE MOST SIGNIFICANT EVENT OF THE FUTURE is what didn't happen. There was a rush for a world-wide religious war. I'm not making this up. Many believed that if everyone failed to convert each other to their religious point of view, then the next logical step was to massively kill each other as a way to make God happy. Many people at that time felt the need to not only defend our lives but God's point of view. But, at the last minute reason and awareness prevailed. Then, we all wisely went back to living peaceful lives and everyone continued to believe what they wanted to believe. Reasonableness wins. Just thought you'd like to know. It's all good.



With regards to healthcare, the biggest change in the future of healthcare is in the field of primary care.

In the future, there are Doctors of Health, symbolized by the acronym DH. The Doctors of Health will become the recognized primary care providers. Each person will see their Doctor of Health routinely for preventive and primary care. Doctors of Health serve a valuable role in the prevention of health issues, which is a significant benefit to payers of health services be-

cause of the avoidance of health problems. Because the research and evidence demonstrates significant cost savings to the system, the Doctors of Health will be highly esteemed and well compensated.

Doctors of Health will coordinate diet and exercise plans as well as education of the latest and proven options for enhancing life and well-being. These Doctors will be well trained to coordinate a health system for an individual based on individual needs. The patient history will be exhaustive and include mental health as well genome testing to understand probabilities of health issues. Doctors of Health can coordinate referrals for medication, specialists, and surgery when necessary. However, medication will only be used in a treatment plan with a Medical Doctor when other options aren't as ideal.

The patients will be financially incentivized to visit their Doctor of Health routinely. The empirical cost data proves the benefits of early intervention and prevention are so significant in the reduction of healthcare

costs that only a small fee will be charged to the patient for the visit. The patient is financially incentivized through lower premiums to participate in routine visits and adherence to the health plan. It's always the patient's choice to comply. But the financial incentives for compliance lead to a shift in attitude towards good health and very nice compliance outcomes. The patients and Doctors of Health develop a long-term relationship which emphasizes overall wellness and mitigates many health problems.

You'll be amazed at what we know about good health and wellness in the future. I could tell you, but that would ruin some of the fun. But, it will include an enhanced understanding of the benefits of such things as music, meditation, and a general change in how we treat each other. An entire new economy is created. Because we can lessen or eradicate most of our modern disease, the system will support wellness. Healthcare costs will be significantly lower and the health and productive lives of people will be significantly enhanced.

You'll love the future. We are much smarter there.

A handwritten signature in dark ink, appearing to read 'Smith Hartley'.

Smith Hartley
Chief Editor
editor@healthcarejournalno.com

Diagnosis: A Timeline

In ancient times, those called upon to care for their fellow human beings relied purely on their senses—sight, sound, smell, touch, and yes, even taste—to determine what illness might have befallen their patients. Personal experience would have provided a list of symptoms and expected prognoses to guide them. While those senses are still important to present day physicians while making a diagnosis, ever more sophisticated diagnostic tools have been developed over the centuries to aid in that process. While this is hardly an exhaustive list, here are a few highlights of the diagnostic process ➔

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VA Marches On

Q & A with
Fernando O. Rivera, MBA, FACHE
Director/CEO
Southeast Louisiana Veterans Health Care System

Fernando O. Rivera was appointed Director/CEO of Southeast Louisiana Veterans Health Care System (SLVHCS) in New Orleans in January, 2015. Rivera also is responsible for the opening of a \$1 billion replacement VA Medical Center in New Orleans that will serve as a model for healthcare of the future and set the standard for patient-centered care, flexibility, and sustainability.

at the Washington DC VA Medical Center, the Director/CEO at the Martinsburg VA Medical Center, and the acting Director/CEO at the Overton Brooks VA Medical Center in Shreveport. From 1984 to 2004, he served in various positions at the VA Medical Center in New Orleans, Louisiana, including Associate Director/COO.

In 2014 the Veterans Health Administration (VHA) recognized Rivera as Mentor of the Year and 2012 VHA Preceptor of the Year. He is a recipient of a 2009 Meritorious Presidential Rank Award. In 2008 and 2007 he was awarded the VHA Communicator of the Year Award and in 2008 he earned the Matthew McNulty Award from the National Capital Health Care Council. He is a fellow in American College of Healthcare Executives (ACHE) and an ACHE Regent-at-Large for District 6. ACHE honored Mr. Rivera in 2014 with the

RIVERA HAS SERVED VETERANS FOR 30 years with the Department of Veterans Affairs. Immediately prior to his appointment as SLVHCS Director/CEO, he was the Director/CEO of the VA Capitol Health Care Network (VISN 5) in the national capital region. Prior to that position, he served as Director/CEO

c. 2615 BC


An ancient Egyptian papyrus penned by Imhotep applies diagnostic methods to disease.



Ancient Mesopotamian healers are tasked with discovering what god or demon had produced an illness and how to appease that entity so that the symptoms might ease. They are also believed to have used observation, palpation, and auscultation in their diagnoses.

c. 1800 BC





WHAT HAPPENED TO ME IS WHAT HAPPENS TO A LOT OF OTHER PEOPLE IN THE VA; YOU FALL IN LOVE WITH THE MISSION.

Exemplary Service Award and in 2012 with the Federal Excellence in Healthcare Leadership Award.

Rivera earned a bachelor's degree in Civil Engineering and a Master of Business Administration Degree from the University of New Orleans. He was named VA "Engineer of the Year." He is an honorary member of the Vietnam Memorial Wall Washing Crew and has received the Military Order of the Purple Heart Distinguished Service Award, the Marine Corps League Distinguished Service Award, and the AMVETS Leadership in Service Award.

With an operating budget of nearly \$350 million, SLVHCS employs approximately 1,300 employees and serves over 66,466 enrolled Veterans in the 23 parishes of Southeast Louisiana. The healthcare system

provides primary and mental healthcare at all sites and specialty care at selected sites including eight community-based outpatient clinics in New Orleans, Baton Rouge, Slidell, Hammond, Bogalusa, Franklin, Houma, and St. John Parish. SLVHCS supports nearly 500,000 outpatient visits. SLVHCS is affiliated with Tulane and LSU medical schools and was designated as one of nine VA Emerging Centers of Innovation for patient-centered care.

Q Can you start by describing what care for veterans is like in the greater New Orleans area and why there's a need for a new VA hospital here?

A I can start answering that by talking a little bit about how it was before Katrina. I worked here at the medical center before Katrina, for

20 years. The hospital was a referral hospital that served veterans in the region from the panhandle of Florida to the Texas/Louisiana border and all the way up to Jackson in the north. It was the open heart center for the area. So if you wanted to have open heart surgery and you were a veteran eligible for care, this is where you came. It was a destination healthcare facility.

After Katrina, of course, there was no hospital. Now we are a system of clinics. Right before I left in December of 2004, we had just opened the Houma clinic. Now we have seven more clinics. It's outpatient care. We have a small procedure facility right down the street on Poydras and of course we have mental health facilities on Canal Street. But primarily we are a system of clinics. Our second big market is Baton Rouge. So we

DIALOGUE

oscillate between us and Baton Rouge in supporting veterans in the region.

Instead of being a referral hospital we refer our care in the community. We run probably about an 80 to 85 average daily census for inpatient care in community hospitals. We have an agreement with Tulane for a set of beds that we always have with them so we can admit veterans when they need to be admitted. For VA referrals we refer to the VA in Alexandria. A lot of our acute cases go to the VA in Houston, and of course Shreveport, Jackson, Biloxi, Gulfport.

The goal is to return to that vision of being a referral center for the region and to do it in a way that is in partnership with the medical schools. We've always been in partnership with Xavier for pharmacy, Dillard for nursing, LSU for nursing. We are now talking with UNO to establish some sort of pipeline for MBA students, engineering students, and we already have an agreement with Delgado for Vo-tech. The idea is to partner with the educational institutions to be able to sustain a labor force that will allow us to manage this large referral destination hospital for the region.

Q What is this hospital going to look like in terms of size and services?

A It's roughly 1.6 million square feet and 200 beds. It's a combination of medicine/surgery beds, mental health beds, rehabilitation beds. It's not a long-term stay hospital. It's a "I need to have a procedure done, I'm not good enough to be home," kind of hospital. We want to, down the road, evolve it into a transplant center and establish a transplant program for kidneys, which would make it a quaternary medical center instead of a tertiary care medical center. A lot of that is dependent on our ability to stand up those



programs with the appropriate staff.

But right now, the hospital looks like a bunch of steel and sheet rock. It's starting to come together. It's something I'm a little bit familiar with because I have a civil engineering degree; I actually started working across the street managing construction projects. So it's actually a lot of fun for me to watch the construction and be part of the team that's overseeing the activation of the hospital. It's a fairly complex process, though. Building the building and getting the lights to come on, and for everything to work, in itself is complex enough. And then delivering furniture, equipment, getting everything operational and putting in the infrastructure for an information system—that's the next layer that on its own is complex enough, but compounded by this mammoth construction project.

But that's not the end of the story. Before we can see patients we have to have the processes in place, the right people with the right skill sets, we have to test our processes, and we have to do it in a way that meets the sequence for patient care. The contractor builds the facility in a way that

fits the blueprints and design of the facility. Their turnover of different buildings is based on that sequence. But that's not the turnover sequence that allows us to see patients. For example, they will turn over the inpatient tower to us before they turnover diagnostic services. We can't see patients on the inpatient side if we don't have radiology, pharmacy, lab, and so on. So for us it's about that alignment and preparing ourselves in a way that will allow us to see patients in the safest environment.

There's a challenge to that outside of the bricks and mortar stuff, building the infrastructure, building for information systems and technology, and then of course all of the policies, processes, quality assurance, compliance—we also have to have a workforce that is prepared to operate in a 24-7 environment. That hospital I described to you at the very beginning that was a referral center destination hospital for this region, that was ten years ago. The folks that work here now have not worked in that environment for at least ten years and in some cases, have never worked in that environment. So we have to



c. 1050 BC

Esagil-kin-apli pens the Diagnostic Handbook, a Babylonian medical textbook that utilizes diagnostic techniques along with observation of symptoms when treating illness.

c. 300 BC

Greek physician Hippocrates promotes observation and the use of the senses in making diagnoses, but also conducts diagnostic tests on urine, sometimes by tasting it. He believes that disease is related to imbalances in the body's fluids or humors.



prepare ourselves to be able to function. The good thing is that we are part of the largest non-profit healthcare system in the world. So we are able to draw from this large VA network of 152 hospitals, draw from that expertise, not just with the folks that we are hiring, which will be about another 1000 employees, but we'll also be able to draw from the folks that we may not be hiring, but can assist us in preparing to operationalize the facility.

From an administrative perspective part of what we work on, on a day-to-day basis in any hospital, is the morale of the staff, the productivity, the efficiency of our operations, and we do that in a way that is based on good change management strategies. This is a big change—going from an 8-4 Monday through Friday operation that's regionalized to a 24-7, full blown inpatient facility. You need a systematic strategy for making those changes.

A big part of that is our communications plan to make sure that not just the leadership understands, but the staff understands, the patients understand, our partners and key stakeholders understand where we are today, where we want to be a year and a half from now, and what the critical steps are to get there.

We've spent a lot of time communicating on our three point plan and then drilling down on that plan with teams that we have established, talking to veteran service organizations, talking to Congressional offices, talking to other healthcare providers in our community, talking to the medical schools. This is the second day of my eighth week—I've met so many people—and it's always the same story—this is how we are doing it.

For us, our three point plan is to make sure that we are providing very good care, timely

care, to the patients that we have on the books right now, which is 66,000 enrolled veterans. That's the number one priority. The number two priority—put the framework in place to be able to activate the hospital in the safest way possible. And then number three is to establish a workforce strengthening program that is going to allow us to attract the most talented people and position us to compete well as a choice employer in the area, recognizing that just like veterans have choices, we have competition. We want to make sure we are drawing on the most talented clinicians, the most talented support staff, and we are able to sustain it. That's why those relationships with the educational institutions are so important.

Q How does the larger VA system support you? Is there a model that you are using?

A The VA has a systematic approach for standardizing care across the VA. There are variances between hospitals, but for the most part, the way we deliver care, the policies that we use to guide us, the procedures that we use to guide us, are national, and in that sense we benefit from that standardization. It's like all good policies—they only take you so far and then you have to customize for the local idiosyncrasies, the local things that apply to the programs that we are implementing here, but we do benefit from that standardization. We draw from that network, we visit other VA hospitals, we familiarize ourselves with the specifics. We have site visits from subject matter experts who are able to guide us and in that sense we are able to put together activation plans that allow us to get from where we are now to where we want to be.

We're early in the process in a lot of ways because buildings haven't been turned over to us, we don't have the space to operate



c. 100 BC

The ancient Chinese text, Yellow Emperor's Inner Canon, explains how to make diagnoses based on the relation between humans, their environment, and the cosmos, on the contents of the body, on human vitality and pathology, and on the symptoms of illness. Diagnostic techniques include inspection, listening, smelling, inquiry, palpation.



Galen believes all disease can be identified through a system that ties Hippocrates' humors to the four elements (earth, air, fire, water). Diagnosis entails working out which area is out of balance.

c. 180 AD





in, to start to test our procedures, and we still have a lot of folks that we have to hire. It's the kind of project that if you look at the whole thing it can be overwhelming, but if you start to organize it and put it in framed areas of accomplishment then it's very manageable. We are lucky that we've got good people. One of the things that I think sometimes gets overlooked about the VA is that it is an extremely honorable mission that we serve. Because it's an honorable mission good people come to serve it. That's what we have here. We have good people who understand what we're about and what we are here to do. And they are committed to see it through. I've been back now about seven weeks and I have had a chance to talk to some of my former coworkers that are still here. The word is, "We're going to see it through." I am not so sure that you see that kind of loyalty, that kind of commitment in other healthcare systems or in other industries. A lot of our workforce is made up of

veterans and that connection is important. We're going to continue to hire more veterans. We already met with Mayor Landrieu and his employment initiative for the city and we want to make sure we align any veteran that presents through that initiative the opportunity for employment here.

Q Why is it important that there is a hospital specifically for veterans?

A The best way I can answer that is why is it important to be an American? In America, if you put your life on the line to defend other Americans' freedoms you get your own healthcare system, you get your own benefits. That's what we're about. That's the kind of country we are. It's not about the healthcare—it's about the young man or young woman that was willing to put their lives on the line. I have kids, my oldest is 16, and I was thinking how proud I would be to see him in a uniform and serving his country and how devastated I would be if he came

“The idea is to partner with the educational institutions to be able to sustain a labor force that will allow us to manage this large referral destination hospital for the region.”

back traumatized, unable to live a life like I've lived. Do they deserve their own hospital? Absolutely. They deserve a lot more than that. We can't do enough and we can't do it soon enough. That's the real answer to your question.

Now businesswise, VA care is a lot cheaper. The care that we deliver in the VA is the most comprehensive healthcare delivery model there is. We provide the most preventive primary care all the way to palliative care and everything in between. We have the most comprehensive mental health program anywhere in healthcare. The most acute medical and surgical program anywhere in healthcare. So if you are a veteran and you are eligible for VA care, just about everything that you would need you could get in the VA.

We have evolving medical services—the VA tends to generally be on the front end of that—but we provide comprehensive care and we typically take care of the patient for the life of the patient, the life of the veteran. Most healthcare systems don't do that...it's episodic care, not comprehensive care. You go here for this and you go there for that. So it's fragmented in that sense. When you look at our cost per patient, the latest study that I recall is the Rand study in 2007, and we were a lot less than the average Medicare cost. It is my understanding that it is much cheaper to have an integrated system.

And then there's a business case for our education role and our research role. Two of every three physicians that graduate from a United States medical school get part of their training in the VA. So we are training everybody's doctors...or at least two-thirds of them. The research that we do at the VA is huge. Here we had one of the Nobel Prize winners, Dr. Andrew Schally, who post-Katrina has been relocated to Miami, but if I have anything to do with it I am going to get him back here. So a lot of work with research and then of course, in way of a mission, if we are at war and the Department of Defense does not have enough military beds we back them up. So there's a tremendous business model, but the real story is that first one. It's who we are and it's what distinguishes us from other countries in the world.



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Canon's community involvement is extended even further through the non-profit Akula Foundation. The foundation sponsors:

- Camp Swan, a children's bereavement camp held three times a year, in Biloxi in the spring, Baton Rouge in the summer and the Northshore of New Orleans in the fall.
- The Canon Hospice Health Hour of New Orleans airs each Saturday from Noon – 1pm on WGSO 990 AM.
- The Grief Resource Center (GRC) offers education inservices to health care professions, free of charge, throughout the year. In addition the GRC offers grief support to anyone in the community experiencing any type of loss.

All Foundation services are free and open to the public. For information about Canon Hospice, Camp Swan, The Canon Hospice Health Hour or Community Education and support, contact a Canon location in your area.

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Mississippi Gulf Coast
228.575.6251

New Orleans
504.818.2723

Baton Rouge
225.926.1404



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"Making Every Moment Meaningful"

“So we have to prepare ourselves to be able to function. The good thing is that we are part of the largest non-profit healthcare system in the world. So we are able to draw from this large VA network of 152 hospitals, draw from that expertise...”

Q Will there be any services that you might not be able to handle or might still be sent out?

A The way the VA network of hospitals works is that not all the hospitals are the same. There are different levels of services, groups of programs that we provide. They are designed that way because if you duplicate everything at every hospital it's very expensive. It's one of the reasons that we are efficient. So our network of hospitals performs a lot like an ACO and we are able to refer across hospitals and across clinics. The goal is to be able to provide everything. Do we need a transplant center at every hospital? No. Do we need to do open heart surgery at every hospital? No. But within a geographic region the VA will do just about everything.

Q Can you tell us a little about the work the VA is doing with homeless veterans in New Orleans?

A The homeless program and what the VA has been able to accomplish is, I think, one of the most remarkable things in recent American healthcare or even world healthcare. Part of understanding homelessness is you have to understand that at some point this platoon sergeant who was able to lead a group of soldiers in battle is now living out of his car with perhaps a spouse and children. Maybe going from homeless shelter

to homeless shelter. You have to step back from that and say, “Okay, how many things went wrong for that to happen?” Employment? Did they have enough education to be competitive? Were they healthy enough to be able to work? Housing? When you think about just those four cornerpieces if you will, bringing those together to solve the homeless problem has been something the VA has led the way in. Our primary charge is to make sure that veterans stay healthy, but we've coordinated with the help of Housing and Urban Development the allocation of housing vouchers and working with local city and state government for housing stock. We've coordinated with the Department of Labor for employment assistance for veterans. So our program really is an integrator of a number of services at the federal level, at the state, and the local, city level.

The brilliant story here is that local leadership, particularly our mayor, has been very engaged and really brought together community partners in an integrated way to eliminate homelessness among veterans in the city of New Orleans. It is my understanding that it's the first city to do that. It's not going to be the only city. There are some big challenges across the country, but I think we've found a way that we can do it when we work as a team and as a community. The goal of course is to eliminate veteran homelessness

by the end of 2015. We are not only helping the veterans to get the housing, but to sustain it. Our retention rate right now, a year after being housed, is roughly 95%, which is excellent. The homeless question is an important question not just because in our country we should not ever have a veteran or any American citizen who is without housing, but certainly not a veteran. It's important because it's an end result of many systems that have broken down. If we're able to understand that and make the adjustments in a good GI Bill that provides education support when those young men and women come back from active duty, and later good employment, at least we can address the prevention issue and keep veterans from becoming homeless in the future. The trick is not to give up right now. We have many veterans who may be on the verge of becoming homeless so we need to be vigilant and not rest on our laurels, and strengthen our programs.

We are now looking at expanding our homeless program in the Baton Rouge area, because that's a large market for us, and strengthening our program here. We have a community resource and referral center that is sort of a one-stop shop for homeless veterans and now we're looking at a new partnership with a teaching kitchen, which will teach homeless veterans how to earn a living by learning how to cook and get a certificate

C. 500

For Christians, disease is still widely believed to be a result of sin or evil spirits leading to some rather random and seldom helpful treatments. Some lay physicians did, however, use examination, palpation, percussion, and examination of feces, urine, and semen, as well as dream interpretation in making diagnoses.

1592

The first thermometer is invented by Galileo Galilei

C. 1300

European physicians regularly use uroscopy to determine illness.





in culinary skills and find employment in the community or somewhere else. If you are going to live in New Orleans you ought to know how to cook, right?

Q Do you experience the same access challenges that other systems have?

A We are in a little bit of a unique situation. Everywhere else in the VA the challenge with access sits in a hospital setting with community clinics. So you are talking about the capacity in that hospital, the capacity in the clinics, and whether that system needs to go outside of the VA to get additional capacity to see patients in a more timely manner. And so that coordination of the care is performed by a group of providers that work within that hospital setting and within the clinics. In our case, we're almost like that except there's no hospital. We don't have the benefit of a large pool of specialty care providers that can help us coordinate that care. We right now outsource roughly about \$85 million worth of non-VA care that we buy in the community to keep our veterans in the community. And our clinics, with assistance of some staff on the specialty care side, coordinate that care. And that's the bulk of our challenge. How do we find enough capacity in the community to be able to have our veterans seen in

a timely manner? For the most part we do a fantastic job.

We've been consistently improving our wait times, which is something I look at every day. We get a daily report, my morning report, from each one of our clinics. Everyone dials in and we go through the stats, we go through the numbers, make sure we are getting the results that we want. And of course we are up against capacity issues just like everybody else in that sense. So we are looking for ways to expand our footprint in those clinics, opportunities for additional space, and we are taking advantage of the recent funding with the Choice Act that is going to give us additional FTEs. So we are hiring that staff. And where we can we are bringing on staff that we will eventually need at the hospital, so they can part of the access answer. I think probably the unique challenge for us is that we are more dependent than most on what's available in the community. The community has been very supportive. We have great partnerships with Tulane, LSU, Ochsner, Our Lady of the Lake, Baton Rouge General, throughout the region. It's not been challenging in that sense.

Q Is there enough mental health capacity?

A No. In the short time that I've been here

I've probably noticed that more than anything. It seems like every other week we're in diversion for mental health beds across the state. I think that's an area where we are going to want to come up with additional solutions.

Q So as far as the timeline where are you now?

A Based on what we know right now we know that we're not going to be able to see a patient in the new hospital until the end of 2016. There are a number of entities that have to come together for us to be able to have an environment where we could see patients. The vertical timeline explanation is that we have a contractor that has to complete their work in their sequence. We have a number of technology components that have to be implemented, some within the VA and some with VA partners. Then we have our own vertical on the hiring and doing the activation pieces. At least two of those three vertical columns I don't have direct line authority over. I have to rely on collaborative relationships and cooperation. On my end we are pedaling as fast as we can with that goal in mind.

Q Why would a veteran choose the VA over another community hospital? How are you going to win those patients back from the community hospitals they have been using for the last ten years?

A The eligibility piece of the VA is fairly complex. We have 22 million veterans in the United States; about 9 million are enrolled in the VA and roughly about 7.5 million actually use the VA. That's that 66,000 number in the case of our region, the 23 parishes we serve. Not all veterans are eligible for VA care and for the most part, veterans that present have three additional non-mental health diagnoses and one additional mental health diagnosis. They tend to be poor and tend to be on the lower end of the education scale. In many instances these would be Americans that would be uninsured or underinsured. There's an appetite for those patients in the private sector, especially with the modifications of the Affordable Care Act. The reason

We understand the patient, we understand the patient culture, we're designed to take care of the patient, and the veterans want to come to us.

they are going to come to us I think is three-fold. One, we provide very comprehensive care—it's a one-stop shop, it's very convenient in that sense. The other is that we flood the market for veterans more than anyone else. We have our clinics throughout, we are designed to provide care where the veterans live and that's important. The third really has to do with who we are. We understand the patient, we understand the patient culture, we're designed to take care of the patient, and the veterans want to come to us.

When we look at choices that veterans have...and again this market is not a good example because there's no hospital to go to, but if you look elsewhere in the VA, the norm is that veterans would rather wait for care at their VA hospital than buy private care. When we look at specialty care or primary care, even mental health care outside the VA system, waiting times tend to be very long. There are always exceptions, but they tend to be long. So I think we are going to see a merging of the systems.

There was a very interesting report this morning on NPR about how patient satisfaction scores will affect revenue. There was a focus on the report on pain management, which I thought was very interesting. Hospitals who receive less than perfect patient satisfaction scores with regards to how pain was managed, get no funding. That's a big change. I think that's one of the things that will help overall healthcare, and it will, in a lot of ways, challenge the VA to be even more competitive and be more the healthcare choice for veterans.

The flipside is that we take care of the

veteran, but we don't have full blown authority to take care of the family members. Sometimes that's a challenge. We're finding that more and more female veterans are choosing to use the VA. More women join the military and eventually leave the military and leave active duty, and they are choosing the VA as their healthcare provider. That's a big change in the system. I think the new facility and the clinics here are going to be well positioned for female veterans. We have decentralized our services for female veterans in the community. The reason I point that out is because in most homes it's the female that makes the healthcare decisions. So if we have the female veterans choosing us, odds are that an uncle, brother, granddad, spouse, will also come to the VA. For us it's a key marketing strategy. I am not going to mince words about that one. We want as many female veterans as we have. I hadn't been here two weeks and I asked that we start to do focus groups with all veterans who are females and who are employees of our system. I want to hear from them because they are on both sides of the counter. I am waiting to get those results now.

I met with our female program coordinator just to get at that point—how are we going to get those folks back? This is going to be one of the ways we do it. There's been a big push to involve the families more and the design of the new hospital is with the family in mind. Right now the system is designed to take care of the sickest and the poorest. Next in priority will be the remainder of those 22 million that were also putting their lives on the line, and then I think we are going to have to look at family. Then at some point we

become the only healthcare system. Somewhere in the middle it becomes almost cost prohibitive; we just don't have the capacity to see everybody we would like to see. But you can't argue with the mission, right?

Q So what does it mean for you to be affiliated with the VA?

A For me it's a very personal story. I was born in Cuba in a Navy hospital in Havana. My father was a Navy officer, my grandfather was a Navy officer. My father lost his life fighting trying to overcome the communist regime in a Castro takeover. I grew up in this environment where freedom was highly valued. My mother, my grandparents, and I left Cuba and came to New Orleans. I grew up in this town. I came to work at the VA hospital here right out of engineering school. At first I wasn't very familiar with hospitals and to tell you the truth, in those days we had a lot of veterans holding an IV pole in one hand and a cigarette in the other, standing in the front of the VA hospital. I had never seen so many people in wheelchairs, missing legs or arms.

I thought to myself, "I'm not going to be here very long. I am going to get my MBA and work here as long as I need to and then I'm gone." What happened to me is what happens to a lot of other people in the VA; you fall in love with the mission. You understand what these men and women represent. You understand what we're doing. And how do you walk away from that?

In my case I understand the price of freedom in a personal way so I have a very personal connection with the sacrifice that our patients have made. Serving them has been a real privilege and I say that from the bottom of my heart. And to be able to come back to my hometown, and sort of going forward 30 years, say not only have I benefitted from all the wonderful opportunities that this great country of ours has given me, and that the VA has given me, but now I get to come back in a way that allows me to serve and return this referral destination hospital to the region to serve our most current generation of veterans and previous generations of veterans. It's a gift. Who could walk away from that? I feel really blessed. ■

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OXYGEN THERAPY



Something in the Air

By Carolyn Heneghan

**HYPERBARICS BREATHE LIFE
INTO TBI AND PTSD THERAPY**

Traumatic brain injury is on the rise in the U.S. The CDC reported that between 2001 and 2010, rates of TBI-related emergency department visits rose by 70 percent while hospitalization rates increased by 11 percent and death rates decreased by 7 percent.

FOR A LONG TIME, treatments for traumatic brain injury (TBI) have been nonexistent, and people experiencing TBI have had to deal with varying levels of physical, mental, and emotional disability because of it.

However, new research has confirmed previous theories that hyperbaric oxygen therapy (HBOT) can be an effective treatment for TBI—and now possibly even post-traumatic stress disorder (PTSD). This research, conducted by Dr. Paul Harch, a New Orleans-based hyperbaric medicine physician and researcher, could have significant implications for modern TBI and PTSD treatments.

What is traumatic brain injury?

Traumatic brain injury (TBI) is defined by the Centers for Disease Control and Prevention as any “bump, blow or jolt to the head or a penetrating head injury that disrupts

the normal function of the brain.” This trauma causes damage to the white matter, the tracts for which snap and cause loss of electrical transmission.

This damage, says Dr. Harch, is “like lowering bandwidth.” Processing speed slows down, which means people are slower at thinking, have trouble multi-tasking and often can’t be in high sensory stimulation environments. The brain can form new pathways, which enables many people with TBI to adapt rather than succumb to severe, debilitating neurological issues.

However, instead of forming a complete pathway, the brain extends the existing damaged pathways to try to maintain or replace the connections that are lost. Under

I BELIEVE
IT'S GOING TO
REVOLUTIONIZE
THE FIELDS OF
MEDICINE AND
NEUROLOGY

stressed conditions, such as low oxygen, high altitude or sleep deprivation, the effects of the old injury can return.

Patients most commonly report headaches as a symptom, which has been identified as likely being due to injury to the meninges, where sensation occurs. Other common symptoms include fatigue, dizziness, attention and concentration difficulties, short-term memory loss, sleep disruption, irritability, mood swings, depression, and anxiety, among others.

Not all blows to the head cause TBI. When they do, they can range from mild, with just a momentary change in

consciousness or mental status, to severe, which can cause a longer period of unconsciousness or amnesia after the incident, the CDC reports. Regardless of severity, all TBI cases can have varying effects on the brain.

According to the CDC, the leading cause of TBI is falls, which accounted for 40% of all TBI-related emergency department visits, hospitalizations or deaths in the U.S. from 2006-2010. Falls were a particularly high cause of brain trauma for children aged 0 to 14 (55 percent) and adults aged 65 and older (81%). Other causes include blunt trauma, such as being hit by an object, motor vehicle crashes, assaults, or essentially any incident that rattles the brain around in the skull.

1612

Italian physician Sanctorius adapts the thermometer for clinical use.



1660

Anton van Leeuwenhoek creates the light microscope and later publishes drawings of the bacteria he observes.

c. 1700

Stephen Hales creates a device to measure blood pressure in horses.



OXYGEN THERAPY

The Link Between TBI and PTSD

TBI has been potentially linked to PTSD as well, so if a treatment for TBI can be found, symptoms of PTSD may also be ameliorated, particularly if the two causalities were concurrent. While PTSD can occur without a blow to the head, they can be conjoined in one brain-injuring incident.

While the two conditions may seem to symptomatically overlap, they actually may not. TBI is a physical injury to the brain with a constellation of symptoms, and the other is a psychiatric condition with its own different set of symptoms.

However, the longer someone has PTSD, sleep deprivation, a consistent elaboration of stress hormones, and other strains on the brain can eventually cause physical damage to the brain. In a similar light, having an injury to the brain may possibly injure centers of the brain that make a person more susceptible to developing PTSD. In these cases, the two conditions may begin to overlap.

Dr. Harch treated one patient with severe PTSD symptoms with HBOT, and after a couple dozen treatments, the patient returned saying that his PTSD symptoms were gone. This has led Dr. Harch to believe that HBOT may be interrupting the circulating loop of electrical activity involved with PTSD. Treat the TBI, and PTSD may be treated along with it.

How Hyperbaric Oxygen Affects the Brain

HBOT involves placing a patient in a total body chamber and having him inhale 100 percent oxygen for a period of time while atmospheric pressure is increased and controlled by a physician. In doing so, this therapy stimulates new tissue to form.

Physicians most commonly use this treatment for severe wounds and diving accidents, but research from the past few decades has shown that hyperbaric oxygen may have more healing power for the brain than previously thought.

Dr. Harch, who has conducted extensive research with HBOT over the past several decades, says that to stimulate new tissue,

a treatment must stimulate DNA and cause the nucleus of the cell to divide. Thus, hyperbaric oxygen acts as a DNA signaling drug that increases the production of hormones that stimulate growth in different tissues.

One study showed that hyperbaric oxygen turned on and off specific genes that contribute to tissue growth. The treatment was found to turn on genes that code for growth and repair hormones as well as anti-inflammatory genes that quell inflammation in the body. Simultaneously, the treatment suppresses and turns off pro-inflammatory genes and the genes that code for programmed cell death.

Dr. Harch thus calls HBOT “the most enduring, most panoramic, and most effective gene therapy that has ever been identified.”

Hyperbaric Research in Action

Dr. Harch's study is comprised of two groups of patients, both of which receive oxygen treatment for the same duration of time but at different intervals. To begin, potential participants fill out consent forms and screening questionnaires wherein they must meet certain requirements and thresholds to be a part of the study.

If chosen, they go through a full structured interview, the Ohio State University TBI Identification Method, to identify incidents of TBI in the last 10 years, from which the patient is still symptomatic, and the severity of those symptoms. Dr. Harch then has a conversation about the incidents and symptoms at length to determine if the potential participant meets any exclusion criteria.



Paul Harch, MD



One study showed that hyperbaric oxygen turned on and off specific genes that contribute to tissue growth. The treatment was found to turn on genes that code for growth and repair hormones as well as anti-inflammatory genes that quell inflammation in the body. Simultaneously, the treatment suppresses and turns off pro-inflammatory genes and the genes that code for programmed cell death.

If they pass this stage, participants perform a full day of testing with a neuropsychologist followed by a review and physical with Dr. Harch as well as screening for pregnancy and drug and alcohol abuse. From there, a computer randomizes the participants into one of two groups.

If the participant is in the control group,

he returns home for eight weeks and lives as usual without starting any new medications or therapies. At eight weeks, he returns and does a repeat battery of testing and then starts HBOT once a day, five days a week, for eight weeks. After the 40 treatments, the participant is examined by Dr. Harch and then returns home for another eight weeks. Finally, the participant returns once more for cognitive testing and a visit with Dr. Harch, and then the participant has completed the study.

The other group also begins with full testing with the neuropsychologist and Dr. Harch, but instead of going home for eight weeks, the participant starts HBOT right away, the same eight-week treatment as the control group. After the eight weeks, the participant returns home for eight weeks, returns for follow-up testing, and then is done with the study.

No one in the study is given a placebo or fake treatment, which some have contested as being a kink in the research protocol.

However, Dr. Harch says that a placebo for HBOT is currently unknown, as a physician has not been able to pretend to give a patient pressurized oxygen without actually doing so without the patient knowing. Dr. Harch finds an argument for any placebo effect to be highly unlikely.

After gathering all of the screening and cognitive test results, Dr. Harch statistically compares a participant's status and levels of symptoms, IQ, etc. from the beginning of the study to immediately after HBOT. He then again statistically analyzes symptom results from the end of treatment to after the eight weeks the participant returned home to determine if the changes were maintained once treatment was completed.

The primary comparison being made is the results of no treatment versus treatment. The goal is to see whether the HBOT has the same result on both groups as well as to assess the permanence of HBOT treatment and whether the results dissipate over time.

1714

The mercury thermometer is created by Gabriel Fahrenheit.

1816

The stethoscope is invented by R.T.H. Laennec.



1754

Chest percussion becomes an accepted diagnostic tool.



What The Research Found

Dr. Harch has seen significant changes as a result of the HBOT. The average change in participants' IQ was 14 points. On average, participants improved a full standard deviation in delayed memory and two-thirds of a standard deviation in working memory and attention.

Eight of the 13 cognitive tests had extremely strong statistically significant changes, and all eight of the emotional measures, such as effects on depression, anxiety, quality of life, and so on, had highly statistically significant improvements as well. Participants also experienced a significant reduction in suicidal ideation and were able to decrease the dosage or discontinue their psychoactive medication.

Dr. Harch also compared the participants' brain blood flow (SPECT) scan results to SPECT scan results from a previous LSU study on healthy, normal people. Initially, the brain-injured participants' SPECT scans were statistically, significantly abnormal compared to the SPECT scans of those in the earlier study. However, after HBOT, the two groups became nearly indistinguishable. Brain blood flow had almost completely been normalized in a widespread manner in addition to the improvements in cognitive scores.

These results are in concordance with previous HBOT studies, and Dr. Harch feels they bear significant weight on the future of TBI medicine. He is also currently conducting another HBOT study for which he is actively seeking participants who have experienced traumatic brain injury at least six months to ten years ago (www.hbottbistudy.org).

"The research affects one of the most

"In addition, I'm going to apply this to cancer. We have evidence that in conjunction with other agents that we have identified as tumoricidal, we can combine them with hyperbaric oxygen."

common conditions that we have in society," said Dr. Harch. "TBI is one of the biggest health problems, one of the biggest drivers of healthcare costs, and one of the biggest contributors to long-term disability and unemployment, substance abuse, homelessness, even criminal activity."

He continued, "A therapy that stops the injury process very early on if rendered soon after the TBI, or that can help long-term dysfunctional patients by helping to ameliorate their symptoms and make them more functional, could potentially have a huge impact. This just has tremendous importance and application to society. I believe it's going to revolutionize the fields of medicine and neurology."

Future Applications of Hyperbaric Oxygen

While HBOT has shown positive results for wound repair and now TBI and PTSD, Dr. Harch does not plan to stop there.

In his book, *The Oxygen Revolution*, Dr. Harch tells the story of his mother, who developed severe dementia in her old age and was not given long to live. However,

after hyperbaric oxygen treatments, many of her physical, mental, and emotional faculties improved, and her life was extended by several years.

Dr. Harch is driven to replicate those results in other cognitively impaired patients and is currently designing studies to research treatments for various groups, but he has still more in store for exciting potential uses for hyperbaric oxygen therapy.

"In addition, I'm going to apply this to cancer," said Dr. Harch. "We have evidence that in conjunction with other agents that we have identified as tumoricidal, we can combine them with hyperbaric oxygen."

Dr. Harch will discuss these treatments and more in the upcoming update to his book.

While New Orleans may not be as well known for medical research contributions as other parts of the country, Dr. Harch believes that tide may turn with the discovery of new utilities for hyperbaric oxygen therapies.

"I firmly believe this is going to lead the country and revolutionize medicine in its applications," said Dr. Harch. "And it all started, or I should say really blossomed, right here." ■

1817

British physiologist Marshall Hall publishes *On Diagnosis*.

1895

Wilhelm Conrad Roentgen discovers x-rays and creates an image of his wife's hand.

C. 1850

Lab tests are developed for common diseases such as tuberculosis, cholera, typhoid, diphtheria, though the cures lag far behind.





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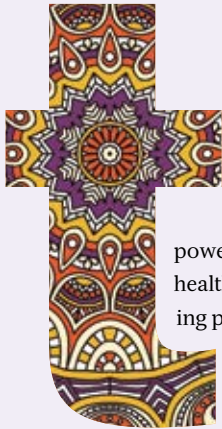


Smiling warmly in the newly opened Shaolin Institute in New Orleans' Gentilly neighborhood, kung fu grandmaster Shi Deru radiates the confident humility of the intrinsically powerful. He has been practicing meditation since growing up in China's Shaolin Temple, where kung fu, Zen (Chan), and meditation flow and blend together: "Kung fu is a way of Chan expression, a way of meditation to recover your true-self." Having completed both a medical degree in traditional Chinese medicine and an MA in exercise physiology in the U.S., he is particularly able to understand and explain the wellness benefits of meditation. Stress is key, and Deru points out that "Countless studies have shown the effect of stress on the body, both mentally and physically, and [how] it can manifest itself into different diseases such as high blood pressure or hypertension."



A Healthy State of





The idea that meditation is a healthy activity has been around, continuously and across the globe, since ancient times. (The word has the same etymological roots as “medical”—the Latin “mederi” meaning “to heal”.) Only recently, though, have biomedical scientists begun to understand the mechanisms underlying meditation’s beneficial effects, and the broad power of this simple practice to enhance health. The acceptance of meditation’s power to promote health is steadily growing among Western medical practitioners. Moreover, spurred by the burgeoning problem of chronic conditions like cardiovascular disease and diabetes, even health insurance companies have become interested in exploring this ancient practice.

Meditation is a single term for a variety of methods, some recently developed, some ancient, that involve quieting and focusing the mind in order to achieve mental and physical benefits.

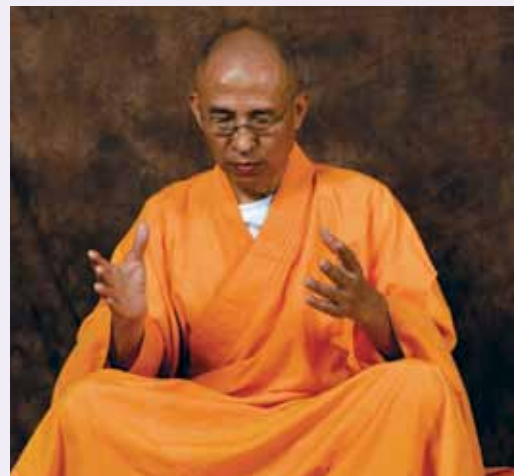
Two of the most popular and well-known meditation methods are concentrative meditation (a.k.a. focused attention meditation) and mindfulness meditation (a.k.a. open monitoring meditation).

Concentrative meditation, which includes transcendental meditation and guided imagery/visualization, focuses the mind through concentration on a repeated mantra, image, or idea.

Mindfulness meditation, which includes Zen meditation, is based on cultivating a sense of awareness of one’s thoughts, feelings, breath, and/or environment. Encouraging nonjudgmental awareness or observation of thoughts, emotions, and/or perceptions, this method is akin to a type of focused listening. Qi gong, tai chi, yoga, and walking meditation use movement as an additional point of focus to cultivate a meditative state.

What these different practices share is the achievement of a state of calm focus that both relaxes and energizes the body. This is not a sleepy or “zoned out” trance state. On the contrary, a recent EEG study of Zen meditation by German and Italian researchers Hauswald et al., suggest that it is a highly active state of mind. In the words of Shi Deru, “To meditate is to let [the life energy of the body] freely balance and flow.” One practitioner described it as the state you would want to be in if you were a samurai warrior—calm, focused, and highly aware; that is, not frenzied or agitated but not drowsy or lethargic, either.

For those of us who hold no ambitions to be samurai, kung fu temple defenders, or any other kind of warrior, though, is it worth the effort to cultivate this state? Is this really a practice for ordinary



“To meditate is to let [the life energy of the body] freely balance and flow.”

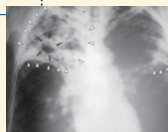
– Master Shi Deru

1896

Improving on Hale’s manometer, S. Riva Ricci invents the sphygmomanometer for measuring blood pressure.

1900

Chest x-rays allow for early diagnosis of tuberculosis



c. 1905

Radiology becomes a sub-specialty





Tulane associate professor **Nereida Parada, MD**, medical director of Balance Integrative Health

folks living in 21st Century Louisiana? Tulane associate professor Nereida Parada, MD, is emphatic that it is. The medical director of Balance Integrative Health, a multi-faceted wellness center in the New Orleans Garden District, she has also co-founded the Mind Body Center of Louisiana- a non-profit that focuses on teaching and raising awareness of the benefits of mind-body medicine. She asserts that the common health concerns of Louisianans, such as heart disease, obesity, diabetes, allergies, and asthma, are largely due to poor wellness practices in the areas of relaxation, nutrition, and exercise. While she believes that exercise is the most important of these three in the Louisiana patient population, relaxation, which meditation can help to achieve, is also vital.

Many chronic diseases commonly seen in our culture and time are largely the products of an imbalance between activation of the parasympathetic and sympathetic nervous systems. These systems, essentially physiological opposites, complement each other to respond to different survival needs. The parasympathetic system is responsible for functions like digestion, repair and healing, and sex— sometimes called the “rest and digest” or “feed and breed” response. These “peacetime” functions are all needed for optimal survival during times of safety.

During times of danger, though, the sympathetic system kicks in, with the “fight or flight”, or stress, response—increasing heart rate and contraction force, dilating the bronchioles in the lungs, and inhibiting those

“rest and digest” parasympathetic functions. Blood vessels in skeletal muscle dilate while those in gastrointestinal organs, kidney, and skin constrict, diverting the body’s resources to maximize defense in the face of a threatening force. Whereas our bodies evolved to move into the sympathetic state while in danger, and then move back to the parasympathetic state, the pressures and complexities of modern life can lead to staying in the sympathetic state for unnaturally long stretches.

Dr. Parada asserts that while a state of “sympathetic overdrive” might accelerate productivity and performance in the short-term, it is harmful in the long-term. When in a constant state of stress, the body is not allowed enough parasympathetic time, and processes like repair and healing suffer. It also leads to maladaptive immune system activation. Chronic stress leads to chronic inflammation, and stress is associated with a broad range of health problems, as different as cardiovascular disease, asthma, and irritable bowel syndrome. First described by Dr. Herbert Benson, the relaxation response is essentially the opposite of the fight-or-flight/stress response. The wellness idea behind meditation is to counter the sympathetic overdrive of chronic stress by inducing this relaxation response.

Benson’s idea of the relaxation response is strikingly parallel to the traditional Chinese medicine (TCM) idea of how meditation works, as explained by Shi Deru. The Chinese model is centered on the idea of “Qi”, which could be roughly conceptualized as life energy flow. Translating this idea into the Western physiology view, Qi

1906

Dye or contrast is used in x-rays to help visualize blood vessels, gastro-intestinal systems, and other internal systems for the first time.



1910

The diagnosis of gastrointestinal disease is improved by the use of barium sulfate.

Wilhelm Einthoven invents a device to measure and record the electric signature of the heart—the first electrocardiograph (ECG).

1906



The Chinese character for Qi



With respect to meditation, yin and yang Qi in the TCM system essentially correspond to the parasympathetic and sympathetic nervous systems of the autonomic nervous system.

corresponds to the sum of all of the hormones, nerve impulses, blood flow, etc., that work together to carry out a unified physiological function; the unified working of a biologically functional system.

Yin and yang are opposite manifestations of Qi that must work together and balance each other. With respect to meditation, yin and yang Qi in the TCM system essentially correspond to the parasympathetic and sympathetic nervous systems of the autonomic nervous system. In the TCM view, if yin and yang Qi are not in balance, sickness will result. The corresponding, emerging Western biological hypothesis is that the fight-or-flight response must be in balance with the relaxation response, and that an imbalance between the two is responsible for many of the “first world” chronic diseases commonly seen today.

A growing body of clinical evidence supports the usefulness of meditation for not only chronic diseases, but also management of conditions like multiple sclerosis, cancer, pain, and psychological disorders. Traditionally, it has also been used to enhance and direct the body’s own healing, including wound healing. In a particularly dramatic example of this, Shi Deru sustained extensive injuries when a crowd of over 100 villagers, mistakenly associating him with government officials who had taken their land, attempted to beat him to death. (As a Buddhist, he refused to fight back with any techniques that could have hurt any of the villagers.) To recuperate from the injuries he sustained, he “spent at least 26 hours meditating” and doing Qi Gong, a traditional Chinese moving meditation practice that seeks to cultivate and balance Qi.

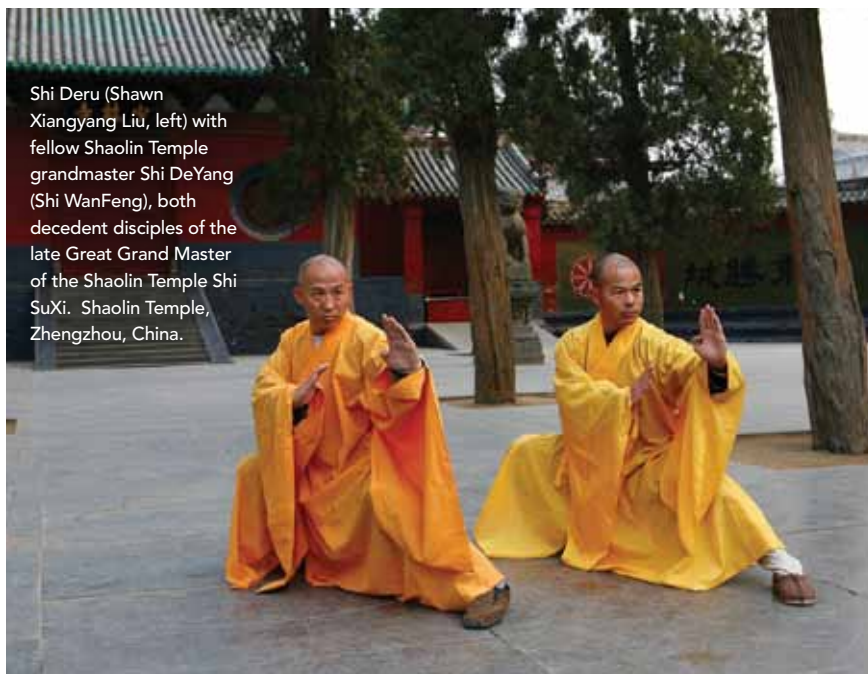
“Your body can be the most effective factory to produce the most effective drug in the world,” he explains, “One just needs the recipe found within the genes. The information can be accessed at any time, but only after having ridden oneself of both social and cultural interference through deep breathing and quiet meditation.” His ideas are supported by University of Wisconsin

researchers Davidson et al., who found that mindfulness meditation significantly increased antibody titers after influenza vaccination, compared with non-meditating controls.

As to the question of mechanisms underlying meditation’s diverse effects, one study is particularly illuminating. A collaborative team, Bhasin et al., looked at the transcripts of study subjects to characterize gene expression changes associated with meditation. Two groups of study participants were included: one group of long-term practitioners of meditation and other relaxation response-inducing practices, such as yoga and Qi Gong, and one group of novices, who had never tried any such techniques. The novices then underwent an 8-week training session in the techniques. During relaxation response-inducing test sessions, blood samples were collected from the long-term practitioners, novice practitioners before training, and novice practitioners after training.

Comparing both long term practitioners and trained novices to the novices before training, expression changes were documented in a wide array of genes, with some genes up- or downregulated only in long-term practitioners, but many also in the novices after just 8 weeks of training. Genes with upregulated expression were linked to pathways responsible for energy metabolism, the electron transport chain, biological oxidation, and insulin secretion, implying that meditation may work to enhance the efficiency of oxidation–reduction reactions in the cell, and thereby reduce oxidative stress. Downregulated genes included NF-kB and other transcription factors involved in inflammation. Decreased expression of these genes would be expected to reduce oxidative stress, insulin resistance, and apoptosis, which could reduce the likelihood of hypertension, obesity, insulin resistant diabetes mellitus, and hyperlipidemia. The long-term practitioners also showed increased expression of telomerase and other genes important for slowing cellular aging and

MEDITATION



Shi Deru (Shawn Xiangyang Liu, left) with fellow Shaolin Temple grandmaster Shi DeYang (Shi WanFeng), both decedent disciples of the late Great Grand Master of the Shaolin Temple Shi SuXi. Shaolin Temple, Zhengzhou, China.

maintaining genomic stability.

In addition to the Bhasin et al. transcriptome study, several other reports have found a reduction in oxidative stress in response to meditation. One such study looked at Kouksundo, a traditional Korean mind-body practice that is similar to yoga but emphasizes deep-breathing meditation. After practicing Kouksundo for an average of about 3 years, participants had significantly lower reactive oxygen species, as well as significantly lower nitric oxide and malondialdehyde levels, all markers of oxidative stress, and reduced levels of the stress hormones cortisol and norepinephrine.

Another body of research has examined neural changes associated with meditation.

Structural changes seen in long-term meditators include increased cortical thickness in a number of areas, increased gray matter density, increased hippocampal volume, and reduced age-related loss of gray matter. Changes in white matter can already be detected after just short-term meditation training. In terms of outcomes, mind-body techniques like meditation have been shown to be effective against a range of mental health disorders, from depression to PTSD, while significantly reducing perceived stress.

The use of meditation in the hospital is also growing. However, “we tend to do this very late in disease,” states Dr. Parada. “Cardiac rehabilitation, pulmonary rehabilitation...we tend to do it very late in the

spectrum of the disease, but we really should start these things as young as possible.” According to Dr. Parada, most people don’t realize how much stress they are under and what a profound effect it can have. “You have to motivate people very kindly to become aware that they do have stress in their lives,” she says, adding that stress can take many different forms, and that there are good stressors and bad stressors. “There can be family tensions, work tensions, relationship tensions, and financial stress, which can be a very big one”, but “even good changes in life, like a new job or a new child, can have an effect on the body physiologically.” Meditation, as well as other tools like biofeedback, can help foster this kind of awareness and help induce the relaxation response needed to balance the stress.

While the scientific study of meditation is in its infancy, the belief in its power for well-being is far from new. “Half an hour’s meditation each day is essential, except when you are busy. Then a full hour is needed.” This prescription, made way back in the Renaissance by Catholic priest Saint Francis de Sales, concurs with the beliefs of contemporary Buddhist leaders like Thich Nhat Hanh and the Dalai Lama. Sufi and mystic Jewish traditions have also embraced the value of meditation, as have Hindu practices predating the Buddha by over 1,000 years. Now, it’s science’s turn, and an expanding body of data is supporting meditation’s potential as a tool for healing, preventative medicine, and well-being. ■

1945

First visualization of the coronary arteries.

1955

The x-ray image intensifier allows dynamic x-ray imaging that can be shown on television screens.

1946

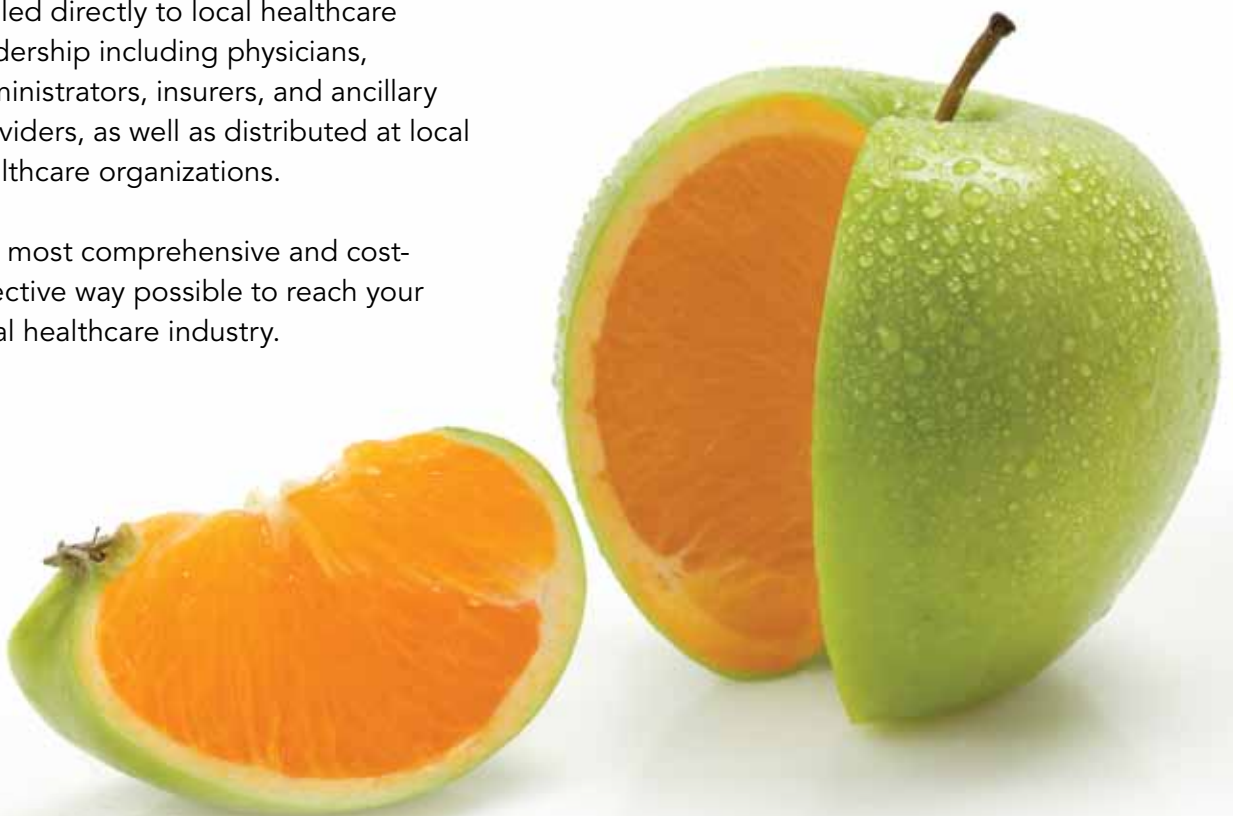
Development of the film cassette changer by George Schoenander allows for a series of cassettes to be exposed at a rapid rate.



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HEALTHCARE
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PCMH

WHAT MAY BE ON THE HORIZON FOR PHYSICIANS

Medicine has used acronyms for hundreds of years to describe clinical conditions. CHF, MI, COPD, BPH, and CRF are examples with which we are all familiar. Now we use acronyms to describe the organizational and structural aspects of medicine. Two of the more recent are ACA (Affordable Care Act) and ACO (Accountable Care Organization). Now there is a new acronym, PCMH, or Patient Centered Medical Home, that is looming on the horizon.



For several decades the government and insurance companies have made attempts to control the spiraling cost of medical care. In the United States we spend 17% of GDP on healthcare, which is the highest in all of the developed countries in the Western Hemisphere. Total healthcare spending in the

1960

The first ultrasound is made possible through the use of sonar technology developed during World War II.

1972

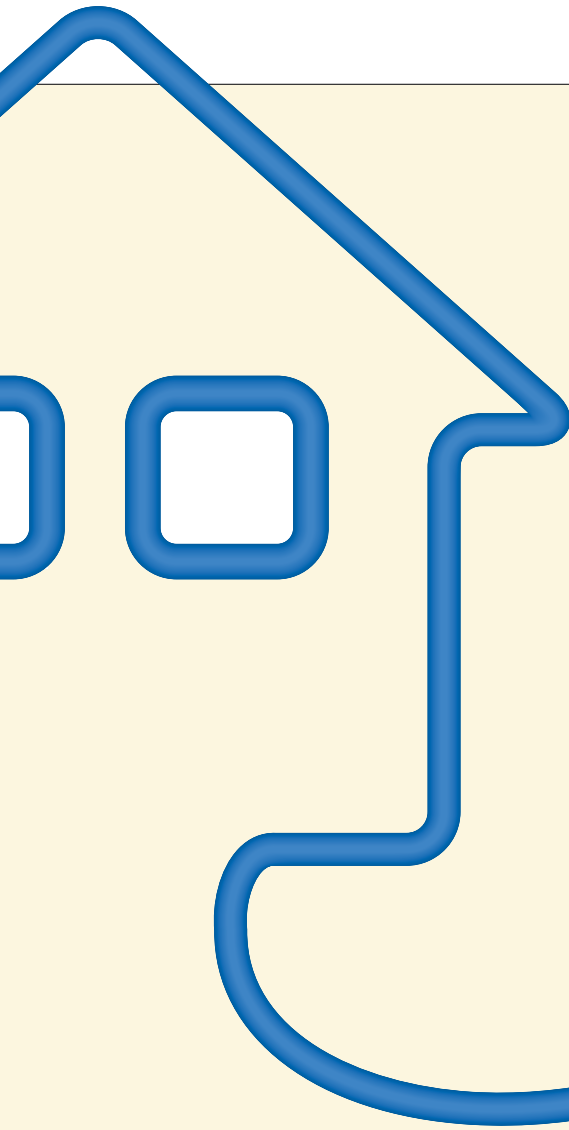
Geoffrey Hounsfield and Allan Cormack invent Computed Tomography (CT) scanning.



1971

Blood is tested for hepatitis B for the first time.

By Dr. Joshua Lowentritt, CEO, Louisiana Physicians ACO
and Dr. Neil Baum, Clinical Associate Professor of Urology,
Tulane Medical School



DEFINITION OF PCMH

The PCMH is an attempt to improve healthcare in America by transforming how primary care is organized and delivered. The medical home is best described as a model or philosophy of primary care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety. It has become a widely accepted model for how primary care should be organized and delivered throughout the healthcare system, and is a philosophy of healthcare delivery that encourages providers and care teams to

United States is expected to reach \$4.8 trillion in 2021, up from \$2.6 trillion in 2010 and \$75 billion in 1970. To put it in context, this means that healthcare spending will account for nearly 20 percent of gross domestic product (GDP), or one-fifth of the U.S. economy,

by 2021.¹ If the trend continues, the cost of healthcare will be unsustainable. Therefore, efforts have been made at every level of medicine to control costs. Also, added into the mix of government intervention is an effort to improve the quality of healthcare.

1976

First home pregnancy test is approved by the FDA.

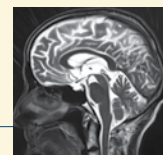


1978

Digital technology allows the conversion of x-rays into much clearer and more easily stored digital images.

1980

The first magnetic resonance imaging (MRI) of the brain is performed.



meet patients where they are, from the most simple to the most complex conditions. It is a place where patients are treated with respect, dignity, and compassion, and enables strong and trusting relationships with providers and staff. Above all, the medical home is not a final destination; instead, it is a model for achieving primary care excellence so that care is received in the right place, at the right time, and in the manner that best suits a patient's needs.

Building on the work of a large and growing community, the Agency for Healthcare Research and Quality (AHRQ) defines a medical home not simply as a place, but as a model of the organization of primary care that delivers the core functions of primary healthcare.²

The medical home encompasses five functions and attributes:

1. Comprehensive Care

The medical home is accountable for meeting the large majority of each patient's physical and mental healthcare needs, including prevention and wellness, acute care, and chronic care. Providing comprehensive care requires a team of care providers. This team might include physicians, advanced practice nurses, physician assistants, nurses, pharmacists, nutritionists, social workers, educators, and care coordinators. Although some medical home practices may bring together large and diverse teams of care providers to meet the needs of their patients, many others, including smaller practices, will build virtual teams linking themselves and their patients to providers, specialists, including urologists, and services in their communities.

2. Patient-Centered

The medical home provides primary healthcare that is relationship-based with an orientation toward the whole person. Partnering with patients and their families requires understanding and respecting each patient's unique needs, culture, values, and preferences. The medical home practice actively

supports patients in learning to manage and organize their own care at the level the patient chooses. Recognizing that patients and families are core members of the care team, medical home practices ensure that they are fully informed partners in establishing care plans.

3. Coordinated Care

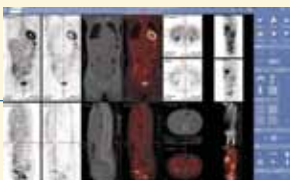
The medical home coordinates care across all elements of the broader healthcare system, including specialty care, hospitals, home healthcare, and community services and supports. Such coordination is particularly critical during transitions between sites of care, such as when patients are being discharged from the hospital. Medical home practices also excel at building clear and open communication among patients and families, the medical home, and members of the broader care team.

4. Accessible Services

The medical home delivers accessible services with shorter waiting times for urgent needs, enhanced in-person hours, around-the-clock telephone or electronic access to

\$700b

With the U.S. spending roughly 30 percent or \$700 billion on unnecessary healthcare services, consensus continues to build around the patient-centered medical home and its critical role in achieving the three main objectives: better care, better health, and lower costs.



1985

Scientists at the University of California develop Clinical Positron Emission Tomography or PET scans.

1989

MR angiography allows non-invasive imaging of blood vessels without radiation or contrast.

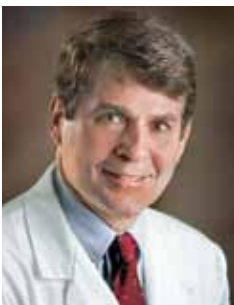
1985

A blood test for HIV is introduced.





Dr. Joshua Lowentritt



Dr. Neil Baum

a member of the care team, and alternative methods of communication such as email and telephone care. The medical home practice is responsive to patients' preferences regarding access.

5. Quality and Safety

The medical home demonstrates a commitment to quality and quality improvement by ongoing engagement in activities such as using evidence-based medicine and clinical decision-support tools to guide shared decision making with patients and families, engaging in performance measurement and improvement, measuring and responding to patient experiences and patient satisfaction, and practicing population health management. Sharing robust quality and safety data and improvement activities publicly is also an important marker of a system-level commitment to quality.

AHRQ recognizes the central role of health IT in successfully implementing the

key features of the medical home. Additionally, AHRQ notes that building a delivery platform that the healthcare system can rely on for accessible, affordable, and high-quality healthcare will require significant workforce development and fundamental payment reform.

With the U.S. spending roughly 30 percent or \$700 billion on unnecessary healthcare services, consensus continues to build around the patient-centered medical home and its critical role in achieving the three main objectives: better care, better health, and lower costs. More than 90 health plans, dozens of employers, 43 state Medicaid programs, numerous federal agencies, hundreds of safety net clinics, and thousands of small and large clinical practices nationwide have adopted this innovative model.

WHAT IMPACT WILL PCMH HAVE ON MEDICAL PRACTICES?

NCQA recently introduced Patient-Centered Specialty Practice (PCSP) recognition. The goal of this evaluation program is in sync with the government's efforts to improve quality and coordination of care. Sharing information between the PCP and the specialty practice is central to this goal.

The PCSP program participants are expected to:

1. Develop and maintain referral agreements and care plans with the PCP practices
2. Provide superior access to care including electronically, when patients need it
3. Track patients over time and across clinical encounters to ensure that patients' care needs are met, and
4. Provide patient-centered care that includes the patient, and when appropriate the family or caregivers, in planning and setting goals.

The PCSP also evaluates medications management, test tracking and follow up, and information flow over transactions between PCP and specialists. The PCSP will also focus on clinical outcomes and

the patient experience. Outcome examples will include readmissions within 90 days of discharge from the hospital and the patient experience will include patient satisfaction.

Hopefully this program of coordination between PCPs and specialists will reduce cost of care and improve quality of care. The purpose of the PCSP is to improve coordination in the outpatient setting, which will lead to a reduction of duplication of procedures and tests and to fewer hospitalizations.³

Those practices that plan to embrace and implement a PCMH can plan to use strategies to enhance access, such as home or telephone visits. These practices will have to identify high-risk patients and use evidence-based clinical guidelines, performance monitoring, and electronic health records to improve quality and safety.

For physicians who are interested in participating in the PCMH, they will have to demonstrate cost effectiveness. Doctors' practice patterns, cost of care, and outcomes data will be transparent to PCMHs, ACOs, and insurers. The hub of the PCMH will be the primary care doctor and they will want to see cost data for the most expensive diseases that are managed by your practice. For example, for a urologist they may look at a screening for prostate cancer and whether you stop screening men over the age of 75. They will also look at the number of men with prostate cancer that you treat with watchful waiting, which is certainly going to be more cost-effective than surgery or radiation therapy. They will want to see your approach to erectile dysfunction and how many men are treated conservatively rather than receive a penile prosthesis. The captains of the PCMH ship will also look at your approach to managing the patient with chronic diseases, i.e., CHF, diabetes mellitus, and chronic renal failure, and if you use conservative management and a health coach to keep your patients out of the emergency room and reducing the number of readmissions to the hospital for these chronic diseases.



WILL THE PATIENT CENTERED MEDICAL HOME WORK?

According to strategists, the PCMH is an opportunity to reign in costs and improve the quality of care including the outcomes of care. Patients are more likely to receive the right care, in the right place and at the right time. With patients receiving care and engagement between doctor visits, they are less likely to use high cost such as the emergency room. With patients engaged in their care, they are less likely to delay care or leave untreated. Using the PCMH, there is going to be less duplication of services such as labs, imaging, and even procedures. Patients with chronic conditions such as diabetes, chronic renal failure, heart disease, and COPD may receive better care and will certainly improve outcomes and

patient satisfaction and ultimately lower the cost of care. Finally, the PCMH is going to focus on wellness and disease prevention, which hopefully will decrease the severity of chronic diseases and illnesses.⁴

ACOs (accountable care organizations) and PCMHs both are incentivized to provide higher-quality, lower-cost care to Medicare patients. Individual physicians whose practice patterns are found to be on the wrong end of the value equation, lower quality and/or higher costs will potentially lose referrals. We predict that the PCMHs will either discuss the costs with the individual physician and make requests for improved value or simply change the referral patterns. We believe that doctors who demonstrate higher-quality, lower-cost care with excellent physician communication and good patient satisfaction will prosper with the new models.

IMPACT ON PATIENTS AND STAFF

Patient-centered medical homes have the goal of improving the experience of the key partners in healthcare: patients and staff. Current evidence suggests short-term benefits of PCMH for both patients and staff.^{5,6} There is also weaker evidence that indicates that PCMH criteria are associated with small improvements in patient experiences, on both overall measures of patient satisfaction and measures of patient-reported or patient-perceived level of care coordination.⁷

At the present time there is no evidence or studies that demonstrated that the PCMH reported any effects on staff retention, which will be an important consideration as staff turnover is such an expensive component of overhead costs.

QUALITY MEASURES

This is where the rubber hits the road: are the outcomes better for patients who are managed in a PCMH? The process is still relatively new and the random controlled trials have not reached a consensus at this time. However, a single observational study found a lower rate of functional decline (31% vs. 49% of patients) at 1-year follow-up in older adults receiving functional PCMH care.⁸ In the older adult population, limited data show that PCMH may have a positive effect on mortality. A single good-quality observational study found a mortality benefit at 1 year that was no longer significant at 2 years.⁹ Two other studies, 1 RCT, 1 observational, had non-statistically significant findings also in the direction of lower mortality, pointing to the potential benefit of continuing to examine intensive PCMH-type interventions.¹⁰

There is some evidence that the PCMH will reduce the number of expensive emergency room visits for patients with chronic medical problems. Compared to other Group Health clinics, patients in the medical home

experienced 29 percent fewer emergency visits and 6 percent fewer hospitalizations.¹¹

PCMH AS A POTENTIAL FOR MEDICAL PRACTICES

Primary care practices have traditionally been thought of as being the most logical “medical home” capable of managing and coordinating care for patients with chronic conditions. There are going to be some aggressive and prescient specialty practices who will see a great opportunity for specialists to serve as the medical home for well-defined groups of patients. For example, pulmonology clinics could serve as the medical home for COPD, asthma patients, as well as those with long term tracheotomy or home ventilators. Subspecialty urology practices with a focus on interstitial cystitis or incontinence may similarly be inclined to take on this role. A recent article published in the *Journal of Urology* by Sakshaug et al. discovered that nearly three-quarters of urology practices meet national standards required for a medical home.¹² The investigators found that urology practices scored higher than primary care practices on medical home readiness including achieving a higher percentage of “must pass” elements that are required for medical home recognition.

Let’s face it; we aren’t using the same skills that we learned decades ago during our residency and fellowship programs. We have adapted and learned new skills and new treatments for managing the same diseases. Those doctors who embraced

change will be the ones whose practice is more likely to last. As that great bard and philosopher Bob Dylan, said:

*And the first one now
Will later be last
For the times they are a-changin’.*

BOTTOM LINE

The PCMH model is being widely implemented in various healthcare systems and includes key principles that are encouraged in the Affordable Care Act and required for recognition as an Accountable Care Organization.¹³ Despite this impetus for

implementation and agreement on broad concepts, such as enhancing team-based care and patient access, reducing costs, enhanced transparency, and improvement in outcomes, the exact approaches to PCMH have yet to be defined. The PCMH model is a conceptually sound approach to organizing patient care and appears to hold promise, especially for improving the experiences, and hopefully the outcomes, of patients in the healthcare system. At this time no menu is yet available for specialty groups to engage their participation in the PCMH. But stay tuned as this new model of care unfolds. ■

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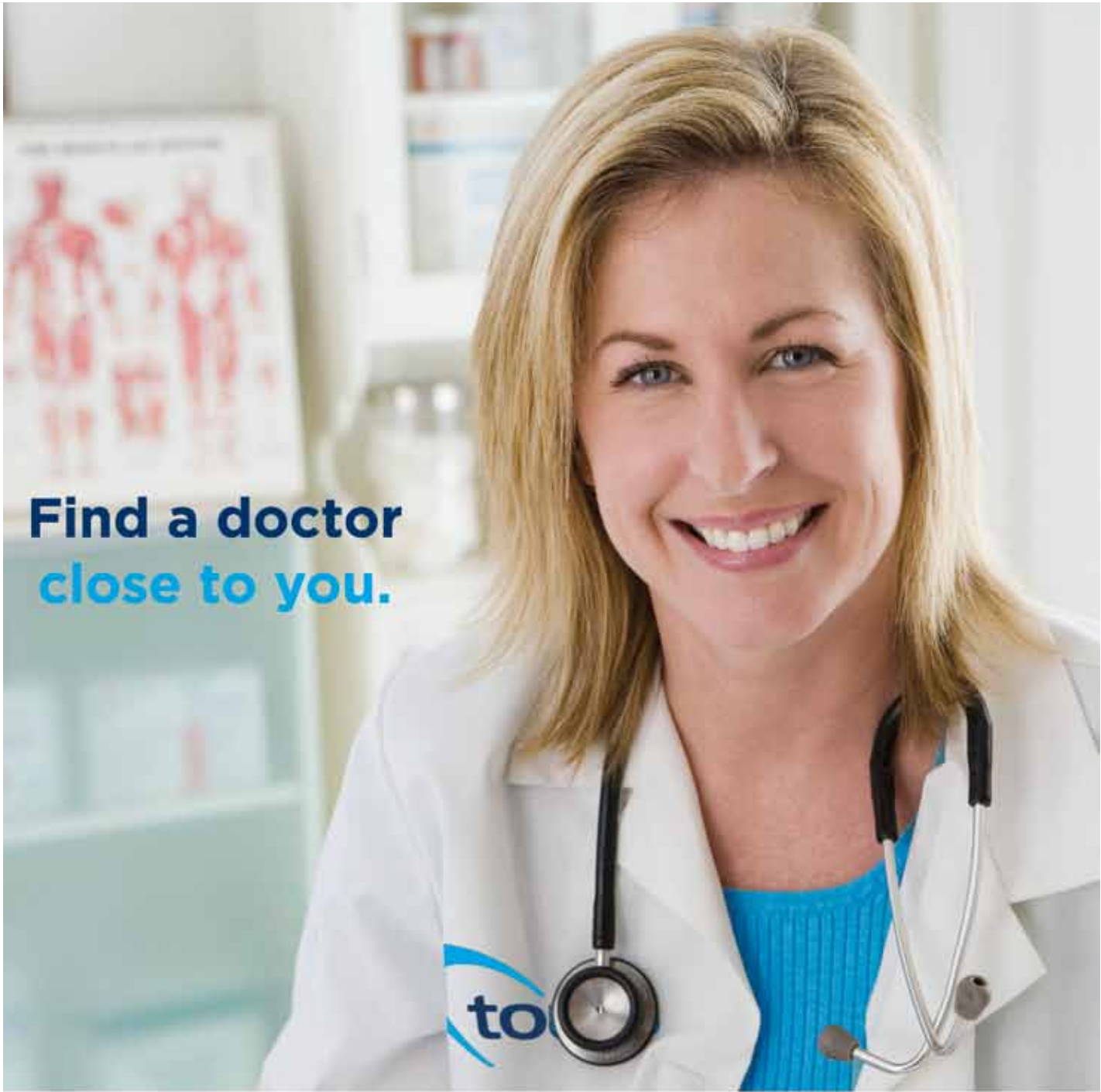
1993

The open MRI is created, removing a barrier for the severely claustrophobic, anxious, or obese patient.

2014

The silent MRI eliminates the knocking sound that made the original procedure unpleasant.

*FOR SOURCES AND ATTRIBUTIONS OF
TIMELINE IMAGES SEE PAGE 66



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HEALTHCARE **briefs**

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LEFT First place winner Burnell Cotlon pitching on stage.

9TH WARD GROCERY STORE WINS PROPELLER PITCH

Ten entrepreneurs with ideas for a healthier New Orleans took the stage at PitchNOLA: Living Well recently at the Propeller Incubator in front of a packed audience of community members and health advocates. Louisiana ranks 48 out of 50 states in overall health. The solutions presented offered opportunities to make significant impact in critical areas including maternal health, food literacy and security, and access to healthcare. *See full story on page 43*

PHOTOS BY CHET OVERALL

HEALTHCARE BRIEFS

STATE

LaHIE Launches Patient Portal

The Louisiana Health Care Quality Forum has announced the launch of the Louisiana Health Information Exchange (LaHIE) Patient Portal. The LaHIE Patient Portal is a secure, online website that provides patients with 24-hour access to their personal health information. In order to access the portal, their healthcare provider must be actively participating in LaHIE and subscribed to the service.

LaHIE is the state's electronic health system that allows authorized doctors to view and share patient data through a secure platform. Patients must register with their doctors to gain access to the portal. Once registered, they will be able to review their personal health information using a secure username and password. Only information stored by participating LaHIE providers will be available through the portal.

LOPA Launches Podcast

The Louisiana Organ Procurement Agency (LOPA) is always looking for new ways to inform the public about the critical need for organ, eye, and tissue donors and inspire them to join the donor registry. LOPA has launched a new podcast, *The Gifted Life*, to reach more audiences and hopes to give people the information they need to make an educated decision about donation.

You can listen to the podcast either on your computer, by going to www.lopa.org/podcast, or on your mobile device using a podcast app.

DHH Opens New Public Health Laboratory

The Louisiana Department of Health and Hospitals (DHH) recently opened a new public health laboratory in Baton Rouge. The public health laboratory serves as the primary daily testing center for many purposes from ensuring safe drinking water for our residents to screening for genetic and metabolic disorders in newborns. It also is a central part of Louisiana's response during public health events, including food borne illness, Ebola, and radiation events, to name a few.

The goal of the Office of Public Health (OPH) Laboratory is to protect the health and safety of Louisiana residents by providing accurate and timely laboratory data to state officials, public health programs and the general public. There are over 30 statewide public health programs, and state and federal law enforcement agencies that use OPH Laboratory

data. These programs encompass preventative and environmental health, infectious disease and environmental epidemiology, emergency preparedness and disaster response, and forensic testing for biological and chemical threats.

Louisiana to Receive Future of Nursing Grant

The Robert Wood Johnson Foundation (RWJF) recently announced that the Louisiana Action Coalition (LAC) will receive a second two-year grant through the Future of Nursing State Implementation Program (SIP). The \$7.65 million initiative is helping states prepare the nursing profession to address our nation's most pressing healthcare challenges—access, quality, and cost. Louisiana is one of 18 states receiving its second two-year grant of up to \$150,000.

All SIP grantees must obtain matching funds and to date, states with SIP grants have raised more than \$8.9 million beyond their RWJF funding. Louisiana's matching funders for this grant are: BlueCross BlueShield of Louisiana Foundation, Louisiana Health Works Commission, Great 100 Nurses Foundation, and Gifted Healthcare LLC. Matching funds for LAC's previous SIP grant were provided by The Rapides Foundation.

Barbara Morvant, MSN, RN, SIP project director and LAC core leadership team member, said LAC will focus on two main objectives over the next 24 months. "We need to help diversify the nursing workforce in Louisiana to better match our population," she said. "So we will be working with experts across the state to establish initiatives that will advance that goal. And further, the IOM calls upon nursing to lead change in health care delivery. There is a tremendous need to develop new nurse leaders to meet this challenge, so we will be working collaboratively to develop programs that prepare and support emerging nurse leaders to build healthier communities."

Louisiana Cuts TB by More than Half

The Louisiana Department of Health and Hospitals' (DHH) Tuberculosis (TB) Control Program has received a new ranking that places Louisiana below the national average in tuberculosis cases. The Centers for Disease Control and Prevention (CDC) ranking demonstrates the significant progress the program has made over the past five years.

Though many states experienced increases in their case rates last year, Louisiana's case rate in 2014 was 2.6 per 100,000 (TB cases per 100,000 person population), a 59-percent reduction from the 2010 case

rate of 4.4 per 100,000. In 2014, Louisiana moved to 12 percent below the national case rate, and the progress over the past five years has improved Louisiana's ranking among states with the highest TB case rates. In 2010, only eight states had higher case rates than Louisiana. By 2014 that number doubled, with 16 states having higher case rates than Louisiana.

Report: Many Not Told of Alzheimer's Diagnosis

The Alzheimer's Association 2015 Alzheimer's Disease Facts and Figures report, found that only 45 percent of people with Alzheimer's disease or their caregivers say they were told the diagnosis by their doctor. In contrast, more than 90 percent of people with the four most common cancers (breast, colorectal, lung and prostate cancer) say they were told the diagnosis.

There is widespread agreement among healthcare professionals that people should be told of their diagnosis. This is founded upon general principles of medical ethics, as well as research into the benefits of such disclosure. According to the Alzheimer's Association, telling the person with Alzheimer's the truth about the diagnosis allows the person with Alzheimer's to maximize his or her quality of life and play an active role with the family in planning for the future and should be standard practice.

The 2015 Facts and Figures report also provides an in-depth look at the prevalence, incidence, mortality and economic impact of Alzheimer's disease and other dementias – all of which continue to rise at staggering rates as the American population ages.

•According to the report, an estimated 5.3 million Americans have Alzheimer's disease in 2015, including 82,000 in Louisiana.

Alzheimer's is the costliest disease to society. Total 2015 payments for caring for those with



Alzheimer's and other dementias are estimated at \$226 billion, of which \$153 billion is the cost to Medicare and Medicaid alone. There are 230,000 Alzheimer's caregivers in Louisiana providing 262 million hours of unpaid care valued at over \$3 billion.

The Louisiana Chapter will host a State Advocacy Day at the Capitol in Baton Rouge on May 27, and a Provider's Conference for professional education focused on Mild Cognitive Impairment at the Pennington Biomedical Research Center on June 23.

Full text of the Alzheimer's Association 2015 Alzheimer's Disease Facts and Figures report can be viewed at www.alz.org.

Louisiana Ranks 40th on Wellbeing Scale

Gallup and Healthways have released their annual "State of American Well-Being: 2014 State Well-Being Rankings" report. Louisiana comes in 40th, ranking higher than neighbors Arkansas, Mississippi, and Alabama, but falling far short of Texas' number 10 ranking.

This is the seventh consecutive year of the analysis, which is based on data from the Gallup-Healthways Well-Being Index® collected from 2.1 million surveys of adults on their sense of wellbeing based on the following components:

- Purpose: Liking what you do, motivated to achieve goals
- Social: Having supportive relationships and love in your life
- Financial: Managing economic life to reduce stress and increase security
- Community: Liking where you live, feeling safe, having pride in your community
- Physical: Having good health and enough energy to get things done every day.

Louisiana scored a 9; 31; 48; 35; and 43 respectively on each of those factors.

Gallup says sense of wellbeing correlates with both the utilization and cost of healthcare and productivity measures such as absenteeism and job performance.

For the first time Alaska took the number one spot, followed by Hawaii, South Dakota, Wyoming, and Montana. Kentucky and West Virginia claimed the two bottom spots.

LOCAL

9th Ward Grocery Store Wins Propeller Pitch

Ten entrepreneurs with ideas for a healthier New Orleans took the stage at PitchNOLA: Living Well

on Tuesday, April 21, 2015 at the Propeller Incubator.

Propeller awarded \$10,000 in seed funding, provided by the W.K. Kellogg Foundation, to the evening's three Finalists, selected by a judging panel of Dr. John Elstrott, Dr. Florencia Polite, and Dr. Joe Kanter.

Burnell and Keasha Cotlon won the \$5,000 First place prize for The Lower 9th Ward Market, the first food store to open in the area in the 10 years since Hurricane Katrina. The Lower 9th Ward Market is currently in operation at the corner of Caffin Avenue and North Galvez Street. Prior to the market's opening in November 2014, many nearby residents were traveling 5 miles or 3 bus lines to reach the nearest grocery store.

With \$5,000 in funding from PitchNOLA, the Cotlons plan to expand their inventory and purchase a second truck, allowing them to pick up more fresh produce and make local deliveries. "We're going to fight every day until we make our community look like the rest of the city," said Mr. Cotlon.

The Second place prize of \$3,000 went to current Propeller Accelerator Fellow Community Plates (communityplates.org/new-orleans-la/), a solution to food waste and food insecurity that leverages volunteers through a mobile app. In the last six months, Community Plates has saved 9,500 fresh meals from being thrown away, and helped redirect them to receiving agencies like shelters, food pantries, and soup kitchens.

The Third place prize of \$2,000 went to the Urban Farmstead (southboundgardens.com), an educational center dedicated to teaching Permaculture design and homesteading skills like growing fresh produce, composting methods, and integrated water management, while also providing vegetables and starter plants through its sister organization, Southbound Gardens. Over the next year, the Urban Farmstead plans to increase the extent to which people are growing their own food in New Orleans, and address food access issues in Central City through free workshops to neighborhood residents.

The Audience Favorite award of \$1,310.44 went to Birthmark Doulas' (birthmarkdoulas.com) latest initiative, the NOLA Milk Bank, which will be Louisiana's first accredited service to improve health outcomes for mothers and babies through access to a safe, high quality supply of donor breast milk. The prize was funded entirely by audience donations and determined by a live text-in vote from the audience.

The competition brought together partners working to increase access to health and wellness across the city: Louisiana Public Health Institute, Tulane's Prevention Research Center, Louisiana State

University, Ochsner Health System, Institute for Mental Hygiene, Market Umbrella, The Rethinkers, as well as food sponsors Whole Food Market, and Be Well Nutrition.

LSU Awarded Grants to Leverage Innovation

Four projects at LSU Health New Orleans have been awarded grants totaling more than \$155,000 in the second phase of the LSU LIFT2 Grant Program. The Program was created by the LSU Board of Supervisors in January 2014 to help "Leverage Innovation for Technology Transfer" across all the campuses of the LSU system. Grants are awarded to faculty on a competitive basis twice a year, in amounts up to \$50,000, to validate the market potential of their inventions.

Drs. Charles Hilton and John Paige were awarded \$28,151.12 to translate the Bengal Interface developed at LSU Health New Orleans to a worldwide marketplace of owners of computer-based human patient simulation manikins. This custom software has helped to overcome significant limitations of commercially available simulators.

Dr. Francesca Peruzzi was awarded \$32,900 to further the development of a new class of treatments for glioblastoma, a brain cancer with a five-year survival rate of only 3%. Unlike the current standards of treatment, the new treatment is a biological-targeted therapy, a relatively new approach to cancer treatment.

Dr. Seth Pincus was awarded \$47,000 to optimize a panel of anti-HIV antibodies that can be modified for either the prevention or treatment of HIV infection.

Dr. Hong Xin was awarded \$47,000 to further the development of vaccines to protect against invasive fungal infections as well as antibodies to prevent fungal infections. There are no anti-fungal vaccines currently on the market.

Trial Attorney Joins LAMMICO

LAMMICO has named Raymond R. Egan, III, Esquire, to the position of trial attorney. He will be employed with LAMMICO's in-house law firm, Batiza, Godofsky & Schroeder, where he will be responsible for defending medical malpractice claims and provide legal advice to LAMMICO policyholders.

Egan brings to LAMMICO more than 21 years of experience in both civil and criminal law. Since 2000, Egan was employed with the law firm of Leake and Andersson, LLP, where he tried both jury and judge trials. From 2005 until 2014, he was a partner at the New Orleans-based firm.

HEALTHCARE BRIEFS



From left, Raymond R. Egan, III; Patricia Molina, MD, PhD; Rebekah Gee, MD; and Patrick C. Breaux, MD

Molina Becomes 88th APS President

The gavel of the American Physiological Society (APS) has passed to Patricia Molina, MD, PhD, the Richard Ashman, PhD Professor and Chair of Physiology and Director of the Alcohol and Drug Abuse Center of Excellence at the LSU Health New Orleans School of Medicine. Dr. Molina is the first Hispanic female and the 88th president of the APS – one of the nation's oldest and largest scientific societies. Elected President-Elect last year, she will serve a one-year term as President followed by a one-year term as Past-President, all positions on the Society's governing Council.

Small Business Ready for Healthcare Boom

Local small businesses and technical assistance providers stand ready to meet the needs of the city's expanding bioinnovation and health services cluster. Hospitals are willing to evaluate their procurement practices with small business contracting in mind. Those are the key takeaways of the New Orleans Business Alliance (NOLABA)'s Healthcare Small Business Gap Analysis, an original research project to identify supply chain opportunities among local healthcare and biosciences anchor institutions and small businesses' capacity to take advantage of them. The assessment was undertaken by Washington, DC-based Democracy Collaborative with local partner DMM & Associates as part of the anchor institution strategy identified in ProsperityNOLA, the city's five-year plan for economic growth. The project was funded by a grant from JPMorgan Chase & Company.

Researchers found that New Orleans anchor institutions' supply chain processes typically have not been designed to promote local vendor access, but that with guidance on best practices, anchors could begin to re-localize their purchasing. Small businesses' greatest barriers to anchor contracts included lack of understanding of hospitals' purchasing systems, high bondage or retainage requirements,

and lack of access to working capital. Developing specific hospital-focused interventions could strengthen the technical assistance network and reduce risk for healthcare buyers, according to the research.

The research also revealed a strong business case for inclusive sourcing among national best practices, including significant cost savings resulting from direct access to vendor executives and vendor proximity, along with the multiplier effect on the local economy.

LSU's Gee Receives National Policy Appointments

Dr. Rebekah Gee, Assistant Professor of Health Policy and Management and Obstetrics and Gynecology at the LSU Health New Orleans Schools of Public Health and Medicine, has been elected to two key national positions.

Dr. Gee, who also serves as Medicaid Medical Director for the State of Louisiana, is now a member of the Health System Performance & Public Health Steering Committee of the National Academy for State Health Policy (NASHP). According to NASHP, this committee is responsible for issues related to how health care services are delivered and how community health is promoted.

Dr. Gee has also been elected to the National Committee for Quality Assurance's (NCQA) Committee on Performance Measurement. According to NCQA, the Committee on Performance Measurement advises the NCQA Board of Directors on performance measures proposed for use in NCQA programs.

Dr. Gee is a nationally recognized expert on quality improvement and Medicaid policy and maternal and child health.

LSMS Inducts Breaux into Hall of Fame

The Louisiana State Medical Society (LSMS) has elected Patrick C. Breaux, MD, of New Orleans, into the organization's Hall of Fame. The LSMS

established a Hall of Fame to recognize its members who have contributed long-term meritorious service and valuable leadership to the organization.

Dr. Breaux has been a member of the LSMS and the Orleans Parish Medical Society since 1976; and served as president of the LSMS in 2010-2011. He remains active at both the state and local levels, serving as a mentor for emerging physician leaders.

Project Improves Mental Health after Oil Spill

The Louisiana Mental and Behavioral Health Capacity Project, conceived and directed by the LSU Health New Orleans School of Medicine's Department of Psychiatry, reports significant strides over the past year in improving the mental health and resilience of the people and communities most affected by the Deepwater Horizon Gulf Oil Spill. The project is tasked with increasing access to services for people directly injured by the oil spill, as well as the larger communities, which have seen far too many man-made and natural disasters nearly destroy their way of life. Its Co-Leaders are Howard Osofsky, MD, PhD, LSU Health New Orleans Professor and Chair of Psychiatry, and Joy Osofsky, PhD, Professor of Pediatrics, Psychiatry, and Public Health and Head of the Division of Pediatric Mental Health at LSU Health New Orleans.

The Project is part of the Gulf Region Health Outreach Program, developed jointly by BP and the Plaintiffs' Steering Committee as part of the Deepwater Horizon Medical Benefits Class Action Settlement, which was approved by the U.S. District Court in New Orleans on January 11, 2013, and became effective on February 12, 2014.

Since funding began, the Project has provided 60,736 services that include behavioral health screenings and assessments, consultations, psychiatric and psychological treatment, telepsychiatry, supportive services, community outreach, as well as education, training, and technical assistance.

The Project is making a real difference. Patients

have demonstrated decreases in negative mental health symptoms such as anxiety, depression and PTSD, and increases in resilience, physical health, as well as emotional and behavioral functioning. Importantly, both clients and administrators consistently report high satisfaction with services.

Majority of LSU Health Medical Grads to Stay

Fifty-six percent, or 98 of 174 LSU Health New Orleans graduating medical students participating in the National Resident Match Program this year, chose to remain in Louisiana to complete their medical training, and 85% of those staying in-state will enter an LSU residency program. The LSU Health New Orleans residency programs in New Orleans, Baton Rouge, Lafayette, Lake Charles, and Bogalusa matched 207 new residents.

The Match, conducted annually by the National Resident Matching Program (NRMP), is the primary system that matches applicants to residency programs with available positions at U.S. teaching hospitals and academic health centers. National studies have found that a high number of physicians set up their permanent practices in the areas where they have completed their residency programs. Therefore, match results figure prominently in Louisiana's physician work force.

The percentage of LSU Health New Orleans medical graduates going into primary care is 57% this



Gershanik Earns Community Service Award Dr. Juan Gershanik (right) receives his LSMS Community Service Award plaque from LSMS Immediate Past President Dr. Roberto Quintal (left).

year. Primary Care specialties included are Family Practice, Internal Medicine, Medicine-Preliminary, Medicine-Primary, Obstetrics-Gynecology, Pediatrics, and Medicine-Pediatrics. Ob-GYN is not always included in primary care data; however, in some Louisiana communities the only physician is an OB-GYN.

Gershanik Earns Community Service Award

The Louisiana State Medical Society (LSMS) has honored Juan J. Gershanik, MD, of New Orleans, with the 2014 LSMS Physician Award for Community Service.

Dr. Gershanik is the medical director of Newborn Services and is vice-chair of the Pediatrics Department at West Jefferson Medical Center. He also serves as a clinical professor of Pediatrics at the Tulane University School of Medicine. Some of his outstanding professional and community service efforts include: As head of the Neonatology Section at the LSU School of Medicine in Shreveport in 1971, he developed the first neonatal intensive care unit with an organized transport system for sick newborns in the state of Louisiana. When Katrina struck New Orleans, he assisted in evacuating NICU babies from Memorial (Baptist) Hospital to Woman's Hospital in Baton Rouge. He led medical teams that participated in trade missions to Honduras, Panama, and Costa Rica.

Tumor Registry Earns Top NCI Honors

The Surveillance Epidemiology and End Results (SEER) Program of the National Institutes of Health's National Cancer Institute awarded First Place to the LSU Health New Orleans School of Public Health's Louisiana Tumor Registry for its 2014 and 2015 data submissions. Only five SEER registries received 2014 First Place Awards and only three SEER registries earned 2015 First Place Awards. Only two SEER registries earned both 2014 and 2015 First Place Awards. This is the sixth time LSU Health New Orleans' Louisiana Tumor Registry has earned this award and the fifth consecutive year. The SEER Program is the most authoritative source of information on cancer incidence and survival in the United States.

Katz Installed as President

The physicians of Jefferson Parish Medical Society have installed Ralph P. Katz, MD as their 57th President. Dr. Katz is a board certified orthopedic surgeon who specializes in spinal disorders and is in private practice in Marrero.

Dr. Katz received his medical degree from Tulane University School of Medicine in 1990. He spent a year as a surgical intern at the Tulane division of Charity Hospital before completing both his residency and a Trauma/Spine Fellowship at the University of Iowa. Dr. Katz entered private practice on the west bank in 1996. He served on the JPMS Board of Directors for six years prior to being elected President.



2015 Jefferson Parish Medical Society Board of Directors (front row left to right) Dr. Beau Raymond, Immediate Past President; Dr. Ralph Katz, President; Dr. Greg Sossaman, Vice President; (back row left to right) Dr. Mark Rice, Member-at-Large; Dr. Gabriel Rivera-Rodriguez, Chairman of the Board of Censors; Dr. Tanya Busenlener, Member-at-Large; and Dr. Pablo Labadie, Secretary. Missing from photo are Dr. John Wales, Treasurer and Dr. Robert McCord, 2nd District Councilor.

Dietz Honored Nationally for Volunteer Service

Kevin Dietz, PhD, Associate in the Office of Technology Management at LSU Health New Orleans, is one of nine recipients of the Association of University Technology Managers 2015 Volunteer Service Awards.

After graduating from LSU Health New Orleans in 2010 with a PhD in Genetics, Dr. Dietz was awarded a post-doctoral research fellowship in the Department of Neurology and the Center for Human Genetic Research at Massachusetts General Hospital by Harvard Medical School. He is a co-holder of a patent on the discovery of antibodies involved in nerve and muscle development, which may provide therapeutic solutions for disorders including Waardenburg syndrome and the aggressive childhood solid muscle tumor alveolar rhabdomyosarcoma.

Ochsner Clinical Graduates Find Match

Along with all other medical school graduates across the United States, the members of the third University of Queensland-Ochsner Clinical School (UQ-OCS) graduating class received their residency match results on Friday, March 20. This year, 25 of the 28 students who entered the match received residency spots and will soon be at hospitals across the country, including Yale, Mayo Clinic, LSU New Orleans, Penn State, Oregon Health Sciences, University of Massachusetts, Baylor University and Aurora Sinai. Eight UQ-OCS graduates are returning to Ochsner for residencies in internal medicine, neurology, anesthesiology, general surgery, and radiology.

The class of 2014 UQ-OCS students graduated in December 2014 and will begin their residencies in July 2015. This third graduating class of UQ-OCS students completed two years of study at The University of Queensland in Brisbane, Australia, followed by two years of clinical study at Ochsner. This innovative medical education program that spans two continents was established in 2009.

Humana and Weight Watchers Join Forces

With levels of obesity and its health-related impacts continuing to rise in the U.S., employers are facing a fast-growing threat to productivity and employee health. Humana Inc., one of the nation's leading health and well-being companies, and Weight Watchers International, Inc., the world's leading provider of weight management services, announced that they have teamed up to help New



Kevin Dietz, PhD

Orleans employers attack the problem.

All Humana members in qualified employer-sponsored health plans now have free and discounted access to Weight Watchers through an integrated wellness program built into their health plan, giving Humana members a proven and accessible approach to change their habits and improve their health. The first-of-its-kind program closely integrates Weight Watchers into Humana's many medical and wellness programs, actively connecting members who want to lose weight to the program at no cost for six months, and at a significant discount thereafter.

LSU Health Signs Deal With Biosciences Startup

The Office of Technology Management at LSU Health New Orleans has finalized a deal with CB BioSciences, Inc., a startup drug development company to build a platform around the intellectual property portfolio of Chu Chen, PhD, LSU Health New Orleans Professor of Neuroscience.

Cannabinoids have potent antioxidant, anti-cancer, anti-inflammatory, and neuroprotective properties and have been used for thousands of years to treat multiple sclerosis, cancer, seizure disorders, inflammatory, neurodegenerative diseases, and other conditions. However, one of the cannabinoids with the most therapeutic potential, fj9-THC, can also trigger undesirable adverse effects including memory loss, disorientation, and learning difficulties. Until now, there has been no known way to prevent the adverse effects of fj9-THC except to avoid it.

Dr. Chen's latest research has focused on identifying the mechanisms responsible for the unwanted adverse effects associated with fj9-THC. He recently discovered that the inhibition of COX-2 alleviates the undesired adverse effects of fj9-THC while retaining its beneficial therapeutic effects.

Now Dr. Chen is exploring whether a cocktail of fj9-THC and a COX-2 inhibitor can delay the onset

and progression of Alzheimer's Disease and perhaps even treat those patients already suffering from the disease. Dr. Chen believes other neurodegenerative diseases including TBI, Parkinson's disease, as well as PTSD, may also benefit from this cocktail therapy.

Direct Brain Neurostimulation Reduces Seizures

Piotr Olejniczak, MD, PhD, LSU Health New Orleans Professor of Neurology and Director of the Epilepsy Center, contributed to a study of the long-term effectiveness of the first direct brain responsive neurostimulator for partial onset, or focal, seizures that cannot be controlled with medication. The study found that responsive direct cortical stimulation reduces seizures and improves quality of life over an average of 5.4 years. The study is published in the February 24, 2015, issue of the journal, *Neurology*.

Vista Shores Wins Prestigious Memory Care Award

Vista Shores Assisted Living & Memory Care was presented with the Dementia Care Specialists' Distinguished Provider Award in March. The highest designation that can be conferred upon a memory care provider, the Distinguished Provider Award recognizes select memory care communities that demonstrate excellence in resident care, specifically in cultivating an environment and team that allows their residents to enjoy the absolute greatest level of function, safety, and quality of life possible.

Retina Protein May Help Conquer Blindness

Research led by Nicolas Bazan, MD, PhD, Boyd Professor and Director of the LSU Health New Orleans Neuroscience Center of Excellence, discovered a protein in the retina that is crucial for vision. The paper reports, for the first time, the key molecular mechanisms leading to visual degeneration and blindness. The research reveals events that may be harnessed for prevention, as well as to slow down progression of retinal degenerative diseases. The paper is published in the March 4, 2015, issue of *Nature Communications*. ■



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Parish Health Clinics GET WIRED

Louisiana's parish health clinics play an integral role in maintaining population health. They are on the front lines of efforts to identify threats to public health and serve as the foundation for community-level partnerships to address health concerns. Beyond that, they are the primary source of health care for many families.

ACCORDING TO THE DEPARTMENT OF Health and Hospitals' (DHH) Office of Public Health (OPH), Louisiana's 70 parish health clinics provide services that address children's special health, reproductive health, genetic diseases, sexually transmitted diseases (STDs) including HIV, immunizations, tuberculosis (TB) and dietary needs of at-risk children and expectant mothers. Last year, 209,185 of our state's residents – representing a total of more than 490,000 visits – sought care in one of Louisiana's parish health clinics.

The challenges of providing health care in the parish health clinics have been many, OPH reports. For decades, the health clinics have relied on an assortment of applications cobbled together to accommodate the various needs of programs that provide clinical services. Fortunately, that pieced-together network is on its way out, and a newer, more effective and cost-efficient system is being implemented.

Joseph Foxhood, Director of the Center for Population Health Informatics for OPH, explains, "We are in the process of completely replacing the current model with a new electronic health record (EHR) system that not only provides a central solution for all billing needs, but also incorporates the full functionality of a modern EHR, including clinical documentation, practice management, revenue, certification for meeting Meaningful Use requirements and having

full interoperability with the Louisiana Health Information Exchange (LaHIE)."

The project – a collaborated effort of OPH and the Louisiana Health Care Quality Forum, the administrators of the state's Regional Extension Center (REC) – is expected to yield a number of benefits for the parish health clinics, Foxhood notes.

"This project will provide improved billing codes and timeframes," he says, adding that the improved workflows that will result from the adoption of the EHR system will lead to greater efficiency. "Clerical staff at the health clinics will no longer have to enter the same data elements in multiple systems, which will make their time more productive. Report data pertinent to the OPH programs sponsoring the clinics will be readily available, reducing data collection and analysis time required by each program."

DHH Secretary Kathy H. Kliebert emphasized the importance of the EHR project.

"This project is going to help the Department continue its mission to protect and promote the health of Louisiana's residents," Kliebert says. "The EHR system will enable patients to receive care more efficiently while allowing the state to use our resources in a more effective manner."

According to Nadine Robin, Health IT Program Director for the Quality Forum, the implementation of an EHR system within the parish health clinics will have an additional benefit: it will position the clinics to

Cindy Munn
Chief Executive Officer
Louisiana Health Care Quality Forum



**WE'RE
TALKING ABOUT
A COMPLETELY
DIFFERENT
PATIENT
EXPERIENCE**

connect to the Louisiana Health Information Exchange (LaHIE), which will help to ensure the availability of critical patient data when and where it's needed.

"Our state is making significant strides toward a unified, connected health care delivery system for patients," she says. "Preparing Louisiana's parish health clinics to meet Meaningful Use requirements and to exchange information through LaHIE will be an exciting development, both for enhancing the quality of patient care and for improving communications between health care providers and organizations."

Foxhood agrees: "If a patient presents at one parish health clinic in the future and then presents at another, the patient's medical information will be available to all health clinic providers, reducing duplicative testing and treatments. Through a partnership with

LaHIE, encounters between the health clinics and participating private providers will also be shared, further reducing duplication of services."

Dr. Takeisha Davis, Medical Director for OPH, says she is looking forward to implementation of the EHR system.

"Once it's implemented, the new electronic health records system will improve the quality of patient care delivered in our clinics," Dr. Davis says. "Being able to reduce unnecessary and duplicative healthcare services will allow us to focus more on providing the care our patients need."

With that long-term goal in place, the state's parish health clinics have been working since late 2013 to complete the EHR implementation process, which began with a needs assessment, followed by the careful

selection of a vendor.

"We approached this project as we would any other," Robin says. "The REC provides an initial consultation and assessment to identify the specific needs of the provider, in this case, the parish health clinics. Our EHR project coordinators visited every one of the state's 70 parish health clinics during this process and have worked hand-in-hand with the dedicated clinical and administrative staffs at each facility."

And the project is nearing completion. The first phase of the go-live began in late April, with two additional go-lives scheduled for May. The project is expected to be fully operational by May 31, 2015, says Foxhood.

As early as this summer, the patients who receive services within the parish health clinics will be able to see the difference, Robin adds. "We're talking about a completely different patient experience. With the availability of tools like a patient portal and e-Prescribing capabilities, patients will find that their care is more streamlined and efficient."

Louisiana's parish health clinics are a critical component in the care continuum, and the transition to a health IT-enabled system will yield improved care delivery, quality, and coordination for the hundreds of thousands of patients they serve. ■

The United States has seen more than 100 years of efforts to provide universal healthcare to its citizens. Several European nations succeeded in delivering medical care to most of their residents in the late 19th century. U.S. President Teddy Roosevelt made it a campaign issue in a failed re-election bid in 1915.

A Growing Class of Citizens Insured...But Without Healthcare

FINALLY, THE U.S. HAS ADOPTED a coverage plan, known as the Affordable Care Act (ACA), put forward by President Barack Obama. “Obamacare” aims to cover as many uninsured as possible with a strategy patterned after the Massachusetts insurance model (“Romneycare” – after the former governor).

As the Affordable Care Act inches forward to reduce the numbers of uninsured (more than 40 million in 2013), it would seem almost customary to have some serious glitches. A major defeat for ACA was the Supreme Court decision to block mandatory Medicaid expansion in all states, leaving 4 million of the poorest of the poor without coverage in 22 states.

Even for those who are solidly middle class, there are pitfalls. They may encounter

deductibles so high that 68 percent of households above the poverty line do not have the liquid assets to pay them. For example, families of four with annual incomes ranging from \$23,550 to \$58,875 may not have \$5,000 handy for the deductible. In that case, the insurance plan coverage may not pay for that expensive treatment or hospital stay.

Of course, these families might avoid this problem by selecting a plan with higher monthly payments and low deductibles. Or an employer might help out with a savings plan that matches amounts from the employee so that funds would be available when an emergency arises.

Human nature being what it is, families choosing a plan will tend to be frugal shoppers for whom low monthly payments are attractive. If they are in good health, they are likely to ignore the risk and skip the more costly low deductible plan.

Kaiser Family Foundation CEO Drew Altman points out in the March 11, 2015 *Wall Street Journal* that health insurance companies have raised deductibles rapidly in recent years, in many cases well beyond what middle class families can afford. And that has also caused medical debt to rise. Altman says:

“High deductibles may be okay for people who are generally healthy and have the resources to pay their cost sharing when they need to. But big deductibles can also be a real barrier to needed care for people with moderate or lower incomes who are sick. It’s no wonder that collections for medical debt represent half of all bill collections. The estimates are conservative because they assume that people have all of their liquid assets available to pay their healthcare bills. But most people must tap into their liquid assets to meet other obligations, such as their rent or mortgage, car repairs or educational costs.”

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



So with health insurance companies raising deductibles right and left, is that an omen of economic stress? Have they overspent on health claims and need to rebalance the books? Have investors decided to abandon these companies and we will soon witness a sell-off?

According to the federal actuary in the Centers for Medicare and Medicaid Services the projection for cumulative growth in per capita spending is significantly higher for private insurance than Medicare and Medicaid together and the gap is forecast to increase over time.

And what do stock market experts have to say about the projected upswing in private insurance? Here's the Charles Schwab outlook:

"The health care sector has been on a tear recently. After a strong run in 2014—when it was the second-best performing stock sector for the year—health care continued to rise through the first quarter of this year, posting the largest gains out of the 10 stock sectors during that period."

However, Schwab is hesitant to give the health sector a strong recommendation, mainly because of the upcoming decision by the U.S. Supreme Court, which could dismantle federal funding targeted for the health exchanges. If the plaintiffs should win, federal exchanges would be declared illegal and many of the plans could become unfunded. Coverage would likely be reduced, as well. If that happens, the CMS actuary would likely issue a much more pessimistic forecast for the private insurance sector.

An Insider's Viewpoint

Wendell Potter was vice president of corporate communications for CIGNA, one of the United States' largest health insurance companies. Since his resignation in 2008, he has been an outspoken critic of the private

"Out-of-pocket expenses have gotten so high that nearly half of American families don't have enough money in the bank to pay their deductibles if they get really sick."

health insurance industry. He is an active member of several organizations that study the healthcare industry, including the Center for Public Integrity. Here is part of his view on one aspect of private insurance plans that he wrote for CPI:

"Thirteen years ago, investors and Wall Street financial analysts were not happy with the way some managed care companies were running their businesses. They felt that Aetna and other big for-profit insurers were spending far too much of their policyholders' premiums paying claims. And they didn't like it that insurers hadn't been aggressive enough in getting rid of "unprofitable" customers.

One way to satisfy Wall Street was to begin shifting more and more of the cost of health care – and health insurance – to their customers. That meant that sick policyholders in particular would be paying more out of their own pocket for their care.

Our marketing folks came up with an almost Orwellian name for this cost shifting – consumer driven health care. In retrospect, it was a brilliant strategy, and one that got virtually no pushback from lawmakers or regulators. Little by little, year after year – and long before many people outside of Illinois had ever heard of Barack Obama – Americans began putting more of their skin

in the health care game. They had no choice.

The strategy has been so successful that insurers are back in Wall Street's good graces. Their profits keep breaking records, and so does the price of their stock.

But what's good for them has been anything but good for a growing number of Americans. Out-of-pocket expenses have gotten so high that nearly half of American families don't have enough money in the bank to pay their deductibles if they get really sick."

Getting healthcare "right" has been our country's goal for more than a century. During that time we have made incredible forward progress with treatment and prevention of disease. Our doctors and nurses, our medical schools and research facilities, our hospitals and clinics are world class. But we can't seem to pull everything together for the sake of all of our people. The private and public sectors are equally important, yet they often seem to be at war with each other. When will we make this "system" work for us? ■

Improving Patient Health Literacy: The Health Care Provider's Role

Health literacy has been defined as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”¹

Studies show low health literacy (LHL) can negatively impact an individual's ability to understand health information and make informed decisions regarding treatment options. Individuals with LHL tend to have limited utilization of preventive services, high rates of hospitalizations, poor health prognosis, and due to the complexity of the healthcare system, exacerbated health disparities. Clinicians can improve health literacy of patients by communicating in a manner that promotes a high level of understanding of the health condition and treatment recommendations, and creates an environment wherein the individual feels comfortable enough to seek clarification when they do not comprehend information presented. Health care providers (HCPs) should communicate in a manner that is “sensitive to patients' language proficiency and reading ability and should be examined within the context of a patient's culture.”² Additionally, approaching health literacy as a global concept, one that incorporates the literacy needs of both low-literate and well-educated patients, provides an opportunity to ensure all individuals can successfully navigate through a complex health care system.

HCPs should take an active role in raising awareness regarding health literacy. Lunch and learn sessions may be utilized by

clinicians to receive training on topics such as health literacy, effective communication strategies, and cultural competence. “More intensive trainings can include cross-training, role playing, and case study discussion. E-mail reminders, bulletin board reminders, and bathroom reminders are all ways health facilities can keep health literacy a priority of their clinician.”² HCPs can proactively advocate for systematic changes that allow more one-on-one time with patients during office visits, seek opportunities for personal education and training in the areas of cultural competence, and conduct and publish evidence-based practice research relative to health literacy of health care consumers.

Medical information is available to the public on many different sites on the internet. Hospitals utilize the worldwide web to share valuable information, increase efficiency, and advertise services offered at their institution. Rafe and Monfaredzadeh (2011) reported “the number of websites grew from 17 million in the middle of 2000 to 65 million in the middle of 2005” with all worldwide internet searches for medically-related information estimated to be approximately 4.5%.

Pharmaceutical companies have traditionally relied on physicians as a means for communicating information regarding their products, particularly direct

physician-to-patient verbal education, distribution of pamphlets, and provision of medication samples. In more recent years, pharmaceutical companies have begun advertising via television commercials and more recently, social media. The only restriction on advertising of pharmaceuticals is the marketing of medications for off-label uses. Many of the world's largest pharmaceutical companies are reaching out to consumers via Facebook, Twitter, and YouTube and offer information through patient-engagement portals. Said portals offer “guidance on how to manage a particular medical problem, such as high blood pressure. They may offer risk assessment tools for sleep apnea or any number of conditions. Some even offer online patient coaches.”⁴

Information provided on the internet should be scrutinized relative to content quality and based on a framework that evaluates content relevance, accuracy, comprehensiveness, usefulness, timeliness, impartiality, multilanguage/culture usability, presentation variety, editing quality, and authority.³ The National Institutes of Health (2011) recommend the following questions be asked when evaluating health information on the internet:

- (a) Who runs the web site?
- (b) Who pays for the web site?
- (c) What is the web site's purpose?
- (d) What is the original source of the web site's information?
- (e) How does the website document the evidence supporting its information?
- (f) Who reviewed the information before the owner posted it on the website?
- (g) How current is the information on the website?

Cynthia York, RN, MSN, CGRN

Director, RN Practice/Credentialing
Louisiana State Board of Nursing



(h) How does the website owner choose links to other sites?

(i) What information about users does the website collect and why?

(j) How does the website manage interactions with users?

(k) How can you verify the accuracy of information you receive via e-mail?⁵

Additionally, the NIH advised that not all health information posted on the internet is correct and suggested extra caution when a website is selling a product, the information posted is out of date, or the sponsor makes excessive claims regarding the benefit of the product for sale. Recommendations by the NIH suggested including HCPs when making health-related decisions and not relying exclusively on information obtained from the web. The NIH suggested further, that consumers look for symbols or badges on the social media site that indicates the site has been verified, for example the blue badge used by Twitter. One way to ensure legitimacy of a company's social networking site is to follow a link directly from the organization website and look for jargon that suggests the official site has been accessed.

According to Crabb, et al, (2011), "an enormous quantity of online news and information on diseases, treatment, and prevention is easily accessible and available in multiple formats ranging from text articles to videos and podcasts." (p. 164) Because so many resources of medical information exist on the internet, it's important for HCPs to guide their patients regarding the sites that best align with the plan of health care being implemented. Some sites that are readily recognized as credible by many medical professionals are Medline, the United States National Library of Medicine, the American Cancer Society, CINAHL, and Clinical Trials.

STUDIES HAVE SHOWN THAT PATIENTS OFTEN STRUGGLE WITH UNDERSTANDING THE CORRECT WAY TO TAKE THEIR MEDICATIONS

gov. The National Institutes of Health website provides visitors with the option to change the font size of printed materials and offers audio recordings to accommodate persons with visual health conditions. Other websites offer programs in video-game format to interest younger generations. Such venues provide patient teaching opportunities that are tailored to individual needs and pace.⁶ Increased responsibility has been placed on the individual to actively participate in the management of their medical well-being. Care fragmentation, complex treatments/medication regimens, and brevity of office visits can negatively impact patient health literacy and lead to delayed diagnoses, reduced adherence to treatment plans, and higher morbidity and mortality rates.¹

One of the most challenging aspects of a patient's care and one that can have critical complications is the medication regime. Studies have shown that patients often struggle with understanding the correct way to take their medications. Errors typically occur relative to the dose and frequency at which medications are prescribed, resulting in non-compliance with the treatment regimen and adverse impact on health outcomes. Furthermore, utilization of complex medical terminology and lack of attention to cultural and language differences can negatively affect a patient's recollection or understanding of the HCP's directions for medication use. Application of a "universal precautions" approach, wherein all patients are presumed to have a low level of health literacy, would place "the burden on the clinician to routinely assume there is LHL. Universal precautions means that patient education needs to be a central priority in every patient encounter."¹ Employing the Ask Me 3 technique may enhance understanding of medication regimens by those individuals with LHL.

The technique requires the patient to ask three questions of their provider: What is my main problem? What do I need to do? and Why is it important for me to do this? Another technique, the Teach-Back Method, allows healthcare providers the opportunity to evaluate patient understanding of medical conditions and treatment plans by having the individual repeat back or illustrate to the provider what the individual has learned from the teaching session. All patient materials "should be written in a clear, culturally sensitive manner at the 5th grade level or lower. The use of technology can convey complicated ideas by pictures, video, and multimedia, which transcend the spoken and written word and provide opportunities to bridge the divide of limited health literacy."¹

With the explosion of health-related information available on the internet and other social media outlets, consumers may find themselves in an environment that is overwhelming and confusing. HCPs can play a significant role in raising awareness of the diverse health literacy needs of consumers. By first considering the patients' level of health literacy, clinicians can develop of a plan of care that helps ensure consumers make decisions that positively impact their well-being. ■

SOURCES:

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- ⁴Collier, R. (2014). Patient engagement or social media marketing? *Canadian Medical Association*, 186(8), p. E237-E238.
- ⁵National Institutes of Health (2011). How to evaluate health information on the internet: Questions and answers. Retrieved on January 18, 2015.
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LA to Go the Full 40

Under the nationwide Go the Full 40 Initiative, the Louisiana Department of Health and Hospitals has partnered with the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN); the Louisiana March of Dimes; and the Louisiana Hospital Association to reduce cesarean-section rates and ensure that more Louisiana mothers and babies complete pregnancy as healthily as possible.

DESPITE THE ASSOCIATED RISK of severe medical complications, the number of infants born by cesarean section (C-section) in the United States is increasing. In March, I was pleased to announce another part of Louisiana's own response to this growing national concern: that the Louisiana Department of Health and Hospitals, AWHONN, the Louisiana March of Dimes and a group of Louisiana hospitals have taken on a new, voluntary Initiative to reduce unnecessary cesarean sections by encouraging women to Go the Full 40.

In partnering with AWHONN, Louisiana will expand on the benefits gained under the 39 weeks effort and help more women continue their pregnancies until their due date. Under the program, women are encouraged to avoid the risks associated with choosing to deliver their babies early without it being medical necessary, improving birth outcomes, and reducing C-section rates.

By pledging with us to ensure that mothers reach their due date unless an earlier delivery is medically necessary, partner hospitals and service providers will promote the long-term, systematic changes necessary to help keep newborns healthy and mothers safer.

Elective deliveries prior to 40 weeks are often performed by C-section, an invasive surgery that can cause potentially serious complications for the mother. Louisiana, having experienced a 60-percent increase in the rate of C-sections since the mid-90s, now has one of the highest rates of deliveries by C-section in the nation, typically near 40% each year. It is no coincidence that the rate of maternal mortality has also increased during this time, especially for mothers who have gone through multiple deliveries by C-section.

Louisiana's earlier efforts to restrict the use of early elective deliveries under the 39 Week Initiative have been a huge success, reducing the number of non-medically indicated inductions prior to 39 weeks by over 80 percent. This has helped reduce neonatal intensive care unit (NICU) usage and lowered C-section rates as well.

But for the sake of our children and our mothers, we cannot stop there. With the leadership of partner hospitals, participating providers, AWHONN and the Louisiana March of Dimes, the Go the Full 40 Initiative will expand upon these gains.

Before closing, I would like to congratulate and thank all of the hospitals participating in the Go the Full 40 Initiative with us. Specifically, the leaderships of these hospitals have agreed to:

- protect first-time mothers from potential

harm by reducing non-medically indicated inductions prior to 40 weeks without a favorable cervix;

- increase engagement with women and families regarding non-medically indicated inductions; and
- maintain the standard of no non-medically indicated elective deliveries prior to 39 weeks.

Without their support and participation, many Louisianians would have a much tougher start in life. Participating hospitals currently include:

- Lafayette General Medical Center
- Lake Charles Memorial Hospital
- Lane Regional Medical Center
- Natchitoches Regional Medical Center
- North Oaks Medical Center
- Ochsner Health System
- St. Francis Medical Center
- St. Tammany Parish Hospital
- Terrebonne General Medical Center
- Thibodaux Regional Medical Center
- Woman's Hospital

**MORE
INFORMATION
IS AVAILABLE
AT WWW.
GOTHEFULL40
.COM**

If you are an employee of a participating hospital or other service provider, I would like to thank you personally for your help in making sure that all of Louisiana's newest citizens and their mothers get the best opportunities possible at the very start of their lives. If you are an employee of a birthing facility and are interested in joining our efforts, please contact the Department's Birth Outcomes Initiative office at kfinwa@lsuh-sc.edu. More information and resources are available at AWHONN's website, www.GotheFull40.com. We look forward to working with you. ■



HEART & SOUL
G · A · L · A

2015 Heart & Soul Gala
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Chaired by Jessica and Ray Brandt

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Survival shouldn't be a **STROKE** of luck!

The Tulane Comprehensive Stroke Program is the

FIRST in Louisiana

to receive the

Target: Stroke Elite Plus Award*

from the American Heart Association

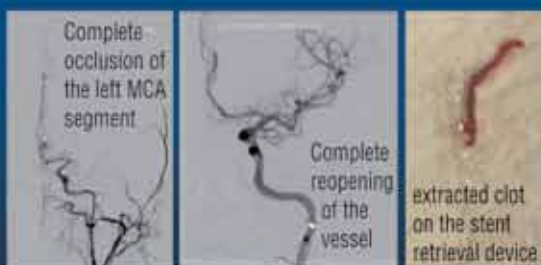
Tulane's Comprehensive Program includes:

- Multidisciplinary team including: vascular neurologists, neurocritical care specialists, advanced practice neurovascular nurse practitioner, endovascular neurosurgeons, stroke program coordinator, neural repair and rehabilitation specialist, and fellows.
- State-of-the-art endovascular treatments for ischemic stroke
- StrokeNet Satellite facility
- NIH funded Stroke Clinical Trials
- TeleStroke Network opportunities

For consistently meeting the following stroke quality measures:

- Achieving Door-to-Needle times within 60 minutes in 75 percent or more of acute ischemic stroke patients treated with IV tPA.
- Achieving Door-to-Needle times within 45 minutes in 50 percent or more of acute ischemic stroke patients treated with IV tPA.

Fastest treatment times and highest treatment rates in Louisiana!



American Heart Association
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CERTIFICATION
Meets standards for
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TulaneStrokeSurvivors.com

*Target: Stroke Honor Roll-Elite Plus Award

HOSPITAL **Rounds**

HOSPITAL NEWS & INFORMATION



ABOVE Surrounded by community leaders, staff, and physicians, SMH Chief Executive Officer Bill Davis cuts the ceremonial ribbon to officially open the new SMH Heart Center on Apr. 16.



LEFT After the official opening ceremony, members of the public had the chance to tour the newly unveiled second phase of the SMH Heart Center. Cardiologist William Long (left) and Brooke Adams, RN, explain the technology and use of one of the new Angioplasty Pre-Procedure Rooms to visitors Pat and Art Burgoyne.

NEW SMH HEART CENTER OFFERS ADVANCED CARE

The completed Slidell Memorial Hospital Heart Center, a project done in two phases, opened its second and final phase to patients on March 31. With this project's completion, the community now has a specialized heart hospital within a full-service acute care hospital. In addition, SMH has now been certified by the Joint Commission as a Primary Stroke Center, recognizing SMH meets exacting standards to support better outcomes for stroke care. *See full story on page 59*

HOSPITAL ROUNDS



Women's Health Alliance Names Board

Terri Parks, Secretary; Kathy Lowrey, President; Laurie Manley, Treasurer; and JoBeth Kavanaugh, Vice-President.

West Jefferson Medical Center to Join LCMC

The Jefferson Parish Council has approved a Cooperative Endeavor and a Master Lease Agreement (CEA) between LCMC Health and West Jefferson Medical Center (WJMC). Subject to closing conditions, LCMC Health will pay Jefferson Parish up to \$245 million to lease WJMC and operate its hospital and clinics for 45 years with a portion of the consideration dependent on the hospital's financial performance in the first three years.

The CEA also provides for an investment of \$340 million for healthcare capital improvements in WJMC and in the Westbank community embodied by Jefferson Parish Hospital District No. 1 (District) which is to be invested over a 15-year period. LCMC will also provide community benefit payments of \$3.15 million over the first four years for the benefit of the District and the residents of the parish. The parties have also agreed to continue their relationship through collaboration in the form of a partnership agreement to assess and monitor Westbank community health needs on an ongoing basis. The collaborative will be funded by a contribution of \$150,000 from both LCMC Health and the District.

LCMC Health was selected as WJMC's partner following a lengthy RFP and bidding process that began in 2012. WJMC joins LCMC Health's community hospitals, which include Children's Hospital, Touro, New Orleans East Hospital, Interim LSU Hospital, and the new University Medical Center.

Women's Health Alliance Names Board

Four local residents will serve as the Slidell Memorial Hospital Women's Health Alliance Board of Directors for 2015. They are Terri Parks, Secretary; Kathy Lowrey, President; Laurie Manley, Treasurer; and JoBeth Kavanaugh, Vice-President.

The Women's Health Alliance is dedicated to educating the community on issues related to women's health and is affiliated with Slidell Memorial Hospital. To volunteer to serve on the WHA, contact Manley at Laurie.Manley@SlidellMemorial.org.

DHH, Hospitals Announce New Birth Initiative

The Louisiana Department of Health and Hospitals (DHH), the Louisiana March of Dimes, and a group of Louisiana hospitals have announced a new, voluntary 40-Week Initiative. The Go the Full 40 Initiative is a voluntary pledge by hospitals to end non-medically indicated induced pregnancies, which helps reduce c-section rates and ensures newborns reach 40 weeks gestation.

The 39-Week Initiative helped reduce early elective deliveries without any medical indications and the 40-Week Initiative will continue its path plus pledge to reduce Louisiana's c-section rate. The following hospitals have volunteered to Go the Full 40:

- Lafayette General Medical Center
- Lake Charles Memorial Hospital
- Lane Regional Medical Center
- Natchitoches Regional Medical Center
- North Oaks Medical Center
- Ochsner Health System
- St. Francis Medical Center
- Terrebonne General Medical Center
- Tulane Medical Center
- Woman's Hospital

Tulane Lakeside Earns International Baby-Friendly Status

Tulane Health System's Tulane Lakeside Hospital for Women and Children has received international recognition as a Baby-Friendly Designated birth facility. Tulane Lakeside is one of five hospitals in Louisiana with this specialty designation and one of the first

in the New Orleans Metropolitan area.

The Baby-Friendly Hospital Initiative encourages and recognizes hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding. The global program was launched in 1991 by the World Health Organization and the United Nations Children's Fund with the goal to improve health outcomes for mothers and babies through breastfeeding and immediate skin-to-skin bonding.

Becoming a Baby-Friendly facility is a complex journey toward excellence in providing maternity care. Over the course of three years, a multi-specialty team created a culture at Tulane Lakeside Hospital that supports a woman's decision to breastfeed. Tulane Lakeside Hospital has specialty trained lactation consultants who assist mothers in gaining the skills and confidence they need to breastfeed. Lactation nurses begin educating women during prenatal classes and they are available to assist mothers in the hospital or through outpatient appointments once the baby arrives.

SMH Board Selects 2015 Officers

At its recent meeting, the Slidell Memorial Hospital Board of Commissioners selected David G. Mannella as Board Chairman for 2015. Mannella, who has represented residents of Ward 8 since 2009, is a business executive and formerly executive vice president and chief operating officer of the Jackson Kearney Group, a leading provider of maritime logistics services throughout the Gulf South. He previously served as Vice Chairman of the SMH board.

Board officers are elected annually. Daniel J. Ferrari, who represents Ward 7 was selected to serve as Vice Chairman for 2015. Walter J. "Dub" Lane, representing Ward 8, was selected as the Secretary/Treasurer.

Joining the officers on the Board are members: Kumar K. Amaraneni, MD, representing Ward 9; Mack E. "Ed" Dennis, representing Ward 8; Thomas Hall, MD, representing Ward 8; Daniel McGovern, IV, representing Ward 9; Clinton Sharp, MD, the Medical Staff Representative; and Archie Tatford, MD, the Medical Staff President.

Ochsner-Kenner Boasts Silent Scan MRI Technology

Ochsner Medical Center – Kenner announced the addition of Silent Scan MRI (Magnetic Resonance Imaging) technology by GE Healthcare to significantly reduce testing noise, helping to improve the overall patient experience. As the first in the region to offer this technology to its patients, scans of the

brain have gone from near rock concert level decibels to the peaceful, ambient levels that promote relaxation.

In addition to the silent technology, this machine also has a new MRI technique that greatly improves images of soft tissue and bone in patients with metal joint implants, like an artificial hip. Currently, an MRI of an artificial joint can be somewhat blurred or distorted, but with this new scanner, not only are the pictures clearer, but soft tissue, inflammation, and swelling around the artificial joint is clear.

New SMH Heart Center Offers Advanced Care

The completed Slidell Memorial Hospital Heart Center, a project done in two phases, opened its second and final phase to patients on March 31. With this project's completion, the community now has a specialized heart hospital within a full-service acute care hospital. In addition, SMH has now been certified by the Joint Commission as a Primary Stroke Center, recognizing SMH meets exacting standards to support better outcomes for stroke care.

The SMH Heart Center was built in two phases. The first, opening in late 2013, was part of the construction of a new wing of the hospital. That wing houses the expanded Emergency Room on the first floor and the inpatient rooms of the SMH Heart Center on the second floor. The second phase of the SMH Heart Center, promised to the community when the first phase opened, brings together all other cardiac services of the hospital into one convenient, coordinated location adjoining the first phase.

There are 38 private, technologically advanced "smart rooms" for inpatients, two state-of-the-art cardiac cath labs, a superior patient monitoring system, and care delivered by one continuous team from "door to discharge." The adjacent outpatient services area houses all diagnostic technology and treatment services.

West Jefferson Designated as a WellSpot

West Jefferson Medical Center (WJMC) was recognized by the Department of Health and Hospitals (DHH) as the first hospital in the New Orleans area to be named a Level 2 WellSpot Hospital and a Level 1 WellSpot Worksite for the Marrero & Oakwood West Jeff Fitness Centers for improving wellness outcomes.

WellSpots are defined as places or organizations that have implemented voluntary, smart changes to making healthier living easier for all Louisiana citizens. This designation is part of Well-Ahead

Louisiana, a campaign started by DHH aimed at improving the health and wellness of Louisiana citizens. Places and organizations that meet certain criteria can be designated as a Level 1, 2, or 3 WellSpot. Level One is the highest level of designation.

Ochsner to Benefit from CN Miracle Match

Ochsner Hospital for Children announced that it has been selected as the sole U.S. beneficiary of the 2015 CN Miracle Match campaign, a charitable initiative to rally communities to support children's hospitals in North America. CN will match up to \$300,000 in donations to Ochsner Hospital for Children this year. Ochsner Hospital for Children is only the second U.S. institution to be selected since the program began in 2006.

Funds raised in support of Ochsner Hospital for Children as of December 31, 2015 through a variety of events and initiatives will be matched through the CN Miracle Match program.

Cancer Center Names New Leadership

Mary Bird Perkins Cancer Center at St. Tammany Hospital has named Jack Khashou M.Ed, MS, cancer center administrator, Cyndi Knox MBA BSN RN OCN CCRC, director of clinical research, and Jonas Fontenot PhD, chief of physics.

Khashou will be responsible for the ongoing development and operations of the comprehensive cancer center while continuing his role as executive director of the St. Tammany Quality Network. With close to 20 years in the healthcare industry, he has experience in both oncology services and business development.

Knox is responsible for setting the overall direction and development of the center's clinical research program. This includes the design and implementation of a portfolio containing clinical research projects to help cancer patients and physicians more easily and effectively access leading-edge clinical trials. Knox will also take a leadership role in the National Cancer Institute Gulf South-Minority Based Community Oncology Research Program (NCORP), an initiative to help provide more Gulf South residents with advanced cancer treatments.

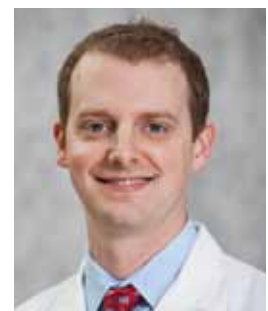
As chief of physics, Jonas Fontenot PhD will supervise the medical physics program at Mary Bird Perkins Cancer Center at St. Tammany Parish Hospital. In this role, Dr. Fontenot is responsible for the overall management of the Cancer Center's physics and dosimetry teams, in support of clinical, research, and educational activities.



Jack Khashou, M.Ed, MS



Cyndi Knox, MBA, BSN, RN, OCN, CCRC



Jonas Fontenot, PhD

Ochsner and SMH Plan Partnership

Slide Memorial Hospital and Ochsner Health System have signed a Letter of Intent to form a strategic partnership focused on delivering the highest quality, coordinated, patient-centered care along with preventive healthcare and patient education, positioning both organizations for success in the new healthcare environment.

The partnership between Ochsner and SMH is neither a purchase nor an acquisition by either party. This is a partnership with a joint operating agreement meant to provide strategic benefits for both organizations, their physicians and, most importantly, their patients. Both organizations will be able to work collaboratively with physicians (employed

HOSPITAL ROUNDS



Cindy Ingram, RN, MSN

and community) to share best practices, expand services, and implement advanced, patient-centered technology with a focus on continued quality improvements and cost reduction by coordinating and improving resources.

The partnership also provides an opportunity for both institutions to realize future growth opportunities through sharing of best practices that continue to increase quality such as Ochsner's Epic electronic medical record system. These advancements will result in more integrated care and better value for patients.

Ingram Named Director Women and Children's Services

St. Tammany Parish Hospital has named Cindy Ingram RN MSN, as director of Women and Children's Services. Ingram most recently served as department head of endoscopy, ambulatory care, and pre-admissions. Before joining STPH, she served as assistant nursing director before taking over as director of quality management and medical staff services at Louisiana State University Health Sciences Center's Bogalusa Medical Center.

Ingram is a graduate of the LSUHSC's Clinical Leadership Academy and a member of the Northshore District Nurses, Louisiana State Nurses, and

American Nurses associations. She's also involved with the American Cancer Society and Autism Awareness.

West Jeff Receives Stroke Honor Roll-Elite Award

West Jefferson Medical Center (WJMC) has received the American Heart Association/American Stroke Association's Get With The Guidelines®—Target: Stroke Honor Roll-Elite Quality Achievement Award at the association's International Stroke Conference 2015. The award recognizes the hospital's commitment and success ensuring that stroke patients receive the most appropriate treatment according to nationally recognized, research-based guidelines based on the latest scientific evidence.

West Jefferson Medical Center is one of 559 hospitals to be recognized on the Target: Stroke Honor Roll, among the nearly 1,000 hospitals given quality achievement awards at the conference.

To receive the Target: Stroke Honor Roll-Elite award, hospitals must meet quality measures developed to reduce the time between the patient's arrival at the hospital and treatment with the clot-buster tissue plasminogen activator, or tPA. Over twelve months, at least 75 percent of the hospital's ischemic stroke patients have received tPA within 60 minutes of arriving at the hospital (known as door-to-needle time).

West Jefferson has also met specific scientific guidelines as a Primary Stroke Center, featuring a comprehensive system for rapid diagnosis and treatment of stroke patients admitted to the emergency department.

Ochsner Introduces New Platform for Telemedicine

Ochsner Health System has introduced a new platform that successfully integrates its CareConnect360 telemedicine program with Epic, its

electronic medical record system (EMR) and Cisco Cisco's Connected Health video solution.

Ochsner CareConnect360 is a comprehensive clinical solution designed to enhance patient care provided by on-site physicians and find innovative solutions for these hospitals throughout the Gulf Coast to keep patient care close to home.

With the use of Cisco technology and the Epic platform, Ochsner is able to boost its telemedicine program to a more scalable system that can provide further specialty coverage to its current network of outside hospitals. Through secure wireless data and video communication, Ochsner specialists partner with on-site clinicians to evaluate, diagnose and direct care for patients. Additionally, video consults can now integrate into the patient's Epic medical record automatically.

TGMC Honors Louisiana Organ Donors

Terrebonne General Medical Center (TGMC) and the Louisiana Organ Procurement Agency (LOPA) held a Louisiana Organ Procurement Agency Flag Raising Ceremony at the hospital's Front Entrance flag pole.

TGMC and LOPA honored organ donors with a flag raising ceremony and balloon release to help further local awareness for the importance of organ donation.

STPH Leadership Honors Volunteers

St. Tammany Parish Hospital recently honored St. Tammany Hospital Guild and Meals at Home volunteers for 19,962 Hours of Service.

The top five volunteers based on most hours served in 2014 were:

- David Brumfield (578.25 hours)
- Jewell Lorio (520.5 hours)
- Elliott Peralta (463.75 hours)
- Phyllis Peralta (450.75 hours)
- MaryAnn Brockhaus (449.5 hours)

Celebrating milestone hours in service were:

- 3,000 hours: Sandra Brantley, Michael Elliott, Elliott Peralta
- 2,000 hours: David Brumfield, Yvonne Cleland, Don Gagnon, Olga Pepperman
- 1,000 hours: Sandra Jarrell, Ken Kimberly, Fran Werther, Ken Werther

TGMC Honors Louisiana Organ Donors

Reba Yates (donor's (Tyler Yates) sister), Rebecca Yates (donor's sister), Jennifer Sanchez (recipient's mother), Emily Sanchez (heart recipient), Angela Sampey (donor's mother), Hilary Yates (donor's sister), and Michaela Matherne (friend of recipient).





STPH Leadership Honors Volunteers

LEFT The top five St. Tammany Hospital Guild volunteers for most hours served in 2014 include, from left, David Brumfield, Jewell Lorio, Phyllis Peralta, Elliott Peralta, and MaryAnn Brockhaus.

BELOW St. Tammany Hospital Guild volunteer Clare Drinkard was honored by St. Tammany Parish Hospital President and CEO Patti Ellish for 25 years of service years with STPH.



Volunteers recognized for hours in 2014 include:
 · 500 to 999 hours: David Brumfield and Jewell Lorio
 · 400 to 499 hours: MaryAnn Brockhaus, Barbara Brumfield, Olga Pepperman, Elliott Peralta, Phyllis Peralta

· 300 to 399 hours: Dorothy Frederick, Ken Kimberly, Julie Morse, Ronald Rome

· 200 to 299 hours: Gail Achary, Michael Achary (5 years), Carolyn Arnold, Anna Bienvenu, Carolyn Boothe, Sandra Brantley (15 years), Patricia Bruner, Dorothy Bryant, Yvonne Cleland, Audrey Cooper (15 years), Michael Elliott, Don Gagnon (5 years), Julia Gahn, Jerry Giglio, Carol Gonzales, Janet Grouchy, Stan Hobart, Kay Howell, Judy LaCour, Jane Landry, Charles LaRose, Betty McCormick, Bette McEvoy, Marguerite Morin, Marion Nichols, Louis Salzer, Sharon Smith, J. R. Stampley, Charles Stein (10 years), Ruth Sticker, Marie Tusa

· 100 to 199 hours: Diane Boushie, Steve Brooks, Ann Carter, Patsy Cook, Jane Copp, Jane Corkern, Rodney Corkern, Margaret Dennis (5 years), Pat Emerson, Brenda Felder, Carmel Galouye, David Grouchy, Ann Hills, Karen Hysom, Bill Jackson (5 years), Sandra Jarrell, Donis Jenkins, Pat Komitsky (5 years), Delitha Lane, Patricia LeBlanc, Marsha Licali, Ann Lott, Jose Mascarro, Robert Massa, Dennis O'Leary, Jeannine Punch, Deborah Quinlan, Dorothy Rapp, Liz Robinson, Joe Ruffino, Mary Rose Shaw, Marty Spear, Alice Stein, Charles Wadlington, Fran Werther, Ken Werther, Angela Womack.

· 50 to 99 hours: Sharon Baham, Mike Binnings (5 years), Jill Casey, Steve Jahncke, Vicki Key, Susan Magee, Nancy Reed, Sharon Shallenburg, Diana Perret, Deanna Wehrung, Bonnie Wright, Jean Young

The luncheon also recognized Meals at Home volunteers who take meals to those who would

otherwise be without a hot meal daily.

· Meals at Home Volunteers: Johanna Bailey, Helen Locantro, Joe Locantro, Ann Lopez, Betty Metz, Tommy Metz, Kenny Robinson, Mary Robinson and Harry Warner.

STPH Earns GIFT Redesignation

St. Tammany Parish Hospital has earned redesignation as a Guided Infant Feeding Techniques (GIFT)-certified facility for continuing to implement policies based on the best practice model for infant feeding and mother-baby bonding.

The Louisiana Department of Health and Hospitals Office of Public Health's Bureau of Family Health GIFT program aims to increase breastfeeding rates and improve the quality of maternity services. STPH provides new mothers with all the knowledge and education to create a positive and successful breastfeeding experience while offering ongoing assistance through breastfeeding support groups and an art of breastfeeding class for expecting mothers.

Safety Grants Awarded To 14 Hospitals

The Louisiana Hospital Association (LHA) Trust Funds announced the 14 recipients of its Funds for Safety grant in April. Each year, the Funds for Safety Grant Program awards up to \$300,000 to LHA Trust Funds members for initiatives designed to improve safety or reduce liability exposure.

The 2015 Funds for Safety Grant Recipients are: Bunkie General Hospital, Central Louisiana Surgical Hospital, Citizens Medical Center, Dauterive Hospital, Desoto Regional Health System, Iberia Medical Center, Lady of the Sea General Hospital, Natchitoches Regional Medical Center, North Oaks Health System, Reeves Memorial Medical Center,

St. Helena Parish Hospital, Union General Hospital, Winn Parish Medical Center, and Woman's Hospital.

Since its creation in 2012, the Funds for Safety Grant Program has helped fund LHA Trust Funds members' initiatives to improve patient or visitor safety. In total, the grant program has awarded \$1.2 million to fund 57 unique projects of member hospitals in Louisiana. These initiatives include reducing medication errors, patient falls and infections, improving patient outcomes, security and communication, and implementing new technology to improve the culture of safety.

Kerns Named Young Dietitian of the Year

The Cancer Center at West Jefferson Medical Center's registered Dietitian Laura Kerns has been named Louisiana's Young Dietitian of the Year by the Louisiana Dietetic Association.

Kerns will be recognized at the LDA Food & Nutrition Conference & Exposition to be held this spring. A plaque from the LDA will be presented. Additionally, a certificate of recognition together with a congratulatory letter from the President of Academy of Nutrition and Dietetics will be sent to each selectee.

At the Cancer Center at West Jefferson Medical Center, Kerns developed and implemented its Nutritional Program and spearheads such initiatives as its Cooking for A Cure classes.

HOSPITAL ROUNDS



Laura Kerns

Ochsner Goes to Washington

Ochsner Health System joined President Obama and the U.S. Department of Health and Human Services (HHS) Secretary Sylvia M. Burwell, as well as state representatives, insurers, providers, business leaders, and consumers at the White House to kick off the Health Care Payment Learning and Action Network. More than 2,800 payers, providers, employers, patients, states, consumer groups, consumers, and other partners have registered to participate in the Network.

The Network is being established to provide a forum for public-private partnerships to help the U.S. healthcare payment system meet or exceed recently established Medicare goals for value-based payments and alternative payment models. HHS is engaging public and private payers, purchasers, providers, consumers, and states to move together toward successful payment models that improve healthcare quality. Engagement with state Medicaid programs and commercial payers can reduce costs for providers and accelerate progress.

Currently, Ochsner is building systems to better engage patients by actively working to help them

manage chronic disease and has created targeted programs designed to reduce unnecessary hospital readmissions. Ochsner also has nearly 30 years of experience in population health management and is a regional leader with approximately 200,000 lives under value-based contracts including 23,000 Medicare beneficiaries in its Accountable Care Organization (ACO) and 42,000 beneficiaries under Medicare Advantage capitated or shared risk contracts. Ochsner's ACO has already reduced the cost of care and has taken a systematic approach to quality improvement.

Ochsner supports the delivery system reform efforts put forward by Secretary Burwell and has committed to bringing together hospitals, physicians, and other providers across Louisiana and the region to improve the quality and affordability of healthcare.

STPH Recognizes 46 on Certified Nurses Day

St. Tammany Parish Hospital celebrated Certified Nurses Day by honoring its 46 board-certified nurses. The following nurses are recognized for their professionalism, leadership, and commitment to excellence in patient care:

Adam Allen, Arlyn Arseneaux, Kim Barcia, Cheryl Barre, Barbara Beckham, Donna Berbling, Catherine Bethel, Grant Braawn, Ken Browne, Jason Cancienne, Kristy Cessna, Chryl Corizzo, Page Decker, Louise Dill, Brittney Dupuy, Nancy Ferger, Marilyn Fourcade, Dawn Fournier, David Harrison, Terri Johnston, Tammie Lala, Nancy Ledet, Ann Meyer, Rachel Michel-Donovan, Debra Miller, Jamie Millet, Julie Nevers, Patricia O'Shea, Chad Parker, Annette Pittman, Susan Powell, Dexter Prejean, Therese Reckert, Staci Scallon, Paula Schindler, Edward Schiro,

Nicole Sesser, Julie Small, Janet Stelly, Toby Tournillon, Michelle Trosclair, Dana Vidal, Lou Vinson, Jan Waddell, Elaine Ward, and Janiece Weinberger

West Jeff Receives Chest Pain Center Accreditation

West Jefferson Medical Center (WJMC) has received full accreditation with PCI from the Society of Cardiovascular Patient Care (SCPC). Accreditation expires on March 25, 2018.

SCPC's goal is to significantly reduce the mortality rate of these patients by teaching the public to recognize and react to the early symptoms of a possible heart attack, reduce the time that it takes to receive treatment, and increase the accuracy and effectiveness of treatment.

The Accredited Chest Pain Center's protocol-driven and systematic approach to patient management allows physicians to reduce time to treatment during the critical early stages of a heart attack, when treatments are most effective, and to better monitor patients when it is not clear whether or not they are having a coronary event. Such observation helps ensure that patients are neither sent home too early nor needlessly admitted.

The Accredited Chest Pain Center at West Jefferson Medical Center has demonstrated its expertise and commitment to quality patient care by meeting or exceeding a wide set of stringent criteria and undergoing an onsite review by a team of SPCP's accreditation review specialists.

Hospital Foundation Awards Blossman Scholarship

The St. Tammany Hospital Foundation has awarded the Spring 2015 Dorothy L. Blossman Nursing Scholarship to Lauren Horridge, RN.

STPH Recognizes 46 on Certified Nurses Day

Front row, front left: Dexter Prejean, Janiece Weinberger, Paula Schindler, Rachel Michel-Donovan, Terri Johnston, Arlyn Arseneaux and Susan Powell; and, back row, Julie Nevers, Stephanie Seal, David Harrison, Jason Cancienne, Elaine Ward and Louise Dill.





From left, Susan J. Bryant-Snure, MD; Donald D. Dietze, Jr., MD; Michael A. Braxton, MD; and John B. Logan, MD.

Horridge, department head of nursing with the Covington Surgery Center at St. Tammany Parish Hospital, received the \$2,000 scholarship to continue working on her bachelor's degree in nursing at the University of Louisiana at Lafayette. She is scheduled to graduate in May.

Frederick to Lead WJ Hospital Foundation Board

Charles Frederick has been elected president of the West Jefferson Hospital Foundation Board of Directors. The other officers elected at the Foundation Board's annual meeting are Woody Oge, Vice-President and Diane Sieta, Secretary-Treasurer. Other members of the Hospital Foundation Board are Karen Ward, Immediate Past-President; and Garey Alimia, Jean Kass Connick, Cheryl Hebert, Charles G. Jones, Stanton Salathe, Jack Stumpf, and Mike Vira.

Frederick, of Boomtown Casino New Orleans, has served on the West Jefferson Hospital Foundation Board for several years. He also volunteers for the Foundation's signature fundraising events including the West Jeff Family Festival and the annual Cancer Survivors Day hosted by Boomtown.

NORTH Institute Joins Louisiana Heart Medical Group

The Louisiana Heart Hospital (LHH) announced that it has completed agreements for clinical integration with NORTH Institute physicians Susan J. Bryant-Snure, MD, Donald D. Dietze, Jr., MD, Michael A. Braxton, MD, and John B. Logan, MD. These agreements represent another important step in the growth of the Louisiana Heart Hospital integrated delivery system.

The NORTH Institute in Lacombe offers a multidisciplinary practice with experts in the fields of neurosurgery and spinal surgery for musculoskeletal and cranial disorders, rehabilitative medicine, orthopaedic surgery, and sports medicine.

Dr. Bryant-Snure is a Board Certified Physiatrist. She is a member of the American Academy of Physical Medicine and Rehabilitation and of the Christian Medical and Dental Association.

Dr. Dietze is Board Certified in Neurological Surgery specializing in Neuro-spinal conditions. He is a Member of the Ethics Committee for the American Association of Neurological Surgeons, and a member of the North American Spine Society.

Dr. Braxton is a Board Certified Physiatrist specializing in Physical Medicine and Rehabilitation.

Dr. Logan is a Board Certified Orthopaedic Surgeon specializing in Adult Spinal Surgery. Logan is a Diplomat of the American Association of Orthopaedic Surgeons and a member of the North American Spine Society.

Two Certified in AHF, Transplant Cardiology

Two West Jefferson Heart Clinic of Louisiana (WJHCL) physicians are among only 492 physicians in the world who have been certified in Advanced Heart Failure and Transplant Cardiology by the American Board of Internal Medicine (ABIM), since the program was implemented in 2010. Dr. Louis Glade, Clinical Director of WJHCL, and Dr. Stephen LaGuardia of WJHCL were recently awarded the new specialty certification.

The Advanced Heart Failure and Transplant Cardiology Certification is designed to recognize the qualifications of physicians who have met ABIM standards for specialists in advanced heart failure and transplant cardiology. This certification encompasses the special knowledge and skills required of cardiologists for evaluating and optimally managing patients with heart failure, particularly those with advanced heart failure; those with devices, including ventricular assist devices; and those who have undergone or are awaiting cardiac transplantation.

STPH Opens 3 North Patient Unit

St. Tammany Parish Hospital recently held a ribbon cutting for its new 3 North nursing unit, which includes 21 private patient rooms that incorporate elements of the St. Tammany Hospital Foundation's Healing Arts Initiative. The unit will open for patient care in mid-May.

Each of the 589-square-foot rooms uses color and light to offer a soothing diversion for patients. That includes serenity over-bed luminaries that are

Hospital Foundation Awards Blossman Scholarship

From left: Kerry Milton BSN RN MSHA, STPH chief nursing officer; Lauren Horridge RN, Covington Surgery Center at St. Tammany Parish Hospital department head of nursing; and Rock Kendrick, St. Tammany Hospital Foundation vice-chairman.



HOSPITAL ROUNDS

equipped with separate settings for reading, ambient and examinations. These lighting effects are controlled by the patient.

In addition, the foundation's Healing Arts Initiative committee, which promotes artistic influences as a component of healing, has secured multiple pieces of art from local artists for each room and a special space in the new connecting bridge for rotating gallery exhibits. Local artists Gretchen Armbruster, Tanya Dischler, Jax Frey, Carol Hallock, and Marcia B. Holmes were the first five artists to contribute to the unit.

Other elements of the wood-accented rooms in 3 North are similarly designed to reduce noise and help patients rest. They include decorative opaque window film to reduce light from the hallway, rubber-based flooring to muffle sounds and multiuse "touchdown" areas so healthcare providers can discuss plans for care away from patient rooms.

Following best practice standards, 3 North includes a multidisciplinary planning and documentation room offering privacy and efficient work space for nurses, social workers, therapists, and physicians; a family consult room to allow caregivers to discuss confidential issues and give family members a private space; and two isolation rooms to provide completely secure care to patients with infectious or contagious diseases.

The new unit is part of a two-and-a-half-year, nearly \$21 million expansion to increase private rooms and emergency capacity, while introducing specialized areas of emergency care most needed in our community. Work started in November 2013 and is on track for a late 2016 completion.

Ochsner Introduces InnovationOchsner (iO)

Ochsner Health System announced at the Health Innovation Summit at New Orleans Entrepreneur Week (NOEW) the launch of its first entity that will support innovative companies in revolutionizing care to revolve around their patients. Ochsner also reiterated the launch of a three-year health innovation challenge in collaboration with GE Healthcare.

InnovationOchsner, or iO, will encourage new thinking around the best ways to enable patients to collect their health data and impact their care.

It will partner with other leading innovators both inside and outside of the healthcare industry to identify promising solutions and provide resources and support to develop concepts. iO will potentially provide an environment in which innovation for both patients and providers can be tested, and also may fund the future development and launch of successful ideas to the point that they are available to other patients and healthcare providers worldwide.

Ochsner also is working with GE Healthcare and The Idea Village to launch a multi-year challenge to encourage additional innovation. The purpose of the three-year challenge is to ignite brilliant moments in the future of healthcare by catalyzing a hotbed of healthcare innovation not only in New Orleans, but across the country.

The topics defined in this challenge will optimize some of the healthcare industry's greatest opportunities by utilizing technology and technology concepts to address behavior management and chronic disease to transform healthcare outcomes. This first year will explore 'wearable' technologies, which have positively disrupted the health industry and will ultimately allow for more a personalized patient experience and care.

Ochsner Health System and GE Healthcare earlier announced a three-year commitment to The Idea Village as co-sponsors of what will be an annual Healthcare Innovation Summit at New Orleans Entrepreneur Week.

Children's Hospital and Touro Join GSQN

Children's Hospital and Touro have joined the Gulf South Quality Network (GSQN), the largest clinically integrated physician network in the state of Louisiana. Partnering with GSQN will greatly strengthen

each hospital's healthcare infrastructure and physician network. With the adoption of GSQN's clinical initiatives, Children's Hospital and Touro will offer patients the benefit of enhanced quality, service and cost-effective patient care.

GSQN members collaborate on a much higher degree with physicians who are focused on quality of care, not quantity; have an opportunity to identify and develop quality metrics to provide best practice pathways of care; gain economic benefit for delivering high-quality metrics; and help eliminate inefficiencies to reduce cost.

Tulane Stroke Program Earns Top Award

Tulane Health System's Stroke Program has achieved the highest possible quality award from the American Heart Association (AHA), the Target: Stroke Honor Roll-Elite Plus award. Tulane is the first hospital in Louisiana to achieve this distinguished quality award.

The American Heart Association/American Stroke Association launched Target: Stroke Phase II in January 2015. The goal is to recognize hospitals that continue improving acute ischemic stroke care by reducing door-to-needle times for eligible patients being treated with the clot busting drug tPA.

Tulane achieved Target: Stroke Honor Roll-Elite Plus status for consistently meeting the following stroke quality measures:

- Achieving Door-to-Needle times within 60 minutes in 75 percent or more of acute ischemic stroke patients treated with IV tPA.
- Achieving Door-to-Needle times within 45 minutes in 50 percent or more of acute ischemic stroke patients treated with IV tPA.

To achieve Target: Stroke Honor Roll-Elite Plus



STPH Medical Staff Awards Spring Scholarship

From left: Dr. Patrick Torcson, St. Tammany Parish Hospital vice president and chief integration officer; Erin Newman LPN; Kerry Milton BSN RN MSHA, STPH chief nursing officer; and Susan Titman RN, department head of nursing-critical care unit.

St. Tammany Hospital Guild Awards 4 Scholarships

Front row, from left, Blake Warner LPN, Ramona McCann LPN, Lacylynn McGehee RN, and Karah Dykes; and, back row, Guild members Brenda Felder, Charles LaRose, Judith Lacour, Ron Rome, and Volunteer Coordinator Shirley Primes.

recognition by the AHA, facilities must prove that they can have an expert available to see the patient within 10 minutes, result bloodwork, interpret EKGs, and interpret brain imaging all within 45 minutes with a goal of administering IV tPA in less than 60 minutes (if applicable). Tulane has policies and protocols in place to achieve these goals, as well as extensive education with hospital staff and EMS providers regarding identification and treatment of strokes.

STPH Medical Staff Awards Spring Scholarship

The St. Tammany Parish Hospital Medical Staff Committee has awarded its Spring 2015 professional education scholarship to Erin Newman LPN.

Newman, who joined STPH in February 2013, is a licensed professional nurse in the hospital's ICU. She received the \$2,000 scholarship to work toward her associate's degree in nursing from Delgado Community College's Charity School of Nursing.

The scholarship supports the hospital's leadership role in assisting employees to further their education, training and careers at STPH.

24-Hour Trauma Coverage Available at Lakeview

Lakeview Regional Medical Center recently announced it has expanded its Emergency Department services to include 24-hour trauma coverage, including trauma surgery, becoming the first St. Tammany Parish facility to offer this level of service. Dr. Marco Hidalgo has joined the staff at Lakeview Regional Medical Center as the Medical Director of Trauma, overseeing the treatment of trauma cases involving motor vehicle accidents, sports injuries, falls, and other life-threatening injuries from traumatic events.

WJMC Recognized for HepB Immunization Efforts

West Jefferson Medical Center's has been recognized by the Louisiana Shots for Tots Coalition and the Louisiana Department of Health & Hospitals, Office of Public Health - Immunization Program for achieving and sustaining the high birth dose Hepatitis B coverage rate. WJMC was recognized during the annual Statewide Shots for Tots conference.



In 2014, West Jefferson was the only hospital in Louisiana to be recognized for achieving the Immunization Action Coalition (IAC) Hepatitis B Birth Dose Honor Roll. It was the 2nd consecutive year WJMC's Women, Infant and Children's Services Department had garnered this distinction.

STPH Announces Employee News

St. Tammany Parish Hospital has named Stacey Gallien department head of surgery, Chris Connell department head of CRNAs, Melanie Hunley department head of Patient Access, April LaFontaine FACHE director of Revenue Cycle, Lisa McAdams Materials Management Operations manager, and Dionne Williams director of the St. Tammany Physicians Network.

Gus Suarez MD has been named medical director and Shannon Vinson APRN has been named nurse practitioner for the newly created inpatient palliative care program at St. Tammany Parish Hospital.

In addition to his duties as executive director of the St. Tammany Quality Network, Jack Khashou will also now serve as administrator for Mary Bird Perkins Cancer Center at St. Tammany Parish Hospital.

Rebekka Amick, RN passed her Certified Medical-Surgical Registered Nurse exam. Cheryl Bays, RN and Donna Berbling, RN have received their recertification as Hospice and Palliative Care Certified Nurses. Angela Clements and John Edge, Revenue Cycle Management, have earned their Certified Coding Specialist certifications. Louise Dill, RN earned her Gerontology certification from the American Nurses Credentialing Center. Bethany Monistere, RN has earned her Trauma Nursing Core Course and Emergency Nursing Pediatric Course certifications.

Castleberry Named Lakeview CFO

Lakeview Regional Medical Center announced that Nicole Castleberry has been hired as the new Chief Financial Officer for the hospital. Castleberry most recently served as Vice President of Finance for HCA's Parkridge Health System in Chattanooga, Tenn.

During her time at HCA Parkridge Health System, Castleberry progressed from a Financial Analyst to a Market Controller position, before her promotion to Vice President. In addition, in recognition of her ongoing potential, she was accepted into HCA's CFO Development Program in May 2014.

St. Tammany Hospital Guild Awards 4 Scholarships

The St. Tammany Hospital Guild has awarded four \$1,500 scholarships to the following St. Tammany Parish Hospital employees:

Nursing Scholarship Recipients

- Ramona McCann LPN, critical care. McCann, who started at STPH in July 2013, is pursuing her associate's degree in nursing from Charity School of Nursing.

- Lacylynn McGehee RN, surgery. McGehee, who joined STPH in June 2006, is pursuing a bachelor's degree in nursing from the University of Louisiana at Lafayette.

- Blake Warner LPN, intensive and critical care. Warner, who joined STPH in March 2001, is pursuing his RN degree from Excelsior College.

Allied Health Scholarship Recipient

- Karah Dykes, admitting. Dykes, who joined STPH in January 2011, is pursuing an associate's degree in applied science for radiologic technology from Delgado Community College. ■

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301 Main St., 23rd Fl.
Baton Rouge, LA 70821
225.387.4000
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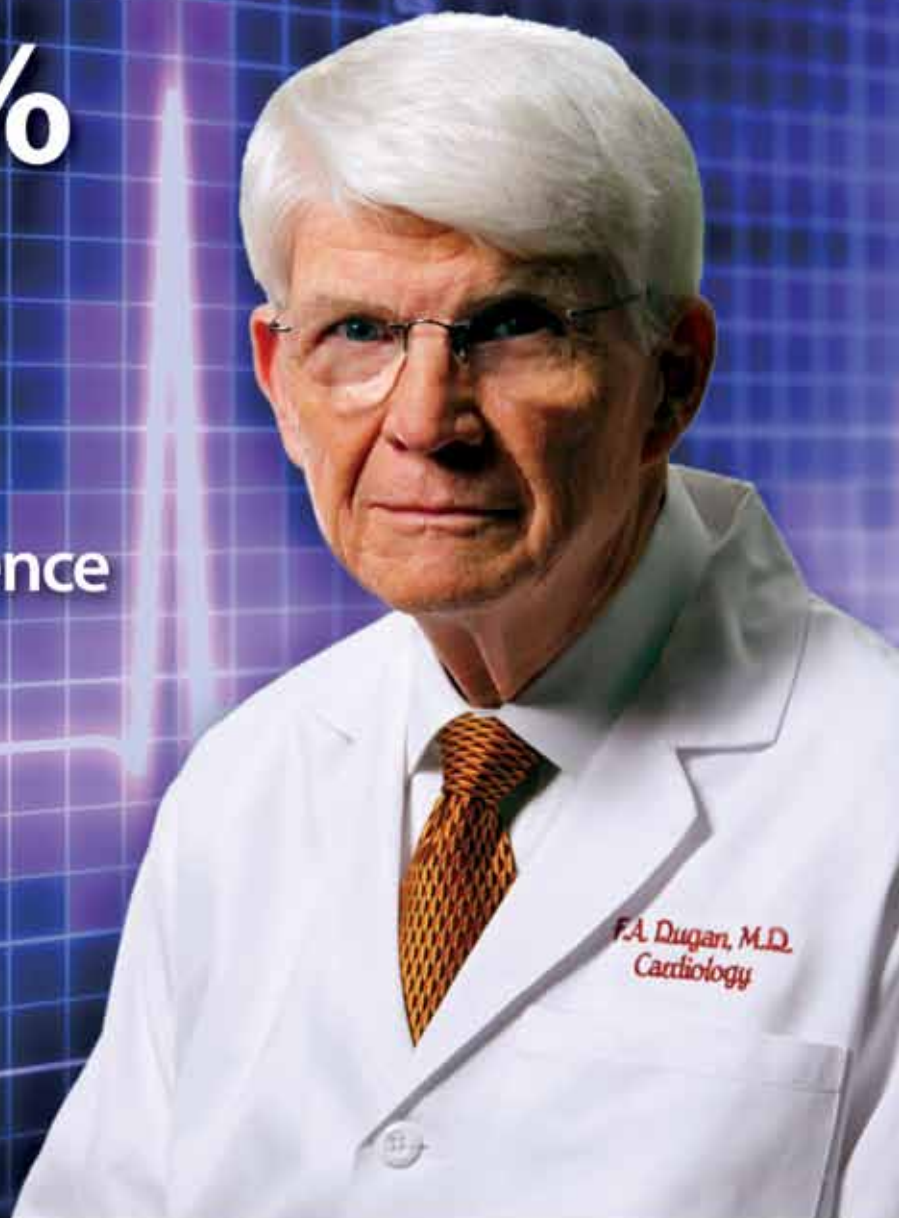
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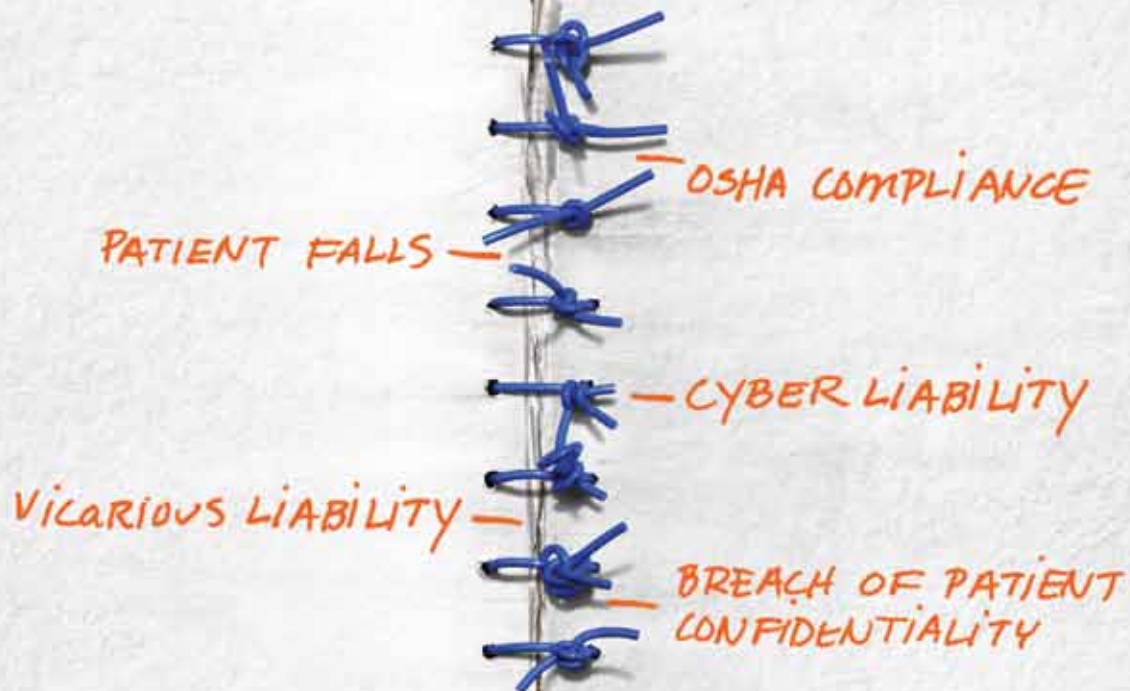
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