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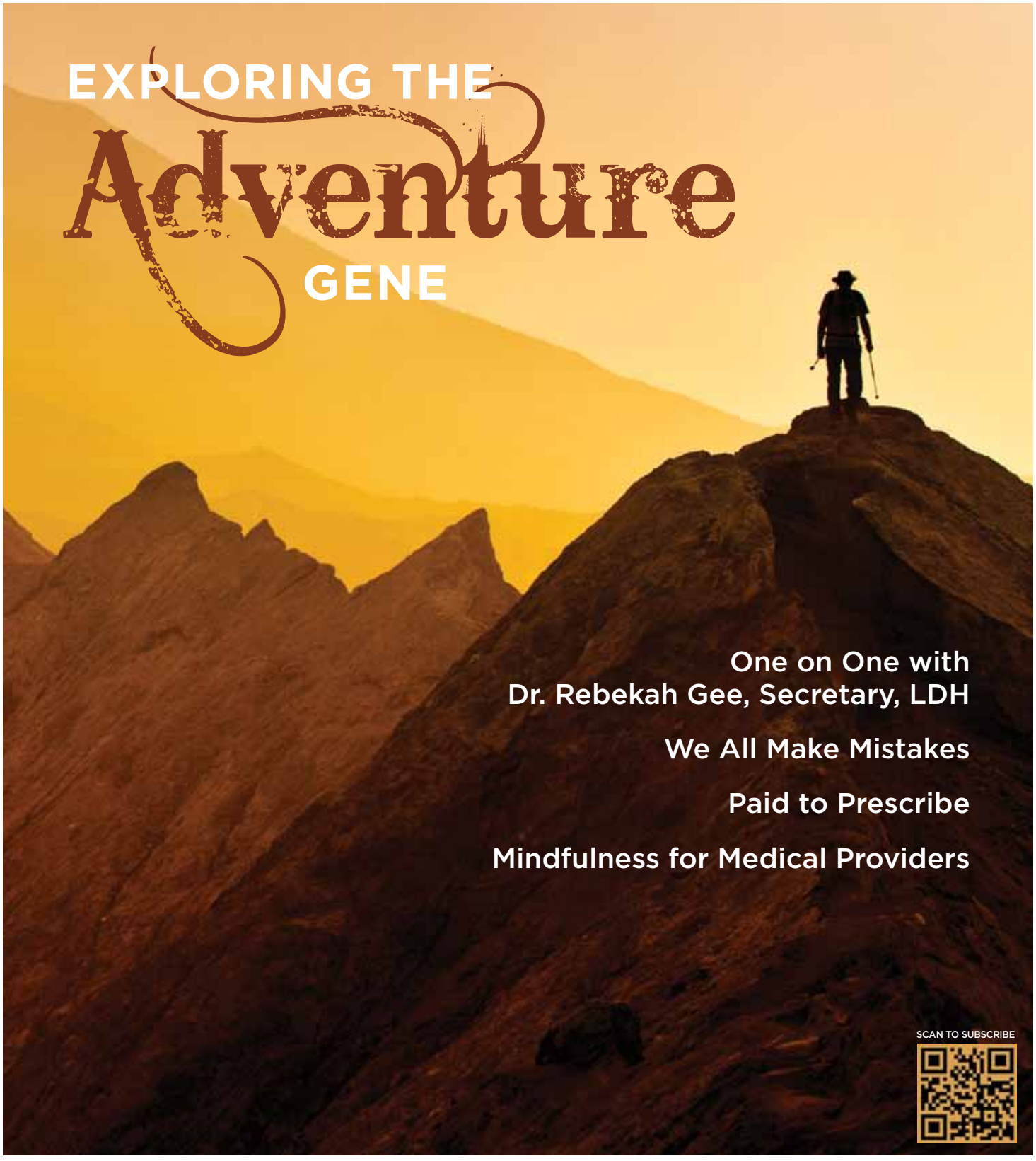

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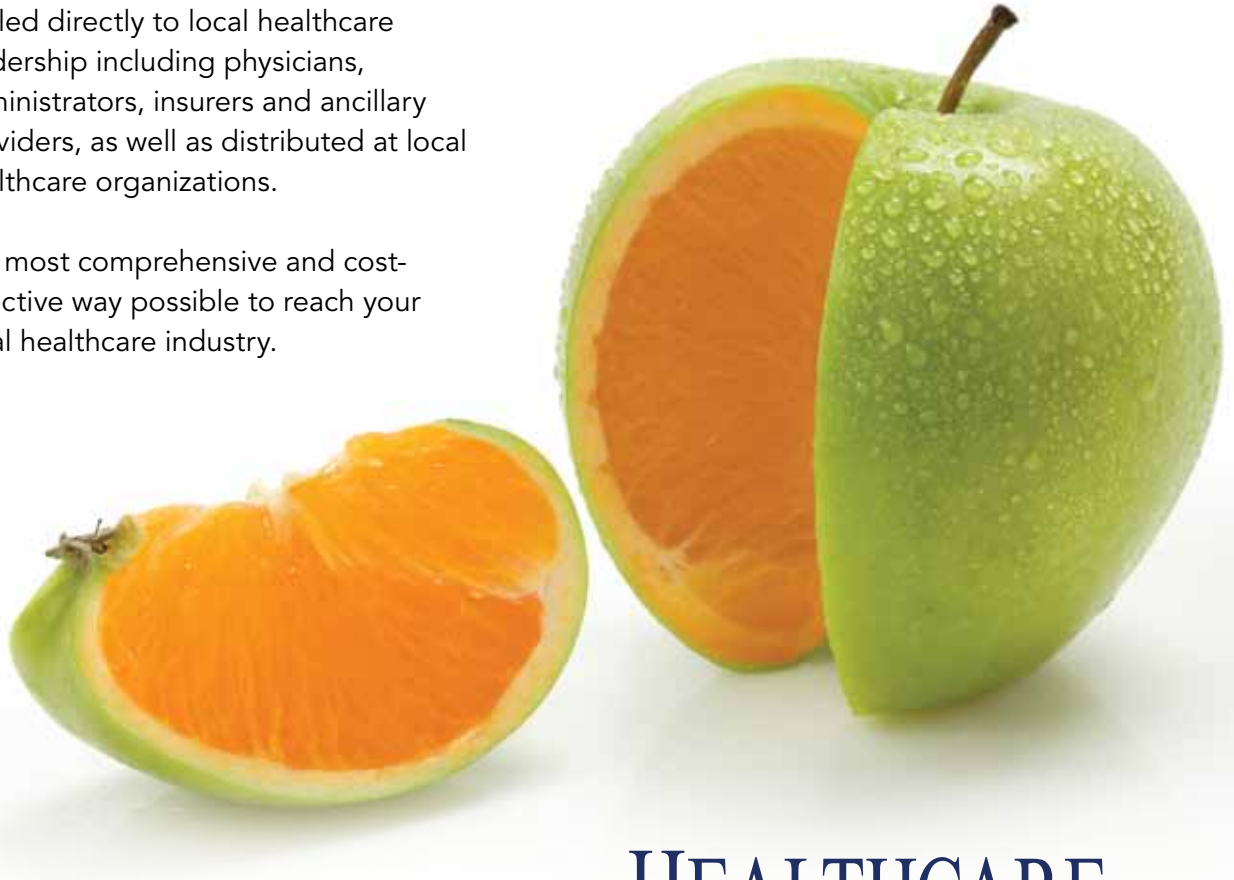

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My brain, says I'm receiving pain
A lack of oxygen
From my life support
My iron lung

— RADIOHEAD, "MY IRON LUNG"

IT'S INTERESTING HOW QUICKLY technology has evolved from helpfulness to dependency. We are watching an entire younger generation accepting that life includes conversations, movement, and choices; all of which are recorded and stored as personal profiles. It's astonishing how swiftly, peacefully, and gullibly we've given up our freedoms of privacy.

Now that everyone's been properly incentivized to operate electronic medical records—here we are.

Just recently there was a data breach of a New Mexico substance abuse program where hackers reportedly obtained names, addresses, health assessments, and medication and treatment plans of 12,000 patients. Also recently, over 1,000 patients of Palm Beach Health Clinics were notified of a data breach. The source and method of the breach are reportedly still unknown.

HHS's Office of Civil Rights reports more than 158 million individuals have been exposed in over 1,500 data breaches.

2016 is expected to be worse.

We all know this is beyond healthcare. We've somehow been sold that those who are monitoring us are monitoring us for our own good. They can better present goods and services to us by monitoring our shopping patterns. They can keep us safeguarded from all the boogiemen in the world. They can create boogiemen.

It seems now when one man decides to kill another, we think it's completely rational to ask Hillary Clinton and Donald Trump how they intend to keep us safe. Do we really want to ask them these questions? Do we really want them to solve everything for us; and if so, at what cost?

There are so many valuable uses of electronic medical records; we know them. There are so many potential security breaches; we see them. But, my point is we've created a new dependency. It's a dependency that has compromised our privacy, and will continue to do so. It's a dependency we may not know how to return from.

As much as we've enjoyed the benefits of technology: expediency, search engines, You Tube, and other information, I miss the days of anonymous movement, anonymous shopping, and feeling free.

I wonder if the feeling of being free will ever be experienced again. I'm not sure I want to be this safe. The cost is unnerving.

Electricity is wonderful! It's gone from light bulbs in a home to ensuring your medication patterns are available on a variety of data bases, and maybe, for all the world to see. Good thing nobody currently cares about most of this data, but at some point they will. And, when the power runs out, we'll just hum.

Smith Hartley
Chief Editor
editor@healthcarejournalno.com

A Timeline of the Origins of Pharmacy

From the first moment ancient man discovered that a substance ingested or applied to a wound lessened the pain or aided in healing, the rudiments of pharmacy took flight. Today the creation and delivery of some pharmaceutical treatments seem more the stuff of science fiction, while others have not strayed far from their ancient roots (and we mean that quite literally). Following are a few highlights from the early history of pharmacy.

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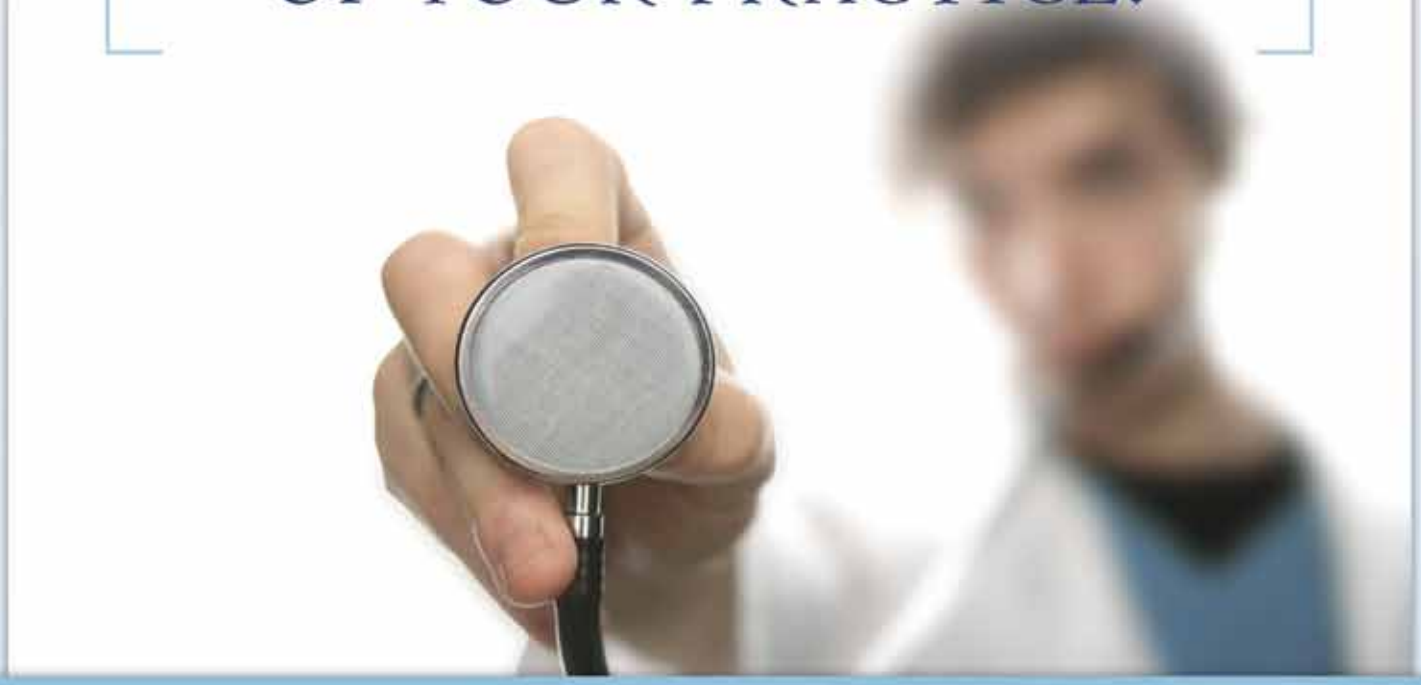

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ONE ON ONE

Dr. Rebekah Gee

Secretary, Louisiana Department of Health

PHOTOS BY SHARRON VENTURA

Dr. Rebekah Gee is the Secretary of the Louisiana Department of Health. She most recently served as the Medicaid Medical Director for Louisiana and as an Associate Professor of Health Policy and Management and Obstetrics and Gynecology at Louisiana State University (LSU).

Dr. Gee completed a Robert Wood Johnson Clinical Scholars program at the University of Pennsylvania and there received a Master of Science in Health Policy Research. She studied history and obtained an MPH at Columbia University in Health Policy and Management, obtained her medical degree at Cornell, and trained in Obstetrics and Gynecology at Harvard at the Brigham and Women's and Massachusetts General Hospitals.

Dr. Gee has served in both state and national leadership roles in public health policy. She has advised the public health departments of several states including Louisiana, Pennsylvania, Ohio, and Massachusetts. Notably, as the director for the Birth Outcomes Initiative for the state of Louisiana, she led the charge to end elective deliveries before 39 weeks–an effort that led to an 85% drop statewide.

She has served as chair or co-chair of several national committees on maternity quality and prematurity reduction for the Centers for Medicare and Medicaid Services (CMS), the Maternal and Child Health Bureau (HRSA), and the American College of Obstetricians and Gynecologists (ACOG). Dr. Gee is the health policy resident expert for the journal *Obstetrics and Gynecology* and serves on the editorial board. Dr. Gee is on the Institute of Medicine's (IOM) Board of Health Care Services and is the inaugural recipient of a two year Gant fellowship at the IOM.

She is the recipient of the Association of Maternal and Child Health Programs 2012 State Leadership in Maternal and Child Health award. In 2014, Dr. Gee received the Woman of the Year award from *New Orleans City Business*, was recognized as a "40 under 40" leader for New Orleans, a New Orleans "Healthcare Hero", and received the American Medical Student Association "Women in Leadership" award. Dr. Gee is clinically active and is caring for patients at LSU.

Chief Editor Smith W. Hartley **In addition to the expansion of Medicaid, how are things changing at DHH as a result of having a new governor?**

Dr. Rebekah Gee Well, it's nice to work with people you look to as an example. I think one of the things that is wonderful about him is he is open and honest and frank. He doesn't always give people the answers they want to hear; he gives them the truthful answer. In the past, it was a situation where the can would get kicked down the road and folks would say, "Yeah we're working on it." Now it's a new day in that he follows what he thinks is ethical and the right thing to do. He also doesn't micromanage.

One of the things that changed today is our name. It is now the Louisiana Department of Health. The governor just signed our bill at 2 o'clock today. One of the things that indicates is that we're focused on health, improving health, and this governor has a great commitment to that, but he's also committed to open and honest government and doing the right thing.

Of course the major change early on is Medicaid expansion and that has required a lot of changes within the department. But it's nice. I have a sign over my door that says, "Be nice or leave." He is a very kind man. He has hired good people who are trying to do the right thing and that's what we are doing at LDH. I think the staff is very optimistic. I think that hopefully morale is improving, because I think we have a more open atmosphere, less micromanagement, and letting people come up with ideas and executing them. One of the big things that is a challenge though, is that under the Jindal administration DHH was dramatically downsized and so we are doing what we do with fewer resources, but we are small, but mighty. Next year we will have a $12 billion budget so we are running effectively a corporation the size of a Fortune 100 company. So we've got a huge responsibility even though we don't always have the resources a company of that size would have to do the job.

Editor **With the expansion of Medicaid how has that changed LDH operationally and internally? Are you adding any departments or staff?**

Gee We have not added departments. We initially were going to augment our staff, our permanent state staff, and because of the budget crisis and some of the messages we got from some of the elected officials that that was not going to be palatable, we have come up with a lot of creative ways to do expansion. One is that we are the first state in the nation that is going to use the food stamps program as a way to enroll individuals into Medicaid. But we are also going to have staff augmentation through a contract for what we need based on whatever our resources are, whether they be temporary or longer term. And then we are going to be using workers who are based in facilities where potential enrollees are signing on and getting care. All that is new in that it's called an out-stationing program. These are people who instead of opening up sales offices and having the overhead for those offices and staff and the need to manage them, this allows us to put a staff member in a facility where someone is going for care. So it is much more customer friendly.

Editor **How does fast-tracking Medicaid enrollment through the SNAP program benefit Louisiana?**

Gee It allows for several things. One is cost savings because we don't have to hire additional employees to enroll individuals into Medicaid. Number two is it is customer friendly as it allows the individual who is accepting services to have a one-stop shop, not have to go to two different offices and take two different days off of work to get enrolled. And then third, it's a very precise way because of the way the food stamps program is monitored. In terms of income it is very precise; it allows us to have a good working relationship with our partner DCFS and how they do things and utilize resources

they are already employing. If we have an investment in the state how do we utilize that for the maximum benefit? It's exciting. It's surprising that no other state has done this although necessity is the mother or invention so considering that we are in a budget crisis and not going to be able to hire additional permanent state employees, we had to get creative.

Editor **I know we are just now expanding Medicaid, but are there other Medicaid models out there, like Arkansas for example, that Louisiana has been looking at?**

Gee We certainly have managed care so our model is Medicaid managed care and we've looked to other states for how to administer that program. We are committed to improving how we administer that program, but right now we are doing a fairly straightforward expansion of the existing program that we have. It has been estimated to have saved hundreds of millions of dollars versus traditional Medicaid, but we are also interested in looking at what's the best out there. We are looking at, for example, shared savings models that are used in the Medicare program and bringing them into Medicaid. Arkansas is an interesting idea, although Arkansas is not a panacea; there have been several issues with the Arkansas model. Other states have focused on what I would call the punitive measures. Now, having low income people keep health savings accounts and those types of things, when it is an individual that has enough income that they can meaningfully pay in and they can delay healthcare and save up for things they need, that makes sense, but if you are talking about $2-5 a month these programs cost millions of dollars to administer with not as much payback.

So there are things that we've learned that are really well-functioning. You can look at Massachusetts, Oregon, Washington State, Kentucky, and Tennessee is a state that runs a very, very good managed care program. The good thing about being the 31st state to expand is that we can learn from what's done well and what's not done well. And we are committed to reforming how we administer the Medicaid program with the focus on improved health. Phase one was expansion and then due to budget cuts there weren't as many services available to other folks in the state of Louisiana as possible. Then figuring out what are the innovative care design delivery models that we can implement that would actually improve health. So that's our next challenge and our most important next focus.

Editor **Rather than just covering payment for healthcare is there anything that can be done to encourage healthy living for those receiving Medicaid benefits?**

Gee Yes, and the Medicaid managed care plans that we have are already doing things to encourage healthy living, but certainly having access to a primary care doctor is an important piece of this and having access to the right kind of information about nutrition, behavior, smoking cessation medication, medication that prevents the progression of diabetes and heart disease. These are things that are very important and allow people to exercise and have healthier lives. So certainly that is going to be a next step and the notion of personal responsibility is important to this.

In the past, people in Louisiana could use the excuse of "Well, I don't have health coverage." Now they will not be able to use that excuse. We will have virtually everyone in the state covered who wants to be covered. So now the challenge is how do you get healthier? We are going to need to partner with the Department of Education,

"The good thing about being the 31st state to expand is that we can learn from what's done well and what's not done well. And we are committed to reforming how we administer the Medicaid program with the focus on improved health."

4000 BC

Some of the earliest "pharmacists" are Sumerian priests tasked with the preparation of medicines in what is now modern-day Iraq.

2600 BC

Babylonian healers practice as priest, pharmacist, and physician. Medical texts on clay tablets record symptoms, prescriptions, and directions for compounding them, followed by an invocation to the gods.

2000 BC

Ancient Egyptian "Pastophor" prepare and use infusions, ointments, lozenges, suppositories, lotions, enemas, and pills. Around the same time, Shen Nung of China writes Pen T'sao or native herbal, which contains descriptions of 365 plant-based drugs.

with the school systems, with workplaces to foster those types of behaviors. It's not an easy shift, but it's a very important shift. Of course we have raised the cigarette tax and that's important. Things like taxation and how we do behavioral economics and structure, how we do incentives, are important, but also having access to primary care and counseling about how to do healthy living is an important piece of accessing healthcare.

And then there's the component of how do you deliver healthcare services differently? The model we have now is fee-for-service and it relies on people to go to a clinic, go to an ER, go to a facility typically during working hours to get care that is paid for in discrete bundles. So the more you deliver, the more you get paid as provider. We need to shift toward models that are more focused on outcomes so the provider gets paid if I am doing better with my eating and therefore my diabetes gets better, and if I am taking my blood pressure medication, or if I am not showing up for the emergency room for care that could be delivered elsewhere. Those are the types of things we need to start paying for and there are lots of models around the country, Medicare is one. Other states have Medicaid models that are more outcome driven, and these are the types of things we'll be looking at with the understanding that we need to look at readiness. Certainly Ochsner, Our Lady of the Lake, Baton Rouge General, LSU, Willis-Knighton, many facilities across the state have already been working on these types of innovative programs and so the next challenge is to catalog what these innovations have been and what the readiness is around the state and then measure and augment those so that we can see even greater benefits to population health from expansion.

Editor **Is the provider network sufficient for Medicaid now or are there areas where you would like to see the network improve?**

Gee We have our network adequacy requirements from our health plans and they are required to provide a certain level of care in a certain time frame and we've seen a dramatic increase, over 80%, in the availability of primary care since we implemented managed care. But that's doesn't mean things are going to be perfect and we are going to need to encourage different models of care which might include the use of allied health professionals and greater reliance on FQHCs (federally qualified health centers), community health clinics. We anticipate that as we have a new source of payment for care that was before never reimbursed, there will be an economic incentive...about a $1 billion spent per year additional on healthcare services. That's an economic incentive to provide new services in new locations and different ways. I would anticipate that taking some time, but in the very beginning we might have some growing pains as we adjust to the population of approximately 375,000 new individuals on Medicaid.

Editor **So are the challenges to building a network more by specialty or more by region?**

Gee I think a little bit of both, but I think specialty is the most challenging because the rate for specialty services can be so high. I am an OB/GYN and I have seen Medicaid patients throughout my whole career and it's my view that your obligation to see Medicaid does not end when you finish your training. But there are many people that frankly it is more lucrative to see non-Medicaid patients so that's what they do and that's particularly true in specialty areas. That's something we may need to address through payment reform, but we also are committed to making it easier for providers to see patients if they have less onerous paperwork to fill out, more simple processes, more clarity on what the policies are, and

"I think this cross sector notion is important. One of the things that the governor and I are committed to is making sure that there is collaboration between various agencies."

the procedures are for getting their patients care. My experience in my former role as Medicaid medical director is that people are willing to see Medicaid. The fact that we pay less than commercial insurance can also make it harder for them to see a patient. We are also committed to doing a better job of simplifying the lives of providers.

Editor **What are some techniques the department uses when measuring quality in the Medicaid program?**

Gee We employ measurements that are developed by the leading quality agencies for healthcare such as NCQA, or NQF. The predominant measurement system is called HEDIS and those are measures of quality of care and we can compare plan to plan, region to region, and so on. But we also have some homegrown measures we created, for example we created a progesterone measure to assess the use of inject able progesterone and women at risk of preterm birth. We knew that we were very poor performers on that measure so we created our own and are the first state in the nation to work on developing that measure. But largely we rely on pre-existing and validated federal level measures.

We've been focused predominantly on measures related to children and pregnant moms because our Medicaid program, prior to expansion, was mostly pregnant moms and kids. We have some elderly people who are dual eligibles and some folk with disabilities, but by and large we were a program that covered almost 70 percent of pregnant women and 65 percent of kids. So our measures are focused around those areas. But we are going to need to focus around adult health so that's our next challenge and certainly if you look at what is low-hanging fruit it's things like infectious disease. We continue to have the highest HIV, hepatitis C, Chlamydia, gonorrhea, syphilis rates in the nation. And so those infectious diseases will have to be a priority. It is a lot easier to curb the tide of infectious disease than to take care of people who are unhealthy from being overweight or obese. If people didn't want to be overweight or obese they would eat less, but they don't want to eat less. It's not so easy to change those types of behavior unless you do a lot of intervention, but infectious disease is something you can treat with antibiotics.

Editor **Are there some health issues that are a little unique for Louisiana?**

Gee Well, we tend to rank 50th or worse on almost every measure in the nation. We're the most obese state in the nation. We have two of the cities, New Orleans and Baton Rouge, with the highest new incidence HIV cases in the nation. We have one of the highest congenital syphilis rates in the nation, highest Chlamydia/gonorrhea rates in the nation. I trained in large cities, Boston, Philadelphia, DC, and New York, but I had never seen a case of syphilis before coming here. And I saw it routinely as an obstetrician. So these are the types of things we see that with the perfect storm of poverty and lack of access to care we've created. So we are undoing this issue of lack of access to care, but we still have to work on poverty and some of these other determinants of health. So I see the mission of the secretary of health as working a cross sector and part of my job is how do I engage our education system to think about health and make sure that our kids in school are eating healthy meals? How do we think about health in the prisons and how do we think of health in every policy? Many of the policies, even roads that we build, there's a physical health and safety component to those and that is part of the mission of the department of health; to ensure that in every policy we have that we are supporting and improving health. Our country was founded on the proposition that we are pursuing life, liberty, and happiness and certainly life and the pursuit of happiness are both very, very tied to good health.

I think this cross sector notion is important. One of the things that the governor and I are committed to is making sure that there is collaboration between various agencies. Of course my agency is the largest and is typically the elephant in the room in terms of budget. We have the most employees and spend more money on services than any other agency, but that doesn't mean that there are not very important resources in other agencies that can be garnered to help us improve health. Again, the first part of our administration was fortunately and unfortunately to spend a lot of time on the budget and on Medicaid expansion, but these are important next steps.

Editor **With the switch from Magellan to other payers for mental health care, we had been told some providers feel they are being paid slower. Have you received any feedback on this?**

Gee In the very beginning we had some claims payment issues. In the first couple of weeks or a month when you do something new you can have issues with delays and I know that was the case with one particular company that I am aware of. And they actually paid over $1 million upfront to providers to alleviate the slow payments. One of the nice things is I have not gotten a single

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complaint to my office, which doesn't mean everything is perfect, but generally that's a good sign.

I am very optimistic about the shift. The problem we had before is the head and the heart are combined and you can't treat somebody's physical condition if their mental health is not stable. And you can't have someone who is bipolar or psychotic and expect them to take their medications and follow a course of care for their physical health. So the fact that we had those two things separated made it nearly impossible for care coordination to occur. We lacked data sharing, we lacked the ability for the companies we were paying to do care coordination to understand what was happening from a mental health standpoint. So now all of that is carved in there's a much bigger opportunity for holistic management of patients. And I think that is the right way to go.

Editor **Is Louisiana doing enough to ensure clean air and water in your opinion?**

Gee I am the mother of five kids and I have little ones who were unfortunately exposed to lead in my home; I was in an 1866 home. I am very sensitive to the impacts of environment on both children and adults. We certainly could be doing more. I am one of these people who think we should have more emission standards in terms of what we are putting out of our cars and we should be potentially driving less and using more public transportation. So yes, we could certainly do a lot better. I would love to see a train between New Orleans and Baton Rouge because I drive it almost every day. That could save a lot of emissions if we had all the thousands of people who are commuting getting on the train. We are way behind our brethren in Europe and many other countries in terms of that.

WE ARE SMALL, BUT MIGHTY.

In terms of water we are very conscientious. And as a mother I am extremely sensitive to that issue. We move immediately on any complaints that we have and I think if policymakers learned anything from Flint, Michigan, and it's probably a lesson they should have already known, it's that if there is a public health issue the immediate response is to notify the public. I have a masters in public health and my background is in terms of prevention and it would be nice if we could do more. There are many pipes, for example, in the city of New Orleans that have lead in them. All of them should be removed, but do we have the budget for that? It's not even in the scope of my department...but no. In an ideal world would I like that to happen? Yes. Unfortunately public health is about maximizing resources for the greatest public good and fairly often for planning for things that don't happen.

My view is that we spend way too much on the end result of either chronic disease or the impact of things that could have been prevented through better public health measures. An example of that right now is the Zika virus. I am extremely frustrated by the Congress for not giving us more funding for Zika because in my view, having seen the data, it's not *if* we get infected mosquitoes in Louisiana, but *when*. As the Secretary of Health I want to make sure we have

done absolutely everything in our power to prevent any cases of Zika infected babies from being born through prevention, vector control, and public education. However Congress has taken 7 percent of my budget, almost $700,000 from my budget. Not giving me additional money, but at this point, taking money from our budget.

So this is something we need to continually fight for. That's an example of until it comes, sometimes the policymakers don't want to see the need for investment. But it's very important to spend the resources. I just got out of a meeting on hurricane preparedness and there are many things you need during the hurricane that you don't need the rest of the year. But you've got to have the resources to do it and I am concerned in these budget times in our state that we need to continue to build those resources so we are maximally prepared.

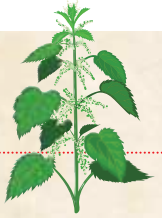
"I don't know what would be a bigger change than having 375,000 people who didn't have healthcare have healthcare. I can't imagine anything that would happen in the next 50 years frankly, that would be that impactful to the people of this state."

Editor **You have a lot of experience both in Louisiana and outside and you see what's going on with the federal government and the state. Generally speaking are you optimistic about the direction we are headed?**

Gee I am a born again Louisianan. I was not born here, but I married a Louisianan and now have children here and they are proud to be here and so am I. Having lived in many parts of the country, I am a native of Utah, and trained in the Northeast, and life isn't just about health from a physical standpoint, but it's about good mental health. In Louisiana we are repeatedly ranked on surveys as one of the happiest states. People here tend to be more community oriented, communal in terms of how they celebrate holidays. I have never seen anyone say no to a festival or an experience of community connection. Those types of things are incredible and in so much of the country you've got suburbs and strip malls and don't have that type of extraordinary culture and aliveness that Louisiana has.

So with all of that I am extremely optimistic. Life isn't just about being thin. It's about having fun and some parts of the country overdo this and everyone is stressed out about eating less. There's something great about having good food and enjoying it, but yes, those things need to be modified. I am more hopeful than ever. I do think we made a big mistake by not taking Medicaid expansion earlier. We've given up billions of dollars. We've given up lives that were lost because they didn't receive healthcare. We've given up the ability to do more planning, but the fact we are doing it late doesn't mean that we can't benefit from it. And I am more optimistic now than ever. In this generation, this time now, we have the greatest opportunity to improve health and we will.

I don't know what would be a bigger change than having 375,000 people who didn't have healthcare have healthcare. I can't imagine anything that would happen in the next 50 years frankly, that would be that impactful to the people of this state. So for me it is incredibly energizing to be at the helm of the department that is leading this effort at a time like this. And I am very, very hopeful. No longer can people use the excuse of not having healthcare for poor health, so now we can really get down to the issues. When I was Medicaid Medical Director we had this WellAhead program where we kept telling people to get healthy and we weren't covering people with insurance. It is somewhat of a duplicitous message. If we are going to be serious about getting people healthy we have to be serious about investing in health by covering them with insurance. That's not where this journey ends, but now that we have gotten around to doing that we can get around to doing some of these other things and I am very, very hopeful. ■



1500 BC

The Egyprian Ebers Papyrus includes 875 prescriptions and 700 drugs.

300 BC

Theophrastus, considered the Father of Botany, writes of the medical qualities of herbs.

c. 100 AD

Dioscorides travels with the Roman armies compiling rules for collection of natural medicines, their storage, and use.

All Who Wander Are Not Lost...

BUT THEY MAY BE GENETICALLY DRIVEN

By **Claudia S. Copeland, PhD**

Summer is here, and for many Louisianans, this means the happy anticipation of leaving the steamy sidewalks of New Orleans for a holiday break. Many of us will leave town for some leisurely downtime in beach resorts, European hotels, or cozy country B&Bs. Others, though, will head for rugged adventures in the mountains or the sea, or fly to faraway countries, relishing the challenge of day to day living in an unknown land–foreign language, unfamiliar infrastructure and customs, exotic food and culture. When you think of summer vacation, do you look forward to rest and relaxation or do you relish the chance for travel and adventure? Molecular geneticists are uncovering evidence that at least part of your preference may lie in your genes.

c. 150

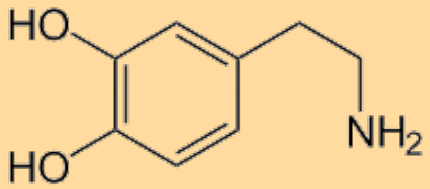
Galen practices and teaches pharmacy and medicine in Rome. His principles of preparing and compounding medicines become the standard for 1,500 years.

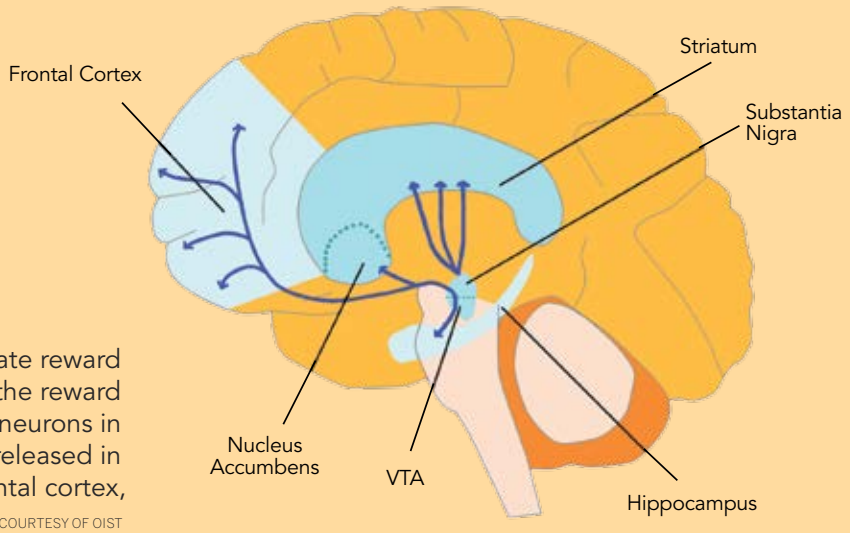
c. 400-1100

In Europe, monks gather and grow herbs to prepare medicines and treat the sick.

c. 700

Arabs open the first apothecary shops in Baghdad. The tradition travels with the Muslims to Europe.





In the brain, dopamine helps regulate reward and body movement. As part of the reward pathway, dopamine is produced by neurons in the ventral tegmental area (VTA) and released in the nucleus accumbens and the prefrontal cortex, leading to the feeling of pleasure. IMAGE COURTESY OF OIST

The idea of a genetic basis for this kind of "adventure drive" launched into mainstream biology in 1996, with two studies published side-by-side in *Nature Genetics*. Together, they described a gene variant correlated with a personality trait known as Novelty Seeking, a trait associated with impulsive and exploratory behavior. The gene they looked at encodes a specific type of dopamine receptor, called dopamine receptor D4 or DRD4. Dopamine is involved in reward-motivated behavior, as well as muscle movement and cognitive functions like attention and learning. As with any neurotransmitter, its effect will differ depending on the post-synaptic neuron—the neuron that receives the dopamine "message"—and the networks this neuron activates. In terms of human experience, the eventual effect could be a physical movement, a feeling, or a thought (cognition). There are five different types of dopamine receptors, each correlated with different categories of effects. D4 receptors, densely located in basal areas of the brain involved in reward-motivated behavior, have been implicated in addiction, eating disorders, and other disorders involving impulsive behavior, such as pathological gambling.

While the involvement of the D4 receptor in psychological conditions and cognition was well-accepted by the mid-1990s, it was quite a stretch to say that any single gene mutation could affect a personality trait. Personality is complex, governed by a number of factors including non-biological ones, such as childhood environment, and changing ones, such as age. (The novelty-seeking personality trait diminishes with age.) When a specific genetic polymorphism was found to be correlated with this personality trait, the first flurry of activity was, naturally, attempts to replicate or refute the finding. Those attempts, as is often the case when studying complex traits, were conflicting, with some supporting the correlation between D4 variants and novelty seeking, and others finding no evidence of a link. Many findings do support a connection between DRD4 and novelty seeking, but the nature of DRD4's influence on personality is complex; DRD4 is one factor among many that work together to determine the phenotype. Furthermore, while most of the initial studies focused on novelty seeking, there is more to DRD4 variation than an adventurous mindset. Many studies have linked DRD4 variants with novelty-related

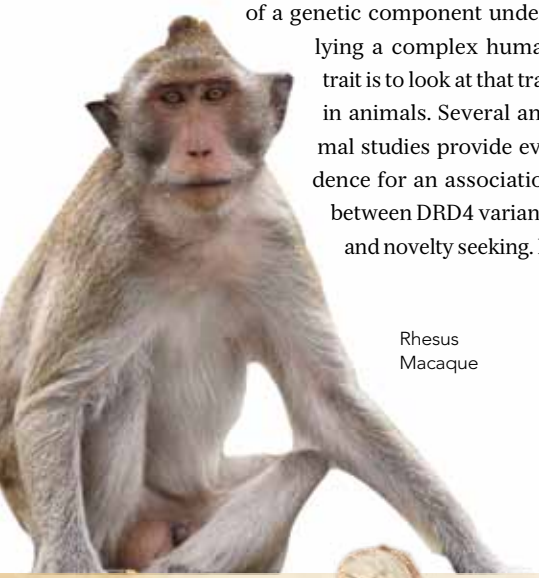
"What advantage might a species gain by having a novelty-seeking gene in a minority of its members? One advantage might be invasion of new territory."

novelty seeking

...they described a gene variant correlated with a personality trait known as Novelty Seeking, a trait associated with impulsive and exploratory behavior.

problems like substance abuse and ADHD in children. Other effects are more mysterious, such as preliminary studies suggesting enhanced perception of others' mental states (theory of mind decoding) among depressed patients with DRD4 variants. Still others are perplexing, such as the finding that children with DRD4 variants were more sensitive to loss in negative childhood environments but had more positive psychological responses to loss than normal children when raised in favorable childhood environments. At this stage in time, research on DRD4 in humans is generating many more questions than answers.

One way to obtain a clearer picture of a genetic component underlying a complex human trait is to look at that trait in animals. Several animal studies provide evidence for an association between DRD4 variants and novelty seeking. In 2007, Andrew Fidler and colleagues reported that DRD4 variants in the passarine bird Parus major were associated with early exploratory behavior (EEB), a measurable variable representing the trait of novelty seeking in birds. In Spanish and Portuguese populations of an invasive bird species, ornithologists Mueller et al. set up an experiment in which, after acclimation, they placed a novel object (apple slice or battery) in the birds' cage. Most of the birds avoided the objects, increased their movement, and even appeared to be looking for an escape route, but a few paused, approached the objects and even touched them. Genotyping the birds, variant SNPs of DRD4 accounted for 11-15% of the novelty seeking phenotypes, a significant correlation.



Rhesus Macaque

These bird studies support similar findings in mammals. Japanese researchers Momozawa et al. found DRD4 variants to be correlated with two equine temperament traits, curiosity and vigilance, in 2-year-old thoroughbred horses. Horses with the DRD4 variant had significantly higher scores in curiosity and lower scores in vigilance than horses with normal DRD4 genes. Other equine studies have shown differences in DRD4 profiles in different breeds of horses, and differences according to temperament.

In primates, UCLA researchers Bailey et al. reported that vervet monkeys with variant DRD4 genes were significantly more likely to approach a novel object placed in their cage than monkeys with the normal DRD4 gene. In a free-ranging rhesus macaque population in Puerto Rico, monkeys with the variant DRD4 allele spent less time in proximity to their mothers, avoided other individuals more often, and experienced behavioral restlessness more often than monkeys with the normal DRD4 allele. DRD4 variants have been associated with social impulsivity and activity/impulsivity/inattention in German shepherd and Siberian husky breeds of dogs.

It is intriguing that these DRD4 gene results are seen in such disparate species. The presence of this phenomenon in a broad array of animals supports an evolutionary advantage to such a trait. What advantage might a species gain by having a novelty-seeking gene in a minority of its members?

c. 1000

The pharmaceutical teachings of Ibn Sina, pharmacist, poet, physician, philosopher, and diplomat, are the accepted authority in the West until the 17th century and still are dominant influences in Eastern cultures.

1240

Holy Roman Emperor Frederic II issues a decree by which the professions of physician and apothecary are separated.

1345

The first "pharmacy" opens in London.

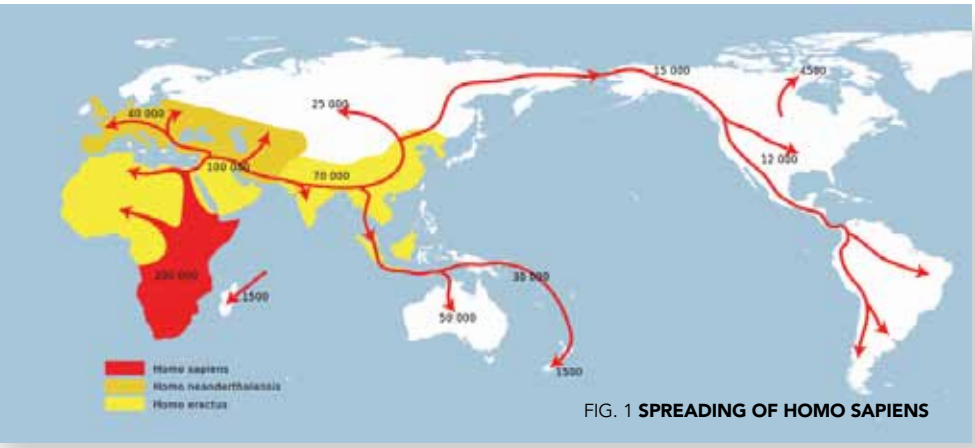
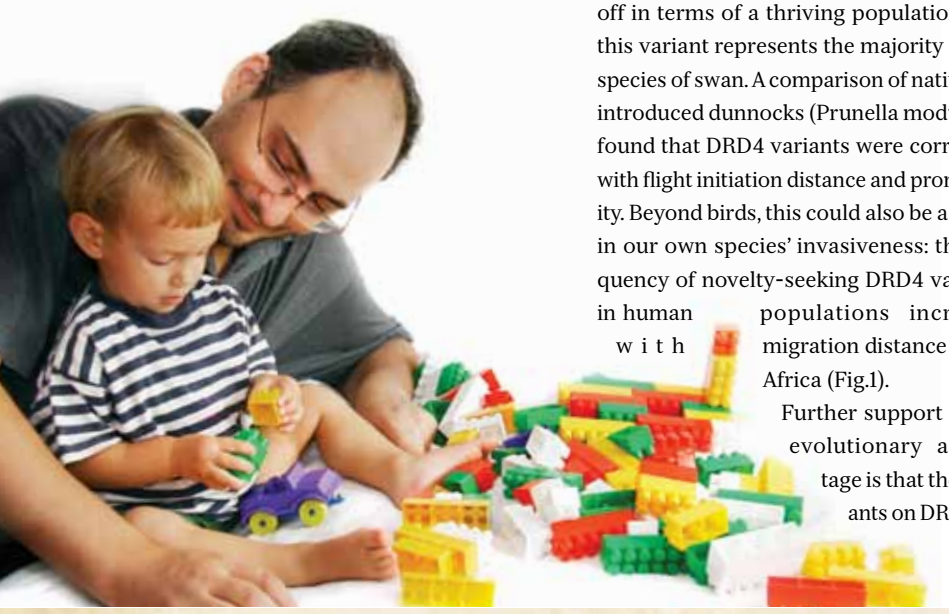


FIG. 1 **SPREADING OF HOMO SAPIENS**

BY NORDNORDWEST (FILE:SPREADING HOMO SAPIENS RU.SVG BY URUTSEG) [PUBLIC DOMAIN], VIA WIKIMEDIA COMMONS

One advantage might be invasion of new territory. While staying in a safe, well-understood environment is a survival advantage on the individual level, it could be to the advantage of populations to have some members with a drive to explore out and colonize new and unknown territory.

Studies of invasive bird populations have found DRD4 variants correlated with bold behavior such as flying longer distances. A recent study of black swans in urban environments found that swans who settled in less-disturbed areas away from humans were three times as likely to possess DRD4 variants associated with wariness (non-novelty seeking). Since swans are supported by humans, exploratory/risk-taking behavior could certainly pay off in terms of a thriving population, and this variant represents the majority in this species of swan. A comparison of native and introduced dunnocks (Prunella modularis) found that DRD4 variants were correlated with flight initiation distance and promiscuity. Beyond birds, this could also be a factor in our own species' invasiveness: the frequency of novelty-seeking DRD4 variants in human populations increases with migration distance out of Africa (Fig.1).



Further support for an evolutionary advantage is that the variants on DRD4 are not all the same—some are repeat lengths, some are different SNPs. In addition, other genes, such as serotonin-related genes, have also been implicated in novelty-seeking. The implication is that different genetic variations can result in novelty-seeking individuals, and that these different genetic variants represent convergent evolution of an advantageous trait on the population level.

So, it looks like novelty-seeking in some members can be beneficial to a population. Still, though, in most populations, the majority of individuals are non-novelty-seeking. Can this type of genetic variant lead to disadvantages? In humans, there are plenty of examples of when it does. One is a correlation with substance abuse, and especially severity of drug dependence. Another is sexual promiscuity. Pathological gambling, poor self-regulation, and ADHD in children have also been associated with novelty-seeking DRD4 variants. As with much research in humans, results are controversial, and any genetic predisposition is one factor in a complex array. Whether or not the genotype of a DRD4 variant might be harmful or helpful in humans largely depends on the individual's other personality traits, as well as environmental factors such as education level.

In one particularly intriguing study, Chi et al. examined the phenomenon of job-changing and how genetics may interact with socioeconomic factors. Previous studies in twins have indicated a clear genetic component to the phenomenon of job-changing frequency. Chi et al. were interested in how early-life environmental factors interact with genetics to shape behavioral phenomena. They looked at the interaction between DRD4 variants and two early-life

1386

Chaucer refers to "farmacies of herbs" in The Knight's Tale to describe medical preparation of plants.

1498

The first official pharmacopoeia is released in Florence.

1600

Apothecaries prepare and dispense medicine but also examine and treat patients, setting them apart from what would be considered a pharmacist. Later they are also granted prescriptive power.

"Rather than trying to "straighten out" a novelty-seeking teenager, realizing that this may be an in-born genetic trait suggests the importance of fostering healthy pursuits that involve curiosity and exploration..."

environmental factors, family socioeconomic status and neighborhood poverty, with respect to job-changing. Citing previous literature on "hobo syndrome"–the tendency for people with personality traits of impulsivity and openness to get a "periodic itch" to move from job to job, this team looked at the possibility that DRD4 variation might modify the effects of environmental factors on job changing. They found that DRD4 variants were associated with two strengthened effects according to childhood environment: a greater frequency of voluntary job changing among people who grew up with high SES (and had more education), and a higher frequency of involuntary job changing among people who had grown up in environments with high neighborhood poverty. This dovetails with emerging, preliminary studies showing stronger susceptibility to the influence of both positive and negative environmental influences among children with DRD4 variants.

While our understanding of the contribution of genetic variation to novelty seeking is still in its infancy, a growing body of research indicates that some people (and animals) seem to be genetically predisposed to crave novelty. How might this insight be useful? Organizational researchers are interested in this phenomenon as it pertains to job placement, and developmental and clinical psychologists are interested in how it relates to clinical conditions such as ADHD.

Perhaps more importantly, on a personal level, if you or someone you know seems to have an irrational craving for novelty, knowing that it may be genetic can be a valuable insight. Rather than wondering why you can't just settle down in life, if you seem to have an in-born drive to explore, prioritizing time and resources for travel or learning new skills could mean the difference between depression and a life of anticipation of adventures on the horizon. For young novelty-seekers, toys that can be constantly changed and made new, like Legos, may be a good way to channel their impulses, along with prioritizing activities like outdoor exploration. Rather than trying to "straighten out" a novelty-seeking teenager, realizing that this may be an in-born genetic trait suggests the importance of fostering healthy pursuits that involve curiosity and exploration, like science, journalism, or exploratory sports like diving. After all, in today's fast-changing world, that novelty-seeking streak that causes so much worry for parents could be a great asset–the difference between being stressed and dismayed by a changing world, or embracing change as an exhilarating challenge, relishing the ride into the uncharted future. ■

1605

Louis Hébert becomes apothecary to New France when he helps de Monts and Champlain build the New World settlement at Port Royal (Nova Scotia, Canada).

1700s

James Oglethorpe, founder of the Georgia colony, backed by the Worshipful Society of Apothecaries of London, launches an effort to identify and transplant beneficial plant species from the tropical colonies to Savannah.

1729

Christopher Marshall, an Irish immigrant, establishes his apothecary shop in Philadelphia. Eventually it is managed by granddaughter Elizabeth, America's first female pharmacist.

According to a recent analysis by the preeminent Johns Hopkins Medicine, American hospitals have a problem with medical mistakes. The report stirred widespread media coverage and some controversy with the assertion that medical errors are the third leading cause of death in the U.S.* That rank would place the number of people who die in hospitals from mistakes every year at nearly 250,000.

We All Make Mistakes

BUT WHAT ARE WE DOING TO FIX THEM?

By **John W. Mitchell**

"It's not a matter of fault, but more of a bad process."

WHILE ONE LOUISIANA SURGEON is leading a national charge questioning the study methodology and results, other hospitals in USHJ markets report that their facilities – especially at academic and large health systems – have radically changed healthcare culture to view a mistake as a way to prevent future harm to a patient.

"In medicine, we rely on the heroic efforts of doctors and nurses not to make mistakes," said Richard Guthrie, Jr., MD, Chief Quality Officer at Ochsner Health System. While this quality speaks to the dedication of hands-on caregivers, this, he maintains, is not the best way to prevent all errors.

"People can make mistakes, so we need to build good processes," he added. "It's not a matter of fault, but more of a bad process."

Dr. Guthrie cited the case of an infant demise several years ago. During labor, the mother suffered vasa previa, an obstetric complication that occurs when fetal blood vessels run between the fetus and the opening to the birth canal and can be torn during delivery. Symptoms of the condition can be evident on an ultrasound before birth and can also be indicated during a difficult labor.

"It would have been easy to blame the sonographers (who conducted the ultrasounds) or the resident (who was delivering the baby)," said Dr. Guthrie. "But there was no clear criteria, so it was a matter of judgment." He said that with a good process in place, the resident would have known to call the attending (teaching) physician for help.

"We want our doctors to practice with evidence-based medicine with as little variation as possible," said Dr. Guthrie.

However, he stressed that occasionally physicians must exercise independent medical judgment.

"We don't want our doctors to spend intellectual capacity when we know the best practice for a process we do over and over again," said Dr. Guthrie. "But we also want them to know when it is time to abandon a protocol."

"We don't want our doctors to spend intellectual capacity when we know the best practice for a process we do over and over again. But we also want them to know when it is time to abandon a protocol."

–Richard Guthrie, Jr., MD, Chief Quality Officer, Ochsner Health System

Therein lies the heart of the quality and safety conundrum for hospitals. Based on several interviews between USHJ and hospital leaders, the approach more and more is to practice evidence-based medicine, or best practices.

"In 2008, I would have been in the camp of doubters, if not overt resister," said Kenny Cole, MD, Chief Clinical Transformation Officer at Baton Rouge General (BRG), in thinking back to the safety and quality reform that began sweeping through healthcare. At the time he was in private practice at a multi-specialty clinic.

Richard Guthrie, MD

Kenny Cole, MD

He said his practice was below the national average for controlling patient high blood pressure, which was 60 percent. His practice was at 52 percent, which he said at the time some of his partners thought was good enough given that Louisiana has high levels of vascular and heart disease. But Dr. Cole and a few of his partners were able to achieve up to 95 percent compliance by developing and following evidence-based protocols.

"So then I got interested in the fragmented approach to care and the more I read about organizational chaos, the more I began to embrace process improvement. It turned out that my interests just happened to align with what the hospital was doing," he said.

Since then, according to Dr. Cole, BRG is one of only approximately 798 of more than 2,500 measured hospitals nationwide to earn an "A" rating from the Leapfrog Group in 2015, something the hospital recently achieved for the fifth year in a row.** The Leapfrog Group uses more than 30 publicly available measures and self-reported data points to score hospitals for quality of outcomes and safety.

As an example at BRG, Dr. Cole said using process improvement tools such as Six Sigma and Toyota LEAN, the facility was able to reduce its incidence of blood clots in the legs by 51 percent.

An unexpected death in a hospital, such as that caused by a stroke, is always cause for concern. But hospitals are beginning to recognize that there is always something that can be learned when a patient passes.

"We're one of the few hospitals that reviews every death that occurs in our hospital," said Chris Cargile, MD, Chief Medical Quality Officer at the University of Arkansas for Medical Sciences (UAMS). "We do this to not only assess if there was an error, but any opportunity to improve care."

In addition, Dr. Cargile reports that UAMS also has a "robust" reporting system for "near misses". Clinical workgroups accumulate data on near misses and keep UAMS leadership informed of progress in changing processes to remove risk factors that contribute to medical mistakes.

"Our hope is not only to continue to evolve our culture, but to train the next generation of physicians that this is a basic standard of care," said Dr. Cargile.

For one Louisiana surgeon, the numbers from the Johns Hopkins analysis don't add up. Gerard Gianoli, MD, a neuro-otology and skull base surgery specialist in Covington, La., says working to reduce medical errors is an honorable goal. But he doesn't think the Johns Hopkins study makes a good case.

"One death from a medical error is too many – I'm not against trying to make things better," said Dr. Gianoli. But he asserts the news coverage around the Johns Hopkins study has created a hysteria that is undeserved by doctors and hospitals. He thinks

the extrapolation the study uses is flawed, basing the 241,000 death rates due to medical errors on a review of four studies that identified only 35 deaths over ten years due to medical mistakes.

"The death rate in all hospitals has gone down in the past ten years even while the population increases," said Dr. Gianoli, who has been invited by the *American Journal of Medicine* to write an article about his findings. "Also, the Johns Hopkins review is based on a review of two articles on Medicare populations in which 75 percent of the patients were over the age of 65, with less than six percent of the total sample being under the age of 40. This is not a good population from which to extrapolate for the rest of the country."

According to Dr. Gianoli, the call by the Johns Hopkins study for medical errors to start being listed on death certificates is naïve.

"Often the cause of death on a medical certificate is a doctor's best guess. The only way for sure to know how a patient died – including from a medical mistake – is for a pathologist – who is an expert at establishing cause of death – to perform an autopsy."

But, he added, an autopsy is only deemed appropriate in about five percent of all deaths, primarily due to the cost, which runs around $1,000. Gianoli maintains that the only way to conduct a valid study of medical mistake deaths is for a peer-reviewed autopsy study.

At the Our Lady of the Lake Regional Medical Center (OLOLRMC) in Baton Rouge, Christopher Thomas, MD, Medical Director of Patient Quality and Safety, said that when he and the rest of the leadership staff make rounds in their respective hospitals, they always ask the staff the same question:

Chris Cargile, MD

Gerard Gianoli, MD

"So then I got interested in the fragmented approach to care and the more I read about organizational chaos, the more I began to embrace process improvement. It turned out that my interests just happened to align with what the hospital was doing."

–Kenny Cole, MD, Chief Clinical Transformation Officer, BR General Medical Center

1752

First hospital pharmacy established in Colonial America.

1753

William Lewis' The New Dispensatory is published and regarded as "the first truly scientific work on pharmacy" in the English language

1769

First North American pharmacist licensed by the Spanish in New Orleans.

"What's keeping you up at night?"

"We make rounds in a very non-confrontational way, there will be 15 of us sitting around a nursing station like a herd of turtles talking to the staff," said Dr. Thomas. "We say, 'Tell us what we can do to make things better, we want you to tell us.' The nurses know better than everyone else what needs to change. We do this each week; it's an opportunity now rooted in our culture."

This non-punitive cultural approach to improve safety and outcomes has yielded good results for OLOLRMC. Pressure ulcer infections for their patients have dropped from double to single digits. The health system has also seen its patient falls with injuries and length of stay for patients on ventilators decline.

The leaders at LCMC Health in New Orleans have formed a new hospital system in a time when healthcare delivery is being redesigned with an emphasis on quality and outcomes. The expanding system (six teaching and community hospitals) includes a new safety net hospital, University Medical Center (UMC), to replace Charity Hospital that was heavily damaged in Hurricane Katrina in 2005. For LCMC, it has been a rare opportunity to build a health network in a new era of value-based purchasing under the Affordable Care Act and other healthcare policy changes.

"We had our single best performance for infection control in the first quarter of 2016," said Erica Pruitt, RN, Director of Quality, Safety, and Accreditation. "A great deal of work was done by a huge number of staff."

This is an especially impressive accomplishment given that UMC serves a traditionally lower income population, 34 percent of whom who do not have health insurance and often lack access to basic resources. She, too, cited the adoption of best practices across the system and an open, non-punitive culture for nurses and other hospital staff to report any safety concerns through a "Be Safe" phone and email system that allows employees to report safety concerns confidentially if they wish.

"We've seen reporting increase from 25-50 a month to 300 plus a month," said Pruitt. She emphasized that this does mean safety concerns have increased, but rather that the system is doing a better job of collecting such feedback.

WE ARE ALWAYS GOING TO BE CHASING A STEADILY ADVANCING TARGET.

Chris Cargile, MD

"This gives us the opportunity to trend data to act on and give constant reinforcement to our staff in a non-punitive environment," she added. And, such process improvement makes patients safer in the hospital.

A similar culture change at the eight hospital Baptist Health System in Little Rock, now allows operating room nurses to decline to pass a surgeon a scalpel if a safety time-out is not performed before the start of any procedure. According to Eddie Phillips, MD, Chief Medical Officer, such process improvement and adoption of best practices has helped reduce overall mortality at Baptist

Christopher Thomas, MD

E. Roslyn Pruitt, RN

1770

An edict from the governor of New Orleans, Don Alexandre O'Reilly, delineates the responsibilities and boundaries of medicine, surgery, and pharmacy and marks the first legal recognition of pharmacy as a distinct discipline in the territories that would become the United States

1777

Andrew Craigie becomes the first Apothecary General.

1820

Quinine, used to treat malaria, is extracted from the bark of cinchona trees by two French chemists, Pierre Joseph Pelletier and Joseph Biename Caventou.

Eddie Phillips, MD

Doug Weeks

Health by 30 percent in the past three years. He said that Baptist also reviews all hospital deaths, which he said is important for identifying and adopting best practices.

The reduction in patient deaths at Baptist Health has been primarily accomplished by screening for sepsis infection in the emergency department and standardizing pneumonia care orders. This effort is assisted with help from their electronic health record which prevents a caregiver from proceeding through the patient's chart before the sepsis protocols are observed. Also, in the past eight months, Baptist has nearly eliminated central line associated infections through process improvement.

It's not easy juggling the trifecta of safety, costs, and patient satisfaction, but such is the expectation these days for any hospital. The Affordable Care Act and other legislation requires hospitals to change the way they deliver care. The goal is to transform the system into one that works to keep people healthy, rather than just taking care of them once they become sick. But even with this shift, people will still end up in the hospital with serious conditions.

"The public has a high level of trust for hospitals as a whole," said Doug Weeks, Chief Operating Officer for Baptist Health. "In return, we have to earn that trust."

Any talk of medical errors and better outcomes always begs the question: is it possible to completely eliminate medical mistakes?

Dr. Cargile at UAMS typified the response from all of the hospitals interviewed. He said that it's probably not possible to eliminate all mistakes, but not for the reasons most people think. He explained that the definition of what is preventable is constantly being changed as hospitals get better and better at safety and outcomes. He noted that many errors that have been eliminated would have been considered unpreventable 20 years ago. The same holds true, he said, for preventable errors that will be eliminated in the next five years.

"We are always going to be chasing a steadily advancing target. But that's not a bad thing. That's the only way to be better next year than this year," concluded Dr. Cargile. ■

"The public has a high level of trust for hospitals as a whole. In return, we have to earn that trust."

–Doug Weeks, COO, Baptist Health

* http://www.npr.org/sections/health-shots/2016/05/03/476636183/death-certificates-undercount-toll-of-medical-errors
** http://brgeneral.org/news/for-the-5th-year-baton-rouge-general-receives-a-rating-for-safety

1820

The first "United States Pharmacopoeia" is created by the medical profession, but later revised by the American Pharmaceutical Association.

1821

A meeting of apothecaries to found the Philadelphia College of Pharmacy represents the birth of organized American pharmacy.

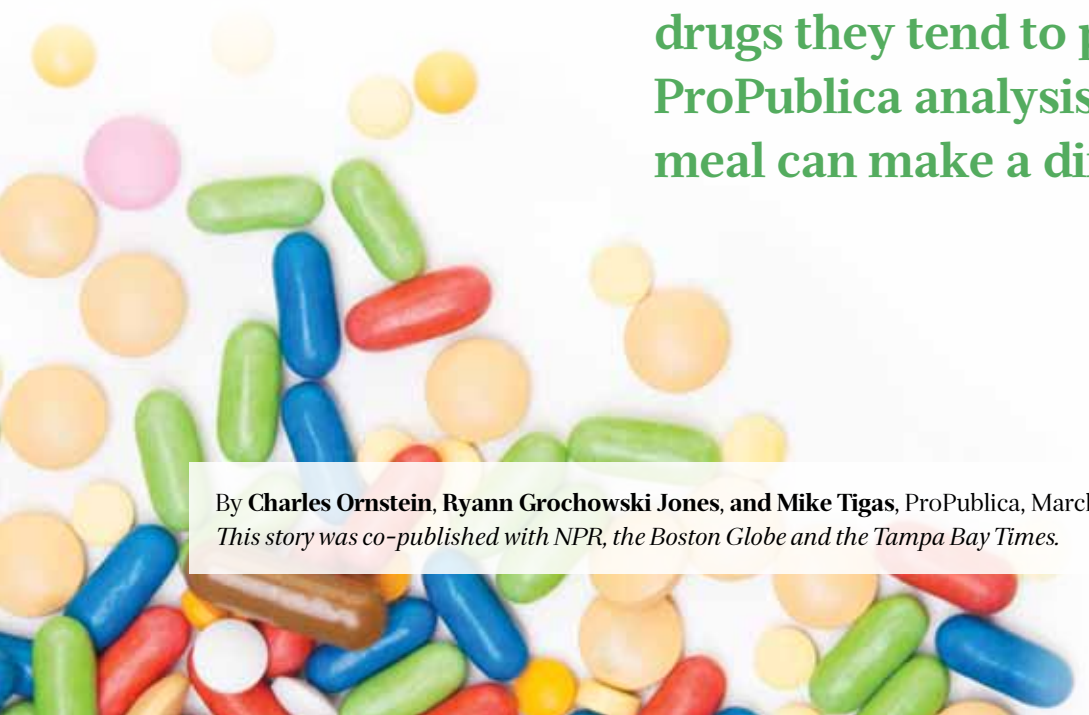
c. 1850

Stanislas Limousin introduces the medicine dropper, the system of coloring poisons, and wafers for the delivery of medicines. He later develops an apparatus for the inhalation and therapeutic administration of oxygen; and the invention of glass ampoules that could be sealed and sterilized for preservation of solutions for hypodermic use.

Now There's Proof:

Docs Who Get Company Cash Tend to Prescribe More Brand-Name Meds

The more money doctors receive from drug and medical device companies, the more brand-name drugs they tend to prescribe, a new ProPublica analysis shows. Even a meal can make a difference.



By **Charles Ornstein**, **Ryann Grochowski Jones**, **and Mike Tigas**, ProPublica, March 17, 2016
This story was co-published with NPR, the Boston Globe and the Tampa Bay Times.

Doctors have long disputed that the payments they receive from pharmaceutical companies have any relationship to how they prescribe drugs.

There's been little evidence to settle the matter – until now.

A ProPublica analysis has found for the first time that doctors who receive payments from the medical industry do indeed tend to prescribe drugs differently than their colleagues who don't. And the more money they receive, on average, the more brand-name medications they prescribe.

We matched records on payments from pharmaceutical and medical device makers in 2014 with corresponding data on doctors' medication choices in Medicare's prescription drug program. (You can read our methodology at https://static.propublica.org/projects/d4d/20160317-matching-industry-payments.pdf?22.)

Doctors who got money from drug and device makers–even just a meal–prescribed a higher percentage of brand-name drugs overall than doctors who didn't, our analysis showed. Indeed, doctors who received industry payments were two to three times as likely to prescribe brand-name drugs at exceptionally high rates as others in their specialty.

Doctors who received more than $5,000 from companies in 2014 typically had the highest brand-name prescribing percentages. Among internists who received no payments, for example, the average brand-name prescribing rate was about 20 percent, compared to about 30 percent for those who received more than $5,000.

ProPublica's analysis doesn't prove industry payments sway doctors to prescribe particular drugs, or even a particular company's drugs. Rather, it shows that payments are associated with an approach to prescribing that, writ large, benefits drug companies' bottom line.

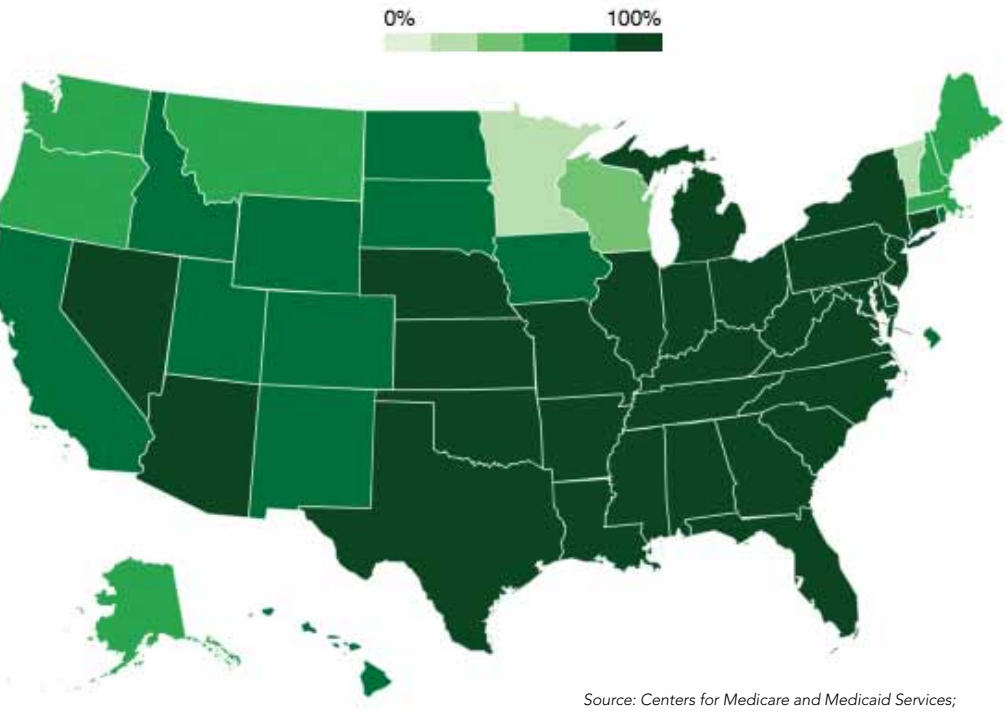
"It again confirms the prevailing wisdom ... that there is a relationship between payments and brand-name prescribing," said Dr. Aaron Kesselheim, an associate professor of medicine at Harvard Medical School who provided guidance on early versions of ProPublica's analysis. "This feeds into the ongoing conversation about the propriety of these sorts of relationships. Hopefully we're getting past the point where people will say, 'Oh, there's no evidence that these relationships change physicians' prescribing practices.'"

Numerous studies show that generics, which must meet rigid Food and Drug Administration standards, work as well as name brands for most patients. Brand-name drugs typically cost more than generics and are more heavily advertised. Although some medications do not have exact generic versions, there usually is a similar one in the same category. In addition, when it comes to patient satisfaction, there isn't much difference between brands and generics, according to data collected by the website Iodine, which is building a repository of user reviews on drugs.

There's wide variation from state to state when it comes to the proportion of prescribers who take industry money, our analysis found. The rate in Nevada, Alabama, Kentucky, and South Carolina was twice as high

Most Doctors Take Money From Drug, Device Companies

Nationally, about three quarters of doctors across five common medical specialties received at least one payment from a company in 2014. In Nevada, that number was over 90 percent. In Vermont, it was less than 24 percent. Note: The five specialties are family medicine, internal medicine, cardiovascular disease, psychiatry, and ophthalmology.



Source: Centers for Medicare and Medicaid Services; ProPublica analysis / Credit: Sisi Wei, ProPublica

as in Vermont, Minnesota, Wisconsin, and Maine.

But overall, payments are widespread. Nationwide, nearly nine in 10 cardiologists who wrote at least 1,000 prescriptions for Medicare patients received payments from a drug or device company in 2014, while seven in 10 internists and family practitioners did.

Dr. Walid Gellad, an associate professor of medicine at the University of Pittsburgh and co-director of its Center for Pharmaceutical Policy and Prescribing, who also reviewed our analysis, said the pervasiveness of payments is noteworthy. "You can debate if these payments are good or bad, or neither, but what isn't debatable is that they permeate the profession."

The results make sense, said Dr. Richard Baron, president and chief executive of the American Board of Internal Medicine. Doctors nowadays almost have to go out of their way to avoid taking payments from companies, according to Baron. And those who do probably have greater skepticism about the value of brand-name medications. Conversely, doctors have to work to cultivate deep ties with companies—those worth more than $5,000 a year—and such doctors probably have a greater receptiveness to brand-name drugs, he said.

"You have the people who are going out of their way to avoid this and you've got people who are, I'll say, pretty committed and engaged to creating relationships with pharma," Baron said. "If you are out there advocating for something, you are more likely to believe in it yourself and not to disbelieve it."

Physicians consider many factors when choosing which medications to prescribe. Some treat patients for whom few generics are available. A case in point is doctors who care for patients with HIV/AIDS. Others specialize in patients with complicated conditions who have tried generic drugs without success.

Holly Campbell, a spokeswoman for the Pharmaceutical Research and Manufacturers of America, the industry trade group, said in a statement that many factors affect doctors' prescribing decisions. A 2011 survey (http://www.phrma.org/sites/default/files/pdf/krcsurveyofphysicians_1.pdf) commissioned by the industry found that more than nine in 10 physicians felt that a "great deal of their prescribing was influenced by their clinical knowledge and experience," Campbell said in a written statement.

"Working together, biopharmaceutical companies and physicians can improve patient care, make better use of today's medicines and foster the development of tomorrow's cures," she wrote. "Physicians provide real-world insights and valuable feedback and advice to inform companies about their medicines to improve patient care."

Several doctors who received large payments from industry and had above-average prescribing rates of brand-name drugs said they are acting in patients' best interest.

"I do prefer certain drugs over the others based on the quality of the medication and also the benefits that the patients are going to get," said Dr. Amer Syed of Jersey City, N.J., who received more than $66,800 from companies in 2014 and whose brand-name prescribing rate was more than twice

"You have the people who are going out of their way to avoid this and you've got people who are, I'll say, pretty committed and engaged to creating relationships with pharma."

Dr. Richard Baron, president and chief executive of the American Board of Internal Medicine.

the mean of his peers in internal medicine. "My whole vision of practice is to keep the patients out of the hospital."

Dr. Felix Tarm, of Wichita, Kansas, likewise prescribed more than twice the rate of brand-name drugs than internal medicine doctors nationally. Tarm, who is in his 70s, said he's on the verge of retiring and doesn't draw a salary from his medical practice, instead subsidizing it with the money he receives from drug companies. He said he doesn't own a pharmacy, a laboratory or an X-ray machine, all ways in which other doctors increase their incomes.

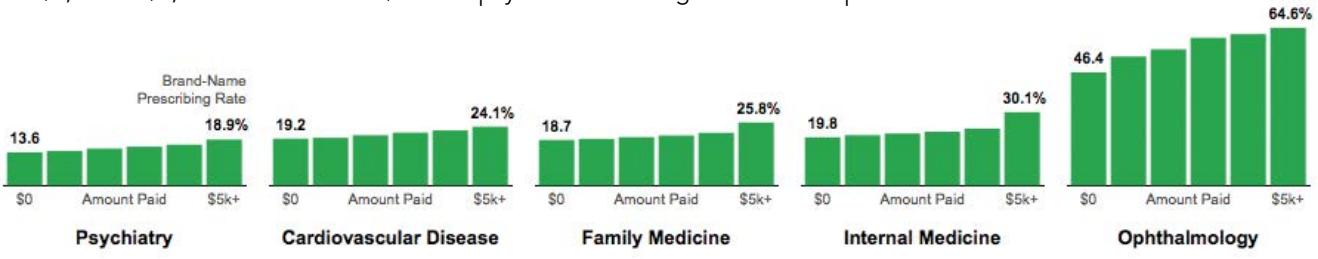
"I generally prescribe on the basis of what I think is the best drug," said Tarm, who received $11,700 in payments in 2014. "If the doctor is susceptible to being bought out by a pharmaceutical company, he can just as easily be bought out by other factors."

A third doctor, psychiatrist Alexander Pinkusovich of Brooklyn also prescribed a much higher proportion of brand-name drugs than his peers in 2014 while receiving more than $53,400 from drug companies. He threatened to call the district attorney if a reporter called again. "Why are you doing a fishing expedition?" he asked. "You know that I didn't do anything illegal, so good luck."

ProPublica has been tracking drug company payments to doctors since 2010 through a project known as Dollars for Docs. Our first lookup tool included only seven companies, most of which were required to report their payments publicly as a condition of legal settlements. The tool now

Which Doctors Prescribe Brand-Name Drugs More? The Ones Getting Paid by Drug, Device Companies

ProPublica analyzed the prescribing patterns of doctors who wrote at least 1,000 prescriptions in Medicare's drug program, known as Part D. Across five common specialties, as doctors received more money, they tended to prescribe a higher percentage of brand-name drugs. Note: ProPublica calculated brand-name prescribing rates for doctors who received no payments, $0.01 to $100, $100 to $500, $500 to $1,000, $1,000 to $5,000 and more than $5000 in payments from drug or device companies in 2014.



Source: Centers for Medicare and Medicaid Services; ProPublica analysis / Credit: Sisi Wei, ProPublica

c. 1850

Edward Parrish of the American Pharmaceutical Association proposes that the APhA "consider all the varied pharmaceutical practitioners 'pharmacists'" to better "standardize the field."

1852

The American Pharmaceutical Association is founded.

1879

First standardization of pharmaceuticals by Parke, Davis & Company.

covers every drug and device company, thanks to the Physician Payment Sunshine Act, a part of the 2010 Affordable Care Act. The law required all drug and device companies to publicly report their payments. The first reports became public in 2014, covering the last five months of 2013; 2014 payments were released last year.

The payments in our analysis include promotional speaking, consulting, business travel, meals, royalties, and gifts, among others. We did not include research payments, although those are reported in the government's database of industry spending, which it calls Open Payments.

Separately, ProPublica has tracked patterns in Medicare's prescription drug program, known as Part D, which covers more than 39 million people. Medicare pays for at least one in four prescriptions dispensed in the country.

This analysis matches the two datasets, looking at doctors in five large medical specialties: family medicine, internal medicine, cardiology, psychiatry and ophthalmology. We only looked at doctors who wrote at least 1,000 prescriptions in Medicare Part D.

Sen. Charles Grassley, R-Iowa, who pushed for the Physician Payment Sunshine Act, said in a statement that "it's gratifying to see" ProPublica's analysis.

"Since brand name drugs generally cost more than generic drugs, what doctors prescribe has major effects on Medicare and other payers in the health care system," he said. "I look forward to more data, more analysis, and to hearing from doctors about what influences their decision to prescribe brand name drugs versus generic drugs."

Dr. David W. Parke II, chief executive of the American Academy of Ophthalmology, suggested that many payments made to ophthalmologists don't relate to drugs they prescribe in Medicare Part D, and instead may be related to drugs administered in doctors' offices or devices and implants used in eye procedures. As a result, he said, it may be unfair to presume that industry payments are associated with prescribing in Part D.

Still, he said, ProPublica's analysis points to areas that specialty societies may want to look at. "In some cases, there are very appropriate and clinically valid reasons" for doctors who are outliers in their prescribing. "For others, education may very easily result in prescribing change leading to substantive savings for patients, employers and society."

Dr. Kim Allan Williams Sr., president of the American College of Cardiology, said he believes relationships between companies and doctors are circular. The more physicians learn about a new drug's "differentiating characteristics," he said, the more likely they are to prescribe it. And the more they prescribe it, the more likely they are to be selected as speakers and consultants for the company.

"That dovetails with improving your practice, and yes, you are getting paid to do it," he said.

Williams said new drugs are, at least in part, responsible for a significant decrease in cardiovascular mortality in the past three decades.

"If you're not making strides in this highly competitive area, if you don't have a product that's better, it's not going to fly," he said. "So the fact that there's this high relationship in cardiology [between doctors and companies] may in fact be driving the progress that we're making." ■

ProPublica deputy data editor Olga Pierce contributed to this report.

You can get the data that powers this investigation.

A complete, digital download is available for purchase in the Data Store at https://projects.propublica.org/data-store/sets/health-d4d-national-2.

1884

Henry Hurd Rusby journeys down the Amazon in search of new drug plants, some of which are still important to medicine today.

1884

Mechanization and mass production of tablets and capsules dramatically alters the delivery of medicine.

1900

Most pharmacies stock prefabricated medicines rather than having the pharmacist formulate them.

*FOR TIMELINE SOURCES PLEASE SEE PAGE 66

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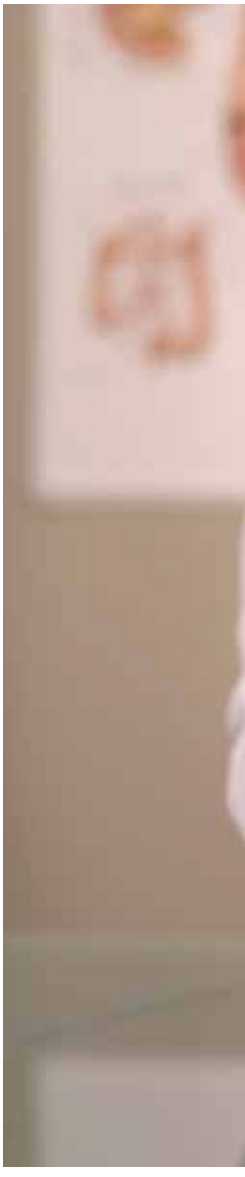
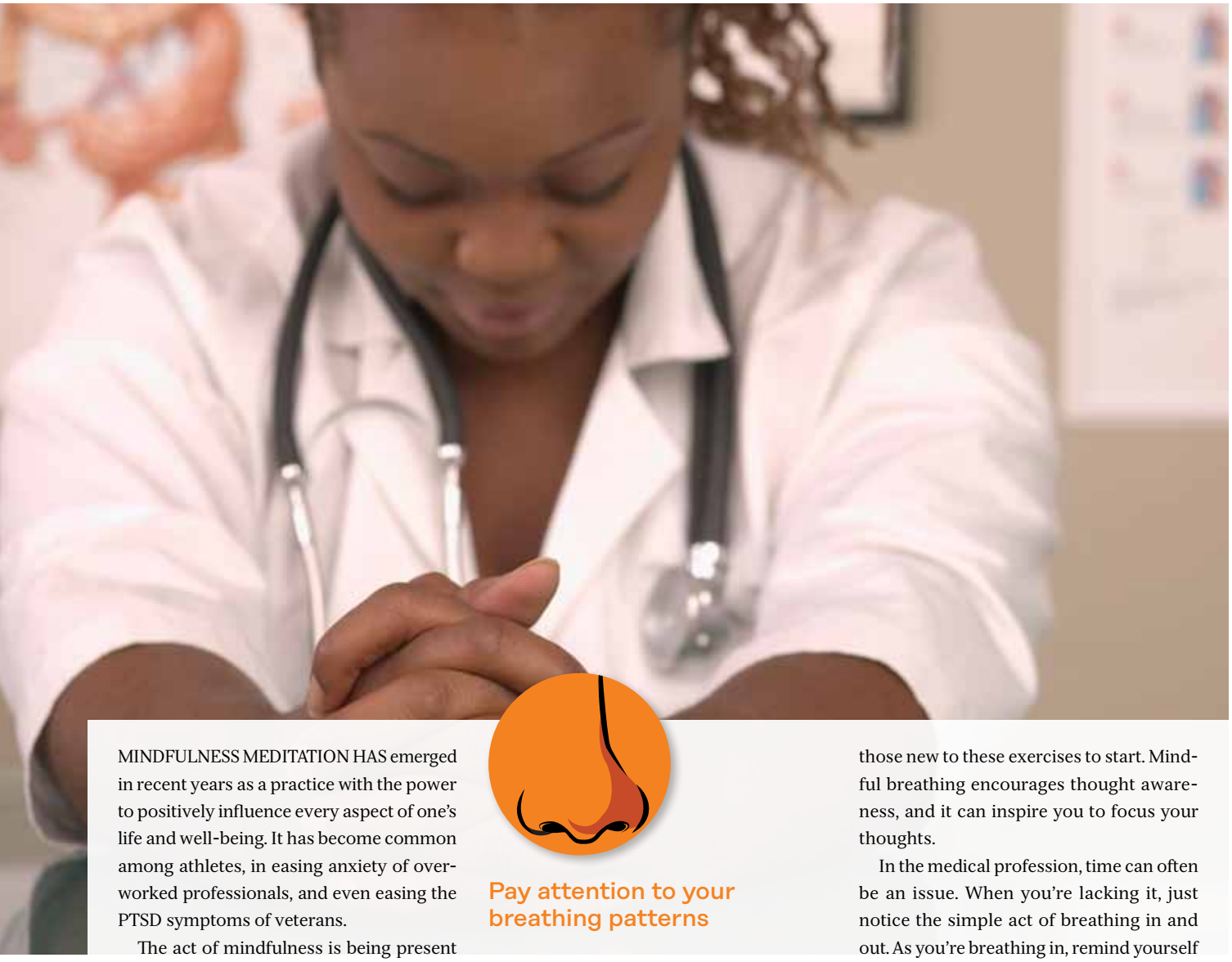
Five ways medical practitioners can reduce everyday stress with

mindfulness



Professionals in the medical industry undergo high levels of stress in their careers that often lead to greater levels of burnout in their jobs, and the loss of connection with themselves and others.

By Herb Carver | Carver is the founder and president of Point Above Consulting, improving businesses through a dynamic range of customized leadership and development programs, executive coaching and private consulting focused on mindful performance.



MINDFULNESS MEDITATION HAS emerged in recent years as a practice with the power to positively influence every aspect of one's life and well-being. It has become common among athletes, in easing anxiety of overworked professionals, and even easing the PTSD symptoms of veterans.

The act of mindfulness is being present in the moment. It is paying attention to the now instead of focusing on the past or the future. When we are mindful, we are intent upon each moment, avoiding internal distractions and bringing clarity to situations.

For those with jobs in the medical field, mindfulness can be especially helpful, as burnout, depression, and relationship problems are not uncommon. Medical practitioners can reduce everyday stress by practicing these five mindfulness strategies.

Pay attention to your breathing patterns

Practicing mindful breathing at work is the first step to reducing your everyday stress. When you're in the middle of a busy day, take a moment to slowly inhale and exhale. This action induces contentment. Using this slow breathing technique while visiting your patients may help you feel more empathy and communicate this feeling to them. The 7-11 technique: breathing in for 7 seconds and then out for 11 to slow and lengthen the breath is a great place for those new to these exercises to start. Mindful breathing encourages thought awareness, and it can inspire you to focus your thoughts.

In the medical profession, time can often be an issue. When you're lacking it, just notice the simple act of breathing in and out. As you're breathing in, remind yourself that this is what you are doing. Complete the same thought process when you breathe out. By noticing your breathing patterns and taking steps to slow it, you'll create a relaxed internal environment.

Mindful breathing can also help you if you're a medical assistant or a nurse since you experience stressful situations as well. Even lab technicians will benefit from mindful breathing as it will help them focus on each task when work becomes tedious.

"Whether you're a doctor, nurse or lab technician, you need to practice mindfulness when it comes to your own health."

Focus on each person individually

When you learn how to focus on one person while interacting with him or her, you may begin to experience less daily stress. The reason for this is that you're honing in on one thing instead of letting your mind work on several. To do this, begin practicing the classic mindfulness steps: pause, presence, and proceed. Before entering any room, pause to reflect on your day. Then, release the day's earlier happenings. Remember before (or as) you touch the handle of the door to an examination room to take 3 breaths to let go of the last patient (or circumstances) and remain open to the next.

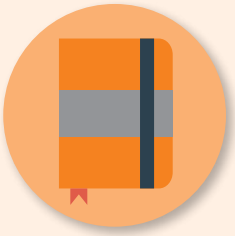
You will then be ready to focus on a patient or colleague. The next step is to incorporate presence. Notice what is going on in each moment, paying attention to your body's sensations, emotions and thoughts. If you work in the medical industry, this step will help you pay complete attention to those you are serving, allowing you to be more compassionate. The last step is to proceed. Consider what you are going to say before sharing your thoughts or recommendations.

Accept what you cannot control

Acceptance can be especially tough for doctors. When the goal is to resolve problems on a daily basis, circumstances that are out of your control often arise, which may cause stress. Mindfulness will make you more aware of the things that you can and cannot manage. It will also help you realize that you can always control your feelings, expectations, thoughts, and behaviors. With mindfulness, you'll begin to identify what you can control and focus on just those aspects of a situation. As you work with people who need your help, your mindful reaction may inspire them to respond in kind.

Nourish yourself while working and eat meals away from your work area

Whether you're a doctor, nurse or lab technician, you need to practice mindfulness when it comes to your own health. When your body is well nourished, you will be less likely to experience stress. In addition, taking a break from your work area is sure to rejuvenate your spirit. While it may be tough to take the regular breaks that your body needs, insist on it as much as possible. During each food break, continue to breathe mindfully and consider practicing body awareness. By bringing your body and mind together, you'll refocus your energy on being in the present moment instead of with your patients or the tasks that await you.



Journal to observe how you're feeling when times of stress arise

The process of journaling is a form of mindfulness. It allows you to be alone with your thoughts and feelings. Journaling during times of stress gives you insight regarding your feelings. It can help you work through negative emotions and highlight when you need to be especially vigilant in practicing mindfulness throughout the day. After covering the negative thoughts or emotions that you're experiencing, shift your focus to things that are making you happy or feel positive in that moment. By bringing your attention to positive things, you'll be inclined to look for them throughout your workday. Happy thoughts or feelings will decrease your everyday stress.

Medicine is an elite profession filled with those whose self-worth is often tied to ambition and competence. The complexity and economics of the current healthcare system are setting up an environment where organizational leadership is increasingly more valued. Playing-well-with-others often begins with self-care: bringing your best self to the team.

By incorporating these five mindfulness techniques into your daily life, you'll decrease your everyday stress. Mindfulness will inspire you to think without judgment while accepting and being present in every moment that comes. With less stress, you'll surely enjoy a long career in a tough profession. ■

healthcarebriefs

NEWS | PEOPLE | INFORMATION

PHOTO BY MORGAN SASSER

PitchNOLA: Living Well winners smile with event sponsor Blue Cross and Blue Shield of Louisiana. L to R: Chelsea Hylton (2nd place winner Peaceful Warrior Project, Benjamin Mahoney (Blue Cross and Blue Shield Louisiana), Erin Zimmer and Jeanette Bell (1st place winner, Garden on Mars), Dr. Lana Joseph (3rd place winner, High Level Hearing), and Kellie Duhon (Blue Cross and Blue Shield of Louisiana)

GARDENERS TAKE HOME FIRST AT PROPELLER PITCH

On Wednesday, May 25, 2016, 10 semi-finalists took the stage at the Propeller Incubator for PitchNOLA: Living Well, presented by Blue Cross and Blue Shield of Louisiana, to pitch their entrepreneurial solutions to reduce or eliminate health disparities for at-risk or underserved residents in New Orleans. *See story on page 47*

HealthcareBriefs

STATE

Governor Signs Bill for Direct Access to Physical Therapy

Governor John Bel Edwards has signed Senate Bill 291 into law allowing direct access to physical therapy in Louisiana. SB 291 affects all residents of Louisiana, giving them direct access to physical therapy without the need for a doctors' referral.

Gulf South Quality Network Announces Substantial Distributions

This year, Gulf South Quality Network (GSQN), the largest clinically integrated physician network in the State of Louisiana, has distributed more than $950,000 in performance-based member incentives for the care of patients with chronic diseases in Louisiana. This has been accomplished through GSQN's partnership with physicians and its dedication to maximizing the value of healthcare services while minimizing healthcare costs.

GSQN has also distributed more than $2.4 million in shared savings plans through its partnership with payers in the state. In addition, the overall economic impact in medical spending in healthcare dollars in value to its partners is more than $5 million.

Screen Time Can Make Children Overweight

Too much time sitting in front of the television or watching a phone or tablet is linked to poor school performance, childhood obesity, and attention problems. Starting in 2015, the Louisiana Department of Health and Hospitals (DHH) has partnered with the Louisiana Department of Education (DOE), LSU's Pennington Biomedical Research Center, and the Tulane School of Public Health to participate in a project to test strategies on going screen-free. DHH and these partners are working with six child care centers in the state on the project, which is funded by the Association of State Public Health Nutritionists. Centers are provided with education materials, lesson plans, and activity suggestions.

Since 2010 the DHH Bureau of Family Health and Health Promotions team, along with the Southeast Louisiana Area Health Education Center, have been administering a national evidence-based intervention to prevent and reduce childhood obesity in Louisiana child care centers. The Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) program is designed to promote healthy weight development in preschool children by improving:

- the nutritional quality of food served,
- the amount and quality of physical activity,
- staff-child interactions,
- facility policies and practices on nutrition and physical activity and
- related environmental characteristics.

The NAP SACC guidelines follow those of First Lady Michelle Obama's Let's Move initiative which, in addition to recommending no more than two hours of recreational screen times each day, also suggests that children get five servings of fruits or vegetables, one hour or more of physical activity, zero sweetened drinks, and 10 hours of sleep per day.

DOE recently changed childcare licensing regulations to restrict screen time in early learning centers. LSU's Pennington Biomedical Research Center is also launching a new study of child care centers in East Baton Rouge Parish to examine children's physical activity and screen time during school and outside of school hours.

Governor Signs Family Caregiver Act

Gov. Edwards signed the Louisiana Family Caregiver Act (Senate Bill 376) to better support family caregivers as they safely care for their loved one at home after being released from the hospital. The legislation, brought by Senator Yvonne Dorsey-Colomb of Baton Rouge and unanimously passed by the Louisiana Legislature, will officially take effect August 1st, 2016.

The bill, which has already passed in some form in 22 other states across the country, ensures hospital patients can designate a family caregiver and requires hospitals to offer that caregiver instruction and demonstrations of medical tasks they are expected to provide for their loved ones at home. The Family Caregiver Act represented AARP Louisiana's top legislative priority for 2016.

AG Announces Four Guilty Pleas on Defrauding Medicaid

Attorney General Jeff Landry announced that four Northeast Louisiana women have pled guilty to defrauding the Medicaid program following an investigation and prosecution by his Medicaid Fraud Control Unit (MFCU).

Elaine Burrell of Bastrop and Betty Jean Tappin of Monroe pled guilty to criminal conspiracy to file and/or maintain false public records. Verna Marie Tippitt of Collinston and Laurean Burrell of Collinston pled guilty to filing and/or maintaining false public records.

The four were charged with creating bogus billing documents and/or a bogus personnel file for an audit conducted at DHH's request at the Universal Care LLC office in Monroe in early April 2011. Universal Care LLC – opened on or about June 6, 2008, owned by Elaine Burrell, and located in Bastrop and Monroe – was shut down by DHH in mid-2011 shortly after these false billing documents were processed and analyzed as being suspicious.

John Carroll, C(k)P, ARPC, CRPC, AAMS

Attorney General Jeff Landry's MFCU was able to recoup in excess of $300,000 as criminal restitution and civil forfeiture. All four women were given a deferred sentence of two years active supervised probation by Judge Richard Anderson from the 19th Judicial District Court. Elaine Burrell signed a lifetime exclusion from participation in Medicaid/Medicare in Louisiana; the other three were ordered, as a condition of probation, to be excluded from participation for five years.

LHCQF Announces New Board Officers, Members

The Louisiana Health Care Quality Forum has named new officers and board members to its Board of Directors for 2016.

The new officers are John Carroll, C(k)P, ARPC, CRPC, AAMS, President (Chief Executive Officer, Wealth Advisor, Wellspring Advisor Group in Alexandria, La.); Stephen Wright, President Elect (President & Chief Executive Officer, CHRISTUS Health Louisiana in Alexandria, La.); Teri G. Fontenot, FACHE, Secretary/Treasurer (President & Chief Executive Officer, Woman's Hospital in Baton Rouge) and Daniel Burke, SPHR, Member at Large (Director of Corporate Benefits, Turner Industries in Baton Rouge). Louis Minsky, MD (Private Practitioner, Minsky & Carver Medical Center for Wellness in Baton Rouge) serves as Immediate Past President.

In addition, four individuals have joined the Quality Forum Board: David Carmouche, MD (Senior Vice President and President, Ochsner Health Network in Baton Rouge); Jeff Drozda (Chief Executive Officer, Louisiana Association of Health Plans in Baton Rouge); Sonya Nelson (President, Amerigroup Louisiana in Baton Rouge); and A.A. "Chard" Richard, III (Area President, Gulf States, Arthur J. Gallagher & Co. in Baton Rouge).

Returning board members include: Chuck Burnell, MD (Lead Medical Director, Acadian Companies in Lafayette); Donna D. Fraiche (Attorney, Baker, Donelson, Bearman, Caldwell & Berkowitz in New Orleans and Baton Rouge); Glen Golemi (President and Chief Executive Officer, eQ Health Solutions in Baton Rouge); Wes Hataway, JD (Vice President for Legal Affairs and General Counsel, Louisiana State Medical Society in Baton Rouge); and Susan E. Nelson, MD, FACP, FAAHPM (Medical Director of Senior Services, Franciscan Missionaries of Our Lady Health System in Baton Rouge and Franciscan PACE).

Gee Celebrates Declines in Teen Birth Rates

Both Louisiana and the nation have experienced declines in teen birth rates over the past decade, and Secretary Rebekah Gee, MD of the Department of Health says that's something to celebrate. Teen girls who become mothers are much less likely to complete high school. Teen fathers also see a decline in graduation rates.

In 2007, Louisiana's teen birth rate was 55.9 per 1,000 girls aged 15 to 19. The most recent figures from 2014 show that rate is now only 35.56, which is a decline of 36.4 percent. Rates declined especially sharply among black teens, with a greater than 44 percent decline in the number of births to teenage girls.

The benefits of delaying pregnancy expand beyond the parents. According to youth.gov, children born to teens are more likely to:

- have a higher risk for low birth weight and infant mortality;
- have lower levels of emotional support and cognitive stimulation;
- have fewer skills and be less prepared to learn when they enter kindergarten;
- have behavioral problems and chronic medical conditions;
- rely more heavily on publicly funded health care;
- have higher rates of foster care placement;
- be incarcerated at some time during adolescence;
- have lower school achievement and drop out of high school;
- give birth as a teen; and
- be unemployed or underemployed as a young adult.

Through Title X funding, DHH's Bureau of Family Health provided services to over 8,000 Louisianans under the age of 19 in parish health units throughout the state. Services provided through the Title X funding included education and counseling on family planning, STD prevention, resisting sexual coercion, and more.

Two Arrested on Medicaid Fraud Charges

Attorney General Jeff Landry announced that Myyahhnna Dawson and Erica Freeman were arrested by his Medicaid Fraud Control Unit in separate cases.

Dawson, 39 of Houma, was arrested on eight counts of Medicaid fraud for allegedly preparing falsified progress notes on several occasions indicating that she and other counselors had provided services to Medicaid recipients, which were in fact not performed.

Freeman, 38 of Bossier City, was arrested on one count of Medicaid fraud after allegedly defrauding the Louisiana Medical Assistance Program by presenting false or fraudulent timesheets and service logs for payment to her employer.

Both surrendered and were booked at the East Baton Rouge Parish Prison.

Acadian Ambulance Recognizes 2016 Paramedic and EMT of the Year

Acadian Ambulance held its annual luncheon at the Cajundome to recognize its paramedics and EMTs who display exemplary attitudes, tireless work ethic and dedication, and provide excellent patient care. From across the company's Louisiana and Mississippi service areas, 18 finalists were nominated by their peers.

Paramedic Sarah Young and EMT Allison Salamoni have been selected as the 2016 winners. Both honorees represent the Capital Region, which covers East Baton Rouge, West Baton Rouge, Iberville, Point Coupee, East Feliciana, Livingston, and Ascension parishes.

A native of Juneau, Alaska, Young works out of Baton Rouge. She began her EMS career in Washington before attending paramedic school in Idaho. Young is a member of the safety and wellness committee for her region. She has earned Acadian's President's Performance Award based on her excellent driving record and accurate medical records, and the Acadian Cares award for her positive patient interactions.

An Acadian EMT since 2012, Salamoni works out of Plaquemine. She is a graduate of Acadian's National EMS Academy EMT program, completed firefighter and hazmat training at LSU's Fire and Emergency Training Institute, and earned a bachelor's degree in general studies from Southeastern Louisiana University. Salamoni additionally serves as a governmental relations coordinator, safety committee member, and wellness advocate.

State Health Officials Offer Zika Guidance

Officials with the Louisiana Department of Health have developed a plan to protect the public should an outbreak of Zika virus occur in the state. The multi-part plan is designed to reduce mosquito populations and mobilize against

L-R; Keynote Speaker Lou Holtz, Acadian Chairman & CEO Richard Zuschlag, Paramedic of the Year Sarah Young, EMT of the Year Allison Salamoni, Acadian Chief Medical Director Dr. Chuck Burnell and Acadian Ambulance President Jerry Romero.

transmission of Zika virus if an outbreak does occur.

Dr. Rebekah Gee, secretary for LDH, said mosquito-borne transmissions of Zika in popular destinations in the Caribbean demonstrate the risks to Louisianans posed by this public health threat. Gee also stated that Louisiana has the emergency management, public health, and health care infrastructures to respond if Zika transmissions begin to occur in Louisiana.

Current CDC guidance states that men and women who desire pregnancy and reside in an area with active Zika virus transmission should talk to their healthcare provider and strictly follow steps to prevent both mosquito bites and sexual transmission of the virus.

Pregnant women or women who could be pregnant should consider postponing any travel to any area where Zika virus is spreading and talk to their healthcare provider if they must do so. They should take strict precautions to prevent mosquito bites during their stay in areas where active transmission is occurring.

Zika virus is spread to people primarily through the bite of an infected mosquito. Louisianans should take precautions against mosquito bites to prevent any possible transmissions of both Zika and other mosquito-borne infections, especially during summer months when mosquitos are most active. Recommended precautions include wearing long sleeves and pants, keeping window and door screens in good repair, using EPA-registered insect repellants and removing standing water from around homes and workplaces.

To date, at least six cases of Zika virus have been confirmed in Louisiana residents who traveled to Caribbean and South American countries, but no cases of Zika virus transmitted locally by mosquito have been detected. More information on Zika virus is available from the CDC at www.cdc.gov/zika/index.html.

MyOldMeds Campaign Launches in Louisiana

Louisiana policymakers, the Pharmaceutical Research and Manufacturers of America (PhRMA), and physician organizations united to formally launch "MyOldMeds Louisiana," a public information campaign to drive education and awareness for Louisiana residents around safe prescription drug use, storage, and disposal.

MyOldMeds is a multi-channel education campaign developed by PhRMA to educate consumers on safe medicine use and disposal. In addition to social and digital marketing, the campaign includes a Louisiana-specific website, which will serve as a state resource to help residents understand how to safely use, store, and dispose of their medicines.

The MyOldMeds website also includes links to additional resources, such as information about drug-abuse prevention and addiction and disposal-related concerns.

Louisiana is the third state to welcome the MyOldMeds campaign. Learn more about the MyOldMeds campaign by visiting, www.MyOldMeds.com.

BCBS Association Examines Growing Costs of Specialty Pharmacy

A new study by the Blue Cross Blue Shield Association (BCBSA) and HealthCore, Inc. shows that per-member specialty pharmacy spending increased 26 percent from 2013 to 2014.

The report, "The Growth in Specialty Drug Spending from 2013 to 2014," represents a comprehensive, in-depth study of costs for both medical and pharmacy claims. Approximately half of specialty drug spending is funded by each benefit.

Examining medical benefit data allows for a thorough analysis of changes in the cost of medication administered at hospitals and other clinical settings. For example, more than 80 percent of cancer medication cost is billed through the medical benefit. Comparing specialty pharmacy spending in 2013 and 2014, this study found that:

- There was an $87 annual per-member increase in specialty pharmacy spending from 2013 to 2014.
- The increasing costs of specialty drug treatments were the main driver of the growth in spending. Treatment costs include the price and selection of drugs. Increased utilization had a smaller effect on the growth in spending.
- In 2014, annual specialty drug spending was 17 percent higher per member in the individual market compared to the employer market. While cost of treatment was similar between employer-based and individual members, there were differences in utilization rates by condition. Utilization was significantly higher for individual members for cancer, human immunodeficiency virus, and hepatitis, but slightly lower for inflammatory conditions (such as rheumatoid arthritis) or multiple sclerosis.

Total cost of treatment increased across all specialty drug categories featured in the study. Of the 26 percent cost increase for specialty drugs between 2013 and 2014 for commercially insured members, 15 percent can be attributed to higher costs for treatments. Utilization accounted for an 11 percent increase in specialty pharmacy spending.

For Blue Cross and Blue Shield of Louisiana, specialty drugs dispensed through the pharmacy benefit make up only one percent of the drugs, yet 40 percent of the cost.

This is the seventh study of The Health of America Report℠ series, a collaboration between the Blue Cross Blue Shield Association and Blue Health Intelligence, which uses a market-leading claims database to uncover key trends and insights into healthcare affordability and access to care. This report was written by and also includes medical claims data from HealthCore, Inc., a wholly owned and independently operated health outcomes subsidiary of Anthem, Inc.

For more information, visit www.bcbs.com/healthofamerica.

Note: The report covers the majority of Blue Cross and Blue Shield (BCBS) companies' commercially insured and individual members across the country and approximately 70 percent of all BCBS membership, or a sample size of approximately 70.5 million BCBS members per year in 2013 and 2014. It does not include members who receive coverage through Medicare or Medicaid programs. All costs reported are the combined cost of payment by BCBS companies and by members (out of pocket). Costs do not account for rebates provided by drug manufacturers.

Attorney General Jeff Landry Arrests Two

Attorney General Jeff Landry announced that Nakia Culbert and Claudette Navy were been arrested by his Medicaid Fraud Control Unit (MFCU) in separate cases.

Culbert, 25, of Alexandria, was arrested on one count of Simple Battery of Persons with Infirmities. While employed as a caretaker, Culbert allegedly caused harm to a mentally handicapped man after repeatedly hitting him on the top of his head.

Navy, 47, of Breaux Bridge, was arrested on one count of False Statements Concerning Employment in a Nursing or Health Care Facility. After Navy was terminated from her place of employment for physical abuse of a resident, she allegedly denied having been disciplined for resident or patient abuse on a new job application.

Culbert and Navy both surrendered and were booked into their respective parish prisons.

LDH to Terminate Alternatives Living from Medicaid Program

Officials with the Louisiana Department of Health announced they will begin taking steps to terminate Alternatives Living from the state Medicaid program. The action follows a federal indictment handed down in June in the United States

District Court for the Eastern District of Louisiana that accuses the owners of Alternatives Living of the theft of federal funds and conspiracy to commit theft of federal funds. The indictment was handled by the U.S. Attorney following an investigation by the U.S. Department of Housing and Urban Development.

Located in New Orleans, Alternatives Living provides mental health rehabilitation services, including supports to help individuals live independently in their communities and maintain access to housing. The company also serves a small number of individuals with developmental disabilities through the New Opportunities Waiver, or NOW. The agency serves six NOW clients and between 325 and 350 mental health rehab clients.

The initial action taken by the Department of Health will be to terminate Alternatives Living's Medicaid provider agreement. It is this agreement that allows an agency to provide and bill for services in the Medicaid program. The action means that Alternatives Living will no longer receive Medicaid payments.

The department will immediately take steps to transition individuals who receive services from Alternatives Living to other providers in the area and ensure their personal safety and medical, social and housing support needs are appropriately met.

PROPELLER PITCH
ABOVE Judge and keynote speaker Dr. Corey Hébert delivers feedback.
LEFT 3rd place winner Dr. Lana Joseph of High Level Hearing delivers her pitch onstage at Propeller's PitchNOLA: Living Well winners.
PHOTOS MORGAN SASSER

LOCAL

City Health Department Nationally Recognized

The City of New Orleans Health Department (NOHD) announced that it was recognized by the National Association of County & City Health Officials' Project Public Health Ready (PPHR) program for the department's ability to plan for, respond to, and recover from public health emergencies. NOHD's emergency preparedness program plans for and responds to all public health emergencies in New Orleans including natural disasters, disease outbreaks, mass casualty incidents, and more. Additionally, they monitor the availability of public health and medical services and provide evacuation or sheltering assistance to medically vulnerable populations.

The criteria are national standards for local public health preparedness and are updated annually to incorporate the most recent federal initiatives. Each of the three PPHR project goals—all-hazards preparedness planning, workforce capacity development, and demonstration of readiness through exercises or real events—has a comprehensive list of standards that must be met in order to achieve PPHR recognition.

New Orleans was one of 30 local or regional health agencies recognized this year. The PPHR status lasts for five years, and agencies have the opportunity to be re-recognized after that time period.

Gardeners Take Home First at Propeller Pitch

On Wednesday, May 25, 2016, 10 semi-finalists took the stage at the Propeller Incubator for PitchNOLA: Living Well, presented by Blue Cross and Blue Shield of Louisiana, to pitch their entrepreneurial solutions to reduce or eliminate health disparities for at-risk or underserved residents in New Orleans.

Following a keynote address from Dr. Corey Hébert, Medical Director of the State of Louisiana Recovery School District, Propeller and Blue Cross and Blue Shield of Louisiana awarded a total of $10,000 in funding to three public health solutions, selected by judges including Hébert, Christy Ross, Program Director for Health Grants with Baptist Community Ministries, and Dr. Joseph Kanter, Medical Director of the New Orleans Health Department.

First place and $5,000 went to Garden on Mars, a project that has converted four formerly vacant lots into urban teaching gardens for the Lower 9th Ward community, all while growing fresh produce for buyers including Mariza, Dryades Public Market, and the new Ace Hotel. In their teaching gardens, Garden on Mars provides local families with "kitchen boxes" to cut down on monthly grocery bills and increase access to fresh produce, while teaching them how to earn sustainable income growing and selling produce to restaurants, markets, and florists.

Second place winner Project Peaceful Warriors took home $3,000 to bring trauma-informed yoga and mindfulness strategies to the classroom. With trauma as the second most powerful predictor of academic failure (behind SPED placement), the project aims to help students and educators cope and heal in order to maintain focus and increase classroom and personal performance.

Third place and $2,000 went to High Level Hearing, a speech and hearing clinic based out of Harahan. High Level Hearing's pitch also earned them the Audience Favorite Award of $500, determined by a live audience text-in vote. The clinic addresses a gap in local health services

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in New Orleans, where few providers serve the 400,000 children and adults in the GNO area suffering from hearing and speech issues, and even fewer accept Medicaid or Medicare insurance plans. High Level Hearing plans to put their winnings towards a van to increase the reach of their mobile clinics, with the goal of serving 10,000 additional patients over the next 6 months.

PitchNOLA: Living Well is a part of Propeller's PitchNOLA series, a string of issue-specific business pitch competitions that in five years has contributed over $100,000 to more than 30 social ventures.

This year, PitchNOLA: Living Well is also growing, thanks in part to an investment by Blue Cross and Blue Shield of Louisiana. The insurer has partnered with Propeller to grow innovative health startups that could one day be significant players in changing Louisiana's health for the better.

New Executive Director Joins Southern Eye Bank

Southern Eye Bank announced the addition of Joy Marie Roussel, who will serve as the Executive Director for the organization. Roussel joins Southern Eye Bank from Gifted Healthcare, LLC, where she worked as Director of Advanced Practice Services. Roussel has more than 25 years professional experience, including 19 in the healthcare industry.

Roussel's background also includes a major international medical devices corporation, where she was a Spinal Sales Representative. Additionally, she served as office manager and administratively in the offices of local physicians' practices. She has worked at Children's Hospital Orthopedic Clinic and a pediatrics group. Her extensive background in the medical industry provides her with the knowledge and qualifications to serve as Executive Director of Southern Eye Bank.

AAAneurysm Outreach Offers Screenings

Prevention is an important piece of maintaining a healthy lifestyle. But when it comes to abdominal aortic aneurysms, or AAA — the third leading cause of sudden death in men over 60 — prevention isn't just important; it's lifesaving.

AAA is a blood-filled bulge or ballooning of the abdominal aorta, the artery that carries blood away from the heart to the lower part of the body. Over time, the bulge (known as an aneurysm) can become weak and the force of normal blood pressure can cause the aorta to rupture.

Because many people do not experience symptoms, it's estimated that more than one million people are living with an undiagnosed AAA. Even worse, for those who suffer a rupture, survival rates are only 10 to 25 percent. But there's good news — a simple ultrasound screening is all it takes to detect a potentially life-threatening aneurysm early enough to take corrective action.

That's why AAAneurysm Outreach of New Orleans, the nation's only organization dedicated to AAA prevention and awareness, is offering free screenings for at-risk individuals on Saturday, July 16 at LSU Healthcare Network, 3700 St. Charles Avenue in New Orleans.

Individuals over the age of 60 have a higher risk of developing AAA, as do those who have a history of smoking, high blood pressure, high cholesterol or a family history of the disease. Men are more at-risk for AAA, though women are more likely to die from them.

These ultrasound screenings are typically covered by most insurance plans, but only if ordered by a physician, which is usually not until symptoms are present or there are several risk factors. That is often too late. This free screening program is designed for those who may be at risk, and have no symptoms. At-risk individuals can call (888) 871-3801 to register. Advance registration and 8-hour fast required and space is limited.

Joy Marie Roussel

Vinson J. Knight

Knight to Head Up New Healthcare Practice

Coats Rose, P.C., a business transaction and litigation law firm, announced the addition of Vinson J. Knight as of counsel. With Knight joining the firm, Coats Rose is also announcing the expansion of its law practice areas to include healthcare. Knight will head the firm's healthcare practice expansion from the firm's New Orleans office.

Knight, a 25-year veteran law practitioner, is experienced in multiple practice areas, with a concentration in business and healthcare transactions, and commercial real estate. Knight routinely interacts on behalf of clients with representatives of local, state, and federal governmental agencies. Additionally, he has handled several multimillion dollar hospital sales and acquisitions, several of which involved obtaining the approval of the Louisiana Attorney General.

Coats Rose's new healthcare practice provides an array of services to key stakeholders in the healthcare industry, including hospitals, home health and hospice, providers and suppliers, and physician groups. The firm will provide legal healthcare services related to litigation, regulatory compliance, and business transactions.

Ochsner Partners With TriNetX

Ochsner Health System announced its partnership with TriNetX, a leader in international clinical research data networks and a breakthrough disruptor of clinical trial design. Through this agreement, Ochsner clinicians will have improved ability to participate in clinical trials, making new therapies available to Ochsner patients sooner. The TriNetX global network represents 27 healthcare institutions with over 37 million patient lives and is expanding monthly. Industry sponsors are currently leveraging the network to design protocols with real world data and to more accurately match industry-sponsored clinical trials with the right sites and the right patient populations. Ochsner is the first healthcare institution in Louisiana to join the TriNetX network.

Traditionally, pharmaceutical companies design clinical trials and protocols without knowing exactly where the required numbers of patients meeting their criteria can be found. Now, anonymous Ochsner patient data will be more readily available via REACHnet (a local clinical research network funded by the Patient-Centered Outcomes Research Institute) and TriNetX to assist this process.

Ochsner physician scientists, pharmaceutical company researchers and Ochsner clinicians can now analyze patient populations with search criteria across multiple longitudinal data points. Each data point can ultimately be traced to healthcare providers who can, while maintaining

Dr. Ralph Katz, past-president of JPMS, presents the scholarship to LSU Health New Orleans medical student Christine Settoon.

patient privacy, identify individual patients for recruitment into clinical trials, confirm results and/or offer new treatment options.

Southern Eye Bank Hosts NOAO Reception

The Southern Eye Bank and the New Orleans Academy of Ophthalmology hosted a reception at Latrobe's on Royal Street to celebrate 110 years of successful corneal transplantation. The event brought together both organizations, as well as physicians and professionals working in eye care, to share their knowledge in an informal setting. The Southern Eye Bank also used this event as an opportunity to introduce their new Executive Director, Joy Marie Roussel, to the eye care community.

The Southern Eye Bank has recovered, evaluated and distributed ocular tissue to more than 40,000 individuals in need of a corneal transplant since their founding in 1947.

Southern Eye Bank takes great pride in its accomplishments, but the non-profit gives all of the credit to the thousands of families who have donated their loved ones' eyes post mortem. Families who have agreed to make such a selfless donation can be comforted by the fact that the legacy of their loved ones lives on.

TBI Study Continuing Recruitment

Dr. Paul Harch, LSUHSC Clinical Professor of Medicine, is the principal investigator on a randomized prospective trial to determine the effectiveness of 40 hyperbaric oxygen treatments on symptoms and cognitive function in adults with the persistent post-concussion syndrome of mild traumatic brain injury.

The study, which includes 50 participants, is currently recruiting the final ten subjects. Participants must have had persistent symptoms from a traumatic brain injury six months to 15 years ago. They will undergo oral, written, and computer tests before and after eight weeks of hyperbaric treatment. All participants will receive the hyperbaric treatment, however half of the subjects will have a non-treatment eight-week control period before receiving the full course.

The study is fully funded by the United States government and grew out of previous successful experience treating military veterans and civilians who had sustained traumatic brain injury.

For more information, contact Cara at 504-427-5632 or cjoh26@lsuhsc.edu or visit www.hbottbistudy.org.

LSU Health New Orleans Medical Student Awarded Scholarship

Christine Settoon, a third-year student at LSU Health New Orleans School of Medicine, is the 2016 recipient of a scholarship from the Jefferson Parish Medical Society (JPMS). Since 1979, JPMS has presented scholarships to medical students who have shown leadership and an interest in organized medicine.

A native of Kenner, Settoon is a member of the LSU Health New Orleans School of Medicine Class of 2017. Her health-related community service began even before she started medical school. She volunteered for two years between college and medical school at a free health clinic in the Mexican consulate in downtown New Orleans sponsored by JPMS. JPMS recognized her work with a volunteer award at the "Ventanilla de Salud" in 2012.

Settoon chaired the Camp Tiger Benefit and Auction during her first year at LSU Health New Orleans medical school. The Benefit Auction, the main fundraiser for Camp Tiger, had a fundraising goal of $70,000. Her responsibilities included planning an event for more than 800 attendees, overseeing and coordinating donations of live and silent auction items and food and beverages, as well as finding a venue, entertainment, and sponsorships. After six months of planning, the first-year class hosted the successful event at the New Orleans Museum of Art and raised nearly $80,000 with more than 300 auction donations.

During her second year, Settoon helped plan the service project for the incoming first-year class through Habitat for Humanity. She was also responsible for finding transportation to get the 200 students to project locations throughout the metro area. At the end of her second year, she was elected Vice President of Community Service for her class.

Her most recent project was adopting eight families through the Catholic Charities' Adopt-a-Family program in December. Settoon's class raised money and purchased 100 gifts, ensuring a very Merry Christmas for members of these families.

International Hyperbaric Medicine Conference Comes to NOLA

The International Association of Hyperbaric Medical Foundation (IHMF) will host the 10th Annual International Hyperbaric Medicine Conference, September 9-11, 2016, at the Astor Crowne Plaza in New Orleans. The theme is Deploying Hyperbaric Medicine & Adjunctive Therapies into the Health Care System. CMEs will be available.

The conference is targeted toward MDs, NDs, Dos, and Nurses and Technicians who work in the Hyperbaric Industry and will cover: Wound Care, Burns, Coronary Artery Bypass Grafting, Brain Injury, Autism, Cerebral Palsy, Cancer, Chronic Infectious Diseases, Lyme disease, Acute Stroke, Heavy Metal Poisoning, Environmental Medicine, Neuroscience and Rehabilitation, and much more. You can view the agenda at http://www.hbot2016.com/images/Forms/agenda3day.pdf.

To register go to http://www.hbot2016.com/registration.html or for more information contact Sharon Phillips at (954) 540-1896 or sharon@hbot2016.com.

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Avanti Senior Living Breaks Ground in Covington

Avanti Senior Living, an innovative senior living development, operations, and ownership company, broke ground on its first community in Louisiana, Avanti Senior Living at Covington. The 77,000-square-foot, $15 million community will provide 50 assisted living suites and 40 memory care suites, serving up to 150 seniors and creating 60 or more jobs. Avanti Senior Living at Covington will be located off Ochsner Boulevard in the Watercross at Nor du Lac.

TOP Left to right: Michael Cooper, mayor of Covington; Mike Tomlinson, economic development specialist for the St. Tammany Economic Development Foundation; Lori Juneau Alford, COO of Avanti Senior Living; Don Villere, mayor of Mandeville; Sidney Fontenot, director of planning and development for the city of St. Tammany Parish.

RIGHT Left to right: Megan Ebinger, project coordinator of Avanti Senior Living; Tara Simecek, financial analyst of Avanti Senior Living; Carlotta Lansford, controller of Avanti Senior Living; Suzanne Waldrep, proprietor of Avanti Salons; Lori Juneau Alford, COO of Avanti Senior Living; Manda Leal, manager of Avanti Salons; Tiffany Nuche, creative strategist of Avanti Senior Living; Angie Isaac, senior sales strategist of Avanti Senior Living; Nanci Wechsler, chief marketing officer of Avanti Senior Living.

Tulane Cuts Ribbon on Metairie Physical Therapy Clinic

Tulane Health System recently celebrated the opening of Tulane Physical Therapy, a new stand-alone physical therapy clinic located in the heart of Metairie. Tulane Health System, in partnership with PT Solutions, recently opened the 3,600 square foot physical therapy clinic located at 3750 Veterans Blvd.

The clinic's expert physical therapists treat adults and children suffering pain or dysfunction from injury, stress, bad posture or after surgery. The clinic is outfitted with the latest treatment options including exercise machines, dry needling, an Xbox Kinect, and more, to help patients meet and exceed their therapy milestones. The pediatric patients especially enjoy using the Xbox Kinect as part of their therapy.

Representatives from the Jefferson Chamber of Commerce, including chamber president Todd Murphy, and other elected officials helped Tulane Health System and PT Solutions celebrate the opening of the new clinic with a ceremonial ribbon cutting on June 21.

CELEBRATORY RIBBON CUTTING AT THE NEW TULANE PHYSICAL THERAPY CLINIC IN METAIRIE
From left to right: Rocky Barnes, President of PT Solutions, Kevin Duffy, PT Solutions Director of Physical Therapy at Tulane Health System, Todd Murphy, Jefferson Chamber President, Dr. William Lunn, President and CEO of Tulane Health System.

Propeller Accelerator Model Graduates 15 Growing Ventures

Propeller announced the graduation of 15 ventures from its inaugural Growth Accelerator, a three-month program designed to grow established New Orleans social ventures with scalable solutions to food, water, health, and education. The Growth Accelerator's graduating class brings the total number of Propeller-supported social ventures to over 100.

The program fills gaps in available services to later-stage businesses in New Orleans, serving ventures with previously demonstrated traction and/or the potential to scale and secure investment. Propeller provided ventures with one-on-one executive mentorship, a tailored curriculum, access to a network of 200+ professionals, and free co-working at Propeller's Incubator Facility.

Propeller's Growth Accelerator also offered direct investment to its ventures for the first time. Propeller partnered with Village Capital and the New Orleans Startup Fund to offer equity investment to three top Accelerator participants, determined by fellow Growth Accelerator participants through Village Capital's peer-selection process.

Two for-profit ventures Whetstone Education and eNre each received a $25,000 investment to sustain their growth beyond Propeller's program. One non-profit venture Youth Rebuilding New Orleans received a $5,000 grant to expand their service to New Orleanians.

For-profit education venture Whetstone Education builds technology that helps schools drive teacher growth with data-driven professional development. While in Propeller's Growth Accelerator, Whetstone Education secured contracts for three new schools, and received verbal commitment from Washington D.C Public Schools, a district that includes 117 schools, for the Fall of 2016-17. 70% of Whetstone's existing clients renewed their contracts for next year.

eNre, a for-profit health venture uses proprietary software to engage patients and streamline the recruitment process for clinic-based research trials. eNre specifically targets clinical trial research around cancer and chronic disease including obesity and diabetes, which disproportionately impact low-income communities. During Propeller's Accelerator, eNre garnered interest from four significant national investors and secure a license agreement which provides the rights to commercialize their innovative solution.

Youth Rebuilding New Orleans purchases blighted homes, employs opportunity youth to supervise volunteer youth in the homes' renovation, and sells the constructed homes to teachers at a significant discount in exchange for their continued service to the educational system. During their time in the Accelerator, YRNO secured over $10,000 in funding from Baptist Community Ministries, hired two full-time employees, and supported over 300 volunteers on home construction projects.

As a class, Propeller's 2016 Growth Accelerator ventures generated over $2 million in revenue and financing, creating 13 part-time and 10 full-time jobs, and paid over $600,000 in wages to New Orleanians.

Propeller's 2016 Growth Accelerator Class:

- Clear Health Analytics
- eNre
- Grow Dat Youth Farm
- Hanging Gardens
- The Healthy School Food Collaborative
- Hollygrove Market and Farm
- Martin Ecosystems
- Operation Spark
- ORA Estuaries
- Royal Castle Child Development Center
- Sankofa
- TrueSchool Studio
- Whetstone Education
- XS Martial Arts Dojo
- Youth Rebuilding New Orleans

Applications are now open for Propeller's Startup Accelerator on a rolling basis through July 8, 2016. ■

Over the past year, the Louisiana Health Care Quality Forum, in partnership with the Louisiana Department of Health and Hospitals (DHH), has worked with community, consumer, and health care organizations across the state to provide education and outreach about the benefits of health information technology (IT) for care management at the patient level. In doing so, Louisiana—as one of the first states in the country to launch a statewide, direct-to-consumer, health IT education campaign—has set the bar in patient engagement at the national level.

Setting the Bar for Patient Engagement

WHEN CAMPAIGN DEVELOPMENT began in late 2014, we knew three things were certain: that Louisiana's historically low rankings in health outcomes and care quality were unsustainable; that patients who engage in their health and health care have better outcomes and lower costs than those who don't; and that achieving meaningful, long-term improvements in patient engagement would require a unique strategy designed to overcome some very specific challenges within Louisiana.

One year later, by recognizing and overcoming those challenges, we have achieved significant successes in patient engagement in our state.

Where We Started

In May 2015, before launching the statewide patient engagement campaign, we conducted a web-based survey to identify existing health IT awareness levels in Louisiana. What we learned through that survey was that only 32 percent of respondents possessed current copies of their health information, and that only 51 percent had ever requested copies of or access to their personal health data. Because of this, we included a strong educational component in our campaign about patient rights, the value of having copies of personal health information even when we are not ill, and how to get copies of that information, whether those copies are electronic or paper.

We learned, too, that 58 percent of respondents tracked their health information by asking their doctor; 20 percent kept a written record of their information; and 18 percent simply memorized their information. Because written records do little good when they aren't immediately available during a health crisis, and because memorized data doesn't help when a patient is unconscious, we also included information in our campaign about how to improve record keeping processes through the use of health IT.

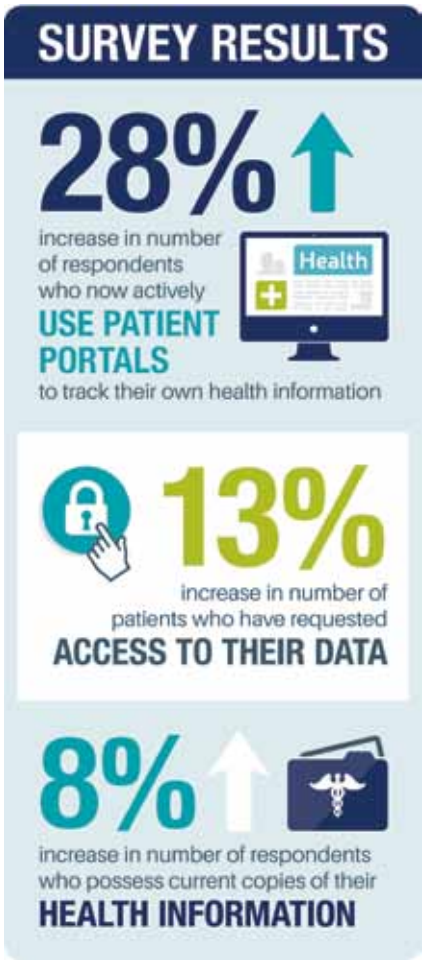
The survey also indicated that health IT awareness levels in our state were fairly consistent with the national averages: 90 percent had heard of electronic health records (EHRs); 79 percent had heard of patient portals; and 51 percent were familiar with the statewide health information exchange (HIE), known as the Louisiana Health Information Exchange (LaHIE). Ironically, however, 19 percent were uncertain if those technologies were available to them through their health care providers, and only 40 percent had ever used a patient portal.

Finally, the survey showed us that there were several factors that would make respondents more likely to use health IT to electronically access their health information. Nearly 60 percent indicated that understanding the security measures in place to protect their data was key, while 35 percent noted that they would use health IT if encouraged to do so by their health care providers.

How Far We've Come

Given what we learned in our pre-campaign survey, coupled with the insights and feedback of our statewide Health Care Consumer Advisory Council, we developed a number of tools, resources and techniques

Cindy Munn
Chief Executive Officer
Louisiana Health Care Quality Forum



to promote health IT utilization among Louisiana's patients and families. These included a user-friendly, consumer-facing website, www.makemyhealth.me; an integrated marketing strategy that incorporated traditional and new media; social media outreach; partnerships with community, consumer and health care organizations; digital, print, outdoor and place-based advertising; and development of downloadable, printable, patient-facing materials that were made available via the website as well as distributed by providers across the state.

In May 2016, we conducted yet another web-based survey to measure the progress achieved by these tools and strategies during Year One of the campaign. Several successes have been noted, including an eight percent increase in the number of respondents who now possess current copies of their health information, and a 13 percent increase in the number who have requested copies of, or access to, their data.

The survey also showed significant decreases in the number of respondents who memorize their data, rely on written records and depend on their doctor to provide them with their health information. These decreases correspond to a 28 percent increase in the number of respondents who are actively using patient portals to track their own health information. These patients provided personal insights into their portal usage, with the majority noting that the ease of data access was extremely beneficial to them in managing their health and health care.

Other feedback on the use of health IT as a care management tool remained consistent in both surveys, however, with patients expressing a desire for single sign-on access to their information as opposed to multiple patient portals with different passwords to remember. Patients also – in both surveys – stated that they want more actionable, valuable data to be available through their portals such as complete lab results, medication histories, and the like.

What Others Are Saying

The efforts in Louisiana have not gone unnoticed. Several other states have reached out to us in an effort to learn more about how our campaign was developed, the model we used and what our results have been, and we are more than happy to share our lessons learned with those states. We understand that patient engagement is necessary to driving improvements in health and health care, and the greater the level of patient engagement across the country, the greater those improvements will be for all of us.

This is also why we've been very excited to receive numerous invitations to present our campaign at regional and national levels, including the Gulf Coast Conference of the Louisiana, Alabama, and Mississippi HIMSS Chapters, the National HIMSS Conference in Las Vegas, the National Health IT Marketing and PR Conference in Atlanta, and most recently, the Population Health Forum in Boston. At every event, the feedback is the same: Louisiana's patient engagement model has set the bar nationally.

Where We Are Going

While we are certainly proud of the accolades, we are even more thrilled with the growing interest from other states, health systems, communities and organizations that are planning to replicate our model to engage their own populations in the use of health IT. To us, this means there are exciting times ahead for patients and families as data access grows and communication with their providers improves. We know that the end result of these efforts will be meaningful improvements in health and health care across the nation.

Here in our state, however, we will continue working with patient populations, communities, organizations, providers, and Louisiana's many health care stakeholders to drive better health and better care for all. Our state's successes over the past year have served only to inspire us to do more, to strive for even greater achievements going forward, and with the continued help and support of our many consumer and provider partners, we foresee a very bright future for Louisiana's patients and families. ■

In 1999, the Institute of Medicine (IOM) released its landmark report *To Err is Human: Building a Safer Health System*.[1] The intent was not to indict the entire health care system as incompetent, but rather to focus on patient safety or freedom from accidental injury. The IOM Committee on Quality Health Care in America realized that safety of care is a property of systems which must ensure that efficient and effective processes are developed to prevent, recognize, correct, and recover from errors.

TO ERR IS HUMAN: Revisiting the Issue of Medical Errors and Patient Safety

AT THE TIME OF THE IOM REPORT, it was estimated that as many as 98,000 hospital deaths per year were the result of medical error. Other health care settings were suspected to be as problematic, but there was no data available to support estimates in these venues. The media, as can be expected, went crazy with the information; government hearings occurred and professional groups, insurance systems, accrediting bodies, health science centers and numerous other organizations responded with all measure of regulations and policy initiatives designed to hold hospital administrators, board members, and practitioners accountable for improving the safe delivery of health care.

Fast forward to 2016 and the recent publication of Makary and Daniel's *Medical Error – The Third Leading Cause of Death in the US* in the May 3, 2016 edition of *BMJ* (formerly *British Medical Journal*).[2] The authors cite significant evidence that the IOM estimate of patient mortality secondary to medical error was too low and that as many as 140,400 deaths in U.S. hospitals are due to error.[2] That number has been supported in subsequent studies of patient mortality and morbidity related to system and process errors in hospitals and other health care settings. In fact, the Agency for Healthcare Research and Quality (AHRQ) estimated that 575,000 inpatient deaths occurred between 2000 and 2002, which is equivalent to 195,000 deaths per year in U.S. hospitals.[3] Other studies have estimated deaths as high as 180,000 per year just among Medicare beneficiaries[4] or a rate of 1.13% per hospital admission, which would translate to 400,000 deaths per year.[5] As serious as these numbers are, they only reflect what occurs in hospitals. They do not take into account deaths or significant disability from errors committed in outpatient centers, ambulatory surgical centers, nursing homes or in home care settings. With the provision of patient care moving from inpatient to outpatient and community settings, these numbers become even more chilling.

While the statistics above are concerning, we know that we cannot eliminate human error. It is inconceivable that the health care system would be able to eliminate all medical errors. However, what we can do is better measure the problem in order to design better systems that decrease error and at the same time mitigate its consequences. Hospital processes for investigating patient deaths should include the equivalent of a Rapid Response Team such that an independent investigation is carried out for each patient death to determine if medical/nursing/pharmacological/other error, or a combination thereof, contributed to the patient death. This would take the form of a root cause analysis approach to inform local learning while maintaining medicolegal protections and maintaining confidentiality. Our hospitals have to be driven toward a culture change which creates a safe environment for the reporting of mistakes rather than the punitive disciplinary culture that currently exists in too many hospitals. Only then will we be able to advance the science of safety.

The literature supports transforming hospitals into high reliability organizations (HROs) in order to achieve their goals of patient safety and effective, efficient patient care. Much of this work has occurred in the commercial aviation, nuclear power, and military sectors. While their structures and processes cannot be directly translated to

Karen C. Lyon, PhD APRN, NEA
Executive Director, Louisiana State Board of Nursing

patient care in hospitals, they can be adapted and applied to our challenges in patient care. Challenges that hospitals face in transforming their organization into a HRO include:

- Hypercomplexity: patient safety depends on the coordination of physicians, nurses, pharmacists, technicians, and support staff;
- Tight coupling: HROs consist of teams in which each member depends on the efficient performance of tasks by others on the team; coordination is critical;
- Extreme hierarchical differentiation: roles are clearly delineated and defined; teams work cohesively; in times of crisis, decision making is deferred to the most knowledgeable member of the team;
- Multiple decision makers in a complex communication network: there are many decision makers who make interconnected decisions; effective communication between these decision makers is essential;
- High degree of accountability: when an error occurs with severe consequences, there is a high degree of accountability;
- Need for frequent, immediate feedback: feedback and the opportunity to make continuous adjustments based on that feedback are essential to anticipate and avert mistakes before they become crises; and
- Compressed time constraints: systems and processes in HROs allow staff to identify when they lack time to reliably accomplish their tasks and to seek additional assistance as needed.[6]

Implementing High Reliability Strategies to Decrease Errors

Following are strategies that hospitals, physicians, nurses, allied health professionals, and support staff can implement to transform their hospitals into HROs.[6] First, establish an environment of Just Culture. Such an environment is one in which mistakes are acknowledged, reported, and corrected without fear of reprisal. This does not mean that health care providers are not held accountable for their mistakes, but it does mean that individuals won't be held responsible for systems and processes that are flawed. All staff must feel empowered to identify errors and system failures that threaten patient safety.

Improvements must be able to be integrated into an already existing process or structure. Systems must be simplified in order to be effectively replicated and performed consistently. The more complex a process, the less likely it is to be reliable.

Rollouts for new processes, procedures or initiatives are facilitated when they are staged in ways to assist staff with adoption. This might include embedding them in training for new employees, simplifying policies and procedures so that staff recognizes that adoption of the new process will not increase their workload or rolling them out in increments. It is also essential to include key individuals in the redesign of any system or process. In addition to management and key leaders, this should include point of care providers who actually know how processes do or don't work when actually applied at the bedside. Additionally, there should be care providers from multiple shifts and work units.

One strategy that is particularly effective for nursing care of patients is shift safety huddles. These huddles should occur daily on the respective shifts to insure that staff are specifically thinking about patient safety as a team. They don't have to be long but they allow for providers to comment on any safety issue that they might have identified. They also allow point of care workers to comment on their personal situation so that if they need additional assistance, they can receive it.

Finally, HROs have distinct and sophisticated processes for measuring progress toward patient safety initiatives. It is important to avoid having too much data that might make it impossible to be aware of important failures that occur in key operations. The questions to ask include:

1. What do we want to know?
2. How will we collect the information?
3. What are we trying to demonstrate with our data?

Answering these questions insures that we avoid the tendency to measure everything. What should we measure? AHRQ recommends measuring leadership performance, errors and near misses, and chemotherapy orders.[6]

Final Thoughts

Transforming your organization or even just your nursing department into a HRO does not require a massive infusion of money or a huge, flashy media campaign. It begins with key leaders simply thinking about how they could be better. The strategies identified here and within the references will assist hospital leaders to change and respond to both their internal and external environments. Finally, listening to your clinical staff who really know how things work and what risks patients face will inform the process of transforming your care environment into one where high reliability is possible. ■

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Keeping off the pounds for good once they're gone can often be even more challenging than losing the weight—but what if an accountability partner could increase your chances of staying trim?

NEW RESEARCH PROVIDES INSIGHT INTO maintaining weight loss

NEW RESEARCH SHOWS that maintaining weight loss may be improved through regular contact with someone who can help keep you accountable.

In a research study published in the journal *Obesity*, scientists found that people who received regular telephone calls with a specialist could better overcome barriers to weight maintenance, and kept weight off more successfully than people who did not receive regular counseling.

LSU's Pennington Biomedical Research Center was one of four U.S. sites that participated in the Weight Loss Maintenance Trial, aimed at comparing three different strategies for maintaining weight loss. The study was sponsored by the National Institutes of Health (NIH)'s National Heart, Lung and Blood Institute (NHLBI).

During phase one of the study, volunteers participated in a six-month weight loss program. Those who lost more than 8.8 pounds during that time continued on to phase two of the program, a two and a half year weight maintenance phase. During those two and a half years, participants were assigned to one of three groups.

The first group were encouraged to continue using the tools they received during the weight loss phase –calorie counting, adherence to the DASH diet, and physical activity monitoring. The second group had around-the-clock access to a website where they could check in regularly to report their weight status and receive advice. The third group received monthly telephone calls from an interventionist who provided motivational counseling and helped participants try to overcome barriers to maintaining their weight.

At the end of those two and a half years of weight maintenance, researchers found that without personal contact, participants tended to regain lost weight; while participants with access to personal help and support kept the weight off better than the other two groups. Continuing personal support beyond two and a half years did not further improve weight maintenance

The concept of personal motivation and support in maintaining weight loss may seem elementary, but, said Dr. Phil Brantley, associate executive director for scientific education at Pennington Biomedical and an author on this study, "After decades of research, scientists have learned how to produce highly effective methods for weight loss, but we still have not completely cracked the code on maintaining that weight loss. This study provides a foundation for us to move forward in improving ways in which we help people prevent weight regain."

"This study is unique in that it had one of the largest and most diverse populations to take part in it. We looked at weight maintenance among people of varying genders, races, ages, and risk factors. It was also one of the longest-running studies of its kind, so it provided us with a closer look at how different weight loss strategies can work over time," added Brantley.

Pennington Biomedical is continuing its work to better understand the triggers of chronic disease such as obesity, and seek sound strategies for losing weight and keeping it off. For more information on how you can volunteer for one of Pennington Biomedical's research studies, please visit www.pbrc.edu/healthierLA or call 225-763-3000. ■

OCHSNER AND ACADIA HEALTHCARE TO BUILD BEHAVIORAL HEALTH HOSPITAL

Ochsner Health System (Ochsner) and Acadia Healthcare (Acadia) announced a strategic partnership formed to provide critically needed behavioral health services to the River Parishes, the state and the region. Together, the partners will work to repurpose the existing River Parishes Hospital building to an 82-bed behavioral health facility. Ochsner also announced that the Ochsner Medical Complex – River Parishes will be rebuilt in a new location as a state-of-the-art facility.

Currently, Louisiana ranks 39th in the nation for access to care related to substance abuse and mental health treatment. Recent estimates demonstrate a need for more than 400 beds in the Greater New Orleans and Baton Rouge areas.

Through this partnership, Ochsner will make a significant contribution in providing the facility and Acadia will invest $16 -18 million dollars in the facility build out, equipment, and working capital. Estimated to open in 2018, the new facility is expected to grow to an average daily census of more than 60 patients, with more than 2,500 annual admissions and more than 3,000 outpatient visits. It also represents an additional 145 jobs in St. John Parish.

Ochsner also announced the new location for the Ochsner Medical Complex – River Parishes, currently open on the River Parishes Hospital campus. The free-standing $12 million medical facility will be located near Tiffany Drive and Airline Highway in LaPlace.

The planned 20,000 square foot medical complex is expected to be completed by the summer of 2017 and will house a 24-hour, 7-day a week freestanding emergency department accommodating 13 beds, onsite laboratory, and radiology services using advanced technologies. In addition, the Ochsner TeleStroke program will be available at this location to provide lifesaving interventions for patients experiencing a stroke. This addition of virtual expertise has proven to significantly improve outcomes for these patients.

HospitalRounds

Masterton Named President & CEO of UMC

University Medical Center (UMC) New Orleans announced the selection of Bill Masterton as the new President and Chief Executive Officer. Masterton will lead a staff of more than 2,200 and manage the continued growth of the $1.2 billion medical center that opened last August in Mid-City. UMC New Orleans is home to the Rev. Avery C. Alexander Academic Research Hospital.

Masterton assumed his role at UMC New Orleans on June 1, 2016. He has more than 20 years of healthcare experience, most recently as CEO of Piedmont Medical Center in Rock Hill, S.C., a position he held since July 2012. He previously served as CEO at Coastal Carolina Hospital in Bluffton, S.C., and as the Chief Operating Officer and Chief Financial Officer at Atlanta Medical Center.

Masterton's healthcare career began at KPMG. He holds a bachelor's degree in Accounting and master's degree in Business Administration from the University of South Florida.

As President & CEO, Masterton will focus on maintaining and strengthening UMC's academic partnerships and initiatives to improve safety, quality, and patient care.

Bisordi Announces Retirement from Ochsner

Ochsner Health System Executive Vice President and Chief Medical Officer (CMO), Joseph E. Bisordi, MD, FACP has announced his retirement effective September 1, 2016. Dr. Bisordi will be succeeded by Robert I. Hart, MD, Regional Medical Director of Ochsner Medical Center – Jefferson Highway.

As Executive Vice President and Chief Medical Officer, Dr. Bisordi is responsible for overseeing all aspects of physician recruiting and performance, quality improvement, and clinical operations within Ochsner's 11 owned and managed hospitals, over 60 health centers, and its Group Practice of more than 1,000 physicians.

During Dr. Bisordi's tenure as Chief Medical Officer, Ochsner has developed many new cutting-edge programs including the Transcatheter Aortic Valve Replacement (TAVR), Total Artificial Heart, and In-Utero Fetal Neurosurgery - all first-time procedures performed at Ochsner and performed for the first time in the Gulf South Region. He has instituted system-wide service lines in Pain Management, Cardiology, Primary Care, Women's Health, Emergency Medicine, Anesthesiology, Hospital Medicine, Radiology, Neurosciences, Pediatric Specialties, and Pathology with a focused, system-wide strategy of delivering the highest-quality clinical outcomes for our patients.

Bill Masterton

Dr. Bisordi's many accomplishments include developing a Quality Improvement and Patient Safety initiative at Ochsner, which has resulted in national recognition and numerous quality awards that include: AMGA Acclaim Award Honoree for 2015, Truven Top 100 Hospitals (One of 15 in the Major Teaching Hospital Category), *U.S. News & World Report* Top 50 Hospitals in 6 Specialties, HealthGrades and *Becker's* Top 100 Hospitals, and CareChex #2 Overall Hospital Care in 2013.

A board-certified Nephrologist, Dr. Bisordi has had extensive experience in multi-specialty group practice-based integrated health systems. Prior to joining Ochsner, Dr. Bisordi served as Associate Chief Medical Officer of the Geisinger Health System in Danville, Pennsylvania and Chief Medical Officer of Geisinger Medical Center. Other administrative experiences at Geisinger included responsibility for Clinical Information Systems, Clinical Research, and Nephrology. He spent many years leading regional quality improvement and peer review efforts in dialysis and transplantation through the End Stage Renal Disease Networks.

Dr. Hart is board-certified in Internal Medicine and Pediatrics and has been on the staff of Ochsner Clinic Foundation since 1994. After serving as Associate Medical Director for Primary Care at Ochsner Medical Center Baton Rouge for seven years, he served as Medical Director for Ochsner's Baton Rouge Region from August 2008 until December 2014. Dr. Hart was appointed Regional Medical Director of Ochsner Medical Center New Orleans in January 2015.

West Jefferson Receives Stroke Gold Plus Award

West Jefferson Medical Center (WJMC) has received the American Heart Association/American Stroke Association's Get With The Guidelines-Stroke Gold Plus Quality Achievement Award with Target: Stroke℠ Honor Roll Elite. The award recognizes the hospital's commitment to providing the most appropriate stroke treatment according to nationally recognized, research-based guidelines based on the latest scientific evidence.

Hospitals must achieve 85 percent or higher adherence to all Get With The Guidelines-Stroke achievement indicators for two or more consecutive 12-month periods and achieve 75 percent or higher compliance with five of eight Get With The Guidelines-Stroke Quality measures to receive the Gold Plus Quality Achievement Award.

To qualify for the Target: Stroke Honor Roll Elite, 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, the only drug approved by the U.S. Food and Drug Administration to treat ischemic stroke. If given intravenously in the first three hours after the start of stroke symptoms, tPA has been shown to significantly reduce the effects of stroke and lessen the chance of permanent disability. West Jefferson earned the award by meeting specific quality achievement measures for the diagnosis and treatment of stroke patients at a set level for a designated period.

Ochsner Health System Launches First Satellite BioBank

The newly established Satellite BioBank Unit at Ochsner Baptist Medical Center is a state-of-the-art human biospecimen laboratory sprawling over 500 square feet of dedicated and restricted access space for BioBanking activities. The new BioBank is the only facility of its kind in the state of Louisiana and the Gulf Coast region. Being located at the Women's Pavilion at Ochsner Baptist, it will primarily target collection of a variety of biospecimen for research purposes from women donors.

With Ochsner Research being the largest clinical research enterprise in the Gulf South Region, the objective of the BioBank is to create an extensive and robust biospecimen repository, and thereby serve research scientists with a ready-source of high-quality human tissues and biofluids.

The Biobank Unit is staffed with a site manager, lab scientist, basic science research associates, and clinical research coordinators. The Biobank offers cold chain management of high-quality biospecimen at controlled temperature (+15C to 25C), refrigerated temperature (+2C to +8C), frozen and deep frozen temperature (-20C to -80C) and a state-of-the-art cryo-refrigeration system including -180C liquid nitrogen vapor phase, all

monitored by sophisticated alarm systems with an automatic back-up generator.

The BioBank uses advanced FreezerWorks software (21 CFR Part 11 compliant) for managing de-identified samples to reliably ensure confidentiality of donor's protected health information (PHI). The Biobank maintains a tightly-controlled shipment compliance management system by IATA-trained personnel, and is highly experienced in same day shipment including global coverage. It is also a long-standing institutional member of the International Society for Biological and Environmental Repositories (ISBER).

Ochsner is proud to offer this new facility and is excited to bring together Ochsner and non-Ochsner scientists for enabling them to collaboratively design and lead sophisticated research initiatives and ultimately become a "resource of choice" for local, national, and global research institutions, industry, and academic centers.

Touro Awarded Advanced Stroke Certification

Touro Infirmary announced that it has earned The Joint Commission's Gold Seal of Approval® and the American Heart Association/American Stroke Association's Heart-Check mark for Advanced Certification for Primary Stroke Centers. The Gold Seal of Approval® and the Heart-Check mark represent symbols of quality from their respective organizations.

Touro underwent a rigorous onsite review in November, 2015. Joint Commission experts evaluated compliance with stroke-related standards and requirements, including program management, the delivery of clinical care, and performance improvement.

Established in 2003, Advanced Certification for Primary Stroke Centers is awarded for a two-year period to Joint Commission-accredited acute care hospitals. The certification was derived from the Brain Attack Coalition's "Recommendations for the Establishment of Primary Stroke Centers" (JAMA, 2000) and the "Revised and Updated Recommendations for the Establishment of Primary Stroke Centers" (*Stroke*, 2011).

'A' Grade for Patient Safety Awarded to STPH

One of only 798 hospitals nationwide to earn an 'A' for safety, St. Tammany Parish Hospital ranks among the safest hospitals in the United States, according to new Hospital Safety Scores announced by The Leapfrog Group, a national watchdog group that assigns A, B, C, D and F letter grades to hospitals based on patient safety.

Ritchie J. Dupre

St. Charles Parish Hospital Names New CEO

St. Charles Parish Hospital has named Ritchie J. Dupre as Chief Executive Officer. Ritchie most recently served as System Vice President of Partnerships and Integration at Ochsner Health System.

After serving his country in the United States Army's 101st Airborne Division for five years, Ritchie received his Executive Master's in Business Administration from Nicholls State University in Thibodaux. He joined Ochsner in 2006. His previous experience includes Chief Executive Officer (CEO) of Leonard J. Chabert Medical Center and Chief Operating Officer at Ochsner St. Anne General Hospital. In addition, he served as Assistant Vice President of Radiology.

Ritchie is a Certified Radiology Administrator and holds Radiology certifications in Diagnostic Radiology, Cardiovascular-Interventional Technology, and Quality Management. Additionally, he is a Certified Medical Practice Executive.

WJMC Recognized with Gold Award for Heart Failure Care

West Jefferson Medical Center (WJMC) has received the Get With The Guidelines®-Heart Failure Gold Quality Achievement Award for implementing specific quality improvement measures outlined by the American Heart Association/American College of Cardiology Foundation's secondary prevention guidelines for patients with heart failure.

Get With The Guidelines-Heart Failure is a quality improvement program that helps hospital teams provide the most up-to-date, research-based guidelines with the goal of speeding recovery and reducing hospital readmissions for heart failure patients. Launched in 2005, numerous published studies have demonstrated the program's success in achieving patient outcome improvements, including reductions in 30-day readmissions.

West Jefferson earned the award by meeting specific quality achievement measures for the diagnosis and treatment of heart failure patients at a set level for a designated period. These measures include evaluation of the patient, proper use of medications and aggressive risk-reduction therapies. These would include ACE inhibitors/ARBs, beta-blockers, diuretics, anticoagulants, and other appropriate therapies. Before patients are discharged, they also receive education on managing their heart failure and overall health, get a follow-up visit scheduled, as well as other care transition interventions.

Tulane Doctors' Innovation Reduces Patient Risk

People who suffer from diabetes or other kidney problems in addition to cardiovascular disease have a new, safer option for cardiovascular imaging studies thanks to an innovative technology being used by physicians with Tulane Health System. These special angiograms use carbon dioxide in the place of traditional iodinated contrast, or dye, which can greatly reduce the impact of the scan on patients' kidneys.

Tulane interventional radiologists partner with cardiologists to perform the procedure, which provides images of blockages in the patient's circulatory system.

"With an aging population and an increase in diabetes rates, it is estimated that 27 million people in North America and Europe suffer from atherosclerosclerotic peripheral arterial disease," said Dr. James Caridi, an interventional radiologist and one of the pioneers of the carbon dioxide angiography procedure. "Approximately one third of these patients also suffer from diabetes and chronic kidney and heart disease. This places these patients at increased risk for kidney damage when traditional angiography and vascular intervention are necessary.

Frequent scans using contrast can cause contrast-induced nephropathy, or kidney damage. In the CO2 procedure, a small amount of carbon dioxide is injected in the bloodstream instead of contrast to highlight the blood vessels and any blockages. The carbon dioxide is dissolved in the blood and then eliminated through the patient's lungs.

LCMC Health Presents Emergency Department Summit

In April, LCMC Health presented the system's first Emergency Department Summit. Held in University Medical Center New Orleans' Conference Center, more than 80 senior leaders and emergency department clinicians attended, representing Children's Hospital, West Jefferson Medical

Center, University Medical Center, New Orleans East Hospital, and Touro. Nationally renowned experts covered important emergency department topics such as emerging infections, communication, culture, and patient flow.

Expert speakers included Robert J. Vissers, MD, MBA, FACEP; David Talan, MD, FACEP, FIDSA; Jeffrey Elder, MD; Robert Strauss, MD, FACEP; Shari Welch, MD, FACEP; Susan Nedza, MD, MBA, FACEP.

STPH Receives the 2016 Women's Choice Award®

St. Tammany Parish Hospital was announced among America's 100 Best Hospital for Patient Experience for the third year by the Women's Choice Award®. This evidence-based designation is the only award that identifies the country's best healthcare institutions based on Medicare data weighed according to the preference of women in a 2016 national survey of 1,000+ female respondents.

The list of award winners, including STPH, represents hospitals that create an extraordinary patient experience for women and their families by providing exceptional care. The America's 100 Best Hospitals scoring process is unique in that it is the only national list that focuses on what matters most to women when choosing a hospital. For 2016, the most important considerations were patient's willingness to recommend, doctor and nurse communications, staff help, pain management, cleanliness, and explanation of medications, in that order.

Torres Promoted to Director of IT Clinical Systems at EJGH

East Jefferson General Hospital officially promoted long-time Team Member Jody Torres to Director of Information Technology (IT) Clinical Systems. Torres has been with EJGH for 38 years, the last 10 in leadership roles within the IT department, where she has been instrumental in the development, evolution, and leadership of the Clinical Systems Information Management Advisory Committee.

The new role will have Torres oversee all of the hospital and ambulatory clinical systems across the entire EJGH organization.

Jody Torres

Ben Peeler, MD

Cardiothoracic Pediatric Surgeon Brings Talents to Gulf South Region

Ochsner Health System has welcomed Dr. Ben Peeler, the system's new board-certified congenital cardiac and thoracic cardiovascular pediatric surgeon, to Ochsner Hospital for Children.

He brings decades of invaluable experience and leadership to the Ochsner Congenital Heart Program. His talents will deliver a seamless collaboration between Ochsner's pediatric and adult providers.

Dr. Peeler's achievements include:

- Society of Thoracic Surgeons(STS) 3-Star classification for 2011-15 surgical results: Congenital Heart Center at Levine Children's Hospital
- Neonatal surgical results far exceeding national standards (mortality rate 1/3 predicated)
- Performed 90+% of all neonatal/complex surgeries at Levine Children's Hospital
- 94%+ survival rate for the Norwood procedure for treatment of Hypoplastic Left Heart Syndrome since 2006
- Patient Length-of-Stay better than STS standards in 10/10 monitored operation categories

Dr. Peeler previously served as the chair of thoracic and cardiovascular surgery at Sanger Heart and Vascular Institute, as well as director of the Sanger Congenital Heart program, and chief of pediatric and adult congenital cardiac surgery at Sanger/Levine Children's Hospital, part of the Carolina's HealthCare System.

Prior to leading the Charlotte program, he was associate professor of surgery and the surgical director of the pediatric cardiac surgery program at The University of Virginia Health Sciences Center.

Tulane Recognized for Heart Attack Care

Tulane Medical Center has received the Mission: Lifeline® Silver Quality Achievement Award for implementing specific quality improvement measures outlined by the American Heart Association for the treatment of patients who suffer severe heart attacks.

The American Heart Association's Mission: Lifeline program's goal is to reduce system barriers to prompt treatment for heart attacks, beginning with the 911 call and continuing through hospital treatment.

Tulane Medical Center earned the award by meeting specific criteria and standards of performance for the quick and appropriate treatment of STEMI patients by providing emergency procedures to re-establish blood flow to blocked arteries when needed. Eligible hospitals must adhere to these measures at a set level for 12 consecutive months to receive this award.

West Jefferson Earns Four Stars for Patient Experience

West Jefferson Medical Center has once again received a 4-star overall summary rating through the new star rating system of the Centers for Medicare & Medicaid Services (CMS). In 2015, CMS released its first ever hospital star ratings system on Hospital Compare, the agency's public information website. The ratings are intended by the agency to make it easier for consumers to choose a hospital and understand the quality care being provided. CMS said these ratings are designed to help hospitals deliver better care, spend health care dollars more wisely and result in healthier people.

The Hospital Compare star ratings relate to patients' experience of care at some 3,500 Medicare-certified acute care hospitals. The ratings are based on data from the Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS) measures that are included in Hospital Compare. According to HCAHPS, only 31% of hospitals received a 4-star rating.

The HCAHPS data has been in use since 2006 to measure patients' perspectives of hospital care, across many areas of the organization including:

- How well nurses and doctors communicated with patients
- How responsive hospital staff was to patient needs
- How clean and quiet hospital environments were, and
- How well patients were prepared for

Francis Maness

Monica Morgan

post-hospital settings.

Consumers can find 12 HCAHPS Star Ratings on Hospital Compare, one for each of the 11 publicly reported HCAHPS measures, plus a summary star rating that combines or rolls up all the HCAHPS Star Ratings. These star ratings will be updated each quarter. To see the star ratings go to: http://www.medicare.gov/hospitalcompare/search.html.

Maness Named Tulane Assistant COO

Francis Maness, an innovative healthcare executive with more than 10 years experience in operations and finance, has been named Tulane Health System's assistant chief operating officer. In this role, he will provide onsite leadership at the health system's Tulane Lakeside Hospital for Women and Children in Metairie.

Maness began his career at North Florida Regional Medical Center, serving as an accountant/financial analyst before being promoted to HCA's North Florida/South Atlantic divisions within their decision support services group. HCA is one of the nation's leading providers of healthcare services, comprised of locally managed facilities that include Tulane Health System and 168 hospitals across the country.

Most recently, Maness spent three years within HCA's North Florida Division as director of project management, where he has been instrumental in implementing several strategic priority projects.

Morgan Named Pharmacist of the Year

Monica Morgan was selected to receive the Health System Pharmacist of the Year Award by the board of the Louisiana Society of Health-System Pharmacists (LSHP). The Health-System Pharmacist of the Year Award is given to one health-system pharmacist for their outstanding performance in Institutional Pharmacy Practice. Nominees exhibit outstanding cooperation with an entire healthcare team, outstanding service to the profession of Pharmacy and the community, outstanding contributions to Pharmacy programs, and possess the highest integrity. This award recognizes the pharmacist who best exemplifies the profession of Health-System Pharmacy.

Morgan joined the team at Ochsner Medical Center – Baton Rouge in the Fall of 2015. In her short time at Ochsner, Morgan brought an extensive wealth of clinical knowledge and experience along with a focused, determined work ethic. Over the past eight months, Morgan has demonstrated unrelenting, passionate concern for each and every Ochsner patient. As a result of her efforts, patients have had much improved outcomes.

Morgan is an active member of LSHP as well as other pharmacy organizations and is a true advocate for the profession of pharmacy. She is also very active in the community she serves. Morgan is currently leading a planning committee for a new event, Heathy Baton Rouge Diabetes expo, which will be held later this year.

Ochsner Offers New Therapy for Chronic Back and Leg Pain

Ochsner Health System is now offering an innovative new therapy for chronic back and leg pain. The revolutionary, patient centered treatment delivers more effective pain relief without any unwanted side effects compared to the traditional Spinal Cord Stimulation (SCS). The Senza® SCS System delivers Nevro's trademarked HF10™ therapy, a new high-frequency form of spinal cord stimulation for back and leg pain.

Spinal cord stimulation (SCS) involves the delivery of electrical signals to the spinal cord in order to alter pain signals to the brain. The electrical pulses are delivered by small electrodes on leads that are placed near the spinal cord and are connected to a compact, battery-powered generator implanted under the skin. HF10™ uses high-frequency as a reversible therapy that has helped hundreds of thousands of people experience relief from chronic pain.

In a study of 171 patients with implanted SCS devices, 85 percent of those with back pain and 83 percent with leg pain using the Senza® HF10™ therapy stimulator had a 50 percent reduction in pain or greater after three months. Only about half the patients implanted with a traditional SCS device (44 percent with back pain and 56 percent with leg pain) experienced that kind of pain relief.

WJMC Earns 'A' Grade for Patient Safety

New Hospital Safety Scores, which assign A, B, C, D and F letter grades to hospitals nationwide and provide the most complete picture of patient safety in the U.S. healthcare system, were announced by The Leapfrog Group, a national patient safety watchdog. West Jefferson received an A, ranking it among the safest hospitals in the United States.

Developed under the guidance of Leapfrog's Blue Ribbon Expert Panel, the Hospital Safety Score uses 30 measures of publicly available hospital safety data to assign A, B, C, D and F grades to more than 2,500 U.S. hospitals twice per year. It is calculated by top patient safety experts, peer-reviewed, fully transparent and free to the public. For the first time, the Hospital Safety Score includes five measures of patient-reported experience with the hospital as well as two of the most common infections, C.diff, and MRSA.

Tulane Medical Center Embarks on Extensive Renovation

Tulane Health System has embarked on a year-long construction project to renovate and improve several areas of its downtown Tulane Medical Center campus. The $6 million project will include a new state-of-the-art Bone Marrow Transplant Unit, the renovation of three medical/surgical units, and the addition of a 128-slice CT scanner and 3 Tesla MRI.

The project kicked off with the renovation of the medical surgical units and will progress throughout the year. Upon completion, all medical/surgical patients will enjoy private rooms with the best lighting, special flooring, bathroom upgrades, and more.

The construction of the new Bone Marrow Transplant Unit is expected to begin later this year and will include the addition of eight rooms, a new state-of-the-art airflow system, additional private bathrooms and showers, a secure water supply and an exercise room for patients.

The addition of a 3 Tesla MRI and 128-slice CT scanner will complement the current imaging

services at Tulane Medical Center. The new MRI will allow for better image clarity with shorter scan times for patients. The 128-slice CT scanner will provide sharp 3D images of any organ.

TGMC Earns ACR Lung Cancer Screening Center Designation

Terrebonne General Medical Center (TGMC) has been designated a Lung Cancer Screening Center by the American College of Radiology (ACR).

The ACR Lung Cancer Screening Center designation is a voluntary program that recognizes facilities that have committed to practice safe, effective diagnostic care for individuals at the highest risk for lung cancer. In order to receive this elite distinction, TGMC had to be accredited by the ACR in computed tomography (CT) in the chest module, as well as undergo a rigorous assessment of its lung cancer screening protocol and infrastructure. Also required are procedures in place for follow-up patient care, such as counseling and smoking cessation programs.

McDade Named Executive VP and Chief Academic Officer

Ochsner Health System has named William "Bill" McDade, MD, PhD as Executive Vice President and Chief Academic Officer effective July 5, 2016. In this role, Dr. McDade will be responsible for the expansion of academic and research relationships locally, nationally and internationally as well as leading undergraduate and graduate medical education programs and research initiatives. He will also oversee Ochsner's successful partnership with the University of Queensland School of Medicine.

Dr. McDade most recently served as a Professor of Anesthesiology and Critical Care at the University of Chicago. He is a board-certified anesthesiologist who has maintained his clinical practice in addition to his work in research, teaching and administration. He also served as an Associate Dean at the Pritzker School of Medicine for 10 years prior to taking on his most recent role as a Deputy Provost for the University of Chicago campus nearly six years ago.

Ochsner Medical Center Named One of "100 Great Hospitals in America"

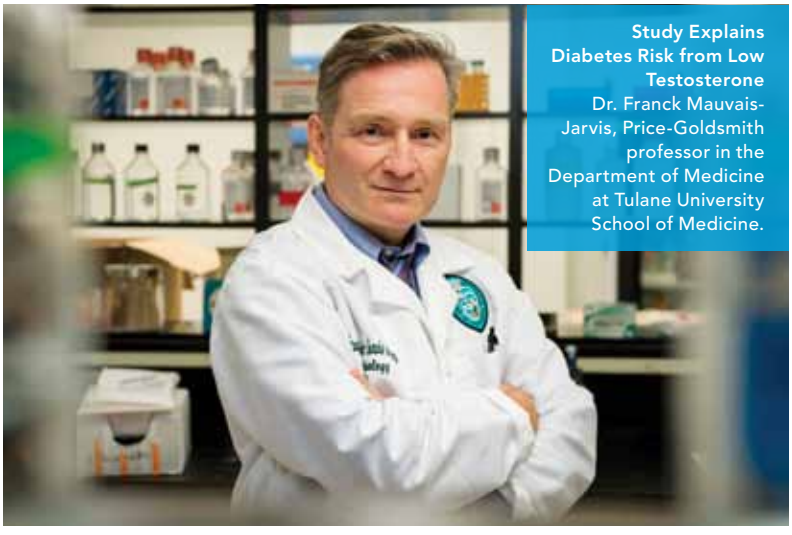
Becker's Hospital Review has recognized Ochsner Medical Center – Jefferson Highway as one of "100 Great Hospitals in America" for 2016. This is the fifth consecutive year that Ochsner Medical Center has been recognized with this award.

According to *Becker's Hospital Review*, the hospitals included on this list are home to many medical and scientific breakthroughs, provide best-in-class patient care, and are stalwarts of their communities, serving as academic hubs or local mainstays.

TGMC Earns Another 'A' for Patient Safety

Terrebonne General Medical Center (TGMC) has once again received the 'A' Grade for Patient Safety in Leapfrog's Spring 2016 Hospital Safety Score.

An announcement released nationally by the independent hospital watchdog The Leapfrog Group, shows key shifts among many hospitals on the A, B, C, D and F grades rating them on errors, injuries, accidents, and infections. TGMC earned an A in this elite national ratings program, recognizing its strong commitment to patient safety.



Study Explains Diabetes Risk from Low Testosterone
Dr. Franck Mauvais-Jarvis, Price-Goldsmith professor in the Department of Medicine at Tulane University School of Medicine.

PHOTO BY PAULA BURCH-CELENTANO

Study Explains Diabetes Risk from Low Testosterone

Doctors have long known that men with low testosterone are at greater risk for developing type 2 diabetes. For the first time, researchers have identified how testosterone helps men regulate blood sugar by triggering key signaling mechanisms in islets, clusters of cells within the pancreas that produce insulin. The findings, co-authored by Tulane University researchers, are published in the journal *Cell Metabolism*.

The study could help identify new treatments for type 2 diabetes in the large number of men with low testosterone due to age or prostate cancer therapies.

"We have found the cause — and a potential treatment pathway — for type 2 diabetes in testosterone-deficient men," says senior author Dr. Franck Mauvais-Jarvis, Price-Goldsmith professor in the Department of Medicine at Tulane University School of Medicine. "Our study shows that testosterone is an anti-diabetic hormone in men. If we can modulate its action without side effects, it is a therapeutic avenue for type 2 diabetes."

The study is co-authored by Weiwei Xu of Tulane and researchers from Northwestern University, Vanderbilt University, University of Chicago, University of Illinois, and Catholic University of Leuven in Belgium.

Louisiana Heart Hospital Using Laser Technology

Louisiana Heart Hospital is now using Spectronetics® laser technology, the only FDA approved device to treat in stent restenosis in the femoral arteries.

In 2014, over 200,000 stents were implanted and within the first two years of stenting, restenosis occurred in 30% to 40% of cases. Once ISR develops, there is a 65% chance of recurrence after treatment. Peripheral laser atherectomy uses a catheter that emits high energy light (laser) to unblock the artery which essentially vaporizes the blockage inside the vessel resulting in increased blood flow to the peripheral tissue.

Ochsner-Kenner Participating in Exclusive Study

Ochsner Medical Center – Kenner and the New Orleans Neuroendocrine Tumor Specialists (NOLANETS) have launched the Gallium 68 Scan Study to test the effectiveness of this diagnostic tool to detect neuroendocrine tumors. Ochsner - Kenner is the only site from Louisiana through the Florida Panhandle to offer this groundbreaking diagnostic tool in a clinical trial.

A neuroendocrine tumor (NET) is a rare tumor that arises from nerve and endocrine cells and

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Diane Yeates

Domenick Grieshaber, MD

can occasionally produce biologically active hormones. Because they can be slow growing, these tumors can also be very difficult to diagnose. Many patients have gone almost 10 years before being diagnosed, losing valuable time to battle the disease. The patient may present with vague symptoms such as flushing, diarrhea, palpitations, cardiac disease or wheezing. Each year, approximately 12,000 - 15,000 cases are diagnosed in the United States.

Once NET is diagnosed, patients undergo a series of medical tests which may include Computed Tomography (CT), PET/CT, Magnetic Resonance Imaging (MRI) and Octeo Scan. The study requires additional testing using the Gallium 68 scanner, an imaging scanner that uses positron emitting radiopharmaceuticals to show tumor development. The objective of this trial is to show that this type of scan offers a clearer image and greater tumor detail. The Gallium 68 results are then compared to the imaging results from the original scans to determine the best course of treatment.

The Gallium 68 Scan Study inclusion criteria includes:

- Known diagnosis of classical neuroendocrine tumors, such as medullary thyroid cancers, typical or atypical (bronchial, thymic or gastrointestinal) carcinoid tumors, pancreatic neuroendocrine tumors, patients with neuroendocrine metastases from an unknown primary tumor, or patients with clinical "carcinoid syndrome" and elevated blood markers (e.g. chromogranin A, plasma serotonin levels, etc.) characteristic of neuroendocrine tumors with no known primary tumor site.
- At least 18 years of age
- Able to provide informed consent
- Karnofsky score greater than 50
- Females of childbearing potential must have a negative pregnancy test at screening/baseline

The Gallium 68 Study is offered through Ochsner Medical Center – Kenner, located at 200 West Esplanade Avenue, Suite 200 in Kenner, Louisiana. For more information on the study, call 504-464-8500 or 1-866-91-ZEBRA (93272). Visit our website at www.ochsner.org/NETS or like us on Face Book @ facebook.com.nolanets for up to date information.

Yeates Awarded "Outstanding Alumni Award"

Diane Yeates, Chief Operating Officer at Terrebonne General Medical Center (TGMC), was recognized by Nicholls State University College of Business with the "Outstanding Alumni Award". The "Outstanding Alumni Award" recipients are chosen each year by their respective colleges/college deans as individuals who are outstanding in their fields. Yeates is a 2004 Master of Business Administration graduate from Nicholls State University College of Business and was presented the award by Dr. Marilyn Macik-Frey, Dean of the College of Business Administration.

Yeates has worked in the healthcare industry for over 27 years. She is a Certified Public Accountant and a member of the Society of Louisiana Certified Public Accountants. She is a Fellow in both the Healthcare Financing Management Association and the American College of Healthcare Executives.

St. Charles Parish Hospital Welcomes Grieshaber

St. Charles Parish Hospital has welcomed pain management physician Dr. Domenick Grieshaber, a board-certified and fellowship-trained pain management specialist. Dr. Grieshaber provides innovative, non-invasive, and minimally invasive treatments to his patients with chronic pain. He has a special interest in chronic back and neck pain, musculoskeletal pain, and neuropathic pain.

TGMC Recognized for Orthopedics

Terrebonne General Medical Center (TGMC) has received the 2016 Women's Choice Award® as one of America's Best Hospitals for Orthopedics. This evidence-based designation is the only orthopedics award that identifies the country's best healthcare institutions based on robust criteria that considers patient satisfaction, clinical excellence, and what women say they want from a hospital.

This honor was awarded to TGMC as TGMC represents a hospital that has provided exceptional patient care and treatment, signifying TGMC's commitment to meeting the highest standards in orthopedics for women, their families and their community.

One recent investment that has added great value to orthopedic services is the new state-of-the-art Magnetic Resonance Imaging (MRI) and Caring MR Suite® Imaging Area which enhances the quality of the patient experience by providing clearer images, better patient comfort, noise reduction, larger open feel, and patient choice of color scheme, music, and video content. This state-of-the-art imaging system particularly benefits those who need procedures including MR angiography, neurological/brain imaging, spine studies, orthopedic studies, and abdominal imaging. TGMC's high-definition technology improves imaging speed and quality. Other orthopedic advancements within recent years include a Hanna table which is a table specifically for anterior hip surgery, new instruments for microdisectomy.

The 2016 America's Best Hospitals for Orthopedics are hospitals that provide comprehensive orthopedics services, indicating a minimal number of arthroscopy, joint replacements, and spine surgery services, as well as offering onsite MRI and physical therapy. These full service hospitals are then judged based on their results through the Hospital Consumer Assessment for Healthcare Providers and Systems (HCAHPS) survey for patient recommendations and post-operative recovery instructions, measures that are very important to women when choosing a hospital for their family.

For more information on the 2016 America's Best Hospitals for Orthopedics visit http://www.womenschoiceaward.com/awarded/best-hospitals/orthopedics/ ■

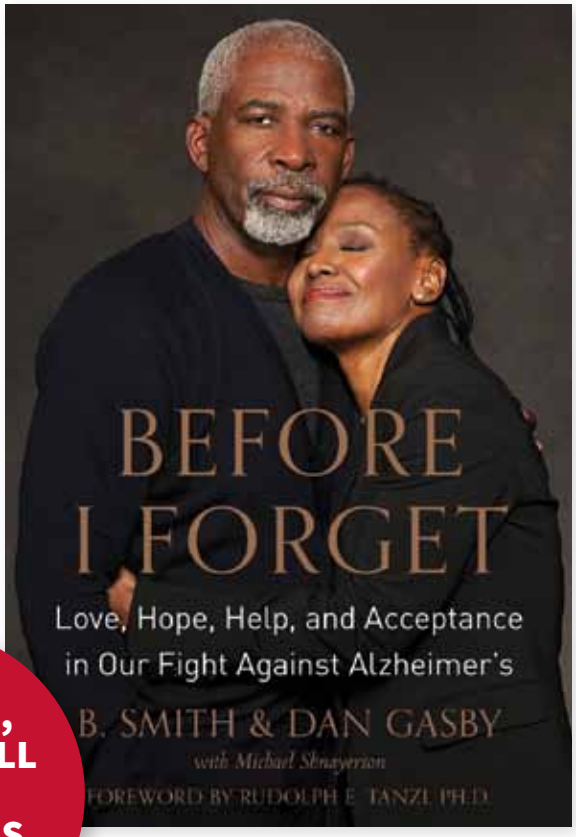
bookcorner

REVIEWS BY THE BOOKWORM

TERRI SCHLICHENMEYER IS **THE BOOKWORM**

You can't remember what you came into the room for.

That happens with disturbing frequency. Forgetting your glasses, losing your keys, it really bothers you because you're not sure if it's a normal part of aging or something else. And in the new book "Before I Forget" by B. Smith & Dan Gasby with Michael Shnayerson, the worry isn't yours alone.



By **B. Smith** & **Dan Gasby** with Michael Shnayerson, foreword by Rudolph Tanzi, PhD | c.2016, Harmony Books

For most of her life, B. Smith was a whirlwind of activity. She was a model, and had her own line of household goods, TV shows, and restaurants she co-owned with her husband, Dan Gasby. She was known for her sense of style and her elegance.

And then, a few years ago, something uncharacteristic began to happen: the woman who was put together, inside and out, began to display emotional outbursts, use inappropriate language, and her fashion sense faltered. Her memory faded until it frightened the couple and they sought help.

BY AGE 85, 'HALF OF ALL AFRICAN AMERICANS HAVE IT.'

Smith, as it turned out, had mild-stage Alzheimer's.

A take-charge kind of guy, Gasby did his research.

"Some 5.2 million Americans are living with Alzheimer's," he says; half a million people die of it every year. Perhaps due to higher rates of diabetes and heart disease, it hits the black community the hardest: by age 85, "half of all African Americans have it."

Knowing the facts can be empowering, but they don't make dealing with the disease any easier. Smith lost things constantly; "hoarded" clothing, to Gasby's irritation; and, though she was previously fastidious, ignored sloppiness. She shut family out physically and friends, emotionally. Long-ago recollections were sharp, but her short-term memory was all but lost.

When things got worse and Smith was inadvertently put in a dangerous situation, the family found expert advice, only to learn that there was little they could do. Alzheimer's has no cure. It can barely be "managed." They would just have to deal with the day-to-day challenges and learn to cope...

Of his wife, and their plans one day, author Dan Gasby says, "She sits...at the breakfast table, the love of my life, waiting quietly for me to tell her what to do."

Is there a sentence more heartbreaking than that? I don't think so, and you'd be likewise hard-pressed to find a book that will affect you more than "Before I Forget."

Would you blame anyone if you saw a pity-party in this book? Probably not, but there's no whining in Gasby's words, nor will you find "poor me" in what B. Smith contributes (with Michael Shnayerson). Instead, there's resignation here; a we'll-get-through-this wrapped in a love story that gets more and more poignant as the story progresses. Gasby, who is fierce about Alzheimer's education, also offers up-to-date information and advice on what worked for him and Smith, and what doesn't.

Without being a spoiler, there is no happy ending to this book, save but the sheer love that makes it soar. If you're an Alzheimer's caretaker, or are facing the disease yourself, you absolutely will want this memoir. "Before I Forget" is a book you never will... ■

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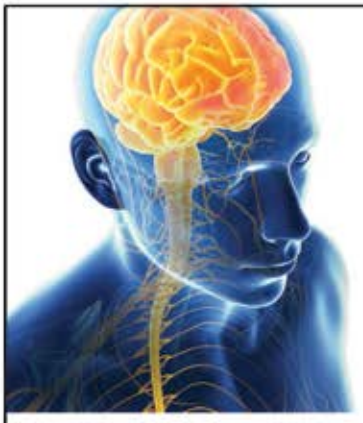

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- Stereotactic Pallidotomy and Thalamotomy
- Neuro-oncology
- Carotid Endarterectomies
- Endoscopic pituitary and skull base surgery

The center allows for faster consults between physicians who specialize in different neuroscience disciplines, and provides an improved continuity of care for neuro patients. The center, in partnership with the world class physicians at Tulane University School of Medicine's Center for Neurosciences, offers the expertise and capabilities to effectively diagnose and treat spine, brain and neurological conditions.

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