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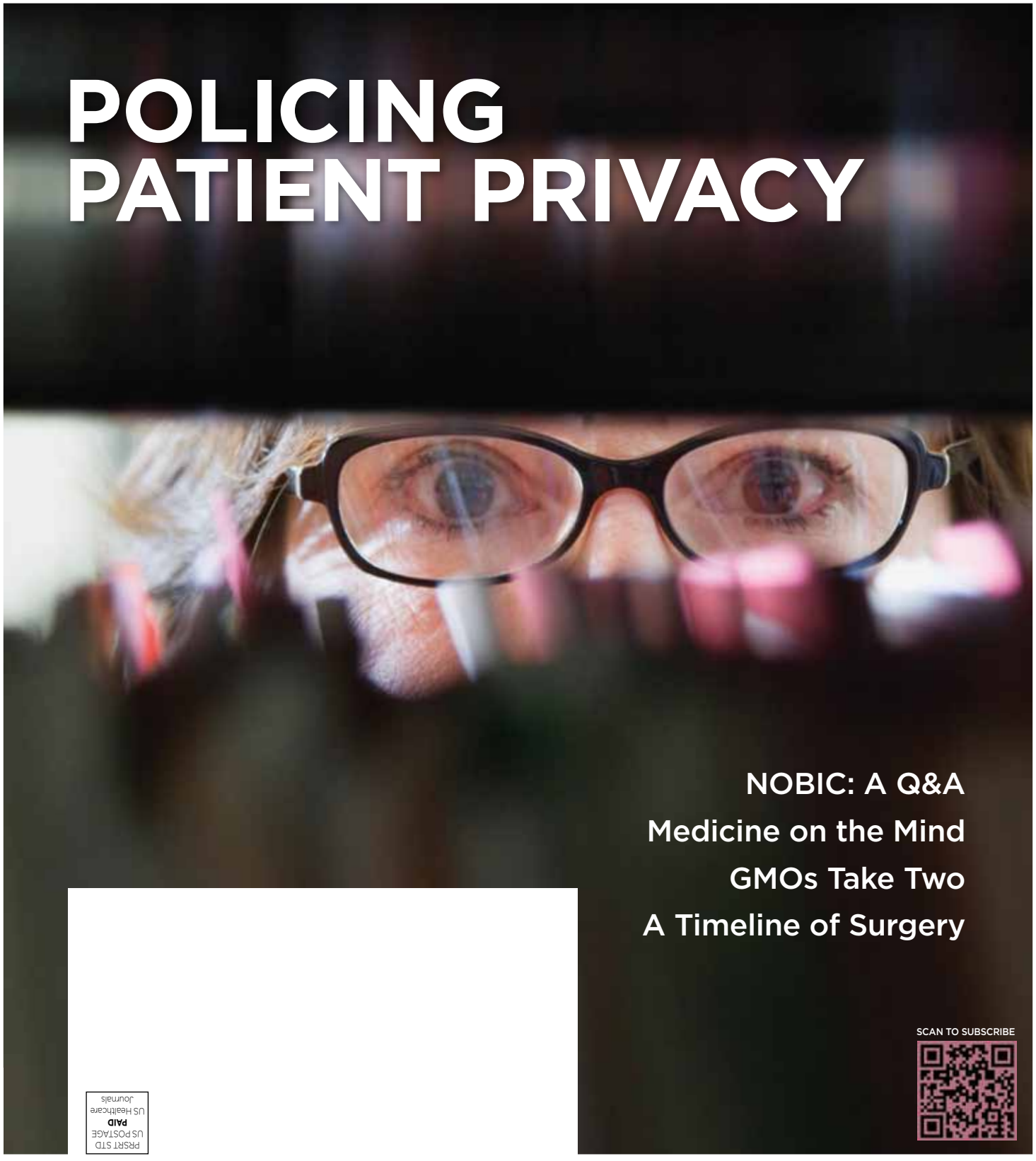

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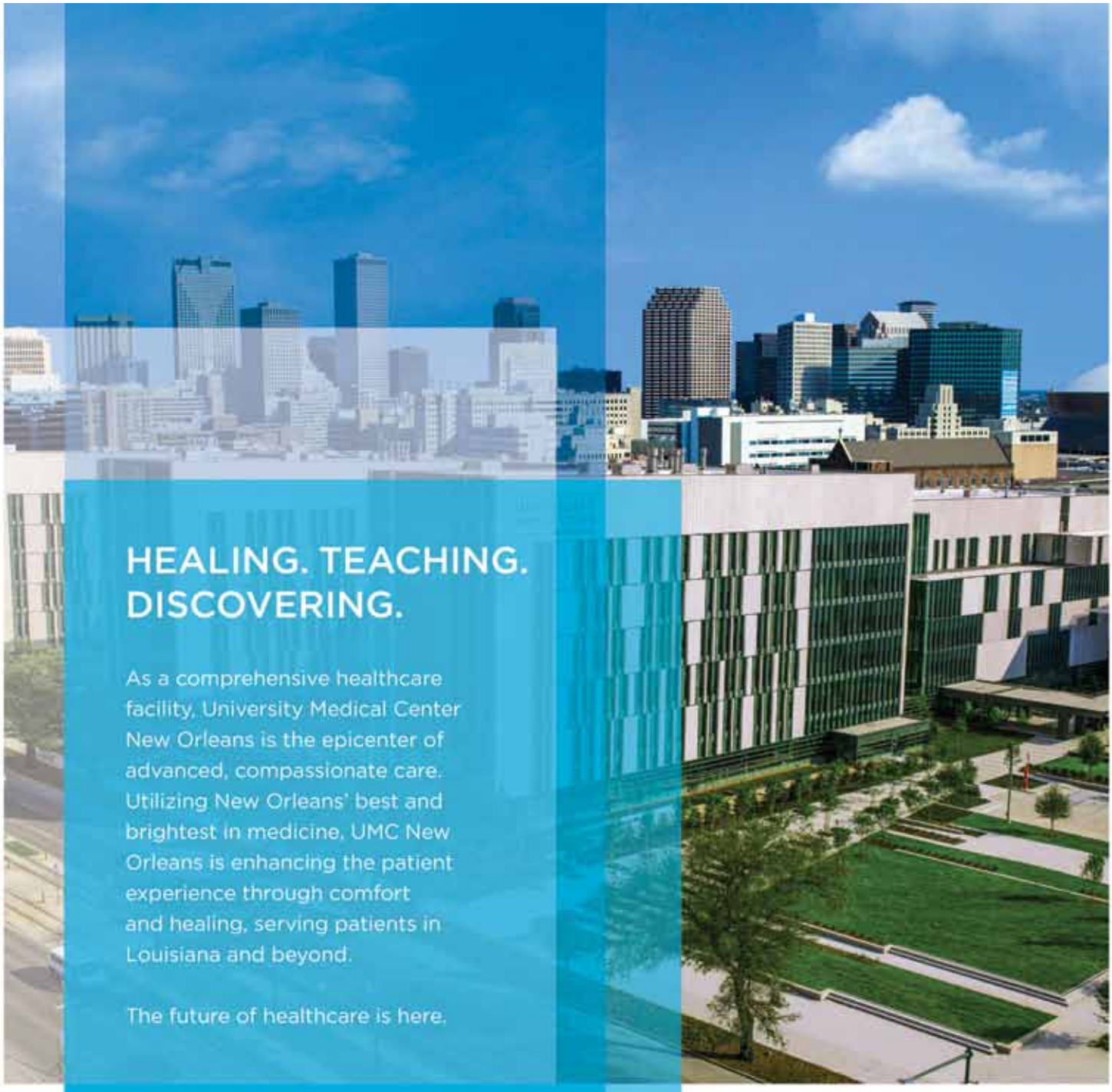

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March / April 2016 | Vol. 5, No. 2

FEATURES

DEPARTMENTS

CORRESPONDENTS

The world population is at 7.5 billion people and growing. World health is a priority. The world is round.

DRAW YOUR OWN CONCLUSIONS about the future of human population, but I have to admit, this is an interesting dilemma; one I wrestle with as an advocate of world health.

It's estimated that at the end of the Great Famine and Black Death in the year 1350 that the world population was about 370 million. Some estimates predict over 11 billion people on earth within this century – perhaps over 25 billion people during the following century.

We're human beings, so we're human centric. We believe we are the most important living creatures. From our perspective, we're the center of the universe. If we were whales or butterflies, we would have an entirely different perspective, but we're not. So, let's just entertain our perspective as we normally do.

With an increased human population, we put a strain on natural resources. I don't think anyone denies this trend. We can likely, with enhanced planning, make modifications to our consumption and environmental influence. It's expected our foods will be much different in the future to account for consumption needs. A lifestyle on a crowded planet, will be different.

Population issues of the past have often sorted themselves out with disease, wars, etc. One obvious example is many of our European ancestors brought numerous diseases to populated lands which removed the large majority of native humans.

But, let's look at what's going on in the world with world news and the 24-hour news system. We are all watching each other. We are all chiming in.

Through the tool of fear, there will always be wars and rumors of wars. With increased international awareness, wars will become lessened due to an international community's resistance to war's justification.

Public health is being addressed in new and productive ways. There is a natural momentum to keep people alive and reduce death. We are living longer.

Please know that I'm not selling any idea or notions. I'm merely trying to resolve my own internal conflict with my own desire to solve world health issues. There are many great organizations working to minimize or eradicate communicable diseases throughout the world. I've worked with some talented folks on plans to improve health and improve opportunity. There is something that feels good and simple in this approach. The mantra becomes "all lives are important", "sustain life", "we're all God's children", etc.

I mention this in our local healthcare publication only to encourage some grassroots ideas. People are working on these issues, but most of us aren't invited into the room. It's good that we ask questions. It's good that we understand. Most of us wake up to provide good care to the patients we serve. Maybe that's good enough.

Smith Hartley
Chief Editor
editor@healthcarejournalno.com

A TIMELINE OF surgery

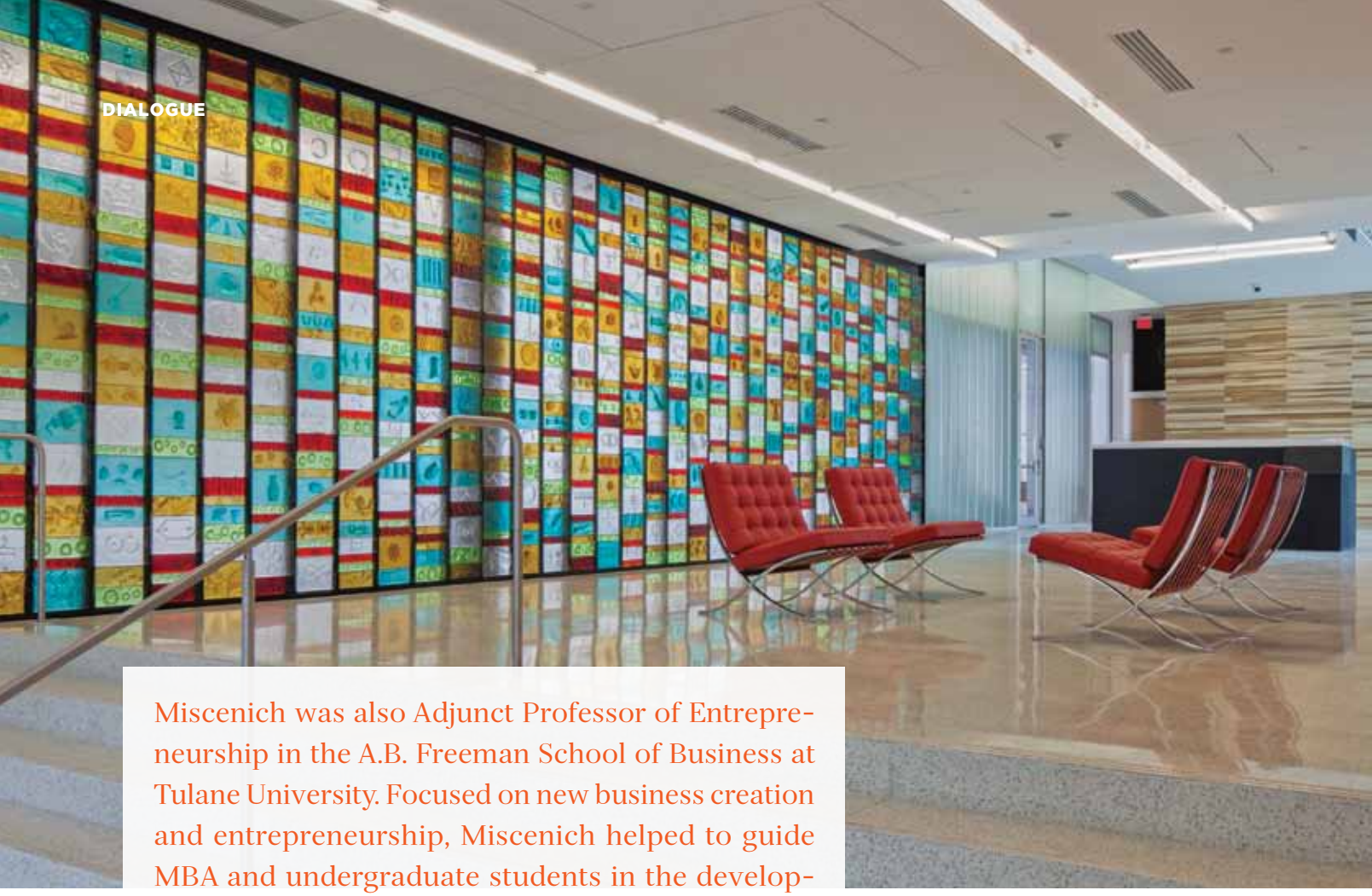
For centuries upon centuries mankind has attempted to "fix what is broken" through a variety of often primitive surgical techniques. Taboos on investigating the bodies of those who had died meant that many methods relied on guesswork and theory as to the workings of the human body...a rather alarming prospect. Here are a few highlights of how surgery developed into the high-tech processes we use today.

Q&A

with Aaron Miscenich, President, New Orleans BioInnovation Center

Aaron Miscenich has a work history tied to entrepreneurship and growth-oriented companies in the Greater New Orleans area. Working for nine years in the capital industry, Miscenich handled equity investing, alternative finance/mezzanine lending, and senior debt. Currently Miscenich is the President of the New Orleans BioInnovation Center, a $47 million business incubator that is developing a New Orleans-based bioscience industry.


"Everyone agrees that this is something we should be doing—there is tremendous value here..."



Miscenich was also Adjunct Professor of Entrepreneurship in the A.B. Freeman School of Business at Tulane University. Focused on new business creation and entrepreneurship, Miscenich helped to guide MBA and undergraduate students in the development of financial models and full business plans.

In addition, Miscenich serves as Executive Director of the Louisiana Cancer Research Consortium, a New Orleans based research collaborative bringing together minds from LSUHSC, Tulane University, Xavier University, and Ochsner Health System. With the mission of establishing an NCI designated institution, the LCRC opened a state-of-the-art, 170,000-square foot facility in 2012.

Miscenich holds a BS in Physics from the University of New Mexico and an MBA from Tulane University.

What does having a BioInnovation Center mean for the City of New Orleans?

A. We were created to promote the life sciences, build more value around research being done here, but also to create jobs around that technology and that's what we've done. Between the incubator and the facility, technical assistance, and our BioFund we've created over 400 jobs, most of which with an average salary of over $58,000, which exceeds expectations. In the original documents with the state we were hoping for 150-200 jobs. So if you look

6,500 BC Ancient people use trepanation, the process of boring a hole, to relieve the skull of excess pressure.

c 1,500 BC The Ancient Egyptians have some knowledge of anatomy from mummification. They use clamps, saws, forceps, scalpels, and scissors. Egyptians use honey as an antiseptic.

2,700 BC The first known treatise on surgery was written by Imhotep, the vizier of Pharaoh Djoser. So famed was he for his medical skill that he became the Egyptian god of medicine.

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at the impact on the city, all those jobs are in New Orleans, they are all in this area, all affiliated with the universities or the clinical facilities here.

How can the BioInnovation Center effect change in healthcare?

A. I think it' safe to say the technologies we are working with, and they're across the board–everything from medical devices, medical IT, therapeutic drugs–if you look at the potential impact on healthcare, I look at it a couple of different ways: to show off the technologies coming out of the universities, but also working with the clinical facilities on clinical trials. To give you an example, one of our companies, we helped them establish a relationship with Ochsner to help with some clinical trials they are going to be doing. So there are direct relationships with these folks in addition to the long term healthcare aspects.

What are some of the specific shining stars that you've got right now?

A. You may already know about Sudhir Sinha and Anne Montgomery from InnoGenomics. They started with us when we were in our temporary incubator back in 2007 and 2008. And they were among the first to move into this facility when we moved here in 2011. Sudhir and Anne were both part of ReliaGene, which was a DNA testing company years ago. They sold it in 2006 and a few years later started at InnoGenomics, which has a much more advanced technology making identification on fewer pieces of DNA. And we've helped them along.

We helped them refine their business plan and had a very good experience, brilliant folks, but we helped them refine it, helped them write grant applications, we've networked them with venture capitalists, the whole nine yards, and they have done very well. They've received over $1 million in National Science Foundation SBIR grants. We've helped them with the R&D tax credits and other ways as well. Now they have three products on the market that are going through proof of concept.

And now they are working on a much more advanced technology, which is a blood test for the detection of cancer cells. They won't be able to identify the cancer, but through a simple blood test they will be able to detect traces of cancer in your body. So you are talking about a much more advanced detection for cancer. We helped them with a grant from NCI (National Cancer Institute) on that and they are moving forward. Here you have a company that started with two partners and they are up to eight employees now. They've taken additional space for the manufacture of the product and they are just going to keep growing.

Now what does that mean? They are going to outgrow the facility, which is appropriate. And that's where other sets of challenges come into play.

Really, just because of the life sciences, a lot of projects are at various stages of development, but we have Bioceptive, which is a women's medical device company that has its technology in clinical trials right now. And APMC, which was one of the environmental technology companies from Tulane, they are booming right now. They are doing very well. I think they are up to eleven employees and are going to be growing to 22 within the year.

RIGHT Panel at Innovation Lousiana 2015 Conference.

BELOW Audience member with 3d printed prosthetic hand at Innovation Louisiana 2015 Conference.

We have other companies that don't seem to be as developed, but at the same time they are doing very well. We have one that has an interesting spin on electronic medical records and their technology is being tried at three different hospitals. So I call that a huge success. We have a couple of other companies like that.

With all of the innovation that comes from the center, what are some of the ways you communicate what's going on out to the market?

A. The primary ways are the newsletter and the website, everything electronically. We

Aaron Miscenich, right, talks with partners and NOBIC commercialization department director Shafin Khan.

have several thousand people on our newsletter list. I go to dozens of presentations each year, kind of highlighting everything we are doing. I make the rounds, not just in the business community, but also with our elected officials and economic development groups. Through partnerships with Greater New Orleans, Inc., the New Orleans Business Alliance, and others, we have lots of people coming through town and we'll make presentations to them on what's happening here in the city.

And then, the partners themselves, we work with them in terms of speaking to their own support infrastructure, to their classes, to their faculty, and so forth. And then we have groups coming into the facility. We have our conference room and believe it or not, we have an incredible amount of activity where we have these third party groups coming in and we host their seminars, we host their receptions, and so forth. It's actually a great way to showcase what's happening here.

I know the basic premise is to develop and retain business in New Orleans, but do you consider the center a destination for people coming from out of state?

A. Absolutely. We are actually seeing more and more interest from out of state. We have three companies upstairs that are from out of state and they were attracted because of the research environment, but also quite frankly, because of the R&D tax credits, which have now been cut. Because of the new structure—there's less available—but also because of the way they are structured now, it makes no sense for any life science company to try to get them.

But we certainly have been approached by these outside companies and it's working out really well. Again, it all goes back to the community that we're building down here. It's having entrepreneurs with experience that these out-of-state companies can use, it's having the network that these folks can tie on to. So it makes good business rationale for those companies to locate here in New Orleans.

And keep in mind the technical assistance we provide is free right now. There's no obligation to rent space, to be in the incubator, and there's no obligation to stay in New Orleans or Louisiana, for that matter. So we do our best to try to accommodate these folks.

c 600 BC — Indian physician Sushruta, sometimes dubbed as the "founding father of surgery," composes the Sushruta Samhita, one of the oldest known surgical texts.

c 400 BC — The Ancient Greeks perform minor surgical procedures with tools fashioned from iron, but do not perform procedures on the inner parts of the body.

c 300 BC — The Greeks bathe wounds with wine to prevent them becoming infected.

2015 BioChallenge

Can you tell us a little bit about the pitch competitions you host? How do those work?

A. We had our BioChallenge this year as part of the Innovation Louisiana conference and we had four finalists that were really something else. We had nineteen companies from across the state. We narrowed it down to four for the actual competition and they were just fantastic technologies really across the board.

The one that won was really fascinating. It's a company that came up with a technology for the regrowth of breast tissue after a mastectomy where the woman can actually regrow the nipple and areole so there is no prosthetic involved. This is incredible stuff that was being presented there. Because of the support of JP Morgan Chase and others we were able to award $25,000 to that company and they are off to a great start. They are doing very well. It's just an example of something that's happening here.

And I want to point out that we had speakers from eleven different states coming in town for this, with some national firms, Medtronics, Johnson & Johnson, and others coming to participate in this. Each year this Innovation Louisiana gets stronger and stronger, but that's something that's happening that goes back to the question about out-of-state companies. Now, some of the larger national and international companies are recognizing what's happening in New Orleans. To me, that's critical for the ongoing support of the incubator, but also the long-term growth of the industry here. We need that kind of recognition and participation.

A lot of what you do seems like it requires collaboration among different organizations. Is that one of the benefits of having a center like yours? And how do you encourage more collaboration?

A. You are absolutely correct. You look at who we work with; we try to facilitate the networking of everything. So we have our university partners, and just there we bring together the major research universities so they can work more closely with one another. We work very closely with the offices of tech transfer and other folks and they are very close. But we also bring in the business community. We have partnerships with folks like Baker Donelson, Jones Walker, and Postlethwaite & Netterville, and other groups where through their support of our operation, they themselves can contribute hands-on to what's happening here.

At the same time, our clients get firsthand contact with these folks. The law firms, for instance, donate not just cash but in-kind services so you have these researchers meeting with partners with major IT experience. So right out of the gate they are able to get the expertise and the experience they can really use to get their enterprises started. A lot of it is programming. We do a lot of lunch and learns, we do receptions, we do other things like that where we create opportunities for all of these different pieces to integrate and really get to know one other and it works out well. We have a strong network of researchers, entrepreneurs, IT professionals, of folks with just basic business

c 161 AD

Having practiced on animals and gladiators Greek-born physician Galen becomes surgeon to the Roman emperor. His ideas, although often wrong, dominate surgery for centuries.

476

With the fall of the Roman Empire many medical skills are lost in Europe but are kept alive in the Byzantine Empire and are later practiced by the Arabs.

c 1200

In Europe skilled craftsmen called barber-surgeons practice. They carry out amputations and set broken bones. However barber-surgeons are lower in status than university educated doctors.

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knowledge. And once you start creating opportunities for these people to interact with one another, all that great experience kind of flows from one to the other.

As far as where the needs come from can you talk about the methodology of identifying the needs? Do they generally come from the business brainstorming community?

A. When we started the technical assistance back in 2006 it was clear there was no culture of entrepreneurship. We had brilliant researchers and the research was either just sitting there or being licensed away, but usually just sitting there. We knew right out of the gate there was a lot of missing experience and infrastructure. So we started the technical assistance program and we've built it stronger and stronger over time where it's not just our law school and business school students, and fellows working on projects, but we are able to bring in those venture capitalists and those law firms.

Once we do an initial review of a technology and we believe it shows promise, we bring in the offices of tech transfer, always a part of it, and we bring in those other partners to help them identify the shortfalls they have in the technology. Maybe this path to commercialization may not be the best one because "xyz" worked on that area before and this is what he has to say about it. Or the clinical trials you have aren't realistic because this woman worked in clinical trials in that area and she believes you are missing this and this step. And so we are able to bring in good experience to these folks to help them understand what the weaknesses are. We don't provide the advice; we facilitate getting the advice. And that's really where it all comes into play.

How do you measure your successes?

A.The direct measurement is jobs. That's our goal and that's really what we focus on. We track other things; we have helped start over 100 companies, we've created over 400 jobs, we have helped our companies raise almost $90 million. These folks have earned over a dozen grants and they are winning business plan competitions, so there are lots of different measurements like that. But really the primary one we use is jobs here in New Orleans.

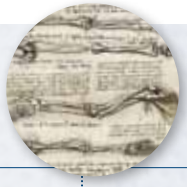
Is there something you are looking to do that doesn't quite exist yet? Something on the horizon you are hoping to accomplish?

A. One of the key challenges will be retention so we need to create business rationale for these companies to stay in New Orleans. As they get to later stages of development, whether it's Phase II clinical trials or even bringing products to market, they are going to be lured away. We need to create business opportunities for them to stay here. That comes in a couple of different ways.

One, they need another facility. Incubator clients and tenants help grow the facility, they are not supposed to stay there forever. But there is no other space for them to go to. So we are going to speak with folks about a graduation facility.

But then we also have to build out the rest of the economy to get these companies to stay. This could be a contract research organization, it could be major suppliers, it could be government labs, it could be all sorts of different things, but we need to bring in other pieces of the mosaic to really build out this economy for these companies to stay here. Otherwise it just makes sense for them to move away. And here we have spent all this time really creating the rationale around the technology, proving that it works, only to lose them to Boston, Research Triangle Park, or San Francisco or something.

c 1350 The Church allows some dissections of human bodies at medical schools, but the ideas of Galen continue to dominate.



c 1536 Ambrose Pare treats wounds with a mixture of egg yolk, rose oil, and turpentine rather than hot oil.

1452-1519 During his lifetime Leonardo Da Vinci dissects some human bodies and makes accurate drawings of them.

On the funding issue, I know you have some sponsors, but then also the State is one of your funding sources. What do the cuts imposed by Governor Jindal mean to the facility?

A. Well for this current fiscal year we lost all of our $700,000 in state support so we lost what amounts to about a third of our income in one fell swoop. The rest of it is self-generated or comes in the form of grants or private partnerships, again, support from our partners.

So how serious is that?

A. It's very serious. We need to replace that money. Business incubators are not self-sufficient. They need to be supported and if you look at other communities, they are supported either through direct support of the university or through private support from industry, or by the State. We don't get strong enough support from the universities and it has always been the State that has really stepped up and that was appropriate because of what we are doing. We are the New Orleans BioInnovation Center, but the fact is we've expanded our programming across the state. Because of a grant from JP Morgan Chase and a grant from the EDA (Economic Development Administration) we've actually expanded our technical assistance program to make it statewide.

As an example, we had our Innovation Louisiana conference back in November and one part of it was the University Technology Showcase. We had nine different universities present technologies there, 23 different technologies from across the state in one place as a part of that conference. That just makes sense. We need to do things like that because the state is too small to be fragmented the way it has been.

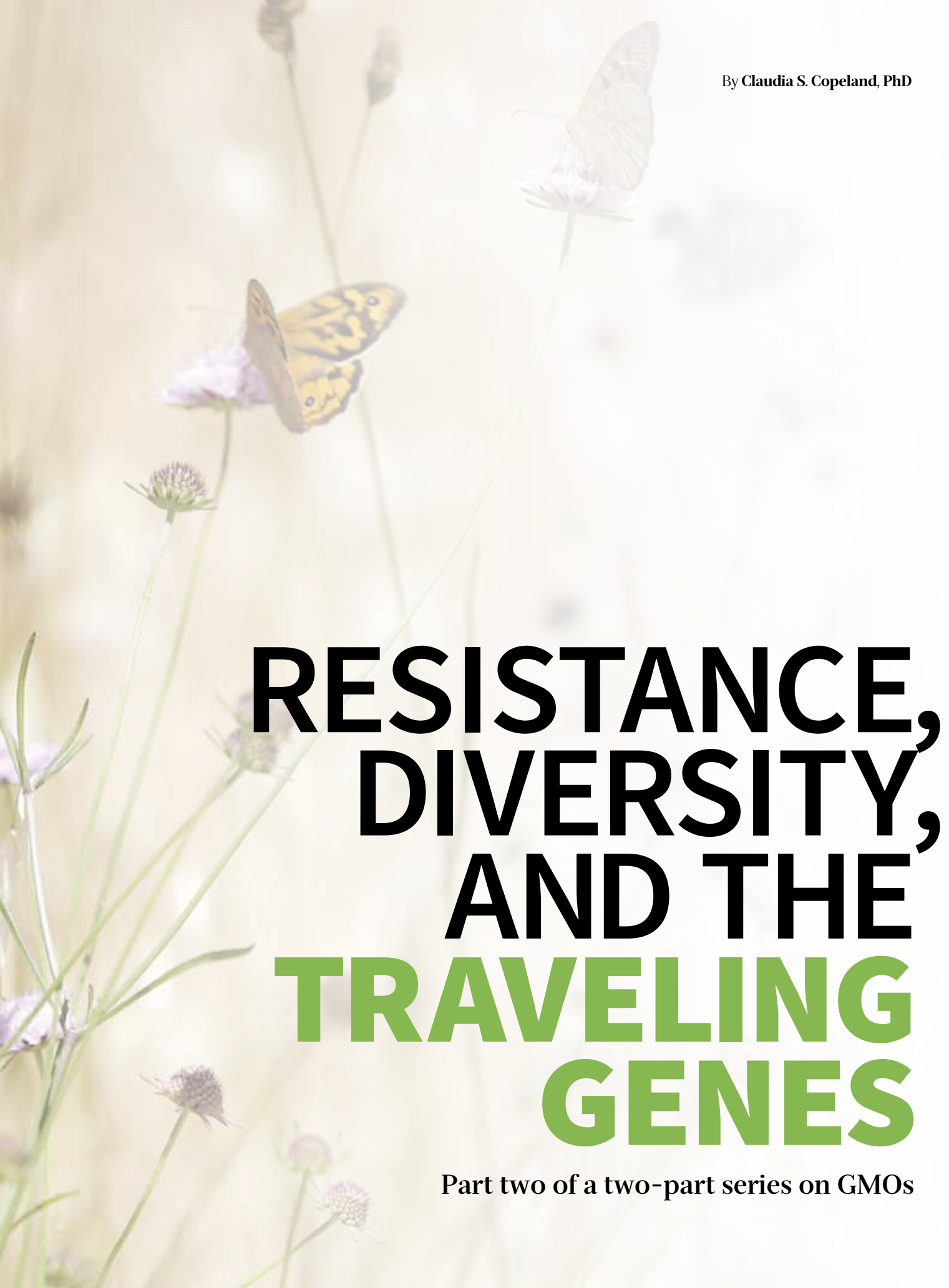
Do you think the new Governor will make a difference?

A. Yes, dramatically. There are a couple of things. Looking at the makeup of his administration–it's really good stuff. I like several of the people that have been appointed. Edwards himself I am very optimistic about. But the fact is the state's still broke. We are just one need out of a lot of these things. A lot of what I am hearing right now is still kind of soft, but because of the people involved I am very optimistic about what can happen. However, I do understand the financial condition of the state and there is a long line of people that need help. I think the new administration has a good perspective and I think our leadership from New Orleans understands what's happening, and I think they can help it to survive. I think it is realistic to expect that.

What message would you like to get out there?

A. I guess the big thing I want to emphasize, especially as we go into the budget process, is that this is something that everyone recognizes that we need. Baker Donelson and Louisiana Bio just released their State of Life Sciences Entrepreneurship in Louisiana report. They conducted a questionnaire across the state and did a variety of summaries and recommendations on growing this. Everyone agrees that this is something we should be doing–there is tremendous value here–and the steps we are taking, if you look at the recommendations, the BioInnovation Center is doing almost all if not all of them. The investment we need to accomplish these goals, in my opinion, is minimal considering the returns we are getting. I just hope our friends in Baton Rouge will recognize that. ■

"I guess the big thing I want to emphasize, especially as we go into the budget process, is that this is something that everyone recognizes that we need."



By **Claudia S. Copeland, PhD**

RESISTANCE, DIVERSITY, AND THE TRAVELING GENES

Part two of a two-part series on GMOs

To anyone trying to grow organic food, Bacillus thuringiensis is a natural wonder.

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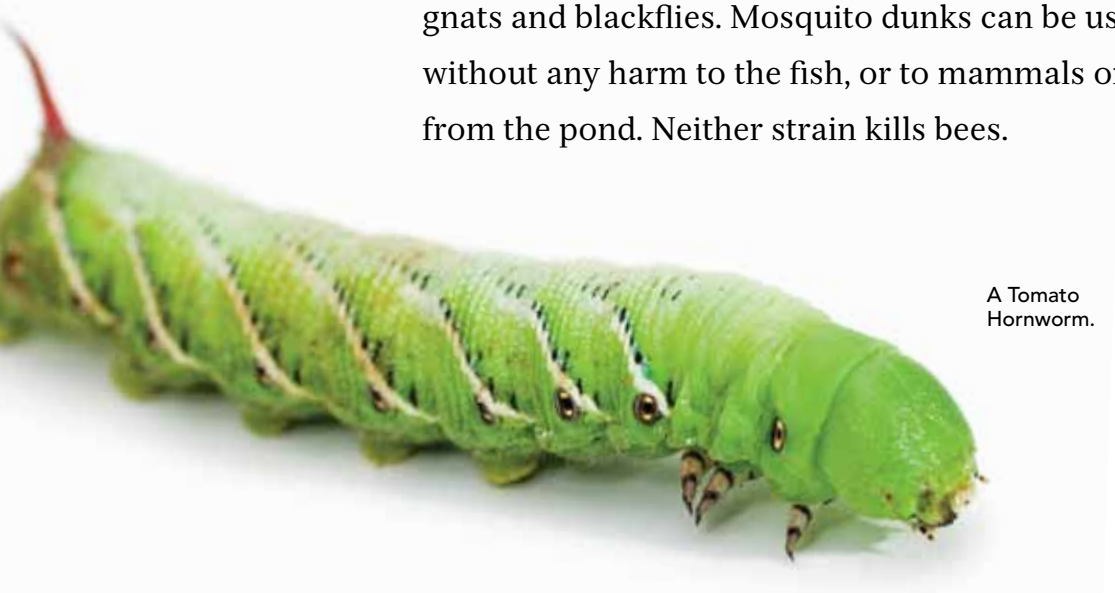
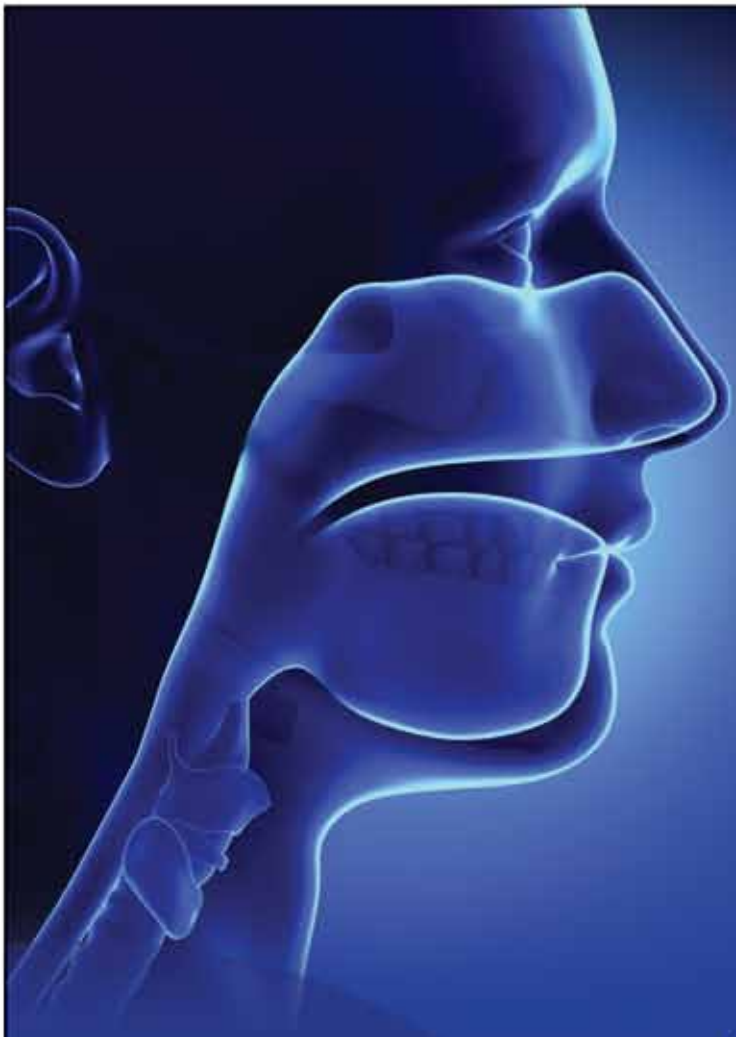


A Tomato Hornworm.



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Left, lesser cornstalk borer larvae extensively damaged the leaves of this unprotected peanut plant. Right, after only a few bites of peanut leaves of this genetically engineered plant (containing the genes of the Bacillus thuringiensis (Bt) bacteria), this lesser cornstalk borer larva crawled off the leaf and died. *–Photo by Herb Pilcher.*

B. thuringiensis works so well, and is so safe, that it should come as no surprise that genetic engineers resolved to take genes from this natural bacterium and insert them into corn. Rather than spraying the bacteria on corn plants, the corn plants would make their own B. thuringiensis proteins. The first strains of such engineered corn, known as Bt corn, were introduced in 1996, providing effective control of the corn borer, which had caused vast infestations throughout the United States and Europe.

Non-target organisms

Not long after, though, questions arose about whether Bt corn might kill non-pest lepidopterans. In 1999, Cornell University entomologists Losey et al. published the results of laboratory experiments looking at whether pollen from Bt corn could harm monarch butterfly larvae. Monarch butterflies feed on milkweed, not corn, but corn is wind-pollinated, so it is plausible that the pollen could be blown to milkweed fields. Losey et al. dusted milkweed leaves with Bt corn pollen, unmodified corn pollen, and no pollen as an additional control group. Compared with monarchs in the two control groups, the monarchs that fed on leaves dusted with Bt corn pollen showed a number of health effects, including slower growth and higher mortality.

These results raised great concern among university biologists and the EPA. The USDA Agricultural Research Service provided funding for a consortium of biologists from universities in the United States and Canada to assess whether Bt corn posed a threat in the field to monarch butterflies. Their conclusions, in agreement with a separate study by the EPA, were that the threat to wild monarch butterflies in the field from Bt corn was negligible, for the following reasons: 1) the amount of pollen dusted on the milkweed leaves in the Losey lab experiment was much higher than would ever occur under real field conditions; 2) the toxin-encoding genes are not highly expressed in pollen,

In an effort to reduce corn stem-borer infestations, corporate and public researchers partner to develop local [transgenic] Bt (Bacillus thuringiensis) corn varieties suitable for Kenya.

BY DAVE HOISINGTON/CIMMYT [CC BY 2.5 (HTTP://CREATIVECOMMONS.ORG/LICENSES/BY/2.5)], VIA WIKIMEDIA COMMONS

further lowering the dose; 3) the seasonal overlap between the time of monarch larval feeding and pollen release in corn is limited, although the overlap is substantial in far northern regions; and 4) the only strain of corn that expresses enough toxin to measurably affect monarchs, called event 176 hybrids, constituted less than 2% of corn planted at the time of the study. Nevertheless, by 2004, event 176 hybrids had been phased out of commercial use in the United States.

Clearly, biologists at the EPA, USDA, and academia consider this a serious issue. The concerns raised by the Losey et al. study were not trivial—in laboratory studies, conditions are often artificial, designed to show proof-of-concept under very simplified conditions, and that is what Losey et al. did. While such findings do not necessarily reflect real-life field conditions, they do serve to emphasize the importance of careful risk assessment. Whenever a toxin-producing gene is expressed in a different organism, it substantially changes the way in which the dose of this toxin is delivered in the environment. B. thuringiensis is a soil-dwelling bacterium, and applying granules of the bacterium does not change the method of delivery nearly as much as having the gene expressed in cornfields of plants producing wind-dispersed pollen. For this reason, the EPA requires risk assessment of genetically modified plants that could impact the environment. (For specific studies underway or completed assessments, see http://www.epa.gov/regulation-biotechnology-under-tsca-and-fifra/overview-plant-incorporated-protectants.)

Assessment of plants that have been modified to express natural toxins includes risks to human health, risks to nontarget organisms and the environment, and potential for gene flow. (These toxins in their natural forms can also pose risks to nontarget organisms—while B. thuringiensis is safe for humans, if a vegetable garden is framed by butterfly garden plants, B. thuringiensis dusted on the vegetables could blow over, changing a sweet and helpful wildflower patch into an infectious butterfly deathtrap.)

Unhealthy agricultural practices enabled by transgenes

OK, so we need to be aware of the risk of transgenes to the environment and wild animals. But what about humans? As concluded in Part One of this series, GMO food products themselves don't pose any significant health risks to humans. However, there are agricultural practices enabled by transgenic crops that could affect human health. One of the biggest is the use of herbicide-resistant plants, most infamous among them, Monsanto's Roundup Ready line of crop plants.

Roundup is the brand name for glyphosate, a common weed-killer used in households and agriculture. Glyphosate is actually a relatively safe herbicide, compared with earlier herbicides such as paraquat/diquat and 2,4,5-T (Agent Orange), which contained the byproduct contaminant TCDD (dioxin).

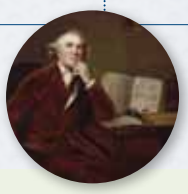
"butterfly deathtrap"

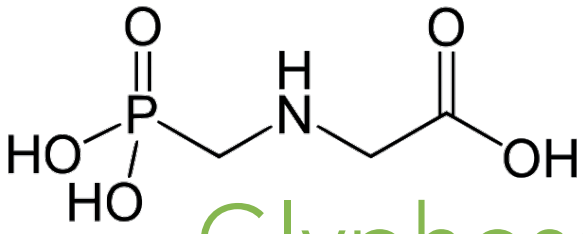
These toxins in their natural forms can also pose risks to nontarget organisms—while B. thuringiensis is safe for humans, if a vegetable garden is framed by butterfly garden plants, B. thuringiensis dusted on the vegetables could blow over, changing a sweet and helpful wildflower patch into an infectious butterfly deathtrap.

1540 The United Barber-Surgeons Company specializes in blood-letting and tooth extractions.

1543 Andreas Veasalius publishes The Fabric of the Human Body, which contains accurate diagrams of the human body. Vesalius bases his ideas on observation not accepted lore.

1728-1793 Life of John Hunter who is known as the Father of Modern Surgery.





Glyphosate

Roundup works by inhibiting an enzyme, EPSPS, that is only found in plants, fungi, and bacteria, not animals. Further, it adsorbs (sticks) to soil quite strongly, reducing contamination of water, and its half-life in soil is about a month and a half. In some ways, it is environmentally beneficial, as it can be used to kill weeds before planting crops, which allows crops to be planted without tilling first. Tilling produces erosion and runoff, depositing fertilizers and residual insecticides into waterways.

However, the fact remains that glyphosate residues have been found on vegetables several months after application, and while some sources, such as the EPA, consider it safe for humans, not all sources agree. Most notably, the International Agency for Research on Cancer (IARC) of the WHO has classified it as a probable carcinogen (class 2A), based on epidemiological evidence, particularly for non-Hodgkin's lymphoma in workers, animal studies, and in vitro mechanistic data. IARC classifications tend to favor caution—other examples of IARC class 2A carcinogens include yerba mate beverage, red meat, and emissions from high-temperature frying of food—so getting cancer from eating conventionally grown vegetables is highly unlikely at this point. (For comparison, processed meat is a much more dangerous carcinogen—Type 1, "carcinogenic to humans"—so eating hot dogs is much more risky than eating Roundup Ready crops exposed to glyphosate.)

That said, what if the amount of glyphosate sprayed on crops steadily increases? This is an issue because, while plants like Roundup Ready crops are engineered to withstand applications of glyphosate, evolution will also, inevitably, favor the development of resistance in weeds as well. It's a matter of selection, simple Darwinism. A 2015 USDA report found that a substantial number of farmers who encountered glyphosate-resistant weeds responded by increasing the amount of glyphosate applied (25 percent of corn acres with resistant weeds and 39 percent of soybean acres with resistant weeds).

One response is to engineer crops that are resistant not only to glyphosate but also to other herbicides, including 2,4-D and dicamba. Monsanto is, in fact, planning to release a new herbicide mix, Roundup Xtend, that contains both glyphosate and dicamba together, in concert with a new line of soybeans called Roundup Ready 2 Xtend soybeans. Evolution, however, favors the development of resistance, raising fears that crops will continue to be engineered with resistance to more herbicides, further increasing the amount and variety of herbicides sprayed.

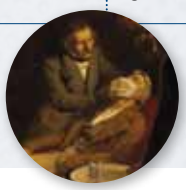
It's important to remember that herbicide-resistant plants are not all GMOs.

"However, there are agricultural practices enabled by transgenic crops that could affect human health. One of the biggest is the use of herbicide-resistant plants, most infamous among them, Monsanto's Roundup Ready line of crop plants."

1818 The first transfusion of human blood is performed by Dr. James Blundell.

1843 The first hysterectomy is performed in England.

1843-1844 Ether is introduced as a general anesthetic in surgery.



"Biopharming"

While new, though, biopharming is just the reverse of a very old-fashioned practice—most medicines we have were either isolated from plants or are modified derivatives of compounds isolated from plants.

Triazine-tolerant plants began with strains of related plants that spontaneously evolved to be resistant, under conditions of triazine use in the field. These strains were bred with commercial crops, cultivated, and selected for the resistant trait, leading to triazine-resistant canola. These are traditional breeding techniques, not genetic modification, but they present the same type of health issue as engineered Roundup Ready crops. The risk is due not to the plants themselves but the increased use of herbicides enabled by these plants. Whether the plants have been produced through genetic engineering or traditional breeding is immaterial; it is the practice of increased pesticide use that is at issue.

Transgenic organisms on the loose

In general, transgenic crops are developed to express enhanced properties, and while the new organisms are tested for safety, the properties are not designed to affect human health, other than by enhancing nutrition. A somewhat different situation is that of biopharming, or the growing of pharmaceuticals in plants. This rather new practice of engineering plants to make medicines seems revolutionary, allowing a far lower cost of production than factory-produced pharmaceuticals and a more humane alternative to animal-grown ones (such as antibodies).

While new, though, biopharming is just the reverse of a very old-fashioned practice—most medicines we have were either isolated from plants or are modified derivatives of compounds isolated from plants. Genetic engineering, however, allows the development of specific products according to need, and targets have included not only the sorts of pharmaceuticals that natural plants produce, but also vaccines, antibodies, and even industrial enzymes.

A major difference between natural medicinal plants and biopharmed plants is that the latter are often farmed in food crops. Whereas aspirin was derived from salicylates found in willow bark, willow bark was never a major food source. Other medicinal plants that are also eaten as food, such as elderflowers and elderberries, are eaten in amounts culture and tradition have deemed to be healthy. In contrast, if a pharmaceutical is produced in corn, the plants will be engineered to produce a good yield to make the product economically viable. If such genes introgressed into food corn, people could unwittingly end up getting a dose of unwanted medicine along with their corn on the cob. One solution to this risk is to use non-food crops; the Ebola medicine ZMapp was biopharmed in a plant, Nicotiana benthamiana, that is closely related to, but different from, commercially produced smoking tobacco, Nicotiana tabacum. Duckweed has also been used in biopharming.

While non-food plants can be used, there are good reasons to use food plants instead. Food organisms are often very well-understood in terms of genetics, and therefore easier to genetically engineer. Also, since the infrastructure is in place for high yields, and there is familiarity with growth, harvesting, and storage, food crops are poised to have lower costs of production. Finally, their very edibility may be an advantage: Elizabeth Hood, a professor of plant biotechnology at Arkansas State University, explains that "if a pharmaceutical or vaccine is to be delivered orally, then having it in a food crop increases its safety." Further, when working with a known food crop, "all plants are completely free of animal pathogens, so [there's] no danger of transmitting a disease organism such as a virus."

So, what about the possibility of these plants breaking loose and consumers unwittingly getting vaccines along with their produce? According to Dr. Hood, "USDA APHIS has pretty strict regulations for growing biopharmaceutical crops in the out of doors. There are restrictions on how far the crop must be from similar crops, temporal differences for planting, and equipment cleaning." She continues, "An additional concept for containment is that the world market

"A major difference between natural medicinal plants and biopharmed plants is that the latter are often farmed in food crops."

"In the other incident, a biopharmed corn field was located too close to a food corn field, introducing the possibility that biopharmed corn pollen could cross breed with food corn."

for most pharmaceuticals is tiny compared to the market for food. Thus, the world demand for something like a HepB vaccine could be grown on a few hundred acres of corn—something easily accomplished in an isolated field away from the corn belt. Smaller market vaccines would take even fewer acres."

In 2002, two breaches in biopharming protocol occurred; whereas fields with biopharmed plants were to be left fallow for one year before planting any food crops, one farmer planted soybeans in a field that had just been used for biopharmed corn. Small "volunteer" corn plants grew in the field along with the soybeans, which would have contaminated soybean products with a small amount of biopharmed corn. In the other incident, a biopharmed corn field was located too close to a food corn field, introducing the possibility that biopharmed corn pollen could cross breed with food corn. Together, these incidents caused an outcry among groups concerned about the possible release of GM pharmaceutical plants. The USDA fined the company and ordered all of the crops destroyed. According to Dr. Hood, who had worked for the company but left before the incidents occurred, these events "involved a breach of compliance, no real danger to the environment or to people." Still, she says, "a breach of compliance implies a breach of safety and should never be done no matter what." No such breaches have occurred since then, so it does appear that protocols are being taken seriously by all farmers involved, but they serve to emphasize the importance of USDA vigilance and compliance with the regulations set forth. Importantly, even in these two worst-cases, the USDA's regulatory and enforcement arms did exactly what they were supposed to do; no contaminated products reached any consumers.

Since plants are stationary, with limits to how far pollen can move from the parent, they are relatively easy to contain. This is not true, however, with mobile organisms, and especially organisms that can move over long distances, like ocean fish. Fish have been engineered to grow several times as fast as their non-modified relatives, and could easily outcompete native fish if they escaped into the wild. The potential problem of invasive organisms is not limited to

"Fish have been engineered to grow several times as fast as their non-modified relatives, and could easily outcompete native fish if they escaped into the wild."

1847 James Simpson begins using chloroform.

1867 British surgeon Joseph Lister publishes Antiseptic Principle in the Practice of Surgery, extolling the virtues of cleanliness in surgery and leading to an impressive reduction in surgical mortality.

1885 The first successful appendectomy is performed in Iowa.

In this profession, the true reward comes from seeing positive outcomes for our patients. Receiving honors from our peers only affords us the chance to turn the spotlight onto our dedicated staff, who always provide the highest quality care and comfort. On their behalf, we're proud to announce our accreditation as a Certified Stroke Center and Chest Pain Center. We're also excited to have earned commendation as a Commission on Cancer Accredited Program and Pathway to Excellence® designated hospital – one of just three in the state.

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transgenic ones; it is shared by all fish bred to express traits that may allow them to outcompete native fish. (Of course, most invasive organisms have been neither modified by engineering nor by traditional breeding techniques.) However, while the threat posed by conventionally bred fish may have the same nature as that posed by genetically engineered fish, the degree may be greater in engineered fish, which can express drastically different proteins that give rise to the potential for an "invasiveness on steroids" scenario. Of special concern are genes, such as those increasing cold tolerance, that could allow the new fish breeds to swiftly expand into different territories.

Further, as pointed out by Purdue professor William Muir in a 2004 EMBO Reports review, domesticated fish are bred (via traditional breeding or engineering) for growth in captivity, where predators are not present and food is ready available. They may very well have lost instincts vital for avoiding predators and obtaining food. If they interbreed with wild fish, there could be an overall loss of fitness. While this lack of fitness would very likely curb the expansion of escaped fish, Dr. Muir emphasizes the need for solid and careful risk assessment for new breeds of fish—whether conventionally bred or genetically engineered.

The same principle applies to insects or any other mobile organism that could escape into the wild. We have already seen the staggering ecological damage done by non-native species that become invasive, and while the bulk of the impact is on the environment, human health can also be affected, both indirectly and directly. For example, the introduced Solenopsis invicta fire ant, native to South America, is spreading through pastureland in the U.S., especially in the South. Control of the fire ants is expensive for farmers, perhaps discouraging free-range ranching and encouraging factory farming, with all its inherent problems for human health. At the same time, fire ant bites can be not only painful, but inflict serious injuries, especially on young children.

Transgenes on the loose

The last category of unintended effects, potential for gene flow, is one of the greatest concerns of anti-GMO groups. In 2001, UC Berkeley Environmental Science researchers Chapela and Quist published inverse PCR data that they claimed proved widespread infiltration of transgenes into Mexican corn, even though cultivation of genetically modified corn is illegal in Mexico. The report, however, was criticized as methodologically flawed—the data reported by Chapela and Quist did not constitute evidence of transgenes, but artefacts due to poor primer choices for a highly sensitive technique, said UC Berkeley and USDA biologists Kaplinsky et al.; what they probably detected was in fact an endogenous (natural) mobile genetic element in the corn. Subsequently, a team of Mexican and American researchers, Ortiz-Garcia et al., conducted a large-scale sampling of Mexican maize landraces, and found no evidence of any transgenes.

Then, in 2008, Piñeyro-Nelson et al., in a more methodologically careful study than the one reported in 2001, reported evidence of transgenic sequences in maize in some samples from the same localities identified

RIFA IMAGE BY THECOZ (OWN WORK) [CC BY-SA 4.0 (HTTP://CREATIVECOMMONS.ORG/LICENSES/BY-SA/4.0)], VIA WIKIMEDIA COMMONS

A floating "raft" of red imported fire ants (RIFA) in North Carolina over land that normally forms the bank of a pond. The land had become submerged due to excessive rain and resultant flooding which inundated the nest. The raft is anchored to some blades of grass extending above the water's surface.

1890 Rubber gloves are first used in surgery.

1890-1895 Wilhelm Roentgen discovers x-rays.

1896 First successful heart surgery performed in Germany.

The abandonment of local crop varieties over the past several decades is staggering—the UN's Food and Agriculture Organization estimates that 75% of crop biodiversity has been lost from the world's fields. Among the best solutions to this potentially serious problem is the maintenance of seed banks, repositories of a diverse array of seeds from different varieties of plants.

by Chapela and Quist. However, in 2009, this was followed by a publication in the same journal, *Molecular Ecology*, by Schoel and Fagan, biologists at Genetic ID, a company Piñeyro-Nelson et al. used in their study, criticizing the methodology and asserting that sequences that were classified as positive should have been reported as negative. Piñeyro-Nelson et al., in turn, contested this assessment, again in the same journal.

Heirloom tomatoes

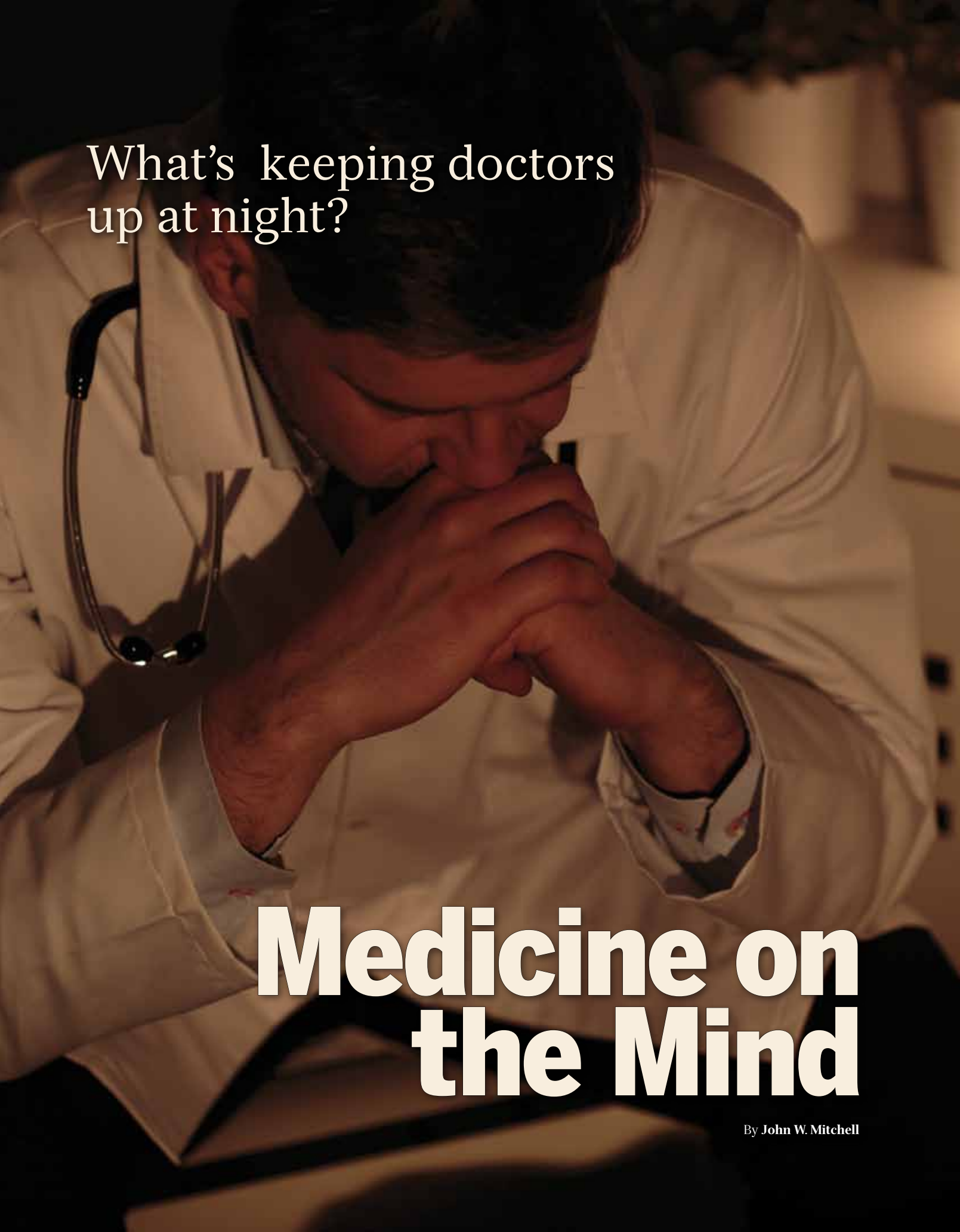
To say the least, the idea that transgenes have introgressed into non-engineered corn is controversial. Setting aside the science of whether or not this has actually happened, what would be the consequences if it had? Among the most important would be that the transgenic corn, through it's selective advantage, could push out native strains and thereby lower global diversity of these crop plants. Elimination of "heirloom" varieties could result in the loss of traits providing micronutrients of value to human health as well as other qualities a diverse population can bring.

As with other issues related to GMOs, this problem could occur whether the new strains were developed using genetic engineering or traditional plant breeding techniques. (In point of fact, in nature, genes do "horizontally transmit" on occasion—moving from one organism to another completely different organism, most often via elements like retroviruses.) This is a serious concern with bred or engineered strains because farmers like to use the "best" variety—that with the highest yield, most disease resistance, etc.—and therefore are not motivated, in terms of profit, to maintain a diverse population of strains.

The abandonment of local crop varieties over the past several decades is staggering—the UN's Food and Agriculture Organization estimates that 75% of crop biodiversity has been lost from the world's fields. Among the best solutions to this potentially serious problem is the maintenance of seed banks, repositories of a diverse array of seeds from different varieties of plants. Plant biotechnology companies themselves maintain seed banks, and use the stocks in developing new varieties. However, these banks are relatively small, and contain varieties likely to be helpful in the companies' for-profit missions. For this reason, national, government-maintained seed banks are crucial.

Besides seed banks, the encouragement of small-scale growth of heirloom varieties of vegetables is vital to the maintenance of both diversity and processes of natural evolution. Spontaneous evolution, after all, can create surprising new varieties that could have benefits not foreseen by engineers. When it comes down to it, while there's no reason to be paranoid about genetically engineered plants, traditional crop varieties most certainly are something to be cherished. After all, while GMO rice and beans (or corn tortillas and tofu) are healthy staples, a variety of herbs, spices, and diverse vegetables are key to long-term health and protection against diseases like cancer. So, while continued vigilance by USDA, EPA, and academic biologists is important, there's no need to worry if your budget requires you to buy mainly conventionally grown staples. Just save a little cash or gardening/foraging time to supplement those staples with some native blackberries, chanterelle mushrooms, or savory heirloom tomatoes—diversity is, after all, as delicious as it is healthy! ■

SEED BANK IMAGE BY R. C. JOHNSON [CC BY 2.5 (HTTP://CREATIVECOMMONS.ORG/LICENSES/BY/2.5)], VIA WIKIMEDIA COMMONS



What's keeping doctors up at night?

Medicine on the Mind

By **John W. Mitchell**

Doctors have a lot on their minds these days.

The top nine medical concerns, according to the physician advocacy group the American Medical Association, include healthcare regulations (especially as delivery is being reshaped by the Affordable Care Act), issues such as health data security, and the evolving health insurance market (such as bundled payments).* To this list, the American Medical Management Group adds chronic care management and improving meaningful use in electronic health records.**

AND WITH MORE AND MORE DOCTORS being employed by hospitals, health systems are working to establish practice models that seek to make them more productive to help control costs. Louisiana currently ranks about in the middle nationally for the annual physician component of health expenditure costs, with doctor costs totaling $7.8 billion annually in the state.*** Nationally, physician expense runs about 27 percent of total healthcare costs.

The new healthcare delivery system reality is that doctors, hospitals, and even patients can no longer operate in a vacuum, independent of each other.

Of course, no healthcare gets delivered anywhere without a doctor's order. *U.S. Healthcare Journals* spoke to three Louisiana physician leaders and one national physician practice management expert about the challenges physicians face in this new order, as well as their strategies for dealing with epic shifts in healthcare delivery.

"Physicians control all the significant levers for costs – from what tests are ordered, if medications should be brand name or generic, and what kind of procedures need to be performed," said Floyd "Flip" Roberts, MD, Vice President of Clinical Affairs for the Louisiana Hospital Association. "From a physician standpoint there is a lot of frustration because payers are also trying to get their hands on the levers too. So there is always someone else in the room also trying to pull the right lever...this can be exhausting."

Dr. Roberts, a pulmonary and critical care specialist, noted that for physicians, practicing medicine has become more complicated as information sharing, quality reporting, and documentation standards become more vigorous. He supports the concept, as these requirements are intended to allow all physicians to care for any given patient anywhere, over time, but these new standards come with a price.

"The conversion from volume-based (taking care of ill patients) to value-based medicine (keeping patients healthy, also known as population health management) is a very difficult transition," he said. "There is a burden making sure all these measures are tracked

"80 percent of doctors are in medicine because they have a calling, so they adjust to whatever practice models are necessary to care for patients. This includes the requirement to gather more quality data."

–Floyd "Flip" Roberts, MD, VP, Clinical Affairs, LHA

and reported. But, the medical record plays a very important role in patient care."

For example, he said that when he started practice in 1982 it took about 2.5 employees in the "back" office handling paperwork. With the increase in reporting requirements, staffing has now more than doubled in order for the average medical practice to keep up. This is true for both private and hospital-employed physicians.

The switch from ICD-9 to the ICD-10, which uses more than five times the number of codes, has been a big issue for doctors since it was implemented in October.

Accurate coding is key for hospitals and doctors to get paid.

"These codes are a second language for physicians," Dr. Roberts said. "So learning the new codes has been kind of like learning in French, thinking in English, and then translating back into French."

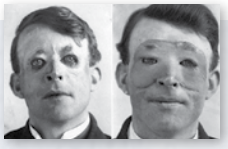
Despite the challenges, the appeal of medicine is strong.

"The really rewarding and fun part of medicine is the relationship with and taking care of the patient," said Dr. Roberts. "But we have to spend so much more time entering information into an electronic record now to tell the story of the patient, documenting for someone else (another doctor, insurance payer or the government)." But, he added, 80 percent of doctors are in medicine because they have a calling, so they adjust to whatever practice models are necessary to care for patients. This includes the requirement to gather more quality data.

"We have a lot fewer arguments about the data now," noted Richard Vath, MD, Senior Vice President and Chief Transformation Officer at Our Lady of the Lake Regional Medical Center. "We had to get past the individual physician view of 'in my experience' when it came to quality metrics. I have, on occasion, had to say to colleagues, 'Look I've known most of you for a long time and I have

Floyd "Flip" Roberts, MD

Richard Vath, MD



1905 Novocain is used as a local anesthetic.

1905-1914 The first non-direct blood transfusion is carried out.

1917 First documented plastic surgery performed, on a burned English sailor.

1940 First metal hip replacement surgery performed.

not read any peer-reviewed articles that say the quality data is controversial.' The data is not perfect, but we can accept it."

This buy-in on a common patient record platform, which includes quality measures, has been key at the Franciscan Missionaries of Our Lady Health System (FMOLHS). On January 1 they officially launched a clinical network, according to Dr. Vath. The network will facilitate the transition to the new healthcare delivery system by providing a common patient record network for physicians statewide.

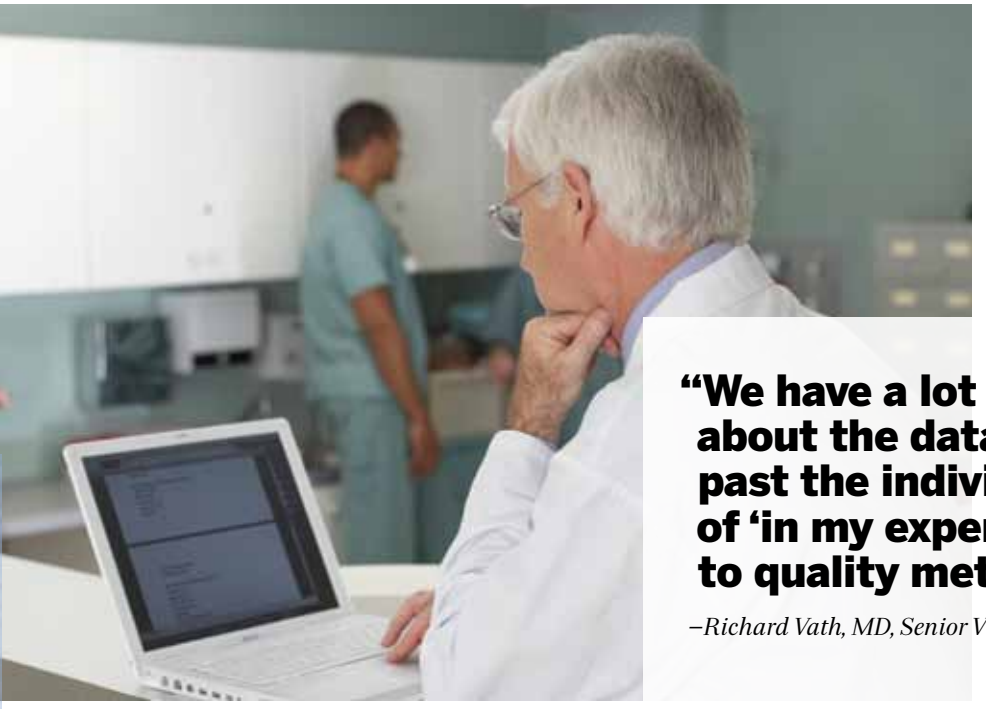
"The system has been laying the guide path for this clinical network for the past six or seven years," Dr. Vath explained. "This includes setting up a community-wide electronic ambulatory record and joint ventures with different community partners, including doctors throughout the state."

According to FMOLHS sources, the clinical network has 21 partnerships with various organizations. These include ambulatory surgical centers, specialty hospitals, outpatient physical therapy, cancer services, and after hours clinics. The statewide network also includes more than 600 providers, including physicians – and it's growing, said Dr. Vath.

While this network is key in helping the medical staff adjust to the new realities of healthcare delivery, it is also very much mission driven.

"We're fortunate to have a very strong mission in our healthcare system," said Dr. Vath. "The Sisters have never been shy or balked about taking care of the under- and uninsured. Expanding coverage for the uninsured has been accepted by our medical staff."

Mission helps – and is even a comfort, especially in Louisiana. The three Louisiana physicians interviewed all mentioned the state's decision not to participate in the Medicaid expansion option under the Affordable Care Plan. To one degree or another, all three noted that the state ranks near the bottom in the country for health and wellness, with high levels of obesity, diabetes, and hypertension. These are all co-morbid, chronic diseases and among the most expensive to treat over time. When such realities are



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–Richard Vath, MD, Senior VP, CTO, OLOLRMC

MIPS

Merit-based Incentive Payment System

"MIPS adds a lot of transparency for quality and costs and penalizes some doctors. It's ominous, as it is not clear how it will operate."

combined with the tough fact that the state still faces a nearly $2 billion budget shortfall,**** the truth is doctors not only have to juggle more balls faster, but do so while the ground is moving under their feet.

"What we have now is a fundamental switch in how to organize and pay for healthcare," noted Joseph Bisordi, MD, executive Vice President and Chief Medical Officer at Ochsner Health System.

He, too, said the transition from volume-based to value-based medicine as driven under federal mandate, including the Affordable Care Act, is a big change. But, he added, the Ochsner system has a good 74-year track record of aligning hospital and physician interests.

"We have some history working under these models. A third of our reimbursement is in capitation or shared-savings insurance models," said Dr. Bisordi.

As an example of how value-based medicine is replacing volume-based (or the old fee-for-service payment system) he cited the quality metric management approach that Ochsner deploys with its diabetes patients. This is historically one of the largest patient segments in the healthcare system. Ochsner has created a registry and reaches out to diabetics. Through a combination of mailers, emails, and phone calls, Ochsner was recently able to get 8,000 patients to reengage in their own care to help better manage their diabetes, such as having their A1C test updated.

"There is a lot of long term benefit for patients and the healthcare system. And by working with our medical staff, we are doing what we need to not just control costs, but improving the quality of care." He stressed that by aligning more than a thousand employed physicians and partnering with many other community-based doctors, it creates a shared approach to make the necessary transition under value-based healthcare delivery.

"We have excellent quality scores and we are controlling costs," added Dr. Bisordi. "We have not yet triggered all the Accountable Care Organizations (ACO) cost-sharing payments. But I think the next round of generation of ACOs will be tweaked to address problems. This is an important direction (in healthcare reimbursement) and we will be successful."

Dr. Vath also said that changing reimbursement models require doctors and hospitals to work together in new ways. Although CMS, which manages Medicare, just announced a pilot project to pay doctors and hospitals in about 70 major metropolitan markets a single lump sum – or bundled payments, the FMOL Health System has been operating under a bundled open heart and total joint bundled model for nearly three years.

"The physicians endorsed this at both the

"What we have now is a fundamental switch in how to organize and pay for healthcare."

–Joseph Bisordi, MD, Executive VP and CMO, Ochsner Health System

1953 First successful surgery using a heart-lung bypass machine.

1960 The first hip replacement surgery is performed.

1962 The first successful re-attachment surgery is performed.

Everett "Red" Knowles is seen here at the age of 12 with his MGH surgical replantation team, led by Dr. Ronald Malt, standing at left.

"Some entities have been doing value-based contracting for a while, but for most it's a new concept. It adds to the anxiety level of doctors because they don't know how it's going to affect their income."

–James Whitfill, MD

quality and financial level," Dr. Vath said. "We've had good shared success on the total joint side and not as much yet on the CABG (open heart) side – but we're learning." He stressed that part of every contract with a physician to provide service is a performance-based metric to align the efforts of the hospital and medical staff.

All this change is likely to serve as a warm-up for one of the biggest looming changes for doctors–how they get paid. James Whitfill, MD, is a nationally recognized expert in health informatics, ACOs, and change transformation. He serves in several capacities that give him insight into this issue. Among other roles, he is Chief Medical Officer at Scottsdale Health Partners in Phoenix, Arizona; President of Lumetis, a consulting company that advises physicians on issues related to the transition from volume-based to value-based medical practices, including IT; and a Clinical Assistant Professor at the University of Arizona College of Medicine in the Department of Internal Medicine and Biomedical Informatics.

"We (physicians) are at a tough crossroads with the whole migration from fee-for-service to fee-for-value," he said. "We're not clear what that looks like for each specialty and physicians don't understand how to plan. Some entities have been doing value-based contracting for a while, but for most it's a new concept. It adds to the anxiety level of doctors because they don't know how it's going to affect their income."

In 2019, payment models for physicians will change dramatically. The model generating the biggest buzz is Merit-based Incentive Payment System, or MIPS. While other alternative payment models will be allowed (including ACOs and bundled care agreements), it's enough to know at this point that it will be a zero-sum gain system. CMS will, in one form or another, pay based on quality, performance, and cost metrics. This means taking money from lower performing physicians to pay higher performing physicians.

"MIPS adds a lot of transparency for quality and costs and penalizes some doctors," said Dr. Whitfill. "It's ominous, as it is not clear how it will operate."

Dr. Whitfill said the transition needs to be taken seriously and work needs to start now. His medical group operated the only MSSP (a type of ACO) in Arizona to receive performance pay in the last fiscal year.

Physicians also have an age-old demon to battle: striking the right balance between the passion of their career and their personal life. This is certainly not getting any easier with the tectonic shift under way in medicine.

"Doctors of my generation have always had a hard time saying enough is enough," said Dr. Roberts with the LHA. "It's an underlying challenge for physicians to try to achieve a decent quality of life, maintain their income, and struggle with the overhead of operating a small business."

His advice to fellow doctors?

"It's important to rely on family, friends, and faith...to cultivate another dimension in your life." ■

SOURCES

*http://www.ama-assn.org/ama/ama-wire/post/top-9-issues-will-affect-physicians-2016
** http://www.medpagetoday.com/Washington-Watch/Washington-Watch/55538?xid=nl_mpt_DHE_2016-01-07&eun=g918885d0r
*** http://healthleadersmedia.com/content/310261.pdf
**** http://www.npr.org/2016/02/04/465452920/in-new-orleans-court-appointed-lawyers-turning-away-suspects

1964 Lasers are first used for eye surgery.

1967 The first heart transplant is carried out by Christiaan Barnard.

1970 The nation's first ambulatory surgery center opens in Phoenix.

RAMIN RAHIMIAN FOR PROPUBLICA

Small-Scale Violations of Medical Privacy Often Cause the Most Harm

Breaches that expose the health details of just a patient or two are proliferating nationwide. Regulators focus on larger privacy violations and rarely take action on small ones, despite the harm.

By **Charles Ornstein**, *ProPublica, Dec. 10, 2015*

"PPL WORLD WIDE," the Facebook post shouted, using text-speak for the word "people." "FRANCES ... IS HPV POSITIVE!"

The public missive from January 2014 gave Frances' full name, along with the revelation that she had human papillomavirus, a sexually transmitted disease that can cause genital warts and cancer. It also included her date of birth and ended with a plea to friends: "PLZ HELP EXPOSE THIS HOE!"

Within hours, a friend told Frances that a former high school pal who lived near her in northwest Indiana had shared a secret that only her family and a former boyfriend knew, she later said.

"My heart fell to my stomach," said Frances, a dental assistant in her late 20s who asked that her last name not be used. "I started crying immediately."

The Facebook poster was a patient care technician at the local hospital where Frances was treated, but the two were no longer friends.

Frances complained to a nursing supervisor at the hospital, which sent her a letter of apology in March 2014. "Please know that we take these types of situations very seriously," the letter said. "We did take action in accordance with our policies and procedures," although it did not specify what had been done.

Under the federal law known as HIPAA, it's illegal for health care providers to share patients' treatment information without their permission. The Office for Civil Rights, the arm of the Department of Health and Human Services responsible for enforcing the law, receives more than 30,000 reports about privacy violations each year.

The bulk of the government's enforcement – and the public's attention – has focused on a small number of splashy cases in which hackers or thieves have accessed the health data of large groups of people. But the damage done in these mass breaches has been mostly hypothetical, with much information exposed, but little exploited.

As Frances discovered, it's often little-noticed smaller-scale violations of medical privacy – the ones that affect only one or two people – that inflict the most harm.

Driven by personal animus, jealousy or a desire for retribution, small breaches involving sensitive health details are spurring disputes and legal battles across the country:

In Tampa, Florida, a nurse snooped in the medical records of

ProPublica is exploring how patient privacy violations are affecting patients and the medical care they receive. This story was co-produced with NPR.

Peter Brabeck at his home near Carmel, California.

her nephew's partner, learned that she had delivered a baby and had put the child up for adoption. She gave a printout to another family member, and the secret was announced at a family funeral in 2013, the *Tampa Bay Times* reported. The niece complained to the hospital; the nurse admitted what she did, was fired and relinquished her Florida nursing license.

A New Jersey woman sued a local hospital this fall, alleging that one of its employees shared details about her 11-year-old son's attempted suicide with people at his school. The boy was subsequently "bullied by his peers, called names and made fun of," her lawsuit says.

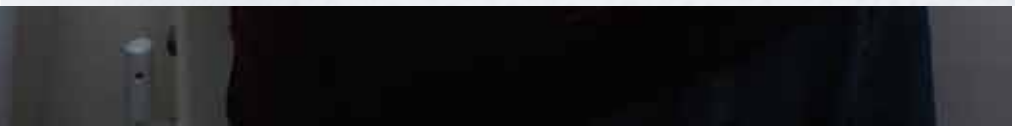
And in South Carolina, prosecutors allege that lawyers were illegally given information from the state's prescription drug monitoring program database to gain an edge in family court cases. A pharmacist and drug screener were indicted in August for conspiring to violate the rules governing the database; the pharmacist also was accused of disclosing data on prescriptions for controlled substances. The men have pleaded not guilty.

"...protecting your privacy, is part of what it is to be a doctor. It's part of your oath, it's part of your duty."

1975 First organ surgery performed using laparoscopic, or minimally invasive, technique.

1981 First open fetal operation performed.

1985 First robot-assisted surgical procedure performed.



Even when small privacy violations have real consequences, the federal Office for Civil Rights rarely punishes health care providers for them. Instead, it typically settles for pledges to fix any problems and issues reminders of what the Health Insurance Portability and Accountability Act requires. It doesn't even tell the public which health providers have reported small breaches – or how many.

Tami Matteson, a California high school teacher, complained to the agency in September 2013 after learning that her ex-husband's new wife, who worked as a medical records clerk at the local hospital, had looked at her records more than a dozen times over three years. It turned out the worker also snooped in other people's records, too.

But OCR decided not to sanction Northern Inyo Hospital after it terminated the clerk, sent privacy reminders to staff, increased its audits and instituted new policies. The hospital's compliance officer declined to comment to ProPublica but said in a court filing that the incident may have caused patients to lose confidence in the rural hospital.

Even though the clerk lost her job and pleaded guilty to a misdemeanor criminal charge, and even though the hospital paid Matteson $25,000 to resolve her legal claim, she said she still can't get over what happened. It has undermined her trust in doctors and the entire medical establishment, she said.

"HIPAA did nothing for me – not one thing," Matteson said. "I no longer can go to the doctor and feel safe or comfortable."

Asked about some of the privacy violations highlighted in this report, OCR Director Jocelyn Samuels called them "heartbreaking stories" and "the kinds of harm that HIPAA is intended to address."

She insisted her agency isn't afraid to pursue formal sanctions when they are warranted, but said its primary role is helping health providers to follow the law. "Our preference is always to promote voluntary compliance," Samuels said.

For patients, Samuels' agency is usually the only place they can seek vindication. HIPAA does not give people the right to sue for damages if their privacy is violated. Patients who seek legal redress must find another cause of action, which is easier in some states than others.

After being attacked on Facebook, Frances contacted Indianapolis lawyer Neal Eggeson. He had won jury verdicts for people whose medical information was improperly disclosed. Eggeson contacted the hospital and, without filing suit, secured a confidential settlement for Frances. (He asked that the facility not be named in this story.) Frances' former friend no longer works there, she said.

Frances said she still hasn't fully recovered. She sees a therapist and has a hard time trusting others.

"It's hard to even still deal with it," she said. "I'll spend that extra gas money to go into another city to do grocery shopping or stuff like that just so I don't have to see anybody from around the neighborhood."

A.J. MAST FOR PROPUBLICA

> "HIPAA DID NOTHING FOR ME - NOT ONE THING."

FROM INSURANCE DEFENSE TO PRIVACY OFFENSE

Eggeson, a litigator, was defending insurance companies in car accident cases when a "friend of a friend of a friend" referred a young man to him. The man, who is HIV positive, had been sued over a $326 debt by the medical group that had been treating him. The group's court filing gave the man's name, home address, Social Security number and date of birth – and included a

1987 The first heart and lung transplant is carried out.

2000 da Vinci robotic surgical system wins U.S. Food and Drug Administration approval.

2007 First natural orifice translumenal endoscopic surgery performed. This technique uses a natural body opening, such as the mouth, to insert instruments and minimize recovery times.

"The vast majority of people who come through my door honestly are upset that no one has stepped up to the plate and said that what happened to you was wrong. If the health care provider isn't going to give them that satisfaction, then maybe a jury will."

– NEAL EGGESON

billing statement containing the phrase "Last Diagnosis: HIV."

"His first concern was getting the court record sealed, more than anything else," Eggeson said. "I don't think he had any designs or visions beyond that."

A jury awarded the man $1.25 million.

After that victory, Eggeson represented Abigail Hinchy, who alleged that a Walgreens pharmacist had snooped in her prescription records and shared the information with the father of Hinchy's child (the man was dating and later married the pharmacist). Among the data shared: Hinchy had stopped taking birth control pills shortly before she became pregnant. A jury ordered Walgreens and the pharmacist to pay Hinchy $1.44 million.

A state appeals court upheld the award last year, saying trial evidence showed the man used Hinchy's information to berate her for "getting pregnant on purpose" and extorted her "by threatening to release the details of her prescription usage to her family unless she abandoned her paternity lawsuit." A copy of Walgreens' check is framed on the wall of Eggeson's home office, not far from his life-sized Batman costume and Star Wars lightsabers.

In 2008, Eggeson stopped handling insurance work altogether to devote himself to privacy cases.

"The vast majority of people who come through my door honestly are upset that no one has stepped up to the plate and said that what happened to you was wrong," he said. "If the health care provider isn't going to give them that satisfaction, then maybe a jury will."

Among Eggeson's current clients is a couple who claim that when their son was in an ATV accident this August, a hospital worker posted a comment on Facebook before the hospital had told them the teen had died. Panicked relatives who saw the post began calling his parents for updates, adding stress to an already wrenching time.

"It wouldn't have changed the outcome," said John Stuck, the boy's father, "but just the feeling of what in the heck, what do they know that we don't, that's what freaked me out I think the most."

Eggeson said he's handling about a dozen cases. He turns away far more, mostly because he's a solo practitioner with limited bandwidth and isn't licensed in other states.

He shared a 17-page list of the calls and emails he's received since mid-2013, including a sentence or two about each but no identifying information. Among them: A Massachusetts woman whose ex-sister-in-law accessed the patient's infectious disease records, told relatives and posted it on Twitter, and a whistleblower at the U.S. Department of Veterans Affairs who contends her own medical records were accessed hundreds of times in retaliation.

When Eggeson files lawsuits, he argues that privacy breaches amount to medical malpractice.

"My argument has been that protecting the confidentiality of your protected health information, protecting your privacy, is part of what it is to be a doctor," he said. "It's part of your oath, it's part of your duty."

While Indiana courts have been receptive to such arguments, courts in Ohio, Minnesota and other states have ruled that health providers are not liable for the actions of workers who snoop in medical records outside the scope of their jobs.

A federal court in New York rejected a claim against the Guthrie Clinic, where a nurse accessed records of a man being treated for an STD after recognizing him as her sister-in-law's boyfriend. While the man was awaiting treatment, the nurse sent at least six text messages to her sister-in-law informing her of his condition. The man, identified in court records as John Doe, complained to the clinic's administrator and the nurse was fired, but a judge ruled the clinic couldn't be held responsible for her actions.

"There is no evidence or allegation that [the nurse] took such steps on behalf of the clinic, or with the clinic's authorization," U.S. District Judge Michael Telesca wrote in 2012, dismissing the case. A federal appeals court

upheld the ruling.

This summer, a Los Angeles jury ruled against a patient who sued UCLA and the Regents of the University of California after a romantic rival accessed and shared her medical records. The rival was a temporary worker in the office of a private practice physician affiliated with UCLA's Santa Monica hospital. The doctor acknowledged improperly sharing his password and settled his part of the lawsuit.

UCLA maintained that it had taken adequate steps to protect patient privacy and that it should not be held liable for doctors and employees who break the rules. "We are pleased that the jury recognized that UCLA Health System's policies concerning electronic medical records strike the right balance between protecting patient privacy and providing our patients with world-class medical care," it said in a statement after the verdict. UCLA declined further comment.

J. Bernard Alexander III, the plaintiff's lawyer, said UCLA's privacy protections weren't enough to catch violators unless patients complained. "If you aren't checking to find out if there was a breach, you aren't going to find it."

Eggeson said it's distressing that more states aren't like Indiana.

"Privacy protections should be the same regardless of what state you're in," he said. "There is something wrong with an employer providing the means, providing the access, and providing the tools by which an employee can commit this crime and then being able to hold up their hands and say, 'It's not our fault.'"

The Medical Board of California accused Peter Brabeck's doctor in 2011 of overprescribing him controlled substances. Afterward, Brabeck learned the doctor had hired a private investigator to look into him and gave him Brabeck's medical records.
(Ramin Rahimian for ProPublica)

SMALL BREACHES GET LESS ATTENTION

The vast majority of the Office for Civil Rights' enforcement work has been directed at large-scale medical data breaches, whether or not they result in any demonstrable real-world harm.

Health providers are required to notify the office within 60 days of breaches affecting at least 500 people and also must share details with the media and contact those potentially affected. OCR's website makes public a list of these cases, highlighting them on what industry insiders dub the Wall of Shame.

Several massive breaches have come to light recently. Last February, Anthem Inc. disclosed that hackers had accessed records of nearly 80 million people. The following month, Premera Blue Cross, based in the Pacific Northwest, disclosed that a similar cyberattack had exposed the records of some 11 million people.

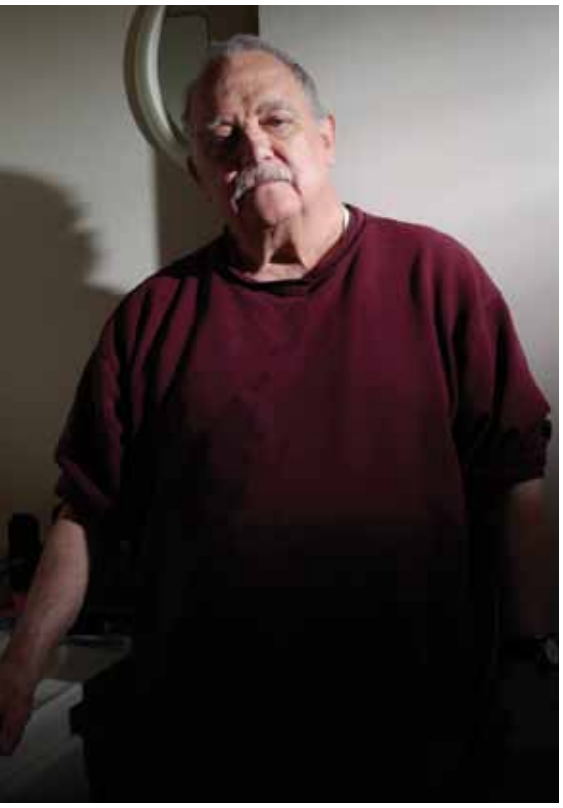
OCR is investigating these cases – and similar ones – though the companies say there's been no evidence that victims' data has been shared or exploited.

Rarely do small privacy breaches get

2008 A laser is used in keyhole surgery to treat brain cancer.

2010 First full face transplant is performed in Spain.

2011 The first leg transplant is carried out.



"Here we have not only a gross violation of [HIPAA] laws protecting the confidentiality of every patient's medical history, but in my mind far worse. Here is a deliberate attempt, born of vengeance, with malice aforethought to inflict great harm on his own patient."

– PETER BRABECK

anywhere near the same attention, except when they involve celebrities or high-profile individuals.

Organizations only have to report them to OCR once a year. Even then, the agency doesn't post them online and HHS has rejected requests under the Freedom of Information Act for information about them.

HHS is supposed to submit annual reports to Congress about the number and nature of medical privacy breaches and the actions it has taken in response. But the department actually submits such reports every two years and its most recent one covered 2011 and 2012. OCR says another report will be coming soon.

Since 2009, OCR has received information about 1,400 large breaches. During the same time, more than 181,000 breaches affecting fewer than 500 individuals have been reported.

The agency has levied only a few fines for HIPAA violations that involved a small numbers of people. Among them: In 2008, UCLA Health System agreed to pay $865,500 for failing to protect the privacy of two celebrity patients. And in 2013, Shasta Regional Medical Center in California paid $275,000 for sharing medical information with news organizations and employees about a patient who was featured in a news article alleging potential Medicare fraud.

In September, the HHS inspector general issued a pair of reports that criticized the Office for Civil Rights, including its handling of small breaches. The inspector general said OCR did not investigate the small breaches reported to it or log them in its tracking system.

"OCR does not record that information and therefore it's not available for staff to be able to look over time" for repeat offenders, said Blaine Collins, regional inspector general for evaluation and inspections in San Francisco. "Boy, that's critical for monitoring and oversight."

Samuels said that her agency is implementing the inspector general's recommendations to improve oversight. "We are constantly looking for ways to better serve the public and improve our operations," she said.

'AN ACT OF VENGEANCE AND RETALIATION'

Peter Brabeck, a 73-year-old retired petrophysicist who worked for the oil giant BP, turned to OCR in September 2011 when he found himself in the midst of a nightmare.

It began a year earlier when Brabeck's brother complained to the Medical Board of California that Dr. Steven Mangar, a pain doctor in Salinas, California, had overprescribed controlled substances to Peter. The medical board accused Mangar of prescribing drugs without examining Peter Brabeck and sought to take disciplinary action against his license.

Mangar reacted by hiring a private investigator to dig up dirt on Brabeck – and gave the investigator all of Brabeck's medical records. When Mangar refused to pay the investigator, he approached Brabeck's brother and showed him the records. The investigator then offered to sell the records to Peter Brabeck, who within days complained to the Office for Civil Rights.

"Here we have not only a gross violation of [HIPAA] laws protecting the confidentiality of every patient's medical history, but in my mind far worse," Brabeck wrote in his complaint. "Here is a deliberate attempt, born of vengeance, with malice aforethought to inflict great harm on his own patient."

Two years later, the Office for Civil Rights wrote back, saying it was "pleased to inform" Brabeck that his complaint has been resolved. It said it had provided Mangar's clinic, the Pacific Pain Care Institute, with guidance on how to comply with privacy rules. It said Mangar had acknowledged that he "impermissibly disclosed" Brabeck's personal health information to the private investigator.

OCR also said that Mangar had agreed to provide Brabeck with free credit monitoring.

"Based on the foregoing, OCR is closing this case without further action," the letter said.

Brabeck, who lives near Carmel, California, said he never actually received the credit monitoring. More importantly, he was left with a sense that the agency didn't take his case seriously.

"I made very clear in my letter that it was an act of vengeance and retaliation," he said. "That's why I was so surprised at how lightly they dismissed the whole thing."

Even the private investigator who asked Brabeck's brother for money was surprised by the outcome of the case.

"In all my years in the business, I never experienced anything like that where a complete file was turned over," said Dan Taubman, who said he is still owed $6,800 by Mangar. "He didn't care who he hurt or burned."

Mangar did not return calls for comment. California's medical board placed his license on probation in 2012 and is now seeking to revoke it, saying he violated his probation and provided negligent care to other patients. Earlier this year, federal and state investigators served search warrants at Mangar's office and home. Monterey County Deputy District Attorney Amy Patterson said Brabeck's concerns are part of a much broader investigation that she could not discuss because it is ongoing.

OCR director Samuels said Brabeck's case pre-dated her arrival at the agency. But she said it was consistent with "our general principles" in terms of the nature of the injury, the number of individuals affected and a provider's lack of prior HIPAA violations. She also said the doctor agreed to apologize, which "can be very powerful in terms of remedying the damage that has been done."

Brabeck said he didn't get an apology: "No. Absolutely not."

WARNING EMPLOYEES BEFORE THEY SNOOP

Cedars-Sinai Medical Center in Los Angeles is trying to stop privacy breaches before they happen. Known for its celebrity clientele – its board of directors includes Barbra Streisand and Steven Spielberg – Cedars-Sinai has dealt repeatedly with employees trying to access records they have no business seeing.

In July 2013, the hospital fired six people who inappropriately accessed patient records, reportedly including those of reality TV star Kim Kardashian, who had given birth at the hospital to her daughter with rapper Kanye West.

The hospital fired three employees and took corrective action against three other people last year for inappropriately accessing patient information; it terminated two more workers this year, spokesman Richard Elbaum said.

Like other hospitals, Cedars-Sinai's electronic medical records system has a feature known as "break the glass." When an employee attempts to access information on high-profile patients, the system asks for a reason and requires the employee to re-enter his or her password.

That generally works, but such a warning isn't in place for every record, in part because officials in the information security world fear it would be ignored if it were seen merely as a second password requirement. For typical patients, it generally takes a complaint to trigger a review of the transaction log to see if anybody inappropriately accessed a record.

Cedars-Sinai is working with security specialists to augment its first layer of protection. Its goal: To create a warning system that generates automatic alerts based on pattern recognition, akin to what credit-card companies use to flag suspicious transactions.

The system will sift through the hospital network's traffic, looking for unusual activity. It might flag an obstetrician/gynecologist looking at the records of male patients or a staff member who looks at six medical records in quick succession. It might notice a staff member looking at the records of a neighbor. Or it might recognize that one staffer has looked at 20,000 records in a month when peers only viewed 3,000.

"Maybe they deserve a raise – or something is awry," said Darren Dworkin, chief information officer at Cedars-Sinai Health System.

Cedars-Sinai, the largest acute-care hospital in California, hopes to make the system live within the next six months. Cedars-Sinai and Dworkin have received a patent on the idea.

"Rather than have to report to a patient I'm sorry this happened, wouldn't it be better if we had real-time tools that asked you, 'Are you sure you want to do this?' Maybe sometimes that gentle reminder can stop something before it happens," Dworkin said.

One day, Dworkin said, such technology could become routine in health care – and organizations could be fined for not using it. "I can see a time when this stuff becomes the standard operating procedure," he said. "I hope it does." ■

NPR reporter Alison Kodjak contributed to this report.

2012 The first womb transplant is carried out.

2013 ACS NSQIP® releases Surgical Risk Calculator.

2012 Nerve transfer surgery enables quadriplegic to regain partial use of hand.

*FOR TIMELINE SOURCES PLEASE SEE PAGE 66

NFL PLAYER CARE FOUNDATION SIGNS TULANE

Tulane University School of Medicine has been named the official screening partner for the NFL Player Care Foundation's Healthy Body and Mind Screening Program, a national program, held with the support of the NFL Alumni Association, that offers free medical evaluations and mental health resources to former NFL players.

The NFL Player Care Foundation hosts up to 10 screenings each year across the country in NFL team cities and at regional events that attract large numbers of retired players such as Pro Football Hall of Fame Week and the NFL Players Association and NFL Alumni Annual Meetings. The screenings are offered as part of the NFL Player Care Foundation's research programs, which help to advance public awareness and scientific understanding of health issues that affect former NFL players.

ABOVE Dr. Gregory Stewart (left) greets registrants at a recent health screening for retired NFL players held at Tulane Institute for Sports Medicine (Photo by Ryan Rivet).

HealthcareBriefs

STATE

Department Kicks Off OYOH Challenge

The Louisiana Department of Health and Hospital's (DHH) Bureau of Minority Health Access and Promotions and the Governor's Council on Physical Fitness and Sports commenced the Own Your Own Health (OYOH) Challenge on Monday, January 25th.

OYOH is a comprehensive health program designed to empower Louisianans to become active participants in their own health and healthcare through healthy eating and activity and an overall healthy lifestyle. The OYOH 3-Month Wellness Challenge, which runs from January 25 - April 25, motivates participants to work individually or as a team to implement small changes that lead to living a healthier lifestyle. The challenge includes smaller fitness challenges such as counting steps.

Registration is open to the public. Incentives for participation in a challenge include spa packages, New Orleans Pelicans tickets, workout passes, gift cards, and Fit Bits.

To register for the challenge or for more information on the program, visit the OYOH website at www.oyohla.com, or call (225) 342-4886.

ABMS Approves LAMMICO Online CME Courses

LAMMICO announced that it is the first provider of Continuing Medical Education (CME) in Louisiana to be included in the Maintenance of Certification (MOC) list of CME approved by the American Board of Medical Specialties (ABMS).

Physicians are required to maintain their certifications through one of the 24 approved medical specialty boards of the ABMS through MOC-approved CME to demonstrate their medical specialty knowledge and commitment to lifelong learning.

Responding to the ABMS' call for MOC activities, LAMMICO submitted several online courses made available through a subsidiary, Medical Interactive (MI), this summer. As a result of this first phase of MOC directory development, more than a dozen medical specialty boards have approved nearly 70 LAMMICO courses.

LAMMICO is now providing ACCME-accredited CME that may also qualify for specialty-specific MOC certification needs. Scrolling down to the bottom of the white paper will help doctors determine the following:

- CME credit value
- State licensing requirements
- Maintenance of Certification Approval Statement with a list of Member Board approval

MI further optimizes ease of navigation to help physicians find MOC-approved courses by featuring an orange button entitled "MOC Approved" in the right-hand navigation pane of their website. Physicians need only click the MOC button to access the most up-to-date list of board-approved courses.

Partnerships Help Keep Costs Down

The first year's results from Blue Cross and Blue Shield of Louisiana's newest Quality Blue program show that it is increasing healthcare quality and lowering costs. The program, called Quality Blue Value Partnerships, offers incentives to physician groups for improving the quality and reducing the cost of the care they provide. Most participating physician groups successfully cut spending and improved healthcare quality. On average, they saved 1.7% in their total healthcare costs. The most successful groups saved 3.8% on average.

Even more promising, the physician groups with the best health outcomes for their patients had the highest total savings.

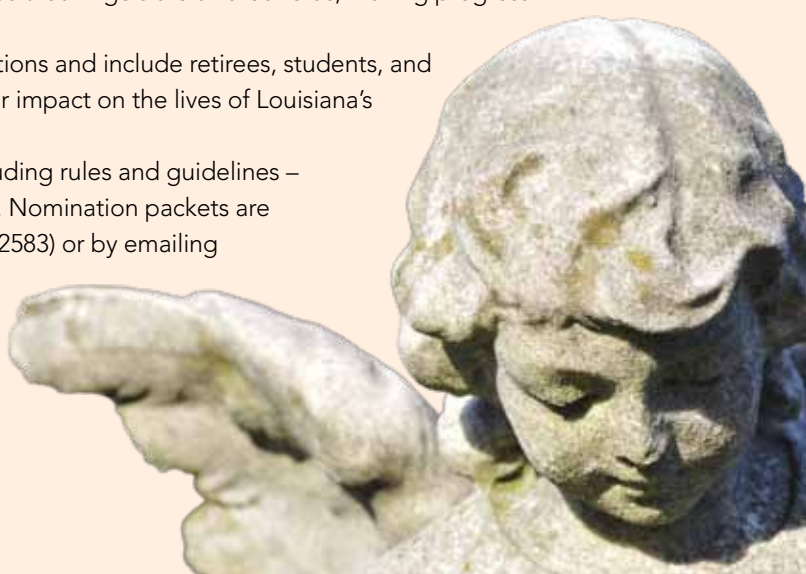
BLUE CROSS FOUNDATION SEEKS ANGELS

The Blue Cross and Blue Shield of Louisiana Foundation is seeking nominations for the 2016 Angel Awards through Friday, April 8, 2016. Now in its twenty-first year, The Angel Award® program recognizes Louisiana volunteers who perform extraordinary work for children in need. The Foundation will also make a $20,000 grant to the Louisiana-based charity represented by each honoree.

According to Foundation President Michael Tipton, The Angel Awards have recognized more than 160 Angels in almost every imaginable walk of life since 1995. "If you know someone doing good work, it doesn't matter whether they have a big title or a long legacy. Our experience has taught us that Angels are all around us, making progress in changing the lives of children," he said.

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

If you know an Angel, you can find more information – including rules and guidelines – and a nomination form online at www.ourhomelouisiana.org. Nomination packets are also available by calling toll-free 1-888-219-BLUE (1-888-219-2583) or by emailing Angel.Award@bcbsla.com. Nominators are encouraged to send supplemental information in support of the nomination, including testimonial letters, brochures, news articles, photos and videos. (Please note: These materials cannot be returned.)



Blue Cross launched the Value Partnerships arm of Quality Blue in 2014. Five physician groups, called Accountable Care Organizations (ACOs), participated. The ACOs were Baton Rouge Clinic, Baton Rouge General Physicians Group, Gulf South Quality Network, Ochsner Health Network, and West Calcasieu Virtual Medical Home. These ACOs provide care for more than 130,000 Blue Cross customers.

Blue Cross provided the ACOs with technical and analytical support and paid for them to access an online 3M® dashboard. ACOs could use the dashboard to review their total cost of care data, look for ways to use resources more effectively, and meet defined quality benchmarks that help them keep healthcare costs in line.

The results are based on savings the ACOs achieved in the first year of the program. Blue Cross is rewarding the ACOs that saved on their overall healthcare spending by paying them a percentage of those savings.

Three more ACOs have signed on to participate in this part of the Quality Blue program for the second year: Health Leaders Network, which includes Our Lady of the Lake, St. Elizabeth, Our Lady of Lourdes, St. Francis and Our Lady of the Angels, The Family Doctors in Shreveport, and Willis Knighton Health System.

Study Says Bayou Health Saved Millions in 2015

According to a new study released by the Louisiana Association of Health Plans (LAHP), the five Bayou Health Medicaid managed care organizations (MCOs) have saved Louisiana nearly $440 million in 2015 when compared with what the state would have paid under the old fee-for-service model.

The study, which was performed by Wakely Consulting Group, concludes that the managed care organizations are operating efficiently and producing significant savings when compared to the costs that DHH would have incurred under the old, fee-for-service program.

The Wakely study indicates a Bayou Health savings range from 6.7 percent, or $250 million, to 11.2 percent, or $437 million. The study was conducted by members of the American Academy of Actuaries and is actuarially sound.

National Registry of EMTs Hosts First 2016 Workshop in LA

Nationally known Paramedic Program Directors from across the U.S., from Maine to California, and Louisiana gathered at Acadian's National EMS Academy (NEMSA) to teach EMS instructors on the new approach to national registry testing for paramedics.

The National Registry of EMTs has been active in developing this testing process since 2008. The registry asked and received input from various schools and paramedic program directors across the nation, and had dozens of workshops to refine the new processes.

Acadian's EMS program has been heavily involved in the research of the new testing and for this reason, was chosen for the first 2016 workshop.

Hoda Kotb and LSU Nursing Share Journeys
L to R: Julie Holtzman, Chelsea Mahoney, Hoda Kotb, Dr. Demetrius Porche, Dean of the LSU Health New Orleans School of Nursing, Ceile Valerio, Lauren Cazayoux, and Lauren Williams, students in the Career Alternative RN Education (CARE) Program at the LSU Health New Orleans School of Nursing.

LOCAL

Hoda Kotb and LSU Nursing Share Journeys

The LSU Health New Orleans School of Nursing, home of the Career Alternative RN Education (CARE) Program, recently hosted Today Show Co-anchor and beloved former New Orleans television news anchor Hoda Kotb.

WHERE WE BELONG: Journeys That Show Us The Way, the latest book by Kotb, who is also a *New York Times* best-selling author, has just hit

the shelves. It is a collection of stories about individuals who realized their paths in life were either veering off in a completely new direction or getting too far off course from where they knew they belonged. By following their passions, heeding their gut feelings and listening to their hearts, these people learned how fulfilling life could truly be – just like the LSU Health New Orleans CARE nursing students.

The LSU Health New Orleans School of Nursing CARE program is designed for individuals who have earned a Bachelor's Degree from an accredited college or university in any field, but who have realized their hearts really lie in helping people heal and optimize their health as nurses. This accelerated track of study, completed in less than two years, leads to a Bachelor of Science in Nursing degree. It is one of the programs offered by the only nursing school in Louisiana within an academic health sciences center.

Kotb discussed her book, sharing the stories behind the stories at the event, sponsored by the LSU Health New Orleans Foundation. She also told the audience of nursing professionals, community partners, and leaders, along with Health Sciences Center faculty, staff and students, about her own personal journey.

GIFTED Healthcare Appoints New VP of Recruitment

GIFTED Healthcare announced that Thomas W. Miller has joined the growing company to further develop their client retention, account growth, and order fulfillment. Miller comes with a wealth of experience within the staffing industry, having spent the last five years at Fastaff Travel Nursing where he was instrumental in developing key relationships and acquiring numerous large-scale accounts. His previous experience includes various achievements including the implementation of formal client-centric sales strategies, the creation of VMS/MSPs with priority clients, and the development of innovative new lead generation tactics.

Eye Bank Plans Gift of Sight Event

On Saturday, March 19, 2016, Southern Eye Bank will host the 8th Annual Gift of Sight Celebration at the Audubon Zoo's Corporate Picnic Pavilion. The Celebration will start at 11:00 am and end at 3:00 pm. Activities, including picnic style fare, bounce house, face painting, and arts and crafts, will be held throughout the day. At 2:00 pm a donor's family member and a corneal transplant recipient will present a butterfly release commencement ceremony. In addition, attendees will have access to the Audubon Zoo and its many attractions.

"Legacy quilts," compromised of individual quilt squares submitted to Southern Eye Bank by donor families, will also be on display. Each square is uniquely personalized and touching. The quilts showcase the heartfelt gratitude that is felt by all recipients and the overwhelming sense of generosity of our donor families. Due to the anonymity involved in corneal donation, many donor families do not receive letters from the recipients of their loved one's gift of sight.

Southern Eye Bank has designed a "gratitude quilt" that has been crafted with letters of thanks to donor families as a symbol of the collective gratitude felt by the recipient community.

Southern Eye Bank, a non-profit organization, was founded in 1947. For more than 66 years, the organization has recovered, evaluated and distributed ocular tissue to more than 40,000 individuals in need of a corneal transplant. 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.

Hardy Named President, CEO, Peak Performance Physicians

John W. McDaniel, MHA, Founder and Chairman of Peak Performance Physicians, LLC recently announced the appointment of Rob T. Hardy, MHA, FACHE, CMPE as President and Chief Executive Officer.

Board Certified by both the American College of Healthcare Executives and the American College of Medical Practice Executives, Hardy is currently working in the physician practice management industry, helping physicians and administrators make sense of the ever-changing world of modern healthcare.

Carpenter Health Announces New Medical Director

Dr. Amy Himel has been named medical director of STAT Home Health, AIM Palliative Home Health, and St. Joseph Hospice in the New Orleans service area of The Carpenter Health Network.

A member of the American Board of Internal Medicine, the Gulf State Quality Network and the Pulmonary Service Line Performance Improvement Committee, Himel has served as an instructor and hospitalist at the LSU School of Medicine, Tulane University Student Health Center, East Jefferson General Hospital in Metairie, and the Lallie Kemp Medical Center in Independence. She also served in private practice.

As medical director for The Carpenter Health Network, Himel provides guidance and leadership to the clinical team on utilization review, quality assurance, and medical protocol. She also oversees documentation and patient care planning.

Amy Himel, MD

Nicolas G. Bazan, MD, PhD

Healthcare Startup Secures Investment

Compliance Partners, a healthcare compliance service and technology firm, has announced that it secured an investment from the Louisiana–based Healthcare Innovation Fund. The Healthcare Innovation Fund invests in growth-oriented healthcare technology companies that share the mission of improving healthcare delivery within local communities.

Compliance Partners delivers customized, comprehensive healthcare compliance services utilizing ComplyTrack technology, an industry leading enterprise-level risk and compliance software from Wolters Kluwer. Created expressly for the needs of healthcare organizations by two groups known for their deep knowledge of this market and its needs, this solution will empower organizations to keep up with complex and rapidly changing regulations. Compliance Partners will use the investment to accelerate expansion efforts and launch new service lines to improve healthcare compliance management within healthcare organizations across the Southeast and Texas.

New guidelines and rules created by the Patient Protection and Affordable Care Act (ACA) have created challenges for healthcare organizations throughout the country, particularly when it comes to compliance, risk, and quality. Healthcare organizations of all sizes must manage and stay up-to-date with these regulatory changes in order to avoid major penalties for non-compliance. This new solution, which leverages industry leading enterprise-level risk and compliance software from Wolters Kluwer and managed via Compliance Partners' holistic approach to compliance and risk management, will help fill resource gaps by providing the ongoing advisory support and customized compliance capabilities healthcare organizations need to stay informed and remain audit-ready.

As the only professional services firm in the nation authorized to implement and provide professional services built on ComplyTrack's technology platform, Compliance Partners makes compliance and risk management accessible to small and mid-sized healthcare organizations.

Bazan Awarded International Gradle Medal

Nicolas G. Bazan, MD, PhD, Professor and Director of the Neuroscience Center of Excellence at LSU Health New Orleans School of Medicine, has been selected as the recipient of the 2016 Gradle Medal.

As a preeminent researcher who has become a primary source of information about blinding eye and neurodegenerative diseases through his breakthrough discoveries, Dr. Bazan has served as a mentor to develop next generations of ophthalmologists and neuroscientists.

This award recognizes his good teaching and leadership in training future leaders of ophthalmology. The medal was presented to Dr. Bazan by the Pan-American Association of Ophthalmology (PAAO) at the World Ophthalmology Congress in February, in Guadalajara, Mexico.

Researchers Develop Non-addictive Morphine Alternative

Researchers at Tulane University and Southeast Louisiana Veterans Health Care System have developed a painkiller that is as strong as morphine but isn't likely to be addictive and with fewer side effects, according to a new study in the journal *Neuropharmacology*.

Using rats, scientists compared several engineered variants of the neurochemical endomorphin, which is found naturally in the body, to morphine to measure their effectiveness and side effects. The peptide-based drugs target the same pain-relieving opioid receptor as morphine.

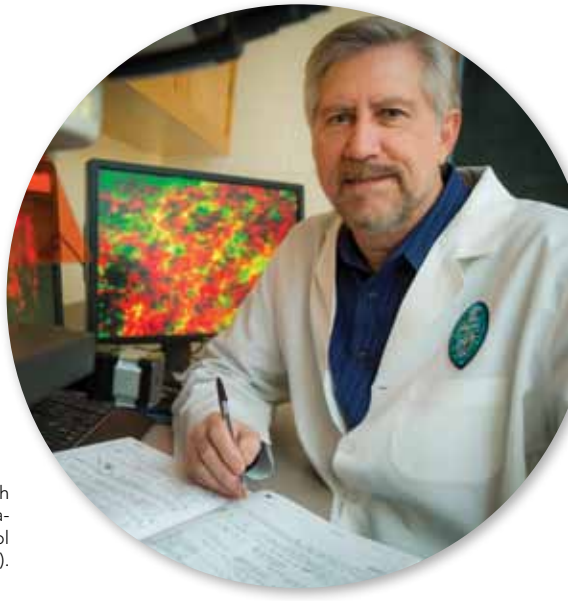
"It's unprecedented for a peptide to deliver such powerful pain relief with so few side effects," said lead investigator James Zadina, VA senior research career scientist and professor of medicine, pharmacology, and neuroscience at Tulane University School of Medicine.

In the study, the new endomorphin drug produced longer pain relief without substantially slowing breathing in rats; a similarly potent dosage of morphine produced significant respiratory depression. Impairment of motor coordination, which can be of particular importance to older adults, was significant after morphine but not with the endomorphin drug.

The new drug produced far less tolerance than morphine and did not produce spinal glial cell activation, an inflammatory effect of morphine known to contribute to tolerance.

Scientists conducted several experiments to test whether the drug would be addictive. One showed that although rats would spend more time in a compartment where they had received morphine, the new drug did not affect this behavior. Another test showed that when the press of a bar produced an infusion of drug, the rats only increased efforts to obtain morphine and not the new drug. The tests are predictive of human drug abuse, Zadina said.

Researchers hope to begin human clinical trials of the new drug within the next two years. ■



Lead investigator James Zadina, VA senior research career scientist and professor of medicine, pharmacology and neuroscience at Tulane University School of Medicine (Photo by Paula Burch Celentano).

Since Congress passed the Health Information Technology for Economic and Clinical Health (HITECH) Act in 2009, most states, not unlike our own, have worked to develop robust health IT infrastructures that support the secure, timely, and efficient exchange of patient data to ensure coordinated, quality care for patients.

Data Blocking: Disrupting The Data Flow

THESE EFFORTS HAVE YIELDED tremendous increases in health IT adoption and implementation across the country: the Office of the National Coordinator of Health Information Technology (ONC) reports that as of April 2015, more than 75 percent of eligible providers and nine out of 10 eligible hospitals have received incentive payments for the meaningful use of certified health IT, and that more than 60 percent of hospitals have electronically exchanged patient data with providers outside their organization.

Here in Louisiana, as of October 2015, 92 percent of Primary Care Providers (PCPs) and 90 percent of the state's Critical Access and rural hospitals enrolled with the Regional Extension Center (REC) for EHR implementation services have demonstrated Meaningful Use – well above the national average. The statewide health information exchange (HIE) now boasts more than 300 participants - including more than 60 percent of the state's hospitals - across the spectrum of care, touches more than four million patient lives, and features unique analytical functions that allow providers to mine their data to drive quality outcomes.

Unfortunately, the incredible infrastructure we've built across the nation and here in Louisiana remains somewhat hindered by "data blocking." ONC describes data blocking as a practice in which "persons or entities knowingly and unreasonably interfere with the exchange or use of electronic health information," and reports that it is an issue that "frustrates the national information sharing goal."

It is also frustrating to Louisiana's statewide information sharing goal.

THE DATA BLOCKING EQUATION

In a 2015 report to Congress about data blocking, ONC noted that it is a nebulous concept that occurs for a variety of reasons. Essentially, reports ONC, there are two sides to the data blocking equation – one side is provider-based, and the other is vendor-based.

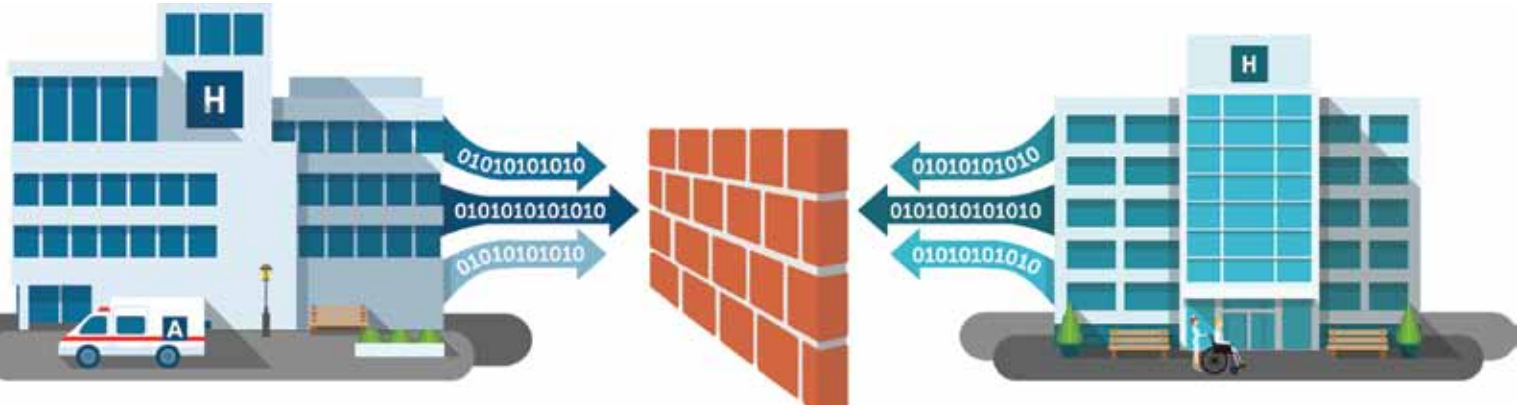
On the provider side, privacy-based concerns are often cited as a reason for declining to share data. ONC reports that while some of these "privacy-based refusals" are based on legitimate concerns about data privacy, there are others in which providers use HIPAA to refuse to share data even when they know it is not a prohibitive factor. However, according to ONC, it is often difficult to prove intent to block data in those cases.

Further, data blocking on the provider side may also be rooted in the increasing value of health data. As the nation moves toward a quality-focused and value-based payment system, the economic value of health data continues to climb, and without any strong financial incentives in place to spur the sharing of that data, some providers remain unwilling to share it.

Even greater challenges exist on the health IT vendor side of the data blocking issue. Across the nation and here in Louisiana, there are providers who report that pricing practices remain an issue. These providers argue that some vendors charge different prices for the same kinds of connections and interfaces, often with rural providers being required to pay more for the same level of connectivity than providers in larger markets.

In addition, some providers, often located

Cindy Munn
Chief Executive Officer
Louisiana Health Care Quality Forum



in rural markets, note that they have purchased interfaces that would enable data sharing, only to eventually learn that their vendors do not have the resources available to complete those interfaces in a timely manner. Also, according to these providers, the vendor may tack on additional costs for ongoing support and hourly rates for interface maintenance. These practices are strong deterrents for providers in the purchase of such interfaces.

THE IMPACT

Providers need timely access to valuable, actionable health data in order to make informed decisions about care plans, follow-up care, and care management. Similarly, patients need access to their health information to make critical decisions about their health and health care. The unavailability of that data leads to poor decision-making, which negatively impacts the safety, quality, and effectiveness of the care delivered to patients as well as patients' confidence in their providers.

Here in Louisiana, data blocking is a challenge particularly for smaller providers and hospitals. Some of these providers and hospitals report that although they are sharing data with larger health systems, the larger systems are not always as willing to share data with them, which negatively affects care coordination efforts.

On a larger scale, data blocking slows the nation's progress in reforming care delivery and payment models toward a patient-centric, quality-focused system, which is centered on the ability of providers to seamlessly and securely share health information across the continuum of care and disparate systems.

Further, in more global terms, when data is blocked, it detrimentally affects advances in public health and biomedical research. This research is founded on the availability of valuable health data for analysis to identify public health risks and new treatments and cures. Without the data to advance those efforts, the evolution of precision medicine is delayed, if not ended completely.

THE SOLUTION

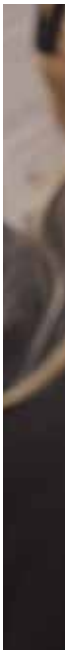
At the national level, efforts are underway to address the data blocking issue. For providers, increased HIPAA education will be available to reduce privacy-related data sharing denials and to ensure that consumer rights to data access are met. In addition, opportunities are being explored to move health payment in a direction that will encourage providers to demand interoperability from vendors and product developers.

Also, a new complaint form will be released to address data blocking among providers. This form will ensure the collaboration among multiple federal agencies to identify and address data blocking occurrences.

On the vendor side, the certification criteria will be expanded to aggressively survey field engagements of health IT products. Vendors will also be required to submit to greater disclosure of pricing models to ensure pricing transparency.

These national efforts will have a positive impact on data sharing issues within our own state, but Louisiana is doing its part, too. With specific data sharing and storage standards in place through the statewide HIE, and with tailored EHR adoption and Meaningful Use assistance available through the REC, Louisiana is well positioned to overcome the challenges related to data blocking.

We are fortunate to have health care providers and organizations in our state that share a commitment to improved health and health care delivery through health IT advancements for the residents of Louisiana, and through continued collaboration with health care stakeholders across Louisiana, we anticipate that we will be successful in developing and implementing strong data sharing strategies. ■



MANAGING HEALTHCARE AT A DISTANCE:

Facilitating Telehealth in Louisiana

House Concurrent Resolution 88 of the 2014 Regular Session created the Telehealth Access Task Force (TATF) as an advisory group to the Legislature and Department of Health and Hospitals on policies and practices to expand telehealth services. The Louisiana State Board of Nursing is a designated member of the Task Force. As such, we are intricately involved in the functions of TATF, which include:

- Serve as an advisory body to the Louisiana Legislature and the Department of Health and Hospitals on policies and practices that expand access to and coverage for telehealth services in a manner that ensures quality of care and patient safety.
- Serve as a coordinating forum on telehealth-related matters between and among state agencies, local government, and other nongovernmental groups.
- Study technical aspects of delivery systems utilized in telehealth, and develop basic standards based upon such study to recommend to the governor, the legislature, and the secretary of the Department of Health and Hospitals concerning modalities and features of telehealth delivery systems.
- On a regular basis, research and review state regulations, guidelines, policies, and procedures that pertain in any way to telehealth and make policy recommendations to the governor, the legislature, and the secretary of the Department of Health and Hospitals.

BACKGROUND

Act 442 of the 2014 Regular Session expanded the narrow Telemedicine definition with that of the more comprehensive definition of Telehealth. Telehealth can include innovative methods to deliver health services through home monitoring, synchronous (real-time) or asynchronous[1] interactions. Specifically, Act 442 defines telehealth as a mode of delivering healthcare services that utilizes information and communication technologies to enable treatment, education, and care management of patients at a distance from their providers. In terms of nursing care, telenursing would mean using those same technologies to deliver nursing care to patients. Telenursing doesn't in any way change nursing care or nursing process – it is simply a different delivery scheme. From the standpoint of the Louisiana State Board of Nursing (LSBN), telenursing also does not change the standard of care that nurses are expected to use in the delivery of nursing care. The standard of nursing care in a telenursing visit must be the same as that provided in a face-to-face visit. That means nurses still are expected to assess, plan, intervene, and evaluate nursing care. Particularly for nurses, telehealth and telenursing facilitate patient self-management and care support using the Internet, computers, hand-held digital devices, and telemonitoring.

PRACTICE IMPLICATIONS

Patient safety, improved access to care, and decreased costs are the primary foci of the TATF for 2016. For all providers, including nurses, we want to facilitate the delivery of healthcare services through technology that promotes the appropriate development of a patient-provider relationship, facilitates appropriate assessment, and meets all

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

ACT 442

Specifically, Act 442 defines telehealth as a mode of delivering healthcare services that utilizes information and communication technologies to enable treatment, education, and care management of patients at a distance from their providers

standards of care for patient health outcomes. Specifically, TATF will focus on:

- Defining recommendations for when and how provider-patient relationships are established;
- Establishing recommendations for reimbursement standards for telehealth services provided; and
- Outlining recommendations for prescribing through telehealth that focuses on appropriateness and safety of prescribing; increases access to care; is consistent with standards of practice; and is consistent with prescribing in the face-to-face encounter (this last recommendation has significant implications for APRNs).[1]

Since the landmark publication of the Institute of Medicine's *Crossing the Quality Chasm: A New Health System for the 21st Century*[2] in 2004, information technology has been recognized as essential in helping us to improve quality healthcare outcomes. Telehealth and, by extension, telemedicine and telenursing have the potential to reduce stressors on an already overburdened healthcare system by streamlining delivery within regions, nations, and the world. The focus should be on population health specific to the identified needs of the region's residents. In Louisiana, consistently ranked in the bottom 5 in terms of health status of states, this would include using telehealth technology to focus on reducing obesity and its comorbid conditions of cardiovascular disease and diabetes, decreasing the high incidence of infectious diseases, and lessening the high prevalence of low birth weight infants. TATF will explore specific opportunities to use the American Telemedicine Association's recommendations to improve health outcomes in the areas of school-based care, high-risk pregnancies, home-based care, diabetes care, and mental and behavioral health.[1]

Provider shortages, health reform, and an aging population are the overwhelming drivers of change in the delivery of health services. Innovations in technology are helping providers to manage those changes in the delivery of care to populations facing lifelong management of chronic illnesses. Telehealth allows both providers and patients to be more engaged in decisions about and management of healthcare. Through home-based technology and mobile applications, care delivery will be facilitated, access will be improved and costs will decrease. These are win-win solutions for nurses, physicians, allied health providers, and, most importantly, our patients. ■

REFERENCES

[1]Louisiana Telehealth Access Task Force. Report on Telehealth Access in Louisiana, Semi-Annual Report. December 31, 2015.
[2]Committee on Quality of Health Care in America, Institute of Medicine (IOM). *Crossing the Quality Chasm: A New Health System for the 21st Century.* Washington, DC: National Academy Press, 2004.
[3]Yesenofski, L., Kromer, S. and Hitchings, K. Nurses leading the transformation of patient care through telehealth. *Journal of Nursing Administration*, 45 (12), December 2015. Pp 650-656.

Rebekah E. Gee, MD, MPH
Secretary, Louisiana DHH

Expanding Medicaid will create better health outcomes for Louisiana's citizens, save lives, and protect livelihoods. While implementing expansion will be a challenge, we know from our own experiences with Bayou Health that Medicaid expansion can and will work for Louisiana. I am calling on you to support Medicaid expansion and to do what you can to make it as successful as possible.

Medicaid Expansion Challenging But Promising

WHILE ALMOST EVERYONE AGREES that giving more working Louisianans health care coverage is a good thing, I still hear concerns that, with so many new Medicaid enrollees, we will not have enough doctors, nurses, and hospital beds to care for the hundreds of thousands of new health care consumers throughout Louisiana.

The reality is that these patients won't be new at all. Those lacking insurance today already seek and receive care, only they seek it after their ailments and injuries have progressed to the point at which they are unbearable. Then, often visiting emergency departments rather than primary or urgent care clinics, they receive costly, reactive care. Besides being significantly more expensive, seeking care this way provides the worst chances at lasting recovery and long-term health. It also prevents patients from establishing relationships with primary care providers, which are essential for successful long-term health management. By expanding Medicaid, we can place these individuals in coverage through Bayou Health, granting them access to both case management and preventative medicine in a primary care setting.

Louisiana's Bayou Health plan has a proven history of increasing access to primary care for Medicaid enrollees and building expanded provider networks from medical practitioners and facilities that are already here, ready and waiting. For example, Bayou Health has already increased the number of primary care physicians available to current Medicaid enrollees by 68 percent. Other successes include increasing the number of current enrollees who receive primary and preventive care, including both nearly doubling access to primary care for Medicaid children and adolescents and increasing adult access to primary care from 78 percent to 82 percent. These improvements didn't come from having more doctors in Louisiana; they come from the fact that the doctors we do have are able to deliver care more efficiently and more profitably as part of a managed care organization's network.

I HOPE EACH OF YOU JOINS ME IN WORKING TOWARD SUCCESSFUL EXPANSION IN OUR STATE...

One example of how Bayou Health accomplished these improvements is found in its use of value-based contracts. With such contracts, providers are rewarded for producing better outcomes by the private managed care organizations, which have a vested interest in keeping their members as healthy as possible over the course of their lifetimes. In the past six months alone, $3.3 million in performance payments have been disbursed by the various managed care organizations under Bayou Health. The value-based contracts are so popular, one Bayou Health plan has signed over 80 percent of its providers onto them.

Yes, expansion will mean redesigning our care delivery system, and everyone in the health care community knows that it will require significant work. However, in my own experience as a doctor, I have seen firsthand the consequences that come when patients in desperate need are unable to afford care and the health system of Louisiana fails to provide it to them. These firsthand experiences on the front line of caring for the uninsured are perhaps the strongest reason why I'm personally committed to making Louisiana's health programs work more effectively and efficiently for everyone, especially the hard-working families that will be newly eligible for Medicaid coverage when expansion takes effect later this year.

We are just beginning the journey to help all Louisianans live healthy, productive lives. I hope each of you joins me in working toward successful expansion in our state, not just for our friends, families, and neighbors, but also for our children and the generations to come after them. ■

Family Birthing Center RN Cheryl Tschirn gives Born to Read Kit to new parents Claire and Derek Aucoin and son Nathaniel.

TOURO PARTNERS WITH LIBRARY TO PROMOTE EARLY LITERACY

In December, Touro Family Birthing Center families began receiving "Born to Read" kits courtesy of the New Orleans Public Library. Touro is partnering with the Library on this important program, designed to promote the importance of early reading. The Born to Read program teaches the value of talking and reading to babies. Each kit includes a book, soft toy, and information about library locations, resources, and how families can join. Touro's Volunteer Office assembled 1,000 initial kits.

HospitalRounds

Touro Patients Enjoy Mardi Gras Parade From B'nai B'rith

PHOTO COURTESY OF PHOTOGRAPHER FRANK AYMAMI

Patients and staff of Touro Infirmary's Inpatient Rehabilitation Program enjoyed the 37th Annual B'nai B'rith Mitzva Makers Parade this year. The group visits Touro annually, spreading the Mardi Gras spirit to those who won't be able to make it out to the parade route.

B'nai B'rith Unit# 182 members dressed in festive costumes and its band played New Orleans jazz and traditional Mardi Gras music for patients and staff to enjoy. The annual visit is lead by B'nai B'rith member Dr. Hilton Title, MD.

The group paraded through the ninth, sixth and fourth floors of Touro, which house the hospital's rehab units. Patients and staff enjoyed a Mardi Gras style party and King Cake after the parade.

West Jefferson Names Reece CNO

Barbara J. Reece, MS, RN, NEA-BC has been appointed Chief Nursing Officer (CNO) for West Jefferson Medical Center (WJMC). Reece, a native of Houston, comes to West Jefferson with thirty years of nursing leadership experience.

Reece most recently served as the Chief Nursing Officer/Associate Administrator for Lyndon B. Johnson Hospital in Houston from 2001 to 2015. In her role, Reece ensured alignment with nursing standards of practice, legal, regulatory, and accreditation standards. Under her tenure, the hospital received the Pathway to Excellence designation and the facility exceeded HCAHPS patient satisfaction scores for several indicators.

Ochsner Health System Opens ALS Center

Ochsner Health System has announced the opening of the new ALS Center at the Ochsner Center for Primary Care and Wellness. The center offers comprehensive care for patients with Amyotrophic Lateral Sclerosis (ALS) and related disorders. The center's team also provides patients with a multidisciplinary, collaborative approach with a personalized care plan to maximize each patient's experience.

Sometimes called Lou Gehrig's disease, more than 5,000 people are diagnosed with ALS each year. Ochsner's goal is to provide those patients with the highest quality of care and services in one place. The center will allow them to be seen by all of specialists they need in one visit, helping to alleviate the difficulties of traveling to multiple appointments throughout the month.

STPH Receives 2016 Women's Choice Award®

St. Tammany Parish Hospital has received the 2016 Women's Choice Award® as one of America's Best Hospitals for Obstetrics. This evidence-based designation identifies the country's best healthcare institutions based on robust criteria that consider female patient satisfaction, clinical excellence, and what women say they want from a hospital.

The list of over 400 award winners, including St. Tammany Parish Hospital, represents hospitals that offer exceptional obstetric services which ranked above the national average for patient safety, thereby supporting a woman's decision when choosing the best for her maternity needs.

Davis to Lead New Orleans East

Takeisha Davis, MD, MPH, has accepted the position of Chief Executive Officer of New Orleans East Hospital (NOEH. Dr. Davis comes to the facility with a wealth of experience as Assistant State Health Officer for the Louisiana Department of Health and Hospital's Office of Public Health and the Regional Medical Director for the Greater New Orleans area.

Dr. Davis has experience in physician recruitment and has served as the President of the Louisiana Public Health Association

Ochsner Clinical School Recognizes Largest Class to Date

In January, a group of 123 third-year medical students celebrated a milestone in their journey to become physicians with the Ochsner Clinical School's sixth annual White Coat Ceremony. The ceremony cloaked the doctors-in-training with their white coats for the first time.

Ochsner Clinical School recognizes largest class to date.

Barbara J. Reece, MS, RN, NEA-BC

Takeisha Davis, MD, MPH

Although traditionally celebrated in the first year of Medical School, the White Coat Ceremony for the Ochsner Clinical School students is commenced in the beginning of year three as they embark on the clinical phase of their medical school education. The Ochsner Clinical School is a partnership with the University of Queensland in Australia where US students spend their first two years of study on the Brisbane campus, followed by the year three and four clinical education in the Ochsner Health System hospitals and clinics.

TGMC Earns Top Performer on Key Quality Measures®

Terrebonne General Medical Center (TGMC) announced that it has been recognized as a 2014 Top Performer on Key Quality Measures® by The Joint Commission, the leading accreditor of healthcare organizations in the United States.

TGMC was recognized as part of The Joint Commission's 2015 annual report "America's Hospitals: Improving Quality and Safety," for attaining and sustaining excellence in accountability measure performance for heart attack, heart failure, pneumonia, surgical care, venous thromboembolism, and perinatal care. TGMC is one of only 1,043 hospitals out of more than 3,300 eligible hospitals in the United States to achieve the 2014 Top Performer distinction.

Ochsner Renews Commitment to Federal Initiative

Ochsner Accountable Care Network (OACN) was selected as one of nearly 150 renewing Medicare Shared Savings Program Accountable Care Organizations (ACOs), providing Medicare beneficiaries with access to high-quality, coordinated care across the United States, the Centers for Medicare & Medicaid Services (CMS) announced. That brings the total to 434 Shared Savings Program ACOs serving over 7.7 million beneficiaries.

Ochsner Accountable Care Network (OACN) will be one of 434 ACOs participating in the Shared Savings Program as of January 1, 2016. Beneficiaries seeing healthcare providers in ACOs always have the freedom to choose doctors inside or outside of the ACO. ACOs receive a portion of the Medicare savings generated from lowering the growth in healthcare costs as long as they also meet standards for high quality care.

SMH and Ochsner Celebrate New Partnership

On Tuesday, January 19, 2016, Slidell Memorial Hospital (SMH) and Ochsner Health System celebrated the formation of a long-term, strategic partnership focused on the continuation of high quality care, cost reduction through coordinating and improving resources, and increased local access to care for the residents of the Slidell community.

David Mannella, Slidell Memorial Hospital Chairman described the significant changes occurring in healthcare and the shifting trend towards partnering with neighboring hospitals, physicians, and post-acute care providers to ensure the local community continues to receive the services they need. Mannella also shared the SMH Board of Commissioners commitment to the partnership while acknowledging that it does not change the governance of SMH which will remain an independent community hospital with its current Board retaining all current responsibilities.

Warner Thomas, President and CEO, Ochsner Health System, also announced the future role of Bill Davis who will oversee and lead the operations of both hospitals located in Slidell. Brad Goodson will expand his role as CEO of the North Shore Region including leading the integration and growth efforts with all existing as well as potential OHN partners on the North Shore and in the neighboring Mississippi market and expanding our clinic operations in Covington. Davis and Goodson will work jointly to expand and lead all clinics located in Slidell.

This agreement is an equal partnership representative of the joint commitment to the communities served. Under the agreement, each organization will retain its name and assets to allow them to continue doing the great work that has brought them to this point. Going forward, decisions regarding investments, leadership, and the optimization of services will be made jointly and partnership decisions will be governed by a Strategic Oversight Committee.

Thibodaux Regional Earns Patient Safety Excellence Award™

Thibodaux Regional Medical Center announced that it has achieved the Healthgrades 2015 Patient Safety Excellence Award™, a designation that honors hospital performance in the prevention of serious, potentially preventable complications during hospital stays. Thibodaux Regional has received this designation two years in a row, placing the facility among the top 5% of hospitals in the nation for its excellent performance as evaluated by Healthgrades, the leading online resource for comprehensive information about physicians and hospitals.

GSQN Adds Staff to Support Statewide Expansion

Gulf South Quality Network (GSQN), the largest clinically integrated physician network in the state of Louisiana, announced the addition of 11 staff members to support its statewide expansion of 1900 physician members and hospitals.

The state office added Joseph Franzese as its Clinical Application Specialist; Saleta Brewer, MSPH as its Process Improvement Analyst; and Jeffrey Turner as its Vice President of Operations.

Additionally, the New Orleans Region added Lesley LeBlanc as Program Manager and Todd Nielsen, RN as Quality Analyst dedicated to support the Tulane University Medical Group and Tulane Medical Center; and Ashley Martin, Program Manager dedicated to support two LCMC Health community hospitals, Touro Infirmary and Children's Hospital.

The Lafayette region added Whitney Busscher as Program Manager and Mia Stephenson, RN, BSN, CCM as Quality Analyst dedicated to support physicians at Our Lady of Lourdes Regional Medical Center and Women's and Children's Hospitals. Ginger Webb, Program Manager for the Southwest Louisiana Region, was added to support Lake Charles Memorial Hospital and its physician members.

To help support this staff expansion, GSQN also announced the promotions of Lori Meyers, RN to Director of Process Improvement and Dana Huete, RN to Vice President of Quality.

HospitalRounds

From left, Sid Hutchinson and Jana S. Stonestreet, PhD, MSN, RN

TGMC Announces VP of Physician Practice Partners

Terrebonne General Medical Center (TGMC) recently announced Sid Hutchinson as Vice President of Physician Practice Partners.

Hutchinson joined TGMC in 1980, where he began his career as a Registered Pharmacist and worked as Director of Pharmacy for 12 years. Over the past 13 years, he has served as Vice President of Clinical Ancillary Services for TGMC. He is a Certified Medical Practice Executive and Fellow of the American College of Healthcare Executives.

GSQN and UnitedHealthcare Partner for Accountable Care

Gulf South Quality Network and UnitedHealthcare have launched an accountable care program to improve people's health and their satisfaction with their healthcare experience. The joint effort will focus largely on dedicating more resources to care coordination and making it easier to share important health information so that every doctor involved in a patient's care is supporting the same treatment plan.

UnitedHealthcare and Gulf South Quality Network's accountable care program changes the incentives for how people's medical care is paid for in Louisiana, moving away from a system that reimburses for quantity of services provided to one that rewards the quality of patients' health outcomes and has the potential to reduce overall costs.

Through this collaboration, UnitedHealthcare and Gulf South Quality Network will work closely to better coordinate patients' care, using shared technology, real-time data, and information about emergency room visits and hospital admissions, and services designed to help patients manage their chronic health conditions and encourage healthy lifestyles.

Tulane Medical Center Appoints Stonestreet CNO

William Lunn, MD, Chief Executive Officer of Tulane Medical Center, announced the appointment of Jana S. Stonestreet, PhD, MSN, RN, as Chief Nursing Officer. Stonestreet assumed responsibilities of overseeing the nursing leadership functions at the acclaimed teaching, research and medical facility on February 15, 2016.

Stonestreet began her career as a Staff Nurse at Cleveland Clinic Foundation in Cleveland, Ohio, in 1976. Nursing career highlights include Chief Nursing Executive at Methodist Healthcare System in San Antonio, Texas; Chief Nursing Executive, Baptist Health System, San Antonio; Senior Vice President and Chief Nursing Executive at Vanguard Health Systems in Nashville, Tennessee. Most recently Stonestreet served as Senior Vice President and Chief Nursing Executive at Cape Fear Valley Health System, a 765-bed nonprofit, community-owned regional health system. Achievement highlights included clinical operation improvements; developing more efficient nursing care flow; and strengthening the organization's quality and safety culture.

Thibodaux Regional Earns Joint Commission Recognition

Thibodaux Regional Medical Center announced that it has been recognized as a 2014 Top Performer on Key Quality Measures® by The Joint Commission, the leading accreditor of healthcare organizations in the United States.

Thibodaux Regional Medical Center was recognized as part of The Joint Commission's 2015 annual report "America's Hospitals: Improving Quality and Safety," for attaining and sustaining excellence in accountability measure performance for heart attack, heart failure, pneumonia, surgical care, venous thromboembolism, and stroke. This is the second year Thibodaux Regional has been recognized as a Top Performer.

Ochsner Earns Anticoagulation Center of Excellence

Ochsner Health System announced that it has passed the Anticoagulation Forum's assessment test and may now be designated an "Anticoagulation Center of Excellence."

The Anticoagulation Centers of Excellence program helps healthcare professionals provide the highest level of care and achieve the best possible outcomes for patients on antithrombotic medications.

The program offers a roadmap to consistent, sustainable excellence in five key areas of patient care. Because it successfully met the rigorous standards in each patient care pillar, OHS may be considered an Anticoagulation Center of Excellence for 2 years.

STPH in Top 10 Percent in Medical Excellence and Patient Safety

St. Tammany Parish Hospital has once again been awarded by CareChex®--a division of Comparion® in Medical Excellence and Patient Safety.

STPH ranks in the top 10 percent in the nation for Medical Excellence in Overall Medical Care, Gall Bladder Removal, and Interventional Coronary Care. STPH Orthopedic Care ranks in the Top 10 percent in the nation for Patient Safety. Interventional Coronary Care has also been ranked in the Top 100 in the nation for Medical Excellence and Gall Bladder Removal is number 1 in the market for Patient Safety. In Gastroenterology, STPH also tops the Region in Medical Excellence.

Brien to Head EJGH Human Resources

East Jefferson General Hospital has welcomed Jan Strohmeyer Brien, PhD, as the institution's Senior Vice President of Human Resources and Chief Human Resources Officer, overseeing all HR management and human capital strategies at EJGH.

The New Orleans native most recently served as Vice President of Human Resources at Ochsner Health System. Prior to her time at Ochsner, Brien also spent time as the Director of Client Services for Press Ganey, a global company in patient experience measurement and performance improvement solutions. Earlier in her career, she served as Director of Human Resources, Clients Services and Research at Advocate Health Care, located in Chicago, Ill.

Ochsner Expands Jefferson Hwy. Campus

Ochsner Health System recently announced a $360 million expansion to its Jefferson Highway campus.

This project will include expansions across the North, South and West campuses with targeted completion dates in 2019. The expansion of the "South Campus," the main hospital, will increase capacity to offer more specialty care services, such

as cancer care, organ transplants, neurologic, pediatric, and cardiac care.

On the "North Campus", directly across the street from the hospital, a new imaging center will offer comprehensive imaging services including CT Scans, Mammography, three additional MRI machines, and more. The proximity of this new facility near the Center for Primary Care & Wellness will enable services to expand and allow for easier access for patients and physicians. Close proximity to support services and associated resources, including a pharmacy and lab, will also be a benefit.

The newly, created "West Campus" includes the Jefferson Plaza Shopping Center totaling 8 acres and will include the Ochsner Rehabilitation Hospital, a new acute inpatient rehabilitation facility, as well as the Ochsner Outpatient Physical and Occupational Therapy Clinic will provide much needed services to the community.

Albert Appointed LCMC Health VP of Marketing

Christine Albert has been promoted to the position of Vice President of Marketing at LCMC Health. Albert joined Touro, an LCMC Health hospital, in 2006 as its first Director of Marketing, where she was later promoted to Associate Vice President of Marketing. Prior to her roles at Touro, she worked in a variety of public affairs positions within the Federal government, at the Department of the Navy, and the Department of Veterans Affairs.

Albert is Accredited in Public Relations (APR), a certification program for public relations professionals that denotes a high professional level of experience and competence.

West Jeff Designated ACR Lung Cancer Screening Center

West Jefferson Medical Center (WJMC) 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, facilities must 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.

Lung cancer screening with low-dose CT scans, and appropriate follow-up care, significantly reduces lung cancer deaths, according to American Cancer Society. WJMC offers Low-Dose Lung CT Screening, and it is covered by Medicare and most private insurances. A physicians order and authorization is required for the screening to be performed. The screening is open to those who meet the following criteria:

- A current or former smoker (former smokers quit within the last 15 years)
- Age 55 to 80
- No symptoms for lung cancer (no shortness of breath, no unusual or persistent chest/back pain, no coughing up blood)

WJMC has two referral options:

- Patients may contact the hospital›s Oncology Nurse Navigator, Stephanie Aguilar, RN, 504-349-2436, to determine if they are eligible.
- Physicians may refer their patients directly for the screening.

Ochsner Among Top 5% in Clinical Outcomes

Ochsner Medical Center, Ochsner Baptist Medical Center, and Ochsner Medical Center – West Bank Campus* have received the Healthgrades 2016 Distinguished Hospital Award for Clinical Excellence ™ for the seventh year in a row. The distinction places Ochsner among the top five percent of more than 4,500 nationwide for its clinical performance as measured by Healthgrades, the leading online resource for comprehensive information about physicians and hospitals.

The health system indicated that Ochsner Medical Center, Ochsner Baptist Medical Center, and Ochsner Medical Center – West Bank Campus* are the only hospitals in the tri-state area of Louisiana, Alabama, and Mississippi to receive the 2016 designation.

Nationally, only 260 hospitals out of 1,485 eligible hospitals were recognized as recipients of the Distinguished Hospital for Clinical Excellence Award. Ochsner* is among the top five percent of hospitals in the nation with high quality care across at least 21 of 32 common inpatient conditions and procedures, as evaluated by Healthgrades.

*Ochsner's quality metrics include data from both Ochsner Medical Center, Ochsner Baptist Medical Center and Ochsner Medical Center - West Bank Campus.

TGMC Cardiology Receives Echocardiography Accreditation

Terrebonne General Medical Center (TGMC) has been granted a three-year term of accreditation in Echocardiography in the areas of Adult Transthoracic and Adult Transesophageal by the Intersocietal Accreditation Commission (IAC) validating that excellence in cardiopulmonary care is provided.

Early detection of life threatening heart disorders and other diseases is possible through the use of Echocardiography procedure. TGMC underwent a thorough review of its operational and technical components by a panel of experts and was found to be providing quality patient care in compliance with national standards through a comprehensive application process. Because TGMC provides this expert level of care, IAC Accreditation was achieved.

STPH in Top 10 Percent in Medical Excellence, Patient Safety

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Ochsner Joins Excelera Pharmacy Network

Ochsner Health System has joined the Excelera national specialty pharmacy network. The Excelera® network consists of point-of-care specialty pharmacies owned by health systems and academic medical centers. The network provides members nationally scaled infrastructure and support to help them develop best practices and gain access to limited-distribution drugs and biologics and restrictive payer agreements so members can provide continuity of care for their patients with complex and chronic conditions requiring specialty drugs and biologics.

The Excelera organization will partner with Ochsner Health System to develop key specialty pharmacy capabilities including training, operations, data aggregation, reporting for drug manufacturers and payers, revenue cycle management, and pharmacy business office.

Touro Receives AIUM Ultrasound Practice Accreditation

Touro Infirmary's Maternal Fetal Medicine Clinic is the first practice in New Orleans to be awarded

HospitalRounds

Touro Receives AIUM Ultrasound Practice Accreditation Standing left to right: Yolanda Simmons, RDMS, Brandi White, PCT, Angele Alexcee, Rebecca Ramos, RDMS, RVT, Yvette Luster, RN, Angelique Price, RN - Clinic Manager Sitting left to right: Asha Heard, MD, FACOG and Joseph Miller, MD, FACOG. Not pictured: Robert Maupin, MD, FACOG, Ann Chau MD, FACOG, Irene Stafford, MD, FACOG and Sarah Mitchell, RDMS

Ultrasound Practice Accreditation by The Ultrasound Practice Accreditation Council of the American Institute of Ultrasound in Medicine in the areas of Obstetric - First Trimester, Obstetric - Second Trimester, and Obstetric - Third Trimester.

Touro's Maternal Fetal Medicine Clinic achieved this recognition by meeting rigorous voluntary guidelines set by the diagnostic ultrasound profession. All facets of the practice were assessed, including:

- training and qualifications of physicians and sonographers
- ultrasound equipment maintenance
- documentation
- storage and record-keeping practices
- policies and procedures to protect patients and staff
- quality assurance methods
- thoroughness, technical quality and interpretation of the sonograms the practice performs

The Maternal Fetal Medicine Clinic at Touro is a full-service perinatology clinic with specially trained and certified physicians and staff who monitor the health of mother and baby and to treat patients with high-risk pregnancies. The clinic provides tests and procedures for expecting mothers using state-of-the-art technologies, and specialist nursing staff. Perinatology services include amniocentesis, genetic counseling, 3-D and high imaging ultrasounds, non-stress testing, in utero blood transfusions and more.

TGMC Honors Team Terrebonne's Commitment

Terrebonne General Medical Center (TGMC) celebrated Team Terrebonne donating over 3,000 volunteer hours of community service at their annual luncheon. Team Terrebonne is formed of TGMC employees committed to giving back to our community by volunteering their time to partner with civic and non-profit organizations in the region. The program, which began in 2007, has provided volunteers to 198 events and logged 11,268 volunteer hours. Team Terrebonne has a volunteer roster of over 600 TGMC employees that continues to grow each year.

The annual Team Terrebonne Luncheon recognizes all volunteers and top volunteers with the most service hours going above and beyond serving our community. Top volunteers for 2015 are; Tracy Knight, Bessie Burton, Zane Plunkett, Joseph Plunkett, Victoria Grey, John Sonnier, Byron Price, Mary Fanguy, and Donna Price. Linda Savoie was named top volunteer with a record breaking 118.5 hours of service and participating in 33 events. The department with the highest combined hours of service was also recognized at the luncheon. Surgery received an award for completing 232.5 hours of service.

In 2015, Team Terrebonne participated in 51 events acquiring 3,181 hours of volunteer service, which was 780 more hours than in 2014. Not only are volunteer hours increasing, but the demand for Team Terrebonne volunteers at events has increased with 15 new events added to the schedule in 2015 and the 2016 schedule continues to grow.

Team Terrebonne Honors Top 10 volunteers for 2015

Ochsner Health Network Announces Leadership Roles

The Ochsner Health Network (OHN) recently announced several new leadership positions. OHN is currently comprised of St. Tammany Parish Hospital, Lafayette General Health, CHRISTUS Health Louisiana, Terrebonne General Medical Center, and Slidell Memorial Hospital, that encompass 28 facilities across the state and ultimately serve the region.

David Carmouche, MD, has assumed the role as Senior Vice President and President of OHN. He is responsible for executive oversight and management for the rapidly growing, statewide network. Dr. Carmouche previously served as the Executive Vice President of External Operations and Chief Medical Officer (CMO) at Blue Cross Blue Shield of Louisiana in Baton Rouge where he designed and deployed a physician-friendly, comprehensive primary care population health program and several commercial ACO contracts.

Thomas Groves joined Ochsner Health System as the Vice President of Network Development for OHN. Most recently, he served as Assistant Commissioner in the Division of Administration for the State of Louisiana which includes directing

Tulane Dedicates First Responders Clinic to McSwain

multiple state agencies including, but not limited to, the state's employee health plan, information technology, human resources, risk management, payroll, and the Office of State Procurement.

Lisa Blume was named the Chief Financial Officer (CFO) for OHN. She is a Certified Public Accountant (CPA) and has held senior positions at provider-sponsored health plans, including Vice President and Chief Financial Officer (CFO) at Ochsner Health Plan, Inc., a managed care organization with over $700 million in annual revenues. In these roles, she directed all financial, treasury, analysis, underwriting, accounting, billing, and enrollment functions.

Doug Ardoin, Jr., MD, currently serves as the System Medical Director for OHN. Dr. Ardoin is responsible for oversight of growth and management of OHN, including the development of Ochsner Physician Partners, population management, medical management, and ambulatory quality for the network. Before joining Ochsner, Dr. Ardoin served as Chief Medical Officer (CMO) for the Naples Community Hospital Healthcare System in Naples, Florida.

Philip Oravetz, MD, is the Accountable Care Organization (ACO) Medical Director at Ochsner. Dr. Oravetz provides physician leadership to the system's Accountable Care Network, which is the largest integrated delivery system in southeast Louisiana. Dr. Oravetz also serves as lead in development of Ochsner's Clinical Integration Network, Pursuit of Value initiative and integration of the system's population risk management model.

Tulane Dedicates First Responders Clinic to McSwain

"What have you done for the good of mankind today?" was one of Dr. Norman McSwain's favorite questions. Recently, Tulane Health System honored Dr. McSwain's legacy of working with our city's first responders at a special ceremony to dedicate the newly expanded First Responders clinic in his name.

Dr. Norman McSwain, a pioneer in the field of trauma medicine, served as the New Orleans Police surgeon for more than 30 years before he passed away in July 2015. He had a close relationship with all first responders; working alongside them in the field, teaching them, and caring for them.

About 25 years ago, Dr. McSwain started the First Responders walk-in clinic at Tulane to serve the global healthcare needs of those who serve our community. The newly minted McSwain First Responders Clinic serves as a primary care clinic for all of New Orleans first responders including, NOPD, NOFD and local EMS providers. Both work related and personal illnesses are evaluated and treated.

TGMC Sports Institute Named Champion

TGMC's Community Sports Institute was awarded the 2015 Community Champion award by the Houma- Terrebonne Chamber of Commerce for volunteer contributions and service to the Terrebonne Parish Community. TGMC's Community Sports Institute program brings certified athletic trainers into local schools and organizations to educate coaches and students athletes on proper techniques and preventative healthcare.

TGMC Sports Institute Named Champion
Pictured (Left to Right): Back Row: Adam Gros, Brett Chiasson, Bo Wallis, Zach Voss Front Row: Laura Schembri, Candace Banks, Retta Riley, Paige Breaux.

Ochsner Announces New Physicians

Ochsner Health System has announced the addition of the following new physicians:

Dr. Matthew Gaudet is certified by the American Board of Surgery and is a member of the Society of Thoracic Surgeons and the American College of Surgeons. Dr. Gaudet's interests include the minimally invasive treatment of lung and esophageal cancer, other benign and malignant diseases of the lung, esophagus, diaphragm, chest wall and mediastinum, as well as lung cancer screening, end-stage lung disease, and lung transplantation.

Dr. Janak Shah is an award-winning physician bringing over 15 years of experience in Gastroenterology to Ochsner Health System. Before joining Ochsner in 2015, he spent over 10 years practicing in San Francisco, where he was the Director of Pancreatic and Biliary Endoscopy at California Pacific Medical Center, and a Clinical Professor of Medicine at the University of California.

Dr. Shah joins Ochsner Medical Center in New Orleans as the Section Head of Advanced Endoscopy. He is board certified in Gastroenterology. His subspecialties include Advanced Endoscopy (Interventional), Biliary Tract Disease, Gastrointestinal Cancer and Pancreas Disease.

He is certified by the American Board of Internal Medicine, American Board of Internal Medicine—Gastroenterology and is a member of the American Gastroenterologist Association.

Dr. Shamita Shah joined Ochsner in 2015 as the medical director of the Inflammatory Bowel Disease (IBD) Program, after spending seven years directing the IBD program at Stanford University.

She received her medical degree at LSU Health Sciences Center in New Orleans and completed a general gastroenterology fellowship at Ochsner. She also completed an advanced training program in inflammatory bowel disease at the University of Chicago.

Dr. Shah engages in cutting-edge gastroenterology research with a special interest in IBD-associated diseases such as primary sclerosing cholangitis, IBD-related cancer, and novel diagnostics and treatments for IBD.

Loyola Receives Grant from Touro's Heebe Fund

The Loyola University New Orleans Play Therapy Center of Education and Research announced a recent endowment by The Heebe Family Fund at Touro Infirmary. The endowment will help to provide training and continuing education workshops for healthcare professionals, especially mental health counselors focused on families struggling with life-threatening illnesses, such as cancer.

"It is very important for the state of Louisiana to have a premier location for play therapy education for professionals as well as children, families, and caregivers," said LeAnne Steen, director of the Loyola University New Orleans Play Therapy Center of Education and Research. "Adding a continuing education program to the for credit-options already available will allow the play therapy center to pollinate the region with professionals who know how to respond to children and families in crisis, especially those crisis' related to life-threatening illness and the influence within the family system. Each trained professional will translate into literally hundreds of families and children affected by that individual."

Play therapy is a form of mental health counseling or psychotherapy by which licensed mental health professionals incorporate the use of play to better communicate with and help clients achieve optimal mental health. Play therapists are trained in play therapy philosophy, theory, and facilitation. Mental health agencies, schools, hospitals, and private practitioners use play therapy as a primary intervention or as supportive therapy for children and families struggling with transitional life adjustments, emotional difficulties, behavioral problems, or disorders.

New Treatment for Patients with Inoperable Lung Cancers

Mary Bird Perkins Cancer Center at TGMC has treated its first patient with Stereotactic Body Radiation Therapy (SBRT). This precision treatment can target select small inoperable lung cancers, preserving healthy lung tissue and targeting cancer with a precision not possible with previous treatment approaches.

SBRT is a type of external beam radiation therapy that uses special state-of-the-art equipment to position the patient and precisely deliver radiation to a tumor. SBRT offers the advantage of a higher radiation dose to tumors with a higher probability of cure. Patients require fewer treatments than conventional radiation therapy and it is also less damaging to healthy lung tissue. This is important for many cancer patients who are not candidates for surgery and may be struggling with other health conditions like emphysema. The total dose of radiation is divided into several smaller doses given over several days. This therapy is also being studied as a promising new treatment for other types of cancer.

Ochsner Baptist Hospital Welcomes New COO

Ochsner Baptist has announced Parrish Scarboro as the new Chief Operating Officer. He comes to Ochsner Baptist with more than 23 years of healthcare operations experience, in both the not-for-profit and for-profit settings.

Scarboro most recently served as the Chief Operating Officer of Corona Regional Medical Center in Corona, Ca. He has expansive experience in providing operational oversight in both the academic and community settings, with significant accomplishments in program and service line development, cost reduction and containment, facility expansion and construction, and improving employee and physician engagement.

BCBSLA Recognizes Hospitals for Maternity Care

In an effort to help prospective parents find hospitals that deliver quality, affordable maternity care, Blue Cross and Blue Shield of Louisiana announced the first hospitals in Louisiana to receive the national Blue Distinction® Center and Blue Distinction Center+ for Maternity Care designations under the Blue Distinction Specialty Care program.

This new maternity care program evaluates hospitals on several quality measures, including the percentage of newborns that fall into the category of early elective delivery, an ongoing concern in the medical community. In addition, hospitals that receive a Blue Distinction Center for Maternity Care designation agreed to meet requirements

Parrish Scarboro

that align with principles that support evidence-based practices of care, as well as having initiated programs to promote successful breastfeeding, as described in the Baby-Friendly Hospital Initiative by Baby-Friendly USA or the Mother-Friendly Hospital program by the Coalition for Improving Maternity Services (CIMS) through its "Ten Steps of Mother-Friendly Care." The program also evaluates hospitals on overall patient satisfaction, including a willingness to recommend the hospital to others.

Blue Distinction Center Maternity Care:

Abbeville General Hospital,Acadian Medical Center, Baton Rouge General Medical Center, Brfhh Monroe, Byrd Regional Hospital, Ochsner Medical Center Northshore, St. Francis Medical Center, West Calcasieu-Cameron Hospital.

To receive a Blue Distinction Centers+ for Maternity Care designation, a hospital must meet the same quality criteria as Blue Distinction Centers while also meeting requirements for cost efficiency. Hospitals recognized for these designations were assessed using a combination of publicly available quality information and cost measures derived from BCBS companies' medical claims.

Blue Distinction Center + Maternity Care:

East Jefferson General Hospital, Jennings American Legion Hospital, Lafayette General Medical Center, Lake Area Medical Center, Lake Charles Memorial Hospital, Lakeview Regional Medical Center, Lane Regional Medical Center, Minden Medical Center, Natchitoches Regional Medical Center, North Oaks Medical Center LLC, Ochsner Medical Center, Ochsner Medical Center Kenner, Ochsner Medical Center at Baton Rouge, Ochsner St. Anne General Hospital, Opelousas General Health System, Rapides Regional Medical Center, St. Tammany Parish Hospital, Terrebonne General Medical Center, Touro Infirmary, Tulane University Hospital & Clinic, West Jefferson Medical Center, Women's and Children's Hospital. ■

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www.canonhospice.com

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Metairie, LA 70006
504.454.4000
www.ejgh.org

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Covington, LA 70433
985.898.4000
www.stph.org

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Metairie, LA 70001
504.988.5263-Operator
504.988.5800-Appts.
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New Orleans, LA 70112
504.988.5263-Operator
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TIMELINE SOURCES:
History of Surgery; http://surgery.about.com/od/surgeryinthemedia/a/HistoryOfSurgeryTimeline.htm
American College of Surgeons; 100 Years of Surgical Quality Improvement; http://timeline.facs.org/index.html
Cheung, Stephanie; A Timeline of Surgery; http://www.tiki-toki.com/timeline/entry/261111/The-History-of-Surgery
Lambert, Tim; A Timeline of the History of Surgery; http://www.localhistories.org/surgerytime.html
Whitlock, Jennifer, RN, MSN, FNP-C; The Evolution of Surgery: A Historical Timeline; http://surgery.about.com/od/surgeryinthemedia/a/HistoryOfSurgeryTimeline.htm
History of surgery from Wikipedia; https://en.wikipedia.org/wiki/History_of_surgery
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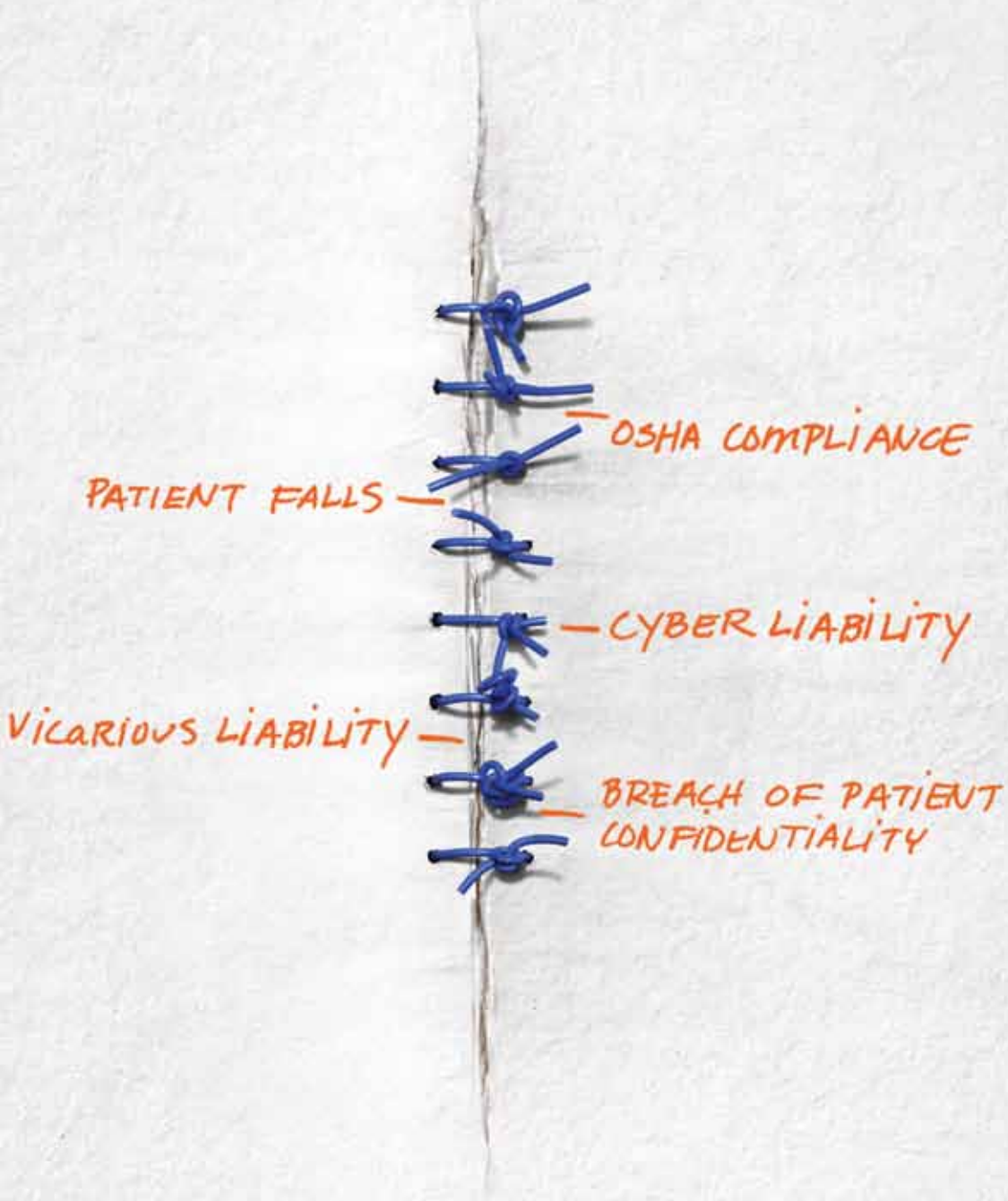

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