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Sandra DiPietro

SENIOR VP
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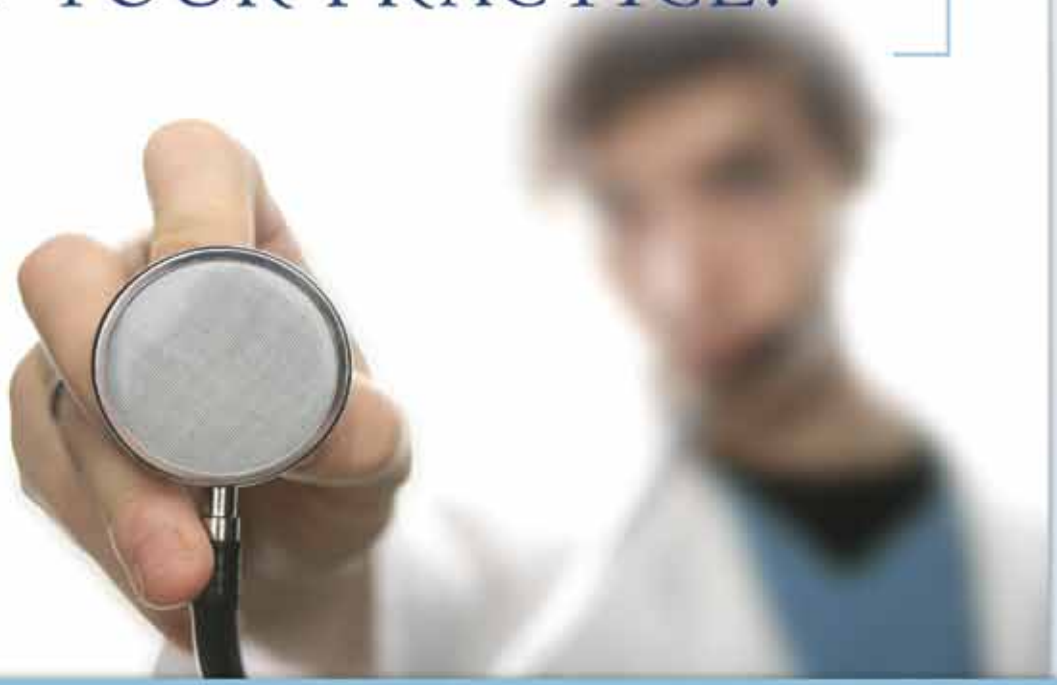

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BY THE U.S. FOOD AND DRUG ADMINISTRATION (FDA_LAB_ATLANTA_2050) VIA WIKIMEDIA COMMONS

DEPARTMENTS

CORRESPONDENTS

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

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

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

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

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

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

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

Smith Hartley
Chief Editor
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One on One
WITH
Sandra DiPietro

Senior VP and CFO
St. Tammany Parish Hospital

PHOTOS BY SHARRON VENTURA

SANDRA DIPIETRO STARTED her career as an assistant manager of financial accounting for International Shipholding Corp. before becoming a senior auditor with Ernst & Young. She then switched into healthcare in 1994 when she was hired as a senior accountant for budget and reimbursement for St. Tammany Parish Hospital. In 1995, she took over as controller.

She teaches undergraduate and graduate level healthcare financial management at the University of Phoenix and serves as treasurer on the New Heights Therapy board of directors.

DiPietro has a bachelor's degree in accounting from Southeastern University and a master's degree in business administration from the University of New Orleans. She is a Certified Public Accountant and a member of the Healthcare Financial Management Association.

Chief Editor Smith W. Hartley **Can you talk a little bit about the transition from volume to value?**

Sandra DiPietro Basically it is every CFO's nightmare right now, trying to figure out what or how that transition is actually going to occur over time without tanking the whole organization's finances. Right now you have what's called volume where we're paid on the per widget. So you walk in, you get an x-ray, we get paid. If a physician sees a patient he gets paid for each visit based on codes, diagnosis, different resources. So the more we do, the more we get paid. Correct? That's the fallacy in healthcare and the system. And that's not in all cases, but basically in the per widget system you do get paid based on volume. So to jump from volume to value-based, what's happening is we are trying to figure out and take away pieces and parts of the worth of the payment and convert them a piece at a time, so to speak, with CMS really pushing the ball to say, "Hey, by 2018, 2019," whatever they end up doing, "more than 50% is supposed to be on this value-based."

What that means is basically, you might still get paid by the widget in certain instances, but they will start bundling more and more of the payments. So right now we are doing total joint, they will start saying, "Hey hospital, you are not only getting paid for the surgical procedure to do the joint, but you really are going to be responsible for everything that happens 30 days prior to that patient walking through your doors and 90 days after the patient leaves." So all the physical therapy, the tests, the utilization, the post acute if you go into rehab, they are pushing the responsibility to these bundled payment types of reimbursement. They are saying it creates value and creates some consistency and I guess pushes the hospital as the gatekeeper, but its trying to reduce the reimbursement to force the hospitals to try to become more efficient. And not just the hospitals...it's all the providers.

Editor **Does it essentially move the financial risk to the hospitals like in the old capitated model?**

DiPietro Without a doubt. Because again, think about it, we are only responsible for our surgeries. Now all of a sudden we're responsible to make sure when that patient walks out the door he's not going to a skilled nursing facility, a nursing home, or a long term rehab where they are keeping him or her to run up the bill, because they get paid by the widget or length of stay. It encourages you not to have a physician who is just out there saying you can have a CT scan every week for the next six weeks.

We're in a demonstration piece of that puzzle right now where a group of us was selected across the United States, but eventually it's going to be rolled out where the hospitals are really going to get a flat rate of $20,000 and it doesn't matter, we will have to settle with those people who are coming before and after. How they are going to do that really, is they are going to pay those people right now and the hospital has to settle up in its cost report. And so we will end up owing Medicare back if Medicare ends up paying the SNF, the nursing home, the physicians all these dollars over and above that threshold they have determined.

Editor **Do you think that's going to change things operationally?**

DiPietro It already is. A few years back a total knee or a total hip replacement used to stay in the hospital an average length of stay where eight days was not unusual. What they are doing now is they have got us down and refining it to a science to try to get in and out within less than two days. And to keep the patient in the mindset or the framework that you have to be up and walking the day of surgery, you are going to be doing this, this, this. Also, and this is really where the kicker is coming into play, it's forcing the physician to assess the patient's status, social status, overall health, and whether they really are eligible

"We're in a demonstration piece of that puzzle right now where a group of us was selected across the United States, but eventually it's going to be rolled out where the hospitals are really going to get a flat rate of $20,000 and it doesn't matter, we will have to settle with those people who are coming before and after."

for surgery. In other words if you have a BMI above a certain amount or if you have a house that you can't get in and out of, or you are severely diabetic, bedridden, then you really should not be doing the surgery for a total knee or hip until you have got to a safe medical point. So it's forcing the surgeons to rethink and react differently than, "Hey you want to get your knee fixed? Let's do the surgery." to now, "Really are you in a good place to have the surgery?" It's been pushing some quality, it's forcing the restriction, it's forcing the hospitals in a large number of cases to really be the gatekeepers in a lot of these bundled packages. Because we're the ones that are going to be ultimately responsible.

This is pushing hospitals and physicians across the nation to consolidate. That's where you are finding you are having a lot of mergers and acquisitions or consolidations or partnerships, because as a standalone facility you really have a difficult time making it in this new next wave. Ultimately it is going back to accountable care or a capitated product.

But the other part to value is also forcing hospitals to report all these criteria or statistics now on expected mortality, sepsis, infection, so the biggest thing you usually hear from value-based is tying those quality values into the reimbursement. So now what they are doing is if you don't meet certain criteria, patient satisfaction is one of them, your payment is actually reduced from Medicare. In some instances it could be increased, but you have to really be looking at that payment stream that is being affected by the quality you are having in your organization.

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

DiPietro Medicare is extremely different. Medicare is low reimbursement, so you barely cover your cost, but if you get a clean claim out and you get the bill to Medicare they are fairly good at repaying the claims and getting your money back in the door. But you are barely covering your costs. Medicaid obviously fluctuates from state to state because even though it's a federally funded program the states administer it. And so basically we get paid about 9 cents on the dollar, well below cost when we see the Medicaid patient.

So there are numerous issues with respect to the physicians on the outside and a lot of other standalone providers who don't accept Medicaid or limit their practices to Medicaid because they don't get reimbursed hardly anything. They can't afford to see a Medicaid patient and why see a Medicaid patient and get paid $10 when you can see a Blue Cross or Medicare patient and get paid $100? So the Medicaid population doesn't have a lot of doors open for care outside of the high, expensive areas i.e. the hospital or ER. So in the Medicaid

"This is pushing hospitals and physicians across the nation to consolidate. That's where you are finding you are having a lot of mergers and acquisitions or consolidations or partnerships, because as a standalone facility you really have a difficult time making it in this new next wave. Ultimately it is going back to accountable care or a capitated product."

program you are pushing more and more through the emergency rooms, but they don't get the healthcare they need until it becomes a chronic issue. Then you have a very sick, high cost population.

Now we just expanded Medicaid as of July 1. Immediately we have seen a swing from self-pay to Medicaid. That's expected and good, people would say, because self-pay generally doesn't pay you at all, so at least you are getting some cents on the dollar. But what I think you are going to end up seeing and what we are sort of seeing is if you go from no insurance to having insurance and that insurance doesn't cost you to have a copay or deductible or anything like that, then the utilization is actually increasing. So we are keeping a very close eye on that. Our emergency room, our Medicaid population, even combined with self-pay historically has gone up and above that over the last few months.

Some people say with the expansion you don't have bad debt anymore, you've got payment from Medicaid, which is something versus nothing, but at the same time I suspect you will see more unitization especially in a hospital environment.

Editor **And that leads to my next question...what is the impact of bad debt on hospitals? Does it result in cost-shifting?**

DiPietro You have two main factors with bad debt. You have a self-pay person who walks in the house and 100% of that, specifically inpatients and the larger dollars, you are not going to get paid, unless there is a third party liability, which is rare. So your collection on a self-pay is one percent at best. Some of the outpatient they do pay. And a lot of them if you are setting up payment plans or elective surgeries they will come in and self-pay, but really they have a contracted agreed upon rate. But then you also have, which is the growing portion of what we have an issue with, is the government pushing more and more people to high deductible plans. And when you have these high deductible plans and more coinsurance to the employee or patient you are fighting that more and more and that is going to bad debt.

So the government came in with the Affordable Care Act and they said, "Alright employers you have to cover all these people and you have to do a, b, and c." So they took away pre-existing, they took away lifetime maximums, they made them cover wellness, they made them do certain factors in the Affordable Care Act, which pushed more cost to the employers in order to pay their employees' insurance. So when they did that the insurance companies and the employers pushed the cost to the employee through higher deductibles, forcing them to pay more for their coverage. The premiums might have stayed the same or slightly higher, but it's really the out-of-pocket deductibles that people can't meet—$5000, $10,000 deductibles.

Editor **Does the high deductible expose the hospital to more risk of collection, because you are collecting from individuals?**

DiPietro Correct. Very much. A lot of that goes to bad debt. Basically you have someone coming in who has insurance so we might try to collect the deductible or down payment or something at the time of service, but it's generally not the full amount. It goes through insurance and insurance processes it so where they might have paid us $5000 for a surgery and the patient might have, in the past, paid $100 to $200 of that surgery, now it comes through and processes and the patient owes $3000 of it, and the insurance company is only paying a $1000. So now this $3000 that we would have gotten, had it not been a high deductible plan, the patient's responsible for and it generally goes to bad debt.

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

DiPietro It's a constant battle. We had several initiatives this last year with respect to a labor initiative where we are really looking at tying in productivity, monitoring and pushing resources down to individual desktops with respect to trying to help them understand and monitor their staffing, to be more efficient. Looking at those places where we have low-hanging fruit and make sure that what you're doing is necessary kind of work.

We've done initiatives with looking at purchasing services to go back through and relook at these contracts we have with all these vendors and really determine what's necessary and not necessary. We can address some of the cost that is associated with those services and try to reduce those.

With supplies, we have also done initiatives. We have a partnership with a larger institution and so with them and with other purchasing agreements like Vizient or VHA, we are able to look at trying to get better deals. We're conscientious about trying to look at, especially new products, but with everything that comes in, trying to really negotiate and not just accept what the vendor comes in with, but really try to get the best price we can.

It's just a constant, ever-changing battle. We are also now looking at utilization of certain things and trying to streamline the treatment of patients. So a clear one is dialysis on the day of discharge. We don't get reimbursed for dialysis as an inpatient and so that patient should be able to go to their normal dialysis facility. But sometimes they will keep them in here and provide dialysis for them the day of discharge, versus letting them go and have their service on the outside. It's things like that, trying to get the patient to have the right services in the right location for the right reason.

Editor **How are you handling pricing and price transparency?**

DiPietro We are not doing a great job with price transparency. We're in the process of trying to develop a website where we can list our prices more efficiently. It's a hard balance to do price transparency or self-pay or cash pricing without walking a fine line with the managed care contracts you have. With managed care you negotiate a rate with Blue Cross, United, etc., so if I come in and I offer this self-pay price of $5000 to a patient, but Blue Cross pays $7000, we have to be real careful with respect to those lines.

We also have an employee onsite who

I THINK THEY ARE DOING IT A LITTLE BIT SMARTER THIS TIME AROUND...

estimates the reimbursements when you do have insurance coverage and we do provide that service, providing those estimates when people call. We will let them know what we believe their insurance will reimburse. Because that's the black hole. People don't know. Because our contract with Blue Cross is different from Lakeview's contract with Blue Cross, is different from the Heart Hospital's contract with Blue Cross. Everybody has an individual contract so the patient really has no clue when they come what the test is really going to cost and what their portion of it is going to be.

Editor **What are some hospital strategies for funding capital improvements?**

DiPietro We are sitting in a little bit better position in that we have a large amount of cash. We have about 230 days of cash on hand, but we try to make sure we are using the cash correctly. We just did a debt issue, for capital expansion, to set up for down the road when we will be trying to get more private beds and get rid of our semi-private. But we are trying to expand some of our lab, pharmacy, and support areas and we did go out with issuing new debt because the rates are so cheap with respect to interest expense.

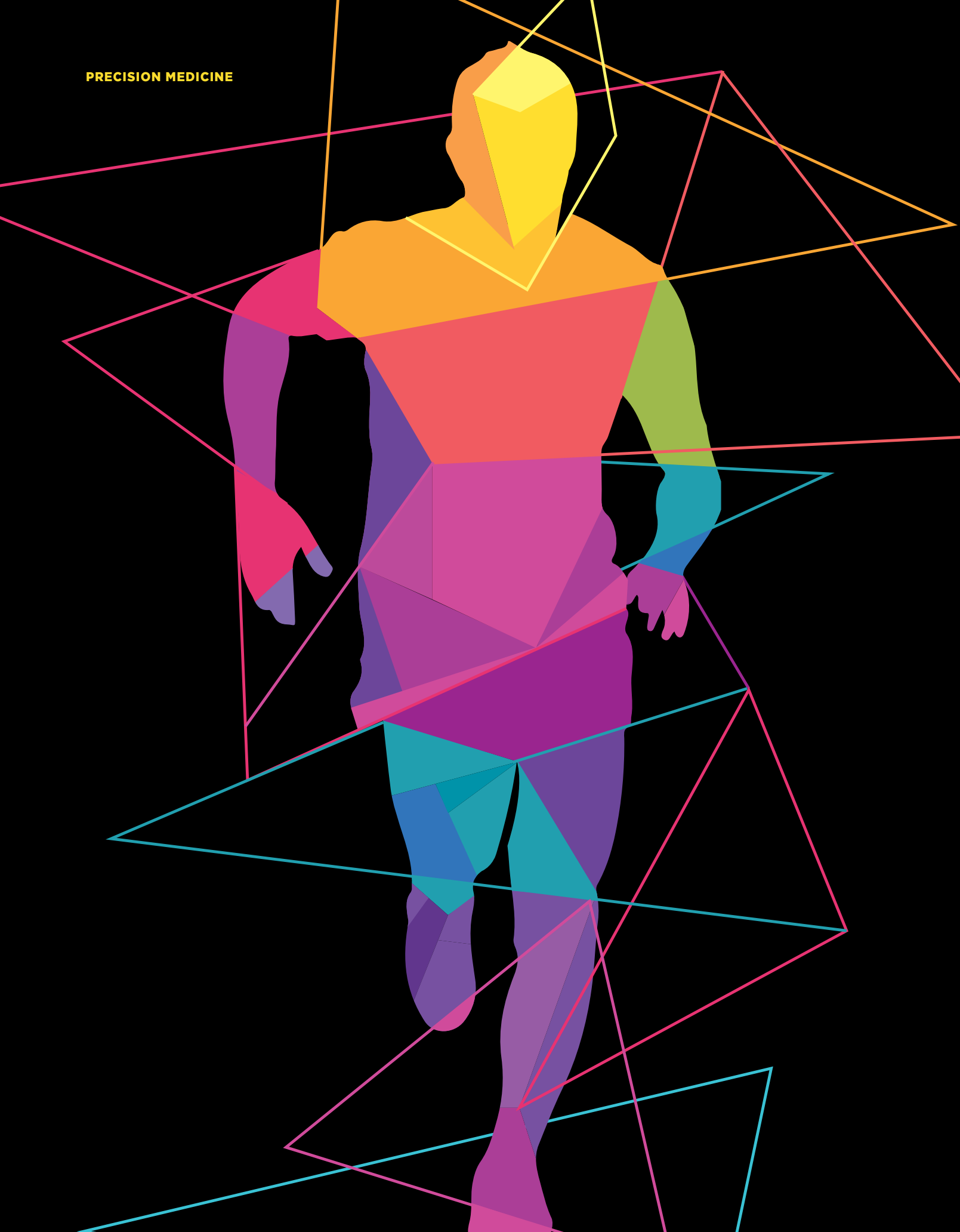
But we do attempt to use our own internal dollars, we look at the cash and project where we believe the cash comes into the organization, and probably about half of that we'll put back into the equipment or process through with capital improvement. We can also do things like operating leases that will help instead of purchasing, especially if equipment has rapid technology turnover. So spending your dollars on something like that is sometimes not worth it if within three years new technology's out and things are changing.

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

DiPietro I think it's definitely reimbursement and understanding cost, which is always a struggle. As you started off with, it's the jump to value-based. How do you change your system from a per widget-based reimbursement to managing the patient's care even into an environment where you might not have full control over what happens outside your doors? So you are changing your whole methodology in some instances and having to incur additional cost and put structures in place in order to track and monitor and provide the services in a different way. So jumping and moving and going to these bundled care packages and being forced to do it quickly, which is part of what's happening with CMS fast-tracking it, it's very difficult.

And then how do you do it and still make sure you are providing high quality, that you are being safe, without tanking the whole organization?

Reimbursement is changing, insurance is changing, I think we are setting ourselves up to become part of a large ACO, where you get your patients and in some point in the future you manage them like the old capitated model. You are going to manage the patients in a capitated environment. I think they are doing it a little bit smarter this time around in that they are tying it to quality and people are setting themselves up in larger regional reaches in order to make sure the patients have lots of choices, but still stay within the partnerships or mergers, the health system itself. ■



Precision Medicine

By **Claudia S. Copeland, PhD**

HARNESSING THE EXTRAORDINARY GROWTH IN MEDICAL DATA FOR PERSONALIZED DIAGNOSIS AND TREATMENT

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

New Tools for Precision in Diagnosis and Treatment

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

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

BY THE U.S. FOOD AND DRUG ADMINISTRATION (FDA_LAB_ATLANTA_2050) VIA WIKIMEDIA COMMONS

risks of side effects). Another assay assesses the likelihood of benefiting from radiation therapy for ductal carcinoma in situ (DCIS), the most common type of non-invasive breast cancer.

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

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

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

The CDC lists over 90 genomic tests

THE GENOMIC ACCESS PROGRAM

In order to assist with verifying insurance coverage and obtaining reimbursement, Genomic Health, the makers of the Oncotype Dx assay, offer a program called the Genomic Access Program. If you do not have or cannot secure insurance coverage, the Genomic Access Program may be able to help. Various forms of financial assistance and payment plans are available for people facing financial hardships or those who are uninsured or underinsured. The Oncotype DX test costs about $4,000. For insurance- and payment-related questions, call 1-866-ONCOTYPE (1-866-662-6897).

Dr. Miele believes that "a critical element in the use of precision medicine is clear clinical guidance for health care providers, patients and patient families."

Dr. Lucio Miele

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

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

Small Companies: The Vanguard of Clinical Genomics

New tests are being developed every day, and many are moving towards approval. Meanwhile, though, several small companies are moving forward with genetic tests that have not yet gone through the clinical approval process, with results given to the physician in the form of a "research report" rather than a "clinical report". It is made clear to both the patient and the physician that this is NOT a clinical lab report, but the physician can use the information as supplementary data; it is up to the physician to evaluate what can or cannot be concluded from the data. Dr. Ayyamperumal Jeyaprakash is Chief Research Officer of NCF Diagnostics and DNA Technologies in Gainesville, Florida, a company that has designed several proprietary gene tests to detect mutations linked to heritable diseases. Dr. Jeyaprakash, who uses next generation sequencing (NGS, the powerful sequencing technique that is enabling affordable whole-genome sequencing) for screening crop plants for plant pathogens, explains that NGS testing for human diseases is still in the research stage. Some companies are doing it, but since it is considered research data, insurance companies will not pay for it. Instead, the current focus in human disease is on more specific tests.

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

DNA is not the only biological sequence data with clinical potential. Beyond genomics lies the analytical potential of transcriptomics (RNA sequence analysis), proteomics (amino acid sequence analysis), metabolomics (analysis of small-molecule metabolites), and other "omics" analyses. New Orleans-based Pine Biotech is developing a platform to provide a user-friendly interface for non-bioinformatician biologists and clinicians to harness the power of multi-omics analysis. "Collectively, we have been investing time and money into understanding the molecular machinery inside every cell," states CEO Elia Brodsky,

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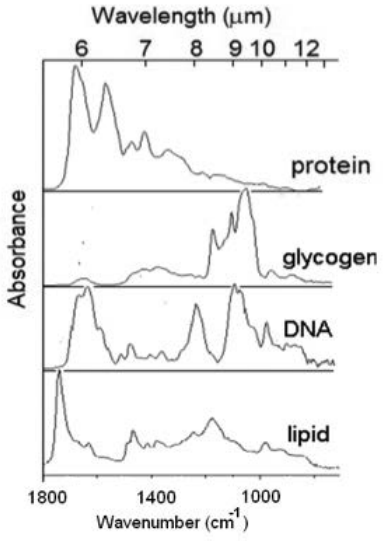
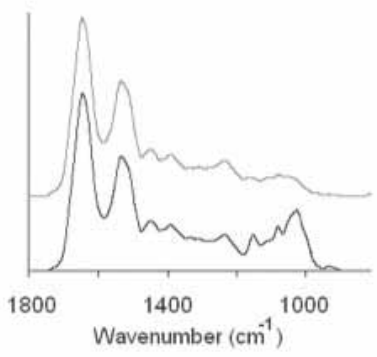
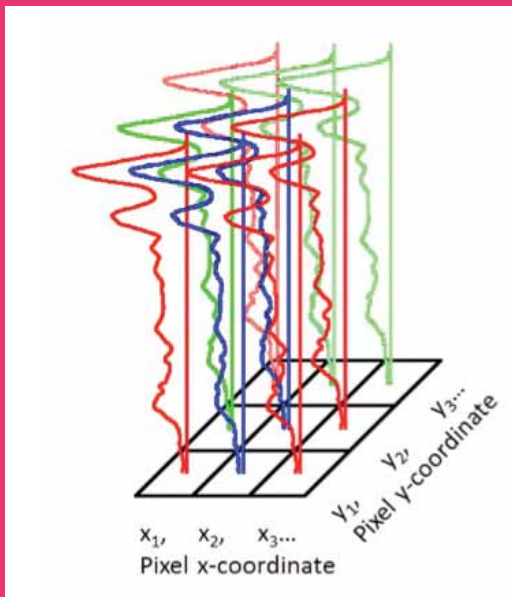




LEFT Infrared absorption spectra of typical constituents of cells and tissue.
ABOVE Examples of two pixel spectra of liver tissue. The top represents a spectrum of diseased liver, whereas the bottom spectrum is from normal liver tissue. The two spectra differ mostly in the glycogen content.



"Researchers now know that the complex network of relationships between genetic code, proteins and intra-cellular communication holds the key to solving some of the most pressing challenges in healthcare - from cancer to chronic diseases, to infectious diseases. This data can be captured on an individual level and analyzed for previously undetectable irregularities." His vision is to "enable researchers and clinicians to extract real insight from omics data; we hope that new and more effective approaches to diagnostics and therapeutics will be developed. Eventually, the efficiency of early detection and new targeted therapeutics will translate into longer, healthier lives for patients, with fewer side effects and cheaper treatments or even completely new ways to manage disease."

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

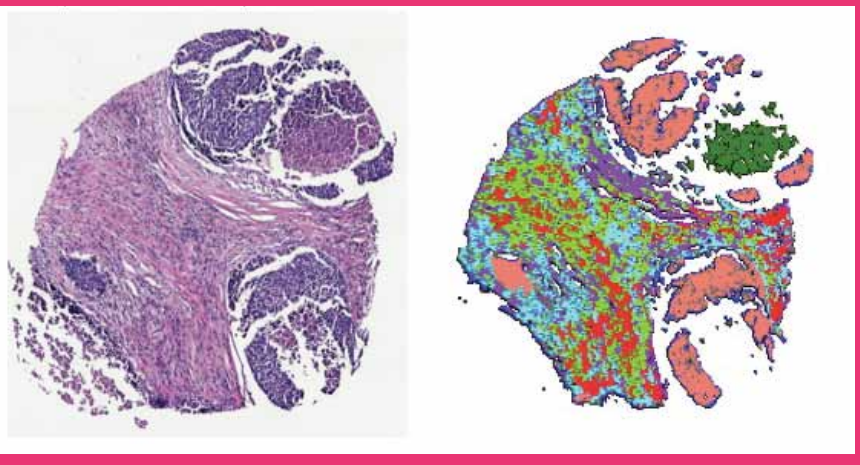
Visualizing Tissue Biochemistry

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

Bioinformatic analysis of the spectroscopy data is essential to the technique, explain Cireca scientists Max Diem and Aysegul Ergin. Infrared spectral imaging is carried out on 5 mm-thick tissue sections measuring from a few mm2 to cm2 in area. The slide image is then divided into pixels

LEFT For spectral imaging, 100,000 to millions of infrared spectra are collected from pixels ca. 5 µm on the edge of the tissue sample. The pixel size is about the size of the nucleus of a cell. These spectra constitute a "hyperspectral datacube" shown at left. Here, each pixel spectrum is defined by the x and y coordinate of the pixel from which the spectrum was collected. The protein and glycogen peaks in this datacube are clearly detectable.

RIGHT Infrared spectral imaging allows the rich infrared spectral signatures of biological compounds to be exploited. Here, a section of tissue was stained using the classical H&E stain, and imaged using a standard microscope (left). The right image represents the infrared-based pseudocolor (SHP) image from the same tissue, obtained using the Cireca methodology. The structures detectable by a pathologist in the left image correspond very closely to the features in the right image.



Dr. Ayyamperumal Jeyaprakash

Dr. Aysegul Ergin

of about 5 mm square, which represent a cube with all edges 5 mm in length. Within each of these pixels, between 100,000 and several million infrared spectra are collected. Collectively, these spectra constitute a "hyperspectral datacube". Powerful computational technology then assembles this massive amount of imaging data and either uses it for machine learning analysis or transforms it into a color representation, called a "pseudo-color image", with all similar spectra assigned the same color. Looking at such an image side-by-side with a normal H&E stained histopathology image, they clearly represent the same sample, with the H&E image showing the morphology of the tissue and the Cireca image visualizing the biochemical nature of the tissue. Essentially, this allows a pathologist to look at the cells in a tissue sample "inside and out", with a level of precision far surpassing anything possible with a conventional image.

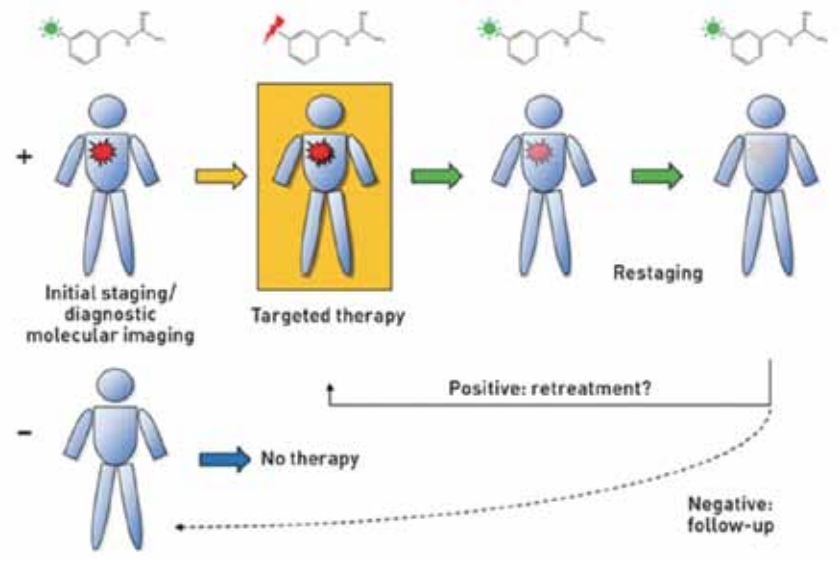
Cireca's goal is to enable pathologists and oncologists to gain a highly precise picture of a biopsy sample. "Patients want to know exactly what type of cancer they have, they need to know this," Stan Remiszewski, Vice President of Research & Development at Cireca, explains. "Oncologists want to prescribe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

Visualizing Drugs in the Human Body

In another perspective on "inside-out" imaging, Vyripharm Biopharmaceuticals of Houston is focused on personalized medicine via real-time visualization of drug metabolism. Vyripharm is developing drugs with

Dr. Elias Jackson

chemical markers that allow them to be visualized as they move through the body, using standard clinical imaging methods such as PET, CT, or MRI. Using this technology, doctors can make precise, personalized decisions about optimal dose and which drug will work best in that particular patient, President of Research and Development Elias Jackson explains. To visualize the action of a drug–uptake, metabolism, etc.–in the patient, Vyripharm uses "a chelator-based technology that allows us to add a metal to the drug that will allow for an imaging of the drug in the actual patient's body." So, in a hypothetical clinical use, "in the beginning, the patient will come in and the physician will do the imaging with the medication, to calculate the correct dosage with the patient--see how much is being taken up by the body. Based on that, the physician will determine how much to put the patient on. Depending on the patient, the doctor may monitor him or her, giving the drug with the imaging agent [as treatment]. The patient would come in at the end of each week and we'll take an image, or they could just come in at lunch and take an image. If everything's great, they can just move forward with the medication." If not, though, the doctor has gained power in a few major ways: first, he or she can see what is happening with the drug and decide on the next drug to try based on individual patient characteristics; for example, the drug may not localize well to the target organ in this patient. Second, it saves the time involved in a watch-and-wait process of trying a drug, seeing if it works, and if not, trying a different drug, etc. While payers are interested in this because saving time and testing means saving money, the value goes well beyond simple efficiency–time wasted can mean progression of a disease and unnecessary patient suffering.



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

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

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The End Game

PROVIDERS, PATIENTS EMBRACING IMPROVED END-OF-LIFE PLANNING

By **John Mitchell**

When Melissa Pennebaker, CNP, the Cancer Center Nurse Practitioner in the Palliative Care Program at the Touro Infirmary in New Orleans thinks about the patients she has helped navigate through cancer – and sometimes through their final days – she remembers the young doctor.

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

But live he did – for five more weeks. With end-of-life care from the Touro palliative care team, the young father and husband began feeling better. He was kept comfortable from pain, living his final days with some measure of control. He spent time with his wife and kids, and visited with family and friends who flew into town to say goodbye.

Better quality of life is the common theme mentioned by palliative and hospice care clinicians who spoke to *US Healthcare Journals* about new Medicare end-of-life rules that went into effect this year. Medicare now reimburses doctors and other qualified clinicians such as Pennebaker to help patients with end-of-life planning. Sometime this means palliative care, which manages patients with long term conditions, such as a failing heart, to stay comfortable at home for years. Other times it means hospice care for patients diagnosed with a terminal condition, such as lung cancer. Both adults and children benefit from this relatively new field of medicine that is rapidly gaining widespread acceptance among doctors, patients, and families.

There is strong evidence for this new way to manage patients with chronic and terminal conditions. According to the Kaiser Family Foundation[1], eight out of ten of the 2.8 million people who died in the U.S. in 2014 were covered by Medicare. One quarter of traditional Medicare healthcare spending happens in the last year of life – a statistic that has held steady for decades. The system was ripe for reform and under the Affordable Care Act, doctors and nurse practitioners are now encouraged to educate patients about end-of-life choices. This is becoming a boon to hospitals that began developing palliative and hospice care programs in recent years, motivated by compassion for patients.

In his best-selling book "Being Mortal" which examines the changing role of end-of-life care, Atul Gawande, MD, a surgeon at Brigham and Women's Hospital in Boston, cites compelling data for end-of-life palliative and hospice care.[2] In a 2010 Massachusetts General Hospital study, patients who saw a palliative care specialist stopped chemotherapy sooner, entered hospice far earlier, and had a better quality of life. And like the young doctor at Touro, they lived 25 percent longer than patients who continued therapy until their death.

"Our role is to support patients and families dealing with serious illness," explained Mary Raven, MD, Co-Medical Director of the Palliative Medicine Service at Our Lady of the Lake Medical Center in Baton Rouge. She is

Melissa Pennebaker, CNP

> "We're not here to push an agenda – a patient may not be ready to talk about a Do-Not-Resuscitate (DNR) order or hospice care. We just provide guidance."
>
> Mary Raven, MD, Co-Medical Director, Palliative Medicine Service, Our Lady of the Lake Regional Medical Center

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

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

Mary Raven, MD

Carrie Brown, MD

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

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

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

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

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

"The kids definitely have a better quality of life. They are at home with their parents, siblings, and pets. They get to go to sporting events and school plays because we can take away their pain and help with their anxiety." But she stressed that an at-home death is not best for every patient and they work to accommodate what the family needs.

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

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

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

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

But she can't imagine doing any other patient care and has been a palliative and hospice nurse for 17 years.

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

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

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

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

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> "We stress to patients that this is their journey and they are in charge. The plan of care can change every day depending upon what the patient wants. Our goal is not to waste any of the precious time they have left."
>
> Cheryl Bays, RN, Certified Hospice and Palliative Care Nurse

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

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

Cheryl Bays, RN

Stanley Kellar, MD

This is no doubt why a recent survey by the California Health Care and Cambia Foundations[3] found that physicians are not only uncomfortable initiating end-of-life discussions with patients, but half said they have never had such conversations with their own doctor. While only a third of doctors in the survey have reported receiving any training in end-of-life discussions, that is starting to change.

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

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

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

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

"About ten percent of patients a pulmonologist sees every year die – often on a vent – because of end stage disease," he said. "I

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

Sarah Beth Harrington, MD

Sue May

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

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

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

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

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

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

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

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

ENDNOTES

[1]http://kff.org/medicare/fact-sheet/10-faqs-medicares-role-in-end-of-life-care/

[2]"Being Mortal", Gawande, Atul, pg. 177

[3]http://khn.org/news/most-doctors-unsure-how-to-discuss-end-of-life-care-survey-says/

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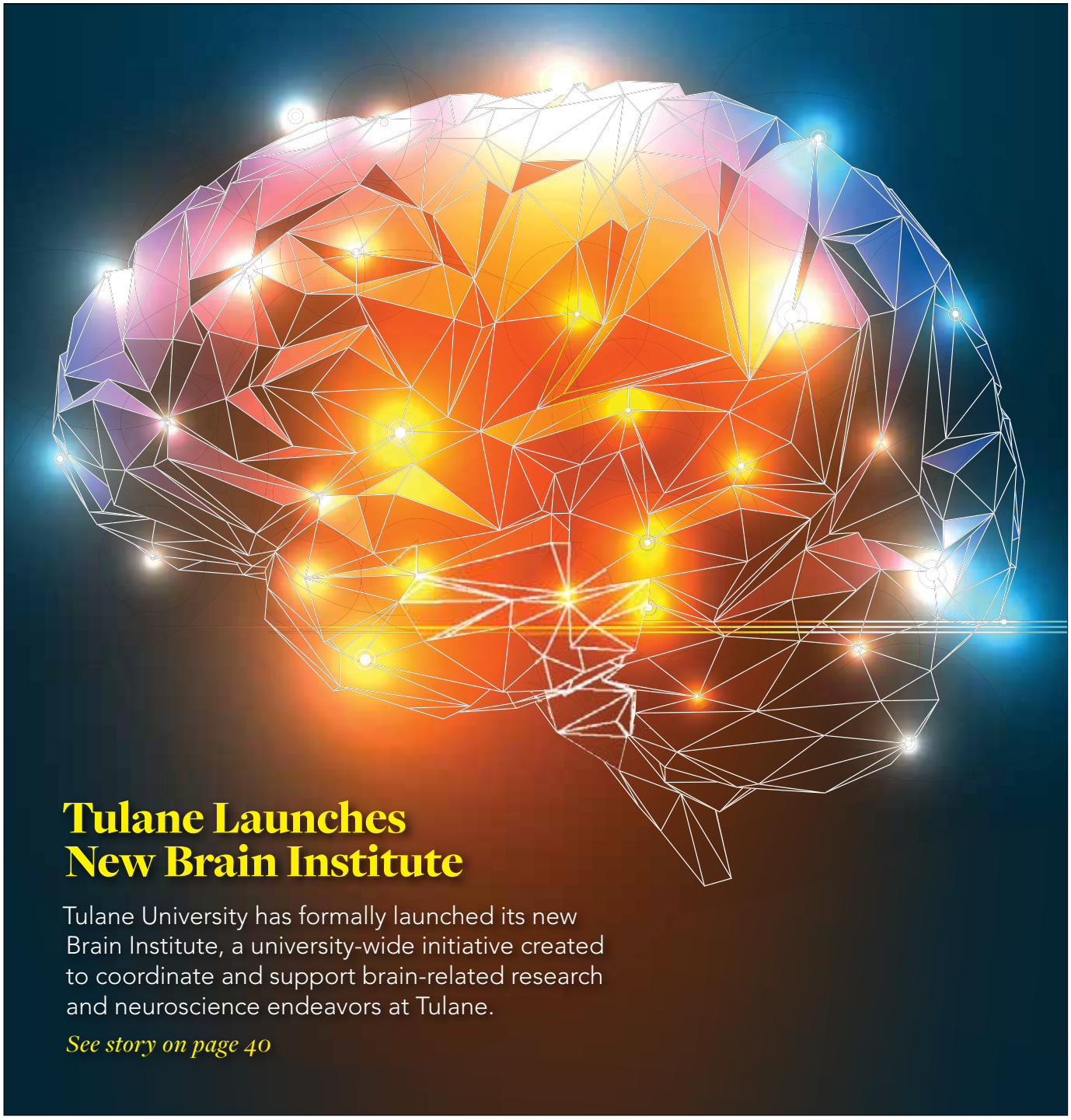

Tulane Launches New Brain Institute

Tulane University has formally launched its new Brain Institute, a university-wide initiative created to coordinate and support brain-related research and neuroscience endeavors at Tulane.

See story on page 40

Healthcare Briefs

STATE

CIS Opens in Meridian

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

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

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

Blue Cross Foundation Recognizes 2016 Angel Award® Honorees

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

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

Receiving the Angel Award this year were:

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

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

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

• Keith "Keif" Hester of West Monroe. Hester is a physical therapy technician who goes above and beyond to help children to overcome seemingly impossible odds on the road to self-sufficiency.

• Teri Hrabovsky of Jefferson. Hrabovsky and her husband, Brian, have fostered over 50 kids and built One Heart NOLA, a network of volunteers and donors who are ready to provide necessities for foster families at a moment's notice.

• John Lombardo of Thibodaux. One of the youngest Angels, Lombardo has rigorously pursued a life of service of children through the Thibodaux Kiwanis Club and as a Court Appointed Special Advocate for children.

• Dr. Ruby C. Scroggins of Shreveport. Dr. Scroggins is the principal of J.S. Clark elementary school, where she has worked to break down the educational barriers created by poverty by establishing reliable access to food for her students and their families.

• John Wondergem of Covington. Wondergem and his wife, Julie, have fostered dozens of children and opened Louisiana's first Royal Family Kids Camp, which provides a summer camp experience just for wards of the state.

Each year, the Foundation also honors a "Blue Angel," an employee of Blue Cross and Blue Shield of Louisiana who has shown extraordinary commitment to children. This year, the Foundation has selected two employees – Billie Jean Davis-Lomas and Glenda Chappell – who, over the last decade, have provided hands-on training, mentoring, and career development to Baton Rouge youth through the local chapter of Black Data Processing Associates (BDPA). The Foundation will make a $5,000 grant to BDPA in Davis-Lomas' and Chappel's names.

BioInnovation Center Names BioChallenge Finalists

The New Orleans BioInnovation Center announced four finalists in the 2016 BioChallenge Competition, an annual challenge that highlights and supports emerging life science startups across Louisiana that will generate jobs and economic growth in the state. The four companies were selected from a statewide applicant pool of nearly twenty startups developing new

CIS Opens in Meridian

disease treatments, better diagnostic tests, tools to improve healthcare delivery, advanced materials, and other technologies. The finalists are:

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

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

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

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

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

HMO Louisiana, Inc.'s Medicare Advantage Plan Details Released

Customers in 14 parishes across Louisiana can now learn 2017 plan details for Blue Advantage (HMO), a Medicare Advantage product from Blue Cross and Blue Shield of Louisiana subsidiary HMO Louisiana, Inc.

This is the time when customers can start reviewing plan information to decide if Blue Advantage is right for them. Enrollment applications are accepted from Oct. 15 – Dec. 7, 2016. Coverage becomes effective Jan. 1, 2017.

Louisiana Healthcare Organizations Expand Health Leaders Network Partners

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

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

In addition Health Leaders Network and UnitedHealthcare have signed an agreement to launch an accountable care program in UnitedHealthcare's employer-sponsored plans in Louisiana.

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

BCBSLA Recognizes Top-performing Clinics

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

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

Highest Achievement in Diabetes Care 2016: The Family Doctors – Shreveport

Highest Achievement in Hypertension Care 2016: Bossier Family Medicine

Highest Achievement in Vascular Care 2016: Bossier Family Medicine

Highest Achievement in Kidney Care 2016: Bella Family Medical – Baton Rouge

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

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

Blue Cross also recognized more than 175 primary care doctors from around the state for achieving top scores on the clinical quality measures.

AG Books Four on Medicaid Fraud

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

Mary Altemus, 51, of LaPlace, was arrested on 4 counts of Medicaid fraud. Altemus allegedly

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submitted time sheets and service log for services not rendered.

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

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

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

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

Humana Foundation Donates to Louisiana Nonprofits

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

Additionally, the Humana Foundation will match up to $25,000 in gifts from Humana associates to the American Red Cross, for a potential total of $50,000 to the American Red Cross from the Humana Foundation on top of associate contributions.

LOCAL

Keynote Speakers Named for BioInnovation Center Conference

The New Orleans BioInnovation Center has announced the keynote speakers for the upcoming Innovation Louisiana 2016 conference, an educational event on November 14 and 15 that educates attendees on translating cutting-edge scientific research into viable businesses.

Dr. Brett Wingeier of startup Halo Neuroscience will offer a keynote speech to close the first day of the conference. His company uses neurostimulation, or light electrical pulses, to improve the performance of professional athletes, and Dr. Wingeier will discuss these efforts and the work of his previous startup on an implantable medical device that stops seizures in epilepsy patients. On Tuesday, Rachel Rimsky of the Michael J. Fox Foundation for Parkinson's Research will offer the event's closing keynote, discussing the Foundation's work to accelerate the development of new breakthroughs for patients suffering from Parkinson's.

Additional speakers include investors from Louisiana, Texas, California, and other regions, as well as innovation experts from major industry corporations Pfizer, Medtronic, and Becton Dickinson. Other leaders from Sultan Ventures, Carmell Therapeutics, Blue Cross and Blue Shield of Louisiana, Ochsner Health System, and numerous other organizations will also participate in panels. Session topics will include finding funding for development and commercialization, building a strong team, conducting customer and market research, securing development partners, preparing to introduce innovations in clinical settings with doctors and patients, and much more.

The conference is presented with major support from JPMorgan Chase. Registration and more information are available at neworleansbio.com/innovationla. Discounted tickets are available for students.

Tulane Launches New Brain Institute

Tulane University has formally launched its new Brain Institute, a university-wide initiative created to coordinate and support brain-related research and neuroscience endeavors at Tulane.

The Institute combines expertise and research from faculty, postdocs and students (from undergraduates to PhDs) at the Schools of Medicine, Science and Engineering, Public Health and Tropical Medicine, Liberal Arts, and the National Primate Research Center.

Marta and Bill Marko provided the lead gift to jumpstart the initiative, which has set a fundraising goal of $50 million. To date, over $3.7 million has been raised.

Even before the fundraising is complete and all of the physical infrastructure is fulfilled, the Brain Institute is already making a difference across campus through the Marko Spark Innovation Research Fund. This research fund encourages collaborative, daring brain research in memory, cognition, and neurodegeneration early-stage studies across the university.

The Brain Institute will have a physical presence on both the uptown and downtown campuses. The center of activity uptown will be in new soon-to-built facilities at the state-of-the-art Donna and Paul Flower Hall for Research and Innovation, while downtown the activities will be spread throughout the Health Sciences Campus and at the newly renovated J. Bennett Johnston Building.

Baudry Therapy Center Launches Return to Sport Program

Baudry Therapy Center | BRIO recently launched its new Return to Sport program, a four phase analysis that provides injured athletes evidenced-based care and gives them the confidence they need to resume athletic activity.

The program begins with a physical therapy evaluation to identify the injuries that cause the pain and dysfunction keeping athletes off of the field. A spectrum of tests, including Functional Movement Screen, Y-Balance Test, Hop Testing, combined with Move2Perform analysis gives a full picture of an athlete's readiness to return to sport.

Research Highlights Cancer & Sugar-Sweetened Beverages Link

A study conducted by researchers at LSU Health New Orleans suggests that age is an important factor in the association between cancer and sugar-sweetened beverages and recommends that intervention programs to reduce consumption of added sugar be focused on lower socio-economic status, young males, as well as cervical cancer survivors. The study is published in the October 2016 issue of *Translational Cancer Research*.

Sugar intake or sugar-sweetened beverage consumption has been demonstrated to have a positive association with obesity, diabetes and cardiometabolic diseases, as well as some cancers. As more people are surviving cancer, the consumption of added sugar will be an increasingly important risk factor.

Case Demonstrates Best RX Options for Advanced Skin Cancer

A new case study by a team of surgical oncologists and plastic and reconstructive surgeons at LSU Health New Orleans School of Medicine highlighted the frequency and clinical challenges of treating advanced skin cancers in older people.

They reported the best treatment options for neglected skin cancer in the elderly, as well as a new drug that may be useful in very advanced or previously untreatable cases. The paper is published in the *Journal of Surgical Case Reports*.

The authors noted that timing of diagnosis and extent of disease determine the standard of care for basal cell carcinoma, which could be non-surgical management with topical therapies. Advanced tumors require complex surgery and reconstruction, often accompanied by radiation therapy.

The authors noted the early success of vismodegib, a small molecule inhibitor and oral medication for metastatic basal cell carcinoma, local recurrence after an initial operation, and patients who are not candidates for either surgery or radiation. Clinical trials showed response rates of 58%, 30% in metastatic disease and 43% in locally advanced disease with minimal adverse effects.

Research Reveals How Psychedelics Alter Brain Function

Surprising findings of LSU Health New Orleans research on the brain's response to psychedelic drugs include that psychedelics directly activate only about 5% of brain cells, even in the most highly responding areas of the brain. Led by Charles Nichols, PhD, Associate Professor of Pharmacology and Experimental Therapeutics at LSU Health New Orleans, the research is the first to comprehensively examine the effects of psychedelics at the cellular and molecular level in the intact living brain and describes a level of detail not previously known. The research in rodents, published online in the journal *EbioMedicine*, represents a major step toward understanding how psychedelic drugs alter brain function.

Other findings of the research include that other types of cells, not just neurons, were also activated in the rodents' brains, and the types of cells activated and the genetic response in activated cells, even of the same type, differed between brain regions. Now, instead of thinking that one region or another of the brain is activated by psychedelics, we know that this activation represents a complex interplay between specific subsets of cell types.

PHOTO BY PAULA BURCH-CELENTANO

Tulane Launches New Brain Institute

In terms of translating these discoveries to therapies, it is a leap forward towards understanding cellular mechanisms in the living brain underlying not only the ability of psychedelics to potentially treat anxiety, depression, and addiction, but of normal cognitive processes as well.

Tulane to Study How Age Affects Blood Vessels

Tulane University researchers have been awarded a $1.1 million grant from the National Institutes of Health to study the effects of aging on the growth of new blood vessels in the human body.

It is hoped that learning more about how age affects the growth of new blood vessels, also known as angiogenesis, will help guide the future treatment of diseases.

In many age-related diseases – such as cancer, eye diseases and rheumatoid arthritis – blocking the growth of new blood vessels would be beneficial. In others – such as heart disease, stroke and hypertension – promoting the growth of blood vessels would be desirable.

Walter Lee Murfee, an associate professor of biomedical engineering, and Bruce Bunnell, director of the Tulane Center for Stem Cell Research and Regenerative Medicine and professor of pharmacology, will conduct the study over the next four years. The two researchers are also members of the Tulane Center for Aging, which

PHOTO BY PAULA BURCH-CELENTANO

Tulane to Study How Age Affects Blood Vessels
Tulane researchers Walter Lee Murfee, left, and Bruce Bunnell are partners in a $1.1 million study on aging.

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Larry H. Hollier, MD, FACS, FACC, FRCS

Sarah Gray

Brian Lee, MD

was instrumental in providing the initial resources for the start of the work.

Murfee says a major issue with aging is that the growth of new blood vessels is impaired. Most treatments for age-related diseases however, are developed using young adult animal models. This approach is problematic and does not account for the inherent changes to blood vessels growth resulting from age, Murfee says.

Murfee and Bunnell hope to identify novel molecular and cellular causes of the impaired angiogenesis, while developing a new way of evaluating angiogenic therapies in aged tissues.

Compared to existing approaches, the model offers a real-time view of whole microvascular networks.

Boys and Girls Club Launches AHA Teaching Garden

The Boys and Girls Club of Covington is planting an American Heart Association Teaching Garden as part of an educational initiative to help build healthy bodies and minds, locally sponsored by Chevron.

This Teaching Garden was created using American Heart Association science and nutrition guidelines coupled with information from gardening and education experts, all thanks to Teaching Garden founder Kelly Meyer. The program combines nutrition education with garden based learning. It is a real-life laboratory where students learn how to plant seeds, nurture growing plants, harvest produce and ultimately understand the value of good eating habits. Numerous studies have shown that participation in school garden programs can have a positive impact on student's attitudes toward fruits and vegetables.

Researchers Report New Zika Complication

Dr. John England, Professor and Chair of Neurology at LSU Health New Orleans School of Medicine, and colleagues in Honduras and Venezuela have reported a new neurological complication of infection with the Zika virus. They described the first confirmed case of Zika-associated sensory polyneuropathy in a paper published online by the *Journal of Neurological Science*.

LSU Psychiatry Awarded Grant for Terrorism & Disaster Resilience

LSU Health New Orleans School of Medicine's Department of Psychiatry has been competitively awarded a $3 million grant over five years by the Substance Abuse and Mental Health Services Administration to build the Terrorism and Disaster Coalition for Child and Family Resilience. It was the only grant focusing on terrorism and disasters funded.

The proposed project will build on and adapt the National Child Traumatic Stress Network (NCTSN) model including Help Kids Cope, a digital application that allows for information sharing following various types of disasters. It will focus on general post-trauma support to a wide population of children and adolescents through schools, community agencies and religious institutions as well as the identification of high-risk children, adolescents and families who have experienced extreme exposure and losses, high levels of current stress and distress and developmental risk.

Hollier Honored by Texas Surgical Society

Larry H. Hollier, MD, FACS, FACC, FRCS (Eng.), Chancellor of LSU Health Sciences Center New Orleans, has been accepted as an Honorary Member and named a Fellow of the Texas Surgical Society. In the organization's 101-year history, only 22 surgeons in the country have been selected for this honor. Dr. Hollier is the third surgeon from Louisiana; the two previous recipients were the late Drs. Alton Ochsner and Isidore Cohn.

Dr. Hollier is a Fellow of the American College of Surgeons, the American College of Cardiology, the Royal College of Surgeons of England, and the Royal College of Physicians and Surgeons of Glasgow, Scotland. He is member of all major national and many international societies of vascular surgery including SVS. In addition to being a lecturer on vascular and endovascular surgery, Dr. Hollier is the author of more than 300 journal articles and has served on the editorial boards of 13 surgical journals. In addition to his duties as chancellor, Dr. Hollier continues to practice vascular and endovascular surgery.

Tulane Researcher Studies Children Exposed to Violence

Sarah Gray, an assistant professor of psychology at Tulane University, has been awarded a NARSAD Young Investigator Grant through the Brain and Behavior Research Foundation.

A NARSAD grant is one of the highest distinctions in the field of mental health research. Less than 200 researchers receive the prestigious grant each year, and Gray will use the money – up to $70,000 over two years – to study the development of children who have been exposed to violence or other traumatic events.

Gray's project is titled Parasympathetic and Behavioral Synchrony and Child Emotion Dysregulation Following Trauma. She and her team, which includes collaborators in the Tulane

Department of Psychiatry and the School of Public Health and Tropical Medicine, will investigate how potentially traumatic events affect the development of young children.

LSU Grant to Help Improve Oral Cancer Survival

Dr. Kitrina Cordell, Associate Professor and Head of the Department of Diagnostic Sciences at LSU Health New Orleans School of Dentistry, has been awarded a $5,000 grant by the Academy of General Dentistry to develop a school-wide program to teach patients about self oral cancer screening.

The program will consist of one-on-one educational sessions for patients with trained oral health care professionals – faculty, residents, and students – to include an explanation and demonstration of an oral cancer screening, a printed brochure and information about what to do when something unusual is found. This type of education will allow patients to continue to monitor their own mouths even if they do not regularly seek the care of a dental professional.

Tulane Researcher Finds Improvements in Soil Lead Levels

Hurricane Katrina devastated New Orleans 11 years ago, but the storm's legacy may have a silver lining: reduced levels of lead in soil across the city. Continuing research he started back in 1991, Tulane University School of Medicine professor Howard Mielke and his team collected thousands of samples for an updated survey of soil lead levels for the entire city. Their findings have been published in the journal *Environmental International*.

Mielke says prior to Hurricane Katrina, 64 percent of the children living in neighborhoods identified as high-lead areas had blood lead levels equal to or above five micrograms per deciliter. Ten years after Katrina, Mielke says the number of children with blood lead levels five and above in high-lead areas dropped to 19 percent. The median amount of lead in the soil dropped from 280 milligrams per kilogram (i.e. ppm) pre-Katrina to 132 mg/kg after the storm.

Tulane Researchers Find New Layers of Immunity

Tulane University researchers found some monkeys whose immune systems are depleted by the simian strain of HIV have a second line of defense against tuberculosis. The discovery could have significant impacts on future vaccines for TB. The research led by study author Deepak Kaushal, Professor of Microbiology and Immunology at the Tulane National Primate Research Center has been published in the *Proceedings of the National Academy of Sciences*.

Researchers Identify Risk Factors for Nonunion of Fractures

Dr. Robert Zura, the Robert D'Ambrosia Professor and Head of Orthopaedic Surgery at LSU Health New Orleans School of Medicine, was part of a research team that identified risk factors which may help orthopaedic surgeons better predict a serious complication of bone fractures. Fracture nonunion may be increasing as more patients survive serious fractures. The paper was published September 7, 2016, in the Online First section of *JAMA Surgery,* available at http://archsurg.jamanetwork.com/article.aspx?articleid=2547685.

The researchers found a nonunion rate of 4.93% overall with substantial variation from bone to bone. The lowest nonunion bone rates were in metacarpal at 1.47% and radius at 2.10%. The highest nonunion rates were in scaphoid at 15.46%, tibia+fibula at 13.95%, and femur at 13.86%.

The presence of other diseases boosted risk. Osteoarthritis, rheumatoid arthritis, and diabetes increased the odds of nonunion by at least 40%. Use of certain medications such as analgesics also upped risk. Other medications were protective. Antidiabetic medications, other than insulin, and oral contraceptives are inversely associated with nonunion.

Nonunion odds were significantly increased by many risk factors including the number of fractures, use of prescription analgesics (NSAIDs+opioids), operative treatment, open fracture, anticoagulant use, osteoarthritis with or without rheumatoid arthritis, anticonvulsant use with or without benzodiazepine, opioid use, diabetes, high-energy injury, osteoporosis, male gender, insulin use, smoking, obesity, antibiotic use, Vitamin D deficiency, diuretic use, and kidney insufficiency.

Lee Named Chair of Dermatology

After a national search, Dr. Steve Nelson, Dean of LSU Health New Orleans School of Medicine, has appointed Dr. Brian Lee Chairman of the Department of Dermatology.

In 2002, Dr. Lee accepted the position of Residency Program Director at LSU Health New Orleans School of Medicine. In addition to residency education and administrative roles, Dr. Lee has been an advocate of medical student mentorship. He is the first advisor of the Dermatology Interest Group and has spoken to every medical student interested in Dermatology. In 2014, Dr. Lee was appointed Interim Chairman following the sudden death of Dr. Lee Nesbitt.

Neuro-Oncologist Joins LSU Health Faculty

Aaron Mammoser, MD, recruited as an associate professor of clinical neurosurgery, will hold the Kelsey Bradley Favrot Chair in Neuro-Oncology at LSU Health New Orleans School of Medicine's Department of Neurosurgery. Dr. Mammoser is an MD Anderson-trained neuro-oncologist.

Dr. Aaron Mammoser joins the LSU Health New Orleans faculty from the University of Michigan, where he was a clinical assistant professor in the Department of Neurology with subspecialty training in Neuro-Oncology. He treated patients in the Neuro-Oncology Clinic in the Comprehensive Cancer Center.

LSU School of Nursing Earns Top Rankings

The School of Nursing at LSU Health New Orleans has been ranked the #9 nursing school in the United States, the #5 nursing school among public nursing schools nationally and the #2 nursing school in the Southeast region. The rankings resulted from an evaluation of data collected from nursing schools nationwide by *Nursing Schools Almanac*.

Factors considered for the rankings included the institution's academic prestige and perceived value, measured by graduates' ability to repay student loans in a timely manner, professional designations, grant funding and other established rankings; the breadth and depth of nursing programs offered; and student success, particularly on the NCLEX national licensure exam. After evaluating each nursing school on these criteria, Nursing Schools Almanac weighted the individual scores into one overall score and ranked the schools accordingly. ■

UPDATE:

Advance Care Planning in Long-Term Care Facilities

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

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

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

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

Thousands of health care professionals, patient advocates, and consumers across the state have received training and education in advance care planning through numerous "LaPOST Ready" education programs and virtual training courses. LaPOST awareness has grown exponentially, thanks to partnerships with health care professional and

Cindy Munn
Chief Executive Officer
Louisiana Health Care Quality Forum

patient organizations throughout Louisiana and an aggressive, integrated outreach strategy that includes social media, traditional marketing, and digital communications.

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

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

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

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

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

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

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

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

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

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

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

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

LaPOST Update

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

To download the new document, please visit www.la-post.org.

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

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

DR. LINDA AIKEN KEYNOTED the conference with her presentation, Using Evidence to Inform Practice and Policy. Dr. Aiken is a Professor of Nursing and holds the Claire M. Fagin Leadership Chair at the University of Pennsylvania. She is world renowned for her research on the use of performance measures to demonstrate relationships between nursing care and patient outcomes. Dr. Aiken challenged us with the information that in a 2015 survey of 27,319 nurses in 1,146 hospitals in the United States, 30% of nurses gave their own hospital a grade of C, D or F in overall safety, 29% graded their institutions similarly on prevention of infections, and 55% would not recommend their hospital to family and friends.[1] Contributing factors to these findings are insufficient nurses to provide quality care, lack of confidence in management to resolve problems nurses identify in patient care, nurse burnout, punitive disciplinary environments, frequent interruptions to the delivery of patient care. Recommendations to improve patient safety and improve the quality of the work environment for nurses included prioritizing managers' and policymakers' commitment to improving hospital work environments, including greater engagement by nurses in shared governance to improve patient outcomes and increase nurse retention. Additionally, hospitals are advised to standardize nursing qualifications at the bachelor's level.

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

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

MEETING SEPSIS MEASURES

	TO BE COMPLETED WITHIN 3 HOURS PRESENTATION	TO BE COMPLETED WITHIN 6 HOURS PRESENTATION
EARLY RECOGNITION	•Measure lactate level	•Apply vasopressors for hypotension not responsive to initial fluid resuscitation to maintain a MAP ≥ 65 mmHg
EARLY ANTIBIOTICS	•Obtain blood cultures prior to administration of antibiotics	•For persistent hypotension after initial fluid administration (MAP ≥ 65 mmHg) or if initial lactate was ≥ 4, reassess volume status and tissue perfusion and document findings
EARLY RESUSCITATION	•Administer broad spectrum antibiotics	•Re-measure lactate if initial lactate elevated
EARLY SOURCE CONTROL	•Administer 30 ml/kg crystalloid for hypotension or lactate ≥ 4	

describe the lived experiences of U.S. nurses in their working life. Finally, health policy changes are promoted in terms of nursing involvement in decision making activities that impact patient care and improvement in hospital work environments.

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

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

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

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

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[2]Dudley, D.B. (2016) Working conditions and general well-being, predictors of overall quality of working life of United States medical surgical bedside registered nurses in acute care hospitals. Proceedings of the 8th Annual EBP/Research Conference: Leveraging Innovation to Drive Healthcare Transformation. September 19, 2016. New Orleans, LA
[3]Winterbottom, F. and Alonzo, M. (2016) Surviving sepsis: Using evidence to design workflows in the electronic health record. Proceedings of the 8th Annual EBP/Research Conference: Leveraging Innovation to Drive Healthcare Transformation. September 19, 2016. New Orleans, LA

Fostering Growth

In my first column, I described the role of the New Orleans Business Alliance (NOLABA) as focused on attracting and retaining businesses for Orleans Parish, particularly those engaged in bio and health services innovation. My job is to identify the assets and attributes that make New Orleans a great place to expand, relocate or build a business, then communicate those to prospects, and, with the right combination of strategic fit and demonstration of the bottom line advantages, convert them to new New Orleanians. As I mentioned previously, in this column I'll talk about the kinds of companies that offer the best fit for the New Orleans BIO landscape and why.

Our Asset-Rich Landscape

During the first few months in this position, my primary objective was to learn more about the city's advantages. I'm happy to say I found a particularly rich environment for clinical and commercial activity, one that offers potential for short-term, mid-term, and long-term growth. The richness stems from several factors.

First, as many in the local Bio community know, we have a legacy of specific contributions to medical and life sciences discovery, particularly in the areas of infectious and tropical diseases, chronic disease management, neuro-degenerative and musculoskeletal diseases, trauma and behavioral health, and a number of cancers. This legacy continues through the present day, and offers a sound foundation on which to build new commercial opportunities.

Second, although it may seem counter-intuitive, is our chronic disease burden. Despite the heavy toll it takes on our population, it also represents an opportunity for innovative companies addressing such conditions to create large scale public health impact. In fact, the diversity of the New Orleans region is often cited as being among the factors attractive to those working on new therapies because it is a relatively underserved patient population mix. For example, a company looking at innovative diabetes or obesity treatments – particularly for those in identified ethnic groups or with specific complicating health conditions – could benefit from partnerships with New Orleans health systems.

The third factor is a combination of incentives and environment. Louisiana offers the most aggressive software development incentive in the nation. It provides a 25 percent tax credit and is open to companies developing digital interactive products or platforms in Louisiana. When combined

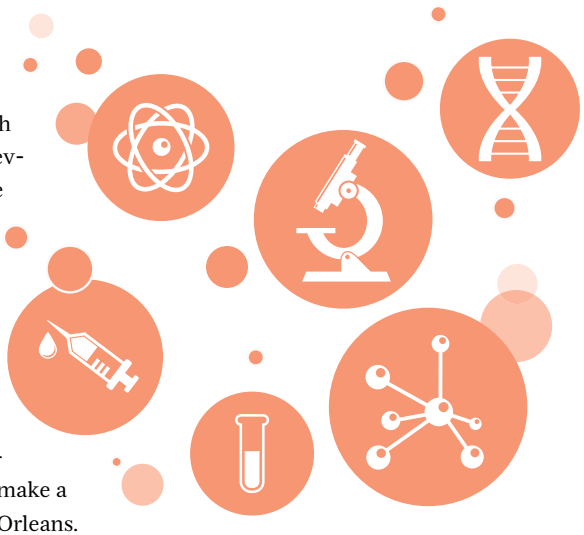
Amritha Appaswami
Director of Business Development
BioInnovation & Health Services Innovation
New Orleans Business Alliance

with New Orleans' growing tech business community, the city offers powerful attractions to companies looking to improve the bottom line in a resource-intensive industry and reduce the burn rate for cash strapped startups

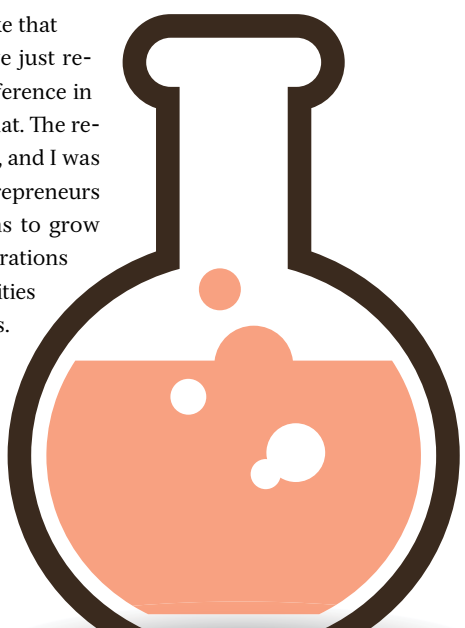
Short-Range Prospects

In the short-term, New Orleans is ripe for development of a robust digital health and health technology sector. In economic development, we look at companies that could make a relocation or expansion decision within a six-to-18 month timeframe as short-range prospects. These tend to be entrepreneurial companies looking for ways to stretch their capital and capture every competitive advantage possible. The tax incentives, the city's magnetism to tech talent and increasing native talent pool, and the accessibility of research institutions and health systems for co-pilots, co-development and co-investment make a compelling case for New Orleans.

"...we have a legacy of specific contributions to medical and life sciences discovery..."



Our job at NOLABA is to make that case to relevant companies. I've just returned from the Health 2.0 conference in Silicon Valley, where I did just that. The reception was highly encouraging, and I was able to educate a number of entrepreneurs looking for the best ecosystems to grow their business in and large corporations looking for investment opportunities on the advantages the city offers. Naturally, I'll be following up with each of them in the following weeks and months to continue those conversations.



While I cannot disclose their names, I can say they fall squarely within the categorizations defined above.

Mid-Range to Long-Range Economic Development

Our sights are not set just on the short-term, however. We're simultaneously looking for new ways to help businesses capitalize on the research and clinical assets that abound across Orleans Parish. In contrast to the relatively shorter 'development-to-market' timelines of digital health and health IT innovation, the conventional research and development path is a longer one. That being said, the two are complementary. In fact a critical mass of innovators in one will attract investments in the other, and vice versa.

Needless to say, our goal at NOLABA is to foster a robust ecosystem conducive to growing and attracting companies that fit into these short-term and longer-term categories. We continue to seek new ways to introduce local researchers to potentially interested parties among our prospects. One of the first ways to grow our long-range prospect list is to tell the story of the significant work being done at New Orleans institutions as I did at Health 2.0 and will do via other opportunities in coming weeks and months.

Coming Up

In my next column, I'll talk more about the unique opportunity that inter-institutional collaboration affords us and how we can best use that to our advantage. In the next few months, we'll also be updating the Nolabio.org website to better reflect our short-term and long-term focus and showcase the opportunity for digital health and health IT to economic development prospects. I'm looking forward to sharing our work more and more as we dig deeper into Bio for New Orleans. ■

Taking Stock and Making Strides

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

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

Medicaid Expansion

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

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

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

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

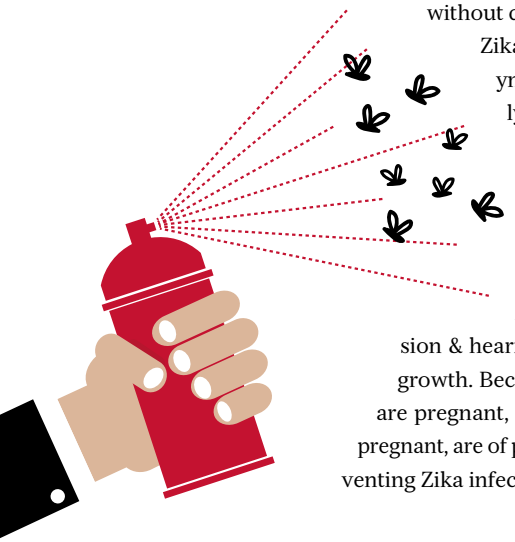
To learn more about the results of Medicaid expansion, visit the new Health Louisiana Dashboard, http://www.ldh.la.gov/HealthyLaDashboard/.

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

Zika and West Nile

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

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



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

A new ER in North Baton Rouge

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

Our Lady of the Lake has long been a leader and has demonstrated their commitment to North Baton Rouge as evidenced by two urgent care clinics in the area.

Flu season reminder

We're in the middle of flu season and I encourage everyone to get vaccinated. The flu causes approximately 500 deaths and nearly 3,000 hospitalizations each year in Louisiana, and tens of thousands of deaths in the U.S.

An annual flu shot is the most effective way to protect yourself from the flu. Flu shots are now available at local pharmacies, clinics, doctor's offices, and federally qualified (community) health centers.

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

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

In addition, women will now have access to BRCA 1 and BRCA 2 mutation testing in cancer-affected individuals and those at high-risk for breast or ovarian cancer. Until now, this genetic screening was not covered.

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

Five to 10 percent of all breast cancers diagnosed in the United States are due to inherited gene mutations. BRCA 1 and BRCA 2 are genes that protect a cell from one step on the path to cancer. When these genes mutate, the cell can progress to cancer.

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

SCIENTISTS ARE LEARNING MORE ABOUT *the role of hormones in bariatric surgery*

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

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

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

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

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

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

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

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

Dr. Hans-Rudolf Berthoud holds the George H. Bray Professorship.

Hospital Rounds

KOPPELS HELP UNVEIL NEW PULMONARY AND CARDIAC REHAB CENTER

Ted Koppel and wife Grace Anne Dorney-Koppel prepare to cut the ceremonial ribbon, held by Tulane University School of Medicine Dean Dr. Lee Hamm, at the unveiling of Tulane Medical Center's new Grace Anne Dorney Pulmonary & Cardiac Rehabilitation Center.

New Orleans-area residents who suffer from chronic obstructive pulmonary disease (COPD) can now breathe easier thanks to the opening of the Grace Anne Dorney Pulmonary & Cardiac Rehabilitation Center at Tulane Medical Center. The center is named after Grace Anne Dorney-Koppel, the wife of senior CBS Sunday Morning contributor and former Nightline anchor Ted Koppel. The Koppels helped unveil the new center.

Continued on following page

Hospital Rounds

"Not being able to catch your breath – and the fear that your next breath might not be coming – is like drowning. Nothing is more frightening," said Dorney-Koppel, who became a national spokesperson for COPD patients after being diagnosed with the disease herself more than 15 years ago. "Pulmonary rehabilitation is a breathing program based on the highest level of scientific evidence, and it can improve patient's lives."

"My wife was told she had three-to-five years left to live. She had 25 percent of her lung capacity," said Ted Koppel at the grand opening event. "As a result of taking her medicine, daily pulmonary rehabilitation and exercising, she now has 50 percent [lung cap capacity]."

Koppel praised pulmonary rehab for improving his wife's quality of life. "It's not a cure, but it is a way that we can take care of the estimated 25 million people in this country who have [COPD]."

The Koppels formed the Dorney-Koppel Foundation to help fund the creation of eight such pulmonary and cardiac rehabilitation clinics.

"Our clinics are intended to empower people to learn about the management of their disease – to exercise, while being monitored – and to gradually get their lives back," said Dorney-Koppel. "I'm delighted that this has happened so quickly [at Tulane]."

The new Tulane center is located on the hospital's seventh floor. The space provides a comfortable treatment and exercise environment with a great deal of natural light and beautiful views of the New Orleans skyline. The location is also conveniently adjacent to the hospital's pulmonary clinic and respiratory therapy department.

"The program encompasses a comprehensive team of individuals who work together to benefit the patient," said Dr. Joseph Lasky, a pulmonologist with the Tulane Lung Center. "That team is made up of physicians, respiratory therapists and exercise physiologists, all working together to improve outcomes.

The total cost of the project represents an investment of nearly $480,000 in equipment, construction and human resources. The center will benefit patients and provide researching opportunities and education to healthcare workers and medical students.

Touro Infirmary Celebrates 165th Anniversary

Touro Infirmary recently celebrated its 165th anniversary of caring for New Orleans. This is an important milestone for Touro and a celebration of the organization's long history of caring for the New Orleans community. Since 1852 Touro has continued the mission of founder Judah Touro to provide compassionate healthcare of the highest quality to the people it serves.

Touro has been at the forefront of innovation for decades. In 1923, Touro was one of only fifteen hospitals in the country approved to use insulin to treat patients. In 1929, Touro was one of the first hospitals in the United States and the first in the city to have a physical therapy department, which paved the way for Touro's nationally recognized Rehabilitation Center.

In 1922, Touro Infirmary Maternity Service was established, and Touro became the place "where babies come from." Today, Touro is designated a Blue Distinction Center for Maternity Care by Blue Cross Blue Shield of Louisiana. The hospital delivers the second most babies in the state for any single hospital, with more than 3,500 New Orleans' babies born in 2015.

In its 165-year history, Touro has survived challenges such as the yellow fever epidemic, the Civil War, and two World Wars. In August 2005, Hurricane Katrina forced Touro to close its doors for the first time since the Civil War. Touro reopened its doors just 28 days later making us the first hospital to reopen after the storm. For four months, Touro was the only operating adult care hospital in Orleans Parish. Through times of challenge, Touro has remained resilient.

In 2009, Touro and Children's Hospital partnered to form LCMC Health, a non-profit, community-based system providing a complete continuum of care from birth to geriatrics. In the following years, LCMC Health has expanded to include University Medical Center, New Orleans East Hospital and West Jefferson Medical Center. Today, Touro joins its partner hospitals in dedication to the community through a focus on economic development, advanced research, teaching and clinical excellence initiatives.

Today, Touro is a leading healthcare provider for New Orleans, demonstrated by award-winning care and accolades, including Advance Certification for Primary Stroke Centers by the Joint Commission. Touro offers a full range of services including emergency services, preventive diagnostics, surgical care, women's services, cardiology, cancer treatment, rehabilitation, imaging, orthopaedics, stroke care and more.


Touro Infirmary Celebrates 165th Anniversary

St. Tammany Hospital Guild Donates to Food Bank
From left to right: Charles LaRose, Guild Vice President; Ron Rome, President; Yvonne Cleland; Elliott Peralta; Rich O'Regan.

HCA Donates to Red Cross for Louisiana Flood Relief

HCA, the parent of company of Tulane Health System in New Orleans and Lakeview Regional Medical Center in Covington, is donating up to $100,000 to the American Red Cross for flood relief in Louisiana, with a $50,000 donation from the company and up to $50,000 to match employee contributions to the Red Cross' relief efforts. HCA's MidAmerica Division is one of the area's leading healthcare providers, with several hospitals in the affected area including Lafayette's Women's & Children's Hospital.

Ochsner Named One of 100 Hospitals with Great Oncology Programs

Becker's Hospital Review has once again recognized Ochsner Medical Center on its list of 100 Hospitals and Health Systems with Great Oncology Programs. The hospitals and health systems on this list lead the way in care for patients with cancer and have received recognition for their clinical outcomes, multidisciplinary care teams, clinical expertise and oncology research. They are also influential in cancer education and prevention efforts.

Hospitals included on this list offer patients comprehensive cancer care involving teams of specialists, participation in clinical trials and personalized treatment programs. Ochsner Medical Center has been highlighted for its excellence on this list since 2013 and is a driving force in the fight to end cancer.

The *Becker's Hospital Review* editorial team selected hospitals for inclusion based on recognitions received and accreditations earned. The editorial team at *Becker's* examined *U.S. News & World Report* cancer care rankings, CareChex cancer care rankings, Blue Cross Blue Shield Association Blue Distinction Center designation, and designations from the National Cancer Institute while compiling this list.

St. Tammany Hospital Guild Donates to Food Bank

The St. Tammany Hospital Guild recently donated 239 pounds of food to the Covington Food Bank from its summer food drive.

"We know that with the recent floods the Food Bank has been inundated with requests," said Guild President Ron Rome. "We at STPH are thankful to receive food donations from our Guild to assist people in our community."

The St. Tammany Hospital Guild is an organization of about 100 members who donate 25,000 hours each year in 20 of the hospital's departments. The Guild also raises money through sales in the hospital gift shop to provide nursing and allied health scholarships for fall and spring semesters. The scholarships are awarded to deserving hospital staff members who are furthering their education in medical fields.

Ochsner Health System Welcomes New System Chair of Pediatrics

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

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

William Lennarz, MD

Gradually, throughout his career as a pediatric emergency physician, Dr. Lennarz began taking on more administrative responsibilities. Motivated by his increasing role as an administrator, Dr. Lennarz worked to receive his Master of Medical Management from the University of Southern California's Marshall School of Business in 2012.

He has been active throughout his career in

Hospital Rounds

education as well as child advocacy. He has served not only in leadership for his local health system, but has served in an advocacy capacity in various states and with multiple agencies and foundations. He has also been an invited speaker on pediatric emergency medicine topics at various conferences across the country and has authored text book chapters on pediatric sedation among other topics.

TGMC's Adams Named Rising Star

Terrebonne General Medical Center (TGMC) announced that Ben Adams, DO, Vice Chief of Medical Staff, was recognized among *Becker's Hospital Review* 2016 Rising Stars: 50 Healthcare Leaders Under 40.

An anesthesiologist, Dr. Adams, is simultaneously serving as the Director of Anesthesiology, Medical Director of Surgery, and the Vice Chief of the Medical Staff at TGMC. Working as the only transesophageal echo (TEE) board certified anesthesiologist at the hospital, Dr. Adams functions as a key to the Structural Heart Program and also serves as counsel on all cardiac related cases at the hospital. The TEE procedure provides a close look at the anatomy and physiology of the heart's valves and chambers, without interference from the ribs or lungs. Pioneering the frequent utilization of TEE at TGMC, Dr. Adams became the go-to for advice and a leader for the hospital.

Dr. Adams' role as Vice Chief of the Medical Staff was essential in the development of TGMC's quality reporting measures. These initiatives have led to awards for the hospital as well as new groundbreaking programs that improved the lives of Louisiana citizens. Patients are grateful for the attention Dr. Adams pays to each individual case. He is a dedicated and compassionate physician that makes patients feel safe and comfortable by connecting with them to ensure they are receiving the best possible care.

The Becker's Hospital Review editorial team selected individuals for inclusion based on an editorial review process, including reviews of leadership experience and peer nominations. These administrative leaders have made considerable accomplishments in their relatively short careers.

Ochsner First in State to Use New Therapy

Ochsner Health System recently performed another first in Louisiana—a revolutionary new therapy to treat patients suffering from chronic pain.

Approved by the Food and Drug Administration (FDA) in February of this year, the St. Jude Medical Axium™ Neurostimulator System for dorsal root ganglion (DRG) stimulation was specifically created to treat pain associated with complex regional pain syndrome (CRPS). Unlike similar devices, the St. Jude Medical Axium™ has the ability to target specific areas of the body where pain occurs.

Assisted by Dr. Gassan Chaiban, a pain management specialist at Ochsner Baptist, Dr. Maged Guirguis, known nationally for his research on spinal cord stimulation (SCS) and chronic pain management, successfully implanted the device in a surgery at Ochsner Baptist earlier this year—becoming the first physician to do so in Louisiana and one of only a handful in the nation.

According to the Institute of Medicine, chronic pain affects more than 100 million Americans, an incidence rate which outpaces heart disease, cancer, and diabetes combined. Research suggests that, in total, the condition costs the American population an estimated 515 million workdays annually and generates upwards of 40 million visits to physicians each year.

TGMC Nurses Honored for Nursing Excellence

Terrebonne General Medical Center (TGMC) announced that Julie Leonard, BSN, RNC-OB, and Laura Poole, MN, RN, NEA-BC, were the recipients of the International Award for Nursing Excellence from the Sigma Theta Tau International Honor Society of Nursing Xi Zeta Chapter at Nicholls State University.

Sigma Theta Tau's International Awards for Nursing Excellence are based on the society's dedication to fostering high professional nursing standards, recognizing superior achievement, developing leadership and encouraging creative work. Awards are presented to nurses every two years for contributions in the fields of technology, media, chapter excellence, research, leadership and practice. Sigma Theta Tau International Honor Society of Nursing Xi Zeta Chapter at Nicholls State University presented three awards this year for Nursing Excellence; two of those recipients are TGMC nurses.

Poole is the recipient of the Nurse Leadership Award from Sigma Theta Tau. Poole has been a member of the TGMC team for over 33 years and presently serves as Assistant Vice President of Nursing Services. Leonard is the recipient of the Nurse Clinician Practice Award from Sigma Theta Tau. Leonard began her career at TGMC in 1993 as a nurse extern and after finishing her nursing degree from Nicholls she transferred to the Women's Health Center where she has excelled as a Labor and Delivery nurse.

Tulane Doctors Perform First "EVAR" Using CO2

Tulane Health System is breaking ground by using carbon dioxide (CO2) instead of conventional iodinated contrast during endovascular abdominal aortic aneurysm repair, also referred to as EVAR. Recently, physicians in the Tulane catheterization lab performed the first EVAR procedure in the southeast United States without the use of contrast dye in the non-surgical approach using stent graft.

Small injections of carbon dioxide were used to visualize the vessels under fluoroscopy. "Because CO2 is a natural byproduct, it is a safer alternative for patients who have a history of diabetes or compromised kidney function," said Dr. Owen Mogabgab, a cardiologist with the Tulane Heart and Vascular Institute. "Therefore, the gas is the preferred contrast agent for stent placement."

Tulane interventional radiologists partnered with cardiologists to perform the procedure. "We are very fortunate to have a team of cardiologists who work hand-in-hand with interventional radiologists to develop innovations like this," said Dr. Mogabgab. "This is exactly the kind of innovation an academic medical center like Tulane can cultivate."

This technology has been pioneered by Tulane Interventional Radiologist Dr. Jim Caridi. His ground-breaking work is being featured on an international stage later this month when he presents at the International Conference on CO2 Angiography on Sept. 20 at the University of Bologna in Italy.

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


Ben Adams, DO


Julie Leonard, BSN, RNC-OB


Laura Poole, MN, RN, Nea-BC


K. Gerald Haydel, MD


Sheena Henry, RN

With the largest group of CO2-trained physicians in the state, Tulane doctors are often successful in preventing amputations and other complications associated with chronic diabetes and kidney issues.

Carmouche Makes Physician Leaders to Know List

Becker's Hospital Review has recognized Dr. David Carmouche, Senior Vice President and President for the Ochsner Health Network, to the 110 Physician Leaders to Know list for 2016.

The list features presidents and CEOs of hospitals and health systems who also hold medical degrees. All recipients have demonstrated outstanding leadership and clinical expertise throughout their careers and are leading initiatives to improve their individual organizations and the healthcare of the communities they serve. Hospitals do not and cannot pay to be on this list.

Dr. David Carmouche joined Ochsner with 19 years of progressive, healthcare, leadership experience in medicine and operations. Before joining Ochsner, Dr. Carmouche served as the Executive Vice President of External Operations and Chief Medical Officer at Blue Cross and Blue Shield of Louisiana in Baton Rouge where he successfully led important initiatives designed to organize care, improve quality, and increase affordability.

LCMC Expands Access to Care

LCMC Health, a local, not-for-profit academic healthcare system made up of Children's Hospital, New Orleans East Hospital, Touro, University Medical Center, and West Jefferson Medical Center, announced plans to create a network of urgent care centers in the greater New Orleans area beginning in the spring of 2017. The initial centers will be located in the New Orleans metro area. LCMC Health has partnered with Premier Health, a leader in urgent care based in Baton Rouge.

The new urgent care centers will offer expert, quality and convenient care for adults and children. In addition to "no appointment" walk-in care, urgent care services will include on-site lab work, x-rays, physicals and immunizations. The centers will be accredited by the Urgent Care Association of America (UCAOA), the highest level of distinction for care delivered at urgent care centers.

Conditions treated at the centers will include a wide range of illnesses and conditions, such as: common viruses, ear and eye infections, stomach and digestive conditions, orthopedic injuries such as sprains, strains or simple fractures, and minor skin infections.

Haydel Earns Golden Stethoscope Award

Terrebonne General Medical Center (TGMC) has announced K. Gerald Haydel, Sr., MD, as the recipient of the Golden Stethoscope Award.

The prestigious Golden Stethoscope Award is designed to publicly recognize a TGMC physician for his or her exceptional level of professionalism, integrity, and teamwork in caring for patients and families, as well as interacting with hospital staff members and other physicians. The program asks for nominations from physicians, employees, patients, and volunteers, and recognizes two physicians a year.

Over the many years of his practice, Dr. Gerry Haydel has provided compassionate care to patients from babies to the elderly, helping to direct and implement innovative strategies designed to optimize health outcomes. In the early days, before there was a specialist in Terrebonne Parish, he did it all: from setting broken bones and providing chemotherapy (the roots of cancer care in Terrebonne Parish) to delivering babies. He also set up the first family practice clinic in Grand Isle where he drove one day a week to see patients. Because of his love for the practice of medicine, and calling to help people, he has always helped patients with medical care. That same love for medicine is still present today. The leadership and positive energy he exudes daily are a direct benefit to the community who turn to TGMC for the best healthcare available.

TGMC Honors Henry as October Employee of Month

Terrebonne General Medical Center (TGMC) honored Sheena Henry, RN, as the October Employee of the Month. Henry is a Case Manager in the Care Management Department at TGMC.

In an effort to recognize outstanding employees, TGMC names an Employee of the Month. Employees of the Month show an outstanding constant commitment to the wellbeing of patients, staff, and extended families, and through their participation in their personal journeys. The EOM also makes it a priority to live out the TGMC mission of providing exceptional healthcare with compassion.

Henry's role as a case manager is to manage the components of care for patients with the goal of achieving quality care outcome and financial appropriateness. Henry is described by her co-workers as going above and beyond for her patients to ensure they have a smooth and safe discharge plan and resources needed for a successful discharge. Her compassion shines

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every day as she treats every patient and person she meets as if they were her own family. Henry coaches and encourages patients and families during their most difficult times. She is a compassionate, experienced nurse, who is able to be kind and caring, but tough and unyielding. She is always professional when she is advocating for her patients.

EJGH Celebrates Expanded Breast Care Center

The Foundation at East Jefferson General Hospital (EJGH) helped celebrate the opening of the newly renovated and expanded state-of-the-art Breast Care Center, an important benchmark in addressing a growing need in the community it serves.

The Foundation, the fundraising arm of the hospital, raised more than $300,000 for the project, receiving support from its Live Pink breast care funding program, incorporating community events, individual and corporate donations and employee giving campaigns.

The redesign was based around the goal of giving patients a more comfortable and stress-free atmosphere in which to receive the care they need and deserve.

"EJGH treats more breast cancer in women than any other type," said Dr. Mark Peters, President and CEO of East Jefferson General Hospital. "We were facing a truly distressing circumstance of treating these patients in areas that too small, and that no longer could manage the larger volume of patients. This was such a perfect project for the community and our donors to get behind.

"Post renovation, we can now treat our patients with the best technology available and in a soothing, calm environment."

The renovations included a second patient registration desk, a third mammography suite with a 3D mammography unit, additional waiting rooms for screening and diagnostic mammogram patients, a new upright stereotactic biopsy devise, an additional specimen radiography system to reduce procedure time and purchased a new and improved bone densitometry unit.

The facility, an American College of Radiology accredited institution, now has the capacity to expand on the over 11,000 mammograms, 3,800 ultrasounds and 500 image guided biopsies performed by the breast care center each year.

St. Bernard Parish Hospital and Ochsner Agree to Assessment

The St. Bernard Parish Hospital Board (SBPH Board) announced that they have approved a Cooperative Endeavor Agreement with Ochsner Health System (Ochsner) to complete a 90-day Organizational Assessment. Ochsner will lend senior leadership resources to St. Bernard Parish Hospital to complete the assessment over the agreed upon the term.

Kim Keene, current AVP, Clinical Operations for OMC-North Shore will assume the role of interim CEO for St. Bernard Parish Hospital and Anthony "Tony" Bonnecarre, current controller at OMC-North Shore will lend financial expertise to the assessment.

Following the Operational Assessment, Ochsner will make recommendations to the SBPH Board on how to best position the organization to continue to meet the needs of patients in the community. Throughout this process, St. Bernard Parish Hospital will follow standard operating procedures.

Two Promoted at LCMC Health

LCMC Health recently announced two staff promotions:

Ayame Dinkler has been promoted to Chief of Staff. In this role, Dinkler will collaborate with CEO Greg Feirn while working closely with the LCMC Health executive leadership team to help manage priorities and drive strategic initiatives forward across the LCMC Health family of hospitals—Children's Hospital, Touro, University Medical Center New Orleans, New Orleans East Hospital and West Jefferson Medical Center. She will also continue to lead the system's government affairs efforts at the local, State and Federal government levels.

James Ludwig has been promoted to Vice President of Supply Chain Management. Since joining LCMC Health over two years ago, Ludwig has led the transformation of materials management departments across the LCMC Health System to a Shared Supply Chain Organization. Under his direction, LCMC Health has been able to leverage the collective purchasing power of its five hospitals and consolidate supply chain services. In his role as Vice President, Ludwig will continue his efforts to further improve LCMC Supply Chain's performance and operational efficiency.

Ayame Dinkler

James Ludwig

William Lunn, MD

Michael E. Fahr, MD, FACS

Ochsner Opens First Freestanding Emergency Room in Marrero

Ochsner Health System held a ribbon cutting ceremony with local business leaders and government officials to celebrate Ochsner Emergency Room – Marrero. The new facility – located at 4837

Ochsner Opens First Freestanding Emergency Room in Marrero

From left, Todd Murphy, President, Jefferson Parish Chamber of Commerce; Anthony DiGerolamo, CEO, Ochsner Medical Center – West Bank Campus; Jefferson Parish Councilman Ricky Templet; Warner Thomas, President and CEO, Ochsner Health System; Dr. Robert Hart, Chief Medical Officer, Ochsner Health System; Senator John Alario, Jr.; Dr. Ricardo Martinez, Chief Medical Officer, Adeptus Health; Michael Hulefeld, Executive Vice President and Chief Operating Officer, Ochsner Health System; Dr. Michael Isabelle, Area Medical Director, Adeptus Health; and Jefferson Parish Councilman Mark Spears, Jr.

Lapalco Blvd., in Marrero, opened in October, and will provide expanded access to more emergency care services for the West Bank community.

Different from urgent care centers, the Ochsner Emergency Room is open 24 hours a day, 7 days a week, and are staffed exclusively with board-certified and board-eligible emergency physicians and emergency trained registered nurses. The facility is equipped with a full radiology suite, including CT scanner, Digital X-ray, Ultrasound, as well as on-site laboratories certified by the Clinical Laboratory Improvements Amendments (CLIA) and accredited by the Commission on Office Laboratories Accreditation (COLA).

To celebrate the opening, Ochsner Emergency Room made a $5,000 donation to John Ehret High School. Following the ribbon cutting, attendees and members of the medical community were provided facility tours.

The American College of Emergency Physicians' (ACEP) 2014 National Report Card demonstrated the need for additional access to emergency medical care. The most recent ACEP survey highlights emergency visits are on the rise. The overwhelming response from physicians noted that this rise is combined in part with an increase in the acuity of patients' injuries and/or illnesses. This underscores the growing need for additional access points to high quality, 24/7 emergency care.

Tulane Health System CEO Named to LERN Board

Dr. William Lunn, president and CEO of Tulane Health System, has been named to the Louisiana Emergency Response Network's governing board.

The Louisiana Emergency Response Network (LERN) is an agency of state government created by the Louisiana Legislature in 2004 charged with the responsibility of developing and maintaining a statewide system of care coordination for patients suddenly stricken by serious traumatic injury or time-sensitive illness (such as heart attack and stroke). It is a system also designated to serve as a vital healthcare resource in the face of larger scale emergencies and natural disasters.

The LERN board serves to develop, implement and support a statewide network of emergency response entities to provide access to care in an efficient and coordinated manner. According to statute, the LERN board is comprised of 28-members, including two members from the Louisiana House of Representatives and two members from the Louisiana Senate. The remaining 24 members are gubernatorial appointments.

Dr. Lunn was nominated by, and will serve as the representative of, the Tulane University Health Sciences Center.

Trauma Surgeon Joins North Oaks Shock Trauma Center

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

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

Other North Oaks Shock Trauma Center surgeons include: Medical Director Juan C. Duchesne, MD, FACS, FCCP, FCCM; Marquinn D. Duke, MD; Lawrence E. Nelson, DO, FACOS and Rosemarie Robledo, DO. Patients also receive

follow up care from Aaron Bateman, ANP-C, at North Oaks Shock Trauma Clinic.

North Oaks Shock Trauma Center was verified and designated a Level II Trauma Center by the American College of Surgeons and Louisiana Department of Health earlier this year. The Shock Trauma Center provides coordinated care and trauma surgeons in-house at all times to attend to victims suddenly stricken by serious traumatic injury. North Oaks is the only trauma center serving Region 9, which is comprised of Tangipahoa, Livingston, St. Helena, St. Tammany, and Washington parishes.

In addition, North Oaks Shock Trauma Center is part of the Louisiana Emergency Response Network (LERN), an agency of state government created to develop and maintain a statewide system of care coordination for trauma patients.

LCMC Health Honors 20 "Great Nurses"

LCMC Health announced that the Great 100 Nurses Foundation has recognized 20 nurses across the LCMC Health system as "Great 100 Nurses." For more than thirty years, Great 100 Nurses have been selected annually based on their concern for humanity, contributions to the profession of Nursing, and mentoring of others.

"LCMC Health's nurses are at the heart of our mission, and we are extremely proud to have 20 dedicated nurses recognized for their hard work and commitment to the profession," said Greg Feirn, Chief Executive Officer, LCMC Health. "At LCMC Health, we place a high value on our nurses and recognize the vital work they do to provide quality and compassionate care."

Nurses receiving top honors by hospital:

New Orleans East Hospital: David Ronnenburg, RN, ED Director

Touro: Lourdes M. Anfone, RN, Rapid Admit; Emma M. Bastian, RN, Surgery Manager; Diana Carter, RN, Enterostomal Therapist; Michelle L. Dutreix, RN, Wound Care Manager; Debbie Pickett, RN, Oncology

University Medical Center New Orleans: Sheila Bradford, RN, Infectious Disease; Shannon Fussell, RN, TICU; Mason Green, RN, MICU; C'Lita Henry-Lombard, RN, Anesthesia Director; Rochelle Johnson, RN, Behavioral Health; Kimberly Kennison, RN, House Supervisor; Jeremy Landry, RN, House Supervisor; Keithen Potts, RN, Adult Isolation; Kimberly Wilson, RN, Adult Isolation; Etsegenet Wodajo, RN, TICU

West Jefferson Medical Center: Vicki Aucoin, RN, Special Procedures; Linda Bordelon, RN, Perioperative; Michelle Breaux, RN, 4West; Alexander Le, RN, 3West

LCMC Health Nurses were honored at a celebration at the Pontchartrain Center on October 12, 2016. From left to right, front row: David Ronnenburg, Diana Carter, Debbie Pickett, Emma Bastian, Kimberly Kennison, Kimberly Wilson, Jeremy Landry, Sheila Bradford, Vicki Aucoin and Michelle Dutreix. Back row: Linda Bordelon, Rochelle Johnson, Mason Green, Lourdes Anfone, Keithen Potts, Etsegenet Wodajo, Shannon Fussell, and Michelle Breaux.

Ochsner Health System Awarded V Foundation Grant

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

The V Foundation for Cancer Research was founded in 1993 by ESPN and the late Jim Valvano. Since 1993, the Foundation has funded more than $150 million in cancer research grants nationwide. It awards 100 percent of all direct cash donations to cancer research and related programs. The Foundation awards peer-reviewed grants through a competitive awards process vetted by a world-renowned Scientific Advisory Committee.

Ochsner is the only institution in Louisiana to receive this $23,000 grant. In order to create the educational materials, Ochsner will bring together a multidisciplinary group of cancer providers which will include physicians, nurses, social workers, and cancer research coordinators. Ochsner will also enlist minority cancer patients to advise the potential concerns or barriers minority patients may have in regards to clinical trials.

John Cole, MD, Vice Chairman, Medical Specialties, Ochsner Cancer Institute, will serve as the principal investigator and site director for the V Foundation grant. "This prestigious grant highlights the multidisciplinary approach our physicians use every day in cancer care." said Dr. Cole. "Ochsner has over 130 active cancer-related clinical trials and this grant will allow us to expand our cancer care to groups that are often underrepresented in clinical trials.

Rivere Joins Ochsner Breast Center

Dr. Amy Rivere, a fellowship trained breast surgical oncologist, is the second female breast surgeon to join Ochsner's breast surgery team. She is currently seeing patients at The Lieselotte Tansey Breast Center at Ochsner located at 1319 Jefferson Hwy across the street from Ochsner Main Campus.

Dr. Rivere's specialty is breast surgical oncology and the diagnosis and treatment of breast

Amy Rivere, MD

cancer. Clinical interests include surgical treatment of breast cancer, nipple-sparing mastectomies, ultrasound guided lumpectomies, oncoplastic breast surgery, sentinel lymph node biopsies and axillary node dissections, axillary reverse mapping to minimize lymphedema risk, and management of benign breast disease

She is certified by the American Board of Surgery and is a member of the Society of Surgical Oncology, American Society of Breast Surgeons, and the American College of Surgeons.

LSU Health Opens Merkel Cell Carcinoma Clinical Trial

LSU Health New Orleans is recruiting participants to a clinical trial to determine the effectiveness of MK-3475 (pembrolizumab) in treating patients with Merkel cell cancer that cannot be removed by surgery, or controlled with treatment, or has spread to other parts of the body. It is the first systemic intervention for patients with advanced Merkel cell carcinoma. Pembrolizumab is an immunotherapy drug. Immunotherapy works differently than chemotherapy in that it boosts the body's own natural defense system to help fight cancer. LSU Health New Orleans is one of 11 sites in the country selected to enroll patients in this clinical trial.

Merkel cell carcinoma (MCC) is an aggressive form of skin cancer. It is linked to exposure to ultraviolet rays, but about 80% of cases are associated with a virus called Merkel cell polyomavirus. There are currently no FDA-approved drugs to treat Merkel cell carcinoma. While some patients do respond to chemotherapy, after about three months, the disease typically progresses, leaving patients with few, if any, treatment options. Merkel cell carcinoma took the life of Al Copeland Sr. in 2008. There were no and are still no FDA-approved treatments for Merkel cell carcinoma. After their experience searching for an effective treatment, the Copeland family dedicated themselves to raising funds to help find a cure for this and other cancers, and the Al Copeland Foundation was born. The ACF chose LSU Health New Orleans as its partner in this quest and continues to raise funds for cancer research at LSU Health New Orleans.

The clinical trial, sponsored by the National Cancer Institute seeks to enroll a total of 50 patients among the participating sites. Although there are a number of inclusions and exclusions, participants must be 18 years or older, have biopsy-proven or metastatic MCC, measurable disease and a life expectancy of greater than six months. Exclusions include having prior systemic therapy for MCC, radiation therapy within two weeks of beginning study treatment, having active autoimmune disease or other diseases such as congestive heart failure and cardiac arrhythmias, or is pregnant or breastfeeding.

The Al Copeland Foundation donated $100,000 to support this clinical trial, raised with the first annual Chicken Jam event.

All participants will be given the study medication, pembrolizumab, by infusion every three weeks for as long as they benefit, up to two years. The visits, which also include a CT scan, EKG or other laboratory procedures, will be approximately four hours long. There may be no benefit to participants, and there are a number of risks. Side effects have been reported in patients receiving this study medication, although most have been reversible. Two of the early participants in the study had to stop treatment after only a couple of infusions, but nearly a year afterwards both patients continued to have tumor responses.

For more information about the Merkel cell carcinoma clinical trial at LSU Health New Orleans, call 504-407-7395.

Ochsner Hospital for Children Named One of "America's Best"

Ochsner Hospital for Children is the only children's hospital in Louisiana to receive the 2016 Women's Choice Award® as one of America's Best Hospitals for Children.

This evidence-based designation is the only award that identifies the country's best healthcare institution by using a robust set of criteria that considers female patient satisfaction, clinical experience, and what women say they want

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from a hospital.

The list of over 50 award winners, including Ochsner Hospital for Children, represents hospitals that offer exceptional children's' services which ranked above the national average for patient safety.

Ochsner Hospital for Children, a 113-bed children's hospital within a hospital (Ochsner Medical Center—Jefferson Highway), has 120+ physicians specializing in 30 pediatric specialties and sub-specialties. The hospital has a 54 bed neonatal intensive care unit (NICU), Level III-regional, the highest level available in Louisiana and a combined 26 bed pediatric intensive care unit (PICU) and cardiovascular intensive care unit (CVICU), Level I, the highest level available.

TGMC's Lyons Named To "Great 100 Nurses"

Terrebonne General Medical Center (TGMC) announced that Harriet Lyons, RN, has been named to the 2016 "Great 100 Nurses." Lyons was honored at the 30th Annual Great 100 Nurses Celebration held October 12th at The Pontchartrain Center.

Lyons works as a Clinical Technology Advocate in the Information Technology (IT) department at TGMC. As clinical technology advocate, Lyons functions as a liaison between medical and clinical staff and the technical staff in the IT department. She creates and teaches educational material, and assists with troubleshooting. Lyons began her nursing career in 1973 and has been a valued member of the TGMC family for over 21 years.

Ochsner Named to 50 Hospitals with Innovation Programs

innovationOchsner (iO) has been named to the "50 Hospitals with Innovation Programs" list by *Becker's Hospital Review*. Hospitals on this list either have a specific center dedicated to innovation or an established commercialization arm with its own governing board, and all demonstrate a commitment to bettering healthcare by tackling the biggest challenges facing patient care and care delivery.

Created last year by Ochsner Health System, iO is an innovation lab and accelerator that designs patient-centered solutions through technology and data to empower patients to take an active role in their own health and improve efficiency for physicians and clinicians. Ochsner is the only hospital from Louisiana, Mississippi, Alabama, Georgia and Florida Panhandle to receive this designation.

iO used Apple Watch as a tool to enhance the effectiveness of the Ochsner Hypertension Digital Medicine Program, a program that monitors clinic patients who struggle with uncontrolled blood pressure. Utilizing wireless blood pressure cuffs integrated with AppleHealthKit and Epic, Ochsner's Electronic Medical Record (EMR), patients regularly measure their blood pressure ratings at home while the data is sent directly to the clinic for monitoring.

Most recently Ochsner, GE Healthcare and The Idea Village announced their search for entrepreneurs to participate in their latest innovation challenge, Healthy @ Home. This challenge seeks to identify innovators and propose new patient-centered technologies to improve care by monitoring and analyzing movement in the home.

The *Becker's Hospital Review* editorial team considered nominations and conducted editorial research to select the hospitals included on this list.

Ochsner Health System has been named one of four finalists in the Health Acceleration Challenge by the Forum on Health Care Innovation – a collaboration between Harvard Business School (HBS) and Harvard Medical School (HMS) – for its work on the Ochsner Hypertension Digital Medicine Program.

STPH Honors Long-term Employees

St. Tammany Parish Hospital recently hosted its 44th annual Service Award Banquet to honor this year's employees who reached special service milestones.

The employees assembled honored longest tenured employee, Pat Pope, Human Resources, for her record 50 years of service.

Three employees achieved 40 years of service, Sylvia Chapman, NICU; Kathleen Hill, Food Services; and Catherine Lecce, Cath Lab.

Six employees were honored for 35 years of service, Susan Aultman, CCU; Levon Harry, Materials Management; Gina Kemp, Laboratory; Susan Stahl, Oncology; Brenda Sullivan, Cardiology; and Catherine Travis, 2 East.

Marking 30 years of service were Mary Krentel, Post Anesthesia Care Unit and Veronica Pregeant, Covington Surgery Center.

Harriet Lyons, RN

Honored for 25 years of service were Mark Baham, Information Systems; Gloria Bowden, Pre-Op Assessment; Celina Brumfield, Pre-Access Center; Lori Chopin, Medical Staff Office; Gerard Haulard, Sterile Processing; Kellie Helm, Emergency Care Services; Grace Herring, 2 East; Seana Hester, Labor And Delivery; Vincent Imbraguglio III, Security; Janet Kennedy, Nursing Administration; Lisa Kinler, Respiratory Services; Nancy Ledet, Surgical Services; Mathilde Lyon, 2 West; Rodney Schafer, Surgery; and Jane Simmons, Endoscopy.

Celebrating 20 years of service were Deborah Bickham, 2 West; Eric Brewster, Managed Care; Patricia Gutierrez, Case Management; Frederick Heintz, Building Services; Gina Martin, Surgical Services; Bert O'Rourke, CCU; Corliss Renfroe, Ambulatory Care; Debra Scheuermann, Infection Prevention/Em Health; and Terri Schexnaydre, Intensive Care.

More than 30 employees celebrated 15 years of service, including Arlyn Arseneaux, 3 East; Kyle Autin, Anesthesiology/Prof; Bertha Burton, 2 North; Lori Cage, Parenting Center; Charlotte Chauvin, Home Health Care Services; Angel Dillon, Labor And Delivery; Nora Doherty, Respiratory Services; Bobbie Dreiss, Access; Constance Duke, Speech Therapy – OP; Loretta Farbe, Patient Experience; Mary Fowler, Rehab Unit; Summer Fugarino, 2 West; Cleveland Garrett, Environmental Services; Shirley Hidalgo, Laboratory; Shannon Holley, Cath Lab; Hillary Holmes, 2 North; Brian; James, Anesthesiology/Prof; Toney Kirby, Building Services; Shelley Labruyere, NICU; Tammie Lala, Lactation Education; Fredrick Magee, Surgery; Holly Mcneese, Pediatric Unit; Laurie Metevier, Home Health Care Services; Michael Monroe, Information Systems; Robert Moore, Information

STPH Honors Long-term Employess From left, Carolyn Adema, vice president of Human Resources; Pat Pope, and Patti Ellish, president and CEO.

Systems; Melissa Moore, Pulmonary Rehab; Stacey Parkman, Food Services; Jamie Romage, Information Systems; Paige Roundtree, Radiology Diagnostic; Agabita Rowe, Mammography WP; Kevin Smith, Physical Therapy – IP; Corey Vallot, Information Systems; Carolyn Visser, Pre-Access Center; Stacy Warner, Covington Surgery Center; and Lindon Warner, Intensive Care.

Honorees for 10 years of service are: Nancy Anderson, STPN-Mandeville; Sheila Andre, 3 East; Michael Barbay, Security; Cheryl Barre', Lactation Education; Gerald Barreca, 2 North; Brenda Beauchamp, AR/PACS; Sara Borne, Physical Therapy – IP; Rose Brady, Radiology/Diag/OPP; Mary Bronson, Physical Therapy – OP; Chad Buras, Radiology/Ct Scan; Jessica Capdeboscq, Home Health Care Services; Sandra Carr, Labor And Delivery; Ruth Caserta, STPN-Madisonville; Rachel Chappetta, Mammography WP; Michael Clark, Environmental Services; Christopher Connell, Anesthesiology/Prof; Joann Cook, Radiology/Ultrasound WP; Selmon Corkern III, Radiology Diagnostic; Shannon Cuccia, Critical Care Services AD; Sarah Delery, Case Management; Donna Donegan, Home Health Care Services; Lynell Duplechain, Mammography WP; Roger Dutruch, Construction; Valerie East, STPN-Covington; Paula Folse, Ambulatory Care; Felicia Forrest, 3 North; Khalilah Franklin, 3 East; Linda Galloway, Rehab Unit; Lindsay Gomez, Chemo Services; Jennifer Gracia, Pre-Access Center; Jennifer Gray, Newborn Nursery; Linda Griffith, 2 North; Rodney Grillier, Materials Management; Allen Gros, Respiratory Services; Kenneth Guerin Jr., Intensive Care; Sylvia Hart, Administration; Kathryn Hellbach, Guild/Gift Shop; Arthur Hines, Building Services; Mary Hobgood, Case Management; Jessica Jenkins, Case Management; Suzanne Johns, 2 North; Wendy Johnson, 2 North; Caroline Johnson, Food Services; Vicki Kelly, 2 East; Amy Key, Decision Support; Irfana Khan-Salam MD, Hospital Medicine; Donald Kline, Surgery; Michelle Kraus, CCU; Teresa Krutzfeldt, Critical Care Services AD; Joseph Landers MD, Hospital Medicine; Donna Lauga, Surgery; Angela Liuzza-Jones, CVO; Richard Long MD, STPN-Mandeville; Ellen Loop, Newborn Nursery; Elizabeth Lott, Intensive Care; Lacylynn Mcgehee, Pre-Op Assessment; Kimberly Meyer, Clinical Doc Improvement; Richard Moore, Anesthesiology/Prof; Sharon Moore, Labor and Delivery; James Noel, Intensive Care; Nicole Norris, Pediatric Unit; Kim Noullet, Patient Experience; Donna Pendergast, CVO; Donald Pruitt, Information Systems; Leslie Rando, Physical Therapy – OP; Sasha Riecke, 4 South; Laura Ronzello, Endoscopy; Kristin Roy, 2 East; Karen Seal, Education, Development & Training; Bonnie Sitnik, Health Information Mgt; Earl Spadoni Jr., Respiratory Services; Donna Spano, Sterile Processing; Dixie St. Germain, Radiology/Ultrasound Mandeville; Cheryl St. Germain, Support Services; Rebecca Stall, Radiology/MRI; Kim Stoltz, 4 South; Deanna Stuckey, Health Information Mgt; Nicole Suhre, Foundation; Michelle Theard, Pediatric Unit; Alene Thompson, Food Services; Miriam Torres, Rehab Unit; Melissa Verhulst, Surgery; Laura Weller, Sleep Lab; Sherling Werner, Radiology/Ct Scan OPP; Roxie Williams, 2 West; Marshall Williams, Radiology Diagnostic; and Tennille Woods, Laboratory.

Touro Performs Radioactive Seed Localization

Touro Infirmary announced that it is the first hospital in the Gulf South region to offer Radioactive Seed Localization (RSL) breast surgery. The program, spearheaded by Dr. John Colfry, Breast Surgical Oncologist, and Dr. Daniel Rupley, Radiologist, allows the radiologist and surgeon to very accurately target lesions in the breast.

Drs. Colfry and Rupley completed a training course for Radioactive Seed Localization at MD Anderson Cancer Center and are excited to bring this new surgical technique to patients in Louisiana.

Radioactive Seed Localization (RSL) offers a new alternative with multiple benefits compared to traditional wire localization. A very low-energy radioactive seed is placed under ultrasound or mammographic guidance by an experienced radiologist. The seed can be placed one to five days before surgery. During the surgery, the surgeon uses a handheld gamma probe to more precisely identify and remove the tumor by obtaining a three dimensional view of the tumor's location. This also allows for accurate and alternative planning of the surgical incision. The seed placement procedure is very similar to a needle biopsy procedure. The radiologist injects a local anesthetic to numb the area before starting the procedure. Ultrasound or mammography is used to guide placement of the seed. During surgery, the surgeon removes the abnormal tissue or tumor along with the seed.

The seed acts as a marker for the surgeon because the iodine inside can be detected by the gamma meter being used during the lumpectomy, and the seed itself can be seen on ultrasound. The seed does not present an exposure risk to caregivers, family members, or others who come in contact with the patient, therefore special isolation measures are not required. With this procedure, once the seed is removed with the breast tissue, the entire radioactivity is gone. Benefits of Radioactive Seed Localization vs. traditional Wire

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Localization include less tissue removed during surgery, improved comfort for patients, better cosmetic results, and decreased operating time.

New "CTO PCI" Cardiology Procedure Changing Lives

Dr. Dr. Nidal Abi Rafeh, along with fellow Tulane interventional cardiologist Dr. Owen Mogabgab, are pioneering a new treatment technique that offers a new alternative for treating coronary chronic total occlusion, or CTO. CTO PCI, or chronic total occlusion percutaneous coronary intervention, is a breakthrough procedure to treat patients who have a totally blocked coronary artery vessel. At present, only 2 percent of interventional cardiologists in the United States are qualified to perform the full range of these procedures, and Tulane Health System is one of the few centers in the country to offer it.

CTO in particular has presented challenges for even the most experienced interventional cardiologists. In many cases, standard angioplasty and stenting techniques do not work in cardiac patients with 100 percent blockage of the coronary artery.

Historically, physicians often recommended coronary artery bypass grafting (CABG), or open-heart surgery, as the only option for treating these blockages. Some patients, however, are not candidates for CABG surgery due to age or high surgical risk.

Tulane's innovative CTO PCI procedure allows physicians to approach a coronary blockage from multiple sides, using a combination of advanced imaging, tiny coronary guide wires and refined surgical techniques. Interventional cardiologists gently steer special guide wires and catheters across the blockages, instead of tunneling through them. New technology makes fine movement of the guide wire tip much easier to control than in the past.

Wack Joins Touro as Chief Financial Officer

Touro has announced the appointment of Mark Wack, CPA, MBA, Senior Vice President & Chief Financial Officer (CFO).

Wack joins Touro with thirty years of business, accounting, and administrative experience. He has worked in healthcare finance administration for the past twenty years, serving at hospitals with Health Management Associates and then with Community Health Systems post acquisition.

Wack began his healthcare career at Biloxi Regional Medical Center (now Merit Health Biloxi) as controller. He also served in Senior Finance Leadership roles at Central Mississippi Medical Center in Jackson, Miss.; Riverview Regional Medical Center in Gadsden, Ala.; Northwest Mississippi Regional Medical Center in Clarksdale, Miss. and Mesquite Community Hospital in Mesquite, Tex.

Prior to healthcare Wack served in finance leadership roles in manufacturing and the defense industry. He received a BS in Business Administration from the University of Southern Mississippi and a Masters of Business Administration from William Carey College. He is a licensed Certified Public Accountant.

TGMC Physician Earns Director of the Year Award

Terrebonne General Medical Center (TGMC) physician, Dr. Ray Cinnater, received the Medical Director of the Year Award from the Louisiana Nursing Home Association.

Dr. Cinnater is an internal medicine physician who has served the patients in our community for over 45 years.

Touro Earns The Gift Designation

Touro Infirmary has earned Louisiana's primary breastfeeding designation given by The Gift. The Louisiana Department of Health – Office of Public Health – Bureau of Family Health awards The Gift designation statewide to Louisiana birthing facilities who improve hospital practices and policies that are aligned with the evidence-based, internationally recognized Ten Steps to Successful Breastfeeding of the WHO/UNICEF Baby-Friendly Hospital Initiative.

Policy development, education of staff, patient education and provision of discharge resources for breastfeeding mothers are key components of the program.

Penton Joins Touro as VP of Crescent City Physicians, Inc.

Touro has announced the appointment of Gretchen Penton. As Vice President of Crescent City Physicians, Inc., Penton oversees over fifty employed physicians representing a wide variety of specialties.

She has served in various administrative positions within multiple hospital settings throughout Florida and Texas. She most recently served as Assistant Vice President of Our Lady of the Lake Physician Group in Baton Rouge where she was responsible for the administrative oversight of 100+ employed physicians and operations for their related practices.

Mark Wack, CPA, MBA

Ray Cinnater, MD

Gretchen Penton

John Carter, MD

Penton's extensive background includes physician contracting, strategic planning and expansion and growth of service lines while maintaining alignment between physicians, management teams and hospital administration. Penton earned her Master's in Business Administration from Dallas Baptist University and is a member of the American College of Healthcare Executives.

Hospital Offers Webcams for Parents of Neonatal Patients

Through the generosity of a gift from the St. Tammany Hospital Foundation, the neonatal intensive care unit at St. Tammany Parish Hospital now offers NICVIEW cameras for parents and families with an infant in the NICU.

The web-based systems enable parents to securely access live video feed of their own baby in the hospital's NICU.

Small, wireless cameras enable parents logged securely into their account to view real-time images of only their baby in one specific bed. The technology is password-protected and allows parents to log in to watch streaming video of their baby on any device with an Internet connection, including a smartphone. Parents may choose to share the password with family and friends.

STPH is one of three organizations within the Ochsner Health Network to provide these cameras. Ochsner Baptist and Lafayette General also provide this resource for parents.

Carter Presented with Holt Leadership Award

Dr. John Carter, a pediatric otolaryngologist at Ochsner Hospital for Children was presented with the 2016 Holt Leadership Award from the American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNS) for his on-going dedication to the academy and the otolaryngology resident community.

Dr. Carter has published over 30 peer-reviewed articles and book chapters, has been an American Head and Neck Society research grant recipient, and has participated in humanitarian outreach programs both here and abroad. Dr. Carter has been an active Academy member over the past six years. He served on several committees, helped to author AAO-HNS clinical practice guidelines, and has held three leadership positions on the governing council for the AAO-HNS's section for residents & fellows.

Dr. Carter received his undergraduate and medical degrees from the University of Arizona. He completed a residency in otolaryngology–head and neck surgery at Tulane University, followed by a fellowship in pediatric otolaryngology at Northwestern University, Ann and Robert H. Lurie Children's Hospital, in Chicago. He is currently a pediatric otolaryngologist at Ochsner Medical Center, where he maintains a strong focus on clinical outcomes and quality-based research.

The award was presented at the 2016 Annual Meeting & OTO EXPO of the American Academy of Otolaryngology—Head and Neck Surgery Foundation (AAO-HNSF) in San Diego.

Tulane Lakeside NICU Team Aids Passenger Mid-Flight

A team of five Tulane Neonatal Intensive Care Unit nurses found themselves in the middle of a medical drama in the air recently when a passenger fell ill onboard a flight returning to New Orleans from a conference in Chicago.

The group of nurses, who all work at Tulane Lakeside Hospital for Women and Children, were returning from the Vermont Oxford Network Neonatal Intensive Care Unit conference when they boarded the flight to New Orleans.

Everything seemed routine until about 20 minutes after take-off, said Crystal Maise-Dykes, Tulane's NICU supervisor. "Suddenly, the flight attendant asked if there were any nurses or physicians on board, at which point our entire Tulane team pressed their call lights without hesitation or discussion." Even though there were other medical providers who responded, the flight crew deferred to the Tulane team, she said.

The flight attendant led them to a passenger complaining of chest pain and shortness of breath. The Tulane team worked quickly to complete a physical assessment and determined the male passenger had suffered a heart attack. They started an IV, gave a fluid bolus, administered oxygen to the patient via a drop-down mask, and administered aspirin provided by fellow passengers.

"Most importantly, Carsten Pennier held the patient's hand and reassured him that we would stay with him, and that our priority was to keep him safe until he was handed over to EMS on the ground," Maise-Dykes said.

Tulane team members who responded to the flight crew's announcement included Carsten Pennier, Nancy Minyard, Sarah Labuda, Lori Ann Wild, and Maise-Dykes.

The flight was re-routed back to Chicago for an emergency landing, where the passenger was met at the gate by paramedics. Although Maise-Dykes never received an update on the patient's status, she knows her team made a difference.

STPH Ranks in the Top of Numerous Categories

St. Tammany Parish Hospital is in the top 10 percent of hospitals nationwide for medical excellence and patient safety in Overall Hospital Care and Overall Medical Care, according to a 2016 report from CareChex® - a division of Comparion® Medical Analytics.

STPH ranked in the top for many standards of care, including the top 100 in the nation for Interventional Coronary Care and number one in the state for Major Bowel Procedures, both for medical excellence.

The hospital ranked in the Top 10 percent for medical excellence in the following categories:

Nation: Overall Hospital care; Overall Medical Care; Cardiac Care; Gall Bladder Removal; Gastrointestinal Care; Heart Failure Treatment; Interventional Coronary Care; Major Bowel Procedures

Region: Overall Hospital Care; Overall Medical Care; Cardiac Care; Gastrointestinal Care; Heart Failure Treatment; Interventional Coronary Care; Major Bowel Procedures

State: Overall Hospital Care; Overall Medical Care; Overall Surgical Care; Cardiac Care; Coronary Bypass Surgery; Gastrointestinal Care; Heart Failure Treatment; Interventional Coronary Care; Joint Replacement; Major Bowel Procedures; Major Neuro-Surgery; Major Orthopedic Surgery

The hospital ranked in the top 10 percent for patient safety in the following categories:

Nation: Overall Hospital Care; Overall Medical Care; Major Bowel Procedures; Vascular Surgery

Region: Overall Hospital Care; Overall Medical Care; Major Bowel Procedures; Vascular Surgery

State: Overall Hospital Care; Overall Medical Care; Gastrointestinal Care; Major Bowel Procedures

For more information about St. Tammany Parish Hospital's awards and recognitions, visit stph.org/awards. ■

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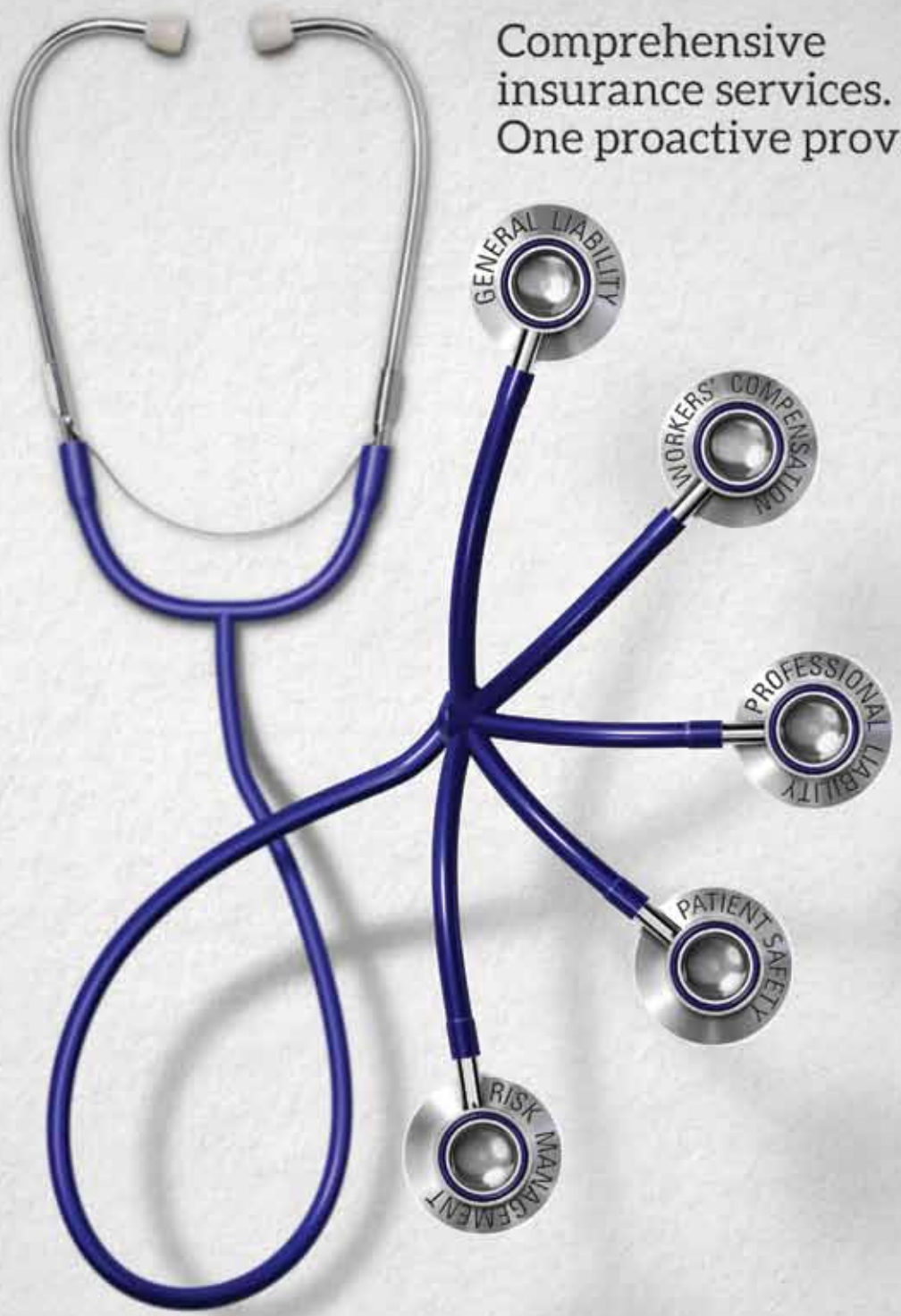

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